

**Rule Impact Statement (2025)**

**A. Purpose of the proposed rule and legal authority** (75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))

The proposed policy revisions align HIE rules with current statute which makes participation in the HIE voluntary rather than mandatory.

Legal Authority: The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; Section 1-133 of Title 63 of Oklahoma Statutes

**B. Brief description of the proposed rule** (75 OS 253(B)(2)(b)(3))

The original version of the statute authorizing the HIE made participation mandatory; further revisions allowed providers to choose whether to participate. This rule amendment clarifies the voluntary nature of the program. The HIE already operates under this voluntary structure, so no programmatic changes are anticipated.

**C. Classification of proposed rule** (75 OS 253(B)(2)(b)(2))

**Classification:** ☐ Major ☒ Nonmajor

**Justification:** (Include estimate of total implementation and compliance costs over 5 years and basis for estimate. If  $\geq \$1,000,000 \rightarrow$  classified as major.)

**Total annual implementation and compliance costs:** None anticipated; this policy is already in effect.

**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

**D. Description of affected classes of persons most likely to be impacted by the proposed rule** (75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))

There is no cost impact to health care providers as the rule change allows them to participate in the HIE on their own accord.

**E. Description of classes who will benefit from the proposed rule** (75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))

Health Care Providers will benefit as participation in the HIE is now voluntary. There is no cost impact as health care providers may participate in the HIE on their own accord.

**F. Comprehensive economic impact analysis** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))

**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

None

**G. Probable costs and benefits to OHCA and other agencies** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))

None

**H. Economic impact on political subdivisions and whether their cooperation is required** (75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))

None

**I. Economic impact on small businesses** (75 OS 253(B)(2)(b)(9), 75 OS 303 (D)(2)(g))

None

**J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives** (75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))

OHCA is complying with the legislative change to allow participation in the HIE to be voluntary. This rule change has removed any required costs to comply with the law as health care providers may participate in the HIE on their own accord.

**K. Effect of the rule on public health, safety, and the environment** (75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))

This rule change has no impact on public health, safety or the environment.

**L. Detrimental effects if the proposed rule is not implemented** (75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))

OHCA would not have rules in place that align with state law.

**M. Summary of and preliminary comparison to existing or proposed federal regulations** (75 OS 303(D)(2)(n))

There is no existing federal regulation governing this specific topic.

**N. Analysis of alternatives to adopting the proposed rule** (75 OS 303(D)(2)(l))

The rule was selected as the best approach to ensure uniformity, transparency, and enforceability.

**O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule** (75 OS 303(D)(2)(m))

HIE Program Director – 2 hours

**P. Date statement prepared or modified** (75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))  
December 1, 2025