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 rule is intended to remove requirements for a signed sterilization consent form in non-elective situations to prevent delays in medically necessary care for members.

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 5013.2 of Title 63 of Oklahoma Statutes.

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

The proposed policy revisions remove the requirement for a signed sterilization consent form in non-elective situations to prevent delays in medically necessary care. The requirement for a signed consent form, along with the associated 30-day waiting period, will remain in place for elective sterilization procedures. These revisions ensure timely access to urgent or emergent sterilization services while maintaining federal consent standards for elective procedures.

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

Classification: ☒ Nonmajor

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

Total implementation and compliance costs for 5 years is estimated to be budget neutral.

Total annual implementation and compliance costs:

Total annual costs are estimated to be budget neutral.

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

As total annual costs are estimated to be budget neutral, no methodology for cost calculation was used.

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))*

The proposed rule changes are most likely to impact providers and members as the requirement for a consent form and the accompanying 30-day wait period will be waived when specific circumstances for non-elective sterilization have been met.

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

The proposed rule changes are likely to benefit member access to efficient care as a result of decreased wait times for sterilization procedures that are deemed medically necessary. Providers will also benefit from this rule change due to clear guidance on consent form requirements.

F. **Comprehensive economic impact analysis** ***(75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))***
Methodology used to calculated costs *(75 OS 253(B)(2)(b)(7))**:***

A comprehensive economic impact analysis and associated cost methodology were not utilized as the proposed rule is estimated to be budget neutral.

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

The total cost for SFY 2026 and 2027 is estimated to be budget neutral. There are no anticipated implementation costs to OHCA or other agencies.

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))*

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

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

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

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))*

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule. Measures included a formal public comment period and tribal consultation.

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))*

The proposed rule is expected to support public health and safety by providing efficient care to members who might otherwise experience adverse health outcomes if care is delayed because of the current consent form requirements.

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

If the proposed rule is not implemented, members will continue to experience delays in care and providers will continue to have to work within the constraints of the current required consent form before they are eligible to provide medically necessary procedures.

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

The proposed rule aligns with, but does not duplicate, federal regulations for sterilization at 42 CFR 441.250

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

The agency considered maintaining the status quo but this rule was the best approach to addressing provider concerns about the delays in care that members were experiencing. Additionally, this rule allows OHCA the ability to enforce specific criteria that members and providers must meet.

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

OHCA has spent approximately 150 hours developing the proposed rule.

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

Prepared: September 24, 2025

Modified date: November 18, 2025