



OKLAHOMA

Health Care Authority

Attestation of Compliance with Executive Order 2025-16

For purposes of this attestation, abortion is defined by 63 O.S. § 1-730, which states:

“‘Abortion’ means the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a female known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to remove an ectopic pregnancy, or to remove a dead unborn child who died as the result of a spontaneous miscarriage, accidental trauma, or a criminal assault on the pregnant female or her unborn child.”

For additional clarification, please visit the [Provider Abortion Attestation FAQs](#)

Link to submit: https://ohca.qualtrics.com/jfe/form/SV_0p69obKKkxqzQua

I attest that the provider(s) or entity(ies) attached to this contract:

_____ DO NOT perform, refer for, or are affiliated with the performance of abortions, as defined by 63 O.S. § 1-730, NOR are under common ownership or control with an entity engaged in abortion-related activities inconsistent with Oklahoma law.

_____ DO perform, refer for, or are affiliated with the performance of abortions, as defined by 63 O.S. § 1-730, OR are under common ownership or control with an entity engaged in abortion-related activities inconsistent with Oklahoma law.

If "do perform, refer for, or are affiliated with" was selected, list any performance, referral, or affiliation with the performance of abortions:



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerhealth.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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If "do perform, refer for, or are affiliated with" was selected, list any common ownership or control with any entities with activities inconsistent with Oklahoma law:

_____ ARE NOT directly affiliated with a physician, medical practice, or other organization providing abortion services or facilitating the procurement of abortion services.

_____ ARE directly affiliated with a physician, medical practice, or other organization providing abortion services or facilitating the procurement of abortion services.

If "are directly affiliated" was selected, list any such affiliations:

Signature (*wet or secure digital*)

Date

Signature Authority Name

SoonerCare Provider ID
or Application Tracking
Number

Provider or Entity Name



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