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ENGROSSED HOUSE AMENDMENT
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             TO
    ENGROSSED SENATE BILL NO. 1264 By: Stanley of the Senate
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                                                      and
                                              Miller of the House
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            [ health insurance - coverage - exclusions -
            codification - effective date ]
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            Add the following House Coauthors: Provenzano, Munson,
             Townley, Baker, and West (Tammy)
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    AMENDMENT NO. 1. Strike the title, enacting clause, and entire bill
                      and insert:
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            "[ health insurance - genetic testing - cancer
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              imaging - coverage - exclusions - codification -
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              effective date 1
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    BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
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- SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.5b of Title 36, unless there is created a duplication in numbering, reads as follows:
 - A. For the purposes of this section:

- 1. "Clinical utility" means clinical utility as defined pursuant to Section 6060.5a of Title 36 of the Oklahoma Statutes;
- 2. "Evidence-based cancer imaging" means appropriate preventative screening and imaging supported by evidence;
- 3. "Genetic testing for an inherited mutation" means multi-gene testing for an inherited mutation associated with an increased risk of cancer;
- 4. "Health benefit plan" means a health benefit plan as defined pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes; and
- 5. "Health care provider" means any physician, hospital, or other entity or person that is licensed or otherwise authorized in this state to furnish health care services.
- B. Any health benefit plan including the Oklahoma Employees
 Insurance Plan that is offered, issued, or renewed in this state on
 or after the effective date of this act shall provide coverage for:
- 1. Clinical genetic testing for an inherited gene mutation for individuals with a personal or family history of cancer when such test provides clinical utility and when ordered or recommended by a health care provider in accordance with medical and scientific evidence including, but not limited to:

- a. the most recent version of the National Comprehensive

 Cancer Network (NCCN) clinical practice

 recommendations that are level 2a or higher,
 - b. Centers for Medicare and Medicaid Services national coverage determinations or Medicare administrative contractor local coverage determinations, or
 - c. nationally recognized clinical practice guidelines; and
- 2. Evidence-based cancer imaging for individuals with an increased risk of cancer when such test provides clinical utility and when ordered or recommended by a health care provider in accordance with the most recent version of the NCCN clinical practice recommendations that are level 2a or higher, or in accordance with other nationally recognized clinical practice guidelines.
- C. Coverage under this section shall not be subject to any annual deductibles, copayments, or coinsurance limits as established for all covered benefits under the health benefit plan.
- D. If application of this section would result in health savings account ineligibility under Section 223 of the federal Internal Revenue Code, as amended, the provisions of this section shall only apply to health savings accounts with qualified high deductible health plans with respect to the deductible of such a plan after the enrollee has satisfied the minimum deductible.

1	Provided, however, the provisions of this section shall apply to
2	items or services that are preventive care pursuant to Section
3	223(c)(2)(C) of the federal Internal Revenue Code, as amended,
4	regardless of whether the minimum deductible has been satisfied.
5	SECTION 2. This act shall become effective November 1, 2024."
6	Passed the House of Representatives the 17th day of April, 2024.
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9	Presiding Officer of the House of Representatives
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L1	Passed the Senate the day of, 2024.
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L 4	Presiding Officer of the Senate
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1	ENGROSSED SENATE
2	BILL NO. 1264 By: Stanley of the Senate
3	and
4	Miller of the House
5	
6	codification - effective date]
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9	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
LO	SECTION 3. NEW LAW A new section of law to be codified
L1	in the Oklahoma Statutes as Section 6060.5b of Title 36, unless
L2	there is created a duplication in numbering, reads as follows:
L3	A. For the purposes of this section:
L 4	1. "Clinical utility" means clinical utility as defined
L5	pursuant to Section 6060.5a of Title 36 of the Oklahoma Statutes;
L 6	2. "Evidence-based cancer imaging" means appropriate
L7	preventative screening and imaging supported by evidence;
L8	3. "Genetic testing for an inherited mutation" means multi-gene
L 9	testing for an inherited mutation associated with an increased risk
20	of cancer;
21	4. "Health benefit plan" means a health benefit plan as defined
22	pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes; and
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- 5. "Health care provider" means any physician, hospital, or other entity or person that is licensed or otherwise authorized in this state to furnish health care services.
- B. Any health benefit plan including the Oklahoma Employees
 Insurance Plan that is offered, issued, or renewed in this state on
 or after the effective date of this act shall provide coverage for:
- 1. Clinical genetic testing for an inherited gene mutation for individuals with a personal or family history of cancer when such test provides clinical utility and when ordered or recommended by a health care provider in accordance with medical and scientific evidence including, but not limited to:
 - a. the most recent version of the National Comprehensive

 Cancer Network (NCCN) clinical practice

 recommendations that are level 2a or higher,
 - b. Centers for Medicare and Medicaid Services national coverage determinations or Medicare administrative contractor local coverage determinations, and
 - c. nationally recognized clinical practice guidelines; and
- 2. Evidence-based cancer imaging for individuals with an increased risk of cancer when such test provides clinical utility and when ordered or recommended by a health care provider in accordance with the most recent version of the NCCN clinical practice recommendations that are level 2a or higher, or in

1 accordance with other nationally recognized clinical practice 2 quidelines.

- C. Coverage under this section shall not be subject to any annual deductibles, copayments, or coinsurance limits as established for all covered benefits under the health benefit plan.
- If application of this section would result in health savings account ineligibility under Section 223 of the federal Internal Revenue Code, as amended, the provisions of this section shall only apply to health savings accounts with qualified high deductible health plans with respect to the deductible of such a plan after the enrollee has satisfied the minimum deductible. Provided, however, the provisions of this section shall apply to items or services that are preventive care pursuant to Section 223(c)(2)(C) of the federal Internal Revenue Code, as amended, regardless of whether the minimum deductible has been satisfied.

SECTION 4. This act shall become effective November 1, 2024.

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1	Passed the Senate the 14th day of March, 2024.
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4	Presiding Officer of the Senate
5	Passed the House of Representatives the day of,
6	2024.
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9	Presiding Officer of the House of Representatives
J LO	of Representatives
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