1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	2nd Session of the 59th Legislature (2024)
4	COMMITTEE SUBSTITUTE
5	FOR ENGROSSEDSENATE BILL NO. 1264By: Stanley of the Senate
6	and
7	Miller and Provenzano of the House
8	
9	
10	COMMITTEE SUBSTITUTE
11	[health insurance - genetic testing - cancer imaging
12	- coverage - exclusions - codification - effective
13	date]
14	
15	
16	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
17	SECTION 1. NEW LAW A new section of law to be codified
18	in the Oklahoma Statutes as Section 6060.5b of Title 36, unless
19	there is created a duplication in numbering, reads as follows:
20	A. For the purposes of this section:
21	1. "Clinical utility" means clinical utility as defined
22	pursuant to Section 6060.5a of Title 36 of the Oklahoma Statutes;
23	2. "Evidence-based cancer imaging" means appropriate
24	preventative screening and imaging supported by evidence;

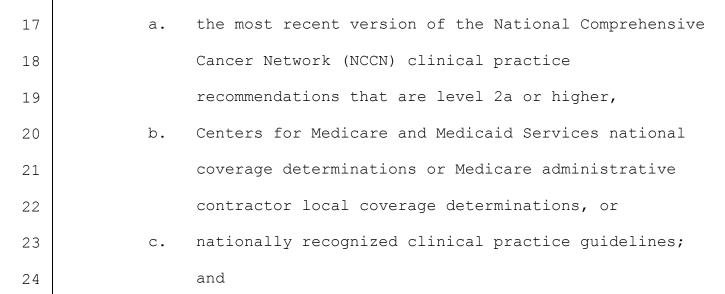
3. "Genetic testing for an inherited mutation" means multi-gene
 testing for an inherited mutation associated with an increased risk
 of cancer;

4 4. "Health benefit plan" means a health benefit plan as defined
5 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.

9 B. Any health benefit plan including the Oklahoma Employees
10 Insurance Plan that is offered, issued, or renewed in this state on
11 or after the effective date of this act shall provide coverage for:

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:



Page 2

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.

8 C. Coverage under this section shall not be subject to any 9 annual deductibles, copayments, or coinsurance limits as established 10 for all covered benefits under the health benefit plan.

If application of this section would result in health 11 D. 12 savings account ineligibility under Section 223 of the federal Internal Revenue Code, as amended, the provisions of this section 13 shall only apply to health savings accounts with qualified high 14 deductible health plans with respect to the deductible of such a 15 plan after the enrollee has satisfied the minimum deductible. 16 Provided, however, the provisions of this section shall apply to 17 items or services that are preventive care pursuant to Section 18 223(c)(2)(C) of the federal Internal Revenue Code, as amended, 19 regardless of whether the minimum deductible has been satisfied. 20 SECTION 2. This act shall become effective November 1, 2024. 21 22

- 23 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS AND BUDGET, dated 04/11/2024 DO PASS, As Amended and Coauthored.
- 24

Page 3