

5/21/2025 11:30:59 AM

HOUSE OF REPRESENTATIVES  
CONFERENCE COMMITTEE REPORT

Mr. President:  
Mr. Speaker:

The Conference Committee, to which was referred

**HB1576**

By: Lawson of the House and Hicks of the Senate

Title: Medicaid; terms; Oklahoma Health Care Authority; coverage; Medicaid; criteria; medical necessity; discretion; Chief Operating Officer; Health Information Portability and Accountability Act; scientific research; consent; research; opting-out; minors; promulgation of rules and regulations; waiver application; effective date; emergency.

Together with Engrossed Senate Amendments thereto, beg leave to report that we have had the same under consideration and herewith return the same with the following recommendations:

1. That the Senate recede from its amendment; and
2. By adopting the following conference committee amendment to restore the title to read as follows:

An Act relating to Medicaid; defining terms; requiring the Oklahoma Health Care Authority to provide coverage through Medicaid for certain services; providing certain criteria; providing for certain medical necessity criteria; authorizing discretion to the Chief Operating Officer of the Oklahoma Health Care Authority; providing for Health Information Portability and Accountability Act requirements; providing for scientific research; providing for consent to provide data for research; providing for opting-out; providing for minors; providing for the promulgation of rules and regulations; providing for waiver application; providing for codification; providing for an effective date; and declaring an emergency.

Respectfully submitted,

HB1576 CCR (A)  
**HOUSE CONFEREES**

Cantrell, Josh



Culver, Bob

---

Hefner, Ellyn

---

Hildebrant, Derrick

---

Marti, T.J.

---

Munson, Cyndi



Newton, Carl



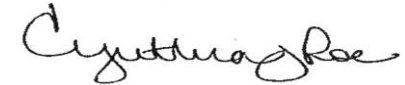
Pae, Daniel



Ranson, Trish



Roe, Cynthia



Smith, David

---

Stark, Marilyn



Stinson, Preston

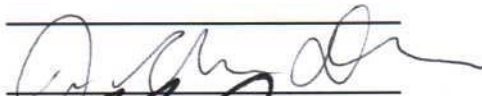


Williams, Danny

---

**SENATE CONFEREES: GCCA (must be signed out at a Senate GCCA meeting)**


Brooks



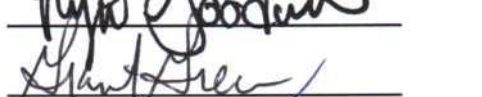
Dossett



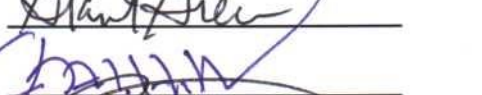
Gollihare



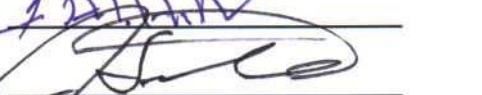
Goodwin



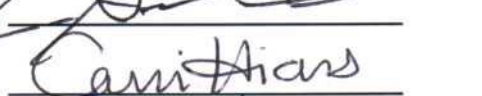
Green



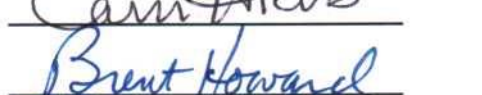
Hall



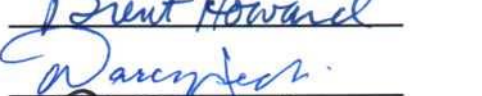
Haste



Hicks



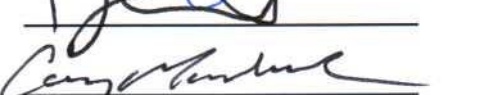
Howard



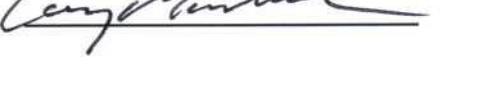
Jech



Kirt



Murdock



Pederson



Prieto



Pugh



Rader

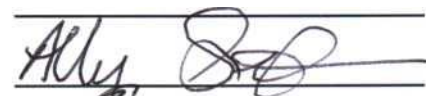


Reinhardt

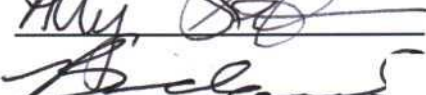


Rosino

Sacchieri



Seifried




Stanley



Stewart



Thompson



Weaver



Woods

**AUTHOR(s)/COAUTHOR(s) CURRENTLY IN THE QUEUE for HB1576**

**As of 5/21/2025 11:27:11 AM**

Add as coauthor Representative Cantrell

Add as coauthor Representative Williams

1 ENGROSSED SENATE AMENDMENT  
TO  
2 ENGROSSED HOUSE  
BILL NO. 1576 By: Lawson of the House  
3  
and  
4  
Hicks of the Senate  
5  
6

7 [ Medicaid - Oklahoma Health Care Authority -  
8 coverage - criteria - Health Information  
9 Portability and Accountability Act requirements -  
10 scientific research - waiver application -  
11 codification - effective date -  
12 emergency]

13  
14  
15 AMENDMENT NO. 1. Page 1, strike the enacting clause  
16  
17  
18  
19  
20  
21  
22  
23  
24

1 Passed the Senate the 8th day of May, 2025.

2  
3 \_\_\_\_\_  
4 Presiding Officer of the Senate

5 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
6 2025.

7  
8 \_\_\_\_\_  
9 Presiding Officer of the House  
10 of Representatives

1 ENGROSSED HOUSE  
2 BILL NO. 1576

By: Lawson of the House

and

Hicks of the Senate

3  
4  
5  
6  
7  
8 [ Medicaid - Oklahoma Health Care Authority -  
9 coverage - criteria - Health Information  
10 Portability and Accountability Act requirements -  
11 scientific research - waiver application -  
12 codification - effective date -  
13 emergency]

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 4005 of Title 56, unless there  
19 is created a duplication in numbering, reads as follows:

20 A. For purposes of this section, "rapid whole genome  
21 sequencing" is defined as an investigation of the entire human  
22 genome, including coding and non-coding regions and mitochondrial  
23 deoxyribonucleic acid, to identify disease-causing genetic changes  
24 that returns the preliminary positive results within seven (7) days

1 and final results within fifteen (15) to twenty-one (21) days from  
2 the date of receipt of the sample by the lab performing the test,  
3 and includes patient-only whole genome sequencing (WGS) and duo and  
4 trio whole genome sequencing of the patient and biological parent or  
5 parents.

6 B. Subject to any required approval of the Centers for Medicare  
7 and Medicaid Services, the Oklahoma Health Care Authority shall  
8 include coverage of rapid whole genome sequencing as a separately  
9 payable service for Medicaid beneficiaries when all of the following  
10 criteria are met:

11 1. Beneficiary is under twenty-one (21) years of age;

12 2. Beneficiary has a complex or acute illness of unknown  
13 etiology, that is not confirmed to be caused by an environmental  
14 exposure, toxic ingestion, infection with normal response to  
15 therapy, or trauma; and

16 3. Beneficiary is receiving hospital services in an intensive  
17 care unit or other high acuity care unit within a hospital.

18 C. The coverage provided pursuant to this section may be  
19 subject to applicable evidence-based medical necessity criteria that  
20 shall be based on all of the following:

21 1. The patient has symptoms that suggest a broad differential  
22 diagnosis that would require an evaluation by multiple genetic tests  
23 if rapid whole genome sequencing is not performed;

1        2. The patient's treating health care provider has determined  
2 that timely identification of a molecular diagnosis is necessary to  
3 guide clinical decision-making and testing results may guide the  
4 treatment or management of the patient's condition; and

5        3. The patient has a complex or acute illness of unknown  
6 etiology, including at least one of the following conditions:

- 7            a. congenital anomalies involving at least two organ  
8            systems or complex and multiple congenital anomalies  
9            in one organ system,
- 10          b. specific organ malformations highly suggestive of a  
11          genetic etiology,
- 12          c. abnormal laboratory tests or abnormal chemistry  
13          profiles suggesting the presence of a genetic disease,  
14          complex metabolic disorder, or inborn error of  
15          metabolism,
- 16          d. refractory or severe hypoglycemia or hyperglycemia,
- 17          e. abnormal response to therapy related to an underlying  
18          medical condition affecting vital organs or bodily  
19          systems,
- 20          f. severe muscle weakness, rigidity, or spasticity,
- 21          g. refractory seizures,
- 22          h. a high-risk stratification on evaluation for a brief  
23          resolved unexplained event with any of the following:  
24              (1) a recurrent event without respiratory infection,

- 1 (2) a recurrent event witnessed seizure-like event,  
2 or  
3 (3) a recurrent cardiopulmonary resuscitation,  
4 i. abnormal cardiac diagnostic testing results suggestive  
5 of possible channelopathies, arrhythmias,  
6 cardiomyopathies, myocarditis, or structural heart  
7 disease,  
8 j. abnormal diagnostic imaging studies suggestive of an  
9 underlying genetic condition,  
10 k. abnormal physiologic function studies suggestive of an  
11 underlying genetic etiology, or  
12 l. family genetic history related to the patient's  
13 condition.

14 D. Nothing in this section prohibits the Chief Operating  
15 Officer of the Oklahoma Health Care Authority from adding additional  
16 conditions to those contained in paragraph 3 of subsection C of this  
17 section based upon new medical evidence or from providing coverage  
18 for rapid whole genome sequencing or other next generation  
19 sequencing (NGS) and genetic testing for Medicaid beneficiaries that  
20 is in addition to the coverage required under this section.

21 E. Genetic data generated as a result of performing rapid whole  
22 genome sequencing, covered pursuant to this section, shall have a  
23 primary use of assisting the ordering health care professional and  
24 treating care team to diagnose and treat the patient, and as

1 protected health information, it shall be subject to the  
2 requirements applicable to protected health information as set forth  
3 in the Health Information Portability and Accountability Act  
4 (HIPAA), the Health Information Technology for Economic and Clinical  
5 Health Act, and their attendant regulations, including, but not  
6 limited to, the HIPAA privacy rule as promulgated at 45 CFR, Part  
7 160 and Subparts A and E of 45 CFR, Part 164.

8 F. Genetic data generated from rapid whole genome sequencing,  
9 covered pursuant to this section, can be used in scientific research  
10 if consent for such use of the data has been expressly given by the  
11 patient, or the patient's legal guardian in the case of a minor.  
12 The patient, the patient's legal guardian in the case of a minor, or  
13 the patient's health care provider with the patient's consent, may  
14 request access to the results of the testing covered by this section  
15 for use in other clinical settings. A health care provider may only  
16 charge a small fee to the patient based on the direct costs of  
17 producing the results in a format usable in other clinical settings.  
18 A patient, or patient's legal guardian in the case of a minor, shall  
19 have the right to rescind the original consent to the use of the  
20 data in scientific research at any time, and upon receipt of a  
21 written revocation of the consent, the health care provider or other  
22 entity using the data shall cease use and expunge the data from any  
23 data repository where it is held.

1       G. The Chief Operating Officer of the Oklahoma Health Care  
2 Authority shall take any actions necessary to implement the  
3 provisions of this section, which may include, if deemed necessary,  
4 the following:

5       1. Promulgation of rules and regulations to provide for  
6 Medicaid coverage pursuant to this section;

7       2. Submission to the Centers for Medicare and Medicaid Services  
8 of any new waiver application, amendment to an existing waiver, or  
9 Medicaid state plan amendment necessary to ensure federal financial  
10 participation for Medicaid coverage pursuant to this section; or

11       3. Any other administrative action determined by the Chief  
12 Operating Officer as necessary to implement the requirements of this  
13 section.

14       SECTION 2. This act shall become effective July 1, 2025.

15       SECTION 3. It being immediately necessary for the preservation  
16 of the public peace, health or safety, an emergency is hereby  
17 declared to exist, by reason whereof this act shall take effect and  
18 be in full force from and after its passage and approval.

1 Passed the House of Representatives the 3rd day of March, 2025.

2  
3 \_\_\_\_\_  
4 Presiding Officer of the House  
5 of Representatives

6 Passed the Senate the \_\_\_\_ day of \_\_\_\_\_, 2025.

7  
8 \_\_\_\_\_  
9 Presiding Officer of the Senate