

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 HOUSE BILL 3359

By: Williams

6 AS INTRODUCED

7 An Act relating to Medicaid coverage; amending
8 Section 3, Chapter 331, O.S.L. 2023 (56 O.S. Supp.
9 2025, Section 4003), which relates to biomarker
testing coverage; making coverage discretionary; and
providing an effective date.

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11 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

12 SECTION 1. AMENDATORY Section 3, Chapter 331, O.S.L.

13 2023 (56 O.S. Supp. 2025, Section 4003), is amended to read as
14 follows:

15 Section 4003. A. As used in this section:

16 1. "Biomarker", "biomarker testing", "consensus statement", and
17 "nationally recognized clinical practice guidelines" shall have the
18 same meaning as provided by Section 1 of this act; and

19 2. "Contracted entity" shall have the same meaning as provided
20 by Section 4002.2 of Title 56 of the Oklahoma Statutes.

21 B. The state Medicaid program shall cover biomarker testing in
22 accordance with the requirements provided by this section.

1 C. Biomarker testing ~~shall~~ may be covered for the purposes of
2 diagnosis, treatment, appropriate management, or ongoing monitoring
3 of a member's disease or condition when the test is supported by
4 medical and scientific evidence, including, but not limited to:
5 1. Labeled indications for a United States Food and Drug
6 Administration (FDA)-approved or -cleared test;
7 2. Indicated tests for an FDA-approved drug;
8 3. Warnings and precautions on FDA-approved drug labels;
9 4. Centers for Medicare and Medicaid Services (CMS) national
10 coverage determinations or Medicare Administrative Contractor (MAC)
11 local coverage determinations; or
12 5. Nationally recognized clinical practice guidelines and
13 consensus statements.

14 D. Contracted entities under the state Medicaid program shall
15 provide biomarker testing at the same scope, duration, and frequency
16 as the Medicaid program otherwise provides to members.

17 E. If prior authorization is required for biomarker testing,
18 the contracted entity shall approve or deny a prior authorization
19 request and notify the member, the member's provider, and any entity
20 requesting authorization of the service within seventy-two (72)
21 hours for non-urgent requests or within twenty-four (24) hours for
22 urgent requests.

23 F. The member and the member's provider shall have access to
24 clear, readily accessible, and convenient processes to request an

1 exception to a coverage policy for biomarker testing of the state
2 Medicaid program. The process shall be made readily accessible to
3 all participating providers and members online.

4 SECTION 2. This act shall become effective November 1, 2026.

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