

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB3644</b>
<b>Version:</b>	<b>CS</b>
<b>Request Number:</b>	<b>16723</b>
<b>Author:</b>	<b>Rep. Stinson</b>
<b>Date:</b>	<b>2/26/2026</b>
<b>Impact:</b>	<b>OSDH Initial Startup Costs: \$150,000</b>

**Research Analysis**

The committee substitute for HB 3644 requires the State Department of Health to contract with the state-designated health information exchange to establish and maintain a statewide venous thromboembolism registry to ensure that performance measures that are submitted are maintained and available for use to improve or modify the venous thromboembolism care system, ensure compliance with nationally recognized guidelines, and monitor venous thromboembolism patient outcomes. The committee substitute also changes the date range for the inpatient and outpatient data for services to be reported, changing the range to between July 1, 2026, and June 30, 2027.

HB 3644 creates the "Blake Burgess Act," which requires each hospital with an emergency department and each ambulatory surgical center to develop and implement policies and procedures around medical attention for persons at risk of forming venous thromboembolisms (VTE). Additionally, all nonphysician personnel must be annually trained around these policies and procedures. The State Department of Health will contract with the state-designated health information exchange to establish and maintain a statewide VTE registry to ensure that required performance measures are maintained and the registry will be available for use to improve or modify care systems, ensure compliance with nationally recognized guidelines, and monitor patient outcomes. Beginning on July 1, 2027, each hospital with an emergency department must start reporting certain data metrics to the statewide VTE registry. The state-designated health information exchange must use a nationally recognized platform to collect this data and must provide regular reports to the State Department of Health. The Department must submit a report on the incidence of VTE by June 1, 2027. The state-designated entity must only use or publish information from the registry for the purpose of advancing medical research or medical education.

The measure adds definitions of Pulmonary embolism and Venous thromboembolism to the Continuum of Care and Assisted Living Act. The measure also requires assisted living facilities to provide a consumer information pamphlet about VTE to residents upon admission. The measure requires direct care staff to receive training on recognizing signs and symptoms of VTE as well as techniques for providing an emergency response.

Prepared By: Suzie Nahach, House Research Staff

**Fiscal Analysis**

HB 3644 establishes the Blake Burgess Act, requiring certain hospitals to implement policies and procedures for the prevention of venous thromboembolism. The Oklahoma State Department of Health (OSDH) is to contract with the state-designated health information exchange to establish and maintain a statewide registry. Hospitals will be required to report to the registry by July 1,

2027. In addition, the measure directs nursing and assisted living facilities to provide residents with information about venous thromboembolism upon admission.

According to OSDH, the measure's cost will be primarily driven by expenses associated with joining the statewide venous thromboembolism registry and the ongoing maintenance required to support registry operations. However, without engaging in contractual conversations, these costs are difficult to project. OSDH anticipates initial startup costs of approximately \$150,000 to develop the required training and certification programs, as specialized contractors may be needed. The measure allows the agency to impose fees for future training or education programs once developed, which is expected to help offset ongoing operational costs.

Because OSDH does not currently have resources available to absorb these startup expenses, additional appropriations would be required. At this time, the estimated fiscal impact of HB 3644 is approximately \$150,000, excluding the cost of joining the registry and ongoing maintenance, which remains undetermined.

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**Other Considerations**

None.