

**BILL SUMMARY**  
1<sup>st</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB1576</b>
<b>Version:</b>	<b>CCR A</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. Lawson</b>
<b>Date:</b>	<b>5/21/2025</b>
<b>Impact:</b>	<b>Medicaid: \$1,071,713 - \$2,660,469</b>

**Research Analysis**

The CCR to HB1576 restores the enacting clause and title.

HB 1576 provides that the Oklahoma Health Care Authority must, subject to any required approval of the Centers for Medicare and Medicaid Services, include coverage of rapid whole genome sequencing as a separately payable service for Medicaid beneficiaries when the criteria listed in the measure are met. The coverage provided may be subject to applicable evidence-based medical necessity criteria. Nothing in this measure prohibits the Chief Operating Officer of the Oklahoma Health Care Authority from adding additional conditions or providing coverage in addition to that covered in the measure.

Genetic data generated as a result of rapid whole genome sequencing must have a primary use of assisting in diagnosing and treating the patient and will be subject to all requirements afforded protected health information. The genetic data generated can be used in scientific research if consent is expressly given and permission can be rescinded at any time. The patient or their legal guardian may request access to testing results. The Chief Operating Officer of the Oklahoma Healthcare Authority must take any necessary actions to implement the provisions of the measure.

Prepared By: Suzie Nahach, House Research Staff

**Fiscal Analysis**

HB 1576 requires the Oklahoma Health Care Authority (OHCA) to provide coverage for whole genome sequencing for eligible Medicaid beneficiaries. This would require reimbursement for children ages 0-20 with a NICU, PICU, or ICU admission with an undetermined cause of illness. In addition, the measure requires coverage for comparator testing for one or both biological parents. Based off hospital admissions to the NICU, PICU, or ICU during calendar year 2023, OHCA estimates a total state share ranging from \$1,071,713 to \$2,660,469, depending on actual utilization and whether both parents are present.

For ages 0-20, there were 6,495 unique members with a hospital admission to the NICU, PICU, or ICU. Assuming a utilization rate ranging from 5% - 10%:

**Rate for Test**

Child: \$7,582.20      Parent: \$2,410.46

<b><u># Unique Members</u></b>	<b><u>Utilization</u></b>	
6495	5%	<b>325.00</b>

	<b>Total</b>	<b>State Share</b>
Child	\$ 2,464,215.00	\$ 822,554.97
Child & One Parent	\$ 3,247,614.50	\$ 1,071,712.79
Child & Both Parents	\$ 4,031,014.00	\$ 1,330,234.62

<b><u># Unique Members</u></b>	<b><u>Utilization</u></b>	
6495	10%	<b>650.00</b>

	<b>Total</b>	<b>State Share</b>
Child	\$ 4,928,430.00	\$ 1,645,109.93
Child & One Parent	\$ 6,495,229.00	\$ 2,143,425.57
Child & Both Parents	\$ 8,062,028.00	\$ 2,660,469.24

The Conference Committee Report restores title and the enacting clause, which does not change the fiscal impact of the measure.

Prepared By: Alexandra Ladner, House Fiscal Staff

**Other Considerations**

None.