

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

<b>Bill No.:</b>	<b>HB 1853</b>
<b>Version:</b>	<b>Introduced</b>
<b>Request Number:</b>	<b>10715</b>
<b>Author:</b>	<b>Schreiber</b>
<b>Date:</b>	<b>2/17/2025</b>
<b>Impact:</b>	<b>Please see previous summary of this measure</b>

**Research Analysis**

HB 1853, as introduced, provides that an enrollee may choose to pay for a health care service out-of-pocket from an out-of-network provider. If an enrollee negotiates a lower costs than the average allowed amount paid by the carrier to a network provider for a comparable service, and the enrollee pays out-of-pocket, the enrollee may send documentation that provides the information specified in the measure. A carrier that receives this documentation must count the full amount that the enrollee paid out-of-pocket towards their deductible, coinsurance, copayment, or other costs-sharing amount if the service is included in their health plan, they negotiated for a lower costs, and the amount doesn't exceed the total amount that a covered person is required to pay out-of-pocket.

Prepared By: Suzie Nahach

**Fiscal Analysis**

The measure is currently under review and impact information will be completed.

Prepared By: House Fiscal Staff

**Other Considerations**

None.