

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

<b>Bill No.:</b>	<b>HB1853</b>
<b>Version:</b>	<b>POLPCS1-AMD1</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. Schreiber</b>
<b>Date:</b>	<b>2/20/2025</b>
<b>Impact:</b>	<b>\$0</b>

**Research Analysis**

Pending

Prepared By: House Research Staff

**Fiscal Analysis**

The proposed committee substitute to HB 1853 authorizes an enrollee to pay for health care services out-of-pocket from an out-of-network licensed provider and for insurance providers to count certain payments towards their cost share. The amendment clarifies that the requirements of the measure do not apply to the state Medicaid program.

According to officials from the Oklahoma Health Care Authority, they do not expect the HealthChoice plan to incur additional claims if the member makes a direct payment to the provider. However, they did state, an item of concern is the potential for additional administration or confusion for the health plan to receive claims from the enrollees versus the providers.

In its current form, HB 1853 is not anticipated to have a direct fiscal impact on the state budget or appropriations.

Prepared By: Alexandra Ladner, House Fiscal Staff

**Other Considerations**

None.