BILL SUMMARY
1st Session of the 60th Legislature

Bill No.:	**HB1853**
Version:	**FULLPCS1**
Request Number:	**12954**
Author:	**Rep. Schreiber**
Date:	**2/27/2025**
Impact:	**$0**

Research Analysis

The amendment to the proposed committee substitute for HB 1853 provides that a health benefit plan will have the same meaning as used in Section 6060.4 of this title.

HB 1853 provides that an enrollee may choose to pay for a health care service out-of-pocket from a licensed health care 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. The provisions of the measure cover an enrollee who may choose to pay for a health care service out-of-pocket from a licensed health care provider. The measure adds that the amount of the enrollee's out-of-pocket cost will be attributed to the in-network deductible, coinsurance, copayment, or other-cost sharing amount, if the provider was an in-network provider, and to the out-of-network deductible, if the provider was an out-of-network provider.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

The FULLPCS1 to HB 1853 requires insurance providers to count certain payments toward an enrollee's out-of-network deductible if the enrollee paid out-of-pocket for a covered health care service from an out-of-network provider.

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. The requirements of the measure do not apply to the state Medicaid program.

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.