

**BILL SUMMARY**  
1<sup>st</sup> Session of the 55<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 1567</b>
<b>Version:</b>	<b>Committee Substitute</b>
<b>Request Number:</b>	<b>6775</b>
<b>Author:</b>	<b>Rep. Mulready</b>
<b>Date:</b>	<b>2/14/2015</b>
<b>Impact:</b>	<b>Potential Savings: Between \$4,000,000 and \$8,000,000</b>

**Research Analysis**

HB 1567, as introduced, changes the guidelines under which OMES produces specifications for the health insurance plan it offers. Deductibles and coinsurance would now be based on contracts, which may be based on levels of outcomes, cost, or type of provider.

Prepared By: Sean Webster

**Fiscal Analysis**

The committee substitute for HB 1567 removes the restriction on HealthChoice plan designs which are currently prohibited from including different member cost-sharing (deductibles, co-payments, and co-insurance) features for different providers performing the same service. Removing this restriction would allow for plan designs that incentivize patients to utilize lower cost providers where appropriate. Depending on plan design incentives and patient choices, total annual savings resulting from a shift to lower cost providers is estimated to total approximately \$4 to \$8 million under current HealthChoice network provider contracts.

Prepared By: Nicole McPhetridge

**Other Considerations**

None.