

## **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>POLPCS2</b>
<b>Request Number:</b>	<b>12574</b>
<b>Author:</b>	<b>Rep. Schreiber</b>
<b>Date:</b>	<b>2/20/2025</b>
<b>Impact:</b>	<b>\$0</b>

### **Research Analysis**

The second proposed policy committee substitute for HB 1835 provides that a health benefit plan delivered, issued for delivery or renewed in this state before or after Jan. 1, 1998, that provides benefits for dependents must cover the listed immunizations for children birth to age 18. The measure outlines what is and is not considered a health benefit plan. The measure provides that an enrollee may choose to pay for a health care service out-of-pocket from a 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.

Prepared By: Suzie Nahach

### **Fiscal Analysis**

The second 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 toward their cost share. The measure specifies the types of insurers that are considered a health benefit plan.

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.

