

The House Committee on Judiciary offers the following substitute to HB 1224:

A BILL TO BE ENTITLED  
AN ACT

1 To provide for changes in laws pertaining to child support enforcement and to amend Title  
2 19 of the Official Code of Georgia Annotated, relating to domestic relations, so as to  
3 authorize the use of the National Medical Support Notice to enforce medical support  
4 provisions of a child support order; to prohibit a payor from deducting a fee for complying  
5 with an order for enrollment in a health benefit plan; to provide for payment for a genetic test  
6 to establish paternity; to provide for the notification of employers and health insurers of an  
7 order to enforce accident and sickness coverage; to provide the obligor with the right and  
8 means to contest withholding of insurance premiums; to authorize the Department of Human  
9 Resources to adopt rules and regulations; to provide for notice of enrollment in a plan and  
10 establishment of coverage for accident and sickness insurance in compliance with a child  
11 support order; to provide for notice of termination of employment to the person or entity that  
12 sent a National Medical Support Notice; to change cross-references; to establish the  
13 Department of Human Resources Bank Match Registry; to vest the Department of Human  
14 Resources with the authority for the operation and administration of the bank match registry;  
15 to provide for related matters; to repeal conflicting laws; and for other purposes.

16 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

17 Title 19 of the Official Code of Georgia Annotated, relating to domestic relations, is  
18 amended in Code Section 19-6-31, relating to definitions, by adding between paragraphs (8)  
19 and (9) a new paragraph (8.1) to read as follows:

21 "(8.1) 'National Medical Support Notice' means a notice as prescribed under 42 U.S.C.  
22 Section 666(a)(19), or a substantially similar notice, which is issued and forwarded by  
23 the IV-D agency to enforce the medical support provisions of a support order."



1 department if an order for paternity has not been issued and if the person making the  
2 request tenders payment of the cost of the test at the time of the request."

### 3 SECTION 5.

4 Said title is further amended by striking subsections (a) and (h) of Code Section 19-11-9.2,  
5 relating to duty of employers to report hiring or rehiring of persons, and inserting in their  
6 place the following:

7 "(a) ~~Effective July 1, 1993, employers~~ Employers doing business in the State of Georgia  
8 shall report to the Georgia state support registry managed by the Department of  
9 ~~Administrative Services~~ Human Resources:

10 (1) The hiring of any person who resides or works in this state to whom the employer  
11 anticipates paying earnings; and

12 (2) The hiring or return to work of any employee who was laid off, furloughed, separated,  
13 granted leave without pay, or terminated from employment."

14 "(h) The Department of ~~Administrative Services~~ Human Resources shall administer this  
15 registry and shall provide computer access to the authorized users. The Department of  
16 ~~Administrative Services~~ Human Resources shall be authorized to apportion the costs of the  
17 registry between the users."

### 18 SECTION 6.

19 Said title is further amended by striking Code Section 19-11-27, relating to accident and  
20 sickness insurance coverage for children, notice of enrollment provided to person or entity  
21 providing access to coverage on behalf of obligor, and establishment of coverage, and  
22 inserting in its place the following:

23 "19-11-27.

24 (a) Whenever a support obligor who is required to maintain accident and sickness  
25 insurance fails to provide such coverage as ordered, or allows such coverage to lapse, the  
26 department, the Department of Community Health, or the other party may compel the  
27 obligor to obtain insurance coverage as provided in this Code section. The remedies  
28 provided in this Code section shall be in addition to and not in lieu of any other remedies  
29 available to the department, the Department of Community Health, or the other party.

30 (b) The National Medical Support Notice as prescribed under 42 U.S.C. Section  
31 666(a)(19) shall be issued, when appropriate, by the IV-D agency to notify employers and  
32 health insurers of an order entered or being enforced by the IV-D agency pursuant to Code  
33 Section 19-11-8 and to enforce the accident and sickness provisions of such order. The  
34 IV-D agency is not required to issue the National Medical Support Notice in cases where

1 the court or administrative order stipulates alternative accident and sickness coverage that  
 2 is not employer based.

3 ~~(b)(c) Upon failure of a support obligor to obtain accident and sickness insurance coverage~~  
 4 ~~as ordered, or upon the lapse of coverage required to be provided, the department, the~~  
 5 ~~Department of Community Health, or the other party may issue and send a notice of~~  
 6 ~~enrollment or National Medical Support Notice by certified mail or statutory overnight~~  
 7 ~~delivery, return receipt requested, to the person or entity providing access to such coverage~~  
 8 ~~on behalf of the obligor. The notice shall include a certified copy of the latest order~~  
 9 ~~requiring health insurance coverage and the return address of the sender. Upon receipt of~~  
 10 ~~a notice of enrollment, any person or entity providing access to accident or sickness~~  
 11 ~~insurance coverage on behalf of the obligor shall immediately undertake to provide such~~  
 12 ~~coverage as specified in the notice of enrollment. Any person or entity providing access~~  
 13 ~~to accident or sickness insurance coverage on behalf of the obligor shall be deemed~~  
 14 ~~authorized to execute any document for the obligor in order to establish coverage. If more~~  
 15 ~~than one insurance plan is available, coverage shall be established under the obligor's~~  
 16 ~~existing plan or a previously existing plan where possible. If coverage under the obligor's~~  
 17 ~~existing plan or a previously existing plan cannot be established, the person or entity~~  
 18 ~~providing access to accident and sickness insurance coverage on behalf of the obligor shall~~  
 19 ~~establish coverage under the least expensive plan otherwise available.~~

20 (d) In all IV-D cases, the IV-D agency shall notify the obligor in writing that the National  
 21 Medical Support Notice has been sent to the obligor's employer or union, and the written  
 22 notification shall include the obligor's rights and duties under the National Medical  
 23 Support Notice. The obligor has the right to contest the withholding required by the  
 24 National Medical Support Notice based on a mistake of fact. To contest, the obligor must  
 25 file a written notice of contest with the IV-D agency within 15 business days from the date  
 26 of the National Medical Support Notice. Filing with the IV-D agency shall be deemed  
 27 complete when the notice is received by the person designated by the IV-D agency in the  
 28 written notification. Upon the timely filing of a notice of contest, the IV-D agency shall,  
 29 within five business days, schedule an informal conference with the obligor to discuss the  
 30 obligor's factual dispute. If the informal conference resolves the dispute to the obligor's  
 31 satisfaction, or if the obligor fails to attend the informal conference, the notice of contest  
 32 shall be deemed withdrawn. If the informal conference does not resolve the dispute, the  
 33 obligor has the right to request an administrative hearing before an administrative law  
 34 judge pursuant to Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act,'  
 35 within five business days after being notified of the results of the review by the IV-D  
 36 agency. However, neither a request for informal review nor the filing of a notice of contest  
 37 for an administrative hearing by the obligor shall delay the withholding of premium

1 payments by the union, employer, or health plan administrator. The union, employer, or  
 2 health plan administrator must implement the withholding as directed by the National  
 3 Medical Support Notice unless notified by the IV-D agency, court, or the Office of  
 4 Administrative Hearings that the National Medical Support Notice is terminated.

5 ~~(e)~~(e) Any person or entity providing access to accident and sickness insurance coverage  
 6 on behalf of the obligor pursuant to a notice of enrollment or National Medical Support  
 7 Notice shall withhold from the obligor's income the amount necessary to pay the premium  
 8 for the insurance coverage, provided that the amount deducted does not exceed the  
 9 limitations of Section 303(b) of the federal Consumer Credit Protection Act, as amended.

10 (f) The department is authorized to adopt rules and regulations to implement the child  
 11 support enforcement provisions of this Code section that affect IV-D cases.

12 ~~(d)~~(g) Upon receipt of a notice of enrollment, ~~the person or entity providing access to~~  
 13 ~~accident and sickness insurance coverage on behalf of the obligor shall notify the person~~  
 14 ~~or entity sending the notice of enrollment within 30 business days whether~~ or National  
 15 Medical Support Notice:

16 ~~(1) Enrollment in an accident and sickness insurance plan has occurred; or~~

17 ~~(2) Enrollment cannot be established, stating the reasons why coverage is not available.~~

18 (1) The employer and plan administrator shall comply with the provisions in the notice;

19 (2) The employer and plan administrator shall treat the notice as an application for health  
 20 coverage for the dependent by the person or entity sending the notice to the extent such  
 21 application is required by the plan;

22 (3) If the obligor named in the notice is not an employee of the employer or if a health  
 23 benefit plan is not offered or available to the employee, the employer shall notify the  
 24 person or entity sending the notice, as provided in the notice, within 20 business days  
 25 after the date of the notice;

26 (4) If a health benefit plan is offered or available to the employee, the employer shall  
 27 send the plan administrator's portion of the notice to each appropriate plan administrator  
 28 within 20 business days after the date of the notice;

29 (5) Upon notification from the plan administrator that the dependent is enrolled, the  
 30 employer shall either withhold and transfer the premiums to the plan, or notify the person  
 31 or entity sending the notice, that enrollment cannot be completed because of prioritization  
 32 or limits on withholding as provided in subsection (e) of this Code section or as provided  
 33 in the notice;

34 (6) Upon notification from the plan administrator that the obligor is subject to a waiting  
 35 period that expires more than 90 days from the date of receipt of the notice by the plan  
 36 administrator, or whose duration is determined by a measure other than the passage of  
 37 time, the employer shall notify the plan administrator when the obligor is eligible to

1 enroll in the plan and that this notice requires enrollment of the dependent named in the  
2 notice in the plan;

3 (7) The plan administrator shall enroll the dependent and if necessary the obligor in the  
4 plan selected under this paragraph. The plan administrator shall enroll the obligor if  
5 enrollment of the obligor is necessary to enroll the dependent. All the following shall  
6 apply in the selection of the plan:

7 (A) If the obligor is enrolled in a health benefit plan that offers dependent coverage,  
8 the dependent shall be enrolled in the plan in which the obligor is enrolled;

9 (B) If the obligor is not enrolled in a plan or is not enrolled in a plan that offers  
10 dependent coverage, and if only one plan with dependent coverage is offered by the  
11 employer, that plan shall be selected;

12 (C) If the obligor is not enrolled in a health benefit plan that offers dependent coverage,  
13 and if more than one plan with dependent coverage is offered by the employer, and if  
14 the notice is issued by the IV-D agency, all of the following shall apply:

15 (i) If only one of the plans is accessible to the dependent, that plan shall be selected.  
16 If none of the plans with dependent coverage is accessible to the dependent, the IV-D  
17 agency shall amend or terminate the notice;

18 (ii) If more than one of the plans is accessible to the dependent, the plan selected  
19 shall be the plan for basic coverage for which the employee's share of the premium  
20 is lowest;

21 (iii) If more than one of those plans is accessible to the dependent, but none of the  
22 accessible plans is for basic coverage, the plan selected shall be an accessible plan for  
23 which the employee's share of the premium is the lowest; and

24 (iv) If the employee's shares of the premiums are the same, the IV-D agency shall  
25 consult the obligee and select a plan. If the obligee does not respond within ten days,  
26 the IV-D agency shall select a plan which shall be the plan's default option, if any, or  
27 the plan with the lowest deductibles and copayment requirements; and

28 (D) If the obligor is not enrolled in a plan or is not enrolled in a plan that offers  
29 dependent coverage, and if more than one plan with dependent coverage is offered by  
30 the employer, and if the notice is issued by a IV-D child support enforcement agency  
31 of another state, that agency shall select the plan as provided in paragraph (8) of this  
32 subsection; and

33 (8) Within 40 business days after the date of the notice, the plan administrator shall do  
34 all of the following as directed in the notice:

35 (A) Complete the appropriate portion of the notice and return to the person or entity  
36 sending the notice;

1 (B) If the dependent is enrolled or is to be enrolled, notify the obligor, the obligee, and  
 2 the child and furnish the obligee with necessary information including any necessary  
 3 claim forms or enrollment membership cards necessary to obtain benefits and provide  
 4 the person or entity sending the notice with the type of health benefit plan under which  
 5 the dependent has been enrolled, including whether dental, optical, office visits, and  
 6 prescription drugs are covered services, and with a brief description of the applicable  
 7 deductibles, coinsurance, waiting period for preexisting medical conditions, and other  
 8 significant terms or conditions which materially affect the coverage;

9 (C) If more than one plan is available to the obligor and the obligor is not enrolled,  
 10 forward plan descriptions and documents to the person or entity sending the notice and  
 11 enroll the dependent, and if necessary the obligor, in the plan selected by the person or  
 12 entity sending the notice or any default option if the plan administrator has not received  
 13 a selection from the person or entity sending the notice within 20 business days of the  
 14 date the plan administrator returned the National Medical Support Notice response to  
 15 the person or entity sending the notice;

16 (D) If the obligor is subject to a waiting period that expires more than 90 days from the  
 17 date the plan administrator received the notice or has not completed a waiting period  
 18 whose duration is determined by a measure other than the passage of time, notify the  
 19 employer, the person or entity sending the notice, the obligor, and the obligee; and upon  
 20 satisfaction of the period or requirement, complete the enrollment;

21 (E) Upon completion of the enrollment, notify the employer for a determination of  
 22 whether the necessary employee share of the premium is available; and

23 (F) If the plan administrator is subject to the federal Employee Retirement Income  
 24 Security Act, as codified in 29 U.S.C. Section 1169, and the plan administrator  
 25 determines the notice does not constitute a qualified medical child support order,  
 26 complete and send the response to the person or entity sending the notice and notify the  
 27 obligor, the obligee, and the child of the specific reason for the determination."

## 28 **SECTION 7.**

29 Said title is further amended by striking Code Section 19-11-28, relating to accident and  
 30 sickness insurance coverage for children, notice of coverage, authorization of payments of  
 31 benefits, notice of termination, and immunity from liability of person or entity providing  
 32 access to coverage, and inserting in its place the following:

33 "19-11-28.

34 ~~(a) Any person or entity providing access to accident or sickness insurance coverage on~~  
 35 ~~behalf of the obligor pursuant to a notice of enrollment shall furnish to the person or entity~~  
 36 ~~sending the notice of enrollment the name of the accident and sickness insurance coverage~~

1 ~~provider, the extent of coverage available, and any necessary claim forms or enrollment~~  
 2 ~~membership cards necessary to obtain benefits.~~

3 ~~(b)~~(a) The signature of the obligee or an agent of the department shall constitute a valid  
 4 authorization to any insurer to process benefits and to make payments to a health care  
 5 provider or the obligee in accordance with any accident and sickness insurance policy.

6 ~~(c)~~(b) An order of medical support shall operate as an assignment to the support obligee  
 7 of any right to benefits under a policy of accident and sickness coverage maintained by the  
 8 obligor insofar as dependent coverage is available. The support obligee shall be subrogated  
 9 to the rights of the obligor to the extent necessary to pursue any claim against the insurer  
 10 under such policy.

11 ~~(d)~~(c) Within ten business days after termination of a policy of accident and sickness  
 12 insurance established pursuant to Code Section 19-11-27, or the termination of  
 13 employment of the obligor, the person or entity providing access to such coverage on  
 14 behalf of a support obligor shall mail a termination notice to the person or entity which  
 15 initially sent a notice of enrollment or National Medical Support Notice and provide the  
 16 obligor's last known address and, if known, the address of the obligor's new employer.

17 ~~(e)~~(d) Any person or entity providing access to accident and sickness coverage on behalf  
 18 of a support obligor shall be immune from any civil or criminal liability while complying  
 19 in good faith with the provisions of this Code section and Code Section 19-11-27.

20 ~~(f)~~(e) Any person or entity acting as a plan fiduciary who makes payment pursuant to this  
 21 Code section discharges to the extent of any payment the plan's obligation."

## 22 SECTION 8.

23 Said title is further amended by striking subsection (a) of Code Section 19-11-29, relating  
 24 to accident and sickness insurance coverage for children, liability, and penalty applicable to  
 25 person or entity providing access to coverage and insurers, and inserting in its place the  
 26 following:

27 "(a) Any person or entity providing access to accident and sickness insurance coverage on  
 28 behalf of a support obligor in connection with the obligor's employment or union shall be  
 29 liable for a civil penalty not to exceed \$1,000.00 per occurrence for willful failure to enroll  
 30 promptly, without regard to enrollment season restrictions, a dependent in an accident and  
 31 sickness insurance plan under an order of medical support or a notice of enrollment;  
 32 provided, however, that no liability shall exist where such person or entity acts in  
 33 accordance with subsection ~~(d)~~ (g) of Code Section 19-11-27."



1 (d) All requests made by the ~~Department of Administrative Services~~ department pursuant  
 2 to subsection (b) or (c) of this Code section shall be in machine readable form unless a  
 3 financial institution expressly requests the department to submit the request in writing. The  
 4 financial institution shall furnish all such information in machine readable form, which  
 5 meets criteria established by the ~~Department of Administrative Services~~ department, within  
 6 30 days of such request. Each financial institution shall furnish all such information on  
 7 those persons whose accounts bear a residential address within the state at the time such  
 8 request is processed by the financial institution."

#### 9 SECTION 11.

10 Said title is further amended by striking Code Section 19-11-30.3, relating to the  
 11 responsibility of the Department of Administrative Services Bank Match Registry, and  
 12 inserting in its place the following:

13 "19-11-30.3.

14 The Department of ~~Administrative Services~~ Human Resources Bank Match Registry shall  
 15 examine the data provided, make positive identification of cases submitted by the  
 16 ~~Department of Human Resources IV-D agency~~ for child support enforcement purposes, and  
 17 report the matched accounts to the ~~Department of Human Resources~~ in machine readable  
 18 form. Upon the receipt of such information, the ~~Department of Human Resources~~  
 19 department, and where appropriate local contractors, shall seek to verify the accuracy of  
 20 the information presented."

#### 21 SECTION 12.

22 Said title is further amended by striking Code Section 19-11-30.5, relating to failure of a  
 23 financial institution to comply, and inserting in its place the following:

24 "19-11-30.5.

25 Any financial institution required to submit a report pursuant to Code Section 19-11-30.2  
 26 which fails without reasonable cause as determined by the ~~Department of Administrative~~  
 27 ~~Services~~ department to comply with such reporting requirements and which, after  
 28 notification by certified mail or statutory overnight delivery by the ~~Department of~~  
 29 ~~Administrative Services~~ department, return receipt requested, of such failure, continues for  
 30 more than 15 business days after the mailing of such notification to fail to comply without  
 31 reasonable cause shall be liable for a penalty of \$1,000.00. Any financial institution which  
 32 willfully provides false information in reply to such notification shall be liable for a penalty  
 33 of \$1,000.00."

**SECTION 13.**

Said title is further amended by striking Code Section 19-11-30.6, relating to reciprocal agreements with other states, and inserting in its place the following:

"19-11-30.6.

The commissioner of ~~administrative services~~ human resources, in cooperation with the IV-D agency, shall establish a program of wage and bank information sharing with other states. The commissioner is authorized to enter into reciprocal agreements with other states to share lists of absent parents who owe support payments to the IV-D agency. Such reciprocal agreements shall only be made with states which administer programs that the commissioner of ~~administrative services~~ human resources, in consultation with the IV-D agency, determines are substantially similar. The wage and bank information sharing program shall apply only to states which have similar prohibitions and penalties for disclosure of information. The prohibitions and penalties of Code Section 19-11-30.4 shall also apply to any such information received from any other state under a reciprocal agreement."

**SECTION 14.**

Said title is further amended by striking Code Section 19-11-30.7, relating to construction, and inserting in its place the following:

"19-11-30.7.

Code Sections 19-11-30, 19-11-30.4, and 19-11-30.6 shall not be construed to prevent the release by the ~~commissioners of administrative services and~~ commissioner of human resources of such wage and bank information data for the purposes described in Title IV-D of the federal Social Security Act."

**SECTION 15.**

Said title is further amended by striking Code Section 19-11-30.8, relating to annual reports, and inserting in its place the following:

"19-11-30.8.

The commissioner of ~~administrative services~~ human resources shall file an annual report describing the status of the wage reporting and bank match systems. The report shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate for the previous state fiscal year no later than September 30 of each year."

