

Senate Bill 174

By: Senators Staton of the 18th, Golden of the 8th, Seabaugh of the 28th, Hudgens of the 47th, Hill of the 32nd and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to
2 enact the "Georgia Consumer Choice of Benefits Health Insurance Plan Act"; to provide for
3 a short title; to provide for legislative findings; to provide definitions; to authorize insurers
4 to offer a choice of benefits health insurance plan in addition to other health insurance plans;
5 to provide for certain notices; to authorize the Commissioner of Insurance to adopt certain
6 rules and regulations; to provide for related matters; to repeal conflicting laws; and for other
7 purposes.

8 **BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

9 **SECTION 1.**

10 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
11 adding a new Chapter 59 to read as follows:

12 **"CHAPTER 59**

13 33-59-1.

14 This chapter shall be known and may be cited as the 'Georgia Consumer Choice of Benefits
15 Health Insurance Plan Act.'

16 33-59-2.

17 The General Assembly recognizes the need for individuals, employers, and other
18 purchasers of health insurance coverage in this state to have the opportunity to choose
19 health insurance plans that are more affordable and flexible than existing market policies
20 offering accident and sickness insurance coverage. Therefore, the General Assembly seeks
21 to increase the availability of health insurance coverage by allowing insurers authorized to
22 engage in the business of insurance in this state to issue accident and sickness policies that,
23 in whole or in part, do not offer or provide state mandated health benefits.

1 33-59-3.

2 As used in this chapter, the term:

3 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for
4 health care services issued, delivered, issued for delivery, executed, or renewed by an
5 insurer in this state on or after July 1, 2005, including, but not limited to, those contracts
6 executed by the Department of Community Health pursuant to paragraph (1) of subsection
7 (f) of Code Section 31-5A-4. The term 'health benefit policy' does not include the
8 following limited benefit insurance policies: accident only, CHAMPUS supplement, dental,
9 disability income, fixed indemnity, long-term care, medicare supplement, specified disease,
10 vision, and nonrenewable individual policies written for a period of less than six months.

11 (2) 'Health insurer' means a health care corporation, health maintenance organization,
12 preferred provider organization, accident and sickness insurer, fraternal benefit society,
13 hospital service corporation, medical service corporation, health care organization, health
14 maintenance corporation, provider sponsored health care corporation, any similar entity
15 authorized to issue contracts under this title, or the plan administrator of any health benefit
16 plan established pursuant to Article 1 of Chapter 18 of Title 45.

17 (3) 'Mandated health benefits' means coverage required under this title or other laws of this
18 state to be provided in an individual, blanket, or group policy for accident and health
19 insurance or a contract for a health related condition that:

20 (A) Includes coverage for specific health care services or benefits;

21 (B) Places limitations or restrictions on deductibles, coinsurance, copayments, or any
22 annual or lifetime maximum benefit amounts; or

23 (C) Includes a specific category of licensed health care practitioners from whom an
24 insured is entitled to receive care.

25 (4) 'Standard health benefit plan' means a health benefit policy that, in whole or in part,
26 does not offer or provide state mandated health benefits, but that provides creditable
27 coverage as defined by paragraph (1) of subsection (a) of Code Section 33-29A-2.

28 (5) 'State mandated health benefits' means coverages for health care services or benefits,
29 required by state law or state regulations, requiring the reimbursement or utilization related
30 to specific health illnesses, injuries, or conditions of the covered person, or inclusion of a
31 specific category of licensed health care practitioner to be provided to the covered person
32 in an individual, blanket, or group policy or contract for a health related condition of a
33 covered person including, but not limited to, those contained in Code Sections 33-17-4.1,
34 33-24-24, 33-24-27, 33-24-27.1, 33-24-27.2, 33-24-28.3, 33-24-28.4, 33-24-56,
35 33-24-58.2, 33-24-59.3, 33-24-59.6, 33-24-59.8, 33-24-59.9, 33-24-59.10, 33-24-59.11,
36 33-24-72, 33-29-20, 33-30-4.3, 33-30-7, 33-30-14, and 33-53-2. The term 'state mandated
37 health benefits' does not mean standard provisions or rights required to be present in an

1 individual, blanket, or group policy or contract for accident and sickness insurance
2 pursuant to state law or regulations unrelated to specific illnesses, injuries, or conditions
3 of the insured, including, but not limited to, those related to continuation of coverage in
4 Code Section 33-24-21.1, Code Section 33-24-21.2, paragraph (4) of Code Section
5 33-30-4, and paragraph (8) of subsection (b) of Code Section 33-30-6; entitlement to
6 conversion privileges in Code Section 33-24-21.1; termination of coverage in Code
7 Sections 33-24-21 and 33-24-28; coverage of newly born or adopted children in Code
8 Section 33-24-22; direct access to obstetricians and gynecologists in Code Section
9 33-24-59; surveillance tests for ovarian cancer in Code Section 33-24-56.2; colorectal
10 cancer screening and testing in Code Section 33-24-56.3; and coverage for equipment and
11 self-management training for individuals with diabetes in Code Section 33-24-59.2.

12 33-59-4.

13 A health insurer may offer one or more standard health benefit plans.

14 33-59-5.

15 (a) Each written application for participation in a standard health benefit plan must contain
16 the following language at the beginning of the document in bold type:

17 'You have the option to choose this Consumer Choice of Benefits Health Insurance Plan
18 that, either in whole or in part, does not provide state mandated health benefits normally
19 required in accident and sickness insurance policies in Georgia. This standard health
20 benefit plan may provide a more affordable health insurance policy for you, although, at
21 the same time, it may provide you with fewer health benefits than those normally
22 included as state mandated health benefits in policies in Georgia. If you choose this
23 standard health benefit plan, please consult with your insurance agent to discover which
24 state mandated health benefits are excluded in this policy.'

25 (b) Each standard health benefit plan must contain the following language at the beginning
26 of the document in bold type:

27 'This Consumer Choice of Benefits Health Insurance Plan, either in whole or in part, does
28 not provide state mandated health benefits normally required in accident and sickness
29 insurance policies in Georgia. This standard health benefit plan may provide a more
30 affordable health insurance policy for you, although, at the same time, it may provide you
31 with fewer health benefits than those normally included as state mandated health benefits
32 in policies in Georgia. Please consult with your insurance agent to discover which state
33 mandated health benefits are excluded in this policy.'

1 33-59-6.

2 The commissioner shall adopt rules and regulations as necessary to implement this chapter.

3 33-59-7.

4 An insurer that offers one or more standard health benefit plans under this chapter must
5 also offer at least one accident and sickness insurance policy that contains all state
6 mandated health benefits that are otherwise authorized by this title."

7 **SECTION 2.**

8 All laws and parts of laws in conflict with this Act are repealed.