

## COMMITTEE OF CONFERENCE SUBSTITUTE TO SB 153

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 provide for legislative intent; to provide an exemption from insurance premium taxes for  
3 certain insurance products; to change the minimum number of employees required to be  
4 covered under an insurance contract or contracts held by a corporation or trustee; to provide  
5 for the Commissioner of Insurance to adopt policies to promote, approve, and encourage  
6 health savings account eligible high deductible plans in Georgia; to provide for exemptions  
7 from certain unfair trade practices for certain wellness and health promotion programs,  
8 condition or disease management programs, health risk appraisal programs, and similar  
9 provisions in such plans; to provide for certain requirements for such plans; to provide for  
10 health reimbursement arrangement only plans that encourage employer financial support of  
11 health insurance or health related expenses under certain circumstances; to provide for  
12 related matters; to provide for applicability and effective dates; to repeal conflicting laws;  
13 and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

15 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by  
16 adding a new subsection (c) in Code Section 33-8-4, relating to amount and method of  
17 computing tax on insurance premiums generally, to read as follows:  
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19 "(c) For all taxable years beginning on or after January 1, 2009, insurers shall be exempt  
20 from otherwise applicable state premium taxes as provided for in subsection (a) of this  
21 Code section on premiums paid by Georgia residents for high deductible health plans sold  
22 or maintained in connection with a health savings account under the applicable provisions  
23 of Section 223 of the Internal Revenue Code."





1 authorize the sale of insurance in violation of Chapter 3 of this title or interstate sales of  
2 insurance.

3 (c) The Commissioner shall be authorized to conduct a national study of health savings  
4 account eligible high deductible plans available in other states and to determine if and how  
5 these products serve the uninsured and if they should be made available to Georgians.

6 (d) The Commissioner shall be authorized to develop an automatic or fast track approval  
7 process for health savings account eligible high deductible plans already approved under  
8 the laws and regulations of this state or other states.

9 (e) The Commissioner shall be authorized to promulgate such rules and regulations as he  
10 or she deems necessary and appropriate for the design, promotion, and regulation of health  
11 savings account eligible high deductible plans, including rules and regulations for the  
12 expedited review of standardized policies, advertisements and solicitations, and other  
13 matters deemed relevant by the Commissioner.

14 33-51-4.

15 Insurers that include and operate wellness and health promotion programs, disease and  
16 condition management programs, health risk appraisal programs, and similar provisions in  
17 their high deductible health policies in keeping with federal requirements shall not be  
18 considered to be engaging in unfair trade practices under Code Section 33-6-4 with respect  
19 to references to the practices of illegal inducements, unfair discrimination, and rebating.

20 33-51-5.

21 There shall be no required relationship between preferred provider and nonpreferred  
22 provider plan reimbursements for health savings account eligible high deductible plans  
23 using nonpreferred provider reimbursements. Such plans, however, shall not:

- 24 (1) Unfairly deny health benefits for medically necessary covered services;
- 25 (2) Have differences in benefit levels payable to preferred providers compared to other  
26 providers that unfairly deny benefits for covered services;
- 27 (3) Have a plan coinsurance percentage applicable to benefit levels for services provided  
28 by nonpreferred providers that is less than 60 percent of the benefit levels under the  
29 policy for such services; or
- 30 (4) Have an adverse effect on the availability or the quality of services.

31 33-51-6.

32 (a) The Commissioner shall be authorized to allow health reimbursement arrangement  
33 only plans that encourage employer financial support of health insurance or health related  
34 expenses recognized under the rules of the federal Internal Revenue Service to be approved

1 for sale in connection with or packaged with individual health insurance policies otherwise  
2 approved by the Commissioner.

3 (b) Health reimbursement arrangement only plans that are not sold in connection with or  
4 packaged with individual health insurance policies shall not be considered insurance under  
5 this title.

6 (c) Individual insurance policies offered or funded through health reimbursement  
7 arrangements shall not be considered employer sponsored or group coverage for purposes  
8 of this title, and nothing in this Code section shall be interpreted to require an insurer to  
9 offer an individual health insurance policy for sale in connection with or packaged with a  
10 health reimbursement arrangement or to accept premiums from health reimbursement  
11 arrangement plans for individual health insurance policies.

12 33-51-7.

13 Notwithstanding the provisions of paragraphs (2) and (3) of Code Section 33-51-5, health  
14 benefit plans providing incentives for covered persons to use pharmaceutical or dental  
15 services of preferred providers shall provide, and clearly indicate, that the payment or  
16 reimbursement for a noncontracting provider of covered pharmaceutical or dental services  
17 shall be the same as the payment or reimbursement for a preferred provider of covered  
18 pharmaceutical or dental services; provided, however, that the health benefit plan shall not  
19 be required to make payment or reimbursement in an amount which is greater than the  
20 actual fee charged by the provider for such dental or pharmaceutical services."

#### 21 **SECTION 6.**

22 Sections 1, 2, and 3 of this Act shall become effective on January 1, 2009, and shall be  
23 applicable to all taxable years beginning on or after January 1, 2009. The remaining sections  
24 of this Act shall become effective upon its approval by the Governor or upon its becoming  
25 law without such approval.

#### 26 **SECTION 7.**

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