

Senate Bill 32

By: Senators Seay of the 34th, Fort of the 39th, Lucas of the 26th, Henson of the 41st, James of the 35th and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Code Section 20-2-881 of the Official Code of Georgia Annotated, relating to the
2 Board of Community Health to establish plan, rules and regulations, extent of coverage, and
3 recommendations to General Assembly for scheduling of maximum fees for hospitals and
4 practitioners, so as to require that the board shall reopen the 2014 open enrollment period to
5 permit any employee whose elected medical claims administrator declared a major medical
6 facility to be out of such administrator's network to elect coverage under a different
7 administrator; to amend Code Section 20-2-911 of the Official Code of Georgia Annotated,
8 relating to the Board of Community Health to establish plan, rules and regulations, extent of
9 coverage, and recommendations to General Assembly for scheduling of maximum fees for
10 hospitals and practitioners, so as to require that the board shall reopen the 2014 open
11 enrollment period to permit any employee whose elected medical claims administrator
12 declared a major medical facility to be out of such administrator's network to elect coverage
13 under a different administrator; to make legislative findings; to define certain terms; to
14 amend Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating
15 to the State Employees' Health Insurance Plan, so as to require that the Board of Community
16 Health shall reopen the 2014 open enrollment period to permit any employee whose elected
17 medical claims administrator declared a major medical facility to be out of such
18 administrator's network to elect coverage under a different administrator; to define certain
19 terms; to provide for an effective date; to repeal conflicting laws; and for other purposes.

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

21 **SECTION 1.**

22 The General Assembly makes the following findings:

- 23 (1) The State of Georgia negotiated in good faith with Blue Cross Blue Shield based on
24 the assumption that Blue Cross Blue Shield would maintain a comparable level of service
25 for 2015;
- 26 (2) Teachers and state employees who selected Blue Cross Blue Shield did so based on
27 their coverage network;

- 28 (3) Blue Cross Blue Shield forced Grady Memorial Hospital out of their coverage
 29 network by refusing to pay the same reimbursement rates that they pay private hospitals;
 30 (4) Grady serves a large number of teachers and state employees for a variety of services
 31 and is the premier trauma center in the state;
 32 (5) Most private hospitals favored by Blue Cross Blue Shield do not even have an L1
 33 trauma center;
 34 (6) Teachers and state employees have been irreparably harmed by Blue Cross Blue
 35 Shield's decision to force a major hospital and top trauma center out of network;
 36 (7) Georgia finds Blue Cross Blue Shield in breach of its obligation to provide adequate
 37 health care for teachers and state employees; and
 38 (8) Georgia will therefore reopen open enrollment for the state health benefit plan so
 39 teachers and state employees deceived by Blue Cross Blue Shield can choose adequate
 40 health insurance.

41 SECTION 2.

42 Code Section 20-2-881 of the Official Code of Georgia Annotated, relating to board to
 43 establish plan, rules and regulations, extent of coverage, and recommendations to General
 44 Assembly for scheduling of maximum fees for hospitals and practitioners, is amended by
 45 adding a new subsection to read as follows:

46 "(f)(1) As used in this subsection, the term:

47 (A) 'Defaulting medical claims administrator' means any medical claims administrator
 48 under the State Health Benefit Plan which, after the close of the open enrollment period
 49 for 2014, declared a major medical facility to be outside of such medical claims
 50 administrator's network.

51 (B) 'Open enrollment period for 2014' means the period from October 27, 2014,
 52 through November 14, 2014, during which persons eligible to participate in the State
 53 Health Benefit Plan were permitted to choose coverage options under such plan.

54 (2) Not later than two weeks after the effective date of this Code section, the board shall
 55 reopen the open enrollment period for 2014 during which any employee covered under
 56 a defaulting medical claims administrator shall have the option to elect coverage under
 57 a different medical claims administrator."

58 SECTION 3.

59 Code Section 20-2-911 of the Official Code of Georgia Annotated, relating to board to
 60 establish plan, rules and regulations, extent of coverage, and recommendations to General
 61 Assembly for scheduling of maximum fees for hospitals and practitioners, is amended by
 62 adding a new subsection to read as follows:

63 "(f)(1) As used in this subsection, the term:

64 (A) 'Defaulting medical claims administrator' means any medical claims administrator
 65 under the State Health Benefit Plan which, after the close of the open enrollment period
 66 for 2014, declared a major medical facility to be outside of such medical claims
 67 administrator's network.

68 (B) 'Open enrollment period for 2014' means the period from October 27, 2014,
 69 through November 14, 2014, during which persons eligible to participate in the State
 70 Health Benefit Plan were permitted to choose coverage options under such plan.

71 (2) Not later than two weeks after the effective date of this Code section, the board shall
 72 reopen the open enrollment period for 2014 during which any employee covered under
 73 a defaulting medical claims administrator shall have the option to elect coverage under
 74 a different medical claims administrator."

75 **SECTION 4.**

76 Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to the
 77 State Employees' Health Insurance Plan, is amended by adding a new Code section to read
 78 as follows:

79 "45-18-22.

80 (a) As used in this Code section, the term:

81 (1) 'Defaulting medical claims administrator' means any medical claims administrator
 82 under the State Health Benefit Plan which, after the close of the open enrollment period
 83 for 2014, declared a major medical facility to be outside of such medical claims
 84 administrator's network.

85 (2) 'Open enrollment period for 2014' means the period from October 27, 2014, through
 86 November 14, 2014, during which persons eligible to participate in the State Health
 87 Benefit Plan were permitted to choose coverage options under such plan.

88 (b) Not later than two weeks after the effective date of this Code section, the board shall
 89 reopen the open enrollment period for 2014 during which any employee covered under a
 90 defaulting medical claims administrator shall have the option to elect coverage under a
 91 different medical claims administrator."

92 **SECTION 5.**

93 This Act shall become effective upon its approval by the Governor or upon its becoming law
 94 without such approval.

95 **SECTION 6.**

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