15 LC 37 1976S (SCS)

Senate Bill 143

By: Senators Hufstetler of the 52nd, Seay of the 34th, Albers of the 56th, Stone of the 23rd, Watson of the 1st and others

AS PASSED SENATE

A BILL TO BE ENTITLED AN ACT

- 1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to
- 2 insurance generally, so as to require an insurer providing services under the state health
- 3 benefit plan to include certain trauma centers in its provider network; to provide for a
- 4 mechanism to resolve disputes between insurers and certain hospitals; to provide for
- 5 legislative intent; to provide for definitions; to provide for an appeal to the Commissioner of
- 6 Insurance; to provide for appointment of an arbitration panel; to provide for the panel
- 7 membership and duties; to provide for subject matter of disputes; to provide for binding
- 8 decisions; to provide for appeal of the arbitration panel decision and venue; to provide for
- 9 related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 SECTION 1.

- 12 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance
- 13 generally, is amended by adding a new Code section to read as follows:
- 14 "<u>33-24-59.18.</u>

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- 15 (a) As used in this Code section, the term:
- 16 (1) 'Health benefit policy' means a contract for health services issued, delivered, issued
- for delivery, executed, or renewed in this state.
- 18 (2) 'Insurer' means an accident and sickness insurer authorized by this state to offer or
- 19 provide health benefit policies.
- 20 (3) 'Level 1 trauma center' means a facility designated by the Department of Public
- Health as a Level 1 trauma center.
- 22 (4) 'Provider network' means health care providers and facilities that are part of an
- 23 <u>insurer's network of providers and facilities with which the insurer has negotiated</u>
- 24 <u>discounts and that are listed in the health benefit policy's provider directory as network</u>
- 25 members.

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26 (5) 'State health benefit plan' means the state health benefit plan established under Article

- 27 <u>1 of Chapter 18 of Title 45 or any other health benefit policy administered by or on behalf</u>
- of this state.
- 29 (b) Any insurer which provides a health benefit policy pursuant to the state health benefit
- 30 plan shall for such policy include in its provider network all Level 1 trauma centers located
- 31 <u>in its defined service area unless the insurer has obtained the consent of the Department of</u>
- 32 <u>Community Health to exclude any Level 1 trauma center.</u>
- 33 (c) Any such insurer which does not comply with the provisions of subsection (b) of this
- 34 <u>Code section shall be prohibited from entering into a contract with the Department of</u>
- 35 Community Health or any other state entity to provide a health benefit policy or policies
- 36 <u>under the state health benefit plan."</u>
- 37 **SECTION 2.**
- 38 Said chapter is further amended by adding a new article to read as follows:
- 39 "ARTICLE 5
- 40 <u>33-24-110.</u>
- The intent of this article is to provide a mechanism to resolve contract disputes between
- 42 <u>insurers and hospitals with Level 1 trauma centers providing services under the state health</u>
- 43 <u>benefit plan.</u>
- 44 <u>33-24-111.</u>
- 45 As used in this article, the term:
- 46 (1) 'Arbitrator' means an arbitrator registered with the Georgia Commission on Dispute
- 47 Resolution, the American Arbitration Association, or JAMS.
- 48 (2) 'Health benefit policy' means a contract for health services issued, delivered, issued
- for delivery, executed, or renewed in this state.
- 50 (3) 'Hospital' means a facility with a Level 1 trauma center as designated by the
- 51 <u>Department of Public Health.</u>
- 52 (4) 'Insurer' means an accident and sickness insurer authorized by this state to offer or
- 53 provide health benefit policies.
- 54 (5) 'Out of network' refers to health care items or services provided to an enrollee by
- 55 providers who do not belong to the provider network under a health benefit policy plan.
- 56 (6) 'State health benefit plan' means the state health benefit plan established under Article
- 57 <u>1 of Chapter 18 of Title 45 or any other health benefit policy administered by or on behalf</u>
- of this state.

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- 59 33-24-112.
- In the event an insurer providing a health benefit policy pursuant to the state health benefit
- 61 plan and a hospital cannot agree on the terms of a contract within 30 days before going out
- of network or any time after going out of network, either party may file an appeal to the
- 63 Commissioner.
- 64 <u>33-24-113.</u>
- 65 Within 14 days of receipt of an appeal, the Commissioner shall appoint an arbitration panel
- 66 composed of three members. Each party shall designate one arbitrator, and those two
- 67 <u>arbitrators shall choose the third arbitrator. In the event that one party refuses to designate</u>
- 68 <u>an arbitrator, the Commissioner shall appoint one arbitrator. The two arbitrators shall then</u>
- 69 <u>choose the third arbitrator</u>. No member of the arbitration panel shall be a party to the
- 70 <u>dispute</u>. The division of fees and expenses for arbitration shall be determined by the
- 71 <u>arbitration panel and incorporated in the final decision of the panel.</u>
- 72 <u>33-24-114.</u>
- 73 (a) The arbitration panel shall meet as soon after appointment as practicable and shall
- 74 receive evidence and argument from the insurer and the hospital.
- 75 (b) The arbitration panel shall by majority vote render a decision which shall be binding
- on all parties to the dispute not later than the sixtieth day following such appointment.
- 77 (c) The arbitration panel may make decisions affecting rates, contract terms, or any other
- 78 matter in dispute. The decision may be binding for up to three years.
- 79 (d) In the event the insurer and the hospital reach an agreement prior to the issuance of a
- decision by the arbitration panel, the agreement shall be entered into as the decision of the
- 81 panel.
- 82 <u>33-24-115.</u>
- 83 An insurer or a hospital may appeal the arbitration panel decision by filing an action in the
- 84 Superior Court of Fulton County within ten days of receipt of the panel's written finding
- and recommendations. The sole grounds for appeal shall be to correct errors of fact or of
- 86 law, any bias or misconduct of an arbitrator, or the panel's abuse of discretion."

SECTION 3.

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