

House Bill 943

By: Representatives Mathiak of the 73<sup>rd</sup>, Silcox of the 52<sup>nd</sup>, Hawkins of the 27<sup>th</sup>, Beskin of the 54<sup>th</sup>, and Price of the 48<sup>th</sup>

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 health plans to provide coverage for less addictive  
3 opioids, opioid addiction treatments, and opioid alternative treatments; to provide for a short  
4 title and findings; to provide for definitions; to provide for costs; to provide for an insured  
5 changing health benefit plans; to provide for an exemption; to provide for related matters;  
6 to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance  
10 generally, is amended by adding a new Code section to read as follows:

11 "33-24-59.23.

12 (a) This Code section shall be known and may be cited as the 'Opioid Alternative  
13 Treatment Act.'

14 (b) The General Assembly finds and declares that:

15 (1) An opioid epidemic has cost the state millions of dollars in medical treatment, lost  
16 economic productivity, and increased overdose deaths, among other costs; and

17 (2) Providing coverage for less addictive opioids, opioid addiction treatments, and opioid  
18 alternative treatments for patients will reduce the costs borne by this state. Further, it will  
19 reduce the number of Georgians who will become addicted to opioids, and the number  
20 of Georgians who will overdose and die from them.

21 (c) As used in this Code section, the term:

22 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for  
23 health care services issued, delivered, issued for delivery, or renewed in this state which  
24 provides major medical benefits, including those contracts executed by the State of  
25 Georgia on behalf of indigents and on behalf of state employees under Article 1 of  
26 Chapter 18 of Title 45, by a health care corporation, health maintenance organization,

27 preferred provider organization, accident and sickness insurer, fraternal benefit society,  
 28 hospital service corporation, medical service corporation, or any similar entity.

29 (2) 'Less addictive opioid' means any opioid medication with less addictive potential than  
 30 the Schedule II controlled substances listed in paragraph (1) or (2) of Code Section  
 31 16-13-26, including, but not limited to:

32 (A) Buprenorphine; and

33 (B) Embutramide.

34 (3) 'Opioid addiction treatment' means any treatment, including medication or therapy,  
 35 for the treatment of addiction, including, but not limited to:

36 (A) Cognitive behavioral therapy;

37 (B) Buprenorphine based medication or injections;

38 (C) Naloxone based medication or injections;

39 (D) Naltrexone based medication or injections; and

40 (E) In-patient and outpatient treatment for whatever length of time deemed medically  
 41 appropriate by the patient's physician, prescriber, or other medical professional.

42 (4) 'Opioid alternative treatment' means any treatment, including medication or therapy  
 43 or other intervention offered for the management of pain, that does not include an opioid  
 44 medication listed as a Schedule II controlled substance in paragraph (1) or (2) of Code  
 45 Section 16-13-26, including, but not limited to:

46 (A) Acetaminophen, ibuprofen, or any other nonsteroidal anti-inflammatory drugs;

47 (B) Corticosteroids;

48 (C) Tricyclic antidepressants, selective serotonin reuptake inhibitors, selective  
 49 norepinephrine reuptake inhibitors, gabapentinoids, or other similar drugs;

50 (D) Anticonvulsants;

51 (E) Injections, including local or regional anesthetic nerve blocks;

52 (F) Physical therapy, occupational therapy, or cognitive behavioral therapy; and

53 (G) Massage, acupuncture, or chiropractic care.

54 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state  
 55 or approved for issuance or renewal in this state by the Commissioner on or after July 1,  
 56 2018, shall provide coverage for all less addictive opioids, all opioid addiction treatments,  
 57 and all opioid alternative treatments that a patient's prescriber deems medically appropriate.  
 58 This subsection shall not prohibit an entity subject to this Code section from providing  
 59 coverage that is greater or more favorable to an insured or enrolled individual than the  
 60 coverage required under this Code section.

61 (e) The coverage provided by every health benefit policy that is delivered, issued,  
 62 executed, or renewed in this state or approved for issuance or renewal in this state by the  
 63 Commissioner on or after July 1, 2018, shall ensure that all less addictive opioids, all

64 opioid addiction treatments, and all opioid alternative treatments are provided to all  
 65 insureds and enrolled individuals at the same cost or less cost than every Schedule II opioid  
 66 medication listed in paragraph (1) or (2) of Code Section 16-13-26.

67 (f) If an insured or enrolled individual is using a treatment or medication that is a less  
 68 addictive opioid, opioid addiction treatment, or opioid alternative treatment, and that  
 69 insured or enrolled individual switches to a new provider of health benefit policies, that  
 70 provider shall cover continued treatment of the less addictive opioid, opioid addiction  
 71 treatment, or opioid alternative treatment for at least 30 days without requiring a prior  
 72 authorization.

73 (g) The benefits covered under this Code section shall be subject to the same annual  
 74 deductible, coinsurance or copayment, or utilization review applicable to other similar  
 75 covered benefits under the health benefit policy.

76 (h) An insurer, corporation, health maintenance organization, or governmental entity  
 77 providing coverage for less addictive opioids or opioid alternative treatments pursuant to  
 78 this Code section shall be exempt from providing coverage for less addictive opioids or  
 79 opioid alternative treatments required under this Code section and not covered by the  
 80 insurer, corporation, health maintenance organization, or governmental entity providing  
 81 coverage for such treatment pursuant to this Code section as of January 1, 2019, if:

82 (1) An actuary affiliated with the insurer, corporation, health maintenance organization,  
 83 or governmental entity who is a member of the American Academy of Actuaries and who  
 84 meets the American Academy of Actuaries' professional qualification standards for  
 85 rendering an actuarial opinion related to health insurance rate making certifies in writing  
 86 to the Commissioner that:

87 (A) Based on an analysis to be completed no more frequently than one time per year  
 88 by each insurer, corporation, health maintenance organization, or governmental entity  
 89 for the most recent experience period of at least one year's duration, the costs associated  
 90 with coverage of less addictive opioids or opioid alternative treatments required under  
 91 this Code section, and not covered as of January 1, 2019, exceeded 2 percent of the  
 92 average premiums charged over the experience period by the insurer, corporation,  
 93 health maintenance organization, or governmental entity; and

94 (B) Such costs solely would lead to an increase in average premiums charged of more  
 95 than 2 percent for all insurance policies, subscription contracts, or health care plans  
 96 commencing on inception or the next renewal date, based on the premium rating  
 97 methodology and practices the insurer, corporation, health maintenance organization,  
 98 or governmental entity employs; and

99 (2) The Commissioner approves the certification of the actuary."

100

**SECTION 2.**

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