

The House Committee on Insurance offers the following substitute to HB 818:

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 provide that a health care provider shall choose the method by
3 which such provider shall be reimbursed by an insurer for health care services performed;
4 to provide for definitions; to provide for the dissemination of certain information from health
5 insurers to health care providers; to provide for waiver and enforcement powers for
6 violations; to provide for related matters; to provide an effective date; to repeal conflicting
7 laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

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

12 "33-24-59.23.

13 (a) As used in this chapter, the term:

14 (1) 'Care management organization' means an entity that is organized for the purpose of
15 providing or arranging health care, which has been granted a certificate of authority by
16 the Commissioner as a health maintenance organization pursuant to Chapter 21 of this
17 title, and which has entered into a contract with the Department of Community Health to
18 provide or arrange health care services on a prepaid, capitated basis to members.

19 (2) 'Credit card payment' means a type of electronic funds transfer in which a health
20 insurance plan or health insurer or its contracted vendor issues a single-use series of
21 numbers associated with the payment of health care services performed by a health care
22 provider and chargeable to a predetermined dollar amount, whereby the health care
23 provider is responsible for processing the payment by a credit card terminal or Internet
24 portal. Such term shall include virtual or online credit card payments, whereby no
25 physical credit card is presented to the health care provider and the single-use credit card
26 expires upon payment processing.

27 (3) 'Electronic funds transfer' means an electronic funds transfer through the federal
 28 Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, standard
 29 automated clearing-house network.

30 (4) 'Health care provider' means any physician, dentist, podiatrist, pharmacist,
 31 optometrist, psychologist, registered optician, licensed professional counselor, physical
 32 therapist, chiropractor, hospital, or other entity or person that is licensed or otherwise
 33 authorized in this state to furnish health care services.

34 (5) 'Health care services' means the examination or treatment of persons for the
 35 prevention of illness or the correction or treatment of any physical or mental condition
 36 resulting from illness, injury, or other human physical problem and includes, but is not
 37 limited to:

38 (A) Hospital services which include the general and usual services and care, supplies,
 39 and equipment furnished by hospitals;

40 (B) Medical services which include the general and usual services and care rendered
 41 and administered by doctors of medicine, doctors of dental surgery, and doctors of
 42 podiatry; and

43 (C) Other health care services which include appliances and supplies; nursing care by
 44 a registered nurse or a licensed practical nurse; care furnished by such other licensed
 45 practitioners; institutional services including the general and usual care, services,
 46 supplies, and equipment furnished by health care institutions and agencies or entities
 47 other than hospitals; physiotherapy; ambulance services; drugs and medications;
 48 therapeutic services and equipment including oxygen and the rental of oxygen
 49 equipment; hospital beds; iron lungs; orthopedic services and appliances including
 50 wheelchairs, trusses, braces, crutches, and prosthetic devices including artificial limbs
 51 and eyes; and any other appliance, supply, or service related to health care.

52 (6) 'Health insurance plan' means any hospital or medical insurance policy or certificate;
 53 health plan contract or certificate; qualified higher deductible health plan; health
 54 maintenance organization subscriber contract; any contract providing benefits for dental
 55 care whether such contract is pursuant to a medical insurance policy or certificate;
 56 stand-alone dental plan, health maintenance provider contract, managed health care plan,
 57 self-insured plan, or otherwise; or any health insurance plan established pursuant to
 58 Article 1 of Chapter 18 of Title 45.

59 (7) 'Health insurer' means any entity or person engaged as an indemnitor, surety, or
 60 contractor that issues insurance, annuity or endowment contracts, subscriber certificates,
 61 or other contracts of insurance by whatever name called. Health care plans under
 62 Chapter 20A of this title and health maintenance organizations are health insurers within
 63 the meaning of this chapter.

64 (b) Any health insurance plan issued, amended, or renewed on or after January 1, 2019,
65 between a health insurer or its contracted vendor or a care management organization and
66 a health care provider for the provision of health care services to a plan enrollee shall not
67 contain restrictions on methods of payment from the health insurer or its vendor or the care
68 management organization to the health care provider in which the only acceptable payment
69 method is a credit card payment.

70 (c) If initiating or changing payments to a health care provider using electronic funds
71 transfer payments, including virtual credit card payments, a health insurance plan, health
72 insurer or its contracted vendor, or care management organization shall:

73 (1) Notify the health care provider if any fees are associated with a particular payment
74 method; and

75 (2) Advise the provider of the available methods of payment and provide clear
76 instructions to the health care provider as to how to select an alternative payment method.

77 (d) The provisions of this Code section shall not be waived by contract, and any
78 contractual clause in conflict with the provisions of this Code section or that purport to
79 waive any requirements of this Code section are void.

80 (e) Violations of this Code section shall be subject to enforcement by the Commissioner."

81 **SECTION 2.**

82 This Act shall become effective on January 1, 2019.

83 **SECTION 3.**

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