

Senate Bill 90

By: Senators Karinshak of the 48th, Rahman of the 5th, Lucas of the 26th, Jordan of the 6th, Orrock of the 36th and others

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 certain health insurers to cover emergency medical care;
3 to provide for definitions; to provide for written notice; to provide for applicability; to
4 provide for related matters; to repeal conflicting laws; and for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 style="text-align:center">**SECTION 1.**

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

9 "33-24-59.25.

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

11 (1) 'Emergency medical care' means those health care services that are provided for a
12 medical condition of a recent onset and severity, including, but not limited to, severe pain
13 that would lead a prudent layperson, possessing an average knowledge of medicine and
14 health, to believe that his or her condition, sickness, or injury is of such a nature that
15 failure to obtain immediate medical care could result in:

16 (A) Placing the patient's health in serious jeopardy;

17 (B) Serious impairment to bodily functions; or

18 (C) Serious dysfunction of any bodily organ or part.

19 (2) 'Health benefit policy' means any hospital, health, or medical expense insurance
20 policy, hospital or medical service contract, employee welfare benefit plan, contract or
21 agreement with a health maintenance organization, subscriber contract or agreement,
22 preferred provider organization, accident and sickness insurance benefit plan, or other
23 insurance contract under any other name. The term shall include any health insurance
24 plan established under Article 1 of Chapter 18 of Title 45 and under Article 7 of Chapter
25 4 of Title 49, the 'Georgia Medical Assistance Act of 1977.'

26 (3) 'Health insurer' means an accident and sickness insurer, fraternal benefit society,
27 hospital service corporation, medical service corporation, health care corporation, health
28 maintenance organization, provider sponsored health care corporation, or any similar
29 entity and any self-insured health benefit plan not subject to the exclusive jurisdiction of
30 the federal Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001,
31 et seq., which entity provides for the financing or delivery of emergency medical services
32 through an emergency medical services system or through a health benefit plan, or the
33 plan administrator of any health benefit plan established pursuant to Article 1 of Chapter
34 18 of Title 45.

35 (4) 'Insured' means an individual who is covered under a health benefit policy issued,
36 delivered, or renewed by a health insurer.

37 (b)(1) A health insurer shall provide payment or reimbursement for all emergency
38 medical care provided to an insured; provided, however, that the health insurer may
39 collect any required coinsurance, copayments, deductibles, or other patient financial
40 responsibilities directly from the insured pursuant to the provisions of the health benefit
41 policy.

42 (2) A health insurer shall provide a written notice with all explanation of benefit forms
43 provided to an insured who has received emergency medical care of the rights of the
44 insured under the prudent layperson standard. The Commissioner shall establish
45 requirements for the form of such written notice, including, but not limited to, the
46 verbiage used in the notice and the form and manner of such notice.

47 (c) This Code section shall apply to all health benefit policies issued, delivered, or renewed
48 on or after July 1, 2019."

49 **SECTION 2.**

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