

House Bill 523

By: Representative Lim of the 99<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 1 of Title 31 and Article 1 of Chapter 24 of Title 33 of the Official Code  
2 of Georgia Annotated, relating to general provisions relative to health and insurance,  
3 respectively, so as to provide good faith estimates regarding the cost of health care services;  
4 to provide for definitions; to require health care providers to provide good faith estimates of  
5 costs and fees available to consumers upon request; to require health insurers to provide good  
6 faith estimates of costs available to consumers upon request; to provide for time limits; to  
7 prohibit the limitation of disclosure by contract; to provide for construction; to provide for  
8 related matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 SECTION 1.

11 Chapter 1 of Title 31 of the Official Code of Georgia Annotated, relating to general  
12 provisions relative to health, is amended by adding a new Code section to read as follows:

13 "31-1-20.

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

15 (1) 'Health care facility' or 'facility' means a hospital, ambulatory surgical treatment  
16 center, or freestanding imaging center licensed pursuant to Chapter 7 of this title.

17 (2) 'Health care practitioner' shall have the same meaning as in Code Section 43-1-33.

18 (3) 'Health care provider' or 'provider' means a health care facility or a health care  
19 practitioner.

20 (4) 'Health insurer' means an accident and sickness insurer, fraternal benefit society,  
21 hospital service corporation, medical service corporation, health care corporation, health  
22 maintenance organization, provider sponsored health care corporation, or any similar  
23 entity. Such term shall not include providers of medical assistance for Medicaid purposes  
24 pursuant to Article 7 of Chapter 4 of Title 49.

25 (b)(1) A health care provider shall, at the request of a consumer, at no cost to the  
26 consumer or the consumer's employer, provide that consumer with a good faith estimate  
27 of the allowable payment the provider has agreed to accept from the consumer's health  
28 insurer for the services specified by the consumer, specifying the amount of the allowable  
29 payment due from the health insurer.

30 (2) If a consumer has no applicable public or private health care coverage, the health care  
31 provider must give the consumer, at no cost to the consumer, a good faith estimate of the  
32 average allowable reimbursement the provider accepts as payment from private  
33 third-party payors for the services specified by the consumer and the estimated amount  
34 the noncovered consumer will be required to pay.

35 (c) In addition to the information required to be disclosed pursuant to subsection (b) of this  
36 Code section, a provider shall also provide the consumer with information regarding other  
37 types of fees or charges that the consumer may be required to pay in conjunction with a  
38 visit to the provider, including but not limited to any applicable facility fees.

39 (d) The information required pursuant to this Code section shall be provided to a consumer  
40 within ten business days from the day a complete request was received by the health care  
41 provider. A request shall be considered a complete request when the health care provider  
42 has received all the patient and service information it requires to provide a good faith

43 estimate, including a completed good faith estimate form if required by such health care  
44 provider.

45 (e) Payment information provided by a provider to a patient pursuant to this Code section  
46 does not constitute a legally binding estimate of the allowable charge for or cost to the  
47 consumer of services.

48 (f) No contract between a health insurer and a provider shall prohibit a provider from  
49 disclosing the pricing information required under this Code section.

50 (g) For purposes of this Code section, a good faith estimate is not:

51 (1) A guarantee of final costs for services received from a health care provider; or

52 (2) A final determination of eligibility for coverage of benefits or provider network  
53 participation under a health plan."

54 **SECTION 2.**

55 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
56 insurance generally, is amended by adding a new Code section to read as follows:

57 "33-24-59.30.

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

59 (1) 'Health care facility' or 'facility' means a hospital, ambulatory surgical treatment  
60 center, or freestanding imaging center licensed pursuant to Chapter 7 of Title 31.

61 (2) 'Health care practitioner' shall have the same meaning as in Code Section 43-1-33.

62 (3) 'Health care provider' or 'provider' means a health care facility or a health care  
63 practitioner.

64 (4) 'Health insurer' means an accident and sickness insurer, fraternal benefit society,  
65 hospital service corporation, medical service corporation, health care corporation, health  
66 maintenance organization, provider sponsored health care corporation, or any similar  
67 entity. Such term shall not include providers of medical assistance for Medicaid purposes  
68 pursuant to Article 7 of Chapter 4 of Title 49.

69 (b) A health insurer shall, at the request of an enrollee intending to receive specific health  
70 care services or the enrollee's designee, provide that enrollee with a good faith estimate of  
71 the allowable amount the health insurer has contracted for with a specified health care  
72 provider within the network as total payment for a health care service specified by the  
73 enrollee and the portion of the allowable amount due from the enrollee and the enrollee's  
74 out-of-pocket costs. An estimate provided to an enrollee under this subsection is not a  
75 legally binding estimate of the allowable amount or enrollee's out-of-pocket cost.

76 (c) The information required under this Code section shall be provided by the health  
77 insurer to an enrollee within ten business days from the day a complete request was  
78 received by the health insurer. A request shall be considered a complete request when the  
79 health insurer has received all the patient and service information it requires to provide a  
80 good faith estimate, including a completed good faith estimate form if required by such  
81 health insurer.

82 (d) For purposes of this Code section, a good faith estimate is not:

83 (1) A guarantee of final costs for services received from a health care provider; or

84 (2) A final determination of eligibility for coverage of benefits or provider network  
85 participation under a health plan."

86 **SECTION 3.**

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