

House Bill 1149

By: Representatives Cooper of the 45th, Jones of the 47th, Hawkins of the 27th, Gisler of the 121st, Hagan of the 156th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia, relating to insurance
2 generally, so as to require certain health insurers to offer a preenrollment option for
3 anticipated newly born or adopted children; to provide for definitions; to provide for the
4 provision of routine well baby care in certain circumstances; to provide for documentation;
5 to provide for notification; to provide for statutory construction; to provide for applicability;
6 to provide for related matters; 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, relating to insurance generally, is
10 amended by revising Code Section 33-24-22, relating to provisions in health insurance
11 policies for coverage of newly born or adopted children, as follows:

12 "33-24-22.

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

14 (1) 'Anticipated family member' means an individual whose birth or adoption is
15 reasonably anticipated to occur within three months.

16 (2) 'Cost-sharing requirement' means a deductible, coinsurance, or copayment and any
17 maximum limitation on the application of such a deductible, coinsurance, copayment, or
18 similar out-of-pocket expense.

19 (3) 'Health benefit policy' means an individual or group plan, policy, or contract for
20 healthcare services issued, delivered, issued for delivery, or renewed in this state which
21 provides major medical benefits by a healthcare corporation, health maintenance
22 organization, preferred provider organization, fraternal benefit society, hospital service
23 corporation, medical service corporation, or other health insurer or similar entity. Such
24 term shall not include self-funded, employer sponsored health insurance plans subject to
25 the exclusive jurisdiction of the federal Employee Retirement Income Security Act
26 of 1974, as codified and amended at 29 U.S.C. Section 1001, et seq.

27 (4) 'Health insurer' means any person, corporation, or other entity authorized to provide
28 health benefit policies under this title.

29 ~~(a)(b) All individual and group health insurance policies providing coverage on an expense~~
30 ~~incurred basis and individual and group service or indemnity type contracts issued by a~~
31 ~~nonprofit corporation~~ health benefit policies which, under the terms of such policies,
32 provide coverage for a family member of the insured or subscriber shall, as to the family
33 members' coverage, also provide that the health insurance benefits applicable for children
34 shall be payable with respect to a newly born child of the insured or subscriber from the
35 moment of birth. A newly born child of the insured or subscriber shall include an adopted
36 child. The coverage for the adopted child shall be effective from the date of the placement
37 for adoption or final decree of adoption, whichever occurs first.

38 ~~(b)(c)~~ (c) The coverage for newly born children or adopted children shall consist of coverage
39 of injury or sickness, including routine well baby care and the necessary care and treatment
40 of medically diagnosed congenital defects and birth abnormalities, ~~but need not include~~
41 ~~benefits for routine well baby care.~~

42 ~~(e)~~(d) If payment of a specific premium or subscription fee is required to provide coverage
43 for a child, the health benefit policy or contract may require that notification of birth of a
44 newly born child or the date of the placement for adoption or final adoption of a child and
45 payment of the required premium or fees must be furnished to the insurer or nonprofit
46 service or indemnity corporation within 31 days after the date of birth, placement for
47 adoption, or final decree of adoption, whichever is applicable, in order to have the coverage
48 continue beyond the 31 day period.

49 (e) Beginning January 1, 2027, any health insurer offering a health benefit policy in this
50 state shall provide insureds and subscribers with the opportunity to participate in an
51 optional preenrollment period in preparation of the arrival of an anticipated family member.
52 The coverage for the anticipated family member shall not become effective until the birth
53 or adoption of the child.

54 (f) In order to participate in the preenrollment of the anticipated family member, insureds
55 or subscribers shall be required to obtain documentation which establishes that the insured
56 is pregnant or will be adopting a child.

57 (1) If the insured is pregnant, the insured shall submit to the health insurer any of the
58 following:

59 (A) A note from a physician or other appropriate healthcare provider;

60 (B) The result of an ultrasound test; or

61 (C) The result of a urine test.

62 (2) If the insured will be adopting a child, the insured shall submit to the health insurer
63 such documentation as the Commissioner shall determine is necessary through the
64 promulgation of rules and regulations.

65 (g) The documentation described in subsection (f) of this Code section shall not be
66 submitted by the insured or subscriber unless the birth or adoption is reasonably anticipated
67 to occur within three months of such submission.

68 (h) Once the health insurer receives the documentation required in subsection (f) of this
69 Code section, within ten business days of such receipt, such insurer shall:

70 (A) Disclose to the insured or subscriber the coverage changes that may occur upon
71 childbirth or adoption, including, but not limited to, any changes to the deductible or
72 premium; and

73 (B) Notify the insured or subscriber of the 31 day period described in subsection (d)
74 of this Code section.

75 ~~(d)~~(i) This Code section shall not apply to persons adopted as adults pursuant to the
76 provisions of Code Section 19-8-21, relating to the adoption of adult persons.

77 (j) The preenrollment option benefit shall be subject to the same cost-sharing requirements
78 established for other covered benefits within such health benefit policy. Special
79 deductibles, coinsurance, copayment, or other limitations that are not generally applicable
80 to other benefits shall not be imposed regarding coverage for the preenrollment option
81 benefit described in this Code section.

82 (k) Prior to the arrival of the anticipated family member, the health insurer shall assign to
83 the documentation submitted pursuant to subsection (f) of this Code section, such health
84 benefit policy information that will reasonably identify such member in preparation for his
85 or her birth or adoption.

86 (l) Nothing in this Code section shall be construed to prohibit a health insurer from issuing
87 or renewing a health benefit policy which provides benefits greater than the minimum
88 benefits required under this Code section or from issuing or renewing a policy which
89 provides benefits which are generally more favorable to the insured or subscriber than
90 those required under this Code section.

91 (m)(1) The provisions of this Code section shall apply to all policies, contracts, and
92 certificates executed, delivered, issued for delivery, continued, or renewed in this state
93 on or after January 1, 2027.

