

House Bill 509

By: Representatives Gaines of the 117th, Kelley of the 16th, Cooper of the 43rd, Wiedower of the 119th, Lumsden of the 12th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 30 of Title 33 of the Official Code of Georgia Annotated,
2 relating to general provisions relative to group or blanket accident and sickness insurance,
3 so as to require certain insurers to make at least one reasonably priced comprehensive major
4 medical health insurance policy available to residents in this state without limitation or
5 exclusion based on preexisting conditions; to condition such requirement on the repeal or
6 judicial invalidation of certain provisions of the federal Patient Protection and Affordable
7 Care Act; to provide for definitions; to provide for related matters; to repeal conflicting laws;
8 and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 **SECTION 1.**

11 Article 1 of Chapter 30 of Title 33 of the Official Code of Georgia Annotated, relating to
12 general provisions relative to group or blanket accident and sickness insurance, is amended
13 by adding a new Code section to read as follows:

14 "33-30-16.

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

16 (1) 'Operative date' means the date on which either of the following occurs:

17 (A) A federal law is enacted which expressly repeals 42 U.S.C. Section 300gg-3 or 42
18 U.S.C. Section 300gg-4 of the PPACA; or

19 (B) 42 U.S.C. Section 300gg-3 or 42 U.S.C. Section 300gg-4 of the PPACA is
20 invalidated by the United States Supreme Court.

21 (2) 'PPACA' means the Patient Protection and Affordable Care Act, Public Law 111-148,
22 as amended by the Health Care and Education Reconciliation Act of 2010, Public
23 Law 111-152.

24 (3) 'Preexisting medical condition' means a condition that was present before the
25 effective date of coverage under a policy, whether or not any medical advice, diagnosis,
26 care, or treatment was recommended or received before the effective date of coverage.
27 Such term includes a condition identified as a result of a preenrollment questionnaire or
28 physical examination given to the individual or a review of medical records relating to
29 the preenrollment period.

30 (b)(1) Not later than 30 days after the operative date, and notwithstanding any other law
31 to the contrary, every insurer issuing, delivering, or issuing for delivery comprehensive
32 individual major medical health insurance policies in this state shall make at least one
33 reasonably priced comprehensive major medical health insurance policy available to
34 residents in the insurer's approved service areas of this state, and such insurer may not
35 exclude, limit, deny, or delay coverage under such policy due to one or more preexisting
36 medical conditions.

37 (2) Such insurer may not limit or exclude benefits under such policy, including a denial
38 of coverage applicable to an individual as a result of information relating to an
39 individual's health status before the individual's effective date of coverage, or if coverage
40 is denied, before the date of the denial.

41 (c) The comprehensive major medical health insurance policy that the insurer is required
42 to offer under this Code section shall be a policy that had been actively marketed in this

43 state by the insurer as of the operative date and that was also actively marketed in this state
44 during the year immediately preceding the operative date."

45 **SECTION 2.**

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