

House Bill 454 (RULES COMMITTEE SUBSTITUTE)

By: Representatives Newton of the 123rd, Hatchett of the 150th, Cooper of the 43rd, Gaines of the 117th, and Hawkins of the 27th

A BILL TO BE ENTITLED
AN ACT

1 To amend Code Section 33-20C-2 of the Official Code of Georgia Annotated, relating to
2 online provider directories, so as to provide for certain coverage requirements concerning
3 providers that become out-of-network during a plan year; to provide for exceptions and
4 applicability; to provide for related matters; to repeal conflicting laws; and for other
5 purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

8 Code Section 33-20C-2 of the Official Code of Georgia Annotated, relating to online
9 provider directories, is amended by adding a new subsection to read as follows:

10 "(g)(1) When an insurer's provider directory accessed through the insurer's website
11 includes a provider as a participating provider for a network plan at such time as a
12 prospective covered person selects his or her health benefit plan during the designated
13 open enrollment time frame, and subsequent to open enrollment in the succeeding plan
14 year, the provider is no longer in-network for the covered person's benefit plan, such
15 insurer shall, subject to the coverage terms of the health benefit plan, reimburse the
16 provider at its most recent contracted in-network rates for a period ending 90 days after

H. B. 454 (SUB)

the date upon which the provider contract terminates or ending on the last day of the covered person's coverage, whichever occurs sooner. The provider shall accept the insurer's payment in full. Any amount paid to the provider by the insurer pursuant to this subsection shall not be required to include any amount of coinsurance, copayment, or deductible owed by the covered person or already paid by such covered person.

(2) This subsection shall not apply if the:

(A) Provider becomes out-of-network due to suspension, expiration, or revocation of such provider's license;

(B) Provider unilaterally terminates participation in the insurer's network plan without cause;

(C) Insurer terminates the provider for cause for fraud, misrepresentation, or other actions constituting a termination for cause under such provider's contract; or

(D) Insurer's provider directory accessed through the insurer's website accurately displayed the provider's network status, including any future date on which such provider would become out of network, 15 days prior to the beginning of the designated open enrollment time frame.

(3) The provisions of subsection (d) of Code Section 33-20C-3 shall not apply to the circumstances described in paragraph (1) of this subsection."

SECTION 2.

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