

The House Committee on Public Health offers the following substitute to HB 924:

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 prohibit insurers from discriminating against certain healthcare
3 facilities and providers in connection with the procurement, delivery, and administration of
4 provider administered drugs; to provide for definitions; to provide for violation; to provide
5 for construction; to provide for penalties; to provide for related matters; to provide for an
6 effective date and applicability; 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 Annotated, relating to insurance
10 generally, is amended by adding a new Code section to read as follows:

11 "33-24-59.34.

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

13 (1) 'Cost-sharing amount' means coinsurance, deductibles, and any other amounts
14 imposed on an enrollee for a covered healthcare service under the covered person's health
15 benefit plan.

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16 (2) 'Covered person' means a policyholder, subscriber, enrollee, member, or individual
17 covered by a health benefit plan.

18 (3) 'Enrollee' means an individual who has elected to contract for or participate in a
19 health benefit plan for such individual or for such individual and such individual's eligible
20 dependents.

21 (4) 'Health benefit plan' means any hospital or medical insurance policy or certificate,
22 healthcare plan contract or certificate, plan contract or certificate qualified higher
23 deductible health plan, health maintenance organization or other managed care plan or
24 subscriber contract, any health benefit plan established pursuant to Part 6 of Article 17
25 of Chapter 2 of Title 20 or Article 1 of Chapter 18 of Title 45, or a similar plan.

26 (5) 'Healthcare facility' means a hospital, ambulatory surgical center, birthing center,
27 diagnostic and treatment center, hospice, outpatient clinic, healthcare provider's office,
28 or similar institution.

29 (6) 'Healthcare provider' or 'provider' means any person, corporation, or healthcare
30 facility licensed pursuant to Chapter 7 of Title 31 or Title 43 to provide healthcare
31 services, including the administration of prescription medications, or otherwise lawfully
32 administering prescription medications.

33 (7) 'Healthcare services' means services for the diagnosis, prevention, treatment, cure,
34 or relief of a physical, mental, or behavioral health condition, illness, injury, or disease,
35 including mental health and substance abuse disorder.

36 (8) 'Insurer' means an accident and sickness insurer, fraternal benefit society, healthcare
37 corporation, health maintenance organization, managed care entity, provider sponsored
38 healthcare corporation, or any similar entity regulated by the Commissioner or subject
39 to the insurance laws and regulations of this state that provides, delivers, arranges for,
40 finances, pays for, or reimburses any healthcare services through a health benefit plan,
41 a plan administrator of any health benefit plan, a pharmacy benefits manager of any
42 health benefit plan, a plan administrator of a health benefit plan established pursuant to

43 Part 6 of Article 17 of Chapter 2 of Title 20 or Article 1 of Chapter 18 of Title 45, or
44 other administrator as defined in paragraph (1) of subsection (a) of Code
45 Section 33-23-100.

46 (9) 'Network participation contract' means a contract between a healthcare provider and
47 an insurer providing the terms and conditions under which the healthcare provider agrees
48 to provide healthcare services to the insurer's covered persons.

49 (10) 'Participating healthcare provider' means a healthcare provider that has a network
50 participation contract in effect with an insurer for any healthcare services.

51 (11) 'Provider administered drug' means a prescription medication that is typically
52 administered and billed by a healthcare provider and that the treating healthcare provider
53 determines cannot be reasonably or safely self-administered by the patient to whom the
54 medication is prescribed or by any individual, other than a healthcare provider, assisting
55 the patient with the self-administration.

56 (b) An insurer that refuses to authorize, approve, or appropriately pay a participating
57 healthcare provider for provider administered drugs or the administration of provider
58 administered drugs and related services shall be in violation of this Code section.

59 (c) No insurer shall deny, restrict, refuse to authorize or approve, fail to cover, or reduce
60 payment to a participating healthcare provider for a provider administered drug or the
61 administration of a provider administered drug because the provider administered drug is:

62 (1) Procured or administered by a participating healthcare provider that is not identified
63 or selected by the insurer;

64 (2) Dispensed by or procured or obtained from a pharmacy, manufacturer, or supplier
65 that is not identified or selected by the insurer; or

66 (3) Obtained by the participating healthcare provider from a pharmacy, manufacturer,
67 or supplier that does not have a network participation contract with the insurer, provided
68 the drug supplied by such pharmacy, manufacturer, or supplier meets the requirements
69 set forth in the federal Drug Supply Chain Security Act, Pub. L.113-54, as amended.

70 (d) No insurer shall require a covered person to pay a higher cost-sharing amount or any
71 other additional amounts for a provider administered drug because the provider
72 administered drug is:

73 (1) Procured or administered by a participating healthcare provider that is not identified
74 or selected by the insurer;

75 (2) Dispensed by or procured or obtained from a pharmacy, manufacturer, or supplier
76 that is not identified or selected by the insurer; or

77 (3) Obtained from a pharmacy, manufacturer, or supplier that does not have a network
78 participation contract with the insurer.

79 (e) No insurer shall require provider administered drugs to be dispensed by a pharmacy
80 selected by the health benefit plan.

81 (f) No insurer shall limit or exclude coverage for a provider administered drug when not
82 dispensed by a pharmacy selected by the health benefit plan if such provider administered
83 drug would otherwise be covered under the health benefit plan.

84 (g) No insurer shall consider, as part of a health benefit plan's medical necessity criteria,
85 the source from which a provider administered drug is procured or the site of delivery or
86 administration of a provider administered drug.

87 (h) No insurer shall authorize or permit another person or entity acting on its behalf,
88 including a pharmacy benefits manager, to administer claims or benefits under a network
89 participation contract in violation of this Code section.

90 (i) No insurer shall interfere with the patient's right to choose to obtain a provider
91 administered drug from his or her provider or pharmacy of choice, including interference
92 through inducement, steering, or the offering of financial or other incentives.

93 (j) An insurer shall not require a specialty pharmacy to dispense a provider administered
94 medication directly to a patient for the purpose of having the patient transport such
95 medication to a healthcare provider for administration to the patient.

96 (k) An insurer may offer, but shall not require:

97 (1) The use of a home infusion pharmacy to dispense provider administered drugs to a
98 patient for administration in his or her home; or
99 (2) The use of an infusion site external to a patient's healthcare provider office or clinic.
100 (l) Nothing in this Code section shall prohibit an insurer from establishing differing
101 copayments or other cost-sharing amounts within the health benefit plan for provider
102 administered drugs procured from or through, or for the administration of provider
103 administered drugs by a healthcare provider that is not a participating healthcare provider.
104 (m) Except as provided in this Code section, nothing herein shall prohibit an insurer from
105 refusing to authorize or approve, or from denying coverage for, a provider administered
106 drug based upon failure to satisfy the required terms of coverage in the health benefit plan,
107 including medical necessity criteria, provided that such criteria comply with subsection (g)
108 of this Code section.
109 (n) Without limiting any other remedies or state laws that may apply, noncompliance with
110 this Code section by an insurer may result in the imposition of penalties set forth in Code
111 Section 33-2-24.
112 (o) The provisions of subsections (e), (f), and (i) of this Code section shall not apply to any
113 licensed group model health maintenance organization with an exclusive medical group
114 contract."

115 **SECTION 2.**

116 This Act shall become effective on January 1, 2025, and shall apply to all health benefit plans
117 issued, delivered, issued for delivery, or renewed in this state on or after such date and all
118 provider administered drugs procured or administered on or after such date.

119 **SECTION 3.**

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