

Senators Harbin of the 16th, Kirkpatrick of the 32nd, and Harbison of the 15th offered the following amendment #1:

1 *Amend HB 362 (LC 52 0244) by inserting after "definition;" on line 3 the following:*

2 to amend Part 1 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia  
3 Annotated, relating to the state employees' health insurance plan, so as to provide  
4 protection for covered persons under a state health plan when an in-network hospital  
5 becomes out-of-network prior to the end of the plan year; to provide for definitions;

6 *By inserting between lines 97 and 98 the following:*

7

**SECTION 1A.**

8 Part 1 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated,  
9 relating to the state employees' health insurance plan, is amended by adding a new Code  
10 section to read as follows:

11 "45-18-6.2.

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

13 (1) 'Hospital' means a publicly or privately owned hospital licensed to operate as such  
14 by the Department of Community Health.

15 (2) 'Insurer' means a corporation licensed to transact accident and health insurance  
16 business in this state, healthcare corporation, health maintenance organization, or any  
17 other entity that enters into a contract with the board to provide healthcare coverage or  
18 services pursuant to a state health plan.

19 (3) 'State health plan' means:

20 (A) The state employees' health insurance plan established pursuant to this article;

21 (B) The health insurance plan for public school teachers and the health insurance plan  
22 for public school employees established pursuant to Subparts 2 and 3, respectively, of  
23 Part 6 of Article 17 of Chapter 2 of Title 20; and  
24 (C) The health benefit plan established for members, employees, and retirees of the  
25 Board of Regents of the University System of Georgia pursuant to Code Section 31-2-4.  
26 (b) On and after July 1, 2024, all contracts entered into or renewed by the board with an  
27 insurer shall ensure that, if a hospital that is in-network with an insurer for a state health  
28 plan during the designated open enrollment period becomes out-of-network with such  
29 insurer prior to the end of the plan year, the insurer shall continue to provide coverage to  
30 any covered person for such hospital at the same rate and in the same manner through the  
31 end of the plan year as if the hospital was in-network. Any such covered person shall be  
32 held harmless and shall not be subject to any change in co-payments, deductibles, or other  
33 cost-sharing requirements imposed by the insurer as a result of an in-network hospital  
34 becoming out-of-network."