

House Bill 323

By: Representatives Mathiak of the 82nd, Hawkins of the 27th, Newton of the 127th, Dempsey of the 13th, Cooper of the 45th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 43 of Title 33 of the Official Code of Georgia Annotated, relating to
2 Medicare supplement insurance, so as to provide for Medicare supplement policies to be
3 issued and renewed for individuals under 65 years of age who are eligible by reason of
4 disability or end stage renal disease under federal law; to provide for open enrollment
5 periods; to prohibit an insurer from charging premium rates for such policies for such
6 individuals that exceed premium rates charged for individuals who are 65 years of age; to
7 provide for a short title; to provide for related matters; to provide for effective dates; to repeal
8 conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 **SECTION 1.**

11 This Act shall be known and may be cited as the "Bridging the Gap for ALS and Chronic
12 Kidney Disease Act of 2025."

SECTION 2.

13
14 Chapter 43 of Title 33 of the Official Code of Georgia Annotated, relating to Medicare
15 supplement insurance, is amended by revising Code Section 33-43-3, relating to duplicate
16 benefits prohibited and establishment of standards, as follows:

17 "33-43-3.

18 (a) As used in this Code section, the term '42 U.S.C. Section 426(b) or 421-1' means such
19 federal law as it existed on January 1, 2025.

20 ~~(a)(b)~~ No ~~medicare~~ Medicare supplement ~~insurance~~ policy or certificate in force in this
21 state shall contain benefits which duplicate benefits provided by ~~medicare~~ Medicare.

22 ~~(b)(c)~~ Notwithstanding any other provision of Georgia law, a ~~medicare~~ Medicare
23 supplement policy or certificate shall not exclude or limit benefits for losses incurred more
24 than six months from the effective date of coverage because it involved a preexisting
25 condition. The policy or certificate shall not define a preexisting condition more
26 restrictively than a condition for which medical advice was given or treatment was
27 recommended by or received from a physician within six months before the effective date
28 of coverage.

29 ~~(c)(d)~~ The Commissioner shall adopt reasonable regulations to establish specific standards
30 for policy provisions of ~~medicare~~ Medicare supplement policies and certificates. Such
31 standards shall be in addition to and in accordance with applicable laws of this state. No
32 requirement of this title relating to minimum required policy benefits, other than the
33 minimum standards contained in this chapter, shall apply to ~~medicare~~ Medicare supplement
34 policies and certificates. The standards shall cover, but shall not be limited to:

- 35 (1) Terms of renewability;
36 (2) Initial and subsequent conditions of eligibility;
37 (3) Nonduplication of coverage;
38 (4) Probationary periods;
39 (5) Benefit limitations, exceptions, and reductions;

40 (6) Elimination periods;

41 (7) Requirements for replacement;

42 (8) Recurrent conditions; and

43 (9) Definitions of terms.

44 ~~(d)~~(e) The Commissioner shall adopt reasonable regulations to establish minimum
45 standards for benefits, claims payment, marketing practices, compensation arrangements,
46 and reporting practices for ~~medicare~~ Medicare supplement policies and certificates.

47 ~~(e)~~(f) The Commissioner may adopt from time to time such reasonable regulations as are
48 necessary to conform ~~medicare~~ Medicare supplement policies and certificates to the
49 requirements of federal law and regulations promulgated thereunder, including, but not
50 limited to:

51 (1) Requiring refunds or credits if the policies or certificates do not meet loss ratio
52 requirements;

53 (2) Establishing a uniform methodology for calculating and reporting loss ratios;

54 (3) Assuring public access to policies, premiums, and loss ratio information of issuers
55 of ~~medicare~~ Medicare supplement insurance;

56 (4) Establishing a process for approving or disapproving policy forms, certificate forms,
57 and proposed premium increases;

58 (5) Establishing a policy for holding public hearings prior to approval of premium
59 increases; and

60 (6) Establishing standards for ~~medicare~~ Medicare select policies and certificates.

61 ~~(f)~~(g) The Commissioner may adopt reasonable regulations that specify prohibited policy
62 provisions not otherwise specifically authorized by statute which, in the opinion of the
63 Commissioner, are unjust, unfair, or unfairly discriminatory to any ~~person~~ individual
64 insured or proposed to be insured under a ~~medicare~~ Medicare supplement policy or
65 certificate.

66 ~~(g)(h)~~ Insurers offering ~~medicare~~ Medicare supplement policies in this state ~~to persons for~~
67 individuals 65 years of age or older shall also offer ~~medicare~~ Medicare supplement policies
68 ~~to persons for individuals~~ in this state who are eligible for and enrolled in ~~medicare~~
69 Medicare by reason of disability or ~~end-stage~~ end stage renal disease, as specified under
70 42 U.S.C. Section 426(b) or 426-1. Such Medicare supplement policies shall be issued on
71 a guaranteed renewable basis under which the insurer shall be required to continue
72 coverage so long as premiums are paid on such policy. Except as otherwise provided in
73 this Code section, all benefits, protections, policies, and procedures that apply to ~~persons~~
74 individuals 65 years of age or older shall also apply to ~~persons~~ individuals who are eligible
75 for and enrolled in ~~medicare~~ Medicare by reason of disability or ~~end-stage~~ end stage renal
76 disease, as specified under 42 U.S.C. Section 426(b) or 426-1.

77 ~~(h)(i)~~ Persons may enroll in a ~~medicare~~ Medicare supplement policy at any time authorized
78 or required by the federal government or within six months of:

79 (1) Enrolling in ~~medicare~~ Medicare Part B for an individual who is under 65 years of age
80 and is eligible for ~~medicare~~ Medicare ~~because~~ by reason of disability or ~~end-stage~~ end
81 stage renal disease, as specified under 42 U.S.C. Section 426(b) or 426-1, whichever is
82 later;

83 (2) Receiving notice that such ~~person~~ individual has been retroactively enrolled in
84 ~~medicare~~ Medicare Part B due to a retroactive eligibility decision made by the Social
85 Security Administration; or

86 (3) Experiencing a qualifying event identified in regulations adopted pursuant to
87 subsection (c) of this Code section.

88 (j) Beginning January 1, 2026, in addition to the provisions in subsection (i) of this Code
89 section, an individual may enroll in a Medicare supplement policy when such individual
90 is currently enrolled in Medicare by reason of disability or end stage renal disease, as
91 specified under 42 U.S.C. Section 426(b) or 426-1, during a one-time open enrollment
92 period of six months beginning on January 1, 2026.

- 93 ~~(i)~~(k) No policy or certificate issued pursuant to this chapter shall prohibit payment made
94 by third parties on behalf of individual applicants or individuals within a group applicant
95 so long as:
- 96 (1) The third party is an immediate family member of a person lawfully exercising an
97 in-force power of attorney or legal guardianship; or
- 98 (2) The third party is a nonprofit, charitable organization that:
- 99 (A) Is the named requestor of an advisory opinion issued by the United States
100 Department of Health and Human Services (HHS) Office of Inspector General under
101 the requirements of 42 C.F.R. Part 1008; and
- 102 (B) Provides, upon request by the ~~medicare~~ Medicare supplement issuer, the specific
103 advisory opinion relied upon by the third party to make such payment and a written
104 certification that the advisory opinion is in full force and effect and has not been
105 rescinded, modified, or terminated by the United States Department of Health and
106 Human Services (HHS) Office of Inspector General.
- 107 ~~(j) Premiums for medicare supplemental insurance policies may differ between persons
108 who qualify for medicare who are 65 years of age or older and those who qualify for
109 medicare who are younger than 65 years of age; provided, however, that such differences
110 in premiums shall not be excessive, inadequate, or unfairly discriminatory and shall be
111 based on sound actuarial principles and reasonable in relation to the benefits provided.~~
- 112 (l) An insurer shall not charge premium rates for a standardized Plan A, Plan B, or Plan D
113 Medicare supplement policy or certificate for an individual under sixty-five years of age
114 who becomes eligible for Medicare by reason of disability or end stage renal disease, as
115 specified under 42 U.S.C. Section 426(b) or 426-1, that exceed premium rates charged for
116 such policies to an individual who is 65 years of age.
- 117 (m) An insurer shall not charge premium rates for any standardized lettered Medicare
118 supplement policy or certificate other than those specified in subsection (l) of this Code
119 section for an individual under 65 years of age who becomes eligible for Medicare by

120 reason of disability or end stage renal disease, as specified under 42 U.S.C. Section 426(b)
121 or 426-1, that exceed 200 percent of the premium rates charged for such policy or
122 certificate to an individual who is 65 years of age or issue to an individual under 65 years
123 of age who becomes eligible for Medicare by reason of disability or end stage renal
124 disease, as specified under 42 U.S.C. Section 426(b) or 426-1, a Medicare supplement
125 policy or certificate that contains a waiting period or a preexisting condition limitation or
126 exclusion."

127 **SECTION 3.**

128 For purposes of rule making, this Act shall become effective upon its approval by the
129 Governor or upon its becoming law without such approval. For all other purposes, this Act
130 shall become effective on January 1, 2026.

131 **SECTION 4.**

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