

The House Committee on Insurance offers the following substitute to HB 420:

A BILL TO BE ENTITLED
AN ACT

To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to general provisions regarding insurance, so as to require certain health benefit policies to cover genetic testing for an inherited mutation and cancer imaging under certain conditions; to provide for definitions; to exclude such coverage from any cost-sharing requirements; to protect the eligibility of health savings accounts; to provide for rules and regulations; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to general provisions regarding insurance, is amended by adding a new Code section to read as follows:

"33-24-59.34.

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

(1) 'Cancer imaging' means imaging modalities available to healthcare providers who diagnose, stage, and treat human cancer in accordance with nationally recognized clinical practice guidelines.

(2) 'Cost-sharing requirement' means a deductible, coinsurance, or copayment and any maximum limitation on the application of such deductible, coinsurance, copayment, or similar out-of-pocket expense.

(3) 'Genetic testing for an inherited mutation' means germline multi-gene testing for an inherited mutation or pathogenic variants in an individual's genes that are associated with an increased risk of cancer.

(4) 'Health benefit policy' means any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, executed, or renewed in this state which provides major medical benefits, including those contracts executed by this state on behalf of indigents and on behalf of state employees under Article 1 of Chapter 18 of Title 45, public school teachers and employees under Part 6 of Article 17 of Chapter 2 of Title 20, and members and employees of the board of regents under Code Section 31-2-4, by a healthcare corporation, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, or any similar entity and any self-insured healthcare plan not subject to the exclusive jurisdiction of the Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq.

(5) 'Nationally recognized clinical practice guidelines' means evidence based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict-of-interest policy. Such guidelines establish standards of care informed by a systematic review of evidence and an assessment of the benefits and risks of any alternative care options and include recommendations intended to optimize patient care.

(b) All health benefit policies renewed or issued on or after July 1, 2025, shall include coverage for:

42 (1) Genetic testing for an inherited mutation for a covered person with a personal or
43 family history of cancer when such testing is recommended by a healthcare provider and
44 is in accordance with nationally recognized clinical practice guidelines; and

45 (2) Cancer imaging for a covered person with an increased risk of cancer when such
46 imaging is recommended by a healthcare provider and is in accordance with nationally
47 recognized clinical practice guidelines.

48 (c) The coverage provided for in subsection (b) of this Code section shall not be subject
49 to any cost-sharing requirement of a covered person's health benefit policy and shall not
50 diminish or limit any other benefits provided under such policy.

51 (d) If application of the provisions of this Code section would result in health savings
52 account ineligibility under 26 U.S.C. Section 223 as it existed on January 1, 2025, then
53 such provisions shall apply only to health savings accounts with qualified high deductible
54 health plans with respect to the deductibles of such plans after an individual has satisfied
55 the minimum deductibles; provided, however, that the provisions of this Code section shall
56 apply to items or services that are preventive care pursuant to Section 223(c)(2)(C) of the
57 Internal Revenue Code.

58 (e) The Commissioner shall promulgate rules and regulations necessary to implement the
59 provisions of this Code section in accordance with current guidelines established by
60 professional medical organizations such as the National Comprehensive Cancer Network."

61 **SECTION 2.**

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