

Senate Bill 262

By: Senators Halpern of the 39th, Hufstetler of the 52nd, Goodman of the 8th, Watson of the 11th, Still of the 48th and others

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 provide for health benefit policies to cover preventive services;  
3 to provide for definitions; to prohibit cost-sharing requirements; to protect the eligibility of  
4 health savings accounts; to provide for review by the Commissioner of Insurance; to provide  
5 for rules and regulations; to provide for related matters; to repeal conflicting laws; and for  
6 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 article to read as follows:

11 "ARTICLE 5

12 33-24-100.

13 As used in this article, the term:

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

17 (2) 'Evidence based' means founded on principles and concepts supported by research,  
18 practical strategies learned from clinical experience, and practices consistent with an  
19 individual's needs and circumstances.

20 (3) 'Evidence informed' means incorporating evidence, clinical experience or  
21 professional expertise, and the perspectives of an individual directly affected.

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

34 (5) 'Health insurer' means an entity subject to the insurance laws and regulations of this  
35 state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract,  
36 or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of  
37 the costs of healthcare services.

38 (6) 'Nationally recognized clinical practice guidelines' means evidence based or evidence  
39 informed clinical practice guidelines developed by medical or public health experts in  
40 independent organizations, medical professional societies, or the federal government

41 utilizing a transparent methodology and reporting structure and with a conflict-of-interest  
42 policy such as the United States Preventive Services Task Force, and by guidelines  
43 established by federal agencies such as the Advisory Committee on Immunization  
44 Practices of the Centers for Disease Control and Prevention and the Health Resources and  
45 Services Administration of the United States Department of Health and Human Services.  
46 Such guidelines establish standards of care informed by a systematic review of evidence  
47 and an assessment of the benefits and risks of alternative care options and include  
48 recommendations intended to optimize patient care.

49 (7) 'Preventive services' means clinical products or services, including, but not limited  
50 to, screening tests, counseling services, and prescription medicines, that are  
51 recommended for individuals in accordance with nationally recognized clinical practice  
52 guidelines to prevent health problems before they develop, occur, or worsen, as further  
53 provided in Code Section 33-24-101.

54 33-24-101.

55 Preventive services includes:

56 (1) Evidence based items and services that are necessary for implementing the federal  
57 Patient Protection and Affordable Care Act as it existed January 1, 2025, and have a high  
58 or moderate net benefit for the individual directly affected;

59 (2) Immunizations for routine use in children, adolescents, and adults;

60 (3) Evidence informed preventive care and screenings for infants, children, and  
61 adolescents;

62 (4) Evidence informed preventive care for women; and

63 (5) Any preventive services as required under federal or state law in existence  
64 January 1, 2025.

65 33-24-102.

66 (a) Every health insurer shall provide coverage for preventive services for covered persons  
67 under such policy.

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

71 (c) Nothing in this article shall prohibit a health insurer from providing coverage for items  
72 and services in addition to those provided for in subsection (a) of this Code section or from  
73 denying coverage for items and services that are not provided for in subsection (a) of this  
74 Code section.

75 33-24-103.

76 If application of the provisions of this Code section would result in health savings account  
77 ineligibility under 26 U.S.C. Section 223 as it existed on January 1, 2025, then such  
78 provisions shall apply only to health savings accounts with qualified high deductible health  
79 plans with respect to the deductibles of such plans after the individual has satisfied the  
80 minimum deductibles; provided, however, that the provisions of this Code section shall  
81 apply to items and services that are deemed to be preventive care.

82 33-24-104.

83 (a) No later than January 1, 2026, and annually thereafter, the Commissioner shall review  
84 health benefit policies provided by health insurers to ensure compliance with this article.

85 (b) No later than October 1, 2025, the Commissioner shall promulgate rules and  
86 regulations necessary to implement the provisions of this article in accordance with  
87 nationally recognized clinical practice guidelines. The Commissioner shall regularly  
88 review nationally recognized clinical practice guidelines to determine if rules and  
89 regulations promulgated pursuant to this subsection require modification."

90

**SECTION 2.**

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