

House Bill 658

By: Representatives Holcomb of the 101<sup>st</sup>, Hugley of the 141<sup>st</sup>, Miller of the 62<sup>nd</sup>, Au of the 50<sup>th</sup>, Draper of the 90<sup>th</sup>, 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 certain consumer protections contingent upon the  
3 repeal of the Patient Protection and Affordable Care Act; to provide for definitions; to  
4 provide that preventive services shall be included at no additional cost to the insured; to  
5 include dependents in coverage up to age 26; to prohibit a health benefit policy issued in this  
6 state from imposing an annual or lifetime limit of coverage; to provide for exceptions; to  
7 provide for a right to appeal; to provide for applicability; to provide for related matters; to  
8 repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 style="text-align:center">**SECTION 1.**

11 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance  
12 generally, is amended by adding a new Code section to read as follows:

13 "33-24-59.34.

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

15 (1) 'Cost-sharing amount' means the share of costs an insured person is required to pay  
16 under a health benefit plan for certain covered healthcare services which may include

17 deductibles, coinsurance, copayments, or other similar charges, but does not include  
18 premium payments.

19 (2) 'Essential health benefits' means:

20 (A) Ambulatory patient services;

21 (B) Chronic disease management;

22 (C) Emergency services;

23 (D) Hospitalization;

24 (E) Laboratory services;

25 (F) Maternity and newborn care;

26 (G) Mental health and substance use disorder services;

27 (H) Pediatric services, including oral and vision care for children;

28 (I) Prescription drugs; and

29 (J) Rehabilitative and habilitative services and devices.

30 The terms listed in subparagraphs (A) through (J) of this paragraph shall be further  
31 defined through regulations to be promulgated by the Commissioner which shall be based  
32 on the federal Patient Protection and Affordable Care Act, 42 U.S.C. Section 18001 et  
33 seq., as it existed immediately prior to being repealed.

34 (3) 'Health benefit plan' means any hospital, health, or medical expense insurance policy,  
35 hospital or medical service contract, employee welfare benefit plan, contract or  
36 agreement with a health maintenance organization, subscriber contract or agreement, or  
37 preferred provider organization. Such term shall also include any health insurance plan  
38 established under Article 1 of Chapter 18 of Title 45.

39 (4) 'Preventive services' means screening tests, counseling, and preventive medicines,  
40 or treatments provided or conducted to prevent a medical illness or condition prior to  
41 symptoms or physical manifestations of such medical illness or condition.

42 (b) No health benefit plan shall be offered or issued in this state which:

43 (1) Limits or restricts payment of benefits for any medical illness or condition solely  
44 because such illness or condition preexisted the application for such plan. This  
45 preexisting condition exclusion prohibition shall also prohibit insurers of health benefit  
46 plans from denying an application for insurance coverage due to the existence of a  
47 preexisting condition or charging an applicant with a preexisting condition a higher  
48 premium than a similar applicant without such condition would be charged, due to the  
49 existence of such condition;

50 (2) Does not cover preventive services as described in the federal Patient Protection and  
51 federal Patient Protection and Affordable Care Act, 42 U.S.C. Section 18001 et seq., as  
52 it existed immediately prior to being repealed. Such coverage shall be provided without  
53 any cost-sharing amount being charged to the insured;

54 (3) Imposes an annual or lifetime limit on the provision of essential health benefits;

55 (4) Does not offer coverage of any person who is a dependent child of an insured parent  
56 or guardian, up to and including age 26, so long as the coverage of such insured parent  
57 or guardian continues in effect and such child remains a dependent of such parent or  
58 guardian. Upon such child becoming 26 years of age, the insurer of such child's parent  
59 or guardian shall open a special enrollment period of 30 days, during which time such  
60 child may enroll with such insurer; or

61 (5) Allows the insurer to cancel or nonrenew such plan for any reason other than the  
62 failure to pay any premium when due or the intentional provision of false or incomplete  
63 information on the application.

64 (6) Allows for any underwriting other than that allowed by the federal Patient Protection  
65 and Affordable Care Act, 42 U.S.C. Section 18001 et seq., as it existed immediately prior  
66 to being repealed.

67 (c) This Code section shall apply to all policies, contracts, and certificates executed,  
68 delivered, issued for delivery, continued, renewed, and only upon the repeal of the federal  
69 Patient Protection and Affordable Care Act, 42 U.S.C. Section 18001 et seq."

70 **SECTION 2.**

71 This Act shall become effective only upon the repeal of the federal Patient Protection and  
72 Affordable Care Act.

73 **SECTION 3.**

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