

The House Committee on Health offers the following substitute to SB 91:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions regarding insurance, so as to require major medical coverage  
3 for annual prostate cancer screenings for certain men; to provide for definitions; to amend  
4 Chapter 43 of Title 33 of the Official Code of Georgia Annotated, relating to Medicare  
5 supplement insurance, so as to provide for Medicare supplement policies to be issued and  
6 renewed for individuals under 65 years of age who are eligible by reason of disability or end  
7 stage renal disease under federal law; to provide for open enrollment periods; to prohibit an  
8 insurer from charging premium rates for such policies for such individuals that exceed  
9 premium rates charged for individuals who are 65 years of age; to provide for related  
10 matters; to provide for effective dates and applicability; to repeal conflicting laws; and for  
11 other purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 **SECTION 1.**

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

S. B. 91 (SUB)

17 "33-24-59.34.

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

19 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for  
20 healthcare services issued, delivered, issued for delivery, or renewed in this state which  
21 provides major medical benefits by a healthcare corporation, health maintenance  
22 organization, preferred provider organization, accident and sickness insurer, fraternal  
23 benefit society, hospital service corporation, medical service corporation, or other insurer  
24 or similar entity.

25 (2) 'Men with a family history of prostate cancer' means men who have a first-degree  
26 relative:

27 (A) Who has been diagnosed with prostate cancer;

28 (B) Who developed prostate cancer;

29 (C) Whose death was a result of prostate cancer;

30 (D) Who has been diagnosed with a cancer known to be associated with an increased  
31 risk of prostate cancer; or

32 (E) Who has a genetic alteration known to be associated with an increased risk of  
33 prostate cancer.

34 (3) 'Men with a high risk for prostate cancer' means:

35 (A) Men with a family history of prostate cancer who are 40 to 49 years of age;

36 (B) Men who are 50 years of age and older; and

37 (C) Other men, as may be determined by a physician.

38 (b) A health benefit policy shall provide coverage for annual prostate cancer screenings  
39 for men with a high risk for prostate cancer. Such coverage shall include a digital rectal  
40 examination and a prostate-specific antigen test."

41 **SECTION 2.**

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

45 "33-43-3.

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

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

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

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

- 63 (1) Terms of renewability;  
64 (2) Initial and subsequent conditions of eligibility;  
65 (3) Nonduplication of coverage;  
66 (4) Probationary periods;  
67 (5) Benefit limitations, exceptions, and reductions;

- 68 (6) Elimination periods;
- 69 (7) Requirements for replacement;
- 70 (8) Recurrent conditions; and
- 71 (9) Definitions of terms.

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

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

- 79 (1) Requiring refunds or credits if the policies or certificates do not meet loss ratio  
80 requirements;
- 81 (2) Establishing a uniform methodology for calculating and reporting loss ratios;
- 82 (3) Assuring public access to policies, premiums, and loss ratio information of issuers  
83 of ~~medicare~~ Medicare supplement insurance;
- 84 (4) Establishing a process for approving or disapproving policy forms, certificate forms,  
85 and proposed premium increases;
- 86 (5) Establishing a policy for holding public hearings prior to approval of premium  
87 increases; and
- 88 (6) Establishing standards for ~~medicare~~ Medicare select policies and certificates.

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

94 ~~(g)(h)~~ Insurers offering ~~medicare~~ Medicare supplement policies in this state ~~to persons for~~  
 95 individuals 65 years of age or older shall also offer ~~medicare~~ Medicare supplement policies  
 96 ~~to persons for individuals~~ in this state who are eligible for and enrolled in ~~medicare~~  
 97 Medicare by reason of disability or ~~end-stage~~ end stage renal disease, as specified under  
 98 42 U.S.C. Section 426(b) or 426-1. Such Medicare supplement policies shall be issued on  
 99 a guaranteed renewable basis under which the insurer shall be required to continue  
 100 coverage so long as premiums are paid on such policy. Except as otherwise provided in  
 101 this Code section, all benefits, protections, policies, and procedures that apply to ~~persons~~  
 102 individuals 65 years of age or older shall also apply to ~~persons~~ individuals who are eligible  
 103 for and enrolled in ~~medicare~~ Medicare by reason of disability or ~~end-stage~~ end stage renal  
 104 disease, as specified under 42 U.S.C. Section 426(b) or 426-1.

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

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

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

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

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

121 ~~(i)~~(k) No policy or certificate issued pursuant to this chapter shall prohibit payment made  
122 by third parties on behalf of individual applicants or individuals within a group applicant  
123 so long as:

124 (1) The third party is an immediate family member of a person lawfully exercising an  
125 in-force power of attorney or legal guardianship; or

126 (2) The third party is a nonprofit, charitable organization that:

127 (A) Is the named requestor of an advisory opinion issued by the United States  
128 Department of Health and Human Services (HHS) Office of Inspector General under  
129 the requirements of 42 C.F.R. Part 1008; and

130 (B) Provides, upon request by the ~~medicare~~ Medicare supplement issuer, the specific  
131 advisory opinion relied upon by the third party to make such payment and a written  
132 certification that the advisory opinion is in full force and effect and has not been  
133 rescinded, modified, or terminated by the United States Department of Health and  
134 Human Services (HHS) Office of Inspector General.

135 ~~(j) Premiums for medicare supplemental insurance policies may differ between persons  
136 who qualify for medicare who are 65 years of age or older and those who qualify for  
137 medicare who are younger than 65 years of age; provided, however, that such differences  
138 in premiums shall not be excessive, inadequate, or unfairly discriminatory and shall be  
139 based on sound actuarial principles and reasonable in relation to the benefits provided.~~

140 (l) An insurer shall not charge premium rates for a standardized Plan A, Plan B, or Plan D  
141 Medicare supplement policy or certificate for an individual under sixty-five years of age  
142 who becomes eligible for Medicare by reason of disability or end stage renal disease, as  
143 specified under 42 U.S.C. Section 426(b) or 426-1, that exceed premium rates charged for  
144 such policies to an individual who is 65 years of age.

145 (m) An insurer shall not charge premium rates for any standardized lettered Medicare  
146 supplement policy or certificate other than those specified in subsection (l) of this Code  
147 section for an individual under 65 years of age who becomes eligible for Medicare by

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

155 **SECTION 3.**

156 For purposes of rule making, this Act shall become effective upon its approval by the  
157 Governor or upon its becoming law without such approval. For all other purposes, this Act  
158 shall become effective on January 1, 2026, and shall apply to all applicable insurance policies  
159 issued, delivered, issued for delivery, or renewed on or after such date.

160 **SECTION 4.**

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