

House Bill 1033

By: Representatives Scott of the 76<sup>th</sup>, Davis of the 87<sup>th</sup>, Schofield of the 63<sup>rd</sup>, and Burnough of the 77<sup>th</sup>

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 coverage for diagnostic testing and treatment for  
3 Alzheimer's disease and Alzheimer's related dementias; to provide for definitions; to include  
4 certain diagnostic imaging services under biomarker testing; to prohibit certain utilization  
5 management practices that unreasonably delay or deny medically necessary biomarker  
6 testing; to require health benefit policies to cover certain diagnostic testing and treatments  
7 for Alzheimer's disease and Alzheimer's related dementias; to allow but limit cost sharing  
8 requirements; to require access to healthcare services that are timely and proximal; to provide  
9 for coverage of healthcare services by out-of-network providers; to provide for annual  
10 reporting; to provide for rules and regulations; to provide for a short title; to provide for an  
11 effective date and applicability; to provide for related matters; to repeal conflicting laws; and  
12 for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:



39 (4) 'Diagnostic imaging' means magnetic resonance imaging, computed tomography  
40 (CT) scanning, positron emission tomography (PET) scanning, amyloid PET imaging,  
41 tau PET imaging, positron emission tomography/computed tomography (PET/CT), and  
42 other advanced imaging services.

43 ~~(4)~~(5) 'Health benefit policy' means any individual or group plan, policy, or contract for  
44 healthcare services issued, delivered, issued for delivery, or renewed in this state which  
45 provides major medical benefits, including those contracts executed by the State of  
46 Georgia on behalf of state employees under Article 1 of Chapter 18 of Title 45, by a  
47 health care corporation, health maintenance organization, preferred provider organization,  
48 accident and sickness insurer, fraternal benefit society, hospital service corporation,  
49 medical service corporation, or other insurer or similar entity.

50 ~~(5)~~(6) 'Nationally recognized clinical practice guidelines' means evidence based clinical  
51 practice guidelines developed by independent organizations or medical professional  
52 societies utilizing a transparent methodology and reporting structure and with a  
53 conflict-of-interest policy. Such guidelines establish standards of care informed by a  
54 systematic review of evidence and an assessment of the benefits and risks of alternative  
55 care options and include recommendations intended to optimize patient care.

56 (7) 'Step therapy protocol' means a protocol that establishes the specific sequence in  
57 which a healthcare treatment or service for Alzheimer's disease or Alzheimer's related  
58 dementias is deemed medically appropriate for a particular patient and covered by an  
59 insurer under a health benefit policy. Such term includes fail-first requirements.

60 (b) All health benefit policies renewed or issued on or after July 1, 2023, shall include  
61 coverage for biomarker testing as provided in this Code section. All health benefit policies  
62 renewed or issued on or after July 1, 2026, shall include coverage for biomarker testing for  
63 Alzheimer's disease and Alzheimer's related dementias as provided in this Code section.

- 64 (c) Biomarker testing shall be covered for the purposes of diagnosis, treatment, appropriate  
65 management, or ongoing monitoring of an enrollee's disease or condition when the testing  
66 is supported by medical and scientific evidence, including, but not limited to:
- 67 (1) A labeled indication for a test that has been approved or cleared by the United States  
68 Food and Drug Administration (FDA);
  - 69 (2) An indicated test for an FDA approved drug;
  - 70 (3) A national coverage determination made by the federal Centers for Medicare and  
71 Medicaid Services or a local coverage determination made by a medicare administrative  
72 contractor;
  - 73 (4) Nationally recognized clinical practice guidelines and consensus statements; or
  - 74 (5) Warnings and precautions on FDA approved drugs.
- 75 (d) Health benefit policies shall ensure biomarker testing coverage is provided in a manner  
76 that limits disruptions in care, including the need for multiple biopsies or biospecimen  
77 samples. Biomarker testing coverage provided under this Code section shall not be subject  
78 to step therapy protocols or other utilization management practices that unreasonably delay  
79 or deny such testing.
- 80 (e) The insurer or similar entity subject to this Code section shall approve or deny a prior  
81 authorization request and notify the enrollee and the enrollee's healthcare provider within  
82 seven calendar days for nonurgent requests or within 72 hours for urgent requests. If the  
83 insurer or similar entity fails to respond in accordance with such time frames, such request  
84 shall be deemed approved.
- 85 (f) Enrollees, healthcare providers, and testing service providers shall have access to a  
86 clear, readily accessible, and convenient process to request an exception to a coverage  
87 policy or an adverse utilization review determination under a health benefit policy,  
88 including, but not limited to, the rights of consumers under Article 2 of Chapter 20A of  
89 Title 33, the 'Patient's Right to Independent Review Act.' Such process shall be made  
90 readily accessible on the insurer's or similar entity's website."

**SECTION 3.**

Said chapter is further amended by adding a new Code section to read as follows:

"33-24-59.37.

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

(1) 'Alzheimer's disease' means a progressive, degenerative disease or condition that attacks the brain and results in impaired memory, thinking, and behavior.

(2) 'Alzheimer's related dementia' means any disease from a class of degenerative brain disorders that cause impairment or changes in memory, thinking, or behavior that are progressive and irreversible. Such diseases include, but are not limited to, Alzheimer's disease, Lewy body dementia, frontotemporal dementia, and vascular dementia.

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

(4) 'Health benefit policy' means any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, or renewed in this state which provides major medical benefits, including the state health benefit plan, by a health insurer. Such term shall not include any self-insured health benefit plan subject to the exclusive jurisdiction of the federal Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq.

(5) 'Health insurer' means an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of healthcare services, including those of an accident and sickness insurance company, a health maintenance organization, a healthcare plan, a managed care plan, or any other entity providing a health benefit policy.

(6) 'Medically necessary' means such healthcare services that a prudent physician or other healthcare provider would provide to a patient for the purpose of screening,

118 preventing, diagnosing, managing, or treating Alzheimer's disease or Alzheimer's related  
119 dementias and their symptoms, including minimizing the progression of such disease or  
120 related dementias, in a manner that is:

121 (A) In accordance with the generally accepted standards of medical or other healthcare  
122 practice;

123 (B) Clinically appropriate in terms of type, frequency, extent, site, and duration; and

124 (C) Not primarily for the economic benefit of the insurer or for the convenience of the  
125 patient, treating physician, or other healthcare provider.

126 (7) 'State health benefit plan' means the health insurance plan or plans established  
127 pursuant to Part 6 of Article 17 of Chapter 2 of Title 20, Code Section 31-2-2, and  
128 Article 1 of Chapter 18 of Title 45 for state and public employees, members and  
129 employees of the Board of Regents, public school teachers and employees, and their  
130 dependents, and retirees.

131 (8) 'Step therapy protocol' means a protocol that establishes the specific sequence in  
132 which a healthcare treatment or service for Alzheimer's disease or Alzheimer's related  
133 dementias is deemed medically appropriate for a particular patient and covered by an  
134 insurer under a health benefit policy. Such term includes fail-first requirements.

135 (b) All health benefit policies issued or renewed on or after July 1, 2026, and all health  
136 benefit policies under the state health benefit plan issued or renewed on or after  
137 January 1, 2027, shall include coverage for:

138 (1) Medically necessary treatments for Alzheimer's disease and Alzheimer's related  
139 dementias that are approved by the federal Food and Drug Administration for the  
140 treatment of such diseases; and

141 (2) Diagnostic testing for Alzheimer's disease and Alzheimer's related dementias and  
142 administrative costs for such testing.

143 (c) Coverage provided under this Code section shall not be subject to step therapy  
144 protocols or other utilization management practices that unreasonably delay or deny access

145 to covered healthcare treatments or services for Alzheimer's disease or Alzheimer's related  
146 dementias.

147 (d) The coverage provided under this Code section shall be subject to the same cost  
148 sharing requirements established for all covered benefits within such health benefit policy;  
149 provided, however, that at least one diagnostic testing per covered individual per year shall  
150 be covered without any cost sharing requirement. The cost sharing requirements for the  
151 coverage provided under this Code section shall not exceed the maximum annual  
152 out-of-pocket limit applicable to essential health benefits under federal law.

153 (e) Health insurers shall ensure a covered person has access to healthcare services for the  
154 diagnosis and treatment of Alzheimer's disease or Alzheimer's related dementias, including,  
155 but not limited to, biomarker testing, diagnostic imaging, and infusion services provided  
156 by an in-network healthcare provider within a reasonable time and within reasonable  
157 geographic proximity to such covered person. If such healthcare service by an in-network  
158 healthcare provider within a reasonable time and within reasonable proximity to the  
159 covered person is not available, then the health insurer shall cover such healthcare service  
160 provided by an out-of-network healthcare provider at in-network rates and shall reimburse  
161 reasonable travel costs incurred by the covered person.

162 (f) No later than July 1, 2027, and annually thereafter, the Commissioner shall submit a  
163 report to the chairpersons of the House Committee on Insurance and the Senate Insurance  
164 and Labor Committee regarding the implementation of the coverage required under this  
165 Code section. All health insurers issuing or renewing health benefit policies subject to the  
166 provisions of this Code section shall provide the department with all data requested by the  
167 department for inclusion in such report. The report shall include, but not be limited to:

168 (1) The number of claims for diagnostic testing and healthcare treatments for  
169 Alzheimer's disease and Alzheimer's related dementias submitted, approved, and denied;

170 (2) The average amount of cost sharing requirement per such claim;

171 (3) The average time for processing of prior authorization requests for such claims; and

