

The House Committee on Health offers the following substitute to HB 1122:

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 generally, so as to require certain benefits
3 for peripheral artery disease screening tests for enrollees enrolled in health benefit policies;
4 to provide for definitions; to provide for exceptions; to amend Chapter 18 of Title 45 of the
5 Official Code of Georgia Annotated, relating to employees' insurance and benefits plans, so
6 as to require certain benefits for peripheral artery disease screening tests; to amend Article
7 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to medical
8 assistance generally, so as to require certain benefits for peripheral artery disease screening
9 tests; to provide for a plan amendment when necessary; to provide for legislative findings;
10 to provide for definitions; to provide for related matters; to provide for effective dates and
11 applicability contingent upon appropriations by the General Assembly; to repeal conflicting
12 laws; and for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

The General Assembly finds that:

(1) Atherosclerosis occurs when blood flow is reduced because arteries become narrowed or blocked with fatty deposits;

(2) Atherosclerosis is responsible for more deaths in the United States than any other condition, and heart attacks resulting from clogged coronary arteries are the leading cause of death in America;

(3) Atherosclerosis also occurs in the legs and is known as peripheral artery disease (PAD), and having PAD significantly increases the risk for heart attack, stroke, amputation, and death;

(4) While most Americans are aware of atherosclerosis in the heart, many Americans have never heard of PAD, and Americans with PAD are often unaware of the serious risks of the disease;

(5) An estimated 21 million Americans have PAD, and about 200,000 of them, who are disproportionately minorities, suffer avoidable amputations every year as a result of such disease;

(6) Screening and arterial testing for PAD is cost effective and should be part of routine medical care; and

(7) Once PAD is detected, amputations and deaths can be reduced through the use of national, evidence based PAD care guidelines.

SECTION 2.

Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to general provisions regarding insurance generally, is 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) 'At-risk individual' means an individual who:

(A) Is 65 years of age or older;

(B) Is at least 50 years of age but not older than 64 years of age with risk factors for atherosclerosis, such as diabetes mellitus, a history of smoking, hyperlipidemia, hypertension, or a family history of peripheral artery disease;

(C) Is younger than 50 years of age with diabetes mellitus and one additional risk factor as provided in subparagraph (B) of this paragraph for atherosclerosis; or

(D) Has a known atherosclerotic disease in another vascular bed, such as coronary, carotid, subclavian, renal, or mesenteric artery stenosis, or abdominal aortic aneurysm.

(2) '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 by a healthcare corporation, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, or other insurer or similar entity.

(3) 'Peripheral artery disease screening test' means:

(A) Noninvasive physiologic studies of extremity arteries, commonly referred to as ankle-brachial index testing; or

(B) Ankle plethysmographic pulse volume recordings and Doppler waveforms.

(b) A health benefit policy amended, delivered, issued, or renewed on or after January 1, 2027, shall provide coverage, no less than once every 12 months, for a peripheral artery disease screening test for any at-risk individual.

(c) The benefits provided in this Code section shall be subject to the same deductibles, coinsurance, copayment provisions, and other limitations established for all covered benefits within such policy. Special deductibles, coinsurance, copayment, and other limitations that are not generally applicable to other benefits shall not be applicable to the benefits described in this Code section.

(d) This Code section shall not be applicable to self-funded, employer sponsored health insurance plans subject to the exclusive jurisdiction of the federal Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq., as amended."

SECTION 3.

Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to employees' insurance and benefits plans, is amended by adding a new Code section to read as follows:

"45-18-4.3.

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

(1) 'At-risk individual' means an individual who:

(A) Is 65 years of age or older;

(B) Is at least 50 years of age but not older than 64 years of age with risk factors for atherosclerosis, such as diabetes mellitus, a history of smoking, hyperlipidemia, or hypertension, or a family history of peripheral artery disease;

(C) Is younger than 50 years of age with diabetes mellitus and one additional risk factor as provided in subparagraph (B) of this paragraph for atherosclerosis; or

(D) Has a known atherosclerotic disease in another vascular bed, such as coronary, carotid, subclavian, renal, or mesenteric artery stenosis, or abdominal aortic aneurysm.

(2) 'Peripheral artery disease screening test' means:

(A) Noninvasive physiologic studies of extremity arteries, commonly referred to as ankle-brachial index testing; or

(B) Ankle plethysmographic pulse volume recordings and Doppler waveforms.

(b) The health insurance plan established pursuant to this article shall provide benefits for an enrollee which shall include coverage, no less than once every 12 months, for a peripheral artery disease screening test for at-risk individuals.

(c) The benefits provided in this Code section shall be subject to the same deductibles, coinsurance, copayment provisions, and other limitations established for all covered

benefits within such plan. Special deductibles, coinsurance, copayment, and other limitations that are not generally applicable to other benefits shall not be applicable to the benefits described in this Code section."

SECTION 4.

Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to medical assistance generally, is amended by adding a new Code section to read as follows:
"49-4-159.5.

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

(1) 'At-risk individual' means an individual who:

(A) Is 65 years of age or older;

(B) Is at least 50 years of age but not older than 64 years of age with risk factors for atherosclerosis, such as diabetes mellitus, a history of smoking, hyperlipidemia, or hypertension, or a family history of peripheral artery disease;

(C) Is younger than 50 years of age with diabetes mellitus and one additional risk factor as provided in subparagraph (B) of this paragraph for atherosclerosis; or

(D) Has a known atherosclerotic disease in another vascular bed, such as coronary, carotid, subclavian, renal, or mesenteric artery stenosis, or abdominal aortic aneurysm.

(2) 'Peripheral artery disease screening test' means:

(A) Noninvasive physiologic studies of extremity arteries, commonly referred to as ankle-brachial index testing; or

(B) Ankle plethysmographic pulse volume recordings and Doppler waveforms.

(b) The department shall provide Medicaid recipients with peripheral artery disease screening tests for at-risk individuals no less than once every 12 months.

(c) To implement the provisions of this Code section, the department shall, when necessary, submit a Medicaid state plan amendment or waiver request to the United States Department of Health and Human Services."

SECTION 5.

(a) Except as provided in subsection (b) of this section, this Act shall become effective on January 1, 2027, and shall apply to the state health benefit plan, the state Medicaid plan, and all health benefit policies or contracts issued, delivered, issued for delivery, or renewed in this state on or after such date.

(b)(1) Section 3 of this Act shall become effective only if funds are specifically appropriated for purposes of Section 3 of this Act in an appropriations Act enacted by the General Assembly. If funds are appropriated as described in this paragraph, then Section 3 of this Act shall become effective on the later of:

(A) The date on which such appropriations Act becomes effective; or

(B) The beginning date of the fiscal year for which such appropriations are made.

(2) Section 4 of this Act shall become effective only if funds are specifically appropriated for purposes of Section 4 of this Act in an appropriations Act enacted by the General Assembly. If funds are so appropriated as described in this paragraph, then Section 4 of this Act shall become effective on the later of:

(A) The date on which such appropriations Act becomes effective; or

(B) The beginning date of the fiscal year for which such appropriations are made.

(3) This section and Section 6 of this Act shall become effective on July 1, 2026.

SECTION 6.

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