House Bill 127 (AS PASSED HOUSE AND SENATE)

By: Representatives Smith of the 134th, Lumsden of the 12th, Taylor of the 173rd, and Caldwell of the 131st

A BILL TO BE ENTITLED AN ACT

- 1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to
- 2 repeal certain obsolete provisions relative to nonprofit medical service corporations and
- 3 nonprofit hospital service corporations; to amend Titles 31 and 45 of the Official Code of
- 4 Georgia Annotated, relating to health and public officers and employees, respectively, so as
- 5 to revise provisions for purposes of conformity; to provide for related matters; to repeal
- 6 conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 SECTION 1.

- 9 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
- 10 repealing Chapter 18, relating to nonprofit medical service corporations, and designating said
- 11 chapter as reserved.
- 12 SECTION 2.
- 13 Said title is further amended by repealing Chapter 19, relating to nonprofit hospital service
- 14 corporations, and designating said chapter as reserved.
- SECTION 3.
- 16 Said title is further amended in Code Section 33-1-2, relating to definitions regarding general
- insurance provisions, by revising paragraph (4) as follows:
- 18 "(4) 'Insurer' means any person engaged as indemnitor, surety, or contractor who issues
- insurance, annuity or endowment contracts, subscriber certificates, or other contracts of
- 20 insurance by whatever name called. Hospital service nonprofit corporations, nonprofit
- 21 <u>medical service corporations, burial Burial</u> associations, health care plans, and health
- 22 maintenance organizations are insurers within the meaning of this title."

SECTION 4.

24 Said title is further amended by revising Code Section 33-1-3, relating to application of Title

- 25 33 to certain corporations, societies, and companies, as follows:
- 26 "33-1-3.
- 27 This title shall not apply to:
- 28 (1) Hospital service nonprofit corporations except for Chapter 19 of this title and any
- 29 other provisions of this title which are specifically made applicable to hospital service
- 30 nonprofit corporations and nonprofit medical service corporations except for Chapter 18
- of this title and any other provisions of this title which are specifically made applicable
- 32 to nonprofit medical service corporations;
- 33 (2)(1) Fraternal benefit societies except as provided in Chapter 15 of this title; or
- 34 (3)(2) Farmers' mutual fire insurance companies except as provided in Chapter 16 of this
- 35 title."

36 SECTION 5.

- 37 Said title is further amended in Code Section 33-3-3, relating to qualifications for transaction
- 38 of insurance generally and transaction of insurance by insurers owned by states and foreign
- 39 governments, by revising subsection (a) as follows:
- 40 "(a) To qualify for and hold authority to transact insurance in Georgia an insurer must be
- 41 otherwise in compliance with the provisions of this title and with its charter powers and
- must be an incorporated stock insurer, an incorporated mutual insurer, a fraternal benefit
- society, a hospital service nonprofit corporation, a nonprofit medical service corporation,
- a farmers' mutual fire insurance company, a Lloyd's association, or a reciprocal insurer of
- 45 the same general type as may be formed as a domestic insurer under this title, except that
- 46 no foreign or alien insurer shall be authorized to transact insurance in Georgia which does
- 47 not maintain reserves as required by Chapter 10 of this title applicable to the kind or kinds
- of insurance transacted in the United States by such insurer."

SECTION 6.

- 50 Said title is further amended in Code Section 33-3-6, relating to requirements as to capital
- 51 stock or surplus generally, by revising subsection (b) as follows:
- 52 "(b) As to surplus required for initial qualification to transact one kind of insurance and
- thereafter to be maintained, domestic mutual insurers shall be governed by Chapter 14 of
- this title and domestic reciprocal insurers shall be governed by Chapter 17 of this title.
- 55 Hospital service nonprofit corporations and nonprofit medical service corporations shall
- 56 be governed by Chapters 19 and 18 of this title, respectively. Farmers' mutual fire
- insurance companies shall be governed by Chapter 16 of this title."

17 LC 37 2275/AP 58 **SECTION 7.** 59 Said title is further amended in Code Section 33-8-1, relating to general fees and charges, by 60 revising subparagraph (U) of paragraph (1) as follows: 61 "(U) Reserved. Nonprofit organizations (medical service or hospital service 62 corporation): 63 600.00500.00" 64 65 **SECTION 8.** Said title is further amended in Code Section 33-9-3, relating to application of Chapter 9, by 66 revising paragraph (2) of subsection (b) as follows: 67 "(2) The provisions of this chapter regarding rates shall apply to any insurer, fraternal 68 69 benefit society, health care plan, nonprofit medical service corporation, nonprofit hospital 70 service corporation, health maintenance organization, or preferred provider organization 71 providing any accident or sickness insurance or health benefit plan issued, delivered, 72 issued for delivery, or renewed in this state to the extent required by subsection (c) of this Code section." 73

74 **SECTION 9.**

- 75 Said title is further amended by repealing and reserving Code Section 33-20-6, relating to
- 76 board of directors, merger or consolidation of medical service corporations and hospital
- 77 service corporations, and powers of health care corporations generally, as follows:
- 78 "33-20-6.
- 79 (a) The board of directors of each health care corporation shall consist of one or more 80 individuals, with the number specified in or fixed in accordance with the bylaws of such 81 corporation. The bylaws of such corporation may prescribe qualifications for directors; 82 provided, however, that at all times at least a majority of the directors of such corporation 83 shall be representatives of the general public and not (1) members of a medical or nursing 84 profession, or (2) employed by, representative of, or otherwise directly or indirectly 85 connected with the medical or nursing profession or a hospital or facility, institution, 86 agency, or entity providing health care services. All currently licensed health care 87 corporations shall have a two-year period in which to change the composition of their boards of directors in accordance with the provisions of this chapter. 88
- 89 (b) Notwithstanding any other provisions of this chapter, a medical service corporation 90 organized under Chapter 18 of this title and a hospital service corporation organized under 91 Chapter 19 of this title may upon compliance with the applicable provisions of Chapter 3

of Title 14, the 'Georgia Nonprofit Corporation Code' of this state and other applicable laws merge or consolidate into a health care corporation subject to this chapter if the Commissioner finds that such merger or consolidation will promote the public interest. Upon application, the Commissioner may authorize the surviving or consolidated corporation to take such administrative or other action as the Commissioner determines is necessary or desirable to facilitate the efficient and economic combination of the business and operation of the merging or consolidating corporations.

- (c) Notwithstanding any other provision of law, a health care corporation may:
- (1) Exercise all of the powers of medical service and hospital service nonprofit corporations provided for under Chapters 18 and 19 of this title; provided, however, that Code Section 33-1-3 shall not apply to corporations subject to this chapter;
- 103 (2) Organize, manage, and promote a prepaid comprehensive health care plan if 104 otherwise authorized by law; and
 - (3) Contract or otherwise act jointly with a hospital service corporation, a medical service corporation, a professional service corporation, a partnership, or other organization for the purpose of organizing, managing, and promoting such prepaid plans for the provision of services which such corporation is authorized to establish in accordance with the laws of this state.
 - (d) In addition to all other powers granted in this Code section, a health care corporation shall have all the powers granted to life insurers which are not inconsistent with this chapter; provided, however, that no such powers may be exercised unless approved by not less than three-fourths of the board of directors of the health care corporation, approved by the appropriate local medical society or societies in the county or counties in which such subsidiary or affiliated corporation or corporations propose to exercise such powers, and approved by the Commissioner subject to such conditions and limitations as the Commissioner may prescribe; provided, further, that nothing contained in this Code section shall be deemed to authorize a health care corporation organized in accordance with this chapter or subject to this chapter to issue policies or contracts of life insurance except through one or more subsidiary or affiliated corporations organized in accordance with this title.
 - (e) Notwithstanding any provisions of this Code section to the contrary, this Code section shall not be deemed to authorize a health care corporation to organize a nonprofit life insurance company and no powers granted in this Code section other than those contained in paragraph (1) of subsection (c) of this Code section shall be exercised by such corporation except through one or more subsidiary or affiliated corporations organized in accordance with the laws of this state subject to compliance with Chapter 13 of this title Reserved."

129 **SECTION 10.**

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Said title is further amended in Code Section 33-20B-2, relating to definitions regarding essential rural health care provider access, by revising paragraph (4) as follows:

"(4) 'Health care insurer' means an insurer, a fraternal benefit society, a health care plan, a nonprofit medical service corporation, a nonprofit hospital service corporation, a health care corporation, a health maintenance organization, or any other entity authorized to sell accident and sickness insurance policies, subscriber certificates, or other contracts of health insurance by whatever name called under this title."

137 **SECTION 11.**

Said title is further amended in Code Section 33-20C-1, relating to definitions regarding accurate provider directories, by revising paragraph (7) as follows:

"(7) '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 health care services, including an accident and sickness insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, a health care plan, or any other entity providing a health insurance plan, a health benefit plan, or health care services."

147 **SECTION 12.**

Said title is further amended in Code Section 33-21-1, relating to definitions regarding health maintenance organizations, by revising paragraph (7) as follows:

"(7) 'Insurer' means every insurer authorized under this title to issue contracts of accident and sickness insurance. Hospital service nonprofit corporations, nonprofit medical service corporations, health Health care corporations, and health maintenance organizations are included within such term."

154 **SECTION 13.**

- Said title is further amended by revising Code Section 33-21-25, relating to organization and
- operation of health maintenance organizations by insurers or corporations, as follows:
- 157 "33-21-25.
- Notwithstanding any other law which may be inconsistent with this Code section, an
- insurer, a hospital service nonprofit corporation, a nonprofit medical service corporation,
- or a health care corporation licensed in this state may directly or through a subsidiary or
- affiliate organize and operate a health maintenance organization."

162 **SECTION 14.**

Said title is further amended in Code Section 33-24-20, relating to provision in accident and sickness policies for termination of coverage of surviving spouse or as result of break in marital relationship, and issuance of policy to spouse, by revising subsection (c) as follows:

"(c) This Code section shall also apply to blanket accident and sickness insurance policies and to policies issued by a fraternal benefit society, a hospital service nonprofit corporation, a nonprofit medical service corporation, a health care corporation, a health maintenance organization, or any other similar entity."

170 **SECTION 15.**

- Said title is further amended in Code Section 33-24-21, relating to provision in accident and sickness policies for termination of group coverage of surviving spouse or as a result of break
- in marital relationship, and issuance of policy to spouse, by revising subsection (c) as
- 174 follows:

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- 175 "(c) This Code section shall also relate to blanket accident and sickness insurance policies
- and to policies issued by a fraternal benefit society, a hospital service nonprofit
- 177 corporation, a nonprofit medical service corporation, a health care corporation, a health
- maintenance organization, or any other similar entity."

179 **SECTION 16.**

- Said title is further amended in Code Section 33-24-21.1, relating to group accident and sickness contracts, conversion of privilege and continuation right provisions, and impact of
- federal legislation, by revising paragraphs (4) and (6) of subsection (a) as follows:
- 183 "(4) 'Group contract or group plan' is synonymous with the term 'contract or plan' and means:
- (A) A group contract of the type issued by a nonprofit medical service corporation established under Chapter 18 of this title;
- (B) A group contract of the type issued by a nonprofit hospital service corporation established under Chapter 19 of this title;
- 189 (C)(A) A group contract of the type issued by a health care plan established under
- 190 Chapter 20 of this title;
- 191 (D)(B) A group contract of the type issued by a health maintenance organization
- established under Chapter 21 of this title; or
- 193 (E)(C) A group accident and sickness insurance policy or contract, as defined in
- 194 Chapter 30 of this title."

"(6) 'Insurer' means an insurance company, health care corporation, nonprofit hospital
 service corporation, medical service nonprofit corporation, health care plan, or health
 maintenance organization."

198 **SECTION 17.**

- Said title is further amended in Code Section 33-24-21.2, relating to continuation of coverage under group accident and sickness plans for persons 60 years of age or older, by revising paragraphs (1) and (3) of subsection (a) as follows:
- 202 "(1) 'Group contract or group plan' is synonymous with the term 'contract or plan' and means:
- 204 (A) A group contract of the type issued by a nonprofit medical service corporation 205 established under Chapter 18 of this title;
- 206 (B) A group contract of the type issued by a nonprofit hospital service corporation established under Chapter 19 of this title;
- 208 (C)(A) A group contract of the type issued by a health care plan established under Chapter 20 of this title;
- 210 (D)(B) A group contract of the type issued by a health maintenance organization
- established under Chapter 21 of this title; or
- 212 (E)(C) A group accident and sickness insurance policy or contract, as defined in
- 213 Chapter 30 of this title."
- 214 "(3) 'Insurer' means an insurance company, nonprofit hospital service corporation,
- 215 medical service nonprofit corporation, health care plan, or health maintenance
- 216 organization."

217 **SECTION 18.**

- 218 Said title is further amended by revising Code Section 33-24-23, relating to provision in
- 219 group policies of accident and sickness insurance for exclusion or reduction of benefits, as
- 220 follows:
- 221 "33-24-23.
- Notwithstanding any other provisions in this title to the contrary, no group policy of
- accident and sickness insurance offered for sale in this state shall be issued or renewed after
- April 17, 1975, by any insurer or hospital service nonprofit corporation or medical service
- 225 nonprofit corporation transacting business in this state, or health care plan under Chapter
- 226 20 of this title, which by the terms of the group policy excludes or reduces the benefits
- payable or services to be rendered to or on behalf of any insured by reason of the fact that
- benefits have been paid or are also payable under any blanket school accident policy
- regardless of who makes the premium contribution or any individually underwritten and

individually issued contract or plan of insurance which provides exclusively for accident and sickness benefits and for which 100 percent of the premiums have been paid by the insured or a member of the insured's family, irrespective of the mode or channel of premium payment to the insurer or any discount received on such premium by virtue of the insured's membership in any organization or status as an employee. Any policy provision in violation of this Code section shall be void and unenforceable. Nothing in this Code section shall affect the practice of coordinating benefits between group policies issued pursuant to Chapters 18, 19, and Chapter 30 of this title."

SECTION 19.

Said title is further amended in Code Section 33-24-24, relating to provision in group or blanket accident and sickness policies of coverage for complications of pregnancy, by revising paragraph (2) of subsection (a) as follows:

"(2) 'Group policy or group contract' means a group or blanket accident and sickness insurance policy or contract as defined in Chapter 30 of this title, a group contract of the type issued by a hospital service nonprofit corporation established under Chapter 19 of this title, a group contract of the type issued by a health care plan established under Chapter 20 of this title, a group contract of the type issued by a nonprofit medical service corporation established under Chapter 18 of this title, or any similar group benefit plan, policy, or contract."

SECTION 20.

Said title is further amended by revising Code Section 33-24-25, relating to provisions in group or blanket policies excluding or reducing coverage of persons eligible for or receiving medical assistance, as follows:

253 "33-24-25.

(a) No group or blanket accident and sickness policy shall contain any provision purporting to exclude or reduce coverage provided an otherwise insurable person solely for the reason that the person is eligible for or receiving medical assistance as defined in Article 7 of Chapter 4 of Title 49. Any such provision appearing in a group or blanket accident and sickness insurance policy subsequent to July 1, 1978, shall be null and void.

(b) This Code section shall also apply to policies issued by a hospital service nonprofit corporation or a nonprofit medical service corporation."

SECTION 21.

Said title is further amended by revising Code Section 33-24-26, relating to provisions limiting or restricting payment of benefits for preexisting illnesses or conditions, as follows:

264 "33-24-26.

(a) No group accident and sickness insurance policy, other than policies of disability income insurance and credit accident and sickness insurance and other than policies of qualified self-insurers, shall be issued in this state, which policy limits or restricts payment of benefits for any preexisting illness or condition not otherwise excluded from the group policy for a period in excess of 12 months following the date of the issuance of the certificate covering the insured person.

(b) This Code section shall also apply to policies issued by a hospital service nonprofit corporation or a nonprofit medical service corporation."

SECTION 22.

Said title is further amended in Code Section 33-24-28, relating to termination of coverage of dependent child upon attainment of specified age, by revising subsection (c) as follows:

"(c) This Code section shall apply equally to health insurance policies issued pursuant to Chapters 29 and 30 of this title, contracts issued by nonprofit hospital and medical service corporations under Chapters 18 and 19 of this title, coverage by health maintenance organizations under Chapter 21 of this title, and health care plans under Chapter 20 of this title."

SECTION 23.

Said title is further amended in Code Section 33-24-28.2, relating to coverage of outpatient surgery, by revising subsections (d), (e), and (f) as follows:

"(d) This Code section shall also apply to policies or contracts issued by a hospital service nonprofit corporation, a health care plan, a nonprofit medical service corporation, a health maintenance organization, a fraternal benefit society, or any other similar entity.

(e) The requirements of this Code section with respect to a group or blanket accident and sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage specified in paragraphs (1) and (2) of subsection (b) of this Code section is made available to the master policyholder of such plan, policy, or contract. Nothing in this Code section shall be construed to require the group insurer, nonprofit corporation, health care plan, health maintenance organization, or master policyholder to provide or to make available such coverage to any certificate holder insured under such group policy, plan, or contract.

(f) Nothing in this Code section shall be construed to prohibit an insurer, nonprofit corporation, health care plan, or other person issuing any similar accident and sickness insurance benefit plan, policy, or contract from issuing or continuing to issue an accident and sickness insurance benefit plan, policy, or contract which provides benefits greater than the minimum benefits required to be made available under this Code section or from

issuing any such plans, policies, or contracts which provide benefits which are generally more favorable to the insured than those required to be made available under this Code section."

SECTION 24.

Said title is further amended by revising Code Section 33-24-28.3, relating to policies not to exclude payment to hospitals specializing in treatment of alcoholics or drug addicts, as follows:

"33-24-28.3.

No policy of accident and sickness insurance, other than a policy of accident and sickness insurance issued in connection with an extension of credit, which is issued, delivered, or issued for delivery in this state by an insurer, nonprofit medical service plan, nonprofit hospital service plan, health care plan, fraternal benefit society, or health maintenance organization authorized to transact insurance in this state and which provides specific benefits for the treatment of alcoholism or drug addiction, shall exclude the payment or reimbursement of such covered hospital or medical service benefits which would otherwise be payable to a hospital duly licensed in this state solely because such hospital specializes in the treatment of alcoholics or drug addicts and is operated primarily for the treatment of such persons."

SECTION 25.

Said title is further amended in Code Section 33-24-28.4, relating to coverage of general anesthesia and hospital or ambulatory surgical facility charges for certain dental care, by revising paragraph (1) of subsection (b) as follows:

"(b)(1) Any individual or group plan, policy, or contract for health care services which is issued, delivered, issued for delivery, or renewed in this state by a health care insurer, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care plan, or any other person, firm, corporation, joint venture, or other similar business entity that pays for, purchases, or furnishes health care services to patients, insureds, or beneficiaries in this state shall be subject to the provisions of this Code section."

SECTION 26.

Said title is further amended in Code Section 33-24-29, relating to coverage for treatment of mental disorders under accident and sickness insurance benefit plans providing major medical benefits covering small groups and federal law, by revising paragraph (1) of subsection (a) as follows:

333	(1) Accident and sickness insurance benefit plan, policy, or contract means:
334	(A) A group or blanket accident and sickness insurance policy or contract, as defined
335	in Chapter 30 of this title;
336	(B) A group contract of the type issued by a nonprofit hospital service corporation
337	established under Chapter 19 of this title;
338	(C)(B) A group contract of the type issued by a health care plan established under
339	Chapter 20 of this title;
340	(D) A group contract of the type issued by a nonprofit medical service corporation
341	established under Chapter 18 of this title;
342	(E)(C) A group contract of the type issued by a health maintenance organization
343	established under Chapter 21 of this title; or
344	(F)(D) Any similar group accident and sickness benefit plan, policy, or contract."
345	SECTION 27.
346	Said title is further amended in Code Section 33-24-29.1, relating to coverage for mental
347	disorders under accident and sickness insurance benefit plans providing major medical
348	benefits covering all groups except small groups, by revising paragraph (1) of subsection (a)
349	as follows:
350	"(1) 'Accident and sickness insurance benefit plan, policy, or contract' means:
351	(A) A group or blanket accident and sickness insurance policy or contract, as defined
352	in Chapter 30 of this title;
353	(B) A group contract of the type issued by a nonprofit hospital service corporation
354	established under Chapter 19 of this title;
355	(C)(B) A group contract of the type issued by a health care plan established under
356	Chapter 20 of this title;
357	(D) A group contract of the type issued by a nonprofit medical service corporation
358	established under Chapter 18 of this title;
359	(E)(C) A group contract of the type issued by a health maintenance organization
360	established under Chapter 21 of this title; or
361	(F)(D) Any similar group accident and sickness benefit plan, policy, or contract."
362	SECTION 28.
363	Said title is further amended in Code Section 33-24-56, relating to prohibition against
364	requiring referral from primary care physician to dermatologist, by revising paragraph (2)
365	of subsection (b) as follows:
366	"(2) 'Health benefit policy' means any individual or group plan, policy, or contract for
367	health care services issued, delivered, issued for delivery, or renewed in this state by a

health care corporation, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, or similar entity."

SECTION 29.

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Said title is further amended in Code Section 33-24-57, relating to health insurance and provision that coverage cannot be terminated due to individual claims experience required, by revising paragraph (1) of subsection (a) as follows:

"(1) 'Insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, health maintenance organization, or any similar entity and any self-insured health care plan not subject to the exclusive jurisdiction of the Employee Retirement Income Security Act of 1974, 29 U.S.C. Sec. 1001, et seq."

380 **SECTION 30.**

Said title is further amended in Code Section 33-24-59, relating to women's access to health care, health insurance and provision disclosing insured's right to direct access to obstetricians and gynecologists required, by revising paragraph (1) of subsection (b) as follows:

"(b)(1) As used in this Code section, the term 'health benefit policy' means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state by a health care corporation, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, or similar entity."

389 **SECTION 31.**

390 Said title is further amended in Code Section 33-24-59.1, relating to coverage for treatment 391 of dependent children with cancer, by revising paragraph (1) of subsection (a) as follows:

- "(1) 'Accident and sickness insurance benefit plan, policy, or contract' means:
- 393 (A) An individual accident and sickness insurance policy or contract, as defined in Chapter 29 of this title;
- 395 (B) A group or blanket accident and sickness insurance policy or contract, as defined in Chapter 30 of this title;
- 397 (C) An individual or group contract of the type issued by a nonprofit hospital service 398 corporation established under Chapter 19 of this title;
- 399 (D)(C) An individual or group contract of the type issued by a health care plan established under Chapter 20 of this title;

401 (E) An individual or group contract of the type issued by a nonprofit medical service
402 corporation established under Chapter 18 of this title;
403 (F)(D) An individual or group contract of the type issued by a health maintenance
404 organization established under Chapter 21 of this title;
405 (G)(E) An individual or group contract of the type issued by a fraternal benefit society;
406 or
407 (H)(F) Any similar individual or group accident and sickness benefit plan, policy, or
408 contract."

SECTION 32.

Said title is further amended in Code Section 33-24-59.4, relating to confidentiality of medical information obtained from pharmacies, restrictions on release of information, and penalty for violation, by revising subsection (a) as follows:

"(a) As used in this Code section, the term 'insurer' means an accident and sickness insurer,

"(a) As used in this Code section, the term 'insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, health maintenance organization, provider sponsored health care corporation, or the plan administrator of any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45; and such term includes any entity which administrates or processes claims on behalf of any of the foregoing."

SECTION 33.

Said title is further amended in Code Section 33-24-59.5, relating to definitions, timely payment of health benefits, notification of failure to pay, penalties, and applicability, by revising paragraph (3) of subsection (a) as follows:

"(3) 'Insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, provider sponsored health care corporation, or any similar entity and any self-insured health benefit plan, which entity provides for the financing or delivery of health care services through a health benefit plan, the plan administrator of any health plan, or the plan administrator of any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45 or any other administrator as defined in paragraph (1) of subsection (a) of Code Section 33-23-100."

SECTION 34.

Said title is further amended in Code Section 33-24-59.12, relating to patient access to eye care, by revising paragraph (5) of subsection (b) as follows:

"(5) 'Health care insurer' means an entity, including but not limited to insurance companies, hospital service nonprofit corporations, nonprofit medical service corporations, health care corporations, health maintenance organizations, and preferred provider organizations, authorized by the state to offer or provide health benefit plans, programs, policies, subscriber contracts, or any other agreements of a similar nature which compensate or indemnify health care providers for furnishing health care services."

SECTION 35.

Said title is further amended in Code Section 33-24-59.14, relating to definitions, prompt pay requirements, and penalties, by revising paragraph (6) of subsection (a) as follows:

"(6) 'Insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, health maintenance organization, provider sponsored health care corporation, or any similar entity, which entity provides for the financing or delivery of health care services through a health benefit plan, the plan administrator of any health plan, or the plan administrator of any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45."

SECTION 36.

Said title is further amended in Code Section 33-24-59.15, relating to definitions and dental insurance, by revising paragraph (3) of subsection (a) as follows:

"(3) 'Dental benefit plan' means any individual or group plan, policy, contract, or subscription agreement which includes or is for dental care services that is issued, delivered, issued for delivery, or renewed in this state whether by a health care insurer, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical or dental service corporation, health care plan, or any other person, firm, corporation, joint venture, or other similar business entity that pays for, purchases, or furnishes dental care services to patients, insureds, beneficiaries, or covered dependents in this state."

SECTION 37.

- Said title is further amended in Code Section 33-29-2, relating to requirements as to policies generally, by revising subsections (c) and (d) as follows:
- "(c) This Code section shall also apply to policies issued by a hospital service nonprofit
 corporation or a nonprofit medical service corporation.
- 466 (d)(c) This Code section shall not be construed so as to impair the obligation of any contract in existence prior to January 1, 1979."

468 **SECTION 38.**

Said title is further amended in Code Section 33-29-3, relating to required policy provisions,

- 470 by revising subsection (d) as follows:
- 471 "(d) The provisions of this Code section shall also apply to individual accident and
- sickness insurance policies issued by a fraternal benefit society, a hospital service nonprofit
- 473 corporation, a nonprofit medical service corporation, a health care corporation, a health
- 474 maintenance organization, or any other similar entity."
- 475 **SECTION 39.**
- 476 Said title is further amended in Code Section 33-29-3.2, relating to coverage for
- 477 mammograms, Pap smears, and prostate specific antigen tests, by revising subsection (e) as
- 478 follows:
- 479 "(e) The provisions of this Code section shall apply to individual accident and sickness
- insurance policies issued by a fraternal benefit society, a nonprofit hospital service
- 481 corporation, a nonprofit medical service corporation, a health care plan, a health
- maintenance organization, or any similar entity."
- 483 **SECTION 40.**
- 484 Said title is further amended in Code Section 33-29-3.3, relating to coverage for bone
- 485 marrow transplants for the treatment of breast cancer and Hodgkin's disease, optional
- 486 endorsement, requirements, guidelines, and applicability, by revising subsection (e) as
- 487 follows:
- 488 "(e) The provisions of this Code section shall apply to individual accident and sickness
- insurance policies issued by a fraternal benefit society, a nonprofit hospital service
- 490 corporation, a nonprofit medical service corporation, a health care plan, a health
- 491 maintenance organization, or any similar entity."
- 492 **SECTION 41.**
- 493 Said title is further amended in Code Section 33-29-3.4, relating to insurance coverage for
- 494 child wellness services, by revising subsection (e) as follows:
- 495 "(e) The provisions of this Code section shall apply to individual basic medical or hospital
- 496 expense, major medical, or comprehensive medical expense insurance policies issued by
- 497 a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical
- 498 service corporation, a health care corporation, a health maintenance organization, or any
- 499 similar entity."

500 **SECTION 42.**

Said title is further amended in Code Section 33-30-4.1, relating to coverage for human heart transplants, optional endorsement, requirements, and guidelines, by revising subsection (f)

as follows:

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"(f) The provisions of this Code section shall also apply to group accident and sickness insurance policies or contracts issued by a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care plan, a health maintenance organization, or any other similar entity."

508 **SECTION 43.**

Said title is further amended in Code Section 33-30-4.2, relating to insurance coverage for mammograms, Pap smears, and prostate specific antigen tests, by revising subsection (e) as follows:

"(e) The provisions of this Code section shall apply to group accident and sickness insurance policies issued by a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care plan, a health maintenance organization, or any similar entity."

SECTION 44.

Said title is further amended in Code Section 33-30-4.3, relating to utilization of mail-order pharmaceutical distributors in policies, plans, contracts, or funds and utilization of other providers of pharmaceutical services under same terms and conditions, by revising subsection (a) as follows:

"(a) For the purposes of this Code section, the term 'health care insurer' means an insurer, including a fraternal benefit society, a health care plan, a nonprofit medical service corporation, a nonprofit hospital service corporation, or a health maintenance organization authorized to sell accident and sickness insurance policies, subscriber certificates, or other contracts of accident and sickness insurance by whatever name called."

526 **SECTION 45.**

Said title is further amended in Code Section 33-30-4.4, relating to coverage for bone marrow transplants for the treatment of breast cancer and Hodgkin's disease, optional endorsement, requirements, guidelines, and applicability, by revising subsection (f) as follows:

"(f) The provisions of this Code section shall also apply to group accident and sickness insurance policies or contracts issued by a fraternal benefit society, a nonprofit hospital

533 service corporation, a nonprofit medical service corporation, a health care plan, a health same maintenance organization, or any other similar entity."

535 **SECTION 46.**

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Said title is further amended in Code Section 33-30-4.5, relating to coverage for child wellness services, by revising subsection (e) as follows:

"(e) The provisions of this Code section shall apply to group basic medical or hospital expense, major medical, or comprehensive medical expense insurance policies issued by a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care corporation, a health maintenance organization, or any similar entity."

SECTION 47.

Said title is further amended in Code Section 33-30-6, relating to authority to issue blanket accident and sickness policies, filing of form, required provisions, and applicability of Code section to similar entities, by revising subsection (c) as follows:

"(c) The provisions of this Code section shall also apply to group and blanket accident and sickness insurance policies issued by a fraternal benefit society, a hospital service nonprofit corporation, a nonprofit medical service corporation, a health care corporation, a health maintenance organization, or any other similar entity."

SECTION 48.

Said title is further amended in Code Section 33-30-13.1, relating to furnishing claims experience to policyholders, by revising subsection (a) as follows:

"(a) As used in this Code section, the term 'insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, provider sponsored health care corporation, health maintenance organization, or any similar entity."

SECTION 49.

Said title is further amended in Code Section 33-30-15, relating to continuation of similar coverage, preexisting conditions, and procedures and guidelines, by revising subparagraph (a)(2)(C) and paragraph (3) of subsection (a) as follows:

"(C) An individual accident and sickness insurance policy, including coverage issued by a health maintenance organization, nonprofit hospital or nonprofit medical service corporation, health care corporation, or fraternal benefit society;"

"(3) 'Insurer' means an accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care corporation, health maintenance organization, or any similar entity and any self-insured health care plan not subject to the exclusive jurisdiction of the federal Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq."

SECTION 50.

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Said title is further amended in Code Section 33-30-22, relating to definitions regarding preferred provider arrangements, by revising paragraph (3) as follows:

"(3) 'Health care insurer' means an insurer, a fraternal benefit society, a health care plan, a nonprofit medical service corporation, nonprofit hospital service corporation, or a health maintenance organization authorized to sell accident and sickness insurance policies, subscriber certificates, or other contracts of insurance by whatever name called under this title."

578 **SECTION 51.**

579 Said title is further amended in Code Section 33-38-2, relating to scope of Chapter 38, by 580 revising paragraph (4) of subsection (c) as follows:

"(4) Any policy, contract, certificate, or subscriber agreement issued by a nonprofit hospital service corporation referred to in Chapter 19 of this title, a health care plan referred to in Chapter 20 of this title, a nonprofit medical service corporation referred to in Chapter 18 of this title, a prepaid legal services plan, as defined in Code Section 33-35-2, and a health maintenance organization, as defined in Code Section 33-21-1;"

586 **SECTION 52.**

Said title is further amended in Code Section 33-38-4, relating to definitions regarding the Georgia Life and Health Insurance Guaranty Association, by revising subparagraph (A) of paragraph (13) as follows:

"(A) A for profit hospital or medical service corporation, whether profit or nonprofit;"

SECTION 53.

Said title is further amended in Code Section 33-42-4, relating to definitions regarding long-term care insurance, by revising paragraphs (5) and (6) as follows:

"(5) 'Long-term care insurance' means any accident and sickness insurance policy or rider advertised, marketed, offered, or designed primarily to provide coverage for not less than 12 consecutive benefit months or which provides coverage for recurring confinements separated by a period not to exceed six months with a minimum aggregate period of one

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year for each covered person on an expense incurred, indemnity, prepaid, or other basis, for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital. Such term includes group and individual accident and sickness policies or riders whether issued by insurers, fraternal benefit societies, nonprofit hospital service corporations, nonprofit medical service corporations, health care plans, health maintenance organizations, or any other similar organizations. Long-term care insurance shall not include any accident and sickness insurance policy which is offered primarily to provide basic medicare supplement coverage, basic hospital expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income protection coverage, catastrophic coverage, comprehensive coverage, accident only coverage, specified disease or specified accident coverage, or limited benefit health coverage. Long-term care insurance may be provided through an individual or group life insurance policy by attachment of a long-term care rider or by the automatic inclusion of a long-term care provision which, notwithstanding Code Section 33-42-3, must meet the requirements of this chapter and regulations promulgated by the Commissioner. Any such long-term care riders or policy provisions shall not be exempt from filing requirements and must be filed with the department for approval before being used in this state.

(6) 'Policy' means any policy, contract, or subscriber agreement or any rider or endorsement attached thereto, issued, delivered, issued for delivery, or renewed in this state by an insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care plan, health maintenance organization, or any other similar organization. Such term shall also include a Georgia Qualified Long-term Care Partnership Program approved policy, as defined in paragraph (4) of Code Section 49-4-161, meeting the requirements of the Georgia Qualified Long-term Care Partnership Program as enacted in subsection (a) of Code Section 49-4-162."

625 **SECTION 54.**

Said title is further amended in Code Section 33-44-2, relating to definitions regarding high risk health insurance plans, by revising paragraph (10) as follows:

"(10) 'Insurer' means any insurance company authorized to transact accident and sickness insurance business in this state, any nonprofit medical service corporation, any nonprofit hospital service corporation, any health care plan, and any health maintenance organization authorized to transact business in this state."

SECTION 55.

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Code Section 31-7-280, relating to health care provider annual reports and form, by revising paragraph (4) of subsection (a) as follows:

"(4) 'Third-party payor' means any entity which provides health care insurance or a health care service plan, including but not limited to providers of major medical or comprehensive accident or health insurance, whether or not through a self-insurance plan, Medicaid, hospital service nonprofit corporation plans, or health care plans, or nonprofit medical service corporation plans, but does not mean a specified disease or supplemental hospital indemnity payor."

SECTION 56.

Said title is further amended in Code Section 31-17-4.1, relating to chlamydia screening test, by revising paragraph (4) of subsection (b) as follows:

"(4) The provisions of <u>this</u> subsection (b) of this Code section shall apply to accident and sickness insurance policies issued by a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care plan, a health maintenance organization, or any similar entity."

SECTION 57.

Said title is further amended in Code Section 31-32-12, relating to restriction on requiring and preparing advance directives for health care, by revising subsection (a) as follows:

"(a) No physician, health care facility, or health care provider and no health care service plan, insurer issuing disability insurance, <u>or</u> self-insured employee welfare benefit plan, or nonprofit hospital service plan shall require any person to execute an advance directive for health care as a condition for being insured for or receiving health care services."

SECTION 58.

Title 45 of the Official Code of Georgia Annotated, relating to public officers and employees, is amended in Code Section 45-18-6, relating to contracts to provide insurance benefits, invitation of proposals, reinsurance agreements, issuance of certificates of coverage, redetermination of contracts, self-insurance plans, contracts for administrative services, and contracts with health maintenance organizations, by revising subsection (c) as follows:

"(c) Notwithstanding any other provision of this part to the contrary, the board is authorized to execute a contract or contracts with one or more insurers authorized to transact accident and sickness insurance in this state or with one or more hospital service nonprofit corporations, nonprofit medical service corporations, or health care

corporations or with one or more professional claim administrators authorized or licensed to transact business in this state or with one or more independent adjusting firms with employees who are licensed as independent adjusters pursuant to Article 1 of Chapter 23 of Title 33 to provide administrative services in connection with a self-insured health insurance plan for state employees."

SECTION 59.

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