

House Bill 67

By: Representative Thomas of the 65<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 affordable healthcare coverage for individuals  
3 diagnosed with cardiovascular disease; to provide for a short title; to provide for definitions;  
4 to require an insurer that provides a health benefit policy that has coverage for cardiovascular  
5 disease treatment to include provisions that ensure that the cost-sharing requirements  
6 applicable to preventive and wellness services are no less favorable than the cost-sharing  
7 requirements applicable to chronic disease management; to prohibit such an insurer from  
8 increasing the premium for a covered person between the ages of 40 and 64 solely because  
9 such person has been diagnosed with a cardiovascular disease; to prohibit such an insurer  
10 from denying, canceling, or failing to renew a policy for a covered person between the ages  
11 of 40 and 64 solely because such person has been diagnosed with a cardiovascular disease;  
12 to provide for related matters; to provide for an effective date and applicability; to repeal  
13 conflicting laws; and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

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

"33-24-59.33.

(a) This Code section shall be known and may be cited as the 'Georgia Healthy Heart Act.'

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

(1) 'Cardiovascular disease' means a disease or disorder affecting the heart or blood vessels, including, but not limited to, coronary heart disease, congenital heart disease, deep vein thrombosis, and pulmonary embolism, that can lead to heart attack, heart failure, stroke, or death.

(2) 'Covered person' means a policyholder, subscriber, enrollee, or other individual participating in a health benefit policy.

(3) 'Health benefit policy' means any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, executed, or renewed in this state, including those contracts executed by the state, with an insurer.

(4) 'Insurer' means any person, corporation, or other entity authorized to provide health benefit policies under this title.

(5) 'Premium' mean the consideration paid in exchange for coverage under a health benefit policy.

(c) An insurer that provides a health benefit policy that has coverage for cardiovascular disease treatment shall include provisions in such policy that ensure that the cost-sharing requirements applicable to preventive and wellness services are no less favorable than the cost-sharing requirements applicable to chronic disease management, including coverage for prescription drugs and rehabilitative services and devices.

(d) No insurer that provides a health benefit policy shall increase the premium for a covered person between the ages of 40 and 64 solely because such person has been diagnosed with a cardiovascular disease.

42 (e) No insurer that provides a health benefit policy shall deny, cancel, or fail to renew a  
43 policy for a covered person between the ages of 40 and 64 solely because such person has  
44 been diagnosed with a cardiovascular disease."

45 **SECTION 2.**

46 This Act shall become effective upon its approval by the Governor or upon its becoming law  
47 without such approval and shall apply to all health benefit policies issued, delivered, issued  
48 for delivery, or renewed on or after January 1, 2024.

49 **SECTION 3.**

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