

House Bill 73

By: Representatives Hugley of the 136<sup>th</sup>, Smyre of the 135<sup>th</sup>, and Buckner of the 137<sup>th</sup>

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 reduce out-of-pocket costs for  
3 consumers requiring insulin; to amend Article 7 of Chapter 4 of Title 49 of the Official Code  
4 of Georgia Annotated, relating to medical assistance generally, so as to reduce out-of-pocket  
5 costs for Medicaid and PeachCare for Kids recipients requiring insulin; to provide for  
6 definitions; to provide for reporting; to provide for related matters; to provide for an effective  
7 date and applicability; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

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

13 "33-24-59.30.

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

15 (1) 'Cost-sharing amount' is the share of costs a covered person is required to pay under a  
16 health benefit plan for certain covered health care services which may include

17 deductibles, coinsurance, copayments, or other similar charges but shall not include  
18 premium payments.

19 (2) 'Covered person' means a natural person who is covered under a health benefit plan.

20 (3) 'Health benefit plan' means a health insurance policy or subscriber agreement  
21 between a covered person or policyholder and a health care insurer that defines the  
22 covered services and benefit levels available.

23 (4) 'Health care insurer' or 'insurer' means an accident and sickness insurer, health care  
24 corporation, health maintenance organization, provider sponsored health care corporation,  
25 or any similar entity regulated by the Commissioner.

26 (b) A health care insurer that provides coverage for prescription insulin pursuant to the  
27 terms of a health benefit plan that the insurer offers shall limit the total cost-sharing amount  
28 that a covered person is required to pay for covered prescription insulin to \$50.00 per 30  
29 day supply of insulin, regardless of the amount or type of insulin needed to fill the covered  
30 person's prescription.

31 (c) Nothing in this Code section prohibits a health care insurer from reducing a covered  
32 person's cost-sharing amount to less than the amount specified in subsection (b) of this  
33 Code section.

34 (d) Each health care insurer shall submit an annual report to the department no later than  
35 March 1, 2022, and by March 1 of each year thereafter concerning the prior calendar year  
36 that contains the following information regarding each health benefit plan of such insurer:

37 (1) A list of the 25 most expensive prescription drugs available to members through such  
38 plan; and

39 (2) A list of the frequency of provision of such drugs to members through such plan.

40 (e) No later than June 1, 2022, and by June 1 of each year thereafter, the department shall  
41 deliver a report to the House Insurance Committee and Senate Insurance and Labor  
42 Committee which shall include the information described in subsection (d) of this Code  
43 section."

44 **SECTION 2.**

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

47 "49-4-152.6.

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

49 (1) 'Care management organization' means an entity that is organized for the purpose of  
50 providing or arranging health care services, has been granted a certificate of authority by  
51 the Commissioner of Insurance as a health maintenance organization pursuant to  
52 Chapter 21 of Title 33, and has entered into a contract with the Department of  
53 Community Health to provide or arrange health care services to members on a prepaid,  
54 capitated basis.

55 (2) 'Cost-sharing amount' is the share of costs a covered person is required to pay under  
56 a health benefit plan for certain covered health care services which may include  
57 deductibles, coinsurance, copayments, or other similar charges but shall not include  
58 premium payments.

59 (3) 'Health benefit plan' or 'plan' means any care management organization plan which  
60 allows for the provision of health care services to Medicaid or PeachCare for Kids  
61 recipients.

62 (4) 'Medicaid' means the joint federal and state program of medical assistance established  
63 by Title XIX of the federal Social Security Act, which is administered in this state by the  
64 Department of Community Health pursuant to this article.

65 (5) 'Member' means a Medicaid or PeachCare for Kids recipient who is currently  
66 enrolled in a care management organization plan.

67 (6) 'PeachCare for Kids' means the State of Georgia's State Children's Health Insurance  
68 Program established pursuant to Title XXI of the federal Social Security Act, which is  
69 administered in this state by the Department of Community Health pursuant to Article 13  
70 of Chapter 5 of this title.

71 (b) Each care management organization that provides coverage for prescription insulin  
72 pursuant to the terms of a health benefit plan such organization offers shall limit the total  
73 cost-sharing amount that a member is required to pay for covered prescription insulin to  
74 \$50.00 per 30 day supply of insulin, regardless of the amount or type of insulin needed to  
75 fill the covered person's prescription.

76 (c) Nothing in this Code section prohibits a care management organization from reducing  
77 a member's cost-sharing amount to less than the amount specified in subsection (b) of this  
78 Code section.

79 (d) Each care management organization shall submit an annual report to the department  
80 no later than March 1, 2022, and by March 1 of each year thereafter concerning the prior  
81 calendar year that contains the following information regarding each health benefit plan of  
82 such organization:

83 (1) A list of the 25 most expensive prescription drugs available to members through the  
84 plan; and

85 (2) A list of the frequency of provision of such drugs to members through the plan.

86 (e) No later than June 1, 2022, and by June 1 of each year thereafter, the department shall  
87 deliver a report to the House Insurance Committee and Senate Insurance and Labor  
88 Committee which shall include the information described in subsection (d) of this Code  
89 section."

90 **SECTION 3.**

91 This Act shall become effective on January 1, 2022, and shall apply to all policies issued,  
92 delivered, issued for delivery, or renewed in this state on or after such date.

93 **SECTION 4.**

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