

The House Special Committee on Access to Quality Health Care offers the following substitute to HB 789:

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 20C of Title 33 of the Official Code of Georgia Annotated, relating to
2 accurate provider directories, so as to provide for the creation of a surprise bill rating system
3 based upon the number of certain types of hospital based physician specialty groups within
4 a health insurer's network; to provide for definitions; to provide for a requirement that
5 insurers include health benefit plan surprise bill ratings online and in print provider
6 directories; to provide for a requirement that each insurer that advertises any health benefit
7 plan shall disclose such surprise bill rating within such advertisement; to provide for
8 reporting; to provide for related matters; to provide for an effective date; to repeal conflicting
9 laws; and for other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 This Act shall be known and may be cited as the "Surprise Bill Transparency Act."

13 **SECTION 2.**

14 Chapter 20C of Title 33 of the Official Code of Georgia Annotated, relating to accurate
15 provider directories, is amended by revising Code Section 33-20C-1, relating to definitions,
16 as follows:

17 "33-20C-1.

18 As used in this chapter, the term:

19 (1) 'Covered person' means a policyholder, subscriber, enrollee, or other individual
20 participating in a health benefit plan.

21 (2) 'Facility' means an institution providing physical, mental, or behavioral healthcare
22 services or a ~~health-care~~ healthcare setting, including, but not limited to, hospitals;
23 licensed inpatient centers; ambulatory surgical centers; skilled nursing facilities;
24 residential treatment centers; diagnostic, treatment, or rehabilitation centers; imaging
25 centers; and rehabilitation and other therapeutic health settings.

26 (3) 'Health benefit plan' means a policy, contract, certificate, or agreement entered into,
 27 offered by, or issued by an insurer to provide, deliver, arrange for, pay for, or reimburse
 28 any of the costs of ~~health care~~ healthcare services, including a standalone dental plan.

29 (4) 'Health benefit plan surprise bill rating' means the number of checkmarks and
 30 X-marks between zero and four that a health benefit plan's in-network hospital has earned
 31 based upon the number of qualified hospital based specialty group types with which such
 32 health benefit plan is contracted for the provision of healthcare services. Each checkmark
 33 indicates the presence of a particular type of qualified hospital based specialty group. An
 34 X-mark indicates the absence of a particular type of qualified hospital based specialty
 35 group. Any color advertisement which includes a health benefit plan surprise bill rating
 36 shall use green checkmarks and red X-marks.

37 ~~(4)~~(5) 'Healthcare professional' ~~'Health care professional'~~ means a physician or other
 38 ~~health care~~ healthcare practitioner licensed, accredited, or certified to perform specified
 39 physical, mental, or behavioral ~~health care~~ healthcare services consistent with his or her
 40 scope of practice under state law.

41 ~~(5)~~(6) 'Healthcare provider' ~~'Health care provider'~~ or 'provider' means a ~~health care~~
 42 healthcare professional, pharmacy, or facility.

43 ~~(6)~~(7) 'Healthcare services' ~~'Health care services'~~ means services for the diagnosis,
 44 prevention, treatment, cure, or relief of a physical, mental, or behavioral health condition,
 45 illness, injury, or disease, including mental health and substance abuse disorders.

46 ~~(7)~~(8) 'Insurer' means an entity subject to the insurance laws and regulations of this state,
 47 or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or
 48 enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the
 49 costs of ~~health care~~ healthcare services, including an accident and sickness insurance
 50 company, a health maintenance organization, a ~~health care~~ healthcare plan, or any other
 51 entity providing a health insurance plan, a health benefit plan, or ~~health care~~ healthcare
 52 services.

53 ~~(8)~~(9) 'Network' means the group or groups of participating ~~health care~~ healthcare
 54 providers providing services under a network plan.

55 ~~(9)~~(10) 'Network plan' means a health benefit plan of an insurer that either requires a
 56 covered person to use ~~health care~~ healthcare providers managed by, owned by, under
 57 contract with, or employed by the insurer or that creates incentives, including financial
 58 incentives, for a covered person to use such ~~health care~~ healthcare providers.

59 (11) 'Qualified hospital based specialty group' means a medical group of
 60 anesthesiologists, pathologists, radiologists, or emergency medicine physicians.

61 ~~(10)~~(12) 'Standalone dental plan' means a plan of an insurer that provides coverage
 62 substantially all of which is for treatment of the mouth, including any organ or structure

63 within the mouth, which is provided under a separate policy, certificate, or contract of
 64 insurance or is otherwise not an integral part of a group benefit plan.

65 ~~(11)~~(13) 'Tiers' or 'tiered network' means a network that identifies and groups some or
 66 all types of providers and facilities into specific groups to which different provider
 67 reimbursement, covered person cost sharing, or provider access requirements, or any
 68 combination thereof, apply for the same services."

69 **SECTION 2.**

70 Said chapter is further amended by revising Code Section 33-20C-4, relating to information
 71 and searchable format for directories and exclusion for dental plans, as follows:

72 "33-20C-4.

73 (a) The insurer shall make available through an online provider directory, for each network
 74 plan, the following information, in a searchable format:

75 (1) For ~~health care~~ healthcare professionals:

76 (A) Name;

77 (B) Gender;

78 (C) Contact information;

79 (D) Participating office location or locations;

80 (E) Specialty, if applicable;

81 (F) Board certifications, if applicable;

82 (G) Medical group affiliations, if applicable;

83 (H) Participating facility affiliations, if applicable;

84 (I) Languages spoken other than English by the ~~health care~~ healthcare professional or
 85 clinical staff, if applicable;

86 (J) Tier; and

87 (K) Whether they are accepting new patients;

88 (2) For hospitals:

89 (A) Hospital name;

90 (B) Hospital type, such as acute, rehabilitation, children's, or cancer;

91 (C) Participating hospital location;

92 (D) Hospital accreditation status; and

93 (E) Telephone number; and

94 (F) Health benefit plan surprise bill rating; and

95 (3) For facilities other than hospitals:

96 (A) Facility name;

97 (B) Facility type;

98 (C) Types of services performed;

- 99 (D) Participating facility location or locations; and
 100 (E) Telephone number.
 101 (b) Paragraphs (2) and (3) of subsection (a) of this Code section shall not apply to
 102 standalone dental plans."

103 **SECTION 3.**

104 Said chapter is further amended by revising Code Section 33-20C-5, relating to printed
 105 directories, accuracy, and application to stand-alone dental plans, as follows:

106 "33-20C-5.

107 (a) The insurer shall make available in print, upon request, the following provider
 108 directory information for the applicable network plan:

109 (1) For ~~health care~~ healthcare professionals:

- 110 (A) Name;
 111 (B) Contact information;
 112 (C) Participating office location or locations;
 113 (D) Specialty, if applicable;
 114 (E) Languages spoken other than English, if applicable; and
 115 (F) Whether accepting new patients;

116 (2) For hospitals:

- 117 (A) Hospital name;
 118 (B) Hospital type, such as acute, rehabilitation, children's, or cancer; ~~and~~
 119 (C) Participating hospital location and telephone number; and
 120 (D) Health benefit plan surprise bill rating; and

121 (3) For facilities other than hospitals:

- 122 (A) Facility name;
 123 (B) Facility type;
 124 (C) Types of services performed; and
 125 (D) Participating facility location or locations and telephone number.

126 (b) The insurer shall include a disclosure in the print directory that the information in
 127 subsection (a) of this Code section and included in the directory is accurate as of the date
 128 of printing and that covered persons or prospective covered persons should consult the
 129 insurer's electronic provider directory on its website or call a specified customer service
 130 telephone number to obtain current provider directory information.

131 (c) Paragraphs (2) and (3) of subsection (a) of this Code section shall not apply to
 132 standalone dental plans."

133 **SECTION 4.**

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

135 "33-20C-7.136 (a) Each insurer that advertises any health benefit plan as in-network shall be required to
137 disclose such health benefit plan surprise bill rating within such advertisement
138 notwithstanding the type or form of such advertisement.139 (b) If a health benefit plan surprise bill rating is less than four checkmarks, each insurer
140 advertising a hospital as in-network shall describe which qualified hospital based specialty
141 group types are not contracted with such health benefit plan.142 (c) The Commissioner may promulgate rules and regulations which require insurers to
143 provide explanatory footnotes to each health benefit plan surprise bill rating in such special
144 circumstances as the Commissioner may determine to be appropriate.145 (d) If an insurer processes a claim on a covered person from an out-of-network qualified
146 hospital based specialty group provider at out-of-network rates, such insurer shall update
147 the relevant health benefit plan surprise bill rating within 30 days to reflect any necessary
148 reduction in such rating.149 (e) The Commissioner may submit an annual report to the House Committee on Insurance
150 and the Senate Insurance and Labor Committee beginning January 1, 2022. Such report
151 may include such aggregate data as the Commissioner determines beneficial to share with
152 such committees."153 **SECTION 5.**

154 This Act shall become effective October 1, 2020.

155 **SECTION 6.**

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