

House Bill 789

By: Representatives Newton of the 123<sup>rd</sup>, Jones of the 47<sup>th</sup>, Hatchett of the 150<sup>th</sup>, Gaines of the 117<sup>th</sup>, Wiedower of the 119<sup>th</sup>, and others

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 physician specialty groups contracted with a hospital  
4 within a health insurer's network; to provide for definitions; to provide for a requirement that  
5 insurers include hospital surprise bill ratings online and in print provider directories; to  
6 provide for a requirement that each insurer that advertises any hospital as in-network shall  
7 disclose such hospital's surprise bill rating within such advertisement; to provide for related  
8 matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 style="text-align:center">**SECTION 1.**

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

14 "33-20C-1.

15 As used in this chapter, the term:

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

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

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

26 (4) 'Health care professional' means a physician or other health care practitioner licensed,  
27 accredited, or certified to perform specified physical, mental, or behavioral health care  
28 services consistent with his or her scope of practice under state law.

29 (5) 'Health care provider' or 'provider' means a health care professional, pharmacy, or  
30 facility.

31 (6) 'Health care services' means services for the diagnosis, prevention, treatment, cure,  
32 or relief of a physical, mental, or behavioral health condition, illness, injury, or disease,  
33 including mental health and substance abuse disorders.

34 (7) 'Hospital surprise bill rating' means the number of stars between zero and four that  
35 an in-network hospital has earned based upon the number of qualified hospital based  
36 specialty group types with which such hospital is contracted for the provision of health  
37 care services.

38 ~~(7)~~(8) 'Insurer' means an entity subject to the insurance laws and regulations of this state,  
39 or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or  
40 enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the  
41 costs of health care services, including an accident and sickness insurance company, a  
42 health maintenance organization, a health care plan, or any other entity providing a health  
43 insurance plan, a health benefit plan, or health care services.

44 ~~(8)~~(9) 'Network' means the group or groups of participating health care providers  
45 providing services under a network plan.

46 ~~(9)~~(10) 'Network plan' means a health benefit plan of an insurer that either requires a  
47 covered person to use health care providers managed by, owned by, under contract with,  
48 or employed by the insurer or that creates incentives, including financial incentives, for  
49 a covered person to use such health care providers.

50 (11) 'Qualified hospital based specialty group' means an in-network medical group of  
51 anesthesiologists, pathologists, radiologists, or emergency medicine physicians.

52 ~~(10)~~(12) 'Standalone dental plan' means a plan of an insurer that provides coverage  
53 substantially all of which is for treatment of the mouth, including any organ or structure  
54 within the mouth, which is provided under a separate policy, certificate, or contract of  
55 insurance or is otherwise not an integral part of a group benefit plan.

56 ~~(11)~~(13) 'Tiers' or 'tiered network' means a network that identifies and groups some or  
57 all types of providers and facilities into specific groups to which different provider  
58 reimbursement, covered person cost sharing, or provider access requirements, or any  
59 combination thereof, apply for the same services."

60 **SECTION 2.**

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

63 "33-20C-4.

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

66 (1) For health care professionals:

67 (A) Name;

68 (B) Gender;

69 (C) Contact information;

70 (D) Participating office location or locations;

71 (E) Specialty, if applicable;

72 (F) Board certifications, if applicable;

73 (G) Medical group affiliations, if applicable;

74 (H) Participating facility affiliations, if applicable;

75 (I) Languages spoken other than English by the health care professional or clinical  
76 staff, if applicable;

77 (J) Tier; and

78 (K) Whether they are accepting new patients;

79 (2) For hospitals:

80 (A) Hospital name;

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

82 (C) Participating hospital location;

83 (D) Hospital accreditation status; ~~and~~

84 (E) Telephone number; and

85 (F) Hospital surprise bill rating; and

86 (3) For facilities other than hospitals:

87 (A) Facility name;

88 (B) Facility type;

89 (C) Types of services performed;

90 (D) Participating facility location or locations; and

91 (E) Telephone number.

92 (b) Paragraphs (2) and (3) of subsection (a) of this Code section shall not apply to  
93 standalone dental plans."

94 **SECTION 3.**

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

97 "33-20C-5.

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

100 (1) For health care professionals:

101 (A) Name;

102 (B) Contact information;

103 (C) Participating office location or locations;

104 (D) Specialty, if applicable;

105 (E) Languages spoken other than English, if applicable; and

106 (F) Whether accepting new patients;

107 (2) For hospitals:

108 (A) Hospital name;

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

110 (C) Participating hospital location and telephone number; and

111 (D) Hospital surprise bill rating; and

112 (3) For facilities other than hospitals:

113 (A) Facility name;

114 (B) Facility type;

115 (C) Types of services performed; and

116 (D) Participating facility location or locations and telephone number.

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

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

124 **SECTION 4.**

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

126 "33-20C-7.

127 (a) Each insurer that advertises any hospital as in-network shall be required to disclose  
128 such hospital's surprise bill rating within such advertisement notwithstanding the type or  
129 form of such advertisement.

130 (b) If a hospital's surprise bill rating is less than four, each insurer advertising such hospital  
131 as in-network shall describe which qualified hospital based specialty group types are not  
132 contracted with such hospital."

133

**SECTION 5.**

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