

Senate Bill 409

By: Senators Albers of the 56th, Robertson of the 29th and Harbison of the 15th

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 43 of Title 33 of the Official Code of Georgia Annotated, relating to  
2 medicare supplement insurance, so as to provide for medicare supplement policies to be  
3 issued and renewed for individuals under 65 years of age who are eligible by reason of  
4 disability under federal law; to provide for open enrollment periods; to prohibit an insurer  
5 from charging premium rates for such policies for such individuals that exceed premium  
6 rates charged for individuals who are 65 years of age; to provide for a short title; to provide  
7 for related matters; to provide for effective dates; to repeal conflicting laws; and for other  
8 purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 **SECTION 1.**

11 This Act shall be known and may be cited as the "Bridging the Gap for ALS and Chronic  
12 Kidney Disease Act of 2024."

13

**SECTION 2.**

14 Chapter 43 of Title 33 of the Official Code of Georgia Annotated, relating to medicare  
15 supplement insurance, is amended by revising Code Section 33-43-3, relating to duplicate  
16 benefits prohibited and establishment of standards, as follows:

17 "33-43-3.

18 (a) No medicare supplement ~~insurance~~ policy or certificate in force in this state shall  
19 contain benefits which duplicate benefits provided by medicare.

20 (b) Notwithstanding any other provision of Georgia law, a medicare supplement policy or  
21 certificate shall not exclude or limit benefits for losses incurred more than six months from  
22 the effective date of coverage because it involved a preexisting condition. The policy or  
23 certificate shall not define a preexisting condition more restrictively than a condition for  
24 which medical advice was given or treatment was recommended by or received from a  
25 physician within six months before the effective date of coverage.

26 (c) The Commissioner shall adopt reasonable regulations to establish specific standards  
27 for policy provisions of medicare supplement policies and certificates. Such standards  
28 shall be in addition to and in accordance with applicable laws of this state. No requirement  
29 of this title relating to minimum required policy benefits, other than the minimum standards  
30 contained in this chapter, shall apply to medicare supplement policies and certificates. The  
31 standards shall cover, but shall not be limited to:

- 32 (1) Terms of renewability;
- 33 (2) Initial and subsequent conditions of eligibility;
- 34 (3) Nonduplication of coverage;
- 35 (4) Probationary periods;
- 36 (5) Benefit limitations, exceptions, and reductions;
- 37 (6) Elimination periods;
- 38 (7) Requirements for replacement;
- 39 (8) Recurrent conditions; and

40 (9) Definitions of terms.

41 (d) The Commissioner shall adopt reasonable regulations to establish minimum standards  
42 for benefits, claims payment, marketing practices, compensation arrangements, and  
43 reporting practices for medicare supplement policies and certificates.

44 (e) The Commissioner may adopt from time to time such reasonable regulations as are  
45 necessary to conform medicare supplement policies and certificates to the requirements of  
46 federal law and regulations promulgated thereunder, including, but not limited to:

47 (1) Requiring refunds or credits if the policies or certificates do not meet loss ratio  
48 requirements;

49 (2) Establishing a uniform methodology for calculating and reporting loss ratios;

50 (3) Assuring public access to policies, premiums, and loss ratio information of issuers  
51 of medicare supplement insurance;

52 (4) Establishing a process for approving or disapproving policy forms, certificate forms,  
53 and proposed premium increases;

54 (5) Establishing a policy for holding public hearings prior to approval of premium  
55 increases; and

56 (6) Establishing standards for medicare select policies and certificates.

57 (f) The Commissioner may adopt reasonable regulations that specify prohibited policy  
58 provisions not otherwise specifically authorized by statute which, in the opinion of the  
59 Commissioner, are unjust, unfair, or unfairly discriminatory to any ~~person~~ individual  
60 insured or proposed to be insured under a medicare supplement policy or certificate.

61 (g) Insurers offering medicare supplement policies in this state ~~to persons~~ for  
62 individuals 65 years of age or older shall also offer medicare supplement policies ~~to~~  
63 ~~persons~~ for individuals in this state who are eligible for and enrolled in medicare by reason  
64 of disability or ~~end-stage renal disease~~ end stage renal disease as specified under 42 U.S.C.  
65 Section 426(b) or 426-1. Such medicare supplement policies shall be issued on a  
66 guaranteed renewable basis under which the insurer shall be required to continue coverage

67 so long as premiums are paid on such policy. Except as otherwise provided in this Code  
 68 section, all benefits, protections, policies, and procedures that apply to ~~persons~~ individuals  
 69 65 years of age or older shall also apply to ~~persons~~ individuals who are eligible for and  
 70 enrolled in medicare by reason of disability or ~~end-stage renal disease~~ end stage renal  
 71 disease as specified under 42 U.S.C. Section 426(b) or 426-1.

72 (h) Persons may enroll in a medicare supplement policy at any time authorized or required  
 73 by the federal government or within six months of:

- 74 (1) Enrolling in medicare Part B for an individual who is under 65 years of age and is  
 75 eligible for medicare ~~because~~ by reason of disability or ~~end-stage renal disease~~ end stage  
 76 renal disease as specified under 42 U.S.C. Section 426(b) or 426-1, whichever is later;  
 77 (2) Receiving notice that such person has been retroactively enrolled in medicare Part B  
 78 due to a retroactive eligibility decision made by the Social Security Administration; or  
 79 (3) Experiencing a qualifying event identified in regulations adopted pursuant to  
 80 subsection (c) of this Code section.

81 (i) Beginning January 1, 2025, in addition to provisions in subsection (h) of this Code  
 82 section, persons may enroll in a medicare supplement policy when:

- 83 (1) An individual is currently enrolled in medicare by reason of disability or end stage  
 84 renal disease as specified under 42 U.S.C. Section 426(b) or 426-1, during a one-time  
 85 open enrollment period of six months beginning January 1, 2025; or  
 86 (2) An individual is currently enrolled in medicare, during an annual open enrollment  
 87 period of 60 days beginning on such individual's birthday; provided, however, that such  
 88 person seeks to maintain the same medicare supplement plan but under a different  
 89 insurer.

90 ~~(i)~~(j) No policy or certificate issued pursuant to this chapter shall prohibit payment made  
 91 by third parties on behalf of individual applicants or individuals within a group applicant  
 92 so long as:

93 (1) The third party is an immediate family member of a person lawfully exercising an  
 94 in-force power of attorney or legal guardianship; or

95 (2) The third party is a nonprofit, charitable organization that:

96 (A) Is the named requestor of an advisory opinion issued by the United States  
 97 Department of Health and Human Services (HHS) Office of Inspector General under  
 98 the requirements of 42 C.F.R. Part 1008; and

99 (B) Provides, upon request by the medicare supplement issuer, the specific advisory  
 100 opinion relied upon by the third party to make such payment and a written certification  
 101 that the advisory opinion is in full force and effect and has not been rescinded,  
 102 modified, or terminated by the United States Department of Health and Human Services  
 103 (HHS) Office of Inspector General.

104 ~~(j)(k) An insurer shall not charge premium rates for a medicare supplement policy for an~~  
 105 ~~individual under 65 years of age who becomes eligible for medicare by reason of disability~~  
 106 ~~or end stage renal disease as specified under 42 U.S.C. Section 426(b) or 426-1 that exceed~~  
 107 ~~premium rates charged for such policies to an individual who is 65 years of age. Premiums~~  
 108 ~~for medicare supplemental insurance policies may differ between persons who qualify for~~  
 109 ~~medicare who are 65 years of age or older and those who qualify for medicare who are~~  
 110 ~~younger than 65 years of age, provided, however, that such differences in premiums shall~~  
 111 ~~not be excessive, inadequate, or unfairly discriminatory and shall be based on sound~~  
 112 ~~actuarial principles and reasonable in relation to the benefits provided."~~

113

### SECTION 3.

114 For purposes of rule making, this Act shall become effective upon its approval by the  
 115 Governor or upon its becoming law without such approval. For all other purposes, this Act  
 116 shall become effective on January 1, 2025.

117

**SECTION 4.**

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