



Legislative Day 12

The General Assembly met Monday through Wednesday this week; 12 legislative days have now been completed. Lawmakers announced a rare break for nearly two weeks to allow House Appropriations Members time to work on the 2020 amended budget and begin looking at the 2021 fiscal year budget.

The break marks the first extended break for budget purposes in many years, the last such pause occurred during the recession as the state was poised to receive a federal cash infusion. At the moment, the House and the Administration are at odds over budget cuts, a tax cut, and teacher pay raises.

During the extended break, we expect little action in House Committees, it appears there may be slight movement in the Senate Committee process.

The session resumes with legislative day 13 on Tuesday, February 18th. Crossover Day (Day 28) is set for Thursday, March 12th.

Actions of the Week

House Legislation

HB 888 – Surprise Billing Reform - by Rep. Lee Hawkins creates a new chapter in Title 33 called the Surprise Billing Consumer Protection Act. The bill begins by stipulating that any insurer that provides emergency benefits must pay for these services without prior authorization or retrospective denial of medically necessary services and regardless of if the provider of the services is a participating provider. If a covered person receives emergency treatment from a non participating provider the provider must bill the insurer directly and the bill must be paid at the greater of (1) The verifiable contracted rate paid by all eligible insurers. (2) A higher amount deemed appropriate by the insurer depending on the complexity of the procedure(s). Insurers are prohibited from denying claims based on a covered person's failure to notify the plan because of the urgency of a medical emergency. All services provided to a covered person in a non participating facility must be treated by the healthcare plan as if they occurred in a participating facility including applying cost-sharing amounts, deductibles, and out-of-pocket maximums. These provisions also apply to non emergency medical treatment in O.C.G.A. 33-20E-5. Once a covered person is stabilized, an insurer may provide for the transfer of the covered person to a participating facility; however, if after 24 hours of a healthcare plan receiving notice of stabilization without arranging for transfer, the healthcare plan will be responsible for the entirety of the contracted rate of the non-participating facility. The bill further stipulates that no healthcare plan can deny or restrict a covered person from receiving covered benefits solely because they received treatment from a non participating provider. The bill clarifies that the bill does not reduce the financial responsibilities of a covered person if they choose to seek out-of-network care. However, this can only occur with documentation of the covered person's submitted desire to seek this care and after the person has received an estimate of costs. The bill calls for maintenance of an all-payer health claims database by the Department of Insurance; subject to appropriations. If no appropriations are made, the Department must update information from other verifiable sources at least annually. The bill also provides for arbitration between insurers and providers if the provider concludes the payment is not sufficient based on the complexity of the services. **Current**

Status: Assigned to the House Special Committee on Access to Quality Health Care

Senate Legislation

SB 347 - Surgical Smoke - by Sen. Gloria Butler would amend to require hospitals and ambulatory surgical centers to utilize surgical smoke evacuation systems during surgical procedures to protect patients and health care workers from the hazards of surgical smoke. **Current Status:** Assigned to the Senate Health and Human Services Committee

SB 348 - Network Advocacy - by Sen. Kay Kirkpatrick, MD would require the Department of Insurance to assess provider network adequacy on an annual basis and to allow for health insurers with the right to request a hearing when network adequacy plans are refused. **Current Status:** Assigned to Senate Insurance and Labor Committee

SB 352 - Online Directory - by Sen. Dean Burke would require insurer's provider directory includes a provider as a participating provider for a network plan at such time as a prospective covered person selects his or her health benefit plan and such insurer shall cover the provider charges at in-network rates for the duration of the contract year for such covered person. **Current Status:** Assigned to Senate Insurance and Labor Committee

SB 359 - Surprise Billing Reform - by Sen. Dean Burke is identical to Rep. Lee Hawkins' HB 888. **Current Status:** Assigned to Senate Health and Human Services

To find any bill, go to www.legis.ga.gov and use the search box at the top left of the page. There is also an advanced search option that allows you to find bills by keyword or sponsor.

News of the Week

Atlanta Journal Constitution

Controversy over Georgia mental health budget as needs grow. [Read More.](#)

Georgia Health News

A new federal initiative on Medicaid could wind up altering Georgia's waiver proposal on extending coverage to low-income adults. [Read More.](#)

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Thank you for taking time out of your busy schedules to help protect our interests and our patients!

Travis Lindley

404.886.5058

Devin Krecl

770.655.9545