

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating
to
2 insurance generally, so as to provide for a short title and findings; to require health plans to
3 provide coverage for Opioid Alternative Treatments, Less Addictive Opioids, and Opioid
4 Addiction Treatments; to provide for the frequency of opioid alternative medication and
5 services; to provide for coverage of services and supplies; to provide for related matters; to
6 repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance
10 generally, is amended by adding a new Code section to read as follows:

11 "33-24-59.23.

12 (a) This Code section shall be known and may be cited as the 'Opioid Alternative
13 Treatment Act.'

14 (b) The General Assembly finds and declares that:

15 (1) An Opioid Epidemic has cost the state millions of dollars in medical treatment, lost
16 economic productivity, and increased overdose deaths, among other costs.

17 (2) Providing coverage for Opioid Alternative Treatments, Less Addictive Opioids, and
18 Opioid Addiction Treatments for patients will reduce the costs borne by this state.
19 Further, it will reduce the number of Georgians who will become addicted to opioids,
20 and the number of Georgians who will overdose and die from them.

21 (c) As used in this Code section, the term:

22 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for
23 health care services issued, delivered, issued for delivery, or renewed in this state
24 which provides major medical benefits, including those contracts executed by the State
25 of Georgia on behalf of indigents and on behalf of state employees under Article 1 of
26 Chapter 18 of Title 45, by a health care corporation, health maintenance organization,
27 preferred provider organization, accident and sickness insurer, fraternal benefit society,
28 hospital service corporation, medical service corporation, or any similar entity.

29 (2) 'Opioid Alternative Treatment(s)' means any treatment(s), including medication or

30 therapy or other intervention offered for the management of pain that does not include
31 an opioid medication listed as a controlled substance in paragraph (1) or (2) of Code
32 Section 16-13-26, including, but not limited to:

- 33 (A) acetaminophen, ibuprofen, or any other nonsteroidal anti-inflammatory
34 drugs;
35 (B) corticosteroids;
36 (C) tricyclic antidepressants, selective serotonin reuptake inhibitors, selective
37 norepinephrine reuptake inhibitors, gabapentinoids, or other similar drugs;
38 (D) anticonvulsants;
39 (E) injections, including local or regional anesthetic nerve blocks;
40 (F) physical therapy, occupational therapy, or cognitive behavioral therapy;
41 (G) massage, acupuncture, or chiropractic care.

42 (3) 'Less Addictive Opioid(s)' means any opioid medication with less addictive
43 potential than the controlled substances listed in paragraph (1) or (2) of Code Section
44 16-13-26, including, but not limited to:

- 45 (A) buprenorphine;
46 (B) embutramide.
47 (4) 'Opioid Addiction Treatment(s)' means any treatment(s), including medication or
48 therapy offered for the treatment of addiction including, but not limited to:

- 49 (A) cognitive behavioral therapy;
50 (B) buprenorphine based medication or injections;
51 (C) naloxone based medication or injections;
52 (D) naltrexone based medication or injections;
53 (E) in-patient and outpatient treatment for whatever length of time deemed medically
54 appropriate by the patient's physician, prescriber, or other medical professional.
55 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state
56 or approved for issuance or renewal in this state by the Commissioner on or after
57 July 1, 2018, shall provide coverage for all Opioid Alternative Treatments, all Less
58 Addictive Opioids, and all Opioid Addiction Treatments that a patient's prescriber
59 deems medically appropriate. This subsection shall not prohibit an entity subject to this
60 Code section from providing coverage that is greater or more favorable to an insured or
61 enrolled individual than the coverage required under this Code section.
62 (e) The coverage provided by every health benefit policy that is delivered, issued,
63 executed, or renewed in this state or approved for issuance or renewal in this state
64 by the Commissioner on or after July 1, 2018, must ensure that all Opioid Alternative
65 Treatments and Less Addictive Opioids are provided to all insureds and enrolled
66 individuals at the same cost or less cost than every opioid medication listed in paragraph
67 (1) or (2) of Code Section 16-13-26.
68 (f) If an insured or enrolled individual is using a treatment or medication that is an
69 Opioid Alternative Treatment, Less Addictive Opioid, or Opioid Addiction Treatment,

69 and that insured or enrolled individual switches to a new provider of health benefit
70 policies, that provider must cover continued treatment of the Opioid Alternative
71 Treatment, Less Addictive Opioid, or Opioid Addiction Treatment for at least thirty (30)
72 days without a prior authorization.

73 (g) A health benefit policy shall not deny or refuse coverage of, refuse to contract
with,

74 or refuse to renew or reissue or otherwise terminate or restrict coverage of a covered
75 individual solely because he or she is or has been previously diagnosed with pain issues;
76 another medical condition which may lead to or is associated with pain; or alcohol, drug,
77 or other substance abuse issues or disorders.

78 (h) The benefits covered under this Code section shall be subject to the same annual
79 deductible, coinsurance or copayment, or utilization review applicable to other similar
80 covered benefits under the health benefit policy.

81 (i) An insurer, corporation, health maintenance organization, or governmental entity
82 providing coverage for Opioid Alternative Treatments or Less Addictive Opioids
83 pursuant to this Code section is exempt from providing coverage for Opioid Alternative
84 Treatments or Less Addictive Opioids required under this Code section and not covered,
85 by the insurer, corporation, health maintenance organization, or governmental entity
86 providing coverage for such treatment pursuant to this Code section as of January 1,
87 2019, if:

88 (1) An actuary affiliated with the insurer, corporation, health maintenance organization,
89 or governmental entity who is a member of the American Academy of Actuaries and
90 who meets the American Academy of Actuaries' professional qualification standards
91 for rendering an actuarial opinion related to health insurance rate making certifies in
92 writing to the Commissioner that:

93 (A) Based on an analysis to be completed no more frequently than one time per year
94 by each insurer, corporation, health maintenance organization, or governmental entity
95 for the most recent experience period of at least one year's duration, the costs
96 associated with coverage of Opioid Alternative Treatments or Less Addictive
97 Opioids required under this Code section, and not covered as of January 1, 2019,
98 exceeded 2 percent of the premiums charged over the experience period by the
99 insurer, corporation, or health maintenance organization; and

100 (B) Such costs solely would lead to an increase in average premiums charged of more
101 than 2 percent for all insurance policies, subscription contracts, or health care plans
102 commencing on inception or the next renewal date, based on the premium rating
103 methodology and practices the insurer, corporation, health maintenance organization,
104 or governmental entity employs; and

105 (2) The Commissioner approves the certification of the actuary.

106 (j) Beginning January 1, 2019, to the extent that this Code section requires benefits that
107 exceed the essential health benefits required under Section 1302(b) of, P. L. 111-148, the
108 specific benefits that exceed the required essential health benefits shall not be required of
109 a qualified health plan as defined in such act when the qualified health plan is offered in
110 this state through the exchange. Nothing in this subsection shall nullify the application

111 of this Code section to plans offered outside the state's exchange."

112 SECTION 2.

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