

House Bill 197 (AS PASSED HOUSE AND SENATE)

By: Representatives Hawkins of the 27<sup>th</sup>, Newton of the 127<sup>th</sup>, Kelley of the 16<sup>th</sup>, Silcox of the 53<sup>rd</sup>, Cooper of the 45<sup>th</sup>, and others

A BILL TO BE ENTITLED

AN ACT

1 To amend Code Section 33-46-6 of the Official Code of Georgia Annotated, relating to  
2 requirements for certification, utilization of nationally recognized accreditation standards,  
3 and website identifying nationally recognized accreditation entities, so as to detail the effort  
4 that shall be made by treating health care provider to respond to a private review agent or  
5 utility review entity's attempt to reach such provider to discuss the patient's care; to amend  
6 Chapter 46 of Title 33 of the Official Code of Georgia Annotated, relating to certification of  
7 private review agents, so as to provide for health insurers to implement and maintain a  
8 program that allows for the selective application of reductions in prior authorization  
9 requirements under certain circumstances; to provide for an annual filing; to provide for the  
10 promulgation of rules and regulations; to provide for related matters; to provide for an  
11 effective date and applicability; to repeal conflicting laws; and for other purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 **SECTION 1.**

14 Code Section 33-46-6 of the Official Code of Georgia Annotated, relating to requirements  
15 for certification, utilization of nationally recognized accreditation standards, and website

16 identifying nationally recognized accreditation entities, is amended by revising paragraph (5)  
17 of subsection (a) as follows:

18 "(5) In any instances where the private review agent or utilization review entity is  
19 questioning the medical necessity of care, the treating health care provider, or such  
20 provider's appropriately qualified designee, shall be able to discuss the plan of treatment  
21 with a clinical peer trained in a related specialty and no adverse determination shall be  
22 made by the private review agent or utilization review entity until an effort has been  
23 made to discuss the patient's care with the patient's treating provider, or such provider's  
24 appropriately qualified designee who shall be familiar with the patient's case, during  
25 normal working hours. Such effort shall include contacting the treating provider or his  
26 or her designee, implementing a callback telecommunications system, or the use of a  
27 public website whereby such provider or designee may elect to receive a scheduled  
28 communication at a later time in the event that a clinical peer is not available. In the  
29 event of an adverse determination, notice to the provider will specify the reasons for the  
30 review determination;"

31 **SECTION 2.**

32 Chapter 46 of Title 33 of the Official Code of Georgia Annotated, relating to certification of  
33 private review agents, is amended by adding a new Code section to read as follows:

34 "33-46-20.1.

35 (a) Each insurer that utilizes prior authorization requirements shall implement and  
36 maintain a program that allows for the selective application of reductions in prior  
37 authorization requirements based on the stratification of healthcare providers' performance  
38 and adherence to evidence based medicine. Such program shall promote quality,  
39 affordable healthcare and reduce unnecessary administrative burdens for both the insurer  
40 and the healthcare provider.

41 (b) Criteria for participation by healthcare providers and the healthcare services included  
42 in the program shall be at the discretion of the insurer; provided, however, that such insurer  
43 shall submit to the department a filing concerning such program. Such filing shall include  
44 a full narrative description of the program, the criteria for participation in the program, a  
45 list of the procedures and services subject to the program, the number of healthcare  
46 providers participating in the program, and any other information deemed necessary by the  
47 department.

48 (c) No later than July 1, 2026, each insurer that utilizes prior authorization requirements  
49 shall make the filing provided for in subsection (b) of this Code section, and such filing  
50 shall be submitted annually in a form and manner provided for by rules and regulations  
51 promulgated by the Commissioner."

52 **SECTION 3.**

53 This Act shall become effective on January 1, 2026, and shall apply to all policies or  
54 contracts issued, delivered, issued for delivery, or renewed in this state on or after such date.

55 **SECTION 4.**

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