

End the surprise insurance gap



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HB 314

Georgia Needs a Comprehensive Solution to End Surprise Medical Bills

Georgia patients are receiving surprise medical bills for care they thought was covered by insurance, often for emergency care, when they need coverage the most. On top of record-high premiums, this coverage gap shifts more costs to patients.

- **Georgia health insurance companies are narrowing their networks, leaving patients without choices.** A 2017 study found that nearly 50% of Georgia marketplace plans offer narrow networks. This leaves many Georgia patients with fewer in-network providers and exposes them to potential surprise bills.
- **One large Georgia insurance company is refusing to cover some emergency visits, retroactively denying claims.** This practice, which sets a troubling precedent and is already becoming more prevalent nationally, increases costs and health risks for patients. Nearly one in four Americans reported their medical conditions got worse because they didn't go to the ER out of fear their insurance company wouldn't cover the visit.
- **Insurance companies are refusing to negotiate.** Despite repeated efforts by the Georgia Coalition to End the Surprise Insurance Gap to forge a compromise that would protect patients and bolster Georgia's healthcare system, insurers refuse to negotiate in good faith, leaving patients stuck in the middle with the status quo.

Band-Aids Won't Solve the Underlying Problem

Georgia patients can't continue to bear the cost of inaction. More than 22% of Georgia residents have medical debt in collections, and healthcare costs are the number one reason people file for bankruptcy. While the status quo is easier — and more profitable — for insurers, Georgians need a comprehensive solution that will protect them and ensure they have access to needed medical care. Realizing that momentum is building, insurers are opposing a comprehensive solution and are instead pursuing Band-Aid actions that will do little to solve the real problem. For example, SB 8 would provide more transparency among insurers and providers, but would not prevent surprise medical bills.

HB 314 is a Comprehensive Solution for Surprise Medical Bills

HB 314 will take patients out of the middle, boost transparency, and end surprise billing, while ensuring long-term access to quality care. The bill incentivizes insurers to negotiate in good faith with physicians and would result in adequate healthcare networks for patients. When networks are adequate and out-of-network payments are fair, patients will not be surprised by medical bills their insurers refuse to pay. HB 314 will:

- **Require enhanced transparency** so patients can determine their provider's network status and cost of care.
- **Ensure patients will not be financially penalized** for receiving emergency out-of-network care by limiting their financial exposure to in-network rates.
- **Ban balance billing for out-of-network emergency services** when providers are paid the lowest of their actual charge or the Minimum Benefit Standard.
- **Provide an appropriate and fair reimbursement standard for emergency services** that reduces patient exposure, and improves pricing transparency by leveraging an independently verified charge-based database.
- **Establish a transparent and appropriate dispute resolution process** for those situations where an unexpected event arises during out-of-network, non-emergency care that results in a surprise bill to a patient.