

Senator Millar of the 40th offered the following amendment:

1 *Amend substitute to HB 64 (LC 37 2411S) by inserting after "authority;" on line 4 "to*
2 *prohibit certain insurers from imposing certain payment amounts greater than such charges*
3 *imposed on a physician or osteopath to an insured for services rendered by certain*
4 *providers;"; by redesignating Section 4 as Section 5; and by inserting after line 35: Said*
5 *article is further amended by adding a new Code section to read as follows:*

6 "33-24-59.22.

7 (a) As used in this Code section, the term 'health benefit plan' means any hospital, health,
8 or medical expense insurance policy, hospital or medical service contract, employee
9 welfare benefit plan, contract or agreement with a health maintenance organization,
10 subscriber contract or agreement, preferred provider organization, accident and sickness
11 insurance benefit plan, or other insurance contract under any other name. The term shall
12 include any health insurance plan established under Article 1 of Chapter 18 of Title 45 and
13 under Article 7 of Chapter 4 of Title 49, the 'Georgia Medical Assistance Act of 1977.'

14 (b) After the first visit, no health benefit plan issued, delivered, or renewed in this state
15 shall impose a different or additional copayment, coinsurance, or office visit charge to an
16 insured when he or she obtains the services of a licensed physical therapist, a licensed
17 occupational therapist, or a licensed chiropractor than when such insured obtains the
18 services of a primary care physician or licensed osteopath."

19 **SECTION 4.**