

HOUSE BILL 25-474

By Senator(s) Stimpson
also Representative(s) Boone, Jennings

**AN ACT
CONCERNING INSURANCE REGULATION**

Be It Enacted by the General Assembly of the State of San Andreas:

SECTION 1. SHORT TITLE.

This Act shall be known and may be cited as the “Genetic and Childhood Health Protection and Insurance Transparency Act.” The title reflects the dual intent of this legislation: to safeguard vulnerable populations and to promote transparency and accountability within the health insurance industry.

SECTION 2. PURPOSE AND LEGISLATIVE INTENT.

The purpose of this Act is to address and remedy historical inequities within the health insurance system.

It is the intent of the Legislature of the State of San Andreas to ensure that no resident shall be denied health insurance coverage, restricted in access to care, or subjected to discriminatory practices on the basis of a genetic or childhood-onset medical condition.

Furthermore, this Act requires health insurance providers to disclose in full and in advance the terms, limitations, and extent of their coverage, thereby empowering consumers to make informed and confident decisions prior to the issuance of any policy.

SECTION 3. DEFINITIONS.

For the purposes of this Act, the following definitions shall apply:

- (a) “Health insurance provider” means any entity legally authorized to issue or administer health insurance policies within the State of San Andreas, including but not limited to Health Maintenance Organizations (HMOs), health service corporations, or any comparable entity operating under state authority.
- (b) “Preexisting condition” means any medical condition that exists at birth, or that develops during childhood or adolescence, which is genetic, congenital, or otherwise beyond the control of the insured individual.
- (c) “Covered individual” means any person who is currently enrolled in, or is seeking to enroll in, a health insurance plan regulated by the State of San Andreas.
- (d) “Medically necessary” refers to any service, treatment, or procedure determined by a licensed physician to be essential to the health and well-being of the patient for the diagnosis, treatment, or management of a medical condition.

SECTION 4. COVERAGE FOR GENETIC AND CHILDHOOD-ONSET CONDITIONS.

(a) Non-Discrimination Requirement: No health insurance provider operating within the State of San Andreas shall deny, limit, or otherwise restrict coverage for an individual based on the presence of a preexisting condition.

Examples of protected conditions include, but are not limited to:

- (I) Cancer, including childhood cancers;
- (II) Heart disease;
- (III) Hypertension (high blood pressure);
- (IV) Asthma;
- (V) Allergies, including food and environmental allergies; and
- (VI) Any other genetic or chronic condition present at birth or diagnosed during childhood or adolescence.

(b) Prohibition on Increased Premiums: A health insurance provider shall not impose higher premiums, copayments, deductibles, or any other financial burdens solely on the basis of a covered preexisting condition as defined in this Act.

SECTION 5. TRANSPARENCY REQUIREMENTS.

(a) Full Disclosure Prior to Policy Issuance: All health insurance providers shall provide prospective policyholders with a comprehensive, itemized disclosure including:

- (I) All covered medical procedures;
- (II) All covered medications and treatments; and
- (III) All exclusions or limitations of coverage.

This information shall be provided prior to enrollment and must be made available in both electronic and printed form.

(b) Contractual Integrity: Once a health insurance policy is executed, no insurer may unilaterally amend or revoke coverage for any treatment, procedure, or medication that was explicitly included as covered at the time of signing. This provision ensures contractual stability and protects policyholders from retroactive coverage changes.

SECTION 6. PHYSICIAN-DIRECTED NECESSARY CARE.

(a) Required Coverage for Medically Necessary Care: If a licensed physician certifies that a treatment, medication, or procedure is medically necessary for the health or survival of an insured individual, the insurance provider shall:

- (I) Provide coverage for such treatment or procedure in full, or to the same extent as comparable covered care; and
- (II) Refrain from denying coverage based on internal coverage guidelines when medical necessity has been established by a licensed physician.

This provision affirms the primacy of medical judgment and prioritizes patient welfare over administrative determinations.

SECTION 7. ENFORCEMENT AND PENALTIES.

(a) Regulatory Oversight: The San Andreas Department of Insurance shall be responsible for overseeing and enforcing compliance with the provisions of this Act, including the investigation of complaints and alleged violations.

(b) Penalties: Any health insurance provider found in violation of this Act shall be subject to the following penalties:

(I) Civil fines not exceeding \$50,000 per violation;

(II) Mandatory restitution to affected policyholders; and

(III) Suspension or revocation of licensure for repeated or egregious noncompliance.