



Georgia Bio Legislative Watch
Week: February 8-12, 2016
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Week 5 of the 2016 legislative session has come to a close. Thursday marked Legislative Day 20, which leaves members only 20 more days to get additional legislation passed. The General Assembly will reconvene on Tuesday, February 16.

Governor Deal made a number of announcements this week, including releasing revenue figures for January 2016. Revenues are up by \$2.05 billion, which indicates an increase of \$119.3 million (6.4%), compared to January 2015 figures. To-date collections amount to \$12.49 billion, which is an increase of more than one billion dollars (8.9%), compared to January 2015. Additionally, President Obama's budget proposal for FY 2017 did not include the full funding for the Savannah Harbor Expansion. It proposed an additional \$42.7 million which is less than half of what is required to get through construction. The Governor indicated that he will call on Georgia's congressional delegation for assistance.

Governor Deal also announced that the State will make an additional \$70 million investment in two medical schools, including Morehouse School of Medicine and Mercer University. This decision is a result of a settlement with the Centers for Medicare and Medicaid Services.

Committees

House Insurance Committee – Life and Health Subcommittee (Monday, 02/08)

The Subcommittee took up HB 306. Rep. Jesse Petrea (R-Savannah) authored this initiative. It seeks to provide for the conversion of life insurance policies for the funding of long-term care services so as to delay individuals from seeking to become eligible for Medicaid in O.C.G.A. § 49-4-156. His legislation as filed permits the owner of a policy with a face amount greater than \$10,000.00 the ability to enter into a life-settlement care contract for the benefit of the recipient of long-term care services in exchange for direct payments to a provider of such long-term care services. It also seeks to address the costs of funeral expenses as well.

Senate Insurance Committee (Monday, 02/08)

Sen. Charlie Bethel (R-Dalton) and members of this Committee addressed these measures:

SB 265, by Sen. Judson Hill (R-Marietta), proposes a new Code Section at O.C.G.A. § 33-7-2.1 to provide for "physician agreements" between an individual physician and individual patient. This is "concierge medicine" and limits the agreement to \$6,000.00 of care on an annual basis. Such written, signed agreements are not to be considered as an insurance arrangement/agreement.

SB 291, also by Sen. Judson Hill (R-Marietta), is, if passed, to be cited as the "Georgia Affordable Free Market Health Care Act." In addition to incorporating essentially language from SB 265 for concierge medicine, it also seeks to exempt insurers in Georgia from applicable premium taxes on premiums paid by Georgia residents for health savings account eligible health plans as defined by Section 223 of the Internal Revenue Code sold or maintained under applicable provisions of Georgia law that do not otherwise have premium subsidies under the federal Patient Protection and Affordable Care Act in O.C.G.A. § 33-8-4(c). It also seeks to add a new Code Section at O.C.G.A. § 33-24-9.1, outlining additional powers for the Commissioner of Insurance on coverage and approval of health savings account eligible comprehensive medical plans. It adds in O.C.G.A. § 33-30-25(b) that every healthcare provider in Georgia covered under any health benefit plan offered by a health insurer is to have the right to become a "preferred provider" if he or she complies with certain provisions; however insurers are not required to admit healthcare providers as preferred providers in geographical areas where the healthcare insurer does not operate and a health insurer is not required to admit a healthcare provider as a preferred provider if they can demonstrate and file proof with the Commissioner of Insurance that the inclusion of such provider is "adverse to the quality

of services or to the premiums that would be charged to its members." It adds language in O.C.G.A. § 33-30-40 for the "Exclusive Provider Arrangements Act." SB 265, described above, was added to SB 291 by substitute, but the bill was held.

SB 302, by Sen. P.K. Martin, IV (R-Snellville), seeks to require healthcare insurers to maintain accurate provider directories and post such on the health plan's website. These directories are to be updated every 30 days and a health insurance carrier is to provide a print copy of a current directory upon request. It also requires the health insurance carrier to provide annual notice to the providers so as to update their information.

Senate Health and Human Services Committee (Monday, 02/08)

Chairwoman Renee Unterman (R-Buford) had a healthy agenda this afternoon. She first announced that SB 337 by Sen. Larry Walker (R-Perry) relating to eligibility for medical assistance and disability services under certain circumstances would be referred to the Health Care Infrastructure subcommittee and the Chairman requested it meet before Wednesday, Feb. 10. She also announced that SB 319 by Sen. Lester Jackson (D-Savannah) granting licensed professional counselors the right to diagnose mental health problems would be heard in full Committee on Wednesday as well. The following bills were taken up.

SB 115, by Sen. Chuck Hufstetler (R-Rome), addresses the delegation of authority by a physician to a physician's assistant so as to authorize broader permission to the physician assistant to prescribe certain pain medications in O.C.G.A. § 43-34-103(e.1). The time period for a prescription was reduced from 30 days to 15 days and the bill passed unanimously.

SB 271, by Sen. Dean Burke, MD (R-Bainbridge), addresses the examination and treatment for mental illness and the provision of notice to patients and their representatives of their rights once the patient has been admitted to an emergency receiving facility and on extension of civil commitment. The period permitted to DBHDD to determine whether an extension will be sought was shortened from 60 to 40 days prior to the end of a current commitment period. The substitute had changed the word patient to person with mental illness. Sen. Hufstetler (R-Rome) commented that a fuller rewrite of the commitment laws might be in order. The bill passed unanimously by committee substitute.

SB 242, by Sen. Michael Williams (R-Cumming), seeks to allow employees to use sick leave for the care of immediate family members in O.C.G.A. § 34-1-8. This applies to situations where the employer offers such sick leave; it does not require an employer to offer sick leave or to require an employer to allow an employee to use more than five days of earned sick leave for care of an immediate family member. The bill passed on a voice vote with two no votes of the 10 Senators in attendance.

SB 305, by Sen. Renee Unterman (R-Buford), amends current laws relating to "Physician Orders for Life-Sustaining Treatment forms" (POLST) in O.C.G.A. § 31-1-14(b). It requires that on and after July 1, 2015 that the Department notify the chairpersons and each member of the House Committee on Health and Human Services and the Senate Health and Human Services Committee at least 60 days prior to implementing any modification of the POLST form. This legislation passed out of the Committee. Sen. Unterman did provide assurances that she would not entertain a substitute or amendments and would withdraw the legislation if such were proposed. The bill passed unanimously in full Committee.

SB 314, by Sen. Renee Unterman (R-Buford), is a series of changes proposed to Georgia's laws on nurses and particularly to revise current law on "advanced nursing" practices. It adds a new definition of an "advanced practice registered nurse" in O.C.G.A. § 43-26-3(1.1) and adds requirements for licensure as an "advanced practice registered nurse" in O.C.G.A. § 43-26-7.1. This legislation is the Board of Nursing's legislation. It does add that the Board may conduct criminal background checks for renewals of licenses, which it currently does not have the authority to do. The legislation passed.

SB 308, by Sen. Renee Unterman (R-Buford), is to create a new Article 2 in Chapter 2A of Title 31 to establish the "Positive Alternatives for Pregnancy and Parenting Grant Program" to be administered and overseen by the Department of Public Health. The article is proposed to be placed on the ballot as a Constitutional Amendment. The purpose is to promote healthy pregnancies and childbirth by awarding "grants to nonprofit organizations that provide pregnancy support services." There were a number of questions concerning this bill which is supported by the pro-life community. Sen. David Shafer (R-Duluth) applauded Sen. Unterman for bringing the bill. Sen. Bill Cowser (R-Athens) requested some amendments which were adopted and the bill passed by voice vote with one no vote. Sen. Unterman intends to insert funding in the State budget for these centers (there are 70 of the pregnancy centers around the State) and her goal is to provide \$2 million in State funds.

House Insurance Committee – Administration and Licensing Subcommittee (Tuesday, 02/09)

Chairman Jason Shaw (R-Lakeland) and members of his Subcommittee heard two proposals this afternoon. Rep. John Carson (R-Marietta) presented HB 784 which addresses what is to be considered as an "unfair trade practice" in the insurance business when insurers provide promotional items (such as gift cards and the like) to existing clients as currently such practice is against the law. These "gifts" are to be limited to \$100 or less. There were questions to Rep. Carson on whether such action was considered to be a reduction in premium; no, these gifts are not. Another question addressed whether these were to be provided to all clients/customers or who? Rep. Carson stated that that language could be cleaned up some. Rep. Bruce Williamson (R-Monroe) inquired if this was considered an "enticement" or "rebate." Rep. Carson stated the intention was to protect agents. Emily Bagwell, an attorney representing Allstate, stated that Georgia law does not allow these gifts to be given by insurers to customers but there is an exception for food and drink. Most states (actually 32) have a de minimis exception and other professions are not precluded from handing out small gifts. A substitute is being crafted by the author and will come back to the Subcommittee.

The other bill before this Subcommittee, HB 555, was by Rep. Joyce Chandler (R-Grayson) which is to require that juvenile courts report information on abortions without parental permission. Rep. Chandler stated that this was a "numbers" bill and no names would be reported by the court. It is to determine how many abortions are allowed, how many are denied, how many are appealed, how many are granted on appeal and how many are denied upon appeal. The total numbers will be shared with the Department of Public Health and records would be destroyed after six months. Rep. Chandler stated that there was no current understanding on the numbers of adolescent abortions being done without parental permission. Current law permits a juvenile to petition the judge and that judge has five days within which to hold a hearing and then render a decision in 48 hours once the hearing is held; that information is not subject to open records laws. Rep. Sam Teasley (R-Marietta) stated that he liked her original legislation rather than the Substitute as it addressed loopholes in the Right to Know Act. The legislation passed by Substitute after the author's brief presentation and some questions.

House Health and Human Services Committee (Tuesday, 02/09)

HB 783 by Rep. Bruce Broaderick (R-Dalton) passed as the annual update to the controlled substances provisions. It passed by substitute and had removed certain polymers and salts from the list that Rep. Margaret Kiser (D-Atlanta) had requested.

HB 826 by Rep. Regina Price (R-Roswell) relating to advertising of board certified status by physician was up first. Dr. Alex Gross of the Composite Board of Medical Examiners testified for the bill and indicated that the Board regularly dealt with issues advertising their board certification status when they had not qualified by examination before the appropriate entity. The new bill requires that the certification be in one of the specialties examined by the American Board of Medical Specialties or the American Osteopathic Association. It passed unanimously.

HB 588 was presented by its author Rep. Valerie Clark (R-Lawrenceville). The Committee passed this legislation by Committee Substitute but not until Chairman Sharon Cooper (R-Marietta) reminded folks in the audience that the legislation had been introduced in 2015 and that lobbyists needed to bring their amendments to this Committee and not wait until the legislation made it to the House Rules Committee, as HB 588 had already passed out of the House Health and Human Services Committee and had been recommitted. The legislation addresses the sale of pseudoephedrine products and the real-time tracking of sales of medications containing such drug.

HB 902, by Rep. Katie Dempsey (R-Rome), moved swiftly after some questions from the Committee. Her legislation requires in O.C.G.A. § 31-7-21 that assisted living entities provide residents educational information on the influenza disease. It does not require assisted living facilities to provide the vaccine to its residents. There were some questions by Rep. Ed Rynders (R-Albany) on how the requirements for this education would occur. He was interested in annual inspections of these facilities and whether this would be a gradable offense and a facility could be penalized. Rep. Jesse Petrea (R-Savannah) jumped into the discussion and indicated that the Health Facility Regulation Division within the Department of Community Health will require the facilities to "check a box" and it will require a patient to sign off on a form and that form will be placed into the patient's records. When the Health Facility Regulation Division makes an annual inspection, those records will be reviewed. After these questions, the legislation passed with a do pass recommendation.

Next up, the Committee heard HB 886 by Substitute. Rep. Sharon Cooper (R-Marietta) authored this legislation to address State Board of Pharmacy Rules which were "extra" and not also required of drug manufacturers and wholesalers for mailing medications. Al Carter with CVS was on hand to help answer questions from the Committee. There were remarks and inquiries around the use of temperature strips for medications. Mr. Carter indicated that it was the intent to use USP Standards. Rep. Rusty Kidd (I-Milledgeville) inquired if the legislation would impact how hemophilia drug products are currently mailed and/or how Kaiser Permanente mails its maintenance medications to its enrollees. Mr. Carter and Chairman Cooper both said no. Rep. Buddy Harden (R-Cordele) asked about stolen products and how those were handled; his line of questioning followed some inquiries by fellow pharmacist and Committee member, Rep. Bruce Broaderick (R-Dalton). There are very few drugs ever stolen; signature is required for receipt of these mailed products. Rep. Matt Hatchett (R-Dublin) moved do pass on the Substitute; his motion carried and the bill moves to the House Rules Committee.

Senate Health and Human Services (Wednesday, 02/10)

The Committee took up two bills. Sen. Larry Walker (R-Perry) presented his first bill, SB 337. It permits dependents of military service personnel to remain eligible for medical assistance and disability services in certain circumstances if they have left Georgia due to their parent or spouse serving on active duty and to not be disqualified because of temporary absence from Georgia. The bill does not permit Georgia payments for waiver services while the eligible person is out of Georgia unless federal law otherwise permits that. The bill sailed through Committee and the Committee congratulated new Sen. Walker.

Next, the Committee considered SB 319 by Sen. Lester Jackson (D-Savannah) and passed it on a tie vote that Committee Sen. Unterman broke to send the bill to the Rules Committee. The bill amends the definition of professional counseling in O.C.G.A. 43-10A to add an authorization to diagnose mental and emotional problems for counselors who have experience and training in treating mental illnesses and disabilities. Sen. Jackson labeled the bill as one not changing any existing scope of practice, but as necessary to keep counseling practices in business because insurance companies were refusing to pay for services unless counselors had a power to diagnose in their scope of practice. He introduced Savannah counselor Dr. Tommy Black who supported the bill and runs a large practice in Savannah whose claims had been audited by Amerigroup. He also testified that Tricare and the Department of Defense were changing their reimbursement rules to require a diagnosis of medical necessity before paying for counseling services. He testified that the bill was necessary to assure rural access to services for

Medicaid patients in areas that did not have sufficient psychologists or LCSWs to evaluate and diagnose patients. Representatives of the Georgia Psychological Association and National Association of Social Workers Georgia Chapter testified against the bill because the training currently required for diagnosing mental illnesses for professional counselors is not as intense as that for the other mental health professionals. The representative of the psychologists also urged that the definition of psychological testing be inserted in the statute before diagnostic powers were granted to professional counselors and that more graduate level training should be required before a counselor is authorized. The lobbyist for the marriage and family therapists testified for the bill, as did a counselor who previously worked for DBHDD, and urged that the Georgia settlement agreement with the federal Department of Justice would be disrupted if counselors did not have diagnostic authority. The witnesses were extensively questioned by Senators Orrock, Hufstetler, Butler and Kirk. Sen. Orrock urged that the bill be held for a week to push a compromise among the counselors and psychologists. The Chair called for a vote, but indicated she would consider the compromise evolving in the House.

House Insurance Committee (Wednesday, 02/10)

Chair Richard Smith (R-Columbus) convened an early morning meeting Wednesday, February 10 to hear five bills, which all passed. Rep. Joyce Chandler (R-Grayson) presented HB 555 that requires the juvenile courts to report annually to the Administrative Offices of the Courts the number of petitions by women under 18 seeking approval of abortions without parental or guardian approval and the disposition of the cases. The collection of results would not contain names of the petitioners and would be destroyed at the end of six months after reporting. There was spirited and emotional discussion of the need for the bill, but it passed by voice vote with one dissent.

Rep. Darlene Taylor (R-Thomasville) presented three bills that change financial reporting requirements in the current Insurance Code to comply with new NAIC standards: HB 882, HB 883, and HB 884. These bills help avoid duplicate filings by insurers in other states because the Georgia standards are not in compliance with the NAIC standards used by other states. HB 882 relates to securities that may be held by insurers for investment, HB 883 to capital reserve requirements, and HB 884 adds a broader definition of a health care organization who must report to the Commissioner of Insurance.

The Committee next held a spirited discussion of HB 838 brought by Rep. Shaw Blackmon (R-Bonaire) relating to mandatory insurance broker commissions on health insurance exchange commissions. The bill is vigorously supported by House Rules Chair John Meadows (R-Cartersville) who wishes to backstop reductions in broker commissions for the less expensive ACA exchange products that smaller companies seek. It applies to health insurance products sold to companies with fewer than 50 employees. He and Rep. Blackmon presented the bill as protecting struggling small businesses, namely smaller insurance agencies who are helping companies shop for the best coverage. The substitute bill establishes a minimum 5% commission on the cost of the policy to the insured, but exempts policies sold during special enrollment periods (following disqualification of an insured from coverage under ERISA and ACA) from the requirement. The mandate does not base the commission on the cost of the policy including any subsidy provided by the federal government. There were numerous questions about the practices of the health insurance industry in regard to commissions, but the bill readily passed by unanimous voice vote, under the diligent tutelage of the Rules Committee Chair.

House Judiciary Non-Civil (Wednesday, 02/10)

This Committee took up HB 827, which addresses the large amount of untested rape kits that are still on shelves throughout the State. This bill was supported by victims' rights advocates and the Georgia Hospital Association. Rep. Scott Holcomb (D-Atlanta) presented the bill. Section B requires law enforcement to retrieve rape kits within 48 hours of when they are taken. Kits must be transferred to GBI within 30 days of receipt. Chairman BJ Pak (R-Lilburn) indicated that the statute of limitations relating to the length of time kits may be held could be addressed next session.

This bill also requires law enforcement to keep a log of all kits received and requires the GBI to create a report to be shared with the General Assembly which reports on the number of outstanding rape kits. This bill does not require kits be tested and that decision will be left up to the GBI. Without opposition, HB 827 received a do-pass recommendation.

Legislation Tracking

Bill	Committees	Status	Analysis
HB19	HC:	Dec/03/2014 - House Prefiled	Rep. Terry Rogers (R-Clarksville), would amend O.C.G.A. § 40-5-100, to require the Department of Driver Services to make the name, date of birth, and most recent address of anatomical gift donation program participants available to federally designated organ procurement organizations. This information is to be used in the establishment of a state-wide organ donor registry accessible to organ tissue and eye banks. Each application for issuance, reissuance, or renewal shall include a voluntary contribution of \$1 to the Department of Public Health to be used for the purposes of preventing blindness and preserving the sight of Georgia's citizens.
HB28	HC:	Dec/29/2014 - House Prefiled	Rep. Ronnie Mabra (D-Fayetteville), would create O.C.G.A. § 43-34-46 to require medical patients who are prescribed Schedule II or III pain relief substances for 90 consecutive days or greater to participate in a counseling program meant to educate and advise concerning the risks of addiction to prescribed substances. Officially called "Opioid Education and Pro-Active Addiction Counseling," the program would not cost more than \$100.00 per session to the patient. HB 28 would amend O.C.G.A. § 43-2-34.
HB701	HC: Education	Jan/12/2016 - House Second Readers	Rep. David Casas (R-Duluth), amends O.C.G.A. § 20-2-144(a) to require that each local board of education prescribe mandatory instruction concerning alcohol and other drug use such that each local board of education provide a minimum of 12 hours of alcohol and drug use prevention curricula every year in every grade from grade three through grade 12. This instruction would be determined by the State Board of Education as it currently is done; also, now, Georgia requires such alcohol and drug use prevention instruction every year in every grade from kindergarten through the 12 th grade so this law eliminates such instruction for early grades.

Bill	Committees	Status	Analysis
HB722	HC: Judiciary Non-Civil	Jan/14/2016 - House Second Readers	Rep. Allen Peake (R-Macon), amends Title 31 by repealing O.C.G.A. § 31-2A-18 in order to establish a patient registry system for patients who use medical cannabis. The bill would create a new chapter at O.C.G.A. § 31-2B-1. It increases the number of qualifying medical conditions to 17, to include: Cancer (end stage); Mitochondrial disease; Parkinson's disease; Sickle cell disease; Glaucoma; Human immunodeficiency virus or acquired immune deficiency syndrome; Tourette's syndrome; Amyotrophic lateral sclerosis; Seizures; Severe muscle spasms; Crohn's disease, ulcerative colitis, or irritable bowel syndrome; Epidemolysis bullosa; Terminal illness, with probable life expectancy of under one year so long as the pain is severe or the patient has been experiencing severe nausea or cachexia; Post-traumatic stress disorder; Intractable pain; Autism spectrum disorder; Alzheimer's disease; or any other medical condition or its treatment approved by the commissioner.
HB762	HC: Judiciary	Feb/10/2016 - House Committee Favorably Reported By Substitute	Rep. Wendell Willard (R-Sandy Springs), relates to disposal of aborted fetuses and the reporting requirements in O.C.G.A. § 16-12-141.1(a)(2) to require that "each hospital, clinic, and laboratory shall report the manner in which it disposes of the aborted fetus. Such reports shall be made annually to the Department of Public Health by December 31 and whenever the method of disposal changes. The commissioner of public health shall provide forms for reporting under this paragraph." Further, it alters O.C.G.A. § 16-12-160 concerning the buying, selling or offering to buy or sell a human body or parts thereof and it adds in (c)(2) that "any natural person who buys or sells, offers to buy or sell, or assists another in buying or selling or offering to buy or sell an aborted human fetus or any part thereof in violation of subsection (a) of this Code section shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for five years." Another change is added in O.C.G.A. § 44-5-154, "Georgia Revised Uniform Anatomical Gift Act," adding that a person, who for valuable consideration knowingly purchases or sells an aborted human fetus or a part of an aborted fetus for any purpose, is to be punished in accordance with O.C.G.A. § 16-12-160.
HB775	HC: Regulated Industries	Feb/09/2016 - Senate Read and Referred	Rep. Earl Ehrhart (R-Powder Springs), amends O.C.G.A. § 31-12-12, addressing control of hazardous conditions, preventable diseases, and metabolic

Bill	Committees	Status	Analysis
			<p>disorders, to provide for the restrictions on the sale and dispensing of spectacles (it does define the term "spectacles" – essentially lenses to correct or enhance vision). Further, it proposes that no person in Georgia shall write a prescription for contact lenses or spectacles except persons who are licensed and regulated by Chapter 30 or 34 of Title 43 and no person in Georgia shall write a prescription for contact lenses or spectacles unless an eye examination is performed by such person – the prescription must take into consideration any medical findings and any refractive error discovered during the eye examination.</p>
HB776	HC: Insurance	Jan/21/2016 - House Second Readers	<p>Rep. Sharon Beasley-Teague (D-Red Oak), adds a new Code Section at O.C.G.A. § 33-24-59.20. It prohibits any health benefit policy which issued, delivered or renewed in Georgia, as a provision of its hospital, medical, or surgical services, and directly or indirectly covers the treatment and management of achalasia, from limiting or excluding coverage of a peroral endoscopic myotomy surgical treatment on the basis that such surgical treatment is an experimental or investigational medical treatment. This would apply to the State's health plan and Medicaid plan.</p>
HB780	HC: Health & Human Services	Feb/09/2016 - Senate Read and Referred	<p>Rep. Jodi Lott (R-Evans), relates to clinical laboratories and amends O.C.G.A. § 31-22-1(2) so as to exempt certain clinical laboratories from State licensure. It adds language, "The term 'clinical laboratory' shall not include laboratories which are nondiagnostic only and regulated pursuant to the federal Clinical Laboratory Improvement Amendments (CLIA) whose sole function is to perform examination of human blood or blood components intended as source material for the manufacture of biological products."</p>
HB783	HC: Health & Human Services	Feb/10/2016 - House Committee Favorably Reported By Substitute	<p>Rep. Bruce Broadrick (R-Dalton), amends Chapter 13 of Title 16 to provide for an "annual update" to Georgia's dangerous drug list relating to Schedules I and IV controlled substances. Additionally, it adds in O.C.G.A. § 16-131-71 a new subsection (b.1) to provide for the creation of a "restricted dangerous drug list." This is "any other drug or substance declared by the General Assembly to have no medical use, which cannot be legally prescribed by a practitioner, and which cannot be manufactured, grown, produced, distributed, used, or otherwise possessed in this state; to include any of the following drugs, chemicals, or</p>

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			<p>substances: salts, isomers, esters, ethers, or derivatives of such drugs, chemicals, or substances which have essentially the same pharmacological action; and all other salts, isomers, esters, ethers, and compounds of such drugs, chemicals, or substances unless specifically exempted, identified as restricted dangerous drugs: (1) mitraynine; (2) 7-hydroxymitragynine; (3) genus <i>Mitragyna</i>; (4) salvinorin A; and salvia divinorum – except as otherwise provided for in paragraph (4.3) of Code Section 16-13-72."</p>
HB810	HC: Health & Human Services	Jan/26/2016 - House Second Readers	<p>Rep. Spencer Frye (D-Athens), proposes to address Georgia's laws on health records and the costs associated with copying and mailing of health records. It clarifies in O.C.G.A. § 31-33-3(a) that a party requesting the patient's records shall be responsible to the provider for the costs of copying and mailing the patient's record – "however, that the provider shall not be permitted to charge any fees for a request which includes only the patient's medical bill or billing statement with that provider." It also amends O.C.G.A. § 31-33-8(f) which currently addresses electronic records so that "except as provided otherwise under federal law, upon receiving request for a copy of a record from a patient or an authorized person under Code Section 31-33-3, a provider shall provide copies of the record in either tangible or electronically stored form." This change allows that if a record "is provided via electronic mail, no copying costs shall be imposed pursuant to Code Section 31-33-3 on the party requesting the record."</p>
HB823	HC: Appropriations	Jan/26/2016 - House Second Readers	<p>Rep. Stacey Abrams (D-Atlanta), adds a new code section to create the "Expand Medicaid Now Act" at O.C.G.A. § 49-4-158. It provides for the authorization of the appropriations for the purposes of obtaining federal financial participation for Medicaid payments to providers under the federal Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010. It establishes that such appropriations authorization "shall provide a maximum amount of 138 percent of the federal poverty level."</p>
HB826	HC: Health & Human Services	Feb/10/2016 - House Committee Favorably Reported By Substitute	<p>Rep. Betty Price (R-Roswell), addresses medical practice advertisements and adds a new Code Section at O.C.G.A. § 43-34-22.1. It prohibits a physician from advertising himself or herself out to the public in any manner as being certified or board certified in any</p>

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			<p>specialty or subspecialty by a public or private board, including a multidisciplinary board unless:</p> <ol style="list-style-type: none"> 1) The advertisement or publication states the full name of the certifying board; and 2) Such certifying board either: <ul style="list-style-type: none"> Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or Requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education or the American Osteopathic Association that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the American Board of Medical Specialties or the American Osteopathic Association board for that training field, and further successful completion of an examination in the specialty or subspecialty certified.
HB838	HC: Insurance	Feb/10/2016 - House Committee Favorably Reported	<p>Rep. Shaw Blackmon (R-Bonaire), seeks to add a new Code Section at O.C.G.A. § 33-24-59.20 which requires that any insurance carrier which issues a health benefit plan through an insurance agent in Georgia to fairly compensate that agent for his or her ongoing services. "Each carrier that issues, enrolls, or delivers health benefit plans through an agent in this State who reviews coverage and provides ongoing customer service shall compensate such agent a minimum of 5 percent of collected premiums. This compensation shall be a minimum of 5 percent of the carrier's collection of premiums for the life of each policy which shall include the first year and each renewal contract year thereafter." The provisions will not apply to health benefit plans sold through agents to "large employers" ("any person, firm, corporation, partnership association, political subdivision, or sole proprietor that is actively engaged in a business that, at the time of a health benefit plan application, employed more than 50 eligible employees on at least 50 percent of its working days during the preceding calendar quarter and for which exists a bona fide employer-employee relationship"). Large employer qualifiers are included as well – companies which are affiliated companies or companies eligible to file combined tax returns for State taxation are to be considered as one employer and the size of the employer is to be determined annually prior to the issuance of the health benefit plan.</p>

Bill	Committees	Status	Analysis
HB852	HC: Health & Human Services	Jan/28/2016 - House Second Readers	Rep. Debbie Buckner (D-Junction City), adds a new Code Section at O.C.G.A. § 49-4-153.1 which will be known as the "Bridging the Military Health Care Gap Act." The Department of Community Health is to administer the State plan in a manner which liberally construes eligibility requirements to provide that active duty service members may use their State of legal residence to register their family members – this would also include military families transitioning out of military service.
HB853	HC: Health & Human Services	Feb/03/2016 - House Committee Favorably Reported By Substitute	Rep. Lee Hawkins (R-Gainesville), addresses the "Coverdell-Murphy Act" found at O.C.G.A. § 31-11-110 et seq. to update the current system of levels of "certified stroke centers" in an effort to reflect advances in stroke treatment and therapy. The Department of Public Health is to establish additional levels in consultation with the Georgia Coverdell Acute Stroke Registry. It is estimated that 800,000 new and recurrent strokes occur each year in the United States.
HB866	HC: Insurance	Feb/10/2016 - Senate Read and Referred	Rep. Shaw Blackmon (R-Bonaire), addresses Chapter 50 of Title 33 and specifically O.C.G.A. § 33-50-3. This proposal concerns multiple employer self-insured health plans and will exempt those from the payment of premium taxes on the plan's net premium.
HB875	HC: Insurance	Feb/02/2016 - House Second Readers	Rep. Lee Hawkins (R-Gainesville), addresses Chapter 24 of Title 33 to require issuers of health benefit policies to provide certain information to enrollees and establish certain processes and limits relating to specialty drugs at O.C.G.A. § 33-24-59.20. If passed, this provision will be known as the "Patient Access to Specialty Tier Drugs Act." "Specialty drug" is defined as "any generic or brand name drug which may be identified by an issuer of a health benefit policy as a high cost drug used to treat complex or rare medical conditions." It is to ensure that a copayment, coinsurance or other form of cost sharing for a covered specialty drug for an individual prescription not exceed \$200.00 for 30 day supply; \$1,000.00 per insured; and \$2,000.00 per insured family per plan year; make available standardized definitions of drug tiers, posted on the website with drug formularies, drug costs, prior authorization information and other key resources and establish a dedicated pharmacy consumer service phone line for advocates, physicians and prospective consumers to call for inquires; establish an exception

Bill	Committees	Status	Analysis
			approval process; and ensure that prior authorization approvals for specialty drugs not be changed for the duration of the plan year.
HB884	HC: Insurance	Feb/10/2016 - House Committee Favorably Reported	Rep. Darlene Taylor (R-Thomasville), also addresses insurance and risk-based capital levels. It specifically amends O.C.G.A. § 33-56-3(a)(1)(D) and adds: If a health organization has total adjusted capital which is greater than or equal to its company action level RBC but less than the product of its authorized control level RBC and 3.0 and triggers the trend test determined in accordance with the trend test calculation included in the health RBC instructions.
HB885	HC: Governmental Affairs	Feb/10/2016 - House Committee Favorably Reported	Rep. Jan Jones (R-Milton), seeks to repeal O.C.G.A. § 31-3-2.1 which would remove the option for certain counties to create a county board of health and wellness by ordinance.
HB886	HC: Health & Human Services	Feb/10/2016 - House Committee Favorably Reported By Substitute	Rep. Sharon Cooper (R-Marietta), amends O.C.G.A. § 26-4-60(a), relating to the employing of mails or common carriers to sell, distribute, and deliver prescription drugs. It removes the ability of the State Board of Pharmacy to promulgate a list of medications which may not be delivered by mail and instead would require shipping methods be in accordance with "recognized standards." It will permit a pharmacy mailing medications to use temperature tags, time temperature strips, insulated packaging or a combination of these.
HB892	HC: Agriculture & Consumer Affairs	Feb/08/2016 - House Second Readers	Rep. Tom Kirby (R-Loganville), addresses Chapter 12 of Title 24 regarding medical and other confidential information to repeal current law found in O.C.G.A. § 24-12-31 which addresses specifically veterinarian records. Also, it amends O.C.G.A. § 4-11-17(a) regarding veterinary reporting of animal cruelty – eliminating the cross reference to the veterinarian records section, O.C.G.A. § 24-12-31.
HB894	HC: Ways & Means	Feb/08/2016 - House Second Readers	Rep. Mike Dudgeon (R-Johns Creek), relates to development impact fees in O.C.G.A. § 36-71-1 and his amendment seeks to allow development impact fees for education and its process for these fees is provided for in O.C.G.A. § 31-71-20 et seq. It defines "educational development impact fees" as "development impact fees that are imposed to pay for a share of the cost of

Bill	Committees	Status	Analysis
			<p>additional educational facilities to serve new growth and development in the same area in which such fees are imposed." Each local board of education which is a "high growth school system" may by public resolution adopted by the board impose, levy, and collect development impact fees within any area of its school system which has had enrollment growth of at least 15 percent over the preceding five-year period. It further requires that an "educational development impact fee advisory committee" be created – each member of the local board of education may appoint one individual and two members are to be appointed by the county board of commissioners where the school system is located (or by two members of the governing authority for the municipality if an independent school system). This committee is to recommend in a formal report provided to the local board of education how the fees will be used to offset bonded indebtedness, educational special purpose local option sales taxes, millage rates, and other tax burdens on the systems in that school system area. If accepted by the board, then it is to be sent to the local government and it has 60 days to provide written comments on the report – after that time, the local board of education may adopt a resolution outlining a plan for tax reduction/prevention.</p>
HB897	HC: Health & Human Services	Feb/08/2016 - House Second Readers	<p>Rep. Betty Price (R-Roswell), adds a new Article 10 in Chapter 8 of Title 31 to provide for the establishment and operation of a drug repository program to accept and dispense unused prescription drugs - this would be done by the Department of Community Health in consultation with the Board of Public Health. This repository program could accept and dispense prescription drugs donated for the purpose of being dispensed to individuals who are Georgia residents and meet eligibility standards to be established by the Board of Community Health. The legislation outlines the types of prescription drugs to be accepted and dispensed (liquid and the vial is sealed and properly stored; individually packaged and the packaging has not been damaged; or in original, unopened, sealed, and tamper-evident unit dose packaging). Individuals, drug manufacturers, or healthcare facilities may donate prescription drugs to this program – taken to a pharmacy, hospital or nonprofit clinic which elects to participate and meets criteria for participation. It adds at O.C.G.A. § 31-8-303 that a person, pharmacy, drug manufacturer, or healthcare facility or any government entity which donates or gives drugs to the program is not subject to liability in tort or other civil action for</p>

Bill	Committees	Status	Analysis
			injury, death, or loss to person or property. It also adds immunity from liability for the pharmacy, hospital, or nonprofit which accepts or dispenses the drugs and the healthcare professional who accepts or dispenses drugs under the program on behalf of a pharmacy, hospital, or nonprofit clinic and the pharmacy, hospital, or nonprofit clinic employs or otherwise uses the services of such healthcare professional. It adds immunity for the Boards of Community Health and Public Health.
HB900	HC: Health & Human Services	Feb/08/2016 - House Second Readers	Rep. Sharon Cooper (R-Marietta), relates to the electronic database of prescription information. It authorizes the retention of this information for two years – currently, it permits the agency to retain aggregated prescription information for a period of one year from the date the information is received in O.C.G.A. § 16-13-59(e). It also amends O.C.G.A. § 16-13-60 concerning confidentiality, use of data and security and does permit that there is nothing to prohibit the agency from accessing prescription information as a part of an investigation in suspected or reported abuses or regarding illegal access of the data. It also amends who the agency is permitted to provide information to on prescription information and includes delegates authorized to prescribe or dispense controlled substances. It also adds that it is permitted to provide information to federal law enforcement or prosecutorial officials pursuant to the issuance of a search warrant pursuant to 21 U.S.C. or a grand jury subpoena pursuant to 18 U.S.C. and also extends further to State regulatory governing prescribers or dispensers and Department of Community Health (for purposes of the Medicaid program).
HB902	HC: Health & Human Services	Feb/10/2016 - House Committee Favorably Reported	Rep. Katie Dempsey (R-Rome), adds a new Code Section at O.C.G.A. § 31-7-21, concerning regulation of hospitals and related institutions. Her proposal is that each assisted living community is to annually provide to each of its residents (no later than September 1 of each year) educational materials on influenza – it is not a requirement that the assisted living facility provide or pay for any vaccination.
HB907	HC: Judiciary Non-Civil	Feb/08/2016 - House Second Readers	Rep. Paulette Rakestraw (R-Powder Springs), amends Titles 16 and 26 regarding the sale or distribution to, or possession by, minors of cigarettes and tobacco related objects and food, drugs, and cosmetics. The purpose

Bill	Committees	Status	Analysis
			<p>is to safeguard public health, safety, and welfare by controlling and regulating the manufacture, production, distribution and sale of e-liquids and vapor pens. It amends O.C.G.A. § 16-12-170 and incorporates added definitions for "electronic cigarette," "e-liquid," and "vapor pens." It adds a new Chapter 3A in Title 26 with added powers and duties for the Commissioner of Agriculture – which will include the audit of random samples maintained by manufacturing facilities of e-liquids as well as to license the manufacturing of these products. At O.C.G.A. § 26-3A-5, it outlines prohibited acts in the manufacturing, delivery for sale, holding, storage, or offering for sale of e-liquids which are adulterated or misbranded, etc. At O.C.G.A. § 26-3A-6, it requires the manufacturing license which once issued is good for two years and what is also required in the application for such license. O.C.G.A. § 26-3A-7 outlines license renewal requirements. O.C.G.A. § 26-3A-13 outlines what these manufacturing facilities are to comply with and O.C.G.A. § 26-3A-14 lists what the e-liquids may be composed of (in terms of ingredients such as vegetable glycerol or vegetable glycerin, nicotine, etc.). The Commissioner of the Department of Agriculture is to promulgate rules and regulations in O.C.G.A. § 26-3A-16. There are provisions for crimes such as knowingly introducing e-liquids which have been manufactured that would cause the e-liquids to be "adulterated" (which is outlined in O.C.G.A. § 26-3A-17). Civil and criminal penalties are also enumerated in this proposal for such actions including misbranding products. Advertising of these products is outlined in O.C.G.A. § 26-3A-19.</p>
HB910	HC: Health & Human Services	Feb/09/2016 - House Second Readers	Rep. Spencer Frye (D-Athens), would amend O.C.G.A. § 31-33-3 to provide that the provisions relating to the costs of copying and mailing patient records now applies to psychiatric, psychological, and other mental health records of a patient.
HB916	HC: Health & Human Services	Feb/09/2016 - House Second Readers	Rep. Dustin Hightower (R-Carrollton), would amend O.C.G.A. § 26-4-118 by removing an exception relating to audits conducted by the Department of Community Health. A new Code section would be added at 49-4-151.1 to provide that a clerical or record-keeping error done by a provider, regarding reimbursement for medical assistance, shall not constitute fraud or constitute a basis to recoup full payment for the provided assistance. No recoupment of the costs shall be allowed except in cases when the error resulted in

Bill	Committees	Status	Analysis
			<p>overpayment, though the recoupment would be limited to the amount overpaid. A provider has 30 days of the receipt of notice of the error to complete the documentation.</p> <p>A new code Section would also be added at 50-1-10 to require that no State agency that provides reimbursement to another entity shall establish any rules requiring full withholding of reimbursement for any clerical or record keeping-error. Such errors include typographical errors, scrivener's errors, or computer errors, etc. Any such error would not in and of itself constitute fraud. No withholding of reimbursement shall be allowed if the error has been resolved in accordance with subsection (b), provided that recoupment shall be allowed if the error resulted in overpayment. In this case, recoupment shall be limited to the amount overpaid. An entity would be afforded the right to a hearing in accordance with the 'Georgia Administrative Procedure Act' in Chapter 13 of Title 50 to address any attempted withholding of reimbursement by such State agency relating to an error in documentation.</p>
HB919	HC: Ways & Means	Feb/09/2016 - House Second Readers	<p>Rep. Duncan, provides that the Department of Public Health would need to approve and maintain a list of rural health care organizations in the State. A 'rural health care organization' is an organization certified by the Department of Public Health that is in a rural county; participates in both Medicaid and Medicare programs; provides health care services to indigent patients; and receives at least 25 percent of its gross net revenue from treating indigent patients. A new Code Section O.C.G.A. § 48-7-29.20 would be created to allow for an income tax credit in support of a rural health care organization. For a single individual, this tax credit would be either 90 percent of the amount expended, or \$2,500 per tax year, whichever is less. In the case of a married couple, the credit would be either 90 percent of the amount expended, or \$5,000 per tax year, whichever is less. A corporation shall be allowed a credit not to exceed 90 percent of the actual amount expended or 75 percent of the corporation's income tax liability, whichever is less. This tax credit shall not exceed the taxpayer's income liability.</p>
HB944	HC: Health & Human Services	Feb/10/2016 - House Second Readers	<p>Rep. Sheri Gilligan (R-Cumming), seeks to amend O.C.G.A. § 31-7-16, regarding determination or pronouncement of death of a patient who died in a nursing home facility, so as to not require that if that patient is a registered organ donor, then only a</p>

Bill	Committees	Status	Analysis
			<p>physician may make that determination or pronouncement of death. It also amends O.C.G.A. § 31-7-176.1, regarding determination or pronouncement of death of patients in hospice care, so that they no longer must be pronounced dead by a physician if the hospice patient is a registered organ donor. It also amends O.C.G.A. § 31-10-16(a) to address criteria for determining death and immunity from liability and makes conforming changes so that a physician assistant and registered professional nurse may pronounce individuals deaths.</p>
HB965	HC: Insurance	Feb/11/2016 - House Second Readers	<p>Rep. Mike Cheokas (R-Americus), seeks to enact "The Honorable Jimmy Carter Cancer Treatment Access Act." It would amend O.C.G.A. § 33-24-59.20 to provide that no health benefit plan shall require an insured to fail to successfully respond to a drug for stage four advanced, metastatic cancer prior to the approval of a drug prescribed by his or her physician. Use of such drug would need to be consistent with best practices for the treatment of stage four, metastatic cancer and be supported by peer reviewed medical literature.</p>
HB975	HC: Insurance	Feb/11/2016 - House First Readers	<p>Rep. Jason Shaw (R-Lakeland), revises Georgia's Insurance Code and specifically O.C.G.A. § 33-10-13 to provide for updates to the standard valuation law as it relates to the reserve requirements for companies allowed to opt out of the principal-based reserves standards. It permits them to hold reserves based on mortality tables and interest rates defined by the valuation manual for net premium reserves and using the methodologies described in O.C.G.A. § 33-10-13(g) through (m) as they apply to ordinary life insurance in lieu of the reserves required in O.C.G.A. §33-10-13(o) and (p) under certain conditions (for instance the insurer is a member of a group of life insurers and they have combined premiums less than \$600 million).</p>
HB981	HC:	Feb/11/2016 - House Hopper	<p>Rep. Jay Powell (R-Camilla), amends O.C.G.A. § 48-5-41, to provide that for-profit corporations that participate in the indirect ownership of a home for the mentally disabled for primarily financial purposes, shall not operate to disqualify such home for a property tax exemption.</p>

Bill	Committees	Status	Analysis
HB1000	HC:	Feb/11/2016 - House Hopper	Rep. Darlene Taylor (R-Thomasville), amends Article 1 of Chapter 18 of Title 45, by adding a new code section at 45-18-6.1 which would provide for an annual independent audit of pharmacy benefits managers. Under this new code section, an independent entity would perform an annual audit of the claims processing of pharmacy benefit managers who are contracted to provide pharmacy claims processing for the state health insurance plan. Notwithstanding code section 45-18-19, such pharmacy benefits managers would be required to make all claim forms and other records available to this independent entity. Any pharmacy benefits manager found in violation would become ineligible to contract with the board in the future.
HR1254	HC: Health & Human Services	Feb/08/2016 - House Second Readers	Rep. Mickey Stephens (D-Savannah), encourages Medicaid care management organizations operating in Georgia to cover certain attention deficit hyperactivity disorder medications. This Resolution is seeking to have WellCare, in particular, cover Vyvanse, as more than 7,000 children were impacted when WellCare removed the medication from its Preferred Drug Listing for Medicaid patients in the State.
HR1306	HC:	Feb/08/2016 - House Read and Adopted	Rep. Katie Dempsey (R-Rome), recognizes Georgia's pregnancy resource centers. There are 70 such centers in the State providing care to women and men facing unplanned pregnancies, including resources to meet their physical, psychological, emotional, and spiritual needs.
SB9	SC:	Dec/18/2014 - Senate Prefiled	Sen. Valencia Seay (D-Riverdale), would amend O.C.G.A. § 20-2-911 and create a new Code Section at O.C.G.A. § 45-18-22 to require that the Board of Community Health reopen the 2014 open enrollment period, no more than two weeks after this legislation's effective date. This would permit employees, whose elected medical claims administrator declared a major medical facility as being out of their network, to elect coverage under a different administrator. O.C.G.A. § 45-18-22 would define 'defaulting medical claims administrator' as the administrator who declared such a facility to be out of the network. It also defines 'open enrollment period for 2014' as the period that was between October 27, 2014 and November 14, 2014.

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SB254	SC: Judiciary Non-Civil	Jan/12/2016 - Senate Read and Referred	Sen. Harold Jones II (D-Augusta), amends O.C.G.A. § 16-13-2 to provide that possession of marijuana constitutes a misdemeanor. It further amends Titles 15 and 16 and O.C.G.A. § 17-7-72 and O.C.G.A. § 36-32-6, to conform cross references.
SB265	SC: Insurance and Labor	Jan/13/2016 - Senate Read and Referred	Sen. Judson Hill (R-Marietta), creates a new Code Section at O.C.G.A. § 33-7-2.1 to clarify that a "physician agreement" is not considered to be an insurance arrangement or agreement and is not subject to state insurance laws, so long as the direct financial relationship with a patient does not exceed a fee of \$6,000,000 (adjusted for inflation). Physicians who enter into a physician agreement would not be required to obtain a certificate of authority or license other than to maintain a current license to practice medicine in Georgia. To be considered a "physician agreement," the agreement shall be in writing; be signed by a physician, physician agent or legal representative; allow either party to terminate such agreement upon written notice within 30 days; describe the scope of services covered by the periodic fee; specify the periodic fee and any other fees; specify the duration of such agreement and any automatic renewal periods no more than 12 months of the period fee; and state in writing that such agreement is not considered to be "health insurance". The bill further holds that a physician may decline to accept a patient if the person's condition is untreatable. Physicians may also discontinue care for a patient under a physician agreement if 1) the patient fails to pay the periodic fee; 2) the patient has performed an act of fraud; 3) the patient fails to adhere to recommended treatment plan; 4) the patient is abusive; 5) the physician or medical practice closes.
SB273	SC: Health and Human Services	Feb/08/2016 - House Second Readers	Sen. Dean Burke (R-Bainbridge), amends O.C.G.A. § 31-22-1 to provide that the term 'clinical laboratory' does not include laboratories which are nondiagnostic only and regulated pursuant to the federal Clinical Laboratory Improvement Amendments (CLIA), whose sole function is to perform examination of human blood or blood components intended as source material for the manufacture of biological products.
SB299	SC: Insurance and Labor	Jan/27/2016 - Senate Read and Referred	Sen. Josh McKoon (R-Columbus), proposes to create the Georgia Health Care Transparency Initiative in a new Code Section of Georgia's insurance code at O.C.G.A. § 33-1-25. This legislation proposes to create

Bill	Committees	Status	Analysis
			<p>the Georgia Health Care Transparency Initiative at O.C.G.A. § 33-1-25. It is to create a database that receives and stores data from a "submitting entity" (see definition at O.C.G.A. (a)(8) – includes SHBP, ERISA, workers' comp, accident and sickness, TPA and PBM) relating to medical, dental, and pharmaceutical and other insurance claims information; unique identifiers; geographic and demographic information for covered individuals; and provider profiles. It is to be governed by the Department of Insurance commissioner and advised by a Board (there are to be 11-members on this board). The Commissioner is given additional powers which include the ability to establish policies and procedures necessary for administration and oversight of the Georgia Health Care Transparency Initiative Board; identify and explore key healthcare issues, questions and problems that may be improved through more transparent information; and provide a biennial report to the General Assembly. Submitting entities are to submit health and dental claims data, unique identifiers, geographic and demographic information for covered individuals and provider files starting no later than Jan. 1, 2017.</p>
SB302	SC: Insurance and Labor	Jan/28/2016 - Senate Read and Referred	<p>Sen. P.K. Martin (R-Snellville), establishes a new Chapter 20C in Title 33 to require health insurance companies to maintain accurate provider directories. This issue is one which was discussed in the Study Committee chaired by Sen. Dean Burke, MD (R-Bainbridge) over last summer and fall and has also been addressed in other states. At O.C.G.A. § 33-20C-2, it requires a health carrier to "post on its website a current and accurate electronic provider directory for each of its network plans." These provider directories are to be easily accessible in a standardized, downloadable, and machine readable format. Health insurance carriers are to update these online provider directories no less than every 30 days. These directories are also to be printed and provided to a covered person upon request by that individual or a prospective covered person. For each network plan, the following information must be included in this provider directory (See O.C.G.A. § 33-20C-4 for full list of items): 1) healthcare professionals (name, gender, contact information, participating office location or locations, etc.); 2) for hospitals (hospital name, hospital type, participating hospital location, hospital accreditation status and telephone number); and 3) for facilities other than hospitals (facility name, facility type, types of services performed, participating facility</p>

Bill	Committees	Status	Analysis
			location or locations, and telephone number). The Commissioner for the Department of Insurance is given enforcement authority over these requirements.
SB305	SC: Health and Human Services	Feb/10/2016 - Senate Read Second Time	Sen. Renee Unterman (R-Buford), addresses Georgia's POLST laws. It amends the Physician Orders for Life-Sustaining Treatment (POLST) forms at O.C.G.A. § 31-1-14(b) to require that the Department provide notification of the chairpersons and each member of the House Committee on Health and Human Services and the Senate Health and Human Services Committee at least 60 days prior to implementing and modification of the POLST form (this would occur on and after July 1, 2016).
SB308	SC: Health and Human Services	Feb/11/2016 - Senate Passed/Adopted By Substitute	Sen. Renee Unterman (R-Buford), adds a new Article 2 in Chapter 2A of Title 31. It is to establish the "Positive Alternatives for Pregnancy and Parenting Grant Program" which is to promote healthy pregnancies and childbirth by awarding grants to nonprofit organizations that provide pregnancy support services. This program will be overseen by the Department of Public Health which is authorized to contract with a contract management agency to administer this program. The following services will be funded by the program as outlined in O.C.G.A. § 31-2A-34: 1) medical care and information (pregnancy tests, health screening, ultrasounds, etc.); 2) nutritional services and education; 3) housing, education, and employment assistance during pregnancy and up to one year following a birth; 4) adoption education, planning and services; 5) child care assistance if necessary for the client to receive pregnancy support services; 6) parenting education and support services for up to one year following a birth; and 7) material items supportive of pregnancy and childbirth (cribs, car seats, etc.). Grants will be awarded to direct client service providers annually on a competitive basis and grant amounts are not to exceed 85 percent of the annual revenue for the prior year of any provider which meets certain criteria including that it is a 501(c)(3) entity and with a primary mission in promoting pregnancy and childbirth. These direct client service providers have to collect and make reports annually to the Department which in turn will conduct annual audits and report information annually to the General Assembly on its use of trust funds.

Bill	Committees	Status	Analysis
SB314	SC: Health and Human Services	Feb/10/2016 - Senate Read Second Time	<p>Sen. Renee Unterman (R-Buford), addresses the practice of nursing and revises provisions to the advanced nursing practice: Amends O.C.G.A. § 43-26-3 and includes certified nurse practitioners and clinical nurse specialists in the list of current advanced nursing practice definition. It further eliminates the current definition for the term, "advanced practice registered nurse" and adds a new definition: "means a registered professional nurse licensed under this chapter who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice within one of the following roles: certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist and who functions in a population focus or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006. This paragraph shall not be construed to require a certified registered nurse anesthetist who graduated from an approved nurse anesthetist educational program prior to January 1, 1999 to hold a master's degree or other graduate degree."</p> <p>It adds a new Code Section at O.C.G.A. §43-26-7.1 outlining the requirements for new licensure as an advanced practice registered nurse (it includes submission of a written application and fee; completed accredited graduate or post-graduate level advanced practice registered nursing program in one of the four roles and at least one population focus; be currently certified by a national certifying body recognized by the board; have a satisfactory result from a fingerprint record check report conducted by the Georgia Crime Information Center and FBI; and other criteria established by the Board). It also outlines requirements for applicants who apply for reinstatement.</p> <p>Amends O.C.G.A. § 43-26-9, which in part, permits the Board to require that an applicant for renewal of an unexpired license submit additional information, satisfactory results from a fingerprint record check conducted by the Georgia Crime Information Center and FBI.</p> <p>Adds to current law in O.C.G.A. § 43-26-10 when certain actions undertaken by an advanced practice registered nurse are considered misdemeanor offenses.</p>

Bill	Committees	Status	Analysis
			Amends O.C.G.A. § 43-26-39(g) concerning renewal of license, voluntary surrender, application for reinstatement and temporary permit and allows the Board to require the applicant for renewal of an unexpired license submit satisfactory results from a fingerprint record check conducted by the Georgia Crime Information Center and FBI.
SB319	SC: Health and Human Services	Feb/11/2016 - Senate Committee Favorably Reported	Sen. Lester Jackson (D-Savannah), seeks to change O.C.G.A. § 43-10A-3(10) and the definition of "professional counseling" in the definitions relating to professional counselors, social workers and others. It adds the word "diagnose" to their scope of practice like the legislation proposed by Rep. Lee Hawkins (R-Gainesville) in HB 498.
SB368	SC: Health and Human Services	Feb/11/2016 - Senate Read and Referred	Sen. Michael Rhett (D-Marietta), seeks to add a new Code Section at O.C.G.A. § 49-4-158, regarding Georgia's Medicaid program, to allow for a program of premium assistance to enable eligible individuals the ability to obtain healthcare coverage. This coverage would be provided to individuals between ages 19 and 65; have incomes that equal or are less than 138 percent of the federal poverty level, including individuals who would not be eligible for Medicaid in Georgia; has been authenticated as a United States citizen or documented qualified alien; and has not been determined to be more effectively covered through other public assistance programs for healthcare needs (such as those who are medically frail or have exceptional medical needs). It requires that the department create and administer a program to provide premium assistance to enable these eligible individuals to enroll in a qualified health plan through an exchange (as defined in O.C.G.A. § 33-23-201) and pay premiums and supplemental cost-sharing subsidies directly to providers of qualified health plans for enrolled individuals. It requires the eligible individual who enrolls in the qualified health plan contribute not more than five (5) percent of his or her annual income as a "personal responsibility premium" and the Department would set up a sliding scale for such responsibility based on income and ability to pay. There is a process by which a person would be "disenrolled." The Department is also required to work with healthcare providers, qualified health plans and other State agencies to create processes to reduce the amount of uncollected personal responsibility premiums and reduce administrative costs for collecting such. It further

Bill	Committees	Status	Analysis
			<p>requires the State to submit any Medicaid state plan amendments necessary and apply for any federal waivers to implement this program. It requires the Department to terminate the program within 120 days after a reduction of certain specified federal medical percentages (one hundred percent in 2017; ninety-five percent in 2018; ninety-four percent in 2019; and ninety percent in 2021 or any year after 2021). It requires healthcare coverage be achieved through a qualified health plan at the "silver level" as outlined in federal law. Eligible individuals who are enrolled are to affirmatively acknowledge that the program is: (1) not a perpetual, guaranteed entitlement; (2) subject to cancellation upon notice; and (3) not an entitlement program. It requires the Department to develop a model for CMS approval and to allow a limited number of enrollees to participate in a pilot. A Legislative Oversight Committee for Health Care Premium Assistance is also to be created with eight persons; this Committee is to periodically inquire into and review the implementation and operation of this program.</p>