

Week 4 Legislative Report – February 2, 2017

Lawmakers this week began to tackle a number of bills during Committee meetings and the Senate began considering the FY 2017 budget that was passed by the House last week. Sen. Joshua McKoon (R-Columbus) announced this week that he will not seek reelection to his seat in 2018. There are rumblings that he will instead seek a statewide office. Both the House and the Senate passed adjournment resolutions that set the schedule through the end of the session (Sine Die), which is set for March 30. Mental Health Day at the Capitol was held on Tuesday, January 31 and was hosted by the Behavioral Health Services Coalition. Many advocates of mental health services were in attendance and had the opportunity to engage in discussions with lawmakers around the Capitol.

And finally, Governor Deal has proclaimed today, Friday, February 3, to be known as "Falcons Friday". The Atlanta Falcons face off against the New England Patriots during their first Superbowl appearance on Sunday.

Committees

House Health and Human Services Committee – 01/31

This afternoon Chairman Sharon Cooper (R-Marietta) and her Committee tackled the legislation addressing general supervision of dental hygienists (HB 154) so that dental hygienists can perform more dental cleanings for children and the elderly without having direct supervision by dentists. This legislation came to the Committee in the form of a new Committee Substitute worked out by the dentists and dental hygienists and was presented by Rep. Matt Hatchett (R-Dublin). The Georgia Dental Association, the Georgia Dental Hygienists Association, Georgia Council on Aging and CO-AGE, the State's Long-Term Care Ombudsman, and Georgia VOICES for Children spoke in favor of the initiative. The legislation received a motion for DO PASS recommendation by Rep. Ed Rynders (R-Albany) which received a second from Rep. Michele Henson (D-Stone Mountain). The DO PASS motion carried and the legislation now moves to the House Rules Committee for its consideration.

The Committee also heard a presentation on "ME/CFS" – chronic fatigue syndrome - which is linked to inflammation in the brain. Researchers and scientists believe that they have the right resources, equipment and scientists to find the answer to this disease which could help individuals with fibromyalgia and traumatic brain injuries. Research is ongoing now at the University of Alabama–Birmingham. The Centers for Disease Control are also working on this disease; they noted that there is a genetic component to the disease. The number of new cases of this disease in Georgia is unknown, but the median age of individuals with a diagnosis is in their 40s or 50s. However, young children have also been diagnosed with the disease.

Senate Health and Human Services – 01/31

The Senate Health and Human Services met Tuesday to consider three bills. SB 4 by Sen. Renee Unterman (R-Buford) creates a Georgia Mental Health Task Force and results from one of the

recommendations of the mental health study committees from the summer of 2016. The Task Force will be charged with examining a wide range of mental health issues relating to serious and persistent mental illness, determining what can be financed through Medicaid and planning for and submitting an application for a 1115 waiver or a Medicaid block grant to use Medicaid funds for increased mental health services. The Task Force, as proposed, would include three members from the House and Senate and nine members appointed by the Governor, including the Commissioners of DCH, DBHDD, Public Health, Community Affairs and Human Services, an appointee from Georgia Sheriff's Association, two mental health advocates and a community services board representative. The Committee adopted an amendment to add to the membership representatives of an acute care hospital with a psychiatric unit and of a private psychiatric institution. The Commission is to report by January 1, 2018 and appears to be set up to get ready for and take advantage of federal Medicaid and Affordable Care Act changes, The Committee also heard but held S.B. 41, which was also sponsored by Sen. Unterman (R-Buford) that would establish licensing by the Board of Pharmacy for sellers of durable medical equipment. The bill in substitute form is likely to return to the Committee very soon, perhaps as early as this week.

Finally, Sen. Dean Burke (R-Bainbridge) presented SB 44 which provides an exception to the open records act for records relating to the identity of donors to rural hospitals under the tax credit for individuals and corporations who make donations to these rural facilities, unless the records redact the donors' names. It passed easily.

Senate Health and Human Services Pharmacology Subcommittee – 02/01

The Subcommittee met Wednesday afternoon with Sen. Ben Watson (R-Savannah) presiding to consider his bill, SB 16. The bill lowers the maximum THC level for medical cannabis to three (3) percent and adds autism spectrum disorders to the list of medical conditions for which medical marijuana may be prescribed. Senators William Ligon, Jr. (R-Brunswick), Dean Burke (R-Bainbridge) and Butch Miller (R-Gainesville) attended the meeting. It heard from five witnesses on the bill.

Rick Ward, Executive Director of the American Academy of Pediatrics, said that his physicians cannot be supportive of autism being included as a condition at this time as no current medical research exists that CBD oil or medical marijuana would address autism spectrum disorder. He did say that such oil would be effective for control of seizures in children with epilepsy.

Virginia Galloway, of the Faith and Human Freedom Coalition, also opposed the inclusion of the autism spectrum disorder as an eligible disease category as this point in time without fuller evidence of efficacy and suggested the Marcus Center should first identify conditions that are shown scientifically to respond to medical cannabis with acceptable side effects.

Let's Be Clear Georgia also warned against medical cannabis's use by any citizen under age 25 as the frontal lobe development has not been completed until that time and there will could be a loss of IQ as a consequence.

Dale Jackson spoke next. Mr. Jackson explained that he presently treats his son, who has autism, with cannabis oil. His son responded and recognized him for the first time in a long time when he was treated with cannabis oil. He asked that autism be included. He also commented

that positive effects such as these outweigh any risk of IQ loss. Another patient urged that the maximum level of THC not be reduced from 5% to 3%.

Dr. Cheda, from the Wellstar Hospice program, testified in his individual capacity as to the positive benefits of use of medical cannabis for autism patients and for hospice patients. After this testimony, Sen. Burke proposed an amendment that limited the use of medical cannabis to patients 18 years of age or older. The bill passed out of Subcommittee by a vote of two to one with Senator Ligon casting the no vote.

Legislation Tracking – Updated February 6, 2017

Bill	Committees	Status	Analysis
HB127	HC: Insurance	Feb/01/2017 - House Committee Favorably Reported	Rep. Richard Smith (R-Columbus), would amend Titles 31, 33, and 45 of the Official Code of Georgia Annotated by deleting all references to nonprofit medical service corporations and nonprofit hospital service corporations.
HB157	HC: Health & Human Services	Jan/31/2017 - House Second Readers	Rep. Trey Kelley (R-Cedartown), seeks to address requirements for advertising or publicizing of medical specialty certification in O.C.G.A. § 43-34-22.1, adding the certifying board or organization is a member board of the Bureau of Osteopathic Specialists. It further adds other requirements to be met (such as satisfactory completion of a training program with training, documentation and clinical requirements similar in scope and complexity to programs approved by the Accreditation Council for Graduate Medical Education or Bureau of Osteopathic Specialists of the American Osteopathic Association in the specialty or subspecialty field of medicine in which the physician seeks certification).
HB161	HC: Health & Human Services	Jan/31/2017 - House Second Readers	Rep. Betty Price (R-Roswell) would amend O.C.G.A. § 16-13-32 to provide that it shall be unlawful for a person employed by or an agent of a harm reduction organization to sell, lend, rent, lease, give, exchange, or distribute hypodermic needles designed for human use. It would define a 'harm reduction organization' as an organization which provides services such as syringe

			exchanges, counseling, homeless services, advocacy, drug treatment, and screening to at-risk individuals to slow the spread of HIV and other infectious diseases.
HB165	HC: Health & Human Services	Jan/31/2017 - House Second Readers	Rep. Betty Price (R-Roswell) would amend Title 43 by adding a new code section at 43-34-46 to provide that a 'maintenance of certification' shall not be required as a condition for licensure to practice medicine or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties, or malpractice insurance coverage.
HB213	HC: Judiciary Non-Civil	Feb/02/2017 - House First Readers	Rep. Golick (R- Smyrna), proposes to amend O.C.G.A. § 16-13-31 to prohibit the sale, manufacture, delivery, or possession of four grams or more of 'fentanyl.'
HB30	HC: Judiciary Non-Civil	Jan/11/2017 - House Second Readers	Rep. Kevin Tanner (R-) proposes to amend O.C.G.A. § 16-13-25 by adding a synthetic opioid to the list of Schedule 1 substances. The synthetic opioid added to the list is "(RR) 3,4-dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide (U-47700)".
HB35	HC: Insurance	Jan/23/2017 - House Second Readers	Rep. Bruce Broadrick (R-Dalton), would create a new Code Section relating to the licensure of pharmacy benefit managers at O.C.G.A § 33-64-10. The new language requires pharmacy benefit managers to provide notification of receipt of a request for prior approval for a prescription drug to a pharmacy or contracting representative within 48 hours of receipt of such request. Such notification must also include a claim reference number and return contact phone number for follow up. This new code section shall only apply to health insurance plans established under Article 1 or Chapter 18 of Title 45 or under Article 7 of Chapter 4 of Title 49.
HB36	HC: Health & Human Services	Jan/23/2017 - House Second Readers	Rep. Ehrhart (R-Powder Springs), would amend O.C.G.A § 43-30-1 by making various changes to the definition of 'Optometry'. It removes the

			<p>requirement that the State Board of Optometry establish a list of pharmaceutical agents to be used by optometrists. It also removes the requirement that prohibited a doctor of optometry from administering pharmaceuticals by injection. It would add new language that sets requirements for pharmaceutical agents that are administered by injection by optometrists. Such agents may not be sub-tenon, retrobobular, intraocular, or a botulinum toxin. Such injectible agents must be administered by either A) a licensed doctor of optometry who is licensed or certified by the board and who has obtained a certificate indicating completion of an injectibles training program; or B) A doctor of optometry who is enrolled in a qualified injectibles training program and who is under the supervision of doctor of optometry who holds a current license, or under a board certified physician in ophthalmology.</p>
HB54	HC: Ways & Means	Jan/23/2017 - House Second Readers	<p>Rep. Geoff Duncan (R-Cumming), would amend O.C.G.A § 31-8-9.1 to require an additional reporting requirement for rural hospitals. Under this legislation, rural hospitals must report any payments made to a third party to solicit, administer, or manage the donations received by such hospital. It further amends O.C.G.A § 48-7-29.20 by increasing the tax credit for rural hospital expenses from 70 percent, to 90 percent of the actual amount expended for single individuals and for married couples. It would also increase the maximum amount of tax credits allowed to \$60 million (up from \$50 million) in 2017 and would decrease the maximum number of credits allowed in 2019 to \$60 million (down from \$70 million).</p>
HB61	HC: Ways & Means	Jan/24/2017 - House Second Readers	<p>Rep. Jay Powell (R-Camilla), amends O.C.G.A. § 48-8-30 to require delivery retailers (defined as a retailer that has a gross revenue exceeding \$250,000 for one calendar year or conducts more than 200 retail sales) to collect and remit the tax imposed by this Code section. The retailer must notify consumers that the tax collected on their</p>

			purchases may be remitted to the State, and must send a statement to the Department of Revenue detailing the total amount of sales and use tax collected for each year. Failure to submit such documentation will result in a fine.
HB64	HC: Insurance	Feb/01/2017 - House Committee Favorably Reported By Substitute	Rep. Shaw Blackmon (R-Bonaire), seeks to create the "Protection and Guarantee of Service for Health Insurance Consumers Act" in O.C.G.A. § 33-24-59.21. In this version at (b), it states: Any carrier that issues a health benefit plan in this state through an agent shall pay a commission to such agent and shall not structure such commission in a way that directly or indirectly discriminates in the amount of compensation paid to such agent for the sale of a group health benefit plan or an individual health benefit plan. Such commission shall be structured to compensate the agent for the first term and for each renewal term thereafter, so long as such agent reviews coverage and provides ongoing customer service for such plan; provided, however, that no such compensation shall be required for any individual health benefit plan sold during a special enrollment period; and provided, further, that this subsection shall not apply to renewals of any individual health benefit plan sold during a special enrollment period that renews during the open enrollment period. Nothing in this Code section is intended or shall be construed to require a carrier to pay a commission to an agent who is employed by such carrier.
HB65	HC: Judiciary Non-Civil	Jan/24/2017 - House Second Readers	Allen Peake (R-Macon), amends O.C.G.A. § 31-2A-18 relating to the Low THC Oil Patient Registry. The bill expands the types of conditions that qualify a patient for the registry. Newly added conditions are: Tourette's syndrome, autism, intractable pain (defined as severe, debilitating pain that has not responded to medication or surgical measures), post-traumatic stress disorder, Alzheimer's disease, human immunodeficiency virus, and acquired immune deficiency syndrome. The bill repeals the

			<p>requirement for individuals to reside in Georgia for at least one year before becoming eligible for registration. The bill also repeals the requirement for physicians to issue quarterly reports to the Georgia Composite Medical Board on the side effects on patient health due to THC oil usage.</p>
HB71	HC: Insurance	Jan/25/2017 - House Second Readers	<p>Rep. Richard Smith (R-Columbus), would add a new chapter (Chapter 20E) to Title 33 of the Official Code of Georgia Annotated relating to insurance. This bill requires health care providers, group practices, diagnostic and treatment centers and health centers to inform patients of the various health benefit plans and hospitals that it contracts with. If the provider is out of network for a patient and the patient is receiving nonemergency services, the provider must, upon the patient's request, provide the patient with the estimated cost of such services in writing. The bill also requires physicians to make certain disclosures to patients regarding referrals, such as the name and address of the referred physician or provider. Hospitals would be required to post information about its health benefit plans, physician groups contracted by the hospital, and a statement regarding the physician's services that are not included in the hospital's charges. Further, this legislation requires hospitals to enter into credentialing agreements with health benefit plans insurers. Finally, O.C.G.A. § 33-20E-3 and O.C.G.A. § 33-20E-5 of this bill create disclosure requirements for insurers.</p>
HB81	HC: Ways & Means	Jan/25/2017 - House Second Readers	<p>Rep. Tom McCall (R-Elberton) would amend O.C.G.A. § 48-7-161 to include under the definition of 'Claimant Agency' any health care facility that is formed, created, or operated by a hospital authority established pursuant to Article 4 of Chapter 7 or Title 31.</p>
HR36	HC: Judiciary Non-Civil	Jan/24/2017 - House Second Readers	<p>Rep. Allen Peake (R-Macon), amends Article III, Section IX, Paragraph VI of the Georgia Constitution relating to appropriations by the General Assembly. The amendment would permit</p>

			<p>the General Assembly to regulate the production and sale of medical cannabis. All or a portion of the net revenue derived from production fees will be dedicated to a state department, whereas tax revenue will be dedicated to drug treatment programs.</p>
SB102	SC: Health and Human Services	Feb/01/2017 - Senate Read and Referred	<p>Sen. Butch Miller (R-Gainesville), is the follow up legislation from the 2016 Study Committee on Emergency Cardiac Care Centers. This legislation creates a new Article 7 in Chapter 11 of Title 31 to allow for the designation of emergency cardiac care centers and establish an Office of Cardiac Care within the Department of Public Health. The designations establish a three-level designation system and the criteria for each level of emergency cardiac care center.</p> <ul style="list-style-type: none"> • Level I – these are to have cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year; on-site cardiothoracic surgery capability 24 hours, seven days per week, 365 days per year; established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients; the ability to implant percutaneous left-ventricular assist devices for support of hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart attack; neurologic protocols to measure functional status at hospital discharge and the ability to implant automatic implantable cardioverter defibrillators. • Level II – these are required to have cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year but no on-site cardiothoracic surgery capability; established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients; neurologic protocols to measure functional status at hospital

			<p>discharge; and a written transfer plan with one or more Level I emergency cardiac care centers for patients who need left ventricular assist devices or cardiothoracic surgery.</p> <ul style="list-style-type: none"> • Level III – these are required to have established protocols for therapeutic hypothermia for-out-of-hospital cardiac arrest patients and a written plan for systematic transfer to a Level I or Level II facility. <p>These centers are encouraged to coordinate through written agreement with one another to provide appropriate access to care. Hospitals will apply to the Department of Public Health's Office of Cardiac Care for designation. This Office is also to establish a data reporting system on all out-of-hospital cardiac arrest patients and all heart attack patients with this data being analyzed systematically in an effort to improve survival rates of cardiac arrest patients and heart attack patients. This Office is also encouraged to award grants, subject to appropriations by the General Assembly, in order to ensure establishment of these emergency cardiac care centers. This Office is also required to annually prepare a report to be sent to the Governor, President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the House and Senate Health and Human Services Committees regarding the distribution of grants and which hospitals applied for grants. Beginning June 1, 2018, the Office is to provide a list of emergency cardiac care centers so designated to the medical director of each licensed emergency medical services provider in the State and post such listing on the Office's website as well as develop triage assessment tools and protocols related to triage, assessment, treatment and transport of these patients by licensed emergency medical services providers.</p>
--	--	--	---

SB25	SC: Insurance and Labor	Jan/23/2017 - Senate Read and Referred	Click here to enter your analysis or add to a specific report.
SB31	SC: Health and Human Services	Jan/23/2017 - Senate Read and Referred	Sen. Josh McKoon (R-Columbus), would amend O.C.G.A. § 31-2-3 relating to the Board of Community Health to mandate that at least two of its nine members be active or retired participants of either the Employee's Retirement System of Georgia or Teachers Retirement System of Georgia. This bill also creates the State Health Benefit Plan Customer Advisory Council. The Department of Community Health must consult the council when coordinating and purchasing health care benefit plans. SB 41, by Sen. Renee Unterman (R-Buford), amends O.C.G.A. § 26-4-28 to authorize the State Board of Pharmacy to issue durable medical equipment supplier licenses. With the exception of the entities listed in subsection (f) of this bill, any person who wishes to sell or rent durable medical equipment must obtain such licensure. Finally, the board is required to promulgate rules and regulations necessary to implement the provisions of this Code section.
SB50	SC: Insurance and Labor	Feb/02/2017 - Senate Read Second Time	Sen. Hunter Hill (R-Atlanta), amends Chapter 7 of Title 33, relating to insurance, by adding a new Code section (O.C.G.A. § 33-7-2.1) that deems that an agreement between a physician and a patient in which the physician provides services for a fixed fee and period of time (“direct primary care agreement”) is not subject to the insurance laws of this state. The agreement must in writing, signed by both parties, allow for 30-day written notice for termination, define the scope of the services, and specify the duration and fee for the services. Physicians are not obligated to enter into a direct primary care agreement with a patient and can discontinue care under the agreement if a patient fails to pay the fee, commits fraud or abuse, or repeatedly fails to adhere to the treatment plan.

SB56	SC: Insurance and Labor	Jan/25/2017 - Senate Read and Referred	Sen. Josh McKoon (R-Columbus), amends Title 33 of the Official Code of Georgia Annotated by adding a new chapter titled the Accuracy and Transparency in Physician/Provider Profiling Act. The bill sets evaluation criteria for physician profiling programs, <i>i.e.</i> programs that compare a physician's or physician group's performance, quality, and cost of care against set standards in order to rank or classify such physician or group against others in the same specialty or subspecialty. The purpose of the standards is to ensure that profiling programs are representing a fair and accurate representation of the physician or physician group. Physician profiling programs must disclose the methodologies, criteria, data and limitations of the data used to make its determination to patients and the profiled physicians. Finally, physicians may appeal a profiling program's ranking.
SB61	SC: Health and Human Services	Jan/25/2017 - Senate Read and Referred	Sen. Horacena Tate (D-Atlanta), establishes the Georgia Family Planning Initiative Program within the Department of Public Health in a new Code Section at O.C.G.A § 31-2A-19. The program can receive public and private funds and distribute those funds to agencies for the purpose of providing family planning services such as long-term birth control, breast and cervical cancer screening, pregnancy testing and counseling, and screening for sexually transmitted diseases. The target population is low-income women, uninsured, and underinsured patients. No patient can be denied services because of an inability to pay.
SB70	SC: Finance	Feb/02/2017 - Senate Transmitted House	Sen. Butch Miller (R-Gainesville) would amend O.C.G.A § 31-8-179.6 by extending the sunset provision relating to the hospital Medicaid financing program in order to extend the date of repeal to June 30, 2020 (it is currently June 30, 2017).

SB8	SC: Health and Human Services	Jan/24/2017 - Senate Read and Referred	<p>This legislation provides for: consumer protections regarding health insurance; disclosure requirements of providers, hospitals, and insurers; 4 billing and reimbursement of out-of-network services; procedures for dispute 5 resolution for surprise bills for nonemergency services; payment of emergency 6 services; out-of-network reimbursement rate workgroup. We will provide a more in-depth analysis of this bill in the next report.</p>
SB81	SC: Health and Human Services	Jan/30/2017 - Senate Read and Referred	<p>Sen. Renee Unterman (R-Buford), seeks to create the "Jeffrey Dallas Gay, Jr. Act." In part it addresses the proposed permission of the State's health officer to issue a standing order permitting certain persons and entities to obtain opioid antagonists. This is codification of the Governor's order allowing the use of Naloxone as over-the-counter medication and permitted to be sold without prescription.</p>