

Week 3 of the 2016 Session kicked off on Monday, January 25. The General Assembly stands in recess on Friday and will reconvene Monday, February 1. After a week dominated by budget hearings, the House Appropriations Subcommittees voted out their recommendations for the FY 16 Amended Budget on Tuesday. On Thursday, the House voted to pass the budget and it was transmitted to the Senate. Next week, various Appropriations Subcommittees will begin hearings on 2017 Budget. The schedules for these hearings are subject to change and may be found at the following links: (**House Meetings** / **Senate Meetings**)

A few of those meetings are not currently scheduled on the House website. They are:

- **February 1, 2016** – House Appropriations' Health Subcommittee with presentations by Department of Community Health at **2:00 p.m. in Room 406 CLOB**
- **February 2, 2016** – House Appropriations' Health Subcommittee with Department of Public Health at **2:00 p.m. in Room 406 CLOB.**
- **February 2, 2016** – House Appropriations' Public Safety Subcommittee with presentations from Departments of Corrections, Juvenile Justice, Community Supervision, Appeals, the Georgia Public Safety Training Center, the Firefighters' Standards and Training Council, and the Peace Officers' Standards and Training Council at **3:00 p.m. in Room 515 CLOB**
- **February 3, 2016** – House Appropriations' Health Subcommittee public comments hearing at **2:00 p.m. in Room 406 CLOB.**

Something else to take note of is that Representative Mike Dudgeon (R-Johns Creek) announced that he will not seek reelection to a fourth term, due to business commitments. He currently represents District 25.

Committees:

House Judiciary Non-Civil Committee (1/25/2016)

Rep. Allen Peake (R-Macon) presented his latest version of medical cannabis, HB 722, to this Committee. In part, it will expand the numbers of conditions in which THC may be used. The products used will be lab-tested products. This afternoon's meeting was merely a hearing for those who are in favor of HB 722. A separate hearing will be held to hear from those opposed to the legislation.

House Health and Human Services Committee (1/26/2016)

This Committee addressed five bills. All the proposals passed out of the Committee as noted below with the exception of HB 684 (this is the legislation which came to the Committee from Rep. Chuck Martin (R-Alpharetta) and seeks to allow dental hygienists to perform duties without direct supervision of a dentist in certain practice settings) which was TABLED by Chairman Sharon Cooper (R-Marietta):

- HB 509, by Rep. Jesse Petrea (R-Savannah), seeks to establish a Palliative Care Advisory Council within the Department of Community Health and provide for information and education on palliative care to be provided to Georgians. This Advisory Council will meet twice annually. The American Cancer Society supported the proposal.
- HB 588, by Rep. Valerie Clark (R-Lawrenceville), seeks to create an electronic system to be used by all pharmacies in their sales of pseudoephedrine products (such as that found in Claritin D®). Currently, the major drug stores have the electronic process. This legislation will allow other independent pharmacies and those in supermarkets/grocery stores to have access to the electronic process of tracking the sales of these drugs to help law enforcement better control illegal use (and proliferation of Meth). NPLEX is the system used and it is used in states surrounding Georgia. This new system will be implemented for free by the manufacturers of these products. GBI will have

access to the records stored as will law enforcement. Attorney General Sam Olens supports the legislation as do the Georgia Sheriffs' Association, Georgia Drugs and Narcotics Agency, grocers, independent pharmacies and Medical Association of Georgia. This legislation passed by Substitute.

- HB 780, by freshman Rep. Jodi Lott (R-Evans), received a do pass recommendation as presented after getting a little kidding from fellow Representatives. This legislation clarifies Georgia law concerning CLIA laboratories – diagnostic versus those which are non-diagnostic.
- HB 649, the legislation by Rep. Sharon Cooper (R-Marietta), addresses regulation of lactation consultants. It is an effort to address proper breast feeding techniques and educate new mothers about how to breast feed their babies. In 2012, Georgia had 130,000 births; it has only 364 lactation consultants and needs a total of 1,152 to serve 130,000 births. Six states have similar pending legislation to regulate lactation consultants. It would license International Board Certified Lactation Consultants through the Composite Medical Board.

Senate Health and Human Services Committee (2/27/2016)

Sen. Renee Unterman (R-Buford) and her Committee held a meeting to address several issues and adopt their Rules. Sen. Unterman also introduced the newest member of this Committee, Sen. JaNice VanNess (R-Conyers). Sen. VanNess has also been placed on two Committee Subcommittees: Healthcare Delivery (chaired by Sen. Chuck Hufsteter (R-Rome)); and Pharmacy (chaired by Sen. Ben Watson (R-Savannah)). This year, this Committee will meet on Mondays and Wednesdays for one hour.

Paul Silver, a "self advocate" for autism, spoke to the Committee at the Chairman's request. Mr. Silver suffers from Asperger's Syndrome. He spoke about the passage of Ava's Law as a beginning to help individuals who suffer with autism spectrum disorders.

SB 248, by Sen. Valencia Seay (D-Riverdale), was heard by the Committee – no vote was taken on this matter. Sen. Seay described how Georgia was one of four states in the country with "deserts" (without access to oral care). It proposes, in part, to create a new profession to be regulated by the State – dental hygiene therapy. Currently, there are no schools providing training in dental hygiene therapy which is different than dental hygiene. Two states have passed laws to permit this type of practice: Alaska and Minnesota. It does outline the licensure requirements for this new profession which would, in part require the individual to have a bachelor's degree in dental hygiene; successfully completed a dental hygiene therapy program; completed 2,000 supervised clinical hours; passed a comprehensive clinical examination; etc. There are proposed supervision guidelines in the current proposal so that no dentist would have no more than four dental hygiene therapists licensed under him or her at any one time and further no dentist would supervise more than two dental hygiene therapists at any time. Committee members inquired about whether this legislation should follow the Georgia Occupational Review Committee process. The Georgia Dental Association was on hand in this Committee and expressed their willingness to work with Sen. Seay on her proposal but did ask for some clarification as to where these "deserts" were.

The next bill for discussion was SB 273, by Sen. Dean Burke MD (R-Bainbridge). SB 273 addresses regulation of clinical laboratories in O.C.G.A. § 31-22-1 so that Georgia regulation would not apply to clinical laboratories which were non-diagnostic. In those instances, the non-diagnostic laboratories would be solely regulated by federal CLIA (Clinical Laboratory Improvement Amendments whose sole function is to perform examination of human blood or blood components intended as a source material for the manufacture of biological products. This initiative, if passed, will be beneficial to the Baxter Pharmaceutical facility which is now located in Georgia. The Committee passed this measure forward without much discussion; there were no amendments.

Legislation Tracking

Bill	Sponsor	Committees	Status	Analysis
<u>HB19</u>	(1) Rogers, Terry 10th	HC:	Dec/03/2014 - House Prefiled	<u>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.</u>
<u>HB28</u>	(1) Mabra, Ronnie 63rd	HC:	Dec/29/2014 - House Prefiled	<u>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.</u>
<u>HB701</u>	(1) Casas, David 107th	HC: Education	Jan/12/2016 - House Second Readers	<u>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 12th grade so this law eliminates such instruction for early grades.</u>

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<u>HB722</u>	(1) Peake, Allen 141st	HC: Judiciary Non-Civil	Jan/14/2016 - House Second Readers	<u>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.</u>
<u>HB762</u>	(1) Willard, Wendell 51st	HC: Judiciary	Jan/15/2016 - House Second Readers	<u>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</u>

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				<p><u>purpose, is to be punished in accordance with O.C.G.A. § 16-12-160.</u></p>
<p><u>HB775</u></p>	<p>(1) Ehrhart, Earl 36th</p>	<p>HC: Regulated Industries</p>	<p>Jan/21/2016 - House Second Readers</p>	<p><u>Rep. Earl Ehrhart (R-Powder Springs), amends O.C.G.A. § 31-12-12, addressing control of hazardous conditions, preventable diseases, and metabolic 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.</u></p>
<p><u>HB776</u></p>	<p>(1) Beasley-Teague, Sharon 65th</p>	<p>HC: Insurance</p>	<p>Jan/21/2016 - House Second Readers</p>	<p><u>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.</u></p>
<p><u>HB780</u></p>	<p>(1) Lott, Jodi 122nd</p>	<p>HC: Health & Human Services</p>	<p>Jan/21/2016 - House Second Readers</p>	<p><u>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."</u></p>

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<u>HB783</u>	(1) Broadrick, Bruce 4th	HC: Health & Human Services	Jan/21/2016 - House Second Readers	<p><u>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 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."</u></p>
<u>HB810</u>	(1) Frye, Spencer 118th	HC: Health & Human Services	Jan/26/2016 - House Second Readers	<p><u>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."</u></p>

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<u>HB823</u>	(1) Abrams, Stacey 89th	HC: Appropriations	Jan/26/2016 - House Second Readers	<u>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."</u>
<u>HB826</u>	(1) Price, Betty 48th	HC: Health & Human Services	Jan/26/2016 - House Second Readers	<u>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 specialty or subspecialty by a public or private board, including a multidisciplinary board unless:</u> <u>1) The advertisement or publication states the full name of the certifying board; and</u> <u>2) Such certifying board either:</u> <u>Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or</u> <u>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.</u>
<u>HB838</u>	(1) Blackmon, Shaw 146th	HC: Insurance	Jan/28/2016 - House Second Readers	<u>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</u>

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				<p><u>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.</u></p>
<p><u>HB852</u></p>	<p>(1) Buckner, Debbie 137th</p>	<p>HC: Health & Human Services</p>	<p>Jan/28/2016 - House Second Readers</p>	<p><u>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.</u></p>
<p><u>HB853</u></p>	<p>(1) Hawkins, Lee 27th</p>	<p>HC: Health & Human Services</p>	<p>Jan/28/2016 - House Second Readers</p>	<p><u>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.</u></p>

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<u>HB866</u>	(1) Blackmon, Shaw 146th	HC:	Jan/28/2016 - House Hopper	<u>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.</u>
<u>HB875</u>	(1) Hawkins, Lee 27th	HC:	Jan/28/2016 - House Hopper	<u>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 approval process; and ensure that prior authorization approvals for specialty drugs not be changed for the duration of the plan year.</u>
<u>SB9</u>	(1) Seay, Valencia 34th	SC:	Dec/18/2014 - Senate Prefiled	<u>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</u>

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				<p><u>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.</u></p>
<p><u>SB265</u></p>	<p>(1) Hill, Judson 32nd</p>	<p>SC: Insurance and Labor</p>	<p>Jan/13/2016 - Senate Read and Referred</p>	<p><u>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.</u></p>
<p><u>SB299</u></p>	<p>(1) McKoon, Joshua 29th</p>	<p>SC: Insurance and Labor</p>	<p>Jan/27/2016 - Senate Read and Referred</p>	<p><u>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 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</u></p>

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				<p><u>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.</u></p>
<p><u>SB302</u></p>	<p>(1) Martin IV, P. K. 9th</p>	<p>SC: Insurance and Labor</p>	<p>Jan/28/2016 - Senate Read and Referred</p>	<p><u>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,</u></p>

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				<p><u>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 location or locations, and telephone number). The Commissioner for the Department of Insurance is given enforcement authority over these requirements.</u></p>
<p><u>SB305</u></p>	<p>(1) Unterman, Renee 45th</p>	<p>SC:</p>	<p>Jan/28/2016 - Senate Hopper</p>	<p><u>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).</u></p>
<p><u>SB308</u></p>	<p>(1) Unterman, Renee 45th</p>	<p>SC:</p>	<p>Jan/28/2016 - Senate Hopper</p>	<p><u>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</u></p>

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				<p><u>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.</u></p>
<p><u>SR799</u></p>	<p>(1) Watson, Ben 1st</p>	<p>SC:</p>	<p>Jan/25/2016 - Senate Read and Adopted</p>	<p><u>Sen. Ben Watson (R-Savannah), recognizes the month of February 2016 as "Self-Care Month" in Georgia as citizens in the State benefit when they practice appropriate self-care (such as use of appropriate over-the-counter medications).</u></p>