



**Georgia Bio Legislative Watch
Week: February 1-5, 2016
Nelson Mullins Riley & Scarborough LLP**

Week 4 of the 2016 Session kicked off on Monday, February 1. The FY 2016 Amended Budget was considered by the Senate this week. The Senate Appropriations Committee is expected to meet at 8:15 a.m. on Monday, February 8 to vote out the amended budget.

Passed Legislation:

Monday, Feb 2

- SB 279 – Sen. Tyler Harper (R-Ocilla) proposed this bill which adds that the commissioners of the Department of Juvenile Justice and Natural Resources or their designees are to also serve on this body. The bill passed in the Senate with a vote of 49-3.

Tuesday, Feb 2

- SB 193 - Senator Charlie Bethel (R-Dalton) presented this legislation to define the penalties for 'family violence battery' to better align with the intent of Georgia law. This bill passed on the Senate floor with a vote of 51-0.
- SB 243 – Sen. Jack Hill (R-Reidsville) proposed to restore admission eligibility for the Georgia Judicial Retirement System, to include attorneys in the Office of Legislative Counsel. This bill passed in the Senate with a vote of 50-0.

Wednesday, Feb 3

- SB 199 – Sen. Rick Jeffares (R-McDonough) proposed to amend Georgia's election laws. It specifically defines "campaign material" and prohibits certain activities in close proximity to polling places. It passed the Senate by a vote of 39-15.
- SB 273 – Sen. Dean Burke, MD (R-Bainbridge) proposed this bill which states that clinical laboratories do not include laboratories which are non-diagnostic only and regulated by 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. This bill passed the Senate by a vote of 56-0.
- HB 402 – Rep. Eddie Lumsden (R-Armuchee) deals with the regulation of insurance rates and worker compensation for work-based learning programs. It offers a voluntary premium discount on a policy to encourage employers to provide work-based learning opportunities for students age 16 and older. Rep. Sam Teasley also spoke in favor of this bill. This bill passed the House with a vote of 166-0.
- HB 421 – Rep. Chad Nimmer (R-Blackshear) offered this bill to help to clarify and ensure that community supervision officers at the Department of Community Supervision receive disability benefits. This does not change any benefits and has no fiscal impact. The bill passed the House by a vote of 165-1.
- HB 801 – Speaker Pro Tem Jan Jones (R-Milton) proposed this bill relating to the HOPE scholarship. It authorizes the board of regents to select bachelor level courses to receive .5 extra weights on GPA. The point of this bill is to encourage students to enter the STEM fields. It passed with a vote of 167-0.
- HB 690 – Rep. Amy Carter (R-Valdosta) offered this bill to allow officers of the Department of Public Safety; conservation rangers at the Department of Natural Resources; officers or agents of the Georgia Bureau of Investigation; district attorney investigators; and any alcohol and tobacco officer at

the Department of Revenue to enter the Employee Retirement System. This passed the House with a vote of 162-1.

- HB 691 – Rep. Kevin Tanner (R-Dawsonville), was dropped last session and specifies that a governing authority would need to vote to remove the judge with a 2/3 vote of the council. This bill passed the House with a vote of 155-11.

Thursday, Feb 4

- SB 230 – Sen. Chuck Hufstetler (R-Rome) propose this "Uniform Volunteer Health Practitioners Act" which would allow the State to bring in health care volunteers to assist in the event of a major disaster, including natural disasters. This bill passed the Senate by a vote of 52-0.
- HB 593 – Rep. Lee Hawkins (R-Gainesville) offered this legislation that addresses the required continuing education units to be obtained by low-voltage contractors. An amendment was offered by Rep. David Stover (R-Newnan) which failed to be adopted by a vote of 14-147. The legislation was then voted upon and it failed with a vote of 81-83.
- HB 730 – Rep. Alan Powell (R-Hartwell), proposed this bill that relates to the Georgia Peace Officers' Training and Standards Council and adds two additional members, the Commissioners of the Departments of Juvenile Justice and Natural Resources (or their designees). It passed with a vote of 167-0.
- HB 747 – Rep. Terry Rogers (R-Clarksville) proposed this bill which updates the reference date to federal regulations regarding the safe operation of motor vehicles. It passed with a vote of 161-0.
- HB 800 – Rep. Rick Jasperse (R-Jasper) proposed this bill to clarify the scope of the veterinarian-client-patient relationship. It passed with a vote of 166-0.
- HB 815 – Rep. Trey Rhodes (R-Greensboro) proposed this bill to provide for the inspection and regulation of avian meat (poultry) products and the facilities that process such products for human consumption. It passed with a vote of 158-7.
- HB 228 – Rep. Jeff Jones (R-Brunswick) proposed this bill which provides that fees for sheriff's services in counties where the sheriff is paid by salary only are to be remitted to the county treasurer or fiscal officer of the county upon 30 days of receipt. It passed with a vote of 164-3.

Committees

Senate Appropriations Committee – Human Services Subcommittee (Monday, Feb 2)

Chairwoman Renee Unterman (R-Buford) held a hearing to hear from the Departments of Behavioral Health and Developmental Disabilities, Human Services, Veterans Services, and Public Health late in the afternoon. The Departments presented their changes proposed by the Governor to the FY 2016 Amended Budget. No action was taken by the Subcommittee but members did raise some questions.

Commissioner Frank Berry outlined some updated information for the Subcommittee on the work being performed by the Department of Behavioral Health and Developmental Disabilities which is focused on easy access to high quality care. Commissioner Berry noted the difficult discussions his Department has been undertaking with the Department of Justice; the Department is working to fulfill its mission.

Commissioner Berry also mentioned the increase in deaf services which has been a focus over the past year and that the ASO is now on line and individuals are able to access their records. No questions were posed to Commissioner Berry.

Commissioner Crittenden with the Department of Human Services and Director Bobby Cagle with the Division of Family and Children's Services presented information. Sen. Unterman did ask a question concerning the \$2.3 million shortfall which was being funded for the community care services program efforts overseen by the Department – her question was really why that was not addressed in 2017 instead of the Amended Budget. Sen. Unterman also inquired about the \$500,000 funding for the Child Abuse Registry (created by legislation passed in 2015). She asked if the Registry will need funding for 2017; Director Cagle indicated that they were trying to stand up this Registry and staff it with existing funds and staff (using five fulltime staff and one supervisor). Sen. Unterman also asked about the DFCS office relocations; Franklin County was to be one of those relocated but it has fallen off the list (only Fulton Cherokee, Pickens and Gilmer are receiving funds from the \$1.4 million to be moved).

Greg Schmieg, the Director of the Georgia Vocational Rehabilitation Agency, presented the FY 2016 Amended Budget. He received no questions.

The Department of Veterans Services also outlined their Budget needs for FY 2016 Amended. Sen. Unterman was interested in the House addition of \$127,000 for "forfeited leave" by the late Commissioner Pete Wheeler. Apparently, Commissioner Wheeler had more than 7,000 forfeited leave at the point of his death. Law requires for forfeited leave to be paid to either the individual or his or her estate. This issue was brought to the Governor's Office of Planning and Budget but was not included in the Governor's Budget. Thus, the House took moneys from the Department's existing programs to fund this matter.

Commissioner Brenda Fitzgerald, with the Department of Public Health, outlined her Department's needs in the Amended Budget. Overall, this Department is funded by more than \$632 million with 33 percent of that total from State funds (and about half of those State funds go towards the county health departments) and the remaining money is federal funds (which most goes to the WIC program). Commissioner Fitzgerald received some questions from Sen. Unterman regarding telemedicine. In particular, Sen. Unterman asked if the pilot project for Hancock County was in this Budget – it is not. Telehealth in this budget relates to the telehealth provided through the public health departments and equipment used; Sen. Unterman's concern is about the "maintenance" of equipment included in this budget and how telehealth can stabilize the rural health system. Sen. Dean Burke, MD (R-Bainbridge) asked if the public and private telehealth systems' technology could communicate with one another – he wants to make sure that is addressed.

House Appropriations Committee – Health Subcommittee (Monday, Feb 2)

This Subcommittee, under the leadership of Rep. Butch Parrish (R-Swainsboro), heard from the Department of Community Health this afternoon about the FY 2017 Budget. There were some questions posed by the Subcommittee members to the Department. Rep. Matt Dollar (R-Marietta) inquired about the costs for Hepatitis C drugs and costs per cycle of medication and whether individuals repeated their treatment. It costs between \$60,000 and \$80,000 for 8-12 weeks of therapy; however, the Department of Community Health does get drug rebates from the manufacturers which will reduce costs by 30-40 percent. Rep. Pat Gardner (D-Atlanta) asked about the ICWP waiver and fees paid for workers with this population. The Department indicated it had done a rate study on the fees. Rep. Parrish asked about the permanency of the FMAP increase – looking specifically at PeachCare which is to go to 100 percent. The Department could not provide any assurance on how long the State would continue to receive the 100 percent match. Rep. Regina Quick (R-Athens) asked about the Hospital Provider Fee – she was focused on the children who moved from PeachCare to the Low-Income Medicaid program.

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

In a three hour plus meeting, this Committee took up several proposals. This particular Committee does not utilize Subcommittees in their "vetting" process.

Rep. Lee Hawkins (R-Gainesville) passed out a Substitute on HB 853, the changes to the "Coverdell-Murphy Act" which was first passed in 2008 by former Sen. Don Thomas (R-Dalton). The legislation before the Committee today was a "modernization" of the current law so as to include at least three levels of stroke centers, including comprehensive stroke centers, in O.C.G.A. § 31-11-110. Now, not only hospitals use "clot busting drugs" but they also utilize techniques much like those used with heart attack patients. EMS/EMT/Ambulance providers supported the proposal but did ask for a small amendment. The Georgia Hospital Association supported the legislation along with the American Heart Association. Michael Frankel, M.D., a neurologist at Grady and a professor at Emory University, spoke about the changes to stroke care and advances made in Georgia (which have led to world-wide changes). There were some questions regarding the Department of Public Health's reporting requirements and whether there was added funding or a fiscal note on this proposal. No added funds from the federal government will be forthcoming because of the changes. A motion was made to provide a do pass recommendation; the EMS/EMT amendment was made, and approved, to address transporting patients to appropriate stroke centers and flexibility with protocols. The Bill then passed as a Substitute.

HB 34, by Rep. Mike Dudgeon (R-Johns Creek), also cleared out of the Committee. This legislation originally passed in 2015 out of this same Committee; however, the initiative stalled in the House Rules Committee. It permits patients the ability to get access to experimental therapies which have not received full FDA approval. The trials are voluntary and no one is forced to pay for the treatment. Rep. Dudgeon indicated he had worked out issues relating to the legislation with the Medical Association of Georgia and Georgia Trial Lawyers Association. Texas has passed similar legislation along with 23 other states; there are 15 states considering similar proposals. Americans for Prosperity supported the proposal. There were no amendments made and the legislation passed.

Rep. Rick Jasperse (R-Jasper) presented his legislation for "expedited partner therapy", HB 813. His legislation comes in part as a result of an article presented in the New York Times on February 3, 2015 on this matter. The legislation defines "expedited partner therapy" in O.C.G.A. § 31-17-7.1. The change will allow easier access to medications for individuals who have contracted certain sexually transmitted diseases. The Department of Public Health was supportive of this legislation as Chlamydia and gonorrhea are two prevalent sexually transmitted diseases in the State; this change will permit more individuals to get access to medications so as to limit spread of the disease by getting individuals treated. It has also been dubbed the "buddy bill." The legislation passed by Substitute.

Next, the Committee had a presentation on medications used in treating children with attention deficit hyperactivity disorders. Shire Pharmaceuticals had one of its products, Vyvanse taken off of one of the CMO's (WellCare) preferred drug list which impacted 7,000 children that WellCare covered. Shire was there to address some issues which constituents had raised about the issues – the change now requires that a child undergo treatment using other medications and get prior approval for access to Vyvanse. WellCare was also present to defend its change in policy citing the need for children to undergo taking "short-acting" rather "long-acting" products first and Vyvanse is a long-acting product. Shire argued, along with a Medical College of Georgia physician, that Vyvanse had great results in the treatment of these children, and that WellCare's timing of its policy change came during the school year which caused other complications for children and their families. WellCare noted that 59,000 of its members have "ADHD" diagnoses and about one-third were approved to obtain Vyvanse in December. There were some questions about the costs of Vyvanse versus other medications and whether parents could potentially ask for vouchers from the pharmaceutical company (yes, one voucher may be obtained for a one-month supply which can be used while obtaining prior approval). Rep. Karla Drenner (D-Avondale Estates) pointed out that there had been no information on "superiority studies" – she indicated that if the drug/agent worked, then it should be available and not be just solely about cost of the medication or a company's bottom line. Chairman Cooper (R-Marietta) reminded WellCare that she and her colleagues were paying attention to these issues and that they were aware when CMO contracts were put out for bids.

Rep. Bruce Broadrick (R-Dalton) brought the final legislation for the afternoon, HB 783. This legislation was supposed to be an easy proposal – it is Georgia's annual update to its dangerous drug list. However, in this year's version at Section 6 of the legislation, it creates a new class of drugs to be known as "restricted dangerous drug list." In this list, it proposes to move some plants which have no medical use and may not be legally prescribed by a practitioner. In particular, salvia and *Mitragyna speciosa* (Kratom) are proposed to be added to this "restricted dangerous drug list." Kratom was the one plant which caused a firestorm of response from the public. The Georgia Drugs and Narcotics Agency (GDNA) had included this "drug" because it had been brought to its attention by the GBI Crime Lab as being a problem. The Committee asked numerous questions after learning that Kratom has been banned in other states and Thailand. There is no synthetic for Kratom per GDNA Director Rick Allen. One passionate mother Leann Harder spoke about her son's experience with the drug and its negative side effects. Various individuals came to the hearing to support the American Kratom Association – its folks testified to the great benefits which the plant provides to individuals who suffer chronic pain and other health issues. The Botanical Education Advocacy Group also had a representative to speak to the benefits of Kratom and a California and Nevada licensed physician, who is conducting a clinical trial on its use, also spoke to the Committee. After many questions and statements, the Committee tabled the proposal.

House Insurance Committee (Wednesday, 02/03)

Chairman Richard Smith (R-Columbus) convened the full Committee at 8:00 a.m. He announced that he expected three more Committee meetings before Crossover Day 30 on February 29 and invited members to discuss any bills with him if they expected action during the Session. Rep. Smith had also announced Tuesday evening that he expected to introduce a balance billing bill, but that it would be sent to Study Committee this summer. He also announced that HB 838 by Rep. Shaw Blackmon (R-Bonaire) and Rep. John Meadows (R-Cartersville), relating to minimum agent commissions, would not be heard until the week of February 8, likely at the full Committee meeting on Wednesday, February 10. He assigned the tiered drug pricing bill, HB 875 by Rep. Lee Hawkins (R-Gainesville), to the Administration and Licensing Subcommittee, as well as HB 555 by Rep. Joyce Chandler (R-Grayson) relating to data collection on juvenile abortions. HB 784, by Rep. John Carson (R-Kennesaw) relating to insurance promotional items and what is deemed to be an unfair trade practice, was assigned to the Life Subcommittee. He had also announced that he expected the stage 4 cancer treatment bill coverage proposal, by Rep. Mike Cheokas (R-Americus), to also be assigned to the Administration and Licensing Subcommittee. The Committee then passed by Committee Substitute HB 193 by Rep. Carl Rogers (R-Gainesville) known as the Life Insurance Consumer Disclosure Act that requires disclosure to policy holders by companies and agents of alternatives to surrender or termination of life policy at age 60 or upon request for surrender of a policy. It then hastily tested and passed HB 866 by Rep. Shaw Blackman (R-Bonaire) that excused multiple employer insurance associations from the premium tax. This bill was Rep. Shaw Blackman's (R-Bonaire) first bill and he was duly hazed by irrelevant questions, but the bill passed unanimously.

House Appropriations Committee – Health Subcommittee (Wednesday, 02/03)

In a lengthy hearing late in the afternoon, Rep. Butch Parrish (R-Swainsboro) and his Subcommittee heard from the public on the proposed funding in the 2017 Budget for the Departments of Community Health and Public Health. There were some themes from testimony which emerged. Grady Hospital had several requests for funds for their Sickle Cell, Poison Control Center and Stroke Center programs.

There were numerous requests for added funding for the Independent Care Waiver Program so that providers of those services could receive rate increases (currently, they receive \$11.76 per hour and the request was to move those rates for Level I to \$17.96 per hour and for Level II to \$20.20 per hour – the rates paid in the Community Care Services Program and SOURCE Program). In total, the request for ICWP rate enhancements is \$3.7 million.

Georgia Association of Emergency Medical Services asked for fee increases – they recited that the average transport cost is \$415.00 per transport. Costs paid for reimbursements are generally around half.

The Georgia Health Care Association asked for improvements on the nursing home rates. They recited that a one percent rate increase would be approximately \$4.3 million. Currently, nursing homes are paid based on 2012 Medicaid Cost Reports. They asked to move to the 2014 Cost Report with a three percent increase.

Georgia hospitals spoke about added funding for rehabilitation and long-term care hospitals. They also focused on trauma care funding, requesting that there be a redirect of funds from the Super Speeder fines paid to the General Treasury to the Commission on Trauma in the amount of \$4.6 million. The State's Trauma Commission is funded with approximately \$16 million and hospitals see the need for more funding to better strengthen the State's network of trauma care.

Provider rate enhancements for primary care physicians, pediatricians and OB/GYNs were also requested. Last year, the Budget included \$23 million for these providers for certain codes. This year, the group asked again, under the leadership of Pat Cota, for \$26.5 million more in funding for Medicaid patients seen. The goal is to bring these providers' rates in line with those paid to Medicare physicians.

There were requests for autism spectrum disorders' funding and a pilot program in addition to requesting that Georgia cover medically necessary ABA therapy under EPSDT services.

Georgia CORE requested a \$250,000 increase for its services provided to cancer patients and practitioners across the State.

The Georgia Council on Substance Abuse asked that the State look closely at "SBIRT" but did not ask for specific funding. This initiative helps with prevention efforts and two pilot studies have already been conducted in Georgia.

The Georgia Dental Association asked for \$200,000 to restore funding for the rural dental training program.

Champions for Children, a program managed by Easter Seals, requested \$250,000 for covering services provided to medically fragile children.

Adult day centers asked for a five percent rate boost. They have not received a rate enhancement since 1999.

NEBA Health, an entity in Augusta, requested that the Subcommittee fund a pilot of 500 patients and use its FDA-cleared device in determining diagnoses of children in the State's Medicaid and PeachCare programs with attention deficit hyperactivity disorder. This pilot would cost \$1,100.00 per patient or a total of \$550,000. They explained that the State could determine the numbers of diagnoses which were inaccurate and potentially save money.

The Subcommittee did not ask a great number of questions throughout the afternoon's presentations. Chairman Parrish did remark that at some point the State is going to have to pay providers a reasonable fee but it cannot be solved until another day.

House Appropriations Committee – Human Resources Subcommittee (Thursday, 02/04)

Chairwoman Katie Dempsey (R-Rome) and members of her Subcommittee spent approximately three hours to hear from the public on the proposed FY 2017 Budget regarding human services provided in particular through the Department of Human Services and the Georgia Vocational Rehabilitation Agency. Some highlights from the testimony include:

A request was made for assistance for individuals who seek COMP and NOW waivers. It was noted that COMP waiver average State dollar costs are \$27,805 (total of \$85,291.96) and NOW waiver average State dollar costs are \$9,780 (total of \$30,000). They would like additional funds to convert to Medicaid moneys to draw additional funds down.

Several members from Together Georgia, a trade association of child welfare providers, requested assistance with provider rates. Some of those who testified included John Blend with Goshen Valley Boys Ranch and Ron Scroggy with Together Georgia. They stressed the increased costs that facilities have experienced but without any State increases to help offset their costs. They explained that there had only been one provider rate increase (three percent) in the last ten years. These are Georgia's children being placed with these providers by the Division of Family and Children's Services and Department of Juvenile Justice. Together Georgia noted that a one percent increase was equal to approximately \$2.1 million – they are seeking \$18 million to fill the gap (for the cost of care versus what they are paid to care for these children and youth).

There was a request for a five percent rate increase for Adult Day Health providers. There are two levels of care provided which is based on a medical model. The first level is paid \$50.45 per day per person; the second level is paid at \$63.07 per person per day.

The Alzheimer's Association asked for \$10 million in additional home and community based services to help not only individuals with Alzheimer's but their caregivers.

Easter Seals and Goodwill Industries (along with others) asked for additional State funds for vocational rehabilitation services. Their request was for \$900,000.

Bill	Sponsor	Committees	Status	Analysis
HB19	(1) Rogers, Terry 10th	HC:	Dec/03/2014 - House Prefiled	Rep. Terry Rogers (R-Clarkesville), 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	(1) Mabra, Ronnie 63rd	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	(1) Casas, David 107th	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.
HB722	(1) Peake, Allen 141st	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.

<p>HB762</p>	<p>(1) Willard, Wendell 51st</p>	<p>HC: Judiciary</p>	<p>Jan/15/2016 - House Second Readers</p>	<p>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.</p>
<p>HB775</p>	<p>(1) Ehrhart, Earl 36th</p>	<p>HC: Regulated Industries</p>	<p>Feb/03/2016 - House Committee Favorably Reported By Substitute</p>	<p>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.</p>

<p>HB776</p>	<p>(1) Beasley-Teague, Sharon 65th</p>	<p>HC: Insurance</p>	<p>Jan/21/2016 - House Second Readers</p>	<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>
<p>HB780</p>	<p>(1) Lott, Jodi 122nd</p>	<p>HC: Health & Human Services</p>	<p>Jan/27/2016 - House Committee Favorably Reported</p>	<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>
<p>HB783</p>	<p>(1) Broadrick, Bruce 4th</p>	<p>HC: Health & Human Services</p>	<p>Jan/21/2016 - House Second Readers</p>	<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 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,</p>

				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."
HB810	(1) Frye, Spencer 118th	HC: Health & Human Services	Jan/26/2016 - House Second Readers	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."
HB823	(1) Abrams, Stacey 89th	HC: Appropriations	Jan/26/2016 - House Second Readers	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."
HB826	(1) Price, Betty 48th	HC: Health & Human Services	Jan/26/2016 - House Second Readers	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

				<p>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:</p> <p><u>1) The advertisement or publication states the full name of the certifying board; and</u></p> <p><u>2) Such certifying board either:</u></p> <p><u>Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or</u></p> <p><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></p>
<p>HB838</p>	<p>(1) Blackmon, Shaw 146th</p>	<p>HC: Insurance</p>	<p>Jan/28/2016 - House Second Readers</p>	<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</p>

				<p>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>
HB852	(1) Buckner, Debbie 137th	HC: Health & Human Services	Jan/28/2016 - House Second Readers	<p>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.</p>
HB853	(1) Hawkins, Lee 27th	HC: Health & Human Services	Feb/03/2016 - House Committee Favorably Reported By Substitute	<p>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.</p>
HB866	(1) Blackmon, Shaw 146th	HC: Insurance	Feb/03/2016 - House Committee Favorably Reported	<p>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.</p>
HB875	(1) Hawkins, Lee 27th	HC: Insurance	Feb/02/2016 - House Second Readers	<p>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</p>

				<p>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.</p>
HB885	(1) Jones, Jan 47th	HC: Governmental Affairs	Feb/04/2016 - House Second Readers	<p>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.</p>
HB886	(1) Cooper, Sharon 43rd	HC: Health & Human Services	Feb/04/2016 - House Second Readers	<p>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.</p>
HB892	(1) Kirby, Tom 114th	HC: Agriculture & Consumer Affairs	Feb/04/2016 - House First Readers	<p>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</p>

				animal cruelty – eliminating the cross reference to the veterinarian records section, O.C.G.A. § 24-12-31.
HB894	(1) Dudgeon, Mike 25th	HC: Ways & Means	Feb/04/2016 - House First 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 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.
HB897	(1) Price, Betty 48th	HC: Health & Human Services	Feb/04/2016 - House First Readers	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

				<p>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 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.</p>
<p>HB900</p>	<p>(1) Cooper, Sharon 43rd</p>	<p>HC: Health & Human Services</p>	<p>Feb/04/2016 - House First Readers</p>	<p>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</p>

				<p>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).</p>
HB902	(1) Dempsey, Katie 13th	HC: Health & Human Services	Feb/04/2016 - House First Readers	<p>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.</p>
HB907	(1) Rakestraw, Paulette 19th	HC: Judiciary Non-Civil	Feb/04/2016 - House First Readers	<p>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 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</p>

				<p>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	(1) Frye, Spencer 118th	HC:	Feb/04/2016 - House Hopper	<p>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.</p>
HB916	(1) Hightower, Dustin 68th	HC:	Feb/04/2016 - House Hopper	<p>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 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><u>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</u></p>

				<p><u>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.</u></p>
<p><u>HB919</u></p>	<p>(1) Duncan, Geoff 26th</p>	<p>HC:</p>	<p>Feb/04/2016 - House Hopper</p>	<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>
<p>HR1254</p>	<p>(1) Stephens, Mickey 165th</p>	<p>HC: Health & Human Services</p>	<p>Feb/04/2016 - House First Readers</p>	<p>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,</p>

				as more than 7,000 children were impacted when WellCare removed the medication from its Preferred Drug Listing for Medicaid patients in the State.
SB9	(1) Seay, Valencia 34th	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.
SB254	(1) Jones II, Harold 22nd	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	(1) Hill, Judson 32nd	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

				<p>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.</p>
SB273	(1) Burke, Dean 11th	SC: Health and Human Services	Feb/04/2016 - House First Readers	<p>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.</p>
SB299	(1) McKoon, Joshua 29th	SC: Insurance and Labor	Jan/27/2016 - Senate Read and Referred	<p>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 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</p>

				<p>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>
<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>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 location or locations, and telephone number). The Commissioner for the Department of Insurance is given enforcement authority over these requirements.</p>

<p>SB305</p>	<p>(1) Unterman, Renee 45th</p>	<p>SC: Health and Human Services</p>	<p>Feb/01/2016 - Senate Read and Referred</p>	<p>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).</p>
<p>SB308</p>	<p>(1) Unterman, Renee 45th</p>	<p>SC:</p>	<p>Jan/28/2016 - Senate Hopper</p>	<p>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</p>

				annually to the General Assembly on its use of trust funds.
SB314	(1) Unterman, Renee 45th	SC: Health and Human Services	Feb/02/2016 - Senate Read and Referred	<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</p>

				<p>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> <p>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.</p>
SB319	(1) Jackson, Lester 2nd	SC: Health and Human Services	Feb/03/2016 - Senate Read and Referred	<p>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.</p>
SB337	(1) Walker III, Larry 20th	SC:	Feb/04/2016 - Senate Hopper	<p>Sen. Larry Walker, III (R-Perry), addresses legal residents, who are dependents of a military service member and who are absent from Georgia due to the member's military service, to be added to a data base to indicate the need for medical assistance upon return to Georgia. It requires the Department of Human Services (DHS) to provide that these dependents of a military service member maintain eligibility and priority for certain medical assistance and developmental disability services – the individual will be required to provide to DHS a copy of the military service member's DD-214 or other equivalent discharge paperwork and proof of the military service member's legal residence in Georgia (as prescribed by DHS). In determining the dependent's eligibility, DHS may include a request for waiver services provided under the home and community based services program authorized under Section 1915(c) of the</p>

				<p>Social Security Act; provide to the dependent notification of the determination of eligibility for services, which includes notification of a denial of services if applicable; provide the dependent an opportunity to contest DHS's determination through the appeals' processes established by DHS; and resume services if the dependent remains eligible. A "condition" of continued eligibility requires that the dependent to inform DHS of his or her current address and provide updates as requested by DHS.</p>
SR799	(1) Watson, Ben 1st	SC:	Jan/25/2016 - Senate Read and Adopted	<p>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).</p>