2017 Legislative Summary

Compared to the last few years, the 2017 session kept a somewhat lower profile, but still had its fair share of twists, turns, frustrations, and bridge collapses.

For the House of Medicine, this session was one of the most challenging in a quarter century. From the very first legislative day on January 9th, a determined group of powerful Chairmen in the House and Senate began pushing troublesome legislation—for physicians and patients alike—that would dog the healthcare community throughout the session.

While in the end, we can report that the most harmful legislation was defeated or put off until next year’s session, the same problematic legislators await us in 2018.

Throughout the session, physicians, patients, care givers, et al, took part in voicing their concerns to legislators and it made a difference. Several times the State Senate phone system was shut down due to the influx of calls. These calls were particularly influential on SB 81, an onerous PDMP bill sponsored by Senator Renee Unterman.

Read on, your legislative wrap-up is just beginning. Or click a section title below to jump to that section.

Issues for Medicine
- Prescription Drug Monitoring Program
- Surprise Billing
- Optometric Injections
- Certificate of Need
- Budget
- Bills Passed
- Bills Held Until 2018
- Looking Forward

Figure 1: Sine Die, March 31st, 1:30 am

Hot Button Topics

Education
After his Opportunity School District proposal failed on the ballot in November, Gov. Deal made his second move with HB 338, or the First Priority Act, aimed at turning around low-performing schools. While initially filed without any dedicated source of funding, the legislature ultimately agreed to write it into the budget with about $2.2 million. Also in the budget is a 2% pay raise for teachers, and it is built into their salary this year so the increase is permanent and counts towards their pensions.
Casinos
An attempt was made to establish ‘destination resorts’ with proceeds planned to benefit the HOPE scholarship. The momentum fizzled early, and the bill was pulled in February; however, you can bet we haven’t seen the last of this kind of legislation.

Firearms
The legislature passed another campus carry bill (Deal vetoed one last year,) allowing anyone age 21 and up to carry a concealed handgun on campus with a state-issued permit. Lawmakers carved out a lot to convince Gov. Deal to sign HB 280, including student housing, athletic facilities, on-campus preschools and buildings where high school-age students attend classes at some technical colleges.

Adoption
Everyone agrees that Georgia adoption laws need to be updated, and HB 159, a bipartisan measure sponsored by state Rep. Bert Reeves looked promising. But on sine die a late-hour RFRA amendment to allow some private agencies to refuse to place children with same-sex couples kept the bill from making it through this session.

Medical Marijuana
By passing SB 16 lawmakers expanded Georgia’s medical marijuana law. It adds six conditions to Georgia’s existing law including Alzheimer’s, AIDS, peripheral neuropathy, autism, Tourette syndrome, and the painful skin disorder epidermolysis bullosa. (Sponsor Rep. Allen Peake has already filed another marijuana bill for next year.)

Sexual Assault on Campus
A large source of drama was Rep. Earl Ehrhart’s HB 51 seeking to change the way post-secondary schools investigate and punish allegations of sexual assault on college campuses. After being tabled and resurrected on the second-to-last day of the Session, the proposal ultimately failed.

Medicine
For medical professionals, there were several important issues: certificate of need (CON) reform, surprise billing, PDMP requirements and regulations, and optometric injections. All of these issues had both a House and a Senate version (some had multiple versions in both Chambers,) were heard in multiple committee hearings, underwent several amendments, and persisted throughout the Session from beginning to end. *There was no action on E-Discovery in 2017.

Prescription Drug Monitoring Program
The intention behind these pieces of legislation is to address the opioid epidemic. The bill that passed, HB 249, moves the administration of the PDMP from the Georgia Drug and Narcotics Agency to the Department of Public Health. The bill requires pharmacists to input the data into the PDMP within 24 hours of dispensing and makes naloxone easier to access. Physicians must check the PDMP prior to prescribing opioids and benzodiazepines for a first-time patient and then once every ninety days. There are exceptions for a physician checking the PDMP which includes a 3-day
prescription, a 10-day prescription following surgery, cancer and palliative care, and other exceptions. Any penalties on the physician would be reported to the Georgia Composite Medical Board. Sen. Unterman’s **SB 81**, which did not pass, granted easier access to naloxone and required physicians to check the PDMP. In its original form, a physician could have received a fine of $50,000 and time in jail. The criminal penalties were removed from the bill when it passed the Senate and went to the House of Representatives, where it failed to receive a hearing.

**Here are some more specifics about the effects of HB 249:**
1. All prescribers with a DEA must register with the PDMP by January 1, 2018.
2. Between January 1 and May 31, 2018, the Department of Public Health will test the PDMP to assure that it is operational 99.5% of the time.
3. Assuming No. 2 is met, the PDMP requirement will go live on July 1, 2018.
4. All dispensers (pharmacies) shall electronically report a long list of details on every script dispensed every 24 hours.
5. MDs can delegate access to the PMDP to 2 staff members per shift, but can be held liable for any misuse of the data.
6. Providers may use data from the PDMP to communicate misuse, report patient to DPH, and document in the health record.
7. The user or their Agency must implement security measures “substantially equivalent” to the Department’s.
8. Dispensers (pharmacies) do not have to check the PDMP, and carry no liability.
9. Must check PDMP for all opioids, and benzodiazepines for first script and at least every 90 days thereafter. Exceptions:
   a. 3 day supply, no more than 26 pills;
   b. Hospital, nursing home, or healthcare facility where meds are to be used on site
   c. Patient has had surgery in an ASC and the prescription is no more than a 10-day supply
   d. Hospice care
10. Prescriber can be held administratively liable for not checking if there is an adverse outcome.
11. Prescriber must make documentation in the medical record of when and who checked the PDMP.
12. Pharmacies can be fined or jailed for not giving data.
13. There are a series of escalating penalties for misuse of the PDMP data (for anyone.)

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**“Surprise” Billing & Out-of-Network Billing**

The two leading members of the legislature on this issue (and the two harshest towards the House of Medicine on this matter) were: **Rep. Richard Smith**, Chair of the House Insurance Committee, and **Sen. Renee Unterman**, Chair of the Senate Health Committee. Despite their efforts, none of the following bills passed this session.

**HB 71**, sponsored by Rep. Smith, would have required physicians, as a condition of medical staff privileges, to accept all the health insurance plans accepted by the hospitals. [Of note, the GA Hospital Association and the GA Alliance for Community Hospitals attempted to add language in the House Insurance Committee to include free-standing (physician owned) ambulatory surgery centers—a move seen by most as unnecessary and mean-spirited.] **HB 71** stalled a total of 3 legislative days and did not survive past Crossover Day—a major win for medicine and patients.
Sen. Unterman’s **SB 8** represented the Senate version of the bill. It included the Fair Health Database, and in its original form as it passed the Senate had potential to address the surprise insurance gap. The **substitute to SB 8** was strong on transparency required of physicians, hospitals, and health insurers, but had a payment methodology favorable to the health insurers and failed to pass the House of Representatives. **SB 277: The Consumer Coverage for Emergency Medical Care Act**, sponsored by Sen. Michael Williams, mandates payment for out-of-network emergency care at the 80th percentile of an independent database of billed charges. The Medical Association of Georgia worked with Sen. Williams to make SB 277 the best solution for the issue, and the matter will hold until the 2018 legislative session.

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**Optometric Injections (or The Zombie Issue That Wouldn’t Die)**

The issue of expanding optometrists’ scope of practice to include performing injections into Georgia’s eyelids developed into a Byzantine battle of political intrigue that evaded resolve until the final hour of the final day. Here’s a timeline of the major events, bills, and key players.

**January 11**

*The broad language in HB 36 would have allowed optometrists to perform a variety of extraocular injections, and would have expanded the therapeutic authority of optometrists to prescribe any pharmaceutical agent “related to” diseases or conditions of the eye and adnexa.*

**January 24**
A group of 30 optometrists arrive en masse at the Capitol building to lobby the members of the House Health & Human Services Committee.

**February 7**
The House Health Committee, chaired by Rep. Sharon Cooper, holds a two-and-a-half-hour hearing for HB 36: including extensive testimony from GSO leadership. The committee holds a voice vote and HB 36 fails 14 to 12.

**February 18**
The second bill is introduced, **HB 416**, once again sponsored by Rep. Ehrhart and Rep. Meadows. *Otherwise identical to HB 36, HB 416 adds a provision requiring either the completion of or enrollment in a 30-hour certification course.*

**February 21**
HB 416 is assigned to House Health, the same committee where HB 36 met its demise.

**February 22**
A 3rd OD injection bill is introduced in the Senate: **SB 221**, sponsored by Sen. Renee Unterman.

**February 23**
Sen. Unterman gives SB 221 an extremely abbreviated hearing in the Senate Health Committee, after two hours’ notice on the committee agenda and only allowing GSO members a few minutes to testify against the bill. SB 221 passes the committee, moves to the full Senate.

**February 24**
**HB 416 fails to pass the House Health Committee.**

**March 3**
Following a misleading presentation from sponsor Sen. Unterman, SB 221 receives a vote on the Senate floor and passes 34 to 17.

**March 6**
Now in the opposite chamber, SB 221 is assigned to the House Health Committee (where HB 36 and HB 416 were previously thwarted.)
March 14
After three separate OD injection bills have been stalled, first threat is heard that an existing Senate Bill assigned to a different committee will be gutted and filled with OD injection language.

March 20
In one day: Language from SB 221 is inserted into SB 153, a bill originally about hearing aids and sponsored by Sen. Matt Brass; SB 153 is presented to the House Regulated Industries Committee by Reps. Ehrhart and Meadows, and after only one hour of testimony SB 153 passes a committee vote.

March 22: 11 Alive airs news story on the “Zombie Bill”
March 24: SB 153 goes to the House floor. Despite passionate and convincing testimony from Rep. Betty Price, MD, it passes by a vote of 121 to 36.

March 30, Sine Die
SB 153 is put before the Senate to make a final agree. Sen. Brass makes misleading statements while presenting the bill, saying certain amendments were made on behalf of the Medical Association of Georgia.

At 11:45 pm on the final day of the session, SB 153 receives final passage by a vote of 30 to 21.

The Governor's bill review period is now until May 9th.
Please contact Governor Deal and ask him to veto SB 153.

Certificate of Need (CON)
As with every session, CON reform was expected to be a marque issue but lost steam and no action was taken. SB 70, The Hospital Provider Fee (Bed Tax) renewal, was approved early in the session and sent to the Governor in February. After that, what little interest there was on CON reform dwindled. No hearings were held in the Senate Health Committee, and only sub-committee hearings were held in the House. No votes were held on any of the following CON bills:

HB 299 - Repeal on Free Standing ERs

HB 464 - Repeal for Cancer Treatment Centers of America

SB 123 - Repeal for Cancer Treatment Centers of America
Takes away CTCA's bed cap and in-state limit; allows their capacity to increase without a CON in accordance with that allowed for other hospitals.

SB 157 – Creates a LNR provision for multi-specialty ASCs
Exempts from CON requirements multi-specialty ambulatory surgery centers not in "rural restriction areas" that is the sole ASC owned by a multi-specialty group practice or a practice with 25 members or more not in operation for less than 5 years and is a Medicaid provider who meets certain other requirements.

SB 158 - Repeal on Free Standing ERs
Allows one freestanding emergency service in every county in the state. Also includes CON exemptions for “expenditures related to the increase of more than 10 percent in the number of inpatient beds and certain multi-specialty ambulatory surgical centers not located in rural restriction areas.”
Passed & Sent to Governor

**HB 127 Non-Profit Medical & Hospital Service Corporations**
Repeals certain obsolete provisions relative to nonprofit medical service corporations and nonprofit hospital service corporations.

**HB 154 Dental Hygienists/Scope of Practice**
Authorizes that dental hygienists can clean teeth and apply fluoride and sealants without a dentist present in the office.

**HB 157 Medical Advertising**
Repeals language from 2016 (HB 1043) limiting the advertising and publicizing of medical specialty certification to specific board certifications.

**HB 165 Maintenance of Certification**
*(See Figure 2, right)* States that MOC cannot be required under the medical practice act to be a prerequisite to licensure, hospital privileges, insurance panels, or malpractice insurers.

**HB 198 Flu Vaccines**
Requires local school systems to provide flu vaccine information to parents and guardians of students in grades 6-12.

**HB 206 Pharmacy Audit Bill of Rights**
Disallows scriveners’ errors and the like from constituting fraud as a basis to recoup payment for medical assistance provided.

**HB 231 Controlled Substances - Dangerous Drug Bill**
Annual Update Reclassification of non-prescription fentanyl; classifies a synthetic opioid, (commonly known as U-4770) as a Schedule I drug.

**HB 276 Pharmacy Patient Fair Practices Act**
Allows the Commissioner to promulgate rules and investigate pharmacy benefits managers.

**HB 292 Firearms – Expanded Conceal Carry**
Cleans up existing gun laws and make it easier for anyone declared ineligible for a weapons permit for mental health reasons to petition the court to regain that right.

**HB 360 Expedited Partner Therapy**
ADDED TO SB 193. To provide for expedited partner therapy for patients with chlamydia or gonorrhea. Similar language has passed the House in prior sessions only to be held in Senate Health by Committee Chair Sen. Renee Unterman.

**HB 427 Physicians and Health Care Practitioners for Rural Areas Assistance Act**
Expands the service cancelable loan program for MDs in underserved areas to other health care
practitioners.

**SB 14 Rural Hospital Income Tax Credit**
Allows members of certain business types to claim up to $10,000.

**SB 41 Durable Medical Equipment**
Defines durable medical equipment; grants the Board of Pharmacy authority over DME licenses; creates the licensure process; lists entities exempted from licensure (including health care practitioners under certain circumstances); and requires the board to promulgate rules.

**SB 47 Physician Licensure Exemption**
Creates licensure exemptions for visiting sports teams’ physicians.

**SB 52 Licensed Professional Counselor**
Allows LPCs to continue to conduct emergency medical exams for mental illness and drug or alcohol dependency.

**SB 88 Narcotic Treatment Programs Enforcement Act**
Provides comprehensive regulations and a licensing process for narcotic treatment programs.

**SB 106 Pain Management Clinics**
Allows CRNAs to practice independently in pain clinics.

**SB 109 Emergency Medical Services Licensure Compact & Nurse Compact**
INCLUDES SB 166. Creates a compact for EMS personnel making it such that EMS personnel may practice in other participating states so long as he/she has a license in his/her home state.

**SB 121 NARCAN**
Codifies Governor Deal’s executive order making naloxone available over the counter.

**SB 125 PA Prescribing Schedule II**
Allows PAs to write hydrocodone for 5 days if it’s in their job description. PAs are subject to the new PDMP checking requirements.

**SB 160 Back the Badge Act of 2017**
Imposes mandatory minimum prison sentences for criminals convicted of aggravated assault and aggravated battery against a public safety officer.

**SB 176 GA Council on Criminal Justice Reform**
Enacts reforms relating to driving privileges recommended by the Georgia Council on Criminal Justice Reform; to change and provide for the procedure of issuing bench warrants for individuals charged with certain traffic, motorist, and road violations; to remove a barrier to obtaining a habitual violator probationary license; to change provisions relating to third and subsequent convictions under Code Section 40-6-391 involving controlled substances or marijuana; to change provisions relating to reinstatement of certain licenses under certain conditions. 
*SB 176 tracks with the Governor's Criminal Justice Reform Council recommendations and year-end report. Included in the report, Georgia will move from a Medicaid Termination stance to a Medicaid Suspension stance upon a Medicaid recipient’s conviction and incarceration. Currently, once convicted of a crime, a recipient's Medicaid is terminated and upon release can take up to 9 months to re-establish coverage.*
SB 193 Positive Alternatives for Pregnancy & Parenting Grant Program
Revises the mission and practice of the Positive Alternatives for Pregnancy and Parenting Grant Program; removes certain references to medically indigent women; disallows contract management agencies from referring, encouraging, or affirmatively counseling a person to have an abortion unless the person's attending physician diagnoses a condition which makes such abortion necessary to prevent her death. *Expeditied Partner Therapy added in committee.*

SB 200 Synchronizing Patients' Chronic Medications
Requires insurers to cover, at a prorated daily cost-sharing rate, prescriptions that are dispensed for less than 30-days where the fill is in the best interest of the patient or is for synchronizing the insured patient’s chronic medications.

SB 242 APRN Protocol
Increases the number of APRNs that a physician may supervise and adds another exception to the places where the limit on the number of APRNs that may be supervised applies.

RESOLUTIONS

HR 31 Addiction Recovery Awareness Day
HR 133 Georgia Board for Physician Workforce Scholarship Program
HR 36 Medical Cannabis
HR 114 Physician’s Day
HR 129 Resurgens Orthopaedics Advocacy Day
HR 111 Self Care Month
HR 240 Joint Study Committee Georgians' Barriers to Access to Adequate Health Care, which will:
  • Measure the effectiveness of Medicaid's and the state health benefit plan’s coordinated and managed behavioral health services, substance abuse treatment, bariatric treatment, and adult immunizations
  • Assess the need for an asthma and COPD state plan to take effect in 2019
  • Examine the risk adjustment between the Medicaid and state health benefit plans, including high risk patients with behavioral conditions and early onset of chronic disease
  • Examine the benefit package for gap-group and Medicaid enrollees and analyze their needs
  • Assess the HIV laws’ alignment with current evidence regarding HIV transmission risk and consider whether these laws are the best vehicle to achieve their intended purpose
  • Examine comprehensive behavioral health services for those suffering from serious mental illness which have been demonstrated to have a positive impact on medical outcomes and reduced burdens on patients, providers, families, and society
HR 396 National Immunization Awareness Month
HR 431 House Study Committee on the Ramifications of Changes in Federal Health Care Policy
HR 464 House Study Committee on Infectious Disease Preparedness
HR 468 House Study Committee on Health in GA
HR 500 Promote Availability of HPV Vaccination
HR 589 Repeal ACA
HR 627 Mental Health & Addiction Treatment Funding
HR 745 House Study Committee on Surprise Insurance Gap Coverage
SR 18 Addiction Recovery Awareness Day
SR 40 Health Information Technology Day
SR 62 Resurgens Orthopaedics Advocacy Day
SR 63 Self Care Month
SR 72 Physician’s Day
The FY2018 Budget

State lawmakers agreed to almost everything Governor Deal recommended in January, including: a 2% pay raise for state employees and University System staffers; a 19% pay raise for child protective services workers; a 3% bonus for state government retirees. Additionally, the state will spend more than 2 billion on new schools, college buildings, roads and bridges, or on fixing the ones already built. HOPE scholars will get 3% bigger scholarships. The state will also increase how much is paid to doctors, dentists, nursing homes and others who treat the more than 1.5 million Georgians who get their health care from Medicaid. Here are some other budget highlights:

- $5.4 million for 107 new child welfare workers
- $19.3 million for waivers that allow Georgians with physical or intellectual disabilities to receive care at home or in the community
- $11 million for a new Integrated Eligibility System to more efficiently help qualified Georgians gain access to Medicaid
- Council of Juvenile Court Judges:
  - $79,000 to fund one Juvenile Detention Alternatives Initiative (JDAI) coordinator position
  - Approximately $795,000 to fund an increase in salaries for juvenile court judges
- Authorization for the Department of Community Health to use settlement funds for behavioral health services to children ages 0-4 ($8 million total public funds)
- $243,000 to annualize 10 assistant district attorney positions to support juvenile courts statewide
- $300,000 to the Department of Education for statewide Positive Behavioral Intervention & Supports (PBIS) trainers
- A no-cost agreement to use existing funds realized as savings from a decline in student enrollment in the Georgia Network for Educational and Therapeutic Supports (GNETS) program to improve instructional practices and support behavioral and therapeutic services contracts
- Department of Community Health
  - Dental Medicaid Rate Increase (first in 13 years)
  - 5% reimbursement rate for select dental codes
  - The dental rate increase for selected preventative and restorative services - just like targeted rate increases for Primary Care Physicians (PCP’s) and OB-GYN services is strategically designed to encourage more providers to
participate in Medicaid and PeachCare for Kids through improved reimbursement
  o 100% of all funds appropriated will be passed through to providers in the form of rate increases
  o Primary Care Physician Rate Increase: $38 million for higher payment rates for primary care physicians and OB-GYNs serving Medicaid patients

- Department of Human Services, Division of Family and Children Services:
  o $31 million total public funds, including approximately $26 million in state funds, to increase child welfare services worker salaries by 19%
  o Nearly $4 million total public funds, including $2.9 million in state funds, for 80 additional foster care support services employees
  o $500,000 increase to CASA to increase the program’s statewide capacity
  o $300,000 to increase DFCS SAAG compensation to $57.50 per hour
  o $2.5 million for 25 additional human resource employees to meet recruitment demands
  o $20.2 million to support growth in foster care
  o $10.7 million to increase the foster parent per diem by 57%
  o Almost $15 million for the first installment of a two-year plan to increase the relative foster care provider per diem rates by $10
  o $5.2 million for the first installment of a two-year plan to increase child placement agency foster parent per diem rates by $10

- Criminal Justice Coordinating Council:
  o $656,000 for the Accountability Court Program to expand and create family dependency treatment courts
  o Almost $65,000 for the Accountability Court Program to expand and create juvenile accountability courts
  o A $340,000 increase for the Juvenile Justice Incentive Grants, which support evidence-based community alternatives to detention, and for personnel for one new fidelity manager

- Department of Juvenile Justice:
  o Approximately $1.7 million to provide a 20% increase for law enforcement officers
  o $1.9 million for the new Wilkes RYDC, opening in November
  o $843,000 for operations and personnel to annualize expenditures of the Terrell RYDC facility, which opened in October 2016, and address the salary differential for juvenile correctional officers
  o $1 million for a Juvenile Transition Center in Gwinnett County

- Georgia Public Defender Council:
  o $800,000 to align the salary scale of public defenders with prosecuting attorneys
  o $782,000 for 10 additional juvenile public defenders
  o $307,000 to annualize 15 juvenile public defender positions

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**Carryover into 2018 Session**

**HB 30 Synthetic Opioid**
ADDED TO HB 231. Classifies a synthetic opioid (commonly known as U-4770) as a Schedule I drug.
**HB 35** Pharmacy Benefit Managers/Prior Approval  
Receipt of prior approval. Requires confirmation of receipt of prior approval requests for prescription drugs within 48 hours by pharmacy benefit managers.

**HB 54** Indigent Care/Rural Hospitals  
Requires rural hospitals to report payments made to a third party to solicit, administer, or manage the donations received by the rural hospital organization pursuant to the rural hospital tax credit.

**HB 77** Mental Health Training Materials, Elementary and Secondary Education  
Requires the Department of Education and the Department of Behavioral Health and Developmental Disabilities to develop and provide to all local school systems a list of training materials for awareness of mental health, behavioral disabilities, and learning disabilities.

**HB 116** Juvenile Criminality  
Provides the superior court with exclusive original jurisdiction for cases involving aggravated assault involving the use of a firearm and aggravated battery upon certain individuals; to allow a superior court the discretion to transfer such cases back to juvenile court.

**HB 152** Firefighter Occupational Disease  
Provides that cancer can count as an occupational disease for firefighters.

**HB 161** Harm Reduction  
Allows for needle exchange programs and the sale of clean needles and syringes.

**HB 173** Marriage & Family Therapists Performing 1013 Evaluations  

**HB 252** Bed Tax/Provider Fee Renewal  
Extends the sunset for the provider tax to 2018.

**HB 259** Juvenile Criminality  
Adds aggravated assault and aggravated battery to the list of offenses under the superior court’s jurisdiction.

**HB 263** Dental Medicaid/PeachCare  
Requires DCH to contract with no more than 2 CMOs for Medicaid and PeachCare dental insurance through a competitive bidding process.

**HB 293** Evidence - Child’s Testimony/Sexual Contact & Physical Abuse  
Relating to admissions and confessions, to provide an effective date for the procedure relating to the testimony of a child’s description of sexual contact or physical abuse.

**HB 300** State Health Benefit Plan  
Transfers authority from the Department of Community Health to the Department of Administrative Services.

**HB 301** Physician Preceptorship - Tax Credit  
Deletes an income tax deduction for certain physicians serving as community based faculty physicians and creates an income tax credit for taxpayers licensed as physicians, APRNs, or PAs who provide uncompensated preceptorship training to medical, APRN, or PA students.
**HB 400 Opioid Abuse Prevention Act**
Limits opioid prescriptions to 7 days with no refills and requires prescribers to accept unused medications.

**HB 402 Nurse Licensure Compact**
Creates an interstate licensure compact for nurses who meet certain qualifications and have not been convicted of certain crimes.

**HB 426 APRN Protocol**
Increases the number of APRNs that a physician may supervise and adds another exception to the places where the limit on the number of APRNs that may be supervised applies.

**HB 454 HIV Testing**
Requires information and counseling to be given to patients tested for HIV and additional information and counseling to be provided based on the results of the test.

**HB 464 CON - Cancer Treatment Centers of America**
Slowly reduces the out-of-state patient requirement and removes the bed cap.

**HB 465 Industrial Hemp Commission**
To provide for the establishment of a research program in cooperation with state universities; to provide for authority of the commission to seek certain permits or waivers from the federal government.

**HB 486 RN Practice Act**
Provides for training of proxy caregivers with training selected by DBHDD.

**HB 501 Recreational Therapists**
Requires licensure of recreational therapists and creates the Georgia Board of Recreational Therapy.

**HB 517 Imaging Equipment**
Requires diagnostic imaging equipment to be registered with DCH - requirements include no equipment may be greater than 5 years old if purchased or leased after July 1, 2017, must have most recent version of the software, accredited by the entity approved by DCH, approved by CMS, CT equipment must have a radiation survey and the most recent radiation management software offered by the department, equipment must be covered by a continuous maintenance service agreement, must have architectural drawings for the installation and a certificate of occupancy; provides for penalties.

**HB 519 Step Therapy Protocols**
Requires health benefit plans to utilize certain clinical review criteria to establish step therapy protocols and provides for a step therapy override determination process.

**HB 527 Podiatrists**
Allows podiatrists to jointly own a professional corporation with physicians.

**HB 607 Psychiatric Advanced Directive**
To provide for a psychiatric advance directive; to provide for a competent adult to express his or her mental health care treatment preferences and desires directly through instructions written in
advance and indirectly through appointing an agent to make mental health care decisions on behalf of that person; to provide for construction of such form; to amend Code Section 16-5-5 and Title 31 of the O.C.G.A., relating to assisted suicide and notification of licensing board regarding violation and health.

**SB 4 Enhancing Mental Health Treatment of GA Act**
Creates the Georgia Mental Health Treatment Task Force. Sets out the duties of the task force including evaluating the current environment and recommending changes.

**SB 11 EMT/1013**
Expands certain provisions regarding emergency examinations for involuntary evaluation for mental health to emergency medical technicians and cardiac technicians. Increases the examinations that a physician can use to determine whether to involuntarily admit/treat a mental health patient.

**SB 25 Health Care Transparency Initiative/Board Appointments**
The initiative would create a database of insurance claims data for medical, dental, and pharmaceutical claims. Creates two subcommittees - the Data Oversight Subcommittee and the Scientific Advisory Subcommittee. Submitting entities must submit data at least quarterly.

**SB 31 State Health Benefit Plan**
Requires at least two members of the Board of Community Health to be members of SHBP and creates a State Health Benefit Plan Customer Advisory Council that will advise on ways to improve the SHBP.

**SB 40 Mental Health Transport/EMT/1013**
Allows EMS personnel to transport a person directly to the ED under certain circumstances.

**SB 50 Direct Primary Care Act**
Allows physicians to enter into direct primary care agreements without those being deemed insurance.

**SB 55 Psychiatric Advanced Directive Act**
Allows a competent adult or his/her agent to execute a psychiatric advance directive containing mental health care preferences, information, or instructions regarding his or her mental health care; provider must follow the directive; formulates what may be done by patient’s agent.

**SB 56 Accuracy & Transparency in Physician/Provider Profiling Act**
Places rules on insurance profiling programs; provides for standards, criteria, and disclosure requirements for profiling programs that compares, rates, ranks, measures, tiers, or classifies a physician’s or physician group’s performance, quality, or cost of care against objective or subjective standards of the practice of other physicians.

**SB 103 Pharmacy Patient Fair Practices Act**
Gives the Commissioner of DCH the authority to investigate PBMs; prevents a PBM/insurer from requiring the use of a mail-order pharmacy or from requiring a covered individual to pay a different copay for using his/her pharmacy of choice; disallows PBMs from prohibiting pharmacies from providing info about alternatives, offering delivery services, or advocating on behalf of an insured to the PBM; and other prohibitions for the PBM relative to financial maneuvers.
**SB 118 Autism Coverage**
Would raise the mandatory age cap for autism insurance coverage from 6 to 21.

**SB 138 Tort Reform/Patient Compensation Act**
The Jackson Healthcare Tort Reform effort failed once again this year. Jackson had two bills introduced this term but neither got a hearing in 2017.

**SB 145 Sexual Offenses**
Revises the offense of rape for applicability to victims across genders, gender identities, and sexual orientations.

**SB 146 Electroconvulsive Therapy**
Requires that electroconvulsive therapy be performed only by physicians; prohibits the use of electroconvulsive therapy on children under 16; requires informed written consent, requires physician to report on the use of electroconvulsive therapy, and requires an annual public report of the use of electroconvulsive therapy.

**SB 180 Hospital Care for the Indigent**
Requires reporting by rural hospitals of money paid to consultants to obtain money under the rural hospital tax credit; increases the amount individuals and married couples may donate; adds a provision for members in an S Corp to donate.

**SB 185 Proceedings Upon a Plea of Insanity**
Relating to proceedings upon a plea of insanity or mental incompetency at the time of a crime, to change the standard of proof when a defendant pleads guilty but mentally retarded; to repeal conflicting laws; and for other purposes.

**SB 188 Psychotropic Medication**
Requires each local board of education to adopt a policy prohibiting school personnel from taking certain actions regarding a parent or guardian placing, or not placing, a student on psychotropic medication.

**SB 230 Abortion**
Requires that physicians performing abortion have admitting privilege at a hospital within 30 miles and provide certain information to patients; regulates abortion-inducing drugs.
Looking Forward

2018 Election Outlook
Rep. Wendell Willard (R-51) will not be seeking re-election.
Rep. John Pezold (R-133) rumored to not be seeking re-election.

Formally Announced for 2018 (as of early April 2017)
Secretary of State Brian Kemp will be running for Governor.
Rep. Buzz Brockway (R-102) will be running for Secretary of State.

Considering Higher Office in 2018

For Governor:
Lt. Gov. Casey Cagle
Rep. Stacey Evans (D-42)
Rep. Stacey Abrams (D-89)

For Secretary of State:
Sen. Hunter Hill (R-6)

For Lieutenant Governor:
Sen. David Shafer (R-48)
Sen. Butch Miller (R-49)
Rep. Geoff Duncan (R-26)

Others:
Sen. Michael Williams (R-27)
Sen. Burt Jones (R-25)
Sen. Josh McKoon (R-29)

A Race to Watch

Kay Kirkpatrick, MD is running for Senate District 32, formerly held by Judson Hill. The special election will be held on April 18th and the run-off election will be on May 16th.

If elected, Dr. Kirkpatrick will join the four physicians currently in the Georgia legislature: Sen. Dean Burke, MD; Sen. Ben Watson, MD; Rep. Betty Price, MD; and Rep. Mark Newton, MD.

Keep reading for biographies of each of our legislative member physicians.

Keep Up with the Action
Nathan Deal has until May 9th to sign and/or veto all of the legislation passed this session. Bills that he does not sign and does not veto automatically become law after that day.
Click here to follow which pieces of legislation have been graced by the Governor's pen.
Physicians in the General Assembly

Senator Dean Burke, MD

Hometown: Bainbridge

Education: Georgia Southwestern University
Medical College of Georgia
Mercer University School of Medicine

Medical Specialty: Obstetrics and Gynecology

Senate Committees: Ethics - Chairman
Health and Human Services - Vice Chairman
Agriculture and Consumer Affairs
Appropriations

Senator Ben Watson, MD

Hometown: Savannah

Education: Emanuel County Institute
University of Georgia
McGill University

Medical Specialty: Internal Medicine

Senate Committees: Reapportionment and Redistricting - Chairman
Health and Human Services
Ethics
Appropriations
Transportation

Rep. Betty Price, MD

Hometown: Roswell

Education: Pomona College
McGill University
Emory University

Medical Specialty: Anesthesiology

House Committees: Health & Human Services
Judiciary Non-Civil
Government Affairs
State Planning & Community Affairs
Economic Development & Tourism
Rep. Mark Newton, MD

Hometown: Augusta

Education:
- University of Georgia
- Medical College of Georgia
- Harvard University

Medical Specialty: Emergency Medicine and Trauma

House Committees:
- Health and Human Services
- Small Business Development
- Transportation