

Committees worked at full force this week to get legislation ready for passage. The Senate Appropriations Committee passed out its version of the FY 17 State Budget, [HB 751](#) on Monday. Those changes are indicated below. The House disagreed with the Senate's changes and they will form a conference committee to work out the rest.

FY 17 State Budget (as amended by the Senate)

Department of Behavioral Health and Developmental Disabilities

- A total budget of more than \$1.2 billion
- Within Adult Addictive Disease Services, the Senate added \$357,990 for funding a pilot of one-time funds for the Highland Rivers Health CSB pilot program to serve individuals in region one (the House had proposed \$750,000 for this)
- In Adult Developmental Disabilities Services, the Senate added \$10,000 to fund Rockdale Cares
- The Senate added language in the Adult Mental Health Services program (no moneys) so as to "utilize existing Projects for Assistance in Transition from Homelessness (PATH) funds to increase access to supportive housing"

Department of Community Health

- The Department will receive a total of more than \$14.35 billion in funding
- Health Care Access and Improvement program
 - The Senate eliminated a funding reduction made by the House of \$500,000 for charity clinics
 - The Senate agreed to add \$500,000 for one-time funds for two FQHC start-up grants in Jackson and Jenkins Counties
 - The Senate agreed to an addition of \$250,000 for contracts services for medically fragile children who do not qualify for Katie Beckett TEFRA/Deeming waiver (Champions for Children)
 - It added \$42,000 for one-time funds for the purchase of three telemedicine equipment devices to support middle Georgia EMS services
 - It added \$25,000 to increase funding for the Southwest Georgia Cancer Coalition to assist with access to quality cancer care and treatment in southwest Georgia
- Medicaid: Aged, Blind and Disabled program
 - The Senate proposed only \$20.7 million in funding to cover expenses related to higher pharmacy costs of Hepatitis C drugs and cystic fibrosis drugs (this is down from what the Governor and House had proposed of more than \$26 million)

- The Senate agreed to the House number on the reduction of funding on an adjustment for growth in Medicaid based on projected need, cutting that funding by \$31.3 million
- The Senate also agreed with the House on the slightly more than \$8 million added to reflect a projected increase in the Medicare Part D Clawback
- The Senate agreed to the \$4.1 million reduction proposed by the House reflecting changes in rate calculations for nursing facility operators
- The Senate agreed to the House addition of \$11.3 million in funding to provide for a three percent inflation adjustment on the 2012 nursing home cost reports
- The Senate agreed with the House addition of \$3.7 million for funding ICWP rates to match the CCSP and SOURCE rates
- The Senate agreed to the House addition of \$399,670 so as to increase reimbursement rates for Adult Day Health Centers by five percent providing parity with other home and community-based service providers
- The Senate proposed \$2 million rather than \$1.3 million as a rate increase for occupational therapy and physical therapy providers in the Medicaid CIS program
- The Senate added \$95,041 for a three percent rate increase in ventilator reimbursement rates

Department of Human Services

- Total funding of \$1.77 billion
- In Child Support Services, the Senate agreed with the House to increase funds for 10 parent accountability court coordinator positions
- In Child Welfare Services, the Senate proposed to increase funding for CASAs by \$750,000 (the House had proposed \$500,000) and the Senate also added \$1.5 million to increase funds for DFCS Special Assistant Attorneys General for a \$5 per hour increase
- In Elder Community Living Services, the Senate proposed \$1 million to transition 167 seniors from nursing homes into community settings (the House had proposed \$750,000 to move 125 seniors)
- In Elder Support Services, the Senate added \$500,000 for increasing funding on Meals on Wheels and senior center nutrition programs (the House proposed \$250,000)
- In the Out of Home Care program, the Senate agreed to the House proposed increase in funds for a 1.5 percent provider rate increase for Child Caring Institutions, Child Placing Agencies, foster parents and relatives – this is an addition of more than \$4.25 million
- In the Vocational Rehabilitation Agency: Vocational Rehabilitation Program, the Senate added \$40,000 to increase funding for Speech, Hearing and Rehabilitation Enterprises of Coastal Georgia (SHARE)

Department of Public Health (Total funding of more than \$671.9 million)

- In Adolescent and Adult Health Promotion, the Senate added \$2 million (rather than the House addition of \$1 million) for increased funds for the Positive Alternatives for Pregnancy and Parenting Grant program and the Senate added \$100,000 for an increase of funds for the Biomedical Prevention Clinic and the Senate proposed a reduction of \$50,000 to the one-time funds for Georgiacancerinfo.org website (Georgia CORE) (rather than the initial reduction of \$75,000 by the Governor which was later restored by the House)
- In the Departmental Administration program, the Senate agreed to the House increase for funding for telehealth maintenance and infrastructure of \$122,196
- In Epidemiology, the Senate eliminated the proposed funding for the Grady Georgia Poison Center of \$100,000 and the funding for a telephone-based stroke support program for pre-hospital providers in the amount of \$100,000
- In the Infant and Child Essential Health Treatment Services program, the Senate eliminated the proposed funding for Medical College of Georgia's Sickle Cell Center in the amount of \$117,178
- Within Infectious Disease Control, the Senate proposed \$36,442 as an increase in funding for an additional salary increase for registered nurses to address recruitment and retention issues in the highest turnover job classes (the House and Governor had only added \$15,161)
- In the Public Health Formula Grants to Counties program, the Senate agreed to the House amount of \$1.38 million to increase funds for the sixth year phase-in of the new grant-in-aid formula to hold harmless all counties (the governor had proposed more than \$2.1 million); the Senate also added \$4.3 million (rather than the House and Governor amounts of \$1.79 million) to increase funding for an additional salary increase for registered nurses to address recruitment and retention issues in the highest turnover job classes; the Senate proposed \$618,167 to increase funding to provide for an additional salary increase for Licensed Practical Nurses to address recruitment and retention issues in the highest turnover job classes

Legislation Tracking (Updated on 03/14/2016)

Bill	Committees	Status	Analysis
HB722	HC: Judiciary Non-Civil	Mar/02/2016 - Senate Read and Referred	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;

			<p>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>
<p>HB762</p>	<p>HC: Judiciary</p>	<p>Feb/18/2016 - Senate Read and Referred</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>HC: Regulated Industries</p>	<p>Mar/08/2016 - Senate Read Second Time</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>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>HC: Health & Human Services</p>	<p>Feb/09/2016 - Senate Read and Referred</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>HC: Health & Human Services</p>	<p>Feb/19/2016 - Senate Read and Referred</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, identified as restricted dangerous drugs: (1) mitraynine; (2) 7-hydroxymitragynine; (3) genus <i>Mitragyna</i>; (4) salvinorin A; and salvia divinorum – except as otherwise provided for in paragraph (4.3) of Code Section 16-13-72."</p>
<p>HB826</p>	<p>HC: Health & Human Services</p>	<p>Feb/19/2016 - Senate Read and Referred</p>	<p>Rep. Betty Price (R-Roswell), addresses medical practice advertisements and adds a new Code Section at O.C.G.A. § 43-34-22.1. It prohibits a physician from advertising himself or herself out to the public in any manner as being certified or board certified in any specialty or subspecialty by a public or private board, including a multidisciplinary board unless:</p> <ol style="list-style-type: none"> 1) The advertisement or publication states the full name of the certifying board; and 2) Such certifying board either: <ul style="list-style-type: none"> Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or Requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education or the American Osteopathic Association that

			provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the American Board of Medical Specialties or the American Osteopathic Association board for that training field, and further successful completion of an examination in the specialty or subspecialty certified.
HB838	HC: Insurance	Feb/25/2016 - Senate Read and Referred	Rep. Shaw Blackmon (R-Bonaire), seeks to add a new Code Section at O.C.G.A. § 33-24-59.20 which requires that any insurance carrier which issues a health benefit plan through an insurance agent in Georgia to fairly compensate that agent for his or her ongoing services. "Each carrier that issues, enrolls, or delivers health benefit plans through an agent in this State who reviews coverage and provides ongoing customer service shall compensate such agent a minimum of 5 percent of collected premiums. This compensation shall be a minimum of 5 percent of the carrier's collection of premiums for the life of each policy which shall include the first year and each renewal contract year thereafter." The provisions will not apply to health benefit plans sold through agents to "large employers" ("any person, firm, corporation, partnership association, political subdivision, or sole proprietor that is actively engaged in a business that, at the time of a health benefit plan application, employed more than 50 eligible employees on at least 50 percent of its working days during the preceding calendar quarter and for which exists a bona fide employer-employee relationship"). Large employer qualifiers are included as well – companies which are affiliated companies or companies eligible to file combined tax returns for State taxation are to be considered as one employer and the size of the employer is to be determined annually prior to the issuance of the health benefit plan.
HB853	HC: Health & Human Services	Feb/17/2016 - Senate Read and Referred	Rep. Lee Hawkins (R-Gainesville), addresses the "Coverdell-Murphy Act" found at O.C.G.A. § 31-11-110 et seq. to update the current system of

			levels of "certified stroke centers" in an effort to reflect advances in stroke treatment and therapy. The Department of Public Health is to establish additional levels in consultation with the Georgia Coverdell Acute Stroke Registry. It is estimated that 800,000 new and recurrent strokes occur each year in the United States.
HB866	HC: Insurance	Mar/10/2016 - Senate Committee Favorably Reported By Substitute	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.
HB884	HC: Insurance	Mar/10/2016 - Senate Committee Favorably Reported By Substitute	Rep. Darlene Taylor (R-Thomasville), also addresses insurance and risk-based capital levels. It specifically amends O.C.G.A. § 33-56-3(a)(1)(D) and adds: If a health organization has total adjusted capital which is greater than or equal to its company action level RBC but less than the product of its authorized control level RBC and 3.0 and triggers the trend test determined in accordance with the trend test calculation included in the health RBC instructions.
HB885	HC: Governmental Affairs	Mar/08/2016 - Senate Read Second Time	Rep. Jan Jones (R-Milton), seeks to repeal O.C.G.A. § 31-3-2.1 which would remove the option for certain counties to create a county board of health and wellness by ordinance.
HB886	HC: Health & Human Services	Mar/08/2016 - Senate Read Second Time	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.
HB897	HC: Health & Human Services	Feb/26/2016 - Senate Read and Referred	<p>Rep. Betty Price (R-Roswell), adds a new Article 10 in Chapter 8 of Title 31 to provide for the establishment and operation of a drug repository program to accept and dispense unused prescription drugs - this would be done by the Department of Community Health in consultation with the Board of Public Health. This repository program could accept and dispense prescription drugs donated for the purpose of being dispensed to individuals who are Georgia residents and meet eligibility standards to be established by the Board of Community Health. The legislation outlines the types of prescription drugs to be accepted and dispensed (liquid and the vial is sealed and properly stored; individually packaged and the packaging has not been damaged; or in original, unopened, sealed, and tamper-evident unit dose packaging). Individuals, drug manufacturers, or healthcare facilities may donate prescription drugs to this program – taken to a pharmacy, hospital or nonprofit clinic which elects to participate and meets criteria for participation. It adds at O.C.G.A. § 31-8-303 that a person, pharmacy, drug manufacturer, or healthcare facility or any government entity which donates or gives drugs to the program is not subject to liability in tort or other civil action for 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>HC: Health & Human Services</p>	<p>Feb/24/2016 - Senate Read and Referred</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 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>
<p>HB902</p>	<p>HC: Health & Human Services</p>	<p>Mar/10/2016 - Senate Committee Favorably Reported</p>	<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>
<p>HB910</p>	<p>HC: Health & Human Services</p>	<p>Mar/10/2016 - Senate Committee Favorably Reported</p>	<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>

<p>HB916</p>	<p>HC: Health & Human Services</p>	<p>Feb/25/2016 - Senate Read and Referred</p>	<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>A new code Section would also be added at 50-1-10 to require that no State agency that provides reimbursement to another entity shall establish any rules requiring full withholding of reimbursement for any clerical or record keeping-error. Such errors include typographical errors, scrivener's errors, or computer errors, etc. Any such error would not in and of itself constitute fraud. No withholding of reimbursement shall be allowed if the error has been resolved in accordance with subsection (b), provided that recoupment shall be allowed if the error resulted in overpayment. In this case, recoupment shall be limited to the amount overpaid. An entity would be afforded the right to a hearing in accordance with the 'Georgia Administrative Procedure Act' in Chapter 13 of Title 50 to address any attempted withholding of reimbursement by such State agency relating to an error in documentation.</p>
<p>HB919</p>	<p>HC: Ways & Means</p>	<p>Feb/26/2016 - Senate Read and Referred</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</p>

			<p>percent of its gross net revenue from treating indigent patients. A new Code Section O.C.G.A. § 48-7-29.20 would be created to allow for an income tax credit in support of a rural health care organization. For a single individual, this tax credit would be either 90 percent of the amount expended, or \$2,500 per tax year, whichever is less. In the case of a married couple, the credit would be either 90 percent of the amount expended, or \$5,000 per tax year, whichever is less. A corporation shall be allowed a credit not to exceed 90 percent of the actual amount expended or 75 percent of the corporation's income tax liability, whichever is less. This tax credit shall not exceed the taxpayer's income liability.</p>
HB944	HC: Health & Human Services	Mar/10/2016 - Senate Read Second Time	<p>Rep. Sheri Gilligan (R-Cumming), seeks to amend O.C.G.A. § 31-7-16, regarding determination or pronouncement of death of a patient who died in a nursing home facility, so as to not require that if that patient is a registered organ donor, then only a physician may make that determination or pronouncement of death. It also amends O.C.G.A. § 31-7-176.1, regarding determination or pronouncement of death of patients in hospice care, so that they no longer must be pronounced dead by a physician if the hospice patient is a registered organ donor. It also amends O.C.G.A. § 31-10-16(a) to address criteria for determining death and immunity from liability and makes conforming changes so that a physician assistant and registered professional nurse may pronounce individuals deaths.</p>
HB965	HC: Insurance	Mar/10/2016 - Senate Committee Favorably Reported	<p>Rep. Mike Cheokas (R-Americus), seeks to enact "The Honorable Jimmy Carter Cancer Treatment Access Act." It would amend O.C.G.A. § 33-24-59.20 to provide that no health benefit plan shall require an insured to fail to successfully respond to a drug for stage four advanced, metastatic cancer prior to the approval of a drug prescribed by his or her physician. Use of such drug would need to be consistent with best practices for the treatment of</p>

			stage four, metastatic cancer and be supported by peer reviewed medical literature.
HB975	HC: Insurance	Mar/10/2016 - Senate Read Second Time	Rep. Jason Shaw (R-Lakeland), revises Georgia's Insurance Code and specifically O.C.G.A. § 33-10-13 to provide for updates to the standard valuation law as it relates to the reserve requirements for companies allowed to opt out of the principal-based reserves standards. It permits them to hold reserves based on mortality tables and interest rates defined by the valuation manual for net premium reserves and using the methodologies described in O.C.G.A. § 33-10-13(g) through (m) as they apply to ordinary life insurance in lieu of the reserves required in O.C.G.A. §33-10-13(o) and (p) under certain conditions (for instance the insurer is a member of a group of life insurers and they have combined premiums less than \$600 million).
HB981	HC:	Feb/26/2016 - Senate Read and Referred	Rep. Jay Powell (R-Camilla), amends O.C.G.A. § 48-5-41, to provide that for-profit corporations that participate in the indirect ownership of a home for the mentally disabled for primarily financial purposes, shall not operate to disqualify such home for a property tax exemption.
HB1043	HC: Health & Human Services	Mar/10/2016 - Senate Committee Favorably Reported By Substitute	Rep. Trey Kelley (R-Cedartown), amends O.C.G.A. § 43-34-26.1 relating to vaccine protocol agreements. It exempts activities conducted by a hospital or health system with respect to influenza vaccinations under certain conditions and if all are met: (A) A signed and dated consent form by which the vaccine recipient consents to the administration of the vaccine is obtained; (B) If the vaccine recipient is a patient within the hospital or health system, the administration of the influenza [vaccine] shall be noted in such patient's health record maintained by the hospital or health system, including, but not limited to, the

			<p>administering pharmacist's or nurse's name, address, telephone number, and professional license number; the name, dose, manufacturer, and lot number of the vaccine; and the date of administration and injection site;</p> <p>(C) If the vaccine recipient is not a patient within the hospital or health system, a personal immunization card on card stock paper containing the vaccine recipient's name, the pharmacist's or nurse's name and phone number, the name and dosage of the vaccine, the injection site on the vaccine recipient, the date of the administration of the vaccine in legible writing or printed type in a format made available by the Department of Public Health, and written information developed by the Department of Public Health on the importance of having and periodically seeing a primary care physician shall be provided to the vaccine recipient; and</p> <p>(D) If requested by the patient, the influenza vaccine shall be administered in an area or location with portable screening, at a minimum.</p>
HR1306	HC:	Feb/08/2016 - House Read and Adopted	Rep. Katie Dempsey (R-Rome), recognizes Georgia's pregnancy resource centers. There are 70 such centers in the State providing care to women and men facing unplanned pregnancies, including resources to meet their physical, psychological, emotional, and spiritual needs.
SB273	SC: Health and Human Services	Mar/10/2016 - House Committee Favorably Reported	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>SB302</p>	<p>SC: Insurance and Labor</p>	<p>Mar/10/2016 - House Committee Favorably Reported By Substitute</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>SC: Health and Human Services</p>	<p>Mar/10/2016 - House Passed/Adopted</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</p>

			modification of the POLST form (this would occur on and after July 1, 2016).
SB308	SC: Health and Human Services	Mar/10/2016 - House Committee Favorably Reported By Substitute	Sen. Renee Unterman (R-Buford), adds a new Article 2 in Chapter 2A of Title 31. It is to establish the "Positive Alternatives for Pregnancy and Parenting Grant Program" which is to promote healthy pregnancies and childbirth by awarding grants to nonprofit organizations that provide pregnancy support services. This program will be overseen by the Department of Public Health which is authorized to contract with a contract management agency to administer this program. The following services will be funded by the program as outlined in O.C.G.A. § 31-2A-34: 1) medical care and information (pregnancy tests, health screening, ultrasounds, etc.); 2) nutritional services and education; 3) housing, education, and employment assistance during pregnancy and up to one year following a birth; 4) adoption education, planning and services; 5) child care assistance if necessary for the client to receive pregnancy support services; 6) parenting education and support services for up to one year following a birth; and 7) material items supportive of pregnancy and childbirth (cribs, car seats, etc.). Grants will be awarded to direct client service providers annually on a competitive basis and grant amounts are not to exceed 85 percent of the annual revenue for the prior year of any provider which meets certain criteria including that it is a 501(c)(3) entity and with a primary mission in promoting pregnancy and childbirth. These direct client service providers have to collect and make reports annually to the Department which in turn will conduct annual audits and report information annually to the General Assembly on its use of trust funds.
SB314	SC: Health and Human Services	Feb/22/2016 - House Second Readers	Sen. Renee Unterman (R-Buford), addresses the practice of nursing and revises provisions to the advanced nursing practice:

		<p>Amends O.C.G.A. § 43-26-3 and includes certified nurse practitioners and clinical nurse specialists in the list of current advanced nursing practice definition. It further eliminates the current definition for the term, "advanced practice registered nurse" and adds a new definition: "means a registered professional nurse licensed under this chapter who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice within one of the following roles: certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist and who functions in a population focus or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006. This paragraph shall not be construed to require a certified registered nurse anesthetist who graduated from an approved nurse anesthetist educational program prior to January 1, 1999 to hold a master's degree or other graduate degree."</p> <p>It adds a new Code Section at O.C.G.A. §43-26-7.1 outlining the requirements for new licensure as an advanced practice registered nurse (it includes submission of a written application and fee; completed accredited graduate or post-graduate level advanced practice registered nursing program in one of the four roles and at least one population focus; be currently certified by a national certifying body recognized by the board; have a satisfactory result from a fingerprint record check report conducted by the Georgia Crime Information Center and FBI; and other criteria established by the Board). It also outlines requirements for applicants who apply for reinstatement.</p> <p>Amends O.C.G.A. § 43-26-9, which in part, permits the Board to require that an applicant for renewal of an unexpired license submit additional information, satisfactory results from a fingerprint record check conducted by the Georgia Crime</p>
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SB319	SC: Health and Human Services	Feb/19/2016 - House Second Readers	<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>
SB385	SC: Health and Human Services	Mar/07/2016 - House Second Readers	<p>Sen. Judson Hill (R-Marietta), seeks to add a new Code Section at O.C.G.A. § 43-34-22.1 to address requirements for the advertisement or publication of representations of physicians' board certification. It prohibits a physician from advertising or holding himself/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, but not limited to, a multidisciplinary board, unless: (1) the advertisement or publication states the full name of the certifying board; and (2) such certifying board either: (A) is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or (B) 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,</p>

			<p>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." It further permits the board to impose disciplinary action if violations are found.</p>
<p>SB402</p>	<p>SC: Regulated Industries and Utilities</p>	<p>Mar/10/2016 - House Committee Favorably Reported By Substitute</p>	<p>Sen. Jeff Mullis (R-Chickamauga), creates a new Code Section at O.C.G.A. § 26-5-21, concerning drug abuse treatment and education programs, providing a moratorium on the issuance of new licenses to narcotic treatment programs through June 30, 2017 so that the General Assembly can study needed changes to their licensure requirements for the operation of such programs. It also creates an eleven member State Commission on Narcotic Treatment Programs and outlines its duties to be accomplished by December 31, 2016 (which includes, in part, examining the current narcotic treatment program licensure requirements for adequacy and the current licensure requirements and enforcement of such requirements and how they meet the purpose of providing adequate medical, counseling, vocational, educational, mental health assessment, and social services to patients).</p>