

2023-2024



# LEGISLATIVE BIENNIUM MID-SESSION GUIDE

GEORGIA HOSPITAL ASSOCIATION



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## About GHA

GHA is a nonprofit trade association made up of member health systems, hospitals, and individuals in administrative and decision-making positions within those institutions. Founded in 1929, GHA serves nearly 145 hospitals in Georgia. Its purpose is to promote the health and welfare of the public through the development of better hospital care for all of Georgia’s citizens. GHA members are committed to improving institutional healthcare services and, in turn, patient care. The association provides information and education on issues ranging from access to healthcare and clinical care updates to effective hospital management and compliance with high-level accreditation standards. GHA is an allied member of the American Hospital Association.

## GHA Mission

To advance the health of individuals and communities by serving as the leading advocate for all Georgia hospitals and health care systems.

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# Letter from the GHA President Caylee Noggle

As we enter the 2024 Legislative Session, I am pleased to share with you the Georgia Hospital Association's 2023-2024 Legislative Biennium Mid-Session Guide.

This overview serves as a detailed account of the proceedings and outcomes of the 2023 Georgia General Assembly's Legislative Session that impact Georgia's hospitals and healthcare practices. You will find that this document highlights adopted legislation and brings attention to bills resting in committee, as well as those that failed to become law.



In addition to highlighting the progress made toward improving healthcare in Georgia last year, this document also serves as a starting point for the conversations and opportunities that lie ahead. Though we are entering a new year, GHA's goals and fundamental priorities remain unchanged. We aim to be the leading advocate for healthcare in Georgia and are keenly focused on crafting solutions, educating and advocating for issues related to:

1. Workforce
2. Access, including availability and affordability
3. Quality

It is our unwavering dedication to championing the needs of the healthcare community and the citizens of Georgia that propel us to engage in these crucial conversations and ensure that the voices of our members are heard. We offer the details that follow to equip and empower you and your team with the knowledge necessary to navigate the evolving legislative landscape effectively and to provide helpful context on how these issues are connected.

The Georgia Hospital Association remains steadfast in its commitment to advocating for the best interests of our healthcare community. Together, we can continue to shape policies that promote the highest standards of care and lead to a healthier Georgia.

Please do not hesitate to contact the GHA Government Relations team whenever we can assist you.

Best,

Caylee Noggle  
President & CEO  
Georgia Hospital Association



# GHA 2024 Legislative Priorities

## Health Care Workforce Growth and Support

GHA **supports** efforts to increase the number of **qualified and job-ready staff** for health care facilities to help quickly address the critical health care workforce shortage in Georgia. To ensure that the available health care workforce can meet the needs of our growing communities and can respond to emergencies and other statewide healthcare demands, GHA will advocate for **additional funding** for education programs, incentives for medical educators, and flexibilities that allow facilities to provide care in creative ways that best suits their needs. Further, GHA supports legislative efforts to ensure **workforce safety** and the prevention of violence against workers in healthcare settings. In addition to clinical staff growth, GHA also supports statewide investments in the non-clinical health care workforce such as IT professionals, environmental services staff, and medical billing and coding experts, which are a vital part of hospital infrastructure.

GHA **opposes** staffing ratio mandates and other regulations that add significant costs or barriers that impact hospitals' ability to appropriately and efficiently provide care.

## Streamline and Simplify the Certificate of Need Program

GHA **supports** a state health planning process that ensures access to **all healthcare services** for Georgians, including the rural, uninsured, and underinsured populations. Meaningful, targeted changes to the Certificate of Need process, combined with reforms to other components of the state's health care system, will help provide **better access** to comprehensive and affordable care options to all patients while also protecting those essential, but vulnerable, services that are **vital to the health of our communities**.

## Preserve and Enhance Access to Health Care for All Georgians

GHA **supports** a healthy Georgia and advocates for state and federal proposals that **increase coverage options** and reduce the number of uninsured and underinsured patients. Statistics show that patients who have health insurance typically have **better health outcomes** and financial stability—because those with health insurance seek the appropriate health and preventive care in the right setting. GHA **supports** access to **affordable health insurance** for all Georgians, particularly for those who have historically been underserved with regard to health care services. Further, GHA **supports** efforts to ensure patients have full access to their insurance benefits through adequate provider networks and appropriate reimbursement for hospital services and without overburdensome administrative requirements or inappropriate denials of service.

Delays in authorization of medically necessary care by insurers lead to poor patient outcomes and limit access to timely and appropriate services, and GHA **opposes** any blanket efforts by insurers to interfere or create unnecessary burdens in a provider/patient care plan, including access to medications and therapies. GHA also **opposes** efforts to place restrictions on provider network participation and payments, including tiered networks or restrictions based solely on the site of service, as well administrative burdens that result in roadblocks to timely payments for medically necessary services, which drive up the cost of care for all patients.





## Tort Reform

GHA **supports** efforts to modernize Georgia's tort laws to **reduce unnecessary litigation** costs to businesses, **preserve access to care** for Georgia citizens in need of high-risk services, and protect the health care community's ability to provide high-quality care to all, regardless of ability to pay. Georgia's current tort laws have encouraged extremely high jury awards and incentivized lawsuits in cases where mediation may have been a viable option. Frivolous lawsuits lead to increased cost of care for all Georgia's patients, and GHA **supports** efforts to improve Georgia's tort statute by addressing "phantom damages" and "anchoring" practices, prohibiting venue shopping, and other considerations that **protect patients' rights** while preventing unnecessary lawsuits

## Improve Access to Behavioral Health Resources

GHA **supports** resources that bolster a full-spectrum behavioral health system, including the availability of comprehensive community-based services and enhancement of acute inpatient resources, which ensures **access to safe, high-quality care** in the most appropriate setting, irrespective of patient financial ability.

## Support Adequate Financial Support for Hospitals

### GHA Supports:

- Adequate state and federal funding for programs designed to support hospitals and other health care providers.
- Mechanisms that require the state to seek and consider **input from stakeholders** when making significant policy decisions impacting Medicaid, PeachCare for Kids, and the State Health Benefit Plan (SHBP).
- The maintenance and growth of Medicaid Disproportionate Share Hospital (DSH) federal funds, as well as **sufficient state-matching funds** for DSH payments to private hospitals.
- Taking **full advantage** of federal Medicaid funds available for hospitals through the Upper Payment Limit (UPL) programs and Directed Payment Programs (DPP.)
- Medicaid, PeachCare for Kids, and SHBP policies that **adequately compensate providers** for the costs of care, improve long-term health outcomes, and address chronic health conditions with a positive return on investment.
- **Tax credits** and state budget allocations for at-risk hospitals and targeted programs like the Rural Hospital Tax Credit, Rural Hospital Stabilization Grant, trauma center designations, and others.
- **Renewal** of the Hospital Provider Payment Agreement.
- Development of a new Provider Payment Agreement and Medicaid directed payment program for behavioral health facilities.

## Protect Not-For-Profit Sales Tax Exemptions and Tax Credits

GHA **supports** the preservation of the **tax-exempt status** of not-for-profit hospitals and the extension of tax credits for **contributions to rural hospitals** and other clinical programs. These tax policies provide a significant **return on investment** by allowing hospitals to invest in innovative care options, facility improvements, statewide workforce development, and other patient-centered initiatives. All hospitals provide important **community benefits** that greatly exceed the value of their tax exemptions, especially considering the value of the various taxes that not-for-profit hospitals do pay.

## Other Policy Positions

### Clinical Education

GHA **supports** adequate funding for state and federal programs that support **medical education and clinician recruitment**, including current and newly implemented graduate medical education residency programs to improve Georgia's health care workforce climate. Further, GHA **supports** efforts to **increase education slots** for other areas of clinical education in both the classroom and healthcare settings.

### Health Information Technology

GHA **supports** efforts to improve **access to innovative health technology** and communications, which are integral to implementing delivery and payment systems, including telehealth and telemedicine, information and cyber security, patient access to medical information, provider access to artificial intelligence (AI) resources, and health data integrity.

### Indigent Care Mandates

Hospitals continuously strive to meet the growing needs of their communities while adhering to established federal standards and strict reporting requirements regarding community benefits for not-for-profit hospitals. Through their Community Health Needs Assessments, hospitals establish robust plans for **meeting the needs of patients** in their communities by designing and implementing programs to address care for indigent patients, maternal mortality, social determinants of health and health equity. GHA **opposes** additional mandates that limit hospitals' ability to respond to the diverse and unique needs of their communities.

### Patient Safety Initiatives

GHA **supports** hospitals' ongoing patient-safety efforts to **improve health care outcomes** for patients, including eradicating medication errors and hospital-acquired infections, while providing patient and family centered care in a safe environment.

GHA **opposes** unnecessary and ineffective legislative and regulatory burdens that hinder the provision of quality health care via unfunded mandates that are not backed by credible research or national standards. Further, GHA **opposes** policies by commercial insurers to deny or delay patient care or require medications and services be delivered in potentially unsafe conditions or situations.



## Regulations

GHA **supports** state and federal health care policies that provide for governmental **transparency and cooperation** while establishing clear and reasonable standards that protect the ability of health care facilities and providers to carry out their duties effectively. Further, GHA **supports** the promotion and adoption of initiatives that enable health care professionals to deliver high-quality care according to established best practices.

GHA opposes policies that are duplicative or offer little return on investment and, at great expense to the state and health care providers, do little to effectively reduce true fraud and waste.

## Scope of Practice

GHA **supports** policies that allow licensed health care professionals to practice to the **full extent of their training** and experience to ensure **appropriate access to care** in all areas of the state, especially medically underserved areas. Scope of practice expansion creates an important opportunity for Georgia to help manage the health care workforce shortage and lower the overall cost of care. Targeted improvements to bedside nursing scope of practice would assist with **recruitment, retention, and hospital efficiency**.

## Trauma Funding

GHA **supports** additional trauma care funding to support a system that **saves hundreds of lives each year**. Policymakers should seek to stabilize the existing trauma hospitals and other health care providers who offer trauma services while encouraging other appropriate hospitals and health care providers to enter the network. Additionally, GHA **supports** state efforts to **prioritize funding and support** for other areas of trauma response such as emergency medical services (EMS) and hospital emergency preparedness programs.





## GHA CON Recommendations

Just as CON legislation cannot be considered in a vacuum, none of the following recommendations should be read in isolation. These 14 recommendations, taken as a whole, are meant to serve as a guidepost to GHA and policymakers as legislation is considered during the 2024 legislative session.

**1. General – As policymakers study the Certificate of Need program, GHA recommends any modifications be considered in the context of the state’s entire health care system, including affordable access to all types of care for all of Georgia’s residents; efficient use of the state’s finite health care resources; and the varied, comprehensive needs of communities and patients across the state. Major modifications to the CON program should become effective only after other changes to stabilize the state’s health care safety net are in place.**

- CON is one of the key components of the state’s complex health care system. It remains an important regulatory program necessary to preserve access to all types of health care services for all Georgians, including the rural, uninsured, and underinsured populations.
- Reforms to other components of the system, including behavioral health crisis services, emergency medical services and the trauma care network, access to affordable health insurance, scope of practice, and the tort system, are all necessary in order to have a direct and lasting impact on access to care.

**2. Regulatory Process – GHA recommends the state be statutorily required to enforce the CON law and to update the State Health Plan at least every five years. GHA further recommends the state ensure the Department of Community Health has the necessary resources to implement and enforce the CON law as written by the legislature.**

- The State Health Plan and corresponding CON regulations have not been updated by the Department of Community Health as intended after the 2019 CON reforms. They remain remarkably out of date and are not reflective of the current health care environment.
- According to the Court of Appeals of Georgia, current law “imposes only the authority, not the duty...” on the Department of Community Health to enforce the CON regulations when it has been alerted to a violation. (*Southeast Georgia Health System v. Berry*, 362 Ga. App. 422 (2022)).
- The state currently lacks the resources to update the State Health Plan, CON regulations, and service-specific need methodologies or to properly enforce the CON law.

**3. Capital Expenditure Thresholds – GHA recommends eliminating the capital expenditure threshold for construction-only projects while maintaining CON requirements for new, expanded, or relocated services consistent with our other recommendations. GHA further recommends maintaining a meaningful review of projects, with the opportunity for stakeholder input regarding community impact, prior to the issuance of a Letter of Determination that a CON is not required.**

- Since the latest CON reforms went into effect in 2019, an average of 50 CON applications have been filed each year. An average of 8 of these applications or 16% are for construction-only projects. (2020 is excluded from these calculations because of the COVID-19 public health emergency.)
- The vast majority of CON applications for construction-only projects are approved without opposition or appeal. Increasing or eliminating the capital expenditure threshold would significantly decrease the number of CON applications and therefore, decrease the burden on Department of Community Health staff.
- There has been a significant increase in the cost of construction.
- The process to obtain a Letter of Determination to confirm a project is exempt from CON review should include a meaningful review of the applicable project. The ability of other stakeholders to review and object to proposed construction projects is valuable, even if rarely filed, to hold health care providers accountable to their local communities.

**4. Equipment Thresholds – GHA recommends eliminating the equipment expenditure threshold for hospitals and physicians and eliminating the replacement equipment expenditure threshold for freestanding imaging centers that were grandfathered prior to the 2008 legislative changes. GHA further recommends maintaining a meaningful review of equipment purchases, with the opportunity for stakeholder input regarding community impact, prior to the issuance of a Letter of Determination that a CON is not required.**

- Since the latest CON reforms went into effect in 2019, an average of 50 CON applications have been filed each year. An average of 4 of these applications or 8% are for equipment purchases above the equipment threshold. (2020 is excluded from these calculations because of the COVID-19 public health emergency.)
- Cost of equipment continues to increase.
- The threshold for replacement equipment for existing freestanding imaging centers was not updated in the 2019 CON reform.

**5. Ambulatory Surgery Centers - GHA recommends no changes to the existing CON requirements related to single-specialty or multi-specialty ambulatory surgery centers. The recommendation for the department to update the service-specific CON regulations, including need methodologies, would address concerns regarding the ability to obtain a CON for new ambulatory surgery services.**

- Hospitals provide critical services for their communities that are not directly funded. These services include hospitals being on stand-by 24/7 in case there is an emergency, the added costs of being designated a trauma center, and free cancer screenings, to name a few.
- Hospitals also have increased expenses and regulatory burdens compared to ASCs, like providing 24-hour security for their staff and patients, boarding behavioral health patients in the emergency department while they wait for the state to find an open bed, and boarding inpatients who are ready to be discharged to a lower level of care but must wait for approval from their health insurance plan or for a bed to become available due to staffing shortages.
- Revenue from outpatient surgical services is necessary for hospitals to fund and continue to offer these critical services. Loosening the CON requirements for ASCs without direct funding to supplant lost revenue for critical hospital services would negatively impact access to care.
- One of the goals of the CON program is to help ensure affordable access to all types of services for all Georgians. One way the program meets this goal is by imposing indigent and charity care requirements. However, the state does not currently have the resources to adequately enforce the statutory indigent and charity care requirements for ASCs.

**6. Perinatal Services - GHA recommends the state implement policies to increase access to pre- and postnatal care in Georgia's maternity care deserts, including:**

- increased financial support for obstetricians, certified nurse midwives and family medicine practitioners;
- expanded access to telehealth services;
- optimize scope of practice regulations to maximize access to safe and affordable care;
- and tort reform measures that ensure providers feel safe to practice in varied settings.

**Once these recommendations to increase access to perinatal providers have been implemented, GHA recommends exempting new or expanded hospital basic obstetric services from CON review if the hospital licensure requirements are revised to include the necessary quality and patient safety standards, including volume and adverse impact requirements.**

- Perinatal services, including basic obstetrics and neonatal intermediate and intensive care, require a CON because they are highly specialized services. These services require providers to maintain certain minimum volumes to ensure the provision of high-quality care.
- National standards recommend a regionalized network of NICU services to maintain adequate volumes of patients and highly trained staff.
- To improve Georgia's maternal mortality statistics, access to primary, prenatal and postnatal care by physicians, physician assistants and advanced practice registered nurses must be increased.

**7. Opposition – GHA recommends further limiting the stakeholders eligible to oppose a CON application to those providers whose service area substantially overlaps the applicant’s proposed service area, meaning that at least 10% of the opposing provider’s annual new patient admissions or new encounters reside in a zip code included in the applicant’s primary or secondary service area (annual patient admissions or encounters are calculated using an average from the previous three calendar years). GHA further recommends that the limits on which stakeholders are eligible to oppose a request for a Letter of Determination mirror those for CON applications and that the prohibition on opposition from out-of-state entities be codified.**

- The ability for stakeholders to oppose CON applications and requests for Letters of Determination is critical to ensure the state understands the potential impact of a particular application or request on access to care for all types of health care services.
- The 2019 CON reforms placed new limits on which stakeholders are eligible to oppose a CON application. These new limits do not apply to requests for Letters of Determination.
- Between 2008 and April 2018, a total of 1,944 CON applications were filed. 17% of these applications were opposed.
- In 2022, DCH amended its regulations to prohibit out-of-state entities from opposing CON applications.

**8. Appeals Process – GHA recommends the Certificate of Need Appeal Panel be eliminated and that appeal hearings be conducted by the Office of State Administrative Hearings (OSAH). GHA further recommends that the Commissioner have 30 days to complete their review of an OSAH decision.**

- The right to appeal a decision regarding a CON application is important for both applicants and other providers to hold health care providers accountable to their local communities.
- It can take years for a CON application to work its way through the appeals process. Streamlining the CON appeals process decreases barriers to entry.
- The Certificate of Need Appeals Panel does not have the resources to handle the current number of appeals.

**9. Closures – GHA recommends increasing the time a closed facility or service line can reopen without a new Certificate of Need from 12 months to 24 months unless the closure was the result of revocation of or other adverse action regarding the facility’s license.**

- Twelve months is a short time period for a hospital that has closed a service line or the entire facility to develop a viable plan to reopen, especially in economically distressed counties.

**10. Bed Transfers – GHA recommends creating a new Certificate of Need exemption to allow health systems to transfer existing beds or services from one hospital or campus to another existing hospital with the same service within the same system and within a 10-mile radius of the original location.**

- Health systems would benefit from the ability to move beds or services from one hospital or campus to another in order to maximize capacity and efficiency and to meet the specific patient needs of their communities.

**11. Addition of Beds – GHA recommends expanding the Certificate of Need exemption to allow existing hospitals to increase bed capacity by the greater of 10 beds or 20% every three years if the hospital has maintained at least a 60% occupancy rate for the previous 12 months (occupancy rate is calculated based on the total number of annual inpatient days as defined by the Annual Hospital Questionnaire divided by the number of licensed beds multiplied by 365).**

- Hospitals would benefit from increased flexibility to add beds for existing services. This would also help decrease the burden on the Department of Community Health by decreasing the number of CON applications.



**12. Relocations – GHA recommends expanding the Certificate of Need exemption to allow health care facilities in urban counties to relocate within 5 miles of the existing facility.**

- Hospitals and patients in urban communities would benefit from increased flexibility to relocate facilities.

**13. Psychiatric and Substance Abuse Services – GHA recommends the state provide additional resources to stabilize the behavioral health safety net prior to adopting any CON changes related to psychiatric or substance abuse services. To help stabilize the behavioral health safety net, GHA recommends that:**

- a. The Department of Community Health:
  - o provide all Medicaid beneficiaries equitable access to services in institutes for mental disease in both the fee-for-service and managed care Medicaid programs;
  - o enhance Medicaid payments for inpatient psychiatric services to fully cover the cost of care; and
  - o create a new Medicaid directed payment program for private psychiatric hospitals.
- b. The Department of Behavioral Health and Developmental Disabilities:
  - o create sufficient crisis bed capacity to serve the needs of all publicly insured and uninsured behavioral health patients;
  - o enhance payments for state contracted inpatient psychiatric beds to fully cover the cost of care for patients; and
  - o establish a direct funding mechanism to reimburse hospitals for the cost of boarding behavioral patients in the emergency department and transporting patients to an emergency receiving, evaluation or treatment facility when a bed becomes available.

**Once these recommendations to stabilize the behavioral health safety net have been implemented, GHA recommends exempting new or expanded inpatient psychiatric and substance abuse beds from CON review if those new beds are included in the state's inventory of beds available to treat uninsured behavioral health patients in crisis. GHA further recommends that the state budget reflect the additional resources necessary to reduce the boarding of behavioral health patients in hospital emergency departments in accordance with the recommendations of the Behavioral Health Reform and Innovation Commission.**

- There is not enough access to behavioral health services for publicly insured and uninsured Georgians in crisis. The situation is even worse for patients with developmental delays or other co-morbidities.
- Payments from Medicaid and the Department of Behavioral Health and Developmental Disabilities do not cover the cost of providing care to these often-complex patients who require higher staffing levels.
- The access issue is not likely to be improved by simply exempting psychiatric and substance abuse services from CON review. Access to state crisis beds, which are already exempt from CON, is limited. An increase in the number of private inpatient psychiatric beds will not help improve access for uninsured patients unless the state is willing to utilize those beds and pay for that care.
- The system used by DBHDD to find inpatient or crisis beds for uninsured patients does not function efficiently in all parts of the state. Patients in crisis are often left waiting in emergency departments longer than necessary, even when inpatient beds in hospitals that contract with the state are available.
- Once a bed is found, patients often continue to wait due to lack of transportation by law enforcement. Hospitals with enough resources provide private transportation at the hospital's own expense to ensure patients receive the care they need.
- There is no direct funding for hospitals to cover the cost of boarding behavioral health patients in their emergency departments or transporting patients to a more appropriate level of care.
- The state's regulatory and funding systems for behavioral health care are complex, involving multiple state agencies, local governments, vendors, and quasi-governmental entities. These systems require consideration and analysis separate from other CON recommendations.

**14. Statutory Organization – GHA recommends a complete update of Chapter 6 of Title 31 to streamline the statutes and make the CON law easier to understand.**

- After over 40 years of updates and amendments, the CON statutes have become increasingly complex and are not easy to understand or interpret. These complexities have likely deterred providers from seeking a CON for proposed services due to lack of understanding.

## 2023 Session At A Glance

The first day of the 2023 Legislative Session began January 9, 2023, marking the first year of the two-year biennium. New leadership was elected to both the House and Senate, including the new House Speaker Jon Burns (R-Newington), House President Pro-Tempore Jan Jones (R-Milton), and Senate President Pro-Tempore John F. Kennedy (R-Macon). Unlike in recent years, both Chambers of the General Assembly agreed to a schedule for the Session early on. Having the schedule for legislative days ahead of time put the countdown to Sine Die on display for all parties involved in the process. From the first week of the session, it was evident that this Session would be a contentious one. Rumors of full Certificate of Need repeal and heavy tax credit reform were heard from the very beginning. As the session continued on through February, it was evident that healthcare, specifically Certificate of Need reform, was a priority for Lieutenant Governor Burt Jones (R-Jackson). Bills creating drastic changes to the Certificate of Need process were introduced and other hot topic pieces of legislation, including bills outside of the healthcare industry, were threatened. Confusion surrounding the new Hospital Directed Payment Program (DPP) played into the idea that hospitals were “fully funded” and therefore Certificate of Need was no longer necessary. This narrative created confusion amongst the General Assembly members, and GHA worked to clarify these messages by meeting with legislators to educate them on DPP did not make hospitals “whole” and that Certificate of Need was still vital for the survival of hospitals, especially rural hospitals. Legislators were torn between supporting their local hospitals and supporting their party leadership. As the session came to a close, many important pieces of legislation were sacrificed. The Session ended without too many hits to healthcare, but without many wins either. Over the summer, we studied tax reforms and Certificate of Need reform and expect to see changes in the second year of the biennium.

## Budget

The General Assembly passed the FY 2023 Supplemental Appropriations Act on March 6, 2023. The Act appropriates \$32.6 billion in state funds for an eight percent increase over FY 2023.

*The following is a summary of key budget items impacting hospitals. Some items may be duplicated if they are relevant to more than one category of summary.*

### Medicaid Eligibility

- Investment in caseworkers and infrastructure for Medicaid redeterminations required after the end of the Public Health Emergency (+\$8.4m)
- Technology improvements and security upgrades for federal benefits, including Medicaid, to reduce fraud. (+\$4m)
- Direction to the Department of Community Health (DCH) to take necessary regulatory action to expand Medicaid Express Lane Enrollment for Childcare and Parental Services (CAPS); Refugee Cash Assistance; and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

### Scope of Service - direction to DCH to take necessary regulatory action to:

- Include psychiatric hospitals as an eligible facility type to provide Inpatient Psychiatric Facility Services for persons under the age of 21 years enrolled in Fee-for-Service Medicaid.
- Allow Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to provide routine physical exams and preventative care for all Medicaid members.
- Allow for coverage of blood pressure monitors, incontinence supplies, portable oxygen units, nutritional supplements, and specialized formulas for all Medicaid members.

### Financing

- A reduction in state funds by \$506 million to reflect the continued enhanced Federal Medical Assistance Percentage (FMAP), implemented during the COVID-related Public Health Emergency.
- New funds for Medicaid and PeachCare for Kids enrollment and utilization growth (+\$227m)
- Medicare Part B and D premium adjustments for members dually eligible for both Medicare and Medicaid (+\$275k)
- Adjustments to Provider Fees
  - i. Ambulance Provider Fee (+\$8.8m) – new (HB 271-2021 Session)
  - ii. Hospital Provider Payments (+\$2.32m)
  - iii. Nursing Home Provider Fees (-\$13.1m) – replaced with state funds

*(Note: Changes in hospital and NH provider fees are a function of the changes in the amount of revenue subject to assessment and not a change in the assessment method or amount.)*

### Indigent Care Trust Fund

- Reduction in the state match for private hospitals eligible for the Disproportionate Share Hospital (DSH) program to consider the implementation of the Hospital Directed Payment Program and closures of participating hospitals. (-\$9.8 million)

### Healthcare Access and Improvement

- Funds to support the psychiatric and internal medicine resident learning and work centers at St. Francis Hospital. (\$1m)
- Funds to provide additional beds for housing through Area Health Education Centers (AHEC). (\$184k)
- Funds for a study of the need for rural hospital services in southwest Georgia. (\$25k)

### Healthcare Facility Regulation

- Funding for the Department of Community Health to implement and regulate adult residential mental health program licensure established by HB 1069 (2022 Session). (\$250k)





### State Health Benefit Plan

- Recognition of additional revenue from certified school employees (+\$423m)
- \$50 million in new state funds to reflect a two-year phase-in of an increase in the employer contribution per-member per-month for non-certified school employees, effective January 1, 2024.

### Medical Education

- Support for medical education and training at the Medical College of Georgia through the implementation of a state-of-the-art electronic medical records system. (+\$105m)
- Increased grant funding for nursing program expansions. Note: this will expand current funding from \$3 million to \$6.5 million, which is expected to cover 50 percent of funding requests by existing nursing programs seeking to expand. (+\$3.5m)
- Residency capitation payments to St. Francis Hospital for their new internal medicine residency program. (+\$238k)
- Funding for nursing program recruitment in southwest Georgia. (+\$56k)

### Department of Insurance

- Increased funds of \$92 million for the state's reinsurance program.

### Behavioral Health and Developmental Disabilities

- Additional funding to support private psychiatric contract beds for adults and for the Department to provide a report on the total number of private psychiatric beds that exist statewide to the Chairs of the House and Senate Appropriations Committees by June 30, 2023. (+\$2m)
- One-time gap funding for Georgia psychiatric residential treatment facilities receiving less than \$500 per patient per day while under current cost report reimbursement methodology. (\$600k in state funds to DBHDD and recognized in the Medicaid Aged, Blind and Disabled program.)
- Reduced funds to reflect offline hospital beds at Georgia Regional Hospital in Atlanta. (-\$1m)

### Public Health

- Adjustment of funds and direction to the Georgia Coordinating Center to use existing funds to procure a HIPAA-secure multimodal software communication and patient logistics platform to provide multi-agency, multi-jurisdictional all-hazards response for emergency rooms and other critical care services statewide. (-\$3.5m)



The General Assembly passed the FY 2024 Appropriations Act (HB 19) on March 29, 2023. The Act appropriates \$32.4 billion in state funds or a seven percent increase over FY 2023 appropriations.

*The following is a summary of key budget items impacting hospitals. Some items may be duplicated if they are relevant to more than one category of summary.*

### **Behavioral Health**

- Access to Care
  - Additional funds for private psychiatric contract beds **(\$8.1m)**
  - Medicaid coverage for family psychology and therapy services **(\$871k)** and an increase in Medicaid rates for developmental and behavioral screening and testing **(\$200k)**
  - FQHC start-up funding in the Department of Community Health for a behavioral health center in Augusta **(\$250k)**
  - New Medicaid Programs:
- Medicaid reimbursement for services provided by licensed professional counselors, licensed marriage and family therapists, and certified peer support specialists in federally qualified health centers (FQHCs).
- Submission of a 1915(i) State Plan Amendment to provide youth with behavioral and mental health conditions access to Home and Community Based Services.
- Establishment of the Medicaid Qualified Residential Treatment Program (QRTP) designation for non-family-based placements to serve children in a trauma-informed model of care designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances (no new funds; request necessary CMS approval).
- Crisis Stabilization
  - Additional mobile crisis teams **(\$6.3m)**
  - New behavioral health crisis center in Fulton County with twenty-four beds and sixteen temporary observation chairs. **(\$6.7m)**
  - Conversion of a crisis stabilization unit at CSB of Middle Georgia (Dublin) to a 24-bed and sixteen temporary observation chair behavioral health crisis center. **(\$10.8m)**
  - Annualized operating costs for the behavioral health crisis center at Serenity Behavioral Health Systems in Augusta with twenty-four beds and sixteen temporary observation chairs. **(\$7m)**
- Child and Adolescent Mental Health
  - Multi-Agency Treatment for Children (MATCH) teams to support collaboration across state agencies to meet the treatment needs of children. **(\$1m)**
  - One-time gap funding for Georgia psychiatric residential treatment facilities (PRTF) receiving less than \$500 per patient per day while under current cost report reimbursement methodology. **(\$600k)**
  - DBHDD and DCH to work together to increase Medicaid PRTF rates up to 75% of Medicare Inpatient Facility Rates, contingent upon Centers for Medicare and Medicaid Services (CMS) approval and agreement by facilities to follow DCH defined payment policies that prioritize Georgia's youth for placement.
- Medical Education
  - Via the Student Finance Commission,
- Utilize existing funds (\$10,000,000) to provide service cancelable loans to Georgia residents enrolled in degree programs in qualified behavioral health professions pursuant to HB 1013 (2022 Session).

- Commission administrative support for student access to financial aid programs, including the Behavioral Health Service Cancelable Loan Program as established in HB 1013. **(\$1.6m)**
  - Establishment of a new loan repayment program for mental health professionals in the Georgia Board for Healthcare Workforce **(\$850k)**
  - Child and adolescent psychiatry fellowships in the Georgia Board for Healthcare Workforce GME Program:
- Fellows funding at Medical College of Georgia **(\$432k)**
- Fellowship positions (\$240k transferred from Morehouse School of Medicine)
  - 10 Psychiatric Residency Slots (\$138k transferred from Morehouse School of Medicine and \$15k in new funds)



### **Healthcare Access and Improvement**

- One-time grants up to \$1,000,000 for hospitals with graduate medical education programs to fund medical education training equipment and infrastructure needs to support new and expanding residency programs, with priority given to new and rural sites and including Colquitt Regional Medical Center and Archbold Medical Center **(\$4m)**
- Charity Care
  - Mercy Care Atlanta **(\$950k)**
  - Charity Clinics Statewide **(\$500k)**
- FQHC Start-Up Funding **(\$500K)**
  - Augusta (behavioral health)
  - Emanuel County (school-based health)
- Funds to support operations and address a backlog of projects at the Center for Rural Prosperity and Innovation. **(\$1.5m)**
- Housing for Area Health Education Centers. **(\$409k)**
- Increased funds for a Quick Start-style program to address healthcare shortages throughout the state. **(\$325k)**
- Reduction in Rural Hospital Stabilization Grants (in anticipation of the new Hospital Directed Payment Program. **(-\$5m)**

### **Healthcare Regulation and Oversight**

- Implementation of the new licensure program for adult residential mental health programs pursuant to HB 1069 (2022 Session). **(\$250k)**
- Personal services for the Georgia Composite Medical Board to support increased licensure application volume. **(\$432k)**
- Judicial Council funding for grants for civil legal services for medical-legal partnerships. (\$200k in new funds and use of existing funds from carryover reserve to \$1.6m)



### Office of Health Strategy and Coordination

- Funding transferred from the Department of Community Health for continued implementation of the All-Payers Claims Database (\$800k)

### Office of the Commissioner of Insurance

- \$46 million for the state's reinsurance program
- Transfer of funds from the Insurance Regulation program to the Fire Safety program. (\$300k)

### Maternal and Child Health

- Increased reimbursement rates for speech-language pathology, audiology, physical therapy, and occupational therapy providers.
  - Medicaid (\$7.3m)
  - Babies Can't Wait (\$804k)
- Pilot funding to provide home visiting in at-risk and underserved rural communities during pregnancy and early childhood to improve birth outcomes, reduce preterm deliveries, and decrease infant and maternal mortality. (\$1.7m)
- Implementation of a Medicaid remote maternal/fetal health monitoring program for Medicaid eligible high-risk pregnant mothers through Care Management Organizations. (\$1m)
- Increased Medicaid reimbursement rates of five percent for Georgia Pediatric Program providers. (\$854k)
- Pregnancy and parenting grant programs. (\$250k)
- New rural OB/GYN Graduate Medical Education program at Morehouse School of Medicine to address maternity care deserts in rural Georgia. (\$240k)
- Maternal Fetal Medicine Fellowship at Medical College of Georgia. (\$150k)

### Medicaid Eligibility

- Georgia Pathways Medicaid Eligibility Expansion through 1115 waivers
  - New enrollees with incomes up to 100% of the federal poverty level meeting certain work-related requirements (+\$52m)
  - Target start date July 1, 2023
- Annualization of funds provided in Amended FY2023 to support the staffing of 450 case managers, 75 supervisors, and one district manager for Medicaid redeterminations due to the Public Health Emergency (PHE) expiration (\$11.1m)
- Removal of the 5-year waiting period for pregnant women and children who are lawful permanent residents. (\$584k)



## Scope of Services

- Coverage of dental services for adults. **(\$2.8m)**
- Reimbursement of Occupational Therapy Assistants (OTAs) and Physical Therapy Assistants (PTAs) providing services for Medicaid members receiving Children's Intervention Services (CIS) **(\$1.3m)**
- Implementation of a Medicaid remote maternal/fetal health monitoring program for Medicaid eligible high-risk pregnant mothers through Care Management Organizations. **(\$1m)**
- Coverage for family psychology and therapy services. **(\$871k)**
- Legislative Directives (no new funding):
  - o Extended coverage for cochlear implants beyond 21 years of age for those Medicaid recipients who already have them prior to age 21.
  - o Establishment of the Qualified Residential Treatment Program (QRTF) designation for non-family-based placements to serve children in a trauma-informed model of care designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances.
  - o Needs assessment on the establishment of one or more Programs of All-Inclusive Care for the Elderly (PACE) programs.
  - o Submission of a 1915(i) State Plan Amendment providing youth with behavioral and mental health conditions access to Home and Community Based Services.

## Provider Rates

- Use of 2021 cost reports for payments to nursing homes **(\$82.1m in existing state funds)**
  - Utilization of existing funds added in FY 2023 to implement value-based purchasing in the Low-Income Medicaid and PeachCare for Kids programs. **(\$46m in existing state funds)**
  - Primary Care and OB/GYN selected procedure codes updated to the 2021 Medicare levels **(\$18.7m)**
  - Five percent increase in payments for Emergency Medical Services. **(\$1.1m)**
  - Dispensing fees for Low Volume pharmacies moved to \$11.50 per script for pharmacies that fill less than 65,000 prescriptions annually. **(\$621k)**
  - Increased reimbursement for Developmental and Behavioral screening and testing **(\$200k)**
  - Legislative Directives (**no new funding**):
    - o Medicaid managed care organizations to reimburse at no less than 100% of the state Medicaid program Durable Medical Equipment fee schedule for the same service or item of durable medical equipment, complex rehab technology, prosthetics, orthotics, and supplies.
- (Authorization only)**
- o DBHDD and DCH to work together to increase Medicaid PRTF rates up to 75% of Medicare Inpatient Facility Rates, contingent upon Centers for Medicare and Medicaid Services (CMS) approval and agreement by facilities to follow DCH defined payment policies that prioritize Georgia's youth for placement.



## Financing

- FMAP Replacement (+\$236m – all agencies)
  - Annual FMAP Adjustment (66.02% to 65.89%)
  - Enhanced FMAP replacement (6.2 percentage points)
- Medicaid/PCK Enrollment and Utilization Growth (\$79m)
- Medicare Part B and D adjustments for dual-eligible members (\$6.4m)
- Provider Fees (Note: Changes in provider fees are a function of the changes in the amount of revenue subject to assessment and not a change in the assessment method or amount.)
  - Ambulance Provider Fee (+\$8.8m) – new (HB 271 – 2021 Session)
  - Hospital Provider Payments (+\$4.7m) and Nursing Home Provider Fees (-\$9.7m) – replaced with state funds.
- Replacement of ambulance licensing fees with state funds pursuant to HB 453 (2023 Session), which repeals the ambulance licensing fee requirement. (\$2m)
- Recognition of the extension of the enhanced FMAP through December 2023. (\$124m in state fund savings)

## Medical Education Residency Slots/Fellowships

- 116 new residency slots in primary care medicine. (\$2.0m)
- Child and adolescent psychiatry fellowships in the Georgia Board for Healthcare Workforce GME Program
- Fellows funding at Medical College of Georgia (\$432k)
- Fellowship positions (\$240k transferred from Morehouse School of Medicine)
- 10 new residency slots in psychiatry (\$138k transferred from Morehouse School of Medicine and \$15k in new funds)
- Maternal Fetal Medicine Fellowship at the Medical College of Georgia. (\$150k)

## New Residency Programs

- One-time grants up to \$1,000,000 for hospitals with graduate medical education programs to fund medical education training equipment and infrastructure needs to support new and expanding residency programs, with priority given to new and rural sites and including Colquitt Regional Medical Center and Archbold Medical Center (\$4m)
- Three feasibility grants to assist hospitals in establishing or expanding GME programs (\$225m)

## Loan Repayment Programs

- Rural Physicians – expansion (\$1.6m)
- Mental Health Professionals – new program (\$850k)
- Physician Assistants/APRN – expansion (\$440k)
- Nurse Faculty - new program (\$250k)
- Medical Examiners – new program (\$190k)
- GBHCW – staff and technology (\$180k)
- In the Student Finance Commission:
  - Medical Examiners – new program (\$140k in new funds and \$100k in existing funds)
  - Commission Administration - support for student access to financial aid programs, including the Behavioral Health Service Cancelable Loan Program as established in HB 1013 (2022 Session). (\$1.6m)

## Medical Schools

- Mercer School of Medicine
  - Funding for the fourth of a 7-year plan for the medical school campus in Columbus (\$663k)
- Morehouse School of Medicine
  - Increase in class size and expansion of rural clinical training. (\$1.0m)
  - New rural OB/GYN GME program to address maternity care deserts in rural Georgia. (\$240k)
  - Funds transferred from Morehouse School of Medicine to Georgia Healthcare Workforce Board GME Program for psychiatric fellowships and residency slots (-\$378k)
- Medical College of Georgia
  - New renovations at the Armstrong Center and Health Professional Building for a new medical campus of the Medical College of Georgia at the Georgia Southern University Armstrong Campus in Savannah. (Bonds: \$1.7m)
  - Increased funding for child and adolescent psychiatry fellows. (\$432k)
  - Maternal Fetal Medicine Fellowship. (\$150k)
- Technical College System of Georgia
  - First year of a three-year phase-in for increased credit hour earnings for the Aviation, Commercial Driver's License, and Nursing programs to reflect the high-cost nature of providing these programs. (\$8.2m)

## State Health Benefit Plan

- Recognition of additional revenue from certified school employees (+\$846m) and non-certified school service employees (+\$229m)

## Trauma

- Increased state funds for the Georgia Trauma Care Network Commission to reflect FY 2022 Super Speeder Collections. (\$1.5m)
- Decreased state funds for the Georgia Trauma Care Network Commission to reflect FY 2022 drivers' license reinstatement fees. (-\$808k)
- Reduced funds for the Georgia Coordinating Center to reflect projected expenditures. (-\$3m)





## Certificate of Need

**SB 99**, introduced by Senator Greg Dolezal (R-Cumming), would provide a Certificate of Need (CON) exemption for acute care hospitals in rural areas established on or after July 1, 2023. An amendment that was added in Senate Health and Human Services committee would eliminate the requirement that the hospital must be operated by a county or municipal authority from the bill. There were two floor amendments on the Senate side. The first amendment, which removed the Rural Hospital Tax Credit eligibility language from the bill and the second corrects grammatical errors. A substitute was presented in committee that would require the local governing body to adopt a resolution in support of such hospital in order for the CON exemption to apply, but because the substitute was not presented within the required two hour window, no action was taken on SB 99 in committee. This bill passed out of the Senate and now lives in the House as a living bill, as changed by the Senate. **GHA worked with the author to develop a reasonable compromise that would protect existing hospitals, but ultimately, an agreement on language was not reached. GHA does not support SB 99 in its current form.** Multiple issues were tangled into the Certificate of Need discussion this year, and because of the disagreement on CON modifications, several important hospital-friendly bills such as the Rural Hospital Tax Credit, Medicaid Rates, Tort Reform, additional Medicaid coverage, Behavioral Health Reforms, and more did not gain final passage.

**SB 162**, introduced by Senator Ben Watson (R-Savannah), eliminates certificate of need (CON) requirements for all types of healthcare facilities and services except long-term care facilities and home health agencies. A Senate committee substitute was offered that eliminates certificate of need (CON) requirements for long-term care facilities as well. Effective Jan. 1, 2024, new healthcare facilities, relocated healthcare facilities and single-specialty ambulatory surgery centers (ASCs) that convert to multi-specialty ASCs would need a special healthcare services license ("Special License") to operate. This new license would be in addition to any existing permit, license or certificate issued by the Healthcare Facilities Regulation Division of the Department of Community Health (DCH). Entities that have closed a healthcare facility or reduced services at a facility by more than 25% in the last 10 years would not be eligible to apply for a Special License or oppose any applications for a Special License under the provisions of this bill. Healthcare providers that obtain a special healthcare services license would be subject to indigent and charity care requirements with non-profit providers' required amount being higher than investor-owned providers. Most of the current CON exemptions would also apply to special healthcare services licenses, with new or expanded exemptions for all clinical health services (perinatal services, open-heart surgery, cardiology procedures, etc.), multi-specialty ASCs, freestanding imaging centers, and behavioral health services. Two amendments were adopted in committee with the first being to eliminate the requirement that exempt hospitals be operated by a county or municipal authority from the bill (to mirror the change made to SB 99.) The second amendment proposed was to strike "of \$10 million or less" from line 483 related to capital expenditure thresholds. The bill passed out of committee as amended with a tied vote broken by the committee chairman. For now, SB 162 bill rests in the Senate Rules Committee since it was not selected to be voted on the Senate floor prior to Crossover Day. **GHA opposes this bill.**

**SR 279**, introduced by Senator Greg Dolezal (R-Cumming), created a Senate study committee on Certificate of Need Reform. This resolution was adopted by the Senate and is responsible for the creation of the Senate CON Study Committee. **GHA did not oppose this resolution and provided testimony on the CON program and its impact to hospitals on two separate occasions.**

**HR 603**, introduced by Representative Sharon Cooper (R-Marietta), created a House Study committee on Certificate of Need Modernization. This resolution was adopted by the House and is responsible for the creation of the House CON Study Committee. **GHA did not oppose this resolution and provided testimony on the CON program and its impact to hospitals on two separate occasions.**

**HB 606**, introduced by Representative Sharon Cooper (R-Marietta), creates a new exemption to the Certificate of Need (CON) law for multi-specialty physician group practices to open a “dual-specialty ambulatory surgery center” (ASC) in an urban area that provides surgery services for two specialties (e.g., orthopedics and plastic surgery). The bill also relaxes the requirements for existing single-specialty ASC exemptions by decreasing the indigent and charity care requirements and increasing the capital expenditure limits. HB 606 would also allow all types of CON-exempt ASCs to have outside, private investors with up to 70% ownership. HB 606 was assigned to the House Health Committee where it rests as a living bill. **GHA opposes this bill.**

## **Workforce**

**HB 14**, introduced by Representative Dar’shun Kendrick (D-Lithonia), proposes the creation of a tax credit for employers who hire certified workforce-ready graduates. This would serve as a tax incentive for employers to hire workforce-ready graduates and encourages the development of programs that enhance workforce readiness. The credit, set at \$9,600.00 for each qualified workforce ready graduate employee would be applied to the employer’s income tax liability during a 12-month period. HB 14 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 163**, introduced by Representative Lauren McDonald (R-Cumming), would amend the law relating to the Georgia Board of Healthcare Workforce to provide for student loan repayment for medical examiners employed by the Division of Forensic Sciences of the Georgia Bureau of Investigation. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill but is supportive of efforts to support healthcare workforce.**

**SB 246**, introduced by Senator Mike Hodges (R-Brunswick), carried in the House by Representative Matthew Gambill (R-Cartersville), relating to the Georgia Board of Healthcare Workforce, would provide for student loan repayment for a registered professional nurse duly licensed and authorized to practice in the state who holds a master’s or doctoral degree in nursing and is currently employed or has been employed for at least one year as a faculty member of a nursing program at a post-secondary institution in the state. **GHA supports this bill and other efforts to support healthcare workforce.**

**HB 482**, introduced by Representative Steven Sainz (R-St. Marys), carried in the Senate by Senator John Albers (R-Alpharetta), prohibits tax-exempt organizations, including hospitals, from utilizing the state’s Quality Jobs Tax Credit unless the jobs created are solely associated with the organization’s unrelated business income. A substitute was introduced in the House that would change the preamble language of the bill to exclude language referencing previous legislative intent. This bill passed both Chambers and went into effect May 1, 2023. **GHA worked with the Department of Revenue on the in-tent of this legislation and requested a change to this bill to ensure that hospitals who took advantage of this tax credit previously would still have a claim to recover those tax credits.**

**HB 552**, introduced by Representative Sandra Scott (D-Rex), would provide for military spouses licensed in other states to practice certain professions and occupations and obtain a license by endorsement to practice in this state. HB 552 was assigned to the House Regulated Industries and Utilities Committee where it rests as a living bill. **GHA has not taken a position on this bill but is supportive of efforts to support healthcare workforce.**

## Behavioral Health

**HB 414**, introduced by Representative Shaw Blackmon (R-Bonaire), carried in the Senate by Senator Ben Watson (R-Savannah), would provide for a grant program within the Department of Behavioral Health and Developmental Disabilities to provide behavioral health services to military service members, veterans, and their families. There was a substitute presented to clarify the language to include behavioral health and addictive disease, and there was a committee substitute presented in committee that would move the program from the Department of Behavioral Health and Developmental Disabilities to the Department of Veteran Services. This bill passed both Chambers and went into effect April 25, 2023. **GHA is supportive of efforts to improve access to behavioral healthcare for service members and veterans.**

**HB 520**, introduced by Representative Todd Jones (R-South Forsyth), is follow-up legislation to 2022's HB 1013, the Georgia Mental Health Parity Act. As passed the House, the bill required the state to develop a uniform definition of "serious mental illness"; establish a clearinghouse of best practices and resources to handle individuals with serious mental illness who have frequent contact with criminal justice, homelessness or behavioral health systems; conduct a comprehensive study of behavioral health workforce in the state; create a task force to study access to inpatient behavioral health beds; study and make recommendations on ways to modernize the process for obtaining a professional license; allow psychiatric hospitals to enroll in the Medicaid program and provide services to children in fee-for-service Medicaid; seek a waiver to allow Medicaid funds to be used for housing support, employment support, and case management; create a Georgia Healthcare Professional Data System; and establish a loan repayment program for mental health and substance use professionals. This legislation was stalled in the Senate late during the Session and was not moved on by the Senate. Since no action was taken in the committee, this is a living bill that currently rests in the Senate Health and Human Services Committee. **GHA is generally supportive of this legislation and other efforts to improve behavioral health access in Georgia and has provided language recommendations to the author to improve the bill.**



# Legislation That Passed

## House Bills/Resolutions

**HR 488**, introduced by Representative Steven Meeks (R-Screven), reauthorizes the House Rural Development Council with the aim of addressing the unique challenges faced by Georgia's rural areas in terms of economic growth and opportunities. The resolution acknowledges that despite the state's overall economic success, rural regions still encounter issues such as population loss, lack of healthcare access, ageing infrastructure, limited education opportunities, and reduced economic development opportunities. The Council, composed of 15 members appointed by the Speaker of the House, is tasked with undertaking a statewide study starting from May 1, 2023. Its purpose is to examine conditions, needs, and problems related to rural development and propose action or legislation to enhance economic opportunities, particularly in rural areas. The Council is set to be abolished on December 31, 2024. **GHA has long participated in meetings of the House Rural Development Council and has provided testimony on rural hospitals at the request of the Committee on several occasions.**



**HR 603**, introduced by Representative Sharon Cooper (R-Marietta), created a House Study committee on Certificate of Need Modernization. This resolution was adopted by the House and is responsible for the creation of the House CON Study Committee. **GHA did not oppose this resolution and provided testimony on the CON program and its impact to hospitals on two separate occasions.**

**HB 76**, introduced by Representative Alan Powell (R-Hartwell), carried in the Senate by Senator Matt Brass (R-Newnan), would revise the licensure requirements for marriage and family therapists. An amendment was added in committee that would include a full repeal of the Georgia Occupational Regulation Review Council (GORRC). This council has frequently been tasked with fully vetting new licensure categories for many health professionals. This bill passed both Chambers and went into effect May 1, 2023. **GHA does not have a position on this legislation.**

**HB 85**, introduced by Representative Sharon Cooper (R-Marietta), carried in the Senate by Senator Kay Kirkpatrick (R-Marietta), would require insurance coverage for biomarker testing. As amended, HB 85 requires prior authorizations seven business days before a non-emergency service and 72 hours before an emergency service. This bill passed both Chambers and went into effect July 1, 2023. **GHA supports this legislation.**

**HB 129**, introduced by Representative Soo Hong (R-Lawrenceville), carried in the Senate by Senator Mike Hodges (R-Brunswick), would amend Georgia Code relating to public assistance to expand the temporary assistance for needy families (TANF) eligibility criteria to pregnant women. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill.**

**HB 163**, introduced by Representative Lauren McDonald (R-Cumming), would amend the law relating to the Georgia Board of Healthcare Workforce to provide for student loan repayment for medical examiners employed by the Division of Forensic Sciences of the Georgia Bureau of Investigation. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill but is supportive of efforts to support healthcare workforce.**



**HB 203**, introduced by Representative Mark Newton (R-Augusta), carried in the Senate by Senator Matt Brass (R-Newnan), would amend the law to adjust restrictions on the sale and dispensing of contact lenses with respect to physicians. This bill outlines the requirements for writing an initial prescription for contact lenses, including completing all measurements, tests and examinations necessary to satisfy his or her professional judgement. This bill also changes language in the law from allowing only optometrists or ophthalmologists to “prescribers.” This bill would only allow for a telehealth visit for contact lenses renewal if a patient has had an in person visit in the last 24 months. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill.**



**HB 295**, introduced by Representative Lee Hawkins (R-Gainesville), carried in the Senate by Senator Chuck Hufstetler (R-Rome), known as the “Surprise Billing Consumer Protection Act,” would revise certain procedures, timelines, and other matters concerning consumer protections against surprise billing. This bill requires that insurers cover out of network emergency services in facilities at the greater of 1) the verifiable contracted amount paid by all eligible insurers, 2) the most recent verifiable contracted amount agreed to by the insurer and the facility or, 3) another higher amount agreed upon by the insurer and the facility. These provisions are already in effect for providers, but do not currently apply to facilities. This bill also changes the request for arbitration deadline from 30 days to 60 days and gives the Commissioner of Insurance and Safety Fire the authority to dismiss certain requests for arbitration. An amendment was added on the Senate floor that would remove the payment requirement options for facilities. This bill passed as amended and the House agreed to the Senate amendment. This bill passed both Chambers and went into effect July 1, 2023. **GHA has been working with the sponsor and other stakeholders and is supportive of this legislation and will work with the bill’s author to address this issue in the 2024 Legislative Session.**

**HB 309**, introduced by Representative Sharon Cooper (R-Marietta), carried in the Senate by Senator Kay Kirkpatrick (R-Marietta), attempts to enhance the financial stability and oversight of personal care homes and assisted living communities. It introduces new requirements related to financial disclosures and notifications to government authorities and residents in case of significant financial changes or changes in ownership. HB 309 passed both Chambers and went into effect July 1, 2023. GHA has not taken a position on this legislation. HB 315, introduced by Representative Darlene Taylor (R-Thomasville), carried by Senator Kay Kirkpatrick (R-Marietta) in the Senate, would grant the Commissioner of Insurance the ability to promulgate rules and regulations for cost-sharing requirements for diagnostic and supplemental breast screening examinations. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports this legislation.**

**HB 332**, introduced by Representative Butch Parrish (R-Swainsboro), carried in the Senate by Senator Ben Watson (R-Savannah), would amend the law relating to controlled substances to provide for certain provisions relating to Schedule I controlled substances, Schedule IV controlled substances, and Schedule V controlled substances. This is the annual drug cleanup bill to ensure all schedules are up to date. This bill passed both Chambers and went into effect May 1, 2023. **GHA has not taken a position on this bill.**

**HB 383**, introduced by Representative Matt Reeves (R-Duluth), known as the “Safer Hospitals Act,” would provide for enhanced penalties for aggravated assault and aggravated battery committed upon emergency health workers and healthcare workers located on a hospital campus. This bill would add “healthcare worker,” meaning any employee or independent contractor of a hospital or other healthcare facility, to the existing list of professions protected. This bill would also give hospitals the authority to have a P.O.S.T certified peace officer employed by the hospital as law enforcement on campus. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports this legislation.**

**HB 414**, introduced by Representative Shaw Blackmon (R-Bonaire), carried in the Senate by Senator Ben Watson (R-Savannah), would provide for a grant program within the Department of Behavioral Health and Developmental Disabilities to provide behavioral health services to military service members, veterans, and their families. There was a substitute presented to clarify the language to include behavioral health and addictive disease, and there was a committee substitute presented in committee that would move the program from the Department of Behavioral Health and Developmental Disabilities to the Department of Veteran Services. This bill passed both Chambers and went into effect April 25, 2023. **GHA is supportive of efforts to improve access to behavioral healthcare for service members and veterans.**

**HB 416**, introduced by Representative Deborah Silcox (R-Sandy Springs), carried in the Senate by Senator Bo Hatchett (R-Cornelia), would authorize qualified pharmacy technicians to administer certain vaccines (COVID-19 vaccines) at the discretion of a supervising pharmacist. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports this bill.**

**HB 453**, introduced by Representative Scott Hilton (R-Peachtree Corners), carried in the Senate by Senator Kay Kirkpatrick (R-Marietta), would repeal a requirement that every ambulance service pay an annual license fee and that ambulance service annual license fees be deposited into the Indigent Care Trust Fund. A Senate substitute was introduced that made a date change. The House agreed to the Senate substitute of HB 453. This bill passed both Chambers and will go into effect January 1, 2024. **GHA has not taken a position on this bill.**

**HB 482**, introduced by Representative Steven Sainz (R-St. Marys), carried in the Senate by Senator John Albers (R-Alpharetta), prohibits tax-exempt organizations, including hospitals, from utilizing the state’s Quality Jobs Tax Credit unless the jobs created are solely associated with the organization’s unrelated business income. A substitute was introduced in the House that would change the preamble language of the bill to exclude language referencing previous legislative intent. This bill passed both Chambers and went into effect May 1, 2023. **GHA worked with the Department of Revenue on the intent of this legislation and requested a change to this bill to ensure that hospitals who took advantage of this tax credit previously would still have a claim to recover those tax credits.**

**HB 493**, introduced by Representative Matt Hatchett (R-Dublin), carried in the Senate by Senator Larry Walker (R-Perry), would revise a provision regarding verification of competency relating to renewal, surrender, and restoration of registered professional nursing licenses and continuing competency requirements. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill.**

**HB 497**, introduced by Representative John LaHood (R-Valdosta), carried in the Senate by Senator Shelly Echols (R-Alto), would authorize the use of certified medication aides in penal institutions. In this bill, a penal institution or private vendor providing medical services to those confined in a penal institution may employ certified medication aides for the purposes of performing the technical aspects of administering certain medications. This bill passed both Chambers and went into effect July 1, 2023. **GHA has not taken a position on this bill.**

## Senate Bills/Resolutions

**SR 85**, introduced by Senator Larry Walker (R-Perry), establishes the Senate Occupational Licensing Study Committee to address occupational licensing requirements in the state of Georgia. The resolution aims to address issues related to occupational licensing in Georgia and promote potential legislative reforms to streamline processes, reduce barriers to work, and encourage economic growth in the state.

**SR 250**, introduced by Senator Donzella James (D-Atlanta), urges the City of East Point and the City of South Fulton to collaborate and activate the East Point and South Fulton Hospital Authorities to establish a new hospital that will serve the residents of southern Fulton County.

**SR 279**, introduced by Senator Greg Dolezal (R-Cumming), created a Senate study committee on Certificate of Need Reform. This resolution was adopted by the Senate and is responsible for the creation of the Senate CON Study Committee. **GHA did not oppose this resolution and provided testimony on the CON program and its impact to hospitals on two separate occasions.**

**SR 371**, introduced by Senator Bo Hatchett (R-Cornelia), establishes the Senate Study Committee on Rural Medical Personnel Recruitment with the aim of addressing challenges faced by rural hospitals in recruiting medical personnel, particularly those involved in surgical and procedural services. The committee is tasked with studying the issues and problems related to recruiting medical personnel in rural areas and recommending appropriate actions or legislation. The committee consists of five Senate members appointed by the President of the Senate, with one member designated as the chairperson.

**SB 1**, introduced by Senator Greg Dolezal (R-Cumming), carried in the House by Representative Todd Jones (R-South Forsyth), would remove the sunset date on a bill that passed last legislative session related to Covid vaccine requirements. The underlying bill established a prohibition on state and local governments from requiring proof of COVID vaccination for government services. Entities that are regulated by the Centers for Medicare and Medicaid Services (CMS) are exempt from this legislation and may still require Covid vaccination as a condition of employment. This bill passed both Chambers and went into effect May 2, 2023. **GHA is neutral on this legislation.**

**SB 20**, introduced by Senator Kay Kirkpatrick (R-Marietta), carried in the House by Representative Lee Hawkins (R-Gainesville), the Consumer Access to Contracted Healthcare (CATCH) Act, creates network adequacy standards for commercial health plans regulated by the state. The Act requires health plans to maintain a network of providers, including hospitals, “in sufficient number and appropriate type...through such plan’s service area to ensure covered persons have access to the full scope of benefits and services covered under such plan,” and it gives the Commissioner of Insurance the authority to define appropriate network adequacy criteria and to determine whether a plan’s network meets such criteria. The Act also restricts health plans from implementing requirements for coverage of telehealth services. There was a committee substitute in the House introduced by the author that exempts HMOs from the legislation. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports efforts to hold health plans accountable for network adequacy.**

**SB 27**, introduced by Senator Matt Brass (R-Newnan), carried in the House by Representative Matthew Gambill (R-Cartersville), would add an addition to Georgia Code to prohibit a healthcare insurer from requiring an ophthalmologist or optometrist to extend any discount on services that are not covered eye care services in order to received increased payments, better reimbursements, or preferential treatment. This bill passed both Chambers and went into effect May 2, 2023. **GHA has not taken a position on this bill.**

**SB 42**, introduced by Senator Mike Hodges (R-Brunswick), carried in the House by Representative Will Wade (R-Dawsonville), would amend the law relating to posting model notice signage with human trafficking hotline information in businesses and on the internet. The bill would also increase the fine for failure to comply with model notice requirements. This bill passed both Chambers and went into effect July 1, 2023. **GHA supports this legislation.**



**SB 46**, introduced by Senator Chuck Hufstetler (R-Rome), carried in the House by Representative Sharon Cooper (R-Marietta), would amend Georgia Code relating to control of sexually transmitted disease by requiring physicians and healthcare providers to test all pregnant women for HIV and syphilis at the first prenatal visit, at 28–32 weeks gestation, and at delivery. Currently, the “Georgia HIV/Syphilis Pregnancy Screening Act of 2015” requires physicians and healthcare providers to test pregnant women for HIV and syphilis, except in cases where the patient refuses testing, during the third trimester only, regardless of whether such testing was performed during the first two trimesters. This bill passed both Chambers and went into effect July 1, 2023. **GHA worked with the author to clarify that patients still have a right to refuse testing if they choose, and therefore, was neutral on this legislation.**

**SB 62**, introduced by Senator Carden Summers (R-Cordele), carried in the House by Representative Katie Dempsey (R-Rome), would prohibit certain local ordinances or policies relating to public camping or sleeping. A House substitute was introduced that would prohibit hospitals from transporting homeless persons to other counties for drop off. GHA worked with the author of this bill to clear up the language and clarify the intent of the substitute. This bill passed both Chambers and went into effect May 3, 2023. **GHA worked with the author to modify this legislation to provide an avenue for hospitals to make prior arrangements with facilities in other counties who agree to accept patients for certain services.**

**SB 65**, introduced by Senator Ben Watson (R-Savannah), carried in the House by Representative Eddie Lumsden (R-Armuchee), would give the Commissioner of Insurance and Fire Safety the authority to establish a state-based insurance exchange to take the place of the current federal-based insurance exchange that Georgians utilize to purchase health insurance plans. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports efforts to ensure patients have access to insurance coverage options.**

**SB 86**, introduced by Senator Matt Brass (R-Newnan), carried in the House by Representative Rick Townsend (R-Brunswick), would allow eligible students participating in the Dual Enrollment program to access HOPE grant funds for certain career, technical and agricultural education (CTAE) courses regardless of whether they have reached the maximum credit hour caps. An amendment was added on the floor that would establish participation and performance targets and provide for centralized data collection and reporting. A committee substitute was introduced that would clarify that the intent of the bill is to include general eligibility for the HOPE grant. This bill passed both Chambers and went into effect July 1, 2023. **GHA supports this bill.**



**SB 106**, introduced by Senator Larry Walker (R-Perry), carried in the House by Representative Sharon Cooper (R-Marietta), the “Healthy Babies Act”, would provide for a pilot program and reporting requirements for remote maternal health clinical services under the Medicaid program. The Senate agreed to the House substitute for SB 106. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports this bill.**

**SB 135**, introduced by Senator Kay Kirkpatrick (R-Marietta), carried in the House by Representative Mandi Ballinger (R-Canton), which would amend the law relating to determination of paternity to align medical and genetic testing with the Uniform Parentage Act of 2017. This bill passed both Chambers and went into effect May 2, 2023. **GHA has not taken a position on this bill.**

**SB 140**, introduced by Senator Carden Summers (R-Cordele), carried in the House by Representative Josh Bonner (R-Fayetteville), would amend the laws relating to regulation of hospitals and related institutions to prohibit certain surgical procedures for the treatment of gender dysphoria in minors from being performed in hospitals and other licensed healthcare facilities. This bill would prohibit sex reassignment surgeries or any other surgical procedures for the purpose of altering primary or secondary sexual characteristics performed on a minor, except for those deemed medically necessary and individuals born with medically verifiable disorders of sex development. There was an amendment added in committee that would hold physicians and healthcare practitioners civilly liable or criminally responsible for damages, injury, death, or loss. This bill passed both Chambers and went into effect July 1, 2023. **GHA did not take a formal position on this legislation but is reviewing the impacts it could have on patients and providing physicians.**

**SB 148**, introduced by Senator John Kennedy (R-Macon), carried in the House by Representative Rob Leverett (R-Elberton), modernizes the nonprofit corporate code and makes it more consistent with the Model Nonprofit Corporation Act and the Georgia Business Corporation Code. Important changes include:

- o Civil Liability: Clarifies that any updates made to the Georgia Nonprofit Code will not impact existing liability protections for directors and officers of nonprofit hospitals, associations, or organizations.
- o Leadership Teams: Requires a nonprofit to, at minimum, have a CEO, secretary, and CFO and prohibits the CEO and secretary positions from being held by the same person.
- o Indemnification of Directors. Allows nonprofits to include in their articles of incorporation, by-laws, contracts, or ratified resolutions the ability to indemnify directors made party to a proceeding brought by the nonprofit. However, it does not allow indemnification when a director is held liable to the nonprofit.
- o Prohibit Voting by Proxy: Prohibits directors from voting by proxy at a meeting of the board of directors.
- o Derivative Actions: Provides directors with more flexibility to bring derivative actions against nonprofits and updates procedures for derivative actions.
- o Dissolution: Updates what is required to be included in a dissolution plan and when a nonprofit must provide a newspaper with notice of its intent to dissolve.
- o Articles or Bylaws: Many updates will allow or require nonprofits to review and possibly update their bylaws or articles of incorporation.

This bill passed both Chambers and went into effect May 2, 2023. **GHA has not taken a position on this bill.**

**SB 168**, introduced by Senator Rick Williams (R-Milledgeville), carried by Representative Rob Leverett (R-Elbertson) in the House, would amend the law to allow a chiropractic practice to have a lien on a cause of action accruing to an injured person for the costs of care and treatment of injuries arising out of the cause of action. This bill additionally included that in the case of any chiropractic lien, said lien can also be subject to any hospital lien. This bill was amended on the Senate floor to state that before enforcing a lien, a hospital or other provider would have to file a claim with the patient's insurance and then have that claim denied. This bill passed both Chambers and went into effect May 2, 2023. **GHA does not support this legislation with the amended language related to hospital liens.**

**SB 197**, introduced by Senator Chuck Hufstetler (R-Rome), carried in the House by Representative Mark Newton (R-Augusta), known as the "Healthcare Practitioners Truth and Transparency Act", would prohibit misleading terms or false representations by healthcare practitioners in advertisements and representations. This bill would also prohibit the misappropriation of medical or medical specialty titles by healthcare practitioners in advertisements and representations. This bill passed both Chambers and went into effect May 2, 2023. **GHA has not taken a position on this bill.**

**SB 223**, introduced by Senator Ben Watson (R-Savannah), carried in the House by Representative Lee Hawkins (R-Gainesville), would authorize reimbursement of patient incurred expenses related to participation in a cancer clinical trial. This bill passed both Chambers and went into effect May 2, 2023. **GHA supports this bill.**

## Legislation That Did Not Pass/Carries over to the 2024 Legislative Session

### House Bills/Resolutions

**HB 1**, introduced by Representative Dar'shun Kendrick (D-Lithonia), the "Georgia Pro-Birth Accountability Act," proposes to provide compensation for pregnant women who, due to a fetal heartbeat law, are compelled to carry a pregnancy to term without the option to terminate the pregnancy. The bill outlines the type and duration of compensation that eligible women would receive, including coverage of various medical expenses related to pregnancy, childbirth, and child care. The compensation also covers eligibility for child-related federal and state income tax credits, home visits from a specially trained nurse, public assistance benefits, child support, and more. A separate fund would be established to allocate funds for the compensation and administrative costs. HB 1 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 4**, introduced by Representative Sandra Scott (D-Rex), would amend the law related to examination and treatment for mental illness to require the Department of Behavioral Health and Developmental Disabilities to create, operate, and maintain an electronic inpatient psychiatric bed registry. HB 4 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 6**, introduced by Representative Sandra Scott (D-Rex), aims to address the use of public assistance benefits for the purchase of diapers or menstrual hygiene products. Should the United States Department of Agriculture's Food and Nutrition Service create a waiver allowing recipients of benefits from programs like the Supplemental Nutrition Assistance Program or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to use their benefits for purchasing these items, then the Georgia Department of Human Services would be required to apply for and implement such a waiver if approved. HB 6 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 7**, introduced by Representative Sandra Scott (D-Rex), would amend the law relating to the powers and duties of the Department of Behavioral Health and Developmental Disabilities regarding the governing and regulation of mental health to provide for the establishment of a school-linked behavioral health grant program. HB 7 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

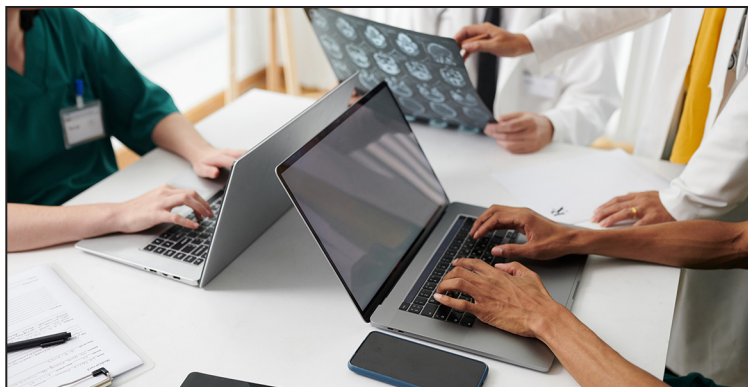
**HB 9**, introduced by Representative Sandra Scott (D-Rex), would amend the law to statutorily require the Department of Behavioral Health and Developmental Disabilities to create, operate, and maintain the Georgia Crisis and Access Line. This bill would require that the access line support calls with sufficient access to behavioral health services. The bill would also require any state-operated registry of available inpatient psychiatric beds, crisis residential beds, or substance use disorder beds to report data for purposes of the access line. HB 9 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 13**, introduced by Representative Billy Mitchell (D-Stone Mountain), would allow driver's license holders to optionally indicate their blood type on their licenses, while providing immunity from liability for any mistakes in the indicated blood type. The license may also be in an electronic format for viewing on wireless devices. HB 13 was assigned to the House Motor Vehicles Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 14**, introduced by Representative Dar'shun Kendrick (D-Lithonia), proposes the creation of a tax credit for employers who hire certified workforce-ready graduates. This would serve as a tax incentive for employers to hire workforce-ready graduates and encourages the development of programs that enhance workforce readiness. The credit, set at \$9,600.00 for each qualified workforce ready graduate employee would be applied to the employer's income tax liability during a 12-month period. HB 14 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 24**, introduced by Representative Mandisha Thomas (D-South Fulton), would create a digital memorial honoring those who have lost their lives due to COVID-19 and to establish a process for family members to submit names for inclusion on the monument within the state capitol building or on the capitol grounds. HB 24 was assigned to the House Special Rules Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 37**, introduced by Representative James Beverly (D-Macon), intends to ensure that the discontinuation of the continuous enrollment condition does not lead to the loss of Medicaid coverage for beneficiaries by establishing various measures to maintain communication, eligibility determination, and service provision. This bill would require the Department of Community Health to employ sufficient staff to handle beneficiary information and coverage redetermination, notify beneficiaries about redetermination of eligibility, simplify the determination process, and establish a call center for inquires about Medicaid unwinding. HB 37 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**



**HB 38**, introduced by Representative James Beverly (D-Macon), would grant the Department of Community Health the authority to use appropriations to obtain federal financial participation for medical assistance payments and fund Medicaid expansion, including increasing the income threshold for Medicaid eligibility. HB 38 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 41**, introduced by Representative Marvin Lim (D-Norcross), would require that certain documents, including the original form 1013, become part of the patient's clinical records regarding emergency involuntary treatment for mental health and alcohol and drug dependency. HB 41 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 46**, introduced by Representative Mark Newton (R-Augusta), would expand enhanced punishment for aggravated assault and aggravated battery committed against healthcare workers in hospitals or healthcare facilities. The definition of "healthcare worker" includes employees or independent contractors of hospitals and other healthcare facilities. The bill also revises the definition of "emergency health worker" to include both hospital emergency department personnel and emergency medical services personnel. HB 46 was assigned to the House Judiciary Non-Civil Committee where it rests as a living bill. A similar version of this bill, HB 383, introduced by Representative Matt Reeves (R-Duluth) gained final passage and was signed into law with an effective date of May 2, 2023. **GHA is supportive of legislative efforts made toward protecting healthcare providers.**

**HB 62**, introduced by Representative Sam Park (D-Lawrenceville), the "Georgia Health and Economic Livelihood Partnership (HELP) Act," outlines various provisions to improve healthcare delivery, enhance workforce development opportunities, and reform the state Medicaid program. The bill also establishes a workforce development program in collaboration with the Department of Labor. It aims to provide employment and reemployment assessments, identify barriers to employment, and create opportunities for program participants to develop skills for self-sufficiency. HB 62 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 63**, introduced by Representative Noel Williams (R-Cordele), carried in the Senate by Senator Larry Walker (R-Perry), would establish regulations regarding the timely provision of claims experience information to group policyholders by insurers. Under the revised subsection, all insurers are mandated to provide claims experience information to group policyholders within 30 days of a policyholder's request. This requirement applies to groups with 20 or more covered employees, members, or enrollees, excluding dependents. HB 63 passed out of both Chambers but was tabled in the Senate before it could receive a vote. HB 63 rests in the Senate as a living bill. **GHA has not taken a position on this bill.**

**HB 66**, introduced by Representative Mandisha Thomas (D-South Fulton), proposes the establishment of a grant program called the "Georgia Clinician Tier Recognition Health Initiatives Program" to financially support physicians and nurse practitioners in covering their liability insurance premiums. Eligibility criteria include providing care for specific medical conditions and participating in community health events. HB 66 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**



**HB 67**, introduced by Representative Mandisha Thomas (D-South Fulton), the “Georgia Healthy Heart Act,” establishes regulations to prevent insurers from imposing higher premiums or denying coverage solely based on the presence of cardiovascular disease. The bill emphasizes equitable cost-sharing between preventive and chronic disease management services related to cardiovascular health. The bill requires insurers providing health benefit policies that cover treatment for cardiovascular diseases to ensure that the cost-sharing requirements (such as deductibles, copayments, and coinsurance) for preventive and wellness services are at least as favorable as those for chronic disease management. HB 67 was assigned to the House Insurance Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 69**, introduced by Representative Mandisha Thomas (D-South Fulton), the “Georgia Triple Threat SNAP Act” would create a pilot program to provide a supplemental benefit to certain Supplemental Nutrition Assistance Program (SNAP) recipients who have specific medical conditions. This benefit could only be used to purchase fresh fruits and vegetables at farmers’ markets and cooperative marketing associations. HB 69 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 70**, introduced by Representative Mandisha Thomas (D-South Fulton), the “Surprise Billing Consumer Protection Act” would enhance transparency and consumer awareness in cases of surprise medical billing. It requires nonparticipating medical providers to inform covered persons about potential out-of-pocket costs of \$100.00 or more before providing both emergency and nonemergency medical services. HB 70 was assigned to the House Insurance Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 74**, introduced by Representative Imani Barnes (D-Tucker), would extend Medicaid coverage to include the prevention and treatment of lymphedema, a condition involving fluid retention and tissue swelling. This bill outlines the scope of coverage, including various treatments and therapies, and provides for the necessary steps to implement this expanded coverage through a state plan amendment or waiver request. HB 74 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 75**, introduced by Representative Shea Roberts (D-Atlanta), the “Reproductive Freedom Act,” seeks to make significant amendments to Georgia’s legal code regarding abortion, parental notification, reproductive health rights, and the legal status of unborn children. The bill specifies that the term “natural person” does not include an unborn child and outlines that an unborn child with a detectable human heartbeat is not considered a natural person, except in specific population-based determinations. The bill modifies the Parental Notification Act, which requires parental notification for abortions involving unemancipated minors by providing exceptions to this requirement, allowing for abortions without parental notification if the minor is mature and capable of informed consent or if notification could lead to physical or emotional harm. The bill aims to protect reproductive health rights and prohibits certain state actions that could impede those rights. HB 75 repeals various provisions related to criminal abortion, abortion coverage under insurance plans, references to abortion in legal codes, and more. This bill also amends Title 31 of the Code, specifying legislative intent and grant of authority for rules and regulations concerning licensing of medical facilities performing abortion procedures. HB 75 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 78**, introduced by Representative Kimberly Alexander (D-Hirman), the “Paid Sick Leave Act,” would require employers to provide paid sick leave for their employees. The bill would require employers with 25 or more employees to implement a sick time policy that allows employees to earn and accrue at least 56 hours of paid sick leave per year. Paid sick leave would accrue at a rate of one hour for every 30 hours worked. HB 78 was assigned to the House Industry and Labor Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 82**, introduced by Representative Mack Jackson (D-Sandersville), carried by Senator Max Burns (R-Sylvania) in the Senate, replaces the existing rural physician tax credit with an expanded program that also includes dentists, nurse practitioners, and physician assistants. This bill, as written, would sunset the existing program at the end of 2028. There was a substitute introduced that would exclude military bases from the population count for rural counties, would require a “pre-approval” at the request of the Department of Revenue for administration purposes, and would sunset the program on December 31, 2026. This bill passed out of the House and the Senate committees but was tabled on the Senate floor before it could receive a vote. HB 82 rests in the Senate as a living bill. **GHA supports this bill.**

**HB 101**, introduced by Representative Clint Crowe (R-Jackson), is an income tax bill which picked up the language for the Rural Hospital Tax Credit language from HB 363 late in the Session. The amended version of this bill would increase the Rural Hospital Tax Credit (RHTC) cap from \$75 million to \$80 million beginning January 1, 2023, and would extend the sunset for this program from December 31, 2024 to December 31, 2028. During the 2022 Session, HB 1041 increased the RTHC from \$60 million to \$75 million. This bill would allow hospitals designated as a rural emergency hospital to be added to the definition of a “rural hospital organization” and would move the contribution deadline from December 31 to October 31. HB 101 was assigned to the Senate Finance Committee where it rests as a living bill. **GHA has worked with the authors on the introduction of this bill and is supportive of this legislation.** There are now three bills with various language iterations related to the Rural Hospital Tax Credit Program, including HB 363, and HB 504.

**HB 124**, introduced by Representative Roger Bruce (D-Atlanta), would amend Georgia Code relating to emergency medical services so that first responders of municipal fire departments may engage in the emergency medical transportation of patients. Under this bill, first responders of a fire department of a municipality shall be granted licenses for emergency medical transportation under certain circumstances, and the Emergency Medical Systems Communications Program (EMSC Program) would be revised. Currently, first responders under the department’s rules and regulations can transport only in life-threatening situations, when ordered by a licensed physician, or when a licensed ambulance cannot respond. HB 124 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 140**, introduced by Representative Lee Hawkins (R-Gainesville), would establish a three-year pilot program, starting on January 1, 2025, to offer coverage for the diagnosis and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection (PANDAS) and pediatric acute onset neuropsychiatric syndrome (PANS) under the state health benefit plan. HB 140 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 141**, introduced by Representative Mesha Mainor (D-Atlanta), would amend Georgia Code relating to student health in elementary and secondary education to require local school systems to conduct sui-cide screenings on all students aged eight through 18, beginning in the 2023-2024 school year. HB 141 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 143**, introduced by Representative Danny Mathis (R-Cochran), carried in the Senate by Senator Shelley Echols (R-Gainesville), would amend Georgia Code relating to medical assistance to require the Department of Community Health to include continuous glucose monitors as a pharmacy benefit for Medicaid recipients and to provide for certain consultations by treating practitioners. This bill passed out of the House and the Senate committees but was tabled on the Senate floor before it could receive a vote. HB 143 rests in the Senate as a living bill. **GHA supports this bill.**

**HB 150**, introduced by Representative Mesha Mainor (D-Atlanta), changes the definition of “physical therapy” to expand its scope to include the use of diagnostic imaging and ultrasound for diagnosis and treatment purposes. The bill specifies that diagnostic imaging includes services such as magnetic resonance imaging (MRI), computed tomography (CT) scanning, positron emission tomography (PET) scanning, and other advanced imaging services as defined by the board. However, X-rays, fluoroscopy, or ultrasound services are not considered diagnostic imaging under this definition. HB 150 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 161**, introduced by Representative Michelle Au (D-Johns Creeks), the “Pediatric Health Safe Storage Act,” establishes a new offense related to making firearms accessible to children, defines terms, outlines penalties, and mandates signage for firearm dealers. In this bill, if the child discharges the firearm and causes death or serious injury, it’s a high and aggravated misdemeanor. HB 161 was assigned to the House Public Safety and Homeland Security Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 172**, introduced by Representative Mesha Mainor (D-Atlanta), would amend the law related to the rights and privileges of patients and their representatives regarding examination and treatment for mental illness and provide for notice of admission and daily updates from a facility to the parent or legal guardian of an involuntary minor patient under 12 years of age. Current law does not require updates on patients to their parents or legal guardian representative on a daily basis. HB 172 was assigned to the House Juvenile Justice Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 184**, introduced by Representative Marvin Lim (D-Norcross), would amend the law relating to insurance to include a specific federal regulation under mental health parity requirements. HB 184 was assigned to the House Insurance Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 191**, introduced by Representative Ron Stephens (R-Savannah), would amend Georgia law relating to taxes on tobacco and vaping products to increase the rate of the tax on each pack of cigarettes. The proceeds of this tax increase are intended to be appropriated for healthcare issues affecting Georgia residents. Currently, the excise tax is 37¢ per pack of 20 cigarettes. This bill would increase the excise tax to 57¢ per pack of 20 cigarettes. HB 191 was assigned to the House Ways and Means Committee and rests there as a living bill. **GHA has not taken a position on this bill.**

**HB 192**, introduced by Representative Ron Stephens (R-Savannah), would amend Georgia law relating to taxes on tobacco and vaping products to increase the rate of the tax on consumable vapor products. The proceeds from this tax increase are intended to be appropriated for healthcare issues affecting Georgia residents. Currently, the excise tax is 5¢ per fluid milliliter in a closed system vapor product and 7 percent of the wholesale cost price of a consumable vapor product in an open system. This bill would change the excise tax to 15 percent of the wholesale cost of a consumable vapor product in any system. HB 192 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 197**, introduced by Representative Derrick McCollum (R-Chestnut Mountain), “Wesley’s Law,” would amend Georgia law relating to crimes and offenses to include the offense of drug induced homicide. This bill would enhance punishments and fines for the distribution of certain controlled substances (fentanyl) and would remove “lack of knowledge that the controlled substance contained fentanyl” as a defense when an accused is charged with murder based on distribution of a controlled substance. This bill would also enhance penalties for the distribution of controlled substances within 1,000 feet of any substance abuse treatment facility. HB 197 was assigned to the House Judiciary Non-Civil Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 201**, introduced by Representative Kim Schofield (D-Democrat), empowers the Department of Public Health to undertake projects related to valvular heart disease awareness, education, diagnosis, and prevention. In this bill, the Department of Public Health can carry out these projects directly or by providing grants or contracts to public or nonprofit private entities. HB 201 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 211**, introduced by Representative Ron Stephens (R-Savannah), aims to provide a sales and use tax exemption for absorbent diapers, undergarments, and pads primarily designed for children and adults experiencing incontinence. HB 211 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 214**, introduced by Representative Alan Powell (R-Hartwell), would amend the law relating to prestige license plates and special plates, respectively, to authorize advanced practice registered nurses and physician assistants to execute affidavits certifying an individual is disabled for purposes of obtaining special vehicle decals for persons with disabilities. This bill would also authorize physicians to delegate the authority to physician assistants and advanced practice registered nurses to prescribe Schedule II controlled substances under certain conditions. HB 214 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 215**, introduced by Representative Alan Powell (R-Hartwell), would create a new licensure category for advanced practice registered nurses (APRNs). Currently, APRNs are licensed as registered nurses with an authorization to practice as an APRN. This bill would also amend Georgia Code relating to prestige license plates, respectively, to authorize advanced practice registered nurses and physician assistants to execute affidavits certifying an individual is disabled for purposes of obtaining special vehicle decals. This bill passed out of the House and was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 216**, introduced by Representative Marvin Lim (D-Norcross), would amend the law relating to victim compensation to provide for an award made from the Georgia Crime Victims Emergency Fund to sexual assault survivors for medical treatment or counseling. HB 216 was assigned to the House Judiciary Non-Civil Committee where it rests as a living bill. **GHA has not taken a position on this bill.**





**HB 233**, introduced by Representative Sandra Scott (D-Rex), introduces provisions related to mental health treatment alternatives to imprisonment and mental health treatment options while imprisoned. The bill proposes allowing defendants with diagnosed serious mental illnesses to petition for mental health treatment sentences, outlines the criteria and options for such sentences, and establishes procedures for modification or recall of mental health treatment sentences. HB 233 was assigned to the House Public Safety and Homeland Security Committee where it rests as living bill. **GHA has not taken a position on this bill.**

**HB 266**, introduced by Representative Charlice Byrd (R-Woodstock), the “Medical Freedom Act,” would amend the law relating to authority of the Department of Public Health and all county boards of health to prevent them from requiring persons to submit proof of vaccinations against contagious or infectious diseases. This bill would repeal the impacted boards and departments from being able to require individuals to submit post infection recovery as a condition for certain actions, prohibit state and local entities from issuing immunization passports or similar vaccination proof, and prohibit state and local government entities from requiring face masks or facial coverings for health purposes. HB 266 was assigned to the House Public Health Committee where it rests as a living bill. **GHA is currently re-viewing the language in this legislation to determine how it would impact hospitals.**

**HB 278**, introduced by Representative John LaHood (R-Valdosta), would amend the law relating to athletic trainers to require athletic training students to be under the direct supervision of a physician or licensed athletic trainer. HB 278 was assigned to the House Health Committee where it rests as a living bill. **GHA is currently reviewing this legislation but has yet to take a position.**

**HB 280**, introduced by Representative Matthew Gambill (R-Cartersville), carried in the Senate by Senator Randy Robertson (R-Cataula), introduces provisions related to value-added products or services in insurance, specifying circumstances under which such products or services would not be considered unfair trade practices or unlawful inducements. This bill would allow for insurers or insurance producers to offer value-added products or services as part of a pilot program for up to one year, even without conclusive evidence that the criteria are fully met. HB 280 passed through the House and was assigned to the Senate Insurance and Labor Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 284**, introduced by Representative Beth Camp (R-Concord), introduces changes to the definition and regulations surrounding healthcare sharing ministries in Georgia. It also allows taxpayers to deduct the amounts paid to such organizations from their state taxable income. The bill revises the definition of a “healthcare sharing ministry” to include the term “healthcare sharing organization,” describing it as a nonprofit organization with 501(c)(3) tax-exempt status. HB 284 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA worked with the author to express concern regarding the practices of these types of plans and the potential impact to patients who rely solely on these products for healthcare coverage.**

**HB 286**, introduced by Representative Michelle Au (D-Johns Creek), the “Surprise Billing Consumer Protection Act,” would provide for certain consumer protections against surprise billing for ambulance services and would require a healthcare plan to reimburse for ambulance services provided to a covered person by a nonparticipating ambulance provider. HB 286 was assigned to the House Insurance Committee where it rests as a living bill. **GHA is currently reviewing this legislation but has yet to take a position.**

**HB 308**, by Representative Mark Newton (R-Augusta), carried in the Senate by Senator Chuck Hufstetler (R-Rome), would revise a tax credit for certain medical preceptor rotations to add dentistry, which is currently not included in the category of eligible recipients. This bill would change the credit for physicians and licensed dentists to \$1,000 per preceptorship and \$750 per preceptorship for an advanced practice registered nurse or physician assistant. Amendments were added in committee to change the program sunset from 2028 to 2026, to cap the program at \$3 million per calendar year, and require eligible recipients to apply for such tax credit. This bill passed out of the House and Senate committees but was tabled on the Senate floor before it could receive a vote. HB 308 rests in the Senate as a living bill. **GHA supports this legislation.**

**HB 339**, introduced by Representative Shelly Hutchinson (D-Snellville), would amend the law relating to the governing and regulation of mental health to provide that the Department of Behavioral Health and Developmental Disabilities conduct or coordinate all audits of behavioral health providers. HB 339 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 343**, introduced by Representative Mark Newton (R-Augusta), is known as the “Low Prescription Drug Costs for Patients Act,” and would amend the law relating to regulation and licensure of pharmacy benefits managers (PBMs). This bill would require PBMs to calculate defined cost sharing for insureds at the point of sale and report those annual amounts to the department. HB 343 passed through the House and was assigned to Senate Health and Human Services committee where it rests as a living bill. **GHA has not taken a position on this bill.**

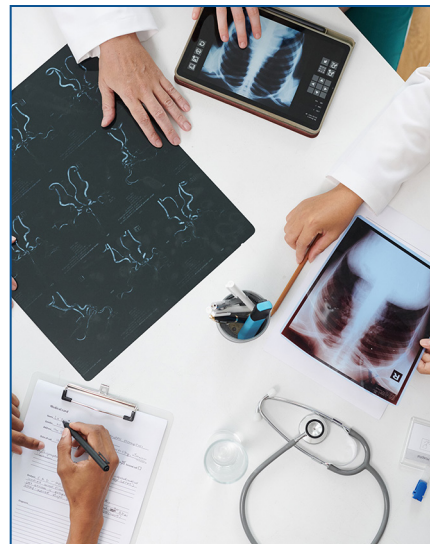
**HB 362**, introduced by Representative Karen Mathiak (R-Griffin), carried in the Senate by Senator Nikki Merritt (D-Grayson), would amend the law to require benefit providers to disclose certain payments, within 30 days of the written request, to a treating healthcare provider for personal injury cases. This bill defines “healthcare provider” as a person duly licensed or legally authorized to provide healthcare services and that has provided such services to an injured party. This bill passed out of the House and the Senate committees but was tabled on the Senate floor before it could receive a vote. HB 362 rests in the Senate as a living bill. **GHA has not taken a position on this bill.**

**HB 363**, introduced by Representative John LaHood (R-Valdosta), would amend the law relating to tax credits for contributions to rural hospital organizations. This bill would increase the Rural Hospital Tax Credit (RHTC) cap from \$75 million to \$100 million beginning January 1, 2023, and would extend the sunset for this program from December 31, 2024, to December 31, 2029. During the 2022 Session, HB 1041 increased the RHTC from \$60 million to \$75 million. HB 363 would allow hospitals designated as a rural emergency hospital to be added to the definition of a “rural hospital organization” and would move the contribution deadline from December 31 to October 31. HB 363 was assigned to the House Ways and Means Committee where it rests as a living bill. **GHA has worked with the author on the introduction of this bill and is supportive of this legislation.** There are now three bills with various language iterations related to the Rural Hospital Tax Credit Program, including HB 101, and HB 504.



**HB 377**, introduced by Representative Bethany Ballard (R-Warner Robins), would expedite the process for issuing licenses by endorsement to spouses of active or transitioning members of the armed forces in Georgia. It shortens the time frame for issuing such licenses to 30 days from the date of receiving a complete application and necessary documentation. HB 377 was assigned to the House Regulated Industries Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 378**, introduced by Representative Shelly Hutchinson (D-Snellville), updates the definition of “autism spectrum disorder” to be defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as of January 1, 2023. HB 378 was assigned to the House Insurance Committee where it rests as a living bill. **GHA has not taken a position on this bill.**



**HB 384**, introduced by Representative Sharon Henderson (D-Covington), carried in the Senate by Senator Nikki Merritt (D-Grayson), would amend Georgia Code relating to individual accident and sickness insurance coverage for mammograms, pap smears, and prostate-specific antigen tests to provide for annual notification by insurers to male insureds of coverage for prostate-specific antigen tests. Currently, insurers provide notifications to each insured female of her coverage for mammograms after the age of 40 for as long as mammogram screening is recommended based on her individual health status, as determined by her physician. This bill passed out of the House and the Senate committees but was tabled on the Senate floor before it could receive a vote. HB 384 rests in the Senate as a living bill. **GHA is supportive of this legislation.**

**HB 417**, introduced by Representative David Knight (R-Griffin) would prohibit insurers from discriminating against certain healthcare facilities and providers in connection with the procurement, delivery, and administration of provider administered drugs. HB 417 did not make it out of the House Insurance committee and therefore rests there as a living bill. The language from HB 417 was added to a substitute of SB 109, introduced by Senator Shelly Echols (R-Alto), a bill about glucose monitors, in an attempt to pass the bill through on a vehicle. The glucose monitor language from SB 109 was stripped out and put on another bill. SB 109 with the “white bagging” language inserted passed out of the House by substitute, but never made it out of the Senate. SB 109 rests in the Senate as a living bill, waiting for an agree. **GHA supports this legislation.**

**HB 428**, introduced by Representative Carolyn Hugley (D-Colombus), would direct the Department of Community Health to provide 12 months of continuous eligibility for Medicaid and the PeachCare for Kids Program to children from birth through age 18. HB 428 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 434**, introduced by Representative Lee Hawkins (R-Gainesville), would amend Georgia Code to provide for the licensing of radiologist assistants to the Georgia Composite Medical Board. This bill would also provide that radiologists may use the services of licensed radiologist assistants under the supervision of said radiologists. HB 434 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 441**, introduced by Representative Katie Dempsey (R-Rome), would authorize and regulate tele-dentistry in this state by licensed dentists pursuant to permits issued by the Georgia Board of Dentistry. HB 441 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 445**, introduced by Representative Karen Mathiak (R-Griffin), would revise a provision relating to the administration of anesthesia by certified registered nurse anesthetists. This bill would allow certified registered nurse anesthetists (CRNAs) to administer anesthesia when ordered by a duly licensed physician, dentist, or podiatrist. Currently, CRNAs can only administer anesthesia under the direction of a duly licensed physician. The vote on this bill failed and HB 445 did not pass out of the House Health committee.

**GHA supports this legislation.**

**HB 448**, introduced by Representative Kim Schofield (D-Atlanta), the “Medication and Patient Safety Act,” relates to insurance to provide for a covered person to have safe and affordable access to a physician-administered medication. This bill would allow for a health insurer, pharmacy benefit manager, or their agent to arrange for an infused or injected medication to be administered to a covered person in such person’s home or healthcare facility when agreed it is a location that is in the best interest of the patient. HB 448 was assigned to the House Insurance Committee where it rests as a living bill. **GHA has not taken a position on this bill, but we are evaluating the impact of the tiered network language it contains.**

**HB 451**, introduced by Representative Devan Seabaugh (R-Marietta), would require the provision of supplemental, illness-specific insurance to certain first responders diagnosed with occupational post-traumatic stress disorder and provide a tax exemption for benefits received from such insurance coverage for first responders. This bill would include the following professions as first responders: communications officers, correctional officers, emergency medical professionals, emergency medical technicians, firefighters, highway emergency response operators, jail officers, juvenile correctional officers, peace officers, and probation officers. This bill passed out of the House Public Safety & Homeland Security Committee by substitute and rests in the House as a living bill. **GHA has not taken a position on this bill.**

**HB 454**, introduced by Representative Shaw Blackmon (R-Bonaire), carried in the Senate by Senator Chuck Hufstetler (R-Rome) is a tax exemption bill. This bill received a Senate Rules Committee substitute to add into Section 7 that “no entity, or directly controlled affiliate of an entity, that terminated operation of a hospital containing a level one trauma center and at least 200 inpatient hospital beds after January 1, 2021, shall be eligible for an exemption under this paragraph until January 1, 2025.” The Rules substitute clarified that the tax exemption revocation would not apply in situations where a hospital closes but is replaced by a new facility. This bill passed out of Rules Committee by substitute and was first read on the Senate floor where it remains as a living bill. **GHA does not support this legislation due to the addition of this language.**

**HB 455**, introduced by Representative John LaHood (R-Valdosta), would provide that professional programs that are established to address career fatigue and wellness in healthcare professionals are not obligated to report to licensing boards except in certain circumstances. Another amendment was added that would prohibit enforcement of restrictive covenants under certain circumstances. The language from this bill was also added on to HB 557, introduced by Representative Ron Stephens (R-Savannah), carried by Senator Larry Walker (R-Perry) in the Senate, which would authorize physicians to delegate the authority to prescribe Schedule II controlled substances to advanced practice registered nurses (APRN) and physician assistants (PA). A substitute was introduced in House committee that would limit the authorized Schedule II drugs to hydrocodone and oxycodone compounds. The substitute would allow APRNs and PAs to issue disability parking permits and also clarifies that prescriptions could only be written for patients 18 years of age and older. HB 557, which included the language from HB 455, went to conference committee. Since HB 557 was never reported out of conference committee, it did not gain final passage this Legislative Session. HB 455 passed through both House and Senate committees and now remains in the Senate as a living bill. GHA opposes HB 557 with the amendments offered in the Senate as they impact contract language on noncompete clauses for clinical providers.

**GHA opposes HB 455.**



**HB 470**, introduced by Representative Sharon Cooper (R-Marietta), carried in the Senate by Senator Ben Watson (R-Savannah), “Georgia Candor Act”, creates parameters by which hospitals and other healthcare providers can have open discussions with patients and their families about adverse outcomes while protecting such discussions from discovery in any later lawsuit, so long as certain notice requirements are met. This program is entirely voluntary for healthcare providers and is already being employed by hospitals in Georgia. The legislation also contains revisions to Georgia’s law governing the costs for medical records to clarify that when records are stored in an electronic format, providers may not charge more than the federal law allows when records are requested in an electronic format. HB 470 passed out of committee by substitute and was tabled on the Senate floor before it could receive a vote. HB 470 rests in the Senate as a living bill. **GHA worked with the author and other interested parties to ensure that hospital and patient interests are protected in this legislation.**

**HB 487**, introduced by Representative Mark Newton (R-Augusta), enhances punishment for aggravated assault and aggravated battery committed upon healthcare workers. Currently, violence against healthcare worker penalties apply only to emergency workers, but this legislation would extend punishments to all employees or independent contractors of a hospital if the act occurred during the performance of their official employment duties. HB 487 passed out of House Judiciary Non-Civil Committee and rests in the House as a living bill. A similar bill, HB 383 by Representative Matt Reeves (R-Duluth) gained final passage and went into effect May 2, 2023. **GHA supports this legislation.**

**HB 496**, introduced by Representative Emory Dunahoo (R-Gillsville), the “Georgia Prenatal Equal Protection Act”, would provide for an exception for defendant mothers of unborn children relating to crimes committed when the victim believes that the performance of the crime was the only way to prevent her imminent death or great bodily harm. The defense of coercion section of this code would not apply to a murder charge unless the victim is an unborn child, and the defendant is the child’s mother. HB 496 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 504**, introduced by Representative Matt Hatchett (R-Dublin), carried in the Senate by Senator Chuck Hufstetler (R-Rome), was amended late in Session to include provisions related to the Rural Hospital Tax Credit program. The language extends the sunset of the program from 2024 to 2026, allows for Rural Emergency Hospitals to qualify for the program, changes the due date for contributions from December 31 to October 31, and allows for partial donations to be accepted when a hospital has met its annual limit. This legislation is one of three active bills containing various iterations of improvements to the Rural Hospital Tax Credit program. HB 504 passed through the House Education Committee and the Senate Finance Committee but was tabled on the Senate floor before it could receive a vote. HB 504 rests in the Senate as a living bill. **GHA supports this bill as amended.** There are now three bills with various language iterations related to the Rural Hospital Tax Credit Program, including HB 101, and HB 363.



**HB 520**, introduced by Representative Todd Jones (R-South Forsyth), is follow-up legislation to 2022's HB 1013, the Georgia Mental Health Parity Act. As passed the House, the bill required the state to develop a uniform definition of "serious mental illness"; establish a clearinghouse of best practices and resources to handle individuals with serious mental illness who have frequent contact with criminal justice, homelessness or behavioral health systems; conduct a comprehensive study of behavioral health workforce in the state; create a task force to study access to inpatient behavioral health beds; study and make recommendations on ways to modernize the process for obtaining a professional license; allow psychiatric hospitals to enroll in the Medicaid program and provide services to children in fee-for-service Medicaid; seek a waiver to allow Medicaid funds to be used for housing support, employment support, and case management; create a Georgia Healthcare Professional Data System; and establish a loan repayment program for mental health and substance use professionals. This legislation was stalled in the Senate late during the Session and was not moved on by the Senate. Since no action was taken in the committee, this is a living bill that currently rests in the Senate Health and Human Services Committee. **GHA is generally supportive of this legislation and other efforts to improve behavioral health access in Georgia and has provided language recommendations to the author to improve the bill.**

**HB 521**, introduced by Representative Scott Hilton (R-Peachtree Corners), would provide for Medicaid coverage of rapid whole genome sequencing. HB 521 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 546**, introduced by Representative Rick Jasperse (R-Jasper) the "Georgia Pharmacy Practice Act," would revise the definition of "pharmacy care" to include "adaption of a prescription drug order" into the code section. HB 546 passed out of the House Health Committee by substitute and remains in the House as a living bill. **GHA has not taken a position on this bill.**

**HB 552**, introduced by Representative Sandra Scott (D-Rex), would provide for military spouses licensed in other states to practice certain professions and occupations and obtain a license by endorsement to practice in this state. HB 552 was assigned to the House Regulated Industries and Utilities Committee where it rests as a living bill. GHA has not taken a position on this bill but is supportive of efforts to support healthcare workforce. **HB 556**, introduced by Representative Tyler Paul Smith (R-Bremen), "Pregnancy Protection Act" would introduce protections and accommodations for job applicants and employees in circumstances related to pregnancy, childbirth, and related conditions. The bill outlines various provisions, including the requirement for employers to provide reasonable accommodations to pregnant job applicants and employees unless undue hardship can be proven. It also prohibits adverse actions against those requesting or using accommodations and provides for the right to be free from discrimination based on pregnancy. HB 556 was assigned to the House Industry and Labor Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 557**, introduced by Representative Ron Stephens (R-Savannah), carried by Senator Larry Walker (R-Perry) in the Senate, would authorize physicians to delegate the authority to prescribe Schedule II controlled substances to advanced practice registered nurses (APRN) and physician assistants (PA). A substitute was introduced in House committee that would limit the authorized Schedule II drugs to hydrocodone and oxycodone compounds. The substitute would allow APRNs and PAs to issue disability parking permits and also clarifies that prescriptions could only be written for patients 18 years of age and older. This bill was amended on the Senate floor to include the language from HB 455, introduced by Representative John LaHood (R-Valdosta). HB 455 would provide that professional programs that are established to address career fatigue and wellness in healthcare professionals are not obligated to report to licensing boards except in certain circumstances. Another amendment was added that would prohibit enforcement of restrictive covenants under certain circumstances. This bill was appointed to conference committee, but was never reported out, so it did not gain final passage this Legislative Session. **GHA opposes HB 455. GHA opposes HB 557 with the amendments offered in the Senate as they impact contract language on noncompete clauses for clinical providers.**

**HB 558**, introduced by Representative Todd Jones (R-South Forsyth), would provide for the establishment of a pilot program to conduct a simulated exchange for hospitals to purchase and sell charity care credits to meet their charity care requirements. HB 558 was assigned to the House Special Committee on Healthcare where it rests as a living bill. **GHA will continue to work with the author on addressing concerns regarding this legislation.**

**HB 565**, introduced by Representative Tyler Paul Smith (R-Bremen), would increase temporary assistance for needy families to change the lifetime maximum for benefits from 48 months to 60 months. HB 565 passed out of the House Public Health Committee and remains in the House as a living bill. **GHA is supportive of this bill.**

**HB 575**, introduced by Representative Joseph Gullett (R-Dallas), would provide that a licensee may request review of an occupational regulation and also establishes criteria by which to conduct the review. This bill would also provide for a private right of action to challenge occupational licensure requirements and provide for the standard of review. HB 575 was assigned to the House Regulated Industries and Utilities Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 576**, introduced by Representative Joseph Gullett (R-Dallas), would prohibit certain healthcare providers and facilities from discriminating against potential organ transplant recipients due solely to the vaccine status of the potential recipient. HB 576 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 578**, introduced by Representative David Wilkerson (D-Powder Springs), would require the development and distribution of an educational fact sheet that provides information concerning the use and misuse of opioid drugs in the event that a student athlete is prescribed an opioid for a sports related injury in elementary and secondary education. HB 578 was assigned to the House Education Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 582**, introduced by Representative Sharon Cooper (R-Marietta), would permit assisted living communities and personal care homes to enroll as Medicaid providers. HB 582 was assigned to the House Health and Human Relations & Aging Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**HB 606**, introduced by Representative Sharon Cooper (R-Marietta), creates a new exemption to the Certificate of Need (CON) law for multi-specialty physician group practices to open a “dual-specialty ambulatory surgery center” (ASC) in an urban area that provides surgery services for two specialties (e.g., orthopedics and plastic surgery). The bill also relaxes the requirements for existing single-specialty ASC exemptions by decreasing the indigent and charity care requirements and increasing the capital expenditure limits. HB 606 would also allow all types of CON-exempt ASCs to have outside, private investors with up to 70% ownership. HB 606 was assigned to the House Health Committee where it rests as a living bill. **GHA opposes this bill.**

**HB 629**, introduced by Representative James Beverly (D-Macon), would provide that reimbursement rates for services provided to Medicaid recipients are equal to applicable Medicare maximum allowable reimbursement rates. HB 629 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**



**HB 653**, introduced by Representative Josh Bonner (R-Fayetteville), would amend the laws relating to regulation of hospitals and related institutions to prohibit certain surgical procedures related to gender reassignment in minors from being performed in hospitals and other licensed healthcare facilities. This bill would prohibit sex reassignment surgeries or any other surgical procedures for the purpose of altering primary or secondary sexual characteristics performed on a minor, except for those deemed medically necessary and individuals born with medically verifiable disorders of sex development. This bill would prohibit the prescribing or administering of specific hormone related drugs such as testosterone, estrogen, or progesterone to a minor in an amount greater than would normally be produced in a healthy individual of that minor's age and sex. This bill would prohibit healthcare providers from performing surgeries that sterilize or alter the appearance of the sex of a minor, including vasectomies, hysterectomies, metoidioplasty, and others. HB 653 was assigned to the House Public Health Committee where it rests as a living bill, however, the Senate version of this legislation did gain final passage and was signed into law. **GHA is currently reviewing the language in this legislation and the impacts it could have on patients and providing physicians.** However, the Senate version of this bill, SB 140 by Senator Carden Summers (R-Cordele) did gain final passage and was signed into law with an effective date of July 1, 2023.

**HB 659**, introduced by Representative Butch Parrish (R-Swainsboro), would require health benefit policy coverage for biomarker testing if supported by medical and scientific evidence. HB 659 was assigned to the House Special Committee on Healthcare where it rests as a living bill. A similar version of this bill, HB 85, introduced by Representative Sharon Cooper (R-Marietta), gained final passage and was signed into law with an effective date of July 1, 2023. **GHA is generally supportive of coverage for biomarker testing and is currently reviewing this legislation.**

**HB 660**, introduced by Representative Butch Parrish (R-Swainsboro), increases fine amount limits for certain licensees who violated a law, rule, or regulation which has caused the death of or serious physical harm to a resident in a long-term care facility. HB 660 was assigned to the House Special Committee on Healthcare where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 661**, introduced by Representative Butch Parrish (R-Swainsboro), would require the Department of Community Health to allow mothers giving birth to retain Medicaid eligibility for one year following such birth. This language and requirement passed in another bill during the 2022 Legislative Session and is already in effect. HB 661 was assigned to the House Special Committee on Healthcare where it rests as a living bill. **GHA supports legislation that provides additional insurance coverage options for patients.**

**HB 663**, introduced by Representative Matt Hatchett (R-Dublin), the "No Patient Left Alone Act," is a visitation bill. This bill introduces certain permissions for both minors and adults admitted to hospitals, defines terms such as "caregiver," "hospital," "legal representative," "long-term care facility," and "visitor." The bill grants minors and adults the right to have a parent, guardian, or designated person present during their hospital care. Visitors, including caregivers and legal representatives, are allowed, but hospitals and long-term care facilities can establish visitation policies to limit or restrict visitation under certain circumstances. These policies can be enacted to protect patients' health, prevent interference with care, address disruptive behavior, or when the patient is in custody. The bill also allows hospitals and long-term care facilities to require visitors to wear personal protective equipment and comply with safety protocols. The rights specified in the bill cannot be terminated, suspended, or waived by the facility, Department of Public Health, or any governmental entity, even during emergencies. HB 663 was assigned to the House Health Committee where it rests as a living bill. **GHA is working with the author to ensure hospitals have the ability to ensure a safe clinical environment and are able to maintain compliance with state and federal regulations.**



**HB 684**, introduced by Representative Viola Davis (D-Stone Mountain), seeks to establish regulations for certified community midwives, repeal provisions related to the practice of midwifery, and create a new chapter in Title 43 of the Official Code of Georgia Annotated (OCGA) titled “Certified Community Midwifery Act.” HB 684 was assigned to the House Public Health Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 745**, introduced by Representative Trey Kelley (R-Cedartown), focuses on enhancing nurse staffing standards in hospitals, ensuring adequate patient care, and establishing mechanisms for reporting and monitoring staffing conditions. This bill would require Nurse Staffing Plans: hospitals must develop and implement written nurse staffing plans to ensure an appropriate number and skill mix of nurses are available to meet patient care needs. In this bill, hospitals are required to establish nurse staffing committees composed of representatives from various nursing services. HB 745 was assigned to the House Health Committee where it rests as a living bill. **GHA worked with the author prior to the introduction of this bill to ensure hospitals are able to comply, and the bill does not mandate staffing ratios.**



**HB 793**, introduced by Representative Matt Barton (R-Calhoun), seeks to enable students in a master’s social work program to take the licensing examination during their final semester and makes provisions for the administration of licensing exams for various specialties in the field of counseling, social work, and family therapy. HB 793 was assigned to the House Regulated Industries Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 797**, introduced by Representative Long Tran (D-Dunwoody), establishes the Low THC Oil Patient Registry within the Department of Public Health to facilitate the registration process for individuals and caregivers eligible for low THC oil treatment. The department is directed to establish rules and procedures for registration, including online payment for registration cards and the option to receive registry cards through certified mail. The department is tasked with issuing registration cards to patients who have been certified by a physician to use low THC oil for treating specific conditions. Caregivers may also receive registration cards when necessary. The bill prohibits employers from discriminating against employees based solely on their status as registered patients. HB 797 was assigned to the House Regulated Industries Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 809**, introduced by Representative Alan Powell (R-Hartwell), would grant occupational therapists the authority to perform a technique called “dry needling” as a physical agent modality, subject to certain training and education requirements. HB 809 was assigned to the House Health Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 839**, introduced by Representative Katie Dempsey (R-Rome), would establish an interstate compact known as the “Social Work Licensure Compact.” The compact’s purpose is to enhance public access to social work services, reduce redundant licensing requirements, and enable Member States to cooperate in regulating social work practice. It also seeks to address workforce shortages, support military families, and promote the exchange of licensure and disciplinary information among Member States. The bill seeks to create a streamlined process for social workers to practice across state lines while ensuring that regulatory standards and public safety are maintained. HB 839 was assigned to the House Interstate Cooperation Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**HB 844**, introduced by Representative Ginny Ehrhart (R-Marietta), “Dietetics Practice Act,” would establish regulations and licensure for dietitian nutritionists and nutritionists in the state of Georgia. The bill outlines various definitions related to the practice of nutrition and dietetics, including terms such as licensed dietitian nutritionist, licensed nutritionist, medical nutrition therapy, nutrition assessment, nutrition care process, and more. The bill establishes the Georgia Board of Examiners of Licensed Dietitian Nutritionists and Licensed Nutritionists, consisting of members appointed by the Governor. HB 844 was introduced at the end of the Session and has not yet been assigned to a committee. **GHA has not taken a position on this legislation.**

**HB 847**, introduced by Representative Patty Bentley (D-Butler), empowers the board responsible for overseeing physical therapists to refuse licenses, restore licenses, or discipline license holders under certain circumstances. The reasons for such actions include instances where a licensee or applicant has identified themselves as a doctor without clarifying their credentials as a physical therapist, performed physical therapy care without proper examination and evaluation of patients, failed to refer patients to appropriate specialists, engaged in medical practices beyond their scope, and more. HB 847 was introduced at the end of the Session and has not yet been assigned to a committee. **GHA has not taken a position on this legislation.**

### **Senate Bills/Resolutions**

**SR 46**, introduced by Senator Nikki Merritt (D-Grayson), is a resolution that establishes the “Senate Study Committee on Improving Access to Affordable Insulin.” It acknowledges that the cost of insulin has made managing diabetes financially burdensome, even for individuals with health insurance. It also notes that other states have worked on developing low-cost insulin products for their residents. The resolution aims to study ways the state of Georgia can enhance access to affordable insulin, potentially including the local manufacturing of low-cost insulin products.

**SB 2**, introduced by Senator Greg Dolezal (R-Forsyth), would provide certain immunities from liability claims regarding COVID-19. This bill modifies the sunset of the 2020 Covid Liability Protection bill (SB 359) to include the time period on and after the effective date (August 5, 2020) with no end date. If passed, this measure would reinstate Covid liability protection for hospitals. SB 2 was assigned to the Senate Judiciary Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 15**, introduced by Senator Sally Harrell (D-Atlanta), the “Reproductive Freedom Act” proposes several changes to various sections of the Official Code of Georgia Annotated related to abortion and reproductive health. The bill specifies that “natural persons” do not include unborn children and are not to be included in certain population-based determinations. It seeks to provide exceptions to the notice requirement for pending abortions to parents or guardians of unemancipated minors under the “Parental Notification Act.” The bill proposes to repeal provisions in Chapter 12 of Title 16 relating to criminal abortion. The bill also introduces a new “Reproductive Freedom Act,” which includes provisions to establish fundamental reproductive health rights, prohibit certain state actions, provide injunctive relief and damages, and more. Additionally, it would repeal the prohibition on coverage of certain abortions through qualified health plans. The bill permits healthcare professionals, acting within their lawful scope of practice and adhering to applicable regulations, to provide abortions. The bill asserts the fundamental rights of individuals in relation to reproductive choices. It guarantees the right to choose to carry a pregnancy to term or have an abortion, as well as the right to choose or refuse contraception or sterilization. SB 15 was assigned to the Senate Judiciary Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 16**, introduced by Senator John Albers (R-Roswell), would make changes to the EMS communications program that is currently administered by DPH, allowing for local governing bodies to help administer and coordinate the EMSC program. Currently, only the Board of Public Health or its designee has this authority. SB 16 was assigned to the Senate Health and Human Services committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 17**, introduced by Senator Michael Rhett (D-Marietta), would create a pilot program for premium assistance for enrollment in a qualified health plan purchased through an exchange for eligible individuals up to 138% of the Federal Poverty Level. An oversight committee, created within this bill, would periodically review the implementation and operations of this program to evaluate its success. SB 17 was assigned to the Senate Health and Human Services committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 24**, introduced by Senator Gloria Butler (D-Stone Mountain), is intended to ensure the availability of funding for Medicaid expansion under federal law, specifically with a focus on the Patient Protection and Affordable Care Act and the Healthcare and Education Reconciliation Act of 2010. The bill expands on ways to secure state appropriations for Medicaid expansion, contingent upon the federal government's commitment to providing a substantial portion of the funding required for the expansion. SB 24 was assigned to the Senate Appropriations Committee where it rests as a living bill. **GHA generally supports measures that expand coverage for healthcare services.**

**SB 76**, introduced by Senator Nikki Merritt (D-Grayson), would amend Georgia law relating to the state employees' health insurance plan and post-employment health benefit fund to require state health benefit plans to cover insulin medication at a reduced rate. SB 76 passed the Senate and was assigned to the House Health Committee where it rests as a living bill. **GHA supports measures that expand coverage for healthcare services.**

**SB 81**, introduced by Senator Tonya Anderson (D-Lithonia), would amend current code to repeal in its entirety Chapter 26, relating to the practice of midwifery and Title 43 relating to professions and businesses. This bill would provide for the licensure and regulation of community midwives, amend Code Section to include exceptions to the operation of the "Georgia Registered Professional Nurse Practice Act," and provide an exception relating to the practice of midwifery. SB 81 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 99**, introduced by Senator Greg Dolezal (R-Cumming), would provide a Certificate of Need (CON) exemption for acute care hospitals in rural areas established on or after July 1, 2023. An amendment that was added in Senate Health and Human Services committee would eliminate the requirement that the hospital must be operated by a county or municipal authority from the bill. There were two floor amendments on the Senate side. The first amendment, which removed the Rural Hospital Tax Credit eligibility language from the bill and the second corrects grammatical errors. A substitute was presented in committee that would require the local governing body to adopt a resolution in support of such hospital in order for the CON exemption to apply, but because the substitute was not presented within the required two-hour window, no action was taken on SB 99 in committee. This bill passed out of the Senate and now lives in the House as a living bill, as changed by the Senate. **GHA worked with the author to develop a reasonable compromise that would protect existing hospitals, but ultimately, an agreement on language was not reached. GHA does not support SB 99 in its current form.** Multiple issues were tangled into the Certificate of Need discussion this year, and because of the disagreement on CON modifications, several important hospital-friendly bills such as the Rural Hospital Tax Credit, Medicaid Rates, Tort Reform, additional Medicaid coverage, Behavioral Health Reforms, and more did not gain final passage.

**SB 88**, introduced by Senator Carden Summers (R-Cordele), the “Parents and Children Protection Act of 2023,” would establish rules protecting child privacy, particularly in areas like sex education and gender identity discussions, while also ensuring parental involvement in decisions related to their children’s school records and gender-related information. SB 88 was assigned to the Senate Education and Youth Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**SB 109**, introduced by Senator Shelly Echols (R-Alto), carried in the House by Representative Mandi Ballinger (R-Canton) would amend Georgia Code relating to medical assistance to require the Department of Community Health to include continuous glucose monitors as a pharmacy benefit for Medicaid recipients and to provide for certain consultations by treating practitioners. The language from HB 417 by Representative David Knight (R-Griffin) was added to a substitute of SB 109 late in the Session. This addition would prohibit insurers from discriminating against certain healthcare facilities and providers in connection with the procurement, delivery, and administration of provider administered drugs. HB 417 did not make it out of the House Insurance committee and therefore rests there as a living bill. SB 109 with the “white bagging” language inserted passed out of the House by substitute, but never made it out of the Senate. SB 109 rests in the Senate waiting for an agree as a living bill. **GHA supports this bill.**

**SB 111**, introduced by Senator Chuck Hufstetler (R-Rome), would amend Georgia Code to allow for an anesthesiologist assistant to be appointed in an advisory capacity to the Georgia Composite Medical Board. SB 111 passed out of committee but was not brought before the Senate Rules committee, therefore it rests in the Senate as a living bill. **GHA has not taken a position on this legislation.**

**SB 141**, introduced by Senator Clint Dixon (R-Gwinnett), would amend the law to prohibit healthcare providers from performing specified practices on minors relating to altering a person’s appearance relating to gender. This bill would prohibit school nurses and other employees and officials from engaging in certain conduct relating to a minor’s perception of his or her gender. This bill would prohibit the prescribing or administering of specific hormone related drugs such as testosterone, estrogen, or progester-one to a minor in an amount greater than would normally be produced in a healthy individual of that minor’s age and sex. This bill would prohibit healthcare providers from performing surgeries that sterilize or alter the appearance of the sex of a minor, including vasectomies, hysterectomies, metoidioplasty, and others. SB 141 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA is currently reviewing the language in this legislation and the impacts it could have on patients and providing physicians.**

**SB 150**, introduced by Senator Sonya Halpern (D-Atlanta), would enhance the availability of Automated External Defibrillators (AEDs) in schools, health clubs, and public sports facilities to improve emergency response capabilities in cases of cardiac arrest. It also addresses athletes’ health through mandated physical examinations and heart vest monitors. Additionally, the bill offers tort immunity for individuals using AEDs in specified settings. SB 150 was assigned to the Senate Regulated Industries and Utilities Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**





**SB 157**, introduced by Senator Brian Strickland (R-McDonough), creates provisions related to the consideration of an individual's criminal record when applying for a professional license. Professional licensing boards are required to consider an individual's criminal record when applying for a license, and licensure cannot be automatically denied solely based on an individual's criminal record. The bill introduces a process where individuals with a criminal record can petition the relevant professional licensing board to determine whether their criminal record would disqualify them from obtaining a license in their chosen occupation. The bill outlines factors that boards should consider when evaluating the impact of a criminal record on licensure, such as the nature of the offense, the relationship to the profession, the time elapsed since the offense, and evidence of rehabilitation. SB 157 passed through the Senate and House committees, but was reassigned to the House Judiciary Non-Civil Committee on the last days of the Session. SB 157 rests in the House as a living bill. **GHA has not taken a position on this legislation.**

**SB 162**, introduced by Senator Ben Watson (R-Savannah), eliminates certificate of need (CON) requirements for all types of healthcare facilities and services except long-term care facilities and home health agencies. A Senate committee substitute was offered that eliminates certificate of need (CON) requirements for long-term care facilities as well. Effective Jan. 1, 2024, new healthcare facilities, relocated healthcare facilities and single-specialty ambulatory surgery centers (ASCs) that convert to multi-specialty ASCs would need a special healthcare services license ("Special License") to operate. This new license would be in addition to any existing permit, license or certificate issued by the Healthcare Facilities Regulation Division of the Department of Community Health (DCH). Entities that have closed a healthcare facility or reduced services at a facility by more than 25% in the last 10 years would not be eligible to apply for a Special License or oppose any applications for a Special License under the provisions of this bill. Healthcare providers that obtain a special healthcare services license would be subject to indigent and charity care requirements with non-profit providers' required amount being higher than investor-owned providers. Most of the current CON exemptions would also apply to special healthcare services licenses, with new or expanded exemptions for all clinical health services (perinatal services, open-heart surgery, cardiology procedures, etc.), multi-specialty ASCs, freestanding imaging centers, and behavioral health services. Two amendments were adopted in committee with the first being to eliminate the requirement that exempt hospitals be operated by a county or municipal authority from the bill (to mirror the change made to SB 99.) The second amendment proposed was to strike "of \$10 million or less" from line 483 related to capital expenditure thresholds. The bill passed out of committee as amended with a tied vote broken by the committee chairman. For now, SB 162 bill rests in the Senate Rules Committee since it was not selected to be voted on the Senate floor prior to Crossover Day. **GHA opposes this bill.**

**SB 173**, introduced by Senator Ben Watson (R-Savannah), would provide that hospital authorities may transfer its ambulance service license to its local governing body directly if the governing body is eligible for such a license. SB 173 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this legislation.**

**SB 186**, introduced by Senator Greg Dolezal (R-Forsyth), the "Georgia Landowners Protection Act," aims to limit the liability of landowners in cases involving injuries to invitees, licensees, and trespassers caused by the actions of third parties, provided certain conditions are met. It also addresses the apportionment of fault and excludes certain factors from consideration in determining liability. Additionally, the bill prohibits imposing liability on a landowner based on alleged constructive knowledge of prior crimes or the violent nature of third parties that caused the injury. SB 186 passed out of the Senate Insurance and Labor Committee but did not receive a vote on the Senate floor. SB 186 rests in the Senate as a living bill. **GHA has not taken a position on this legislation.**

**SB 191**, introduced by Senator Shawn Still (R-Johns Creek), intends to repeal provisions regarding the joinder of motor carriers and their insurance carriers in causes of action (legal claims) involving tort (wrongful acts) and contract matters. These changes essentially eliminate the allowance for joining both motor carriers and their insurance carriers in the same legal action, whether the case arises from tort or contract issues. SB 191 passed out of the Senate Transportation Committee but did not receive a vote on the Senate floor. SB 191 rests in the Senate as a living bill. **GHA has not taken a position on this legislation.**

**SB 196**, introduced by Senator Ben Watson (R-Savannah), would amend the Georgia Code to stipulate the failure to wear a safety belt or safety restraints for children would be admissible as evidence in civil actions. This bill would also prohibit the failure to wear a safety belt or safety restraints for children as a basis for cancellation of insurance coverage. SB 196 was assigned to the Senate Transportation Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 200**, introduced by Senator Bill Cowsert (R-Athens), would allow a party or a current or former high-ranking government or corporate officer who is the subject of a deposition to seek a protective order. This order is intended to prevent the deposition from taking place unless specific conditions are met. The bill outlines the requirements for seeking such an order, including providing an affidavit or declaration showing that the officer lacks unique, personal knowledge of relevant matters. SB 200 passed out of the Senate Regulated Industries and Utilities Committee but did not receive a vote on the Senate floor. SB 200 rests in the Senate as a living bill. **GHA has not taken a position on this legislation.**

**SB 230**, introduced by Senator Matt Brass (R-Newnan), expands the rights outlined in the bill of rights for foster parents to include relative caregivers and fictive kin who provide care for children in the custody of the Division of Family and Children Services of the Department of Human Services. It also outlines rights related to training, financial reimbursement, access to information, participation in planning, fair investigations of complaints, and more. SB 230 passed through the Senate and was assigned to the House Juvenile Justice Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 238**, introduced by Senator Mike Hodges (R-Brunswick), establish the “Georgia Healthcare Professionals Data System,” to create a centralized data system to provide non-identifying information about licensed healthcare professionals in Georgia for public access and analysis. The bill directs the Georgia Board of Healthcare Workforce to collaborate with state licensing boards to establish and maintain the Georgia Healthcare Professionals Data System. The data system’s purpose is to collect and distribute non-identifying descriptive data about licensed healthcare professionals in the state. The system’s information will be accessible to the public via the board’s website and will include data related to demographics and geographical distribution of licensed healthcare professionals. State licensing boards are required to provide data to the board upon request or as required by the board, which includes information like age, race, gender, ethnicity, location of practice, and license type for healthcare professionals in active practice. SB 238 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 246**, introduced by Senator Mike Hodges (R-Brunswick), carried in the House by Representative Matthew Gambill (R-Cartersville), relating to the Georgia Board of Healthcare Workforce, would provide for student loan repayment for a registered professional nurse duly licensed and authorized to practice in the state who holds a master’s or doctoral degree in nursing and is currently employed or has been employed for at least one year as a faculty member of a nursing program at a post-secondary institution in the state. **GHA supports this bill and other efforts to support healthcare workforce.**

**SB 253**, introduced by Senator Nabilah Islam (D-Lawrenceville), would prohibit the transfer or purchase of a firearm within 500 feet of a mental healthcare facility. SB 253 was assigned to the Senate Judiciary Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 267**, introduced by Senator Nabilah Islam (D-Lawrenceville), would amend Georgia code relating to disclosure of certain information to persons undergoing certain surgical or diagnostic procedures, failure to comply, exceptions, and regulations establishing standards for implementation to prohibit certain examinations (breast, pelvic, prostate, or rectal examinations) on an anesthetized or unconscious patient without prior informed consent. SB 267 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 269**, introduced by Senator Nabilah Islam (D-Lawrenceville), would prohibit the transfer or purchase of a firearm within 500 feet of a school safety zone or hospital. SB 269 was assigned to the Senate Interstate Cooperation Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 270**, introduced by Senator Carden Summers (R-Cordele), would authorize the dispensing of low THC oil and products from any Class 1 or Class 2 production licensee by any dispensing licensee, provide for additional Class 1 and Class 2 production licenses and add ulcerative colitis as a condition for which low THC oil may be used for treatment. SB 270 was assigned to the Senate Agriculture and Consumer Affairs Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 283**, introduced by Senator Brian Strickland (R-McDonough), the “Pregnancy Protection Act,” seeks to ensure that job applicants and employees who are pregnant or dealing with related conditions are provided with reasonable accommodations by employers, thereby preventing discrimination and ensuring their rights in the workplace. SB 283 was assigned to the Senate Judiciary Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 286**, introduced by Senator Ben Watson (R-Savannah), the “Lowering Prescription Drug Costs for Patients Act,” would require pharmacy benefits managers to calculate defined cost sharing for insureds at the point of sale. “Dispensing pharmacies and other parties in connection with the administration of a prescription drug” would be included into the code section for negotiated price concessions, directly or indirectly, including through an affiliated, subsidiary, third party, or intermediary. This bill would require PBMs to annually report to the department the aggregate amount of rebates passed through to insured at the point of sale, to then be shared with the House Health and Senate Health and Human Services Committees. SB 286 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 293**, introduced by Senator Ben Watson (R-Savannah), focuses on clarifying the authority and responsibilities of county boards of health and health districts in Georgia. It allows for the appointment of aides and assistants by county boards of health, outlines the establishment and composition of health districts, and addresses qualifications and responsibilities of district health directors and chief medical officers. SB 293 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 307**, introduced by Senator Kay Kirkpatrick (R-Marietta), requires health insurers to establish a “gold card program” that allows for reduced prior authorization requirements for healthcare providers based on their performance and adherence to evidence-based medicine. The bill aims to enhance the quality and affordability of healthcare while minimizing administrative burdens. The criteria for participation in the program and the healthcare services covered would be determined by the insurer. However, insurers must submit a filing to the Department of Insurance containing a detailed description of the program, participation criteria, a list of covered procedures and services, the number of participating healthcare providers, and any other information required by the department. SB 307 was assigned to the Senate Insurance and Labor Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 320**, introduced by Senator Michael ‘Doc’ Rhett (D-Marietta), focuses on HIV testing and reporting for individuals accused of AIDS transmitting crimes or other offenses involving significant exposure. It outlines procedures for requesting, conducting, and disclosing HIV test results, aiming to address public health concerns while respecting individual rights. SB 320 was assigned to the Senate Judiciary Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 325**, introduced by Senator Sheikh Rahman (D-Lawrenceville), aims to provide an exemption from the licensure requirements for employees of licensed opticians who work under specific conditions and supervision. This exemption allows these employees to assist in dispensing optical products without needing to hold a dispensing optician license. SB 325 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**

**SB 331**, introduced by Senator Randy Robertson (R-Cataula), establishes a certification process for recovery residences, set standards for their operation, and ensures the safety and well-being of individuals recovering from substance use disorders. It also outlines procedures for certification, inspections, and criminal background checks for key personnel. SB 331 was assigned to the Senate Health and Human Services Committee where it rests as a living bill. **GHA has not taken a position on this bill.**





## Governor's Vetoes

**HB 52**, introduced by Representative Brad Thomas (R-Holly Springs), carried in the Senate by Senator Greg Dolezal (R-Forsyth), would make various changes to regarding transportation, including amending the process of electing members to the Department of Transportation board, modifying the procedures for public-private partnerships (P3s) and establishing rules for alternative contracting methods for transportation projects. The bill allows coroners or county medical examiners to delegate certain duties to qualified personnel, including local medical examiners, forensic consultants, and medical examiner's investigators. Additionally, in cases of death resulting from accidents on specific types of highways, the bill permits the delegation of duties to qualified medical personnel. This bill passed out of the House and Senate but was vetoed by Governor Kemp. **GHA has not taken a position on this bill.**

### The Governor's Veto Statement:

#### VETO 2

House Bill 52 is a housekeeping bill brought at the request of the Georgia Department of Transportation. A late amendment altered certain provisions of the bill. For the foregoing reasons, I VETO HOUSE BILL 52.

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**SB 164**, introduced by Senator Chuck Hufstetler (R-Rome), carried in the House by Representative Mark Newton (R-Augusta), would create a new licensure category for advanced practice registered nurses (APRNs). Currently, APRNs are licensed as registered nurses with an authorization to practice as an APRN. This bill did go through the Georgia Occupations Regulation Review Committee (GORRC). This bill passed out of the House and Senate but was vetoed by Governor Kemp. **GHA has not taken a position on this bill.**

### The Governor's Veto Statement:

#### VETO 12

Senate Bill 164 would create professional licenses for advanced practice registered nurses and anesthesiologist assistants and revise the composition of the Georgia Composite Medical Board. At the request of the sponsor, I VETO SENATE BILL 164.

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**SB 199**, introduced by Senator Jason Esteves (D-Atlanta), carried in the House by Representative Chuck Martin (R-Alpharetta), would amend the state's Employee Benefit Plan Council. The bill proposes changes to the establishment of flexible employee benefit plans for state employees, public school teachers, and public school employees. The amendments authorize the Employee Benefit Plan Council to establish a flexible employee benefit plan that allows for deductions or salary reductions for various benefits, including group life insurance, group property and casualty insurance, disability insurance, supplemental health and accident insurance, healthcare or dependent care spending accounts, and health savings accounts. This bill passed out of the House and Senate but was vetoed by Governor Kemp. **GHA has not taken a position on this bill.**

### The Governor's Veto Statement:

#### VETO 13

Senate Bill 199 would allow the Employee Benefit Plan Council to include health savings accounts ("HSA") in the flexible benefit plan options offered to all eligible state employees to be funded through automatic salary deductions. HSA benefits may be a valuable benefit to state employees; however, the fiscal impact of these changes is unknown. Adding these programs without a full understanding of the fiscal impact risks significant financial harm to the State and to affected employees. While I support expanding benefits to our state employees, I cannot do so without a clear understanding of the financial implications. For the foregoing reasons, I VETO SENATE BILL 199.

Advocate



Communicate



Educate



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