2026 HEALTHCARE LEGISLATION BECOMES LAW

Gov. Brian P. Kemp signed many healthcare-related bills prior to the May 12 deadline for him to act. Of particulate interest to hospitals and health systems are:

Legislation that May Require Action

HB 185 – **Effective May 11, 2026** – *Dietetics and Nutrition Practices Act*
Updates licensure and scope of practice requirements for dietitians and nutritionists, including hospital-based medical nutrition therapy, therapeutic diet orders, nutrition-related lab orders, and supervision requirements, and joins Georgia to the Dietitian Licensure Compact. See GHA's full **analysis of healthcare workforce legislation** for more.

HB 350 – **Effective July 1, 2026 –** *Eliza Jane Warner Act*
Expands Georgia's safe surrender options for newborns by allowing ambulance services, ambulatory surgery centers, and urgent care facilities to accept surrendered newborns and authorizes the installation of newborn safety devices with required visibility and dual alarm systems. See GHA's full **analysis of child welfare legislation** for more.

HB 571 – **Effective May 5, 2026 –** *Radiologist Assistant Act*
Creates licensure and oversight requirements for radiologist assistants and allows radiologists to use licensed radiologist assistants for certain advanced diagnostic imaging procedures, while prohibiting them from interpreting images, making diagnoses, or prescribing medications or therapies. See GHA's full **analysis of healthcare workforce legislation** for more.

HR 713 – *Urging Resolution*
Urges Georgia healthcare providers to include information about the 988 Suicide and Crisis Lifeline in recorded patient messages and encourages the Department of Behavioral Health and Developmental Disabilities (DBHDD) to develop a script for provider use.

SB 383 – **Effective July 1, 2026**
Refocuses local child fatality reviews on identifying intervention opportunities and prevention recommendations and requires local child fatality review committees to include either a county mental health representative or a local hospital representative. See GHA's full **analysis of child welfare legislation** for more.

Legislation that is Effective Immediately

HB 1329 – **Effective May 5, 2026**
Includes the state's annual update to the controlled substances and dangerous drugs statutes by revising certain Schedule I language, adding and updating listed dangerous drugs, and clarifying pharmacist distribution of certain epinephrine spray products for allergic reactions.

SB 170 – **Effective May 11, 2026**
Creates a funding-contingent grant program for eligible rural hospitals to acquire or install backup generators to support continued operations during a declared state of emergency. See GHA's **analysis of rural health legislation** for more.

Legislation Effective July 1, 2026

HB 219
Authorizes the Board of Professional Counselors, Social Workers, and Marriage & Family Therapists and Georgia Board of Nursing to create professional health programs similar to the Georgia Composite Medical Board for physicians. The programs provide an option for monitoring and rehabilitating impaired licensees, with confidential records, participant-paid costs, and liability protections. Implementation of the programs is subject to appropriations.

HB 334 – *Sickle Cell Disease Protection Act*
Requires child care programs to provide parents annual respiratory syncytial virus (RSV) prevention information and requires the Department of Community Health (DCH) to annually review Medicaid-covered sickle cell treatments, seek public input, and publish findings and recommendations.

HB 382 – *Prescription Drug Security, Supervision, and Reform Act*
Updates pharmacy supervision rules to allow certain remote pharmacy technician functions, revise technician ratios for hospital and closed-door pharmacies, update wholesale drug return requirements, and create conditional exceptions for certain FDA-approved lysergide tartrate and psilocybin drugs. See GHA's full **analysis of healthcare workforce legislation** for more.

HB 541
Expands tuition equalization grant eligibility to certain private educational institutions that have had at least one campus physically located in Georgia for at least 10 years and offer accredited baccalaureate nursing programs with strong NCLEX passage rates.

HB 659
Allows personal care homes and assisted living communities to administer insulin, epinephrine, GLP-1, and B12 under physician direction and expands rural healthcare workforce loan and grant programs to include optometrists.

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Legislation Effective July 1, cont'd

HB 717
Creates a new licensure requirement for psychedelic-assisted treatment clinics to be implemented by the Georgia Composite Medical Board. Regulations are required to be enacted by Dec. 31, 2026, and clinics are required to be licensed by July 1, 2027.

HB 987 – *Voluntary Portable Benefits Act*
Allows companies or individuals to voluntarily contribute to a portable benefits account held by an independent contractor to be used for the purchase of various benefits, including health insurance.

HB 1097
Requires criminal background checks for owners, applicants, and direct-access employees of certain behavioral health facilities regulated by the Department of Behavioral Health and Developmental Disabilities (DBHDD), including community living arrangements, drug abuse treatment and education programs, and adult residential mental health programs.

HB 1275
Sets requirements for non-FDA-approved human stem cell therapies, including ethical sourcing restrictions, facility certification standards, advertising notice, patient consent, and potential board discipline for violations.

HB 1374
Requires insurers and care management organizations to give healthcare providers clear, fee-free payment options and obtain provider consent before certain electronic or virtual credit card payments, while also tightening state purchasing rules for prequalified suppliers and contract renewals.

SB 111
Expands eligibility for Georgia's rural hospital tax credit by updating the definition of a rural hospital organization. See GHA's full **analysis of rural health legislation** for more.

SB 162
Requires the Georgia Composite Medical Board to implement an automated licensing system to streamline licensing and credentialing for physicians, physician assistants, anesthesiologist assistants, and other board-licensed healthcare providers. See GHA's full **analysis of healthcare workforce legislation** for more.

SB 207
Requires certain professional licensing boards under the jurisdiction of the Georgia Secretary of State to create a preclearance and review process for licensing applicants with criminal records. It does not include the Georgia Composite Medical Board or the Board of Pharmacy.

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Legislation Effective July 1, cont'd

SB 220 – *Putting Georgia's Patients First Act*
Renames low THC oil as medical cannabis, revises possession limits and penalties, expands eligible conditions, updates patient and caregiver registration cards, and revises Medical Cannabis Commission oversight, licensee information, dispensing, and ingestion rules.

SB 395
Updates Low THC Oil Patient Registry reporting and confidentiality rules, allows certain information to be shared with the Georgia Composite Medical Board, and designates ambulance services as essential services in Georgia without expanding state or local regulatory authority.

SB 427
Creates a pathway for certain internationally trained physicians to receive limited provisional licenses to practice under supervision in certain locations, including hospitals, and to seek full licensure after meeting practice and oversight requirements. See GHA's **analysis of healthcare workforce legislation** for more.

SB 428
Allows the Department of Community Health to seek federal approval for Medicaid reimbursement of home- and community-based mental health services for adults who need support but do not require institutional care.

SB 439
Regulates referral agencies for assisted living communities and personal care homes by requiring disclosures, resident acknowledgments, licensing verification, limits on referral fees, and public enforcement by the Attorney General.

SB 485
Allows Master of Social Work students in their final semester to sit for the licensing exam before graduation, and updates applied behavior analysis requirements by requiring approved behavior analyst certifying entities to be nonprofit organizations.

SB 500
Expands the Georgia Board of Health Care Workforce database to include dentists, chiropractors, optometrists, physical and occupational therapists, speech pathologists, audiologists, podiatrists, dietitians and nutritionists, public health workers, and behavioral health analysts.

SB 535
Restructures the governance of Georgia's community service boards (CSBs) by transferring executive director appointment authority from local governing boards to the Commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD), and reclassifies CSB executive directors as DBHDD employees.

Later Implementation

HB 506 – **Effective Jan. 1, 2027**
Requires health plans to cover out-of-network emergency ground ambulance transport requested by a first responder, sets minimum reimbursement rates, and limits patient cost sharing to in-network amounts. See GHA's full **analysis of health insurance legislation** for more.

HB 1138 – **Effective Jan. 1, 2027** – *Increasing Access to Contraceptives Act*
Allows trained pharmacists to dispense self-administered contraceptives or administer injectable contraceptives under a statewide protocol and sets contraceptive coverage and pharmacist reimbursement requirements for insurers and Medicaid.

SB 444 – **Effective Jan. 1, 2027**
Prohibits adverse coverage determinations by artificial intelligence (AI) unless reviewed by a qualified human reviewer with clinical peer participation and bars AI from superseding clinical judgment. See GHA's full **analysis of health insurance legislation** for more.

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Analysis of Healthcare Workforce Legislation

HB 382

House Bill 382, the *Prescription Drug Security, Supervision, and Reform Act*, was signed into law on May 12, 2026, and will become effective on July 1, 2026. This legislation allows pharmacy technicians to provide support services in remote locations and clarifies that a pharmacist must be physically present to supervise a pharmacy technician who is performing activities in the licensed area of a pharmacy. Pharmacy technicians performing activities at a remote location outside a pharmacy are not counted toward the maximum allowable four-to-one pharmacy-technician-to-pharmacist-supervisory ratio. However, pharmacy interns and externs are counted to the total number of persons a pharmacist may directly supervise, which is capped at any combination of six persons. These revisions provide pharmacists and pharmacies with additional flexibility in the use and supervision of pharmacy technicians and students. Hospitals may need to review their hospital or retail pharmacy staffing policies to ensure compliance with the new requirements.

HB 382 eliminates the limitation on the return of expired drugs to a wholesaler when such drugs are essential to healthcare treatment. It also allows for use of the psychedelic medications lysergide tartrate and psilocybin upon the approval of the drugs by the federal Food and Drug Administration.

HB 185

House Bill 185, the *Dietetics and Nutrition Practices Act*, was signed into law on May 11, 2026, and became effective upon Gov. Kemp's signature. This legislation is the result of a multi-year effort to modernize the state licensure requirements for dietitians and nutritionists to reflect current national standards for the practice of dietetics and nutrition services. The previous *Dietetics Practice Act* was last amended in 1994 and did not include a licensure category for nutritionists. The legislation also includes the *Dietitian Licensure Compact Act*, which allows Georgia to participate in the state licensure compact for dietitians, along with 16 other states.

The newly defined **practice of nutrition** includes "medical nutrition therapy … to prevent, manage, or treat noncomplex medical conditions and to promote wellness in **low-acuity outpatient settings** and for the promotion of wellness." This may include ordering oral therapeutic diets, ordering lab tests related to nutritional therapeutic treatments, and recommending dietary supplements. Licensed nutritionists are not allowed to provide medical nutrition therapy for complex medical conditions, nor deliver medical nutrition therapy in inpatient or high-acuity outpatient settings.

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HB 185, cont'd.

The **practice of dietetics** is more advanced and includes nutrition care services, such as medical nutrition therapy to prevent, manage, or treat complex medical conditions and promote wellness in **inpatient and outpatient settings**; as well as developing and ordering oral, enteral, or parenteral therapeutic diets.

Dietitians licensed prior to July 1, 2026, will remain licensed. The renamed Georgia Board of Examiners of Licensed Dietitians and Licensed Nutritionists will issue implementing regulations and develop a new licensure application form for nutritionists in the coming months. The new licensure categories will provide hospitals and other healthcare providers with more flexibility to utilize the dietitians and nutritionists in the appropriate settings. Hospitals may need to review their credentialing requirements to ensure they are compatible with the new licensure categories.

HB 571

House Bill 571, the *Radiologist Assistant Act*, was signed into law on May 5, 2026, and became effective upon Gov. Kemp's signature. It creates a new licensure requirement for radiologist assistants to be administered by the Georgia Composite Medical Board (GCMB), and on or after July 1, 2026, a person shall not engage in the scope of practice for radiologist assistants without a valid license issued by the Board. A radiologist assistant is an advanced-level certified diagnostic radiologic technologist who assists radiologists under either direct or general supervision, depending on the type of procedure. The legislation specifically allows for the performance of enteral and parenteral procedures under onsite direct supervision. The GCMB will further define the types of procedures allowed to be performed by a radiologist assistant and the level of supervision required. A radiologist assistant is not allowed to interpret images, make diagnoses, or prescribe medications or therapies. While radiologist assistants were previously allowed to practice in Georgia, this legislation provides additional guidance regarding their scope of practice and the GCMB's oversight. Hospitals that utilize or wish to utilize radiologist assistants may need to review their credentialing requirements to ensure they are compatible with the new licensure category and create a process to ensure radiologist assistants are properly licensed in the state.

Analysis of Healthcare Workforce Legislation

SB 162

Senate Bill 162 was signed into law on May 5, 2026, and will become effective on July 1, 2026. This legislation requires the Georgia Composite Medical Board (GCMB) to modify its recently implemented licensure data management system to further streamline the licensure process for physicians, physician assistants, anesthesiologist assistants, and other healthcare providers licensed by the Board. GCMB is required to implement this change no later than Jan. 1, 2027. The legislation authorizes GCMB to issue administrative approval of license applications, allowing physicians, PAs, and AAs to be available for employment immediately upon meeting all licensure requirements. Currently, licensure applicants must wait for formal Board approval of licensure applications.

The legislation also allows GCMB to include an automated, centralized credentialing process as part of the new licensure system. This change will allow healthcare providers to input credentialing information specific to their facility, then, once the provider is credentialed and licensed in Georgia, their credentialing information will be available to all healthcare facilities statewide without the need for additional documentation requests. Use of this credentialing process is voluntary for hospitals and other healthcare providers.

SB 162 is subject to appropriations, and the Fiscal Year 2027 Budget (HB 974), signed by Gov. Kemp on May 12, 2026, includes budget instructions for GCMB to utilize existing retained revenue for purposes of implementing the changes required by this bill.

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Analysis of Healthcare Workforce Legislation

SB 427

Senate Bill 427 was signed into law on May 11, 2026, and will become effective on July 1, 2026, subject to appropriations. This means SB 427 shall only become effective, and the Georgia Composite Medical Board (GCMB) may only implement the program, if the program is fully funded by a budget line item making specific reference to the full funding of the new code section in an appropriations act enacted by the General Assembly. The Fiscal Year 2027 Budget (HB 974), signed by Gov. Kemp on May 12, 2026, did not include such funding. Therefore, the program will not be implemented until such time that the requisite funding is specifically appropriated.

This legislation creates a pathway for internationally trained physicians who have not completed a residency in the United States (or its equivalent) to practice medicine in Georgia. Such physicians may obtain a limited provisional license allowing them to practice under the supervision of a fully licensed physician in a comparable specialty. Provisionally licensed physicians practice in rural areas or in certain facilities until they reach eligibility for full licensure. To qualify for a limited provisional license, an internationally trained physician must have:

1. A full-time employment offer under a supervising physician from either a medical practice located in a rural county, a licensed hospital, a federally qualified health center, or an accredited medical school.
2. An active (or expired within the last three years) medical license in a foreign jurisdiction.
3. Not had any adverse disciplinary history regarding any current or previously held medical licenses.
4. Completed 130 weeks of medical education at a medical school listed in the World Directory of Medical Schools, and be certified or eligible for certification by the Educational Commission for Foreign Medical Graduates or other approved credential evaluation service.
5. Actively practiced medicine for at least five years after completing two years of postgraduate training in the same specialty of their practice in a graduate medical education program approved by the foreign jurisdiction of licensure, or for at least 10 years after graduating from a foreign medical school.
6. Demonstrated competency to practice medicine by either passing an examination acceptable to GCMB or other internationally recognized exam, receiving specialty board certification, or submitting to a comprehensive assessment program under GCMB rules.
7. Not been convicted of a felony, offense involving moral turpitude, or violation of law relative to the practice of medicine.
8. Passed an English proficiency examination.
9. Been legally authorized to work in the United States.
10. Submitted an application and fees to GCMB.
11. Participated in an interview at the discretion of GCMB.

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SB 427 cont'd

An internationally trained physician holding a valid provisional license will be eligible for full licensure after 4 years of active practice with no adverse disciplinary or criminal actions. As a condition of full license issuance, GCMB will require the licensee to provide 2 additional years of medical practice in underserved areas as defined by GCMB rules.

Beginning Dec. 1, 2027, GCMB must submit an annual report on program implementation to the chairpersons of the House Committee on Health and the Senate Health and Human Services Committee.

Analysis of Rural Health Legislation

SB 111

Senate Bill 111 was signed into law on May 11, 2026, and will become effective on July 1, 2026. This legislation expands the list of providers who are eligible for the Rural Hospital Tax Credit by revising the definition of a "rural hospital organization." The definition now includes federally designated rural emergency hospitals. It reduces the indigent care, charity care, or bad debt threshold requirement from 10% to 5% of annual net revenue and removes the requirement that a facility have a patient margin within a certain standard deviation of the statewide patient margin average. Rural hospitals that provide maternal and newborn services are exempt from the indigent and charity care threshold. All other existing requirements for eligibility remain unchanged. The changes enacted by this legislation return Rural Hospital Tax Credit eligibility to seven hospitals, ensure others remain eligible, and support the state's efforts to increase access to maternal health services.

SB 170

Senate Bill 170 was signed into law on May 11, 2026, and became effective upon Gov. Kemp's signature, subject to appropriations by the General Assembly or available funding from other sources, including the federal government. This legislation creates a funding-contingent grant program for eligible rural hospitals to acquire or install backup generators to support continued operations during a declared state of emergency. Hospitals eligible for the grant must be:

- A non-profit acute care hospital with less than 100 beds.
- Located in a rural county with a population of less than 50,000.
- Located in any region of the state in which the governor declared a state of emergency after July 1, 2024.
- Without a backup generator as of May 11, 2026, and received no federal assistance for the purpose of acquiring or installing a backup generator.

The Fiscal Year 2027 Budget (HB 974), signed by Gov. Kemp on May 12, 2026, did not include such funding. Therefore, the program will not be implemented by the Department of Community Health until such time that the requisite funding is secured.

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Analysis of Health Insurance Legislation

HB 506

House Bill 506 became law on May 13, 2026, and becomes effective for health plan years beginning on or after Jan. 1, 2027. This legislation amends the *Surprise Billing Consumer Protection Act*, adding patient protections for out-of-network emergency transport services provided by ground ambulance. If emergency transport is requested by a first responder, health insurance plans are required to cover the service with the minimum allowable reimbursement for out-of-network or non-contracted providers set at the lesser of 325% of the Medicare rate or the charges billed by the ambulance provider. This minimum reimbursement rate does not apply to the State Health Benefit Plan. Similar to other out-of-network services governed by the Act, copayments, coinsurance, or deductibles for out-of-network emergency transport services shall not exceed the amount that would be owed by the patient if the ambulance provider were in-network.

SB 444

Senate Bill 444 was signed on May 5, 2026, and will become effective on Jan. 1, 2027. This legislation provides that artificial intelligence (AI) systems used by private review agents and utilization review entities shall not issue an adverse prior authorization determination to a patient until a natural person qualifying as a private review agent or a utilization entity conducts a review with a clinical peer. It further specifies that in no event shall AI supersede the judgment of such clinical peer. Private review agents and utilization review entities may use AI in prior authorization systems to automate tasks, reduce administrative burdens, and participate in decision-making processes, provided that such AI is part of a utilization review plan that conforms with all applicable insurance standards and regulations.

SB 444 will protect patients from biased or arbitrary prior authorization denials made by AI, while allowing private review agents the ability to incorporate AI into business processes to automate approvals and reduce administrative burdens.

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Analysis of Child Welfare Legislation

HB 350

House Bill 350, the *Eliza Jane Warner Act*, became law on May 13, 2026, and will become effective on July 1, 2026. This legislation renames and expands the *Safe Place for Newborns Act* of 2002. Ambulance services, ambulatory surgery centers, and urgent care facilities are now included on the list of locations where a mother, and now an individual assisting or acting at the direction of the mother, is able to leave her newborn infant up to 45 days old without being prosecuted for child abandonment or contributing to the delinquency of a minor. Eligible locations, including medical facilities, fire stations, and police stations, as well as ambulance services, are authorized to install an enclosed, locked, and monitored receptacle, known as a newborn safety device, in which an infant can be safely placed. The device must be located at a facility that is staffed 24 hours a day, 7 days a week by emergency medical services, placed in a conspicuous area, and visible to employees or staff. Newborn safety devices must also connect to a dual alarm system and include a security camera capable of recording video of any individual accessing the device.

This legislation also revises the procedures required to be followed when a child is received. All covered locations are now required to "immediately arrange for transport of the newborn child to the nearest medical facility and notify the Department of Human Services (DHS)" when the child is left and when the child is medically ready for discharge. Previously, the facility where a child was left was not responsible for arranging transport to a medical facility. Once the child is ready for discharge, DHS must take physical custody of the child within 6 hours. The facility that accepts the child will be reimbursed by DHS for all reasonable medical and other reasonable costs prior to the child being placed in the care of DHS.

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Analysis of Child Welfare Legislation

SB 383

Senate Bill 383 was signed into law on May 6, 2026, and will become effective on July 1, 2026. This legislation shifts the charge of local Child Fatality Review Committees from "determining cause of death and whether death was preventable" to "identifying opportunities for intervention and making recommendations to prevent future similar incidents." Previously, the chief superior court of the judicial circuit in which a county is located was required to appoint a review committee composed of various community law enforcement, healthcare, education, and prosecutorial representatives. SB 383 revises the membership requirements of such committees to include either a county mental health representative or a local hospital representative. Each committee will be required to meet every 30 days and must issue a report on any deaths deemed reviewable within 90 days of the meeting. Any appointed committee member who fails to carry out their duties of participation on the committee, including annual training attendance, will be subject to a court order requiring participation.

Hospitals should be aware that they may have a representative appointed to the local child fatality review committee. All duties of medical personnel for reporting child deaths and providing review committees with health and medical information regarding deaths under review remain unchanged.