

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

Senator Don Thomas, Chairman
District 54
184 Haig Mill Road
Dalton, GA 30721
Phone: 706-259-3921

Senator Renee Unterman,
Vice-Chairman
District 45
P. O. Box 508
Buford, GA 30518
Phone: 404-463-1368

Senator Greg Goggans, Secretary
District 7
P. O. Box 1963
Rome, GA 30162
Phone: 770-844-5885
321-B CLOB; 656-0045

Senator Steven Henson
District 41
121-J CAP
Atlanta, GA 30334
Phone: 404-656-0085

Sen. David Adelman
District 42
P. O. Box 1231
Decatur, GA 30031-1231
Phone: 404-463-1376

Senator Judson Hill
District 32
3102 Raines Court
Marietta, GA 30062
Phone: 404-463-1322

Senator Don Balfour
District 9
2312 Waterscape Trail
Snellville, GA 30078
Phone: 404-656-0095

Senator Horacena Tate
District 38
201 Joseph Lowery Blvd., NW
Atlanta, GA 30314-3422
Phone: 404-463-8053

Senator Gloria Butler
District 55
6241 Southland Trace
Stone Mountain, GA 30087
Phone: 404-656-0075

Senator Preston Smith
District 52
711 Broad Street
P. O. Box 1953
Rome, GA 30162-1953

Senator Johnny Grant
District 25
P. O. Box 1458
Milledgeville, GA 31059
Phone: 404-375-1234

Senator John Wiles, Ex-Officio
800 Kennesaw Avenue
Suite 400
Marietta, GA 30060-7946
Phone: 404-657-0406

RULES

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

2006

1. Quorum of the Committee shall be six (6) members.
2. The Chairman shall determine the agenda of the bills and resolutions to be considered and the order in which such is called.
3. The Chairman shall have authority to refer bills and resolutions to subcommittees for study. Recommendations of the subcommittees shall be reported to the full Committee.
4. The Committee shall convene recess and adjourn upon the order of the Chairman. Notice of meetings shall conform to Senate Rules.
5. Committee Rules may be amended upon motion duly made and subsequently approved by two-thirds of the members of the Committee.
6. A Bill, Resolution or other matter shall be considered only after presentation by its principal author or a legislator who he/she designates to do so. In the event that more than one member of the General Assembly has signed a measure, the principal author shall be the one whose name appears first in the list of authors.
7. Where Rules are silent on specific issues, the Rules of the Senate, as adopted, shall govern.

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Wednesday, January 27th, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Wednesday, January 27th, in room 125 of the Capitol. Chairman Don Thomas called the meeting to order at 2:30pm. Members present at the meeting were as follows:

Senator Thomas-54th, Chairman
Senator Goggans, 7th, Secretary
Senator Adelman, 42nd
Senator Balfour, 9th
Senator Tate, 38th

Senator Grant, 25th
Senator Henson, 41st
Senator Hill, 32nd
Senator Smith, 52nd

Chairman Thomas, 54th, began by calling on Goggans, 7th, Secretary, to call the roll. Chairman Thomas, 54th, announced to Committee that there would be a delay on introduction of Committee members as so many members were on a tight schedule. The first item of business of course is to approve the Rules, they are in your folders and they are the same as previous year with 6 (six) members as Quorum. We do have a Quorum and if there is a motion – Unterman, 45th, made a motion to approve and second by Adelman 42nd.

The following bills were discussed:

SB 48 (Smith, 52nd): Eliminating the future “sunset” of certain provisions relating to renal disease facilities; relating to renal disease facilities which were in effect and applicable on January 1, 2005, shall remain in effect and applicable until and unless changed by future Act of General Assembly.

This bill eliminates the sunset provisions for all Code sections found in Chapter 44 of Title 31 of the O.C.G.A. Additionally, the bill provides that such Code sections will remain in effect until and unless changed by a future Act of the General Assembly. Current language provides that the Codes sections in Chapter 44 will repeal effective January 1, 2007. Chapter 44 regulates Renal Disease Facilities.

Finally, the bill changes the composition of the Renal Dialysis Advisory Council by requiring that one member be recommended by the by the Georgia Association of Kidney Patients and one member representing dietitians.

Chairman Thomas, 54th, asked for motion if no questions. Motion made by Unterman, 45th to DO PASS and a second by Goggans, 7th to **DO PASS**.

SB 48 Do Pass

SB-51 (Hamrick, 30th): Relating to definitions relative to clinical laboratories; to provide for the degree of supervision of technicians in clinical laboratories.

This legislation provides additional language to the definition of a technician in a clinical laboratory. Under current law, a technician functions under supervision of a clinical laboratory director, supervisor, or technologist. This legislation states that the degree of supervision is determined by the director, supervisor, or technologist and is based on the complexity of the procedure to be performed, the training and capability of the technician, and the demonstrated competence of the technician in the procedure being performed.

Chairman Thomas, 54th, recognized Senator Bill Heath, 31st, to represent SB-51 for author, Senator Bill Hamrick, 30th. I am here to ask that you pass out SB-51. This is really a very simple piece of legislation. Currently in the Georgia Code, a lab technician must work under the direction of a lab technologist. In a lot of the smaller hospitals across the state, that is causing undo staffing problems which we have a least two people in there to do the job of one. This current statute was written when we didn't have the technology that we do today. A law needs to be passed that conducted by the technicians, that is conducted on automated equipment and is unnecessary today to have this same live of direct and immediate supervision. What this bill does is allow the technologist the ability to delegate some those responsibilities to a technician that would be one to the decisions that is aware of the machinery and the technology that they have in the particular facility as well as the capabilities of the technician.

Chairman Thomas, 54th, asked for questions, none –asked for motion – Unterman, 45th, mad emotion to DO PASS, and second by Goggans, 7th, to **DO PASS**. Vote was unanimous.

SB-51 DO PASS.

With no further business, the meeting adjourned at 2:38 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Wednesday, February 2, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Wednesday, February 2nd, 2005, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 1:30p.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Henson, 41 st
Senator Goggans, 7 th , Secretary	Senator Hill, 32 nd
Senator Adelman, 42 nd	Senator Smith, 52 nd
Senator Butler, 55 th	Senator Tate, 38 th

Chairman Thomas, 54th, opened the meeting by calling on Goggans, 7th, Secretary, to call the roll.

The following bills were discussed:

SB 89 (Thomas, 54th): Relating to controlled substances, to change certain provisions relations to Schedule 1 controlled substances; to change certain provisions relations to the definition of dangerous drug; to provide for exemptions; to provide an effective date; to repeal conflicting laws.

This bill updates the schedule List of controlled drugs to include 5- Methoxy-N, N-Diisopropyltryptamine (5-MeO-DIPT), which as a street name of Foxy or Foxy Methoxy, and is abused for its hallucinogenic-like effect; and Alpha-Methyltryptamine (AMT), which has a street of Spirals and is also abused for its hallucinogenic-like effect. Schedule 1 drugs are generally recognized as having a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use of the drug under medical supervision. Additionally, the bill expands list of “dangerous drugs” which generally are defined as drugs that may only be dispensed with a prescription.

Chairman Thomas, 54th, asked Wayne Oliver with the Georgia Pharmacy Association to come forward and present the bill. Here in the room with us is Tick Allen, The Deputy Director of Georgia Drugs and Narcotics Agency and he would be delighted to pronounce any words in this bill if you don’t know or I can pronounce them. The bill that you have before you is our annual housekeeping bill that deals with putting drugs that have been approved by the FDA within the last year in the appropriate places and hope

That it will become necessary to join the enforcement of drug laws. Chairman Thomas, 54th, speaks – This is the regular annual drug bill that we passed. Asked if any questions – Unterman, 45th, recognized – Mr. Chairman, at the appropriate time I would like to make a motion – Butler recognized to speak. With no more questions, Chairman Thomas, 54th,

entertained motion. Unterman, 45th, moved that SB-89 DO PASS and second by Smith, 52nd, to *DO PASS*. Vote was unanimous.

SB-89 Do Pass

SB-56 (Thomas, 54th): Relating to hospitalization for tuberculosis, to revise definition, to revise obsolete references; to revise certain provisions relative to confinement of patients committed for tuberculosis treatment; to revise certain provisions relative to continuation of confinement of patients committed for tuberculosis treatment.

This bill updates the Code sections relating to the treatment of tuberculosis. It provides a new definition for “active” tuberculosis which includes a diagnosis based on: a positive sputum smear or culture from a pulmonary or laryngeal case where the person has not completed treatment; a positive sputum smear or culture from an extra pulmonary or laryngeal case where the person has not completed treatment; or unavailable sputum smears or cultures, but where the chest X-rays, clinical evidence, and other laboratory tests are sufficient to make a tuberculosis diagnosis where treatment is indicated. Additionally, the bill deletes the language stating that a diagnosis of contagious tuberculosis does not in and of itself establish a substantial risk of exposing other persons to an imminent danger of infection. Finally, the period for involuntary care and treatment of active tuberculosis ordered by the court had been extended to two years.

Chairman Thomas, 54th, recognizes Deputy Commissioner Gina Simpson with Department of Human Resources and she announced that she has some experts who she wished to introduce also – I would like to thank you, Mr. Chairman, for your sponsorship of this bill. Today we have out TB subject matter experts and I would like to introduce them and I would like to also say that this bill is vital to one of our primary goals – it is vital to TB elimination in the state. At this time she introduces Dr. Michael Leonard, out TB Medical Consultant for DHR, Dr. Rose-Marie Sales is our Chief medical Epidemiologist, DHR TB Epidemiology Section.

Chairman Thomas, 54th, speaks – At this time we will give you some of the background on the bill for the benefit of the audience.

- **Background:** Georgia ranks 9th in the U.S> in TB case rates. Over one hundred and one TB case in Georgia were lost to follow-up during 99 to 2003 due to non-adherent of treatment. Treatments for drugs acceptable TB cases is six months. The treatment for multi-drug resistant TB or (MDR – TB) requires two years. This bill targets that small percentage of patients who have MDR- TB. That’s resistance to the medications and who are persistently non-adherent to treatment placing the public’s health at serious risk.
- **Public health treats TB patients using the least restrictive measures possible:** treatment of the patients home, sending letters for medical appointments, providing

transportation or temporary housing for homeless patients, referrals to social services for mental health and substance abuse problems.

- **Confinement of TB patients is measure of last resorts:** It occurs after court ordered comply without patient evaluation and treatment is violated. It is only for patients who are persistently non-adherent to treatment plan.
- **Safeguards to Confinement:** This can only be done after court hearing before impartial judge. Physician provides medical examination report to court; Notice served on patient; counsel appointed for patient; burden of proof on public health; right to appeal court ordered confinement.
- **Alternatives for early release from confinement:** Patient discharged after physician determines that patient no longer has active tuberculosis or patient has active tuberculosis and will comply with proposed treatment plan so there is no risk of patient developing MDR-TB. Detained patient or any friend or relative can petition the court every six months to review their case to secure discharge. No additional physical impact due to increase confinement time. Health departments provide treatment services to TB patients and their contacts free of charge. Treatment and legal costs related to court ordered confinement are also paid by County Health Departments. Health Departments are reimbursed with State Grant-in-Aide funds at the current Medicaid rate, minimal impact on State funds; over one thousand TB cases are recorded in Georgia in 2003/2004, but only eight patients were court ordered to be confined. Most very appropriately except treatment and confinement as it is absolutely necessary to prevent tremendous tuberculosis epidemic.
- **Consequences of not passing proposed legislation:** Patients lost to follow-up without completing treatment resulting in continued transmission of tuberculosis in the community and to possible development of drug resistant tuberculosis. Those

Bring out some of the importance of the bill and we are getting a mini epidemic of tuberculosis, maybe a little more than that. This is larger from immigrants that are bring tuberculosis to this country as well as those areas that have been imbedded in this country and the immune compromised people/population are most likely to get active tuberculosis.

Chairman Thomas, 54th, asked if any questions up to this point. Henson, 41st, recognized to speak – One of those things that will stick out such as active and contagious; would you define that for me? Chairman Thomas, 54th, responds – If it is active, it is contagious. If they have tuberculosis bacteria that is seen on sputum smears, the it is active and it is contagious.

Dr. Michael Leonard, Medical consultant for DHR TB Program, Assistant Professor of Medicine, Emory University School of Medicine, Division of Infectious Diseases, Attending physician at Grady Memorial Hospital, Grady infectious Disease/HIV Clinic and DeKalb County TB Clinic, recognized to comment on issues discussed so far. He comments – TB that is not adequately treated can relapse and when relapses occur they can occur as product of resistance. Active TB can actually remain active by definition; what we're proposing to kind of get out of this kind of being black and white about active or contagious. Because as

long as you have active disease going on in your lungs, you still have the possibility of being contagious. It is very hard to define at what point you are not contagious. As long as the disease process is going on in your lungs, if you are not being treated properly, you are contagious or have the possibility of being contagious.

Chairman Thomas, 54th, recognizes Henson, 41st, at this time –Mr. Chairman, so someone may be active but scientifically be unknown if they are contagious, you are saying that as long as it is in activity they are contagious? Dr. Leonard responds to his questions –As long as they have active disease they have the possibility of being contagious. Henson, 41st, speaks – Once you no longer see that on the smear test for instance, the cells, does the level drop off – Yes, it does drop off, but the possibility is still there. The Chairman mentioned due process, this is not something that we can enact at the drop of a hat. We prove or we make every effort possible, too, the treatment of TB is a disease, is kind of like high blood pressure where you can go to your physician if you'd like to but if you don't show up every month your physician is not going to go looking for you to get your prescription of high blood pressure medication where as TB treatment we actively pursue patients. When we treat TB as called direct approach therapy. Every county in the State of Georgia has a mechanism by which the patient can come to the County Health Department or Representative from the County Health Department will actually bring medication to the patient. We have delivered medication in Fulton County at midnight on street corners if we knew that is where someone might be at a certain time. Every effort is made to the patients. We try to be very creative in making sure that everyone is treated or given the opportunity to be treated. If someone defaults on that we make every effort to find them, if we can't find them we will send certified letters requesting their presence in the health department.

Henson, 41st, recognized for questions – Could you tell us the history of the last 5 -10 year spectrum on what's going on with TB in the state? Dr. Rose-Marie Sales, Chief medical Epidemiologist, DHR TB Epidemiology Section, also Chair, Southeastern Region TB Controller's Steering Committee for TB Elimination in the southeast, responds to the question by giving a brief background.

Butler, 55th recognized to speak – Dr. Michael Leonard responds to questions. Smith, 52nd, recognized – addressed question to Dr. Michael Leonard – he responds. Adelman, 42nd, recognized for question – Dr. Rose-Marie Sales responds. Goggans, 7th, recognized –directs questions to Dr. Michael Leonard – he responds. Goggans, 7th, recognized –directs question to Dr. Michael Leonard – he responds. Discussion follows –

Chairman Thomas, 54th, asked if any more questions – of not, you know that this bill is brought to us by DHR and I want to congratulate the Deputy Commissioner, Gina Simpson, for bringing this bill to us. It has been well thought out and well coordinated with the physicians who understand the disease and the epidemiology of it. Is it the desire of the committee to go through it line by line? Committee says no. Henson, 41st, recognized by

saying he did not think it necessary to go through it line by line. I do, however, have one question. One of my biggest concerns is that you are confined and you feel you are well and you are not. The bill says after six months period of time that you and member can seek through the courts to see if you are alright. That is a long period of time. Would it be a problem with doing it like every three months somebody could petition to get out. Dr. Leonard responds – I understand your concern. The six months is in there because TB unlike most other diseases, you have to insure that you are completing the entire time course. We have several examples of our current statute of people who have been confined who were deemed non-contagious were released and never heard from again and that is where we really want to have the possibility of six months because that is how long we know it takes. Discussion continues.

Chairman Thomas, 54th, recognizes June Dean, American Lung Association. We have a very strong interest in this bill. Just to reiterate, you have just gotten a glimpse into a disease that in the rest of the world is one of the leading killers. In this country, because of health communities, we are very seldom forced to consider it. Very, very seldom are we forced to consider the issue of confining people to take their course of treatments. I can't remember it happening, but it does happen. The potential out there is pretty scary. I compliment our public health community and TB control for their monitoring system. This body gave them the funds in the early 90's to begin doing directly observed therapy of the state. That is a marker in the recommendation of rural health organization. We have done a very good job here in Georgia.

Butler, 55th, recognized to speak. She addressed Committee by saying she wanted to share a personal experience regarding her daughter and her treatments.

Chairman Thomas, 54th, recognizes Sylvia Caley, Aides Survival Project. The Aides Survival Project is a service organization provided to people with HIV living around the state. My only concern with this bill is the big expansion from six months to two years. We realize that it's basically to get MDR people because that is the length of time it takes to treat them. However, we wish to request a shorter period of time for complying to requiring the department to come back and redo the test. There is a change in the language here, saying that people can be confined to hospital certain facilities. What we have in only one hospital in the state of Georgia, and that is Grady and it can only serve folks from Fulton and DeKalb Counties. So for everyone else, and I am not sure how many of the eight people between 2003 and 2004 were from other countries, but they were all sent to a Columbia Care facility in South Carolina. I am aware that the department monitors them and checks for safety in this type of thing, but none the less they are imprisoned, and they are out of State, and they are away from their families and if they are the bread winner then other members of the family are under duress and we think it would be appropriate to extend to one year and asked for the department to petition to keep longer if that is necessary.

Chairman Thomas, 54th, recognizes Dr. Leonard – I have a few comments to make – One, in terms of our current facilities, Grady Hospital does see an enormous amount of TB patients. Actually, I did a very informal pole several months ago which leaves Grady third highest TB case rate in the county behind Los Angeles County Hospital, and Belview in New York. We rarely confine someone at Grady, usually if we do it is usually a stepping stone until we can get them at our current facility in Columbia, South Carolina. Cost issue – We have to reimburse Grady at the daily rate which is \$500 plus dollars a day, versus \$150 - \$300 a day at the Columbia facility; plus if someone is housed at Grady confined with TB, the county they are from has to pay for the 24 hour guard inside their room. It becomes very expensive. The current facility in South Carolina is a private prison hospital. It is not actually a prison but it is a prison hospital. The reason we are having to do this stems from budget problems in the 90's where many of the people in this room are familiar with the former hospital which served the State of Georgia in Rome for 50 plus years. In the 90's it was becoming a very expensive process to maintain it due to budget cuts it would be wiser to close that facility to TB patients. It was actually closed to TB patients in 1996 and at that time they had 20 beds they were operating there for TB patients. An alternative had to be found and the state developed a contract with Columbia Care in Columbia, South Carolina for our TB patients that were confined. We are definitely searching for and one of our priorities for the TB control unit for this year is to come up with alternatives. We hope to talk to the administrators with Grady about possible working out an agreement with them versus possibly Central State Hospital in Milledgeville that has an acute care medical unit. We agree that we want to get the patients back to Georgia. The 24 months, I understand is an issue; however, I still feel that we need to have the opportunity to confine someone for 24-months if they have MDR-TB. We feel that it is important to maintain the 24 months.

(Smith, 52nd, leaves briefly at 2:15 p.m. and returns at 2:17 p.m.)

(Unterman, 45th, leaves briefly at 2:17 p.m. and returns at 2: 19 p.m.)

Unterman, 45th, recognized for questions directed to Dr. Leonard – he answers.

Henson, 41st, recognized for questions directed to Dr. Leonard – he answers.

Henson, 41st, has concerns about the 6 month period.

Dr. Rose-Marie Sales speaks briefly again.

Chairman Thomas, 54th, speaks – This legislation is very much in line with other states and very much needed. Chairman Thomas, 54th, speaks – We have an Amendment and the Amendment is on line 16, page 1, striking the words based on and inserting in its place demonstrated by clinical bacteriologic aradiographic evidence or a combination thereof. Persons who have been diagnosed as having active tuberculosis and have not completed course of anti-tuberculosis treatment are still considered to have active tuberculosis and may be infectious. The Amendment is clear.

Smith, 52nd, recognized for question directed to Deputy Commissioner, Gina Simpson – There is a reference in the radiographic evidence and I realize in these cases they are looking at chest x-rays and other committees in other context, we have been told that, that term is a little antiquated and limited and I am curious if you don't think that reference to diagnostic imaging evidence of more encompassing term that would include x-rays and might include other imaging that is either now or in the future available would be better for you all than just radiographic evidence – my question is do you feel that would be helpful?

Dr. Leonard responds with yes. (Smith 52nd continues) Mr. Chairman, I would like to move to strike the words radiographic from the amendment and insert diagnostic imaging in lieu thereof, at the appropriate time. Chairman Thomas, 54th, speaks – So you are saying the only change is instead radiographic it would read diagnostic imaging evidence.

Smith, 52nd, moves to pass the Amendment and second by Unterman, 45th. Vote was unanimous. Chairman Thomas, 54th, asked for motion on the Bill – Henson, 41st, so moves DO PASS and second by Smith, 52nd, to ***DO PASS AS AMENDED***. Vote was unanimous.

SB-56 DO PASS AMENDED

SB-77 (Unterman, 45th): Parental Notification and the “Woman’s Right to Know Act”.

This bill is to revise the definition of “abortion” to include the use of prescription of any instrument, medicine, drug, or any other substance or device to terminate the pregnancy of a female, or to remove a dead unborn child who died as a result of a spontaneous abortion. Additionally, “Proper identification” is defined to mean any document issued by a governmental agency which contains a description of the person, or an appropriate work authorization issued by the United States Immigration and Naturalization Service. Finally, a minor seeking an abortion must be accompanied by a parent or guardian who must show proper identification. Persons standing in *loco parentis*, acting as a temporary guardian of the child, are no longer authorized.

New language requires the Department to prepare a reporting form for physicians to use that includes: the number of females whose parents or guardian was provided the required notices written or orally; the number of females who obtained an abortion after the notice; and the number of females obtaining an abortion through judicial authorization. The Department is directed to provide copies of their reporting forms, along with copies of this newly created code section, to all physicians within the prescribed time frame. The Department must issue a public report providing the statistics for each previous calendar year.

Additionally, this bill creates the “Woman’s Right to Know Act”. The Act states that no abortion may be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is being performed or induced.

Chairman Thomas, 54th, recognized author of the bill, Unterman, 45th to speak – I am here to talk about parental notification and “Woman’s Right To Know Act.” I have with me today, Senator Ralph Hudgens who has graciously agreed to have his bill on parental notification incorporated into the “Woman’s Right to Know Act.” Unterman, 45th, goes over the bill by sections. This is a woman’s health issue. A woman can either be injured or die from complications from abortions. This bill is about women knowing the risk and making an internal decision. Senator Hudgens is here and the first part of the bill in Section one deals with parental notification and he is nice enough to come and speak to that portion of the bill.

Senator Hudgens, 47th, recognized to speak –last year the Judiciary Committee passed out [SB 240](#). It went to the Senate floor, debated fully on the Senate floor and passed in the Senate, went to the House and never received a hearing in the House. This year in the interest of consolidation and more efficient government, we have included the aspects of SB 240 with the “Woman’s Right to Know Act.” Section one is actually just definitions. It tells what an abortion is, tells about proper identification which is new language that will be added to the Code section. It talks about an un-emancipated minor as any person under the age of 18 and that is current law. All we do in Section 1 is add this new language on proper identification and we take out a Latin phrase: is a person standing in loco parentis. What this says, is the person that is physically standing there in place of the parent and taking the place of the parent. That is being struck from the definition. Section 2 says that a female is under age of 18 (17 or younger) has to meet two requirements. 1) Either the parent has to be notified wither in person, by telephone, or by mail. 2) The minor must sign a consent form stating that she consents freely without coercion to the abortion. He continues to explain this portion of the bill.

Adelman, 42nd, recognized for questions regarding sections of the Bill. Senator Hudgens responds to questions. Discussion continues.

Unterman, 45th, calls on Dr. Laura Bleekrode, Pediatrician in Alpharetta. Dr. Bleekrode speaks in favor of the Bill.

Chairman Thomas, 54th, recognized Aldeman, 42nd, for questions directed to Dr. Bleekrode and Dr. Bleekrode responds to questions.

Butler, 55th, leaves for another meeting (2:40 p.m.)

Unterman, 45th, speaks –talks again about different sections of Bill and explains them.

Dr. Kathleen Rainey, Private Practice OBGYN, called on by Unterman, 45th, to speak in favor of the bill.

Henson 41st, and Adelman, 42nd, recognized and directed questions to Dr. Rainey and she responds.

Smith 52nd, leaves room at 2:15 p.m., and returns at 3:20 p.m.

Goggans, 7th, recognized for brief question and Unterman, 45th, responds.

Unterman has two guests to speak on personal experience of an abortion: 1) Cassandra Gist speaks on personal experience of abortion 2) Tracy VanDyke speaks on personal experience of abortion.

Adelman, 42nd, leaves at 3:25 p.m. for another meeting and Henson leaves at 3:26 p.m.

Kay Scott, president and CEO of Planned parenthood of Georgia recognized to speak and speaks against [SB 77](#).

Dr. Ingle, Northside Hospital recognized to speak and speaks against the bill.

Unterman, 45th, directs questions to Dr. Ingle and he responds. Smith, 52nd, recognized and directs question to Dr. Ingle and Dr. Ingle responds that he supports abortion.

Janelle Yarmick, Community Service health Center, recognized to speak. I am opposed to this Bill. Discussion led by Senator Hill and Janelle Yarmick.

Deborah White, mother of Teenage, speaks and opposed the bill.

Maggie Garret, ACLU, Staff Attorney, speaks against the bill. Talks about constitutional concerns and 24 hour waiting period in the bill. Compared bill in Pennsylvania to Georgia Bill. 96 of counties in Georgia do not have abortion providers. There is a burden placed on the Bill regarding how few providers there are. She continues to go through the Bill to show why she opposed the bill.

Smith, 52nd, and Hill, 32nd, recognized and addressed questions to Maggie Garrett, she answers.

Shelley Senterfitt, Attorney, represents women's policy group. She speaks against the bill.

Balfour, 9th, arrives 4:05 p.m.

AFC has required Fiscal Note on this bill –Discussion leads (Henson, 41st, returns to meeting at 4:20 p.m.)

Jennifer Bivins, Georgia Network to End Sexual Assault, speaks and is opposed to the bill.

Smith, 52nd, Hill 32nd, and Henson, 41st, recognized and discussion lead.

Unterman, 45th, recognized and discussion lead.

Balfour, 9th, moved DO PASS, and a second by Smith, 52nd, Henson, 41st, opposed. With 6 YEA and 1 NAY vote a majority vote was met to ***SB 77 DO PASS***.

SB-77 DO PASS

With no further business, the meeting adjourned at 4:45 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 8, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Tuesday, February 8th, 2005, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 3:40 p.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Henson, 41 st
Senator Goggans, 7 th , Secretary	Senator Hill, 32 nd
Senator Adelman, 42 nd	Senator Smith, 52 nd
Senator Balfour, 9 th	Senator Tate, 38 th
Senator Butler, 55 th	

Chairman Thomas, 54th, opened the meeting by calling on Goggans, 7th, Secretary, to call the roll.

The following bills were discussed:

SB 116 (Mullis, 53rd): Relating to controlled substances, to limit the sale and manner of sale of products containing pseudoephedrine; to provide for exceptions; to provide for mitigation of punishment under certain circumstances; to provide for penalties; to restrict the sale, transfer, manufacture, purchase for resale, and furnishing of certain precursor chemicals

This bill provides measures to combat the serious problem of the manufacture of, and trafficking in, methamphetamine.

Chairman Thomas, 54th, opened the meeting by announcing to the Committee that SB 116 authored by Senator Mullis, 53rd, would be placed in a Sub-committee and has appointed Smith, 52nd, as Chair, with Goggans, 7th, and Hill 32nd, to serve on the Sub-committee. The Sub-committee will hold its meeting on Friday, February 11th, 2005, at 9:00 a.m., in the Senate Mezzanine.

SB-116 ASSIGNED TO SUB-COMMITTEE

SB-110 (Unterman, 45th): Relating to regulation of professions and businesses, to add a new Chapter 24-A regulating the practice of massage therapy; to provide a short title; provide legislative findings and intent; provide for certain definitions; create the Georgia Board of Massage Therapy; provide for membership on the board; provide for meetings of the board; provide for powers of the board; provide for licensure of massage therapists; provide for provisional permits; provide for applications under oath; provide for licensing

examinations; provide for requirements relating to a license; provide for violations; prohibit the unauthorized practice of massage therapy and etc.

Chairman Thomas, 54th, recognized Unterman, 45th, author of the bill to speak, but asked Goggans secretary to call the roll before starting her bill. Unterman, 45th, explains her bill. Adelman, 42nd, recognized for question directed to Unterman, 45th – This creates a new board and it's one of those licensing boards that are supervised by the state? Unterman replies yes. Do we know what it will cost the state to establish this new board? Unterman replies – this is no different than other licensing board. It will take them a while to incorporate it and it may not even be in the next two or three years. As far as a fiscal note, I do not have that. Discussion lead. Unterman, 45th, speaks – I have not had any opposition to this bill at all.

Henson, 41st, recognized to speak. When the bill passed last year, I think they referred it in the House to the Over-Sight Committee. We use to create a lot of state boards licensing different professions and it became a burden. We created a state procedure in the state law that says that it should be a duty of the council to review all laws and it is in the General Assembly to license and certify a business which is not currently licensed or certified by the state based on State Code Section 43-1A. Procedurally, since this is a licensing board was thinking it should be referred to that Commission and I was curious why it is not it does need to be. Unterman responds.

Hill, 32nd, recognized – referred question to Unterman, 45th, and Unterman, 45th, responds that their questions will be answered by the guest speakers.

Chairman Thomas, 54th, recognized Margorie Roberts with CAMA to speak. We have a bill that is pending and would accomplish the same things without the undue regulations. I know one the prior sessions we asked about the cost in the board and they had said it would be around one million dollars to establish a board. We would like to ask for a delay on the determination so that we could get you more information or maybe have an option for massage therapist.

Chairman Thomas, 54th, recognized Kathy MacKay, Massage Therapist, to speak. She speaks in opposition to the bill. I am a certified massage therapist with over 600 hours I have been practicing massage therapy for over 11 years. There are many reasons that I do not support this bill.

Chairman Thomas, 54th, recognized Molly Fleeman, Professional Licensing Board with Secretary of State to speak. We provide administrative support for 34 professional licensing boards. Our responsibility is giving you the information regarding administrative impact and budgetary impact. For a new board that is very important. It is an expensive endeavor and is important part of the process. We have 142 budgeted positions that provide the support for 134 boards. We are in the process of updating the fiscal impact. A fiscal impact statement

that would provide to the budgetary committee is based on our current cost of application processing, disciplinary etc. for our current licensures. We asked that language be added and funding made for it.

Henson, 41st, recognized to speak – What about 23-1A-5 of the State Code that says you got to refer something that is licensed – the Chairman of the of the Legislative Committee should refer a bill that creates a licensure for an occupation to the review commission. Fleeman responds. Massage therapy practicing licensing. Chairman Thomas, 54th, directs a question to Fleeman and she answers, discussion follows.

Chairman Thomas, 54th, recognized Wayne Garner who represents Physical Therapy Association of Georgia to speak. Discussion follows.

Balfour, 9th, moves to DO PASS, and Henson, 41st, offers Amendment. This Act will become effective when funding is appropriated in all laws and parts of laws in conflict with this ACT are repealed in Section 2. Motion on the bill to Amend by Henson, 41st, and a second by Smith 52nd to **DO PASS AS AMMENDED**. Vote was unanimous.

[SB-110 DO PASS AS AMENDED](#)

[SR-78 \(Williams, 19th\): Urging the federal Centers for Medicine and Medicaid Services to approve the waivers requested by Georgia to further expand Georgia's self directed care initiative.](#)

Chairman Thomas, 54th, recognized Balfour, 9th, to represent SR-78 for the author of the bill. We have this Resolution urging federal senators of Medicaid and Medicare serves to approve a waiver requested by Georgia for Mental Retardation Waiver Program in the Community Care Services Program and to further expend the Georgia self-directed care initiatives.

Chairman Thomas, 54th, recognized Pat Nobbie with Governor's Council on Developmental Disabilities to speak. We are in support of this resolution. Chairman asked if any discussion. Chairman Thomas, 54th, asked for motion – motion by Unterman to DO PASS and second by Smith, 52nd, to **DO PASS**. Vote was unanimous.

[SR-78 DO PASS](#)

[SB-82 \(Golden, 8th\):Urging Congress of the United States to amend section 1917 \(b\) \(1\) \(C\) of the federal Social Security Act by deleting May 14, 1993, as the deadline for approval by states of long-term care partnership plans.](#)

This bill was assigned Health and Human Services Committee and was placed on the Agenda for our February 8th, 2005 meeting; however, this bill was removed from Health and Human Services Committee and assigned to Rules.

SB-82 ASSIGNED TO RULES COMMITTEE

SB-90 (Thomas, 54th): Relating to offenses against public health and morals, so as to enact the “Georgia Smoke free Air Act of 2005”; to prohibit smoking in certain facilities and areas.

The intent of the bill is to protect the public health and welfare by prohibiting smoking in public places and places of employment, to guarantee the rights of nonsmokers to breathe smoke free air, and to recognize that the need to breathe smoke free air must have priority over the desire to smoke.

Chairman Thomas, 54th, author of SB-90, presents to the Committee a Substitute to SB-90, the “Smoke free Air Act”. This will ban smoking in public buildings, restaurants, bars – a very strong bill that passed in the Senate last year 45 to 7. When sent over to the House, did not get a vote at the end of the Session. It is a strong bill, a much needed bill. We have pregnant mothers delivering babies that are underweight costing \$37,000.00 in nursery care and would be less that \$3000.00 in normal weight baby. We have asthma children and adults that can’t go into restaurants and eat because of asthmatic attack. We have people dying of heart attacks and strokes that are non smokers because they have to breathe the air. Id you have poison in food or water you do not have to drink it, bit if the poison is in the air you have no choice but to breathe it.

Chairman Thomas, 54th, calls Dr. Ann Travis, MD, with Georgia Academy of Family Physicians, to speak. I am a Board Certified Family Physician. I urge you to please pass this bill. All Georgians deserve to breathe smoke free air. The adverse affect includes increased frequency of lower respiratory track illnesses, ear infections, hospitalization and even sudden infant death syndrome. Last year I had a family with three children under the age of 6, both parents smoked; their children were constantly in the office with ear infections and respiratory infections. I am just here today to say than you, Georgia Family Physicians support this Georgia Smokefree Air Act and we urge you to pass this out of Committee today.

Chairman Thomas, 54th, recognizes David Tatum with Children’s Health Care of Atlanta to speak. Children’s Healthcare of Atlanta is the entity formed by Georgia’s Scottish Rights Children’s Medical Center and Egleston’s Children Hospital in 1998 and we are the largest pediatric hospital in the nation right now. Children’s number one admission in Children’s Health Care of Atlanta is asthma. Second hand smoke is triggered to asthma and we would appreciate your support of this bill.

Chairman Thomas, 54th, recognizes Jean Banister with Georgia PTA to speak. I am here to share with respective members of the Senate Committee that Georgia PTA and all of its 3,080,000 state wide members support this piece of legislation. As in 2004 we supported it, we are behind it again. It is one of our legislative priorities statewide and we support the bill for the health of all our children and young people.

Chairman Thomas, 54th, recognizes Mark Baggett, Medical Association of Georgia to speak. On behalf of the America Lung Association we come to tell you that we support this legislation. Is there is any way that the Lung Association can be of service to you in providing information we would be very happy to do so.

Chairman Thomas, 54th, recognizes Michael Hoffer with BOMA (Building Owners and Managers Association) to speak. I am a property owner of about 29 years. I manage the largest office building in the state. We come in support of this bill. Many of us have rules and regulations in our buildings prohibiting smoking. It is very difficult for us to enforce without some back up legislation. We ask your support.

Chairman Thomas, 54th, recognizes Kay Jackson with American Vending Company to speak. My husband and I own American Vending company which is cigarette vending machine company. We are a small family owned business with six employees. We have machines in bars, restaurant areas and taverns. Our business is unique in that we place the machines where ever the customer goes and socializes. We are against this bill as it is a threat to our business. This would take 90% of our business.

Chairman Thomas, 54th, recognizes Rusty Kidd with R. J. Reynolds American Tobacco company to speak we are opposed to this bill. I feel it needs to have more work done on this bill. I have buildings throughout middle Georgia, six allowed smoking and 12 do not allow smoking. I feel it should be my choice as to whether I allow smoking in my buildings. It seems like as a tax paying citizen, and I own the building and I am in the building, state laws can not go in and say Rusty you can not allow anyone to come into your office and smoke a cigar. Now the state brings a mandate saying that no one can do that. I am asking to defeat the bill. (Passed out a packet to Committee members) regarding the impact of non-smoking ordinances.

(Unterman, 45h, leaves at 4:20 p.m.)

(Adelman, 42nd, leaves at 4:10 p.m.)

Chairman Thomas, 45th, recognizes Mike Vaquer, Georgia Restaurant Association to speak. I am here today on behalf of the Georgia Restaurant Association and also have with me today Ron Wolfe, Executive Director of the Georgia Restaurant Association. You have in your packet a letter from our Association. Briefly, it says on behalf of the Restaurant Association of more than 4500 members statewide, we are offering our support for SB-90 as presented in the Committee Substitute. Heretofore, the trend in Georgia has been to allow

local governments to address smoking bans in facilities within their jurisdictions and unfortunately, you have facilities across the street from each other, one that does allow smoking and one that does not allow smoking. We, as a Restaurant Association, support what we feel is a fair and equitable statewide smoking ban that bars smoking in all bars and restaurants period, no exceptions to that. We feel that is very similar to the kind of legislation passed in the State of New York and California. This levels the playing field and serves to set the standard for what basically would be a statewide bill that all the facilities would have to comply with. We urge your support of this legislation.

Chairman Thomas, 54th, recognizes Andy Lord with the American Cancer Association to speak. Corrected some statements said earlier regarding law suits on second hand smoke. Ventilation systems have often been proposed as solutions to second hand smoke, however, we have had ventilations experts coming in, “you can’t smoke”, as long as they are giving notice up front. Balfour, 9th, speaks –what is the current federal law? And directs question to Becky Kuntz – she answers- The current federal law permits, again, residents have a choice of smoking but the facilities can put reasonable policies in place to limit where that smoking happens. Those policies in practice usually provide designated smoking areas with ventilation. I am telling you what the practice is. The policies do not prohibit that practice where as the facilities would have to allow individuals to smoke in their rooms. Balfour, 9th, speaks – I hear what you are saying but you are also exempting yourself totally from the bill and doing whatever your practice seems to be. Balfour, 9th, speaks – I don’t know if I am opposed to your amendment for it. We are not telling people they can’t smoke in their house. You are going to have a second hand smoking problem no matter what you do.

Henson 41st speaks – One of the concerns in terms of the nursing homes is fear of fire. Some of these individuals are very shaky and somewhat incapacitated, so there are concerns about smoking in their rooms.

Chairman Thomas, 54th, recognizes Smith, 52nd, to speak. On the committee substitute, I notice on page 3 sub-sections 8 on line 32 vehicles were added back in as one of the things that is a place of employment. Has questions about smoking in vehicles when used as place of employment. Just brought to the attention of the Chairman in case it would create a problem. Also, exempt Stand-alone bars. It is the intent to remove that as it is a more universal statewide ban. Chairman Thomas, 54th, agrees.

Henson, 41st, recognized to speak. I have some concern when we talk about personal responsibility and adults and adult settings. We are thinking intrusion. Overall, I think that the health effects over-ride my concerns and I am going to vote for the bill. I do have a concern that the total package may be going a little too far in intrusion of adult activities in voluntary places and supersedes their personal freedoms.

Chairman Thomas, 45th, author of the bill speaks. We do have a lot of input from people who frequent bars and they wanted the bars included. With no more discussion, Balfour, 9th,

presents three (3) amendments. Chairman Thomas, 54th, asked for a motion on Amendment one (1) – motion made by Chairman Thomas, 54th to DO PASS and second by Henson, 41st, to DO PASS. Amendment one (1) DO PASS. Vote unanimous.

Chairman Thomas, 54th, asked for motion on Amendment two (2) – Smith 52nd, asked question and Balfour, 9th, answered. Discussion lead on legality of Amendment two (2). Motion to DO PASS by Thomas, 54th, second by Henson, 41st, to DO PASS Amendment two (2). Vote unanimous.

Chairman Thomas, 54th, recognizes Balfour 9th, to speak on third (3) Amendment. With no discussion, Balfour, 9th, made motion to DO PASS and second by Smith, 52nd to ***DO PASS*** third (3) Amendment.

SB-90 DO PASS BY SUBSTITUTE

With no further business, the meeting adjourned at 4:00 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

Minutes of the Senate Transportation Committee

February 9, 2005

A meeting of the Senate Transportation Committee was held on February 9, 2005 in Room 450 of the Capitol. Chairman Williams called the meeting to order at 3:30 p.m. Members present included Senators Whitehead of the 24th, Pearson of the 51st, Douglas of the 17th, Goggans of the 7th, Heath of the 31st, Seabaugh of the 28th, Seay of the 34th, Staton of the 18th, Thompson of the 33rd, and Zamarripa of the 36th.

SB 99 (Moody of the 56th) MARTA Act; code of ethics; conflict of interest; board members; provisions

Sen. Moody explained that this bill allows MARTA Board of Directors and the local appointing authority to remove a Board member from office. Currently, only the appointing authority may do so. Sen. Moody also mentioned that this bill has bi-partisan support.

Sen. Whitehead asked how many members are there on the committee? Sen. Moody stated right now the committee has 18 members. Nathaniel Ford, General Manager of MARTA, said he is in full support of this bill. He further stated that passing this bill would give the Board 120 days to respond affirmative or negative. Sen. Zamarripa asked if the Authority would be retroactive? Mr. Ford answered no. Michael Wolfe, Chairman of the MARTA Board stated support of the bill. Tom Kilpatrick, MARTA Board Member, also stated his support of the bill. Marie Metter, MARTA Board of Directors of Fulton County, stated opposition to the bill. She had concerns that there are currently 18 members on the Board, four of which are Ex-Officio Members who are not mentioned in the bill. Sen. Williams asked if this bill refers to Ex-Officio members? Mr. Ford answered no, as it is presently written, however the committee may wish to include Ex-Officio members. The Committee agreed to leave the bill as is because Ex-Officio members are state employees and are subject to state regulations.

Se. Seabaugh moved, and Sen. Zamarripa seconded **SB 99 Do Pass**; motioned carried unanimously.

SB 107 (Williams of the 19th) Developmental Highway system; additional route

Sen. Williams explained that this bill adds Route 15 from its intersection with I-20 at Siloam to its intersection with U. S. 1 in Toombs County. He further stated that this would give Route 15 four lane access to the interstate.

Mr. Larry Dent, Deputy Commissioner, Department of Transportation, was in favor of SB 107.

Sen. Whitehead moved, and Sen. Thompson of the 33rd seconded **SB 107 Do Pass**; motioned carried unanimously.

SB 114 (Butler of the 55th) MARTA; Use of sales proceeds or authority; extend provisions.

Sen. Butler explained that SB 114 extends the use and purpose of the MARTA Tax. Currently, the Act authorizes a tax to be collected for various purposes relating to MARTA, with 50% of such a tax to be used to subsidize the transit system's operating costs. Starting in the fiscal year of 2002 and ending in 2006, 55% of such a tax may be used to subsidize operating costs. In 2007 the percentage would drop back down to 50%. SB 114 would extend this period from 2006 to 2011. Starting fiscal year 2012 the percentage would drop back down to 50%. Sen. Seabaugh mentioned that the sunset is June 30, 2006.

Nathaniel Ford, General Manager MARTA, mentioned that MARTA was in full support of SB 114. He also stated that MARTA is the 9th largest transit system in North America, and it is one of the most clean and effective systems in the country. He further stated that after 9/11 the economy took a downturn and sales and passenger services took a devastating affect. He stated that SB 114 is needed to produce a more cost effective measure. Felecia Moore, Atlanta City Council, District 9, stated that the entire Council was in support of SB 114 and SB 115.

Sen. Seay moved, and Sen. Thompson seconded **SB 114 Do Pass**; with Sen. Douglas voting no.

SB 115 (Butler of the 55th) MARTA; reserve fund interest income used to pay operating cost; provision

Sen. Butler explained concerns about the interest earned on reserve funds. Currently, any interest earned on reserve funds set aside for rebuilding, repairing, or renovating facilities of the rapid transit system, equipment or other capitol assets or from the sale of real property may be used to pay the operating cost of the rapid transit system. This may only be done with the approval of the Board of Directors of the Metro Atlanta Rapid Transit System Authority. Under the Act, the interest may not be used for operating cost after July 30th of 2006; however, SB 115 would extend the deadline for ten years until June 30th 2016.

Sen. Seay moved and Sen. Seabaugh seconded **SB 115 DO PASS**; motion carried unanimously.

SR 81 (Hamrick of the 30th) Designate; J. G. McCalmon Highway

Sen. Hamrick explained that this resolution was requested by family of Mr. McCalmon and he offered a substitute to dedicate rather than designate the highway.

Sen. Seabaugh moved, and Sen. Thompson seconded **SR 81 Do Pass By Substitute**; motion carried unanimously.

There being no further business, the meeting was adjourned by the Chairman at 2:25 p.m.

Respectfully submitted,

/s/ Senator Chip Pearson, Secretary

/s/ Audrey Lee, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 15th, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Tuesday, February 15th, 2005, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 3:30 p.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Henson, 41 st
Senator Goggans, 7 th , Secretary	Senator Hill, 32 nd
Senator Adelman, 42 nd	Senator Smith, 52 nd
Senator Butler, 55 th	Senator Tate, 38 th

Chairman Thomas, 54th, opened the meeting by calling on Goggans, 7th, Secretary, to call the roll.

The following bills were discussed:

Chairman Thomas, 54th, announced to Committee that at this time we will take the report from Subcommittee on [SB-116](#) and then in fact take up the Bill.

[SB 116](#) (Mullis, 53rd): *Relating to controlled substances, to limit the sale and manner of sale of products containing pseudoephedrine; to provide for exceptions; to provide for mitigation of punishment under certain circumstances; to provide for penalties; to restrict the sale, transfer, manufacture, purchase for resale, and furnishing of certain precursor chemicals.*

This bill provides measures to combat the serious problem of the manufacture of, and trafficking in, methamphetamine.

Chairman Thomas, 54th, recognizes author of the Bill, Senator Mullis, 53rd, to speak. Regarding substance abuse, we have a very serious issue in Georgia when it comes to methamphetamine and meth labs. I believe it's in crisis state in Northwest Georgia. We have a Committee Substitute that addresses some concerns that we have had in our Subcommittee meeting that we had a few days ago. Senator Mullis, 53rd, goes over the bill by section and explains. On Section three (3) I do need to make some changes. On line 16, 17 and 18, I do need to make some grammatical changes here. I don't know if we need to do this as an Amendment to the Substitute but its just grammatical changes. In order for us to be successful, we have to have some language that puts these drugs that are being used for illegal purposes behind the counter so that they are not so readily available to the drug manufacturer illegally speaking.

Chairman Thomas, 54th, asked for motion, Adelman, 42nd, moved that the Committee Substitute as amended by Senator Mullis, 53rd, DO PASS and second by Unterman, 45th. Vote was unanimous.

SB-116 DO PASS BY SUBSTITUTE

SB-140 (Williams, 19th): Relating to the patient's right to independent review, so as to revise and add definitions

This bill amends the “Patient’s Right to Independent Review Act” to delineate the Medicaid care management member are not entitled to the appeals process provided in the Act. The bill provides language that specifies that Medicaid managed care members must, after exhausting the grievance procedures of the managed care plan providing health care benefits, be afforded the administrative hearing and appeals process.

Additionally, the taxes and fees relating to insurance companies as outlined in Chapter 8 of Title 33 of the O. C.G.A., which are imposed upon each health maintenance organization pursuant to Code Section 33-21-6 of the O.C.G.A., are not to apply to health maintenance organizations which have entered into contract with the Department of Community Health for the purpose of furnishing health care services to persons falling under the Social Services Title 49 of the O.C.G.A.

Finally, the bill allows the Board of Community Health to establish the maximum income limit in a lesser amount than that of the current codified income level of below 235 percent of the federal poverty level, when the Department has reason to believe the cost of enrollment or services may exceed the availability of funding.

Chairman Thomas, 54th, speaks – We will need to have a majority voting for wavering rule on 24 hour notice allowing Senator Williams to present his Resolution. All in favor by show of hands – Vote to present Resolution 140 was unanimous.

Chairman Thomas, 54th, recognizes Senator Williams, 19th, author of the Bill to speak. At this time I have Laura Jones, Director of Legislative Affairs with the Department of Community Health to assist in answering any questions you may have, but SB-140 is a necessary Bill to the Governor’s Program on Peach Care with the Medicaid population. Senator Williams, 19th, goes over the sections of the bill.

Adelman, 42nd, recognized to speak. Discussion led between Adelman, 42nd, and Williams, 19th.

Laura Jones, Director of Legislative Affairs with the Department of Community Health recognized to speak.

Motion by Unterman, 45h, to DO PASS and second by Hill, 32nd, to DO PASS with one NAY vote by Adelman, 42nd. Majority vote carried.

SB-140 DO PASS

SB-81 (Hudgens, 47th): Relating to the blindness education, screening, and treatment program, and Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, so as to recodify the provision relating to patient eye care

The bill moves the “Patient access to Eye Care Act” from Title 31 of the O.C.G.A., which is the title relating to Health, to Title 33 of the O.C.G.A., which is the title relating to Insurance. Additionally, language is added specifically authorizing the commissioner of Insurance to exercise the powers granted to the Commissioner in Title 33 of the O.C.G.A.

Chairman Thomas, 54th, recognized author of the bill, Senator Hudgens, 47th, to speak. I am speaking for the Substitute which is LC91596S. The reason for the Substitute is when we drafted this legislation, Legislative Counsel, left some of the wording out and this was discovered and we asked them to go ahead and draft the bill correctly. This is a very simple matter. Several years ago we passed the Patient Access to Eye Care Act. This was put in Code Section 31 of the State of Georgia official codes of Georgia and what his bill says is that if there is a procedure that is covered by a health care provider in the State of Georgia, if it is permissible for an optometrist to do this procedure then they are to have reimbursements coming from the insurance carrier just the same as if it was an ophthalmologist that is doing it. We are experiencing some problems in that one or more health care providers are saying we are not going to cover the cost of this procedure with an optometrist doing it. We are only covering if an ophthalmologist does it. That is a violation of this Act. We have talked to the Attorney General and he says we really don't have the manpower to enforce this. We talked to the Insurance Commissioner; he says if you will put it in my Code Section then I will have my enforcement people to enforce it. All this bill does is take this Patient Access to Eye Care Act and strikes it out of Title 31 and it moves it over in fact beginning on page three (3) Section 2 beginning on line 10 and moves it intact over to Title 33 which is Insurance Commissioners Code Section where he can enforce it.

Chairman Thomas, 54th, recognizes Aubrey Villins, General Counsel with Georgia Optometric Association to speak. All this legislation does is move the patient access to eye care act from Title 33 to Title 31 which is moving from Health Code to Insurance Code. The reason as the Senator said, we have problems with certain insurance who just do not want to honor the law. The only option was for me, as General Counsel is to sue them which would be costly and we are trying to get away from litigation as you know. We are looking for a remedy other than litigation and simply putting it on the Insurance Code will take care of the problem. We asked your support of this bill.

Chairman Thomas, 54th, asked if any questions, with no more questions motion in order – Adelman, 42nd, made motion to DO PASS BY SUBSTITUTE and second by Unterman, 45th. Vote was unanimous.

SB-81 DO PASS BY SUBSTITUTE

SB-109 (Unterman, 45th): Relating to controlled substance; the treatment of pain and the Pain Ad Hoc Advisory Committee

This bill recognizes that controlled substances have a useful and legitimate medical purpose in the treatment of a patient's pain and that because of this finding, physicians should be able to administer a controlled substance in excess of the recommended dosage, even if such dosage increases the risk of death, so long as it is not prescribed for the purpose of assisting in causing death.

The bill creates the Pain Ad Hoc Advisory Committee with the purpose of facilitating a discussion among the Attorney General, the appropriate regulatory boards, and other interested persons that focuses on identifying appropriate procedures and techniques for the management of pain and to report to the Governor and the General Assembly on medical, pharmaceutical, and patient care issues involving the treatment of pain, including, but not limited to, the use of Schedule II controlled substances. The committee will consist of 13 members; five members appointed by the Governor, to include three physicians, one pharmacist, and one representative of law enforcement knowledgeable in Schedule II medications; four members appointed by the President Pro Tempore of the Senate, to include one physician, one pharmacist who specializes in the care of patients in long-term care facilities, one representative of an organization that represents person with a condition requiring ongoing treatment for pain, and a member of the Senate Health and Human Services Committee; and four members appointed by the Speaker of the House of Representatives, to include one physician, a pharmacist, and a member of the House Committee on Health and Human Services.

Chairman Thomas, 54th, recognizes author of the bill, Unterman, 45th, to speak – Mr. Chairman, I do have a substitute for this bill. This bill allows for a creation of a Pain Ad Hoc Advisory Committee. This bill seeks to provide protection to folks that are administering or dispensing medication that can help people even to the last stages and finally death process and be protected. I will just hit the high spots of the bill – she continues to explain.

(Adelman, 41st, leaves at 3:30 p.m. and returns at 3:40 p.m.)

At this time, Mr. Chairman, I would like to have Kathy Browning with the Medical Association of Georgia (MAG) speak to the committee. We asked the Senator to amend to make sure that we were doing was not codifying standard of care in this bill so that when the standard of care changes that there is no complications.

Discussion between Unterman, 45th, and Kath Browning led.

Goggans, 7th, recognized to speak. I am all for no one ever suffering on pain. There is a fine line between excessive and recommended does in stopping pain to the point of causing death. What would protect someone that would try to cause death versus someone trying to relieve pain? Unterman, 45th, responds – If the medication is there and they have the intent, this Code Section in the bill specifically states that it is against the law. You can protect people who are trying to take care of people who are dying and being accused of trying to kill someone. I don't think you can make a law to prevent people from doing it.

(Senator Tate, 38th, leaves at 4:00 p.m.)

Chairman Thomas, 54th, recognizes Wayne Oliver with the Georgia Pharmacy Association to speak. We are in support of this bill.

Chairman Thomas, 54th, recognizes Demetrius Mazacoufa with Georgia Nurses Association to speak – We recommend for consideration, additional language that Senator Unterman, 45th, has suggested to add to this bill. Ask for Amendment to Substitute. Unterman, 45th, makes motion to adopt Amendment to Substitute to SB-109 on page 5 line 17 strike 13 and insert 15, on page 5 line 14 strike 14 insert 15. On page 5 line 20 after the word pharmacist insert one registered professional nurse, one representative of the Hospice Industry. I submit the substitute to SB-109 as distributed. I make that in the forma of a motion with the amendment. Motion on the amendment – Unterman 45th, makes motion on the amendments, second by Smith, 54th, to DO PASS. Vote unanimous. Chairman Thomas, 54th, speaks we are ready on the bill for motion. Smith, 52nd, moves to DO PASS BY COMMITTEE SUBSTITUTE AS AMENDED. Hill, 32nd, seconds the motion. Vote unanimous.

[SB-109 DO PASS BY SUBSTITUTE](#)

[SB-112 \(Goggans, 7th\): Relating to public assistance, so as to establish the Georgia Long Term Care Partnership Program; to provide for a short title; to provide definitions.](#)

The bill creates the Georgia Long-Term Care Partnership Program to be administered by the Department of Community Health with the assistance of the Commissioner of Insurance. The purpose of the program is to provide incentives for individuals to insure against the costs of their long-term care needs.

Chairman Thomas, 54th, recognizes Goggans, 7th, author of [SB-112](#) to speak – I bring you a Substitute to SB-112. This bill establishes the Long-Term Care Partnership Plan. We all know at this point that our Medicaid resources and funding is under pressure. This pressure is due to an increasing health care cost and also increase in enrollment of Medicaid. If these trends continue Medicaid as we know it today, will not sustain it. We must be proactive, we

must be looking for ways to solve this problem. We have 1.5 million people in this state on Medicaid and these groups are broken up into two groups. The first group is low income and that makes up 80% of the Medicaid population; then we have the 20% population on Medicaid and that makes up the blind and the disabled. The 80% of Medicaid population only accounts for 40% of the cost of Medicaid and the 20% the blind, aged and disabled is the biggest cost driver and it makes up 60% of Medicaid population. The aging population is one of the most significant trends affecting our society today. Georgia's population for age 60 and above is expected to grow 82% in the next five years. Even more important number is the population is the 85 and above going to increase 265%. We must be doing something to take care of this problem and this bill we have today as Long-Term Care Partnership Act. Goggans, 7th, continues by going over the bill.

Melanie McNeil with the Georgia Counsel of Aging recognized to speak –We encourage the passage of this bill. Some discussions lead by McNeil and Goggans, 7th.

Kim Raymond, Senior Citizens Advocacy Project recognized to speak – We also support the concept of the bill.

Michael Waldrip, Georgia Association of Healthy Underwriters, to speak – What I really want to focus on is financial results, to take a look at what is happening in some other states that have passed Long-Term Care Partnerships Programs. Waldrip goes over statistics of other states participating in Long-Term Care Partnership Programs. Essentially what this equates to is it is providing people incentives to purchase Private Long-Term Care Insurance. We are trying to turn those Medicaid claims into privately handled. We are trying to provide some level of comfort to people who might not otherwise purchase coverage. Georgia has just become an asset recovery state to provide some kinds of means by which people can feel that should they purchase the coverage that they feel that can afford, they should not have a terrible fear that at the pint where benefits were exhausted they might still lose all their assets so that is what this is really trying to provide.

Chairman Thomas, 54th, recognizes Butler, 55th, to speak –directing question to Waldrip – How much does this cost? Waldrip – responds – Senator Goggans, 7th, asked this question before. Typically, if you are looking based on age it is always a little more expensive if you are older. What we are trying to do is provide incentives to people to think about it and purchase it when they are younger. It is like life insurance, the longer you wait the most costly it is.

Chairman Thomas, 54th, recognizes Tom Bauer with Georgia Association of Homes and Services for the Aging to speak. We are non-profit providers. I think Senator Goggans, 7th, did a great job on this bill and we support it.

With no more questions or discussion, motion in order. Unterman, 45th, made motion to DO PASS and second by Hill, 42nd, to DO PASS BY SUBSTITUTE. Vote was unanimous.

SB-112 DO PASS BY SUBSTITUTE

SB-82 (Goggans, 7th): Urging the Congress of the United States to amend Section 1917(b) (1) (C) of the federal Social Security Act by deleting May 14, 1993, as the deadline for approval by states of Long-Term Care Partnership Plans.

This resolution urges Congress to amend the federal Social Security Act by deleting the deadline of May 14, 1993 from the Act, which would allow the remaining 46 states, of which Georgia is one, to establish long-term care partnerships. The Long-Term Care Partnerships Program provides incentives to the state's citizens to purchase long-term care insurance which greatly reduces the financial burden of the state.

Chairman Thomas, 54th, asked if any questions – With no more questions motion is in order – Unterman, 45th, made motion to DO PASS and second by Goggans, 7th, to DO PASS. Vote was unanimous.

SR-82 DO PASS

With no further business, the meeting adjourned at 4:20 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 22nd, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Tuesday, February 22nd, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 4:00 p.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Henson, 41 st
Senator Goggans, 7 th , Secretary	Senator Hill, 32 nd
Senator Adelman, 42 nd	Senator Smith, 52 nd
Senator Balfour, 9 th	Senator Tate, 38 th
Senator Butler, 55 th	

Late arrivals: Adelman, 42nd, arrived at 4:35 p.m. Tate, 38th, arrived at 4:35 p.m.

Chairman Thomas, 54th, opened the meeting by calling on Goggans, 7th, Secretary, to call the roll.

The following bills were discussed:

Chairman Thomas, 54th, announced to Committee that at this time we will take the report from Sub0committee on SB-116 and then in fact take up the Bill.

SB -173 (Unterman, 45th): Relating to application for physician's assistant and scope of duties, so as to authorize physician's assistants to enter into certain temporary practice agreements to provide services at certain facilities; to provide conditions and limitations on such temporary practice agreements.

This bill allows for a temporary practice agreement between a physician and a physician's assistant exempt from any filing fees with the Composite State Board of Medical Examiners (Board). The services supervised by the physician and performed by the physician's assistant must be at a specific facility or program operated by an organization exempt from federal taxes. The services must be provided primarily to financially disadvantaged patients, the services are free of charge to the patient or the charges to the patient are based on the patient's ability to pay, the services of the physician and the physician's assistant are voluntary, and a copy of the temporary practice agreement must be on file at the facility.

Additionally, the agreement must be for a specified period of time and the facility or program where such services will be performed must notify the Board of its intent to provide such patient services.

Chairman Thomas, 54th, recognizes Unterman, 45th, author of the bill to speak on the Substitute of SB-173. This bill was around last year and it actually passed the Senate, went

to the House and it may have not gotten out of Rules Committee I believe. Unterman, 45th, continues to explain the bill and purposes of the bill.

Goggans, 7th, recognized for questions and Unterman, 45th, responds.

Chairman Thomas, 54th, recognized from the audience, Tom Bauer, Lobbyist for the Georgia Association of Physician Assistants to speak – Calls attention to the Committee that there is a Substitute to the bill and they support the bill.

With no further discussion, motion in order – Smith, 52nd, moves to DO PASS BY COMMITTEE SUBSTITUTE and second by Hill, 32nd. Vote unanimous.

SB-173 DO PASS BY SUBSTITUTE

SB-208 (Meyer Von Bremen, 12th): Relating to treatment and rehabilitation of spinal cord disabled and head injured persons, so as to create a state-wide central registry for traumatic brain and spinal cord injuries; to change certain definitions; to require that certain information relating to brain or spinal cord injured persons be reported to the Brain and Spinal Cord Injury Trust Fund Commission; to provide for certain duties to the commission.

This bill amends the language regarding treatment and rehabilitation of spinal cord disabled and head-injured persons. It creates the state-wide central registry for traumatic brain and spinal cord injuries and provides new definitions for “Brain injury” and “Spinal cord injury” and deletes the terms “Head-injured person” and “Spinal cord disabled person” along with their definitions. This requires that every specified health care provider or facility must report to the Brain and Spinal cord injury Trust Fund Commission information concerning persons identified as having a traumatic brain or spinal cord injury. Such reports must be made within 45 days after the identification of the person with the traumatic brain or spinal cord injury.

Chairman recognizes Senator Meyer Von Bremen, 12th, author of the bill to speak – SB-208 is legislation that’s been introduced for the brain and spinal cord injury trust provision. This legislation mainly updates definitions in compliance with federal definitions. Senator Meyer Von Bremen, 12th, continues to explain bill and reasons for the bill.

Chairman Thomas, 54th, asked if any questions – with no questions motion is in order. Goggans, 7th, made motion to DO PASS and second by Unterman, 45th. Vote was unanimous.

SB-208 DO PASS

SB-204 (Kemp, 46th): Relating to health records, to provide that any health care provider, health care facility, or health care professional may create, maintain, transmit, receive, and store medical records in an electronic format; to provide conditions, to provide for legal rights and responsibilities; to provide for tangible copies of records, to provide for cost.

This bill allows any health care provider, health care facility or health care professional to temporarily or permanently convert health care records into an electronic format, providing certain conditions are met. Specifically, the health care provider must develop and implement policies and procedures to ensure the security and confidentiality of such records and the records must be maintained in a legible, transmittable and retrievable form.

Chairman Thomas recognizes Senator Kemp, 46th, author of the bill to speak on the substitute of SB-204 – Many of you may remember this bill from last year. It is a medical records bill. It simply gives health care providers the ability to take the medical records and put them into an electronic format. Obviously, there's a lot of good reasons for that, especially regarding storage. Last year the bill for to the floor had an unfriendly amendment. There were concerns by some about the bill. I think we finally have the language that everyone wants. I am not aware of anyone not supporting this bill. WE ask for your favorable support.

Smith, 52nd, asked question directed to Kemp, 46th, and responded.

George Baker, Chairman of the Encore Electronic Associates, to speak. Discussion followed by Henson, 41st, Smith, 52nd, and Baker.

Butler, 55th, recognized for question. Are their documents that can not be electronically stored and if so what kind? I am not exactly sure. I am sure that there may be some but don't know exactly what kind. Goggans, 7th, recognized for comment and Kemp, 46th, responds.

With no more questions/discussion motion in order – Henson moves to DO PASS BY SUBSTITUTE and second by Hill, 42nd. Vote was unanimous.

SB-204 DO PASS BY SUBSTITUTE

SB-199 (Balfour, 9th): Relating to grounds for suspension, revocation or refusal to grant licenses by the State Board of Pharmacy, to delete certain provisions relation to selling, distributing, and delivering prescription drugs by mail or other common carriers.

This bill deletes the provision that would allow the State Board of Pharmacy to refuse to issue or renew, or allow suspending or revoking a license because the licensee or applicant

regularly employs the mails or other common carriers to sell, distribute, and deliver a drug which requires a prescription directly to a patient.

Chairman Thomas, 54th, recognizes author of the bill, Balfour, 9th, to speak – This is a simple bill. We took this up last year passed it through the Senate overwhelmingly and a few folks in the House decided they did not want to bring it up. Basically right now an insurance company can have mail order drugs mailed to you, mailed to your constituents, saving you some money. The only thing you can't do is you can't mail them in-state. You can have them mailed from other states but if there is a place in Georgia that has a mail order company, they are only mail ordering to 49 outside states and not inside Georgia. Seems kind of odd to me. We are the only state in the union that by statute says that it is illegal. There are companies that I know that are in this business, one thinking about moving to Georgia, but because of this statute they would not. It is a way of saving money for our constituents, for each and every one of our constituents.

Chairman Thomas, 54th, recognizes Henson, 41st, for comments – On the individual pharmacists it would be the same –right now they can only do emergencies mailing. Does small pharmacist do mailing to their clients – Balfour responds- I can't speak regarding locals? If you are in an insurance policy, if the insurance policy is already mail ordering drugs, Kaiser for instance can mail order them from any where in this nation and does right now. They just can't use their facility in Georgia to mail order to their constituents in Georgia.

Grant, 25th, recognized to speak – Would any drugs be able to be shipped in the mail or narcotics or to the substances might want to have some safety program. Balfour, 9th, responds – The same drugs – all 49 states allow it right now. Every one of your constituents can now order drugs from anywhere else in the country. If it was a Georgia based company that was shipping them inside Georgia, you could go inspect them, they are right near Georgia. Out local folks could inspect them. You can't inspect the folks in Oregon. We have neither more control if this bill passes nor less control.

Smith, 52nd, recognized to speak – Do have a concern with, one being the possibility of drugs sitting in our mailbox in Georgia and gel capsules melting and the second argument that has been raised in the Policy is having a controlled substances, say 240 valium sitting in a mailbox somewhere that could be lifted by someone that goes to that mailbox. Balfour, 9th, responds – Let me say that those two concerns are concerns under current law. We are allowing the mail order of these things from everywhere in the country in the United States. If you are concerned about temperature in mailing, I am sure if it is a temperature things they're shipping them in containers that keep them at a certain temperature. In fact if you are worried about it being in the mail too long and therefore it is going bad, it would take less time to go in the mail from Chamblee, GA to Norcross, GA than it would from Oregon to Norcross. Most of the arguments that these folks are bringing up actually work toward my bill, not against it. Smith, 52nd, recognized to speak – The other argument is if you have

quantities of drugs sitting in mail boxes do you want to encourage that practice versus picking up in the pharmacy. Balfour, 9th, responds – I hear the theory but I have not seen the fact where these people are losing their narcotic drugs in the mail, because they are there now. They are already in the mailboxes.

Goggans, 7th, recognized to speak – I feel it has to do with the quality of care. We have people who are on Medicaid that really need the counseling; they really need that local touch to keep them straight from mixing their drugs. Some of the local pharmacists are almost like a doctor to these people. I see that quality of care is missing. I understand that it may save money. Balfour, 9th, responds - If we differ, then you need to introduce a bill making it illegal for pharmacy to do mail order from outside the state now, because it's a lot outside the state. Most of the companies are already doing this. All this bill does is say you can ship them instate.

Adelman, 42nd, recognized to speak – responds to Goggans, 7th, comment – I am a co-sponsor of this bill but I do so with reservations to safety creating the type of concerns that Senator Smith, 52nd, raised with children having access to mailboxes. I think this is a situation where if you have those concerns they would have needed to prevail at the federal level to have prohibited interstate shipment of pharmaceuticals. The fact that they didn't prevail, to me means that the horse is out of the barn so to speak. I support this because in the more practical world this will not necessarily cause any greater public safety hazard and it won't necessarily increase or compromise the relationship that some of our seniors have with their pharmacist and I think that to the extent we can have pharmaceuticals shipped into out state as opposed to having a facility, let us say, right on the other side of the Georgia/Alabama border.

Unterman, 45th, recognized to speak – I have a comment on putting them in the mailboxes. If you've never received these things from a pharmaceutical company, you have to literally take a knife to open. I don't know how a kid on the street could get one open. I don't think that is a concern.

Chairman now recognizes people from the audience to speak:

Chairman Thomas, 54th, recognized Tim Burgess, Commissioner of Department of Community Health to speak. Addresses to Committee this would be a great savings to the State of Georgia and continues to explain. Smith, 52nd, recognized and directs question to Burgess and responds.

Chairman Thomas, 54th, recognized Wayne Oliver, Georgia Pharmacy Association, to speak. We oppose this bill and I would like to explain reasons for the opposition. Smith, 52nd, recognized and directs question to Wayne Oliver and he responds. Henson, 41st, recognized and directs question to Wayne Oliver and he responds.

Chairman Thomas, 54th, recognized Kurt McGee, Georgia Association of Health Plans, to speak and announces to the committee that Georgia Association of Health Plans supports the bill.

Chairman Thomas, 54th, recognized Hugh Chancey, Pharmacist in rural Georgia – I am opposed to this bill and explained his concerns. No questions.

Chairman Thomas, 54th, recognized Stan Jones with Kaiser Permanente to speak in support of this bill. No questions.

Chairman Thomas, 54th, recognized Leslie Litton, Director of Health Connect, with Kaiser Permanente to speak in support of this bill. No questions

Chairman Thomas, 54th, recognized Dean Stone, Pharmacist to speak. I own many pharmacies and I oppose this bill. No questions.

Chairman Thomas, 54th, recognized Mary Long, Consumer Advocate who is in support of this bill. Adelman, 42nd, recognized for question – Are you representing yourself here today. Mary Long responds – yes.

Chairman Thomas, 54th, recognized Sharon Sherrer, PharmD, Pharmacist – I am here in opposition to this bill. She explains why. No questions.

Chairman Thomas, 54th, recognizes Martha Eves, Council on Aging to speak- we are in support of this bill. No questions.

Chairman Thomas, 54th, recognizes Eddie Madden with the Georgia Board of Pharmacy to speak. Reminds committee that patient care is why not to mail order. We oppose this bill.

Adelman, 42nd, recognized to speak and addresses questions to Eddie madden and he responds. No more questions.

Chairman Thomas, 54th, recognizes Buddy harden, RPH, Pharmacist, also with the Georgia State Board of Pharmacy. We are opposed to this bill. Explains why. No questions.

Chairman Thomas, 54th, recognizes Sylvia Caley with SEIU – We are in support of this bill and request passage of this bill.

Chairman Thomas, 54th, Virginia Good, Consumer Advocate to speak – I am 93 years old and I asked that you pass this bill for the senior citizens. No questions.

Chairman Thomas, 54th, recognizes Russ Childer with the Georgia Association of Health Underwriters to speak- Mr. Chairman, we are in support of this bill and ask the committee to pass. No questions.

Chairman Thomas, 54th, recognizes Jonathan Marquess, a practicing pharmacist, to speak – Addresses Committee – I am in opposition to this legislation. No questions.

Balfour, 9th, makes closing statement on this bill. Butler, 55th, recognized for comment. With no more questions motion is in order.

Henson, 41st, moves to DO PASS and second by Unterman to DO PASS. Chairman Thomas asked for a show of hands – 6 yeas and 2 Nays. (Goggans, 7th and Grant, 25th opposed) With majority of votes met. SB-199 DO PASS.

SB-199 DO PASS

With no further business, the meeting adjourned at 5:45 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Wednesday, March 2nd, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Wednesday, March 2nd, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 9:07 a.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Hill, 32 nd
Senator Goggans, 7 th , Secretary	Senator Smith, 52 nd
Senator Adelman, 42 nd	Senator Tate, 38 th
Senator Balfour, 9 th	

The following bills were discussed:

[HB-166 \(Channell, 116th\): Relating to the care and protection of indigent and elderly patients, so as to enact the “Health Share Volunteers in Medicine Act”.](#)

Section 1 creates the Health Share Volunteers in Medicine Act, with the purpose of providing governmental protection, in the form of immunity from lawsuits, to those health professionals who provide free medical care for indigent residents.

Section 2 amends 34-9-1 relating to worker’s compensation by including within the definition of employees health care providers and volunteers as defined in the Act.

Section 3 amends 34-9-260 relating to worker’s compensation by defining the average weekly wage of a health care provider or volunteer within the Act. Their weekly wage will be the average weekly earnings of health care professional or individual performing similar services for the immediately preceding calendar year.

Section 4 amends 43-1-28, the Georgia Volunteers in Health Care Specialties Act. Health care practitioner will be expanded to include optometrists, professional counselors, social workers, marriage and family therapists, occupational therapists, physical therapists, physician’s assistants, licensed practical nurses and certified nurse midwives. Health care specialty is expanded to include optometry, professional counseling, social work, marriage and family therapy, occupational therapy, physical therapy, physician assistance and midwifery.

Section 5 amends 43-11-52, the Georgia Volunteers in Dentistry Act, by expanding it to include dental hygienists. Further it allows dentists and dental hygienists, with either a regular or special license to be included within the Act.

Section 6 amends 43-34-45.1 the Georgia Volunteers in Medicine Health Care Act, by allowing the covered individuals to practice with a special license under the Act.

Section 7a amends 50-21-29, relating to state tort claims, by defining the state's aggregate liability under the Act. In any action or claim brought under the Act, the state's aggregate liability per claim shall not exceed any cap on non-economic damages.

Section 8 provided that this bill will only become effective if funds are specifically appropriated.

Chairman Thomas, 54th, announced to Committee that HB-166 Substitute will be heard today and voted on this Friday. Chairman Thomas calls on sponsor of the bill, Representative Channell, 116th, to speak. I bring to you HB-166. This bill is based upon things to create replicated programs that have been in existence in the State of Florida since 1992. The essence of the bill is that for health care providers in advance a free to provide free health care to low income people. He continues to explain the bill to the Committee. He has a hand out which he gives to each committee member. This is a summary of the bill. He continues – the way the program works is that the health care provider (they all have to be licensed) they would enter into a contract with the State of Georgia (Department of Community Health) and that would be like a one year period of time. They would agree up front how many patients they would receive. The Health Care Provider would provide the services to the patient and would also sign a contract with the patient and that contract would begin the patient receiving. In other words, if a patient comes in to see a physician and has something wrong with his elbow, the doctor explains to the patient in advance before he provides the service, he is going to treat his elbow and it is going to be free and further explains to the patient that in the event that legal action is required that he cannot sue him (the physician) but has recourse with the State of Georgia. The patient agrees to that and they sign a contract. Every time service is provided to a patient there is a contract signed. He continues to go through sections of the bill.

(Senator Tate 38th, arrive at 9:11 a.m.)

(Senator Hill, 32nd, arrives at 9:16 a.m.)

Chairman Thomas, 54th, recognizes Goggans, 7th, to address statement to Channell. I want to applaud you for this. We have to be proactive in looking for ways to solve this problem. This will give the physicians out there who are willing to volunteer their time. I think this will save the state a lot of money. I think it is great.

Chairman Thomas, 54th, recognizes Adelman, 42nd, to speak. First I want to thank you for bringing the bill before the committee. I think it is a great bill. It sounds like we are close to making it happen in Georgia. I would like for you to tell us what you have done with this Committee Sub. Representative responds and explains the changes.

(Senator Grant, 25th, arrives at 9:20 a.m.)

Representative Channell, 116th, asked to delay the bill until Friday at our next meeting. It is my understanding that the Governor has no problem with this bill but I have been asked to delay it. I respectfully ask the committee to delay the bill.

Chairman Thomas, 54th, agrees with Senator Goggans, 7th, that this is a great bill and he has no problem with holding the bill over to the next meeting.

HB-166 HELD OVER

SB-123 (Whitehead): Relating to requiring medical facilities or physicians to perform abortions and requiring others to assist.

This bill specifically provides that any pharmacist who states in writing an objection to any abortion or all abortions on moral or religious grounds will not be required to fill a prescription for an emergency contraceptive drug which purpose is to induce and effect an abortion. Such refusal may not form the basis or any claim for damages or for any disciplinary or recriminatory action. The written objection will remain in effect until the person revokes it or terminates his or her association with the facility with which it is filed.

Chairman Thomas, 54th, recognizes Whitehead, 24th, author of the bill to speak – We do have a Substitute to SB-123. This is a bill that we have been working on due to things that need to be changes as many others states are doing and we think it is time we do this also. This basically gives protection to pharmacists who, because of religious or moral beliefs, do not want to fill prescriptions and feels they should not have to fill a prescription to bring about a chemical abortion. It requires that they give that to the employee in writing and that stays in effect as long as they are in that position or with that company. Really, it is because of a deal in another state where this happened and the pharmacist felt like again, because of moral and religious reasons he should not do this. He and his wife were openly opposed to abortion and that because he did refuse and was harassed and eventually fired from one of the bigger chains. I think about 60% of pharmacists are coming out for one reason or another, having to go to national chains, I guess big boys working on little boys, and they do not have the money or at that time the competitiveness to go to work for themselves or open their own pharmacy and so for some period of time, a lot of them are required to go to work for national chains. This is just giving them a protections under that, which they can follow these procedures and that they can not be harassed or fired from their positions because of this. After talking to legal counsel, I have talked to some of my pharmacists at home who have the private or as we may refer to them as the mom and pop pharmacist, they don't feel that they had to do that and a lot of cases they don't, but legal counsel says that they have a couple of reasons that they can refuse to fill prescriptions but this is not one of them. The pharmacist that I have talked to, and I have talked too many, believe that this is a good move.

It does have some protection in it that they feel new pharmacists coming out of school or some that may be retired and are working for some national chain or for some reason or another have sold their business and gone to work for a national chain that it does give them the protection. We have given you a substitute today to SB-123 and in Section 1 item B starting with line 24. This is the amendment to SB-123.

Chairman Thomas, 54th, asked if any questions. Adelman, 42nd, recognized for questions. Mr. Chairman, will there be other witnesses on this bill? Whitehead, 24th, responds.

Chairman Thomas recognizes Dr. Mimi Zieman, a Board Certified Obstetrician to speak. I have been a practicing physician for over 15 years. Today I am representing just myself as a physician. I object to this bill on several accounts. Number one, this bill lacks scientific accuracy. The purpose of emergency contraception is to prevent pregnancy. Its main mechanism of action by inhibiting copulation and it can not interrupt and established pregnancy; there fore, it can not induce an abortion. For lack of scientific accuracy in this bill validates it. Number two, pharmacists already have a pharmacist Conscience Board, it states and I quote: "Pharmacists be allowed to excuse themselves from dispensing situations which they find morally objectionable, but that removal from participation must be accompanied by responsibility, dedication and performance of certain professional duties which accompany refusal." This usually means that if they don't want to dispense the medication that they refer the patient to another pharmacist that will. You need to know that provision of emergency contraception is standard care for physicians to provide to anyone who has experienced unprotected intercourse. In this bill you are saying that the pharmacist can remove himself or herself from responsibility to the patient yet the physician still has responsibility. That means I can be held responsible if I don't provide the emergency contraception. The pharmacist can refuse without repercussions. This bill gives pharmacists a free pass from fulfilling their professional duties to the patient. Why should they be exempt? What about victims of rape? Tell me who is responsible for patients care? How can a pharmacist interfere with a standard of care? And third, finally, this really does undermine the doctor patient relationship. If I had spent time with a woman and prescribed medication, what right does the pharmacist, a third party which without notification, have to refuse to fill my prescription? Have they spent the confidential time with the patient after rape to interfere with this relationship?

Chairman Thomas, 54th, directs questions to Dr. Sideman: If the medicine prevents ovulation, how does the patient recover from the encounter? Dr. Sideman responds – It does not always prevent ovulation; that is how it works, when it works most of the time. Chairman asks – are there other drugs that prevent implantation that could also be included? Dr. Sideman responds – You could argue that any contraceptive or you could argue that breast feeding can prevent implantation. You are talking about those who believe that conception is the beginning of pregnancy versus the medical definition that implantation is the beginning of pregnancy.

Chairman Thomas, 54th, recognizes Adelman, 42nd, to speak and directs questions to Dr. Sideman. Have you spent anytime talked to the author on the components of this bill about agreeing on some language that requires a referral in the care where a pharmacist moral objection is exercised? Dr. Sideman responds – I have not.

Chairman Thomas, 54th, recognizes Smith, 52nd, to speak and he directs question to Dr. Sideman – Are there in existence any drugs which are intended to or have the effect of altering termination of pregnancy after infertilization? Dr. Zieman responds – Yes. There is one drug labeled for that. The abortion pill is not prescribed by pharmacists. It goes directly form the manufacturer to Doctors in their office. Smith 52nd, directs question again to Dr. Ziemann – So what you are telling us is, that in the class of drugs that are purchased as emergency contraceptive drugs, none of those cause termination of pregnancy. Dr. Zieman responds – correct, they are not labeled as drugs that cause abortion in any way. They are labeled as contraceptives to prevent pregnancies.

Chairman Thomas, 54th, recognizes Hill, 32nd, to speak and he directs questions to Dr. Zieman – Am I correct in that you are implying that a pharmacist does not have the right to choose not to prescribe the medicine? Dr. Zieman answers – No – I said the pharmacist, when they take an oath, they have a form, and they can refuse to fill a prescription on moral grounds but that they still have a responsibility to the patient.

Chairman Thomas, 54th, recognizes Becky rafter, Executive Director of NARAL Pro Choice of Georgia to speak. Emergency Contraception does not induce or effect abortion, it prevents pregnancy. Emergency Contraception is often called the nations best kept health secret. It can effectively prevent pregnancy if taken within days after sex. The most common form of emergency contraception is often known as the morning after pill. Emergency contraception pills are simply a concentrated dosage of ordinary birth control pills that can prevent pregnancy if taken before unprotected sex. We are opposed to this bill.

Chairman Thomas, 54th, recognizes Julie Edleson, Director of Public Housing and Family Planning of Georgia. There is no need for this legislation. We are opposed to this bill.

Chairman Thomas, 54th, recognizes Robert Hatcher, Emory Medical School to speak. We are opposed to this bill. I would like to take this opportunity to pass out for your review, to look over regarding this issue.

Chairman Thomas, 54th, recognizes Adelman, to speak. In out committees we have many people from all around the state come to testify and I don't want to let Dr. Hatcher be excused without recognizing that he is a world class expert on the issues he is testifying about today. Truly, perhaps the foremost expert in the world who just happened to be here in Georgia at Emory.

Chairman Thomas, 54th, recognizes Wayne Oliver with the Georgia Pharmacy Association to speak. Any pharmacist on a current existing statute could refuse to fill any prescription for any reason what so ever, personal, religious, moral grounds, if they don't like the way the prescription looks, if they think it is a forgery, if they don't have the medication in stock, pharmacist has the right to refuse this. Any prescription what so ever under current existing law, that pharmacist is then under a professional obligation and affirmative duty to make sure that the patient is otherwise taken care of. The bill that is before you now does not deal with contraception. It doesn't deal with oral birth control pills or any such matter. The substitute, as I understand it clearly deals with pharmacists moral personal decision and professional decision as it relates to creating a spontaneous abortion. As such, we are supportive of the legislation, the intent of the legislation which is to protect that pharmacist when he or she has a professional, personal and moral dilemma with respect to this particular medication which results in this particular action which is spontaneous abortion. Mr. Chairman, we are supportive of this legislation and hope that you will pass it out of committee.

Chairman Thomas, 54th, recognizes Senator Unterman, 45th, to speak and directs question to Wayne Oliver – Are you saying that if a pharmacist works for a big corporation like Wall Mart or CVS where the majority of pharmacists work, that having a law behind them keeps them ethical. In understand that ethically they can decide not to fill a prescription. Will having a law behind them make them feel more comfortable? Wayne Oliver responds to her question – There are two instances that I am aware of; one in Texas where the pharmacist not only refused to fill the prescription but then refused to give the prescription back to the patient. We are also clear that when a physician issues a prescription to a patient that then is joint property between the physician and the patient. The pharmacist has no right to that prescription, can't retain it, or whatever else unless the pharmacist dispenses the medication. Once that medication is dispensed, there are three owners of that prescription, the pharmacist, the patient as well as the physician. What the pharmacist did in Texas was inappropriate and violated a number of professional laws. In Georgia there was a long range pharmacist in Smyrna. He saw a prescription that was written for oral birth control pills but was written in such a format that it would have caused that pharmacist difficulty in dispensing it. It was not how the prescription was originally approved. The pharmacist did not feel comfortable. What Walgreen's pharmacist then did was call Walgreen's pharmacist #467,713 and that pharmacy took care of the patient. To answer the question, it does, and creates an environment in which a pharmacist shouldn't be hesitant to execute and official affidavit based on his/her personal religious or moral issues.

Chairman Thomas, 54th, recognizes Adelman, 42nd, to speak and direct s question to Wayne Oliver – How do you react to the previous testimony about including the language that expressly requires that a pharmacist who exercises his/her moral and religious objections make a referral? Wayne Oliver responds – Under current law the pharmacist would make sure the patient would otherwise be referred to some place where they can fill the prescription. That is statutory, that is in the code? Yes, that is in the pharmacy board rules

and regulations. Adelman speaks – I guess the answer to my question is that you would not object to adding that language to this bill as suggested at a minimum? Oliver replies – I believe it is redundant and repetitive.

Chairman Thomas, 54th, asked if there were further questions, there were none. Smith, 52nd, makes recommendation for small amendment to the Sub. Motion by Smith, 52nd, to amend the Sub and second by Unterman, 45h.

Adelman, 42nd, asked to hold over till the next meeting and Whitehead, 24th, asked to go forward with the bill with author saying he would have no problem amending the bill. Motion to DO PASS by amendment to the substitute made by Smith, 52nd, and second by Unterman, 4th. 2 Nay votes by Tate, 38th, and Adelman, 42nd. Motion carried.

SB-123 DO PASS BY SUBSTITUTE

SR-194 (Miles, 43rd): Encouraging the Department of Human Resources to adopt an anti-clustering policy with respect to personal care homes and community living arrangement facilities.

In this bill State Law has assigned the regulation and oversight of personal care homes and community living arrangements facilities to the Georgia Department of Human Resources (DHR) such that counties are not responsible for the licensing of these homes or facilities.

Whereas because the governing authority of DeKalb County desires to promote the social integration of occupants of personal care homes and community living arrangement facilities located within the county, consistent with the policies underlying state and federal law with respect to persons who are physically and developmentally disabled, DHR is urges to designate departmental liaison to meet at least twice a year with the DeKalb County Task Force on Personal Care Homes to discuss issues and concerns regarding the care and management of these homes and facilities.

Chairman Thomas, 54th, announces to committee that this will probably be placed in a study committee and then calls on author of the bill, Senator Miles, 43rd, to speak. This is a simple measure that mirrors a Resolution that was passed by DeKalb County Commission late last year. The Department of Human Resources will work closely with and monitor the conditions and locations of personal care homes in that neighborhood. This is a mandate but does not require additional funding or additional personnel. The most recent figures indicate that there are nearly 250 personal care home and community arrangement facilities in DeKalb County and most of these facilities are located in the southern and eastern sectors of the counties. The problem is not the homes per-say; it is the clustering of these homes that is causing problems for neighborhoods. I think it defeats the intent of DHR which was to integrate these homes in communities. We are seeing a very negative trend of clustering of these homes. Sometimes 8 to 10 personal care homes in a given subdivision. Many are

substandard and they are damaging the integrity of the neighborhood not to mention downing property value. We are asking DHR to do a few basic simple things: 1) to adopt an anti-clustering policy that mandates reasonable disbursement requirements for these personal care and community living arrangement facilities. One thousand feet minimum between them. We are asking that DHR strengthen its oversight of these personal care homes to insure that they are a licensed and that they are maintaining proper standards of operation. In other words don't become eye sores which many of them have been in many communities. We want them to strengthen the management of the homes to insure that residence receives constant care and oversight and not wondering through neighborhoods as is sometimes the case. Finally, I need a minimum of two times a year with community task forces to discuss issues and concerns regarding the care and management of these homes. This has been received by the department in conversation that I have had with them to handle problems with that.

(Balfour, 9th, and Hill, 32nd, leave the room at this time 10:05 am)

Chairman Thomas, 54th, recognizes Larry Johnson, Commissioner of DeKalb County to speak. We are in support of this bill.

(Balfour, 9th, and Hill, 32nd, return to the room at 10:10 am)

Unterman, 45th, recognized to speak and directs questions to Larry Johnson – Johnson responds to Unterman and passes out literature to the committee.

Smith, 52nd, recognized to speak and addressed question to Larry Johnson and he responds.

Adelman, 42nd, recognized to speak. I want to make sure of what you want on your wish list. You want the law to provide that DHR shall not permit group home clusters together so that without regard to the disability or purpose of the home there is no group homes clustered within a certain distance. That is how we get around the Americans with Disabilities Act – Johnson responds yes.

Chris Morris recognized to speak briefly. Referred to the hand-out the Commissioner passed out to the committee. This information came from the Department of Human Resources. You can see that DeKalb County has a large amount.

Chairman Thomas, 54th, recognizes John Evans, Citizen in DeKalb County to speak. He speaks in support of this bill.

Balfour, 9th, recognized to speak and directs question to Johnson, County Commissioner and he responds.

Chairman Thomas, 54th, recognizes Debbie Brown, DeKalb County Council to speak and responds to Balfour, 9th question also. Balfour, 9th, continues to speak. Chairman Thomas, 54th, recognized Miles, author of bill to speak. I know that DHR is in agreement with this.

Chairman Thomas, 54th, announces to the committee that we will hold this bill and bring it up on the next scheduled meeting which is Friday. I am concerned about the bill affecting the entire state. I know DHR has concerns they want to talk with you about and I'd like to ask the author and DHR to discuss this.

SR-194 HELD OVER

SB-156 (Tate, 38th): To create the Georgia Microbial Contamination Commission

The bill creates the "Microbial Contamination Licensing Act" and establishes the Microbial Contamination Commission. The commission will be composed of seven members appointed by the Governor and representing; the Institute of Inspection, Cleaning and Restoration Certification; the American Industrial Hygiene Association; the American conference of Governmental Hygienists; the Indoor Air Quality Association; the Environmental Protection Agency; the centers for Disease Control and Prevention; and the Georgia Department of Consumer Affairs. Each member of the commission will be compensated for travel expenses incurred during the performance of his or her duties as a board member. The commission will be assigned to the Secretary of State's office for administrative purposes only, and the commission will be its own budget unit. Within the commission is established the office of the Georgia Microbial Contamination Commissioner. The commissioner will be a full-time employee of the commission who will serve as the chief executive office of the commission. The commission appoints the commissioner and sets the salary. The commissioner may employ staff as approved by the commission.

Chairman Thomas, 54th, recognizes the author of the bill, Tate, 38th, to speak – All that I am really asking for today is that we send this bill to the Georgia Occupation Review Commission which I was told was the process when you are developing a commission. This bill, we have studied for over two years. I have asked for a study committee several years ago and was denied because there was very few that felt that this could cause problems for the industry.

Goggans, 7th, and Henson, 41st, leave at 10:15 a.m.

Discussion followed.

Adelman, 42nd, recognized to speak and moves to DO PASS and second by Unterman, 45th, to DO PASS. Vote was unanimous.

SB-156 DO PASS

HB-197 (Burmeister, 199th): Abortion: Women's Right to Know Act; Enact

This bill is relating to parental notification and notice requirements of an abortion for an unemancipated minor, to revise the definition of "abortion" to mean the use of prescription of any instrument, medicine, drug, or any other substance or device to terminate the pregnancy of a female. Additionally, new language requires the parent or legal guardian of a minor to provide proper identification when accompanying a minor seeking an abortion. "Proper identification" is defined as any document issued by a governmental agency which contains a description of the person, or an appropriate work authorization issued by the United States Immigration and Naturalization Service. Persons standing in *loco parentis*, acting as a temporary guardian of the child, are no longer allowed. Minors seeking any abortion must be accompanied by a parent or guardian, who must show proper identification. Additionally, the written notice of the impending abortion required to be sent to the parent or guardian, must be sent by certified mail with return receipt requested with delivery confirmation. New language specifies that no abortion may be performed unless the requirements of this Code section have been met, unless the minor has obtained a court order waiving the requirements.

Chairman Thomas recognizes Unterman, 45th, to speak on behalf of the author, Rep. Burmeister, 119th. This bill is basically a companion bill to [SB-77](#). A few changes were made from SB-77. The major change being, that I understood, was a title was changed. As most of you know the first part of SB-77 was parental notification and that is the same thing as HB-197. She continues to go over the bill.

Chairman Thomas, 54th, recognizes Pat Chivers with Georgia Right to Life for comments and she has handouts for the committee regarding the bill.

Adelman, 42nd, recognized and offers committee amendment.

Chairman Thomas, 54th, asked Pat Chivers to continue with her comments and she explains the different sections of the bill for different changes.

Chairman Thomas, 54th, recognizes Maggie Barnett with ACLU legal Council. She explains that they have concerns about the Policy of the bill.

Adelman, 42nd, recognized to speak and asked for vote on his amendment – Smith, 52nd, addressed Chairman by saying that this rests fully upon the discretion of our rules whether or not you recognize bills, resolutions and other. Chairman Thomas, 54th, agreed not to recognize at this time. Adelman, 42nd, recognized to speak – Mr. Chairman, even those who most strongly oppose abortion and want to interfere with abortion, I think generally recognize that cases of rape, incest and medical emergency should receive some different treatment and that is the spirit in which I offer this amendment and I am asking for a vote on

this amendment. I recognize this committee is stacked against this amendment but I think in fairness we should have a vote on it. I think every member of this committee should be entitled to express his/her vote on this amendment and it is extraordinary to not even allow for a roll call vote on this. If you don't like the amendment that is fine, vote no, but at least stand up and be counted for or against the amendment.

Chairman Thomas, 54th, speaks – I think if it will make you feel better, to show a cote of hands, all those who are opposed to this amendment do so by show of hands. Those opposed were Balfour, 9th, Hill, 32nd, Smith, 52nd, Grant, 25th, and Thomas, 54th. Those in favor of do so by show of hands – Tate, 38th, and Adelman, 42nd, in favor of the amendment.

Smith, 52nd, recognized to speak – at the appropriate time Mr. Chairman, I move to DO PASS and Hill, 32nd, seconded the motion. Nays were Adelman, 4th, and Tate 38th. Having met the majority of votes. HB -197 DO PASS

HB -197 DO PASS

SR-294 (Thomas, 54th): Creating the Cervical Cancer Elimination Task Force

This resolution creates the Cervical Cancer Elimination Task Force for the purpose of reviewing data regarding cervical cancer and recommending strategies to reduce the costs and burden of cervical cancer in Georgia. The nine member task force will be composed of five appointments by the Governor and two each for the Speaker of the House of Representatives and President Pro Tempore of the Senate as follows:

- The Director of the Division of Public Health of the Department of Human Resources, or another representative appointed by the Governor;
- The Director of the Georgia Cancer Coalition, or another representative appointed by the Governor;
- A Board-certified, practicing gynecologist representing the Georgia Obstetric and Gynecological Society, appointed by the Governor;
- A representative from Georgia State University's Georgia Health Policy Center, appointed by the Governor;
- Two members of the Georgia House of Representatives, appointed by the Speaker; and
- Two members of the Georgia Senate, appointed by the President Pro Tempore.

Chairman Thomas, 54th, speaks regarding his resolution, SR-294. This is concerning Cervical Cancer Elimination Task Force. This is one of the leading killers.

Balfour, 9th, moves to DO PASS and Unterman, 45th, seconded. Vote was unanimous.

SR-294 DO PASS

With no further business, the meeting adjourned at 10:57 a.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Friday, March 4th, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Friday, March 4th, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 12:50 p.m. Members present at the meeting were as follows:

Senator Thomas-54 th , Chairman	Senator Grant, 25 th
Senator Unterman, 45 th , Vice-Chair	Senator Hill, 32 nd
Senator Goggans, 7 th , Secretary	Senator Smith, 52 nd
Senator Balfour, 9 th	
Senator Butler, 55 th	

Late arrival: Senator Hill, 32nd, arrived at 1:05 p.m.

The following bills were discussed:

HB-166 (Channell, 116th): Relating to the care and protection of indigent and elderly patients, so as to enact the “Health Share Volunteers in Medicine Act”.

This bill creates the “Health Share” Volunteers in Medicine Act, with the purpose of providing governmental protection, in the form of immunity from lawsuits, to those health professionals who provide free medical care for indigent residents.

In order to provide such protection, the health care provider shall enter into a contract with a governmental contractor which is defined as the Department of Community Health or its designee (s). This contract will allow the provider to deliver health care services to low-income recipients as an agent of the contractor. The contract must be for volunteer, uncompensated services.

Chairman Thomas, 54th, recognizes Representative Channell, 116th, author of the bill to speak and before he speaks, Chairman Thomas informs the committee that Representative Channell has worked on this bill for years, and is excellent legislation and feels that we will not have any opposition, certainly with the amendment that he has.

Representative Channell, 116th, speaks – We have a request from the Governor’s Office to offer an amendment to this bill. This will simply remove the Worker’s Compensation part from the bill.

Chairman Thomas, 54th, speaks –we are now ready for the amendment and asked for a motion on the amendment. Goggans, 7th, made motion to DO PASS AS AMENDED and second by Unterman, 45th, making it a DO PASS BY SUBSTITUTE. Vote was unanimous.

HB-166 DO PASS BY SUBSTITUTE

Chairman Thomas, 54th, announced to the committee and audience that we will take a 5 minute lunch break. We begin meeting again at 1:00 p.m.

SB-78 (Williams, 19th): Relating to dental hygienists

This bill amends the requirement that dental hygienists perform their duties under the direct supervision of a licensed dentist to allow the performance of dental hygiene duties in facilities for patients with a physical or mental disability, personal care homes, nursing homes, homes of homebound persons receiving medical assistance through a home health agency, and hospitals of the patients has a valid prescription from a dentist or a physician. This exception only applies to those dental hygienists with at least five years of experience and who have a written agreement with a sponsoring dentist to monitor their work. Such work is limited to prophylaxis, application of fluoride, dental hygiene instruction, assessment of a patient's need for further treatment by a dentist, and other services delegated by the sponsoring dentist.

Dental hygienists providing treatments under this exception must submit an annual report to the American Dental Association and the Department of Human Resources regarding the number of patients treated and the types of services performed.

Chairman Thomas, 54th, recognizes Williams, 19th, sponsor of the bill to speak – We realize this is a bill that could be controversial and we also realize that it's a bill that is needed. I have with me today a mother who has a daughter, Nina, who is a special child and she has had some personal experiences which I will let her share with you today. What we are trying to do in the bill, we just believe that a lot of people in institutions that are simply not getting the dental care and it is plain and simple, we have some great dentists out there but many of them are maxed out with their services in their office and no real way to get services to people that are in nursing homes and various institutions and what his bill does simply allows qualified dental hygienists to be able , by the prescription of a dentist, and we also have a physician in this field who is willing to work with you on but we know that you are not taking a vote on this bill. I guess my statement would be, with my conversation with the community out there that serves mental health and mental retarded, the elderly in nursing homes and institutions, is that they are telling me there is a problem and they will speak to the problem. I am happy to work with the dentists to make sure that we can get the problem reconciled. This is the reason I have not asked for a vote. I want to assure you that id it can't be reconciled, I will be back next year with everything I've got to make this happen and I just think that there is a way. If there is a funding problem we need to find a way to add to the hygienist assigned. My commitment is to work on this during the interim and make sure we get this solved. I would like, Mr. Chairman, id you would hear from my constituent at this time and we have a few others on the list that would like to speak.

Chairman Thomas, 54th, recognizes Beth Roach, constituent and Wayne County Advocate for DDS. I am the mother of a retarded daughter named Gena. I would like to share with you today. She was left with PKU. She had to get on a waiting list along with hundreds of others to have a teeth cleaning or other procedures done to her teeth. This has been 3 years ago. We as parents struggle daily to provide Gena with a healthy environment. She continues with a lengthy testimony.

Chairman Thomas, 54th, recognizes Martha Phillips with the Georgia Dental Association to speak-I would like to say thank you to Senator Williams for shining a spot light on this issue. Truly, there is a problem here. We disagree with him on the solutions to the problem with we clearly admit there is a problem. People in our nursing homes do need dental care, as a matter of fact, I have a packet of information that I would like to hand out to everyone here. The drug and dental association have had this as our goal for as many years as I can remember. What I am including in this packet of information for you is an article that we actually did August of 2003 talking about nursing homes and patient care and the need there. Another article of November of '02 talking about the developmentally disabled adults in Georgia and the desperate need that we have to get care to these people. Honestly this problem is a funding problem. I do not have the statistics. I do know that the American Dental Association just did a study on the economic aspects of unsupervised private housing practice and its impact on access to care. That study was just finished in February of '05 . Every year that I have been down here one of the main things that the Georgia Dental Association was advocated for is adult dental care. In the Governor's budget this year we are very concerned that he was going to cut out the minimum of adult dental care that we have right now which is only the relief of pain and suffering. Mostly what we are talking about is people in nursing home and institutional settings and they are adults and so there is no payment mechanism there. Clearly I don't care if it is a hygienist or dentist, it is very difficult to treat these people and not get any reimbursement for it. We have plenty of dentists who are doing that now-as a matter of fact, we are one of the founding members of the Tort Insurance for Care. That organization, basically, for a number of years, we had dentists who volunteer and go through the partnership of caring, and if you call and you need a dentist we will make sure that person gets a dentist.

First I would like to talk about what would be the problem with this bill. Most of these people are medically compromised. People in nursing homes and most people in institutional settings, they are the most difficult patients to treat. I have two dentists here today that will tell you about their personal experiences. I don't know a dentist out there that would want to treat a patient like that in an atmosphere where it wasn't a team approach. It takes more than one person to be able to handle these patients many times. The other thing is: this bill talks about them being able to do only the cleaning. Hygienists in this state cannot get anesthesia and cannot prescribe drugs. Most of the people in these settings are on so many different types of medications that you need to know what they are taking. If you go in and clean a person's teeth and they have a heart valve problem and you have not pre medicated them with antibiotics, you could kill them. We are very concerned that even though we have

dentists with well intentions, they are not really qualified alone to treat these most fragile patients. If we could get some funding for the adult dental program in the budget, I think that we could fill a huge increase in nursing homes and in the institutions. She continues...In closing, again we agree that there is a problem; we would like the senator to work with us on funding. We believe if we could get the funding we could solve the problem.

Author of the bill, Williams, 19th, recognized for comments--Mr. Chairman, this bill requires a dentist to prescribe their services, they are not going there without the dentist knowing about it.

Chairman Thomas, 54th, speaks—both sides want to work this out—do you agree? Martha Phillips speaks—I agree that we would love to have hygienist go in as a team member

Chairman Thomas, 54th, recognizes Ann Williams, Georgia Council on Aging, to speak.--For about eleven years this issue has come up as a priority. It has not made it to the top of our list, but because of the constancy of the issue we want to say that we support the bill.

Chairman Thomas, 54th, recognizes Kim Raymond, Senior Citizens Advocacy Project to speak—We just want to say we support the concept of this bill.

Chairman Thomas, 54th, recognizes Pat Nobbie, Governor's Council on Developmental Disabilities to speak—We support this bill but would like to have further work done on the bill.

Chairman Thomas, 54th, recognizes Dr. Mike Rainwater, Dentist in Riverdale, Georgia and also member of the Georgia Dental Association to speak—I treat in my office all kinds of patients; down syndrome patients and other patients with physical and ill disorders. I would like to emphasize to the committee of just how difficult it is to treat these patients, even the most difficult patients, they need all sorts of special facilities and special care that are not going to be available at the facilities of nursing homes. It takes a team approach just to get these people from the wheel chair into the dental chair. For one person trying to do this in a nursing home, I think is impossible. I totally agree of what has been said, there is a problem.

Goggans, 7th recognized and addresses question to Dr. Rainwater—Doctor, does any of these patients need to be sedated to be able to receive treatment? Dr. Rainwater responds—Yes , they need special pre-medication, in fact, most of them need one or the other if not both.

Chairman recognizes Unterman, 45th, to speak and directs question to Dr. Rainwater – Doctor, what do you pre-medicate them with? Dr. Rainwater responds—I refer mostly to antibiotics also sometimes sedative pre-medication. Also licensing for pre-medication comes into play, and I do not have. Unterman, 45th, directs question again to Dr. Rainwater—Do you usually have to restrain them to a chair?—Doctor responds—I usually asked for

assistance of the relatives and the don't have to physically restrain very often, but I am not seeing the worst cases in my office.

Chairman Thomas, 54th, recognized Ellyn Jeager, National Mental Health Association of Georgia to speak—We support this bill. We feel that people with mental health problems should have the opportunity inside the institutions to have their teeth professionally cleaned. We support this legislation.

Chairman Thomas, 54th, recognizes Dr. Janie Bradley, Dentist, Pediatric Dental Practice outside of Athens, Georgia. I cannot support this bill and she gives her reasons.

Chairman Thomas, 54th, recognizes Jim Roach, parent of a severely handicapped child and also member of Board of Southeast Region Mental Health, Mental Retardation and Substance Abuse under DHR to speak.—We are rural Georgia and that is where this bill started. The bottom line is, for decades, these people with special needs have gotten no service. My wife is a dental hygienist but cannot clean my daughter's teeth in a nursing home because the law will not allow it. The first thing that has to be done is that the law has to be changed. This bill needs to pass and we asked that you take it into consideration. It is time that we give these people the service they deserve.

Chairman Thomas, 54th, speaks—Thanks all who spoke on the bill. I think we have aired out fully on both sides. I think we have an agreement to work on the bill further. We will have a hearing again on SB-78

SB-78 HEARING ONLY

SB-186(Whitehead, 24th):Relating to the Georgia Medical Center Authority.

This bill reduces the number of members of the Georgia Medical Authority from fifteen (15) to seven (7). Additionally, it specifies that the Governor will appoint two members in 2005, and three members in 2006, with subsequent appointments quadrennially thereafter. The Speaker of the House of Representatives must appoint one member in 2005, with subsequent appointments quadrennially thereafter.

New language allows the members to be eligible for reappointment, and language requiring appointees to have been a resident of Georgia for at least two years and be at least 21 years of age is deleted.

Persons appointed prior to July 1, 2005 and serving for terms to expire in 2006 will continue to serve for the remainder of the terms to which they were appointed.

Chairman Thomas, 54th, recognizes Whitehead, 24th, author of the bill to speak—We are passing out the substitute to SB-186. This is just a change in Administrative provision for the

Georgia Medical Center Authority in Augusta, Georgia and I will read over the changes to the committee.

With no questions and no opposition to the bill, motion was made by Unterman, 45th, to ***DO PASS BY SUBSTITUTE*** and seconded by Grant, 25th.

SB-186 DO PASS BY SUBSTITUTE

SB-243 (Goggans, 7th): Relatin to general provisions relative to services for the aging.

This bill directs the Division of Aging (Division) within the department of Human Resources in coordination with the area agencies on aging and other private and nonprofit organizations to develop a strategy for disseminating information to the public concerning the availability of pharmaceutical assistance programs and for training senior citizen volunteers to assist in completing applications for pharmaceutical assistance programs and pharmaceutical discount purchasing cards. Additionally, the division must establish and maintain a website to provide the dissemination of information as required in this newly created Code section.

Finally the Division on Aging Services must report to the governor and the general assembly no later than October 30, 2005, on the feasibility of developing a single application form for citizens to use to seek eligibility for existing pharmaceutical assistance programs and pharmaceutical discount purchasing cards. The director of the Division of Aging Services may appoint an advisory task force of stakeholders to assist the department in meeting the requirements of this newly-created Code section.

Chairman Thomas, 54th, recognizes author of the bill, Goggans, 7th, to speak—I come today to urge your favorable consideration to the substitute to SB-243 and as I presented yesterday on the floor SB-112 having to do with long-term care and trying to improve the health care of the citizens of this state as well as save on Medicaid dollars. This is not an issue that we want to bring up but, prescription drugs are extremely expensive and we hear stories where these citizens are deciding whether to take their medicine or buy food to put on the table. There are a lot of those out there that are truly needy. We have ways to be able to get these medicines to these people but it is not being utilized. I will get back to that issue. But, what we want to do, there are pharmaceutical companies out there that are willing to donate tremendous amounts of money. You read where we've had the prescription card, federal state different prescription cards. They are very confusing and quite often a lot of people will not utilize this because they do not understand where they need to go to sign up, where they can get this form. This is what we want to do with this bill. The Division of Aging Services with the DHR will develop a strategy and coordination with area agencies of aging and other private non-profit organizations putting assimilating information into the public concerns availability of pharmaceutical assistant programs and discount cards. This will also be for training senior citizen volunteers to assist in completing these applications for

pharmaceutical assistant programs. What it will do is develop and maintain a web site. It will establish and maintain a toll-free number. It will encourage pharmaceutical manufacturers to include applications for these discount drugs on the web sites and is going to train senior citizen volunteers to assist in completing these applications and finally the Division of Aging Services—we are going to ask them to report to the Governor and the General Assembly no later than October 30th, 2005, on the feasibility of developing one single application form for all citizens of this state to use to seek eligibility for existing pharmaceutical assistance programs. We encourage this to be done by working with all the pharmaceutical companies, getting their applications and putting this together. My goal is to aide the poor and disabled to receive free and reduced drugs and at the same time we want to try and continue to save our Medicaid program so that those who truly need our program are going to be there for us. This is good for the citizens of the state. There is already a group in the state that is doing this and it is called Georgia Cares. They have been doing this program that we are talking about.

They have a toll-free number. This is nothing that will require extra funding for. What this is going to do will make this law that will have to continue, we don't want for some reason for this to discontinue because this is such a vital part of those that need this medication. Those who are doing right now are doing a tremendous job.

Chairman Thomas, 54th, recognizes Melanie McNeil with the Georgia Council on Aging to speak—Georgia Care is a program, on Commission Aging Services. It has been out for about three years. It saves seniors a tremendous amount of money. One thing we would ask you to do is consider putting into the bill the name “Georgia Cares” since we already have that program going. That is already identifiable to Georgia seniors already.

Chairman Thomas, 54th, recognizes Kim Raymond, Senior Citizens Advocacy Project to speak.—I am familiar with the Georgia Cares program and it is an excellent program. We recommend it seniors. We feel that this bill going to codify it into law, it would be wonderful.

Chairman Thomas, 54th, asked if anyone else wished to speak—If not, we are ready for a motion. Henson, 41st, moved to do pass and second by butler, 55th, to **DO PASS BY SUBSTITUTE**—Vote was unanimous.

[SB-243 DO PASS BY SUBSTITUTE](#)

[SR-194 \(Miles, 43rd\): Encouraging the Department of Human Resources to adopt an anti-clustering policy with respect to personal care homes and community living arrangement facilities and community living arrangement facilities to the Georgia Department of Human Resources \(DHR\) such that counties are not responsible for the licensing or oversight of these homes or facilities.](#)

Whereas because the governing authority of Dekalb County desires to promote the social integration of occupants of personal care homes and community living arrangement facilities located within the county, consistent with the policies underlying state and federal law with respect to persons who are physically and developmentally disabled, DHR is urged to designate a departmental liaison to meet at least twice a year with the Dekalb County Task Force on Personal Care Homes to discuss issues and concerns regarding the care and management of these homes and facilities.

Chairman Thomas, 54th, recognizes Sharon Dougherty with DHR to speak. Chairman Thomas speaks—We have heard this before and they have got to do some work on the bill between Dekalb County and DHR and probably the County Commissioners because it is a local concern of theirs and a very valid one, I think. It also, as we see it written, will affect the whole state. What I had asked them to do at the last meeting was to get with DHR and the County Commissioners and get something worked on it. We did have it on the agenda. If anyone else wishes to speak on it, we will hear it at this time, otherwise we will adjourn.

SR-194 NO ACTION TAKEN

With no further business, the meeting adjourned at 1:45 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Friday, March 15th, 2005

The Senate Health and Human Services Committee held its first meeting of the 2005 Session on Friday, March 15th, in Room 450 Capitol. Chairman Don Thomas called the meeting to order at 3:30 p.m. Members present at the meeting were as follows:

Senator Thomas-54th, Chairman
Senator Unterman, 45th, Vice-Chair
Senator Goggans, 7th, Secretary
Senator Balfour, 9th
Senator Butler, 55th

Senator Grant, 25th
Senator Hill, 32nd
Senator Henson, 41st
Senator Smith, 52nd
Senator Tate, 38th

The following bills were discussed:

HB-392 (Representative Brown, 69th): Relating to Quality Assessment Fees on Care Management Organizations.

This bill establishes a quality assessment fee to be assessed uniformly upon specified care management organizations in an amount determined by the department of Community Health and paid quarterly by the organization. The amount will be based on anticipated revenue estimates included in the state budget report, with respect to its gross direct premiums for the preceding quarter.

The revenue raised by this newly-created article will be deposited into a segregated account within the Indigent Care Trust Fund. Such funds will be dedicated and used for the sole purpose of obtaining federal financial participations for medical assistance payments to one or more providers.

Chairman Thomas, 54th, recognizes Williams, 19th, to speak on behalf of the author, Brown, 69th. This bill simply allows the case management organizations (the department) to assess fees on the case management organizations so that we can use that money to draw down payments. Chairman Thomas, 54th, asked if any questions - with no questions, Chairman asked for motion – Goggans, 7th, made motion to DO PASS and second by Grant, 25th, to DO PASS. Vote was unanimous. It was noted that this bill will be carried in the Senate by Senator Tommie Williams, 19th.

HB-392 DO PASS

HB-246 (Representative Graves, 137th): Relating to Electronically transmitted Drug Orders

This bill provides that prescriptions transmitted electronically from a practitioner to a pharmacist may not be compromised by “Unauthorized” interventions, control, change,

altering, manipulation, or accessing patient record information by anyone between the time after the practitioner has electronically sent the drug order and such order has been received by the pharmacy. “Unauthorized” interventions, controls, change, altering, or accessing patient record information does not include electronic formatting or reconfiguring of data for the purposes of integrating into and between computer systems of practitioners and pharmacists.

Chairman Thomas, 54th, recognizes Representative Graves, 137th to speak – HB-246 is a simple clarification from last year when we did the electronic prescribing bill last year. In it said that it couldn’t be any interventions. What has happened is, once they come from the physicians office to across the computer, sometimes it left a little bit of manipulation so that if your computer system has a first name last, they send to you last name first, all this does is put it in the right slot. All this does is lets you know that unauthorized prevention does not include putting those things for electronic format where we can continue in data for physician for prescribers handheld to a dispensing pharmacist computer just to put in the right data field that is all it does.

Chairman Thomas, 54th, asked for motion – motion made by Grant, 25th, to DO APSS and second by Balfour, 9th, to *DO PASS*. Vote was unanimous. It was noted that Goggans, 7th, would carry HB-246 in the Senate.

[HB-246 DO PASS](#)

[HB-266 \(Representative Wilkinson, 52nd\): Relating to the Authority of the Board of Chiropractic Examiners Relating to Records of Licenses.](#)

This bill provides authority to the board of Chiropractic Examiners to expunge or delete from the disciplinary records of licenses advertising violations that are not defined in the board’s rules as immoral and unprofessional conduct or relating to reasonable care and skill in the treatment of a patient.

Chairman Thomas, 54th, recognizes Representative Wilkinson, 52nd, to speak – we are working on a Substitute for this bill. This is very basic and was requested by the Chiropractic Board. The first portion that would change regards where years ago where Chiropractors who had an offense with the advertising they were disciplined and should have been just a private disciplinary action but as a result at what took place a number of these folks were not allowed to get into managed care programs. They have asked that we correct that, and that is in line with other boards. The other thing that they asked us to put in that is on nine (9) other boards, it allows the words, on reasonable grounds for the licensee to submit to a mental or physical exam in terms of practice.

Chairman Thomas, 54th, recognizes Smith, 52nd, for question – Does this apply to people who have graduated from school which retrospectively are not credited and approved by the Board? In other words, if I have a diploma or degree that is subsequent to my degree found

to be not approved by the Composite State Board does that apply here? Representative Wilkinson, 52nd, responded to question – No, this is strictly for advertising violations. We passed it last year but the Governor felt it was not tight enough and he vetoed it and so we came back to specifically said just for advertising violation. It still has unprofessional conduct, etc., but it's just simply for advertising.

Motion was made by Henson, 41st, to DO PASS and second by Unterman, 45th, to DO PASS. Vote was unanimous. It was noted that Unterman, 45th would carry in the Senate.

HB-266 DO PASS BY SUBSTITUTE

HB-608 (Representative Reece, 27th) Relating to License Requirements for the Practice of Medicine.

This bill changes the license requirements for graduates of medical or osteopathic colleges which are not approved by the Composite State Board of Medical Examiners (Board). Such candidates will have to complete three years of internship, residency, fellowship, or other postgraduate medical training that is approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or board to be eligible for a license to practice medicine in Georgia. Additionally, current certification of any applicant by a member board of the American Board of Medical Specialties may be considered by the board as evidence that such applicant's postgraduate medical training has satisfied the requirements.

Chairman Thomas, 54th, recognizes the author of the bill, Representative Reece, 27th, to speak – This is a very simple bill. It allows that boards going through the certification process can allow the term fellowship to be included in along with residency and internship. Right now the Georgia law, anyone that has served a fellowship is not being considered by the Board of Medical Examiners and this would be a good opportunity for an additional piece of criteria to be able to do that. I also understand that there is an amendment to this bill that is being brought out to accommodate a bill that Representative Don Parsons was not able to get over here in time. Some discussion followed. Unterman, 45th, recognized for question – and Representative Reece responded – Yes, this amendment is offered by Representative Parsons and I apologize for this, it was basically handed to me as I went through the door to come to the meeting. Would it be possible to allow Mr. Rusty Kidd to explain this?

Chairman Thomas recognizes Rusty Kidd to speak. This bill, HB-288 passed the House Committee and made it through Rules. He continues to explain the bill. Chairman Thomas, 54th, asked if any questions and Unterman, 45th, recognized for question directed to Rusty Kidd and he responded. With no more questions, Chairman Thomas asked for motion and motion was made by Unterman, 45th, to DO PASS BY SUBSTITUTE and was seconded by Henson, 41st. Henson, 41st, was recognized for question – Is the Medical Examining Board

okay with this? Rusty Kidd responds – Yes, and MAD is okay with it also. Vote was unanimous. Senator Preston Smith, 52nd, will carry in the Senate.

HB-608 DO PASS BY SUBSTITUTE

HB-467 (Heard, 104th): Relating to Uniform Grading of Food Service Establishments.

This bill requires the Department of Human Resources (Department) to establish a uniform grading sheet for inspecting food serve establishments for the purpose of meeting the standards created by the department. The grading sheet must be in use, statewide, no later than January 1, 2006.

Chairman Thomas, 54th, recognizes the author of the bill, Representative Heard, 104th, to speak. Mr. Chairman, I have another one of those very simple bills. It came to my attention by the Audits Department back in 2002; they had done an audit of the Department of Human Resources and discovered that the grading criteria for restaurants vary from county to county across the state. They made a recommendation at that time to the department of which nothing was basically done and did a subsequent audit in 2004 and at that time nothing had been accomplished again. So the Audit Department brought this to me and I have produced the legislation to prescribe for a state-wide rating criteria for restaurant so id you go in a restaurant in Gwinnett County the grade would be the same as it is in Chatham County or any other county.

Henson recognized for questions – Could you break it down and do supplemental id you want to do supplemental – There are no rules and regulations that each county can do that. Representative heard responds – They can so supplemental and I see here on the sheet that – I thought an amendment had been made and it has not and I would ask that the committee consider amending this bill slightly. The purpose of the underline verbiage is to get a uniform rating sheet for the entire county. Discussion led as to whether there should be amendment made to the bill.

Representative Heard read lines 24 and 25 again. The way it should read is – starting with promulgated by the department and may provide a supplemental inspection sheet which may supplement the state-wide inspection sheet but shall not replace the state-wide grading sheet, or affect the inspection grade.

Henson, 41st, recognized for question – Right now the state is going to have a state-wide grading sheet – will there be a state-wide inspection sheet? Representative Heard responds – They can inspect on alternative categories if they so choose. Henson again asked – Is there a state-wide inspection sheet? Representative Heard responds – I believe there is, yes. What I have just read to you comes from the department as their recommendations to clean it up. The purpose is to get a state-wide consistent grade and then the supplemental inspection such as; if there is an issue of something particular to that county, they want to have a more

thorough inspection in a given county that they would another but that would not reflect on a state-wide grading sheet. Discussion led between Henson, 41st, and Representative Heard.

Chairman Thomas, 54th, recognizes Jeff Perry with the Department of Human Resources to speak – These rules and regulations were originally written, which we operate under now, there was not included a state-wide inspection sheet or rating sheet at that time. Over a period of time, counties have created their own. We do have a form in place but it was not inserted as part of the rules, it will in the future. We have proposals and regulations that will come before our board very soon. But, the problem is that we have numerous inspection sheets out there presently. What we would like to see is a new form inspection sheet or rating sheet that all counties would use. Chairman Thomas, 54th speaks – What we need is an amendment that does just that, does anybody have it?

Butler, 55th, recognized for question – Inspection sheet and grading sheet, is that one. Jeff Perry responds – They are one, the inspection form that has a grade posted on it. It is agreed that the bill itself says just that.

Representative Heard, 104th, recognized to speak – So this is written exactly as that. Committee agrees that the bill does not need an amendment and that it is written exactly to say what is needed. It does not need amendment or changes.

Unterman, 45th, made the motion to DO PASS HB-467 as written and second by Hill 32nd. The vote was unanimous. It was noted that Senator John Douglas, 17th, will carry on the Senate Floor.

[HB-467 DO PASS](#)

[HB-390 \(Representative Scott, 153rd\): Relating to the State Commission on the Efficacy of the Certificate of Need Program.](#)

This bill creates the State commission on the Efficacy of the Certificate of Need Program composed of 11 members. The governor will make four appointments, the President Pro Tempore of the Senate and the speaker of the House of Representatives will make two appointments each, and the remaining members that will serve as ex-officio members include: The chairpersons of the Board of Community Health and the Health Strategies Council; and the Commissioner of the Department of Community Health. Staff for the commission must issue a final report with any proposed legislation no later than June 30, 2007, when the commission will be repealed.

Chairman Thomas, 54th, recognizes the author of the bill, Representative Scott, 153rd, to speak and he goes over the bill and explains the purpose of the bill.

Unterman, 45^h, recognized for question directed to Representative Scott – Why is it that it will expire no later than June 30, 2007, does that mean we won't have any legislation ready

for 2006? Representative Scott responds to question – Not necessarily, that date was put in there by the Governor’s Office. Henson, 41st, recognized to speak – This has been a controversial topic for years. Has any group come to you about this bill? Representative Scott responds to question – This came from the Governor’s office. There were discussions at the start of the year about significant changes to the Certificate of Need. One of the concerns is making sure that if you do alter Certificate of Need law in the process that mechanisms are in place for the changes. The Governor’s Office and I agree with them completely, that if we make changes to it, it will be normally processed. We may see areas where laws need to be strengthened and we may see areas where the laws need to be relaxed. Unterman, 45th, recognized to speak – discussion followed.

Motion was made by Unterman, 45th, DO PASS and second by Grant, 25th, to DO PASS HB-390. Vote was unanimous. Senator John Wiles will carry on the Senate floor.

HB-390 DO PASS

HB-309 (Representative Forster, 3rd): To correct the Names of Certain House and Senate Committees:

This bill updates various references made to the House Committee on Health and Ecology by changing the committee’s name to the Health and Human Services Committee of the House of Representatives. Additionally, the bill updates reference to the Senate Committee on Youth, Aging, and Human Ecology, to the Senate Committee on Health and Human Services.

Chairman Thomas, 54th, recognizes author of the bill, Representative Forster, 3rd, to speak. This is purely typographical, I noticed that the Health and Human Services Committee was called Health and Ecology so I had the Administrative Council go through the entire code and replace every where it said Health and Ecology with Health and Human Services just to be correct and that is all this bill does.

Chairman Thomas, 54th, recognizes Smith, 52nd, to speak - I would like to make one suggestion on Page 5 line 26 to strike the words the President of the Senate and insert in lieu there of the words Senate Committee on assignments. Smith, 52nd, moves to amend and second by Hill, 32nd, to HB-309 with 3 Nay votes to the amendment; the Nays were: Tate, 38th, Butler, 55th, and Henson, 41st. Majority vote carried. Smith, 52nd, recognized to speak – I also have a question to alter about whether that same thing is appropriate on Page 3, Section 3, Line 15. I also move that we amend the bill by changing on Page 3, Line 15 the words President of the Senate and insert Senate Committee on assignments. Motion made by Smith, 52nd, and second by Unterman, 45th. Smith, 52nd, moves to DO PASS AS AMENDED. Senator Goggans, 7th, will call HB-309 on the Senate floor.

HB-309 DO PASS BY SUBSTITUTE

HB-643 (Representative Sheldon, 105th): The Georgia Long-Term Care Partnership Program Act.

The bill creates the Georgia Long-Term Care Partnership Program to be administered by the Department of Human Resources along with the assistance of the Commissioner of Insurance. The purpose of the program is to provide incentives for individuals to insure against the costs of their long-term care needs.

The Department is directed to amend the state Medicaid program to allow for “asset disregard” by counting insurance benefits paid for covered services under the Georgia Long-term Care Partnership Program for purchasers of an approved program policy toward asset disregard. Upon the exhaustion of benefits or the diminishment of assets below the anticipated remaining benefits under a program-approved policy, certain assets may not be considered when determining; Medicaid eligibility; Medicaid payment amounts; and any subsequent recovery by the state of a payment for medical services.

“Asset disregard” means the total assets an individual owns and may retain upon application for the state Medicaid program and still qualify for benefits if the individual is the beneficiary of a Georgia Long Term Care Partnership Program approved policy and has exhausted the benefits of the policy or has diminished such assets below anticipated remaining policy benefits.

Provisions in the bill become effective 60 days after the effective date of the repeal of the restrictions to asset protection contained in the federal Omnibus Budget Reconciliation Act of 1993.

Chairman Thomas, 54th, recognizes Goggans, 7th, who will be representing the bill for the author, Representative Sheldon, 105th, to speak. This House bill is exactly the same Senate Bill that we passed out of Committee and Senate, SB-112 which established the Georgia Long-Term Care Partnership Act. No language has been changed. Chairman Thomas, 54th, asked if any question – There was none- Chairman Thomas, 54th, speaks – Looks like we have about 4 people signed up to speak and asked to please speak briefly. He recognizes Michael Waldrip to speak. I want to thank Senator Goggans for carrying SB-112 in this committee getting it out earlier. This program will provide private individuals to buy private long-term care insurance instead of winding up on Medicaid. It is a good bill that passed out of here that Senate Version and I just encourage you to pass the bill.

Chairman Thomas, 54th, recognizes Martha Eaves, Georgia Council on Aging to speak – This is one of those win, win situations. It is a win for the State of Georgia, and it is a win for the people who buy insurance.

Chairman Thomas, 54th, recognizes Kim Raymond with SCAP to speak – We are in support of the bill.

Chairman Thomas, 54th, recognizes Tom Bauer, Home Association of the Home Services and Aging. We support the bill. I would never disagree with my friend; she is always articulate with her positions.

Chairman Thomas, 54th, is ready for a motion. Grant, 25th, moves to DO PASS and second by Hill, 32nd. Vote was unanimous.

HB-643 DO PASS

HB-394 (Representative Walker, 107th): Regarding Protection and Care of disabled Adults and Elder Persons

This bill, relating to the protection of disabled adults and elder persons, changes the definition of “Director” from meaning the director of the county department of family and children services to meaning the Director of the Division of Aging Services of the Department of Human Resources. In effect, reports of disabled adults or elderly persons needing protective services must be investigated by the Director of Division of Aging Services.

Chairman Thomas, 54th, recognizes author of the bill, Representative Walker, 107th, to speak. I bring you HB-394 by Committee Substitute. We amend the disabled adults and elderly persons protection act. This particular legislation is essential to the Division of Aging Services. He continues to explain the bill and the explanation of the changes to the committee. HB-394 by committee substitute combines the legislation. HB-500 was the bill that would put into place the guardian of last resorts or public guardian. Unfortunately, that HB-500 which is a part of the FY '06 House budget is being funded and for some reason it did not get out of House Rules and HB 394 did, and so HB-394 and HB-500 are put together because both bills are needed in order for this department transfer to take place. It has the support of DHR and the Administration. It has the support of the Long-Term Care Omnibus program and additionally the guardian last resort bill has the support of the Council of the Probate Judges. Under the Division of Aging Services the State Agency directed and manages APS programs for the first time. Additionally, APS staff performs 100% of APS duties and they also, by virtue of this legislation, have a regional approach to coverage instead of the county based structure which is right now in place. Therefore, HB-394, by committee substitute, removes County DFACS Directors from the investigational responsibilities or mandates and removes them from the guardian of last resort responsibility also. I have handouts that give you some of the features of HB-394. DHR has them available to you. HB-5000 passed the House Judiciary with a unanimous vote last Tuesday, and we believe this substitute will complete the APS transfer as has been requested by the department. It will assist incapacitated adults who have no family, no friends, have no other individual who might serves as their guardian. Mr. Chairman and members of the

committee, I respectfully ask your favorable consideration of HB-394 by committee substitute.

Chairman Thomas, 54th, recognizes Gina Simpson, Deputy Commissioner with DHR to speak – We started out with HB-394. We know it has a legal component to it; public guardianship, so we broke it out to HB-500. That was in Judiciary in two step committee meeting, we had weight from Probate Judge pro-age on both. We had 100% support of it with the new concept. Last week it passed committee and we kind of got in a crunch time frame on Rules so we all decided the best thing was to put it on with this and that is why it is here. It has been through two sub-committees there. It is really moving Adult Protective Services from the Division of Family and Children Services to the Division of Aging which is still in DHR.

Chairman Thomas, 54th, recognizes, Smith, 52nd, to speak – I have a question on Page 9, Section 7, line 16 with suggestions to add working to the bill. Doris Clanton, DHR Legal Division responds.

Chairman Thomas, 54th, recognizes Unterman, 45th, to speak –discussion by Hill, 3^{2nd}, Goggans, 7th, and Unterman, 45th led.

Chairman Thomas, 54th, recognized person from audience, Kwadjo Boatey, Christian Scientist to speak. Wanted to know if they would consider the option of a physician, Social Services may include treatment by religious non medical means for physical and mental well being in accordance with the person's health care practices.

Butler, 55th, recognized and directed question to Kwadjo Boatney and he responds.

(Hill, 32nd, leaves at this time for another meeting 4:30 p.m.)

Henson, 41st, recognized and speaks briefly.

Motion was made by Unterman, 45th, to DO PASS BY SUBSTITUTE and second by Henson, 41st. Vote was unanimous.

HB-394 DO PASS BY SUBSTITUTE

With no further business, the meeting adjourned at 4:45 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, Secretary

/s/ Barbara Landrum, Recording Secretary