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2008 Session**

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RULES

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

2008

1. Quorum of the Committee shall be seven (7) members.
2. The Chairman shall determine the agenda of the bills and resolutions to be considered and the order in which such are 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 Tuesday, February 12, 2008

The Senate Health and Human Services Committee held its first meeting of the 2008 Session on Tuesday, February 12, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 4:07 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Judson Hill, 32 nd
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th
Senator David Adelman, 42 nd	Senator Preston Smith, 52 nd
Senator Don Balfour, 9 th	Senator David Shafer, 48 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Joseph Carter, 13 th , Ex-Officio	Senator Horacena Tate, 38 th
Senator Johnny Grant, 25 th	Senator John Wiles, 37 th
Senator Lee Hawkins, 49 th	
Senator Steven Henson, 41 st	

Note: Sen. Unterman was absent from the meeting

Chairman Thomas called the meeting to order adopt the Committee rules which were unanimously adopted. The following bills and resolutions were discussed:

SB 341 (Hawkins, Lee 49th) Council on Aging; assign additional duties; produce a report; appointment of advisory committees

Sen. Hawkins, 49th, presented SB 341 which seeks to address Georgia's expanding aging population by assigning additional duties to the Council on Aging, such as the preparation of the written report entitled Project 2020: Georgia for a Lifetime. As part of the report, the Council would research and provide recommendations regarding:

- State policies concerning older adults and state agencies' readiness for the expanding, aging population;
- The projected impact that Georgia's increasing, aging population will have on health, protection, safety, housing, transportation, employment, care giving, education, the economy, access to services, volunteerism, legal and financial preparedness, and social and recreational resources;
- The implementation of any policies, procedures, and programs to respond to the needs and impact of the aging population relating to the above-mentioned areas;
- Ways to increase community and governmental understanding of the current and future needs of the aging population and to increase readiness and preparedness for an aging Georgia;
- Ways to facilitate the communication and coordination of public and private entities as they plan for the growing, aging population;
- Programs and initiatives that other states have implemented to address the needs of the aging population and to engage older adults as volunteers and mentors; and
- Methods to provide a forum for public comment on planning issues relating to the aging population.

In preparing its report, the Council may hire experts, appoint advisory committees, and receive testimony from key leaders in various areas relating to the aging population.

In addition, the Council would be authorized to call upon any state department or agency for assistance and to apply for any applicable public or private grants. The Council must provide an interim progress report on the status of its final report to the Governor, President of the Senate, and Speaker of the House by December 15, 2009, and complete the final report no later than December 15, 2010. Finally, this legislation would become effective on July 1, 2008, only if funds are specifically appropriated. **Melanie McNeil**, Executive Director of the Georgia Council on Aging, spoke in support of the bill. Sen. Orrock, 36th, moved **SB 341 DO PASS**. Sen. Smith, 52nd, seconded the motion. SB 341 passed unanimously 14-0.

SB 341 DO PASS

Note: Sen. Judson Hill, 32nd, left the meeting.

SB 402 (Williams, Tommie 19th) Georgia Coordinating Council for Rural and Human Services Transportation; establish; provide for membership, meetings, expenses

Sen. Williams, 19th, presented a Substitute to SB 402 which would coordinate programs that provide rural and human service transportation services across the state through the creation of the Georgia Coordinating Council for Rural and Human Services Transportation which would be composed of the State School Superintendent and the Commissioners of the Department of Transportation, Department of Human Resources, Department of Community Health, and Department of Labor. The Commissioner of DOT would serve as Chairperson of the Council. The Council's objectives would be to examine the way in which transportation services are provided by the agencies represented on the Council, which would include:

- Analyzing all programs administered by participating agencies, including capital and operating costs and overlapping services among programs;
- Examining the means by which transportation services are coordinated among state, local, and federal funding sources, and any limitations imposed by such funding sources;
- Examining the means by which capital and operating costs for transportation could be combined or shared among agencies;
- Analyzing efforts to coordinate rural and human services transportation in other states;
- Analyzing how agency programs interact with and impact state, local, or regional transportation services performed on behalf of the general public; and
- Evaluating potential cost sharing opportunities available for clients so as to maximize the efficiency of delivery services.

The Council would provide a report with specific recommendations to the Governor and the General Assembly by December 31 of each year with each recommendation also including its cost implications and its impact on client services. **Tom Bauer**, representing the Georgia Transit Association was in attendance to speak in support of the bill.

Sen. Henson, 41st, moved ***SB 402 DO PASS BY SUBSTITUTE***. Sen. Orrock, 36th, seconded the motion. SB 402 passed unanimously 13-0.

SB 402 DO PASS BY SUBSTITUTE

SB 363 (Hawkins, Lee 49th) Dentists/Dental Hygienists; provide advanced dental education programs; revisions

Sen. Hawkins, 49th, presented SB 363, which clarifies that the Commission of Dental Accreditation (CODA) accredits dental education programs in dental schools accredited by the Department of Education or hospitals by the Joint Commission. This legislation would amend Code provisions relating to dentists and dental hygienists because current law incorrectly provides that the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) accredits dental schools and universities. This legislation clarifies that CODA accredits *dental education programs* in dental schools that are accredited by the Department of Education or in hospitals accredited by the Joint Commission.

This legislation also revises provisions concerning reciprocity with other states for a dental teacher's or instructor's license. Applicants who have received a doctoral degree in dentistry from an unaccredited dental school must comply with the following requirements to be eligible for such license in Georgia:

1. Successful completion at an accredited dental school of the last two years of a program leading to a D.D.S. (doctor of dental surgery) or D.M.D. (doctor of dental medicine) degree;
2. Successful completion at an accredited dental school of at least a two-year advanced dental education program in one of the dental specialties recognized by the ADA or in an advanced dental education program in general dentistry; or
3. Successful completion at an accredited dental school of at least two one-year advanced dental education programs in operative dentistry or general dentistry which are accredited by CODA; and
4. Certification by the dean of the accredited dental school where such supplemental program was taken that the candidate achieved the same level of competency as expected of a graduate of the school receiving a D.D.S. or D.M.D. degree.

Martha Phillips, Executive Director of the Georgia Dental Association, spoke in favor of the bill. After much discussion, the committee tabled SB 363 until the next meeting.

SB 363 TABLED

Note: Sen. Hawkins, 49th, left the meeting.

SB 423 (Grant, Johnny 25th) Mental Illness; prohibit the use of prior authorization; medications prescribed for patients under Medicaid fee for service program

Sen. Grant, 25th, presented **SB 423** under which prior authorization would not be required for antipsychotic medications prescribed to patients enrolled in a Medicaid fee-for-service program who are being treated for mental illnesses such as bipolar disorder and schizophrenia. Sen. Grant made clear that express authorization of the prescribing practitioner would be required before the substitution of an antipsychotic medication may occur. **Jerry Dubberly**, DCH Pharmacy Director for the Department of Community Health spoke in opposition to the bill. **Ellen Jaeger**, MHA GA, **Lasa Joiner**, GA Psychiatric Physicians Association, and **Howard Maziar**, MD, spoke in favor of the legislation. After much deliberation, Sen. Balfour, 9th, moved that **SB 423 DO PASS**. Sen. Smith, 52nd, seconded the motion. SB 423 passed by a vote of 11 to 1, with Sen. Shafer, 48th, casting one dissenting vote.

SB 423 DO PASS

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

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 14, 2008

The Senate Health and Human Services Committee held its second meeting of the 2008 Session on Tuesday, February 14, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:07 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice-Chair	Senator Steve Henson, 41 st
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th , Ex-Officio
Senator Don Balfour, 9 th	Senator David Shafer, 48 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Joseph Carter, 13 th , Ex-Officio	Senator Horacena Tate, 38 th
Senator Johnny Grant, 25 th	Senator John Wiles, 37 th

Note: Senators Adelman, 42nd, and Hill, 32nd, were absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

[SB 395](#) (Goggans, Greg 7th) Indigent/Elderly Patients; establish safety net clinic grant program; provide definitions; purpose; eligibility; requirements

Sen. Goggans, 7th, presented **SB 395**, which would seek to establish a grant program designed to help primary care and dental clinics provide non-emergency healthcare and dental services to uninsured and indigent patients during peak emergency room (ER) times. The goal of this program, which would be administered by the Department of Community Health (DCH), is to reduce the number of ER visits by uninsured patients by shifting non-emergency medical services to lower cost primary care clinics serving as safety net clinics, and to provide access to affordable dental care. **Pat Kota**, Coastal Medical Project, **Gary Colberg**, SE Georgia Health System, and **Mark Wilson**, Langdale Industries, all testified in favor of this bill. Sen. Shafer, 48th, moved **SB 395 DO PASS**. Sen. Wiles, 37th, seconded the motion. This bill passed unanimously 12-0.

[SB 395 DO PASS](#)

[SB 363](#) (Hawkins, Lee 49th) Dentists/Dental Hygienists; provide advanced dental education programs; revisions

Sen. Hawkins, 49th, brought **SB 363** before the committee again after it was tabled at the last meeting to work out some issues. Sen. Shafer still had some problems with the language. **Martha Phillips**, GA Dental Association, testified in favor of the bill again. Sen. Smith, 52nd, moved **SB 363 DO PASS**. Sen. Henson, 41st, seconded the motion. The bill passed 11 to 1 with Sen. Shafer, 48th, casting the one dissenting vote.

[SB 363 DO PASS](#)

SB 381 (Weber, Dan 40th) No Heartbeat Act; registration and certificates of birth; change certain provisions; provide for a definition

Sen. Weber, 40th, presented **SB 381**, which would allow the parent of a stillborn child to request a certificate of birth resulting in stillbirth from the Office of Vital Records, in addition to the fetal death certificate. The county department of health would be required to issue the birth certificate within 60 days of the request and they must contain the following information:

- The date of the stillbirth, the county in which it occurred, and the place of delivery;
- The name and gender of the stillborn child as provided on the fetal death certificate; or, if there is no name, “baby girl” or “baby boy” and the last name of the parents;
- Residence of the mother;
- Attendant at delivery;
- Weight and gestational age at delivery;
- The mother’s and father’s names;
- Time of delivery;
- Type of delivery, such as single, twin, or triplet;
- The state file number of the fetal death certificate; and,
- The statement, “This certificate is not proof of a live birth.”

Erin Dickerson, parent of a stillborn son, James Dickerson, testified in favor of the legislation because tangible mementos offer proof of existence for parents grieving the loss of someone they loved. Sen. Hawkins, 49th, moved **SB 381 DO PASS**. Sen. Wiles, 37th, seconded the motion. The bill passed unanimously 12 to 0.

SB 381 DO PASS

SB 331 (Thomas, Regina 2nd) Commission for the Blind and the Visually Impaired Act; create

Sen. Regina Thomas, 2nd, presented **SB 331** which would establish and authorize a coordinated statewide program designed to maximize employment opportunities and increase the independence of individuals who are blind or visually impaired. This legislation would create the Commission for the Blind and Visually Impaired, to be composed of five members, a majority of whom are blind or visually impaired, appointed by the Governor. The Governor will consult with consumer groups representing blind or visually impaired persons for recommendations of individuals to be appointed based on knowledge and experience in rehabilitation services for the blind or visually impaired. Marsha Farrow, GA Council of the Blind, Alice Ritchart, McArthur Jarrett and Vincent Martin testified in favor of the legislation. David Singleton, Deputy State Librarian, and Bobby Pack, GA Dept. of Labor Rehab Services, testified against the legislation. Sen. Smith was concerned that this bill was a very large policy shift and might have a large impact on funding. Chairman Thomas placed the bill into subcommittee with Sen. Unterman, 45th, chairing the committee with Senators Thomas, 2nd, Smith, 52nd, and Wiles, 37th, as members.

SB 331 placed in Subcommittee

SB 433 (Williams, Tommie 19th) State Health Planning; provide destination cancer hospitals are subject to certificate of need requirements; provide for penalties

Note: Sen. Balfour arrived.

Sen. Williams, 19th, presented a Substitute to **SB 433** which would change the certificate of need requirements for destination cancer hospitals seeking to commence operations in Georgia. A destination cancer hospital would be required to obtain a certificate of need in order to operate in this state. Further, a certificate of need issued to a destination cancer hospital would authorize all of the beds and all new institutional health services. In an application for a certificate of need, a destination cancer hospital would have to satisfy the following requirements:

- The project can be adequately financed in the immediate and long term future;
- The effects on payors for health services, including governmental payors, are not unreasonable;
- The costs of construction are reasonable and adequate for quality health care;
- The proposed new institutional health service encourages efficient utilization of the facility and meets the clinical needs of health professional training programs;
- The proposed new institutional health service fosters improvements in the financing or delivery of services, promotes health care quality assurance or cost effectiveness, or fosters competition that is shown to lower patient costs without a loss of the quality of care;
- The destination cancer hospital intends to provide charity care equal or greater to 3 percent of its annual adjusted gross revenue;
- The hospital will conduct biomedical or behavioral research projects;
- The hospital will be reasonably financially and physically accessible;
- The new facility will have a positive relationship to the existing health care delivery system and will not be detrimental to existing hospitals within the planning area; and
- The hospital intends to participate in medical staffing workforce development activities.

Additionally, a destination cancer hospital would be required to demonstrate, based on historical data, that its annual patient base will be composed of a minimum of 65 percent of patients who reside outside the state of Georgia. Failure to meet this requirement may result in a fine of up to \$1,000,000. After the hospital commenced operations, it would be required to obtain additional certificates of need in order to add any additional new institutional health services, provided that the hospital's patient base is composed of at least 65 percent of out-of-state patients for two consecutive years. If the hospital cannot show a patient base of a minimum of 65 percent out-of-state patients, its new application would be evaluated under the rules applicable for that particular service. Because destination cancer hospitals provide services primarily to out-of-state patients, the number of beds, services, and equipment such hospitals use would not be counted as part of the DCH's inventory when determining the need for those items by other providers. Destination cancer hospitals that are granted a certificate of need would also be required to provide uncompensated indigent or charity care for residents of Georgia equal to at least 3 percent of the hospital's annual adjusted gross revenues. **Leo Rickert**, GA Alliance of Community Hospital, spoke in opposition to the bill. **Clyde Reese**, GA Department of Community Health, spoke to the legislation but remained neutral. **Judy Chapman, Jim Birchfield, and Dr. Ed Stearnes** spoke

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in favor of the legislation on behalf of Cancer Treatment Centers of America. After much discussion, Sen. Smith, 52nd, moved ***SB 433 DO PASS BY SUBSTITUTE***. Sen. Unterman, 45th, seconded the motion. SB 433 passed 8 to 5 with Senators Balfour, Tate, Butler, Orrock and Henson opposed.

SB 433 DO PASS BY SUBSTITUTE

With no further business, Chairman Thomas adjourned the meeting at 4:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, February 21, 2008

The Senate Health and Human Services Committee held its third meeting of the 2008 Session on Thursday, February 21, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:11 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice-Chair	Senator Steve Henson, 41 st
Senator Greg Goggans, 7 th , Secretary	Senator Judson Hill, 32 nd
Senator Don Balfour, 9 th	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Joseph Carter, 13 th , Ex-Officio	Senator Horacena Tate, 38 th

Note: Senators Adelman, Grant, Shafer, and Wiles were absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

SB 404 (Williams, Tommie 19th) Georgia Health Marketplace Act; provide access to health care products for Georgia consumers; provide for definitions; membership; powers

Sen. Williams, 19th, presented a substitute to **SB 404**, which would establish the **Georgia Health Marketplace (GHM)**, an internet portal that would provide consumers with access to the following healthcare products and programs:

- PeachCare for Kids;
- Initiatives developed by the Department of Community Health (DCH) aimed at providing health insurance coverage to employees of small businesses, such as the Health Insurance Partnership;
- Traditional small group or individual health insurance plans sold by licensed Georgia insurers;
- Health Savings Accounts (HSAs);
- Prepaid healthcare services provided directly by a physician that do not require a provider to manage any risk, such as a set number of office visits, annual checkups, immunizations, imaging services, and scheduled services for chronic diseases; and
- Catastrophic coverage products, available for purchase only by individuals ages 18 to 25, or persons who certify in writing that they will open a HSA, within 60 days, in an amount equal to or greater than the annual deductible of the catastrophic coverage policy. An insurer offering catastrophic coverage products must also offer at least one individual accident and sickness insurance policy that contains all state-mandated benefits.

Next, this legislation would create the **Georgia Health Marketplace Authority (Authority)** to operate the GHM. The Authority would be governed by a 10-member board of directors, including: the Executive Director of the Georgia Technology Authority; the Commissioner of DCH; the Commissioner of Insurance; a physician appointed by the Governor; a representative of a licensed health insurance company, a consumer representative, and a healthcare marketing expert appointed by the Lieutenant Governor; and, a licensed insurance agent, a consumer representative, and a hospital administrator appointed by the Speaker of the House. The Authority would be authorized to hire employees, execute contracts, and apply for and receive loans or

grants. The Authority's duties would include: identifying healthcare products that meet the criteria for inclusion in the GHM; receiving proposals from technology vendors to develop and implement technology to operate and maintain the GHM; and developing tools that consumers can use to compare healthcare products, including summaries of deductibles, co-payment requirements, benefits, premiums, and coverage limits. The Authority would also develop a brief questionnaire to allow consumers to obtain instant price quotes for the insurance products, as well as a uniform list of medical underwriting questions for insurance companies to use to medically underwrite policies. Finally, this legislation would also create the **GHM Marketing Trust Fund**, to be administered by the Authority. The Trust Fund would be a separate fund in the state treasury consisting of money appropriated by the General Assembly, fees collected by the Authority from insurance companies for operation of the GHM, and private contributions. State funds appropriated by the General Assembly would not be spent unless the Authority collects matching private funds at a 1:1 ratio. State funds not matched within two years would be returned to the general fund. Funds from the trust fund would only be spent for the purpose of entering into competitive bid contracts for marketing, advertising, and public relations to promote the GHM to Georgians. Sen. Smith asked a clarifying question about effective dates. Chairman Thomas opened the floor for testimony. **Kirk McGee**, GA Association of Health Plans, **Michael Wardrip**, GA Association of Underwriters, and **Ellen Williams**, American Cancer Society, all testified in favor of the legislation. There was no opposition. Sen. Henson, 41st moved **SB 404 DO PASS BY SUBSTITUTE**. Sen. Hawkins, 49th, seconded the motion. SB 404 passed unanimously 11-0.

SB 404 DO PASS BY SUBSTITUTE

Note: Sen. Carter left the meeting.

SB 469 (Harp, Seth 29th) Health; revise definition for personal care home; provide guidelines/oversight of host homes

Sen. Harp, 29th, presented **SB 469**. Current law requires the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD), to establish living arrangements for persons suffering from mental illnesses, addictive diseases, and people with mental retardation and related developmental disabilities. This bill would add "host homes" to the type of living arrangements MHDDAD must establish. "Host home" is defined by this legislation as a private residence within a residential area in which the owner or lessee provides housing and arranges for the provision of food, personal services, and care or treatment for one or two non-related persons who receive financial support through MHDDAD. MHDDAD will contract with community providers for the provision of services and will establish guidelines for and oversight of host homes, including but not limited to the criteria necessary to become a host home and placement procedures. There was testimony in favor of the legislation from **Whitney Fuchs**, SPADD, **Pat Nobbie**, GCDD, **Josh Norris**, GAO, and **Steve Hall**, DHR. Sen. Henson, 41st moved **SB 469 DO PASS**. Sen. Unterman, 45th, seconded the motion. SB 469 passed unanimously 10 to 0.

SB 469 DO PASS

SB 401 (Staton, Cecil 18th) Medical; agency interpretations of rules/regulations/policies shall prevail; investigation of improper payment of claims by health care providers

Sen. Staton, 18th, presented a substitute to **SB 401** which would require all Medicaid providers to execute a statement of participation, or a provider agreement, with the Department of Community Health (DCH). DCH's policies and procedures would be incorporated by reference into the provider agreement and would constitute the terms and conditions of the agreement between the provider and DCH. A provider agreement (including the incorporated provisions) would be enforceable in the same manner as any other business contract. If any agency other than DCH initiated an investigation regarding an alleged improper payment of claims to a Medicaid provider, the agency would be bound by DCH's interpretations of its policies and procedures, so long as such interpretation was previously communicated to the provider under investigation. The outside agency would be prohibited from applying its own interpretation of DCH's rules and regulations or policies and procedures. The provider would be notified in writing that a possible investigation or prosecution for Medicaid fraud has been opened; such notification would be provided prior to notification of the public and fully describe the subject and time period of the investigation. The notice could be waived upon a good faith showing that it would likely result in the destruction of evidence or a substantial impairment of the investigation. The provider would be able to have any claims denied during the time period reviewed by the agency that denied them, and, if such claims were found to have been improperly denied, they would be paid by the agency. At any time during the course of an investigation of a provider for Medicaid fraud, the provider would have the right to petition DCH for a hearing. If, after the hearing, DCH found that the claims were properly submitted or paid according to DCH's interpretations of the rules and regulations or policies in effect at the times the claims were submitted, the claims would no longer be the subject of investigation for fraud. However, a provider's failure to exercise the right to a hearing would not be deemed an admission of fault. Finally, beginning January 1, 2009, upon the request of a provider, any agency responsible for implementing this article or promulgating rules and regulations regarding Medicaid claims payment would be required to issue written advisory opinions clarifying sections of its policy manual and any procedure required for filing or managing claims. Such advisory opinions would be binding to the agency or the party requesting clarification. Further, no later than January 1, 2009, the agency would need to issue rules and regulations regarding the procedure for: applying for and responding to a request for an advisory opinion; the interval in which the agency will respond (a maximum of 60 days); the fee to be charged for requesting an advisory opinion (equal to the costs incurred by the agency in responding to the request); and, the manner in which the opinions will be made available to the public. Senators Smith and Henson asked clarifying questions regarding prior notice of investigation. Chairman Thomas opened the floor to testimony. **Ben Hinson**, Mid GA Ambulance, **Temple Sellers**, GA Hospital Association, and **Donald Palmisano**, Medical Association of Georgia, testified in favor of the legislation. **Harrison Kohler**, Dept. of Community Health, **Jeff Milsteen**, Attorney General's office, and **Charles Richards**, State Law Dept., all testified in opposition to the legislation. After the testimony, there was much discussion between Senators Balfour, Orrock, Hill, and Hawkins regarding concerns of mixing two departments, providing protection to providers, and language interpretation by the courts. Chairman Thomas decided to assign the bill to a subcommittee for further study naming Sen. Hill, 32nd, as Chair with Senators Hawkins, 49th, Henson, 41st, and Smith, 52nd, as members.

SB 401 assigned to Sub Committee

NOTE: Senators Goggans, Unterman, and Tate left the meeting.

SB 490 (Carter, Joseph 13th) State Health; skilled nursing facilities, intermediate care facilities, and intermingled nursing facilities may be allowed to divide; conditions

Sen. Balfour, 9th, presented the bill in the absence of Sen. Carter from the meeting. Basically, with the implementation of this legislation, the Department of Community Health (DCH) would be able to allow a skilled nursing facility, intermediate care facility, or intermingled nursing facility to divide into two or more facilities without obtaining an additional certificate of need if DCH determines that division of the facility is financially feasible and would be consistent with quality patient care. The facility would have to have received prior certificate of need approval or have to have been deemed exempt from certificate of need. The alternate location of the facility must be within the same county; and, the replacement facility could not qualify as an expanded service. There were no questions from the members. **Jon Howell**, GA Health Care Association, testified in favor of the legislation. Sen. Hill, 32nd, moved **SB 490 DO PASS**. Sen. Orrock, 36th, seconded the motion. SB 490 passed unanimously 7 to 0.

SB 490 DO PASS

Note: Sen. Balfour left the meeting and Sen. Tate returned.

SR 788 (Thomas, Don 54th) Brain Injury Related Neurobehavioral Issues; create Senate Study Committee

Chairman Thomas presented a substitute to **SR 788**. Sen. Thomas stated traumatic brain injury is the leading cause of death and disability for Americans under age 45. In fact, the CDC estimates that there are 1.5 million new traumatic brain injuries every year in the U.S., which are primarily caused by car accidents, falls, sports injuries, and violence. In Georgia, there are approximately 187,000 persons who are severely disabled from a brain injury, and 18,700 will require ongoing, long-term intensive care and support for neurobehavioral issues caused by an injury. In 2005, more than 42,000 Georgians with traumatic brain injury were treated and released from emergency rooms, and 6,320 sustained injuries severe enough to warrant hospitalization. Of these people with severe injuries, an estimated 34 percent will be permanently disabled. Moreover, the average lifetime cost of care for a person with moderate to severe brain injury can range from \$600,000 to \$1,875,000, sometimes reaching as high as \$4,000,000 if the injury is very severe. Unfortunately, Georgia does not have a coordinated system of care for persons suffering from neurobehavioral issues resulting from a traumatic brain injury. Because of the lack of sufficient funding and effective services, a large number of Georgians with these types of issues are placed in costly settings such as nursing homes, prisons, and state hospitals. Therefore, this resolution would create the Senate Study Committee on Brain Injury Related Neurobehavioral Issues in Georgia, to be composed of five members of the Senate and four non-legislative members, including: one person or a family member of a person with neurobehavioral issues caused by brain injury; one provider of neurobehavioral services; one member of the Brain and Spinal Injury Trust Fund Commission, and one member from a state agency that provides services to persons with brain injuries. The Committee will undertake a study of the conditions, needs, and problems regarding neurobehavioral issues caused by traumatic brain injury for the purpose of determining the infrastructure and funding necessary to develop and implement a

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coordinated system of care for persons suffering from these types of injuries. There was testimony in favor of the resolution from **Charles Fuller**, parent of a victim, **Susan Johnson**, Shepherd Center, **Cindy Saylor**, family member of a victim, **Samantha Renfro**, family member of a victim, **Maddie McArthy**, family member of a victim, **Catherine Frasier**, parent of a victim, and **Bridget Kelly**, Restore Neurobehavioral Center. There were no questions from the members. Sen. Smith, 52nd, moved **SR 788 DO PASS BY SUBSTITUTE**. Sen. Orrock, 36th, seconded the motion. SR 788 passed unanimously 7 to 0.

SR 788 DO PASS BY SUBSTITUTE

With no further business, Chairman Thomas adjourned the meeting at 3:45 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 26, 2008

The Senate Health and Human Services Committee held its fourth meeting of the 2008 Session on Tuesday, February 26, in room 450 of the Capitol. Vice Chair, Renee Unterman called the meeting to order at 4:15 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Steve Henson, 41 st
Senator Renee Unterman, 45 th , Vice-Chair	Senator Nan Orrock, 36 th , Ex-Officio
Senator Greg Goggans, 7 th , Secretary	Senator Preston Smith, 52 nd
Senator David Adelman, 42 nd	Senator Horacena Tate, 38 th
Senator Johnny Grant, 25 th	Senator John Wiles, 37 th
Senator Lee Hawkins, 49 th	

Note: Senators Balfour, Butler, Carter, Hill, and Shafer were absent from the meeting.

Vice-Chair Unterman called the meeting to order because Chairman Thomas was delayed in another meeting. She called on **Becky Kelly**, Director, Georgia State Parks and Historic Sites to give a presentation on the **Georgia Statewide Comprehensive Outdoor Recreation Plan 2008-2013 (SCORP)**. Mrs. Kelly stated that the Georgia Recreation and Park Association has partnered with organizations and coalitions in Georgia to promote conservation, healthy lifestyles and recreation. She asked the committee to recognize that municipal, state and private recreation programs, indoor and outdoor facilities as well as open park space are important to the welfare of Georgia. It is important that Georgia and all city and county governments make holistic connections between planning, zoning, natural resource conservation and outdoor recreation. Livable communities serve to help strengthen social bonding among diverse cultures and create a sense of community. One of the ways they are trying to connect is through the Get Outdoors Georgia (GO Georgia) initiative. The purpose of the GO Georgia initiative is to encourage Georgians to grab their walking shoes, fishing pole, bicycle, binoculars, canoe and anything else they need to get outdoors in Georgia's great outdoors. The focus of the initiative is on showing the link between participation in outdoor recreation and improved health for people of all ages and abilities, decreasing obesity, and emphasizing children's early involvement in nature for life-long physical, mental and community benefits. Recreation providers, public health officials, planners and policy-makers must collaborate to fight Georgia's obesity epidemic, combat other serious health conditions and improve overall health by promoting and accommodating active lifestyles.

Note: Chairman Thomas arrived at the meeting during the presentation.

The following bill was discussed:

[SB 378](#) (Unterman, Renee 45th) Aging, Dept. of; transfer functions, duties, employees from Division of Aging Services of the Department of Human Resources

Sen. Unterman, 45th, presented a substitute to **SB 378** which would create the new Department of Aging to be the successor and continuation of the Division of Aging Services of the Department of Human Resources (DHR). The Department of Aging will serve as the lead planning agency for all aging issues and will provide coordinated, streamlined services to older Georgians. There was a fiscal note attached to the legislation. **Melba Paulk-Veazy** and **Melanie McNeil** of the GA Council on Aging testified in favor of the legislation. There was no testimony in opposition to the bill. Senators Wiles, Orrock and Smith asked some clarifying questions. Sen.

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Wiles had concerns about the language of the bill. Sen. Unterman, 45th, moved ***SB 378 DO PASS BY SUBSTITUTE***. Sen. Henson, 41st, seconded the motion. The legislation passed by a vote of 9 to 1, with Sen. Wiles, 37th, in dissent.

SB 378 DO PASS BY SUBSTITUTE

With no further business, Chairman Thomas adjourned the meeting at 5:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, February 28, 2008

The Senate Health and Human Services Committee held its fifth meeting of the 2008 Session on Thursday, February 28, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:15 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Steve Henson, 41 st
Senator Renee Unterman, 45 th , Vice-Chair	Senator Judson Hill, 32 nd
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator David Shafer, 48 th , Ex-Officio
Senator Joseph Carter, 13 th , Ex-Officio	Senator Preston Smith, 52 nd
Senator Johnny Grant, 25 th	Senator Horacena Tate, 38 th
Senator Lee Hawkins, 49 th	Senator John Wiles, 37 th

Note: Senators Adelman and Balfour were absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer.

The following bills were discussed:

SB 507 (Moody, Dan 56th) Public Assistance; basic therapy services for children with disabilities; establish requirements; definitions

Sen. Moody, 56th, presented **SB 507**. The purpose of this bill is to ensure that disabled children receive the medically necessary basic therapy services to which they are entitled under Medicaid's Early Periodic Screening, Diagnostic, and Treatment Program (EPSDT) All eligible children under age 21 would receive basic therapy services without prior approval, regardless of whether they are categorically needy children enrolled in the low income Medicaid program or medically fragile children enrolled in the aged, blind, and disabled Medicaid program. DCH would be required to develop consistent requirements and procedures for utilization review and prior approval of such services prescribed for children. In cases where prior approval would be required, it must be decided within 15 business days. If DCH, a review vendor, or a CMO denies prior approval, it must give notice of the following information to the affected Medicaid recipients:

- The medical service or procedure for which prior approval is denied and the reason for denial; and
- Any additional information needed from the recipient's medical provider that could change the decision of the entity.

Nothing in this legislation will prohibit DCH from conducting utilization reviews of the diagnosis or treatment of a child receiving basic therapy services under the EPSDT Program, so long as such review does not reasonably deny or delay the provision of medically necessary services. Chairman Thomas asked those who were there to give testimony in opposition to the bill to address the committee. **Dave Nair**, Clinical Director, Department of Community Health, **Mark Trail**, Medicaid Director, Department of Community Health, and **Diane Hutchins**, Peach State Health Plan, all spoke in opposition to the bill stating that pre-authorization is required to be good stewards of the state's money. Chairman Thomas then asked those who were in favor of the legislation to address the committee. **Pat Nobbie**, Governor's Council on Developmental

Disabilities, and **Robert Ross** and **Donna Sullivan**, parents of disabled children, testified in favor of the legislation stating having to file documentation and care plans once or twice a year would alleviate the extra layers of bureaucracy that are installed under the current system. They felt that delaying treatment of children to satisfy the bureaucratic trail was immoral. There were several clarifying questions from Senators Orrock, Butler, Hawkins, Unterman and Smith regarding what medically necessary means and the possible effect on the budget. Sen. Moody asked **Tom Bauer**, GA Occupational Therapy Association, and **Stan Jones**, Nelson Mullins, to address the questions and then asked for favorable consideration of SB 507. **Sen. Smith, 52nd**, moved **SB 507 DO PASS**. **Sen. Henson, 41st**, seconded the motion. The legislation passed unanimously 12 to 0.

SB 507 DO PASS

Note: Sen. Hill, 32nd, left the meeting to go to another committee meeting before the vote was taken on SB 507.

SR 345 (Health, Bill 31st) Public Funding; faith based organizations; prevent discrimination-CA

Sen. Heath, 31st, presented **SR 345**. The purpose of this resolution is to prevent discrimination in the public funding of social services by allowing religious or faith based organizations to receive public funding for the provision of such services. It would propose an amendment of the Georgia State Constitution pertaining to Separation of Church and State, so that Article I, Sections II would state that no money will be taken from the public treasury in aid of any church, sect, cult, or other religious organization, except as permitted or required by the United States Constitution, as amended. This proposed amendment would be published and submitted for vote on a ballot. Sen. Orrock, 36th, questioned whether this legislation would open the doors to school vouchers. Sen. Shafer, 48th, clarified that this legislation doesn't mention education. Sen. Heath said the purpose of this legislation is to align Georgia's constitution with the U. S. Constitution. Chairman Thomas called for testimony on the resolution. **Shelley Rose**, Anti-Defamation League, **Margaret Ciccarelli**, Professional Association of Educators, Marcus Downs, Georgia Association of Educators, and Shelley **Senterfelt**, Georgia Coalition Against Domestic Violence were all opposed to the legislation due to the potential funding impact to the groups they represented. **Sen. Wiles, 37th**, moved **SR 345 DO PASS**. **Sen. Goggans, 7th**, seconded the motion. The resolution passed 7 to 3. Senators Smith, Whiles, Hawkins, Goggans, Unterman, Carter and Hill voted in favor of passage. Senators Butler, Orrock and Tate were opposed to the bill.

SR 345 DO PASS

Note: Sen. Hill, 32nd, returned to the meeting during testimony. Sen. Grant, 25th, and Sen. Henson, 41st, were absent during the vote.

SB 498 (Wiles, John 37th) Cosmetic Laser Services; licensing; change certain provisions

Sen. Wiles, 37th, presented a **Substitute** to **SB 498**. Currently, the Georgia Cosmetic Laser Services Act requires facilities providing cosmetic laser services to have an agreement with a consulting physician in the case of emergencies. This bill would require the consulting physician to examine each patient prior to the performance of any cosmetic laser procedure. Additionally, such facilities would be required to have a supervisor present at all times to oversee any procedures performed by someone other than the consulting physician. The supervisor must be either a licensed physician who is trained in laser modalities **or** a senior laser practitioner. Facilities providing cosmetic laser services would have to post a sign listing the consulting physician's name, emergency contact number, board certification and specialty, the address of his or her primary practice location, and whether the consulting physician is presently on site at the facility. If the consulting physician is not on site, a facility would be required to post a sign indicating who is acting as the supervisor, including such person's name, emergency contact number, degrees and qualifications, and the type of cosmetic laser practitioner license held. The sign must also state that the supervisor assumes the responsibility and liability for any complications resulting from a cosmetic laser procedure. Furthermore, as part of the consent process for a cosmetic laser procedure, this bill would require that the names of, degrees and qualifications held by, and licenses obtained by the supervisor and consulting physician be provided to a patient in writing. After receiving a cosmetic laser service, a patient must also be informed in writing of the steps to be followed in the event of any complications, as well as the emergency contact information for the consulting physician. Finally, this bill would require that at least one licensed physician be included as a member of the advisory committee. The provisions of this bill would become effective only when the Georgia Cosmetic Laser Services Act becomes effective. The provisions of this bill would become effective only when the Georgia Cosmetic Laser Services Act becomes effective. Chairman Thomas asked for those who wished to testify to come forward. The following people all testified in *favor* of the legislation:

Michele Salazaz, Certified Medical Assistant
Mack Rayhl, Crawford Long Hospital
Scott Karempelis, Dermatologist, Northside Hospital
Alex Gross, Dermatologist, Cumming, GA
Robert Bahannon, American Academy of Dermatology Association
Larry Lanier, Medical Association of GA
Cynthia Abit, Dermatologist
Tom Bauer, GA Association of Physician Assistants

Chairman Thomas opened the floor to questions from the members. Senators Unterman, Henson, and Orrock asked clarifying questions. **Sen. Shafer, 48th**, moved **SB 498 DO PASS BY SUBSTITUTE**. **Sen. Goggans, 7th**, seconded the motion. The bill passed unanimously 13 to 0.

SB 498 DO PASS BY SUBSTITUTE

SR 1020 (Unterman, Renee 45th) Senate Sexual Exploitation of Minors Study Committee; create

Sen. Unterman, 45th, presented **SR 1020** which would create the Senate Sexual Exploitation of Minors Study Committee. The Committee would be composed of five members of the Senate appointed by the President of the Senate, with one member serving as chairperson. The Committee would study the needs, issues, and problems related to the commercial sexual exploitation of children. In conducting its study, the Committee may examine current law and policy in Georgia and in other states and may elicit views from experts in child welfare, juvenile justice, social work, mental health, and public health. The Committee may also receive input from child victims and adult survivors of commercial sexual exploitation. Additionally, the Committee may examine recent policy and social reports on this topic and review services currently available to victims in Georgia, as well as the best practices for serving victims in other jurisdictions. In the event that the Committee makes a report of its findings and recommendations with suggestions for proposed legislation, if any, such report would need to be made by December 1, 2008, and the Committee would stand abolished on such date. In the interest of time, since all those signed up for testimony were in favor of the bill, no testimony was heard. **Sen. Orrock, 36th**, moved **SR 1020 DO PASS**. **Sen. Butler, 55th**, seconded the motion. The legislation passed unanimously 8-0.

SR 1020 DO PASS

Note: Senators Carter, Grant, Henson, Smith and Wiles left during testimony to attend other committee meetings and were not present for the vote.

With no further business, Chairman Thomas adjourned the meeting at 5:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, March 4, 2008

The Senate Health and Human Services Committee held its sixth meeting of the 2008 Session on Tuesday, March 4, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 4:06 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice-Chair	Senator Nan Orrock, 36 th , Ex-Officio
Senator Greg Goggans, 7 th , Secretary	Senator David Shafer, 48 th , Ex-Officio
Senator Don Balfour, 9 th	Senator Preston Smith, 52 nd
Senator Gloria Butler, 55 th	Senator Horacena Tate, 38 th
Senator Joseph Carter, 13 th , Ex-Officio	Senator John Wiles, 37 th
Senator Johnny Grant, 25 th	

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

[HB 279](#) (Collins, Doug 27th) Katie Beckett waiver program; eligibility; certain children; require certain procedures

Sen. Hawkins, 49th, and **Rep. Doug Collins, 27th**, presented a *Substitute* to **HB 279**, which outlines eligibility conditions for participation in the Katie Beckett Waiver Program. Once documented, the Department of Community Health is not authorized to require further physician certification or documentation for eligibility purposes except an annual physician letter indicating eligibility conditions.

A minor child qualifies for the Katie Beckett Waiver Program if the child:

- (1) Is born with Meningomyelocele, the most severe form of Spina Bifida generally requiring some surgical correction on the spine; or
- (2) After the first year of birth has at least three of the following: (A) Shunted hydrocephalus; (B) Neurogenic bladder/bowel; (C) Severe physical mobility impairment including, but not limited to, wheelchair bound individuals; (D) Mental issues or learning disabilities which shall be evidenced by documentation; or (E) Rehabilitation needs or therapeutic activities or exercises furnished by professional personnel no less than twice per month; or
- (3) After the first year of birth, three or more hospitalizations for Spina Bifida related problems such as shunt malfunction, urosepsis, orthopedic surgeries, or urological surgeries.

Chairman Thomas asked if there was anyone who wished to testify to the bill. **Mark Trail**, Medicaid Director, Dept. of Community Health, was **opposed** to the legislation because the definition of medical necessity goes beyond the scope of federal regulation. **Sen. Adelman, 42nd**, asked if this legislation would decrease or increase the number of people eligible for the waiver. Mark Trail responded that the legislation doesn't affect eligibility but would increase the number of services and the cost of the program. **Josh Norris**, GAO, testified in **favor** of the legislation stating that the Katie Beckett Waiver is only an eligibility criteria. Once you are in the program, the services should be dictated by the needs of the child and by the physician caring for that child. **Ellyn Jeager**, NHA Georgia testified in **favor** of the legislation stating that if you do not treat the

child properly now, the state will pay for it later in some other way later on. **Sen. Smith, 52nd**, moved **HB 279 DO PASS BY SUBSTITUTE**. **Sen. Hawkins, 49th**, seconded the motion. The legislation passed unanimously 12-0.

HB 279 DO PASS BY SUBSTITUTE

SB 539 (Thomas, Don 54th) Certificate of Need Program; exempt continuing care retirement communities; certificate of need requirements; certain conditions

Chairman Thomas presented a **Substitute** to **SB 539** which would create a certificate of need exemption for continuing care retirement communities, subject to the following requirements: The skilled nursing component is for the exclusive use of the facility's residents; and a written exemption is obtained from the Department of Community Health (DCH). With this legislation new sheltered nursing home beds may be used on a limited basis by patients who are not residents of the continuing care retirement community for a period of up to five years after the date of issuance of the initial nursing home license. The percentage of bed utilization in the sheltered nursing facility by non-resident patients would be as follows: A maximum of 50 percent in the first year of operations; 40 percent in the second year; 30 percent in the third year; 20 percent in the fourth year; and 10 percent in the fifth year. At the end of the five year period, the sheltered nursing facility would have to be utilized exclusively by residents of the continuing care retirement community. Moreover, a resident of the retirement community will not be denied access to the sheltered nursing facility or forced to leave the community to comply with the provisions of this legislation. **Tom Bauer**, GA Association of Homes & Services for the Aging, spoke in **favor** of the legislation. **Sen. Balfour** and **Sen. Adelman** discussed why this bill wasn't a part of the Commissions' recommendation. **Sen. Balfour** said that the Commission did feel all of the legislation fell under CON, but they did discuss the legislation and felt this was a reasonable approach to this issue. **Sen. Goggans, 7th**, moved **SB 539 DO PASS BY SUBSTITUTE**. **Sen. Smith, 52nd**, seconded the motion. The bill passed unanimously 12-0.

SB 539 DO PASS BY SUBSTITUTE

SB 549 (Thomas, Don 54th) Coverdell-Murphy Act; enact; establish a two level system of certified stroke centers; definitions

Chairman Thomas presented a **Substitute** to **SB 549**. This legislation, known as the "Coverdell-Murphy Act," would seek to establish a coordinated two-level system of stroke care in Georgia. The Act would establish a program to identify certified stroke centers throughout the state; provide specific criteria for patient care and support that stroke centers must meet in order to ensure that stroke patients receive safe and effective care; provide financial support to acute care hospitals to encourage them to develop stroke centers in all areas of the state; and modify the state's emergency medical response system to assure that stroke victims are quickly identified and transported to facilities that have specialized programs for providing timely and effective

treatment. The Act delineates that two levels of stroke centers should be established for the treatment of acute stroke:

- (1) Primary Stroke Centers, which should be established in as many acute care hospitals as possible to evaluate, stabilize, and provide treatment to patients diagnosed with acute stroke. Primary Stroke Centers must be certified with the Joint Accreditation of Healthcare Organizations (Joint Commission); and
- (2) Remote Treatment Stroke Centers, which should be established in hospitals utilizing current telemedicine protocols in rural areas of the state to provide treatment to stroke victims pursuant to a stroke care agreement with a Primary Stroke Center. Remote Treatment Stroke Centers will be certified by the Department upon inspection of an applicant's facility.

Primary Stroke Centers would be encouraged to coordinate with Remote Treatment Stroke Centers to provide access to care for stroke patients pursuant to written coordinating stroke care agreements. Such agreements would include, at a minimum, communication criteria and transfer agreements for the transport and acceptance of all stroke patients seen by the rural hospital for treatment that the rural hospital is incapable of providing. Subject to appropriations from the General Assembly, the Department would award grants to hospitals seeking identification as Remote Treatment Stroke Centers and needing financial assistance for necessary equipment and personnel. The Department would prepare and submit a report to the Governor, President of the Senate, and Speaker of the House by September 1, 2009 indicating the total number of hospitals that have applied for grants as of June 30, 2009, as well as the number of eligible applicants, the total number of grants to be rewarded, the name and address of each hospital to be awarded a grant, the amount of each award, and whether the Department believes the grantee will be able to attain identification as a Remote Treatment Stroke Center. The Department would provide for training of Emergency Medical Services (EMS) personnel and must establish protocols for assessment, treatment, and transport of stroke patients by EMS providers. Beginning in 2009, by June 1 of each year, the Department would be required to send the list of Primary and Remote Treatment Stroke Centers to the state Director of Emergency Medical Services (EMS) and the medical director of each licensed EMS provider in the state. The Department will also post the list on its website. Additionally, the Office of EMS and Trauma would adopt a sample stroke-triage assessment tool to distribute to each EMS provider by December 31, 2008. The Department would also post the sample on its website. EMS providers would be required to use a tool that is substantially similar to the sample and to comply with these provisions beginning June 1, 2009. In order to assure that patients are receiving the appropriate level of care, both Primary and Remote Stroke Centers would be required to annually report specific detailed information to the Department, such as the number of patients evaluated and treated for stroke, patient outcome, the number of patients discharged with certain medications, and the number of patients transported and admitted via EMS. The Department would collect the information in the form of a report card to be posted annually on its website and presented to the Governor, the President of the Senate, and the Speaker of the House. The results of the report may be used to conduct training with facilities regarding best practices in the treatment of stroke. **Bill Burns**, American Heart Association, testified in **favor** of the legislation and stated the legislation is endorsed by both Paul Coverdell's and Speaker Murphy's families. **Sen. Smith, 52nd**, moved **SB 549 DO PASS BY SUBSTITUTE**. Sen. Hawkins seconded the motion. The legislation passed unanimously 10 to 0.

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NOTE: Senators Balfour and Orrock left the meeting during testimony and were not in the meeting when the vote was taken.

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

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Debra Charnote, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, March 6, 2008

The Senate Health and Human Services Committee held its seventh meeting of the 2008 Session on Thursday, March 6, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:30 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice-Chair	Senator Steve Henson, 41 st
Senator Greg Goggans, 7 th , Secretary	Senator Judson Hill, 32 nd
Senator David Adelman, 42 nd	Senator Nan Orrock, 36 th , Ex-Officio
Senator Don Balfour, 9 th	Senator Preston Smith, 52 nd
Senator Gloria Butler, 55 th	Senator Horacena Tate, 38 th
Senator Joseph Carter, 13 th , Ex-Officio	Senator John Wiles, 37 th
Senator Johnny Grant, 25 th	

NOTE: Sen. Shafer, 48th, was absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

[HB 1041](#) (Cooper, Sharon 41st) Georgia Registered Professional Nurse Practice Act; obsolete language; eliminate

Rep. Cooper, 41st, presented ***HB 1041*** with one minor **amendment** which would if passed require applicants for licensure as a registered professional nurse (RN) to successfully complete a criminal background check, including fingerprinting, with the Georgia Crime Information Center and the Federal Bureau of Investigation. Applicants would be responsible for all fees associated with such background check. This bill also eliminates language in current law that allows applicants who hold an examination temporary permit to use the title “graduate nurse” and the abbreviation GN until the license to practice as a RN has been issued. There were no questions or testimony. **Sen. Wiles, 37th**, moved ***HB 1041 DO PASS AS AMENDED***. **Sen. Orrock, 36th** seconded the motion. The bill passed unanimously 13 to 0. Chairman Thomas stated he would be the Senate sponsor of the legislation.

[HB 1041 DO PASS AS AMENDED](#)

Note: Sen. Smith, 52nd, was not in the meeting for this vote.

[HB 1222](#) (Channel, Mickey 116th) 'Health Share' Volunteers in Medicine Act; definitions; revise certain provisions

Rep. Channel, 116th, presented a **Substitute** to ***HB 1222*** which would require licensing boards to take disciplinary action to reprimand health care providers who are participating in the Health Share Volunteers in Medicine Act or the Georgia Volunteers in Health Care Specialties Act when such providers engage in inappropriate or impermissible behavior. This would also apply to retired or inactive health care practitioners who seek to provide uncompensated medical services to indigent patients through the Georgia Volunteers in Health Care Specialties Act. They would be eligible for a special license so long as no restrictions, sanctions, or other disciplinary actions were imposed by a health care board and the practitioner is not under suspension or probation.

There were no questions or testimony. **Sen. Grant, 25th**, moved ***HB 1222 DO PASS BY SUBSTITUTE***. **Sen. Hill, 32nd**, seconded the motion. The legislation passed unanimously 13 to 0. **Sen. Goggans, 7th**, stated that he would be the Senate sponsor of this legislation.

HB 1222 DO PASS BY SUBSTITUTE

Note: Sen. Smith, 52nd, was not in the meeting for this vote.

HB 1044 (Walker, Len 107th) Adult day centers; licensure; respite care services programs; provisions

Rep. Len Walker, 107th, presented **HB 1044** which would provide for respite care services programs, or programs for aging adults who can function in a group setting and can feed and toilet themselves with or without assistance of a personal aide. The purpose of such programs would be to provide primary caregivers with relief from normal care giving responsibilities. The bill further states that these respite care services programs must be operated by a nonprofit organization, managed by a director who has completed an adult day care training program, staffed primarily by volunteers, and must provide no more than 25 hours of services per week. Additionally, respite care services programs would be required to maintain accurate emergency contact information for primary caregivers, as well as an aging adult's physician and information regarding known drug allergies. They would be required to contact local law enforcement if an aging adult leaves the premises unescorted and was not located within 30 minutes. These programs would be required to deliver services in accordance with certain rights of aging adults, including: the right to be treated with respect and dignity; the right to be free from neglect and physical, mental, sexual, and verbal abuse; the right to privacy and confidentiality; and the right to file a complaint with the Department of Human Resources (DHR), Office of Regulatory Services. A respite care services program would be required to obtain a license from DHR prior to commencing operations. DHR would be authorized to license such programs that meet the requirements of this legislation and may conduct periodic inspections to ensure compliance. DHR would also be authorized to assess an initial application fee of \$200.00 and a renewal fee of \$50.00. However, respite care services programs will not be required to be licensed as an adult day center. Chairman Thomas opened the floor to questions. Senators Grant, Hill, Hawkins, Orrock, and Adelman had questions and discussion on why this only applied to non-profits, why the time limit, is this an appropriate level of oversight, does this support programs currently up and running? Chairman Thomas opened up the floor to testimony. **Sarah Carlson**, Alzheimer's Association, **Ann Williams**, GA Council on Aging, **Steven Neff**, Aging and Developmental Disability providers, and **Walter Coffey** and **Tom Bauer**, GA Association of Homes and Services for Aging all testified in **favor** of the legislation. Despite the favorable testimony, there were still too many questions for the members. **Sen. Balfour, 9th**, moved to ***TABLE HB 1044*** to work out issues. **Sen. Orrock, 36th**, seconded the motion. The motion to table passed 8 to 3 with Senators Unterman, Wiles, and Goggans opposed.

HB 1044 TABLED

Note: Senators Adelman, Grant, and Smith were absent for this vote. Senators Unterman, Wiles and Carter left the meeting following the vote.

HB 1105 (Sheldon, Donna 105th) Hospitals; offer certain vaccinations to inpatients 65 years or older; require

Rep. Sheldon, 105th, presented a **Substitute** to **HB 1105** which would require hospitals to offer inpatient vaccinations for influenza and pneumococcal disease to patients age 65 or older annually from October 1 through March 1 prior to the patient's discharge. **Ann Williams**, GA Council on Aging, testified in favor of the legislation. There were no questions from the members. **Sen. Hill, 32nd**, moved **HB 1105 DO PASS BY SUBSTITUTE**. **Sen. Smith, 52nd**, seconded the motion. This legislation passed 10 to 0. Chairman Thomas said that Sen. Unterman would be the Senate sponsor.

HB 1105 DO PASS BY SUBSTITUTE

HB 984 (Cox, Clay 102nd) Children's transition care centers; definitions; revise and add new

Rep. Cox, 102nd, presented **HB 984** which would provide for children's transition care centers. Children's transition care centers would offer a temporary, home-like environment for medically fragile children, technology-dependent children, and children with special health care needs who are stable but require life-sustaining medications, treatments, and equipment and require assistance with daily living activities. Such centers would provide child placing services and nursing care, clinical support, and therapies for short-term stays of one to 14 days, and for longer stays of up to 90 days to facilitate transitions of children to homes or other appropriate settings. Extended stays of up to 12 months may be approved by the Department of Human Resources (DHR). A children's transition center would serve a maximum of six children per residence, or 16 children per campus, and would be located separately from other facilities licensed by DHR. Moreover, a center must provide at least one of the following services: respite care; registered nursing or licensed practical nursing care; transitional care for the facilitation of transitions to a home setting; medical day care; weekend camps; and diagnostic studies typically done in a home setting. These services would be available to all families in this state, including those with private insurance, as well as persons on Medicaid. Chairman Thomas called on those who wished to give testimony on the legislation. **Laura Moore**, Dream House, and **David Tatum**, Children's Health Care of Atlanta, testified in **favor** of the legislation. **Pat Nobbie**, Governor's Council on Developmental Disabilities, **Paula Rafferty Miller**, parent advocate, and **Josh Norris**, GAO, were opposed to the legislation. After some discussion about some suggested changes, **Sen. Balfour, 9th**, moved **HB 984 DO PASS BY SUBSTITUTE**. Sen. Henson, 41st, seconded the motion. The legislation passed 6 to 1 with Sen. Orrock, 36th, in dissent. Sen. Balfour, 9th, stated he would be the Senate sponsor of this legislation.

HB 984 DO PASS BY SUBSTITUTE

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Note: Senators Grant, Wiles, Carter, Smith, Tate and Unterman left during testimony on this legislation to go to other meetings.

With no further business, Chairman Thomas adjourned the meeting at 4:01 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, March 18, 2008

The Senate Health and Human Services Committee held its eighth meeting of the 2008 Session on Tuesday, March 18, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 3:00 pm. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Joseph Carter, 13 th , Ex-Officio
Senator Renee Unterman, 45 th , Vice-Chair	Senator Johnny Grant, 25 th
Senator Greg Goggans, 7 th , Secretary	Senator Lee Hawkins, 49 th
Senator David Adelman, 42 nd	Senator Judson Hill, 32 nd
Senator Don Balfour, 9 th	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Horacena Tate, 38 th

NOTE: Senators Henson 41st, Shafer, 48th, Smith, 52nd, and Wiles, 37th, were absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

[HB 1042](#) (Cooper, Sharon 41st) Prescription drugs; pharmacists; provisions

Rep. Cooper presented a **Substitute** to **HB 1042**. This bill would prevent pharmacists from engaging in drug selection or substitution for patients undergoing immunosuppressive therapy to prevent rejection of an organ or tissue transplant without first obtaining the consent of the patient and the prescribing physician. If a pharmacist is unable to contact the prescribing physician after reasonable attempts, he or she would be able substitute a generically equivalent immunosuppressive drug for a maximum of 96 hours until communication can be established. In the event that a physician wants to specify a generic manufacturer for immunosuppressive drugs, the physician would have to clearly indicate such designation on the prescription. **Kathy Herren**, Department of Human Resources, and **Sharon Park** testified in favor of the legislation. There was a clarifying question from Sen. Goggans. **Sen. Balfour, 9th**, moved **HB 1042 DO PASS BY SUBSTITUTE**. **Sen. Hawkins, 49th**, seconded the motion. The legislation passed unanimously 9 to 0. Chairman Thomas stated he would be the Senate sponsor.

[HB 1042 DO PASS BY SUBSTITUTE](#)

[HB 1044](#) (Walker, Len 107th) Adult day centers; licensure; respite care services programs; provisions

Sen. Unterman, 45th, Senate sponsor, presented a **Substitute** to **HB 1044** which would provide for respite care services programs, or programs for aging adults who can function in a group setting and can feed and toilet themselves with or without the assistance of a personal aide. The purpose of such programs would be to provide primary caregivers with relief from normal care giving responsibilities. The bill had been heard and tabled in the previous committee meeting to work out differences. **Rev. Wendell Phillips**, Presbytery of Greater Atlanta, and **Steven Neff**, Developmental Disability Providers, spoke in favor of the legislation. Sen. Adelman had some questions and concerns. **Sen. Unterman, 45th**, moved **HB 1044 DO PASS BY SUBSTITUTE**.

Sen. Balfour, 9th, seconded the motion. The legislation passed 8 to 1 with Sen. Adelman in dissent.

HB 1044 DO PASS BY SUBSTITUTE

HB 241 (Chambers, Jill 81st) **Opticians; licensure; practical training; specify certain requirements**

Note: Senators Hill, 32nd, and Carter, 13th, arrived at the meeting.

Rep. Chambers, 81st, presented **HB 241**. Current law requires applicants for licensure as a dispensing optician to complete either one year in a school of optical dispensing or two years of apprenticeship training. This bill clarified that such apprenticeship training must be under a *licensed* dispensing optician, licensed physician, or licensed optometrist and must include a minimum of 3,000 hours of experience, with instruction in ophthalmic optics, optical laboratory techniques, eye anatomy, ophthalmic dispensing theory, and basic contact lens theory. Also, prior to beginning an apprenticeship, an applicant would have to register with the State Board of Dispensing Opticians (Board) and identify the supervising licensed physician, optometrist, or dispensing optician, as well as the address and telephone number of the primary location where the apprenticeship training will occur. The Board would develop a list of textbooks and materials to guide the apprentice and supervisors. Upon completion by the applicant, the training would be certified to the Board by the licensed dispensing optician, physician, or optometrist. Applicants who received apprenticeship training prior to July 1, 2008 would receive credit for such training if they register with the Board by August 31, 2008. Applicants could also meet the educational requirements by receiving a certificate from a recognized school of opticianry with the Georgia Department of Technical and Adult Education or completing a formal home study program through the National Academy of Opticianry. There were no questions or testimony. **Sen. Grant, 25th**, moved **HB 241 DO PASS**. Sen. Carter, 13th, seconded the motion. The legislation passed unanimously 11 to 0. Chairman Thomas stated that Sen. Seth Harp, 29th, would be carrying this legislation in the Senate.

HB 241 DO PASS

HB 715 (Scott, Austin 153rd) **Family and children services; county directors; appointment; change certain provisions**

Rep. Chambers, 81st, presented **HB 715** for **Rep. Austin Scott, 153rd**, who was detained in another committee meeting. This legislation would remove language from current law that requires the Commissioner of Human Resources to obtain a register of qualified applicants for the position of county director of family and children services from the State Merit System of Personnel Administration. Instead, each county board of family and children services will recommend one or more names to the Commissioner for appointment of the position. The Commissioner would have authority to accept or reject any recommendation. There were no questions or testimony. **Sen. Carter, 13th**, moved **HB 715 DO PASS**. **Sen. Hawkins, 49th**,

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seconded the motion. The legislation passed unanimously, 11 to 0. Chairman Thomas stated he would be the Senate sponsor of this legislation.

[HB 715 DO PASS](#)

With no further business, Chairman Thomas adjourned the meeting at 4:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, March 27, 2008

The Senate Health and Human Services Committee held its final meeting of the 2008 Session on Thursday, March 27, in room 307 of the CLOB. Chairman Don Thomas called the meeting to order at 8:30 am. Members present at the meeting were as follows:

Senator Thomas, 54 th , Chairman	Senator Johnny Grant, 25 th
Senator Renee Unterman, 45 th , Vice-Chair	Senator Lee Hawkins, 49 th
Senator Greg Goggans, 7 th , Secretary	Senator Judson Hill, 32 nd
Senator Don Balfour, 9 th	Senator Preston Smith, 52 nd
Senator Gloria Butler, 55 th	Senator John Wiles, 37 th
Senator Joseph Carter, 13 th , Ex-Officio	

NOTE: Senators Adelman, 42nd, Henson 41st, Orrock, 36th, Shafer, 48th, and Tate, 38th, were absent from the meeting.

Chairman Thomas called the meeting to order and asked Sen. Goggans to open in prayer. The following bills were discussed:

[HB 127](#) (Byrd, Charlice, 20th) Prescription drugs; generic; change provisions

Rep. Byrd, 20th, presented **HB 127**. **Sen. Carter, 13th**, Senate sponsor of the legislation offered a Substitute. Pursuant to this bill, pharmacists would be prohibited from substituting a generic version of an anti-epileptic drug for the prescribed brand version without prior notification to and consent of the prescribing physician. However, a pharmacist could substitute a generic version by one manufacturer for a generic version by another manufacturer if both versions are AB rated by the FDA. This bill would not apply to a pharmacist who is a member of the staff of and dispenses drugs from the pharmacy of a hospital. The following people gave testimony in favor of the legislation: **Charles Palmer**, patient, **Dr. Todd Williamson**, MAG, **Bill Draper**, patient, **Mark Kozlun**, neurologist, **Kim Oviedo**, mother of patients, **Brian Looby**, MAG and **Charlotte Thompson**, GA Epilepsy Foundation. The following people gave testimony in opposition to the legislation: **Dave Windham**, Association of Pharmacists, **Andrea Roberson**, GA Society of Health System Pharmacists, and **Kirk McGhee**, GA Association of Health Plans. After much discussion and moving testimony from patients, **Sen. Carter, 13th**, moved that **HB 127** be amended to add the word "Prior" in front of the word "Consent" also. **Sen. Wiles, 37th**, seconded the motion to amend. The amendment was adopted unanimously. **Sen. Hawkins, 49th**, then moved **HB 127 DO PASS BY SUBSTITUTE**. **Sen. Carter, 13th**, seconded the motion. The legislation passed unanimously 8 to 0.

[HB 127 DO PASS BY SUBSTITUTE](#)

Note: Sen. Unterman, 45th, left the meeting.

[HB 535](#) (Butler, Mark 18th) Mental health; patient advocacy board; create

Rep. Butler, 18th, presented **HB 535** which is the Mental Health Ombudsman bill that was passed last session but was never funded. Sen. Grant, 25th, presented a Substitute which cleared up some of the language but has the same intent. There were no questions or testimony. **Sen. Wiles, 37th**, moved **HB 535 DO PASS BY SUBSTITUTE**. **Sen. Hawkins, 49th**, seconded the

motion. The legislation passed unanimously 8 to 0. Sen. Grant stated that he would be the Senate sponsor of this legislation.

HB 535 DO PASS BY SUBSTITUTE

Note: Senators Smith, 52nd, and Hill, 32nd, arrived at the meeting. Sen. Unterman returned to the meeting.

HB 492 (Keown, Mike 173rd) Physicians; Composite State Board of Medical Examiners; provisions

Rep. Keown, 173rd, presented **HB 492**. **Sen. Wiles, 37th**, Senate sponsor of the legislation, offered a Substitute. This legislation would increase the membership of the Composite State Board of Medical Examiners (Board) from thirteen to fifteen members. The bill would add an additional physician, for a total of thirteen physician members (two of whom are doctors of osteopathic medicine), and an additional non-physician, for a total of two non-physician members who are not connected to the provision of health care in any manner. Non-physician members would be allowed to vote on matters related to the examination of physicians in the state. The new members would be appointed by the Governor to serve on the Board beginning July 1, 2008. The physician member would serve an initial term of one year, and the non-physician member would serve an initial term of two years. Upon expiration of the initial terms, successors would serve terms of four years each. Finally, this legislation would rename the Board as the "Georgia Composite Medical Board." Testimony in favor of the legislation was given by **Ann Williams**, GA Council on Aging, and **Danny Orrock**, GA Watch. After answering some clarifying questions from the committee, **Sen. Wiles, 37th**, moved **HB 492 DO PASS BY SUBSTITUTE**. **Sen. Unterman, 45th**, seconded the motion. The legislation passed unanimously 10 to 0.

HB 492 DO PASS BY SUBSTITUTE

HB 367 (Carter, Earl 159th) Generic drugs; health insurance coverage; provisions

Rep. Carter, 159th, presented **HB 367**, which would require the State Health Benefit Plan to provide a ten-day supply of prescription drugs that are not covered in their drug formulary. Testimony in favor of the legislation was given by Clint Austin, Pfizer, with amendments that tighten the language. Kirk McGee gave testimony in opposition to the legislation stating the bill was too broad. **Sen. Hill, 32nd**, offered an amendment to tighten the language. **Sen. Grant, 25th**, seconded the motion which passed unanimously. **Sen. Wiles, 37th**, moved **HB 367 DO PASS BY SUBSTITUTE**. **Sen. Grant, 25th**, seconded the motion. The legislation passed unanimously 10 to 0. Sen. Hawkins stated he would carry the legislation in the Senate.

HB 367 DO PASS BY SUBSTITUTE

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With no further business, Chairman Thomas adjourned the meeting at 9:45 a.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

June 31, 2008

Honorable Bob Ewing
Secretary of the Senate
State Capitol
Room 353
Atlanta, GA 30334

Dear Mr. Ewing:

Along with the minutes of the **Senate Health and Human Services Committee**, I am returning the following Bills and Resolutions:

<u>SB 51</u>	<u>SB 215</u>	<u>SB 505</u>
<u>SB 53</u>	<u>SB 229</u>	<u>SB 534</u>
<u>SB 66</u>	<u>SB 253</u>	<u>SB 546</u>
<u>SB 78</u>	<u>SB 285</u>	<u>SR 375</u>
<u>SB 93</u>	<u>SB 289</u>	<u>SR 388</u>
<u>SB 150</u>	<u>SB 296</u>	<u>HB 151</u>
<u>SB 155</u>	<u>SB 313</u>	
<u>SB 164</u>	<u>SB 331</u>	
<u>SB 189</u>	<u>SB 401</u>	

Respectfully submitted,

/s/ Laurie Sparks
Recording Secretary
Senate Health and Human Services Committee