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2009 Session**

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RULES

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

2009

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
Thursday, January 29, 2009

The Senate Health and Human Services Committee held its first meeting of the 2009 Session on Thursday, January 29, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:09 pm. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Judson Hill, 32 nd
Senator Renee Unterman, 45 th , Vice Chair	Senator Lester Jackson, 2 nd
Senator Don Balfour, 9 th	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator David Shafer, 48 th , Ex-Officio
Senator Johnny Grant, 25 th	Senator Preston Smith, 52 nd
Senator Lee Hawkins, 49 th	Senator Horacena Tate, 38 th
Senator Steve Henson, 41 st	Senator John Wiles, 37 th

Note: Senators Goggans, 7th, and Adelman, 42nd, were absent from the meeting

Chairman Thomas called the meeting to order, read the 2009 Committee Rules, and asked for a motion to adopt the rules. Sen. Steve Henson, 41st, made the motion to adopt, and Sen. Lee Hawkins, 49th, seconded the motion. The 2009 Committee Rules were unanimously adopted 8-0.

Note: Yeas were Senators Unterman, Balfour, Butler, Hawkins, Henson, Lester Jackson, Smith and Wiles.

COMMITTEE RULES ADOPTED

Note: Sen. Jackson, 2nd, arrived.

The following bills and resolutions were discussed:

SB 10 (Douglas, John 17th) **Controlled Substance; definition of a dangerous drug; remove the exception for pseudoephedrine in single dose; 60 milligrams or less**

Chairman Thomas stated that there had been numerous concerns brought to his attention regarding this legislation. Therefore, Chairman Thomas assigned **SB 10** to a subcommittee, and appointed Sen. Lee Hawkins, 49th, as Chair, with Senators Greg Goggans, 7th, and David Shafer, 48th, as members to iron out the issues with Sen. Douglas.

SB 10 ASSIGNED TO SUBCOMMITTEE

Note: Senators Grant, 25th, Orrock, 36th, and Tate, 38th, arrived.

SB 8 (Murphy, Jack 27th) **Student Health; provide for possession/self-administration of auto-injectable epinephrine by students**

Sen. Jack Murphy, 27th, presented **SB 8** which would direct local boards of education to adopt a policy that would allow students to carry and self-administer injectable epinephrine to treat life-threatening allergic reactions. A student's parent or guardian would be required to annually provide the school with the following:

1. A written note from a physician confirming that the student was able to self-administer such medication and specifying the name, method, amount, and time schedule by which it was to be taken; and
2. A written statement by the parent or guardian consenting to the self-administration, which would provide a release for the school nurse to consult with the physician regarding the medication, and would release the school system and its employees from civil liability if the student suffered an adverse reaction.

Students who were authorized for self-administration would be allowed to possess and use epinephrine while in school, at a school-sponsored activity, under the supervision of school personnel, or while in before-school or after-school care on school-operated property. However, a student could be subject to disciplinary action if he or she used the medication in a manner other than as prescribed. School systems were immune from liability other than for willful or wanton misconduct for any injury to a student caused by the use of epinephrine.

Chairman Thomas called on **Eric Rivard**, citizen and parent of children with food allergies, who spoke in favor of **SB 8**. Chairman Thomas recognized **Sen. Steve Henson, 41st**, who asked Mr. Rivard how old his child was and if he felt that his child was old enough to administer an epipen. Mr. Rivard stated that his daughter was 8 years old and able to self-administer at that age. Chairman Thomas recognized **Sen. Gloria Butler, 55th**, who asked if there was an age limit in the bill, and Sen. Murphy responded that the age limit was the age they were allowed to go to school which was the age of most first graders. Chairman Thomas recognized **Sen. Horacena Tate, 38th**, with a question on disciplinary action. Sen. Murphy responded that the method of discipline would be left to the local school boards. Chairman Thomas recognized **Sen. Don Balfour, 9th**, who asked why this legislation was necessary if the school board was the entity that would set policy. Sen. Murphy responded that the federal “**Drug Free Zone Act**” made it illegal to carry an epipen and this legislation would open the door for local boards to make an allowance for this particular need. Local boards already decide this but this legislation gives them the legal right to do so. **Sen. Preston Smith, 52nd**, was recognized with a drafting question regarding that issue and asked if a reference to the “**Drug Free School Zone Act**” should be referenced in **SB 8**. Sen. Murphy stated that he was willing to study prohibition language and amend the bill on the floor if it was found to create a conflict.

Note: Senator Hill, 32nd, arrived.

Chairman Thomas recognized **Sen. Johnny Grant, 25th**, with a question regarding the “hold harmless” language in the bill that would release the school from liability if something were to happen. He wondered if “failure to administer” should be added to the release of liability as well. Sen. Grant said that he had some concerns about the legislation and wondered if the committee would hold off on final action until some of the issues could be resolved. Sen. Murphy stated that he would be open to amendments on the floor but would like to push forward on the legislation. **Sen. Don Balfour, 9th**, asked Chairman Thomas for his medical opinion on the subject. Chairman Thomas stated that he had been a family practitioner with his own medical practice for 48 years, and relayed an incident that happened in his own family regarding a severe allergic reaction. His son Mark worked on the family farm and was stung by some wasps. Mark was unconscious and close to death from a severe allergic reaction when his co-workers brought him to the house where Chairman Thomas had just happened to be home for lunch. He was able to administer the life saving treatment that Mark needed. Chairman Thomas stated that the epipen made it so much easier to administer life saving treatment quickly, but in order for it to be affective it had to be with the person at the time of the reaction. Chairman Thomas stated that this was good legislation and asked for a motion. Sen. Steve Henson, 41st, moved **SB 8 DO**

PASS. Sen. John Wiles, 37th, seconded the motion. SB 10 passed unanimously 12-0. (Yeas: Unterman, Balfour, Butler, Grant, Hawkins, Henson, Judson Hill, Lester Jackson, Orrock, Smith, Tate, Wiles)

SB 8 DO PASS

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

Respectfully submitted,

/s/ Senator Don Thomas, 54th, Chairman

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, February 10, 2009

The Senate Health and Human Services Committee held its second meeting of the 2009 Session on Tuesday, February 10, 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 Don Thomas, 54 th , Chairman	Senator Lester Jackson, 2 nd
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 Don Balfour, 9 th	Senator Horacena Tate, 38 th
Senator Johnny Grant, 25 th	Senator John Wiles, 37 th
Senator Lee Hawkins, 49 th	

Note: Senators Adelman 42nd, Butler, 55th, Henson, 41st, Hill, 32nd, and Shafer, 48th, were absent from the meeting

Chairman Thomas called the meeting to order.

SR 156 (Shafer, David, 48th) Freedom of Choice Act; opposing

Chairman Thomas stated that Senator Shafer spoke to him before the meeting and asked that **SR 156** be removed from consideration at that time.

SR 156 REMOVED FROM CONSIDERATION

He recognized **Barbara Myers** and **Jenny Pomeroy** from **Prevent Blindness Georgia**, and **Randi Green** from the **American Diabetes Association** for brief presentations to the committee.

Barbara Myers thanked Chairman Thomas for the opportunity to address the committee and started her presentation with a vision statement from Prevent Blindness Georgia (PBGA). Their aim was to preserve a lifetime of sight for children, seniors, and those without access to eye care, through vision screenings, eye exams, and education. Ms. Myers stated that this year PBGA would provide 2,300 eye exams onsite at Homeless Shelters, Senior Centers, and Community Health Centers because the number of blind and visually impaired Georgians will double in the next three decades. Some of the contributing factors were the aging baby boomer population and older adults living longer. Ms. Myers stated that the economic impact of vision loss nationally was \$51 Billion, and on the state level in Georgia the impact was \$1 Billion. Their recommendation to the legislature was to have a Vision Integration Specialist in Georgia monitoring children in schools at an early age. Ms. Myers continued stating that in 2009, more than 30,000 preschoolers would be diagnosed with problems like amblyopia or “lazy eye” blindness, and that vision problems were the leading handicap of childhood. Along with a Vision Integration Specialist, they also recommended follow-up screening and training school nurses to vision screen.

Randi Green spoke on behalf of the American Diabetes Association. Ms. Green stated that 23.6 million people in the United States, or 8% of the population, had diabetes. The total prevalence of diabetes increased 13.5% from 2005-2007. Only 24% of diabetes was undiagnosed, down from 30% in 2005 and from 50% ten years ago. In the state of Georgia, diabetes is the 5th leading cause of death. Diabetes has been associated with an increased risk for a number of serious, sometimes life-threatening complications and certain populations experienced an even greater threat. Good diabetes control could help reduce risk, however many people were not even aware that they have diabetes until they developed one of its complications such as blindness, heart disease, kidney damage, and lower-limb amputations. Working together, people with diabetes, their support network, and their health care providers could reduce the occurrence of these and other diabetes complications by controlling the levels of blood glucose, blood pressure, and blood lipids, and by receiving other preventive care practices in a timely manner. Ms. Green stated that this was one of the reasons the American Diabetes Association supported every effort to keep the school nursing program funded in the budget. The total annual economic cost of diabetes in 2007 was estimated to be \$174 billion. Medical expenditures totaled \$116 billion and were comprised of \$27 billion for diabetes care, \$58 billion for chronic diabetes-related complications, and \$31 billion for excess general medical costs. Because of these statistics, Ms. Green felt it was clear that investing in prevention was the key to saving lives and money in the long run. Ms. Green thanked the committee for staying to listen to their presentations and asked if there were any questions. There were no questions from the committee.

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

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, February 12, 2009

The Senate Health and Human Services Committee held its third meeting of the 2009 Session on Thursday, February 12, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 3:30 pm. Members present at the meeting were as follows:

Senator Don 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 Lester Jackson, 2 nd
Senator David Adelman, 42 nd , Ex-Officio	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	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 Balfour, 9th, and Shafer, 48th, were absent from the meeting

Note: Senator Jackson, 2nd, did not arrive until after all votes were cast for the legislation considered because he was in another meeting.

Chairman Thomas called the meeting to order.

SB 133 (Hawkins, 49th) Health Share Volunteers in Medicine Act; provide certain compensation; health care provider; sovereign immunity protection

Sen. Lee Hawkins, 49th, presented **SB 133**, which would allow staff members of medical facilities or safety net clinics to receive compensation for medical services given to low-income individuals. Sen. Hawkins stated that under current law, health care providers who were providing volunteer medical services were granted sovereign immunity so long as the services were uncompensated. This bill specified that limited payments made to volunteer providers in safety-net clinics would not exclude them from sovereign immunity as long as the payments were not directly related to the number of patients served or services rendered, and there was no reimbursement from Medicaid, Medicare, or a private insurer. The bill also clarified the definition of a safety-net clinic as a primary care outpatient or dental clinic that provided non-emergency services to low-income patients at no cost or on a sliding-scale basis as an alternative to an emergency room. Sen. Hawkins explained that the purpose of this bill was to promote access to health care for the uninsured through the use of safety-net clinics. These clinics often kept late hours as an alternative to the emergency room, but it was difficult to get volunteers to work late hours without some type of limited compensation, such as money for gas or a babysitter (similar to per diem payments). Safety-net clinics relied on donations; there was no government funding. This legislation would help the clinics not have to pay for malpractice insurance for their volunteers. Patients would still have a means for recovery for any negligence through the sovereign immunity law. The Torts Claims Act caps damages at \$350,000, which the state will pay. **Debra Bailey** from the **NE Georgia Medical Center** and a representative from the **Georgia Dental Association** spoke in favor of the bill. **Bill Clark, Georgia Trial Lawyers Association**, opposed the legislation stating that physicians should be held accountable if they were getting any type of payment and then acted negligently. There was some discussion amongst Senators **Preston Smith, 52nd**, **David Adelman, 42nd**, and **Nan Orrock, 36th**, on whether the legislation crossed the tort reform line and whether it was wise to give a pass on liability for free care and free services. **Sen. Greg Goggans, 7th**, stated that there were 1.7 million uninsured and this legislation was about getting healthcare to the uninsured. Senator Thomas asked for a motion on

the legislation. Sen. Lee Hawkins, 49th, moved ***SB 133 DO PASS BY SUBSTITUTE***. Sen. Renee Unterman, 45th, seconded the motion. SB 133 passed by substitute 7 to 5.

Note: Yeas were Senators Unterman, Goggans, Grant, Hawkins, Judson Hill, Smith, and Wiles. Nays were Senators Adelman, Butler, Henson, Orrock and Tate.

SB 133 DO PASS BY SUBSTITUTE

SR 257 (Thomas, 54th) Alzheimer's Disease and Other Dementias Task Force; create

SR 257, presented by **Chairman Don Thomas, 54th**, created the Alzheimer's Disease and Other Dementias Task Force. The Task Force would study and make recommendations on the safety and well-being of Georgians with Alzheimer's, quality long-term care for individuals with dementia and the future need for dementia-related services **Ginny Helms, Alzheimer's Association; Kathryn Fowler, Georgia Council on Aging; and Tom Bauer, Georgia Association of Homes and Services for the Aging**, spoke in favor of this legislation. Chairman Thomas asked for a motion and Sen. Steve Henson, 41st, moved ***SR 257 Do Pass***. Sen. Horacena Tate, 38th, seconded the motion. This legislation passed unanimously 10 to 0.

Note: Senators Adelman and Unterman left the meeting before the vote was taken.

Note: Yeas were Senators Butler, Goggans, Grant, Hawkins, Henson, Judson Hill, Orrock, Smith, Tate and Wiles.

SR 257 DO PASS

With no further business, Chairman Thomas adjourned the meeting at 4:32 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 19, 2009

The Senate Health and Human Services Committee held its fourth meeting of the 2009 Session on Thursday, February 19, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 2:00 pm. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Judson Hill, 32 nd
Senator Renee Unterman, 45 th , Vice Chair	Senator Lester Jackson, 2 nd
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Johnny Grant, 25 th	Senator David Shafer, 48 th , Ex-Officio
Senator Lee Hawkins, 49 th	Senator Horacena Tate, 38 th
Senator Steve Henson, 41 st	Senator John Wiles, 37 th

Note: Senators Adelman, 42nd, and Balfour, 9th, were absent from the meeting

Chairman Thomas called the meeting to order.

Chairman Thomas recognized **Dr. Douglas Lundy** from the **Georgia Orthopaedic Society** to give a presentation entitled, **“It’s about time; Why Georgia needs a Trauma System now.”** Dr. Lundy explained to the committee that a trauma center was a specialized hospital where doctors, nurses, and equipment were available immediately. However, he pointed out that a hospital with an emergency room may not necessarily be a designated trauma center because there are certain guidelines that have to be met to achieve that designation. In Georgia only 15 out of 152 hospitals were designated trauma centers. The state has a few components of a trauma system in that the state monitors and designates trauma centers and licenses EMS services, but does not have a comprehensive statewide trauma system. Currently, Georgia needs 25 to 30 trauma centers particularly in areas not currently covered, but there has been inadequate funding for trauma services that would provide a comprehensive trauma infrastructure that would include pre-hospital care, rapid transport, availability of critical care medicine and nursing, and rehabilitation. Dr. Lundy stated that the reason we need a statewide trauma system was because trauma care saves lives, and it was essential for emergency preparedness and homeland security. Georgia’s trauma death rate was significantly higher than the national average. The national average is 56 deaths per 100,000 people. In Georgia 63 out of every 100,000 people died from their injuries. Dr. Lundy stated that if Georgia’s death rate improved even to the national average it would mean a difference of as many as 700 more lives saved every year. He also stated that trauma centers should be placed in strategic areas because large areas are not adequately served in Georgia. Millions of Georgians are two hours away from trauma care. The reason more hospitals have not started trauma centers was because two-thirds of Georgia’s hospitals were in the red because of the increase in uninsured patients, reductions and delays in Medicare/Medicaid reimbursements, and increases in malpractice insurance. The 15 current trauma centers that we do have were currently in jeopardy because of these same issues. Dr. Lundy stated the additional funds to implement a statewide system of care was a critical need to be considered when budget planning. The other challenge that the state faces is a shortage of medical personnel. Stress, low wages, workload, and liability concerns were a factor in driving personnel away from trauma care. It was also hard to recruit EMS personnel in rural areas. Dr. Lundy gave the following examples of what other states have done to find funding for their statewide trauma networks.

- South Carolina established the infrastructure for a statewide trauma care system in 2004. In 2005, the assembly provided \$4 million in state funding to cover trauma care for Medicaid-eligible patients.
- Arizona uses funds from a tax on cigarettes.
- Illinois assesses a \$100 fee on DUI and a \$20 fee on traffic infractions, which has generated \$34 million for trauma care. They also added a surcharge for drug-related convictions.
- Maryland uses a \$13.50 surcharge on motor vehicle registrations.
- Mississippi charges a \$5 fee per moving violations, which generated about \$8 million for trauma care.
- Texas passed a motor vehicle surcharge that was expected to generate \$300 million in two years for trauma centers. Texas also allocated the interest on tobacco settlement funds to trauma centers which was expected to generate \$4 million.

Dr. Lundy also suggested the following solutions to the problem of establishing a statewide trauma center network:

- Follow funding suggestions given by the Joint Comprehensive State Trauma Services Study Committee.
- Recruit and train enough EMT's, paramedics, physicians and nurses.
- Develop a pre-hospital communications network.
- Enhance EMS medical direction.
- Minimize the practice of hospital diversion.

Chairman Thomas thanked Dr. Lundy for his presentation to the committee and called on Sen. Staton, 18th, to present **SB 156**.

SB 156 (Staton, Cecil 18th) Georgia Trauma Care Network Commission; extensively revise duties; definitions; funding priorities; abolish Georgia Trauma Trust Fund

Sen. Cecil Staton, 18th, presented a substitute to **SB 156** to the committee. Sen. Staton stated that the purpose of this bill was to strengthen Georgia's trauma care system. It sought to revise the duties of the Georgia Trauma Care Network Commission and the State Office of EMS/Trauma, change definitions regarding trauma care, specify trauma funding priorities, and abolish the Georgia Trauma Trust Fund. The following summary was shared with members of the committee:

Revised Definitions:

This bill made several changes to definitions regarding trauma care:

- **Readiness** would include: maintaining a hospital's designation as a trauma center and its ability to treat trauma patients at any time; maintaining multispecialty medical staff; maintaining 24-hour availability of operating rooms, ERs, labs, and radiology services; maintaining equipment necessary to maintain trauma center status; providing uncompensated care; maintaining a communications system among providers; and providing transportation and EMS services;
- **Trauma Centers** would now be designated by the State Office of EMS/Trauma (instead of the Department of Human Resources) as a Level I, II, III, or IV trauma center or as a designated burn center pursuant to rules established by the Georgia Trauma Care Network Commission;

- **Trauma Network** was defined as the state-wide trauma system of trauma centers, EMS providers, and physicians providing care at a trauma center. The network will be designed to provide emergent care within a structured system that includes comprehensive communications among network members, including members outside of the state, and that is designed to ensure prompt delivery of appropriate trauma care;
- **Uncompensated Care** was defined as treatment provided to a trauma patient by physicians or a trauma center, or transportation provided by an ambulance service, when the patient is uninsured, ineligible for Medicaid, has no other form of coverage, and has not paid at least 10 percent of total charges for the care provided after documented attempts to collect such payment.

Revised Duties of the Georgia Trauma Care Network Commission (Commission)

The Commission would have the following duties:

- Review and recommend funding sources that will ensure maintenance of the state-wide trauma network to include fees, waiver programs, and increases in Medicaid reimbursement;
- Allocate funds, capped by the amount appropriated or received for purposes of the Commission, on a fee or grant schedule considering the number and severity of patients served, and the percentage of patients receiving uncompensated care;
- Formulate policy and establish guidelines for the development, operations, and evaluation of a state-wide trauma network;
- Create and annually update a strategic plan for operations of the trauma network; and
- Establish and monitor outcomes measures and accountability standards for both the trauma network as a whole and for individual trauma members based on best practices and findings reported by the State Office of EMS/Trauma and report such findings annually to the Governor and the General Assembly;

The State Office of EMS/Trauma

The State Office of EMS/Trauma (Office) would now serve as the lead agency for our state's trauma network. The Office would apply for and administer grants and funds that were appropriated or donated for purposes of the readiness, operation, maintenance, and oversight of the trauma network.

Funding Priorities

The Office would distribute funds allocated by the Commission based on the following order of priority, with the primary objective of establishing readiness:

1. Supporting readiness of a statewide trauma network;
2. Strengthening EMS services, especially in rural areas of the state;
3. Developing a statewide trauma transfer/communications system;
4. Building a trauma network infrastructure within the Office; and
5. Establishing mechanisms to assure exceptional accountability.

In addition, other secondary priorities may include the following, as determined by majority vote of the Commission:

- Support for costs of recruiting and maintaining physicians for readiness;
- Support for costs of uninsured patients who are treated in a designated trauma center and need rehabilitative care or who are treated in a designated burn center;
- Support for a trauma center's telemedicine costs;
- Support for initiatives to reduce traumatic injury in our state;
- Support for the Commission's planning and policy development; and

- Support for costs to assure accountability for expended funds.

The Office would also prepare an annual proposed budget based on the prioritized needs established by the Commission, which must be approved by a majority vote of the Commission.

Finally, the bill directed the Office to develop, implement, and administer a system by which participants submit a detailed statement of readiness costs in order to receive funds, with criteria for uncompensated care assuring that:

- All other resources are exhausted before funds are allocated, and the appropriate funds represent the payor of last resort;
- Trauma funds are used to meet a verified need that assists trauma centers in maintaining designation; and
- Trauma funds are used for reimbursement for services provided by trauma centers, physicians, and EMS providers who transport patients without regard to a hospital's designation.

Chairman Thomas recognized **Sen. Renee Unterman, 45th**, with a concern. Sen. Unterman was concerned about giving money away to a Trauma Commission and the Commission then having no accountability for the money. Her question was what would happen when this legislation virtually takes the General Assembly out of such volatile issues as uncompensated care with health care changing rapidly at the federal level. She asked Sen. Staton to tell the committee how he could assure them that there would be accountability. Se. Staton replied that the reason he was there with this legislation was because of the very concerns she expressed. The task of the legislation was to clearly enumerate what could be done with the money but also allow for some flexibility. The legislation provides clearer definitions and provides measures for success. The expectation was that the General Assembly would still have ability to oversee spending through the appropriations process. Chairman Thomas recognized Sen. John Wiles, 37th, who stated that he was concerned about not having the ability to remove someone appointed to the commission for a four-year term. Sen. Staton expressed his belief that the people appointed to the Commission would be those people from emergency rooms serving people day-to-day and he was confident that they would know best how to spend the funds. Sen. Judson Hill, 32nd, interjected that perhaps the best way to have a nexus between the Commission and the General Assembly was to have an oversight committee made of members of the House and Senate for more instant feedback. Sen. Staton was not opposed to that idea. Chairman Thomas briefly recognized **Dr. Dennis Ashley** who spoke in favor of the legislation. To close the discussion, Senator Thomas asked for a motion on the legislation. Sen. Johnny Grant, 25th, moved ***SB 156 DO PASS BY SUBSTITUTE***. Sen. Nan Orrock, 36th, seconded the motion. ***SB 156*** passed unanimously by substitute 13 to 0.

Note: Yeas were Senators Unterman, Goggans, Butler Grant, Hawkins, Henson, Judson Hill, Lester Jackson, Orrock, Smith, Shafer, Tate and Wiles.

[SB 156 PASS BY SUBSTITUTE](#)

SB 165 (Goggans, Greg 7th) Community Health; authorized to obtain income eligibility verification from Revenue Dept.; Medicaid and PeachCare for Kids Program

Sen. Greg Goggans, 7th, presented a substitute to **SB 165**. Sen. Goggans stated that this bill gave the Department of Community Health (DCH) authority to obtain income eligibility verification from the Department of Revenue for Medicaid and PeachCare applicants. The state revenue commissioner would notify DCH as to whether an applicant's income exceeds the relevant income threshold. Senator Thomas asked for a motion on the legislation. Sen. Renee Unterman, 45th, moved **SB 165 DO PASS BY SUBSTITUTE**. Sen. Lee Hawkins, 49th, seconded the motion. **SB 165** passed unanimously by substitute 12 to 0.

Note: Senator Shafer left the meeting before the vote was taken.

Note: Yeas were Senators Unterman, Goggans, Butler Grant, Hawkins, Henson, Judson Hill, Lester Jackson, Orrock, Smith, Tate and Wiles.

SB 165 DO PASS BY SUBSTITUTE

SB 146 (Hill, Judson 32nd) Community Health Dept. required to contract with a single administrator for dental services

Sen. Judson Hill, 32nd, presented SB 146 to the committee and stated that this legislation would require the Department of Community Health to contract with a single administrator for Medicaid dental services by September 1, 2009. The new single administration program was required to be in effect and contracted with all dental providers by January 1, 2010. Chairman Thomas recognized Sen. Renee Unterman, 45th, who was concerned about not having a fiscal note for this proposal. She stated that she would like to hear from DCH on the issue. Sen. Judson Hill stated that the carve out for one administrator would be a good thing in the long run because it would increase the number of providers and access to those providers. Chairman Thomas recognized the following people for brief testimony:

Favored: Steve Pollock, Doral Dental
Michael Carr, SWGA Dental Associates
Fred Sharpe, Avesis Dental
Martha Phillips, Ga. Dental Association

Opposed: Lydia Turner, Cleveland Family Dental Center

Chairman Thomas asked for a motion. Sen. Lester Jackson, 2nd, moved **SB 146 Do Pass**. Sen. John Wiles, 37th, seconded the motion. SB 146 passed 9 to 1.

Note: Yeas were Senators Goggans, Butler, Grant, Hawkins, Judson Hill, Lester Jackson, Orrock, Tate and Wiles. The one dissenting vote was cast by Sen. Unterman.

Note: Senators Grant, Hawkins, Henson, and Smith left to attend other meetings. Sen. Shafer was not present for the vote

SB 146 DO PASS

SR 156 (Shafer, David 48th) Freedom of Choice Act; opposing

Sen. David Shafer, 48th, presented *SR 156*. Sen. Shafer stated that this resolution opposed the federal **Freedom of Choice Act (Act)**, which declared that it is the policy of the United States that every woman has the fundamental right to choose to bear a child; terminate a pregnancy prior to fetal viability; or terminate a pregnancy after viability when necessary to protect her life or her health. This Act would effectively invalidate any statute, regulation, or policy of any federal, state, or local government that denied or interfered with a woman's right to choose an abortion, or that discriminated against exercising such right in the provision of benefits, facilities, services, or information. Specifically, the Act would invalidate **Georgia's Woman's Right to Know Act**, which required informed consent, a 24-hour waiting period, ultrasound availability, parental notification, and other provisions for women seeking an abortion in our state. This resolution stated that members of the General Assembly strongly oppose the Act not only because it nullified numerous state laws, but also because it sought to undermine the right and responsibility of the states and the people to debate, vote, and determine abortion policy, and because the protection of women's health through state regulations on abortion was a compelling state interest that should not be nullified by Congress. The Secretary of the Senate would be authorized and directed to send an appropriate copy of this resolution to the Governor, President Obama, the President of the U.S. Senate, and the Speaker of the U.S. House of Representatives. The following people testified briefly regarding the legislation:

Favored: Carolyn Garcia, A.U. L. State Director

Mary Boyert, Archdiocese of Atlanta

Mike Griffin, Ga. Right to Life

Opposed: Mary Beth Pierucci, Planned Parenthood of Georgia

Chairman Thomas asked for a motion. Sen. David Shafer, 48th, moved SR 156 Do Pass. Sen. John Wiles, 37th, seconded the motion. SR 156 passed 5 to 2.

Note: Yeas were Senators Goggans, Judson Hill, Shafer, Wiles, and Chairman Thomas who voted to make the quorum. Nays were Senators Butler and Lester Jackson. Senators Tate and Orrock walked out of committee during the vote.

SR 156 DO PASS

With no further business, Chairman Thomas adjourned the meeting at 4:32 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 24, 2009

The Senate Health and Human Services Committee held its fifth meeting of the 2009 Session on Tuesday, February 24, 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 Don Thomas, 54th, Chairman
Senator Greg Goggans, 7th, Secretary
Senator Don Balfour, 9th
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th
Senator Lee Hawkins, 49th

Senator Steve Henson, 41st
Senator Nan Orrock, 36th, Ex-Officio
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Unterman, 45th, Adelman, 42nd, Hill, 32nd, Jackson, 2nd, and Shafer, 48th, were absent from the meeting

Chairman Thomas called the meeting to order.

[SR 263](#) (Unterman, Renee 45th) President/U.S. Congress; urged to provide support to strengthen Georgia's public health infrastructure

Chairman Thomas presented *SR 263* for **Sen. Renee Unterman, 45th**, and stated that the purpose of this resolution is to recognize the benefits of Georgia's public health system and to urge the President and Congress to restore funding to strengthen public health services in our state. There was no opposition to the resolution. Chairman Thomas asked for a motion on the resolution. Sen. John Wiles, 37th, moved *SR 263 Do Pass*. Sen. Preston Smith, 52nd, seconded the motion. *SR 263* passed unanimously 7 to 0.

Note: Yeas were Senators Thomas, Goggans, Grant, Hawkins, Smith, Tate and Wiles.

[SR 263 DO PASS](#)

Note: Senator Balfour arrived at the meeting.

[SR 291](#) (Thomas, Don 54th) National Childhood Brain Tumor Prevention Network Act; urge President/U.S. Congress to support legislative efforts to enact

Chairman Thomas presented SR 291 to the committee and stated that childhood brain tumors kill more children than any other disease and were the second most common type of cancer in children. Sadly, there was no comprehensive study or analysis of clinical, biological, and epidemiological aspects of childhood brain tumors to identify the risk factors and causes of such tumors. Therefore, this resolution was drafted to urge the President and Congress to support legislative efforts in enacting the National Childhood Brain Tumor Prevention Network. There was no opposition. Senator Thomas asked for a motion on the legislation. Sen. Preston Smith, 52nd, moved *SR 291 DO PASS*. Sen. Lee Hawkins, 49th, seconded the motion. *SR 291* passed unanimously 7 to 0.

Note: Yeas were Senators Balfour, Goggans, Grant, Hawkins, Smith, Tate and Wiles.

SR 291 DO PASS

Note: Senator Orrock arrived at the meeting.

SR 300 (Goggans, Greg 7th) **Community Health; urged to work in conjunction with state-wide medical organizations; pediatric physicians; proper care for pre-term infants**

Sen. Greg Goggans, 7th, presented SR 300 to the committee stating this resolution urged the Department of Community Health (DCH) to work in conjunction with state-wide medical organizations representing pediatric physicians to prepare and disseminate detailed information about the possible complications, proper care, and support for preterm infants, including:

- The unique health issues affecting pre-term infants, such as developmental problems, nutritional challenges, infection, chronic lung disease, vision and hearing problems, feeding, jaundice, and respiratory problems;
- The proper care needs of pre-term infants, developmental screening and monitoring, and healthcare services available in the public sector;
- Methods, vaccines, and other preventative measures to protect pre-term infants from infectious diseases such as respiratory infections;
- The leading causes of infant hospitalization and how they contribute to poor health outcomes; and
- The emotional and financial burdens and other challenges of caring for a pre-term infant and information about available resources and support.

There was no opposition. Senator Thomas asked for a motion on the legislation. Sen. Johnny Grant, 25th, moved **SR 300 Do Pass**. Sen. Nan Orrock, 36th, seconded the motion. **SR 300** passed unanimously 8 to 0

Note: Yeas were Senators Balfour, Goggans, Grant, Hawkins, Orrock, Smith, Tate and Wiles.

SR 300 DO PASS

Note: Senator Henson arrived at the meeting.

SB 159 (Grant, Johnny 25th) **Hemophilia Advisory Board Act; create; provide for duties, reporting, membership, selection of officers**

Sen. Johnny Grant, 25th, presented SB 159 to the committee stating that this bill created the ***Hemophilia Advisory Board Act***. The Director of the Division of Public Health (Director) within the Department of Human Resources (DHR), in conjunction with the Commissioner of Insurance (Commissioner), would establish the Hemophilia Advisory Board and would serve as nonvoting Board members. The following individuals would serve three-year terms as voting members:

- A board-certified physician who specializes in treating persons with hemophilia and other blood disorders;
- A licensed nurse who currently treats hemophiliacs;
- A social worker licensed to treat such persons;
- A representative of a federally funded hemophilia treatment center;

- A representative of an insurance company;
- A representative of a nonprofit organization that provides services to hemophiliacs;
- A person with hemophilia;
- A caregiver of a hemophiliac; and
- A person who has another blood disorder or is a caregiver of someone with another blood disorder.

The Board may appoint up to five additional nonvoting members. Members would serve without compensation and would meet at least quarterly to review and make recommendations regarding issues affecting the health and wellness of persons with hemophilia and other bleeding disorders, including: proposed legislative or administrative changes to programs for hemophiliacs; issues relating to access to health insurance; standards of care for hemophiliacs; the development of community-based initiatives to increase public awareness; and the coordination of public and private networks. Chairman Thomas recognized **Trish Dominic**, Hemophilia of Georgia, who spoke briefly in favor of the legislation. There was no opposition. Senator Thomas asked for a motion on the legislation. Sen. Steve Henson, 41st, moved ***SB 159 Do Pass***. Sen. Horacena Tate, 38th, seconded the motion. ***SB 159*** passed unanimously 9 to 0

Note: Yeas were Senators Balfour, Goggans, Grant, Hawkins, Henson, Orrock, Smith, Tate and Wiles.

[SB 159 DO PASS](#)

Note: Senator Butler arrived at the meeting.

[SB 163](#) (Balfour, Don 9th) Human Resources Commissioner; authorize to appoint a diabetes coordinator

Sen. Don Balfour, 9th, presented ***SB 163*** to the committee stating this bill would authorize the Commissioner of Human Resources to appoint a diabetes coordinator within DHR. The coordinator would work with other agencies to ensure that diabetes prevention and treatment programs were coordinated and maximized in an attempt to reduce the health consequences and complications of diabetes. DHR would serve as the central repository for data related to the prevention and treatment of diabetes in our state. There was no opposing testimony. Senator Thomas asked for a motion on the legislation. Sen. Steve Henson, 41st, moved ***SB 163 Do Pass***. Sen. Lee Hawkins, 49th, seconded the motion. ***SB 163*** passed unanimously 10 to 0

Note: Yeas were Senators Balfour, Butler, Goggans, Grant, Hawkins, Henson, Orrock, Smith, Tate and Wiles.

[SB 163 DO PASS](#)

With no further business, Chairman Thomas adjourned the meeting at 2:00 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 26, 2009

The Senate Health and Human Services Committee held its sixth meeting of the 2009 Session on Thursday, February 26, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:25 pm. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chairman
Senator Greg Goggans, 7th, Secretary
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th
Senator Lee Hawkins, 49th
Senator Lester Jackson, 2nd

Senator Nan Orrock, 36th, Ex-Officio
Senator David Shafer, 48th, Ex-Officio
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Adelman, 42nd, Balfour, 9th, Henson, 41st, Hill, 32nd, and Unterman, 45th, were absent from the meeting

Chairman Thomas called the meeting to order.

SR 328 (Mullis, 53rd) Georgia Senate; urged to acknowledge a paramount right to life and need for protection of innocent human life at every stage of life

Senator Jeff Mullis, 53rd, presented **SR 328** to the committee. He stated that this was a resolution to acknowledge the paramount right to life and the need for the protection of innocent human life at every stage of life. Sen. Mullis offered an amendment to clean up language in the bill to specify that the protection of the right to life was a local, state, national, and global issue. **Sen. Preston Smith, 52nd**, offered an amendment to delete language stating that unborn children were not currently recognized as persons, since several recent laws that specify unborn children *were* considered persons had already been passed. Sen. Smith made a motion to amend which was seconded by Sen. Wiles. That motion passed 8 to 1 with Sen. Lester Jackson being opposed. Sen. Butler abstained. Chairman Thomas noted that there was no one to testify for or against the legislation and asked for a motion. Sen. John Wiles, 37th, moved **SR 328 Do Pass by Substitute**. Sen. Preston Smith, 52nd, seconded the motion. **SR 328** passed 8 to 1.

SR 328 DO PASS BY SUBSTITUTE

Note: Yeas were Senators Goggans, Grant, Hawkins, Orrock, Shafer, Smith, Tate, and Wiles. The one dissenting vote was Sen. Lester Jackson. Sen. Butler abstained.

SR 399 (Thomas, 54th) Georgia Nonprofit Organizations and their Governmental Partnerships; create Senate Study Committee

This resolution creates the Senate Study Committee on Georgia Nonprofit Organizations and Their Governmental Partnerships, to be composed of six Senators appointed by the Lieutenant Governor. The committee would be charged with studying the relationship between state and local governments and nonprofit organizations in delivering goods and services and the effect of the economic downturn on these partnerships, among other issues. **Stan Jones, Nelson Mullins, Karen Beavor, GA Center for Nonprofits, and Ann Minte, United Way**, spoke in favor of the legislation. Chairman Thomas asked for a motion and Sen. Lee Hawkins, 49th, moved **SR 399 Do Pass**. Sen. Johnny Grant, 25th, seconded the motion. **SR 399** passed unanimously 9 to 0.

Note: Sen. Orrock left the meeting briefly and was not present for the vote. She returned to present SR 281.

Note: Yeas were Senators Butler, Goggans, Grant, Hawkins, Lester Jackson, Shafer, Smith, Tate and Wiles.

SR 399 DO PASS

SR 281 (Orrock, 36th) U.S. Congress; urged to enact the Prevention First Act (H.R. 463/S.21)

Sen. Nan Orrock, 36th, presented **SR 281**. This resolution urges Congress to enact the Prevention First Act (Act), an omnibus family planning initiative that expands access to preventative healthcare services and education programs to help reduce unintended pregnancies, prevent the spread of sexually transmitted infections, and improve women's health. The Act seeks to amend public health legislation in the following manner:

- Authorized \$700 million in funding for Title X family planning clinics;
- Required private health plans to cover FDA-approved contraceptives and related medical services;
- Directed the Secretary of Health and Human Services to develop and disseminate information about emergency contraception (EC) to the public and healthcare providers;
- Required hospitals receiving federal funds to provide victims of sexual assault with information and access to EC;
- Provided annual funding to public and private entities to establish or expand teenage pregnancy prevention programs;
- Required federally funded programs that provide information on contraception use to ensure that such information is medically accurate and includes health benefits and failure rates;
- Strengthened Medicaid coverage of family planning services; and
- Provided for comprehensive, abstinence-based, medically accurate sex education programs.

Chairman Thomas called on **Leola Reis, Planned Parenthood**, who spoke in support of the resolution. **Sen. David Shafer, 48th**, asked some clarifying questions about what support services a Title X clinic offers, specifically asking if they provide abortions. Ms. Reis said that they did not provide abortions. Chairman Thomas asked for a motion on the legislation. Sen. Horacena Tate, 38th, moved **SR 281 Do Pass**, and Sen. Gloria Butler, 55th, seconded the motion. The motion failed 4 to 5.

Note: Yeas were Senators Butler, Jackson, Orrock and Tate. Nays were Senators Grant, Hawkins, Shafer, Smith, and Wiles. Sen. Goggans left the meeting to attend another meeting before the vote was taken.

SR 281 DO PASS MOTION FAILED

With no further business, Chairman Thomas adjourned the meeting at 4:32 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 5, 2009

The Senate Health and Human Services Committee held its seventh meeting of the 2009 Session on Thursday, March 5, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 9:00 a.m. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chairman
Senator Renee Unterman, 45th, Vice Chair
Senator Greg Goggans, 7th, Secretary
Senator David Adelman, 42nd, Ex-Officio
Senator Don Balfour, 9th
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th
Senator Lee Hawkins, 49th

Senator Judson Hill, 32nd
Senator Steve Henson, 41st
Senator Lester Jackson, 2nd
Senator Nan Orrock, 36th, Ex-Officio
Senator David Shafer, 48th, Ex-Officio
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Chairman Thomas called the meeting to order.

SB 201 (Balfour, 9th) Health; provide voluntary contributions through individual income tax returns for cancer research

Sen. Don Balfour, 9th, presented **SB 201** to the committee. He stated that under current law, the Department of Human Resources could promote and solicit voluntary contributions through individual income tax returns to support the breast, prostate, and ovarian cancer research fund. This bill specified that such contributions may be for all types of cancer research. Chairman Thomas recognized **Bill Todd, Georgia Cancer Coalition**, and **David Tatum, Children's Healthcare**, who both spoke in favor of the legislation. Seeing there was no opposition, Chairman Thomas asked for a motion. Sen. Greg Goggans, 7th, moved **SB 201 Do Pass**. Sen. Lee Hawkins, 49th, seconded the motion. **SR 201** passed unanimously 12 to 0.

Note: Senators Lester Jackson, Judson Hill, and Shafer were not present for the vote.

Note: Yeas were Senators Unterman, Goggans, Adelman, Balfour, Butler, Grant, Hawkins, Henson, Orrock, Smith, Tate, and Wiles.

SB 201 DO PASS

HB 49 (Channell, 116th) Georgia Board for Physicians Workforce; revise certain provisions

Chairman Thomas recognized **Rep. Mickey Channell, 116th**, to present **HB 49**. Rep. Channell stated that **HB 49** would alter the Georgia Board for Physician Workforce so as to allow the board to solicit donations and apply for grants in effort to bolster medical education and Georgia's physician workforce. Sen. Lee Hawkins, 49th, moved **HB 49 Do Pass**. Sen. Greg Goggans, 7th, seconded the motion. **HB 49** passed unanimously 12 to 0.

Note: Senators Lester Jackson, Judson Hill, and Shafer were not present for the vote.

Note: Yeas were Senators Unterman, Goggans, Adelman, Balfour, Butler, Grant, Hawkins, Henson, Orrock, Smith, Tate, and Wiles.

Note: Sen. Greg Goggans, 7th, stated he would carry **HB 49** in the Senate.

HB 49 DO PASS

SR 57 (Ramsey, 43rd) **Georgia Vulnerable Adult Study Commission; create; membership; duties**

Sen. Ronald Ramsey, 43rd, presented a substitute **SR 57** to the committee. He stated that in 1993, the *Senate Elder Abuse Task Force* determined that there was a critical need for a comprehensive emergency placement network for abused and exploited elderly and disabled Georgians. This resolution created the **Georgia Vulnerable Adult Study Commission**, to be composed of three members of the House and three members of the Senate. The Commission was directed to continue the work of the Task Force by examining the needs of vulnerable Georgians who were in need of emergency placement due to abuse or neglect and to recommend any actions it deemed necessary. Chairman Thomas asked if there were any questions. Being none, he asked for a motion on the legislation. Sen. Steve Henson, 41st, moved **SR 57 Do Pass by Substitute**. Sen. David Adelman, 42nd, seconded the motion. **SR 57** passed unanimously 13-0.

Note: Sen. Lester Jackson arrived during Sen. Ramsey's presentation and was present for the vote.

Note: Yeas were Senators Unterman, Goggans, Adelman, Balfour, Butler, Grant, Hawkins, Henson, Jackson, Orrock, Smith, Tate, and Wiles.

SR 57 DO PASS BY SUBSTITUTE

Note: Senators Judson Hill and Shafer arrived.

SB 169 (Hudgens, 47th) **Ethical Treatment of Human Embryos; unlawful for any person to knowingly create an in vitro human embryo by any means**

Sen. Ralph Hudgens, 47th, presented **SB 169**. He stated that this bill created the **Ethical Treatment of Human Embryos Act** which specified that a living in vitro human embryo was a biological human being and was not the property of any person or entity. If enacted, any contract that identified an embryo as the property of another person would be considered null and void. In disputes arising over embryos, the court would make decisions based on the best interest of the embryo. The fertility physician and the medical facility in which the physician works would owe a high duty of care to living embryos, and embryos would not be intentionally destroyed for any purpose. The exception would be if embryos did not show signs of life over a 36-hour period outside a state of cryopreservation, they would then be considered no longer living. Sen. Hudgens shared the following summary with the committee:

Use of Embryos

Under the Act, it would be illegal for any person or entity to intentionally or knowingly create or attempt to create an in vitro human embryo by any means other than fertilization of a human egg by a human sperm. Further, the creation of an in vitro human embryo would be solely for the treatment of infertility by initiating pregnancy through the transfer to a woman's uterus. The Act further stipulated that no person or entity would give or receive compensation of any kind for the

provision of gametes or embryos. Embryos would be given identification by the facility, and records identifying the donors must be maintained and kept confidential.

Conscience Clause

The bill specified that any person, employer, or entity had the right not to participate in any health care service that violated its religious, moral, or ethical principles.

Medical Facilities and Physicians

Only facilities and physicians specializing in artificial reproductive technology that met the standards of the American Society for Reproductive Medicine and the American College of Obstetricians and Gynecologists could perform in vitro fertilization.

Number of Embryos to be Transferred

In the interest of reducing the risk of complications, the number of embryos to be transferred in a single treatment cycle would be as follows:

- For women under age 40 using their own eggs or embryos created with their eggs, no more than **two** embryos would be transferred in any treatment cycle;
- For women over age 40 using their own eggs or embryos created with their eggs, no more than **three** embryos would be transferred;
- For women using donated eggs or adopted embryos, no more than **two** eggs or embryos would be transferred, regardless of the woman's age.

Informed Consent

At least 24 hours prior to obtaining a signed contract for services, facilities would be required to provide patients with informed consent and obtain a signed disclosure form before services began. Informed consent materials would contain information on the medical risks and success rates, as well as the parental rights and duties of donors and their legal rights regarding disposition of in vitro embryos that were not transferred due to the patient's death, divorce, abandonment, or disputes over custody of the embryos.

Penalties

Persons or entities that violated this Act and made money from such violation would be issued a fine of \$500.00 to \$1,000.00. Violations would constitute unprofessional conduct and would result in sanctions that could possibly lead to suspension or revocation of a license. Any violations could be used as a basis for denying an application for, renewal of, or revocation of any license or permit of any trade or a license to operate a medical facility.

Sen. Hudgens, 47th, finished up this summary with the statement that he would reserve the last five minutes of discussion on this legislation for rebuttal of any unfavorable testimony. Chairman Thomas opened the floor for testimony. Because of the number of people signed up to testify on this particular piece of legislation, he asked that everyone try to keep their comments brief.

Dr. David Prentice addressed the committee stating that he was a cell biologist who currently worked for a think tank in Washington, D.C. In an effort to establish his expertise on the subject, he stated for the last twenty years he had been a Professor of Life Sciences at Indiana State University and Adjunct Professor of Medical and Molecular Genetics at Indiana University School of Medicine, where he had done federally funded laboratory research, lectured and advised on this subject extensively, both in the U.S. and internationally. He was selected by the President's Council on Bioethics to write the comprehensive review of adult stem cell research for the Council's 2004 publication "Monitoring Stem Cell Research." He explained to the committee that a Zygote results from the union of an oocyte and a sperm during fertilization, so

the entity in question in this legislation was biologically and scientifically considered a human being. Dr. Prentice stated that the question before the committee is whether you respect that fact, and whether rights should be given to this earliest stage of human life, whether it can be created in various ways and used for experiments, and whether its health and the health of its mother would be considered and protected. One of the areas under consideration in this bill was a limit on the number of human embryos created by fertilization for purposes of pregnancy, as well as the eggs donated for such purposes. Currently, Dr. Prentice stated, there were no limits in the United States or any individual state which opened the door for the recent abuse of this practice with the “Octamom” case in California, where six embryos were implanted in the womb, resulting in a multiple birth of eight babies. That situation shined the light on the fact that while fertility groups in the U.S. have guidelines for clinics to follow, the CDC noted that 80% of clinics do not follow these guidelines. The numbers in **SB 169** were taken from the legal limits used in the United Kingdom (U.K.). Other countries, including the U. K., Germany, and Italy, had addressed this issue legislatively, but not the U.S. Germany in fact, since 1990, had ruled that it is against the law to destroy any human embryos (Embryo Protection Law). So, Dr. Prentice felt that Georgia was breaking new and much needed ground with this legislation and stated recent studies had shown that using better techniques, and implanting just one embryo could give just as good of results as implanting more embryos. The lower numbers decreased the incidences of multiple births and attendant health risks, and made it safer for the mother as well as for the children. Dr. Prentice stated that **SB 169** did not directly address the question of stem cell research and that no stem cell research of any kind was prohibited by this legislation and ongoing stem cell research in the state could continue unabated under this bill. Researchers who wanted to create new lines of embryonic stem cells, whether by destroying existing fertilized embryos, creating new fertilized embryos, creating new fertilized embryos for experiments, creating embryos via cloning (somatic cell nuclear transfer, SCNT), could actually create these embryos in another state, destroy them for their cells, and then have the cells brought into the state. Dr. Prentice closed with the statement that **SB 169** only addressed the human embryo, its creation and its disposition and did not restrict any other vital or viable medical research. **SB 169** would ultimately foster research that would help patients and also protect the health of mothers and babies and for that reason he supported this legislation.

Chairman Thomas thanked Dr. Prentice for his testimony, and gave **Jennifer Lahl** opportunity to address the committee. By way of establishing her credentials and expertise relevant to her testimony, Ms. Lahl gave a brief overview of her background stating that she had a B.S. in nursing and that she worked for 20 years in pediatric nursing, specifically pediatric critical care nursing and premature infants. She stated that she had contributed chapters in a nursing textbook on Maternal and Child Health and had been a long time patient advocate. In 2000, she received her Masters degree in bioethics and she stated that she had been involved since that time as the national director of the Center for Bioethics and Cultures. Since 2000 she explained she had written and spoken extensively on reproductive technologies, the exploitation of women through various reproductive technologies, and the risks to the health and well-being of women and children. Ms. Lahl stated that the concerns that brought her before the committee in support of **SB 169** were threefold. In her opinion, fertility medicine as currently practiced was dangerous to women and children and out of touch with new approaches in fertility practice. Ms. Lahl stated in her opinion the previous 25 years of reproductive technology addressing human fertility had lured everyone into thinking that ovarian stimulation, egg harvesting, and retrieval procedures were completely safe. Ms. Lahl told the committee that since Louise Brown was born as the first “test tube baby,” the reproductive industry had grown. In America alone, it was a \$3 billion largely unregulated business, but the view that these technologies were safe was far from reality if you looked at the many ways a woman’s body could be harmed in the elaborate process of harvesting a human egg from a woman. She went on to explain the process. First these women

injected themselves daily, for approximately two weeks, with powerful hormones to suppress ovarian function which put the women into a medically induced state of menopause. A drug commonly used during this phase was Lupron and was given off label which meant it was not FDA approved for this use. Lupron's official FDA approved use was for end-stage prostate cancer, and Lupron has a category X classification which meant there was strong evidence that it could cause birth defects. Ms. Lahl stated common sense should tell you that this is hardly a drug you would want to give a woman trying to get pregnant. Ms. Lahl went on to say that the next step in the process was to administer a new drug to hyper-stimulate the ovaries to cause the woman to release more eggs (sometimes 12-14 or more) than the normal one a month which often lead to Ovarian Hyper-stimulation Syndrome (OHSS). The majority of women experienced some level of the condition, which in severe cases could cause strokes, organ failure and even death. Finally, at the end of the process when the egg follicles had matured, a final hormone injection would be given to release the eggs and then eggs were retrieved surgically under anesthesia, and there were always the risks associated with surgery and anesthesia. Ms. Lahl stated that each of these steps along the way could lead to harmful and life-threatening outcomes in both the short and long term and gave several examples of poor outcomes to these procedures. Ms. Lahl stated that the recent attention in the media on Nadya Suleman and her octuplets, along with the 60-year-old Canadian postmenopausal woman who gave birth to premature twin boys, had finally brought much needed scrutiny to fertility practices. Ms. Lahl stated that a milder and more natural approach to IVF, and regulation of the industry was needed because the majority of fertility clinics did not follow the current guidelines. Ms. Lahl was in support of the overall intent of **SB 169**.

Chairman Thomas then recognized **Sen. Seth Harp, 29th**, to speak briefly to the legislation. Sen. Harp stated that he agreed with the overall effort to define life at conception but as one of the leading divorce attorneys in the state, he felt that this legislation could possibly have serious legal consequences. Custody of embryos might go to the state while the details involved in ending a marriage were ironed out. Then the state would be responsible for maintaining the embryos for quite some time until agreements were reached. He felt it was in the best interest of the state to move slowly on this legislation and think about the consequences more thoroughly and suggested the bill be moved to a subcommittee for further study.

Chairman Thomas then recognized **Dr. Andrew Toledo**, a Reproductive Endocrinologist and Infertility physician located in the Atlanta area, who spoke in opposition to the legislation. Dr. Toledo stated that he was currently Medical Director of Reproductive Biology Associated, and was also the Legislative Chair of the Georgia OB/GYN Society. He was at the meeting to represent the physicians who take care of infertile couples in the state of Georgia. Dr. Toledo stated that they understood the intentions of the bill were to limit the numbers of embryos transferred into a woman's uterus in an effort to avoid what was commonly called a high-order multiple pregnancy such as what occurred with Nadya Suleman in Los Angeles, CA (the so-called "Octamom"). Dr. Toledo stated for the record that the events that occurred with Ms. Suleman in California were clearly the exception and not the norm. Dr. Toledo said that the physicians that practice Reproductive Endocrinology/Infertility here in the State of Georgia would like the committee to ponder the following facts:

1. All of the fertility centers in the State of Georgia currently follow the guidelines set forth by the American Society for Reproductive Medicine (ASRM). These guidelines make specific recommendations for the number of embryos that should be placed based on several issues including the patient's age. The recommendations set forth in **SB 169** did not follow the recommendations set forth by ASRM and were certainly not in line with the American College of Obstetrics and Gynecology (ACOG).

2. **SB 169** did much more than limit the number of embryos to be placed in a woman's uterus. This bill also contained language that would make compensation for men donating their sperm or women donating their eggs illegal. This bill also stated that husbands and wives who went through infertility treatment and subsequently have embryos remaining would no longer have the final say in what happened to their embryos. This bill would also make it illegal to perform any genetic testing of the embryos to rule out various genetic problems such as cystic fibrosis, sickle cell disease, Huntington's disease, etc. Finally this bill stated that doctors who violate the stipulations of **SB 169** could most definitely lose their medical license.
3. If this bill passed, it would have a tremendous impact on the success rates of infertile couples going through in vitro fertilization therapy. Because of the high cost of the in vitro fertilization treatment, infertile couples would more than likely leave the state of Georgia and would seek treatment in surrounding states where this type of law does not exist.
4. The loss of this type of business would be dramatic and would generate a loss of business in the state of Georgia that could be estimated at anywhere from \$60-\$200 million.
5. The passage of **SB 169** would also lead to a greater amount of infertility treatment utilizing fertility drugs with intrauterine insemination (the so-called turkey baster technique) which would not be impacted by this senate bill. Unfortunately the use of fertility drugs with intrauterine insemination actually leads to a greater number of high-order multiple gestations and would, in effect, create a scenario which theoretically this bill was trying to avoid.

Dr. Toledo said in summary, although the intent of **SB 169** appeared to be to avoid the events that happened in California, in truth the bill would not accomplish this goal but would instead create more potential for high-order multiple births in the State of Georgia. This bill would definitely lead to the loss of income to the state and would ultimately drive patients to other states that do not have this type of legislation. Dr. Toledo stated it was for all these reasons that the physicians who take care of infertile couples here in the State of Georgia opposed this legislation and humbly requested that this bill did not pass out of committee.

Chairman Thomas recognized **Charlie Craig**, who represents Georgia Bio, to speak in opposition to the bill. Mr. Craig stated that Georgia Bio was a private, non-profit, membership-based organization that promotes the interests of Georgia's life sciences industry, and represents nearly 300 pharmaceutical, biotechnology and medical device companies, universities, research institutes, government groups and other organizations involved in the discovery and development of life sciences products that improve the health and quality of life of people worldwide. Mr. Craig stated that the members of this group were leaders in creating new therapies and cures for life-threatening and debilitating illnesses such as heart disease, cancer, Alzheimer's disease, Parkinson's disease, epilepsy, diabetes, arthritis, and infectious diseases such as AIDS and influenza. On behalf of this group of people, Mr. Craig opposed **SB 169** and its proposal to criminalize stem cell research and therapeutic cloning. Georgia Bio felt that Georgia's position should not be to enact laws regarding scientific research that were more restrictive than the laws of the federal government. **SB 169** went far beyond federal restrictions on stem cell research. Stem cell research had the potential to positively affect the lives of millions of Americans by

leading to new treatments and cures for many of humanity's most devastating conditions. This is research that the federal government, nearly every state and most nations considered legal and ethical, and that the majority of people support. Mr. Craig stated that his organization recognizes that significant ethical issues were raised about therapeutic cloning and embryonic stem cell research and that they support use of this research under the appropriate system of regulatory and ethical oversight. While they respect the view of those opposed to such research, they did not agree with those in favor of **SB 169** based on what they believed was an overriding consideration; that it would be tragic to lose the unique potential for alleviating human suffering amongst the millions of patients in desperate need of medical advances afforded by the studying of stem cells. Mr. Craig pointed to a poll commissioned by Georgia Bio in 2006 which revealed that two-thirds of Georgia voters, both Republican and Democrat, favored embryonic stem cell research with donated embryos from fertility clinics. In addition, two-thirds of the voters believed that any medical research allowed by the federal government should be allowed in Georgia. Mr. Craig stated **SB 169** was wrong for Georgia. Governor Sonny Perdue had identified life sciences as a top strategic industry for economic growth. Passage of **SB 169** would single Georgia out as an anti-technology state and undermine many of the economic development efforts in the field of life sciences. With the world's biotech community focused on Georgia for the 2009 BIO International Convention, passage of this legislation would severely embarrass and harm the state's image and reputation as a progressive state that supported innovation.

Chairman Thomas stated that time was very short and allowed brief comments from the following people:

Opposed:

Dr. Bill Butler, Mercer School of Medicine

Ruth Claiborne, Attorney

Renee Whitley, Kate Badey, Bernita Malloy, and Suzanne Darley from the group RESOLVE and the National Infertility Association.

Rachel Schonberger and Deborah Shendelman, Hadassah Southeastern Region

Courtney Bugler, Young Survival Cancer Coalition

Favored:

Mike Griffin, Georgia Right to Life

Chairman Thomas called on Sen. Hudgens to make his closing arguments to the committee and answer any questions. Sen. Hudgens asked for favorable consideration of **SB 169** from the committee. He deferred to Ms. Lahl and Dr. Prentice to answer any questions from the committee. Chairman Thomas recognized Sen. Adelman with a clarifying question regarding Ms. Lahl's credentials. Senators Goggans and Grant were recognized with concerns regarding the legislation. Sen. Goggans stated since no other state had done this and there was potential for unintended consequences that instead of passing the bill, a subcommittee should be formed to research such a complicated issue. Sen. Grant agreed and stated that this bill was potentially loaded with both technical and legal landmines and was something the committee needed to spend more time on. Sen. David Adelman, 42nd, made a motion to move **SB 169 to Subcommittee** for further study. Sen. Preston Smith, 52nd, seconded Sen. Adelman's motion. Sen. Smith stated that he had actually chaired a study committee for a year on this very complicated and delicate area of the law. He pointed out that as a point of parliamentary procedure they could form a subcommittee to talk further about the issue over the weekend and still get the bill out on the following Monday to meet the crossover deadline. The motion passed 5 to 3 to send **SB 169 to Subcommittee**. Chairman Thomas appointed Sen. Smith, 52nd, to chair the subcommittee with Senators Adelman, 42nd, Unterman, 45th, and Wiles, 37th, as members.

Note: Senators Adelman, Balfour, Butler, Tate and Henson left to attend other meetings and were not present for the vote.

Note: Yeas were Senators Goggans, Grant, Lester Jackson, Orrock, Unterman. Nays were Senators Hawkins, Judson Hill and Shafer.

[SB 169 SENT TO SUBCOMMITTEE](#)

[SB 204 \(Shafer, 48th\) Snowflakes Adoption Act; provide exclusive means of adopting human embryos](#)

Sen. David Shafer, 48th, withdrew this legislation from consideration stating that he thought his bill was a distillation of noncontroversial elements of genetic technology from a study committee. He had asked some experts at Georgia State University to see how it would mesh with current adoption law and wanted to make sure it was perfected before they moved forward.

[SB 204 WITHDRAWN FROM CONSIDERATION](#)

With no further business, Chairman Thomas adjourned the meeting at 11:15 a.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Monday, March 9, 2009

The Senate Health and Human Services Committee held its eighth meeting of the 2009 Session on Monday, March 9, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 10:30 a.m. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice Chair	Senator Judson Hill, 32 nd
Senator Greg Goggans, 7 th , Secretary	Senator Steve Henson, 41 st
Senator David Adelman, 42 nd , Ex-Officio	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 Johnny Grant, 25 th	Senator Horacena Tate, 38 th

Chairman Thomas called the meeting to order.

Note: Senators Jackson, 2nd, and Wiles, 37th, were absent from the meeting.

[SR 456](#) (Mullis, Jeff 53rd) Blood Pressure Down Shift Program; create Senate Study Committee

Sen. Jeff Mullis, 53rd, presented **SR 456** which would create a Senate Study Committee on a Blood Pressure Down Shift Program. The Committee would be composed of five members of the Senate and would study and develop a program to identify health risks from hypertension and high blood pressure in commercially-certified drivers. There was no testimony for or against this legislation. Chairman Thomas asked for a motion on the resolution. Sen. Renee Unterman, 45th, moved **SR 456 DO PASS**. Sen. Preston Smith, 52nd, seconded the motion which passed unanimously 9 to 0.

Note: Yeas were Senators Adelman, Balfour, Butler, Goggans, Grant, Shafer, Smith, Tate and Unterman.

[SR 456 DO PASS](#)

Note: Sen. Orrock arrived.

[SR 506](#) (Unterman, Renee 45th) Mental Health Continuum Care; create Senate Study Committee

Chairman Thomas recognized **Sen. Renee Unterman, 45th**, to speak to **SR 506**. Sen. Unterman stated that this resolution was simply a continuum of the 2008 Joint Sexual Exploitation of Minors Study Committee which will continue to investigate and examine the availability of services to treat minors with mental health issues, particularly those who have been sexually exploited. Chairman Thomas asked if there was anyone who wished to speak to the bill. Being none, Chairman Thomas recognized Sen. Johnny Grant, 25th, who moved **SR 506 DO PASS**. Sen. Preston Smith, 52nd, seconded the motion which passed unanimously 10 to 0.

Note: Yeas were Senators Adelman, Balfour, Butler, Goggans, Grant, Orrock, Shafer, Smith, Tate and Unterman.

SR 506 DO PASS

Note: Sen. Hawkins arrived.

SB 244 (Unterman, 45th) Ga. Registered Professional Nurse Practice Act; performance of health maintenance activities by a designated caregiver shall not be prohibited

Sen. Renee Unterman, 45th, presented **SB 244**. She stated that this bill would allow designated caregivers to perform health maintenance activities for disabled individuals. The bill specified that the *Georgia Registered Professional Nurse Practice Act* would not prohibit a designated caregiver from performing certain activities that would allow the person to live as independently as possible in a home and community of his or her choice, including specialized procedures beyond the activities of daily living which the attending physician or registered professional nurse had determined could be safely performed at home by the designated caregiver. Chairman Thomas recognized the following people to speak briefly in favor of the legislation:

Favored: Pat Nobbie, Governor's Council on Developmental Disabilities
Pat Puckett, State Independent Living Council
J. D. Frazier, parent
Andreena Patton, Independent Living
Edwin McWilliams, Consumer

There was no opposing testimony. Chairman Thomas asked for a motion on the legislation. Sen. Don Balfour, 9th, moved **SB 244 DO PASS**. Sen. Johnny Grant, 25th, seconded the motion which passed unanimously 11 to 0.

Note: Yeas were Senators Adelman, Balfour, Butler, Goggans, Grant, Hawkins, Orrock, Shafer, Smith, Tate and Unterman.

SB 244 DO PASS

Note: Sen. Henson arrived. Sen. Orrock left the meeting.

SB 252 (Thomas, Don 54th) Polysomnography Practice Act; provide for the certification of polysomnographic technologists

Chairman Thomas, 54th, sponsor of this legislation asked **Lasa Joiner** representing the Georgia Society for Respiratory Care to speak to **SB 252**. Ms. Joiner explained this legislation would set forth the process for certification of polysomnographic technologists. The purpose of the *Polysomnography Practice Act* was to establish qualifications for and oversight of persons who practiced the treatment of sleep and wake disorders in our state. The bill created an Advisory Committee to work in conjunction with the Composite State Board of Medical Examiners in determining the qualifications of applicants for certification as a polysomnographic technologist. Applicants would be required to meet certain educational requirements and must successfully complete a criminal background check. Chairman Thomas asked if there was anyone who wished to speak to the bill. Being none, Chairman Thomas recognized Sen. Steve Henson, 41st, who moved **SB 252 DO PASS**. Sen. Lee Hawkins, 49th, seconded the motion which passed unanimously 12 to 0.

Note: Yeas were Senators Adleman, Balfour, Butler, Goggans, Grant, Hawkins, Henson, Judson Hill, Shafer, Smith, Tate and Unterman were present for the vote.

SB 252 DO PASS

Note: Sen. Balfour left the meeting.

SR 331 (Hill, Judson 32nd) Health Care Transformation; create Joint Study Committee

Sen. Judson Hill, 32nd, presented **SR 331**. Sen. Hill stated that this resolution was simply a continuation of the previous study committees regarding the availability and affordability of health insurance and access to health services in our state. Chairman Thomas asked if there was anyone who wished to speak to the bill. Being none, the Chairman recognized Sen. Renee Unterman, 45th, who moved **SR 331 DO PASS**. Sen. Johnny Grant, 25th, seconded the motion which passed unanimously 11 to 0.

Note: Yeas were Senators Adelman, Butler, Goggans, Grant, Hawkins, Henson, Orrock, Shafer, Smith, Tate and Unterman.

SR 331 DO PASS

Note: Senators Balfour and Orrock returned to the meeting.

SB 169 (Hudgens, Ralph 47th) Ethical Treatment of Human Embryos; unlawful for any person to knowingly create an in vitro human embryo by any means

Chairman Thomas stated that he appreciated everyone's work on **SB 169**. He felt that he had an outstanding committee and that everyone on the committee wanted to do the right thing, but there was just a big difference on what the right thing was. Chairman Thomas recognized **Sen. Preston Smith, 52nd**, to report as Chairman of the subcommittee assigned to **SB 169**. Sen. Smith stated that a lengthy hearing was held on Thursday and at the conclusion of that hearing the committee felt that **SB 169** warranted further study. There had been lengthy discussion on IVF requirements which needed more consideration. At first he did not think any report could be made on Monday in time to consider before crossover. He initially thought it wouldn't be responsible action, but then met with the stakeholders and worked with Sen. Hudgens to limit the scope of the bill in order to parcel out things that merited further consideration. Sen. Smith stated that he had a substitute drafted by Legislative Counsel and sent out notice that the subcommittee would meet on Monday at 9:30 a.m. in CAP 450 preceding the regular committee meeting because it was the only time available. This notice was sent via email, web, hard copy and telephone call. The substitute to **SB 169** passed out of subcommittee by a vote of 2 to 1.

Note: Sen. Wiles was absent from the subcommittee meeting. Yeas were Senators Smith, 52nd, and Unterman, 45th. The one opposing vote was Sen. Adelman, 42nd.

Sen. Smith stated that the Substitute to **SB 169** created the ***Ethical Treatment of Human Embryos Act***. The substitute still specified that a living in vitro embryo was a biological human being and was not the property of any person or entity. Contracts identifying an embryo as the property would be considered null and void. In disputes arising over embryos, the court would make decisions based on the best interest of the embryo. Under the Act, it would be illegal to create or attempt to create an in vitro embryo by any means other than fertilization or

intracytoplasmic sperm injection of a human egg by a human sperm. Further, the creation of an in vitro embryo would be solely for the treatment of infertility by initiating pregnancy through the transfer to a woman's uterus or for cryopreservation of eggs for such treatment in the future. The substitute specified that embryos could not be intentionally destroyed for any purpose. However, embryos that did not show signs of life over a 36-hour period outside a state of cryopreservation would be considered no longer living. The bill also still prohibited compensation of any kind for the provision of embryos and set forth penalties for violations of the act. There was heated discussion over the ramifications of this bill. Although it wouldn't prohibit stem cell research on existing stem cell lines, the bill did effectively prohibit new embryonic stem cell research in Georgia. Additionally, the bill statutorily defined embryos as human life, which was unprecedented in any state. **Senators Johnny Grant, 25th, Nan Orrock, 36th, and David Adelman, 42nd**, were very concerned over the implications of defining an embryo as a person; there was concern that this would create new liability for the state if embryos are abandoned, since the bill criminally prohibits destruction of any embryos and the state has duties to "persons." They felt that the provisions may be unconstitutional and a violation of due process. Sen. David Adelman, 42nd, made a motion to table the bill for further study. Sen. Steve Henson, 41st, seconded the motion which failed 7 to 6.

Note: Yeas were Judson Hill, Balfour, Goggans, Unterman, Smith, Shafer, and Hawkins. Nays were Grant, Henson, Butler, Orrock, Adelman, and Tate.

Sen. Ralph Hudgens, 47th, stated that he was in support of the substitute but would like to offer an amendment to make sure the bill did not prohibit the use of Induced Pluripotent Stem Cells (use of skin cells to create embryonic-like stem cells; NO embryos were created or destroyed, no cloning, no use of eggs) Sen. Smith also offered an amendment that would allow for cryopreservation (freezing of eggs) in situations where a woman had cancer and decided to freeze her eggs for fertility treatment in the future. Sen. Smith, 52nd, moved Do Pass on the amendments. Sen. Lee Hawkins, 49th, seconded the motion and both amendments passed 13 to 0.

Note: Yeas were Adelman, Balfour, Butler, Grant, Goggans, Hawkins, Henson, Judson Hill, Orrock, Smith, Shafer, Tate, and Unterman.

Chairman Thomas recognized the following people to speak briefly in favor or against the legislation in the interest of time.

Favored: Georgia Right to Life
Georgia Baptist Convention
Georgia Catholic Conference
Jennifer Lahl, Center for Bioethics

Opposed: Rusty Kidd
University System of Georgia
Dr. Andy Delito, Fertility Specialist
Dr. Russ Medford, GA Bio
Ruth Claborn, Adoption and Assisted Reproductive Technology Attorney

Chairman Thomas recognized Sen. Hudgens to close the discussion. Sen. Hudgens asked the committee to give the amended Substitute to **SB 169** favorable consideration. Chairman Thomas asked for a motion and Sen. Preston Smith, 52nd, moved **SB 169 Do Pass by Substitute**. Sen. Unterman, 45th, seconded the motion which passed 7 to 6.

Note: Yeas were Judson Hill, Balfour, Goggans, Unterman, Smith, Shafer, and Hawkins. Nays were Grant, Henson, Butler, Orrock, Adelman, and Tate.

SB 169 DO PASS BY SUBSTITUTE

With no further business, Chairman Thomas adjourned the meeting at 11:55 a.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 17, 2009

The Senate Health and Human Services Committee held its ninth meeting of the 2009 Session on Tuesday, March 17, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 1:15 p.m. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Lester Jackson, 2 nd
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th , Ex-Officio
Senator David Adelman, 42 nd , Ex-Officio	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 Johnny Grant, 25 th	Senator John Wiles, 37 th
Senator Lee Hawkins, 49 th	

Chairman Thomas called the meeting to order.

Note: Senators Unterman, 45th, Henson, 41st, and Hill, 32nd, were absent from the meeting.

[SR 505](#) (Adelman, David 42nd) U.S. Congress; urged to eliminate 24 month waiting period for participants in Social Security Disability Insurance

Sen. David Adelman, 42nd, presented **SR 505**. He stated that this resolution urged Congress to eliminate the 24 month waiting period for participants in the Social Security Disability Insurance Program (SSI). Federal law currently mandated a 24 month waiting period from the time a disabled person first receives SSI benefits to the time that Medicare coverage begins. In addition, the SSI program delayed benefits for five months while a person's disability was determined which would effectively create a 29 month waiting period. Sen. Adelman stated this was a restriction that significantly affected millions of Americans, many of whom were uninsured and unemployed because of their disability, and it costs the U. S. billions of dollars in Medicaid and Medicare expenditures. Eliminating the waiting period would prevent worsening disability and illness for beneficiaries and would significantly reduce public health, Medicaid, and Medicare costs. Sen. Adelman introduced **Kyle Pinion** who represented the Multiple Sclerosis Society who offered their favorable support of this legislation. Mr. Pinion stated it was an enormous burden for people living with multiple sclerosis and other disabling diseases to wait 24 months for companion insurance. He stated that supporters of this resolution believe that reducing or eliminating the waiting period would prevent worsening disability and illness for beneficiaries and would significantly reduce public health, Medicaid, and Medicare costs. Mr. Pinion stated that this resolution was recently passed in Texas. Chairman Thomas recognized **Sen. Preston Smith, 52nd**, who stated that the original purpose of the 24 month wait was to prevent fraud. Sen. Adelman responded that was the original purpose but the state ends up paying for the federal waiting period. Sen. Smith asked if a fiscal impact study had been conducted and he wondered if eliminating the 24 month wait would affect the solvency of Medicare. Mr. Pinion stated that in New Mexico an incremental decrease in the waiting period was enacted. Senators Wiles, Balfour and Smith discussed the language of an amendment that would change the word eliminate to reduce. Sen. Don Balfour, 9th, moved to amend the resolution with this wording. Sen. John Wiles, 37th, seconded the motion to amend which passed unanimously 12 to 0. Chairman Thomas recognized **Pat Nobbie** who stated that the Governor's Council on Disability supported the legislation. Chairman Thomas asked for a motion on the resolution. Sen. Nan Orrock, 36th, moved **SR 505 DO PASS BY SUBSTITUTE** as amended. Sen. Horacena Tate, 38th, seconded the motion. The resolution passed 11 to 1.

Note: Yeas were Senators Shafer, Hawkins, Tate, Goggans, Smith, Grant, Lester Jackson, Orrock, Adelman, Balfour and Butler with Sen. Wiles being the one dissenting vote.

SR 505 DO PASS BY SUBSTITUTE

SR 476 (Goggans, Greg 7th) **Advance Directives Assessment, Planning, and Oversight; create Senate Study Committee**

Sen. Nan Orrock, 36th, one of the co-signers of this legislation, presented **SR 476** to the committee. Sen. Orrock stated that this resolution would create a Senate Study Committee for Advance Directives Assessment, Planning, and Oversight. The Committee would study the development of a statewide database of advance directives and would consider the establishment of a uniform format for Physician Orders for Scope of Treatment (POST) forms. Chairman Thomas asked if anyone had any questions or concerns. Sen. John Wiles, 37th, expressed concern over privacy issues that will arise if advance directives were made electronic and this issue was discussed briefly amongst the members of the committee. Being no further questions and with no opposing testimony, Chairman Thomas asked for a motion on the legislation. Sen. Lester Jackson, 2nd, moved **SR 476 DO PASS**. Sen. Horacena Tate, 38th, seconded the motion. The resolution passed unanimously 10 to 0.

Note: Senators Adelman and Balfour left the meeting before the vote.

Note: Yeas were Senators Butler, Shafer, Hawkins, Tate, Goggans, Smith, Grant, Lester Jackson, Orrock, and Wiles

SR 476 DO PASS

With no further business, Chairman Thomas adjourned the meeting at 2:00 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 19, 2009

The Senate Health and Human Services Committee held its tenth meeting of the 2009 Session on Thursday, March 19, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 4:15 p.m. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Lee Hawkins, 49 th
Senator Renee Unterman, 45 th , Vice Chair	Senator Lester Jackson, 2 nd
Senator Don Balfour, 9 th	Senator Nan Orrock, 36 th , Ex-Officio
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Johnny Grant, 25 th	Senator Horacena Tate, 38 th

Chairman Thomas called the meeting to order.

Note: Senators Goggans, 7th, Adelman, 42nd, Henson, 41st, Hill, 32nd, Shafer, 48th, and Wiles, 37th, were absent from the meeting.

HB 237 (Lindsey, 54th) Human Resources, Department of; financial assistance for adoptive parents; revise provision

Chairman Thomas recognized **Rep. Edward Lindsey, 54th**, to speak to **HB 237**. Rep. Lindsey explained that financial assistance was available to the adoptive parents of hard-to-place foster children after the adoption was finalized but the current law was narrow. If a family wanted to adopt but could not without the continuation of aid, the law allowed the aid to continue, but only if the placement of the child had been made through a state agency. **HB 237** would change the law to allow aid to continue if the adoption occurred through a private agency. **Sen. Lester Jackson, 2nd**, was recognized by Chairman Thomas who asked if this change would add any additional costs to the state. Rep. Lindsey stated that the law only allows that the aid can continue if the family cannot adopt without the continuation of the aid, and there was no additional cost to the state because otherwise the child would remain in foster care anyway if the adoption did not occur. Chairman Thomas recognized the following people who were in support of the legislation:

Favored:

- Bobby Cagle, DFCS Family Services Director
- June Adcock, Adoptive Parent
- Melissa Carter, Office of the Child Advocate
- Duaine Hathaway, GA CASA
- Normer Adams, GAHSC
- Wayne Drummond GCWA
- David Elliot, Adoptive & Foster Parent Association

There was no opposition to the bill. Chairman Thomas asked for a motion. Sen. Nan Orrock, 36th, moved **HB 237 DO PASS**. Sen. Lee Hawkins, 49th, seconded the motion which passed unanimously 8 to 0.

Note: Yeas were Senators Unterman, Balfour, Butler, Grant, Hawkins, Lester Jackson, Orrock and Smith.

Note: The Senate sponsor of this legislation was Sen. Seth Harp, 29th.

HB 237 DO PASS

Note: Sen. Tate arrived.

HB 368 (Stephens, Ron 164th) **Controlled substances; Schedule II, III, and IV; change certain provisions**

Chairman Thomas recognized **Rep. Ron Stephens, 164th**, who explained that **HB 368** was the annual drug bill that changed provisions relating to Schedule II, III, and IV controlled substances and would add the new drugs that fall under the definition of “dangerous drug.” There was no opposition to the bill and Chairman Thomas asked for a motion. Sen. Don Balfour, 9th, moved **HB 368 DO PASS**. Sen. Preston Smith, 52nd, seconded the motion which passed unanimously 9 to 0.

Note: Yeas were Senators Unterman, Balfour, Butler, Grant, Hawkins, Lester Jackson, Orrock, Smith and Tate.

Note: The Senate sponsor of this legislation was Sen. Seth Harp, 29th.

HB 368 DO PASS

Note: Sen. Balfour left to attend another meeting.

HB 60 (Jacobs, 80th) **Licensing requirements and exceptions; professional counseling, social work, or marriage and family therapy; provisions**

Chairman Thomas recognized **Rep. Mike Jacobs, 80th**, who presented **HB 60**. He explained that **HB 60** added a provision to the regulatory scheme governing professional counselors stating that you could not call yourself licensed unless you actually were licensed by the composite board. Currently in Subsection B of the Georgia Code you could call yourself licensed if you fit certain enumerated exceptions, but **HB 60** would provide additional language that would say even if you fit an exception, you would not be able to call yourself a licensed therapist unless you were actually licensed by the board to practice professional counseling, social work, or marriage and family therapy. Exempt persons could not use the words “licensed” or “licensure” or any other words, titles, or figures implying that they were licensed to practice such specialties and organizations were prohibited from presenting themselves as authorized to license individuals to practice such specialties. Rep. Jacobs said that this bill was needed because the Composite Board only had powers granted by the General Assembly. The Board had been unable to act on complaints because there was no specific prohibition in the law against using the term “licensed.” Chairman Thomas recognized **Carl Johnson**, Executive Director, Georgia Association for Marriage and Family Therapy, who stated that the members of his organization were in support of this legislation. Chairman Thomas recognized Sen. Hawkins, 49th, who asked if the Board licensed the clergy. Rep. Lindsey stated that the members of the clergy were still an exception and could practice the exemptions, but it was never the General Assembly’s intention that people would be able to call themselves licensed if they were not. **HB 60** was merely an attempt to correct a drafting flaw. Since there was no opposition and no further questions, Chairman Thomas called for a motion. Sen. Lee Hawkins, 49th, moved **HB 60 DO PASS**. Sen. Lester Jackson, 2nd, seconded the motion which passed unanimously 8 to 0.

Note: Yeas were Senators Unterman, Butler, Grant, Hawkins, Lester Jackson, Orrock, Smith and Tate.

Note: The Senate sponsor of this legislation was Sen. Ronnie Chance, 16th.

HB 60 DO PASS

HB 69 (Jerguson, 22nd) Cardiopulmonary resuscitation; nonresuscitation; provide

Chairman Thomas recognized **Rep. Sean Jerguson, 22nd**, to speak on **HB 69**. This bill would allow a physician to issue a Do Not Resuscitate (DNR) order without the concurrence of another physician so long as there is oral or written consent from an authorized health care agent operating under a durable power of attorney or pursuant to an advance directive. Chairman Thomas opened the floor for discussion and recognized **Sen. Preston Smith, 52nd**, with a concern. Sen. Smith felt that this bill would be throwing out our long history of providing certainty for expediency when there could be a middle ground. **Sen. Nan Orrock, 36th**, stated that in cases where there was no one to make a decision, there would still be a requirement for two signatures and ethics board review before DNR would apply. Sen. Smith still felt that certainty of condition activating DNR needs to be verified by two physicians. Rep. Jerguson stated that this was a real inconvenience in areas where there isn't another physician. Chairman Thomas recognized **Jason Broce**, representing **GA Nursing Home Association**. Mr. Broce stated that his members supported the legislation because it respected the wishes of the family and determination by patient, physician and family. **Josh Norris, Georgia Advocacy Office**, was then recognized to speak on behalf of advocates who have studied the long term care industry. Mr. Norris urged caution and asked the committee to look at the full context. He stated that the way the current code was crafted, if your health was failing, you could go to a physician and ask that a DNR be put in your medical record. If you have capacity, all you have to do is tell the physician. The only time the two physician requirement was necessary was when a person was unable to speak for themselves. Mr. Norris did not support the bill the way it was currently crafted and thought there needed to be a much more surgical approach in addressing specific issues. Chairman Thomas interrupted the discussion to ask Rep. Jerguson if there had been any similar discussion in the House. Rep. Jerguson confirmed that there had indeed been discussion and that the legislation in its current form had been redrafted by the Speaker's committee. Chairman Thomas determined that there was a need for further study and assigned **HB 69** to a subcommittee with Sen. Preston Smith, 52nd, serving as chair of the committee and Sen. Nan Orrock, 36th, assigned as a member. Chairman Thomas asked them both to work with Rep. Jerguson to come up with substitute language that addresses the concerns raised during discussion.

HB 69 ASSIGNED TO SUBCOMMITTEE

SR 399 (Thomas, 54th) Georgia Nonprofit Organizations and Their Governmental Partnerships; create Senate Study Committee

Chairman Thomas, 54th, presented **SR 399**. This resolution created the Senate Study Committee on Georgia Nonprofit Organizations and Their Governmental Partnerships, to be composed of six Senators appointed by the Lieutenant Governor. The committee would be charged with studying the relationship between state and local governments and nonprofit organizations in delivering goods and services and the effect of the economic downturn on these partnerships, among other issues. He explained that there was one minor change to delete a paragraph that made a reference to proportion of funds to capitol campaigns and asked for

favorable support from the committee. Sen. Renee Unterman, 45th, moved ***SR 399 DO PASS BY SUBSTITUTE***. Sen. Lester Jackson, 2nd, seconded the motion which passed unanimously 8 to 0.

Note: Yeas were Senators Unterman, Butler, Grant, Hawkins, Lester Jackson, Orrock, Smith and Tate.

SR 399 DO PASS BY SUBSTITUTE

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

Respectfully submitted,

/s/ Senator Don Thomas, 54th, Chairman

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, March 24, 2009

The Senate Health and Human Services Committee held its eleventh meeting of the 2009 Session on Tuesday, March 24, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 5:15 p.m. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chairman	Senator Johnny Grant, 25 th
Senator Renee Unterman, 45 th , Vice Chair	Senator Steve Henson, 41 st
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	

Note: Senators Goggans, 7th, Hawkins, 49th, Hill, 32nd, Jackson, 2nd, Shafer, 48th, Tate, 38th, and Wiles, 37th, were absent from the meeting.

Note: Sen. Balfour, 9th, was not present for the beginning of the meeting.

Chairman Thomas called the meeting to order. Because of the lateness of the hour and the possibility of losing a quorum, Chairman Thomas stated that testimony would be limited as the following bills were presented.

[SR 635](#) (Henson, Steve 41st) Georgia Health Disparities for Asian and Pacific Islander Americans; create Senate Study Committee

Sen. Steve Henson, 41st, presented **SR 635** to the committee. This resolution created a Senate Study Committee on Georgia Health Disparities for Asian and Pacific Islander Americans, to be composed of five members of the Senate. The Committee was directed to undertake a study of the health risks, language barrier issues, and health funding disparities present in such communities. Chairman Thomas recognized the following people to speak briefly in favor of the resolution.

Favored: Dr. Emelila Breyer, Breyer Foundation
Alfred Yin, Ga. Asian Pacific Islander Community Coalition
Satish Anand, citizen

Since there was no opposing testimony, Chairman Thomas asked for a motion. Sen. Steve Henson, 41st, moved **SR 635 Do Pass**. Sen. Nan Orrock, 36th, seconded the motion. **SR 635** passed unanimously 8 to 0.

Note: Yeas were Senators Unterman, Adelman, Balfour, Butler, Grant, Henson, Orrock, and Smith.

[SR 635 DO PASS](#)

[SR 641](#) (Unterman, 45th) Roosevelt Warm Springs Institute for Rehabilitation; create Senate Study Committee

Sen. Renee Unterman, 45th, presented **SR 641** to the committee. She stated that Roosevelt Warm Springs was a comprehensive rehab center operated under the Department of Labor that provided rehabilitative services to over 5,000 individuals every year. This resolution created a Senate Study Committee on Roosevelt Warm Springs Institute for Rehabilitation to study and evaluate

opportunities to enhance the Institute and will recommend any actions which it deems necessary. There was no one signed up to testify for or against this resolution, so Chairman Thomas asked for a motion. Sen. Renee Unterman, 45th, moved **SR 641 Do Pass**. Sen. Preston Smith, 52nd, seconded the motion. **SR 641** passed unanimously 7 to 0.

Note: Yeas were Senators Unterman, Adelman, Butler, Grant, Henson, Orrock, and Smith.

SR 641 DO PASS

SR 642 (Unterman, 45th) Consolidation of Services for Crime Victims; create Senate Study Committee

Sen. Renee Unterman, 45th, presented **SR 642** to the committee. She stated that this resolution created a Senate Study Committee on Consolidation of Services for Crime Victims, to be composed of five members of the Senate. Currently in Georgia, no single agency existed with the sole mission of assisting victims of crime. The Committee was directed to study issues related to the provision of services to crime victims and how such services can be consolidated to better serve and protect Georgians. There was no one signed up to testify for or against this resolution, so Chairman Thomas asked for a motion. Sen. Renee Unterman, 45th, moved **SR 642 Do Pass**. Sen. Preston Smith, 52nd, seconded the motion. **SR 642** passed unanimously 7 to 0.

Note: Yeas were Senators Unterman, Adelman, Butler, Grant, Henson, Orrock, and Smith.

SR 642 DO PASS

Note: Sen. Balfour arrived at the meeting.

HB 457 (Peake, 137th) Disabled adults and elder persons; revise definition; acts in long-term care facilities unlawful; provide

Rep. Allen Peake, 137th, presented **HB 457** to the committee. He stated that current law defined “Disabled Adult” as a person over age 18 who was mentally or physically incapacitated. This bill revised that definition to include a person who has been diagnosed by a physician with dementia or a related cognitive impairment. The bill specified that abuse or neglect of such individuals who are residents of long-term care facilities by persons other than employees of such facilities was illegal and constituted a felony. Rep. Peake stated that he had worked diligently in subcommittee to address the concerns of all those involved. He asked **Sheila Humberstone**, Troutman Sanders, to address the committee for further explanation. Ms. Humberstone stated that Title 31 created protection for people living in Long Term care facilities, and their intent was to expand protections into Title 30. In the handicapped protection section they wanted to amend the definition of “disabled adult” to include dementia to address situations where someone with dementia had been exploited. There were no criminal penalties for this in Title 31 and this legislation would make a way to prosecute these types of unscrupulous behaviors. Rep. Peake added this legislation actually added more teeth to the current law because it labels such action a felony. Several members of the committee expressed concerns about creating duplication in Titles 30 and 31. Ms. Humberstone stated that these concerns could be overcome and the need for protection outweighed those concerns. **Sen. David Adelman, 42nd**, stated that the members of the committee were just trying to make sure this law does not affect any other laws. **Sen. Renee Unterman, 45th**, stated that you may get a different interpretation depending on whether you ask a physician or a psychiatrist. Sen. Unterman requested that “dementia” and “cognitive

impairment” be defined in the legislation. Rep. Peake stated he would be glad to add those definitions. There was then a question about the wording “specific intent” from Sen. Unterman. She was concerned that a person who abused a disabled adult in a nursing home without intending to hurt them would not be able to be prosecuted. Proving specific intent was harder for prosecutors. Sen. Adelman interjected that they were talking about a crime and asked what would be an adequate substitute for the intent requirement. The existing requirement in Title 30 was “to abuse or neglect” with no necessity to prove intent. There were several committee members that felt Title 31 was the best place in the code for criminal sanctions. Rep. Peake stated in Savannah there had been a nursing home whose employees stole identities, and they could not be prosecuted with felonies because they were exempted. That is why they went to Title 30 in order to address situations like that. Sen. Unterman said she could not support a bill that narrowed something that they had worked so hard on in the past. She was concerned about strengthening penalties while inadvertently limiting the number of people that could be charged. **Sen. Preston Smith, 52nd**, explained that this was a new crime additional to the one that currently exists. In that respect it would have no affect on current law. This legislation does not narrow the crime but creates an additional one with a higher bar and higher penalties. Sen. Adelman agreed with Sen. Smith and stated that the exceptions had been carved out with the statement “nothing herein is preempted or supersedes any other provisions of the law.” He encouraged Sen. Unterman with the fact that the work she had done over the years would not be destroyed. Chairman Thomas recognized the following people who spoke in favor of the legislation despite some minor concerns over placement in Title 31, and how the state departments involved will implement the new legislation.

Favored: Kim Raymond, Sr. Citizens Advocacy Coordinator
Becky Kurtz, State Long Term Care Ombudsman
Doris Clanton, Division of Aging Services
Bill Clark, GTLA
Ginny Helms, Alzheimer’s Association
Jason Broce, GHCA

There was no opposing testimony, so Chairman Thomas asked for a motion. Sen. Preston Smith, 52nd, moved ***HB 457 Do Pass by Substitute***. Sen. Renee Unterman, 45th, seconded the motion. ***HB 457*** passed unanimously 8 to 0.

Note: Yeas were Senators Unterman, Adelman, Balfour, Butler, Grant, Henson, Orrock, Smith.

[HB 457 DO PASS BY SUBSTITUTE](#)

Note: Senators Adelman and Unterman left the meeting.

[HB 64 \(Sims, 169th\) Death certificate filings; cause and circumstances of death; provisions](#)

Rep. Chuck Sims, 169th, presented ***HB 64*** to the committee. Rep. Simms stated that this bill specified that a funeral director must file a death certificate within 72 hours of receiving the certificate from the appropriate physician or coroner. Physicians in charge of treating a patient for an illness or condition that resulted in death must complete and return the medical certification specifying the cause of death to the funeral director within 30 days of the patient’s death. A funeral director would be authorized to report physicians who fail to comply with this requirement to the Composite State Board of Medical Examiners. Further, if a physician failed to complete the certification within 30 days, a coroner was authorized to do so, provided that he or

she has reviewed the patient's medical records and determines that the death was due to natural causes. Rep. Sims stated that this legislation was necessary to address an issue with failure to sign death certificates by a physician. Existing law said that all physicians must sign a death certificate within 72 hours, but this was not happening. For the families that lost their loved one, this meant they were unable to close bank accounts, pay credit cards, turn off lights, etc. This bill would make it possible for the funeral director to turn the document into the Composite State Board of Medical Examiners and have a coroner sign the certificate so the families could move on with their lives. There was a special exception added for states of pandemic in correspondence with the flu plan in development. **Sen. Steve Henson, 41st**, asked how he arrived at the time frame of 72 hours. Rep. Sims explained that you might get the certificate on a Friday and might not be able to file until Monday, so this length of time took that into consideration. **Sen. Preston Smith, 52nd**, said that he thought Rep. Sims had outlined a problem, but did not agree that allowing a nonmedical person with financial incentive to begin signing certificates would correct the problem. Another option might be to more severely penalize or allow other medical personnel such as RN's to sign the certificates. Rep. Sims argued that Coroners were in charge of all death investigations in the county and if a death certificate was not signed by a physician, the Coroner was ultimately responsible for determining death. Rep. Sims stated that coroners were trained with a large amount of medical knowledge and were not just signing these certificates without training. This was not about medical or financial incentive. Rep. Sims felt that once the first few physicians were reported it would erase the current delays. Chairman Thomas interjected to the committee that he signed all his death certificates in a timely manner. He recognized the following people to speak to the legislation:

Favored: Bud Weiss, GEMA

Opposed: Ashely Meggitt, ACCG

There was more conversation about the appropriateness of an elected county official taking on this responsibility. Many felt that this would open the doors for Coroners across the state to take on the duty and have the inadvertent result of increasing the number of physicians who brush off this duty. Coroners also have the ability to switch from salaries to fee-based incomes and it could become very lucrative business for them. Many felt that this legislation could cause another problem and wanted to focus on enforcement of the 30 day rule first. Since there was obviously still some work to be done on the bill, Chairman Thomas decided to table **HB 64** to work out the issues.

HB 64 TABLED

With no further business, Chairman Thomas adjourned the meeting at 6: 15 p.m.

Respectfully submitted,

/s/ Senator Don Thomas, 54th, Chairman

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, March 26, 2009

The Senate Health and Human Services Committee held its last meeting of the 2009 Session on Thursday, March 26, 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 Don Thomas, 54 th , Chairman	Senator Steve Henson, 41 st
Senator Renee Unterman, 45 th , Vice Chair	Senator Lester, Jackson, 2 nd
Senator Greg Goggans, 7 th , Secretary	Senator Nan Orrock, 36 th , Ex-Officio
Senator David Adelman, 42 nd , Ex-Officio	Senator David Shafer, 48 th , Ex-Officio
Senator Gloria Butler, 55 th	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 Balfour, 9th, and Hill, 32nd, were absent from the meeting

Chairman Thomas called the meeting to order.

SR 672 (Grant, Johnny 25th) Autism Insurance Coverage; create Senate Study Committee

Sen. Johnny Grant, 25th, introduced **SR 672**. This resolution created a Senate Study Committee on Autism, to be composed of five members of the Senate. The Committee was directed to undertake a study of issues surrounding the availability and affordability of health care insurance covering autism, as well as access to health care services. There were no questions or opposing testimony, so Chairman Thomas asked for a motion. Sen. Lester Jackson, 2nd, moved **SR 672 Do Pass**. Sen. Renee Unterman, 45th, seconded the motion. The resolution passed unanimously 7 to 0.

Note: Yeas were Senators Butler, Grant, Hawkins, Henson, Lester Jackson, Orrock, and Unterman.

SR 672 DO PASS

Note: Senators Shafer, Smith, Tate and Wiles arrived.

HB 69 (Jerguson, Sean 22nd) Cardiopulmonary resuscitation; nonresuscitation; provide

Rep. Sean Jerguson, 22nd, re-introduced **HB 69** to the committee. This bill was worked on in subcommittee. **HB 69** allowed a physician to issue a Do Not Resuscitate (DNR) order without the concurrence of another physician so long as there was oral or written consent from an authorized health care agent operating under a durable power of attorney or pursuant to an advance directive. Chairman Thomas recognized **Josh Norris, GAO**, and **Temple Sellers, GHA**, who supported the bill. Since there was no opposing testimony and no further questions from the committee, Chairman Thomas asked for a motion on the legislation. Sen. Steve Henson, 41st, moved **HB 69 Do Pass by Substitute**. Sen. Lester Jackson, 2nd, seconded the motion. **HB 69** passed unanimously 11 to 0.

Note: Yeas were Senators Butler, Grant, Hawkins, Henson, Lester Jackson, Orrock, Shafer, Smith, Tate, Unterman, and Wiles.

HB 69 DO PASS BY SUBSTITUTE

Note: Senators Adelman and Goggans arrived. Senators Grant, Henson and Lester Jackson left to attend other meetings.

HB 217 (Pruett, Jimmy 144th) Physicians; influenza vaccine orders; provisions

Rep. Jimmy Pruett, 144th, presented a substitute to **HB 217** to the committee. **Josh Belafonte**, Director of Legislative Health Policy, Office of Governor Sonny Perdue, gave the following overview of this legislation to the committee. **HB 217** set forth the requirements for influenza vaccine protocol agreements between physicians and pharmacists or nurses. A physician would be allowed to prescribe the flu vaccine for a group of patients via an influenza vaccine order contained in a protocol agreement to be administered by a pharmacist or a registered or licensed practical nurse, provided that the physician was registered with the Department of Human Resources' (DHR) vaccination registry, and the pharmacist or nurse was located within the county of the physician's place of registration. Both the pharmacist and the nurse must be certified in CPR, and the pharmacist must have completed a training course accredited by the Accreditation Council for Pharmacy Education.

Requirements of an Influenza Vaccine Protocol Agreement

A vaccine protocol agreement must meet the following requirements:

- Contain the contact information and professional license numbers of the physician and the pharmacist or nurse;
- Contain a provision for immediate consultation with the physician;
- Require the pharmacist or nurse to provide the vaccine recipient with the current federal Vaccine Information Statement from the CDC;
- Require the pharmacist or nurse to enter the patient's flu vaccine information in the Georgia Registry of Immunizations Transactions and Services;
- Require the pharmacist or nurse to retain documentation for each flu vaccine that is administered;
- Require the recipient to remain under observation for at least 15 minutes;
- Contain follow-up procedures if there is an adverse reaction or complication;
- Provide for prioritization of vaccine recipients if supply is limited; and
- Be renewed and revised or updated biennially.

An influenza vaccine protocol agreement could also contain a drug order for epinephrine to be administered if a patient has a severe allergic reaction to the vaccine.

Pharmacists or nurses were prohibited from delegating administration of flu vaccines, except to a pharmacy intern or a licensed practical nurse under their direct supervision. Further, pharmacists and nurses who administered flu vaccines pursuant to a protocol agreement must maintain policies for disposing of used or contaminated equipment.

A delegating physician could not enter into a protocol agreement with more than ten pharmacists or nurses at any one time unless the pharmacists or nurses were in the same public health district and were employees of the same corporate entity. The bill also prohibited a physician who was employed by a pharmacist, nurse, or pharmacy to enter into an influenza vaccine protocol agreement with such pharmacist or nurse, or any pharmacist or nurse who was also employed by such pharmacy.

The bill also authorized the Composite State Board of Medical Examiners to promulgate rules and regulations governing physicians who entered into influenza vaccine protocol agreements. The bill prohibited managed care organizations, health plans, hospitals, and insurance companies from requiring physicians, pharmacists, or nurses to enter into such protocol agreements as a condition to participation or reimbursement.

Age Restrictions

The bill specified that pharmacists or nurses were prohibited from administering the flu vaccine to a child under age 13 without an individual prescription from a physician, or to a child ages 13-17 without parental consent.

Pandemic Influenza Emergency

The bill also set forth the definition of "Pandemic influenza emergency," which meant the declaration by the World Health Organization of at least a Phase 5 Pandemic Alert for influenza or the declaration by the CDC of at least a Category 2 Pandemic Severity Index for influenza occurring in the U.S. or Georgia.

Vaccination of Hospital Staff

Finally, the bill allowed a hospital to offer any vaccination, test, or prophylactic measure to its health care workers, as required or recommended by the CDC pursuant to standing orders approved by the staff.

Chairman Thomas recognized **Kinn Elliot, Director of State and Governmental Affairs, MedImmune.** Mr. Elliot stated that MedImmune manufactured a flu mist vaccine and he requested an amendment to HB 217 to allow for the use of the flu mist. Mr. Elliot stated that for decades we only had one type of flu vaccine, but these days we have a choice: the traditional flu shot or the newer nasal spray flu vaccine, FluMist. Either vaccine would help protect against the flu virus. Mr. Elliot recognized that some people were better suited for the flu shot, while others would do better with the nasal spray. They offered about the same level of protection against the flu. This vaccine was more appealing to children afraid of needles because it was sprayed into the nose. While it was a live vaccine, the virus had been weakened so that it could not cause the flu, though you could experience flu-like symptoms. About 7 million doses are expected to be available in the 2007/8 flu season -- about 5% of the total flu vaccine available. **Robert Highsmith, Maxim Health Care Services,** was also in favor of the flu mist amendment. He reported that the CDC had already reported six deaths from influenza in the state that week. Mr. Elliot continued with the fact that in September 2007, the FDA approved the use of FluMist in children ages two to five after three studies including some 6,400 youngsters aged six months to almost five years showed that it was safe and effective for this age group. Two of the three studies compared FluMist to a placebo spray containing no vaccine. FluMist worked much better than the placebo for flu prevention. The third trial compared FluMist to flu shots - both were effective, though neither worked 100 percent of the time. **Stuart Griffin, GA Pharmacy Association,** and **Rick Ward, American Academy of Pediatrics** were supportive of the version of the legislation as presented by the Governor's office, with an amendment to exempt children 18 and under. They wanted to insert that consent of the child's parent or legal guardian should be a condition to the administration of a flu vaccine to a child under the age of 18. **Dr. Rick Wherry,** and **Dr. Todd Williamson, MAG,** were in support of the legislation as a whole, but were opposed to adding the FluMist amendment to the legislation. Their concerns were that FluMist was a live virus as opposed to the inactivated virus given in the flu shot. Therefore the mist was not suitable for older people at risk of pneumonia, pregnant women, and people with weakened immune systems such as AIDS and cancer patients. Nor was it safe for anyone sensitive to eggs (a component of the vaccine), children or teenagers on aspirin therapy, those

with asthma, or immune deficiencies. Because of these dangers, the FluMist was only appropriately administered in their opinion by the physician treating the patient and familiar with the medical history. Chairman Thomas opened the floor to questions and discussion amongst the committee members present. After lengthy discussion, Chairman Thomas asked for motions on the two amendments offered.

Sen. Preston Smith, 52nd, made a motion to amend the **HB 217** with language that would require consent to administer the flu shot from the parent of legal guardian of anyone 18 years old or younger. Sen. Renee Unterman, 45th, seconded the motion. The amendment passed unanimously 10 to 0.

Note: Yeas were Senators Adelman Butler, Goggans, Hawkins, Orrock, Shafer, Smith, Unterman, Tate, and Wiles.

Sen. David Adelman, 42nd, made a motion to amend **HB 217** adding language that would include administration of the FluMist into the legislation. Sen. Nan Orrock, 36th, seconded the motion. The motion failed with the Chairman breaking a tie vote of 6 to 6.

Note: Sen. Lester Jackson returned to the meeting.

Note: Yeas were Senators Adelman, Butler, Orrock, Wiles, Lester Jackson, and Tate. Nays were Senators Unterman, Goggans, Hawkins, Shafer, Smith and Tate.

Chairman Thomas asked for a motion on the amended HB 217. Sen. Renee Unterman, 45th, moved **HB 217 Do Pass by Substitute as amended**. Sen. Preston Smith, 52nd, seconded the motion. The legislation passed unanimously 9 to 0.

Note: Senators Adelman, Henson and Lester Jackson left the meeting.

Note: Yeas were Senators Butler, Goggans, Hawkins, Orrock, Shafer, Smith, Tate, Unterman and Wiles.

Note: Sen. Bill Cowsert, 46th, was the Senate sponsor of this bill.

HB 217 DO PASS BY SUBSTITUTE

Note: Sen. Wiles left the meeting.

SR 664 (Thomas, Don 54th) Patient Centered Medical Home; create Senate Study Committee

Chairman Thomas introduced **SR 664** to the committee. He stated that this resolution would create a Senate Study Committee on the Patient Centered Medical Home, to be composed of three members of the Senate and four members of the public, including one member of the Georgia Academy of Family Physicians, one member from the Georgia Chapter of the American Academy of Pediatrics, one member from the Georgia Chapter of the American College of Physicians, and one member from the Georgia Osteopathic Medical Association. The Committee would undertake a study of the use of patient centered medical homes, including how well services were coordinated, the quality of care provided in medical homes, patient and provider satisfaction, clinical progress and outcome measures, the economic impact, and innovation in payment methodologies. There was one small amendment to the resolution to add the following

language on page 2, line 48 after the word “above” add “and the availability and affordability of orally administered and intravenously injected medications used to treat cancer.” There was no testimony for or against the resolution so Chairman Thomas asked for a motion. Sen. Unterman, 45th, moved **SR 664 Do Pass by Substitute**. Sen. Preston Smith, 52nd, seconded the motion. This resolution passed unanimously 8 to 0.

Note: Yeas were Senators Butler, Goggans, Hawkins, Orrock, Shafer, Smith, Tate, and Unterman.

SR 664 DO PASS BY SUBSTITUTE

SR 665 (Thomas, Don 54th) Senate Administration of Dental Benefits for Medicaid and PeachCare Study Committee; create

Chairman Thomas introduced SR 665 to the committee. He stated that this resolution created a Senate Study Committee on Administration of Dental Benefits for Medicaid and Peachcare, to be composed of six members of the Senate. The Committee would undertake a comprehensive study of issues relating to the administration of state and federally funded dental benefits for children enrolled in Medicaid and PeachCare, including the number of children in Georgia who were not being served, the adequacy of the dental network of providers, payments to managed care organizations, and the financial implications of transferring the administration to a single administrator model. Chairman Thomas asked for a motion. Sen. Renee Unterman, 45th, moved **SR 665 Do Pass**. Sen. John Wiles, 37th, seconded the motion. The resolution passed unanimously 8 to 0.

Note: Yeas were Senators Butler, Goggans, Hawkins, Orrock, Shafer, Smith, Tate, and Unterman.

SR 665 DO PASS

HB 64 (Sims, Chuck 169th) Death certificate filings; cause and circumstances of death; provisions

Rep. Chuck Sims, 169th, presented **HB 64** to the committee again after it was tabled to work on issues. This bill specified that a funeral director must file a death certificate within 72 hours. Physicians must complete and return medical certification specifying the cause of death to the funeral director within 30 days of a patient’s death. A funeral director was authorized to report physicians who fail to comply with this requirement to the Composite State Board of Medical Examiners.

Additionally, the bill now specifies that, in areas where the Governor has declared a state of emergency due to an influenza pandemic, any registered professional nurse employed by a long-term care facility, advanced practice nurse, physician’s assistant, registered nurse employed by a home health agency, or nursing supervisor in a hospital was authorized to sign a death certificate, provided that such person has access to the deceased patient’s medical history, views the deceased person at or after death, the death is due to natural causes, and an inquiry was not required under the **Georgia Death Investigation Act**. If the death certificate was not completed by the appropriate physician or coroner, the public health director of preparedness must direct another authorized person to file the death certificate within 10 days after death. Chairman Thomas recognized **Buzz Weiss**, GEMA, and **Ashley Meggitt**, ACCG, who were both in favor of

the substitute offered. Chairman Thomas asked for a motion on the legislation. Sen. Nan Orrock, 36th, moved ***HB 64 Do Pass by Substitute***. Sen. Lee Hawkins, 49th, seconded the motion. The bill passed unanimously 7 to 0.

Note: Sen. Shafer left the meeting.

Note: Yeas were Senators Butler, Goggans, Hawkins, Orrock, Smith, Tate, and Unterman.

Note: Sen. Preston Smith, 52nd, would be the Senate sponsor of this bill.

HB 64 DO PASS BY SUBSTITUTE

HB 509 (Cooper, Sharon 41st) Professions and businesses; regulation; change provisions

Rep. Sharon Cooper, 41st, presented ***HB 509*** to the committee. She explained that this bill established the **Medical Practice Act** of the State of Georgia. It provided for comprehensive revision of the membership and duties of the Composite State Board of Medical Examiners (Board) and revised licensing requirements for physicians and other medical professionals regulated by the Board.

The following summary of changes was shared with the committee:

Article 1 - The Georgia Composite Medical Board (p. 2)

This legislation renamed the Board as the Georgia Composite Medical Board and increased membership of the Board from 13 to 15 members (one additional physician and one additional consumer) effective July 1, 2009, as follows:

- 13 physicians actively practicing medicine in Georgia with an unrestricted license for at least five years; 11 must be medical doctors and two must be doctors of osteopathic medicine; and
- Two members with no connection to the practice of medicine.

Members would serve four-year terms and could be removed upon approval by the Governor for missing three or more consecutive meetings or more than one-third of all meetings without a valid medical reason or other valid excuse, or for the following reasons:

- Willful neglect of Board duties;
- Conviction of a felony or a crime of moral turpitude;
- A physician member is no longer active in the practice of medicine or has received a restriction on his or her medical license; or
- A member is no longer a resident of the state.

Other provisions regarding the Board included:

The bill enumerated the various duties and powers of the Board. The Board could enter into contracts as needed, may sue and be sued, and may issue, suspend, or revoke licenses, certificates, and permits for physicians and other medical professionals overseen by the Board.

Guilty pleas “resulting in first offender status” were added to the list of convictions that would result in discipline or loss of a license. Additionally, medical professionals who were convicted of a felony must notify the Board within ten days of the conviction. The Board may take disciplinary action for the following unprofessional conduct:

- Cheating on an exam;
- Sexual abuse of patients;

- Mistreating or abandoning a patient or his or her records;
- Failing to furnish records to the Board in response to a subpoena or failure to answer questions on the renewal of a license, certificate, or permit;
- Failing to maintain appropriate medical records;
- Failing to follow infection control procedures;
- Failing to comply with federal laws and standards regarding the practice of medicine; and
- Failing to comply with an order to pay child support or defaulting on a student loan.

Additionally, the bill increased fines that the Board may impose (up to \$3,000.00), added language to require physicians to have a competency examination for continued practice, and allowed the Board to order a mental and physical exam on all medical professionals licensed under the Board;

The definition of “radiologist assistant” was also set forth in the bill.

Article 2 - Medical Practice Act of the State of Georgia (p. 21)

Article 2 set forth the licensing requirements for various medical professionals regulated by the Board. Significant provisions include:

- The Board may require competency exams for physicians who were subject to discipline or who had not passed licensing exams or recertification exams within seven years of the date of application;
- A physician applicant who failed three or more subsequent exams is not eligible for reexamination until he or she completes one year of postgraduate training;
- Medical schools or osteopathic medical schools must have a minimum preliminary educational requirement of the completion of a two-year premed course;
- Teacher’s licenses granted to physicians of other states or countries would be valid for up to two years and may only be renewed at the Board’s discretion for one additional year;
- Fines for practicing medicine without a license were increased from \$500.00 to \$1,000.00 per violation;
- The bill increased fines for forging medical credentials or diplomas to \$5,000.00;
- Physicians may delegate polysomnography tasks to polysomnographic technicians, regardless of whether such technologist was certified as a respiratory care therapist;
- Advance practice registered nurses may make pronouncements of death pursuant to authority delegated by a supervising physician;
- Medical assistants may perform certain tasks, including administering injections, obtaining vital signs, and administering nebulizer treatments, under the supervision of a physician in his or her office, or a physician assistant or advanced practice registered nurse.

Article 3 – Acupuncture Act of Georgia (p. 51)

The bill specified that applicants for licensure to practice acupuncture must have passed an exam accredited by the National Organization of Competency Assurance and have completed a degree or formal course of training in acupuncture at an accredited school or a program that is substantially equivalent to the education offered at an accredited school;

- “Dry needling” was added to the definition of “practice of acupuncture;”
- The bill also specified the requirements for licensure as an auricular (ear) detoxification technician.

Article 4 - Physician Assistant Act (p. 56)

The bill stated that the General Assembly recognized physician assistants and their role in addressing the health care shortage in our state. Old language was updated by removing the apostrophe after physician and changing the title to “physician assistant.” Other significant provisions included:

- Physician assistants must submit an application for licensure to the Board; a physician assistant must be licensed to a supervising physician and must have passed the Physician Assistant National Certification Examination administered by the National Commission for the Certification of Physician Assistants or the National Association for the Certification of Anesthesia Assistants;
- Supervising physicians must also submit an application to the Board for approval to utilize a physician assistant; the application must include evidence that the physician assistant is licensed, as well as the job description and any applicable fees;
- The primary supervising physician may delegate the performance of certain medical acts to a physician assistant, as described in the job description document;
- A physician assistant must have a job description at all times while providing patient services; the document must be signed by the supervising physician and approved by the Board;
- Physician assistants may make a pronouncement of death if authority was delegated by a supervising physician;
- Physician assistants may write or order electronic prescriptions for drugs or medical devices; however, a physician assistant may not authorize refills for more than 12 months; the primary or alternating supervising physician must evaluate patients receiving controlled substances every 3 months and review prescription drug orders issued by the physician assistant within the past 30 days;
- Physician assistants who order prescriptions must complete at least 3 hours of continuing education biennially;
- Supervising physicians cannot be employees of physician assistants;

- Patients receiving services from a physician assistant more than twice in one year must be seen by the primary or alternating supervising physician at least once during the same year;
- Physician assistants may not perform abortions or prescribe the abortion pill;
- The bill prohibits managed care systems, health plans, hospitals, and insurance companies from requiring nurse protocol agreements as a condition for reimbursement.

Articles 6, 7, and 8 – Licensing of Other Medical Professionals (p. 71, 78, and 86)

The bill authorized the Board to impose sanctions on physician assistants, respiratory care professionals, perfusionists, cosmetic laser practitioners, and practitioners of orthotics and prosthetics. Respiratory care professionals would be required to meet continuing education requirements set by the Board. The bill also shortened the license renewal period for perfusionists from two years to three months; if a perfusionist's license has expired for more than three months, he or she must submit to reexamination. However, the Board may issue a temporary license to an applicant for clinical perfusion for a period of one month between Board meetings.

Having given a thorough summary of the changes, Rep. Cooper asked for favorable consideration by the committee. Chairman Thomas thanked everyone for all their hard work in resolving issues with the bill before committee. There was no opposing testimony, so Chairman Thomas asked for a motion on the legislation. Sen. Lee Hawkins, 49th, moved ***HB 509 Do Pass by Substitute***. Sen. Renee Unterman, 45th, seconded the motion. ***HB 509*** passed unanimously 7 to 0.

Note: Senators Butler, Shafer and Tate left the meeting. Senators Lester Jackson and Wiles returned to the meeting.

Note: Yeas were Senators Goggans, Hawkins, Lester Jackson, Orrock, Smith, Unterman, and Wiles.

Note: Sen. Lee Hawkins, 49th, was the Senate sponsor of this legislation.

HB 509 DO PASS BY SUBSTITUTE

With no further business, Chairman Thomas adjourned the meeting at 4:32 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

June 24, 2009

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:

[SB 10](#)
[SB 179](#)
[SB 204](#)
[SB 262](#)
[SB 289](#)
[SR 56](#)
[SR 281](#)
[SR 752](#)
[HB 194](#)
[HB 325](#)

Respectfully submitted,

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