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2010 Session**

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RULES

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

2010

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 the authority to refer bills and resolutions to subcommittees for study. Such subcommittees shall have the authority to make recommendations to the full committee. All actions of any subcommittee shall be approved or disapproved by the standing 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 28, 2010

The Senate Health and Human Services Committee held its first meeting of the 2010 Session on Thursday, January 28, in room 450 of the Capitol. Chairman Don Thomas called the meeting to order at 11:00 a.m. 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 Gloria Butler, 55 th	Senator Nan Orrock, 36 th , Ex-Officio
Senator Johnny Grant, 25 th	Senator David Shafer, 48 th , Ex-Officio
Senator Lee Hawkins, 49 th	Senator Preston Smith, 52 nd
Senator Steve Henson, 41 st	Senator Horacena Tate, 38 th
	Senator John Wiles, 37 th

NOTE: Senators Goggans, 7th, Adelman, 42nd, and Balfour, 9th were absent from the meeting

Chairman Thomas called the meeting to order, read the 2010 Committee Rules, and asked for a motion to adopt the rules. Senator Grant made the motion to adopt, and Senator Wiles seconded the motion. The 2010 Committee Rules were unanimously adopted 9-0.

NOTE: Yeas were Unterman, Butler, Grant, Hawkins, Henson, Shafer, Smith, Tate, and Wiles.

COMMITTEE RULES ADOPTED

Chairman Thomas stated that in order to make more efficient use of committee time this session, he had pre-established four subcommittees that he may assign legislation for review and to resolve issues before a bill would come before the full committee. These subcommittees were based on the health topics of Pharmacology, Technology, Medical Service Delivery and Professional Issues. Chairman Thomas made the following appointments:

Pharmacology

Greg Goggans, Chair
Don Balfour
Gloria Butler
Renee Unterman
Steve Henson

Medical Service Delivery

Renee Unterman, Chair
Johnny Grant
Preston Smith
Horacena Tate

Technology

David Shafer, Chair
Lester Jackson
Preston Smith
Judson Hill
David Adelman

Professional Issues

Lee Hawkins, Chair
Preston Smith
John Wiles
Judson Hill
Nan Orrock

The following bills were discussed:

SB 315 (Smith, Preston 52nd) Uniform Emergency Volunteer Health Practitioners Act; enactment; definitions; regulations

Senator Smith presented a substitute to **SB 315** (LC 33 3455S) which would enact the Uniform Emergency Volunteer Health Practitioners Act (the “Act”). This bill was intended to make it easier for health professionals to quickly respond to disasters and emergencies in states other than their own. Under the Act, health practitioners would be allowed to register either in advance of or during an emergency to provide volunteer services with a volunteer health practitioner registration system that would confirm the practitioner’s licensure and good standing under the laws of the practitioner’s state. The registration system would be required to include information about practitioners’ licensure and good standing would be accessible to authorized persons and able to confirm the accuracy of this information. Additionally, the registration system must either be: (1) an emergency system for advance registration of volunteer health professionals established by a state under the federal Emergency System for Advance Registration of Volunteer Health Professionals Program, (2) a local unit of the Medical Reserve Corps, (3) operated by a disaster relief organization, licensing board, national or regional association of licensing boards or health practitioners, health facility, or governmental entity, or (4) designated by the Georgia Emergency Management Agency (GEMA) as a registration system. Senator Smith explained that while an emergency declaration was in effect, GEMA and host entities that were using volunteer health practitioners may confirm whether volunteer health practitioners were registered with a qualified registration system. Additionally, the Act specified that host entities were not required to use a volunteer health practitioner’s services merely because he or she was registered with a registration system. While an emergency declaration was in effect, the Governor would have the authority to regulate the practice of volunteer health practitioners. Host entities using volunteer health practitioners were to coordinate with GEMA if practicable for the most efficient use of volunteer health practitioners. After some discussion amongst the members, Chairman Thomas called on **Buzz Weiss**, who represented GEMA, and **Bill Clark**, who represented the Georgia Trial Lawyers Association (GTLA) who both applauded Senator Smith’s efforts. There were some minor issues with the legislation that they agreed to work on as the bill progressed into Rules. Chairman Thomas asked for a motion. Senator Hawkins moved **SB 315 DO PASS BY SUBSTITUTE**. Senator Grant seconded the motion. **SB 315** passed unanimously by substitute 10-0.

SB 315 DO PASS BY SUBSTITUTE

NOTE: Yeas were Unterman, Butler, Grant, Hawkins, Henson, Lester Jackson, Orrock, Smith, Tate, and Wiles. Senator Judson Hill arrived and Senator Shafer left the meeting.

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

Chairman Thomas stated that several people had approached him with problems with this legislation that would require the Department of Community Health (DCH) to contract with a single administrator for Medicaid dental services. After speaking with Senator Judson Hill, Chairman Thomas made the decision to send **SB 146** to the Technology subcommittee to work out these issues and bring a recommendation to the committee at a later date.

SB 149 ASSIGNED TO TECHNOLOGY SUBCOMMITTEE

With no further business, Chairman Thomas adjourned the meeting at 12:00 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, February 4, 2010

The Senate Health and Human Services Committee held its second meeting of the 2010 Session on Thursday, February 4, in room 125 of the Capitol. Chairman Thomas was absent from the Capitol on business in his District and had arranged for Vice Chair Unterman to chair the meeting in his absence. Vice Chair Unterman was delayed in another meeting, so Secretary Greg Goggans called the meeting to order at 4:00 p.m., and called on Senator Lee Hawkins to open the meeting in prayer. Members present at the meeting were as follows:

Senator Renee Unterman, 45th, Vice Chair
Senator Greg Goggans, 7th, Secretary
Senator Don Balfour, 9th
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th

Senator Lee Hawkins, 49th
Senator Judson Hill, 32nd
Senator Nan Orrock, 36th, Ex-Officio
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Thomas, 54th, Adelman, 42nd, Henson, 41st, Jackson, 2nd, Shafer, 48th, and Smith, 52nd were absent from the meeting

The following bills were discussed:

[SB 344](#) (Hawkins, Lee 49th) “‘Health Share' Volunteers in Medicine Act”; provide sovereign immunity protection for physician assistants in safety net clinics

Senator Lee Hawkins, 49th, presented **SB 344** which creates sovereign immunity protection to physician assistants working in safety net clinics, and stated that this legislation would increase the number of physician assistants that participate in the program. Seeing that there were no questions from the committee or testimony for or against the legislation from the audience, Secretary Goggans asked for a motion. Senator Balfour moved **SB 344 DO PASS**, and Senator Tate seconded the motion. **SB 344** passed unanimously **8 to 0**.

[SB 344 DO PASS](#)

NOTE: Yeas were Balfour, Butler, Grant, Hawkins, Judson Hill, Orrock, Tate, and Wiles. Vice Chair Unterman arrived at the meeting and chaired the rest of the meeting in Chairman Thomas’s absence.

[SR 915](#) (Hill, Judson 32nd) U.S. Congress, Health/Human Services; urged to ignore recent guidelines for breast cancer screenings; Preventive Services Task Force

Senator Judson Hill, 32nd, presented **SR 915** as a resolution that would reject the recent United States Preventive Services Task Forces’ (USPSTF) breast cancer screening guidelines. Senator Judson Hill stated that the USPSTF recently revised their guidelines for breast cancer screenings and recommended that women ages 40 to 50 not receive yearly mammograms, and women 50 and older get them on a biennial basis. Senator Judson Hill stated that the resolution was signed by every member of the committee. Sen. Nan Orrock, 36th, thanked Sen. Judson Hill for presenting the legislation. The committee heard testimony from breast cancer survivor, and Susan J. Komen Foundation representative, **Ellen Reynolds**. Reynolds stated that she discovered her breast cancer at the age of 34, and will encourage her daughters to be screened for the disease in their 40’s. Vice Chair Unterman asked for a motion on **SR 915**. Senator Wiles moved **SR 915 Do Pass** and Senator Orrock seconded the motion. **SR 915** passed unanimously **9 to 0**.

SR 915 DO PASS

NOTE: Yeas were Balfour, Butler, Grant, Goggans, Hawkins, Judson Hill, Orrock, Tate, and Wiles.

With no further business, Vice Chair Renee Unterman adjourned the meeting at 4:30 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Wednesday, February 10, 2010

The Senate Health and Human Services Committee held its third meeting of the 2010 Session on Wednesday, February 10, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 11:00 a.m. and called on Secretary Goggans to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Renee Unterman, 45th, Vice Chair
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 David Shafer, 48th, Ex-Officio
Senator Preston Smith, 52nd
Senator John Wiles, 37th

Note: Senators Adelman, 42nd, Hill, 32nd, Jackson, 2nd, and Tate, 38th were absent from the meeting

The following bills were discussed:

[HB 194](#) (Rep. Millar, 79th) Brand name drugs; substitute generic drugs; provisions

Representative Millar presented a substitute (LC 36 1557S) for **HB 194** to the committee and told the committee that **HB 194** would require a pharmacist who substituted a generic drug for a brand name drug must display the names of both drugs on the prescription label, with an explanation indicating that substitution had occurred, unless the prescribing physician specified that the name of the drug did not have to appear on the label. There was no testimony for or against the bill. Chairman Thomas stated that he would be the Senate sponsor and asked for a motion on the legislation. Senator Henson moved ***HB 194 DO PASS BY SUBSTITUTE*** and Senator Hawkins seconded the motion. **HB 194** passed unanimously **7 to 0**.

NOTE: Yeas were Unterman, Goggans, Butler, Grant, Hawkins, Henson and Wiles

[HB 194 DO PASS BY SUBSTITUTE](#)

[SB 289](#) (Moody, 56th) Social Services; services/treatment for categorically needy/medically fragile children; revise provisions; add definition

Senator Moody explained that **SB 289** is companion legislation to SB 507 passed two sessions ago. Senator Moody stated that this legislation would revise various provisions related to therapy services for children with disabilities. The bill would require the Department of Community Health (DCH) and care management organizations (CMOs) with which it contracted to enroll a sufficient number of providers of therapy services and other pediatric services to meet the needs of children in the Medicaid Early Periodic Screening, Diagnostic, and Treatment Program (EPSDT Program). The bill would also stipulate that approval of enrollment of providers by CMOs would be effective as of the date of the application.

Under current law DCH is required to develop standard procedures for itself, CMOs, and utilization review vendors for utilization review and prior approval of services prescribed for children. This bill would seek to include the following provisions related to prior approval:

- Approval of services would be based on the individual needs of the child and would not be limited based on the child's diagnosis.
- The bill stipulated that a decision by DCH, a CMO, or utilization review vendor to grant prior approval for therapy services would be binding for DCH or another CMO or utilization review vendor for the duration of the approval, so long as the request was by a provider of the same discipline.
- If prior approval was denied, the provider must be given a copy of the notice of denial of prior approval.
- Requests for prior approval must be reviewed by a therapist of the same discipline as that of the services in question before being denied.
- Current law requires decisions on requests for prior approval of therapy services to be made within 15 days; this bill would clarify that the 15 days would be counted beginning on the day that the request for prior approval was originally sent.
- DCH, CMOs, and utilization review vendors would be required to abide by the diagnostic coverage guidelines used by the Center for Medicare and Medicaid Services.
- Medically necessary services to a patient in the EPSDT Program could not be denied due to the lack of results of a standardized test, either when such test was inappropriate for the patient or when no such standardized test was available.

Senator Moody stated that currently there was productive conversation with the agencies involved, and so he pulled the bill from consideration until a later date.

SB 289 TABLED

NOTE: Senator Smith arrived at the meeting.

SB 353 (Carter, 1st) **Controlled Substances; Schedule I, II, IV, and V; definition of "dangerous drug"; provisions**

Senator Carter presented a substitute to **SB 353** (LC 33 3532S) to the committee. Senator Carter stated that this bill would make the following revisions related to the classification of controlled substances:

- It added Chlorophenylpiperazine (CPP) to the list of Schedule I controlled substances.
- It added Tapentadol to the list of Schedule II controlled substances.
- It added Fospropofol to the list of Schedule IV controlled substances.
- It added Lacosamide to the list of Schedule V controlled substances.
- The following drugs were added to the list of drugs classified as dangerous drugs: Abobotulinumtoxin; Artemether; Asenapine; Bepotastine; Besifloxacin; Canakinumab; Capsaicin; Colesevelam; Degarelix; Dexlansoprazole; Dronedarone; Ecallantide; Everolimus; Febuxostat; Ferumoxytol; Gadofosveset; Golimumab; Iloperidone; Lumefantrine; Milnacipran; Ofatumumab; Pazopanib; Pitavastatin; Pralatrexate; Prasugrel; Romidepsin; Saxagliptin; Telavancin; Tocilizumab; Tolvaptan; Ustekinumab; and Vigabatrin.
- Lansoprazole was classified as a dangerous drug and this bill exempted Lansoprazole from this classification when a single dosage unit was 15 milligrams or less.

There was no testimony for or against the bill. Chairman Thomas asked for a motion on the legislation. Senator Henson moved **SB 353** Do Pass by Substitute and Senator Butler seconded the motion. **SB 353** passed unanimously **8 to 0**.

NOTE: Yeas were Unterman, Goggans, Butler, Grant, Hawkins, Henson, Smith, and Wiles

SB 353 DO PASS BY SUBSTITUTE

NOTE: Chairman Thomas left the meeting to take care of a medical emergency in the Capitol. Vice Chair Unterman chaired the meeting in his absence. Senator Smith left the meeting. Senators Balfour, Orrock and Shafer arrived at the meeting.

SB 367 (Balfour, 9th) Influenza; revise the definition of "influenza vaccine" (Unterman Chairing Meeting)

Senator Balfour stated that **SB 367** would simply change the definition of “influenza vaccine,” so as to include the nasal spray version of the vaccine. Testimony in favor of the bill was given by **Dr. Duncan**, Pediatrician with Grady and Emory hospitals, and **Dr. Gonzales**, Pediatrician and Science Director with MedImmune. **Brian Looby**, representing the Medical Association of Georgia (MAG), gave testimony urging caution against allowing pharmacists to give nasal spray vaccines which contain a live virus potentially to people with asthma or compromised immune systems. Mr. Looby stated MAG’s position was that the physician familiar with the patient should be the one to administer the vaccine. With no further discussion, Vice Chair Unterman asked for a motion on **SB 367**. Senator Henson moved **SB 367 DO PASS**, and Senator Butler seconded the motion. **SB 367** passed unanimously **9 to 0**.

SB 367 DO PASS

NOTE: Yeas were Goggans, Balfour, Butler, Grant, Hawkins, Henson, Orrock, Shafer, and Wiles.

With no further business, Vice Chair Unterman adjourned the meeting at 12:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, February 18, 2010

The Senate Health and Human Services Committee held its fourth meeting of the 2010 Session on Thursday, February 18, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 3:00 p.m. and called on Vice Chair Unterman to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Renee Unterman, 45th, Vice Chair
Senator Don Balfour, 9th
Senator Gloria Butler, 55th
Senator Steve Henson, 41st

Senator Judson Hill, 32nd
Senator Lester Jackson, 2nd
Senator Nan Orrock, 36th, Ex-Officio
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Goggans, 7th, Adelman, 42nd, Grant, 25th, Hawkins, 49th, and Shafer, 48th were absent from the meeting

The following bills were discussed:

[SB 412](#) (Goggans, 7th) Georgia eHealth Advisory Council; create; composition; powers; provide strategic plan and annual reports

Irene Munn, General Counsel for the Office of the Lieutenant Governor, presented the legislation to the committee in Secretary Goggans absence. Munn stated that this legislation was drafted to introduce telehealth to the General Assembly as a means to expand health care access and cut costs in a variety of ways, including improving inmate access to medical specialists while saving on prisoner transport costs and improving access to psychiatric care in underserved areas, among other benefits. Munn stated in addition a more efficient system for sharing medical information would save money by eliminating duplicative medical services and allow consumers to be better informed and more proactive in managing their health and wellness. **SB 412** would create the Georgia eHealth Advisory Council to oversee Georgia's initiatives in these areas. Testimony in support of the legislation was given by **Dr. Cailadenise Edwards**, Chief of Staff for the Department of Community Health (DCH). Several committee members were concerned about privacy, procurement and conflict of interest issues. Chairman Thomas tabled the bill to allow Munn time to work on these issues with the committee members.

[SB 412](#) TABLED

[SB 425](#) (Balfour, 9th) Mental Health Admin.; revise definition of health services; community service boards; limit eligibility to be appointed; revise the min. number

Senator Balfour stated that **SB 425** provided a new definition for "health services" for community mental health, developmental disabilities, and addictive diseases service boards. **SB 425** would also make the following changes:

Membership of Community Service Boards

This bill would prohibit a person who has been employed by a community service board within the past two years from serving on a community service board. Additionally, for community service boards whose members were appointed by only one county, the bill increased the minimum number of board members from six to seven.

The bill would also provide that a member of the governing board of a community service board would have a fiduciary duty to avoid any conflict of interest. When a member had an unavoidable conflict of interest, he or she was required to absent him or herself without comment from any deliberation on the issue as well as from the vote. Board members were prohibited from using their positions to obtain employment with the community service board, its funding sources, or suppliers of goods or services for themselves, family members, or close associates. Moreover, a board member would not be allowed to exercise individual authority over the community service board's affairs unless the member's action was explicitly permitted by the governing board of the community service board.

Nonprofit Corporations Created by Community Service Boards

Current law allowed a community service board to create a nonprofit corporation. This bill provided that such a nonprofit corporation was to be created pursuant to the Georgia Nonprofit Corporation Code. The governing board of the community service board was to appoint the members of the board of directors of the nonprofit corporation. However, members of the governing board could constitute all or a portion of the membership of the board of directors of the nonprofit corporation; service on such a board of directors would not in and of itself constitute a conflict of interest. Upon dissolution of the nonprofit corporation, its assets would revert to the community service board, its successor, or failing such succession, to the State of Georgia. The bill also provided that community service boards were not liable for the nonprofit corporation's, debts, obligations, actions, or omissions to act unless the community service board expressly so consents.

Community Service Boards May Provide Health Services

This bill allowed community service boards to provide health services with the approval of the governing board. The board could either provide such services directly or could contract with health providers, health facilities, medical schools, or local, state, or federal entities; the board could also contract with the Department of Behavioral Health and Developmental Disabilities, the Department of Community Health, or the Department of Human Services to provide any education or health service that such department provided. The provision of health services would be limited to persons with a disability or persons who received disability services from the community service board or other providers.

A community service board that provided medical services would be required to enroll as a provider in Medicare, Medicaid, and PeachCare for Kids programs. It could also become a participating provider of health services in a health benefit plan. The bill provided that if a community service board requested to become a participating provider in a health benefit plan, the health care insurer would be required to conduct reasonable and good faith negotiations with the community service board. The bill would also allow a community service board to create, form, collaborate with, or become a member of a federally qualified health center or rural health clinic.

Exception to Open Meetings and Open Records Laws for Commercially Valuable Plans

The bill provided that community service boards were not required to disclose or make public any potentially commercially valuable plan that may be of competitive advantage in the operation of the community service board. This exemption to open meetings and open records laws would be terminated once the plan had been either approved or rejected by the governing board of the community service board.

Testimony in favor of the legislation was given by **Steve Anthony** and **Dr. Deril Gray** from the Georgia Association of Community Service Boards.

Senator Wiles and Senator Smith had some issues with some of the language in the bill and Senator Balfour agreed to amend the bill to their specifications.

Chairman Thomas asked for a motion on the legislation. Senator Henson moved ***SB 425 Do Pass by Substitute*** (LC 36 1574S) and Senator Butler seconded the motion. **SB 425** passed unanimously **9 to 0**.

SB 425 DO PASS BY SUBSTITUTE

NOTE: Senator Smith left the meeting before the vote. Yeas were Unterman, Balfour, Butler, Henson, Judson Hill, Lester Jackson, Orrock, Tate, and Wiles.

With no further business, Chairman Thomas adjourned the meeting at 4:15 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 9, 2010

The Senate Health and Human Services Committee held its fifth meeting of the 2010 Session on Tuesday, March 9, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 1:15 p.m. and called on Senator Butler to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
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 Lester Jackson, 2nd
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Unterman, 45th, Adelman, 42nd, Hill, 32nd, Orrock, 36th, and Shafer, 48th were absent from the meeting

Presentation: “The NCI designation for Emory University’s Winship Cancer Institute and what it means to Georgia.” Given by Walter J. Curran, Jr., MD, Executive Director, Winship Cancer Institute of Emory University; Chair, Department of Radiation Oncology Emory University School of Medicine

The following bills were discussed:

SR 986 (Butler, 55th) Chronic Obstructive Pulmonary Disease; recognize growing incidence

Senator Butler presented **SR 986** to the committee. Senator Butler stated this resolution urged the Department of Community Health (DCH) to pass regulations that would require the collection of data related to chronic obstructive pulmonary disease (COPD). The resolution recognized the significant increase in incidences of COPD in recent years and stated that data on this disease should be collected and used to assist in research and in evaluating disease management practices. DCH should report annual data on COPD to the Governor and make recommendations on improving treatment options. There was no testimony for or against the legislation. Chairman Thomas asked for a motion on the legislation. Senator Henson moved **SR 986 Do Pass** and Senator Lester Jackson seconded the motion. **SR 986** passed unanimously **10 to 0**.

SR 986 DO PASS

NOTE: Yeas were Goggans, Balfour, Butler, Grant, Hawkins, Henson, Lester Jackson, Smith, Tate, and Wiles.

SB 418 (Carter, 1st) Controlled Substances; establishment of a program; monitoring of prescribing/dispensing Schedule II, III, IV, or V

Senator Buddy Carter, 1st, presented a substitute (LC 33 3653S) to **SB 418** to the committee along with the following summary:

This legislation would require the Georgia Drugs and Narcotics Agency (GDNA) to establish an electronic database of controlled substance prescriptions dispensed in this State and a method to electronically review prescriptions of Schedule II, III, IV, or V controlled substances. The review process would be established and maintained in consultation with the Georgia Composite Medical Board and the Georgia State Board of Pharmacy.

Grants

GDNA could apply for available grants and accept gifts, grants, donations, and other funds to assist in developing and maintaining the database. Moreover, GDNA could grant funds to dispensers for the costs for dedicated equipment and software to be used for reporting requirements, although the bill states that none of its provisions should be construed to require dispensers to incur costs to purchase equipment and software.

Requirements for Dispensers of Prescription Drugs

The bill would require dispensers to electronically submit to GDNA information regarding prescriptions dispensed for a Schedule II, III, IV, and V controlled substance. At a minimum, this information must include certain identifying information about the substance and the prescription, as well as information about the prescriber and patient (including the patient's name, address, and date of birth). GDNA is to establish requirements for the transmission methods and frequency of such submissions, but this data must be sent at least weekly. Dispensers who were unable to submit data electronically could receive a waiver by GDNA that allowed them to submit information by paper or other means. Moreover, hospitals, clinics, or other health care facilities could apply to GDNA for a hardship exemption if compliance posed an undue hardship on the facility. Information received could not be accessed after two years from the date it was originally received, at which point it must be deleted or destroyed.

Access to Database Information

Prescription information submitted to GDNA would not be subject to open records requests, and GDNA would be required to adopt strict procedures to protect the privacy and confidentiality of patients and prescribers. GDNA will be required to review prescription information, and if there were reasonable cause to suspect a violation of law or breach of professional standards, the State Board of Pharmacy will be required to notify the appropriate professional licensing, certification, or regulatory entity or law enforcement agency. GDNA would be authorized to provide collected data to the following persons or under the following circumstances:

- Persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients;
- Upon the request of a person about whom the requested information concerns;
- The Georgia State Board of Pharmacy, the Georgia Composite Medical Board, or other licensing board whose practitioners have the authority to prescribe or dispense controlled substances;
- Law enforcement, regulatory, or prosecutorial officials, provided their request meets HIPPA guidelines and who are actively conducting an authorized drug related investigation regarding specific individuals. The official must first provide an agency or departmental complaint or case number in the same manner as required by the Georgia Crime Information Center;
- Upon court order;
- GDNA personnel for purposes of administering and enforcing these provisions or other applicable state law;
- Government entities for statistical, research, education, or grant application purposes, provided that all identifying information has been removed; and

- A prescription review program in another state if the privacy standards of the requesting state are determined to be equivalent to the standards of GDNA.

The bill would allow permissible users who directly assess electronic data to adopt a comprehensive information security program.

Electronic Database Review Advisory Committee

This legislation would establish an Electronic Database Review Advisory Committee, which would be charged with advising GDNA on the electronic review of prescriptions. The Committee would consist of eight members, including representatives from the Georgia Composite Medical Board, Georgia State Board of Pharmacy, Georgia Board of Dentistry, and State Board of Optometry, as well as a consumer representative, a representative from a specialty profession that deals in addictive medicine, an oncologist, and a representative from a hospice or hospice organization.

Rulemaking Authority

The State Board of Pharmacy would have rulemaking authority to implement the requirements of this legislation. The bill also stated that nothing in these provisions allow GDNA to establish policies, rules, or regulations that limited, revised, or expanded the prescription or dispensing authority of any prescriber or dispenser.

Liability of Dispensers and Prescribers

The bill stated that nothing in these provisions would require a dispenser or prescriber to obtain information about a patient from the prescription monitoring program. Further, dispensers or prescribers could not be held liable for an injury, death, or loss of property on the basis that the dispenser or prescriber did not obtain information from the electronic prescription database.

Criminal Liability

A dispenser who willfully and intentionally or negligently failed to submit electronic database prescription information to GDNA or submitted incorrect prescription information is guilty of a misdemeanor punishable by imprisonment for up to 12 months and/or a fine of up to \$1,000, and such actions would be reported to the dispenser's licensing board. A person authorized to obtain electronic database prescription information that willfully and intentionally or negligently used or disclosed the information unlawfully or who used or released the information for an unlawful purpose would be guilty of a felony punishable by imprisonment of up to ten years and/or a fine of up to \$10,000. Persons who (1) knowingly requested, obtained, or attempted to obtain database information under false pretenses, (2) knowingly communicated or attempted to communicate database information to any agency or person except in accordance with these provision, or (3) knowingly falsified database information or related records may be fined up to \$5,000 and/or imprisoned for up to two years for each offense.

Senator Carter asked **Rick Allen**, Assistant Director of the Georgia Drug and Narcotics Agency to testify in favor of the legislation and help with any questions from the committee. Senators Wiles and Smith had several questions and concerns regarding privacy and liability language. Chairman Thomas tabled **SB 418** and asked Senator Carter to work with the committee to develop more precise language to protect private information. Senator Carter agreed.

SB 418 TABLED

SB 443 (Smith, 52nd) Medicaid Care Management Organization Legislative Oversight Committee; create

Senator Smith presented a substitute (LC 36 1605S) to **SB 443** to the committee and shared the following summary:

This bill would create the Medicaid Care Management Organization (CMO) Legislative Oversight Committee (“the Committee”). The Committee is to be composed of eight members: three Representatives appointed by the House Speaker, three Senators appointed by the Lieutenant Governor, and one Representative and one Senator appointed by the Governor. The chairpersonship and vice-chairpersonship of the Committee would alternate between House and Senate members from year to year. The Committee would be required to meet at least three times each year, or more often as determined by its chairperson. The Committee’s task would be to review and evaluate information related to consumer and provider complaints, information related to CMO compliance with contract terms and statutory and regulatory requirements, and any other information or reports as deemed necessary by the Committee. The bill would require the Department of Community Health and the Department of Insurance to provide information requested by the Committee for the performance of its functions. Moreover, the Committee would be able to request a performance audit of the services that CMOs provide for Medicaid and PeachCare. The Committee would be required to make an annual report of its activities and findings to the General Assembly and the Governor, with the chairperson providing executive summaries of the report to the General Assembly prior to the adoption of the General Appropriations Act each year. The committee substitute only changed the effective date to January 1, 2011. There was no testimony for or against. Chairman Thomas asked for a motion and Senator Henson moved ***SB 443 Do Pass by Substitute*** (LC 36 1605S). Senator Hawkins seconded the motion. SB 443 passed unanimously 10 to 0.

SB 443 DO PASS BY SUBSTITUTE

NOTE: Yeas were Goggans, Balfour, Butler, Grant, Hawkins, Henson, Lester Jackson, Smith Tate, and Wiles.

With no further business, Chairman Thomas adjourned the meeting at 2:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, March 11, 2010

The Senate Health and Human Services Committee held its sixth meeting of the 2010 Session on Thursday, March 11, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 11:00 a.m. and called on Senator Hawkins to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Greg Goggans, 7th, Secretary
Senator Don Balfour, 9th
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th
Senator Lee Hawkins, 49th

Senator Judson Hill, 32nd
Senator Lester Jackson, 2nd
Senator Nan Orrock, 36th, Ex-Officio
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Unterman, 45th, Adelman, 42nd, Henson, 41st, and Shafer, 48th were absent from the meeting. Also, Senators Balfour, 9th and Tate, 38th were in and out of the meeting on other committee business and missed the votes on the following pieces of legislation.

The following bills were discussed:

[SB 418](#) (Carter, 1st) **Controlled Substance; establishment of a program; monitoring of prescribing/dispensing Schedule II, III, IV, or V**

Senator Buddy Carter, 1st, presented a new substitute (LC 33 3653S) to **SB 418** in which he tried to address some of the concerns the members had at the last meeting. He reiterated to the committee that there was no cost to implementing **SB 418** and that the program would be self sufficient. Federal grants would cover initial expenses. Senator Carter further stated that 40 states, including all Georgia border states, had this program in place. **Bill Westenberger**, Chief of Police for the city of Kennesaw, **Jason Saliba**, Deputy Assistant District Attorney for the Cobb Judicial Circuit, and **Rick Allen** and **Ronnie Higgins** from the Georgia Department of Drugs and Narcotics testified in favor of the legislation. **Donald Palmisano**, General Counsel for the Medical Association of Georgia, expressed concerns about liability for medical professionals. Senator Wiles still had some concerns about the definition of tolerance in the substitute because it was important for determining underlying intent. Senators Smith and Judson Hill had further concerns about confidentiality and the funding language. Seeing that there was still some perfecting to accomplish on this piece of legislation, Chairman Thomas assigned **SB 418** to the **Professional Issues Subcommittee**, chaired by Senator Hawkins with Senators Smith, Wiles, Judson Hill and Orrock as members, and asked them to work with Senator Carter to sort out the remaining issues.

[SB 418](#) ASSIGNED TO SUBCOMMITTEE

[SR 1134](#) (Hill, 32nd) **Senate Health Care Transformation Study Committee; create**

Senator Judson Hill presented **SR 1134** to the committee and shared the following summary:

This resolution creates the Senate Health Care Transformation Study Committee, to be composed of four Senators appointed by the Lieutenant Governor. The Committee would be charged with studying issues surrounding the availability and affordability of health insurance and access to health care services. The committee would be allowed to meet up to five days, unless additional

days were authorized, and will stand abolished on December 31, 2010. There was no testimony for or against the legislation. Senator Orrock stated that at the end of last session Study Committees were not put in place due to budget concerns unless the members agreed to meet without receiving a per diem. She offered an amendment to **SR 1134** that the members would receive no compensation. Senator Butler seconded that motion. The amendment passed 7 to 2.

NOTE: Nays on the passage of the amendment were Wiles and Hill. Yeas were Goggans, Butler, Grant, Hawkins, Lester Jackson, Orrock, and Smith.

Chairman Thomas asked for a motion on SR 1134. Senator Smith moved **SR 1134 Do Pass by Substitute** (as amended). Senator Hawkins seconded the motion. The resolution passed unanimously by substitute as amended 9 to 0.

SR 1134 DO PASS BY SUBSTITUTE

NOTE: Yeas were Goggans, Butler, Grant, Hawkins, Judson Hill, Lester Jackson, Orrock, Smith and Wiles.

SB 435 (Thomas, 54th) "**Diabetes and Health Improvement Act of 2010**"; enact; establish Georgia Diabetes Control Office; board of trustees

Senator Thomas presented **SB 435** to the committee and shared the following summary:

With this bill, the General Assembly found that diabetes was a leading cause of death in the U.S. and that the prevalence of this chronic disease was particularly high in Georgia. Without aggressive societal action, the number of Georgians with diabetes would more than double in the next 20 years to 1,697,000 people, which would result in an economic burden of approximately \$11.9 billion. **SB 435** would establish the Georgia Diabetes Control Office, to be under the Division of Public Health of the Department of Community Health (DCH). The office would be under the direction of a five-member board of trustees, appointed by the Governor. The membership of the board of trustees was to consist of a physician; a registered nurse; a dietician, a diabetes educator; and a representative of the business community. Additionally, the board of trustees would have the following ex officio, nonvoting members: the Commissioner of DCH or his or her designee and the chairpersons of the Senate Education and Youth Committee, the House Committee on Education, the Senate Health and Human Services Committee, and the House Committee on Health and Human Services. Subject to appropriations, the office would have the authority to administer two grant programs: (1) a program to provide grants to high schools that promoted the understanding and prevention of diabetes; and (2) a program that provided grants to health care providers for education, prevention, and treatment of pre-diabetes and diabetes. The board of trustees was to establish grant criteria and make award decisions. Grants could not be used to fund existing programs. There was no testimony for or against the legislation. Chairman Thomas asked for a motion and Senator Smith moved **SB 435 Do Pass**. Senator Orrock seconded the motion. **SB 435** passed unanimously 9 to 0.

SB 435 DO PASS

NOTE: Yeas were Goggans, Butler, Grant, Hawkins, Judson Hill, Lester Jackson, Orrock, Smith and Wiles.

With no further business, Chairman Thomas adjourned the meeting at 12:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, March 16, 2010

The Senate Health and Human Services Committee held its seventh meeting of the 2010 Session on Tuesday, March 16, in room 450 of the Capitol. Chairman Thomas was absent at the beginning of the meeting to present legislation in another committee. Vice Chairman Unterman called the meeting to order at 1:15 p.m. and called on Senator Goggans to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chair	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 Johnny Grant, 25 th	Senator Preston Smith, 52 nd
Senator Lee Hawkins, 49 th	Senator John Wiles, 37 th

Note: Senators Adelman, 42nd, Balfour, 9th, Butler, 55th, Hill, 32nd, Shafer, 48th, and Tate, 38th, were absent from the meeting.

Presentation: Mike McConnell, March of Dimes, Newborn Screening

The following bills were discussed:

SR 1222 (Thomas, 54th) **Georgia Composite Medical Board; urged to promulgate regulations**

Secretary Goggans presented **SR 1222** for Chairman Thomas. With this resolution, the Senate urges the Georgia Composite Medical Board to promulgate regulations which establish medically accepted standards of patient care in office based surgery and anesthesia. More than 26 states have adopted such standards, but Georgia is the only state in the Southeast without office based surgery regulations. Senator Goggans offered an amendment that would add provision for “healthcare providers licensed by composite medical board.” Senator Orrock seconded the motion and the amendment passed unanimously 8 to 0.

Note: Yeas were Goggans, Grant, Hawkins, Henson, Lester Jackson, Orrock, Smith and Wiles.

Bob Jeffrey, Medical Composite Board; **Jet Toney**, and **Dr. Steve Sween**, from the Georgia Society of Anesthesiologists, testified briefly in favor of the legislation. Vice Chair Unterman asked for a motion on the legislation as amended by the committee. Senator Hawkins moved **SR 1222 Do Pass by Substitute** (LC 37 1045S). Senator Orrock seconded the motion which passed unanimously 8 to 0.

SR 1222 DO PASS BY SUBSTITUTE

Note: Yeas were Goggans, Grant, Hawkins, Henson, Lester Jackson, Orrock, Smith and Wiles.

SR 1162 (Thomas, 54th) **Senate Including Traumatic Brain Injury Facilities in State Health Plan Study Committee; create**

Secretary Goggans presented **SR 1162** on behalf of Chairman Thomas. Senator Goggans stated that this resolution would create the **Senate Including Traumatic Brain Injury Facilities in the**

State Health Plan Study Committee, to be composed of five Senators appointed by the Lieutenant Governor. One member was to be designated as chairman, and the Committee would be able to meet for up to five days, unless more days were authorized. The Committee was charged with studying issues related to treatment for traumatic brain injuries (TBI) in Georgia, including the feasibility of amending the State Health Plan to include TBI Facilities and how public funding for such facilities would affect Georgia. Vice Chair Unterman recognized **Bridget Kelley**, Restore Health Group, and **Susan Johnston**, Shepherd Center, who were at the meeting in support of the legislation. Vice Chair Unterman asked for a motion. Senator Smith moved **SR 1162 Do Pass**. Chairman Thomas arrived at the meeting and seconded the motion. **SR 1162** passed unanimously 9 to 0.

SR 1162 DO PASS

NOTE: Yeas were Thomas, Goggans, Grant, Hawkins, Henson, Lester Jackson, Orrock, Smith, and Wiles.

SB 498 (Harbison, 15th) Controlled Substances; add synthetic cannabinoids; "synthetic marijuana" or "K2" to Schedule I controlled substances list

Senator Harbison presented **SB 498** and stated that his legislation simply added certain synthetic cannabinoids commonly used in the production of synthetic marijuana to the Schedule I controlled substances list. There was no testimony for or against the legislation. Senator Henson moved **SB 498 Do Pass** and Chairman Thomas seconded the motion. **SB 498** passed unanimously 9 to 0.

SB 498 DO PASS

NOTE: Yeas were Thomas, Goggans, Grant, Hawkins, Henson, Lester Jackson, Orrock, Smith, and Wiles.

With no further business, Vice Chairman Unterman adjourned the meeting at 2:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Thursday, March 18, 2010

The Senate Health and Human Services Committee held its eighth meeting of the 2010 Session on Thursday, March 18, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 10:30 a.m. and called on Senator Hawkins to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Renee Unterman, 45th, Vice Chair
Senator Greg Goggans, 7th, Secretary
Senator Lee Hawkins, 49th

Senator Judson Hill, 32nd
Senator Nan Orrock, 36th, Ex-Officio
Senator David Shafer, 48th, Ex-Officio
Senator Horacena Tate, 38th

Note: Senators Adelman, 42nd, Balfour, 9th, Butler, 55th, Grant, 25th, Henson, 41st, Jackson, 2nd, Smith 52nd, and Wiles 37th, were absent from the meeting.

The following bills were discussed:

SB 493 (Davis, 22nd) Vital Records; provide for execution of death certificates for burn victims

Senator Davis presented **SB 493** to the committee and stated that under this legislation, when a burn victim dies following his or her transportation to a treating facility, only the attending physician would be required to complete and sign the death certificate. There was no testimony for or against the legislation. Chairman Thomas asked for a motion and Senator Hawkins moved **SB 493 Do Pass**. Senator Goggans seconded the motion and the legislation passed unanimously 7 to 0.

SB 493 DO PASS

NOTE: Yeas were Goggans, Hawkins, Judson Hill, Orrock, Shafer, Tate and Thomas. Senator Unterman arrived at the meeting. Senator Goggans left the meeting.

SB 418 (Carter, 1st) Controlled Substances; establishment of a program; monitoring of prescribing/dispensing Schedule II, III, IV, or V

Senator Carter presented the substitute to **SB 418** (LC 36 1627S) drafted by the subcommittee to the whole committee and shared the following summary:

Under this legislation, subject to appropriations, the State Board of Pharmacy (“the Board”) was to establish an electronic database of information on controlled substance prescriptions dispensed in this State and was to electronically review such prescription information. The database and review process was to be established and maintained in consultation with the Georgia Composite Medical Board.

Grants

The Board was to apply for available grants and was allowed to accept gifts, grants, donations, and other funds, including funds from the disposition of forfeited property, to assist in developing and maintaining the database. Moreover, the Board could grant funds to dispensers for the costs for dedicated equipment and software to be used for reporting requirements, although the bill stated that none of its provisions should be construed to require dispensers to incur costs to

purchase equipment and software. The bill also provided that its provisions should not be construed to require any appropriation of state funds.

Requirements for Dispensers of Prescription Drugs

The bill required dispensers to electronically submit to the Board information regarding prescriptions dispensed for a Schedule II, III, IV, and V controlled substance. At a minimum, this information should include certain identifying information about the substance and the prescription, as well as information about the prescriber and patient (including the patient's name, address, and date of birth). Dispensers were to submit prescription information in accordance with transmission methods and frequency requirements established by the Board on a weekly basis. Dispensers who were unable to submit data electronically could receive a waiver from the Board that allowed them to submit information by paper or other means. Moreover, hospitals, clinics, or other health care facilities could apply to the Board for a hardship exemption if compliance would pose an undue hardship on the facility. Information received could not be accessed after two years from the date it was originally received, at which point it must be deleted or destroyed.

Access to Database Information

Prescription information submitted to the Board would not be subject to open records requests, and the Board would be required to adopt strict procedures to protect the privacy and confidentiality of patients and prescribers. The Board was authorized to provide collected prescription information to the following persons:

- Persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients;
- Upon the request of a person about whom the requested prescription information concerns;
- The Georgia Composite Medical Board or any licensing board whose practitioners have the authority to prescribe or dispense controlled substances;
- Upon subpoena, to any local, state, or federal law enforcement, regulatory, or prosecutorial officials,
- Upon court order;
- Board personnel for purposes of administering and enforcing these provisions or other applicable state law; and
- Government entities for statistical, research, education, or grant application purposes, provided that all identifying information has been removed.

The Board could also prepare a plan to provide electronic database prescription information to a prescription review program in another state, if that state had equivalent confidentiality, security, privacy, and utilization standards. The bill required permissible users who directly assess electronic database prescription information to adopt a comprehensive information security program.

Electronic Database Review Advisory Committee

This legislation would establish an Electronic Database Review Advisory Committee, which would be charged with advising the Board on the electronic review of prescriptions. The Committee was to consist of eight members, including representatives from the Board, the Georgia Composite Medical Board, Georgia Board of Dentistry, and State Board of Optometry, as well as a consumer representative, a representative from a specialty profession that deals in addictive medicine, an oncologist, and a representative from a hospice or hospice organization.

Rulemaking Authority

The Board would have rulemaking authority to implement the requirements of this legislation. The bill also stated that nothing in these provisions allowed the Board to establish policies, rules, or regulations that limit, revise, or expand the prescription or dispensing authority of any prescriber or dispenser.

Liability of Dispensers and Prescribers

The bill stated that nothing in these provisions required a dispenser or prescriber to obtain information about a patient from the prescription monitoring program. Further, dispensers or prescribers could not be held liable for an injury, death, or loss to person or property on the basis that the dispenser or prescriber had not obtained information from the electronic prescription database.

Criminal Liability

A dispenser who knowingly and intentionally failed to submit electronic database prescription information to the Board or submitted incorrect prescription information would be guilty of a misdemeanor punishable by imprisonment for up to 12 months and/or a fine of up to \$1,000, and such actions were to be reported to the dispenser's licensing board. A person authorized to obtain electronic database prescription information who knowingly and intentionally or negligently used, released, or disclosed the information unlawfully or who used or released the information for an unlawful purpose would be guilty of a felony punishable by imprisonment of two to ten years and/or a fine of up to \$100,000; for a second or subsequent conviction, a person would be guilty of a felony punishable by imprisonment for three to 15 years and/or a fine of up to \$250,000. Persons who (1) knowingly requested, obtained, or attempted to obtain database information under false pretenses, (2) knowingly communicated or attempted to communicate database information to any board, agency, or person except in accordance with these provisions, or (3) knowingly falsified database information or related records could be fined up to \$5,000 and/or imprisoned for one to two years for each offense.

Civil Cause of Action

A person injured by any violation of these provisions would have a cause of action for actual damages and, where appropriate, punitive damages.

There was no testimony for or against the legislation and Chairman Thomas asked for a motion. Senator Hawkins moved ***SB 418 Do Pass by Committee Substitute*** (LC 36 1627S). Senator Goggans seconded the motion and **SB 418** passed 6 to 1.

[SB 418 DO PASS BY SUBSTITUTE](#)

NOTE: Yeas were Unterman, Hawkins, Judson Hill, Orrock, Tate, Thomas. Nay was Shafer.

[SB 430](#) (Unterman, 45th) 'Nurse Licensure Compact'; provide multistate licensures to practice telephonic nursing as a registered nurse; qualifications, sanctions

This bill was removed from the agenda by the author. Senator Unterman stated that she would present this legislation in the form of a Senate Study Committee instead.

[SB 430 TABLED](#)

SB 289 (Moody, 56th) Social Services; services/treatment for categorically needy/medically fragile children; revise provisions; add definition

This bill was removed from the agenda by the author. Senator Moody stated that there were still a few minor issues to work out before he felt comfortable bringing the legislation back to the committee.

SB 289 TABLED

With no further business, Chairman Thomas adjourned the meeting at 11: 15 a.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 30, 2010

The Senate Health and Human Services Committee held its ninth meeting of the 2010 Session on Tuesday, March 30, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 10:30 a.m. and called on Senator Goggans to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Renee Unterman, 45th, Vice Chair
Senator Greg Goggans, 7th, Secretary
Senator Gloria Butler, 55th
Senator Johnny Grant, 25th
Senator David Shafer, 48th, Ex-Officio
Senator John Wiles, 37th

Note: Senators Adelman, 42nd, Balfour, 9th, Hawkins, 49th, Henson, 41st, Hill, 32nd, Jackson, 2nd, Orrock, 36th, Smith 52nd, and Tate, 38th, were absent from the meeting.

The following bills were discussed:

[HB 361](#) (Rep. Stephens, 164th) Safe Medications Practice Act; enact

Senator Carter, 1st, presented **HB 361** on behalf of Representative Stephens and stated that he would be the Senate sponsor. This legislation would authorize hospital pharmacists to collaborate with members of the medical staff in an institution on drug therapy management, as approved by an order from a physician member of the institution's staff or pursuant to a protocol established in accordance with medical staff policy. The bill would direct the State Board of Pharmacy to establish rules and regulations governing a hospital pharmacist working in such a manner. Likewise, the Georgia Composite Medical Board would establish rules and regulations governing physicians acting pursuant to these provisions. **Sonny Rader**, President of the Georgia Society of Health Pharmacists (GSHP) and **Andrea Robenson**, GSHP Legislative Co-Chair, both testified in favor of the legislation. Chairman Thomas asked for a motion on the legislation. Senator Unterman moved **HB 361 Do Pass**. Senator Grant seconded the motion and **HB 361** passed unanimously 7 to 0.

[HB 361 DO PASS](#)

Note: Yeas were Thomas, Unterman, Goggans, Butler, Grant, Shafer, and Wiles.

[HB 1179](#) (Rep. Dempsey, 13th) Influenza vaccinations; hospitals offer annually to employees; require

Representative Dempsey presented a substitute (LC 33 3748S) to **HB 1179** to the committee and stated that this bill would simply require hospitals to annually offer on-site, no-cost, influenza vaccinations for health care workers and other employees who have direct contact with patients. There was no testimony for or against the legislation. Chairman Thomas asked for a motion. Senator Grant stated that he would be the Senate sponsor of the legislation and moved **HB 1179 Do Pass by Substitute**. Senator Unterman seconded the motion and **HB 1179** passed unanimously 7 to 0.

HB 1179 DO PASS BY SUBSTITUTE

Note: Yeas were Thomas, Unterman, Goggans, Butler, Grant, Shafer, and Wiles.

HB 1119 (Rep. Harbin, 118th) Georgia Arthritis Prevention and Control Act; enact

Representative Harbin presented **HB 1119** to the committee. He stated that arthritis was the most common cause of disability in the United States and made a significant impact on the lives of those who struggle with the disease and their families and caregivers. Despite this fact, information on arthritis remained inadequately disseminated and insufficient in addressing the needs of all populations. This legislation, which would be known as the **Georgia Arthritis Prevention and Control Act**, aims to create and foster a statewide program that promotes public awareness on arthritis and implements and coordinates state and local programs and services that would reduce the public health burden of arthritis.

This bill would require the Department of Community Health to establish an “Arthritis Prevention and Control Program” (“the program”). As part of the program, DCH was to periodically conduct a needs assessment to identify public health research being conducted in this state, available educational materials and programs, public and professional arthritis awareness, and the availability of services, among other matters. DCH was to establish an advisory panel on arthritis that was to provide nongovernmental input and was to include, but not be limited to, persons with arthritis, public health educators, medical experts, and representatives of national arthritis organizations, among others.

DCH was to use, but not be limited to, strategies consistent with the National Arthritis Action Plan and existing state planning efforts to raise public awareness on arthritis. Moreover, subject to appropriations or access to other private or public funds, DCH would be able to contract to purchase materials or services from appropriate entities to carry out the goals of the program and would be able to enter into agreements with national organizations with expertise in arthritis to implement parts of the program.

The commissioner of DCH was to provide sufficient staff to implement the program and to identify the appropriate organizations to carry out the program. He or she was to base the program on the most current scientific research and was to work to increase and improve the availability of community-based programs to people with arthritis and their families. Moreover, the commissioner was to work with governmental offices and other organizations to coordinate efforts and maximize state resources in carrying out the program.

The bill would authorize the commissioner to accept grants, services, and property from the federal government or other entities for purposes of fulfilling these provisions. Moreover, the commissioner was required to seek any federal waiver or waivers that may be necessary to maximize funds from the federal government. Testimony in favor of the legislation was given by **Andrea Collins**, Vice President, Mission Delivery, with the Arthritis Foundation. Chairman Thomas asked for a motion on the legislation. Senator Shafer stated that he was the senate sponsor and moved **HB 1119 Do Pass**. Senator Goggans seconded the motion and the legislation passed unanimously 7 to 0.

HB 1119 DO PASS

Note: Yeas were Thomas, Unterman, Goggans, Butler, Grant, Shafer, and Wiles.

HB 1310 (Rep. Kidd, 141st) Brain and Spinal Injury Trust Commission; may solicit funds; provide

Representative Kidd presented **HB 1310** to the committee and stated that this bill would simply authorize and allow the Brain and Spinal Injury Trust Commission to solicit federal funds and gifts and donations from individuals, private organizations, or foundations. There was no testimony for or against the legislation. Chairman Thomas asked for a motion. Senator Unterman stated that she would be the Senate sponsor and moved ***HB 1310 Do Pass***. Senator Grant seconded the motion and the legislation passed unanimously 7 to 0.

HB 1310 DO PASS

Note: Yeas were Thomas, Unterman, Goggans, Butler, Grant, Shafer, and Wiles.

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
Thursday, April 1, 2010

The Senate Health and Human Services Committee held its tenth meeting of the 2010 Session on Thursday, April 1, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 11:00 a.m. and called on Senator Grant to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , Chair	Senator Lester Jackson, 2 nd
Senator Gloria Butler, 55 th	Senator Preston Smith, 52 nd
Senator Johnny Grant, 25 th	Senator Horacena Tate, 38 th
Senator Steve Henson, 41 st	Senator John Wiles, 37 th
Senator Judson Hill, 32 nd	

Note: Senators Unterman, 45th, Goggans, 7th, Adelman, 42nd, Balfour, 9th, Hawkins, 49th, Orrock, 36th, and Shafer, 48th, were absent from the meeting.

The following bills were discussed:

[HB 1154](#) (Rep. Jerguson, 22nd) **Influenza vaccine; revise definition**

Representative Jerguson, offering a substitute to **HB 1154** (LC 33 3755S), stated that this legislation would expand the definition of “influenza vaccine” related to influenza vaccine protocol agreements to include the nasal spray version. The bill would also prohibit this version of the vaccine from being administered to a person younger than 13 or older than 49. The vaccine would only be administered to a person upon his or her (or parent if a minor) signing an informed consent form which would contain a list of potential contraindications to the vaccine that he or she did not have a contraindication to the vaccine. There was no testimony for or against the legislation. Chairman Thomas asked for a motion and stated that he would be the Senate sponsor of the legislation. Senator Judson Hill moved ***HB 1154 Do Pass by Substitute***. Senator Grant seconded the motion and the legislation passed unanimously 7 to 0.

[HB 1154 DO PASS BY SUBSTITUTE](#)

NOTE: Yeas were Thomas, Butler, Grant, Henson, Judson Hill, Jackson and Tate. Senator Wiles arrived at the meeting.

[HB 1309](#) (Rep. Neal, 1st) **Controlled substances; add synthetic cannabinoids to Schedule I list; provide**

Representative Neal presented **HB 1309** and stated the General Assembly found that the use of unregulated synthetic cannabinoids, commonly known as K2 or synthetic marijuana, was a growing threat to the health, safety, and welfare of our citizens. This bill simply would add certain synthetic cannabinoids to the Schedule I controlled substances list. There was no testimony for or against the legislation. Chairman Thomas asked for a motion. Senator Lester Jackson moved ***HB 1309 Do Pass***. Senator Judson Hill seconded the motion and the legislation passed unanimously 7 to 0.

[HB 1309 DO PASS](#)

NOTE: Yeas were Butler, Grant, Henson, Judson Hill, Lester Jackson, Tate and Wiles. Senator Smith arrived at the meeting.

HB 1021 (Rep. Lunsford, 110th) Dangerous drugs; Salvia divinorum A; include

Representative Lunsford presented **HB 1021** to the committee stating that this bill would add Salvinorin A to the list of dangerous drugs. The bill further provided that the possession, growing, or harvesting of Salvia divinorum A is allowed for aesthetic, landscaping, or decorative purposes only. Senator Lester Jackson stated that he would be the Senate sponsor of the legislation. There were a few technical issues to correct in the language of the bill, so Chairman Thomas asked for a motion on the committee substitute for **HB 1021** (LC 36 1654S) with those corrections. Senator Butler moved ***HB 1021 Do Pass by Substitute***. Senator Tate seconded the motion and the legislation passed unanimously 8 to 0.

HB 1021 DO PASS BY SUBSTITUTE

NOTE: Yeas were Butler, Grant, Henson, Judson Hill, Lester Jackson, Smith, Tate and Wiles.

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

Respectfully submitted,

/s/ Senator Don Thomas, 54th, Chairman

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, April 13, 2010

The Senate Health and Human Services Committee held its eleventh meeting of the 2010 Session on Tuesday, April 13, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 1:00 p.m. and called on Senator Smith to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54 th , 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 Horacena Tate, 38 th
Senator Steve Henson, 41 st	Senator John Wiles, 37 th

Note: Senators Unterman, 45th, Adelman, 42nd, Balfour, 9th, Hawkins, 49th, Hill, 32nd, and Shafer, 48th, were absent from the meeting.

The following bills were discussed:

SR 1367 (Ramsey, 43rd) Senate Vulnerable Adult Study Committee; create

Senator Ramsey presented **SR 1367** to the committee and stated that this resolution would create the Senate Vulnerable Adult Study Committee, composed of six members appointed by the President of the Senate. One member was to be designated as chairperson. The Committee would be charged with studying issues related to the need for emergency protective placement services for elderly or disabled adults who have become the victims of abuse, neglect, or exploitation. The Committee was to recommend any actions or legislation it deemed appropriate, including, but not limited to, suggesting solutions for the development of a plan for emergency placement for victims of elderly or disabled adult abuse. **Mary Lou Morris** spoke in favor of the legislation. Chairman Thomas asked for a motion on the resolution and Senator Smith moved **SR 1367 Do Pass**. Senator Goggans seconded the motion and the resolution passed unanimously 7 to 0.

SR 1367 DO PASS

NOTE: Yeas were Thomas, Goggans, Butler, Grant, Lester Jackson, Smith and Tate. Senators Henson and Wiles arrived at the meeting.

HB 1040 (Rep. Pruett, 144th) Georgia Registered Professional Nurse Practice Act; certain health activities not require license; provisions

Representative Pruett presented **HB 1040** to the committee and stated that Senator Bill Cowsert, 46th, would be the Senate sponsor of the legislation. This bill would allow an unlicensed caregiver, known as a “proxy caregiver,” to perform health maintenance activities for a disabled individual pursuant to a written plan of care, provided that certain conditions were met. The caregiver must be designated by the disabled person or a person legally authorized to act on behalf of the disabled person to receive training and to provide health maintenance activities. Such health maintenance activities must be provided outside of a hospital or nursing home and not performed by a Medicare-certified home health agency or hospice organization. Home

maintenance activities were limited to activities that, but for a disability, a person could reasonably be expected to do for himself or herself and that did not include complex care, did not require complex observations or critical decisions, could be safely performed, have reasonably precise, unchanging directions, and have reasonably predictable outcomes. The written plan of care was to include the written orders of an attending physician, advanced practice registered nurse, or physician assistant and was to specify the frequency of training and evaluation requirements for the caregiver. A written plan of care could be established by a registered professional nurse, attending physician, advanced practice registered nurse, or physician assistant. The bill provided that rules, regulations, and policies regarding training for proxy caregivers were to be promulgated by the Department of Behavioral Health and Developmental Disabilities or the Department of Community Health. The bill also provided that attending physicians, advanced practice registered nurses, or physician assistants whose orders or written plan of care provided for the provision of health maintenance activities would not be held vicariously liable for a proxy caregiver's negligent performance unless the proxy caregiver was an employee of the physician, advanced practice nurse, or physician assistant. Such health professionals would still be held liable if they fail to meet the standard of care in assessing a proxy caregiver's qualifications or capabilities or in assessing whether the health maintenance activities could be appropriately performed outside of a hospital or nursing home setting. **Bill Clark**, Georgia Trial Lawyers Association, **Becky Kurtz**, State Long Term Care Ombudsman, **Sheila Humberstone**, Alzheimer's Association, **Steven Neff**, Home and Community Based Service Providers, and **Victor Molodan**, Georgia Home Healthcare Management, all testified in favor of the legislation. Senator Wiles wanted to add language that Medicaid would be the payor of last resort on these services. The author agreed. Chairman Thomas asked for a motion on the legislation as amended by the committee. Senator Henson moved *HB 1040 Do Pass by Substitute*. Senator Grant seconded the motion and the legislation passed unanimously 8 to 0.

HB 1040 DO PASS BY SUBSTITUTE

NOTE: Yeas were Goggans, Butler, Grant, Henson, Lester Jackson, Smith, Tate and Wiles. Senator Orrock arrived at the meeting.

HB 866 (Rep. Allison, 8th) Physicians for Rural Areas Assistance Act; enact

Senator Grant presented **HB 866** as the Senate sponsor of the legislation. Senator Grant stated that **HB 866** would authorize the State Medical Education Board ("the board") to make grants to hospitals, other health care entities, local governments, and civic organizations in physician underserved rural areas of Georgia, provided that entities receiving grant money agreed to provide matching funds. Such grants were intended to enhance recruitment efforts in bringing physicians to these rural areas. Acceptable expenditures of grant funds included, but were not limited to, medical education loan repayment, salary supplements for physicians, and additional support staff for a physician's office. Grant money could not be used for hiring a recruiting firm or individual recruiter. The board would have the authority to make grants to hospitals and other entities on a yearly basis, renewable each year at the discretion of the board. The amount of each grant was to be determined by the board, but could not exceed the grant applicant's proposed expenditures to enhance physician recruitment. Moreover, the board could include conditions on grants, including, but not limited to, that one or more physicians were employed and retained in the physician underserved rural area for a minimum length of time. Before receiving a grant, a hospital or other entity would be required to enter into a service cancelable contract with the State of Georgia, agreeing to the terms of the grant. The board would have the authority to cancel the contract of any grant recipient for cause deemed sufficient by the board, provided that this action not be arbitrary or unreasonable. Upon cancellation, the grant recipient would not be eligible to

receive further grant funds. Also noted was the fact that current law required the board to make a biennial report to the General Assembly of its activities related to the student loans it makes under the Physicians for Rural Areas Assistance Act, including information on each loan made. This bill required the board's report to include information on each grant made by the board.

Other provisions of the bill include:

- Required physicians receiving a loan under the Physicians for Rural Areas Assistance Act to be U.S. citizens;
- Replaced current law's requirement that such physicians must be a graduate of an accredited four-year medical school with the requirement that they be the graduate of an accredited graduate medical education program; and
- Provided that the accrediting organization of the medical school be either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and removed the names of other accrediting organizations listed in current law.

Ethan James, Georgia Hospital Association, and **Cherri Tucker**, State Medical Education Board, testified in favor of the legislation. Chairman Thomas asked for a motion and Senator Henson moved **HB 866 Do Pass**. Senator Grant seconded the motion and the legislation passed unanimously 9 to 0.

HB 866 DO PASS

NOTE: Yeas were Goggans, Butler, Grant, Henson, Lester Jackson, Orrock, Smith, Tate and Wiles.

HB 180 (Rep. Everson, 106th) Public health and morals; tattooing near the eye; change certain provisions

Representative Everson presented **HB 180** to the committee and stated that this legislation would allow a physician or technician under direct physician supervision to tattoo a person within one inch of the nearest part of the eye socket because it was currently illegal for anyone to tattoo this area. Senator Orrock had several questions on what direct supervision meant in the legislation. Rebecca Greener, Medical Association of Georgia, stated that they were not opposed to the legislation in its current form. Chairman Thomas asked for a motion on the legislation. Senator Smith moved **HB 180 Do Pass**, but there was no second offered by the committee. Chairman Thomas tabled HB 180 until issues could be worked out.

HB 180 TABLED

NOTE: Senators Grant, Lester Jackson and Wiles left the meeting.

HB 1314 (Rep. Sheldon, 105th) Georgia Council on Developmental Disabilities; regulate developmental accounts; provisions

Representative Sheldon presented a substitute (LC 37 1075ERS) to **HB 1314** to the committee. This legislation allows certain persons to open an "individual development account," whereby, upon agreement, the person opens a savings account and a fiduciary organization deposits matching funds into a separate reserve fund. To be eligible to open an individual development account, a person would be required to have a household income of no more than 300 percent of the federal poverty level, and could only use the account for one of the following purposes:

- The acquisition of postsecondary education or job training;
- The purchase of a primary residence;
- Costs for major repairs or improvements to a primary residence;
- The capitalization of a small business. To qualify, a business plan must be approved by a financial institution, nonprofit microenterprise program, or other qualified agent, as well as the fiduciary organization; or
- The purchase of “assistive technology,” meaning items, equipment, or product systems used to maintain or improve the functional capabilities of a disabled individual.

In case of emergency, an account holder could withdraw all or part of his or her deposits from the individual development account to use for a purpose not named here with the approval of the fiduciary organization. In such an event, the account holder was to return the amount withdrawn within 12 months. Failure to do so would be grounds for removing the account holder from the individual development account program; moreover, until the amount withdrawn had been returned, an account holder could not withdraw any matching funds or accrued interest from the matching funds. If an account holder withdrew money for an unapproved purpose, the fiduciary organization could remove the account holder from the program. A fiduciary organization could also remove an account holder from the program if the account holder moved from the area where the program was conducted or if the account holder otherwise was unable to continue in the program. If an account holder was removed from the program, then all matching funds accrued and interest earned on the matching funds would revert to the fiduciary organization; such reverted funds were to be used as a source of matching funds for other individual development accounts. An individual could contribute to an individual development account with funds derived from earned income, child support payments, and certain other benefit payments. The total amount that could be paid into an individual development account during its existence, including amounts from funds, matching funds, and interest or investment earnings, could not exceed \$60,000. The Georgia Council on Developmental Disabilities (“the Council”) could select fiduciary organizations through competitive processes. In making selections, the Council was to consider certain factors, including, but not limited to, the ability of the fiduciary organization to administer the individual development account program, to raise matching funds, to provide financial counseling to account holders, and the feasibility of the fiduciary organization’s program design. Subject to the Council’s rules, a fiduciary organization was to have sole authority over and responsibility for the administration of individual development accounts. The fiduciary organization could establish program provisions it believed would ensure account holder compliance, and it could establish income limitations for account holders that were lower than otherwise established by these provisions. Additionally, a fiduciary organization could act in partnership with other entities and could use a reasonable portion of moneys allocated to the individual development account program for administrative expenses. Fiduciary organizations selected to administer state moneys for individual development account purposes or receiving tax deductible contributions were to provide the Council with an annual report on its individual development account program activity. This report was to include the number of accounts administered by the fiduciary organization, the amount of deposits and matching funds, the purpose of each individual development account, the number of withdrawals made, and any other information the Council may require. Financial institutions that held individual development accounts must, at a minimum, keep the account in the account holder’s name, permit deposits to be made into the accounts, require the account to earn a market rate of interest, and permit the account holder to withdraw money after obtaining the written authorization of the fiduciary organization. This bill also provided that funds deposited in an individual development account would not be counted as income or assets of the account holder for purposes of determining financial eligibility for government assistance. Another provision of the bill ensured

that individual development accounts used for assistive technology would not be considered in determining eligibility for Temporary Assistance for Needy Families. Jackie Wilkes-Weathers, President, Center for Financial Independence, and Ann Mintz, United Way, testified in favor of the legislation. Chairman Thomas stated that Senator Unterman would be the Senate sponsor of the legislation and asked for a motion. Senator Orrock moved ***HB 1314 Do Pass by Substitute***. Senator Smith seconded the motion and the legislation passed unanimously 7 to 0.

HB 1314 DO PASS BY SUBSTITUTE

NOTE: Yeas were Thomas, Goggans, Butler, Henson, Orrock, Smith, and Tate.

With no further business, Chairman Thomas adjourned the meeting at 2:15 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
Tuesday, April 20, 2010

The Senate Health and Human Services Committee held its twelfth meeting of the 2010 Session on Tuesday, April 20th, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 1:35 p.m. and called on Senator Smith to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Renee Unterman, 45th, Vice Chair
Senator Greg Goggans, 7th, Secretary
Senator Don Balfour, 9th

Senator Gloria Butler, 55th
Senator Preston Smith, 52nd
Senator Horacena Tate, 38th
Senator John Wiles, 37th

Note: Senators Adelman, 42nd, Grant, 25th, Hawkins, 49th, Henson, 41st, Hill, 32nd, Jackson, 2nd, Orrock, 36th, and Shafer, 48th, were absent from the meeting.

The following bill was discussed:

HB 325 (Rep. Scott, 153rd) Emergency medical services personnel applicants; fingerprinting and criminal background investigations; require

Representative Scott presented a substitute (LC 35 1906S) to **HB 325** to the committee and stated that this legislation would authorize the Department of Human Resources to require fingerprinting and criminal background investigations for all applicants for licensure or license renewal as EMS personnel. **Josh Mackey**, Georgia Association of Emergency Medical Services, testified in favor of the legislation. Chairman Thomas stated that he would be the Senate sponsor of the legislation and asked for a motion. Senator Unterman moved ***HB 325 Do Pass by Substitute***. Senator Wiles seconded the motion and the legislation passed unanimously 7 to 0.

HB 325 DO PASS BY SUBSTITUTE

Note: Yeas were Unterman, Goggans, Balfour, Butler, Smith, Tate, and Wiles

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
Wednesday, April 21, 2010

The Senate Health and Human Services Committee held its thirteenth meeting of the 2010 Session on Wednesday, April 21, in room 450 of the Capitol. Chairman Thomas called the meeting to order at 8:16 a.m. and called on Senator Goggans to open the meeting in prayer. Members present at the meeting were as follows:

Senator Don Thomas, 54th, Chair
Senator Greg Goggans, 7th, Secretary
Senator Don Balfour, 9th
Senator Steve Henson, 41st

Senator Lester Jackson, 2nd
Senator Preston Smith, 52nd
Senator John Wiles, 37th

Note: Senators Unterman, 45th, Adelman, 42nd, Butler, 55th, Grant, 25th, Hawkins, 49th, Hill, 32nd, Orrock, 36th, Shafer, 48th, and Tate, 38th, were absent from the meeting.

The following bill was discussed:

HB 1407 (Rep. Rogers, 26th) Medicaid and PeachCare for Kids; single administrator for dental services; provisions

Representative Mickey Channell, 116th, presented HB 1407 to the committee on behalf of the author, Representative Rogers who was presenting legislation in another committee. Representative Channell stated that this bill would require the Department of Community Health (DCH) to contract with a single administrator for Medicaid and PeachCare for Kids dental services upon the expiration or termination of current contracts with care management organizations that cover dental services. This single administrator was to be selected through competitive bidding and was prohibited from outsourcing, subcontracting, or assigning any rights or obligations under its contract. The single administrator was to provide for dental services on a prepaid, capped basis to Medicaid and PeachCare participants and was required to establish a dental provider fee schedule which was at least 85 percent of the maximum allowable payments for such services as published by DCH on January 1, 2010. **Representative Rogers** arrived at the meeting and asked for favorable consideration from the committee. **Martha Phillips**, Georgia Dental Association, spoke in favor of the legislation. **Ken Hammer**, Dentaquest; **Laura Jones**, Wellcare; **Robert Highsmith**, Wellcare; and **Derrick Dickey**, Wellcare, Amerigroup, and PeachCare, all spoke in opposition to the legislation and cited that a new fiscal note should be required by the committee. Chairman Thomas stated that he would be the Senate sponsor of the legislation and asked for a motion. Senator Henson moved ***HB 1407 Do Pass***. Senator Smith seconded the motion and the legislation passed unanimously 7 to 0.

HB 1407 DO PASS

Note: Yeas were Thomas, Goggans, Balfour, Henson, Lester Jackson, Smith, and Wiles

With no further business, Chairman Thomas adjourned the meeting at 8: 45 a.m.

Respectfully submitted,

/s/ Senator Greg Goggans, 7th, Secretary

/s/ Laurie Sparks, Recording Secretary

May 14, 2010

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 146](#)
[SB 179](#)
[SB 204](#)
[SB 262](#)
[SB 289](#)
[SB 356](#)
[SB 357](#)

[SB 412](#)
[SB 430](#)
[SB 459](#)
[SR 56](#)
[SR 281](#)
[SR 752](#)
[SR 1538](#)
[HB 180](#)

Respectfully submitted,

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