

**Members of the Senate Health and Human Services Committee
2011 Session**

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RULES

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

2011

1. Quorum of the Committee shall be eight (8) 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 & Human Services Committee**

January 24, 2011

A meeting of the Senate Health & Human Services Committee was held on January 24, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 1:03 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Grant of the 25th, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, and Tate of the 38th.

Chairman Unterman welcomed everyone to the first meeting of the 2011 legislative session. The Health & Human Services Committee Rules were discussed. Senator Carter, 1st, moved that the committee rules be adopted, and with a second from Senator Jackson, 25th, the rules are adopted.

The following Subcommittees were announced by Chairman Unterman. All bills will go to subcommittees to be perfected before they come before the full committee for a vote.

Pharmacology

Buddy Carter, 1st Chair
Don Balfour, 9th
Steve Henson, 41st

Technology

Judson Hill, 32nd Chair
Lester Jackson, 2nd
Horacena Tate, 38th

Health Care Delivery

William Ligon, 3rd Chair
Greg Goggans, 7th
Johnny Grant, 25th

Professional Issues

Fran Millar, 40th Chair
Nan Orrock, 36th
Tommie Williams, 19th

Chairman Unterman finished by saying that she plans to have at least one non-profit group address the committee at each meeting. There being no further business, the meeting was adjourned at 1:21 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

**Minutes of the Senate
Health & Human Services Committee**

February 2, 2011

A meeting of the Senate Health & Human Services Committee was held on February 2, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 2:02 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, and Tate of the 38th.

Chairman Unterman welcomed Bill Bolling & Danah Craft from the Georgia Food Bank Association to make a presentation to the committee of the services they provide. Senators Millar and Henson asked questions regarding increased demand due to rise in unemployment, backpack program, and afterschool kids programs.

Chairman Unterman stated that [SB 36](#) has been assigned to the Health Care Delivery Subcommittee for further discussion. She also announced that Senator Ligon will serve as her Parliamentarian to help keep her on track and to be sure everything remains in order.

There being no further business, the meeting was adjourned at 2:22 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

**Minutes of the
Senate Health & Human Services Committee**

February 16, 2011

A meeting of the Senate Health & Human Services Committee was held on February 16, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 2:05 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Grant of the 25th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, Shafer of the 48th Ex-Officio, and Tate of the 38th.

The chairman notified the committee that [SB 66](#) & [SB 67](#) will be moved to the Professional Issues Subcommittee for further review and discussion. Sen. Ligon has reported that the Health Care Delivery Subcommittee passed SB 36 by Substitute and the bill is now ready for Full Committee consideration.

[SB 36](#) (Carter, 1st) *Controlled Substances; provide establishment of program to monitor prescribing/dispensing; Electronic Database*

Senator Carter, 1st, presented the bill. The bill requires the State Board of Pharmacy (“the Board”) to establish an electronic database of controlled substance prescriptions dispensed in Georgia and a method to electronically review such prescriptions. The review process is to be established and maintained in consultation with the Georgia Composite Medical Board. Dispensers will be required to submit certain information to the Board regarding prescriptions dispensed for controlled substances on a weekly basis. Information must be protected by confidentiality procedures. The Board may only provide collected data to certain persons or under certain circumstances. Other provisions of the bill include: (1) establishing an Electronic Database Review Advisory Committee; (2) limiting the liability of dispensers or prescribers on the basis that the dispenser or prescriber did or did not obtain information from the database; (3) providing criminal liability for dispensers who knowingly and intentionally fail to provide correct information to the Board, for persons who knowingly and intentionally or negligently use, release, or disclose information unlawfully, or for persons who knowingly request, obtain, communicate, or falsify database information; and (4) authorizing a civil cause of action for persons injured by any violation of these provisions.

NOTE: Senators Grant, Orrock, Shafer & Tate arrived at 2:22 p.m.

This legislation had previously been favorably reported out of the Health Care Delivery subcommittee by substitute. This bill is intended to combat the growing epidemic of prescription drug abuse. Most states have similar programs, including all of the states bordering Georgia. This makes Georgia susceptible to pill mills, and law enforcement have seen an influx of prescription drug abusers entering the state to fill prescriptions. Senator Carter, 1st, reviewed the major provisions of the bill and emphasized that the Georgia Drug and Narcotics Agency (GDNA) already can access prescriptions. This bill moves the process from paper to an electronic database and nothing in its provisions expand the authority of the GDNA. He also stressed that the whole prescription drug monitoring program is subject to funds being available. Senator Carter, 1st, said that the bill is supported by most major medical associations, including the Medical Association of Georgia, the Georgia Hospital Association, and the American Cancer Society. The penalties for violating these provisions mirror the penalties for HIPAA violations and are very stringent.

Senator Henson asked about a provision that removed veterinarians from the definition of practitioner in the Controlled Substances Act. Because it was the intention of the author to exclude veterinarians from having to submit info to the database, the committee unanimously agreed to create a new code section that clarifies that veterinarians were excluded instead of taking them out of the definition of practitioner altogether. The change was incorporated into the committee substitute.

In support of the bill were Jason Saliba, Deputy Assistant District Attorney, Cobb Judicial Circuit; and Lyndsey Bethel, pharmacist in Rocky Face, GA.

Senator Henson moved that **SB 36 DO PASS BY SUBSTITUTE** and Senator Orrock seconded. The bill passed unanimously.

SB 36 DO PASS BY SUBSTITUTE

There being no further business, the meeting was adjourned at 2:48 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

Minutes of the Senate Health & Human Services Committee

February 23, 2011

A meeting of the Senate Health & Human Services Committee was held on February 23, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 2:08 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, Tate of the 38th, and Williams of the 19th.

The Chairman notified the committee that [SB 22](#) & [SB 63](#) will be moved to the Health Care Delivery Subcommittee; and [SB 100](#) will be moved to the Professional Issues Subcommittee for further review and discussion. Sen. Millar has reported that the Professional Issues Subcommittee has passed [SB 66](#) & [SB 67](#) to the Full Committee for a vote.

[SB 66](#) (Carter, 1st) *Perfusionists; revise continuing education requirements; definition*

Senator Carter, 1st, presented the bill. The bill revises the continuing education requirements for clinical perfusionists. Under current law, the Georgia Medical Composite Board is authorized to require persons seeking renewal of their license as clinical perfusionists to perform not less than 40 hours of continuing education biennially. Under this bill, the board would be authorized to set the number of continuing education hours required biennially for clinical perfusionists and to approve courses offered by institutions of higher learning, specialty societies, or professional organizations. This bill also revises the definition of “perfusion.” Under the new definition, “perfusion” is defined as the functions necessary for the support or treatment of the cardiovascular, circulatory, or respiratory system and the monitoring of such systems under physician supervision, including extracorporeal support, associated extracorporeal support functions, heart failure therapy and support, blood management, and other clinical functions. The bill also removes the requirement that perfusionists be currently certified by the American Board of Cardiovascular Perfusion in order for their license to be renewed.

Perfusionists are specially trained to handle extracorporeal blood, and they are essential for procedures such as heart transplants. There are approximately 100 perfusionists licensed in Georgia, and Georgia is one of 17 states that license perfusionists. The provision removing the requirement of current certification by the American Board of Cardiovascular Perfusion simply means that the Georgia Medical Composite Board alone will set continuing education requirements; this is standard for other medical professionals. Mike Troike of the Perfusionist Advisory Committee to the Georgia Medical Composite Board spoke at the subcommittee hearing.

Senator Williams moved that **SB 66 DO PASS BY SUBSTITUTE** and Senator Millar seconded. The bill passed unanimously.

SB 66 DO PASS BY SUBSTITUTE

SB 67 (Carter, 1st) *Nurses; prohibit the use of the title "nurse" unless licensed as a registered professional nurse*

Senator Carter, 1st, presented the bill. The bill prohibits any person from using the title “nurse” or from using an abbreviation that represents oneself as a nurse unless the person is licensed as a registered professional nurse, an advanced practice registered nurse, or a licensed practical nurse. There was some discussion that a few years ago, the General Assembly passed legislation that protected the titles of registered nurse, advanced practice registered nurse, and licensed practical nurse, but it neglected to protect the title of “nurse.” There are reports of certain persons misusing the title nurse, including faith healers who have attempted to seek Medicaid reimbursement. This bill ensures that only those who have met educational and licensure requirements may call themselves nurses. In support of the bill, Debbie Hackman spoke to the committee on behalf of the Georgia Nurses Association.

Senator Henson moved that **SB 67 DO PASS** and Senator Orrock seconded. The bill passed unanimously.

SB 67 DO PASS

NOTE: Senator Jackson, 2nd, arrived at 2:18 p.m.

There being no further business, the meeting was adjourned at 2:20 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

Minutes of the Senate Health & Human Services Committee

March 2, 2011

A meeting of the Senate Health & Human Services Committee was held on March 2, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 2:06 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, and Shafer of the 48th Ex-Officio.

Sen. Millar has reported that the Professional Issues Subcommittee has passed [SB 100](#), and Sen. Ligon reported that the Health Care Delivery Subcommittee has passed [SB 22](#) by Substitute to the full committee for a vote.

[SB 81](#) (Carter, 1st) *Pharmacists; mental/physical examinations of licensees for the practice of pharmacy*

Senator Carter, 1st, presented the bill. The bill authorizes the Board of Pharmacy to, upon reasonable grounds, require a registered pharmacy technician, applicant for registration as a pharmacy technician, or a licensee or applicant for the practice of pharmacy, to submit to a mental or physical examination or to obtain records relating to the mental or physical conditions of such persons. The results of an examination or the records obtained by the board are admissible in any board hearing, notwithstanding any contrary legal claim of privilege. However, if a registrant, licensee, or applicant could otherwise claim a privilege to prevent the disclosure of the examination results or his or her records, then the information is to be received by the Board in camera and may not be publicly disclosed or used in any other type of proceeding. Licensees, registrants, and applicants are deemed to have given their consent to such an examination or the board's obtaining of such records. If a registrant, licensee, or applicant refuses to submit to a required examination, the board may enter a final order upon proper notice, hearing, and proof of such refusal. A registrant, licensee, or applicant who is prohibited from practicing as a pharmacy technician or pharmacist under these provisions must be afforded the opportunity to demonstrate to the board that he or she can resume practicing with reasonable skill and safety to patients.

**NOTE: Senators Grant, Orrock, Shafer, and Millar arrived at 2:25 p.m.
Senator Balfour left at 2:27 p.m.**

Senator Carter, 1st, introduced this legislation at the request of the Secretary of State's Office and the Board of Pharmacy. Other licensed health professionals are already subject to provisions such as this, and this bill was modeled on existing statutory language related to doctors, etc. Mr. Skin Edge, a lobbyist speaking on behalf of CVS Pharmacies, expressed concern over there being no clear definition of "reasonable grounds" and speculated whether something such as customer complaint could trigger a potentially embarrassing examination. Mr. Edge also pointed out that since Georgia is a right to work state, a pharmacy could simply fire a pharmacist or pharmacy tech who exhibited problems. Senator Carter, 1st, countered that what we are trying to prevent is such a troubled person going from pharmacy to pharmacy. Michael O'Sullivan of the Secretary of State's office was in support of the bill.

Senator Shafer moved that **SB 81 DO PASS BY SUBSTITUTE** and Senator Millar seconded. The bill passed unanimously.

SB 81 DO PASS BY SUBSTITUTE

SB 100 (Seabaugh, 28th) Georgia Registered Professional Nurse Practice Act; revise a definition

Senator Seabaugh presented the bill. The bill allows an unaccredited nonprofit postsecondary four-year institution of higher learning to qualify as an approved nursing education program if the institution's curriculum has been determined by the Board of Nursing to meet criteria similar to and not less stringent than criteria established by the Board for other approved nursing programs.

At the Professional Issues subcommittee hearing on this bill, Senator Seabaugh explained that a change in law a couple of years ago inadvertently made it impossible for graduates from unaccredited institutions to sit for the nursing exam. Because of this, we are the only state to exclude such graduates from nursing licensure. The Board of Nursing has indicated that it has no problems with the language of this substitute.

Mr. Joel Mullenix of Pensacola Christian College explained that his institution has never sought accreditation but has a well respected nursing program. Up until the change two years ago, such nurses could take the exam in Georgia. Senator Seabaugh urged that it is important to correct the law, especially in light of the nursing shortage.

Senator Grant moved that **SB 100 DO PASS BY SUBSTITUTE** and Senator Carter, 1st, seconded. The bill passed unanimously.

SB 100 DO PASS BY SUBSTITUTE

There being no further business, the meeting was adjourned at 2:42 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

**Minutes of the
Senate Health & Human Services Committee**

March 7, 2011

A meeting of the Senate Health & Human Services Committee was held on March 7, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 4:33 p.m. Members present included Senators Carter of the 1st, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Hill of the 32nd, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, and Tate of the 38th.

Sen. Ligon has reported that the Health Care Delivery Subcommittee has passed [SB 76](#) by Substitute and [SB 93](#) by Substitute to the full committee for a vote.

[SB 93](#) (Carter, 1st) *Controlled Substances; Schedule I, III, IV, V; "dangerous drug"; provisions*

Senator Carter, 1st, presented the bill. The bill adds to and revises the lists of drugs classified as Schedule I, Schedule III, Schedule IV, or Schedule V Controlled Substances or dangerous drugs. Among its provisions, the bill adds commonly abused drugs that are marketed as bath salts to the list of Schedule I controlled substances. The bill also provides for pseudophedrine to be considered an exempt over-the-counter Schedule V controlled substance; this exemption takes effect immediately and does not require rulemaking by the Board of Pharmacy.

Senator Grant moved that **SB 93 DO PASS BY SUBSTITUTE** and Senator Millar seconded. The bill passed unanimously.

[SB 93 DO PASS BY SUBSTITUTE](#)

**NOTE: Senator Balfour left at 4:42 p.m.
Senator Jackson, 2nd, arrived at 4:51 p.m.**

SB 22 (Hill, 32nd) Governor; authorized/directed to apply for a federal waiver; medical loss ratio requirements in Georgia

Senator Judson Hill presented the bill. The bill authorizes and directs the Governor to apply for a federal waiver of the medical loss ratio requirements in the State of Georgia. Senator Grant has concerns with the bill and feels it is unnecessary and Ron Jackson with the Insurance Commissioner's office is opposed.

Senator Judson Hill moved that **SB 22 DO PASS BY SUBSTITUTE** and Senator Ligon seconded. The motion failed 4-5; with nay votes from Senators Grant, Henson, Lester Jackson, Orrock and Tate.

NOTE: Senator Ligon left at 4:55 p.m.

SB 76 (Mullis, 53rd) Georgia Trauma Care Network Commission; revise provisions; uncompensated trauma care

Senator Mullis presented the bill. The bill authorizes the Georgia Trauma Care Network Commission to distribute appropriated funds to cover uncompensated emergency medical care provided to trauma patients transported to out-of-state-hospitals. In many Georgia communities, including Senator Mullis's district, the closest trauma center happens to lie across state lines. Current law does not allow the Trauma Commission to compensate EMS for indigent care if they are transporting trauma patients across state lines. Josh Mackey of the Georgia Association Emergency Medical Services noted that this bill does not mandate the Commission to do anything but only authorizes them to distribute funds in such cases.

Senator Henson moved that **SB 76 DO PASS BY SUBSTITUTE** and Senator Carter, 1st, seconded. The bill passed unanimously.

SB 76 DO PASS BY SUBSTITUTE

There being no further business, the meeting was adjourned at 5:02 p.m.

Respectfully submitted,

/s/ Senator Renee Unterman 45th, Chairman

/s/ Debra Charnote, Recording Secretary

**Minutes of the
Senate Health & Human Services Committee**

March 9, 2011

A meeting of the Senate Health & Human Services Committee was held on March 9, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 10:02 a.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, Shafer of the 48th Ex-Officio, Tate of the 38th, and Williams of the 19th.

SB 135 (Shafer, 48th) Chiropractors; provide that no person other than a doctor of chiropractic may render chiropractic services

Senator Shafer presented the bill. The bill prohibits any person other than a doctor of chiropractic from rendering chiropractic services or chiropractic adjustments. This does not change the scope of practice for any other health care provider. Herbert Silver of the Physical Therapy Association of Georgia said that they were satisfied that the changes reflected in the substitute do not jeopardize their members' scope of practice, but he just wants to make sure that there is not a turf war over these services.

Senator Millar moved that **SB 135 DO PASS BY SUBSTITUTE** and Senator Carter, 1st, seconded. The bill passed unanimously.

SB 135 DO PASS BY SUBSTITUTE

SB 245 (Goggans, 7th) Mental Health; revise the definition of "developmental disability"

Senator Goggans presented the bill. The bill revises the definition of "developmental disability." Senator Goggans said that this is a housekeeping bill to correct a change that had been made by 2009's HHS agencies reorganization bill (HB 228). This brings the definition in line with the definition in federal law.

Senator Carter, 1st, moved that **SB 245 DO PASS** and Senator Jackson, 2nd, seconded. The bill passed unanimously.

SB 245 DO PASS

NOTE: Senators Balfour, Henson, Orrock & Tate arrived at 10:30 a.m.

SB 63 (Albers, 56th) **Georgia Medical Assistance Fraud Prevention Program**

Senator Albers presented the bill. The bill requires DCH to implement the Georgia Medical Assistance Fraud Prevention Program to replace the current medical assistance cards used to access Medicaid services with secure identification cards. DCH is to implement a pilot program no later than October 1, 2011, which is to last three to six months. If the pilot program is successful based on certain criteria, including a five percent reduction in the average monthly cost of recipients in the program, then the program will be implemented statewide in phases. The program will be designed to: authenticate recipients at the point of transaction to prevent card sharing and other forms of fraud; confirm with recipients that services were indeed administered by one or more health care providers; deny ineligible persons at the point of transaction; authenticate providers at the point of transaction to prevent phantom billing and other forms of provider fraud; secure and protect the personal information of recipients; and reduce the total amount of medical assistance expenditures by reducing the average cost per recipient. The bill requires the program to include certain security safeguards, and it requires DCH to make reports to the executive and legislative branches on the pilot program's progress.

Senator Albers's version of the bill called for the use of smart cards using biometric fingerprint scanning technology. According to the fiscal note based on Senator Albers's version, the state would owe the vendor \$600,000 to implement a six month pilot; this figure does not include other administrative costs. The savings the State of Georgia would see by clamping down on Medicaid fraud would justify the start-up costs. A few other states, including Texas, have implemented similar technology. Senator Jackson, 2nd, raised concerns about populations that do not have reliable fingerprints, but Senator Albers noted the bill contains provisions for an alternative authentication method for such persons. The committee heard testimony from numerous witnesses, including experts in biometric technology, medical providers, and other groups. One witness, Joanne Yoon from Voices for Georgia's Children, raised concern that this would jeopardize Georgia's compliance with Medicaid maintenance of effort requirements.

Tim Sweeney of the Georgia Budget and Policy Institute noted that costs not reflected in the fiscal note, such as updating the MMIS system that processes claims, would be very high. In support of the bill, Dr. James Graham, a physician in Appling County, testified that better authentication of Medicaid recipients can actually save lives and result in better quality of care.

NOTE: Senator Millar left at 11:20 a.m.

Although Senator Grant said that he was not really in favor of this legislation going forward, he offered a substitute that took out the requirements that the new Medicaid cards use “smart card” and biometric technology. Senator Grant’s substitute required ten percent savings in Medicaid costs by the pilot program to justify statewide implementation. Senator Williams proposed that this be lowered to five percent. This change was unanimously agreed upon and incorporated into the committee substitute.

Senator Goggans moved that **SB 63 DO PASS BY SUBSTITUTE** and Senator Grant seconded. The bill passed 9-1, with a nay vote from Sen. Orrock.

SB 63 DO PASS BY SUBSTITUTE

SB 178 (Grant, 25th) *Health Care Facilities; regulation/licensing of assisted living communities; procedures/criteria*

Senator Grant presented the bill. The bill provides for the regulation and licensing of assisted living communities. Assisted living communities are personal care homes with a minimum of 25 beds that are licensed as assisted living communities by DCH. Assisted living communities may not admit or retain any individual who is not ambulatory unless the individual is capable of “assisted self-preservation.” This means that the individual is capable of being evacuated from the assisted living community within an established period of time as determined by the Office of the Safety Fire Commissioner. An assisted living community may not admit or retain an individual in need of continuous medical or nursing care. However, the bill allows assisted living communities to employ medication aides for the purpose of assisting with the administration of certain medications; medication aides are to meet certain training requirements and are to be certified by DCH. Assisted living communities must establish a written care plan for each resident and are not permitted to enroll as a provider of medical assistance or receive Medicaid funds.

The bill also gives DCH rulemaking authority regarding assisted living communities but provides that these rules may not curtail the scope or levels of services provided to personal care homes as of June 30, 2011. This bill states that these provisions do not preclude the ability of DCH to issue waivers to personal care homes. It also amends various code sections to reflect the newly created licensure category of assisted living communities.

NOTE: Senators Lester Jackson, Ligon & Williams left at 11:49 a.m.

This legislation, which provides an intermediate level of care between personal care homes and nursing homes, is 16 years in the making. At the subcommittee hearing, there was a great deal of testimony expressing concern that some of the bill's language jeopardized the ability of personal care home residents to remain where they are and whether DCH would still be able to grant waivers to allow sicker residents to stay in their facilities. An amendment offered to the substitute passed out of subcommittee addresses these concerns, and all parties said that they were happy with the version passed during today's committee hearing.

In support of the bill are John Howell of the Georgia Healthcare Association; Charles Harper, owner of a personal care home; Judy Gill of Caring Together, a personal care home provider agency in Augusta; Steven Neff of the Assisted Living Association of Georgia; Kathryn Fowler of the Georgia Council on Aging; Melanie McNeil, State Long-Term Care Ombudsman; and Georgia Glissom-Munier and Mignon Magnussen, family members of personal care home residents. Victor Moldova of the Georgia Home Health Association stated that he was not opposed but did not expressly state that his group supported the bill.

Senator Orrock moved that **SB 178 DO PASS BY SUBSTITUTE** and Senator Carter, 1st, seconded. The bill passed unanimously.

SB 178 DO PASS BY SUBSTITUTE

There being no further business, the meeting was adjourned at 12:13 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

**Minutes of the Senate
Health & Human Services Committee**

March 22, 2011

A meeting of the Senate Health & Human Services Committee was held on March 22, 2011 in Room 450 of the Capitol. Chairman Unterman called the meeting to order at 9:02 a.m. Members present included Senators Carter of the 1st Vice-Chair, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, Shafer of the 48th Ex-Officio, Tate of the 38th, and Williams of the 19th.

[HB 99](#) (Clark, 104th) *Nurses; fingerprint record checks for licensure; require*

Representative Clark presented the bill. This bill required applicants for licensure as a licensed practical nurse to undergo a fingerprint record check. Application for a license would constitute express consent for a criminal background check, and applicants would be responsible for all fees associated with such a background check.

Senator Carter moved that **HB 99 DO PASS** and Senator Goggans seconded. The bill passed unanimously.

[HB 99 DO PASS](#)

Note: Senator Unterman was named the Senate sponsor of the legislation

[HB 147](#) (Watson, 163rd) *Patient Right to Know Act of 2001; medical malpractice insurance; include*

Representative Watson presented the bill. Senator Millar was named as the Senate sponsor. This bill would require doctors to let their patients know if they carried medical malpractice insurance. This bill arose because of a situation with an Atlanta doctor who was operating in his office and who had a couple of bad outcomes. Because he did not have medical malpractice insurance, the patients who had been injured by his negligence had no recourse. Only two states, Arkansas and Florida, have laws that require some medical malpractice insurance (in Florida, a doctor may only “go bare” if he has a certain amount of assets in reserve).

Senator Balfour said that Georgia should actually require doctors to have medical malpractice insurance, something this bill does not do. Rep. Watson explained that the reporting provisions of this bill will help us see how big the problem of doctors without medical malpractice insurance really is.

Senator Henson moved that **HB 147 DO PASS** and Senator Tate seconded. The bill passed unanimously.

[HB 147 DO PASS](#)

NOTE: Senators Balfour, Henson, Orrock & Tate arrived at 10:30 a.m.

[HB 199](#) (Neal, 1st) *Controlled substances; additional Schedule I substances; provide*

Representative Neal presented the bill. Senator Harbison was named as the Senate sponsor. This bill added commonly abused drugs that were marketed as bath salts to the list of Schedule I controlled substances. This bill identified five chemical compounds used in the production of “bath salts” that were really designer drugs. These substances had no valid medicinal purpose and were being sold in stores in Georgia. The “bath salts” were really narcotics that produced effects that were similar to meth or cocaine, and they did not show up in drug tests. Senator Carter noted that his [Senate Bill 93](#) contained similar provisions, and Rep. Neal and Sen. Carter agreed to get together to work out how to handle these two pieces of legislation.

Senator Henson moved that **HB 199 DO PASS** and Senator Millar seconded. The bill passed unanimously.

[HB 199 DO PASS](#)

[HB 200](#) (Lindsey, 54th) *Crimes and offenses; human trafficking; change compensation; provisions*

Representative Lindsey presented the bill. Chairman Unterman was named as the Senate sponsor. This bill increased penalties for the trafficking of persons for human trafficking and strengthened protections for the victims of such crimes. Georgia’s human trafficking statute defines labor servitude and sexual servitude to include work or sexually explicit conduct obtained by “coercion.” This bill expanded the definition of “coercion” to include situations in which a person caused or threatened to cause financial harm to any person or using financial control over any person. The bill also provided that the age of consent for sexual activity or lack of knowledge of the age of the person being trafficked would not be a defense against a human trafficking charge, and a court would be required to have a probative hearing before hearing evidence of the sexual history or history of commercial sexual activity of an alleged victim or the alleged victim’s familial relationship to the accused. Penalty provisions included the following: increased penalty for human trafficking to ten to 20 years imprisonment and/or a fine of up to \$100,000; increased the penalty in cases in which the victim is under 18 years of age and was coerced or deceived into being trafficked for labor or sexual servitude to a felony offense

punishable by 25 to 50 years or life imprisonment and/or a fine of up to \$100,000; allowed for forfeiture of property used in human trafficking; increased the penalty for a person convicted of keeping a place of prostitution, pimping, or pandering in a case involving the conduct of person who is 16 or 17 years old to a felony punishable by five to 20 years imprisonment and/or a fine of \$2,500 to \$10,000 or ten to thirty years imprisonment and/or a fine of up to \$100,000 if the conduct involved the conduct of a person under 16. This bill would protect trafficking victims from being convicted of certain sexual crimes based on conduct committed under coercion or deception while the victim was being trafficked, and would allow trafficking victims to receive compensation from the Georgia Crime Victims Emergency Fund. The bill required law enforcement and court personnel to provide human trafficking victims with written information on compensation available to them from the federal government and required the Georgia Peace Officer Standards and Training Council and the Georgia Public Safety Training Center to develop guidelines and procedures related to dealing with human trafficking victims. Finally this bill added identifying and investigating human trafficking violations to the duties of the Georgia Bureau of Investigation and authorized the GBI to issue a subpoena to compel the production of materials related to an investigation involving human trafficking.

Rep. Lindsey stated that this bill applied Old Testament justice to human traffickers and New Testament compassion to victims. Rep. Lindsey worked closely with the Attorney General in drafting this legislation. The provisions related to the GBI were put in the bill at the GBI's request. Rep. Lindsey noted that victims would be required to cooperate with law enforcement in order to receive victim compensation funds, which would add further incentive for human trafficking victims to help us go after these criminals. Several advocacy groups came to the hearing to express their support for this bill. They were the Attorney General's Office; Black Women Attorneys; Concerned Women of America of Georgia; Wellspring Living; A Future Not a Past; Georgia Commission of Family Violence; Street Grace; and the Georgia Commission on Women. Sue Ella Deadwyler of the Eagle Forum said that she was supportive of most of the bill but that she believed that the bill's definition of sexual servitude was written so as to give a pass to teenagers in prostitution who were working at their own volition. Rep. Lindsey disagreed with Ms. Deadwyler's characterization; the change of the definition of sexual servitude was designed to make it easier to go after the traffickers and did nothing to give a "free pass" to victims. Moreover, the bill's provisions gave victims an affirmative defense against sexual crimes clearly required the victims to show that he or she was coerced or deceived.

Senator Orrock moved that **HB 200 DO PASS** and Senator Tate seconded. The bill passed unanimously.

HB 200 DO PASS

HB 226 (Sheldon, 105th) **Georgia Council on Developmental Disabilities; regulate individual accounts; provisions**

Representative Sheldon presented the legislation. Chairman Unterman was named as the Senate sponsor. This bill would allow low income persons to open individual development accounts (IDA) for certain uses. To be eligible to open an account, a person would be required to have a household income that was lesser than 80 percent of the median household income for the area or no more than 300 percent of the federal poverty level. With IDAs, the person would open a savings account and a fiduciary organization would deposit matching funds into a separate reserve fund. The account could be used for one of the following purposes: the acquisition of education or job training; the purchase of a primary residence; major repairs or improvements to a primary residence; the capitalization of a small

business; or the purchase of assistive technology. “Fiduciary organizations” would be required to be a nonprofit, fundraising organization, a community development financial institution, or community development credit union. The Georgia Council on Developmental Disabilities would be allowed to select fiduciary organizations through competitive processes. The bill included requirements for withdrawing funds and provisions on a fiduciary organization’s duties and responsibilities. The bill also provided that funds deposited in an individual development account would not be counted as income or assets for purposes of determining financial eligibility for government assistance. This bill is largely identical to last year’s House Bill 1314. Versions of that bill passed both chambers, but the bill died on Sine Die. Rep. Sheldon said that she has not heard any opposition to the bill. Jackie Weathers; Pat Nobbie of the Georgia Council on Developmental Disabilities signed up in support of the bill but neither spoke due to time constraints.

Senator Balfour moved that **HB 226 DO PASS** and Senator Henson seconded. The bill passed unanimously.

HB 226 DO PASS

HB 275 (Cheokas, 134th) **Cardiopulmonary resuscitation; authorized to order not to resuscitate; clarify**

Representative Cheokas presented this legislation. Senator Goggans was named as the Senate sponsor. This bill clarified that a nurse, physician assistant, or caregiver may effectuate an order not to resuscitate (DNR). Current law provided that a person who was not a patient in a hospital, nursing home, or licensed hospice and who had an order not to resuscitate must wear an identifying bracelet or necklace with certain information on an orange background. Under this bill, wearing an identifying necklace or bracelet would now be optional for such a patient, but the patient would be required to have a notice posted in his or her home. The bill deleted the requirement for an orange background. Representative Cheokas brought this legislation on behalf of a constituent who was an

RN. Under current law, nursing homes and personal care homes could not carry out a DNR. Instead, in many cases they were required to summon emergency medical care when it was against the wishes of the patient. Because many patients were not comfortable with wearing the orange bracelets or necklaces, this bill provided that they are no longer mandatory. The Georgia HealthCare Association provided a letter of support to committee. There were none opposed.

Senator Henson moved that **HB 275 DO PASS** and Senator Orrock seconded. The bill passed unanimously.

HB 275 DO PASS

There being no further business, the meeting was adjourned at 11:30 a.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

Minutes of the Senate Health & Human Services Committee

March 28, 2011

A meeting of the Senate Health & Human Services Committee was held on March 28, 2011 in room 307 of the CLOB. Chairman Unterman called the meeting to order at 3:13 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Hill of the 32nd, Orrock of the 36th, and Tate of the 38th.

HB 214 (Channell, 116th) *Public Health, Department of; establish*

Representative Channell presented the bill. Chairman Unterman was named the Senate sponsor of the bill. This bill creates a Department of Public Health. The new department would have the same functions as the current Division of Public Health and the Office of Health Improvement of the Department of Community Health (DCH). A nine-member Board of Public Health, appointed by the Governor, would establish the general policy to be followed by the Department, and a Commissioner of Public Health, also appointed by the Governor, would serve as the Department's chief administrative officer. The bill also requires the Commissioner of Public Health to create a Hemophilia Advisory Board.

This bill was unanimously passed out of subcommittee. Since the creation of the Department of Human Resources during the Carter gubernatorial administration, Public Health has been a "mess," according to Representative Channell. The problem, he argues, was that the Division of Public Health, which was of such vital importance to Georgia, has been long housed in a much larger bureaucracy, which creates an impediment to giving Public Health the full attention it deserves. This bill is revenue-neutral, as it simply shifts current funding for the Division of Public Health to a new stand-alone department.

Senator Grant offered a committee amendment that would establish a Hemophilia Advisory Board. The General Assembly previously passed legislation similar to this legislation, but it was vetoed by Governor Perdue. Senator Henson asked Senator Grant if our current Governor was aware of this amendment. Senator Grant said that while he has not discussed this with the Governor himself, it was his understanding that the Governor was aware of this amendment. Rep. Channell and Chairman Unterman both stated that they did not wish to see this bill become a vehicle for numerous amendments, but Rep. Channell said that he had no objections to this amendment as long as it did not interfere with the passage of HB 214. The amendment was unanimously agreed to by the committee and incorporated into a substitute.

Senator Grant moved that **HB 214 DO PASS BY SUBSTITUTE** and Senator Henson seconded. The bill passed unanimously.

HB 214 DO PASS BY SUBSTITUTE

HB 249 (Sims, 119th) **Health; pertussis disease information to parents of newborns**

Representative Sims presented the legislation. Senator Grant was named as the Senate sponsor. This bill would require hospitals to provide parents of newborns information on pertussis disease (whooping cough) and the availability of a vaccine for this disease. This provision was not to be construed as a requirement for any hospital to provide or pay for a vaccination against pertussis disease. Whooping cough is on the rise and can be deadly for infants. This bill simply provides parents with information

Senator Henson moved that **HB 249 DO PASS** and Senator Carter seconded. The bill passed unanimously.

HB 249 DO PASS

NOTE: Senator Tate arrived at the meeting at 3:32 p.m.

HB 307 (Harbin, 118th) **Georgia Trauma Care Network Commission; burn centers**

Representative Harbin presented a substitute to the bill. Senator Carter is the Senate sponsor. The bill includes burn trauma centers and trauma burn patients within the Georgia Trauma Care Network. This bill adds and revises definitions related to the Georgia Trauma Network Commission. Although facilities designated by the Department of Community Health as burn trauma centers would now fall under the definition of a “trauma center,” burn trauma centers are not to be considered trauma centers for purposes of certificate of need requirements. The language in the substitute regarding Certificates of Need was added in subcommittee. Rep. Harbin noted that the bill did not cover every single burn center in the state, only those that admit 300 or more patients annually. Currently, there are only two such burn trauma centers in the state. Orrock wondered if with this legislation, more parties would be fighting over the already scarce funding for trauma care. Rep. Harbin said that it was important for the General Assembly to strengthen trauma care funding. In the meantime, this bill gives the Trauma Commission discretion to provide funds for these important facilities.

Senator Grant moved that **HB 307 DO PASS BY SUBSTITUTE** and Senator Balfour seconded. The bill passed unanimously.

HB 307 DO PASS BY SUBSTITUTE

HB 324 (Neal, 1st) **Developmentally disabled; revise definitions; amend various titles**

Representative Neal presented the bill. Chairman Unterman was named the Senate sponsor of the legislation. The legislation reflects the end of Temporary and Immediate Care (TIC) admissions of developmentally disabled persons, and would revise provisions

related to the habilitation of the developmentally disabled. This bill revises definitions related to the habilitation of the developmentally disabled, including deleting references to comprehensive evaluation teams and deleting the definitions of the terms “developmentally disabled person in need of community services” and “developmentally disabled person requiring temporary and immediate care.” The bill would also repeal and reserve various code sections, although the bill provides that no hospitalization of a person with developmental disabilities that was lawful prior to July 1, 2011, may be deemed unlawful because of the repeal of these code sections. Current law provides for hearing officers to hold hearings related to a petition for continuation of court-ordered habilitation. This bill replaces hearings by hearing examiners with hearings by administrative law judges. This bill would bring us into compliance with the recent settlement agreement with the Department of Justice regarding our system of care for mentally ill and developmentally disabled persons.

Senator Henson moved that **HB 324 DO PASS** and Senator Carter seconded. The bill passed unanimously.

[HB 324 DO PASS](#)

[HB 509](#) (Huckaby, 113th) *State Medical Education Board; abolish*

Representative Huckaby presented the legislation. Senator Butterworth was named the Senate sponsor of the legislation. This bill would abolish the State Medical Education Board and assign all of this entity’s current powers and duties to the Georgia Board for Physician Workforce. The bill would also increase the representation of rural communities in the membership of the Georgia Board for Physician Workforce (the board). Under current law, the membership of the board includes five primary physicians and five non-primary care physicians. Under this bill, at least three physicians from each of these membership categories must be from a rural area. Similarly, at least two of the board’s three members who serve as hospital representatives must represent a rural hospital. The bill also provides that one of the purposes of the board is to increase the number of physicians practicing in underserved rural areas. The board is also authorized to award service cancelable loans and scholarships, as provided by law. This move would save the state money. Senator Balfour was concerned that there was no definition of “rural” in the bill. After reviewing the bill and Georgia Code, it was determined that this term is adequately defined in Georgia law.

Senator Grant moved that **HB 509 DO PASS** and Senator Orrock seconded. The bill passed unanimously.

[HB 509 DO PASS](#)

SR 19 (Hill, 32nd) **Senate Study Committee on Advance Directives; create**

Senator Judson Hill presented the resolution. This resolution would create the Senate Study Committee on Advance Directives. The committee is to be composed of five Senators appointed by the Senate Committee on Assignments and is to study the establishment of a uniform format for Physician Orders for Life Sustaining Treatment (POLST) and whether such a form should be mandatory in all hospitals, among other issues. Melanie McNeil, the State Long Term Care Ombudsman spoke in favor of the study committee.

Senator Orrock moved that **SR 19 DO PASS** and Senator Judson Hill seconded. The resolution passed unanimously.

SR 19 DO PASS

SR 54 (Hill, 32nd) **Health Care Transformation; Senate study committee; create**

Senator Judson Hill presented the resolution. This resolution would create the Senate Study Committee on Health Care Transformation, which would be composed of four Senators appointed by the Senate Committee on Assignments. Issues that the study committee would consider include the availability and affordability of health care insurance, access to health care services, and the effects on states of the Patient Protection and Affordable Care Act.

Senator Orrock moved that **SR 54 DO PASS** and Senator Judson Hill seconded. The resolution passed unanimously.

SR 54 DO PASS

Note: Senator Balfour left the meeting at 3:59 p.m.

SR 104 (Henson, 41st) **Joint Crematoria Study Committee; create**

Senator Henson presented the resolution. The resolution creates the Senate Crematoria Study Committee. The committee, to be composed of three Senators appointed by the President of the Senate, is to study issues related to the increased demand for crematoriums, including the building of crematoriums outside of traditional funeral home settings, zoning concerns, and health and safety concerns.

In recent years, there has been an increase in the building of crematoriums near residential areas, leading to increased public concern about such issues as mercury levels and lost property value.

Chairwoman Unterman requested that the resolution include language specifically charging the committee with studying zoning law issues. This was unanimously agreed to and incorporated into a committee substitute.

Senator Orrock moved that **SR 104 DO PASS BY SUBSTITUTE** and Senator Tate seconded. The resolution passed unanimously.

SR 104 DO PASS BY SUBSTITUTE

SR 231 (Orrock, 36th) Community Health, Dept. of; urge to implement a public information campaign about folic acid consumption

Senator Orrock presented the resolution. This resolution would urge the Department of Community Health to implement a public information campaign about the importance of consuming folic acid during a woman's childbearing years and pregnancy to help prevent neural tube and other birth defects.

Senator Henson moved that **SR 231 DO PASS** and Senator Tate seconded. The resolution passed unanimously.

SR 231 DO PASS

There being no further business, the meeting was adjourned at 4:20 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

**Minutes of the
Senate Health & Human Services Committee**

March 30, 2011

A meeting of the Senate Health & Human Services Committee was held on March 30, 2011 in the Room 307 of the CLOB. Chairman Unterman called the meeting to order at 2:14 p.m. Members present included Senators Carter of the 1st, Goggans of the 7th, Balfour of the 9th, Grant of the 25th, Henson of the 41st, Jackson of the 2nd, Ligon of the 3rd, Millar of the 40th, Orrock of the 36th, Tate of the 38th, and Williams of the 19th.

[HB 145](#) (Hatchett, 143rd) *Georgia Physical Therapy Act; revise a definition*

Representative Hatchett presented the bill. Senator Carter was named as the Senate sponsor. The bill revises the Georgia Physical Therapy Act's definition of physical therapy to include dry needling. This bill passed unanimously out of subcommittee. It corrects an omission from last year's Medical Practice Act.

Senator Grant moved that **HB 145 DO PASS** and Senator Carter seconded. The bill passed unanimously.

[HB 145 DO PASS](#)

[HB 457](#) (Stephens, 164th) *Controlled substances; remote automated medication systems; pharmacists; authorize use*

Representative Stephens presented the bill. Senator Carter was named as the Senate sponsor. The bill authorizes pharmacists to dispense prescriptions from a remote location for the benefit of a skilled nursing facility or hospice that uses a remote automated medication system; provides that any drug-free commercial zones adopted by a local government on or before March 28, 2011, and registered with the Department of Community Affairs will be deemed a drug-free commercial zone under Georgia law; excludes indoor public school functions (other than school cafeteria food service) from the definition of "food service establishment." Use of remote automated medication systems requires licensure from the State Board of Pharmacy, which is charged with establishing minimum standards for such systems no later than December 31, 2011. Under current law, possession of controlled substances or dangerous drugs for most persons is legal only if the drugs are in their original container. This bill excludes the possession, filling, and use of canisters for remote automated medication systems from this restriction. The bill also provides that a remote automated medication system is not considered a vending machine under Georgia law.

This bill is similar to Senator Buddy Carter's SB 180, but it does not actually promulgate standards for remote automated medication systems, leaving that to the Board of Pharmacy. In subcommittee, Senator Carter said that this House bill takes the better approach. In subcommittee, there was uncertainty about the version passed by the House regarding what institutions could have such systems. The substitute clarifies that these provisions do not apply to hospitals. The drug-free commercial zone provisions were added to the sub at the request of the Department of Community Affairs, and Senator Balfour offered the food establishment provisions so as to cover PTA and other school functions that occur indoors.

Senator Balfour moved that **HB 457 DO PASS BY SUBSTITUTE** and Senator Carter seconded. The bill passed unanimously.

HB 457 DO PASS BY SUBSTITUTE

NOTE: Senator Balfour left at 2:30 p.m.

HB 303 (Cooper, 41st) *Physician assistants; delegation of authority by a physician; revise provisions*

Representative Cooper presented the bill. Senator Ligon was named as the Senate sponsor. The bill allows physicians to delegate to a physician assistant (PA) or to an advanced practice registered nurse (APRN) the authority to request, receive, and distribute professional samples and the authority to sign certain health care documents; revises requirements for physician supervision of PAs. PAs and APRNs are not allowed to sign death certificates or assign a percentage of a disability rating. A PA's or APRN's office or facility must maintain a list of professional samples approved by the physician for request, receipt, and distribution, and professional samples distributed by a PA or APRN must be noted on the patient's medical record. Current law requires that when a patient receives medical services from a PA more than twice in a 12 month period, the supervising physician must see the patient at least once during this period. This bill deletes this provision and replaces it with a requirement that the supervising physician's involvement in the patient's care be appropriate to the nature of the practice and the acuity of the patient's medical issue. Rep. Cooper explained that different state agencies interpret Georgia's laws on PA and APRNs differently, and this bill clarifies what physicians can delegate to such health care providers. Georgia's current requirements on physician supervision of PAs are cumbersome and outdated; this bill brings us up-to-date on the role of PAs in today's health care field.

Senator Orrock moved that **HB 303 DO PASS** and Senator Tate seconded. The bill passed unanimously.

HB 303 DO PASS

NOTE: Senator Williams left at 2:47 p.m.

HB 343 (Cooper, 41st) *Mental health; psychiatric stabilization or detoxification services; provide*

Representative Cooper presented the bill. Senator Grant was named as the Senate sponsor. The bill authorizes the Department of Behavioral Health and Developmental Disabilities (DBHDD) to license crisis stabilization units to provide psychiatric stabilization and detoxification services in a community based setting; provides immunity for hospitals that act in good faith in compliance with Georgia law related to hospitalization of person for mental illness. DBHDD must establish minimum standards for licensure of crisis stabilization units. Crisis stabilization units provide brief, intensive crisis services 24 hours a day, seven days a week. They are allowed to admit individuals on a voluntary basis and may provide individuals with 24 hour observation, detoxification and stabilization services, medication prescribed by a physician, and other appropriate services. A crisis stabilization unit is deemed to be an emergency receiving facility and an evaluation facility under Georgia law, but it is not deemed to be a treatment facility. Crisis stabilization units are not required to have a certificate of need. The bill also states that it is the General Assembly's intent that patients without private health care coverage receive priority consideration for crisis stabilization unit placement.

Although the bill gives hospitals immunity if they act in good faith in compliance with Georgia law related to admission of a patient for mental illness and obtaining consent from such a patient, these provisions may not be construed to relieve a hospital or other providers of liability for failing to meet the applicable standard of care in the provision of treatment to a patient.

This legislation arose as part of Georgia's obligations under the Department of Justice Settlement Agreement on our Mental Health and Developmental Disability System. We have two crisis stabilization units, and the Settlement Agreement requires us to add at least one more each year. Crisis Stabilization Units are a step below full hospitalization. Treatment at such a unit may last five to seven days, allowing a patient to be stabilized. This prevents hospitalizations, and thus saves money. The Governor's Office offered a substitute that included language to give uninsured persons priority for placement in a crisis stabilization unit.

The language related to hospital immunity was first offered in a substitute that passed unanimously in committee and was also mostly included in the Governor's substitute, although a section related to immunity when obtaining patient consent was left out (apparently inadvertently). The hospital immunity provisions were proposed by the Georgia Hospital Association (GHA). Representatives for the Trial Lawyers Association opposed extending immunity to hospitals. They argued that hospitals have a duty beyond that of providers on the frontlines, which is to establish policies. They argued that even though hospital policies might comply with the letter of the law, they may not meet the standard of care to which hospitals should be held. Senator Grant and others disagreed with this interpretation, arguing that the immunity provisions do not shield hospitals or

others from liability for medical malpractice. Temple Sellers of GHA said that all this language does is protect a hospital from being sued for false imprisonment when they have done everything right when dealing with a patient involuntarily hospitalized for mental illness or from battery in the case of a patient who is incapable of consenting to a needed medical treatment. In fact, according to Ms. Sellers, Georgia courts have extended immunity to hospitals under such circumstances for the past 15 years, but a December 2009 Court of Appeals case held that hospitals could not be immune because they were not explicitly named in the immunity statutes. Senator Orrock said that it would be more appropriate for this issue to be in a separate bill that could be vetted by Judiciary, and Chairman Unterman was also concerned about this issue derailing this vital legislation.

Amendment: (1) Senator Grant motioned to reinstate the hospital immunity section that was inadvertently left out of the Governor's sub. This amendment was agreed to by a 5-4 vote (Orrock, Tate, Jackson, 2nd, and Henson opposed); (2) Grant motioned to add some gender neutral language. This was agreed to unanimously; and (3) Senator Ligon offered an amendment to provide that the immunity provisions do not shield hospitals and other providers from malpractice liability. This was agreed to by a 5-3 vote (Grant, Millar, and Goggans opposed). All amendments were incorporated into sub.

Senator Grant moved that **HB 343 DO PASS BY SUBSTITUTE** and Senator Henson seconded. The bill passed unanimously.

HB 343 DO PASS BY SUBSTITUTE

**NOTE: Senator Carter left at 2:59 p.m.
Senators Tate & Henson left at 3:38 p.m.**

HB 489 (Cooper 41st) Medicaid audits; contingency fee audits; prohibit

Representative Cooper presented the bill. Senator Goggans was named as the Senate sponsor. The bill prohibits the Department of Community Health (DCH) from entering into a contingency fee contract with a Medicaid audit contractor on or after July 1, 2011. The bill also directs DCH to seek a waiver of federal requirements that Medicaid recovery audit contractors be paid on a contingency fee basis. The Patient Protection and Affordable Care Act requires these auditors, and it provides that such auditors are to be paid on a contingency fee basis unless the state has a law saying otherwise. Senator Orrock asked whether DCH requested this bill. Rep. Cooper said that this bill came at the suggestion of hospital people, but DCH has carefully vetted this legislation.

Senator Grant moved that **HB 489 DO PASS BY SUBSTITUTE** and Senator Millar seconded. The bill passed unanimously.

HB 489 DO PASS BY SUBSTITUTE

NOTE: Senator Carter arrived at 3:43 p.m.
Senator Henson arrived at 4:05 p.m.

HB 470 (Cooper 41st) *Registered professional nurse; requirements for preceptorship for applicants; revise*

Representative Cooper presented the bill. Senator Grant was named as the Senate sponsor. The bill revises the preceptorship requirements for licensure as a registered professional nurse (RN) for applicants who graduated from a nontraditional nursing education programs. No preceptorship is required if the applicant entered the program as (1) A licensed practical nurse (LPN) with clinical training in pediatrics, obstetrics and gynecology, medical-surgical, and mental illness, provided that he or she have at least two years of clinical experience within the past five years in an acute care inpatient facility or a long-term acute care facility; or (2) A certified paramedic, provided that he or she has at least two years of experience within the past five years in an acute care inpatient facility or a long term acute care facility. Preceptorships are required for the following:

- If the applicant entered the program as an LPN with clinical training in the required specialties, and has two years of experience as an LPN but not two years of experience in the past five years, then he or she must complete a 320 hour preceptorship.
- Applicants entering the nontraditional program as a paramedic with at least two years of experience OR as an LPN with less than two years of clinical experience in the past five years, then he or she must complete a 480 hour preceptorship.
- If the applicant entered the program as a military medical corpsman with at least two years of experience as a military corpsman, he or she must complete a preceptorship of 320 to 640 hours, as determined by the Board of Nursing (“the board”).
- Any applicant who does not fall into one of the above categories and who entered the program before July 1, 2008, must complete a 640 hour postgraduate preceptorship.

Experience must be in an acute inpatient care facility, a long term acute care facility, or in a skilled nursing facility with 60 or more beds that provides health care to patients with similar health care needs to patients in a long-term acute care facility (as approved by the board). When preceptorships are required, they generally must be completed in an acute inpatient care facility or a long term acute care facility, although the board is authorized to allow the preceptorships to be completed in other facilities in some circumstances.

The bill also revises the requirements for graduates of non-traditional nursing education programs seeking licensure by endorsement, and it removes the requirement that nontraditional programs must require applicants to be a LPN, military medical corpsman, or paramedic.

This bill follows up on the changes made to nursing licensure in 2009's HB 475. The primary "nontraditional" school in question is Excelsior. Rep. Cooper, in subcommittee and today, argued that Excelsior graduates do not go through the same rigorous training that most RN programs require. A background as an LPN does not give one comparable clinical experience for RN licensure, and experience in an acute care facility is vital. Excelsior advocates disagreed, saying that there is no data to show that our graduates fare worse. Rep. Cooper argued that no one records the educational background of RNs who have adverse outcomes, so we really don't know how Excelsior graduates compare. It was noted that the Senate recently passed a bill- SB 187 by Senator McKoon- that goes in the opposite direction of this one, eliminating the postgraduate preceptorship for LPNs and paramedics with at least one year of clinical experience. SB 187 is currently in House HHS. Senator Carter asked Chairman Cooper if she was going to hold a hearing on this bill, and she was noncommittal.

Amendment: Senator Carter offered a substitute that allowed these graduates to obtain their preceptorship in a skilled nursing facility with 60 or more beds that provides health care to patients with similar health care needs to patients in a long-term acute care facility, as approved by the Board of Nursing. Rep. Cooper opposed this, but the committee unanimously agreed to this new sub.

Joseph Porter and Dr. Laurie Nagelsmith were in support of the bill.

Senator Grant moved that **HB 470 DO PASS BY SUBSTITUTE** and Senator Henson seconded. The bill passed 7-1, with a nay vote from Senator Jackson, 2nd.

HB 470 DO PASS BY SUBSTITUTE

There being no further business, the meeting was adjourned at 4:18 p.m.

Respectfully submitted,

/s/ Senator Greg Goggans 7th, Secretary

/s/ Debra Charnote, Recording Secretary

July 1, 2011

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 & Human Services Committee**, I am returning the following Bills and Resolutions:

| | | |
|------------------------------|-------------------------------|-------------------------------|
| <u>SB 20</u> | <u>SB 111</u> | <u>SB 288</u> |
| <u>SB 22</u> | <u>SB 180</u> | <u>SR 524</u> |
| <u>SB 23</u> | <u>SB 196</u> | |
| <u>SB 24</u> | <u>SB 215</u> | |
| <u>SB 25</u> | <u>SB 282</u> | |

Respectfully submitted,

/s/ Debra Charnote
Recording Secretary
Senate Health & Human Services Committee