

**Members of the Senate Health and Human Services Committee  
2013 Session**

**Senator Renee Unterman, Chairman**

**District 45**

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Atlanta, GA 30334  
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**Senator Chuck Hufstetler**

**District 52**

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**Senator Don Balfour, Vice Chairman**

**District 9**

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**Senator Lester Jackson**

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**Senator Fran Millar, Secretary**

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**Senator William Ligon, Jr.**

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**Senator Dean Burke**

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**Senator Nan Orrock**

**District 36**

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**Senator Buddy Carter**

**District 1**

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**Senator David Shafer**

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**Senator Steve Henson**

**District 41**

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**Senator Judson Hill, Ex-Officio**

**District 32**

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**Senator Gloria Butler**

**District 55**

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**RULES**  
SENATE HEALTH AND HUMAN SERVICES COMMITTEE  
2013-2014

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 they 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 legislator who he/she designates to do so. In the event that more than one member of the General Assembly has signed a measure, the principal author shall be the one whose name appears first in the list of authors.
7. Where Rules are silent on specific issues, the Rules of the Senate, as adopted, shall govern.

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE  
Tuesday, January 29, 2013**

The Senate Health and Human Services Committee held its first meeting of the 2013 Session on Tuesday, January 29, in room 307 of the Coverdell Legislative Office Building (CLOB). Madam Chair Renee Unterman called the meeting to order at 1:12 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Balfour, 9<sup>th</sup>, Henson, 41<sup>st</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Madam Chair Unterman called the meeting to order, read the 2013 Committee Rules, and asked for a motion to adopt the rules. Senator Carter, 1<sup>st</sup>, made the motion to adopt, and Senator Millar, 40<sup>th</sup>, seconded the motion. The 2013 Committee Rules were unanimously adopted (7-0).

**COMMITTEE RULES ADOPTED**

**NOTE:** Yeas were Millar, 40<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>.

Madam Chair Unterman then discussed the purpose of Subcommittees, gave instructions, and made the following appointments to the subcommittees:

<b><u>Pharmacology</u></b> <b><u>Issues</u></b>	<b><u>Health Care Delivery</u></b>	<b><u>Technology</u></b>	<b><u>Professional</u></b>
Balfour, Chair Henson	Carter, Chair Shafer	Shafer, Chair Jackson	Millar, Chair Orrock
Hufstetler	Millar	Butler	Ligon

The following bill was introduced to the committee:

**SB 14** (Unterman, 45<sup>th</sup>) **Georgia Alzheimer's and Related Dementias State Plan Task Force; create (Substitute LC 37 1505 ERS)**

The following summary of the substitute legislation was shared with the committee:

## **Georgia Alzheimer's and Related Dementias State Plan Task Force**

### **SUMMARY**

- Creates the Georgia Alzheimer's and Related Dementias State Plan Task Force.
- Requires this task force to create a comprehensive state plan for Georgia to address Alzheimer's and related dementias, and establishes minimum requirements for such a plan.

### **ANALYSIS**

This bill establishes the Georgia Alzheimer's and Related Dementias State Plan Task Force ("the task force"), to be composed of the following six officials: the director of the Division of Aging Services (who is to serve as chairperson); the commissioner of community health or his or her designee; the state health officer or his or her designee; and the chairpersons of the House Committee on Health and Human Services, the Senate Health and Human Services Committee, and the House Committee on Human Relations and Aging. In addition, the task force is to invite other advisory members who have experience with Alzheimer's and other stakeholders to assist the committee

The purpose of the task force is to create a comprehensive state plan for Georgia to address Alzheimer's and related dementias. At a minimum this plan should include:

- Trends in the state's Alzheimer's and related dementias population, including the state's role in long-term care and assistance to affected persons and their families; among other issues;
- Existing services, resources, and capacity;
- Needed state policies or responses, including but not limited to, strategies to address any identified gaps in services;
- Ways in which state and local agencies and non-governmental entities can collaborate and work together to form a seamless network of education, support, and other needed services; and
- Specific areas to be addressed, including, but not limited to, increasing public awareness of Alzheimer's disease; encouraging increased detection and diagnosis; improving the quality and capacity of the health care system in serving persons with Alzheimer's disease; training for health care professionals and increasing the number of health care professionals to deal with this growing population; improving home and community care; improving access to long-term care; promoting activities that maintain and improve brain health; and public safety and legal concerns for this population.

The bill gives the task force the power to hold public meeting and to request and receive data from the appropriate agencies and health care facilities to the greatest extent allowed by law. The task force may also accept public and private grants and enter into agreements necessary to the performance of its duties.

The task force is to issue a state plan, including proposed legislation, if any, to the Governor and the General Assembly by March 31, 2014. On this date, the task force will stand abolished. In its place, the bill establishes the Georgia Alzheimer's and Related Dementias Advisory Council, which will be created upon the abolishment of the task force. This advisory council will include the same membership as the original task force and is to meet at least annually to review the progress of the state plan and make recommendations for changes.

Madam Chair Unterman recognized **Dr. Alan Levey**, Professor and Chairman of the Department of Neurology at Emory University, and Director of the Emory Alzheimer's Disease Research Center, who presented the "**Silver Tsunami of Alzheimer's Disease**" to the committee. Following the presentation, **Dr. Elisa Easton** gave her personal testimony regarding coping with early onset Alzheimer's disease and the affect early detection and treatment has had on the quality of her life.

Testimony in favor of the legislation was also given by:

**Kathy Simpson**, Alzheimer's Association, GA Chapter

**Pam Green**, Caregiver and Nurse

**Sheila Humberstone**, Family affected by Alzheimer's disease

**Dr. James Bulot**, Department of Human Services, Division of Aging

There was no testimony against the legislation.

Madam Chair Unterman then entertained a motion on **SB 14**. Senator Carter, 1<sup>st</sup>, was recognized with a request to amend **SB 14** to include "consultant pharmacist" in the list of stakeholders who would be included in the Task Force, and then that the legislation be passed by substitute as amended by the committee. Senator Jackson, 2<sup>nd</sup>, seconded the amendment and that **SB 14 Do Pass by Substitute**. The legislation passed unanimously (7-0).

#### **SB 14 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Millar, 40<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>

With no further business, Chairman Unterman adjourned the meeting at 2:12 p.m.

Respectfully submitted,

/s/ Senator Fran Millar, 40<sup>th</sup>, Secretary

/s/ Laurie Sparks, Recording Secretary

**OFFICE OF THE LIEUTENANT GOVERNOR**

240 State Capitol  
Atlanta, Georgia 30334

Casey Cagle  
Lieutenant Governor

February 1, 2013

Mr. Bob Ewing  
Secretary of the Senate  
353 State Capitol  
Atlanta, GA 30334

Dear Bob:

In accordance with the Senate Rules, the Senate Committee on Assignments hereby appoints Senator Judson Hill to serve as an Ex-Officio member of the Senate Health and Human Services Committee.

Sincerely,

/s/ Casey Cagle  
Lt. Governor Casey Cagle  
President of the Senate

/s/ David Shafer  
Senator David Shafer  
President Pro-Tempore

/s/ Ronnie Chance  
Senator Ronnie Chance  
Majority Leader

/s/ Ross Tolleson  
Senator Ross Tolleson  
District 20

/s/ Renee Unterman  
Senator Renee Unterman  
District 45

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Tuesday, February 5, 2013**

The Senate Health and Human Services Committee held its second meeting of the 2013 Session on Tuesday, February 5, in room 450 of the Capitol. Vice Chair Don Balfour called the meeting to order at 1:15 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Steve Henson, 41<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Jackson, 2<sup>nd</sup>, Hill, 32<sup>nd</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Vice Chair Balfour called the meeting to order as Madam Chair Unterman was detained in another meeting. In the interest of time, Vice Chair Balfour said that the committee would begin hearing testimony on **SB 65** until Madam Chair Unterman arrived to present her bill to the committee.

**[SB 65 \(Unterman, 45<sup>th</sup>\)](#) Mental Health; authorize licensed professional counselor to perform certain acts; secure certification**

The following summary was shared with the committee:

**Licensed Professional Counselors and Emergency Examinations of the Mentally Ill**

**SUMMARY**

- Authorizes licensed professional counselors to perform emergency evaluations of persons who are mentally ill or alcohol or drug dependent and to issue a certificate stating that such a person requires involuntary treatment.
- In order to perform such duties, a licensed professional counselor must maintain a valid certification from the Department of Behavioral Health and Developmental Disabilities (**DBHDD**).



## ANALYSIS

Georgia law authorizes physicians, psychologists, clinical social workers, and clinical nurse specialists in psychiatric/mental health to execute a certificate stating that he or she has personally examined a person within the preceding 48 hours and determined that the person requires involuntary treatment due to mental illness or alcohol or drug dependency. This bill authorizes licensed professional counselors to do the same. In order to be able to perform these duties, a licensed professional counselor must apply for and maintain a valid certification from **DBHDD**; the department is to promulgate regulations regarding this certification.

**NOTE:** Madam Chair Unterman arrived.

Testimony in favor of the legislation was given by:

**Greg Kirk, LPCA**

**Dr. Carlene Taylor, LPCA**

**Dawn Collinge, LPCA**

**Mark Butcher, LPCA**

**Dr. G. William Quarterman**

Madam Chair Unterman opened the floor to questions from the committee. Senator Millar asked if there was any controversy with peace officers regarding manpower issues in transporting these individuals. Mr. **Greg Kirk** cited the 2006 Bake Act in Florida which showed when a similar law was enacted there was no significant increase in transport. Senator Orrock asked for some examples of the need for intervention and **Dr. Carlene Taylor** shared some of her experiences in the field with the committee. Senator Henson asked why psychiatrists were not included in the legislation. Madam Chair Unterman responded that that profession was governed by a different board, and in order to maintain efficiency she was going to strike language in the bill that made **DBHDD** responsible for regulations when the professions had Boards that managed those issues. Senator Carter asked what the LPC requirements were and Mr. **Greg Kirk** stated the requirements were a Master's Degree in Counseling or Psychology followed by three years practicing under the supervision of a licensed practitioner, and then passing a national exam.

Senator Henson, 41<sup>st</sup>, moved that **SB 65** be amended by striking lines 55-58, 78-81, and references to **DBHDD** in lines 4, 5, and 6. Senator Orrock, 36<sup>th</sup>, seconded the motion. The amendment passed unanimously (8-0). Madam Chair Unterman then asked for a motion on the legislation as amended. Senator Millar, 40<sup>th</sup>, moved **SB 65 Do Pass by Substitute** as amended. Senator Carter, 1<sup>st</sup>, seconded the motion. The bill passed unanimously by substitute (8-0).

## **SB 65 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Millar, 40<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>.

Madam Chair Unterman recognized Senator Millar, 40<sup>th</sup>, who announced that he was going to have a subcommittee hearing on Thursday, February 7, at 9:00 a.m., in room 310 of the CLOB.

With no further business, Madam Chair Unterman adjourned the meeting at 2:00 p.m.

Respectfully submitted,

/s/ Senator Fran Millar, 40<sup>th</sup>, Secretary

/s/ Laurie Sparks, Recording Secretary

**OFFICE OF THE LIEUTENANT GOVERNOR**

240 State Capitol  
Atlanta, Georgia 30334

Casey Cagle  
Lieutenant Governor

February 7, 2013

Honorable Dean Burke  
1906 Legette Drive  
Bainbridge, GA 39819

Dear Senator Burke,

Below are your committee assignments for the upcoming session.

**Committee:**

- 1. Agriculture**
- 2. Education and Youth**
- 3. Health and Human Services**
- 4. Retirement**

**Committee Role:**

**Vice Chairman**

Congratulations on your committee assignments. We look forward to working with you and having a productive session.

Sincerely,

/s/ Casey Cagle  
Lt. Governor Casey Cagle  
President of the Senate

/s/ David Shafer  
Senator David Shafer  
President Pro-Tempore

/s/ Ronnie Chance  
Senator Ronnie Chance  
Majority Leader

/s/ Renee Unterman  
Senator Renee Unterman  
District 45

/s/ Ross Tolleson  
Senator Ross Tolleson  
District 20

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE  
Tuesday, February 12, 2013**

The Senate Health and Human Services Committee held its third meeting of the 2013 Session on Tuesday, February 12, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 4:30 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator David Shafer, 48<sup>th</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Millar, 40<sup>th</sup>, Hill, 32<sup>nd</sup>, and Henson, 41<sup>st</sup>, were absent from the meeting.

**Opening Prayer led by Senator Lester Jackson**

**Welcome new member, Senator Dean Burke, M.D., District 11**

Madam Chair Unterman called the meeting to order and welcomed the newly elected committee member, Senator Dean Burke, M.D., who would now be representing District 11. Senator Burke, 11<sup>th</sup>, was assigned to the Pharmacology and the Health Care Delivery subcommittees. The 2013 Committee Rules were updated to reflect a new quorum of seven (7) and the addition of a new member. Senator Butler, 55<sup>th</sup>, made the motion to adopt the updated rules, and Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The updated 2013 Committee Rules were unanimously adopted (7-0).

**COMMITTEE RULES ADOPTED**

**NOTE:** Yeas were Unterman, 45<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Burke, 11<sup>th</sup>

**NOTE:** Senator Carter arrived at the meeting.

**HB 57 (Ramsey, 72<sup>nd</sup>) Controlled substances; definition of Schedule I; expand**

Representative Ramsey presented **HB 57**, and the following summary was shared with the committee:

## Schedule I Controlled Substances

### SUMMARY

- Adds drugs to the list of Schedule I controlled substances.
- Strengthens provisions related to the ban on synthetic marijuana and narcotic bath salts.

### ANALYSIS

In recent years, the General Assembly has enacted legislation to add synthetic marijuana and narcotic drugs known as “bath salts” to the list of Schedule I Controlled Substances. However, manufacturers of these substances have changed their formulas so as to avoid the legal effects of these provisions. This bill seeks to once again ban these substances by adding to the definition of Schedule I controlled substances.

Testimony in favor of the legislation:

**Rick Allen**, Director of Georgia Drug and Narcotic Agency

There was no opposing testimony.

Madam Chair Unterman then asked for a motion on the legislation. Senator Orrock, 36<sup>th</sup>, moved **HB 57 Do Pass**. Senator Ligon, 3<sup>rd</sup>, seconded the motion. The bill passed unanimously (7-0).

### [HB 57 DO PASS](#)

**NOTE:** Yeas were Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Burke, 11<sup>th</sup>

**NOTE:** Senators Balfour and Shafer arrived.

Madam Chair Unterman then recognized **Dr. Dennis Ashley, Chairman**, Georgia Trauma Commission, to give an update on state-wide trauma system development and the impact of fund distribution on trauma patient care and outcomes. It was noted that he was there to speak to the committee following the directive as provided in **SB 489** from a previous session which stated the following:

*"The Georgia Trauma Care Network Commission shall report annually to the House Committee on Health and Human Services and the Senate Health and Human Services Committee. Such report shall provide an update on state-wide trauma system development and the impact of fund distribution on trauma patient care and outcomes."*

Dr. Ashley recognized **Mr. Jim Pettyjohn**, Executive Director, Georgia Trauma Commission, who was with him to answer any questions that the committee may have. The following information was shared with the committee:

One of the functions of the Georgia Trauma Commission was to develop a state-wide trauma system plan. This plan had 5 components as follows:

1. Pre-hospital component which included the trauma triage protocols directing which patient(s) should be transported to trauma centers.
2. Hospital component which included designated trauma centers and non-designated hospitals.
3. Communications component which included links from the pre-hospital personnel to hospital destinations and staff. The statewide communications center would also gather data for evaluation of the system.
4. Data Driven Performance component which included the acquisition and evaluation of the system by data to find opportunities for improvement.
5. Regional Trauma Advisory Council (RTAC) component which has the following functions:
  1. Assessment of baseline of trauma care in the region
  2. Development of a regional trauma system plan
  3. Implementation of the plan
  4. Monitoring the system for improvement opportunities
  5. Injury Prevention

Dr. Ashley stated that the grants through the Georgia Trauma Commission have provided ambulance grants to rural counties, startup funds for trauma centers, first responder training, a statewide trauma communication center, a trauma telemedicine pilot project and an electronic based Broslow-Luten system to provide guidance in pediatric drugs/equipment. Georgia is the first state to implement this program. The statewide trauma system envisioned by the Georgia Trauma Commission was now being implemented region by region. The goal of the plan was to get the right patient to the right hospital in the right amount of time, and they were making progress.

**SB 10 (Carter, 1<sup>st</sup>) Registered Professional Nurses; provide continuing competency requirements as a requirement for license renewal**

Senator Carter, 1<sup>st</sup>, presented the legislation, and the following summary was shared with the committee:

**Continued Competency Requirements for Nurses**

**SUMMARY**

- Requires registered professional nurses to meet continuing competency requirements as a condition of license renewal, beginning with the 2016 license renewal cycle.
- Allows a registered professional nurse to request that his or her license be placed on inactive status.

## ANALYSIS

Under this bill, beginning with the 2016 license renewal cycle, registered professional nurses (RNs) must meet one of the following continuing competency requirements during the previous renewal cycle in order to renew their licenses:

- Completion of 30 continuing education hours by a provider approved by the Board of Nursing (the Board);
- Maintenance of certification or recertification by a national certifying body recognized by the Board;
- Completion of an accredited academic program of study in nursing or a related field, as recognized by the Board;
- Verification of competency by a licensed health care facility or by a physician's office that is part of a health system AND at least 500 hours practiced as evidenced by employer certification; OR
- Other activities as prescribed and approved by the Board.

The Board may waive or modify these requirements in cases of hardship, disability, illness, or other appropriate circumstances.

The bill also allows RNs to request that his or her license be placed on inactive status, thus excusing the RN from paying renewal fees until resuming active status. While on inactive status, an RN may not practice nursing. A licensee on inactive status may restore his or her license by submitting an application to the Board and paying a restoration fee; the Board must require an RN seeking to return to active status to show evidence of competency to resume practice.

Testimony in favor of the legislation was given by:

**Debbie Hackman**, Georgia Nurses Association

**Barry Cranfill**, Georgia Board of Nursing

There was no opposing testimony.

Madam Chair Unterman then asked for a motion on the legislation. Senator Orrock, 36<sup>th</sup>, moved ***SB 10 Do Pass***. Senator Ligon, 3<sup>rd</sup>, seconded the motion. The bill passed unanimously (9-0).

## **SB 10 DO PASS**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>

## **SB 13 (Carter, 1<sup>st</sup>) Nurses; require mandatory reporting**

Senator Carter, 1<sup>st</sup>, presented the legislation, and the following summary was shared with the committee:

## **Mandatory Reporting Requirements for Nurses and Others**

### **SUMMARY**

- Requires nurses and health care entities to report suspected professional violations to the Board of Nursing or the Board of Examiners of Licensed Practical Nurses.
- Provides exceptions to the reporting requirements and voluntary alternatives to discipline.
- Provides civil immunity for parties reporting or acting on information in good faith.

### **ANALYSIS**

This bill requires a licensed nurse to report to the Board of Nursing or the Board of Examiners of Licensed Practical Nurses (“the Board”) the names of any other nurse who the nurse has reasonable cause to suspect has:

- Unlawfully practiced nursing as a registered professional nurse (RN) or licensed practical nurse (LPN) without a valid license;
- Practiced nursing under cover of a fraudulent diploma, license, or record;
- Practiced nursing with a suspended, revoked, or surrendered license;
- Used any words or abbreviations implying that such person is an RN, advanced practice registered nurse (APRN), or LPN unless duly licensed as such;
- Fraudulently furnished a license to practice nursing as an RN or LPN;
- Knowingly aided or abetted any person to violate these provisions;
- Been convicted of a felony involving moral turpitude or controlled substances or dangerous drugs while holding a nursing license; OR
- Displayed an inability to practice nursing with reasonable skill and safety due to substance abuse.

Likewise, hospitals, nursing homes, temporary staffing agencies and other employers of nurses must report to the Board the name of any nursing licensee who has been fired or who resigned in order to avoid termination because of any of the above violations. State agencies that license health care facilities must also report such violations to the Board.

Licensed professionals are not required to report professional knowledge obtained in the course of a health professional-client relationship with a client who is a nurse. Moreover, a licensed nurse is not required to duplicate a report if the nurse reasonably believes that such a report has already been made to the Board. The bill also excuses mandatory reporters from the reporting requirements in the event the nurse enters a voluntary alternative to discipline program approved by the Board. The bill makes an exception to the reporting requirements for “minor incidents,” which are incidents in which the continuing practice of the nurse does not pose a risk of harm to a client or others and can be addressed through corrective action by the nurse’s employer.

If a report that is required under these provisions is not forthcoming, the Board may seek an order from a court of competent jurisdiction to compel such a report. The Board may also seek a citation for civil contempt if a court order for a report is not obeyed.



The bill provides civil and criminal immunity to organizations or persons who report or fail to report information to the Board in good faith. Similarly, physicians and other health care professionals who, at the request of the Board, examine a nurse and act in good faith are protected from civil immunity.

Testimony in support of the legislation but with reservations about a mandate without funding was given by the following:

**Debbie Hackman**, Georgia Nurses Association

**Barry Cranfill**, Georgia Board of Nursing

Senator Carter stated that he worked with legislative counsel to draft an amendment to state that the legislation would only become effective with funds appropriated by the General Assembly.

Madam Chair Unterman asked for a motion on the amendment. Senator Ligon, 3<sup>rd</sup>, moved that **SB 13** be amended with language which makes the legislation effective contingent on funding being appropriated by the General Assembly. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The committee voted unanimously to amend the legislation (9-0). Madam Chair Unterman then asked for a motion on the bill as amended. Senator Ligon, 3<sup>rd</sup>, moved **SB 13 Do Pass by Substitute** as amended. Senator Orrock, 36<sup>th</sup>, seconded the motion. The legislation passed unanimously by substitute as amended (9-0).

### **SB 13 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>

Madam Chair Unterman then made the following bill assignments to subcommittees as follows:

#### ***Pharmacology Subcommittee:***

**SB 85** (Bethel, 54<sup>th</sup>) **Physicians; authorize the administration of vaccines by pharmacists or nurses; vaccine protocol agreements**

#### ***Professional Issues Subcommittee:***

**SB 94** (Millar, 40<sup>th</sup>) **Advanced Practice Registered Nurses; delegation of authority to order radiographic imaging tests; revise provisions**

**SB 128** (Millar, 40<sup>th</sup>) **Professional Counselors; revise definitions relating to marriage and family therapy**

*Healthcare Delivery Subcommittee:*

**SB 62 (Hill, 32<sup>nd</sup>) Federal and State Funded Health Care Financing Program  
Overview Committee; establish**

With no further business, Madam Chair Unterman adjourned the meeting at 6:15 p.m.

Respectfully submitted,

/s/ Senator Renee Unterman, 45<sup>th</sup>, Madam Chair

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Tuesday, February 20, 2013**

The Senate Health and Human Services Committee held its fourth meeting of the 2013 Session on Tuesday, February 20, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 2:10 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Steve Henson, 41<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>  
Senator David Shafer, 48<sup>th</sup>

**NOTE:** Senator Hill, 32<sup>nd</sup>, was absent from the meeting.

**Opening Prayer led by Senator Ligon.**

Madam Chair Unterman called the meeting to order at 2:10 p.m., and noted that the two bills on the agenda had unanimously been passed by the Professional Issues Subcommittee chaired by Senator Fran Millar, 40<sup>th</sup>. Madam Chair Unterman asked Senator Millar, 40<sup>th</sup>, to share the subcommittee report and speak to the legislation.

**SB 94 (Millar, 40<sup>th</sup>) **Advanced Practice Registered Nurses; delegation of authority to order radiographic imaging tests; revise provisions****

Senator Millar, 40<sup>th</sup>, presented the legislation, and the following summary was shared with the committee:

**Radiographic Imaging Tests**

**SUMMARY**

This bill allows advanced practice registered nurses to order radiographic imaging tests in accordance with a nurse protocol agreement, regardless of whether a situation is or is not life-threatening.

There was no testimony for or against the legislation.

Madam Chair Unterman asked for a motion on the legislation. Senator Ligon, 3<sup>rd</sup>, moved **SB 94 Do Pass**. Senator Carter, 1<sup>st</sup>, seconded the motion. The bill passed unanimously (9-0).

### **SB 94 DO PASS**

**NOTE:** Yeas were Millar, 40<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>.

**NOTE:** Senators Balfour and Shafer arrived at the meeting.

### **SB 128 (Millar, 40<sup>th</sup>) Professional Counselors; revise definitions relating to marriage and family therapy**

Senator Millar, 40<sup>th</sup>, presented the legislation, and the following summary was shared with the committee:

#### **Professional Counselors, Social Workers, and Marriage and Family Therapists**

##### **SUMMARY**

- Adds to the definition of “marriage and family therapy” to include diagnoses of emotional and mental problems as part of that specialty.
- Changes the definition of “Commission on Accreditation for Marriage and Family Therapy Education” to mean the national accrediting agency recognized by the Council for Higher Education Accreditation.

Madam Chair Unterman recognized Senators Carter, 1<sup>st</sup>, Jackson, 2<sup>nd</sup>, and Henson, 41<sup>st</sup>, with concerns on the word “diagnose” being added. It was their feeling that it should be reserved for doctors. Senator Millar, 40<sup>th</sup>, explained that Marriage and Family Therapists already bill insurance companies with their diagnosis of the situation occurring. This legislation would not be a change in scope of practice. The addition of the word diagnose would help this profession with insurance billing issues that occur when a diagnostic code is requested.

Testimony in support of the legislation:

**Aubrey Villanes**, representing Georgia Association of Marriage and Family Therapists

**Carl Johnson**, Board of Georgia Association of Marriage and Family Therapists

Madam Chair Unterman asked for a motion on the legislation. Carter, 1<sup>st</sup>, moved **SB 128 Do Pass**. Senator Orrock, 36<sup>th</sup>, seconded the motion. The bill passed unanimously (11-0).

### **SB 128 DO PASS**

**NOTE:** Yeas were Millar, 40<sup>th</sup>, Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>.

Madam Chair Unterman then made the following announcements regarding committee meetings.

Before the full committee next week:

[SB 158](#)

[SB 163](#)

[SB 141](#) – HEARING ONLY

Assigned to Healthcare Delivery Subcommittee:

[SB 171](#)

[SB 62](#)

[SB 63](#)

[SR 99](#)

With no further business, Madam Chair Unterman adjourned the meeting at 3:00 p.m.

Respectfully submitted,

/s/ Senator Fran Millar, 40<sup>th</sup>, Secretary

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, February 25, 2013**

The Senate Health and Human Services Committee held its fifth meeting of the 2013 Session on Monday, February 25, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 4:00 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Steve Henson, 41<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Hill, 32<sup>nd</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

**Opening Prayer led by Senator Ligon.**

Madam Chair Unterman called the meeting to order at 4:00 p.m. She noted that **SB 85** had been passed by the Pharmacology Subcommittee chaired by Senator Don Balfour, 9<sup>th</sup>. Madam Chair Unterman asked Senator Balfour, 9<sup>th</sup>, to share the subcommittee report. Senator Balfour, 9<sup>th</sup>, stated that the committee members heard opposition to the legislation from the **Medical Association of Georgia (MAG)**. The subcommittee report stated that Senator Henson, 41<sup>st</sup>, offered a committee substitute which excluded one vaccine, added a provision to protect medical homes, and changed the age to 18 from 19. There were also some grammatical corrections. Senator Henson, 41<sup>st</sup>, moved that **SB 85 Do Pass by Substitute** as amended by the subcommittee. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. **SB 85** passed out of subcommittee unanimously (4-0).

Madam Chair Unterman called on Senator Charlie Bethel, 54<sup>th</sup>, to present the substitute to **SB 85** to the committee.

**SB 85 (Bethel, 54<sup>th</sup>) Physicians; authorize the administration of vaccines by pharmacists or nurses; vaccine protocol agreements (LC 33 5097S)**

Senator Bethel, 54<sup>th</sup>, presented the legislation, and the following substitute summary was shared with the committee:

## **Vaccines Administered by Pharmacists and Nurses**

### **SUMMARY**

- Allows pharmacists and nurses to administer other vaccines besides influenza vaccines.
- Requires pharmacists and nurses to notify a patient's primary care provider of vaccines administered, if authorized by the patient.
- Restricts pharmacists and nurses from administering any vaccine other than an influenza vaccine to a child under the age of 18 without an individual prescription.

### **ANALYSIS**

Current law allows pharmacists and nurses to administer influenza vaccines pursuant to a vaccine protocol agreement with a physician. This bill would also allow pharmacists and nurses to administer several other types of vaccines pursuant to a protocol agreement, including vaccines for hepatitis A; hepatitis A and B; hepatitis B; herpes zoster; meningococcal disease, measles, mumps, and rubella; pneumococcal disease; tetanus and diphtheria; tetanus, diphtheria, and pertussis; and varicella.

As part of the vaccine protocol agreement with a physician, pharmacists and nurses must provide patients with a consent form that directs the pharmacy or nurse to notify or not notify the patient's primary care provider of the vaccines administered. If the patient has notified the pharmacist or nurse that he or she has a primary care provider, then the pharmacist or nurse must notify this provider of vaccines administered, provided that the patient has authorized such notification.

The bill also restricts pharmacists and nurses from administering any vaccine other than the influenza vaccine to a person under the age of 18 without an individual prescription from a physician. Pharmacists and nurses under a protocol agreement may administer influenza vaccines to children 13 and older without an individual prescription, as is allowed under current Georgia law.

Madam Chair Unterman noted that the **MAG** still opposed the bill. **Rick Ward**, representing the Georgia Chapter of the American Academy of Physicians, expressed some concerns which had been shared with the subcommittee. Madam Chair Unterman recognized Senator Fran Millar, 40<sup>th</sup>, with a clarifying statement. He stated that every shot would be subject to physician protocol and that no vaccines would be administered without the physicians consent. Madam Chair Unterman recognized Senator Dean Burke, 11<sup>th</sup>, with some concerns about the notification process from the pharmacy to the physician. Would that improve and would it affect medical offices encouraging vaccines? Senator Bethel responded that while he understood the concerns about notification deficiency, most adults already get their vaccines in the pharmacy. He also

noted that most pharmacists would not depart from protocol and risk breaking the law and all the subsequent consequences.

**NOTE:** Senator Gloria Butler, 55<sup>th</sup>, arrived.

Madam Chair Unterman noted that there was no one signed up to speak for or against the legislation and asked for a motion from the committee. Senator Balfour, 9<sup>th</sup>, moved that ***SB 85 Do Pass by Substitute***. Senator Millar, 40<sup>th</sup>, seconded the motion. The legislation passed (8-1).

### **SB 85 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Millar, 40<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>. Nay vote was Burke, 11<sup>th</sup>.

Madam Chair Unterman recognized Senator Orrock, 36<sup>th</sup>, to present **SB 158**.

### **SB 158 (Orrock, 36<sup>th</sup>) Temporary Medical Consent Guardianship; Physician Order for Life-sustaining Treatment; change certain signatures**

Senator Orrock, 36<sup>th</sup>, stated that this bill was to clean up an unintended consequence of a drafting error that would have required a comatose patient to authorize consent. This bill corrected that error so that an authorized representative could make the decision if needed.

The following summary was shared:

#### **Temporary Medical Consent Guardianship**

##### **SUMMARY**

- Provides that a Physician Order for Life-sustaining Treatment may be executed by a patient OR his or her authorized representative.

It was noted that **Brandon Reese**, representing **WellStar Health System**, signed up in support of this legislation. There was no opposing testimony.

Madam Chair Unterman asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved ***SB 158 Do Pass***, and Senator Henson, 41<sup>st</sup>, seconded the motion. This legislation passed unanimously (9-0).

### **SB 158 DO PASS**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Millar, 40<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>.



Madam Chair Unterman called on Senator Ligon, 3<sup>rd</sup>, to present **SB 163** to the committee.

**SB 163 (Ligon, 3<sup>rd</sup>) Community Health, Dept. of; required to study and identify options for Medicaid reform**

The following summary was shared with the committee:

**Medicaid Reform**

**SUMMARY**

- Requires the Board of Community Health to examine and identify options for reforming Medicaid in Georgia to bring about significant savings to the state.
- Requires the board to provide a report to the legislative and executive branches by December 31, 2013.

**ANALYSIS**

This bill requires the Board of Community Health to examine and identify options for reforming Medicaid in Georgia to bring about significant savings to the state. Possible options include, but are not limited to, expansion of managed care, measures used by commercial insurers to encourage health behavior, and the use of accountable care organizations and patient centered medical homes.

By December 31, 2013, the board is to provide a report to the Governor, House Speaker, President of the Senate, and members of the House and Senate Health and Human Services Committees on its findings and recommendations.

**NOTE:** Senator Jackson, 2<sup>nd</sup>, arrived.

There was no testimony for or against. Senator Henson, 41<sup>st</sup>, was recognized by Madam Chair Unterman to state that he felt that this legislation should have broader more inclusive language. He also wanted to note that cost saving should not translate into poor quality care. He stated that he would be respectfully voting against the bill until it could be amended.

Madam Chair Unterman asked for a motion on the legislation. Senator Millar, 40<sup>th</sup>, moved **SB 163 Do Pass**. Senator Burke, 11<sup>th</sup>, seconded the motion. The bill passed (6-4).

**SB 163 DO PASS**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Millar, 40<sup>th</sup>, Burke, 11<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, and Ligon, 3<sup>rd</sup>. Nays were Henson, 41<sup>st</sup>, Butler, 55<sup>th</sup>, Jackson, 2<sup>nd</sup>, and Orrock, 36<sup>th</sup>.

With no further business, Madam Chair Unterman adjourned the meeting at 5:15 p.m.

Respectfully submitted,

/s/ Senator Fran Millar, 40<sup>th</sup>, Secretary

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, February 27, 2013**

The Senate Health and Human Services Committee held its sixth meeting of the 2013 Session on Wednesday, February 27, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 2:15 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Steve Henson, 41<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Judson Hill, 32<sup>nd</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senator Shafer, 48<sup>th</sup>, was absent from the meeting.

**Opening Prayer led by Senator Carter.**

Madam Chair Unterman called the meeting to order and asked Senator Hufstetler, 52<sup>nd</sup>, to present **SB 195** to the committee.

**SB 195 (Hufstetler, 52<sup>nd</sup>) Education; authorize public/private schools to stock a supply of auto-injectable epinephrine**

The following substitute summary was shared with the committee:

**Auto-Injectable Epinephrine in Schools**

**SUMMARY**

- Authorizes physicians and other practitioners with prescribing authority to prescribe auto-injectable epinephrine in the name of a public or private school.
- Allows schools to stock a supply of auto-injectable epinephrine pursuant to a prescription issued by a practitioner in the name of the school.
- Allows a school employee to provide or administer auto-injectable epinephrine to a student that the employee believes in good faith is experiencing an anaphylactic adverse reaction.
- Provides civil immunity to school personnel regarding their good faith decisions on the administration of epinephrine, as well as civil immunity to practitioners who prescribe auto-injectable epinephrine to schools.

## **ANALYSIS**

This bill allows a physician, advanced practice registered nurse, or physician assistant with prescribing authority to prescribe auto-injectable epinephrine in the name of a public or private school, in accordance with protocol specified by the practitioner. Schools with such a prescription are authorized to stock a supply of auto-injectable epinephrine; such a school must designate an employee or agent who has undergone appropriate training to be responsible for the storage, maintenance, and distribution of the epinephrine. The bill authorizes schools to enter into arrangements with manufacturers or suppliers to obtain auto-injectable epinephrine free of charge or at fair market or reduced prices.

A school employee or agent of the school who has completed training or received information on recognizing the symptoms of anaphylactic shock and the correct method of administering auto-injectable epinephrine may provide or administer this medication to a student that the employee or agent believes in good faith is experiencing an anaphylactic adverse reaction.

The bill provides civil immunity to school personnel who in good faith administers or chooses not to administer epinephrine to a student, with the exception of acts of willful or wanton misconduct. Similarly, licensed practitioners who prescribe auto-injectable epinephrine to schools will be immune from civil liability for acts or omissions related to the administration of these products, with the exception of acts of willful or wanton misconduct.

The State Board of Education must adopt regulations regarding these provisions, in consultation with the Department of Public Health, no later than July 1, 2013.

Testimony in support of the legislation was given by **Karen Harris** speaking on behalf of Food Allergy Kids of Atlanta.

There was no opposing testimony. After a few clarifying questions from the committee, Madam Chair Unterman asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved that ***SB 195 Do Pass*** and Senator Burke, 11<sup>th</sup>, seconded the motion. The legislation passed (9-0).

### **SB 195 DO PASS**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Millar, 40<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Henson, 41<sup>st</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>.

**NOTE:** Senator Hill, 32<sup>nd</sup>, arrived at the meeting.

Madam Chair Unterman presented **SB 202** to the committee.

**SB 202 (Unterman, 45<sup>th</sup>) Health; bill of rights for residents of long-term care facilities; provide definitions**

The following summary was shared with the committee:

**Arbitration Agreements between Long-Term Care Facilities and Residents**

**SUMMARY**

- Provides requirements for arbitration agreements between long-term care facilities and residents.

**ANALYSIS**

This bill provides for arbitration agreements between long-term care facilities and residents, which will be valid and enforceable if they comply with the provisions contained in this bill. An arbitration agreement for nursing home malpractice claims must:

- Consist of a writing signed by the resident or his or her representative, agent, guardian, or someone with authority to act on his or her behalf;
- Be a stand-alone agreement or an addendum to an admission agreement;
- Be titled in 12 point or larger boldface type, “Voluntary Arbitration Agreement” or “Voluntary Alternative Dispute Resolution Agreement;”
- State that the resident has the right to legal counsel, the right to rescind the arbitration agreement within 30 days of its execution, and the right to access information about the designated administering arbitration institution, among other information; and
- Provide a statement in 12 point or larger boldface type immediately above the signature line that provides notice of the implications of this document on the parties’ legal rights. The specific language for this statement is stipulated by the bill.

Unless otherwise agreed to by the parties after initiation of arbitration or ordered in the discretion of the arbitrator, the hearing location should be as near to the long-term care facility as is reasonably practicable.

The bill specifies certain provisions contained in an arbitration agreement as void and unenforceable, including:

- Limitations on the amount of damages, other than any damage limitations that may be imposed by law;
- Limitations on the time for filing a claim other than limitations that would be applicable in a court action for similar claims; and
- Waivers or release of claims of alteration of the burden of proof.

Any of these unenforceable provisions contained in an arbitration agreement are to be severed from the rest of the agreement.

An arbitration agreement may be signed by an adult resident, the resident's guardian, or any person authorized to act for the resident under an advance directive for health care or power of attorney. A resident's spouse, adult child, adult sibling, or adult grandchild may also sign an arbitration agreement; in such cases, if in the 30 days prior to admission the resident was documented by a physician as being unable to make rational and competent decisions, the resident may terminate the arbitration agreement within 30 days after regaining the ability to make rational and competent decisions.

Unless rescinded or terminated as provided above, an arbitration agreement consistent with these provisions will remain effective and govern all reasonably related dealings between the parties. If a resident is formally discharged from a long-term care facility, a new arbitration agreement will be required to cover any subsequent interactions between the parties.

An arbitration agreement consistent with these provisions and signed by an authorized person will be binding upon the estate and the survivors of the resident and will extend to any wrongful death claims relating to the resident's relationship with the long-term care facility. Arbitration agreements between facilities and residents will not be subject to Georgia law's provisions relating to limitations and procedures for arbitration of medical malpractice claims.

Any arbitration agreement pertaining to nursing home malpractice claims already in effect as of the effective date of this legislation will not be invalidated. However, if such an arbitration agreement includes any of the void and unenforceable provisions described above, then those provisions may be severed from the agreement.

The bill provides that any writings or signatures required by these provisions will be valid in electronic format.

Madam Chair Unterman recognized **Jon Howell** and **Jason Bring**, representing the Georgia Healthcare Association (GHCA) to speak in support of the legislation and answer questions from the committee members.

The following people gave testimony in support of the legislation:

**Julie Windom**, Alliance Healthcare

**Katherine Bell**, Georgia Hospital Association

The following people gave testimony in opposition to the legislation:

**Nancy Pitra**, SCAP

**Kim McRae**, GA Health Change Network

**Joanne Mathis**, AARP

**Josh Norris**, Georgia Advocacy Office

**Jay Sadd**, GTLA

**Lance Laurie**, GTLA

**Kathryn Fuller**, GCOA

**Melanie McBeil**, LTCO

**Liz Doyle**, Georgia Watch

Those supporting the legislation stated that if you are able to consent for an operation on the behalf of another person, then you should be able to sign an arbitration agreement on that person's behalf as well. There were several questions from the committee and lengthy discussion regarding what the refusal to sign an arbitration agreement might mean in the ability to enter a home and receive necessary treatment. Concerns were voiced about the timing of signing an arbitration agreement when the family is under the emotional stress revolving around entering their loved one into a home to receive the care they needed. Those in support of the legislation noted that there was a 30 day period in which the family had opportunity to revoke the agreement. There was also clarification that this legislation was drafted in order to give the nursing home industry the opportunity to codify the practice that was already in place and to standardize the arbitration form.

**NOTE:** Senator Millar, 40<sup>th</sup>, left the meeting to chair the Retirement Committee.

Madam Chair Unterman, noted that the time was getting late, suspended conversation and tabled **SB 202**. She stated that the committee would work on a substitute to try and address some of the concerns expressed and bring the legislation back up at the next committee meeting.

### **SB 202 TABLED**

Madam Chair Unterman asked Senator Brandon Beach, 21<sup>st</sup>, to present **SB 141** to the committee for a **HEARING ONLY**.

### **SB 141 (Beach, 21<sup>st</sup>) “Patient Injury Act”; create an alternative medical malpractice litigation**

The following summary was shared with the committee:

#### **Patient Injury Act**

##### **SUMMARY**

- Creates the Patient Compensation System as an alternative to medical malpractice litigation.

- Establishes a process for patients to submit claims of medical injury, and if a review finds the claim valid, provides compensation for the injury.
- Requires providers to make contributions to cover the administrative costs of this system.

### ANALYSIS

This legislation creates the Patient Compensation System, an alternative to medical malpractice litigation.

#### Governance and Structure of the Patient Compensation Board

This system will be administratively housed in the Department of Community Health but will be a separate budget entity not subject to direction by that department. The Patient Compensation System will be governed by a Patient Compensation Board (“the board”) that will be composed of the following 11 members: five members appointed by the Governor, including one licensed physician, one executive in the business community, one hospital administrator, one certified public accountant, and one attorney; three members appointed by the Lieutenant Governor, one of whom is a licensed physician and one of whom is a patient advocate; three members appointed by the House Speaker, one of whom is a licensed physician and one of whom is a patient advocate. Board members are to serve four-year terms and will annually elect from their membership a chair and vice-chair. The first board meeting is to be held no later than August 1, 2013, with meetings held at least quarterly thereafter.

The board is to employ an executive director, who is to oversee the operation of the Patient Compensation System. The following staff members are to serve at the pleasure of the executive director: an advocacy director, a chief compensation officer, a chief financial officer, a chief legal officer, a chief medical officer, and a chief quality officer. The Patient Compensation System is to have the following offices: the Office of Medical Review, the Office of Compensation, and the Office of Quality Improvement.

The board is also to create a Medical Review Committee and a Compensation Committee, along with any other committees the board deems necessary; these committees are to meet at least quarterly. The Medical Review Committee is to recommend to the board a comprehensive multidisciplinary list of panelists to serve on an independent medical review panel as needed; this independent medical review panel, to be convened by the chief medical officer, is to evaluate whether an application constitutes a medical injury. The Compensation Committee is to, in consultation with the chief compensation officer, recommend to the board a compensation schedule formulated such that the initial schedule, plus the initial amount of contributions by providers, may not exceed the prior fiscal year aggregate cost of medical malpractice, as determined by an independent actuary. Initial damage payments for each type of injury must also be no less than the average indemnity payment for like injuries for the prior fiscal year. This compensation schedule is to be reviewed and revised, if necessary, annually. Board members, panelists, and employees of the Patient Compensation System may not engage in conduct that constitutes a conflict of interest.



### Applications Alleging a Medical Injury and Review Process

In order to obtain compensation for a medical injury, a person, or his or her legal representative, must file an application with the Patient Compensation System that includes information about the facts surrounding the personal injury or wrongful death at issue. This application must be filed within the same limitation period specified in Georgia law for medical malpractice actions.

Within 10 days of the receipt of a completed application, the Office of Medical Review (the office) is to determine whether the application, on its face, constitutes a medical injury. If the office determines it does not, it will send a rejection letter to the applicant and notify the applicant of his or her right of appeal. If the office determines that the application does on its face constitute a medical injury, the office is to notify each provider named in the application, and for providers that are not self-insured, the insurer that provides coverage for the provider. If the provider within 15 days responds and supports the application, the office will review the application and, if finding the application to be valid, will determine an award of compensation; if it is determined that an application supported by the provider is not valid, the office will notify the applicant of the rejection of the application, and in the case of fraud, notify law enforcement.

If a provider does not elect to support an application, the office is to complete a thorough investigation within 60 days after the determination by the office. Within 15 days after the completion of this investigation, the chief medical officer is to allow the applicant and provider to access information obtained in the course of the investigation, in accordance with relevant state and federal law. Within 30 days after the completion of the investigation, the chief medical officer is to convene an independent medical review panel, which is to determine within 10 days whether the application constitutes a medical injury, based on a preponderance of the evidence. The panel is to notify the losing party within 15 days of its right to appeal. If the independent medical review panel has found that the application constitutes a medical injury, and the provider has exhausted all appeals, the Office of Compensation is to make a written determination of an award of compensation within 30 days; the applicant will have 15 days from the receipt of the letter to appeal the determination. Within 15 days after the acceptance of the compensation by the applicant or after the conclusion of all appeals, the provider (or his or her insurer) is to remit the compensation award to the Patient Compensation System, which is to immediately provide compensation to the applicant. Beginning 45 days after the acceptance of the compensation or the conclusion of all appeals, an unpaid award will begin to accrue interest at a rate of 18 percent per year.

### Appeals Process

An administrative law judge is to hear and determine appeals filed by applicants and providers. The administrative law judge's review is to be limited to determining whether the Office of Medical Review, the independent medical review panel, or the Office of Compensation, as appropriate, has faithfully followed the requirements contained in this legislation and any related rules in reviewing applications. If the judge determines that the requirements were not followed, he or she is to require the chief medical officer to either reconvene the original panel or convene a new panel, or require the Office of

Compensation to redetermine the compensation amount. A determination by an administrative law judge is to be conclusive and binding as to all questions of fact.

#### Contributions by Providers

The board is to annually determine the contribution to be paid by each provider for the expense of the administration of these provisions. These contribution rates may not exceed the following amounts:

- For dental professionals and nurses, excluding certified registered nurse anesthetists, \$100 per licensee;
- For hospitals and ambulatory surgical centers, \$200 per bed (\$100 per bed the first year);
- For an anesthesiology assistant, physician assistant, or certified registered nurse anesthetist, \$250 per licensee;
- For a physician, \$600 per licensee (\$500 for the first year);
- For any other provider, \$2,500 per registrant or licensee.

Providers who fail to pay the required contribution amount within 60 day after receipt of notice of their failure to pay are subject to licensure revocation.

#### Patient Compensation Trust Fund

The bill creates the Patient Compensation System Trust Fund, which is to be used in the operation of the system. This trust fund is established for the deposit of provider contributions.

#### Report

Beginning October 1, 2013, the board is to annually submit a report describing the filing and disposition of applications for the prior fiscal year, as well as any recommendations for legislative changes to the Patient Compensation System. This report is to be provided to the executive and legislative branches.

#### Severability

The bill provides that if any provisions of this Act are declared to be invalid or unconstitutional, all other provisions are to remain in full force and effect.

**NOTE:** Senators Balfour, 9<sup>th</sup>, Henson, 41<sup>st</sup>, Jackson, 2<sup>nd</sup>, and Burke, 11<sup>th</sup>, left the meeting for other committee meetings.

A video explaining defensive medicine was shown to the committee.

Testimony in support of the legislation was given by:

**Ben Vinson, JD**

**Jeff Segal, MD, JD, Neurosurgeon, Medical Justice, Greensboro, NC**

**Brian Hill, MD, Urology, Atlanta**

**Joanna Shepherd-Baily, PhD, Emory Law School**

**Ron and Beverly Bachman, Johns Creek, citizens**

**Kelly McCutchen, Georgia Public Policy Foundation, Atlanta**

**Ross Mason, MBA, HINRI, GA Charity Care Foundation**

**Eric Davis**, JD, MD, Family Practice, Savannah

Testimony in opposition to the legislation was given by:

**Bill Clark**, GTLA

**Dr. Ron Hawks**, Independent Physician

**Dr. John Harvey**, Medical Association of GA (MAG)

**Dr. Mike Greene**, President, MAG

**Dr. J Smith**, Independent Physician

**Edward Lynbrook**, MAG Mutual

**Joe Cregan**, MAG Mutual

Madam Chair Unterman, 45<sup>th</sup>, noted that the time was getting late and that she would continue the hearing on the following Monday. The people left on the testimony list that would be able to give their testimony in opposition to the bill on Monday were the following:

**Bill Rencher**, Georgia Watch

**Trey Reese**, Attorney

**Mike Bowers**, Attorney

**Mary Daniels**, GA Chapter of American College of Physicians

Senator Beach, 21<sup>st</sup>, would then be given opportunity to close the testimony on **SB 141** and offer a rebuttal to opposition concerns.

With no further business, Madam Chair Unterman adjourned the meeting at 6:15 p.m.

Respectfully submitted,

/s/ Senator Renee Unterman, 45<sup>th</sup>, Chair

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, March 4, 2013**

The Senate Health and Human Services Committee held its seventh meeting of the 2013 Session on Monday, March 4, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 8:05 am. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Steve Henson, 41<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>  
Senator Hill, 32<sup>nd</sup>, Ex-Officio

**NOTE:** Senators Balfour, 9<sup>th</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

**Opening Prayer led by Senator Jackson, 2<sup>nd</sup>.**

Madam Chair Unterman called the meeting to order at 8:05 a.m., and continued the hearing on the following legislation:

**[SB 141](#) (Beach, 21<sup>st</sup>) “Patient Injury Act”; create an alternative medical malpractice litigation**

Madam Chair Unterman asked that the following people who were left on the testimony list at the last meeting come forward to express their opposition to the bill:

**Joe Cragen**, MAG Mutual  
**Ed Lybrook**, MAG Mutual  
**Bill Rencher**, Georgia Watch  
**Trey Reese**, Attorney  
**Mike Bowers**, Attorney  
**Mary Daniels**, GA Chapter of American College of Physicians

**NOTE:** Attorney Mike Bowers shared an opinion letter on the constitutionality of this legislation which is attached to these minutes.

**NOTE:** The Southeastern Legal Foundation and the law firm of McKenna Long Aldridge shared opinion letters on the constitutionality of this legislation which are attached to these minutes.

Madam Chair Unterman then called on Senator Beach, 21<sup>st</sup>, to close the discussion and thanked him for bringing the bill to the committee. Because the legislation was so complex, Madam Chair Unterman tabled the bill for further study. To that end, Madam Chair Unterman stated that a study committee composed of four committee members and a Chairman would be formed to continue looking into the legislation for next session.

**SB 141 TABLED FOR STUDY**

**SB 62 (Hill, 32<sup>nd</sup>) Federal and State Funded Health Care Financing Programs Overview Committee; establish**

Senator Hill, 32<sup>nd</sup>, presented the legislation and the following summary was shared with the committee:

**The Federal and State Funded Health Care Financing Programs Overview Committee**

**SUMMARY**

- Creates the Federal and State Funded Health Care Financing Programs Overview Committee.

**ANALYSIS**

This bill creates the joint Federal and State Funded Health Care Financing Programs Overview Committee (the Committee), which is to periodically inquire into and review the actions of the Board of Community Health (the board) and the Department of Community Health (DCH) to evaluate the success with which the board and DCH are accomplishing their statutory duties and functions.

The Committee is to be composed of the following legislative members: one Representative, appointed by the House Speaker; one Senator, appointed by the President of the Senate; the chairpersons of the House Appropriations Committee, the House Health and Human Services Committee, the House Ways and Means Committee, the Senate Appropriation Committee, the Senate Health and Human Services Committee, and the Senate Finance Committees; and the minority leaders of the Senate and House. The chairperson is to be appointed by the President of the Senate, and the vice-chairperson is to be appointed by the House Speaker.

The Committee may employ not more than two staff members and may secure the services of independent accountants, engineers, and consultants. The Committee is authorized to expend state funds available to the Committee for the hiring of such personnel and services and for all other necessary expenses incurred by the Committee.

The state auditor, the Attorney General, and all other state agencies are to, upon request, assist the Committee. The board and DCH are also to cooperate with the Committee and must submit such reports and data as the Committee shall reasonably require of them. The Attorney General may bring appropriate legal actions to enforce any laws related to the duties and obligations of the board and DCH with regard to federal and state funded health care programs. On January 1<sup>st</sup> of each year and at all other times as it deems necessary, the Committee is to submit a report to the General Assembly of its findings and recommendations.

There was no testimony for or against the legislation. Senator Orrock was recognized to comment about this bill adding another layer of Government. Madam Chair Unterman stated that this oversight committee was an opportunity to partner with the department as they implement the new healthcare laws. Madam Chair Unterman asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved ***SB 62 Do Pass***. Senator Burke, 11<sup>th</sup>, seconded the motion. **SB 62** passed (8-2).

### **SB 62 DO PASS**

**NOTE:** Yeas were Senators Millar, 40<sup>th</sup>, Burke, 11<sup>th</sup>, Carter, 1<sup>st</sup>, Hill, 32<sup>nd</sup>, Henson, 41<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, and Ligon, 3<sup>rd</sup>. Nays were Senators Butler, 55<sup>th</sup>, and Orrock, 36<sup>th</sup>.

**NOTE:** Senator Millar left the meeting.

### **SB 202 (Unterman, 45<sup>th</sup>) Health; bill of rights for residents of long-term care facilities; provide definitions**

Madam Chair Unterman presented a substitute for **SB 202** to the committee which she had worked on over the weekend with legislative counsel and interested stakeholders in the elderly community which extended the opportunity to revoke the arbitration agreement from 30 to 45 days and tightened the language on who would be allowed to act on the behalf of the person entering the nursing home. Madam Chair's substitute would have still allowed children or a spouse to act on the behalf of their family member, as well as the legally designated people that might have been assigned. Senator Ligon also brought a substitute to the committee which addressed his concerns about having only legally appointed people allowed to sign an arbitration agreement on behalf of the person being entered into a nursing home. After much discussion, at 10:30 a.m., Madam Chair Unterman suspended the meeting for 30 minutes to see if an agreement on a new committee substitute combining some of Senator Ligon's suggestions could be reached. The committee reconvened at 11:00. Chairman Unterman decided to table **SB 202** for further study. To that end, Madam Chair Unterman stated that a study committee composed of four committee members and a Chairman would be formed to continue looking into the legislation for next session.

### **SB 202 TABLED FOR STUDY**

With no further business, Madam Chair Unterman adjourned the meeting at 11:10 a.m.

Respectfully submitted,

/s/ Senator Renee Unterman, 45<sup>th</sup>, Chair

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, March 13, 2013**

The Senate Health and Human Services Committee held its eighth meeting of the 2013 Session on Wednesday, March 13, in room 450 of the Capitol. Senator Balfour, 9<sup>th</sup>, called the meeting to order at 2:00 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Judson Hill, 32<sup>nd</sup>, Ex-Officio

**NOTE:** Senators Millar, 40<sup>th</sup>, Orrock, 36<sup>th</sup>, Henson, 41<sup>st</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Vice Chairman Balfour, 9<sup>th</sup>, called the meeting to order at 2:00 p.m. at the request of Madam Chair Unterman, 45<sup>th</sup>, who was presenting legislation in a House committee. Senator Balfour, 9<sup>th</sup>, noted that the committee needed two more members to arrive to make the quorum for the committee but that in the interest of time he would begin hearing the legislation. When the quorum was reached, then the committee would go back and move on the legislation that had been presented. The committee began hearing on the following legislation:

**HB 68 (Kidd, 145<sup>th</sup>) Physicians; continuing education requirements licensed to practice orthotics or prosthetics; revise provisions**

Representative Kidd, 145<sup>th</sup>, presented the legislation to the committee and the following summary was shared:

**Orthotists and Prosthetists**

**SUMMARY**

- Revises continuing education requirements for licensed orthotists and prosthetists.

**ANALYSIS**

This bill authorizes the Georgia Composite Medical Board to require persons seeking renewal of licensure to practice orthotics or prosthetics to complete board approved continuing education. The board may establish the number of hours of continuing education required biennially (with a maximum number of up to 40 hours) and the categories in which the hours should be earned. The board may approve courses offered by institutions of higher learning, specialty societies, and professional organizations.



The bill provides that any actions taken by the board pursuant to the above provisions be in conformity with current Georgia law, which requires the board to establish continuing education requirements based on the established standards of competence in the field of orthotics or prosthetics.

Testimony in support of the legislation was given by **James Purcell** representing Orthotists.

**HB 192 (Kidd, 145<sup>th</sup>) Podiatry; podiatric medicine includes the diagnosis and treatment of cosmetic conditions regarding the human foot and leg; provide**

Representative Kidd, 145<sup>th</sup>, presented the legislation to the committee and the following summary was shared:

**Podiatry**

**SUMMARY**

- Includes the treatment of cosmetic conditions in the definition of podiatric medicine.

**ANALYSIS**

This bill revises the definition of podiatric medicine to include the diagnosis and treatment of cosmetic conditions regarding the foot and leg. Cosmetic conditions include, but are not limited to, skin problems such as blemishes, spider veins, and scar revisions.

Testimony in support of the legislation was given by **James Purcell** representing Orthotists.

**NOTE:** Senator Carter, 1<sup>st</sup>, arrived at the meeting.

**HB 315 (Cooper, 43<sup>rd</sup>) Nurses; continuing competency requirements as requirement for license renewal; provide**

Representative Cooper, 43<sup>rd</sup>, presented a substitute to **HB 315** to the committee. The following summary was shared with the committee:

**Continuing Competency Requirements for Nurses/ Mandatory Reporting Requirements for Nurses and Others**

**SUMMARY**

- Requires registered professional nurses and licensed practical nurses to meet continuing competency requirements as a condition of license renewal, beginning with the 2016 license renewal cycle.
- Allows a registered professional nurse to request that his or her license be placed on inactive status.

- Requires nurses and health care entities to report suspected professional violations to the Board of Nursing or the Board of Examiners of Licensed Practical Nurses.
- Provides exceptions to the reporting requirements and voluntary alternatives to discipline.
- Provides civil immunity for parties reporting or acting on information in good faith.

## ANALYSIS

### Continuing Competency Requirements for RNs

Under this bill, beginning with the 2016 license renewal cycle, registered professional nurses (RNs) must meet one of the following continuing competency requirements during the previous renewal cycle in order to renew their licenses:

- Completion of 30 continuing education hours by a provider approved by the Georgia Board of Nursing (the board);
- Maintenance of certification or recertification by a national certifying body recognized by the board;
- Completion of an accredited academic program of study in nursing or a related field, as recognized by the board;
- Verification of competency by a licensed health care facility or by a physician's office that is part of a health system AND at least 500 hours practiced as evidenced by employer certification; OR
- Other activities as prescribed and approved by the board.

The board may waive or modify these requirements in cases of hardship, disability, illness, or other appropriate circumstances. RNs who are renewing their license for the first time are not required to meet the above requirements until the time of the second renewal if the applicant's initial license period is six months or less.

The bill also allows RNs to request to that his or her license be placed on inactive status, thus excusing the RN from paying renewal fees until resuming active status. While on inactive status, an RN may not practice nursing. A licensee on inactive status may restore his or her license by submitting an application to the board and paying a restoration fee; the board must require an RN seeking to return to active status to show evidence of competency to resume practice.

### Continuing Competency Requirements for LPNs

Beginning with the 2016 license renewal cycle, licensed practical nurses (LPNs) must meet one of the following continuing competency requirements during the previous renewal cycle in order to renew their licenses:

- Completion of 20 continuing education hours by a provider approved by the Georgia Board of Examiners of Licensed Practical Nurses (the board); OR
- Completion of an accredited academic program of study in registered professional nursing, as recognized by the board.

The board may waive or modify these requirements in cases of hardship, disability, illness, or other appropriate circumstances. RNs who are renewing their license for the

first time are not required to meet the above requirements until the time of the second renewal if the applicant's initial license period is six months or less.

### Mandatory Reporting Requirements for Nurses and Others

The provisions on mandatory reporting contained in this substitute are identical to the provisions of HB 50. This bill requires a licensed nurse to report to the Board of Nursing or the Board of Examiners of Licensed Practical Nurses ("the Board") the names of any other nurse who the nurse has reasonable cause to suspect has:

- Unlawfully practiced nursing as a registered professional nurse (RN), advanced practice registered nurse (APRN), or licensed practical nurse (LPN) without a valid license;
- Practiced nursing under cover of a fraudulent diploma, license, or record;
- Practiced nursing with a suspended, revoked, or surrendered license;
- Used any words or abbreviations implying that such person is an RN, APRN, or LPN unless duly licensed as such;
- Fraudulently furnished a license to practice nursing as an RN, APRN, or LPN;
- Knowingly aided or abetted any person to violate these provisions;
- Been convicted of a felony involving moral turpitude or controlled substances or dangerous drugs while holding a nursing license; OR
- Displayed an inability to practice nursing with reasonable skill and safety due to substance abuse.

Likewise, hospitals, nursing homes, temporary staffing agencies, and other employers of nurses must report to the Board the name of any nursing licensee who has been fired or who resigned in order to avoid termination because of any of the above violations. State agencies that license health care facilities must also report such violations to the Board.

Licensed professionals are not required to report professional knowledge obtained in the course of a health professional-client relationship with a client who is a nurse. Moreover, a licensed nurse is not required to duplicate a report if the nurse reasonably believes that such a report has already been made to the Board. The bill also excuses mandatory reporters from the reporting requirements in the event the nurse enters a voluntary alternative to a discipline program approved by the Board; the costs for any treatment programs are to be borne by the nurse. The bill makes an exception to the reporting requirements for "minor incidents," which are incidents in which the continuing practice of the nurse does not pose a risk of harm to a client or others and can be addressed through corrective action by the nurse's employer.

If a report that is required from a nurse under these provisions is not forthcoming, the Board may seek an order from a court of competent jurisdiction to compel such a report. The Board may also seek a citation for civil contempt if a court order for a report is not obeyed by the nurse.

The bill provides civil and criminal immunity to organizations or persons who report or fail to report information to the Board in good faith. Similarly, physicians and other

health care professionals who, at the request of the Board, examine a nurse and act in good faith are protected from civil immunity.

Testimony in support of the legislation was given by **Katherine Bell** representing the Georgia Hospital Association.

**HB 317 (Cooper, 43<sup>rd</sup>) Medical Practice Act of the State of Georgia; administrative medicine licenses; provide**

Representative Cooper, 43<sup>rd</sup>, presented the legislation, and the following summary was shared with the committee:

**Administrative Medicine Licenses; Educational Certificates**

**SUMMARY**

- Provides for the issuance of administrative medicine licenses.
- Allows the Georgia Composite Medical Board to issue an educational certificate to out-of-state physicians to participate in educational training in this state that requires patient care.

**ANALYSIS**

This bill provides for the Georgia Composite Medical Board (“the board”) to issue administrative medicine licenses. “Administrative medicine” is defined as the “administration or management utilizing the medical and clinical knowledge, skill, and judgment of a physician capable of affecting the health and safety of the public...” However, an administrative medicine license does not authorize a person to engage in the practice of medicine.

Persons seeking an administrative medicine license must meet all of the requirements under Georgia law for the issuance of a medical license. The board is to adopt rules for the issuance of such licenses, including rules on eligibility, renewal, fees, continuing education requirements, and scope of practice. A person with an administrative medicine license seeking to practice medicine under an unrestricted license must demonstrate his or her clinical competence to the board and meet all applicable eligibility requirements for a medical license.

While this bill’s provisions have no effect on physicians with an unrestricted license prior to the effective date of this bill, a physician who has agreed to a board order restricting his or her license to administrative medicine based solely on failure to be engaged in the active practice of medicine may request to have his or her license converted to an administrative medicine license.

The bill also allows the board to issue an educational certificate to out-of-state physicians to participate in educational training in this state that requires patient care.

There was no testimony for or against this legislation.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, arrived and began conducting the meeting.

Noting that there was now a quorum, Madam Chair Unterman, 45<sup>th</sup>, asked the committee what their will was regarding the previous legislation heard.

Senator Balfour, 9<sup>th</sup>, moved ***HB 68 Do Pass***. Senator Carter, 1<sup>st</sup>, seconded the motion. The legislation passed unanimously (7-0).

**[HB 68 DO PASS](#)**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, and Ligon, 3<sup>rd</sup>.

**NOTE:** Senator Hufstetler, 52<sup>nd</sup>, agreed to be the Senate Sponsor of **HB 68**.

Senator Balfour, 9<sup>th</sup>, moved ***HB 192 Do Pass***. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The legislation passed unanimously (7-0).

**[HB 192 DO PASS](#)**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Unterman, 45<sup>th</sup>.

**NOTE:** Senator Hufstetler, 52<sup>nd</sup>, agreed to be the Senate Sponsor of **HB 192**.

Senator Carter, 1<sup>st</sup>, made a motion to ***Table HB 315***. Madam Chair Unterman did not entertain that motion.

Senator Balfour, 9<sup>th</sup>, moved ***HB 315 Do Pass by Substitute***. Senator Butler, 55<sup>th</sup>, seconded the motion. The legislation passed unanimously (7-0).

**[HB 315 DO PASS BY SUBSTITUTE](#)**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Unterman, 45<sup>th</sup>.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the Senate Sponsor of **HB 315**.

Senator Balfour, 9<sup>th</sup>, moved ***HB 317 Do Pass***. Senator Carter, 1<sup>st</sup>, seconded the motion. The legislation passed unanimously (7-0).

**[HB 317 DO PASS](#)**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Unterman, 45<sup>th</sup>.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the Senate Sponsor of **HB 317**.

Madam Chair Unterman, 45<sup>th</sup>, then continued the hearing on the following legislation:

**[HB 235](#) (Ehrhart, 36<sup>th</sup>) **Optometrists; revise definition of optometry; remove certain exemption****

Representative Ehrhart, 36<sup>th</sup>, presented the legislation and the following summary was shared with the committee:

**Optometry**

Representative Ehrhart, 36<sup>th</sup>, presented this legislation to the committee and the following summary was shared with the committee:

**SUMMARY**

- Revises provisions on what types of pharmaceutical agents may be used for treatment purposes by optometrists.
- Removes the exemption for continuing education requirements for optometrists who are 65 years of age or older.

**ANALYSIS**

This bill makes revisions to the types of pharmaceutical agents that may be used by optometrists for treatment purposes. These revisions include, but are not limited to, allowing for the use of hydrocodone, provided that it is used for no more than 48 hours without consultation with the patient's physician, as well as the use of oral steroids. When using oral steroids for treatment purposes, an optometrist must take a complete case history and determine whether the patient has had a physical examination within the past year; the optometrist must not prescribe oral steroids for any condition for which oral steroids are contraindicated.

Georgia law currently exempts optometrists age 65 or older from continuing education requirements. This bill removes this exemption.

**NOTE:** Senator Judson Hill arrived at the meeting.

Testimony in support of this legislation was given by **Dr. Sid Moore**, Georgia Society of Ophthalmology, **Dr. John Whitlow**, and **Aubrey Villines**, representing the Georgia Optometrists Association, who offered amendment language to the committee to clarify the use of oral steroids in answer to a concern submitted by Senator Burke, 11<sup>th</sup>. Senator Burke, 11<sup>th</sup>, offered substitute language to the committee that addressed his concerns about patients with medical conditions that contradict the use of steroids. The substitute changed the word "steroid" to "corticosteroid." After some discussion on contraindications and the role of the professionals involved, there was agreement that on

line 73 of the bill a period would be added after 14 days and the words “without referral to a physician:” would be struck from the substitute.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Burke, 11<sup>th</sup>, moved that ***HB 235 Do Pass by Substitute*** as amended by the committee. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The legislation passed unanimously (8-0).

### **HB 235 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hill, 32<sup>nd</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, and Ligon, 3<sup>rd</sup>.

**NOTE:** Senator Butch Miller, 49<sup>th</sup>, agreed to be the Senate Sponsor of **HB 235**.

**NOTE:** Senators Carter, 1<sup>st</sup>, and Hill, 32<sup>nd</sup>, left the meeting.

### **HB 178 (Weldon, 3<sup>rd</sup>) Georgia Pain Management Clinic Act; enact**

Representative Weldon, 3<sup>rd</sup>, presented the legislation and the following legislation was shared with the committee:

#### **Georgia Pain Management Clinic Act**

##### **SUMMARY**

- Requires pain management clinics to be licensed by the Georgia Composite Medical Board.
- Provides certain requirements for the operation and ownership of pain management clinics.

##### **ANALYSIS**

This bill requires all pain management clinics in Georgia to be licensed by the Georgia Composite Medical Board (“the board”), effective July 1, 2013. A “pain management clinic” means a medical practice that advertises the treatment of pain and that has more than 50 percent of its annual patient population being treated for chronic pain for nonterminal conditions with the use of Schedule II or III controlled substances. Clinics that are owned in whole or in part by a hospital, health system, ambulatory surgical center, skilled nursing facility, hospice, or home health agency are excluded from this definition. Licenses expire biennially unless renewed. All pain management clinics must be owned by physicians licensed to practice in Georgia, except that such clinics in existence on June 30, 2013, that are jointly owned by one or more physician assistants or advanced practice practical registered nurses and one or more physicians are exempt from the ownership requirement but subject to all other provisions related to pain management clinics. No person who has been convicted of a felony may have an ownership interest in a pain management clinic.

The board may establish minimum standards for continuing medical education for all physicians owning a pain management clinic; all other health care professionals practicing in a pain management clinic may be subject to minimum standards of continuing education established by their respective licensing boards. The board must conduct an investigation, including a criminal background check, of new license applicants before issuing pain management clinic licenses, and it may issue licenses with varying restrictions if deemed necessary. The board must deny or refuse to renew a license if it determines that granting or renewing the license would not be in the public interest. The board may enter into agreements with other states or with third parties to exchange information regarding licensure of any pain management clinic. The board may take action against a license upon a finding that the licensee or a physician practicing at the clinic has furnished false or fraudulent information; been convicted of a crime relating to any controlled substance; has had his or her federal registration to prescribe or dispense controlled substances suspended or revoked; or violated certain provisions of Georgia law.

Pain management clinics may only provide medical services if a physician or physician assistant or advanced practice registered nurse authorized to prescribe controlled substances is on-site. The board must be notified immediately of certain occurrences experienced by pain management clinics, including, but not limited to, a change in ownership or location, a theft of drugs, the conviction of an employee of drug laws or laws that are related to fraud. All pain management clinics that dispense controlled substances or dangerous drugs must be registered with the State Board of Pharmacy. Any person who operates a pain management clinic in Georgia without a license is guilty of a felony.

While hospital-owned clinics are excluded from the requirements for pain management clinics, any hospital which operates an outpatient clinic with greater than 50 percent of such clinic's annual patient population being treated for chronic pain for nonterminal conditions by the use of Schedule II or III controlled substances is to annually notify the board of such clinic.

The bill authorizes state law enforcement and medical examiners, when investigating deaths that may be related to pain management clinics, to send pertinent records to the board. Such reports are confidential and not subject to open records laws.

In addition to the authority to license and regulate pain management clinics, this bill gives the board the authority to establish minimum standards for prescribing controlled substances for pain management and to accept funds, including funds from the disposition of forfeited property.

Testimony in support of the legislation was given by the following:

**Jet Toney**, Georgia Society of Anesthesiologists

**Dr. Bruce Hines**, Georgia Society of Interventional Pain Physicians.



Testimony in support of the legislation but with concerns was given by the following:  
**Christy Dunkulberger**

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Balfour, 9<sup>th</sup>, moved ***HB 178 Do Pass***. Senator Jackson, 2<sup>nd</sup>, seconded the motion. The legislation passed unanimously (7-0)

**HB 178 DO PASS**

**NOTE:** Yeas were Senators Unterman, 45<sup>th</sup>, Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, and Ligon, 3<sup>rd</sup>.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the Senate Sponsor of **HB 178**.

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

Respectfully submitted,

/s/ Renee Unterman, 45<sup>th</sup>, Madam Chair

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Tuesday, March 19, 2013**

The Senate Health and Human Services Committee held its ninth meeting of the 2013 Session on Tuesday, March 19, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 1:35 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Nan Orrock, 36<sup>th</sup>  
Senator David Shafer, 48<sup>th</sup>

**NOTE:** Senators Millar, 40<sup>th</sup>, Hill, 32<sup>nd</sup>, Henson, 41<sup>st</sup>, and Jackson, 2<sup>nd</sup>, were absent from the meeting. Senator Carter, 1<sup>st</sup>, participated in the meeting via phone conference but was not counted as present at the meeting.

Madam Chair Unterman, 45<sup>th</sup>, called the meeting to order at 1:35 p.m. and the committee began hearing on the following legislation:

**HB 208** (Watson, 166<sup>th</sup>) **Nursing homes; annually offer influenza vaccinations to health care workers and other employees; require**

**Representative Watson, 166<sup>th</sup>**, presented the legislation to the committee and the following summary was shared:

**Influenza Vaccinations for Nursing Home Employees**

**SUMMARY**

- Requires nursing homes to annually offer influenza vaccinations to employees who have direct contact with patients, at no cost to the employees.
- Requires nursing homes to keep records of signed statements from employees indicating whether the employee has accepted or declined this vaccination.
- Limits liability of nursing homes and health care providers who comply with these requirements in good faith.

**ANALYSIS**

This bill requires nursing homes to annually offer influenza vaccinations to their health care workers and other employees who have direct contact with patients, subject to availability. These vaccinations are to be offered on-site and at no cost to the employees. Nursing homes must keep on record a signed statement from each employee stating that he or she has been offered the influenza vaccination and has either accepted or declined

the vaccination. Nursing homes may also offer these employees any other vaccination required or recommended by the Centers for Disease Control and Prevention.

The bill also provides that nursing homes or health care providers may not be held criminally or civilly liable for complying with these requirements, provided that they were acting in good faith and in accordance with generally accepted applicable health care standards.

NOTE: Sen. Shafer, 48<sup>th</sup>, arrived at meeting.

There were a few clarifying questions from the committee.

The following people signed up in support of the legislation:

**Skin Edge**, Georgia Link

**Sarah Ralston**, Georgia Health Care Association

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation, thinking that Senator Carter, 1<sup>st</sup>, who was listening in via speaker phone could be counted as part of the quorum. Senator Shafer, 48<sup>th</sup>, moved **SB 208 Do Pass**. Senator Burke seconded the motion. The legislation passed unanimously (7-0).

### **HB 208 DO PASS**

NOTE: Yeas were Unterman, 45<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Shafer, 48<sup>th</sup>.

NOTE: Senator Millar, 40<sup>th</sup>, agreed to be the Senate sponsor of this legislation.

NOTE: Senator Orrock, 36<sup>th</sup>, and Senator Balfour, 9<sup>th</sup>, arrived.

### **HB 209 (Watson, 166<sup>th</sup>) Pharmacists and pharmacies; revise definition of "security paper"; revise requirements**

**Representative Watson, 166<sup>th</sup>**, presented a substitute to **HB 209** and the following summary was shared with the committee:

#### **Pharmacists**

#### **SUMMARY**

- Allows any prescription pad or paper approved by the Centers for Medicare and Medicaid Services to qualify as security paper.
- Provides for out-of-state persons and pharmacies to obtain a non-resident pharmacy permit.
- Makes various revisions to Georgia pharmacy law.
- Revises provisions related to compounding drugs.

## ANALYSIS

### Security Paper

Georgia law currently requires all prescription drug orders to be written on security paper, which must include certain characteristics. This bill provides that any prescription pad or paper approved by the Centers for Medicare and Medicaid Services will qualify as security paper.

### License Transfers for Pharmacists Licensed in another Jurisdiction

This bill provides that pharmacists licensed in other jurisdictions may be required to pass more than one examination, one of which is to include an examination on Georgia pharmacy law, in order to become licensed in Georgia.

### Liability of Pharmacists

Pharmacists are to have the same liability for prescriptions as issuing practitioners have under current rules of the federal Drug Enforcement Administration.

### Remote Order Entry

This bill requires the rules of the Board of Pharmacy (“the board”) to authorize hospital pharmacies to use remote order entry when at least one licensed pharmacist is physically present in a hospital that remotely serves another hospital or hospitals on weekends, provided the other hospital or hospitals are under the same ownership and have an average daily census of less than ten acute patients.

### Change of the Pharmacist in Charge of a Licensed Pharmacy

A pharmacy that has had a change in the pharmacist in charge must name a replacement pharmacist in charge or else stand suspended.

### Nonresident Pharmacy Permits

This bill provides that any person, pharmacy, or facility located out-of-state may apply to the board for a nonresident pharmacy permit or nonresident device permit, entitling them to ship, mail, or deliver dispensed drugs or devices into this state. The board is to establish an application for these permits that requires certain information. The board must also establish an application fee and a biennial renewal fee for the permits. An application for one of these permits may only be denied for failure to comply with board rules or Georgia law or for good cause related to substantial evidence of misfeasance or malfeasance by the applicant. A pharmacy or facility licensed under Title 33 is not required to hold one of these permits.

After an effective date established by the board, no person, pharmacy, or facility located out of state that does not have a permit may ship, mail, or deliver prescription drug orders or advertise its services in this state. It is also unlawful for a Georgia resident to advertise the services of such person, pharmacy, or facility with the knowledge that the advertisement is likely to induce residents of this state to use such person, pharmacy, or facility for pharmacy care.

The board is to promulgate rules and regulations that at a minimum include the following requirements for permit holders:

- The permit holder's pharmacist in charge must be licensed in his or her state of location;
- Permit holders must notify the board within 10 days of any change in their principal corporate officers or pharmacist in charge;
- Permit holders must file a change of location application upon any change to the permit holder's state of registration, along with certain updated information;
- A permit holder must respond within 10 days to all communications from the board regarding emergency circumstances due to errors in the dispensing of drugs or devices;
- Permit holders must provide written notification to the board of each location at which the permit holder maintains records for prescription drug orders; and
- Permit holders must maintain a toll-free number to provide and facilitate patient counseling.

The board may revoke, suspend, or refuse to renew a permit for failure to comply with board rules or Georgia law or for conduct which causes serious bodily or psychological injury to a Georgia resident, provided that the board has referred the matter to the regulatory agency of the permit holder's state and the agency fails to initiate an investigation into the matter within 180 days of the referral or fails to render sufficient resolution.

As a condition for registering or renewing a registration, a nonresident pharmacy that conducts compounding for practitioners' use in patient care (not pursuant to a prescription) must submit a copy of the most recent and current inspection report by its jurisdiction's regulatory or licensing agency. This report must indicate compliance with Georgia law. A report will be deemed current if the inspection was done no more than six months prior to an application for registration or no more than two years prior to an application for renewal of a registration. If no inspection has been conducted within these timeframes, the board may accept an inspection report from another entity that is satisfactory to the board, or the board may request that the appropriate regulatory or licensing agency cause an inspection to be conducted by an agency duly authorized by the board.

#### Electronic Database of Prescription Information

For purposes of Georgia's law on the electronic database of prescription information, "dispenser" includes any pharmacy or facility located in another state or foreign country that delivers a dispensed controlled substance into Georgia.

#### Compounding

This bill modifies the current definition of compounding so as to limit it to preparations of drugs by a pharmacist in compliance with board rules pursuant to a drug order for a specific patient, for use by a practitioner in the administration of a dangerous drug or controlled substance in his or her professional practice, for use within a hospital or health system in which the pharmacy is located, or for research or teaching purposes. The bill

also requires the board to establish rules governing compounding that include provisions ensuring compliance with the standards of the United States Pharmacopeia and the National Formulary (USP-NF).

The bill also provides that the compounding of sterile drugs to be provided to practitioners for use in patient care may only be conducted as allowed under federal law and board rule. Such sterile drugs may only be compounded in quantities determined by board rule following consultation with the Georgia Composite Medical Board. Scheduled controlled substances are not eligible for such designation. This provision does not apply to pharmacies owned or operated by institutions, which are subject to other rules established by the board on the compounding of medications.

Madam Chair Unterman, 45<sup>th</sup>, asked a few clarifying questions regarding the word device that was struck throughout the substitute. Her concern was that the use of medical equipment in administering a compound drug might be affected. **Rick Allen**, Director, Georgia Drugs and Narcotics, addressed her concerns to her satisfaction.

Madam Chair Unterman, 45<sup>th</sup>, then recognized **Robert S. Highsmith**, with the firm Holland & Knight, who also had some concerns regarding the legislation. He asked the committee to consider amending the substitute language on line 183 by adding “or entity” after “a pharmacy, facility.”

Madam Chair Unterman asked for a motion on the request. Senator Shafer moved **HB 209 Do Pass by Substitute** as amended by the committee. Senator Burke, 11<sup>th</sup>, seconded the motion. The legislation passed unanimously (7-0).

#### **HB 209 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>.

**NOTE:** Senator Burke, 11<sup>th</sup>, agreed to be the Senate sponsor of this legislation.

Madam Chair Unterman, 45<sup>th</sup>, then recognized Senator Shafer, 48<sup>th</sup>, who asked the committee to ratify the vote on **HB 208** now that a quorum was present. He stated that participation via conference call in a committee was only allowed for members of the military. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion. Senator Shafer moved **HB 208 Do Pass**. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The committee vote on **HB 208** was ratified unanimously (7-0).

#### **HB 208 DO PASS**

**NOTE:** Yeas were Balfour, 9<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>.

**HB 302 (Broadrick, 4<sup>th</sup>) Controlled substances; substances included under Schedule I and III; add**

**Representative Broadrick, 4<sup>th</sup>**, presented a substitute to **HB 302** to the committee. The following summary was shared:

**Controlled Substances**

**SUMMARY**

- Updates the schedules of controlled substances and list of dangerous drugs.
- This is the annual drug update bill.

**ANALYSIS**

This bill adds to and revises the lists of drugs classified as Schedule I or Schedule III Controlled Substances, and it adds to and revises the definition of dangerous drugs.

There were no questions from the committee. There was no testimony for or against the legislation.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Burke, 11<sup>th</sup>, moved **HB 302 Do Pass by Substitute**. Senator Butler, 55<sup>th</sup>, seconded the motion. The legislation passed unanimously (7-0).

**HB 302 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Unterman, 45<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Shafer, 48<sup>th</sup>.

**NOTE:** Senator Carter, 1<sup>st</sup>, agreed to be the Senate sponsor of this legislation

**HB 513 (Houston, 170<sup>th</sup>) Education; Georgia Medical Center Authority; abolish**

**Representative Houston, 170<sup>th</sup>**, presented a substitute to **HB 513** and the following summary was shared with the committee:

**Georgia Medical Center Authority**

**SUMMARY**

This bill abolishes the Georgia Medical Center Authority. Upon abolishment, any funds held by the authority are to become a part of the general funds of this state, and any outstanding contracts, licenses, and obligations of the authority are to be transferred to the Board of Regents.

There were no questions from the committee. There was no testimony for or against the legislation.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on **HB 513**. Senator Orrock, 36<sup>th</sup>, moved **HB 513 Do Pass by Substitute**, and Senator Ligon, 3<sup>rd</sup>, seconded the motion. The legislation passed unanimously (7-0).

### **HB 513 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Unterman, 45<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Shafer, 48<sup>th</sup>.

**NOTE:** Senator Crosby, 13<sup>th</sup>, agreed to be the Senate sponsor of this legislation

**HB 511 (Dempsey, 13<sup>th</sup>) State employees' health insurance plan; pilot program to provide coverage for bariatric surgical procedures for treatment and management of obesity; provide**

**Representative Dempsey, 13<sup>th</sup>**, presented a substitute to **HB 511** and the following summary was shared with the committee:

#### **Coverage of Bariatric Surgery under the State Health Benefit Plan**

##### **SUMMARY**

- Requires the Department of Community Health to conduct a pilot program on obesity that provides coverage of bariatric surgery for selected members.
- Requires the Department of Community Health to submit an annual report on the results of the pilot program.
- Makes the provisions of this bill contingent upon appropriations by the General Assembly.

##### **ANALYSIS**

In 2011, the State Health Benefit Plan (SHBP) ceased to offer coverage for bariatric surgery. This bill requires the Department of Community Health (DCH) to conduct a two-year pilot program on coverage for the treatment of obesity and related conditions under the SHBP, including coverage of medically necessary bariatric procedures for participants chosen for the program.

No more than 75 members may be selected to participate in the pilot program. To be eligible for participation, a member must have participated in the SHBP's wellness program for at least 12 months, have a body mass index over 40 (or over 35 with one or more co-morbidities present), be a non-tobacco user, and have been covered under the SHBP for at least two years, among other requirements. Eligible individuals must apply to participate by completing, along with their physician, an obesity treatment program application by February 1 for each year of the pilot program.



Selected participants will receive a multi-disciplinary health evaluation at a Georgia facility designated by the American Society for Metabolic and Bariatric Surgery as a Bariatric Surgery Center of Excellence. Covered bariatric surgical procedures are gastric band, laparoscopic sleeve gastrectomy, and Rouen-Y gastric bypass. The SHBP's contracted health insurance carrier is to provide case management and patient follow-up services. Participants must agree to the pilot program's participation and reporting requirements, including a 12 month post-surgery case management program and to comply with all requests for postsurgical medical and productivity information.

A panel is to review the results of the pilot program every three months during the course of the program. This panel is to be composed of the following members to be appointed by the Governor: a representative of the SHBP, a representative of the insurance carrier or carriers providing coverage under the pilot program, and at least two physicians certified by the American Society for Metabolic and Bariatric Surgery.

By December 15<sup>th</sup> of each year of the pilot program, DCH is to provide a report to the chairpersons of House and Senate Committees on Health and Human Services and the House and Senate Committees on Appropriations. This report is to include information on reductions in the body mass indexes of participants, the average costs of procedures conducted under the program, and the total cost of each participant's annual health care costs prior to bariatric surgery and for three years after the surgical procedure, among other information.

This bill is to go into effect only if funds are specifically appropriated for the purpose of carrying out these provisions.

Representative Dempsey, 13<sup>th</sup>, asked that the substitute be amended with a few small changes on lines 68 and 69 by changing the 3 to 6. On line 77 she wanted to change the language to make this a two year study with only one report due at the end of the study. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Balfour, 9<sup>th</sup>, moved ***HB 511 Do Pass by Substitute*** as amended by the committee. Senator Shafer, 48<sup>th</sup>, seconded the motion. The legislation passed unanimously (7-0).

#### **HB 511 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Unterman, 45<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Shafer, 48<sup>th</sup>

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the Senate sponsor of this legislation.

**HR 603 (Dempsey, 13<sup>th</sup>) Community Health, Dept. of; collect and report certain data relating to bariatric surgical procedures; direct**

**Representative Dempsey, 13<sup>th</sup>**, presented **HR 603** and the following summary was shared with the committee:

### **Data on Bariatric Surgeries Covered under the State Health Benefit Plan**

#### **SUMMARY**

- Directs the Department of Community Health to provide the General Assembly with certain information related to bariatric surgical procedures covered by the State Health Benefit Plan.

#### **ANALYSIS**

Prior to 2011, the State Health Benefit Plan (SHBP) provided coverage of bariatric surgery, during which time approximately 1,900 enrollees underwent bariatric surgical procedures. This resolution directs the Department of Community Health (DCH) to provide the chairpersons of the Senate and House Committees on Health and Human Services and the Senate and House Committees on Appropriations with the following data related to these procedures covered under the SHBP:

- Claims data, including date of surgery, type of procedure; open or laparoscopic surgery, and actual cost of the surgical procedure;
- Patient co-morbidities before surgery, with metrics and claims for cost of co-morbidity for 18 months prior to surgery;
- Patent co-morbidities documented at six, 12, 18, 24, and 36 months after surgery and claims for costs of such co-morbidities at the same intervals; and
- Absentee records for 12 months prior to six, 12, 18, 24, and 36 months after surgery.

There were no questions from the committee and no testimony for or against the legislation. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on **HR 603**. Senator Balfour, 9<sup>th</sup>, moved **HR 603 Do Pass**. Senator Shafer, 48<sup>th</sup>, seconded the motion. The resolution was passed unanimously (7-0).

#### **HR 603 DO PASS**

**NOTE:** Yeas were Unterman, 45<sup>th</sup>, Burke, 11<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Shafer, 48<sup>th</sup>

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the Senate sponsor of this legislation.

With no further business, Madam Chair Unterman adjourned the meeting at 2:45 pm.

Respectfully submitted,

/s/ Renee Unterman, 45<sup>th</sup>, Madam Chair

/s/ Laurie Sparks, Recording Secretary

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, March 20, 2013**

The Senate Health and Human Services Committee held its final meeting of the 2013 Session on Wednesday, March 20, in room 450 of the Capitol. Madam Chair Unterman called the meeting to order at 4:15 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chair  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chair  
Senator Fran Millar, 40<sup>th</sup>, Secretary  
Senator Dean Burke, 11<sup>th</sup>  
Senator Gloria Butler, 55<sup>th</sup>  
Senator Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator William Ligon, 3<sup>rd</sup>  
Senator Buddy Carter, 1<sup>st</sup>  
Senator Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Hill, 32<sup>nd</sup>, Henson, 41<sup>st</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, called the meeting to order at 4:15 pm. The following legislation was discussed:

**[HB 332](#) (Williamson, 115<sup>th</sup>) Georgia Board of Nursing; reconstitute; provisions**

**Representative Williamson, 115<sup>th</sup>**, presented **HB 332** and the following summary was shared with the committee:

**Nursing Boards**

**SUMMARY**

- Abolishes the Georgia Board of Examiners of Licensed Practical Nurses.
- Reconstitutes the membership of the Georgia Board of Nursing and provides for this board to regulate licensed practical nurses.

**ANALYSIS**

Georgia currently has two separate entities that regulate nurses. The Georgia Board of Nursing regulates registered professional nurses (RNs) and advanced practiced registered nurses (APRNs), while the Georgia Board of Examiners of Licensed Practical Nurses regulates licensed practical nurses (LPNs). This bill abolishes the latter entity and charges the Georgia Board of Nursing (“the board”) with the regulation of LPNs in Georgia.

This bill also reconstitutes the membership of the board, effective July 1, 2014. Under the revised membership requirements, the board is to be composed of 13 members (up from eight members) to be appointed by the Governor and confirmed by the Senate. These members are to consist of two registered nursing educators, one practical nursing educator, two RNs employed in nursing service administration, one RN employed in nursing home or nursing service administration, two APRNs, one additional RN, three LPNs, and one consumer member. Board members serving immediately prior to July 1, 2014, are to continue to serve out their respective terms of office.

The bill also provides that if a board member changes employment which causes a conflict with these membership provisions, the member's position will be deemed vacant and a new member will be appointed

Testimony in support of the legislation was given by **Barry Cranfield**, Georgia Board of Nursing.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on **HB 332**. Senator Carter, 1<sup>st</sup>, moved **HB 332 Do Pass**. Senator Burke, 11<sup>th</sup>, seconded the motion. The bill passed unanimously (7-0).

### **HB 332 DO PASS**

**NOTE:** Yeas were Senators Balfour, 9<sup>th</sup>, Butler, 55<sup>th</sup>, Burke, 11<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Jackson, 2<sup>nd</sup>, and Unterman, 45<sup>th</sup>.

**NOTE:** Senators Orrock, 36<sup>th</sup>, Ligon, 3<sup>rd</sup>, and Millar 40<sup>th</sup>, arrived.

**HB 538** (Sims, 169<sup>th</sup>) **County boards of health; population relative to superintendent of largest municipal school system in certain counties serving on board of health ex officio; repeal provision**

Madam Chair Unterman, 45<sup>th</sup>, presented a substitute for **HB 538** and the following summary was shared with the committee:

### **Composition of Membership of County Boards of Health/ Hospital Authorities**

#### **SUMMARY**

- Repeals a provision that provided for the superintendent of a county's largest municipal school system to serve on the county board of health in certain counties.
- Clarifies that hospital authorities are immune from antitrust liability for certain actions.

## ANALYSIS

Current law provides that in counties with a population of 400,000 to 500,000, the superintendent of the county's largest municipal school system is to serve as an ex officio member on the county board of health. This bill repeals this provision.

This bill also declares that it is the intent of the General Assembly that hospital authorities are immune from antitrust liability to the same degree enjoyed by the State of Georgia when the authority exercises the following functions:

- To acquire by purchase, lease, or otherwise, and to operate one or more hospitals or hospital systems in the same county; OR to sell or lease or otherwise merge or combine hospitals under their ownership or control to other hospitals or hospital systems in the same county. However, this antitrust immunity will not apply if the hospital authority is located in a county with more than four civilian acute care hospitals or is located in a Georgia county that is contiguous to a county with more than four civilian acute care hospitals and is both the principal site of an academic medical school and center and is a participating unit in a multi-county hospital authority.
- In the exercise of functions related to medical staff privileges, peer review, and credentialing.

These provisions are not intended to have any effect on the scope of antitrust immunity for actions by entities other than hospital authorities.

Testimony in support of the legislation was given by the following:

**Mr. Tommy Chambliss**, Phoebe Putney Health System  
**Senator Freddie Powell Sims**, District 12

Testimony in opposition to the legislation was given by the following:

**Victor Modovan**, Attorney, Independent Doctors Association  
**Don Palmisano**, Medical Association of Georgia  
**Graham Thompson**, Georgia Insurance Association

After lengthy discussion amongst the members, Madam Chair Unterman entertained a motion from Senator Carter, 1<sup>st</sup>, to **Table HB 538** for further study. The motion was seconded by Senator Hufstetler, 52<sup>nd</sup>. The motion to table passed (7-2).

**HB 538 TABLED**

**NOTE:** Yeas were Millar, 40<sup>th</sup>, Balfour, 9<sup>th</sup>, Butler, 55<sup>th</sup>, Carter, 1<sup>st</sup>, Hufstetler, 52<sup>nd</sup>, Ligon, 3<sup>rd</sup>, and Orrock, 36<sup>th</sup>. Nays were Senator Burke, 11<sup>th</sup>, and Senator Jackson, 2<sup>nd</sup>.

With no further business, Madam Chair Unterman adjourned the meeting at 6:08 p.m.

Respectfully submitted,

/s/ Fran Millar, 40<sup>th</sup>, Secretary

/s/ Laurie Sparks, Recording Secretary

April 9, 2013

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:

[HB 50](#)  
[HB 538](#)  
[SR 10](#)  
[SR 12](#)  
[SR 20](#)  
[SR 99](#)  
[SR 595](#)  
[SR 625](#)  
[SB 37](#)  
[SB 63](#)  
[SB 132](#)  
[SB 141](#)  
[SB 171](#)  
[SB 186](#)  
[SB 202](#)  
[SB 211](#)  
[SB 217](#)  
[SB 220](#)  
[SB 268](#)  
[SB 273](#)

Respectfully submitted,

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