

**Members of the Senate Health and Human Services Committee  
2014 Session**

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## SENATE HEALTH AND HUMAN SERVICES COMMITTEE RULES

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**  
**Monday, January 13, 2014**

The Senate Health and Human Services Committee held its first meeting of the 2014 Session on **Monday, January 13, in room 450 of the Capitol (CAP)**. Madam Chair Unterman, 45<sup>th</sup>, called the meeting to order at 1:30 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chairman  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chairman  
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 Chuck Hufstetler, 52<sup>nd</sup>  
Senator Lester Jackson, 2<sup>nd</sup>  
Senator Nan Orrock, 36<sup>th</sup>  
Senator David Shafer, 48<sup>th</sup>  
Senator Judson Hill, 32<sup>nd</sup>, Ex-Officio

**NOTE:** Senators Henson, 41<sup>st</sup>, and Ligon, 3<sup>rd</sup>, were absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, called the meeting to order, read the 2014 Committee Rules, and re-affirmed them with the members of the committee.

**NOTE:** Senator Shafer, 48<sup>th</sup>, and Senator Judson Hill, 32<sup>nd</sup>, arrived.

**NOTE:** Senator Balfour, 9<sup>th</sup>, arrived.

Chairwoman Unterman, 45<sup>th</sup>, called on Senator Beach, 21<sup>st</sup>, to complete the hearing on **SB 141** that began the previous session.

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

**Senator Beach, 21<sup>st</sup>**, introduced substitute language to the committee and asked **Ben Vinson**, McKenna Long Aldridge, to review the substitute with the committee and listed the following changes:

Page 1, Line 13 –language included to repeal Georgia Malpractice Law in entirety.

Line 20-the word injury replaced with compensation.

Line 48-“medical injury” defined more specifically with a decision matrix.

Page 7, Line 243- provision describes the compensation schedule; intent is to create a baseline for FY 2013 which would act as the ceiling for the cost of the system (except for Consumer Price Index increases (CPI)).

Page 8, Line 260-provision states that panel should have members with like or similar practices.

Page 9, Line 293-changed the date to July 1, 2015

Line 312-added language for a two year statute of limitation and five years for repose.

Page 10, Line 351-National Practice Standards addressed.

Page 11, Line 366-This paragraph was reworded to be more specific about the panel's duties. Four Requirements listed to find for an "injury".

Page 12, Line 416, PCS would have the ability to share the file with whatever appropriate licensing board if they determine the provider is considered an imminent harm to the public.

Page 13, Line 450, Contribution rate discussed, catch-all provision for everyone not listed, doctor specific provision, nursing home provision.

Line 388, added the word "fraudulent" to give power to act.

Line 473, original had considered a dedicated fund but instead revised schedule included of the more common practice.

Line 494, date of medical treatment decides which way you go.

Line 388, the word "fraudulent" was added to give power to act on those misusing the system.

Senator Millar, 40<sup>th</sup>, expressed concerns about the repeal of the entire statute. What happens with all the good things in the statute?

Senator Hufstetler, 52<sup>nd</sup>, had concerns about the term "proximate cause."

Senator Jackson, 2<sup>nd</sup>, had concerns about medical conditions that occur after the five year statute of limitations that are directly attributed to an injury. He used the example of knee replacement surgery. Mr. Vinson pointed out Page 3, line 59, carved out products liability.

Senator Orrock, 36<sup>th</sup>, expressed concern over the "bad actor" terminology on page 12, line 416. She felt that "imminent harm to the public" was a very high standard that might insulate a bad actor from repercussions.

Senator Shafer, 48<sup>th</sup>, expressed concerns over the definition of provider and counting unlicensed persons as provider. Senator Judson Hill, 32<sup>nd</sup>, suggested language that indicated persons "who should be required" to be licensed might take care of that concern. Senator Shafer, 48<sup>th</sup>, agreed.

Senator Millar, 40<sup>th</sup>, also stated that the committee should examine insurance costs.

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

## **Patient Compensation Act—Alternative to Medical Malpractice Litigation**

### **SUMMARY**

- Amends Title 51 to create a Patient Compensation System (“PCS”) as an alternative to medical malpractice.
- Establishes a process for patients to submit claims of medical injury, and if a review finds the claim valid, provides compensation for the injury, requiring providers to make contributions to cover the administrative costs of this system.

### **ANALYSIS**

#### **Patient Compensation Board (“PCB”) Structure and Compensation Schedule**

The PCS creates a Patient Compensation Board (“PCB”) to be administratively housed in the Department of Community Health but will be a separate budget entity not subject to direction by that department. The PCB would govern the PCS and 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. PCB members are to serve four-year terms and annually elect from their members a chair and vice-chair.

The PCB is to employ an executive director, who is to oversee the operation of the PCS. 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 CMO, and a chief quality officer. The PCS is to have the following offices: the Office of Medical Review (“OMR”), the Office of Compensation, and the Office of Quality Improvement. The PCB is also to create a Medical Review Committee and a Compensation Committee, along with any other committees the PCB deems necessary; these committees are to meet at least quarterly. The Medical Review Committee is to recommend to the PCB a comprehensive multidisciplinary list of panelists to serve on an independent medical review panel (“IMRP”) as needed; this IMRP, to be convened by the Chief Medical Officer (“CMO”), is to evaluate whether an application constitutes a medical injury.

The Compensation Committee is to consult with the Office of Compensation and recommend to the PCB a compensation schedule. The compensation schedule is to be formulated such that the initial schedule, plus the initial amount of contributions by providers does 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 serve as a ceiling and be reviewed and revised annually, if necessary. Board members, panelists, and employees of the PCS may

not engage in conduct that constitutes a conflict of interest. The first PCB meeting is to be held no later than August 1, 2014, with meetings held at least quarterly thereafter.

### **Applications Alleging a Medical Injury & Filing Limitations**

The application materials must include, but are not limited to, the following: 1) a brief statement of facts and circumstances surrounding the personal injury or wrongful death that gave rise to the application; 2) authorization for release to the OMR all protected health information that is potentially relevant to the application; 3) other information that may be beneficial to the investigatory process; and 4) documentation of any applicable private or governmental source of services or reimbursement relative to the personal injury or wrongful death. The PCS will impose a two-year statute of limitation and a five-year statute of repose for applications. The application is to be filed within two years after the date on which the medical injury occurred. No application may be filed more than five years after the date on which the medical treatment occurred. These limitations for filing an application are the same limitation periods specified in Georgia law for medical malpractice actions.

### **Application Review Process and Appeals**

Within 10 days of the receipt of a completed application, the OMR is to determine whether the application, on its face, constitutes a medical injury. If there is no prima facie finding of injury, the applicant will receive a rejection letter and notification of his or her right of appeal. If the OMR determines the application does on its face constitute a medical injury, the OMR 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 OMR 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 OMR 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 OMR is to complete a thorough investigation within 60 days after the determination by the OMR.

The CMO is to allow the applicant and provider to access information lawfully obtained in the course of the investigation. The CMO is to then convene an IMRP to determine whether the application constitutes a medical injury, based on a preponderance of the evidence. A finding of medical injury requires the following four criteria be met. First, the provider performed a medical treatment on the applicant. Second, the applicant suffered a medical injury with damages. Thirdly, the medical treatment was the proximate cause of the damages. Finally, based on the facts at the time of medical treatment, at least one of the following is found to have occurred to satisfy the fourth requirement: 1) an accepted method of medical services was not used for treatment; 2) an accepted method of medical services was used for treatment, but executed in a substandard fashion; or 3) an accepted method of medical services was used for treatment, but damages could have been avoided by using a less hazardous and equally effective treatment.

The OMR would notify the “losing” party of the IMRP’s determination; either the provider of the right to appeal the panel’s finding of medical injury or the applicant of his or her right to appeal a finding of no medical injury. The losing party then has 15 days to appeal. If the IMRP has found that the application constitutes a medical injury and no appeals are pending, the Office of Compensation is to make a written determination of an award of compensation within 30 days. Within 15 days after the acceptance of the compensation by the applicant or after the conclusion of all appeals, the provider is to remit the compensation award to the PCS, which immediately provides compensation to the applicant. OMR may also impose the cost of convening the IMRP if the application is deemed fraudulent.

An administrative law judge (“ALJ”) is to hear and determine appeals filed by applicants and providers. The ALJ’s review is to be limited to determining whether the OMR, the IMRP, or the Office of Compensation, as appropriate, has faithfully followed the requirements of the PCS and any related rules in reviewing applications. If rules were not met, the ALJ is to require the CMO to reconvene the original panel, convene a new panel, or require the Office of Compensation to re-evaluate the compensation amount.

### **Contributions by Providers**

The PCB is to annually determine by January 1 of each year the contribution to be paid by each provider for the expense of the administration of these provisions. Contribution rates may not exceed the following amounts: For hospitals, nursing homes, and ambulatory surgical centers, \$100 per bed; For physicians licensed under Chapter 34 of Title 43 and chiropractors licensed under Chapter 9 of Title 43, \$500 per licensee for specialists and \$200 per licensee for primary care physicians; for all other licensed individuals, \$100 per licensee. Contributions would be payable by each provider on July 1 of the next fiscal year. Providers would receive notice of due payment and be required to pay the contribution amount within 30 days of receipt of said notice or subject to licensure revocation for late payments. The bill creates the PCS Trust Fund for the deposit of provider contributions. All amounts collected would be paid into the state treasury and intended to be used for the expenses administrating the PCS.

### **Effects on Providers & Patient Safety**

Under this bill, a physician will not be found to have committed medical malpractice on the basis of an application and not be reported to the Georgia Composite Medical Board. The PCS will provide the department and state licensing entity with electronic access to applications in which a medical injury was determined where the provider represents an imminent risk of harm to the public as determined by the IMRP. The department and state licensing entity would review such applications to determine whether any of the incidents involved conduct subject to disciplinary action.

Chairwoman Unterman, 45<sup>th</sup>, noted that **Dr. Emmett Doerr**, American College of Physicians, signed the testimony list opposing the legislation.

With no further business, Chairman Unterman adjourned the meeting at 3:30 p.m.

Respectfully submitted,

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



**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Thursday, January 23, 2014**

The Senate Health and Human Services Committee held its second meeting of the 2014 Session on **Thursday, January 23, in the Senate Mezzanine (MEZZ)**. The meeting was called to order at 3:05 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45 <sup>th</sup> , Chairman	Senator Steve Henson, 41 <sup>st</sup>
Senator Don Balfour, 9 <sup>th</sup> , Vice-Chairman	Senator Chuck Hufstetler, 52 <sup>nd</sup>
Senator Dean Burke, 11 <sup>th</sup>	Senator William Ligon, 3 <sup>rd</sup>
Senator Gloria Butler, 55 <sup>th</sup>	Senator Judson Hill, 32 <sup>nd</sup> , Ex-Officio
Senator Buddy Carter, 1 <sup>st</sup>	

**NOTE:** Senators Jackson, 2<sup>nd</sup>, Millar, 40<sup>th</sup>, Orrock, 36<sup>th</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Senator Unterman presented a few committee housekeeping items at the start of the meeting.

- (1) The subcommittees established last year remain the same:

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

- (2) The Study Committee Report on Independent Physicians (established by [SR 340](#)) would be released on Friday, January 24, at 10:00 am.
- (3) [SB 141](#), "Patient Injury Act"; create an alternative medical malpractice litigation, was tabled until further notice.
- (4) [SB 186](#) (Ligon, 3<sup>rd</sup>) Mental Health; provide for authorization of ambulance personnel to transport certain mentally ill patients, was assigned to the Healthcare Delivery Subcommittee
- (5) [HR 603](#) (Dempsey, 13<sup>th</sup>) Community Health, Department of; collect and report certain data relating to bariatric surgical procedures; direct, would be attending the next meeting of the committee to explain the current status of the resolution on bariatric surgical procedures.

Chairwoman Unterman, 45<sup>th</sup>, asked Vice Chairman Balfour, 9<sup>th</sup>, to run the meeting as she presented **SR 746**, **SB 291**, and **SB 292** to the committee. She presented the bills together because they all dealt with the issue of Alzheimer's and Related Dementias.

**[SR 746](#) (Unterman, 45<sup>th</sup>) State Plan for Alzheimer's Disease and Related Dementias; express support**

Senator Unterman, 45<sup>th</sup>, presented **SR 746** and the following summary was shared:

#### **SUMMARY**

- This resolution expresses support for the State Plan for Alzheimer’s Disease and Related Dementias (“Plan”) and acknowledges the success of the Georgia Alzheimer’s and Related Dementias State Plan Task Force (“Task Force”).
- This resolution urges the General Assembly to support the Plan developed by the Task Force and encourages all Georgia communities, the private sector, and state and local government agencies to implement the Plan.

#### **ANALYSIS**

As a result of [SB 14](#), a multidisciplinary group of state leaders served as a Task Force that assessed Georgia’s capacity to meet dementia-related needs and recommended innovative ways to address the issue in the State. Advisors helped the Task Force to analyze challenges and develop recommendations, representing various fields of expertise including but not limited to research, medicine, law enforcement, and work force development. As a result of the Task Force’s efforts, the Plan was created to serve as Georgia’s blueprint for improving dementia prevention and treatment, community services, family support, and public awareness.

The Plan is to ensure that people with dementia, as well as their families and caregivers, have reliable information, support, and services that are not only readily accessible, but are delivered as effectively and efficiently as possible. The Plan is a living document that is to undergo regular review and reassessment to ensure it is meeting the ever-changing needs of people living with dementia in Georgia.

This resolution urges the General Assembly to support the Plan created by the Task Force, asking that the State of Georgia recognize the increasing and devastating impact of Alzheimer’s disease and related dementias on those afflicted, as well as their families and caregivers. Additionally, it encourages all Georgia communities, the private sector, and state and local government agencies to implement the Plan.

**NOTE:** Senator Hufstetler, 52<sup>nd</sup> left the meeting.

#### **[SB 291](#) (Unterman, 45<sup>th</sup>) Georgia Adult and Aging Services Agency; create The Department of Public Health; Alzheimer’s Disease Registry**

Senator Unterman, 45<sup>th</sup>, presented **SB 291** and the following summary was shared:

#### **SUMMARY**

- Repeals DAS and creates the Georgia Adult and Aging Services Agency and the Georgia Adult and Aging Services Board. Provides for the structure and governance of the Agency and Board, as well as the transfer of property, personnel, and funding from DHS and further authorizations.

## **ANALYSIS**

This bill creates the Adult and Aging Services Agency and its Board. The executive director of the Agency is to be selected by the Board and have experience with adult or aging services provided by the Agency. The director's duties are to include, but are not limited to: convening panels of experts; establishing policies, procedures, and personnel requirements for the operation of the Agency; hiring executive personnel; and preparing and submitting required materials to the Board. The director is required to submit to the Board the following: the annual Alzheimer's and Related Dementias State Plan; annual reports; any necessary Agency restructuring plans; financial figures including estimates of sums required for carrying out this legislation, the proposed budget, and any other information requested by the Governor or General Assembly; and submit certification for disbursement of funds available to carry out the purpose of this section.

### **Board**

The Board is to consist of seven members who work or have worked in the area of adult or aging services, who are recipients of adult or aging services, or who are eligible to receive services provided by the agency; provided that two members are to be "older adults." Two Board members are appointed by the Governor; two members by the Speaker; two members by the Lieutenant Governor; and one member by the director. The Board is to recommend to the Governor and General Assembly changes in state programs, statutes, policies, budgets, and standards relating to aging services, the improvement of relations between state and local aging services agencies, and the improvement of the condition of citizens in need of the services of the agency.

### **Agency**

Once created, the Agency assumes the duties, powers, and authority exercised by DAS within DHS on June 30, 2014. The Agency is to be assigned to DHS solely for administrative purposes, submitting its budget separately and directly to the Governor and the General Assembly. On July 1, 2014, the powers functions, duties, programs, institutions, and authority relating to the former DAS is to be transferred to the Agency. The Agency serves as the designated state unit for purposes of administering the Older Americans Act of 1965 and related services, the Alzheimer's and Related Dementias State Plan, long-term services and supports, adult guardianship services and all other services provided by the DAS. The Agency is required to design service delivery regions to programs and services it administers, including providing administrative support to and overseeing the independent operation of the long-term care ombudsman program and its office.

### **Powers and Duties of the Agency**

The Agency is designated as the state agency to handle all federal programs relating to the aging and those not provided by a state agency under federal or state law. The Agency would be required to prepare a plan and program to meet the ongoing needs of older adults in Georgia, including encouraging and assisting in the development of programs for older adults in communities. The Agency has broad authority and is to submit annual reports to the Governor with results of studies, accomplishments, and any recommendations.

**SB 292 (Unterman, 45<sup>th</sup>) Alzheimer's Disease Registry; establish within the Department of Public Health**

Senator Unterman, 45<sup>th</sup>, presented **SB 292** and the following summary was shared:

**SUMMARY**

- This bill would amend Chapter 2A of Title 31, adding a new code section that would establish within the Department of Public Health (“DPH”) the Alzheimer’s Disease Registry (“ADR”).
- The purpose of the ADR is to provide a central data base and to assist in the development of public policy and planning as it relates to Alzheimer’s disease and related disorders.

**ANALYSIS**

Under this bill, the DPH would be required to establish procedures and promulgate rules and regulations for the establishment and operation of the ADR. Such procedures and rules are to provide for and facilitate the ADR ability to: collect and evaluate data; establish reporting requirements; enable the sharing of data for policy planning purposes; the disclosure of de-identified data to support Alzheimer’s and related research; and develop criteria for gathering additional information from families and physicians of persons who are reported to the registry.

Under this legislation, all data collected in the ADR is deemed confidential. Data may be released to certain individuals for the limited purpose of furthering the goals of the ADR. All persons who receive data from the ADR would be required to maintain patient confidentiality. Additionally, no publication is to include information that identifies any patient by name, including, but not limited to, publications of biotechnical research and medical data.

Vice Chairman Balfour, 9<sup>th</sup>, recognized the following with supporting testimony:

- Sheila Humberstone**, Volunteer
- Kathy Simpson**, Alzheimer’s Association, Caregiver
- Russell Crutchfield**, Department of Public Health
- Vicki Johnson**, Georgia Council on Aging
- Ann Williams**, Long Term Care Ombudsman
- Kathy Floyd**, AARP
- Cindy Nelson**, Georgia Senior Citizens

Vice Chairman Balfour, 9<sup>th</sup>, asked if there was any opposing testimony, or questions from the members of the committee. Seeing there were none, he asked for a motion on **SR 746**. Senator Carter, 1<sup>st</sup>, moved **SR 746 Do Pass**. Senator Ligon, 3<sup>rd</sup>, seconded the motion. **SR 746** passed unanimously (7-0).

**SR 746 DO PASS**

**NOTE:** Yeas were Unterman, Balfour, Burke, Butler, Carter, Henson, and Ligon.

Vice-Chairman Balfour, 9<sup>th</sup>, asked for a motion on **SB 291**. Senator Ligon, 3<sup>rd</sup>, moved **SB 291 Do Pass**. Senator Butler, 55<sup>th</sup>, seconded the motion. **SB 291** passed unanimously (7-0).

**SB 291 DO PASS**

**NOTE:** Yeas were Unterman, Balfour, Burke, Butler, Carter, Henson, and Ligon.

Vice-Chairman Balfour, 9<sup>th</sup>, asked for a motion on **SB 292**. Senator Henson, 41<sup>st</sup>, moved **SB 292 Do Pass**. Senator Burke, 11<sup>th</sup>, seconded the motion. **SB 292** passed unanimously (7-0).

**SB 292 DO PASS**

**NOTE:** Yeas were Unterman, Balfour, Burke, Butler, Carter, Henson, and Ligon.

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

**SB 273 (Burke, 11<sup>th</sup>) Public Health, Dept. of; required to establish the Maternal Mortality Review Committee to review maternal deaths**

**Senator Burke, 11<sup>th</sup>**, presented a substitute to **SB 273** to the committee. He stated that there was one minor change. On line 76, the word “independent” was added.

The following summary was shared with the committee:

**SUMMARY**

Amends Chapter 2A of Title 31, creating a new code section requiring the Department of Public Health (“DPH”) to establish the Maternal Mortality Review Committee to review maternal deaths.

**ANALYSIS**

This legislation would require the DPH to establish a Maternal Mortality Review Committee (“Committee”), specifically to review maternal deaths and to develop strategies for the prevention of maternal deaths. The Committee shall:

- Be multidisciplinary, composed of members as deemed appropriate by the department;
- Identify maternal death cases;
- Review medical records and other relevant data;
- Contact family members or other relevant persons for additional data;
- Consult relevant experts;
- Make determinations and develop recommendations for the prevention of maternal deaths; and
- Disseminate research findings and recommendations to policy makers, health care providers, health care facilities, and the general public.

Additionally, those health care providers, facilities, or pharmacies providing access to medical records shall not be held liable for civil damages or be subject to any criminal or disciplinary action for good faith efforts to provide such records. Records, data, and notes collected under this legislation shall not be admissible in any court or before any other tribunal board, agency, or person. Members of the Committee shall not be questioned in any civil or criminal proceeding regarding collected information, expert opinions, or findings. Such records shall not be disclosed except for the narrow purpose of review by the Committee and are to remain confidential.

Vice-Chairman Balfour, 9<sup>th</sup>, recognized the following with supporting testimony:

**Seema Csukas**, Department of Public Health  
**Michael Liuesm**, Georgia Maternal Mortality

Vice-Chairman Balfour, 9<sup>th</sup>, asked if there were any questions from the committee. Senator Henson, 41<sup>st</sup>, was recognized with a concern about the confidentiality requirements in the legislation. He felt that there would not be enough access to the information gathered to determine the accuracy of the report. Chairwoman Unterman, 45<sup>th</sup>, reminded the committee that health records were subject to federal HIPPA laws. Senator Burke said he would work with Senator Henson, 41<sup>st</sup>, to try and alleviate some of his concerns.

Senator Unterman, 45<sup>th</sup>, resumed her role as Chairwoman and asked for a motion on **SB 273**. Senator Carter, 1<sup>st</sup>, moved ***SB 273 Do Pass by Substitute***. Senator Balfour, 9<sup>th</sup>, seconded the motion. **SB 273** passed unanimously (7-0).

**SB 273 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Burke, Butler, Carter, Henson, Hill and Ligon

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

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, February 3, 2014**

The Senate Health and Human Services Committee held its third meeting of the 2014 Session on **Monday, February 3, in 450 CAP**. The meeting was called to order at 3:13 pm. Members present at the meeting were as follows:

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

**NOTE:** Senators Balfour, 9<sup>th</sup>, Hill, 32<sup>nd</sup>, and Shafer, 48<sup>th</sup>, were absent from the meeting.

Chairwoman Unterman, 45<sup>th</sup>, called on **Rep. Houston, 170<sup>th</sup>**, to present a substitute for **HB 513** to the committee. Rep. Houston explained that this bill was passed out by the Senate Health and Human Services by substitute last session but did not make it to the Senate floor for a full vote before Sine Die. A new substitute, with exactly the same language would need to be drafted, indicating the year of consideration as 2014. The following summary was shared with the committee:

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

**SUMMARY**

This bill abolishes the Georgia Medical Center Authority by repealing Chapter 15 of Title 20 in its entirety. 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. This bill becomes effective upon its approval by the Governor or upon its becoming law without such approval.

Following clarifying questions from members of the committee, Chairwoman Unterman, 45<sup>th</sup>, asked for a motion on **HB 513**. Senator Millar, 40<sup>th</sup>, moved **HB 513 Do Pass by Substitute**. Senator Carter, 1<sup>st</sup>, seconded the motion. **HB 513** passed unanimously (9-0).

**HB 513 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Butler, Burke, Carter, Henson, Hufstetler, Jackson, Ligon, Millar and Orrock.

**NOTE:** There was no testimony for or against this legislation.

**NOTE:** Senator Crosby, 13<sup>th</sup>, agreed to be the senate sponsor.

Chairwoman Unterman, 45<sup>th</sup>, called upon **Rep. Dempsey, 13<sup>th</sup>**, to present a substitute for **HB 511**, which also passed out of the committee last session but was reassigned after it

did not complete its journey through the Senate. The following summary and update was shared for a hearing only with the Committee:

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

**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 six 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.



DCH is to provide a final report by December 15 of the last year of the pilot program 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.

Chairman Unterman, 45<sup>th</sup>, recognized Senators Henson, 41<sup>st</sup>, Millar, 40<sup>th</sup>, Orrock, 36<sup>th</sup>, and Jackson, 2<sup>nd</sup>, with comments and clarifying questions regarding **HB 511** which led to the following conclusions:

- (1) Obesity is a pervasive problem in our state and this legislation would be a modest and appropriate attempt to measure the reduction in obesity related illnesses following bariatric surgery.
- (2) This legislation would only be affective if the funds are appropriated. It was estimated that it would take \$1.5 million to start the Pilot Program which would last only 2 years. The \$1.5 million would actually be an investment in long term savings for obesity related illnesses currently covered by the SHBP.

**NOTE:** There was no testimony for or against the legislation.

**NOTE:** Senator Carter, 1<sup>st</sup>, requested that the minutes and vote count from the committee's consideration of **HB 511** last session be shared with the committee.

Chairwoman Unterman, 45<sup>th</sup>, requested that anyone with any concerns regarding the legislation share them with Rep. Dempsey, 13<sup>th</sup>, herself or members of the committee before the next committee meeting to be held on Wednesday at 2:00 pm in 450 CAP. **HB 511** could potentially be placed on the agenda for action from the committee at that time.

#### **HB 511 HEARING ONLY**

**NOTE:** A Healthcare Delivery Subcommittee Meeting was called to hear **SB 183** on Wednesday, February 6, upon adjournment of the regular Health and Human Services Committee meeting in 122 CAP.

With no further business, Chairwoman Unterman adjourned the meeting at 3:35 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, February 5, 2014**

The Senate Health and Human Services Committee held its fourth meeting of the 2014 Session on **Wednesday, February 5, in 450 CAP**. The meeting was called to order at 2:10 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45<sup>th</sup>, Chairman  
Senator Don Balfour, 9<sup>th</sup>, Vice-Chairman  
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 Nan Orrock, 36<sup>th</sup>

**NOTE:** Senators Millar, 40<sup>th</sup>, Ligon, 3<sup>rd</sup>, Shafer, 48<sup>th</sup>, and Hill, 32<sup>nd</sup>, were absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, opened the meeting with the following subcommittee bill assignments:

The following legislation was assigned to the **Healthcare Delivery Subcommittee**:

**SB 342 (Burke, 11<sup>th</sup>)** Evidence; disclosure of a person's HIV status to certain health care providers

**SB 346 (McKoon, 29<sup>th</sup>)** Board of Community Health; at least one member also member of the state health benefit plan

**SB 350 (Unterman, 45<sup>th</sup>)** Human Services, Dept. of; bidding out of child welfare services state wide through contracts with community based providers

The following legislation was assigned to the **Professional Issues Subcommittee**:

**SB 268 (Hufstetler, 52<sup>nd</sup>)** Physician Assistants; authorize a physician to delegate a physician assistant the authority to prescribe Schedule II controlled substances

Chairwoman Unterman, 45<sup>th</sup>, called on **Senator Bethel, 54<sup>th</sup>**, to present the following legislation for hearing only to the committee:

**SB 349 (Bethel, 54<sup>th</sup>) Behavioral Health and Developmental, Dept. of; changes to the powers and duties**

**Senator Bethel, 54<sup>th</sup>**, presented a substitute to **SB 349** to the committee and the following summary was shared:

**Department of Behavioral Health and Developmental Disabilities (DBHDD);  
Changes to Powers and Duties**

## SUMMARY

- Amends Title 37 to provide for changes to the powers and duties of the Department of Behavioral Health And Developmental Disabilities and the administration of mental health, developmental disabilities, addictive diseases, and other disability services.
- Establishes governing boards to oversee community service boards and revises the powers and duties of community service boards.

## ANALYSIS

This bill provides that a governing board be established for every community service board in Georgia. The governing board of each community service board is to consist of members appointed by the governing authorities of the counties within the community service board area. The number of members on a governing board is to be equal to the number of counties in the community service board area. The governing board of each community service board is permitted to appoint one additional member in an effort to address variation in population sizes within an area. Additionally, the number of elected or appointed officials serving on a governing board is to be equal to 33 percent of the number of members of such board.

Each community service board in existence on June 30, 2014 is to reconstitute the membership of its governing board in accordance with the provisions of this bill on July 1, 2014, and revise its bylaws to reflect any increases or decreases in membership. After this effective date, established members are to continue to serve out their respective terms even if this causes a governing board to temporarily exceed the maximum number of members provided for by this legislation.

Under this bill, each governing board is to adopt bylaws, policies, and guidelines in accordance with the provisions already established for community service boards. Each governing board is also required to review and approve the annual budget of the community service board. Each member of a governing board is to comply with the code of ethics set forth in O.C.G.A § 45-10-3 and may be removed from office if he or she fails to comply with such code.

A manager or management team may be appointed by the commissioner for the purpose of operating the programs and services of the community service board. Under this bill, a manager or management team is to be free from all liability for any acts, omissions, or conduct by itself or its agents in the administration of the community service board or its programs. Additionally, both the governing board and the community service board are prohibited from bringing any action against the state.

**Senator Bethel, 54<sup>th</sup>**, and **Andrew Johnson**, Legislative Director, DBHDD, went through the legislation by sections to explain additions, deletions and corrections to the members of the committee. Chairwoman Unterman, 54<sup>th</sup>, opened the floor to questions from the committee. Senator Carter, 1<sup>st</sup>, asked why this legislation was necessary. Senator Bethel, 54<sup>th</sup>, explained that Commissioner Berry's experience with Community Service Boards (CSB) had given the DBHDD the benefit of his tremendous insight. This

legislative was drafted in an effort to avoid the repeat of some negative experiences in the past. Senator Carter also asked for clarification of “other behavioral health professional” on line 250. Senator Carter thought the language was very broad. Mr. Johnson started that the Department was making an effort to be inclusive. Senator Balfour, 9<sup>th</sup>, asked why there was a need for a change of auditors every five years since this was not the standard in any other industry. Senator Bethel, 54<sup>th</sup>, responded that the Department thought it best to make sure that those auditing the DBHDD be objective and avoid the appearance of any vested interest in the outcome of the audits performed. Senator Orrock, 36<sup>th</sup>, commended the legislation and stated public dollars do unfortunately get plundered. She commended five year auditor rotation as an effort by the Department to make sure public funds were being managed with due diligence.

**NOTE:** Senator Hufstetler, 52<sup>nd</sup>, arrived.

Madam Chair Unterman, 45<sup>th</sup>, and the rest of the committee had several questions regarding the formula and methodology used to determine the make-up of the Boards in the varied areas of the state. She asked Mr. Johnson to provide specific examples to the committee based on urban versus rural, and small, medium and large counties. Mr. Johnson agreed to provide that information to the committee for review. Senator Burke, 11<sup>th</sup>, also asked Mr. Johnson if these boards would be required to respond to issues within a certain time frame, noting problems getting a response at times in his district. Mr. Johnson agreed that they were seeking to improve response time with this legislation.

**NOTE:** Senator Butler, 55<sup>th</sup>, arrived and Senator Henson, 41<sup>st</sup>, left the meeting.

Madam Chair Unterman, 45<sup>th</sup>, recognized **Dr. Daniel Gay**, representing the Georgia Association of CSB’s, who stated the Association supported this legislation. There was no opposing testimony.

Madam Chair Unterman, 45<sup>th</sup>, thanked Senator Bethel, 54<sup>th</sup>, and Mr. Johnson for their presentation to the committee. She asked that any stakeholders who had any issues regarding **SB 349** meet with Senator Bethel, 54<sup>th</sup>, before the next committee meeting when the legislation would be on the agenda under consideration for a vote.

### **SB 349 HEARING ONLY**

Madam Chair Unterman, 45<sup>th</sup>, called upon **Rep. Dempsey, 13<sup>th</sup>**, to present a substitute for **HB 511** which received a hearing from the Committee at the last meeting.

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

The following summary was shared with the Committee:

## **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 six 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.

DCH is to provide a final report by December 15 of the last year of the pilot program 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.

Chairwoman Unterman, 45<sup>th</sup>, asked if the members of the committee had any questions.

Following clarifying questions from members of the committee, Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on **HB 511**. Senator Orrock, 36<sup>th</sup>, moved **HB 511 Do Pass by Substitute**. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. This bill passed unanimously (7-0).

**HB 511 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Butler, Burke, Carter, Hufstetler, Jackson, and Orrock.

**NOTE:** Chairwoman Unterman, 45<sup>th</sup>, noted that **Marcus Downs**, representing the Medical Association of Georgia, had signed up to give testimony in support of the legislation.

With no further business, Chairwoman Unterman, 45<sup>th</sup>, adjourned the meeting at 3:25 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, February 10, 2014**

The Senate Health and Human Services Committee held its fifth meeting of the 2014 Session on **Monday, February 10, in 450 CAP**. The meeting was called to order at 3:00 pm. Members present at the meeting were as follows:

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

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

**SB 349 (Bethel, 54<sup>th</sup>) Behavioral Health and Developmental, Dept. of; changes to the powers and duties**

**Senator Bethel, 54<sup>th</sup>**, presented a substitute to **SB 349** and the following summary was shared with the committee:

**SUMMARY**

- Amends Title 37 to provide for changes to the powers and duties of the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the administration of mental health, developmental disabilities, addictive diseases, and other disability services.
- Establishes governing boards to oversee community service boards (CSBs) and revise the powers and duties of CSBs, creating a state public safety net program.
- Strengthens the delivery system for disability services following the recent transition from institutional care to community care in Georgia.

**ANALYSIS**

This bill provides that a governing board be established for every CSB in Georgia. The governing board of each CSB is to consist of members appointed by the governing authorities of the counties within the CSB area. The number of members on a governing board is to be equal to the number of counties in the CSB area. The governing board of each community service board is permitted to appoint one additional member in an effort to address variation in population sizes within an area. Additionally, the number of elected or appointed officials serving on a governing board is to be equal to 33 percent of the number of members of such board.

Each CSB in existence on June 30, 2014 is to reconstitute the membership of its governing board in accordance with the provisions of this bill on July 1, 2014, and revise its bylaws to reflect any increases or decreases in membership. After this effective date, established members are to continue to serve out their respective terms even if this causes

a governing board to temporarily exceed the maximum number of members provided for by this legislation.

Under this bill, each governing board is to adopt bylaws, policies, and guidelines in accordance with the provisions already established for CSBs. Each governing board is also required to review and approve the annual budget of the CSB. CSBs are proscribed from preparing their own audits and are required to and each member of a governing board is to comply with the code of ethics set forth in O.C.G.A § 45-10-3 and may be removed from office if he or she fails to comply with such code.

A manager or management team may be appointed by the commissioner for the purpose of operating the programs and services of the CSB. Under this bill, a manager or management team is to be free from all liability for any acts, omissions, or conduct by itself or its agents in the administration of the CSB or its programs. Under the doctrine of sovereign immunity, the governing board and the CSB is prohibited from bringing any action against the state.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Balfour, 9<sup>th</sup>, moved ***SB 349 Do Pass by Substitute***, and Senator Orrock, 36<sup>th</sup>, seconded the motion. **SB 349** passed unanimously by substitute (11-0).

#### **SB 349 DO PASS BY SUBSTITUTE**

**NOTE:** Yays were Balfour, Millar, Butler, Burke, Carter, Henson, Hufstetler, Jackson, Ligon, Orrock and Shafer.

#### **SB 342 (Burke, 11th) Evidence; disclosure of a person's HIV status to certain health care providers**

##### **SUMMARY**

- Amends O.C.G.A. § 24-12-21 by adding a new subsection providing for the Department of Public Health (“DPH”) disclosure of a person’s HIV status to certain health care providers.
- Enables a treating physician to become informed through DPH of a patient’s HIV status and to facilitate treatment for those patients that do not appear to be receiving care.

##### **ANALYSIS**

This bill relates to the disclosure of AIDS confidential information. This bill allows DPH to disclose AIDS confidential information regarding a person who has been reported to be infected with HIV to a licensed health care provider whom that person has consulted for medical treatment or advice.

Current law allows administrators of an institution licensed as a hospital by the Department of Community Health or a physician with a patient determined to be infected with HIV to disclose information to DPH. Current law also provides for the mandatory and nonanonymous reporting of confirmed HIV tests to DPH that are determined to be



reasonably necessary by DPH. This bill allows DPH to use all the information it has received from other physicians to inform treating physicians. A treating physician who is seeing or has recently seen a patient for a medical reason unrelated to HIV can learn of a patient's HIV status through DPH and initiate a process by which the patient can receive treatment for HIV.

Testimony:

**Dr. Patrick O'Neal**, DPH, explained mandatory reporting process.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Henson, 41<sup>st</sup>, moved ***SB 342 Do Pass***, and Senator Jackson, 2<sup>nd</sup>, seconded the motion. ***SB 342*** passed unanimously (11-0).

**SB 342 DO PASS**

**NOTE:** Yeas were Balfour, Millar, Butler, Burke, Carter, Henson, Hufstetler, Jackson, Ligon, Orrock and Shafer.

Madam Chair Unterman called up **SB 360** for **HEARING ONLY**.

**SB 360** (Hufstetler, 52nd) **Hospitals; prohibit certain conduct relating to physicians; provide definitions**

#### **SUMMARY**

Amends Title 31, adding a new subsection to O.C.G.A. § 37-7-7.1, providing that certain hospitals cannot refuse to grant staff membership or privileges or limit a physician's medical staff participation for various reasons.

#### **ANALYSIS**

This bill limits the following hospitals and authorities:

- A hospital owned by a hospital authority that has been restructured in such a way that it is exempted from the definition of an acquisition; or
- A hospital that leases its facility from or operates under an arrangement with a hospital authority.

Under this bill, the above hospital entities are proscribed from refusing to grant staff membership and privileges, including limiting in any way a physician's medical staff participation because the physician or a partner, associate, or employee of the physician:

- Elects to contract with or not contract with a particular insurer or health benefit plan;
- Elects to participate or not to be participate in certain health benefit plans and any organization used to contract a plan or insurer; or
- Provides services, has an ownership interest, or occupies a leadership position on the medical staff of a different hospital entity.

The effective date of this bill is July 1, 2014.

Testimony in support:  
**Victor Moldovan**, IndDoc

**Ryan Larosa**, MAG, Neutral

Testimony in opposition:  
**Temple Sellers**, GHA  
**John Parker**, Georgia Alliance of Community Hospitals

Senator Hufstetler, 52<sup>nd</sup>, closed the hearing on **SB 360** by stating that the intent of this bill was to prevent physicians from being blocked in practicing in small communities.

### **SB 360 HEARING ONLY**

**NOTE:** Senators Carter, Ligon and Shafer left the meeting.

**SB 346 (McKoon, 29th) Board of Community Health; at least one member also member of the state health benefit plan**

#### **SUMMARY**

Amends O.C.G.A. § 31-2-3 to provide that at least one member of the Board of Community Health is also a member of the SHBP and that current members carry out their respective terms.

#### **ANALYSIS**

This bill requires that at least one member of the Board of Community Health be an active participant in the SHBP. This bill also provides that all members appointed to the Board serve three-year terms; each term is to begin upon the expiration of the previous term.

The effective date for these requirements is July 1, 2014, provided that members already serving terms on this date not be affected. Any member of the Board who is in office on July 1, 2014 is to serve out the remainder of his or her respective term.

The intent is to provide DCH a voice on the board.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Orrock, 36<sup>th</sup>, moved **SB 346 Do Pass**, and Senator Millar, 40<sup>th</sup>, seconded the motion. This bill passed unanimously (8-0).

**SB 346 DO PASS**

**NOTE:** Yeas were Balfour, Millar, Butler, Burke, Henson, Hufstetler, Jackson and Orrock.

Madam Chair Unterman, 45<sup>th</sup>, asked Vice Chairman Balfour, 9<sup>th</sup>, to conduct the meeting while she presented a substitute to **SB 350** to the Committee.

**SB 350 (Unterman, 45<sup>th</sup>) Human Services, Dept. of; bidding out of child welfare services state wide through contracts with community based providers**

**SUMMARY**

- Amends Title 49 to provide for the bidding out of child welfare services statewide through contracts with community based providers, both public and private.
- Establishes related procedures, contract standards, and contractor qualifications.
- Makes transition to contracted services contingent on receipt of Title IV-E waiver from U.S. Department of Health and Human Services.

**ANALYSIS**

**DFCS Plan to Engage Local Lead Agencies (Lines 24-36)**

Under this bill, the Division of Child and Family Services (“DFCS”) is to develop and submit a plan to the Governor and General Assembly to competitively bid the provision of child welfare services through fixed price contracts with a limited number of lead agencies. Such plan is to be developed with local community participation and to allow for a public-private partnership between agencies providing child welfare services. DFCS is to identify faith-based or community-based not-for-profit agencies to lead and coordinate other local private providers for adoption, therapeutic foster care, intensive residential treatment, foster care supervision, case management, post-placement supervision, permanent foster care, and family reunification services of children. The deadline for submitting such plan is January 1, 2015 and the plan is to be phased in over a two-year period beginning July 1, 2015.

**Title IV-E Waiver from U.S. Department of Health and Human Services (Lines 34-36, 166-171)**

Prior to submission of the plan, the bill requires DFCS to seek a waiver from the federal Administration for Children and Families no later than April 1, 2014 to receive fixed funding necessary for its implementation. This bill’s effective date is conditional upon receipt of this waiver. If the waiver is granted, the effective date is to be the date on which approval and funding becomes effective.

**Competitive Bidding Process (Lines 37-83)**

Under this bill, DFCS is responsible for setting the standards for competitive bidding of all service contracts between lead agencies. The bill also establishes a number of qualifications that all lead agencies must meet in order to be eligible to contract with DFCS and outlines six items that must appear in all contracts between DFCS and lead agencies.

**Quality Assurance, Monitoring, and Reporting (Lines 84-102, 140-165)**

The bill makes DFCS responsible for the quality assurance and monitoring of all contracted services and programs. Under the bill, all agencies delivering services and programs are required to meet performance outcomes measures specified for safety,

health, and education for all children in their care. The bill requires regular performance reporting by lead agencies and DFCS.

**Transfer of Responsibility to Lead Agencies (Lines 103-139)**

Under the bill, DFCS cannot transfer services to a lead agency until the lead agency is prepared to deliver and assume accountability for such services. In determining whether a lead agency is prepared to operate in a region, DFCS must conduct a readiness assessment based on specified criteria developed through consultation with current agencies. These criteria must reflect national accreditation standards as well as the priorities of the local community.

**NOTE:** Senators Carter, Ligon and Shafer returned to the meeting.

Following clarifying questions from members of the committee, Vice-Chairman Balfour, 9<sup>th</sup>, asked for a motion on **SB 350**. Senator Carter, 1<sup>st</sup>, moved **SB 350 Do Pass by Substitute**. Senator Millar, 40<sup>th</sup>, seconded the motion. This bill passed (7-4).

**SB 350 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Unterman, Millar, Burke, Carter, Hufstetler, Ligon and Shafer. Nays were Butler, Henson, Jackson and Orrock.

With no further business, Madam Chair Unterman adjourned the meeting at 5:10 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE  
Wednesday, February 19, 2014**

The Senate Health and Human Services Committee held its sixth meeting of the 2014 Session on **Wednesday, February 19, in 450 CAP**. The meeting was called to order at 2:18 pm. Members present at the meeting were as follows:

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

**NOTE:** Senators Balfour, 9<sup>th</sup>, Shafer, 48<sup>th</sup>, and Hill, 32<sup>nd</sup>, were absent from the meeting.

**SB 338 (Lucas, 26<sup>th</sup>) Health; provide that stabilization centers in rural counties; exempt from certificate of need requirements**

Senator Lucas, 26<sup>th</sup>, presented **SB 338** to the committee for a hearing only. The following summary was shared with the committee:

**SUMMARY**

- Amends O.C.G.A. § 31-6-47, creating a new subsection exempting stabilization centers in rural counties from certificate of need (“CON”) requirements;
- Provides for the licensure of stabilization centers by the Department of Community Health (“DCH”).

**ANALYSIS**

This bill exempts stabilization centers in rural counties from the requirements of the CON program administered by DCH. This exemption applies to stabilization centers in rural counties that provide the necessary observation and stabilization services for the immediate transfer of a patient to an acute care hospital.

Under this bill, the term “institutions” in O.C.G.A. § 31-7-1 is revised to include within its definition “any stabilization center in a rural county”.

Senator Lucas stated that this bill was drafted to address a situation in his district, which was one of the poorest districts in the state. The hospital that served most of the area closed due to financial failure and his idea was to make use of the building as a stabilization center. Senator Lucas also stated that he knew that the bill as written would be an open door to many CON issues and needed more work. He thanked the Chairwoman for the opportunity to speak on this legislation and raise awareness regarding the lack of access to care in the poorer communities in the state.

**SB 338 HEARING ONLY**

**NOTE:** Senator Orrock, 36<sup>th</sup>, arrived.

**SB 358 (Albers, 56<sup>th</sup>) Missing Children Information Center; provide missing child reports for foster children**

Senator Albers, 56<sup>th</sup>, presented **SB 358** to the committee and the following summary was shared with the committee:

**Missing Child Reports for Foster Children**

**SUMMARY**

- Amends Title 35, providing for the reporting of a missing child when that child is in a foster home or in the foster care system.

**ANALYSIS**

**Background**

Current law provides that a missing child report can be filed by the parent or guardian of a child that is missing. A missing child report is defined as “a report prepared on a form designed by the Georgia Bureau of Investigation (“GBI”) for the use by law enforcement agencies and private citizens to report information about missing children to the Missing Children Information Center.” Upon the filing of a missing child report, local law enforcement that received the report is required under O.C.G.A. § 35-3-83 to:

- Notify all of its on-duty law enforcement officers of said report;
- Communicate the report to all other law enforcement agencies having jurisdiction in the county as well as geographically adjoining jurisdictions; and
- Transmit the report to the Missing Children Information Center (“MCIC”).

**Effect of Bill**

This bill broadens the definition of the term “parent or guardian” to include “a foster parent, a foster family member, or the Division of Family and Children Services (“DFCS”), in the case of a child who is in a foster home or in the foster care system.” By expanding the definition of “parent or guardian,” foster parents, foster family members, and DFCS are given the same authority to file a missing child report as parents or guardians who believe a child to be missing.

Testimony in support of the legislation was given by **Dave McCleary** who spoke on behalf of the Rotary Association.

Madam Chair Unterman, 45<sup>th</sup>, opened the floor to questions from the members of the committee. Senator Carter, 1<sup>st</sup>, asked if there were some better way to word the language that would encompass every entity that might be responsible for the welfare of a foster child. Madam Chair Unterman, 45<sup>th</sup>, stated that she was concerned that Permanent Placement Homes were not included in the new definition of parent or guardian. Madam Chair Unterman, 45<sup>th</sup>, stated that she was tabling the bill for the time being and

asked Senator Albers, 56<sup>th</sup>, to work with legislative counsel to tighten the language in this legislation, and that this bill would be brought before the committee at the next meeting.

### **SB 358 TABLED**

Madam Chair Unterman, 45<sup>th</sup>, stated that the following legislation was being pulled from the agenda for more work and would be heard on Monday.

**SB 360** (Hufstetler, 52<sup>nd</sup>) Hospitals; prohibit certain conduct relating to physicians; provide definitions

### **SB 360 TABLED**

**SB 352** (Unterman, 45<sup>th</sup>) Georgia Council on Lupus Education and Awareness; create

Madam Chair Unterman, 45<sup>th</sup>, presented ***SB 352*** and the following summary was shared with the committee:

### **Georgia Council on Lupus Education and Awareness**

#### **SUMMARY**

- Creates the Georgia Council on Lupus Education and Awareness.

#### **ANALYSIS**

This bill creates the Georgia Council on Lupus Education and Awareness within the Department of Community Health. The Council is to consist of six members:

- The commissioner of health, or the commissioner's designee, as an ex officio member;
- Three members appointed by the Governor, including:
  - One physician who treats patients with lupus, and
  - One lupus patient;
- One member appointed by the Speaker of the House of Representatives; and
- One member appointed by the Lieutenant Governor.

Two of the initial members appointed by the Governor will serve for one year. All other appointments will be for two years. Members are eligible for reappointment. Vacancies on the Council will be filled for the balance of the unexpired term in the same manner as the original appointment. Members will serve without compensation, but may be reimbursed for expenses incurred by them on duty, subject to the availability of funds. The Council will select a chairperson from among its members.

The duties of the Council include:

- Initially investigating the level of education concerning lupus in Georgia, to be posted on its website;

- Developing information on lupus endorsed by government agencies, to be posted on its website; and
- Developing a directory of lupus related health care services, to be posted on the Department's website.

The Department may distribute such information, subject to appropriations or access to other public or private funds. The Council is required to prepare an annual report on its activities and, as it deems appropriate, recommendations for legislative action.

The Council may solicit and accept donations, gifts, grants, property, or matching funds from any public or private source for the use of the Council in performing its functions.

There was no testimony for or against the legislation. Chairwoman Unterman asked for a motion on **SB 352**. Senator Millar, 40<sup>th</sup>, moved **SB 352 Do Pass** and Senator Orrock seconded the motion. This bill passed unanimously (9-0).

### **SB 352 DO PASS**

**NOTE:** Yeas were Millar, Butler, Burke, Carter, Henson, Hufstetler, Jackson, Ligon and Orrock.

**SR 828** (Unterman, 45<sup>th</sup>) Joint Study Committee on Emergency Relocation of Abused Adults; create

Madam Chair Unterman, 45<sup>th</sup>, presented **SR 828** and the following summary was shared with the committee:

### **Joint Study Committee on Emergency Relocation of Abused Adults**

#### **SUMMARY**

- Creates the Joint Study Committee on Emergency Relocation of Abused Adults

#### **ANALYSIS**

This resolution recognizes that relocations of at-risk adults from substandard personal care homes have increased significantly over the past year, yet there is not a consistent process for relocating residents in the event of the closure of personal care homes or other residential facilities.

Due to the lack of a consistent process, agencies are hindered in their efforts to transition residents from substandard, abusive situations to safer and more secure environments. In particular, much needed services may not be readily available during relocation because the process lacks: 1) an identified individual in charge of the relocation effort; and 2) formal protocol.



### **Creation of Committee**

This resolution urges that efforts should be made to protect and ensure the welfare and desires of patients and residents of personal care homes, as well as patients in other residential facilities in the event that such homes and facilities have been closed. This resolution creates a Joint Study Committee on Emergency Relocation of Abused Adults to study such efforts, focusing on:

- Designating a lead agency, coordinator, and incident commander with the authority to undertake, direct, and coordinate agencies on the scene of relocation;
- Researching legislation that creates a multidisciplinary team; and
- Addressing the needs, issues, and problems related to protecting at-risk adults during relocation.

The multidisciplinary team, if developed through legislation, would serve to:

- Develop protocol to be deployed each time an emergency relocation of residents is conducted;
- Require training of personnel, including confidentiality and client sharing information; and
- Provide immunity from liability to the team for its performance, so long as it is done in good faith.

### **Membership and Deadlines**

The Committee is to consist of nine members and will study and recommend any actions or legislation that it deems necessary or appropriate. The deadline for submitting a report of such findings and recommendations is December 31, 2014, the same date on which the committee stands abolished.

Testimony in support of the legislation was given by **Sheila Humberstone** on behalf of Troutman Sanders and the Alzheimer's Association.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Orrock, 36<sup>th</sup>, moved **SR 828 Do Pass** and Senator Ligon, 3<sup>rd</sup>, seconded the motion. This bill passed unanimously (9-0).

### **SR 828 DO PASS**

**NOTE:** Yeas were Millar, Butler, Burke, Carter, Henson, Hufstetler, Jackson, Ligon and Orrock.

With no further business, Chairwoman Unterman adjourned the meeting at 3:45 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, February 24, 2014**

The Senate Health and Human Services Committee held its seventh meeting of the 2014 Session on **Monday, February 24, in 450 CAP**. The meeting was called to order at 4:15 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45 <sup>th</sup> , Chairman	Senator Steve Henson, 41 <sup>st</sup>
Senator Don Balfour, 9 <sup>th</sup> , Vice-Chairman	Senator Chuck Hufstetler, 52 <sup>nd</sup>
Senator Fran Millar, 40 <sup>th</sup> , Secretary	Senator Lester Jackson, 2 <sup>nd</sup>
Senator Dean Burke, 11 <sup>th</sup>	Senator William Ligon, 3 <sup>rd</sup>
Senator Gloria Butler, 55 <sup>th</sup>	Senator Nan Orrock, 36 <sup>th</sup>
Senator Buddy Carter, 1 <sup>st</sup>	Senator David Shafer, 48 <sup>th</sup>
Senator Judson Hill, 32 <sup>nd</sup> , Ex-officio	

**SB 358 (Albers, 56<sup>th</sup>) Missing Children Information Center; provide missing child reports for foster children**

**Senator Albers, 56<sup>th</sup>**, presented a substitute to **SB 358** to the committee and the following summary was shared with the committee:

**Missing Child Reports for Foster Children**

**SUMMARY**

- Amends Title 35, providing for the reporting of a missing child by the child's caretaker, governmental unit responsible for the child, or other person with legal custody.

**ANALYSIS**

**Background**

Current law provides that a missing child report can be filed by the parent of guardian of a child that is missing. A missing child report is defined as "a report prepared on a form designed by the Georgia Bureau of Investigation ("GBI") for the use by law enforcement agencies and private citizens to report information about missing children to the Missing Children Information Center." Upon the filing of a missing child report, local law enforcement that received the report is required under O.C.G.A. § 35-3-83 to:

- Notify all of its on-duty law enforcement officers of said report;
- Communicate the report to all other law enforcement agencies having jurisdiction in the county as well as geographically adjoining jurisdictions; and
- Transmit the report to the Missing Children Information Center ("MCIC").

There was no testimony for or against the legislation.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the substitute to **SB 358**. Senator Henson, 42<sup>nd</sup>, moved **SB 358 Do Pass by Substitute**, and Senator Carter, 1<sup>st</sup>, seconded the motion. This legislation passed unanimously (7-0).

## **SB 358 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Butler, Carter, Henson, Hufstetler, Jackson, and Orrock.

**SB 391** (Balfour, 9<sup>th</sup>) **Health; provide that each medical facility make a good faith application; TRICARE network**

**Senator Balfour, 9<sup>th</sup>**, presented a substitute to **SB 391** to the committee and the following summary was shared:

### **Medical Facilities in Georgia Required to Apply to the TRICARE Network**

#### **SUMMARY**

Requires medical facilities in Georgia to apply to the TRICARE network.

#### **ANALYSIS**

Medical facilities in Georgia will be required to apply to the TRICARE network. Each medical facility will be required to make a good faith application to the southern regional TRICARE managed care support coordinator by July 1, 2015.

If a medical facility fails to qualify for admission, that facility will be required to implement a plan to upgrade the facility, equipment, personnel, or other cause for the disqualification within one year of notice of such deficiency.

Each medical facility will be required to submit reports to the commissioner detailing its efforts to join the TRICARE network as well as copies of applications, acceptances or rejections, correspondences, and any other information the commissioner deems necessary. The commissioner will be required to maintain files on each medical facility and will monitor each facility's efforts to join the TRICARE network.

Senator Balfour offered the following amendment:

#### **SECTION 1.**

Article I of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, related to regulation of hospitals and related institutions, is amended by adding a new Code section to read as follows:

“31-7-20

- (a) Each medical facility in this state shall, not later than July 1, 2015, make a good faith application to the southern regional TRICARE managed care support contractor for certification in the TRICARE program.
- (b) If any medical facility fails to qualify for certification in the TRICARE program, such medical facility shall implement a plan to upgrade the facility, equipment,

- personnel, or such other cause for the disqualification within one year of notice of such deficiency.
- (c) Each medical facility shall submit reports to the commissioner detailing its efforts to join the TRICARE program and shall submit copies of applications, acceptances of rejections, correspondences, and any other information the commissioner deems necessary.
  - (d) The commissioner shall maintain files on each medical facility in this state and shall monitor each medical facility's efforts to join the TRICARE program.
  - (e) Nothing in this Code section shall require a medical facility to enter into a contract with the southern regional managed care support contractor or to participate in TRICARE as a network provider or as a participating non-network provider, as such terms are defined in the federal TRICARE regulations.

## **SECTION 2.**

All laws and parts of laws in conflict with the Act are repealed.

**Ryan Larosa**, Medical Association of Georgia, signed the testimony list to notify the committee that MAG was still reviewing the bill.

After several clarifying questions from the committee, Madam Chair Unterman asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved that ***SB 391 Do Pass by Substitute*** as amended by the committee, and Senator Henson, 42<sup>nd</sup>, seconded the motion. This bill passed unanimously (8-0).

### **SB 391 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Millar, Butler, Carter, Henson, Hufstetler, Jackson, and Orrock.

**NOTE:** Senator Ligon arrived. Senator Balfour left.

**SR 981** (Unterman, 45<sup>th</sup>) **Violence Against Health Care Workers; create joint study committee**

Madam Chair Unterman, 45<sup>th</sup>, presented ***SR 981*** to the committee and the following summary was shared:

### **Joint Study Committee on Violence Against Health Care Workers**

#### **SUMMARY**

Creates the Joint Study Committee on Violence Against Health Care Workers

#### **ANALYSIS**

This resolution creates the Joint Study Committee on Violence Against Healthcare Workers. The committee will be composed of 11 members:

- Three members from the House of Representatives appointed by the Speaker of the House of Representatives
- Three members of the Senate appointed by the President of the Senate; and
- Five members appointed by the Governor, including:
  - One emergency department director from a facility with greater than 500 beds;
  - One emergency department director from a facility with less than 100 beds;
  - One hospital security manager;
  - One behavioral health care professional; and
  - One emergency department registered nurse.

The Speaker of the House of Representatives will designate one of the appointees from the House of Representatives as co-chairperson of the committee, and the President of the Senate will designate one the appointees from the Senate as co-chairperson of the committee.

The committee will study the conditions, needs, issues and problems related to violence committed against emergency department personnel. The committee will recommend any actions or legislation that the committee deems appropriate or necessary.

The committee will stand abolished on December 2, 2014.

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

**Deb Bailey**, Northeast Georgia Health System

**Julie Windom**, Stratus Healthcare/Medical Center of Central Georgia

Chairwoman Unterman asked for a motion on the legislation. Senator Henson, 41<sup>st</sup>, moved **SR 981 Do Pass**, and Senator Millar, 40<sup>th</sup>, seconded the motion. This legislation passed unanimously (8-0).

**SR 981 DO PASS**

**NOTE:** Yeas were Millar, Butler, Carter, Henson, Hufstetler, Jackson, Ligon, and Orrock.

**NOTE:** Senator Henson left the meeting. Senators Burke and Hill arrived.

**NOTE:** Senator Hill is a member of the Health and Human Services Committee in the capacity of Ex-Officio. An Ex-Officio is used to help the committee with keeping a quorum and the vote of an Ex-officio is counted if the committee does not have a quorum without them.

**SR 99 (Hill, 32<sup>nd</sup>) "Health Care Freedom of Choice Constitutional Amendment" – CA**

Senator Judson Hill, 32<sup>nd</sup>, presented SR 99 to the committee and the following summary was shared with the committee:

**Health Care Freedom of Choice Constitutional Amendment**

**SUMMARY**

- Proposes constitutional amendment to prohibit any law from compelling any person, employer, or health care provider to participate in any health care system.
- Protects the right to sell or purchase private health insurance.

**ANALYSIS**

This proposed Constitutional Amendment prohibits any law, rule, or regulation from compelling any person, employer, or health care provider to participate in any health care system. Moreover, and subject to reasonable and necessary rules and regulations that do not substantially limit a person's options, the purchase or sale of private health insurance will not be prohibited.

This Amendment does not:

1. Affect which health care services a provider or hospital is required to perform or provide;
2. Affect which health care services are permitted by law;
3. Prohibit care provided pursuant to any statutes relating to workers' compensation;
4. Prohibit the imposition of conditions and limitations on the use or applicability of income tax exemptions and deductions;
5. Affect laws or rules in effect as of January 1, 2009; or
6. Affect the terms or conditions of any health care system to the extent that those terms and conditions do not have the effect of punishing a person or employer for paying directly for lawful health care services or a provider or hospital for accepting direct payment from a person or employer for such services.

There was no testimony for or against the legislation. After several clarifying questions from the committee, Chairwoman Unterman asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved ***SR 99 Do Pass***, and Senator Millar, 40<sup>th</sup>, seconded the motion. This bill passed (5-3).

**SR 99 DO PASS**

**NOTE:** Yeas were Millar, Burke, Carter, Hufstetler, and Ligon. Nays were Butler, Jackson and Orrock.

**NOTE:** Madam Chair Unterman left the meeting and asked Senator Carter to Chair briefly in her absence.

**SB 268 (Hufstetler, 52<sup>nd</sup>) Physician Assistants; authorize a physician to delegate a physician assistant the authority to prescribe Schedule II controlled substances**

Senator Hufstetler, 52<sup>nd</sup>, presented a substitute to **SB 268** to the committee and the following summary was shared:

**Delegation of Authority to Physician Assistants**

**SUMMARY**

- This legislation amends Title 43 to allow a physician to delegate to a physician assistant the authority to prescribe Schedule II controlled substances.
- The physician may not delegate such authority in excess of a 30-day supply.
- Physician Assistants with Schedule II prescriptive authority must complete three hours of continuing education biennially in the appropriate ordering and use of such medication.

Schedule II drugs include various narcotics, such as morphine, opium, hydrocodone, codeine, and Demerol®. Name brand stimulants, such as Adderall® and Ritalin® are also classified as Schedule II drugs.

**NOTE:** Madam Chair Unterman returned to the meeting.

Senator Millar, 40<sup>th</sup>, stated the **SB 268** passed out the Professional Issues Subcommittee by Substitute unanimously, but noted that Senator Burke, 11<sup>th</sup>, still had concerns regarding the legislation. Since this bill had already been vetted and passed out of subcommittee, no further testimony was taken at this meeting. However, let the record show that the following signed the testimony sheet:

Supporting the legislation:

**Tina Hood**, GAPA

**Tom Bauer**, GAPA

Opposing the legislation:

**Barbara A. Walker, M.D.**, GAFP

**Ryan Larosa**, MAG

**Mary Daniels**, GAACP

After several clarifying questions from the committee, Madam Chair Unterman asked for a motion on **SB 268**. Senator Millar, 40<sup>th</sup>, moved **SB 268 Do Pass by Substitute**, and Senator Orrock, 36<sup>th</sup>, seconded the motion. This legislation passed (7-1).

**SB 268 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Millar, Butler, Carter, Hufstetler, Jackson, Ligon, and Orrock. Nay was Burke.

**NOTE:** Senator Henson returned to the meeting.

**SB 360 (Hufstetler, 52<sup>nd</sup>) Hospitals; prohibit certain conduct relating to physicians; provide definitions**

**Senator Hufstetler, 52<sup>nd</sup>**, presented a substitute to **SB 360** and the following summary was shared with the committee:

**Denial of Staff Privileges for Physicians at Hospitals and Related Institutions**

**SUMMARY**

Amends Title 31, adding a new subsection to O.C.G.A. § 37-7-7.1, providing that certain hospitals cannot refuse to grant staff membership or privileges or limit a physician's medical staff participation for various reasons.

**ANALYSIS**

This bill limits the following hospitals and authorities:

- A hospital owned by a hospital authority that has been restructured in such a way that it is exempted from the definition of an acquisition; or
- A hospital that leases its facility from or operates under an arrangement with a hospital authority.

Under this bill, the above hospital entities are proscribed from refusing to grant staff membership and privileges, including limiting in any way a physician's medical staff participation because the physician or a partner, associate, or employee of the physician:

- Elects to participate or not to be participate in an independent physician association or a physician hospital organization; or
- Provides services, has an ownership interest, or occupies a leadership position on the medical staff of a different hospital entity.

This legislation will not apply to medical staff bylaws/written policies or executed contracts regarding clinical services.

The effective date of this bill is July 1, 2014.

Since this bill had already been vetted and passed out of subcommittee, no further testimony was taken at this meeting. However, let the record show that the following signed the testimony sheet:

Supporting the legislation:

**Brian Looby, IndDoc**

**Ryan Larosa, MAG**

Opposing the legislation

**Temple Sellers, GHA**



**Tim Kibler, GACH**

After several clarifying questions from the committee, Chairwoman Unterman asked for a motion on the legislation. Senator Ligon, 3<sup>rd</sup>, moved ***SB 360 Do Pass by Substitute***, and Senator Carter, 1<sup>st</sup>, seconded the motion. **SB 360** passed (6-5).

**SB 360 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Orrock, Carter, Hufstetler, Ligon, and Millar. Nays were Butler, Henson, Jackson, Shafer, Burke. Madam Chair Unterman cast a yea vote to break the tie.

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, March 5, 2014**

The Senate Health and Human Services Committee held its eighth meeting of the 2014 Session on **Wednesday, March 5<sup>th</sup>, in 450 CAP**. The meeting was called to order at 2:12 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45 <sup>th</sup> , Chairman	Senator Chuck Hufstetler, 52 <sup>nd</sup>
Senator Don Balfour, 9 <sup>th</sup> , Vice-Chairman	Senator Lester Jackson, 2 <sup>nd</sup>
Senator Dean Burke, 11 <sup>th</sup>	Senator Nan Orrock, 36 <sup>th</sup>
Senator Gloria Butler, 55 <sup>th</sup>	Senator David Shafer, 48 <sup>th</sup>
Senator Buddy Carter, 1 <sup>st</sup>	Senator Judson Hill, 32 <sup>nd</sup> , Ex-officio

**NOTE:** Senators Millar, 40<sup>th</sup>, Henson, 41<sup>st</sup>, and Ligon, 3<sup>rd</sup>, were absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, recognized Dr. Dennis W. Ashley, Chairman of the Georgia Trauma Commission to give the committee a yearly update.

**NOTE:** The Georgia Trauma Commission Report is attached to these minutes.

Madam Chair Unterman, 45<sup>th</sup>, thanked Dr. Ashley for the update and recognized Representative Cooper, 43<sup>rd</sup>, to present her legislation to the committee.

**Representative Cooper, 43<sup>rd</sup>**, presented a substitute to the committee that combined the two following bills into one bill, **HB 965**. **Parks White**, representing District Attorneys, assisted Representative Cooper, 43<sup>rd</sup>, with the Medical Amnesty portion of the substitute. **Robert Childs**, Executive Director, North Carolina Harm Reduction Coalition's (NCHRC), assisted with the portion of the bill dealing with the Authorization to Prescribe and Administer Opioid Antagonists.

**HB 965** (Cooper, 43rd) Georgia 9-1-1 Medical Amnesty Law; enact

**HB 966** (Cooper, 43rd) Pharmacies; licensed health practitioners prescribe opioid antagonists to certain individuals and entities pursuant to a protocol; provisions

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

**SUMMARY**

- Amends Article 1 of Chapter 13 of Title 16, adding a new Code section that creates a Good Samaritan Law for the purpose of encouraging persons to seek medical assistance for drug overdoses;
- Amends Title 26 to authorize licensed health practitioners to prescribe and pharmacists to dispense opioid antagonists; and
- Amends Title 31 to authorize Emergency Medical Services ("EMS") personnel, paramedics and first responders to administer opioid antagonists.

## ANALYSIS

### **Part I—Georgia 9-1-1 Medical Amnesty Law**

This bill creates a Georgia 9-1-1 Medical Amnesty Law that is similar to other Good Samaritan Laws in 14 other states. This law gives immunity from arrest, charge, or prosecution for drug violations to certain persons involved in drug overdose situations. To encourage individuals to seek medical assistance in the case of a drug overdose, this bill provides immunity to certain persons who access Georgia’s 9-1-1 system in good faith. Those persons who are offered immunity under this law include:

- 1) Any person experiencing a drug overdose who, in good faith, seeks medical assistance for himself or herself by calling 9-1-1.
- 2) Any person who seeks medical assistance for another person experiencing a drug overdose by making a “good faith” 9-1-1 call.

Under this legislation, a drug violation is defined to limit immunity to those individuals holding a specified amount of a controlled substance. For example, one in possession of less than one ounce of marijuana would be eligible for immunity under this bill. Thus, possession of marijuana in an amount greater than one ounce would not fit the definition of a “drug violation” under this law and would constitute an offense that does not qualify for immunity.

### **Part II—Authorization to Prescribe and Administer Opioid Antagonists**

Part II of this substitute to *HB 965* includes the language of *HB 966*. This bill authorizes practitioners to prescribe an opioid antagonist for use when following a specified protocol to persons at risk of experiencing an opioid related overdose, as well as to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in the position to assist the person at risk of overdosing. This bill also authorizes that pharmacists may dispense opioid antagonists pursuant to such prescriptions. In addition to the prescribing practitioner, the following persons are permitted to administer an opioid antagonist to a person at risk of overdosing while acting in good faith and in accordance with the protocol specified by such practitioner:

- First responders;
- Family members;
- Friends; or
- Other persons in the position to assist a person at risk of an opioid related overdose.

Such practitioners, pharmacists, and the above listed individuals are immune from any civil or criminal liability or professional licensing sanctions for acts done in good faith and authorized under this bill.

Pursuant to the order of licensed physician, EMS personnel and paramedics are also authorized to administer opioid antagonists.

This substitute includes new language relating to first responders and opioid antagonists. First responders are required to obtain appropriate training and notify the appropriate EMS system of the possession and maintenance of opioid antagonists by its personnel. In cases where opioid antagonists are provided by a first responder to a patient, the first responder is required to make a report available to ambulance services transporting the

patient. A first responder acting in good faith cannot be held liable for civil damages except in cases where one acts with gross negligence or the intent to harm.

**NOTE:** Senators Jackson, Orrock, Carter and Shafer left the meeting.

The following people gave testimony in support of the legislation:

**Justin Leef**, Georgia Overdose Prevention  
**Frank Rotundo**, Georgia Association of Police Chiefs  
**Robin Elliot**, Georgia Overdose Prevention  
**Susan Calame**, Georgia Overdose Prevention  
**Robin Cardiges**, Georgia Overdose Prevention  
**Steve Homans**, Georgia Overdose Prevention  
**Rachel Moore**, Georgia Overdose Prevention  
**Kathy Fletcher**, Georgia Overdose Prevention  
**Laurie Fugitt**, Georgia Overdose Prevention  
**Marshall Rancifer**, Georgia Overdose Prevention  
**Mona Bennett**, Atlanta Harm Reduction Coalition  
**David Laws**, Georgia Overdose Prevention  
**Rose Brannen**, Georgia Overdose Prevention  
**Anna Adams**, Georgia Hospital Association  
**Dawn Randolph**, GA Council on Substance Abuse  
**Robert Highsmith**, Holland and Knight

Two amendments were offered on the legislation.

Representative Cooper presented the following amendment:

**NOTE:** Senators Carter and Shafer returned.

Cooper amendment:

Strike “intranasally administered” from lines 130 and 216.  
Strike “administered intranasally or through other means” from line 178.  
Strike “intranasally or through other means” from lines 189 and 205.

Madam Chair Unterman, 45<sup>th</sup>, asked if there were any questions from the committee. Seeing none, she asked for a motion. Senator Carter, 1<sup>st</sup>, moved ***Do Pass*** on the Cooper amendment. Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. The amendment passed unanimously (7-0)

**NOTE:** Yeas were Butler, Hill, Shafer, Burke, Carter, Hufstetler and Balfour.

Senator Shafer, 48<sup>th</sup>, presented the following amendment:

**NOTE:** Senators Jackson and Orrock returned.

Shafer amendment:

On line 11 after “matters;”

To amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and licensure of pharmacy benefit managers, so as to provide that a pharmacy or facility that is under common ownership or control with an entity licensed under Title 33 or with an institution licensed under Article 1 of Chapter 7 of Title 31 shall not be required to hold a nonresident pharmacy permit; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

After line 250

To amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and licensure of pharmacy benefit managers, is amended by adding a new Code section to read as follows:

“33-64-9.

A pharmacy or facility that is under common ownership or control with an entity licensed under Title 33 or with an institution licensed under Article 1 of Chapter 7 of Title 31 shall not be required to hold a nonresident pharmacy permit under Article 6 of Chapter 4 of Title 26.”

Madam Chair Unterman, 45<sup>th</sup>, asked if the committee had any questions. Senator Carter, 1<sup>st</sup>, was recognized with questions and concerns. **Robert Highsmith**, Holland and Knight, was asked to clarify the purpose of the amendment to the committee. Senators Butler and Orrock were concerned that this amendment might be harmful to the passage of the underlying bill. After several minutes of discussion and debate, Madam Chair Unterman asked for a motion on the amendment. Senator Shafer, 48<sup>th</sup>, moved ***Do Pass***. Senator Jackson, 2<sup>nd</sup>, seconded the motion. The amendment passed (5-4).

NOTE: Yeas were Jackson, Shafer, Burke, Balfour. (Hill also voted yes, but as ex-officio, his vote is not counted unless he is needed to make the quorum.) Nays were Carter, Hufstetler, Butler and Orrock. Chairman Unterman voted yea to break the tie.

Madam Chair Unterman, 45<sup>th</sup>, then asked for a motion on ***HB 965*** as amended by the committee. Senator Burke, 11<sup>th</sup>, moved ***HB 965 Do Pass by Substitute***. Senator Shafer, 48<sup>th</sup>, seconded the motion. The legislation passed unanimously (8-0).

#### **HB 965 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Jackson, Shafer, Burke, Carter, Hufstetler, Balfour, Butler and Orrock. Senator Hill also expressed support for the legislation.

With no further business, Chairwoman Unterman adjourned the meeting at 4:05 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Monday, March 10, 2014**

The Senate Health and Human Services Committee held its ninth meeting of the 2014 Session on **Monday, March 10, in 450 CAP**. The meeting was called to order at 3:45 pm. Members present at the meeting were as follows:

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

**NOTE:** Senators Ligon, 3<sup>rd</sup>, and Hill, 32<sup>nd</sup>, were absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, noting that there was a quorum at the start of the meeting, asked the committee to move on the consent agenda for study committees. Senator Millar, 40<sup>th</sup>, moved ***Do Pass*** on all the study committees under consideration, and Senator Jackson, 2<sup>nd</sup>, seconded the motion. The following study committee resolutions were passed unanimously (7-0):

**SR 756 (McKoon, 29th)** Senate Prescription of Medicinal Marijuana for Serious Medical Conditions Study Committee; create Senate Prescription of Medicinal Marijuana for Serious Medical Conditions Study Committee

**SUMMARY**

Creates the Senate Prescription of Medicinal Marijuana for Serious Medical Conditions Study Committee to study the use of marijuana for prescriptive medicinal purposes.

**ANALYSIS**

This resolution acknowledges that there have been significant scientific and medical studies, reports, clinical trials, and other analyses regarding the use of marijuana for prescriptive medicinal purposes. It also notes the significant advancements in technology and study methods, as well as indicia that children with serious medical needs may benefit from the use of medicinal marijuana.

This resolution creates a study committee to undertake a study of the prescriptive use of medicinal marijuana for patients with serious medical conditions. The study committee is to consist of: a chair, the chairperson of the Senate Judiciary Committee; and four members of the Senate, appointed by the President of the Senate.

Any findings and recommendations of the study committee are to be used to determine whether it would be appropriate to enact legislation that could revise current state law regarding medicinal marijuana.

Study committee members are to receive allowances authorized for legislative members of interim legislative committees for no more than five days, unless additional allowances are authorized by the President of the Senate. Funding for this study committee is to come from funds appropriated to the Senate.

The committee stands abolished on December 1, 2014, the deadline for submitting the final report.

**SR 756 DO PASS**

**SR 869** (McKoon, 29<sup>th</sup>) Rate of Diagnosis for Children With Attention Deficit Hyperactivity Disorder and Related Disorders; create Senate Study Committee Senate Study Committee on the Rate of Diagnosis for Children With Attention Deficit Hyperactivity Disorder

**SUMMARY**

Creates the Senate Study Committee on the Rate of Diagnosis for Children With Attention Deficit Hyperactivity Disorder (“ADHD”).

**ANALYSIS**

This resolution recognizes that about 11 percent of school-age children have received a medical diagnosis of ADHD. It also acknowledges that about two-thirds of those children with a current diagnosis receive prescriptions for stimulants, such as Ritalin or Adderall. While these drugs can drastically improve the lives of those with ADHD, this resolution acknowledges that these stimulants can lead to anxiety, addiction, and occasionally psychosis.

This resolution creates a study committee for the purposes of studying and identifying the issues related to the diagnosis of ADHD and related disorders. The study committee can recommend any action or legislation it deems appropriate, submitting its findings and recommendations in a final report.

The study committee is to consist of: the Chairperson of the Health and Human Services Committee; and four members of the Senate, appointed by the President of the Senate.

This study committee stands abolished on December 1, 2014, the deadline for submitting the final report.

**SR 869 DO PASS**

**SR 973** (Tate, 38<sup>th</sup>) Senate Child Protection Study Committee; create The Senate Child Protection Study Committee

**SUMMARY**

Creates the Senate Child Protection Study Committee.



## **ANALYSIS**

This resolution acknowledges that: children entering foster care are at an increased risk of developmental delays and disabilities; more than 152 children have died in recent years under the care of the Division of Family and Children Services; and the deaths of Eric Forbes and Emani Moss occurred in part because of deficiencies in Child Protective Services. It also notes that child support services must be able to quickly identify and assess situations which pose danger to children; develop and implement plans of family assistance and intervention; give priority to reducing the number of moves and placements of children in out-of-home care; increase family foster care resources; and decrease the length of time children are separated from their homes by providing quality support services.

This resolution creates the Senate Child Protection Study Committee. This committee is to be composed of six members: three appointed by the President of the Senate; and three appointed by the Senate Minority Leader. The President of the Senate is to designate one of the appointees as chairperson of the committee.

The committee is to undertake a study of the conditions, needs, issues, and problems relating to ensuring the safety and welfare of Georgia's children. It will recommend any action or legislation the committee deems necessary or appropriate by submitting a final report of its findings.

Study committee members are to receive allowances authorized for legislative members of interim legislative committees for no more than three days, unless an additional two days are authorized by the President of the Senate. Funding for this study committee is to come from funds appropriated to the Senate.

The committee stands abolished on December 1, 2014, the deadline for submitting the final report

**SR 973 DO PASS**

**SR 1121 (Hill, 32<sup>nd</sup>) Community Health and Public Health; encouraged to collaborate and develop a report; prevent and control diabetes**

### **Georgia Diabetes Action Plan**

#### **SUMMARY**

Encourages the Department of Community Health ("DCH") and the Department of Public Health ("DPH") to collaborate and develop a report of Georgia's strategic action steps to prevent and control diabetes.

#### **ANALYSIS**

This resolution encourages DCH and DPH to develop a report of Georgia's strategic action steps to prevent and control diabetes. The report is to include:

- An estimate of the financial impacts and reach that diabetes has on the programs administered by DCH and DPH and on individuals enrolled in that program, including:
  - The number of people with diabetes and undiagnosed gestational diabetes impacted by the programs;
  - The number of people with diabetes or at risk and their family members impacted by prevention and diabetes control programs implemented by DCH and DPH;
  - The financial impact diabetes and its complications places on these programs in comparison to other chronic diseases; and
  - The financial impact diabetes and its complications places on these programs;
- An assessment of the benefits of existing programs and activities aimed at controlling and preventing diabetes, including the amount and source for any funding directed to DCH and DPH for these programs;
- A description of the level of coordination existing between DCH and DPH on activities on managing, treating, and preventing diabetes;
- The development or revision of detailed policy-related plans and budget recommendations for battling diabetes that:
  - Includes recommendations for the legislature;
  - Identifies proposed action steps to reduce the impact of diabetes, prediabetes, and related complications;
  - Identifies expected outcomes of the action steps proposed in the following biennium;
  - Establishes benchmarks for controlling and preventing diabetes; and
- An estimate of savings and costs required to implement the plans and budget recommendations identified.

The Georgia Diabetes Action Plan is to serve as Georgia’s blueprint for improving diabetes prevention and treatment. The plan is to undergo regular review and reassessment, changing as needed to meet the evolving needs of those living with diabetes in Georgia.

**SR 1121 DO PASS**

**SR 1175 (Burke, 11th)** Medicaid Care Management Organizations Credentialing; create Senate Study Committee Senate Study Committee of Medicaid Care Management Organizations Credentialing

**SUMMARY**

Creates the Senate Study Committee of Medicaid Care Management Organizations (“CMO”) Credentialing.

**ANALYSIS**

In Georgia, the lack of a standardized credentialing application creates increased paperwork and delays in the credentialing process. This resolution stems from a need to establish a standardized credentialing application process, as well as a need to provide a

reasonable application response time from the CMO and criteria for time extensions to such application response time. This resolution stresses the importance of adopting and using effective credentialing policies for CMOs.

The study committee is to be composed of seven members appointed by the President of the Senate, one of the members to be designated as chairperson. This resolution directs all agencies of the state to provide the study committee with assistance as needed for the study of the CMO credentialing process. After studying the issues described above, the study committee is to submit a final report of its findings that recommends any action or legislation the committee deems necessary or appropriate.

The study committee stands abolished on December 1, 2014, the deadline for submitting the final report.

### **SR 1175 DO PASS**

**NOTE:** Yeas were Unterman, Millar, Butler, Burke, Hufstetler, Jackson, and Orrock.

**NOTE:** Senator Carter, 1<sup>st</sup>, and Senator Shafer, 48<sup>th</sup>, arrived. Senator Hufstetler, 52<sup>nd</sup>, left the meeting.

Madam Chair Unterman, 45<sup>th</sup>, called on Representative Morris, 156<sup>th</sup>, to speak on ***HB 772***.

**HB 772** (Morris, 156<sup>th</sup>) **Public assistance; drug testing for applicants for food stamps; require**

### **Drug Testing for Applicants and Recipients of Public Assistance**

#### **SUMMARY**

- Provides for drug testing for applicants and recipients of public assistance and related penalties; and
- Requires electronic benefits transfer (“EBT”) cards for food stamp benefits to contain a photo of the recipient.

#### **ANALYSIS**

##### **Drug Testing**

This bill provides for drug testing for applicants and recipients of food stamps or temporary assistance for needy families (“TANF”) benefits upon a reasonable suspicion of drug use. Drug testing under this code section may not be required of individuals who are significantly hindered from doing so because of a physical or mental handicap or developmental disability.

A recipient of food stamps or TANF benefits who tests positive for controlled substances is ineligible for those benefits until he or she tests negative and for the following time periods corresponding with one’s history of positive results:

- One month for a first positive result;

- Three months for a second positive result;
- One year for a third or subsequent positive result.

An individual who is denied benefits for one year may reapply for benefits after six months if the individual can document successful completion of a substance abuse treatment program offered by an approved provider.

If a parent is deemed ineligible for benefits as a result of failing a drug test, the dependent child's eligibility is not to be affected, and an appropriate protective payee is to be designated to receive food stamps on behalf of the child. The parent may designate another individual, subject to drug testing based on a reasonable suspicion, to receive benefits for the minor child. This bill requires that the designated individual be an immediate family member, unless a family member is unavailable or declines. In such a case, the department may approve another individual.

Results of drug tests under this code section are not subject to public disclosure, and the results may not be used as part of a criminal investigation or criminal prosecution. Further, the results may not be used in a civil action or be otherwise disclosed to any person or entity without the express written consent of the person tested or his or his heirs or legal representative. Moreover, the records must be destroyed and deleted five years after the date of the test.

#### **Photo(s) on EBT Cards**

This bill also requires that all EBT cards used for food stamp benefits contain a photograph of one or more members of a household who are authorized to use the food stamp benefits. The effective date of the photo requirement on EBT cards is January 1, 2016.

Madam Chair Unterman, 45<sup>th</sup>, asked Representative Morris, 156<sup>th</sup>, how **HB 772** differed from **HB 861**, which the federal government declared violated 4<sup>th</sup> amendment rights. Representative Morris, 156<sup>th</sup>, stated that "mandatory" drug testing was declared unconstitutional in **HB 861**. The difference in **HB 772** was that drug testing would occur under "reasonable suspicion" by the agency approving TANF applications and renewals. There were several other clarifying questions from the committee on photo id requirements and ineligible parents. Senator Henson, 41<sup>st</sup>, expressed concern that about the cost of implementation of the legislation, and requested that a fiscal note be required before the committee moved forward in their consideration. Senator Millar, 40<sup>th</sup>, asked to work with Representative Morris, 156<sup>th</sup>, on amending the legislation to better clarify the definition of ineligible parent. Madam Chair Unterman, 45<sup>th</sup>, suspended the discussion of **HB 772** to allow legislative counsel to draft an amendment.

Madam Chair Unterman, 45<sup>th</sup>, stated that in the meantime the Committee would have a brief educational session on Biosimilars.

**Biosimilars Educational Session - Russell Allen**, President, GABio  
**Brynna Clark**, Vice President, Generic Pharmaceuticals

Madam Chair Unterman, 45<sup>th</sup>, noted that Senator Millar, 40<sup>th</sup>, and Legislative Counsel, David Bundrick, had worked out amendment language. They shared the following suggestion with the committee:

***On page 4 delete lines 106 -108, and then move lines 109-115 up.***

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the amendment. Senator Millar, 40<sup>th</sup>, moved that the legislation be amended and Senator Carter, 1<sup>st</sup>, seconded the motion. The amendment passed unanimously (8-0).

**NOTE:** Yeas were Millar, Henson, Carter, Burke, Orrock, Jackson, Butler and Shafer.

Madam Chair Unterman, 45<sup>th</sup>, then noted several people had signed up to give testimony in opposition of the legislation.

The following people gave opposing testimony:

**Melissa Johnson**, Georgia Budget and Policy Institute

**Adena Hill**, Atlanta Community Food Bank

**Paul Haks**, 89.3 FM

**Anonciata H**, Recipient EBT

**Gerry Weber**, Southern Center for Human Rights

**Neil Kattenecker**, Executive Director, Council on Substance Abuse

**Ellen Jaeger**, Director, Mental Health America, Georgia

**Shelly Senterfitt**, Coalition Against Domestic Violence

**Linda Lowe**, Families First

**Melanie McNeil**, State Long-Term Care Ombudsman

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the legislation. Senator Carter, 1<sup>st</sup>, moved ***HB 772 Do Pass by Substitute*** as amended by the committee. Senator Millar, 40<sup>th</sup>, seconded the motion. The bill passed (5-4).

#### **HB 772 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Millar, Carter, Burke, and Shafer. Nays were Henson, Orrock, Jackson, and Butler. Chairwoman Unterman broke the tie with her yea vote.

**NOTE:** Senator Balfour, 9<sup>th</sup>, agreed to be senate sponsor of the legislation.

**NOTE:** Senators Millar, 40<sup>th</sup>, and Orrock, 36<sup>th</sup>, left the meeting.

**HB 835** (Broadrick, 4<sup>th</sup>) **Controlled substances; Schedules I, III, and IV; change certain provisions**

Representative Broadrick, 4<sup>th</sup>, presented ***HB 835*** and the following summary was shared with the committee:

## **Schedules I, III, and IV Controlled Substances and Dangerous Drugs**

### **SUMMARY**

Amends Title 16, changing certain provisions related to controlled substances and dangerous drugs.

### **ANALYSIS**

This bill provides for the following additions that correspond to Schedules I, III, and IV controlled substances and dangerous drugs:

- Adding to Schedule I controlled substances:
  - Seven substances under hallucinogenic substances;
  - One new substance under substances that have a stimulant effect on the central nervous system; and
  - Seven additional substances under paragraph 12.
- Adding to Schedule III controlled substances:
  - One substance.
- Adding to Schedule IV controlled substances:
  - Two substances.
- Adding to substances defined under dangerous drugs:
  - 31 substances.

There was no testimony for or against the legislation. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion. Senator Burke, 11<sup>th</sup>, moved ***HB 835 Do Pass***. Senator Jackson, 2<sup>nd</sup>, seconded the motion. The legislation passed unanimously (7-0).

### **HB 835 DO PASS**

**NOTE:** Yeas were Unterman, Shafer, Butler, Jackson, Burke, Carter, and Henson.

**NOTE:** Senator Carter, 1<sup>st</sup>, agreed to be the senate sponsor.

Madam Chair Unterman, 45<sup>th</sup>, recognized **Representative Cooper, 43<sup>rd</sup>**, to present **HB 899**, and also **HB 998** for Representative Hatchet, 150<sup>th</sup>, who was away from the Capital attending a funeral.

**HB 899** (Cooper, 43<sup>rd</sup>) **Unlicensed personal care homes; criminal penalties for owning or operating; provide**

The following summary was shared with the committee:

### **Penalties for Unlicensed Personal Care Homes**

#### **SUMMARY**

Amends Title 31, revising penalties for owning or operating an unlicensed personal care home.

## **ANALYSIS**

Current law provides that owning or operating an unlicensed personal care home in Georgia constitutes a nuisance dangerous to the public health, safety, and welfare. This bill allows the commissioner or the district attorney to file a petition to abate the nuisance of an unlicensed personal care home in the jurisdiction corresponding to the location of the nuisance.

### **First Violations**

This bill also provides that a person who owns or operates a personal care home without proper licensure is to be found guilty of a misdemeanor for a first violation, unless the violation is in conjunction with abuse, neglect, or exploitation. However, a violation that is in conjunction with abuse, neglect, or exploitation, constitutes a felony, punishable by imprisonment for one to five years following a conviction; one-year minimum, five-year maximum penalty.

### **Second Violations**

Following a conviction for a second or subsequent violation, a person is to be found guilty of a felony, punishable by imprisonment for one to ten years; one-year minimum, 10-year maximum penalty.

There following gave supporting testimony:

**Chuck Spahos**, Prosecuting Attorneys Council

**Danny Porter**, Gwinnett County District Attorney

**Vicki Johnson**, Georgia Council on Aging

**Melanie McNeil**, State Long-Term Care Ombudsman

**Sheila Humberstone**, Troutman Sanders, Alzheimer's Association

Chairwoman Unterman asked for a motion on **HB 899**. Senator Henson, 41<sup>st</sup>, moved **HB 899 Do Pass**. Senator Carter, 1<sup>st</sup>, seconded the motion. The legislation passed unanimously (7-0).

### **HB 899 DO PASS**

**NOTE:** Yeas were Shafer, Burke, Jackson, Butler, Carter, Henson, and Unterman.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

**NOTE:** Senator Balfour, 9<sup>th</sup>, arrived at the meeting.

**HB 998** (Hatchett, 150<sup>th</sup>) **Medical scholarships; revise provisions relating to scholarships and loans**

**Representative Cooper, 43<sup>rd</sup>**, presented **HB 998** and the following summary was shared with the committee:

**The Georgia Board for Physician Workforce—Medical Student Scholarships and Loans**

## **SUMMARY**

- Amends Title 20 relating to the Georgia Board for Physician Workforce, revising the meaning of “medical education;” and
- Provides specifications for repayment and breach of contract for failure to obtain licensure.

## **ANALYSIS**

This bill amends Title 20, striking the “four-year” language pertaining to medical education and adding descriptive language that defines “medical education” for the purposes of awarding scholarships and loans to medical students. New language provides that applicants may apply for a loan or scholarship for the purpose of obtaining a medical education from a medical school in the United States that has received accreditation or provisional accreditation by either: the Liaison Committee on Medical Education; or the Bureau of Professional Education of the American Osteopathic Association.

This bill also incorporates this new language into provisions relating to awards amounts and repayment in services. Loans and scholarships are to be paid in a manner that the Georgia Board for Physician Workforce determines and may be prorated for the purpose of paying funds to the medical college or school where an applicant has been admitted. Such loans and scholarships are to be granted to applicants on a conditional basis, providing that the full amount of the loan or scholarship be repaid to the State of Georgia in the form of service.

### **Repayment in Services**

This bill provides that an applicant’s services are to be rendered by practicing in his or her profession in an area in the state that is:

- rural and underserved by primary care physicians, as determined by the board;
- in a regional area of this state composed of rural counties where an unmet need for certain primary care and other critical need specialty physicians exists, as determined by the board and approved by the commissioners of community health and public health; or
- located at any hospital or facility operated by or under the Department of Public Health (“DPH”), the Department of Behavioral Health and Developmental Disabilities (“DBHDD”), the Department of Corrections (“GDC”), or the Department of Juvenile Justice (“DJJ”).
- The applicant is to receive credit for the amount of scholarship received during any one year in medical school, with interest, for each year he or she practices in such a board approved location.
- Failure to Obtain Licensure
- This bill amends the section relating to the contract provisions for a loan, adding that an applicant who is unable to obtain a license to practice medicine from the Georgia Composite Medical Board will be liable to the board for:
  - breach of contract; and
  - damages to the board for all sums advanced to the applicant with interest.



This bill also permits the board to consent or agree to a lesser amount of damages for compelling reasons, as determined by the board.

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 998 Do Pass***. Senator Henson, 41<sup>st</sup>, seconded the motion. The legislation passed unanimously (7-0).

### **HB 998 DO PASS**

**NOTE:** Yeas were Shafer, Burke, Jackson, Butler, Carter, Henson, and Balfour.

**NOTE:** Senator Burke, 11<sup>th</sup>, agreed to be the senate sponsor.

### **HB 138 (Welch, 110<sup>th</sup>) Temporary assistance; use of electronic benefit transfer cards in certain retail establishments; prohibit Use of Cash Assistance in Certain Establishments**

**Representative Welch, 110<sup>th</sup>**, presented ***HB 138*** and the following summary was shared with the committee:

#### **SUMMARY**

Prohibits the use of temporary assistance for needy families (“TANF”) cash assistance in certain establishments for the purchase of various products and services.

#### **ANALYSIS**

This bill prohibits the use of TANF cash assistance for any transaction in the following establishments:

- A liquor store;
- A retail establishment with the primary purpose of providing adult oriented entertainment involving performances by persons who disrobe or are unclothed;
- A retail establishment whose primary purpose is to sell media or products relating to sexual activities;
- A retail establishment whose primary purpose is to sell tobacco products; or
- An establishment which primarily provides tattoos or body piercings.

These retail establishments must annually register with the Department of Revenue (“DOR”). DOR will transmit to the Department of Human Services (“DHS”) a list of establishments in this state which correspond to the merchant’s category code for these types of establishments. After January 1, 2015, these establishments will post in a prominent location at each entrance and at each automated teller machine a sign informing patrons that the use of TANF cash assistance is prohibited in their establishment and that there are penalties for abuse of such prohibitions.

Recipients should not use TANF cash assistance for the purchase of: lottery tickets; alcoholic beverages; tobacco products; pornographic materials; tattoos or body piercings; gambling; or gift cards.

Any retail establishment selling the prohibited products must post a sign at each automated teller machine informing patrons that the use of TANF cash assistance is prohibited to purchase these products or services.

DHS will operate the toll-free telephone number and website and will refer reported incidents to investigators within DHS. DHS and DOR are authorized to investigate establishments and recipients for violations of these prohibitions. After January 1, 2015, state sponsored debit cards or electronic benefit transfer (“EBT”) cards will be printed with a reference to the statutory citation and the toll-free number and website, and that the cash assistance is attached to an account of transaction with may be audited by DHS or DOR.

The penalties for violating these prohibitions are as follows:

- An individual employed by one of the banned establishments will be fined \$250 per violation;
- An establishment with two or more violations within the same calendar year will be required to install technology to block transactions with state sponsored debit cards or EBT cards, not accept such cards as payment, or be subject to a fine of \$250 per violation; and
- A recipient in violation of these prohibitions will be sanctioned.

By December 31, 2014, DHS will provide a report to the Governor, the Speaker of the House, and the President of the Senate identifying other methods that could be implemented to ensure these bans are enforced through technology.

There was no testimony for or against the legislation. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on **HB 138**. Senator Carter, 1<sup>st</sup>, moved **HB 138 Do Pass**. Senator Burke, 11<sup>th</sup>, seconded the motion. The legislation passed unanimously (7-0).

### **HB 138 DO PASS**

**NOTE:** Yeas were Shafer, Burke, Jackson, Butler, Carter, Henson, and Balfour.

**NOTE:** Senator Jeffares, 17<sup>th</sup>, agreed to carry the legislation.

With no further business, Chairwoman Unterman adjourned the meeting at 5:35 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Wednesday, March 12, 2014**

The Senate Health and Human Services Committee held its tenth meeting of the 2014 Session on Wednesday, March 12, in 450 CAP. The meeting was called to order at 3:15 pm. Members present at the meeting were as follows:

Senator Renee Unterman, 45 <sup>th</sup> , Chairman	Senator Steve Henson, 41 <sup>st</sup>
Senator Don Balfour, 9 <sup>th</sup> , Vice-Chairman	Senator Chuck Hufstetler, 52 <sup>nd</sup>
Senator Fran Millar, 40 <sup>th</sup> , Secretary	Senator Lester Jackson, 2 <sup>nd</sup>
Senator Dean Burke, 11 <sup>th</sup>	Senator Nan Orrock, 36 <sup>th</sup>
Senator Gloria Butler, 55 <sup>th</sup>	Senator David Shafer, 48 <sup>th</sup>
Senator Buddy Carter, 1 <sup>st</sup>	Senator Judson Hill, 32 <sup>nd</sup> , Ex-Officio

**NOTE:** Senators Ligon, 3<sup>rd</sup>, was absent from the meeting.

Madam Chair Unterman, 45<sup>th</sup>, opened the committee meeting with an educational forum on the topic of Hepatitis-C. The following presented an overview of this health issue to the committee:

- John Ward, MD, Director, Division of Viral Hepatitis, U.S. Centers for Disease Control and Prevention
- Lorren Sandt, Executive Director, Caring Ambassadors Program

**NOTE:** Presentation is attached to these minutes.

**[HB 251](#)** (Powell, 32<sup>nd</sup>) **Tobacco; sale of alternative nicotine products or components to minors; prohibit**

**Representative Powell, 32<sup>nd</sup>**, presented ***HB 251*** and the following summary was shared:

**Regulating E Cigarettes and Other Alternative Nicotine Products**

**SUMMARY**

Regulates alternative nicotine products and vapor products for minors.

**ANALYSIS**

This bill defines:

- “Alternative nicotine product” as any noncombustible product containing nicotine that is intended for human consumption;
- “Cigarette” as a roll for smoking made wholly or in part of tobacco when the cover of the roll is paper or any substance other than tobacco;
- “Tobacco product” as any kind and form of tobacco prepared to be suitable for chewing or smoking or both; or

- “Vapor product” as any noncombustible product containing nicotine that employs a heating element, power source, electronic circuit, or other means that can be used to produce vapor from nicotine in a solution or other form. This includes electronic cigarettes, electronic cigars, electronic pipe, or similar product or device.

These definitions are mutually exclusive and do not include any product regulated as a drug or device by the USDA.

This bill adds alternative nicotine products, tobacco products, and vapor products to:

- The list of cigarette and tobacco products banned from being sold to or possessed by minors;
- The Code section regulating vending machines of cigarettes, tobacco products, or tobacco related objects, so that vending machines that sell these products are also regulated; and
- The definition of “tobacco product sample.”

This bill mandates that the sign announcing the prohibition of selling cigarettes, tobacco products, or tobacco related objects to minors that is posted in places of business that sell these products be updated to include alternative nicotine products and vapor products.

This bill provides for the random, unannounced inspection of places where these products are sold to ensure compliance with these regulations.

**NOTE:** Senator Henson, 41<sup>st</sup>, arrived.

Madam Chair Unterman, 45<sup>th</sup>, asked the committee if they had any questions. Senator Henson, 41<sup>st</sup>, asked if these products were available over the counter if you are under 18 years of age. Representative Powell, 32<sup>nd</sup>, stated that this legislation would prohibit the sale of these products to anyone under the age of 18 years of age.

Madam Chair Unterman, 45<sup>th</sup>, opened the floor to testimony for or against the legislation. She stated that Jim Tudor, representing the Georgia Association of Convenience Stores (GACS), submitted a letter of support that had been placed in the committee folders for review. Eric Bailey, representing the American Cancer Society (ACS), was recognized by Madam Chair Unterman, 45<sup>th</sup>, to speak to the committee. Mr. Bailey said that the ACS opposed this legislation because it creates a separate product definitions for “alternative nicotine products” and “vapor products” to define e-cigarettes and other tobacco products which raised serious concerns. He recommended waiting on the FDA to regulate the product, or amending this legislation by eliminating definitions of references to “alternative nicotine products” and “vapor products” and deleting the tobacco product definition as stated in the bill and replace it with the original definitions of tobacco products. Madam Chair Unterman, 45<sup>th</sup>, asked if this information had been vetted in the House of Representatives. Representative Powell, 32<sup>nd</sup>, said Mr. Bailey had not discussed this amendment with him. Madam Chair Unterman, 45<sup>th</sup>, decided to table

the legislation for the time being until issues could be discussed between the author and the American Cancer Society in an appropriate manner.

**HB 251 TABLED**

**HB 990** (Jones, 47<sup>th</sup>) **Social services; expansion of Medicaid eligibility through increase in income threshold without prior legislative approval; prohibit**

**Representative Jones, 47<sup>th</sup>**, presented **HB 990** and the following summary was shared:

**Prohibits the Expansion of Medicaid Eligibility Without Prior Legislative Approval**

**SUMMARY**

Adds a new Code section prohibiting the expansion of Georgia Medicaid eligibility through an increase in the income threshold without prior legislative approval.

**ANALYSIS**

This bill prohibits the Department of Community Health, the Board of Community Health, or any other representative of the state from expanding Georgia Medicaid eligibility by increasing the income threshold without prior legislative approval. Such legislative approval may only be by: 1) Act of the General Assembly; or 2) adoption of a joint resolution of the General Assembly.

This bill only applies to expanding eligibility through increasing the income threshold for the Medicaid entitlement program. It does not apply to any increase in the federal poverty level that may result from a cost-of-living increase.

Representative Jones, 47<sup>th</sup>, stated that **HB 990** was a straight-forward one paragraph proposal that would require a vote of the legislature prior to any increase of the income threshold to expand Medicaid eligibility, which was mandated under the Affordable Care Act (ACA), commonly known as Obamacare, until the U.S. Supreme Court struck down that provision.

The intent of this legislation was to protect Georgia from the long term and significant consequences of such a decision on the budget, on its citizens and the state economy. Representative Jones, 47<sup>th</sup>, stated that careful decision-making and debate should be exercised by the House and Senate before Medicaid was expanded in the state.

Madam Chair Unterman, 45<sup>th</sup>, stated that she had substitute language that added the language of **SB 350**, which addressed the issue of Foster Care in the state. After several clarifying questions from the committee, Madam Chair Unterman, 45<sup>th</sup>, tabled **HB 990** until issues could be worked out.

**HB 990 TABLED**

**HB 885** (Peake, 141<sup>st</sup>) **Medical cannabis; continuing research into benefits to treat certain conditions; provisions**

**Madam Chair Unterman, 45<sup>th</sup>**, welcomed **Representative Peake, 141<sup>st</sup>**, to speak on **HB 885**. She stated that she was presenting an amendment to his bill to the committee which added the language of [SB 397](#) to the bill. The new legislation would be called the Kids Care Act. The following summary was shared with the committee:

## **“Kids Care Act”**

### **SUMMARY**

- Provides for continuing research on the benefits of medical cannabis for certain patients with cancer, glaucoma, or seizure disorders;
- Continues the Controlled Substances Therapeutic Research Program established under the Georgia Composite Medical Board; and
- Provides for certain insurance coverage of autism spectrum disorders.

### **ANALYSIS**

#### **Section 2—Definitions Added to Current Law**

Section 2 of this Act revives the state-sponsored Controlled Substances Therapeutic Research Program established under the Georgia Composite Medical Board (“board”) to allow cannabis, as defined in the Act, to be prescribed for patients diagnosed with seizure disorders. The Act restricts the program to clinical trials and research into therapeutic applications of medical cannabis for limited use in treating only:

- Glaucoma;
- The side effects of chemotherapy and radiation; and
- Seizure disorders.

Patients who can participate in the program are approved by the Patient Qualification Review Board (“PQRB”). This Act revises the statement of legislative intent to make it clear that by enacting these changes to existing law, the General Assembly is not legalizing the recreational use of marijuana or other controlled substances.

- An “academic medical center” means a research hospital that operates: (1) a medical residency program for physicians; and (2) conducts research that involves human subjects. This includes state medical schools conducting translational research or clinical research programs.
- “Cannabis” means any extract derived from cannabis containing cannabinoids and cannabidiols which has a purity of at least 5 percent or higher cannabidiol in combination with 2 percent or less of tetrahydrocannabinols (“THC”) that is delivered to the patient in the form of a liquid, pill, or injection or other delivery method approved by the board, which does not include smoking.
- “Designated caregiver” means a person approved by the board to assist with a qualifying patient’s medical use of cannabis. This person must be at least 21 years old and not have been convicted of a felony in the U.S.
- “Marijuana” means marijuana or THC.
- “Patient” means a person who has been approved by the PQRB.

- “Pediatric neurologist” means a physician who: (1) specializes in pediatric neurology and seizure disorders in children; and (2) is approved through this Act to use medical cannabis treatment in conjunction with an approved academic medical center.
- “Smoking” means inhaling, exhaling, burning, or carrying any lighted marijuana or cannabis product including cigarettes, cigars, or other products.

### **Controlled Substances Therapeutic Research Program**

The program is limited to certain patients that are certified to the Georgia Medical Board (“board”) by a selected academic medical center and pediatric neurologists. Patients permitted to participate in the program include only those certified to the board as being:

- Cancer patients involved in life-threatening situations in which treatment by chemotherapy or radiology has produced severe side effects;
  - Glaucoma patients who are not responding to conventional controlled substances;
- or
- Seizure disorder patients.

The board administers the program described above and acts as a sponsor of the state-wide investigational study. The board selects academic medical centers and pediatric neurologists to participate in the program and develops guidelines and protocols. The board has the authority to promulgate rules and regulations to administer the program and is required to consider those already set forth by the U.S. Drug Enforcement Agency (“DEA”), the Food and Drug Administration (“FDA”), and the National Institute on Drug Abuse (“NIDA”). The board also appoints the PQRB.

### **Patient Qualification Review Board (“PQRB”)**

The members of the PQRB are appointed by the board and approved by a majority vote. This Act amends the composition of the PQRB, adding that it is to include among its members:

- A board certified physician in pediatric neurology;
- A board certified physician in pain management; and
- A board certified pediatric ophthalmologist.

The PQRB reviews, evaluates, and rates applications for medical cannabis use programs submitted by academic medical centers and approved pediatric neurologists based on the procedures and guidelines established by the board. It can approve or deny applications for programs, the renewal of such programs, and the applications of approved pediatric neurologists. The PQRB can monitor and oversee programs as well as rescind approval of any program found to be noncompliant.

### **How Cannabis is dispensed**

An academic medical center or a pharmacy can apply to contract with NIDA for receipt of cannabis or obtain cannabis from any available legal source approved by the board. The language in this substitute strengthens the authority of GDNA to regulate the manufacture, storage, transportation, and distribution of cannabis used in the program. It

also requires that cannabis only be distributed or dispensed pursuant to a prescription or an approved physician's order. All approved cannabis is to be kept by the patient or approved caregiver in the original container in which it was dispensed. Language in the substitute also makes it clear that physicians, pharmacies, and academic medical centers approved to operate a medical cannabis program are subject to the same inspections by GDNA and law enforcement as doctors and pharmacies that prescribe and dispense controlled substances. Any physician, pharmacy, academic medical center, patient, or designated caregiver, who violates the provisions of Section 2 of this Act, or the rules or regulations of the board or GDNA, will be terminated from the program.

### **Immunity from Prosecution for Patients and Caregivers**

This substitute adds language providing that approved patients and caregivers cannot be arrested or prosecuted under the Georgia Controlled Substances Act for the use, purchase, possession, transportation, or having under his or her control an amount of cannabis which such patient has been authorized to have. Patients and caregivers would not be immune from prosecution if they: distribute medical cannabis to others; traffic in controlled substances; or operate motor vehicles, boats, or engage in other regulated activities if they are impaired to the degree that they are less safe.

New language was also added to the bill as passed by the House requiring that GDNA maintain a secure system that will allow law enforcement to verify that someone claiming to be authorized to possess medical cannabis is in fact authorized to do so. If the person is confirmed to be authorized, law enforcement must keep that information confidential.

### **Drug Free Workplace Act**

A patient participating in the program may test positive in a workplace drug screen due to the consumption of medical cannabis. This Act requires that the consumption of medical cannabis be an acceptable explanation to a positive drug test in this situation. However, this Act does not affect an employer's rights to deny worker's compensation for an injury or death resulting from an employee's use of marijuana and the rebuttable presumption created by an employee's refusal to submit to a drug test. A patient is required to notify his or her employer if the consumption of medical cannabis impairs his or her ability to safely perform employment duties. This Act specifies that this legislation does not require employers to accommodate an employee's use of medical cannabis as an approved treatment.

### **Section 3—Insurance Coverage for Autism Spectrum Disorders (“ASD”)**

Section 3 of this Act provides for certain insurance coverage of autism spectrum disorders and mirrors the language of SB 397. Specifically, it requires insurers to cover children six years of age or younger who are diagnosed with an ASD. Coverage for applied behavior analysis (“ABA”) may be capped at \$35,000.00 annually. After the first year of this legislation's effective date, this legislation exempts any insurer from this mandate for one year if that insurer can actuarially demonstrate that the mandate would lead to an increase in average premiums charged of more than 1 percent for all policies commencing on inception or the next renewal date. This mandate does not apply to any policy offered by any employer with 10 or fewer employees.



This legislation requires all accident and sickness policies to provide coverage for ASDs for children six years of age and under in accordance with the following:

- The policy must provide coverage for any assessments, evaluations, or tests by a physician or psychologist to diagnose whether an individual has an ASD;
- The policy must provide coverage for the treatment of ASDs when it is determined by a physician or psychologist that the treatment is medically necessary. The physician or psychologist may be required annually to demonstrate ongoing medical necessity for coverage;
- The policy must not include any limits on the number of visits;
- The policy may limit coverage for applied behavior analysis (ABA) to \$35,000.00 per year; and
- This legislation does not require coverage for prescription drugs if prescription drug coverage is not provided by the policy or contract.

#### Exemptions

An insurer may be exempt from this legislation if it can actuarially demonstrate that:

- For the most recent experience period of at least one year's duration, the costs associated with coverage of ABA treatment exceeded 1 percent of the premiums charged over the experience period by the insurer; and
- Those costs solely would lead to an increase in average premiums charged of more than 1 percent for all policies commencing on inception or the next renewal date.

The exemption will apply for a one-year coverage period following inception or next renewal date of all insurance policies issued or renewed during the one-year period following the date of the exemption, after which the insurer must again provide coverage for ABA. An insurer may claim an exemption for a subsequent year only if the conditions specified in this legislation are met again.

This mandate will not be required to be included in any health plans offered through the health exchange. Additionally, this mandate does not apply to any policy offered by any employer with 10 or fewer employees.

**Representative Peake, 141<sup>st</sup>**, spoke to the medical marijuana portion of the bill. **Danny Porter**, representing District Attorney's spoke on their solution for protection of parents from prosecution in the state of Georgia for possession of cannabis oil. Their position was that the oil must be obtained by prescription from a licensed physician in Colorado. In the state of Georgia the prescription must come from academic medical center. Parents would not be prosecuted for possession of cannabis oil back into the state.

The following people spoke in support of the legislation:

**David Tatum**, Children's Healthcare of Atlanta

**James Smith**, Medical Association of Georgia

**Gary Black**, Commissioner of Agriculture

**Janaea Cox**, parent

**Katherine Lynch**, parent

**Representative Ben Watson, M.D.**  
**Blaine and Shauna Cloud, parents**

**NOTE:** Senator Shafer, 48<sup>th</sup>, arrived at the meeting. Senator Carter, 1<sup>st</sup>, left the meeting.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on her amendment to **HB 885** which would add the autism language to the bill. Senator Millar, 40<sup>th</sup>, moved **Do Pass** and Senator Balfour, 9<sup>th</sup>, seconded the motion. The vote was 8-1. The amendment passed with one dissenting vote from Senator Henson, 41<sup>st</sup>.

Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the following corrections and amendments to the bill:

- Line 91 change to 5% and 2%
- Line 106 change the word “use” to “administer”
- Line 145 change the word “marijuana” to “cannabis”

Senator Millar, 40<sup>th</sup>, moved **Do Pass** and Senator Balfour, 9<sup>th</sup>, seconded the motion. The amendment passed unanimously (9-0). Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on HB 885 as amended by the committee. Senator Millar, 40<sup>th</sup>, moved HB 885 Do Pass by Substitute, and Senator Balfour, 9<sup>th</sup>, seconded the motion. This bill passed unanimously (9-0).

### **HB 885 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Millar, Henson, Butler, Orrock, Hufstetler, Jackson, Balfour, Burke and Shafer

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

**NOTE:** Senators Balfour, 9<sup>th</sup>, and Orrock, 36<sup>th</sup>, left the meeting.

**HB 914** (Wilkerson, 38<sup>th</sup>) **Social services; school personnel required to report child abuse shall be notified by child protective agency upon receipt of report and completion of investigation; provide**

Madam Chair Unterman, 45<sup>th</sup>, submitted a substitute for **HB 914** to the committee in which the original language of the legislation relating to child abuse and deprivation records would remain, but all the provisions of **SB 350** would be added as a section of the bill. The following summary of **HB 914** was shared with the committee:

### **Suspected Child Abuse Reporting by School Employees & Child Welfare Services**

#### **SUMMARY**

- Amends Title 49, adding a new paragraph that requires the Department of Human Services (“DHS”) and child protection agencies to acknowledge the receipt of a report made by a school employee of suspected child abuse and disclose to certain

- school personnel whether the suspected child abuse was confirmed by an investigation; and
- Provides for a plan to reform the child welfare system in Georgia.

## **ANALYSIS**

### **Section 1— Reporting by School Employees of Suspected Child Abuse**

This bill adds a new paragraph to O.C.G.A. § 49-5-41 pertaining to how DHS and governmental child protection agencies should respond to reports made by school employees of suspected child abuse. Following a report of suspected child abuse made by a school employee, DHS or a child protection agency is to:

- acknowledge (in writing), the receipt of such a report to the school employee within 24 hours from the time the report was made; and
- make a written disclosure to the corresponding school counselor stating whether the suspected child abuse was confirmed or unconfirmed within five days of completing an investigation.

In the case that the school does not have a school counselor, the written disclosure following an investigation is to be made to the principal of the school.

### **Section 2—Child Welfare Services**

#### **Child Welfare Services Planning Commission & Federal Waiver**

This bill creates the Child Welfare Services Planning Commission, which is to be composed of 11 members appointed by the Governor, Lieutenant Governor, and the Speaker of the House of Representatives. Members are to represent local community participation and input through community-based providers, foster parents, members of the faith community, adults who are former foster care youths, and child advocacy organizations currently under contract with DFCS to furnish foster care and adoption services.

DFCS is to cooperate with the commission by seeking approval of a federal Title IV-E Waiver Demonstration Project through the Administration for Children and Families of the U.S. Department of Health and Human Services. This waiver is necessary in order to implement and receive fixed funding for the plan. Thus, this bill does not become effective without federal approval of the waiver.

#### **Plan & Lead Agencies**

By January 1, 2015, the commission is to submit a plan to the Governor and General Assembly for the competitive bidding of child welfare services through fixed price contracts with a certain number of lead agencies. This plan is to be phased out over a period of two years beginning on July 1, 2015. Each lead agency is to represent a community equal to one or more of the 15 service regions of DFCS.

Under this bill, DFCS cannot transfer services to a lead agency until the lead agency is prepared to deliver and assume accountability for such services. In determining whether a lead agency is prepared to operate in a region, DFCS must conduct a readiness

assessment based on specified criteria developed through consultation with current agencies. These criteria must reflect national accreditation standards as well as the priorities of the local community.

Payment by DFCS to the Lead Agency

DFCS is to pay to the lead agency reasonable monthly administrative rates, as well as a case rate per child calculated as the monthly average number of children serviced in the prior fiscal year divided by the total appropriated funds allocated for child welfare services during the same fiscal year. Children may return to the lead agency within 12 months of achieving permanency through reunification, permanent guardianship, or adoption, but are not eligible for the rate per child reimbursement. The lead agency is required, however, to provide these children with services.

Contract Responsibility

DFCS retains responsibility for the quality of contracted services and programs, ensuring that services are delivered according to applicable federal and state statutes and regulations. In regulating service contracts, DFCS is required to provide for uniform lead agency contracts, as well as encourage lead agencies to use uniform subcontracts.

The following information was added as a section of the bill in the substitute language:

## **Department of Human Services; Child Welfare Services**

### **SUMMARY**

- Amends Title 49 to provide for the bidding out of child welfare services statewide through contracts with community based providers, both public and private.
- Establishes related procedures, contract standards, and contractor qualifications.
- Makes transition to contracted services contingent on receipt of Title IV-E waiver from U.S. Department of Health and Human Services.

### **ANALYSIS**

#### **DFCS Plan to Engage Local Lead Agencies**

Under this bill, the Division of Child and Family Services (“DFCS”) is to develop and submit a plan to the Governor and General Assembly to competitively bid the provision of child welfare services through fixed price contracts with a limited number of lead agencies. Such plan is to be developed with local community participation and to allow for a public-private partnership between agencies providing child welfare services. DFCS is to identify faith-based or community-based not-for-profit agencies to lead and coordinate other local private providers for adoption, therapeutic foster care, intensive residential treatment, foster care supervision, case management, post-placement supervision, permanent foster care, and family reunification services of children. The deadline for submitting such plan is January 1, 2015, and the plan is to be phased in over a two-year period beginning July 1, 2015.

### **Title IV-E Waiver from U.S. Department of Health and Human Services**

Prior to submission of the plan, the bill requires DFCS to seek a waiver from the federal Administration for Children and Families no later than April 1, 2014 to receive fixed funding necessary for its implementation. This bill's effective date is conditional upon receipt of this waiver. If the waiver is granted, the effective date is to be the date on which approval and funding becomes effective.

### **Competitive Bidding Process**

Under this bill, DFCS is responsible for setting the standards for competitive bidding of all service contracts between lead agencies. The bill also establishes a number of qualifications that all lead agencies must meet in order to be eligible to contract with DFCS and outlines six items that must appear in all contracts between DFCS and lead agencies.

### **Quality Assurance, Monitoring, and Reporting**

The bill makes DFCS responsible for the quality assurance and monitoring of all contracted services and programs. Under the bill, all agencies delivering services and programs are required to meet performance outcomes measures specified for safety, health, and education for all children in their care. The bill requires regular performance reporting by lead agencies and DFCS.

### **Transfer of Responsibility to Lead Agencies**

Under the bill, DFCS cannot transfer services to a lead agency until the lead agency is prepared to deliver and assume accountability for such services. In determining whether a lead agency is prepared to operate in a region, DFCS must conduct a readiness assessment based on specified criteria developed through consultation with current agencies. These criteria must reflect national accreditation standards as well as the priorities of the local community.

There was no testimony for or against the legislation. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the substitute for **HB 914**. Senator Shafer, 48<sup>th</sup>, moved **HB 914 Do Pass by Substitute**. Senator Millar, 40<sup>th</sup>, seconded the motion. This bill passed (6-1).

### **HB 914 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Millar, Butler, Burke, Hufstetler, Jackson and Shafer. Nay was Henson.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

Madam Chair Unterman, 45<sup>th</sup>, tabled the following bills left on the agenda:

**HB 913 (Kelley, 16th)** Community Health, Board of; persons having certain conflicts of interest from serving on board; prohibit

**HB 913 TABLED**

**HB 923 (Coomer, 14<sup>th</sup>) Journey Ann Cowart Act; enact**

**HB 923 TABLED**

Madam Chair Unterman, 45<sup>th</sup>, stated that the committee would reconvene the next morning and the bills left on the table would be considered by the committee.

With no further business, Madam Chair Unterman adjourned the meeting at 6:10 p.m.

Respectfully submitted,

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

**MINUTES OF THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE**  
**Thursday, March 13, 2014**

The Senate Health and Human Services Committee held its final meeting of the 2014 Session on Thursday, March 13, in 450 CAP. The meeting was called to order at 8:15 a.m. Members present at the meeting were as follows:

Senator Renee Unterman, 45 <sup>th</sup> , Chairman	Senator Chuck Hufstetler, 52 <sup>nd</sup>
Senator Don Balfour, 9 <sup>th</sup> , Vice-Chairman	Senator Lester Jackson, 2 <sup>nd</sup>
Senator Dean Burke, 11 <sup>th</sup>	Senator Nan Orrock, 36 <sup>th</sup>
Senator Buddy Carter, 1 <sup>st</sup>	Senator David Shafer, 48 <sup>th</sup>

**NOTE:** Senators Millar, 40<sup>th</sup>, Butler, 55<sup>th</sup>, Henson, 41<sup>st</sup>, and Hill, 32<sup>nd</sup>, were absent from the meeting.

**HB 966 (Cooper, 54<sup>th</sup>) Pharmacies; licensed health practitioners prescribe opioid antagonists to certain individuals and entities pursuant to a protocol; provisions**

Madam Chair Unterman, 45<sup>th</sup>, presented a substitute to **HB 966** which stripped the bill of its language and added the language of **SB 291**. The following summary was shared:

**Georgia Adult and Aging Services Agency**

**SUMMARY**

- Transfers the Division of Aging Services (“DAS”) within the Department of Human Services (“DHS”) to the Georgia Adult and Aging Services Agency; and
- Designates the Georgia Adult and Aging Services Agency as the most appropriate agency to carry out the work for the comprehensive state plan to address Alzheimer’s and related dementias.

**ANALYSIS**

This bill transfers the DAS to the Georgia Adult and Aging Services Agency (“Agency”). This bill also designates the Agency as the most appropriate agency to carry out the work for the comprehensive state plan to address Alzheimer’s and related dementias.

**Georgia Adult and Aging Services Agency**

This bill creates the Agency and its Board. The Board is to select a director, whose duties are to include, but are not limited to: convening panels of experts; establishing policies, procedures, and personnel requirements for the operation of the Agency; hiring executive personnel; and preparing and submitting required materials to the Board. The director is required to submit to the Board the following: the annual Alzheimer’s and Related Dementias State Plan; annual reports; any necessary Agency restructuring plans; financial figures including estimates of sums required for carrying out this legislation, the proposed budget, and any other information requested by the Governor or General Assembly; and submit certification for disbursement of funds.

## **Board**

The Board is to consist of seven members who: work or have worked in the area of adult or aging services; are recipients of adult or aging services; or are eligible to receive services provided by the agency, provided that two members are to be “older adults.” Two members are appointed by the Governor; two members by the Speaker; two members by the Lieutenant Governor; and one member by the director. The Board is to recommend to the Governor and General Assembly changes in state programs, statutes, policies, budgets, and standards relating to aging services, the improvement of relations between state and local aging services agencies, and the improvement of the condition of citizens in need of the services of the agency.

## **Powers and Duties of the Agency**

Once created, the Agency assumes the duties, powers, and authority exercised by DAS within DHS on June 30, 2014. The Agency is to be assigned to DHS solely for administrative purposes, submitting its budget separately and directly to the Governor and the General Assembly. On July 1, 2014, the powers functions, duties, programs, institutions, and authority relating to the former DAS is to be transferred to the Agency. The Agency is to serve as the designated state unit for purposes of administrating the Older Americans Act of 1965 and related services, the Alzheimer’s and Related Dementias State Plan, long-term services and supports, adult guardianship services, and all other services provided by the DAS. The Agency is required to design service delivery regions to programs and services it administers, including providing administrative support to and overseeing the independent operation of the long-term care ombudsman program and its office.

The Agency is designated as the state agency to handle all federal programs relating to the aging and those not provided by a state agency under federal or state law. The Agency is required to prepare a plan and program to meet the ongoing needs of older adults in Georgia, including encouraging and assisting in the development of programs for older adults in communities. The Agency has broad authority and is to submit annual reports to the Governor with results of studies, accomplishments, and any recommendations.

There was no testimony for or against the legislation. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion. Senator Burke, 11<sup>th</sup>, moved ***HB 966 Do Pass by Substitute***, and Senator Hufstetler, 52<sup>nd</sup>, seconded the motion. This bill passed unanimously (8-0).

## **HB 966 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Burke, Carter, Hufstetler, Jackson, Ligon, Orrock and Shafer.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

**HB 251** (Powell, 32<sup>nd</sup>) **Tobacco; sale of alternative nicotine products or components to minors; prohibit**



**Representative Powell, 32<sup>nd</sup>**, presented **HB 251** and the following summary was shared:

## **Regulating E Cigarettes and Other Alternative Nicotine Products**

### **SUMMARY**

Regulates alternative nicotine products and vapor products for minors.

### **ANALYSIS**

This bill defines:

- “Alternative nicotine product” as any noncombustible product containing nicotine that is intended for human consumption;
- “Cigarette” as a roll for smoking made wholly or in part of tobacco when the cover of the roll is paper or any substance other than tobacco;
- “Tobacco product” as any kind and form of tobacco prepared to be suitable for chewing or smoking or both; or
- “Vapor product” as any noncombustible product containing nicotine that employs a heating element, power source, electronic circuit, or other means that can be used to produce vapor from nicotine in a solution or other form. This includes electronic cigarettes, electronic cigars, electronic pipe, or similar product or device.

These definitions are mutually exclusive and do not include any product regulated as a drug or device by the USDA.

This bill adds alternative nicotine products, tobacco products, and vapor products to:

- The list of cigarette and tobacco products banned from being sold to or possessed by minors;
- The Code section regulating vending machines of cigarettes, tobacco products, or tobacco related objects, so that vending machines that sell these products are also regulated; and
- The definition of “tobacco product sample.”

This bill mandates that the sign announcing the prohibition of selling cigarettes, tobacco products, or tobacco related objects to minors that is posted in places of business that sell these products be updated to include alternative nicotine products and vapor products.

This bill provides for the random, unannounced inspection of places where these products are sold to ensure compliance with these regulations.

Madam Chair Unterman, 45<sup>th</sup>, did not recognize the proposed amendment mentioned in the previous meeting and asked for a motion on the bill in its original form. Senator Balfour, 9<sup>th</sup>, moved **HB 251 Do Pass**. Senator Burke, 11<sup>th</sup>, seconded the motion. This bill passed (7-1).

**HB 251 DO PASS**

**NOTE:** Yeas were Balfour, Burke, Hufstetler, Jackson, Ligon, Orrock and Shafer. Nay was Carter.

**NOTE:** Senator Burke, 11<sup>th</sup>, agreed to be the senate sponsor.

**HB 913** (Kelly, 16<sup>th</sup>) **Community Health, Board of; persons having certain conflicts of interest from serving on board; prohibit**

Madam Chair Unterman, 45<sup>th</sup>, stated that the entire language of this **HB 913** would be stripped, and would change so as to incorporate the provisions of **SB 350** which addressed the issue of Foster Care in the state. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion on the substitute for **HB 913**. Senator Ligon, 3<sup>rd</sup>, moved **HB 913 Do Pass by Substitute**, and Senator Burke, 11<sup>th</sup>, seconded the motion. This bill passed (7-1).

**HB 913 DO PASS BY SUBSTITUTE**

**NOTE:** Yeas were Balfour, Burke, Hufstetler, Jackson, Ligon, Carter and Shafer. Nay was Orrock.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

**HB 990** (Jones, 47<sup>th</sup>) **Social services; expansion of Medicaid eligibility through increase in income threshold without prior legislative approval; prohibit**

**Madam Chair Unterman, 45<sup>th</sup>**, took **HB 990** off the table and asked for a motion from the committee. There was no need for further discussion since the bill had been heard in the previous committee meeting. There was no testimony for or against the bill. Madam Chair Unterman, 45<sup>th</sup>, asked for a motion and Senator Shafer, 48<sup>th</sup>, moved **HB 990 Do Pass by Substitute**. Senator Ligon, 3<sup>rd</sup>, seconded the motion. This bill passed (6-2).

**HB 990 DO PASS BY SUBSTITUTE**

**NOTE:** A Journal Correction was made on the senate floor on Tuesday, March 18, that the Committee Report should have read **HB 990 DO PASS**. The original bill passed instead of the substitute offered by Madam Chair Unterman, 45<sup>th</sup>, at the previous committee meeting.

**NOTE:** Yeas were Balfour, Burke, Hufstetler, Ligon, Carter and Shafer. Nays were Orrock and Jackson.

**NOTE:** Madam Chair Unterman, 45<sup>th</sup>, agreed to be the senate sponsor.

**HB 923** (Coomer, 14<sup>th</sup>) **Journey Ann Cowart Act; enact**

**Madam Chair Unterman, 45<sup>th</sup>**, noted that **Representative Coomer, 14<sup>th</sup>**, was not at the meeting to present **HB 923**, and asked if there was anyone in the audience from the

Governor's office who could present the legislation to the committee. No one from the Governor's office made their presence known so Madam Chair Unterman, 45<sup>th</sup>, did not hear the bill.

With no further business, Madam Chair Unterman adjourned the meeting at 9:10 a.m.

Respectfully submitted,

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

March 20, 2014

The Honorable David Cook  
Secretary of the Senate  
State Capitol  
Room 353  
Atlanta, GA 30334

Dear Mr. Cook:

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

<b>HB 50</b>	<b>SB 63</b>	<b>SB 338</b>
<b>HB 538</b>	<b>SB 132</b>	<b>SB 370</b>
<b>HB 603</b>	<b>SB 141</b>	<b>SB 371</b>
<b>HB 910</b>	<b>SB 171</b>	<b>SB 403</b>
<b>HB 923</b>	<b>SB 186</b>	<b>SB 408</b>
<b>SR 10</b>	<b>SB 202</b>	<b>SB 419</b>
<b>SR 12</b>	<b>SB 211</b>	<b>SB 422</b>
<b>SR 20</b>	<b>SB 217</b>	<b>SB 431</b>
<b>SR 595</b>	<b>SB 220</b>	<b>SB 432</b>
<b>SR 625</b>	<b>SB 284</b>	
<b>SB 37</b>	<b>SB 302</b>	

Respectfully submitted,

Laurie Sparks  
Recording Secretary  
Senate Health and Human Services Committee