

# AT ISSUE



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## A Message from Senator Shafer



With yet another productive legislative session behind us, we have resumed publication of *At Issue* - a monthly newsletter that examines the issues of the day. This particular edition highlights some of the major legislation passed during the first term of the 153rd session of the Georgia General Assembly.

We passed legislation that will help children with autism receive early intervention services. We also created a path for the “medical refugees” living outside of our state to come home with legislation allowing the use of medical cannabis oil for seizure disorders in children and several other medical conditions.

These measures, along with the most significant investment in transportation infrastructure in decades, all contribute to Georgia’s current standing as one of the best states to live, work, learn, raise families and worship.

I hope you enjoy this edition of *At Issue*. I want to thank the staff of the Senate Press Office and Senate Research Office for their work in preparing it. If you have topics to suggest for future publications, please do not hesitate to contact me.

**David J. Shafer, Senate President Pro Tempore**  
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## CALENDAR

**Information related to upcoming study committee meetings will be listed in future editions of *At Issue*, once details are available.**

**A full list of the 2015 Senate and Joint Study Committees can be found on page 3.**

## Insurance & Labor

### Georgia Embraces Autism Insurance Reform

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The CDC estimates that, in the United States, an average of 1 in 88 children (at age 8) have an autism spectrum disorder (ASD) and that up to 730,000 people, between the ages of 0 and 21, have an ASD. The term “autism spectrum disorder” encompasses a range or spectrum of neuro-developmental disorders, marked by communication and social impairments and repetitive behaviors. Despite these characteristic features, there is no one behavior that is always typical of an ASD, and the manifestations of the disorder vary across individuals and in an individual over the individual’s lifetime. ASDs include autistic disorder (also known as “classic” autism), Asperger syndrome, and pervasive developmental disorder – not otherwise specified (PPD-NOS).

*Autistic disorder*, also called childhood autism, Kanner’s autism, or early infantile autism, is the most severe form of ASD. Autistic disorder is characterized by impaired development in social and communication skills and limited interests and activities. Impaired social behavior may include the impaired use of nonverbal behaviors such as facial expressions and (continued on page 2)

*(Autism - continued from page 1)* gestures, or a failure to develop relationships with peers. Impaired communication may include delayed speech or the lack of speech, with abnormal intonation, rhythm, or rate, when speech develops. Restricted, repetitive, and stereotyped interests and behaviors may be shown by resistance to changes such as a change in the environment or stereotyped body movements such as clapping and rocking. A person is diagnosed with autistic disorder if the person displays delayed or abnormal functioning in language used in social communication, social interaction, or imaginative play before age three.

*Asperger syndrome* or *Asperger's disorder* is characterized by severely impaired social interaction and restricted interests and behaviors. A person with Asperger's does not show significant delays in speech. However, their speech may be unusual as the person may be verbose and preoccupied with certain subjects.

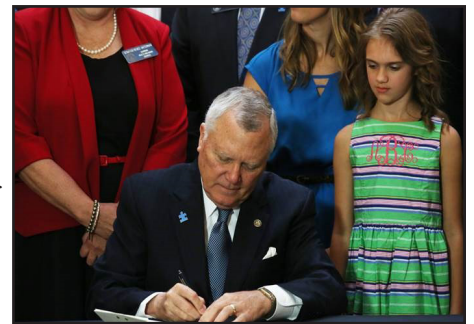
*Pervasive developmental disorder – not otherwise specified*, which includes atypical autism, is diagnosed when a person shows severely impaired social development together with impaired communication skills, but the criteria for a specific type of pervasive developmental disorder, schizophrenia, or other specified disorders are not met.

*Rett's disorder* is characterized by multiple deficits that follow normal functioning after birth. Between five and thirty months of age, a child may show a loss of hand skills or hand motions that resemble hand washing or hand-wringing. The child later shows a decreased interest in the social environment, although social interaction may later develop. Rett's disorder is a rare disorder that is more commonly found in females than in males.

*Childhood disintegrative disorder*, also known as dementia infantilis, Heller's syndrome, or disintegrative psychosis, is also a rare condition. This disorder is characterized by regression in functioning after at least two years of what appears to be normal development. Before a child is 10 years old, however, the child will display a significant loss of skills in at least two of the areas of play, motor skills, social skills or adaptive behavior, expressive or receptive language, or bowel or bladder control.

### **Autism Insurance Reform in Georgia**

After seven years of persistent efforts by advocates, Georgia becomes the 41st state to adopt reforms that require coverage for autism-related medical services, commonly referred to as Ava's Law. The final product is a narrowly-crafted compromise bill that borrows some provisions from other states. The initial bill, Senate Bill 1 and sometimes referred to as Ava's Law, was adopted unanimously by the Senate on January 29, 2015. But when it stalled in the House, its language was planned to be attached to House Bill 429 in the waning days of the legislative session. Sensing a continuing deadlock and insurmountable impasse, the chairs of the Senate and House Insurance Committees, Sen. Charlie Bethel and Rep. Richard Smith respectively, reached a compromise in which the House would agree to the autism provisions contained in HB 429 if the cap on maximum annual benefits was reduced from \$35,000 to \$30,000. Additionally, the compromise bill contains a unique sunset provision that repeals the autism mandate entirely on January 1, 2017 should the voters of Georgia approve the statewide .2 percent sales tax in a November 2016 referendum to specifically fund ASD treatment as provided for in House Resolution 808. The resolution is currently awaiting action in the House.



*Ava Bullard, the namesake of "Ava's Law," looks on as Governor Deal signs HB 429.*

Ultimately, the House agreed to the Senate's compromise measure on the final day of the legislative session, and Governor Deal signed the legislation on April 29, 2015. The legislation 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 \$30,000 annually. ABA is a behavioral approach that emphasizes positive behaviors and discourages negative ones. A key concept of ABA is positive reinforcement, i.e., a child who displays a desired behavior may be given a reward for the behavior. The reward is a positive reinforcer if there is an increase in the desired behavior. ABA is widely accepted by health care professionals and is used in schools and clinics.

After December 31, 2016, an insurer is exempt from this mandate for one year if that insurer can actuarially demonstrate that the mandated ABA coverage resulted in a premium increase of at least 1 percent and would lead to a 1 percent increase in average premiums for all policies commencing on inception or the next renewal date. The exemption applies for a one-year coverage period following the date of the exemption, after which the insurer must again provide coverage for ABA. Additionally, employers with 10 or fewer employees are exempted from the mandated coverage imposed by HB 429.

To help all parties understand the financial costs and benefits of the additional coverage, the legislation directs the Insurance Commissioner's office to submit an annual report to the General Assembly detailing the total number of insureds diagnosed with an ASD; the total cost of all autism-related claims paid out in the immediately previous calendar year; the cost of coverage per insured per month; and the average cost per insured for coverage of ABA.

As noted previously, all of this will be irrelevant in the event the voters approve of amending the State Constitution *(continued on page 8)*

## Senate and Joint Study Committees Announced for 2015

### Economic Development

#### Senate Study Committee on the Effect on Georgia of Normalization of Relations with Cuba

##### *Senate Resolution 494*

This resolution creates the five-member Senate Study Committee on the Effect on Georgia of Normalization of Relations with Cuba to examine the opportunities for Georgia businesses to trade with Cuba, and determine what measures may be needed to capitalize on such opportunities. All five members will be appointed by the President of the Senate. The abolishment date for this committee is December 1, 2015.

### Education and Youth

#### Senate Study Committee on School Construction

##### *Senate Resolution 564*

This resolution establishes a five-member Senate Study Committee with one member being appointed by the President of the Senate as chairperson. The purpose of this study committee is to review issues regarding school construction and financing; the various methods of financing school construction; the differential of school construction costs; the practice of compensating architects based on a percentage of construction costs; and other pertinent matters. The abolishment date for this committee is December 1, 2015.

### Health and Human Services

#### Senate Preventing Youth Substance Use Disorders Study Committee

##### *Senate Resolution 487*

This resolution creates the Senate Preventing Youth Substance Use Disorders Study Committee. The Committee is to examine and study the best pathways to cost-effective prevention and early intervention strategies to reduce addiction and prevent suicide among Georgia's adolescents. The committee is to be composed of four members of the Senate to be appointed by the President of the Senate. The abolishment date for this committee is December 31, 2015.

#### Senate Women's Adequate Healthcare Study Committee

##### *Senate Resolution 560*

This resolution creates the Senate Women's Adequate Healthcare Study Committee for the purpose of studying the issues surrounding women's healthcare in Georgia. The committee is to be composed of four members of the Senate to be appointed by the President of the Senate. The abolishment date for this committee is December 1, 2015.

#### Senate Study Committee on the Consumer and Provider Protection Act

##### *Senate Resolution 561*

This resolution creates the Senate Study Committee on the Consumer and Provider Protection Act (Senate Bill 158). The committee is to examine and study the conditions, needs, and issues surrounding the contractual relationship between insurers and primary care providers. The committee is to be composed of 10 members appointed by the President of the Senate. The members are to include four members of the Senate, one of which is to be designated as chair, and six non-legislative members as follows:

- One physician representative from the Medical Association of Georgia;
- One practice administrator who represents at least 500 physicians;
- One dentist representative from the Georgia Dental Association;
- One dental office manager or dental office insurance coordinator;
- One consumer member; and,
- One health insurance industry representative.

The abolishment date for this committee is December 1, 2015.

#### Senate Rate of Diagnosis for Children with ADHD and Related Disorders Study Committee

##### *Senate Resolution 594*

This resolution creates the Senate Rate of Diagnosis for Children with ADHD and Related Disorders Study Committee and recognizes that about 11 percent of school-age children have received a medical diagnosis of ADHD and that about two-thirds of those children receive prescriptions for stimulants, such as Ritalin or Adderall. The committee is to undertake a study of the conditions and needs surrounding this issue. The committee is to be composed of five members of the Senate to be appointed by the President of the Senate, and the chair of the Senate Health and Human Services Committee is to be designated as chair. The abolishment date for this committee is December 1, 2015.

*(continued on page 8)*

## Transportation Funding Act of 2015

**Angie Fiese, Deputy Director**

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States face an increasing challenge in funding their growing transportation needs. Their primary sources of revenue, taxes on gasoline and diesel fuel, have been weakened as vehicles become more efficient, per-person driving mileage declines, and construction costs rise along with inflation. Meanwhile, states are further challenged by uncertain federal funding. However, in their 2015 Legislative Sessions, several states, including Georgia, have made major strides in funding transportation and infrastructure projects to meet population demand and to sustain economic growth.

The report of the 2014 Joint Study Committee for Critical Transportation and Infrastructure Committee (Committee) outlined the challenges and needs for transportation funding in our state. Georgia is home to the world's busiest airport, the nation's 10th largest road system, and the fastest growing container port in the United States. However, with the state's population continuing to grow, our state must improve its system of roads, highways, and bridges to foster economic growth and keep businesses in the state. In addition to economic growth, transportation improvements are needed to ensure safe, reliable mobility and quality of life for all Georgians. The Committee found that a minimum of \$1.0 – 1.5 billion in new, annual revenue is needed to maintain existing infrastructure.

House Bill 170, which was signed on May 5, 2015, includes several of the Committee's recommendations to address this need. The bill:

- Requires the Department of Transportation to submit an annual, 10-year strategic plan that prioritizes spending and projects based on certain categories and which addresses congestion relief and economic development.
- Exempts sales of gasoline, and other motor fuels purchased for highway use, entirely from state sales and uses taxes.
- Eliminates the prepaid state tax provision, and increases the excise tax from 7.5 cents per gallon to 26 cents per gallon on distributors who sell or use motor fuel, and 29 cents per gallon on distributors who sell or use diesel fuel within this state.
- Requires an owner of a registered alternative fueled vehicle, not including natural gas vehicles, to pay an additional annual licensing fee of \$200 (non-commercial vehicles) or \$300 (commercial). These fees will be automatically adjusted annually, beginning on January 1, 2016, using a formula based on increases/decreases in fuel efficiency and the CPI; however, the CPI must not be used after July 1, 2018.
- Requires certain heavy vehicles registered in Georgia to pay an annual highway user impact fee of either \$50 or \$100, depending on the vehicle's weight.
- Beginning July 1, 2015, each innkeeper in Georgia must charge a \$5 per night fee to the customer, unless it is an extended stay rental, for each calendar day a room, lodging, or accommodation is rented or leased.
- Legislatively intends for the highway user impact fees and the innkeeper fees to be used exclusively for transportation purposes; reduces, and then prohibits, the imposition of the fee if the revenues are not appropriated for such purposes two years in a row.
- Reduces the electric vehicle tax credit to \$0.00.
- Beginning on July 1, 2016, and annually thereafter, the amount of this excise tax per gallon on distributors must be automatically adjusted on an annual basis using a formula that is based on fuel efficiency and the CPI; however, the CPI must not be used after July 1, 2018.
- Beginning July 1, 2015, the portion of LOST, SPLOST, ESPLOST, HOST and MOST levied on motor fuel must be levied at the rate of 1 percent of the retail sales price of the motor fuel, which is not more than \$3.00 per gallon.
- Revises the procedure for imposition of the TSPLOST, also known as TIA, to allow a majority of counties within a special district to impose the tax, without approval by the General Assembly, and in a fractional amount.
- However, any special district that imposes the TSPLOST or TIA must expend at least 30% of the estimated revenue on projects included in the state-wide strategic transportation plan.

*(continued on page 5)*

# 2015 STATE TRANSPORTATION FUNDING AND FINANCE LEGISLATION



**IDAHO:** House Bill 312 increases state motor fuel taxes by \$.07 per gallon, increasing the current rate of \$.25 to \$.32. The additional revenue must be split between local governments (40 percent) and the state highway account (60 percent). Additionally, the bill creates a new electric vehicle registration fee of \$140 and a hybrid vehicle registration fee of \$75.

**IOWA:** Senate Bill 257 increases the state excise tax on gasoline, diesel, and alternative motor fuels by \$.10 per gallon. The new excise tax on gasoline is \$.30 per gallon. Additionally, the bill increases the excise tax on aviation fuel by \$.02 per gallon and the fees for excess size and weight permits.



**MICHIGAN:** HB 5477, part of a \$1.3 billion 11-bill transportation funding package, was passed in 2014 but is subject to voter approval in May 2015, replaces the current fixed motor fuel tax with a variable tax based on wholesale prices. Effective Oct. 1, 2015, the current fixed rates of 19 cents (gasoline) and 14 cents (diesel) will be replaced with a tax based on 14.9 percent of the wholesale prices of each fuel. The bill contains a mechanism to protect against large swings caused by volatile fuel prices, limiting increases to no more than 5 percent. Other bills in the transportation package exempt motor fuels from the state sales tax and adjust the state sales tax accordingly (HB 4539 and HB 5492). HB 4630, upon approval by the voters in May 2015, establishes a \$75 annual fee on electric vehicles and a \$25 annual fee on most hybrids.

**NEW MEXICO:** Senate Bill 114 allows counties or municipalities to impose a tax on special fuels and use the proceeds for bridge and road projects, as well as a variety of other transportation activities. Special fuels include diesel-engine fuel, biodiesel, blended biodiesel, or kerosene used in motor vehicles.



**NORTH CAROLINA:** Senate Bill 20 replaces the current gasoline tax, which is structured to include a flat per gallon rate and a variable rate, with a flat rate of \$.34 per gallon. Beginning in 2017, this rate will be increased based on population growth and the Consumer Price Index (CPI).

**SOUTH CAROLINA:** Senate Bill 1 increases the tax on motor fuels by \$.06 per gallon to \$.28. Additionally, the bill increases certain license plate fees and adjusts the excise tax on special fuels.



**UTAH:** House Bill 362, among other provisions, replaces the current gasoline tax of \$.245 per gallon with a 12 percent tax on the average rack price of a gallon of gasoline, effective Jan. 1, 2016. For purposes of calculating the fuel, the average rack price cannot fall below \$2.45 per gallon after 2019 and will be tied to the CPI.

*(Transportation Funding Act of 2015 - continued from page 4)*

- Beginning July 1, 2016, any county that is in a special transportation district without a TSPLOST or TIA, and with certain mass transportation services may, subject to referendum approval, impose a maximum 5-year, 1 percent special sales and use tax to be used for transportation purposes.
- Beginning July 1, 2017, any county that is in a special transportation district without a TSPLOST or TIA may, subject to voter approval, impose a maximum 5-year, 1 percent special sales and use tax to be used for transportation purposes.
- Places a sunset date on the tax exemption for jet fuel, so that the exemption expires on June 30, 2015. Beginning July 1, 2017, revenue derived from the levy of sales and use taxes on jet fuel must be used for a state aviation program or airport-related purposes to the extent required to comply with federal law.
- Limits the Governor's authority to suspend or modify the collection of any rate of state taxes on the sales of motor fuel and aviation gasoline; requires the General Assembly to ratify any suspension or modification.
- Clarifies certain provisions relating to financial assistance of the Georgia Infrastructure Bank to give preference to certain projects with local support.
- Creates a 14-member Special Joint Committee on Georgia Revenue Structure to receive and report out tax reform legislation during the 2016 legislative session that will be considered in a separate legislative process. - AF

# Georgia Legalizes Medical Cannabis Product

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“Haleigh’s Hope Act” (House Bill 1) legalizes the possession of 20 fluid ounces of a specific form of cannabidiol (CBD) oil for the treatment of certain medical conditions in Georgia. CBD oil is derived from the marijuana or cannabis plant and can be produced in forms that contain varying concentrations of tetrahydrocannabinol (THC). Georgia’s law restricts lawful possession to persons or caregivers participating in either the Department of Public Health’s (DPH’s) Low THC Oil Patient Registry (Registry) or a clinical research program by the Board of Regents of the University System of Georgia (USG). Persons must show proof of participation through a registration card or permit, and the substance in the person’s possession must be in a pharmaceutical container labeled by the manufacturer indicating the percentage of THC therein. House Bill 1 also codifies Governor Deal’s initiatives with Georgia Regents University to study the treatment of medication-resistant epilepsy in children with CBD products, including GW Pharmaceutical’s Epidiolex® study. The new law does not, however, provide for the in-state production of CBD oil and in no way legalizes the recreational use of marijuana products in Georgia.

### Early Preparation

The effects of “Haleigh’s Hope Act” began weeks before the legislation was signed into law by Governor Deal on April 16, 2015. The Governor issued an Executive Order on March 27, 2015, ordering all state agencies involved in the implementation of House Bill 1 to immediately begin executing the requirements set forth under the legislation. Since then, DPH has been working diligently to develop the Registry, which will include a registration process for individuals or their caregivers, the issuance of registration cards, and a verification system for use by law enforcement officials. DPH anticipates that the Registry will be up and running in the next 30 to 60 days. In the meantime, temporary registration cards will be issued. Haleigh Cox and her family attended the bill signing ceremony at the Capital and were the first Georgians to receive temporary registration cards from DPH as part of a special presentation by the Governor.

### What conditions make a person eligible to participate in the Registry?

- A severe or end stage diagnosis of amyotrophic lateral sclerosis, multiple sclerosis, Parkinson’s disease, or sickle cell disease
- Crohn’s disease
- Mitochondrial disease
- Cancer diagnosed as end stage, or when the treatment “produces related wasting illness, recalcitrant nausea and vomiting”
- Seizure disorders related to diagnosis of epilepsy or trauma related head injuries

Any person with one of the conditions listed above may be eligible to participate in the Registry. Such persons must be certificated to DPH by the treating physician for the purpose of treatment with Georgia’s CBD oil.

### Defining CBD Oil in Georgia and Other States

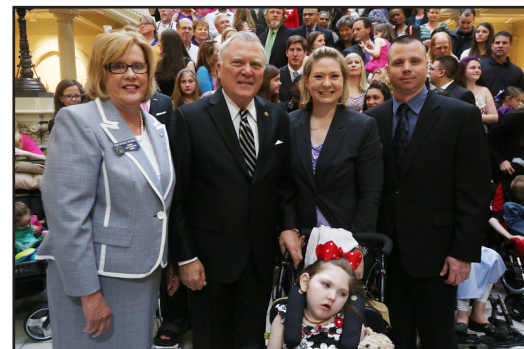
Under the new Georgia law, the term “low THC oil” is defined as “an oil that contains no more than 5 percent by weight of THC and an amount of CBD equal to or greater than the amount of THC.” The 5 percent threshold was a substantial increase from the 0.3 percent threshold in legislation proposed during the 2014 legislative session. After hearing hours of testimony from Georgians living as medical refugees in other states for the purpose of obtaining CBD oil, many Georgia legislators agreed that the bill’s definition of the term “low THC oil”—no more than 5 percent by weight of THC and a minimum 1:1 ratio of CBD to THC—was necessary in order to maximize the opportunity for medical refugees to return home. Georgia is one of 13 states that have recently passed “limited access” medical marijuana laws allowing the use of various “low THC, high CBD” products. For a comparison of limited access laws in



*Rep. Allen Peake, the bill’s author, and Sen. Butch Miller, the bill’s Senate sponsor, join the Governor for the signing of “Haleigh’s Hope Act.”*



*Haleigh Cox’s mother, Janea, became the first person to receive a temporary registration card during a special presentation following the bill signing ceremony.*



*Gov. Deal with Sen. Renee Unterman, Chair of the Senate Health and Human Services Committee, and the Cox family.*

# NEIGHBORING STATES WITH LIMITED ACCESS MEDICAL MARIJUANA LAWS

States with **limited access** laws should be distinguished from the 23 states with **comprehensive** medical marijuana programs.

Unlike limited access programs, comprehensive medical marijuana programs generally allow for smoking or vaporization of a variety of marijuana strains and products, as well as provide for in-state cultivation and dispensary systems.

STATE	STATE REGISTRY	LEGALIZED CBD PRODUCTS AND QUALIFYING PATIENTS OR SPECIFIED CONDITIONS
Alabama	No	<i>CBD Oil (Low THC):</i> CBD that “has a THC level of no more than 3%” <i>Condition:</i> Debilitating epileptic conditions
Florida	Yes	<i>CBD Oil (Low THC):</i> “0.8% or less of THC” and “more than 10% of CBD by weight” <i>Conditions:</i> “Any patient suffering from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms may order for the patient’s medical use low-THC cannabis to treat such disease, disorder, or condition or to alleviate symptoms of such disease, disorder, or condition, if no other satisfactory alternative treatment options exist.”
Georgia	Yes	<i>CBD Oil (Low THC):</i> “An oil that contains no more than 5% by weight of THC and an amount of CBD equal to or greater than the amount of THC” <i>Qualifying Conditions:</i> <ul style="list-style-type: none"> <li>Any patient diagnosed with a condition listed on page 6 and whose treating physician has certified the patient to be authorized through the Patient Registry to use low THC oil.</li> <li>Any patient with medication resistant epilepsy who is participating in a clinical research program through the Board of Regents.</li> </ul>
Kentucky	No	<i>CBD-Only Extract:</i> Contains CBD extracted from cannabis; contains no THC <i>Qualifying Patients:</i> Kentucky’s law allows physicians to either “recommend” marijuana for a patient or “certify” the patient to use it legally. Such written order is to be made by a physician practicing at a hospital or associated clinic affiliated with a Kentucky public university conducting research on medical uses for CBD.
Tennessee	No	<i>CBD Oil (Low THC):</i> Contains no more than 0.9% THC <i>Clinical Research Study Only:</i> Law allows Vanderbilt Children’s Hospital and East Tennessee Children’s Hospital to prescribe CBD to children enrolled in study for the treatment of intractable seizures.
North Carolina	Yes	<i>Hemp Extract:</i> “Less than 0.3% of THC and at least 10% CBD by weight” and contains no other psychoactive substance <i>Condition:</i> Intractable Epilepsy
South Carolina	Yes	<i>CBD Oil (Low THC):</i> A “finished preparation containing, of its total cannabinoid content, at least 98% CBD and not more than 0.90% THC by volume that has been extracted from marijuana or synthesized in a laboratory” <i>Qualifying Patient:</i> “Anyone who suffers from Lennox Gastaut Syndrome, Dravet Syndrome, also known as severe myoclonic epilepsy of infancy, or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.”
Virginia	No	<i>CBD Oil (Low THC):</i> “At least 15% CBD but no more than 5% THC” <i>THC acid (THC-A) Oil:</i> “At least 15% THC-A but no more than 5% THC.” <i>Condition:</i> Intractable Epilepsy <i>Affirmative Defense Only:</i> A valid written certification from the treating physician shall be prima facie evidence that the oil was possessed for the treatment of intractable epilepsy.

(Autism - continued from page 2) to provide for a .2 percent statewide sales tax to fund ASD treatment as provided for in HR 808.

## Reforms in Other States

As mentioned earlier, although Georgia has finally embraced autism insurance reform, it is the most narrowly-crafted mandate in the nation. This was necessary in order to get a compromise measure adopted. By comparison, Massachusetts imposes no cap on the insured's minimum age or any maximum benefit cap. Because of the limited scope of Georgia's statute, it is conceivable that the General Assembly may reexamine the mandate with the intent of expanding its scope. Some possible options for reform may involve increasing the cap on benefits, increasing the maximum age of children covered, or introducing tiered coverage based on age. For example, Arizona provides \$50,000 in ABA coverage for children under the age of nine, and \$25,000 of coverage for children between nine and 16. Connecticut utilizes a three-tiered system – annual ABA coverage is limited to \$50,000 for a child who is less than 9 years of age; \$35,000 between 9 and 13; and \$25,000 from 13 to 15 years of age. The logic behind the tiered system is that it is much more expensive to treat young children for an ASD than it is for older children. Given that the original maximum cap for ABA therapy was reduced from the original bill's \$50,000 to the adopted \$30,000 cap, it is unrealistic that the cap would be dramatically increased in the near future, but a tiered system could conceivably be established as a compromise. -AA

(Senate and Joint Study Committees - continued from page 3)

## Interstate Cooperation

### Joint Georgia-Alabama Study Committee

#### House Resolution 395

HR 395 creates the Joint Georgia-Alabama Study Committee which is to be composed of ten members. The Speaker of the House and the President of the Senate will each appoint five members from their respective Chambers whose districts abut any part of the boundary between the two states. Additionally, the Speaker must designate a member of the House as co-chair, and the President of the Senate must designate a member of the Senate as co-chair. The purpose is to provide a formal means for members of the Georgia General Assembly to meet with their counterparts from the State of Alabama to discuss issues that are common to both states and to seek solutions to common problems. The committee stands abolished on December 1st, 2016.

## Natural Resources and Environment

### Joint House and Senate Coastal Greenway Study Committee

#### Senate Resolution 26

This resolution creates the Joint House and Senate Coastal Greenway Study Committee to examine the proposed Coastal Georgia Greenway trail, which would connect various historical areas and green spaces across the Georgia coast, and link to the proposed East Coast Greenway trail that runs from Maine to Florida. The committee will consist of members appointed from both the House and Senate, the Commissioner of the Department of Transportation or his designee, the Commissioner of Natural Resources or his designee; the Commissioner of the Department of Community Affairs or her designee; the Director of the Department of Economic Development; and the Executive Director of the Coastal Georgia Greenway. In the event the committee issues a report, the report must be filed on or before December 1, 2015.

## Other Bills Signed by Governor Deal in 2015



HB 170, a comprehensive transportation funding bill, was signed on May 4, 2015, at Liberty Plaza.



SB 8, also known as the Safe Harbor/Rachel's Law, was signed on May 5, 2015, at the Georgia State Capitol.

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