2013 Carry-Over Legislation

University Issues

Campus Police: **HB 539**, population classification legislation changed the definition of current law pertaining to a college or university campus. This resulted in elimination of the existing jurisdictional authority for campus police to extend 500 yards beyond the edge of campus property. We were successful in having this provision reinstated with a House floor amendment. HB 539 passed the full House and the Senate Committee on State and Local Governmental Operations but failed to come to the Senate floor for a vote in the final days of the session.

Campus Carry of Guns: **SB 101** passed the Senate and House and includes much of the language in the House-passed legislation, **HB 512**. A conference committee was appointed to work out the differences but a final version did not pass. Negotiations will continue in the conference committee and the legislation could be eligible for action as early as opening day of the next session, January 13, 2014. The legislation includes language that maintains private property rights as well as an “opt in” provision for private colleges and universities.

Certificate of Need (CoN)

Physician-owned facilities: **HB 279** exempts physician-owned multi-specialty ambulatory surgical centers from having to obtain a CoN to operate.

Physician/Physician Group: **SB 171** creates an exemption from CoN requirements for single specialty ambulatory surgical centers or joint venture ambulatory surgical centers when they are acquired by a physician or a physician group regardless if they are single specialty or multi-specialty.

Emergency Services: **HB 404** provides an exemption from CoN requirements for freestanding facilities providing emergency services to pediatric patients.

Hospitals/Physicians/Healthcare Professionals

Hospital Authority Antitrust Liability: **HB 230** seeks to affirm that hospital authorities, and all actions taken by such authorities in accordance with powers granted to them under the Hospital Authorities statute, would be immune from antitrust liability to the same degree and extent as enjoyed by the State of Georgia.

Hospital Liens: **SB 239** makes changes to the hospital lien law notice requirements for perfecting a lien by eliminating the option of “certified mail or statutory overnight delivery, return receipt requested mail.” It proposes to permit such notice be sent by first-class mail, email or facsimile.

Hospital-Physician Contracts: **HB 322** prohibits a hospital authority from imposing unreasonable barriers that do not allow a patient to continue to use a physician after the physician is no longer employed by such hospital authority.

Physician Profiling: **SB 173** creates the “Accuracy and Transparency in Physician/Provider Profiling Act.” A program would be developed that compares, rates, ranks, measures, or classifies a physician or physician group's performance, quality, or cost of care against objective or subjective standards or the practice of other physicians.
Background Checks: **HB 608** expands background checks for all applicants seeking employment with nursing homes, hospices, and home health agencies.

**Scope of Practice and Licensure of Healthcare Professionals**

Advance Practice Registered Nurses (APRNs): **SB 94** allows physicians to delegate to APRNs through a protocol agreement the authority to order radiographic imaging tests. The bill removes current law provision that these tests can be ordered by the APRN only in non-life threatening situations. SB 94 passed the Senate and received a partial hearing in the House Health and Human Services Committee.

Physician Assistants: **HB 676** authorizes a physician to delegate to a physician assistant the authority to prescribe Schedule II controlled substances and would require health insurance providers to record the name of a physician assistant providing care and treatment to a patient.

Administering Vaccines: **SB 85** expands the types of vaccines that can be administered in a pharmacy setting by pharmacists and nurses under a vaccine physician protocol agreement. The bill passed the Senate.

Definition of “Prescriber”: **SB 134** changes the definition of “prescriber” to include a physician, dentist, scientific investigator, or other person licensed, registered, or otherwise authorized under the laws of this state, “or any other state or territory of the United States” to prescribe a controlled substance in the course of professional practice or research in this state. This would allow for reciprocity with other states. While this bill passed both the House and Senate, it failed to receive final passage in the waning hours of the session because the House disagreed with a Senate amendment that provided authorization for pharmacists and nurses to administer vaccines.

Protocol Technicians: **HB 546** requires the Department of Public Health to establish a pilot program to assess the need for and effectiveness of using protocol technicians in areas of this state which do not have access to a hospital.

Lactation Consultants: **HB 363**, the “Georgia Lactation Consultant Practice Act,” creates a licensing board for licensure and regulation of the activities of persons engaged in lactation care and services.

**Health Insurance Benefits**

Autism: **HB 309, HB 559** and **SB 191** require health plans offered in Georgia to cover the diagnosis and treatment of autism. This coverage would be up to $50,000 per year for behavioral health treatment.

Bariatric Surgery: **HB 511** creates a pilot program to provide coverage for bariatric surgical procedures for the treatment and management of obesity and related conditions under the State Health Benefit Plan. The legislation passed the full House and favorably agreed to by the Senate Health and Human Services Committee, but tabled in the full Senate.

Medical Foods: **HB 73** requires insurance coverage for physician prescribed special dietary foods or formulas for specific chronic medical conditions, such as food tolerance and absorption disorders, and inherited metabolic and genetic disorders. The bill received a hearing by the Senate Insurance Committee.

Hearing Aids: **HB 74**, known as the “Hearing Aid Coverage for Children Act,” requires coverage for the full cost of one hearing aid per covered hearing impaired individual under 22 years of age. This bill received a hearing by the Senate Insurance Committee.
Pharmacy Benefits: HB 644 requires issuers of health benefits plans which utilize drug formularies to make certain disclosures to enrollees by providing in plain language in the coverage documentation: (1) Notice that the plan uses one or more drug formularies; (2) An explanation of a drug formulary; (3) A statement regarding the method the issuer uses to determine the prescription drugs to be included in or excluded from a drug formulary; (4) A statement of how often the issuer reviews the contents of each drug formulary; (5) Notice, on a form approved by the Commissioner, that an enrollee may contact the issuer to determine whether a specific drug is included in a particular drug formulary.

Patient and Related Issues

Patient Injury Act: HB 662 and SB 141 allow patients to take complaints of doctor or hospital mistakes to a panel of physicians for hearings instead of filing a lawsuit. Should the physician panel find fault, the compensation would be made out of a fund that all providers would pay into. This legislation is patterned much like the State Workers Compensation Board. One hearing was held by the Senate Health and Human Services Committee on SB 141.

Psychiatric Advance Directive: HB 205 provides for advance directive for mental health. Under HB 205, a competent adult could express in writing their mental health care treatment preferences and the directive may include a mental health agent.

Trauma Care: SR 378 proposes an amendment to the Constitution to dedicate revenues collected from the sale of fireworks to the funding of trauma care and firefighter services in the State of Georgia.

Vaccines: SB 217 requires the Department of Community Health to make injections for respiratory syncytial virus prophylaxis (RSV) available to any infants (children under the age of 24 months) that are recipients of medical assistance.

Maternal Mortality Review: SB 273 directs the Department of Public Health to establish a Maternal Mortality Review Committee to review maternal deaths and to develop strategies for the prevention of maternal deaths.