

## 2017 State Session Healthcare Implementation Report

The following implementation report was compiled by Emory's Office of Government and Community Affairs to provide an overview of legislation that passed during the 2017 State Session of interest to Emory Healthcare and its providers.

### [HB 154](#)

Allows dental hygienists to provide basic dental care at select sites without a dentist in attendance.

*Effective Date: January 1, 2018*

### [HB 157](#)

Repeals requirements for physicians advertising or publicizing specialty certification. The requirements being repealed can be viewed [here](#).

*Effective Date: July 1, 2017*

### [HB 165](#)

Prohibits any interpretation of the Medical Practice Act to require physicians to maintain board certification for state licensure purposes or as a prerequisite for employment in state medical facilities, reimbursement from third parties or malpractice insurance coverage. However, individual hospitals and their medical staff are not prohibited from instituting their own maintenance of certification requirements.

*Effective Date: July 1, 2017*

### [HB 206](#)

Sections 1 & 2 relaxes requirements for Medicaid pharmacy audits within the Pharmacy Audit Bill of Rights.

Section 3 raises the personal needs allowance for cost of care for clients in nursing homes.

*Effective Date: July 1, 2017*

### [HB 231](#)

Annual drug update bill.

*Effective April 17, 2017*

### [HB 241](#)

Offers optional testing of Georgia newborns for Krabbe disease.

*Effective Date: July 1, 2017*

### [HB 249](#)

Aims to curb opioid abuse through new requirements for prescribers and dispensers.

- Part I
  - Requires prescribers to enroll with the Prescription Drug Monitoring Program Database (PDMP) by January 1, 2018.

- The PDMP is moved to the Georgia Department of Public Health (DPH). DPH will test the system from January 1, 2018 – May 31, 2018 to ensure it is operational 99.5 percent of the time.
- Dispensers must report prescription information to the PDMP every 24 hours.
- Beginning July 1, 2018, a prescriber must review the PDMP the first time they issue a new prescription and must re-check the system every 90 days. Please view the bill text for exemptions under 16-13-63(2)(A).
- Part II requires prescribers to provide patients receiving an opioid prescription information on the addictive risks of using opioids, either verbally or in writing.
- Part III allows the State Health Officer to issue a standing order for Naloxone.
- Part IV requires the reporting of neonatal abstinence syndrome to DPH.
- Part V provides for annual onsite inspections of narcotic treatment programs.
- Part VI requires the coroner or county medical examiner to be notified of an apparent drug overdose.
- Part VII includes technical revisions to code section related to the use of automated external defibrillators.

*Effective Date: July 1, 2017 (unless otherwise stated above)*

#### [HB 276](#)

Allows the Commissioner of the Georgia Department of Community Health (DCH) to promulgate rules that are related to the oversight of pharmacy benefit managers (PBM). Also prevents a PBM/insurer from requiring the use of a mail-order pharmacy or from requiring a covered individual to pay a different copay for using their pharmacy of choice; prohibits PBMs from prohibiting pharmacies from disseminating information about prescription drug alternatives or delivery services and places other limits on PBM that are related to “financial maneuvers.”

*Effective Date: July 1, 2017*

#### [HB 391](#)

Amends the “Safe Place for Newborns Act” by adding fire stations and police stations as allowable places to leave a newborn child.

*Effective Date: July 1, 2017*

#### [HB 427](#)

Expands the state’s service cancelable loan program to dentists, physician assistants and advanced practice registered nurses.

*Effective Date: July 1, 2017*

#### [HB 486](#)

Allows for the training of proxy caregivers in medication administration within home and community-based services, community residential alternatives services or community living services.

*Effective Date: May 8, 2017*

#### [SB 16](#)

Adds six conditions to the list of approved uses for low THC oil. These include autism, Alzheimer's, Tourette's, epidermolysis bullosa, acquired immune deficiency disorder and peripheral neuropathy. See Appendix A for more information.

*Effective Date: July 1, 2017*

#### [SB 41](#)

Provides for the licensure of durable medical equipment (DME) suppliers.

*Effective Date: July 1, 2017*

#### [SB 47](#)

Allows physicians for visiting sports teams to legally treat athletes in Georgia without a state license.

*Effective Date: July 1, 2017*

#### [SB 52](#)

Removes the sunset provision from the state law that allows licensed professional counselors to be authorized to conduct emergency examinations on individuals who are mentally ill or drug- or alcohol-dependent.

*Effective Date: May 9, 2017*

#### [SB 70](#)

Reauthorizes the Hospital Provider Payment Program until 2020.

*Effective Date: February 13, 2017*

#### [SB 88](#)

Strengthens licensure requirements for narcotic treatment programs.

*Effective Date: May 4, 2017*

#### [SB 96](#)

Allows registered professional nurses, nurse practitioners, or physician assistants in nursing homes and hospice care the ability to pronounce death.

*Effective Date: July 1, 2017*

#### [SB 102](#)

Establishes a voluntary, multi-level emergency cardiac care designation for hospitals.

*Effective Date: July 1, 2017*

#### [SB 103](#)

Authorizes the Commissioner of the Georgia Department of Community Health to investigate pharmacy benefits managers (PBM) and places certain restrictions on PBMs, including prohibiting them from requiring patients to use mail order pharmacies.

*Effective Date: July 1, 2017*

#### [SB 106](#)

Defines when certified registered nurse anesthetists (CRNA) can provide medical treatment and services in a licensed pain management clinic when a licensed provider is not physically present.

*Effective Date: July 1, 2017*

[SB 109](#)

Allows Georgia to enter into the Nurse Licensure Compact. The bill also allows Georgia to enter into an EMS practitioner compact.

*Effective Date: July 1, 2017*

[SB 121](#)

Includes the same provision as HB 249 that allows the State Health Officer to issue a standing order for Naloxone.

*Effective April 18, 2017*

[SB 153](#)

Allows optometrists to inject pharmaceutical agents around a patient's eye once they complete the requisite training or are enrolled in such training and are under the direct supervision of a board-certified ophthalmologist.

*Effective Date: July 1, 2017*

[SB 193](#)

Allows physicians to write a prescription for the sexual partner of a patient who is diagnosed with chlamydia or gonorrhea without the need for a physical examination. The bill also contains provisions related to pregnancy resource centers.

*Effective Date: July 1, 2017*

[SB 200](#)

Requires private health insurers to synchronize a patient's medications for chronic conditions.

*Effective Date: July 1, 2017*

[SB 201](#)

Allows an employee to use sick leave for the care of an immediate family member.

*Effective Date: July 1, 2017*

[SB 206](#)

Requires private health insurers to cover hearing aids for children 18 years or younger.

*Effective Date: July 1, 2017*

[SB 242](#)

Allows physicians to delegate authority to eight advanced practice registered nurses, up from four.

*Effective Date: July 1, 2017*

**For questions, please contact Kallarin Mackey, Director of State Affairs, OGCA**

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## **APPENDIX A**

### **FAQs – Low THC Oil in Georgia**

April 19, 2017

Below is a list of frequently asked questions regarding Low THC Oil, a form of medical cannabis. Georgia recently legalized the possession of Low THC Oil in Georgia by certain qualifying patients with specific conditions. Please note that the below is a summary of answers to frequently asked questions, and does not constitute legal advice or a risk analysis. Also, many of these issues are still unsettled or rapidly developing, and the below information is therefore subject to change.

Further questions regarding Low THC Oil or the care of specific patients should be directed to the Chief Medical Officer and/or the Office of General Counsel.

#### **Is Medical Marijuana Legal in Georgia?**

- In 2015, Georgia legalized, under state law, the possession by certain patients of up to 20 fluid ounces of an oil that contains a maximum of 5% by weight of tetrahydrocannabinol (“THC”) and an amount of cannabidiol equal to or greater than the amount of THC. This oil is referred to as “Low THC Oil.”
- The possession of any type of marijuana other than Low THC Oil is still a crime under Georgia law. Georgia law also continues to ban the cultivation, purchase, manufacture, distribution or sale of any type of marijuana in Georgia, including Low THC Oil. This means that while it is legal for some patients to possess Low THC Oil under Georgia law, Low THC Oil cannot be legally purchased, manufactured, distributed or sold in Georgia or transported to Georgia from another state.
- Although Georgia legalized the possession of Low THC Oil by certain patients, under federal law marijuana (including Low THC Oil) is still a banned substance and is not approved by the FDA. All activities related to marijuana outside of FDA-approved clinical trials, including its manufacture, cultivation, distribution or possession, are currently illegal under the federal laws of the United States. The federal government continues to have the authority to regulate marijuana and enforce federal drug laws in Georgia.
- Under both federal and Georgia law, providers may not legally prescribe low THC oil, dispense low THC oil, or assist a patient with obtaining, using, or administering low THC oil. In addition, both Georgia law and federal law prohibit a provider from possessing low THC oil on behalf of a patient. Patients and/or their caregivers are the only parties permitted to possess or administer low THC oil under the Georgia statute.

## **What are the requirements for a patient to legally possess Low THC Oil under Georgia law?**

- In order to possess Low THC Oil legally in Georgia, a patient must be one of the following:
  - (1) a participant in an FDA-approved clinical trial;
  - (2) certified to the Department of Public Health (“DPH”) by his or her physician as having one of fourteen (14) specific conditions listed in the statute (see below for the full list of conditions); or
  - (2) certified to the DPH by his or her physician as an inpatient or outpatient in a hospice care program.
- Patients who are certified by a physician to possess Low THC Oil must register with DPH and carry a registration card issued by DPH.<sup>1</sup> In addition, the Low THC Oil must be in a pharmaceutical container labeled by the manufacturer indicating the percentage of THC in the oil. (O.C.G.A. §§ 16-12-190 and 16-12-191).
- The fourteen (14) conditions that qualify a patient to possess Low THC Oil, when diagnosed by a physician, are as follows:
  - Cancer, when diagnosed as end stage or treatment produces wasting illness or recalcitrant nausea and vomiting;
  - Amyotrophic lateral sclerosis, when diagnosed as severe or end stage;
  - Seizure disorders related to a diagnosis of epilepsy or trauma-related head injuries;
  - Multiple sclerosis, when diagnosed as severe or end stage;
  - Crohn’s disease;
  - Mitochondrial disease;
  - Parkinson’s disease, when diagnosed as severe or end stage;
  - Sickle cell disease, when diagnosed as severe or end stage;
  - Tourette’s syndrome, when diagnosed as severe;
  - Autism spectrum disorder, when diagnosed for a patient who is at least 18 years old, or severe autism, when diagnosed for a patient who is less than 18 years old;
  - Epidermolysis bullosa;
  - Alzheimer’s disease, when diagnosed as severe or end stage;
  - AIDS, when diagnosed as severe or end stage; and
  - Peripheral neuropathy, when symptoms are diagnosed as severe or end stage.

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<sup>1</sup> A registration card issued by another state that also allows the possession of Low THC Oil will satisfy the above requirement in Georgia, but only for the first 45 days the patient is present in Georgia. O.C.G.A. 16-12-191(a)(1)(B). In addition, DPH may, in certain circumstances, issue a registration card to the patient’s caregiver (defined as a legal guardian or parent).

## **How can a physician certify patients for Low THC Oil under Georgia law?**

- **Relationship to Patient.** In order to certify patients for possession of Low THC Oil, a physician must: (1) have a doctor-patient relationship with that patient and (2) be treating the patient for the conditions listed above, or be treating the patient in a hospice program. O.C.G.A. § 31-2A-18(d). A “doctor-patient relationship” means the physician must be the patient's primary care or specialist physician treating the patient for the specific condition requiring treatment by Low THC oil, and must be maintaining patient records supporting the diagnosis and treatment of the patient. Rule 360-36-.01(6).
- **Physician’s Registration with DPH.** In order to certify a patient for the possession of Low THC Oil, a physician must first register with DPH as a certifying physician through DPH’s Low THC Registry web page (<https://dph.georgia.gov/low-thc-oil-registry>). The Georgia Composite Medical Board then confirms that the physician is in good standing.
- **Patient Waiver.** The certifying physician must have the patient sign a waiver form, available on the DPH website, acknowledging that the patient has been advised by the physician that "the use of cannabinoids and THC containing products have not been approved by the FDA and the clinical benefits are unknown and may cause harm" and waives any rights to actions against the physician and the State of Georgia for the use of these products. The waiver must be notarized. The physician should keep the original signed and notarized copy of this waiver. A copy of the waiver form is available on the DPH website (<https://dph.georgia.gov/low-thc-oil-forms>).
- **Certification Form.** On the DPH registry site, the physician must fill out a certification form attesting that the physician has assessed the patient, that the physician has a doctor-patient relationship with the patient, and that the patient has one of the conditions listed in the statute. The certification form is submitted to DPH, and a copy of this certification form must be kept in the patient’s medical record. A copy of the certification form is available on the DPH website (<https://dph.georgia.gov/low-thc-oil-forms>).
- **Semiannual Reports.** Physicians who certify patients for possession of Low THC Oil must issue semiannual reports to the Georgia Composite Medical Board. Such reports require the physician to disclose information regarding the condition being treated, the amount of Low THC Oil being reported by the patient, drug interactions, adverse effects, and patient compliance with treatment. O.C.G.A. § 31-2A-18(d); Rule 360-36-.04(1). A copy of the report should be kept in the patient’s medical record. Rule 360-36-.04(5).
- **Patient Registration Card.** DPH will issue a registration card to the patient once the physician has certified the patient with DPH. The patient’s registration card is valid for two years, after which patients must be re-certified. Rule 511-5-11-.04(1).

## **Is a physician required to certify a patient for Low THC Oil under Georgia law?**

- No. Nothing in the law requires a physician to certify a patient for Low THC Oil if the physician does not wish to do so.

### **What if I practice at institutions other than Emory?**

- Physicians affiliated with or who treat patients another institution, such as Children's Healthcare of Atlanta, Grady Health System, or the Atlanta Veterans Affairs Medical Center, should check the policies of that specific institution before discussing Low THC Oil with patients or certifying patients for Low THC Oil. Such institutions may place restrictions on discussing Low THC Oil with patients or certifying patients for Low THC Oil.

### **Additional Questions:**

- Physicians or other personnel who have additional questions regarding Low THC Oil or medical cannabis should contact the Office of General Counsel and/or the Chief Medical Officer.
- Additionally, more information for physicians regarding the registry, and links to the forms mentioned above, can be found at the DPH Low THC Oil Registry webpage: <https://dph.georgia.gov/low-thc-oil-registry>