

EMORY



OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS

2019 STATE LEGISLATIVE SESSION REPORT



EMORY'S OGCA TEAM

Emory's Office of Government and Community Affairs (OGCA) team is comprised of nine members; two who manage federal affairs, two focused on state affairs, three members who work in community affairs, a specialist dedicated to social impact innovation, and an Executive Administrative Assistant. The 2019 State Legislative Session Report is brought to you by the State Affairs team.

The OGCA State Affairs team serves as the official liaison between Emory and Georgia's legislative, executive and regulatory bodies, including the Governor's Office, the Georgia General Assembly and state agencies that administer higher education and healthcare programs. It is our responsibility to continually monitor each of these entities for any legislative or regulatory changes that could impact Emory. We strive to create new, and build upon existing, relationships with state officials and to find ways for Emory to strengthen its partnership with the state. Please do not hesitate to reach out to any of us with questions.



Cameron Taylor
Vice President
cameron.taylor@emory.edu



Alan Anderson
AVP, University Partnerships
alan.anderson@emory.edu



Jessica Davis
Director of Federal Affairs
jessica.ann.davis@emory.edu



Tjuan Dogan
AVP, Social Impact Innovation
tjuan.dogan@emory.edu



Kallarin Mackey
AVP, State Affairs
kallarin.r.mackey@emory.edu



Abby Meadors
Executive Administrative Assistant
abymeadors@emory.edu



Kendra Price
Government Affairs Manager
kendra.price@emory.edu



Hillary Thrower
Assistant Director, State Affairs
hillary.thrower@emory.edu



Betty Willis
Senior Associate Vice President
betty.willis@emory.edu

BUDGETS: AMENDED FY 2019 AND FY 2020

Each year, the General Assembly passes and the Governor signs two separate budgets, with the primary one being the budget for the upcoming fiscal year (July 1-June 30). The other is the “amended” fiscal year budget, which adjusts the current fiscal year to account for unanticipated needs that arise. The following reflects a summary of key budget items of interest to Emory.

AFY 2019

The Amended budget totaled \$26.9 billion in state funds and \$41.3 billion total including matching federal funds. Governor Brian Kemp signed the AFY 2019 budget on March 13, 2019.

- \$18.8 million to fully fund both deemed and non-deemed private hospitals eligible for the Disproportionate Share Hospital (DSH) program.
- Administrative funding for an external consultant to review and analyze Medicaid waiver options. (\$1 million)
- An increase of \$33.8 million for Medicaid enrollment, medical services utilization and medical trend.
- New funding for gene therapy drug coverage recently approved by the FDA. (\$5.8 million)
- New funds to the Mercer University School of Medicine to establish a four-year medical school campus in Columbus, Georgia. (\$9.3 million)

FY 2020

The Fiscal Year 2020 budget totaled \$26.2 billion in state funds and \$51 billion total including matching federal funds. Governor Kemp has 40 calendar days beginning April 3 to sign the budget.

- \$62 million for HOPE private scholarship awards (increase of 3% per award).
- \$3 million for \$500/term increase in the private Zell Miller Scholarship Program.
- \$101.8 million for Dual Enrollment.
- \$34 million for the Student Access Loan program.
- \$24.1 million for Tuition Equalization Grants (award amount remains \$950).
- \$1,047,540 for Emory to establish a telepsychiatry consult line for maternal mental health cases.
- 54 new slots in the OB/GYN residency program to reach a total of 36 slots at Emory University School of Medicine, 20 slots at Medical College of Georgia, 16 slots at Memorial University Medical Center, 16 slots at Morehouse School of Medicine and 16 slots at Navicent Health Care Macon. (\$828,000)
- Funding for 139 new residency slots in primary care medicine. (\$1.9 million)

UPCOMING 2019 STUDY COMMITTEES

Study committees are appointed or selected to perform a specific task or study a certain issue. After the committee examines the topic, a report is released which includes any findings, recommendations, or legislative proposals the committee deems appropriate. The following legislative study committees are expected to meet this summer and fall. The Emory OGCA team looks forward to participating in these committees to provide information that could help further Emory's mission.

HOUSE STUDY COMMITTEES

House Rural Development Council (HR 214)

- The House Rural Development Council is extended until December 1, 2020 and will continue to address economic development and related policy areas including, but not limited to, education, infrastructure, access to health care, and economic growth incentive in rural parts of the state.

Johnny Tolbert III House Study Committee on Heat-Related Injuries, Cardiac Injuries, and other Sports-Related Injuries (HR 259)

- The committee will study the injuries related to sports and recreational activities for youth and high school athletes.

House Study Committee on Innovative Financial Options for Senior Living (HR 533)

- The committee will study opportunities to expand affordable supportive housing for low-income older adults.

House Study Committee on Infant and Toddler Social and Emotional Health (HR 421)

- The committee will study the continuum of services that best support babies, young children, and the significant adults in their lives in instances of adverse childhood experiences on infants and toddlers.

House Study Committee on Exploring a Floor and Trade Charity Care System (HR 584)

- The committee will study a tradeable credit program intended to distribute the burden of uncompensated care more evenly across the different types of health care providers.

House Study Committee on Maternal Mortality (HR 589)

- The committee will study maternal death data and develop strategies to institute systemic changes to decrease and prevent maternal mortality in Georgia.

House Study Committee on Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infection (PANDAS) (HR 590)

- The committee will study and identify the barriers to PANS and PANDAS—awareness, testing, diagnosis, and early linkage to medication and care.

SENATE STUDY COMMITTEES

Senate Reducing Waste in Health Care Study Committee (SR 431)

- The committee will study the effectiveness of the current financial management and information systems in hospitals.

Senate Reducing Georgia’s Cost of Doing Business Study Committee (SR 433)

- The committee will study Georgia’s legal climate and its impact on the cost of doing business and performing healthcare services in Georgia.

Senate Higher Education Outcomes Study Committee (SR 464)

- The committee will study how the state’s higher education system (the University System of Georgia and Technical College System of Georgia) is responding to changes in the labor market and preparing students and parents for the demands of unique higher education credentials.

Senate Evaluating E-Scooters and Other Innovative Mobility Options for Georgians Study Committee (SR 479)

- The committee will evaluate how local governments, state agencies, and universities can work with companies providing private sector mobility innovation.

HOUSE LEGISLATION THAT PASSED

The General Assembly introduces over 2,000 bills annually, and the OGCA state team tracks every bill that has the potential to impact Emory. While only a small percentage of bills reach the finish line with a signature from the Governor, a bill’s introduction is informative and the OGCA state team pays attention to all legislative priorities. The following bills originated in the House, passed both chambers, and are relevant to Emory because they have the ability to impact specific areas of our mission.

House Bill 26 – Psychology Interjurisdictional Compact by Rep. Dave Belton (R-Buckhead) authorizes the State Board of Examiners of Psychologists to administer the compact in Georgia and allows across state boundaries use of telepsychology, and temporary in-person practice of psychology for 30 days within a calendar year.

Effective upon Governor’s signature

House Bill 30 – Amended Fiscal Year 2019 Budget by Speaker David Ralston (R-Blue Ridge). For additional details, please see page 3.

Effective March 13, 2019

House Bill 31 – Fiscal Year 2020 Budget by Speaker David Ralston (R-Blue Ridge). For additional details, please see page 3.

Effective July 1, 2019

House Bill 39 – Physical Therapy Licensure Compact Act by Rep. Dave Belton (R-Buckhead) allows for the practice of physical therapy to occur in the state where the patient is located at the time of service, increasing public access to physical therapy services by providing for the mutual recognition of other member state licenses. It also prohibits sharing reports from background checks with entities outside of Georgia.

Effective July 1, 2019

House Bill 62 – Margie’s Law by Rep. Sharon Cooper (R-Marietta) requires health care facilities, including hospitals, mobile units, clinics, and outpatient departments conducting a mammogram on patients with dense breast tissue to notify the patient of dense breast tissue within the mammogram results summary.

Effective July 1, 2019

House Bill 63 – Step Therapy by Rep. Sharon Cooper (R-Marietta) requires health benefit plans to establish step therapy protocols with exceptions in place to not curtail the prescribers’ authority and the patients’ ability to continue on a medication currently deemed medically necessary.

Effective July 1, 2019

House Bill 91 – GBI Rap Back Program by Rep. Andrew Welch (R-McDonough) allows the Georgia Bureau of Investigation to retain fingerprint records for participants in the Georgia Long-Term Care Background Check Program for purposes of the federally-authorized Rap Back Program. The Rap Back Program allows for continual background checks rather than only a single background check at the time of hire. This bill reduces administrative burdens on facilities who are required to perform background checks annually.

Effective October 1, 2019

House Bill 128 – Georgia Composite Medical Board Notification by Rep. Deborah Silcox (R-Sandy Springs) stipulates that physicians do not have to notify the Georgia Composite Medical Board of agreements to settle medical malpractice claims when the settlement resulted in the low payment under a high/low agreement.

Effective July 1, 2019

House Bill 166 – Genetic Counselors Act by Rep. Deborah Silcox (R-Sandy Springs) provides for the licensure of genetic counselors and for continuing education requirements under the Georgia Composite Medical Board.

Effective January 1, 2020

House Bill 186 – Certificate of Need by Rep. Ron Stephens (R-Savannah) revises Certificate of Need (CON) provisions, extends the Rural Hospital Tax Credit and creates the Office of Health Strategy and Coordination.

- For CON, HB 186 increases the capital threshold to \$10 million for new, expanded, or relocated clinical facilities and removes the requirement for CON approval for non-clinical space upgrades and renovations. CON application fees for a health care facility in a rural county are waived; however, no new, modified, or converted CON will be issued to an applicant with outstanding payments owed to the state until the payments have resolved. The bill allows for the conversion and application of a CON without opposition or appeal for a destination cancer hospital (Cancer Treatment Centers of America) to become a “general cancer hospital,” which is defined as a destination cancer hospital in existence prior to January 1, 2019 that provides inpatient and outpatient treatment for cancer and comorbid illnesses.
- Appeals to a CON application are allowed by parties that have an overlapping service application in the same batching cycle, offer similar services or have a primary service area within a 35-mile radius of the proposal.
- Hospitals and ambulatory surgery centers (ASCs) are not required to have a CON for certain imaging and diagnostic equipment under \$4 million, but the ASC physician must be present 75 percent of the time the machine is in use.
- The bill requires the Department of Community Health (DCH) to prepare the state health plan by December 1st of every calendar year and allows the department to seek recommendations from technical advisory committees for the plan. DCH is charged with reviewing and recommending the requirements and standardized reporting of indigent and charity care levels for each type of facility for accurate tracking and enforcement.
- Additional annual reporting and posting requirements for CON entities include: direct and emergency medical services transfers to a hospital or the emergency department; the number of rooms, beds, procedures and patients with demographics and payer source; patient’s county of origin; and operational information, such as procedure types, volume and charges.
- The department and CON facilities will publish annual reports on their website, and DCH will also provide copies to certain leadership. Further disclosure and requirements for hospitals and hospital authority corporations, enforced by DCH and effective July 1, 2020, include: audited financial statements; audited Internal Revenue Service (IRS) Form 990 with Schedule H, and for those hospitals that are not required to submit this form, one will be designed and provided by DCH; state-required annual questionnaire and financial survey; community benefit report; disproportionate share hospital survey; property holdings; ownership or interest in any partnership, corporation, joint venture, trust or captive insurance company; loans, bonds and debt information; ending fund balances of net assets for the hospital and each affiliate; cash reserves; going concerns; the legal organizational chart showing the relationship of the hospital to its parent corporation, subsidiaries, and affiliates; salaries and fringes as reported to the IRS Form 990; evidence of accreditation; and policies regarding the provisions for financial assistance and debt collection. Information or links to the information must be provided on the hospital’s website and updated annually with a minimum two-year archive period.
- HB 186 states non-profit hospitals may not renew or hold any property for medical use rights.
- The Rural Hospital Tax Credit is extended to 2024 and requires DCH to create a manual with the criteria to qualify and submit for the credit, as well as to develop and include a formula to rank the hospitals by greatest financial need in the manual.

- Finally, the bill creates the Office of Health Strategy and Coordination with the objective of connecting state resources, functions, reports, and agencies for improved health care service infrastructure. It allows for the creation of an advisory committee, as well as a Georgia Data Access Forum to promote the collection and use of robust data to meet the objectives.

Effective July 1, 2019, with reporting requirements effective July 1, 2020

House Bill 187 – Obesity Pilot Program by Rep. Katie Dempsey (R-Rome) establishes a three-year pilot program, through the Department of Community Health (DCH), to provide coverage for the treatment and management of obesity and related conditions for 250 people per year, including medication and counseling. Eligible participants include people who elected coverage under a state health insurance plan and who meet other criteria established by the department. DCH will partner with a post-secondary institution in Georgia for pilot program management, data collection, patient engagement, and other activities related to the pilot program, including coverage of all U.S. Food and Drug Administration (FDA) approved medications for chronic weight management. DCH shall review the results and outcomes of the study starting six months after its initiation and continue to conduct subsequent reviews every six months thereafter.

Effective July 1, 2019

House Bill 197 – Strategic Integrated Data System by Rep. Katie Dempsey (R-Rome) creates the Georgia Data Analytic Center (GDAC Project), which is to be established by the Office of Planning and Budget (OPB) by September 1, 2019. The GDAC Project will be capable of securely receiving, maintaining, and transmitting data in accordance with the HIPPA privacy act. Any state agency or department that creates, receives, or maintains publicly-supported program, fiscal, or health data must transmit or allow access to its data as is deemed necessary to the GDAC Project, as long as sharing the data does not violate state or federal law. The GDAC Project may receive funding from private grants, fees, federal or local grants, or state appropriations.

Effective July 1, 2019

House Bill 217 – Hypodermic Needles by Rep. Houston Gaines (R-Athens) provides that an employee or agent of a registered syringe services program shall be immune from civil and criminal liability arising from the possession, distribution, or exchange of hypodermic syringes, needles, and related supplies as part of the program.

Effective July 1, 2019

House Bill 218 – HOPE Scholarship Eligibility by Rep. Rick Williams (R-Milledgeville) provides that students receiving a HOPE scholarship between July 1, 2011 and June 30, 2019 will remain eligible for the scholarship for up to seven years from their high school graduation date; however, if the student serves in the military during that seven-year period, their active duty service will not count towards the seven years. HB 218 also provides that students receiving a HOPE scholarship on or after July 1, 2019 will remain eligible for that scholarship for up to 10 years from their high school graduation date; however, if the student serves in the military during that 10-year period, their active duty service will not count towards the 10 years.

Effective July 1, 2019

House Bill 233 – Pharmacy Anti-Steering and Transparency Act by Rep. David Knight (R-Griffin) restricts a pharmacy licensed in or holding a non-resident pharmacy permit in Georgia from transferring or sharing records containing patient and prescriber identifiable data to or from an affiliate for any commercial purpose. House Bill 233 further restricts these pharmacies from presenting a claim for payment to any individual, third-party payer, affiliate, or other entity for a service furnished pursuant to a referral from an affiliate. Pharmacies licensed or holding a nonresident pharmacy permit in Georgia are required to annually file with the Board of Pharmacy a disclosure statement identifying all such affiliates.

Effective January 1, 2020

House Bill 287 – Physician Tax Incentive Program by Rep. Matt Dubnik (R-Gainesville) replaces the preceptor tax deduction with a tax credit. For physicians, the credit is \$500 for the first through third preceptorship rotation and \$1,000 for the fourth through tenth preceptorship rotation. For physician assistants and advanced practice registered nurses, the credit is \$375 for the first through third preceptorship rotation and \$750 for the fourth through tenth preceptorship rotation. The Area Health Education Centers (AHEC) program office at Augusta University shall administer the program and provide an annual report.

Effective July 1, 2019

House Bill 290 – HIV Pilot Program by Rep. Sharon Cooper (R-Marietta) establishes a three-year pilot program to provide pre-exposure prophylaxis drug assistance or services to people who have tested negative for HIV but have risk factors that may expose them to the virus. The pilot program will be conducted in counties identified as at risk for outbreaks of HIV as a result of a high rate of opioid-related use. The Department of Public Health shall submit a detailed written report by December 31, 2022 on the implementation and effectiveness of the pilot program.

Effective upon specific appropriation funds

House Bill 321 – Hospital Provider Fee Program by Rep. Jodi Lott (R-Evans) includes provisions relating to hospital transparency, the Rural Hospital Tax Credit, and the hospital provider payment program.

- Section 1 of the bill requires a non-profit hospital, hospital-owned or operated authority, or the authority's non-profit corporation to post online the most recent versions of certain federal and state documents, which include audited financial statements for the hospital and its affiliates, including all subsidiaries and parent companies. The hospital's statements must distinguish and include gross patient revenue, allowances, charity care, and net patient revenues for the hospital. The subsidiaries and affiliates must provide audited balance sheets that break out the hospital's operating costs. Posted documents must include the hospital's audited Internal Revenue Service Form 990 with Schedule H, and for those hospitals that are not required to submit this form, one will be designed and provided by the Department of Community Health (DCH). State-specific documents for publication online include the hospital's: annual questionnaire; community benefit report; disproportionate share hospital survey; property holdings with location, use, and value; loan, bond, and debt information; ownership, interest, value, and domicile of any joint venture, partnerships, holdings, or captive insurance companies; year-end fund balances (less any interest in the foundation) of net assets that distinguish the purposes and any restrictions of those assets; going concern statements; the legal organizational chart

showing the relationship of the hospital to its subsidiaries and affiliates; a report listing the 10 highest salaried administrative positions with amount, fringe, titles, and other benefits; proof of accreditation(s); and policies for charity and reduced cost care payments and collections.

- While postings must be updated and filed at least once a year by July 1, the documentation for each year will be available on the website indefinitely and DCH’s website will provide prominent links to each of these. Failure to comply within 30 days of the deadline results in the suspension of all state funding, provided that DCH gave notice and allowed the opportunity for correction.
- Section 2 of the bill provides that hospital authority board members are subject to state conflict of interest laws governing sale and lease transactions.
- Section 3 relates to the eligibility and obligations of rural hospitals receiving tax credits. A “rural hospital” is further defined as a hospital that has a three-year average patient margin that is less than one standard deviation above the statewide three-year average as calculated by the department. DCH is required to create a manual with the criteria to qualify and submit for the credit, as well as develop and include a formula to rank the hospitals by greatest financial need in the manual. The department will prominently post the: manual; eligible and ranked hospital list determined by December 1st of every year; annual report; total amount received by third-party entities soliciting, administering, or managing donors; and a link to the Department of Revenue’s donation information on their webpage.
- Section 4 of the bill extends the sunset date of the hospital provider payment program from June 30, 2020 to June 30, 2025.
- Section 5 directs unspecified donations to rural hospitals to be automatically applied to the hospital ranked with the greatest need that has not yet received the maximum amount of contributions for that year. The Department of Revenue will post the list of eligible hospitals by need, the timeline for donations, and a monthly update of all designated and undesignated contributions preapproved and received as well as the aggregate totals for contributions and available credits. All parties are subject to annual auditing by the state.

Effective upon Governor’s signature

**Note: HB 186 sets forth a conflicting code section on transparency requirements. The order in which the bills are signed by the Governor will determine which code section is implemented.*

House Bill 323 – Pharmacy Benefit Managers’ Claims by Rep. David Knight (R-Griffin) requires that pharmacy benefit managers (PBMs) annually report to each client, insurer, or payer, the aggregate amount of all rebates that the PBM receives from pharmaceutical manufacturers in connection with claims administered on behalf of the client, as well as the aggregate amount of such rebates the PBM received from pharmaceutical manufacturers that it did not pass through to the client.

Effective January 1, 2020

House Bill 324 – Georgia’s Hope Act by Rep. Micah Gravley (R-Douglasville) allows for the production, manufacturing, and dispensing of low THC oil with a lawful valid license.

- The bill creates the Georgia Access to medical Cannabis Commission under the Georgia Secretary of State’s Office (“agency”) to promulgate rules and regulations, and to establish security, quality control, tracking, and oversight of all low THC oil production to ensure market stability and adequate supply.

- Moreover, the agency is prohibited from promulgating rules and regulations that would unduly burden access to low THC oil by registered patients. The Commission, comprised of 7 members, is charged with reviewing and approving applications to ensure a competitive process for licenses issued.
- The agency shall issue six private production licenses for two large and four smaller operations and are authorized to grow cannabis or hemp products in only indoor facilities for producing low THC oil.
- HB 324 requires each production licensee to establish, utilize, and maintain a sophisticated tracking system for all phases of production to allow for real-time department access. The tracking system must be operated in compliance with the federal ‘Health Insurance Portability and Accountability Act of 1996.’
- The bill also provides that the method of dispensing Low THC oil is through properly licensed and lawful pharmacies. The bill provides for two university research grow licenses, The University of Georgia and Fort Valley State University.
- No licensee shall operate in any location, whether for cultivation, harvesting, and processing marijuana for low THC oil, within a 3,000-foot radius of a school, an early care program, church, synagogue, or other place of public worship in existence prior to the date of licensure by the department.
- Lastly, this bill does not prohibit the conduct of research involving low THC oil or cannabis that is conducted in full accordance with federal law.

Effective July 1, 2019

House Bill 374 – Medications under Hospice Care by Rep. John LaHood (R-Valdosta) allows for liquid morphine to be administered to hospice patients by a medication aide. The initial dose must be administered by a licensed hospice health care professional to observe any adverse reactions, and then the medication aide must observe and document the patient’s need for liquid morphine thereafter. The assisted living community is responsible for training the medication aide. The bill sets an on-site limit of 50 milliliters of liquid morphine per hospice patient.

Effect upon Governor’s signature

House Bill 481 – Living Infants Fairness and Equality (LIFE) Act by Rep. Ed Setzler (R-Acworth) amends the current abortion law.

- Section 2 lists out the findings of the Georgia General Assembly that apply to the policy change.
- Section 3 requires that, unless otherwise provided by law, any natural person, including an unborn child with a detectable human heartbeat, is included in state population-based determinations.
- Section 4 states that no abortion is authorized or will be performed if an unborn child has been determined to have a human heartbeat except when a physician determines, in reasonable medical judgement, that a medical emergency exists; the probable gestational age of the unborn child is 20 weeks or less and the pregnancy is the result of rape or incest in which an official police report has been filed alleging the offense of rape or incest; or the pregnancy is medically futile.
 - Furthermore, Section 4 requires that no abortion is authorized or will be performed after the first trimester unless the abortion is performed in a licensed hospital,

ambulatory surgical center, or in a health facility licensed as an abortion facility by the Department of Community Health. Additionally, an abortion will only be performed by a physician licensed to practice pursuant to Georgia Code.

- House Bill 481 requires health records be made available to the district attorney of the judicial circuit in which the abortion occurs or the woman upon whom an abortion is performed resides. This bill allows that any woman upon whom an abortion is illegally performed may recover damages through civil action.
- Section 4 clarifies that it is an affirmative defense to prosecution if a licensed physician, physician's assistant, or pharmacist provides medical treatment or care to a pregnant woman which results in the accidental or unintentional injury to or death of an unborn child; an advanced practice registered nurse engages in the practice of nursing to provide care for a pregnant woman which results in the accidental or unintentional injury to or death of an unborn child; or if a woman sought an abortion because she reasonably believed that an abortion was the only way to prevent a medical emergency.
- Section 5 requires that the maximum amount of support which the court may impose on the father of an unborn child is the amount of direct medical and pregnancy related expenses of the mother during pregnancy.
- Section 6 requires that for the homicide of an unborn child, the right to recover for the full value of the life of such child will begin at the point at which a detectable human heartbeat is present.
- Section 7 requires the physician or other qualified agent inform the female, at least 24 hours before the abortion, of the probable gestational age and presence of a detectable human heartbeat of an unborn child at the time the abortion is to be performed.
- Section 8 requires that the Department of Public Health update its materials and website to be reflective of the policy changes included in House Bill 481.
- Section 9 repeals Code Section 31-9A-6.1, relating to civil and professional penalties for violations and prerequisites for seeking penalties.
- Section 10 is related to the physician's obligation in performance of abortions. Except in the case of a medical emergency, or when a pregnancy is diagnosed as medically futile, no abortion will be performed or attempted to be performed unless the physician performing such procedure has first made a determination of the presence of a detectable human heartbeat of an unborn child. In addition to any criminal or civil penalties provided by law, failure by any physician to conform to the requirements constitutes unprofessional conduct and may result in medical licensing sanctions.
- Section 11 requires that any physician who performs or attempts to perform an abortion will report to the Department of Community Health the following: if a detectable human heartbeat exists, the probable gestational age, and the method and basis of the determination; if a detectable human heartbeat exists, the basis of the determination that the pregnant woman had a medically futile pregnancy, that a medical emergency existed, or that the pregnancy was the result of rape or incest; and the method used for the abortion.
- Section 12 provides that an unborn child at any stage of development who is carried in the womb qualifies as a dependent minor as it relates to income taxes.

- House Bill 481 also states that any citizen in Georgia has standing and the right to intervene and defend in any action challenging the constitutionality of any portion of this act, which becomes effective on January 1, 2020.

Effective January 1, 2020

House Bill 483 – Controlled Substances Schedules I, IV, and V by Rep. Ron Stephens (R-Savannah) is the annual narcotics and drug update regarding Schedules I, IV, and V controlled substances to capture new synthetic opiates and synthetic marijuana, commonly known as bath salts.

Effective upon Governor’s signature

House Bill 514 – Georgia’s Mental Health Reform and Innovation Commission by Rep. Kevin Tanner (R-Dawsonville) creates the Georgia Behavioral Health Reform and Innovation Commission to conduct a comprehensive review of the behavioral health system in Georgia. The commission will review the behavioral health services and facilities available in Georgia, the identification of behavioral health issues in children, adolescents, and adults, as well as the role the education system has in the identification and treatment of behavioral health. Additionally, the commission will review the impact behavioral health issues have on the criminal justice system, the state’s homeless population, delivery of care, access to care, the role of payers in such access, and the impact untreated behavioral illness has on children transitioning into adulthood. The commission will conclude on June 30, 2023.

Effective July 1, 2019

House Bill 551 – Kratom and PDMP by Rep. Dewayne Hill (R-Ringgold) provides for the prohibition of access to kratom to persons under 18 years of age and to provide for package labeling requirements for the sale of kratom. An amendment was added to the bill to include language to retroactively rescind consent orders and fines until December 31, 2019 for prescribers who did not register with the Prescription Drug Monitoring Program (PDMP).

Effective July 1, 2019

SENATE LEGISLATION THAT PASSED

A bill can originate in either chamber; however, the bill must pass both the Senate and House in order to advance to the Governor for signature. The following bills originated in the Senate and have passed both chambers.

Senate Bill 2 – Broadband by Sen. Steve Gooch (R-Dahlonega) allows electric membership corporations (EMCs) to sell Internet service in addition to their existing electric utilities services. The bill's intent is to expand the availability of Internet access in rural areas that currently lack fast online services to expand business growth, educational opportunities and healthcare services, like telehealth.

Effective upon Governor's signature

Senate Bill 16 – Interstate Medical Licensure Compact Act by Sen. Kay Kirkpatrick (R-Marietta) authorizes the Georgia Composite Medical Board to administer the 'Interstate Medical Licensure Compact Act'. This bill provides a streamlined process for physicians to become licensed in multiple states and creates another pathway for licensure that does not otherwise change a state's existing Medical Practice Board.

Effective July 1, 2019

Senate Bill 18 – Direct Primary Care Act by Sen. Kay Kirkpatrick (R-Marietta) allows a patient to enter into a direct primary care agreement with a physician and pay a periodic fee for services. This agreement is not considered insurance and is also not subject to insurance regulations.

Effective July 1, 2019

Senate Bill 53 - Annexation Boundaries by Sen. Emanuel Jones (D-Decatur) states that the boundaries of an independent school system in DeKalb County are not extended by annexation unless expressly approved in a separate referendum. The bill is not retroactive and will not impact any existing annexations.

Effective July 1, 2019

Senate Bill 60 – Jeremy Nelson and Nick Blakely Sudden Cardiac Arrest Prevention Act by Sen. P.K. Martin (R-Lawrenceville) requires the Department of Education develop and publish guidelines relating to cardiac arrest. The bill sets forth conditions under which a student may be removed from athletic activity if exhibiting signs of cardiac arrest and prohibits students who are removed from returning without a written release by a healthcare provider.

Effective July 1, 2019

Senate Bill 106 – Patients First Act by Sen. Blake Tillery (R-Vidalia) authorizes the Department of Community Health (DCH) to submit a Section 1115 Medicaid waiver request to the Centers for Medicare and Medicaid Services (CMS) by June 30, 2020. This may include an increase in the income threshold of up to a maximum of 100 percent of the federal poverty level. The state may also submit a Section 1332 innovation waiver proposal to modify insurance coverage for individual and small group markets by December 31, 2021.

Effective March 27, 2019

Senate Bill 115 – Medical Practice Act by Sen. Renee Unterman (R-Buford) authorizes the Georgia Composite Medical Board to issue telemedicine licenses to physicians who are licensed in other states but not licensed in Georgia for the specific practice of telemedicine.

Effective July 1, 2019

Senate Bill 118 – Georgia Telehealth Act by Sen. Renee Unterman (R-Buford) requires insurers to reimburse for care delivered using telehealth services after January 1, 2020.

Effective January 1, 2020

Senate Bill 121 – Prescription Drug Monitoring Program (PDMP) by Sen. Larry Walker III (R-Perry) increases the data retention time of the prescription drug monitoring program from two to five years and grants access to the attorney general’s Medicaid Fraud Control Unit through the issuance of an administrative subpoena.

Effective July 1, 2019

Senate Bill 142 – Insurance Cards by Sen. Larry Walker III (R-Perry) requires that the subscriber’s health insurance identification card include a statement indicating that the subscriber’s health policy is fully insured.

Effective January 1, 2020

Senate Bill 168 – Nursing Compact by Sen. Greg Kirk (R-Americus) clarifies the requirements of granting authorization for holders of multi-state licenses to engage in advanced nursing practice in Georgia. This administrative fix ensures that Georgia is in compliance with the nursing compact.

Effective upon Governor’s signature

Senate Bill 207 – Georgia Board of Physician Workforce Name Change by Sen. Dean Burke (R-Bainbridge) changes the name of the board to the Georgia Board of Health Care Workforce. The board is responsible for identifying and meeting the healthcare workforce needs of Georgia through the support and development of medical education programs.

Effective July 1, 2019

LEGISLATION THAT DID NOT PASS

This list of legislation includes bills that failed to pass during the 2019 legislative session or were introduced during the final days of the session for the purpose of being considered next year. Because this year is the first year of the two-year legislative biennial, these bills are still eligible to cross the finish line next year. Emory OGCA will continue to monitor these bills next session.

House Bill 37 – Expand Medicaid Now Act by Rep. Robert Trammell (D-Luthersville) would have authorized appropriations to obtain federal financial participation for medical assistance payments to providers of Medicaid expansion for the maximum percent of the federal poverty level.

House Bill 42 – Professional Licensing Boards by Rep. Scot Tuner (R-Holly Springs) would have prohibited an individual’s professional license from being revoked solely due to their failure to repay student loans. SB 92 is the companion bill that also failed to receive final passage.

House Bill 53 – Freedom of Speech by Rep. Kasey Carpenter (R-Dalton) would have provided for freedom of religious speech for students and faculty members in elementary and secondary public schools in student expression, class assignments, organization of religious groups and activities, and limited public forums.

House Bill 84 – Surprise Billing by Rep. Richard Smith (R-Columbus) would have addressed “surprise billing” by providing consumer protections regarding health insurance and new transparency rules between health care providers, insurers and all of their respective or prospective patients.

House Bill 85 – Organ Procurement by Rep. Penny Houston (R-Nashville) would have established a sales and use tax exemption for organ procurement organizations.

House Bill 89 - Certificate of Need by Rep. Chuck Martin (R-Alpharetta) would have exempted Legacy Sports Institute from Certificate of Need (CON) requirements.

House Bill 99 – Captive Insurance by Rep. Richard Smith (R-Columbus) would have updated and modernized Title 33, relating to insurance, by removing repetitive language, expired deadlines, and expired sections. Additionally, this bill would have provided provisions for captive insurance companies.

House Bill 112 – Dextromethorphan by Rep. John LaHood (R-Valdosta) would have prohibited the sale to and by minors of drug products containing dextromethorphan and established penalties for such sales.

House Bill 135 – Electronic Monitoring in Long-term Care Facilities Act by Rep. Demetrius Douglas (D-Stockbridge) would have permitted a resident of a nursing home and his or her family members to place video and/or audio recording devices in the resident’s room. There would have been additional conditions, requirements and limitations that affect the resident and the facility.

House Bill 158 – HIV and AIDS Treatment by Rep. Deborah Silcox (R-Sandy Springs) would have required that Medicaid recipients have the same access to antiretroviral regimens, including single-tablet regimens, used to treat HIV and AIDS as those included in the formulary established for the Georgia AIDS Drug Assistance Program.

House Bill 160 – Bariatric Surgery Coverage by Rep. Katie Dempsey (R-Rome) would have reinstated a pilot program to provide coverage for bariatric surgical procedures for the treatment and management of obesity and related conditions under the Georgia Department of Community Health.

House Bill 178 – Mental Health Outpatient Treatment Programs by Rep. Don Hogan (R-St. Simons Island) would have created a unit within the Department of Behavioral Health and Development Disability to create a pilot program for assisted outpatient treatment programs for mental health and addictive diseases.

House Bill 198 – Certificate of Need by Rep. Matt Hatchett (R-Dublin) would have eliminated certificate of need requirements for all health care facilities except certain long-term care facilities and services.

House Bill 214 – Vaccine Protocol Agreements by Rep. Ron Stephens (R-Savannah) would have removed the geographic limitation on pharmacists relating to vaccine protocol agreements.

House Bill 308 – Public Records by Rep. Jason Ridley (R-Chatsworth) would have prohibited agencies to enter into any agreement, contract, or understanding with any private entity that would allow the private entity to exclusively hold public records which are subject to disclosure.

House Bill 370 – Advance Practice Registered Nurses by Rep. Sharon Cooper (R-Marietta) would have allowed APRNs in a protocol agreement with a physician to administer up to a 14-day supply of nonnarcotic drugs in an emergency situation.

House Bill 397 – UBIT by Rep. David Knight (R-Griffin) would have excluded from the calculation of unrelated business income of certain exempt organizations any amount included in federal unrelated business income due to the application of the United States Internal Revenue Code.

House Bill 409 – Advance Practice Registered Nurses by Rep. Alan Powell (R-Hartwell) would have authorized an APRN to order radiographic imaging tests in non-life-threatening situations if delegated by a physician. Additionally, it would have increased the number of APRNs that a delegating physician may enter into a nurse protocol agreement from four to eight. The companion bill, SB 109, also failed to receive final passage.

House Bill 416 – State Vaccine Consumer Protection Office by Rep. Rick Williams (R-Milledgeville) would have established the State Vaccine Consumer Protection Office under the Department of Public Health to provide information to the public about assessment, diagnosis and treatment of potential vaccine injuries.

House Bill 434 – Campus Police by Rep. Bill Hitchens (R-Rincon) would have provided that a campus policeman who is employed by a private higher education institution and who commits a tort while acting within the scope of his or her official duties or employment or authorized law enforcement powers shall not be subject to lawsuit or liability.

House Bill 442 – Physicians Grant by Rep. Kim Schofield (D-Atlanta) would have established a grant program under the Georgia Board for Physician Workforce for certain physicians that choose to practice in an underserved area of the state.

House Bill 444 – Dual Enrollment by Rep. Bert Reeves (R-Marietta) would have changed the private college reimbursement rate to \$250/credit hour and limited students to only take 32 semester hours paid through Dual Enrollment.

House Bill 469 – Booting Bill by Rep. Matt Dollar (R-Marietta) would have taken away current control by local ordinances and regulate the practice of booting vehicles throughout Georgia. The bill exempted any property owned by a private technical school, vocational school, college, or university.

House Bill 475 – Healthcare for Inmates by Rep. David Dreyer (D-Atlanta) would have required penal institutions to establish prenatal, perinatal, and postpartum services and support for women.

House Bill 484 – Georgia Medical Funding Act by Rep. Andrew Welch (R-McDonough) would have addressed disputes in which a medical funding provider has provided payment to a consumer's health care provider.

House Bill 518 – Emergency Medical Services by Rep. Mike Wilensky (D-Dunwoody) would have authorized the Board of Public Health to designate and contract with a public or nonprofit local entity to coordinate and administer the EMSC Program for each health district designated by the Department of Public Health.

House Bill 521 – Temporary Dental Licenses by Rep. Houston Gaines (R-Athens) would have authorized the Georgia Board of Dentistry to issue, in its discretion, a temporary license to a dentist who holds a currently valid license from another state for the sole purpose of providing dental care to indigent populations in this state.

House Bill 524 – Georgia APEX Program by Rep. David Stover (R-Newnan) would have allowed the Office of Children, Young Adults, and Families to incorporate a nonprofit corporation that could qualify as a public foundation under Section 501(c)(3) of the Internal Revenue Code to aid the office in funding the Georgia Apex Program.

House Bill 540 – Consumer Coverage and Protection for Out-of-Network Medical Care Act by Rep. Trey Rhodes (R-Greensboro) originally would have added to the list of tax categories eligible for an offset by the housing tax credit. During the legislative process, language from SB 56 was added aimed at curbing balance billing by establishing standards for insurers and health care providers with regard to payment under a managed care plan in the provision of emergency

medical care. It would have established a minimum benefit standard for settling claims between out-of-network providers and insurers that takes the average of the 80th percentile of billed charges and the 95th percentile of allowed charges for an out-of-network procedure.

House Bill 544 – Emergency Involuntary Treatment by Rep. Chuck Efstoration (R-Dacula) would have required that affidavits of the persons upon which an emergency involuntary treatment order is based would be made part of the patient evaluation and among the documents that influence treatment decisions.

House Bill 546 – Abortion by Rep. Jodi Lott (R-Evans) would have provided for the offense of criminal abortions if the United States Supreme Court overrules, in whole or in part, the central holding of *Roe v. Wade*, 410 U.S. 113 (1973).

House Bill 586 – Disposal of Controlled Substances by Rep. Chuck Efstoration (R-Dacula) would have allowed any member of a hospice care team to dispose of prescription drugs prescribed to a patient that are in a patient's home at the time of death, if the hospice care member is in the home at the time of death.

House Bill 615 – Vaccines by Rep. Teri Anulewicz (D-Smyrna) would have allowed a minor who is 16 or 17 years old to be authorized to receive a vaccination for tetanus/diphtheria/pertussis, meningococcal disease, measles, mumps, measles/mumps/rubella, polio, Hepatitis B, Hepatitis A, chicken pox, or human papillomavirus without parental consent.

House Bill 629 – Sexual Assault by Rep. Scott Holcomb (D-Atlanta) would have provided for the refusal, suspension, or revocation of a license of a physician who has committed a sexual assault on a patient and provided for mandatory reporting by health care professionals who have reasonable cause to believe that a physician has committed a sexual assault on a patient.

House Bill 672 – Free Market Solutions to Insure All Georgians Act by Rep. Jesse Petrea (R-Savannah) would have created the Georgia Health Insurance Assignment System that would have allowed interested individuals to be assigned to a health insurer and be eligible to purchase a standard health benefit plan developed by the Department of Insurance. The bill also would have established a high risk pool for those with preexisting conditions.

House Bill 677 – Consumer Coverage and Protection for Out-of-Network Medical Care Act by Rep. Deborah Silcox (R-Sandy Springs) would have addressed surprise billing. This is the companion bill to SB 56 and HB 540.

House Bill 693 – Expanding Medicaid to Improve Health Outcomes for New Mothers Act by Rep. Renitta Shannon (D-Decatur) would have required the Department of Community Health to allow mothers giving birth to newborns to retain Medicaid eligibility for one year following the birth.

House Bill 700 – Surgical Assistants by Rep. Matt Dollar (R-Marietta) would have allowed surgical assistants to become licensed under the Georgia Composite Medical Board.

House Bill 704 – Recreational Therapists by Rep. Jan Tankersly (R-Brooklet) would have created the Georgia Board of Recreational Therapy and would have required licensure of recreational therapists.

House Bill 716 – Health Benefit Plans by Rep. Shaw Blackmon (R-Bonaire) would have required carriers issuing health benefit plans through an agent in this state to file proposed commission rates with the Department of Insurance.

House Bill 717 – Georgia Licensed Midwife Act by Rep. Karen Mathiak (R-Griffin) would have created the Advisory Board for Licensed Midwives to administer the licensure and regulation of midwives.

House Bill 719 – HIV by Rep. Deborah Silcox (R-Sandy Springs) would have modernized Georgia’s HIV laws and would have required the Department of Public Health to promulgate rules and regulations for syringe services programs.

House Bill 722 – Fine Limits by Rep. Sharon Cooper (R-Marietta) would have increased the fine to \$50,000 or up to \$5,000 per day for each violation related to the initial or ongoing licensing of a healthcare facility.

Senate Bill 3 – Medicaid by Sen. Michael Rhett (D-Marietta) would have created the Legislative Oversight Committee for Health Care Premium Assistance to run a “premium assistance” program for people who earn 138 percent of the federal poverty level or less. These individuals would have gained private health plan coverage through the current health insurance exchange and would be responsible for paying up to 5 percent of their income toward the cost.

Senate Bill 36 – Medicaid by Sen. Steve Henson (D-Stone Mountain) would have authorized appropriations to obtain federal financial participation for medical assistance payments to providers of Medicaid expansion as long as the federal government would provide a minimum of 90 percent of the funding.

Senate Bill 50 – Campus Carry Repeal by Sen. Sally Harrell (D-Atlanta) would have repealed the authorization to carry and possess handguns on real property owned by or leased to public institutions of postsecondary education.

Senate Bill 56 - Consumer Coverage and Protection for Out-of-Network Medical Care Act by Sen. Chuck Hufstetler (R-Rome) would have required certain transparency requirements for hospitals and insurers, such as posting standard charges on the hospital’s website, posting health benefit plans that are in-network, as well as a list of physicians that are in-network. Additionally, the bill would have put new requirements on insurers to cover payments to providers who may be out-of-network for the services that they provide in an emergency setting.

Senate Bill 61 – Certificate of Need by Sen. John Albers (R-Roswell) would have exempted Legacy Sports Institute from Certificate of Need (CON) requirements.

Senate Bill 71 – Hospital Authority by Sen. Ben Watson (R-Savannah) would have allowed for funds from the sale or lease of a hospital authority to be used for health care for indigent and charity care for the community. The language in SB 71 is also contained in HB 186 that received final passage.

Senate Bill 74 – Certificate of Need by Sen. Matt Brass (R-Newnan) would have eliminated certificate of need requirements for all health care facilities except certain long-term care facilities and services. This is the companion bill to the original version of HB 198.

Senate Bill 90 – Insurers by Sen. Zahra Karinshak (D-Duluth) would have required health insurers to cover emergency medical care.

Senate Bill 92 - Professional Licensing Boards by Sen. Brandon Beach (R-Alpharetta) would have prohibited an individual's professional license from being revoked solely due to their failure to repay student loans. HB 42 is the companion bill that also failed to receive final passage.

Senate Bill 104 – Do Not Resuscitate (DNR) by Sen. Chuck Payne (R-Dalton) would have revised parental requirements for consent to resuscitate a minor.

Senate Bill 109 - Advance Practice Registered Nurses by Sen. Larry Walker III (R-Perry) would have authorized an APRN to order radiographic imaging tests in non-life-threatening situations if delegated by a physician. The companion bill, HB 409, also failed to receive final passage.

Senate Bill 113 – Power Source by Sen. Lindsey Tippens (R-Marietta) would have required nursing homes and personal care homes with eight or more residents to have backup power sources in the event of power outages.

Senate Bill 114 – Certificate of Need by Sen. Dean Burke (R-Bainbridge) would have reestablished the Health Strategies Council, increased capital expenditure thresholds, provided a pathway for Cancer Treatment Centers of America to become a specialty cancer hospital, as well as phase out their out-of-state patient requirement. This language was added to HB 186 that received final passage.

Senate Bill 145 – Insurers by Sen. Marty Harbin (R-Tyrone) would have required an insurer to develop standards for the selection of providers in the insurer's network plan and develop standards for the selection of providers in each health care specialty.

Senate Bill 151 – The Health Act by Sen. Dean Burke (R-Bainbridge) would have created the Office of Health Strategy and Coordination within the office of the Governor. It would have provided a forum to share information, coordinate the major functions of the state's health care system, and develop approaches for stabilizing costs while improving access to quality health care. This language was included in HB 186 that received final passage.

Senate Bill 161 – HOPE and Zell Eligibility by Sen. Lindsey Tippens (R-Marietta) would have provided that a high school student who achieves an A, B, C, or D in an advanced placement, dual

credit, or international baccalaureate course would receive an increase of 0.5 points per relevant course for the purpose of calculating the student's grade point average for the consideration of HOPE and Zell Miller scholarships.

Senate Bill 169 – Woman's Right to Know Act by Sen. Bruce Thompson (R-White) would have required a physician to inform any patient who receives a chemical abortion that the effects of such procedure may be reversed within a certain time frame.

Senate Bill 185 – Medicare by Sen. Elena Parent (D-Atlanta) would have established a qualified Medicare beneficiary program designed to provide financial assistance to low-income Medicare beneficiaries to fill the gaps in Medicare coverage.

Senate Bill 189 – Medical Records by Sen. Bill Cowser (R-Athens) would have required, upon written request from a patient, that medical records be furnished in electronic format unless requested in paper format. A fee schedule would have applied for not providing the requested copies within specified timeframes. Additionally, it would have required every provider to create, maintain, transmit, receive, and store medical records in an electronic format.

Senate Bill 206 – Insurance by Sen. Jen Jordan (D-Atlanta) would have provided for preexisting conditions under short-term health benefit policies or certificates.

Senate Bill 218 - Living Infants Fairness and Equality (LIFE) Act by Sen. Bruce Thompson (R-White) would have banned abortions after a fetal heartbeat has been detected. This is the companion bill to HB 481 that received final passage.

Senate Bill 221 – The Religious Freedom Restoration Act by Sen. Marty Harbin (R-Tyrone) would have excused any Georgian from any state or local law, policy, or other government action that burdens their right to exercise their religion.

Senate Bill 223 – Kratom by Sen. Jeff Mullis (R-Chickamauga) would have provided for the prohibition of access to kratom to persons under 18 years of age and to provide for package labeling requirements for the sale of kratom. This is the companion bill to HB 551 that received final passage.

Senate Bill 243 – Autism License Plate by Sen. Jeff Mullis (R-Chickamauga) would have established a special license plate promoting autism awareness. The funds raised by the sale of this license plate would have been disbursed to the Autism Alliance of Georgia.

Senate Bill 258 - Expanding Medicaid to Improve Health Outcomes for New Mothers Act by Sen. Emanuel Jones (D-Decatur) would have required the Department of Community Health to allow mothers giving birth to newborns to retain Medicaid eligibility for one year following the birth. This is the companion bill to HB 693 which also failed to receive final passage.

Senate Bill 267 – Certified Community Midwife Act by Sen. Lester Jackson (D-Savannah) would have created the Certified Community Midwife Board to provide for the licensure and regulations of midwives.

Senate Bill 272 - Dextromethorphan by Sen. Randy Robertson (R-Cataula) would have prohibited the sale to and by minors of drug products containing dextromethorphan and established penalties for such sales. HB 112 is the companion bill which also failed to receive final passage.

Senate Bill 274 – Advisory Council on Rare Diseases by Sen. Nan Orrock (D-Atlanta) would have created the Advisory Council on Rare Diseases to be housed within an academic research institution to support the advancement of rare disease research that is approved by the Department of Public Health.

STATE SESSION PHOTOS & EVENTS



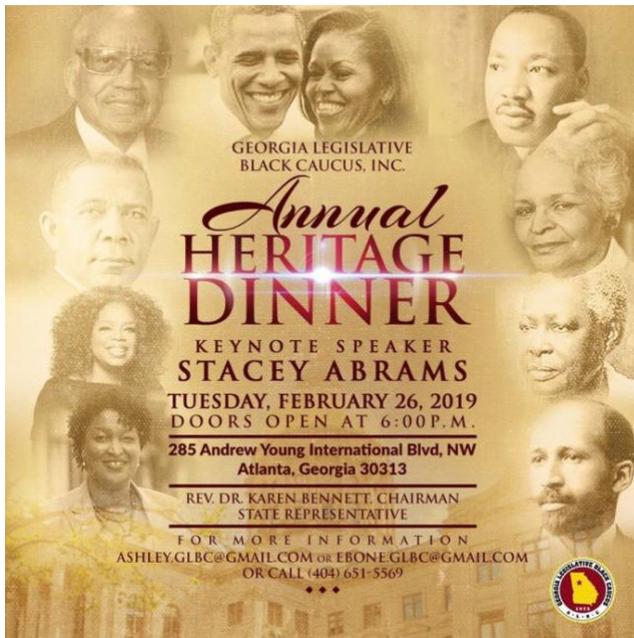
On January 28, twenty state legislators toured the Emory Sports Medicine Complex. The new complex is home to the Emory Sports Medicine Center, Emory Physical Therapy, and Emory Healthcare Courts – the official training and practice center for the Atlanta Hawks and the East Coast headquarters for P3 Peak Performance Project. Dr. Scott Boden, Chairman, Emory Department of Orthopedics met with the legislators at the facility and shared the work that Emory is doing in the Sports Medicine field. We look forward to hosting more legislators at Emory throughout the year.

Pictured (left to right): Majority Caucus Secretary Bruce Williamson (R-Monroe); Speaker Pro-Tempore Jan Jones (R-Milton); Majority Caucus Vice-Chairman Micah Gravley (R-Douglasville)

On January 23, Emory’s Office of Government and Community Affairs and Emory’s Office of Alumni Engagement teamed up to host the first annual state legislative alumni dinner. We are proud to have nine alumni serving in the legislature, along with two legislators who work at Emory. The purpose of the dinner was to thank our alumni who are legislators and other public servants, including those who work in the government arena as government relations and public affairs professionals. President Claire E. Sterk attended the dinner and offered remarks thanking the alumni for their public service and for continuing to represent Emory at the state level. We look forward to making this an annual event.



Pictured (left to right): Nelly Miles, Director of Public Affairs, GBI (‘99C); Claire E. Sterk, President, Emory University



On February 26, Emory was a proud sponsor of the Georgia Legislative Black Caucus (GLBC) Heritage Dinner. This year, the caucus celebrated “Soldiers of Justice,” individuals who stand on the front lines in developing remedies for growing social and economic problems within the state of Georgia. The Emory OGCA team looks forward to continuing to support the GLBC.