

Georgia General Assembly 2020 Session Summary & FY 2021 State Budget

Legislators' primary responsibility upon returning to the state capitol this month was to finish and pass the [FY 2021](#) state budget, which goes into effect this Wednesday, July 1. On Thursday, the Georgia House and Senate passed a state budget that includes [\\$2.2 billion in budget cuts for the FY 2021 budget](#). Although cuts were reduced from 14% to 10%, the approved budget curtails funds to many critical health care programs and social services. Notable changes to this year's budget include:

The state's FY 2021 budget was cut by \$2.2 billion (10 percent) given the projected tax/revenue deficit associated with COVID-19.

The budget that lawmakers passed does include \$19.7 million for six months of Medicaid postpartum coverage, and the Georgia Board of Health Care Workforce budget remain intact – which means that there will be no cuts to the medical schools' operating grants. The budget also includes \$12 million in additional funds for rural hospital stabilization grants. **\$2.3 M Parity funding for the ACA codes for Primary care was restored.**

- **Department of Behavioral Health and Developmental Disabilities:** \$91 million cut
 - One-third of the cuts (\$29 million) comes from adult developmental disability services
 - Another third (\$29.9 million) comes from child and adult mental health services
- **Department of Community Health:** Increase of \$178 million
 - Increase in funds due to a higher projected growth for Medicaid
 - \$19.7 million added to provide six-months of Medicaid coverage for new mothers (see below for more info.)
- **Department of Public Health:** \$8.2 million cut
 - Funding restored for grants to local health departments
 - No reduction in funding for maternal mortality review board
 - <https://opb.georgia.gov/>

Hate Crimes Bill

HB426 Chuck Efstrotation A BILL to be entitled an Act to amend Article 1 of Chapter 10 of Title 17 of the Official Code of Georgia Annotated, relating to procedure for sentencing and imposition of punishment, so as to revise the criteria for imposition of punishment for crimes involving bias or prejudice; to revise the sanctions for such

crimes; to provide for the manner of serving such sentences; to provide for related matters; to repeal conflicting laws; and for other purposes.

Senior Care

[House Bill \(HB\) 987](#), sponsored by Rep. Sharon Cooper (R - Marietta) and Sen. Brian Strickland (R - McDonough) into law., HB 987 provides greater protections for assisted living facility and personal care home residents, strengthens staffing requirements, and increases maximum fines for violations.

Vaping Excise Tax

S.B. 375 (HB Bonnie Rich) by Sen. Jeff Mullis (R-Chickamauga), which would 1) make the sale of cigarettes, tobacco products, tobacco related objects, alternative nicotine products, or vapor products to individuals under the age of 21 illegal and 2) create a regulatory structure and licensure fee for businesses that sell alternative nicotine products and consumable vapor products and 3) set a rate for the taxation of consumable vapor products.

PBM Regulation

HB. 313 by Sen. Dean Burke, M.D. (R-Bainbridge) and **H.B. 946** by Rep. David Knight (R-Griffin), which would address pharmacy benefit managers (PBMs) practices – such as “steering” (i.e., forcing patients to use PBM-owned pharmacies) and pharmaceutical manufacturers’ rebates. Establishing requirements for physicians who are involved in approving with prior authorization and step therapy determinations, formulary development, and formulary management (i.e., they would have to be seeing or having seen patients in the last five years and be practicing or having practiced in the last five years in the same specialty for which they are providing advice). Under this legislation, the Georgia Department of Community Health would be encouraged to require the use of Georgia-licensed physicians for prior authorization or step therapy appeals or determinations in its future contracts with PBMs.

H.B. 918 by Rep. Sharon Cooper (R-Marietta), which would change PBMs licensure requirements and prohibit “steering” (i.e., when PBMs force patients to use the pharmacies they own) and reform the process for auditing pharmacies – which are currently conducted by PBMs, insurers, etc.

Medicaid Post- Partum Coverage

(H.B. 1114) by Rep. Cooper that would extend postpartum Medicaid coverage from two months to six months and require Medicaid to cover lactation care and services.

State of Emergency RX Refills

S.B. 391 by Sen. Kay Kirkpatrick, M.D. (R-Marietta), which would allow pharmacists to fill a 30-day supply of a prescription medication early when a state of emergency has been declared or when a hurricane warning has been issued – Schedule II medications notwithstanding. This would only apply when a pharmacist determines that the prescription is 1) essential to the maintenance of life or the continuation of therapy for a chronic condition and 2) the interruption of such therapy might reasonably produce undesirable health consequences or cause physical or mental discomfort. The pharmacist would have to let the prescriber know about the early prescription request within 48 hours. And insurers would be required to cover these early prescriptions. MAG is neutral on this legislation, which was also added to **H.B. 791** **H.B. 791** by Rep. Ron Stephens (R-Savannah), which would allow pharmacists to convert a maintenance medication prescription from a 30-day supply to a 90-day supply up to the quantities that have been authorized through refills by the physician – although this would not be permitted on the initial prescription or whenever the physician specifies that the refills should not be combined. This bill was amended to include **S.B. 391**'s provisions (see above).

Licensure

H.B. 752 by Rep. Dave Belton (R-Buckhead), which addresses inadequate language that is in state law that is related to the background checks that are conducted before Georgia can operate as a “home state” for physicians wishing to gain licensure under the Interstate Medical Licensure Compact and physical therapists can gain licensure under the Physical Therapy Compact.

S.B. 321 by Sen. Chuck Hufstetler (R-Rome), which would 1) increase the physician PA supervision ratio from 4-to-1 in a group practice and 2-to-1 in a solo practice to 4-to-1 for all and 2) allow APRNs to order radiographic imaging in non-life-threatening situations if it is included in their protocol agreement.

Transparency/ Quality

(HB 888) Rep Lee Hawkins / Sen Huffstetler addresses surprise billing that occurs after elective surgery or emergency care, when the facility itself is in the patient's insurance network but the ER physician, anesthesiologist, radiologist or pathologist is not with baseball style arbitration.

(S.B. 482) by Sen. Burke that would create a 'Georgia All Payer Claims Database' (GAPCD) to collect claims data from insurance companies, the Georgia Department of Community Health, Medicaid care management organizations, Medicare plans, entities that contract with institutions of the Georgia Department of Corrections to provide medical, dental, or pharmaceutical care to inmates, the State Board of Workers' Compensation, and the Georgia Access to Medical Cannabis Commission. This measure would also establish a GAPCD Advisory Committee to make recommendations about the GAPCD framework and develop a plan to facilitate the

“reporting of health care and health quality data resulting in transparent and public reporting of safety, quality, cost, and efficiency information at all levels of health care.”

H.B. 991 by Rep. Matt Hatchett (R-Dublin), which would create a ‘Healthcare Transparency and Accountability Oversight Committee’ that would have the authority to review the performance and conduct of all state health care plan contractors, their affiliate subcontractors, and their subcontractor pharmacy benefits managers

H.B. 1125 by Rep. Trey Kelley (R-Cedartown) requires the Department of Community Health and Georgia Composite Medical Board (GCMB) to compile information on factors and pertinent history to identify individuals with a high risk for breast cancer. GCMB would be tasked with distributing this information to physicians annually. And the State Health Benefit Plan would be required to cover breast cancer screening for individuals with a high risk for breast cancer who are 30 years of age or older.

S.B. 303 by Sen. Ben Watson, M.D. (R-Savannah),” Right to Shop” bill which would require health insurers to make certain patient cost comparison information available on an interactive and publicly accessible website. Doing so would allow patients to 1) see how much in-network physicians are paid by insurers and 2) see the average amount that in-network physicians actually agree to be paid by insurers and 3) get an estimate for how much out-of-pocket money they will owe their physicians/providers and 4) compare quality metrics for the physicians/providers that are in their network in major diagnostic categories, adjusted for risk and severity.

H.B. 789 by Rep. Mark Newton, M.D. (R-Augusta), which would 1) address “surprise bills” by creating a “star” rating system to highlight which health insurance plans include both certain medical specialties (i.e., emergency medicine, radiology, anesthesiology, and pathology) and hospitals in the same networks and 2) require health insurers to make this information available on their websites and in their printed directories.

H.B. 932 by Rep. Houston Gaines (R-Athens), which would allow physicians and podiatrists to form professional corporations together.

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