



Georgia House of Representatives

SESSION REPORT

House Budget & Research Office
(404) 656-5050

2020 Session Report

HB 105 **Income tax; certain income received by taxpayers as payments from a disaster relief or assistance program administered by the United States Department of Agriculture in connection with Hurricane Michael; exempt** **GOVERNOR'S SIGNING STATEMENT** [HERE](#)

By: Rep. Sam Watson (172nd) Through the Ways & Means Committee

Final Bill Summary: House Bill 105 amends 48-7-27 of the O.C.G.A., relating to the computation of taxable net income, by providing an income tax exemption for income received as payments from a disaster relief or assistance program. The payments must be connected with Hurricane Michael and administered by the United States Department of Agriculture.

The bill also adds a new article to Chapter 13 of Title 48 of the O.C.G.A. and exempts from sales tax all transportation that is subject to excise tax in the new article. The new article establishes a \$0.50 per ride excise tax on each for-hire ground transportation trip and a \$0.25 cent per ride excise tax on each shared for-hire ground transportation trip. The proceeds of such excise tax shall be appropriated to a transit provider to be used exclusively for transit projects. If the full amount is not appropriated to the intended provider, the amount of the tax shall be reduced by 50 percent in the following year. If the amount collected is not appropriated to the intended provider for a second year, this Code section shall stand repealed.

The bill also amends 48-13-50.3 of the O.C.G.A., relating to additional tax imposed by innkeepers, forms for reporting, use of funds from additional taxes, and provisions for termination, by changing the definition of "transportation purposes" to mean activities incident to providing and maintain an adequate system of public roads and bridges in this state and for grants to counties for road construction and maintenance and establishing definitions for "transit" and "transit projects". The bill allows up to 10 percent of the fees collected from the \$5 per night fee on hotel and motel stays to be appropriated for transit projects.

HB 230 **Business corporations; provide for benefit corporations**

By: Rep. Scott Holcomb (81st) Through the Judiciary Committee

Final Bill Summary: HB 230 amends the Code section related to business corporations by adding a new article relating to a "benefit corporations", which is defined as a business with articles of incorporation that contain a public benefit provision. Requirements of benefit corporations are outlined, such as proper name, stock certifications, and a disclosure that it is a benefit corporation on issued stock. Additionally, a two-thirds vote of all classes for non-benefit corporations is required to: amend its articles of incorporation to include a public benefit provision; transfer property if the entity transferring to is a benefit corporation; or engage in a transaction that results in shareholders owning shares of a benefit corporation or similar entity. A benefit corporation, without at least a two-thirds vote of all voting classes, shall not amend its articles to remove or substantially alter the public benefit provision, engage in a transaction that gives ownership or interest of the benefit corporation to a non-benefit corporation, or transfer property to a non-benefit corporation.

The board of directors of benefit corporations are charged to be mindful of the public provision when conducting its business and adopt a standard to measure the achievement performance regarding the public benefit provision. Liability is limited for boards of directors in that they have: (1) no duty to any person who has an interest in the public benefit specified in the articles of incorporation; and (2) unless stated in the articles of incorporation, the directors shall have no monetary liability to any person for any failure to comply with this Code section or for failure to pursue any public benefit.

The benefit corporation shall also provide each member with a statement containing the public benefit provision on each notice for a meeting. No less than annually, the board shall provide its shareholders, in addition to anyone else who requests it, a statement showing the performance on the pursuit of the public benefit provision of their articles of incorporation.

Requirements of the benefit corporation shareholder meetings are outlined and additional requirements that

may be listed in the benefit corporation's articles are listed. The definition of "foreign corporation" includes benefit corporations, social purpose corporations, or substantially similar entities. The right to dissent in benefit corporations gives an option by including "consummation" with a two-thirds vote as previously stated. Finally, a section is amended to refer to one of the sections added in this bill for the requirement of the name of the foreign corporation.

HB 244 Electric membership corporations; comply with certain requirements in determining the rates for attachments to utility poles by communications service providers; require

By: Rep. Ron Stephens (164th) Through the Economic Development & Tourism Committee

Final Bill Summary: House Bill 244 requires electric membership corporations (EMCs) to comply with certain requirements when determining the rates for attachments to utility poles by communications service providers. The Public Service Commission (PSC) shall publish the rates and conditions for pole attachments by January 1, 2021. The rates and conditions will become effective on July 1, 2021 for any pole attachment agreement entered into by a provider and an EMC, except for a mutual agreement between the parties, which differs from the PSC rates. The PSC shall have jurisdiction to enforce compliance with the provisions.

HB 276 Sales and use tax; certain persons that facilitate certain retail sales; require collection of tax

By: Rep. Brett Harrell (106th) Through the Ways & Means Committee

Final Bill Summary: House Bill 276 amends O.C.G.A. 48-8-2, relating to definitions regarding sales and use tax, by adding the terms "marketplace facilitator" and "marketplace seller", as well as expanding the definition of "dealer", to require marketplace facilitators to collect and remit sales tax on behalf of marketplace sellers.

A "marketplace facilitator" is a person who contracts with a marketplace seller to make available or facilitate taxable retail sales on the marketplace seller's behalf. This includes promoting, marketing, advertising, taking or reserving orders, providing the physical or electronic infrastructure that brings purchasers and marketplace sellers together, or otherwise assisting the marketplace seller in making retail sales and collecting, charging, processing, or otherwise facilitating payment for the retail sales.

A "marketplace seller" is a person who conducts retail sales through or facilitated by any physical or electronic marketplace or platform operated by a marketplace facilitator.

The definition of "dealer" is expanded to include marketplace facilitators who assist taxable sales through delivery, held for pickup, used, consumed, distributed, stored for use or consumption, or rendered as a service in Georgia if the total value of all sales, including sales from marketplace sellers and the marketplace facilitator itself, exceeds \$100,000 in the previous or current calendar year.

HB 292 Regents Retirement Plan; certain remittances required to be made by the University System of Georgia to the Teachers Retirement System of Georgia; eliminate

By: Rep. Tommy Benton (31st) Through the Retirement Committee

Final Bill Summary: HB 292 repeals the requirement for an accrued liability to be paid to the Teachers Retirement System (TRS) of Georgia on behalf of participating Regent's Optional Retirement Plan (ORP) members and the normal contribution rate resulting from employees who cease to be members of TRS. This bill is certified by the Georgia Department of Audits and Accounts as a fiscal retirement bill. The actuarial investigation determines there is no cost to this legislation.

HB 337 Georgia Peer-to-Peer Car-Sharing Program Act; enact

By: Rep. Shaw Blackmon (146th) Through the Regulated Industries Committee

Final Bill Summary: HB 337 is known as the 'Georgia Peer-to-Peer Car-Sharing Program Act'. A peer-to-peer car-sharing program must assume liability of a shared vehicle owner for any bodily injury or property damage to third parties in the amount set forth in the car-sharing program agreement not less than \$25,000 for one person in one accident and not less than \$50,000 for two or more people in one accident, unless the shared vehicle owner made an intentional or fraudulent material misrepresentation to the car-sharing program before the loss occurred. The car-sharing program must ensure that the shared vehicle owner and the shared vehicle driver are insured under an insurance policy that recognizes the vehicle used is made available through a car-sharing program and provides insurance coverage no less than the policy stated above. The car-sharing program will assume primary liability for a claim when the program is in whole or in part providing the insurance or if a dispute exists as to who was in control of the vehicle at the time of the loss.

The car-sharing program will collect and verify records pertaining to the use of a vehicle and must provide that information upon the request to the shared vehicle owner, insurer, or the shared vehicle driver's insurer to facilitate a claim coverage investigation. The program must retain records for a period not less than the applicable personal injury statute of limitations. The car-sharing program has the sole responsibility for any equipment that is put in or on the vehicle to monitor or facilitate the car-sharing transaction. Moreover, the program must agree to indemnify a shared vehicle owner for any damage or theft of said equipment during the shared period not caused by the vehicle's owner. At the time when a vehicle owner registers as a shared vehicle, the car-sharing program must verify that the vehicle does not have any safety recalls on the vehicle that have not been repaired and notify the owner that the vehicle is not available unless a safety repair has been made for any outstanding safety recalls.

HB 426 Criminal procedure; imposition of punishment for crimes involving bias or prejudice; revise criteria

By: Rep. Chuck Efstrotation (104th) Through the Judiciary Non-Civil Committee

Final Bill Summary: HB 426 is the Hate Crime legislation. The bill requires that the prosecution must give notice to the defendant that an enhanced penalty is being sought. If the court determines beyond a reasonable doubt that the victim, group of victims, or any property is the object of the offense because of the victim's actual or perceived race, color, religion, national origin, sex, sexual orientation, gender, mental disability, or physical disability then the court can apply an enhanced penalty.

HB 426 designates five misdemeanors available for enhancement and are as follows: simple assault; simple battery; battery; criminal trespass; and misdemeanor theft. For these misdemeanor offenses, the sentence imposed is imprisonment for a period of at least six months but not more than 12 months with a fine not to exceed \$5,000. The enhancement can apply to any felony, with the sentence imposed of imprisonment for a period not less than two years and a fine up to \$5,000. HB 426 requires the judge to state when the sentence enhancement is imposed and the amount of the increase of the sentence due to the hate crime penalty statute.

Moreover, when a law enforcement officer investigates an incident of a crime which appears to the defendant intentionally selected the victim(s) in violation of the hate crime statute, the officer must submit to his or her supervisor a written report of the incident entitled "Bias Crime Report". The report will be used for statistical purposes only, and when no arrest is made will not be subject to open records. All law enforcement must report to the Georgia Crime Information Center all incidents involving alleged criminal violations of the hate crimes statute, both arrests and non-arrests. The GBI will compile and analyze the statistics of such reports and annually publish the findings in the Georgia Uniform Crime Reports.

HB 444 Dual Enrollment Act; enact

By: Rep. Albert Reeves (34th) Through the Education Committee

Final Bill Summary: House Bill 444 renames the 'Move on When Ready Act' as the 'Dual Enrollment Act.' House Bill 444 limits the number of credit hours the dual enrollment program will fund to 30 hours. The 30-hour cap applies to current students who have taken 18 course credit hours or less. Students who have taken more than 19 hours may receive an additional 12 hours. Under the provisions of this bill, grade-level participation is limited to 11th and 12th graders; however, to continue producing a skilled workforce, 10th grade students may participate in dual enrollment courses provided by the Technical College System of Georgia. Furthermore, 10th grade students who have obtained a Zell Miller Scholarship score on the ACT or SAT or a ninth grader enrolled in dual credit courses may take core courses at a postsecondary institution during the student's 10th grade year.

HB 444 limits the type of course allowable under the 'Dual Enrollment Act' to core subjects. An eligible core course is an English, math, science, social studies, or a foreign language as calculated for HOPE purposes according to O.C.G.A. 20-2-157. There are 2,613 eligible core courses and 4,592 CTAE or career technical agricultural education courses available under O.C.G.A. 20-2-157.

HB 463 Motor vehicles; issuance of a Class C driver's license to operators of certain three-wheeled motor vehicles; provide

By: Rep. Martin Momtahan (17th) Through the Motor Vehicles Committee

Final Bill Summary: House Bill 463 allows the Department of Driver Services to send out license suspension notices via regular mail or certificate of mailing when the license is suspended as a result of non-compliance with a child support order.

The bill authorizes the state revenue commissioner and the commissioner of driver services to enter into reciprocal agreements with a foreign country or political subdivision of a foreign country, in specified circumstances. The bill exempts nonresidents or active duty U.S. armed forces members from licenses if they have a valid license issued by a foreign country or subdivision of a foreign country. The bill adds "or political subdivision of a foreign country" in several places in Title 40 to ensure the Code accounts for foreign governments that are not recognized as countries.

The bill allows for the optional issuance of driver's licenses and identification cards in an electronic format. If an individual uses a mobile phone to display his or her electronic identification, such display shall not be construed as consent for search of the mobile phone by a law enforcement officer.

- HB 576 Courts; distribution priority of partial payments of fines, bond forfeitures, and costs; provide**
By: Rep. Ricky Williams (145th) Through the Judiciary Non-Civil Committee
Final Bill Summary: HB 576 reprioritizes the distribution order of payments collected from driving under the influence and reckless driving fines to move the Brain and Spinal Injury Trust Fund up from 12th to 5th in order to receive payments.
- HB 664 Georgia Judicial Retirement System; membership for certain persons employed in certain full time positions requiring admission to the State Bar of Georgia as a condition of employment; require**
By: Rep. Barry Fleming (121st) Through the Retirement Committee
Final Bill Summary: HB 664 requires individuals hired by the Office of Legislative Counsel after July 1, 2020, to be members of Judicial Retirement System of Georgia (JRS), if they are employed full time and in good standing with the State Bar of Georgia. Employees of the Office of Legislative Counsel hired before July 1, 2020 can elect to remain members of Employees' Retirement System of Georgia (ERS) or transfer to JRS. If the member elects to transfer to JRS, ERS will transfer all employee and employer contributions, with interest to JRS. The transferred member receives credit under JRS for all service rendered if the individual pays the full actuarial cost of that service. This bill is certified by the Georgia Department of Audits and Accounts as a fiscal retirement bill. The actuarial investigation estimates the annual employer contribution rate will increase from 21.570 percent to 21.571 percent, for a total state cost of \$26,000.
- HB 777 Community Affairs, Department of; consider amending the state minimum standard codes to allow tall mass timber construction types; direct**
By: Rep. John Corbett (174th) Through the Agriculture & Consumer Affairs Committee
Final Bill Summary: HB 777 requires the Department of Community Affairs to review the tall mass timber provisions contained in the 2021 International Building Code for construction types IV-A, IV-B, and IV-C and consider whether the department should amend the state's minimum standard codes to include the provisions. The review shall be on conducted on or after July 1, 2020 and be completed by July 1, 2021.
- HB 792 Supplemental appropriations; State Fiscal Year July 1, 2019 - June 30, 2020**
By: Rep. David Ralston (7th) Through the Appropriations Committee
Final Bill Summary: The Amended FY 2020 budget is set by a revenue estimate of \$27.4 billion, a decrease of \$59 million from the original FY 2020 estimate. The bill utilizes \$100 million from the Revenue Shortfall Reserve (RSR) to address the emergency preparedness and response needs associated with the public health state of emergency caused by the coronavirus, also known as COVID-19. The \$100 million is shown as a specific revenue source in the bill and is appropriated in the Governor's Emergency Fund program for discretionary use toward the most critical needs. The bill, tracking sheet, and highlights may be found on the [House Budget and Research Office](#) website.
- HB 793 General appropriations; State Fiscal Year July 1, 2020 - June 30, 2021**
By: Rep. David Ralston (7th) Through the Appropriations Committee
Final Bill Summary: HB 793, the Fiscal Year 2021 budget, is set by a revenue estimate of \$25.9 billion. This a decrease of \$2.19 billion, or 7.8%, from the governor's original FY 2021 revenue estimate. The revised estimate includes \$250 million from the Revenue Shortfall Reserve (RSR) to help mitigate budget reductions. The bill, tracking sheet, and highlights may be found on the [House Budget and Research Office](#) website.

HB 820 Transportation, Department of; state investment in railways and railroad facilities and equipment; provide*By: Rep. Kevin Tanner (9th)**Through the Transportation Committee*

Final Bill Summary: House Bill 820 establishes a Georgia Freight Railroad Program within the Department of Transportation to enhance the state's investment in freight rail projects. This program is administered by the commissioner and is subject to appropriations. It is composed of three subprograms: rail enhancement, rail preservation, and rail industrial. In administering these subprograms, every effort will be made to balance the initiative around the state. At the end of each fiscal year, the commissioner or his appointee will submit a report of the program to the governor, lieutenant governor, and the speaker of the House. The report shall also be made available to the members of the General Assembly.

HB 823 Crimes and offenses; lifetime disqualification from operating a commercial motor vehicle by persons convicted of trafficking other persons for labor or sexual servitude; provide*By: Rep. Houston Gaines (117th)**Through the Motor Vehicles Committee*

Final Bill Summary: House Bill 823 provides that a person who knowingly uses a commercial motor vehicle in the commission of sexual or labor trafficking crimes will be disqualified as a commercial motor vehicle driver for life.

HB 838 Law enforcement officers and agencies; Office of Public Safety Officer Support; change the name*By: Rep. Bill Hitchens (161st)**Through the Public Safety & Homeland Security Committee*

Final Bill Summary: House Bill 838 renames the recently established Office of Public Safety Officer Support at the Department of Public Safety to the Office of Public Safety Support.

The legislation gives the right for a civil suit to be brought by a peace officer against any person, group of persons, organization, or corporation, for damages suffered during the officer's performance of official duties, or for filing a false complaint against the officer.

HB 846 Revenue and taxation; interest paid on refunds of overpayments of taxes and past due taxes shall be equal to the bank prime loan rate; provide*By: Rep. John Corbett (174th)**Through the Ways & Means Committee*

Final Bill Summary: House Bill 846 provides the annual Internal Revenue Code update to O.C.G.A. 48-8-2, which includes retroactive changes regarding disaster relief, medical expense deductions, and 'CARES Act' provisions among other changes.

The bill also adds a new Code Section at 48-8-49.1, which establishes and defines the direct pay reporting program. The program allows a taxpayer to accrue and pay directly to the department the sales and use taxes owed. To qualify, a taxpayer must purchase more than \$2 million of tangible personal property per year, average purchases of tangible personal property of over \$2 million per year for the past three years, or meet a lower spending threshold prescribed by the department and be classified in one of nine industry codes.

The interest on overpayments of sales taxes by a taxpayer with a direct payment permit shall begin to accrue on the date an amended return or a refund claim is filed.

In the case of overpayments from a direct pay permit holder, the bill also allows the affected political subdivision to choose to make payments over a period of time equal to or less than the amount of time subject to the claim.

House Bill 846 also includes a new income tax credit for manufacturers of personal protective equipment (PPE). Any PPE manufacturer that is qualified to claim either the jobs tax credit or quality jobs tax credit is allowed an additional \$1,250 per job to the extent that the qualifying job is engaged in the manufacturing of PPE. After the manufacturer has utilized tax credits for the company's income tax liability, the PPE credits may be utilized to offset the company's payroll tax liabilities. This credit is effective beginning January 1, 2020 and expires January 1, 2025.

The bill allows employers eligible for job tax credits and quality jobs tax credits to choose to utilize the number of full-time employees the employer claimed in 2019 during the 2020 and 2021 tax years.

HB 847 Hemp farming; definitions, penalties and criminal background checks; provide*By: Rep. John Corbett (174th)**Through the Agriculture & Consumer Affairs Committee*

Final Bill Summary: HB 847 defines "key participant" as the sole proprietor, a partner, or person with managerial control in a corporation. It specifies the term "hemp products" shall not include any part of the Cannabis plant, except for completely defoliated mature stalks, fiber produced from the stalks, or sterilized seeds.

Any college or university in Georgia may pilot a hemp research program. Colleges and universities are also authorized to engage third parties to assist in research programs.

The bill allows a licensee to provide or sell hemp to another person who is not a Georgia licensee or permittee so long as that person is located in a state with a hemp regulation plan that is in accordance with the United States Department of Agriculture. A licensee may also sell to any Georgia college or university.

HB 847 revises background check requirements for licensees and permittees by requiring that key participants provide at least one set of electronically recorded fingerprints to the Georgia Department of Agriculture. The Department of Agriculture shall then transmit the fingerprints to the Georgia Crime Information Center, which in turn shall submit the fingerprints to the Federal Bureau of Investigation for a search of bureau records.

The bill requires any hemp or hemp products that are shipped, transported, or otherwise delivered to have proper documentation that indicates that the hemp meets federal hemp guidelines, including that it does not exceed the federally-defined THC level for hemp. Any person transporting or shipping hemp or hemp products must also carry a bill of lading that includes the following: name and address of the owner of the hemp; point of origin; name and address of the point of delivery; kind and quantity of packages; and date of shipment.

HB 847 increases the initial permit fee for a hemp processor from \$25,000 to \$50,000. The Georgia Department of Agriculture has the right to collect samples of hemp for testing, which must be collected before any hemp may be harvested.

HB 865 Wills, trusts, and administration of estates; Revised Probate Code of 1998; revise and update provisions*By: Rep. Mitchell Scoggins (14th)**Through the Judiciary Committee*

Final Bill Summary: HB 865 is a comprehensive, 108-page bill that amends provisions of Titles 7, 9, 10, 15, 19, 23, 50, and 53 of the Code relating to wills, trusts, and the administration of estates.

The bill clarifies and expands the jurisdiction of the probate court, codifies long-standing common law regarding the incorporation of existing documents into wills by certain reference, and provides effect for separate personal property memoranda referred to in a will. The bill expands the jurisdiction of both non-Article 6 probate courts to include DNA testing and approval of settlement agreements and Article 6 probate courts to include trust matters and will constructions in fiduciary accounting proceedings. The probate court's ability to appoint a temporary administrator in the absence of a personal representative is clarified.

Regarding probate court procedure, the bill makes terminology more consistent throughout the Code, clarifies the requirements for service of notice and for filing creditors' claims, and restores the finality of solemn form probate. The time for filing objections in probate court is extended from 10 days to the 30 days, except when good cause is shown for shortening the time for responding.

Regarding wills, the bill provides that will execution and trust formalities are not satisfied by electronic presence and signature. Conditions in terrorem, also known as "no contest" clauses, are not enforceable against an interested person for: bringing an action for interpretation or enforcement; bringing an action for an accounting, removal, or for other relief against a personal representative; or entering into a settlement agreement. The bill also updates terminology, corrects errors, and clarifies provisions regarding time and procedure for service of notice.

Regarding year's support, Chapter 3 of Title 53 clarifies the preference of year's support before all other debts or demands, allows for divestment of property taxes under certain circumstances, and clarifies the application of year's support provisions to a decedent's minor children by individuals other than the surviving spouse.

Regarding the trust Code, the bill expands amendments previously made to the trust Code in 2018 with respect to virtual representation, non-judicial settlement agreements, trust modification, trust decanting, and trust directors. The changes refine the definition of a charitable trust, address appellate authority concerning creditors' rights to revocable trusts, and codify actions that do not violate a "no contest" clause in a trust

instrument. Substantive and procedural requirements are provided for the modification of termination of trusts. The bill clears up Georgia's trust investment statute by explicitly providing for a "prudent investor" standard for the investment of trust assets. It also permits a trustee to consider the personal values of beneficiaries in making investment decisions.

Alimony obligations of estates are prioritized and protected.

Finally, the bill amends the 'Georgia Power of Attorney Act' to bring those uniform act provisions into line with pre-existing statutes regarding real property transfers and Medicaid qualification trusts. Article 6 probate court qualifications are amended to conform with the 2017 amendments to the superior and state court qualifications. The continued vitality of existing common law and equitable doctrines is codified for the probate Code, as it is for the trust Code, and the incorporation of powers by reference is clarified.

HB 879 Alcoholic beverages; legislative intent of the General Assembly to exercise strict regulatory control over the three-tier system; provide

By: Rep. Brett Harrell (106th) Through the Regulated Industries Committee

Final Bill Summary: HB 879 reinforces legislative intent to exercise strict control over the three-tier system for the regulation of alcoholic beverages. Except where prohibited by local ordinance or resolution, the bill allows a licensed package goods retailer to sell and deliver alcoholic beverages in unbroken packages for consumption off premises, if that retailer is not: a manufacturer of alcoholic beverages; a carrier; or a shipper. The delivery must be made by a person at least 21 years of age who has: a Georgia driver's license; undergone a background check; no major traffic violation in the past three years; no conviction of driving under the influence in the past seven years; no match on the National Sex Offender Registry; and undergone approved training. The deliverer must refuse to make the delivery if no individual is at the address to accept delivery; or the individual attempting to accept the delivery is less than 21 years old, fails to produce proper identification, fails to provide a signature that matches proper identification, or appears intoxicated.

HB 888 Surprise Billing Consumer Protection Act; enact

By: Rep. Lee Hawkins (27th) Through the Special Committee on Access to Quality Health Care

Final Bill Summary: House Bill 888 is the 'Surprise Billing Consumer Protection Act' and provides definitions and provisions that only apply to health care plans that are subject to the regulatory authority of the Office of Insurance and Safety Fire Commissioner effective January 1, 2021. "Surprise bill" means a bill resulting from an occurrence in which charges arise from a covered person receiving health care services from an out-of-network provider at an in-network facility.

Section 4 requires that regardless of whether a health care provider furnishing emergency medical services is a participating provider or not, an insurer providing benefits to covered persons with respect to emergency medical services must pay for the emergency medical services without need for any prior authorization determination or any retrospective payment denial for these services. In the event a covered person receives emergency medical services from a non-participating emergency medical provider, the provider notifies the person that no monies are owed for the provision of the services except the person's deductible, co-insurance, co-payment, or other cost-sharing amount. The provider collects or bills the person's cost-sharing amount, and the insurers directly pay the provider: the greater of the verifiable contracted amount paid by all eligible insurers for the same or similar service; the most recent verifiable amount agreed to by the insurer and non-participating provider; or a higher amount the insurer deems appropriate given the complexity and circumstances of the services provided. Any amount the insurer pays the non-participating provider is not required to include any amount of cost-sharing payments owed or paid by the person. A health care plan does not deny benefits for emergency medical services previously rendered based upon a covered person's failure to provide subsequent notification in accordance with plan provisions where the covered person's medical condition prevented timely notification. In the event a covered person receives emergency services from a non-participating facility, the facility bills the covered person no more than the person's cost-sharing amount. This part of the legislation adds out-of-network hospitals to the arbitration process for emergency services only.

Section 5 requires an insurer that provides benefits with non-emergency medical services to pay for these services in the event that the services result in a surprise bill regardless of whether the provider furnishing the care is a participating provider or not. In the event a covered person receives non-emergency medical services by a non-participating provider, the non-participating provider must notify the person that no monies are owed for the provision of services except the person's cost-sharing amount and collects or bills for that amount. Any amount that the insurer pays the non-participating provider is not required to include any of the cost-sharing portion owed by the covered person. For purposes of the covered person's financial responsibilities, the health care plan treats the non-emergency medical services received from a non-participating provider as if a

participating provider rendered the services.

Section 6 states that no health care plan may deny or restrict the provision of covered benefits from a participating provider to a covered person solely because the covered person obtains treatment from a non-participating provider leading to a balance bill. The insurer provides notice of this protection in writing to the covered person.

Section 7 states nothing in this act reduces a covered person's financial responsibilities in the event that the covered person chooses to receive non-emergency medical services from an out-of-network provider. These services are not considered a surprise bill. The covered person's choice must be documented via written and oral consent in advance of the provision of services. Additionally, the covered person's choice may only occur after the person has been provided with an estimate of the potential charges. If during the provision of non-emergency medical services a covered person requests that the attending provider refer the person to another provider for the immediate provision of additional non-emergency medical services, the referring provider is exempt from the requirements of this act if the following are satisfied: the referring provider advises the covered person that the referred provider may be a non-participating provider and may charge higher fees than a participating provider; the covered person orally and in writing acknowledges that the referred provider may be a non-participating provider and may charge higher fees than a participating provider; the written acknowledgment is on a document provided by the referring provider and includes language to be determined by the commissioner through rule and regulation; and the referring provider records the satisfaction of these requirements in the person's medical file.

Section 8 requires the Office of the Insurance Commissioner to maintain an all-payer health claims database and a record of insurer payments, which tracks the payments by a wide variety of health care services and by geographical areas of Georgia. The department updates information in this database at least annually and maintains the information on its website. If an appropriation is not provided for this database, the department will update information from other verifiable data as deemed appropriate on at least an annual basis.

Section 9 provides that if an out-of-network provider or facility concludes that payment received from an insurer is not sufficient given the complexity and circumstances of the services provided, the provider may initiate a request for arbitration with Office of the Insurance Commissioner. The provider submits this request within 30 days of receipt of payment for the claim and concurrently provides the insurer with a copy of the request. A request for arbitration may involve a single patient and a single type of health care service, a single patient and multiple types of health care services, multiple patients and a single type of health care service, or multiple substantially similar health care services in the same specialty on multiple patients.

Section 10 allows the office to dismiss certain requests for arbitration, if the disputed claim is: related to a health care plan that is not regulated by Georgia; pending action in state or federal court at the time of the request for arbitration; subject to a binding claims resolution process entered into prior to July 1, 2021; made against a health care plan subject to the exclusive jurisdiction of the 'Employee Retirement Income Security Act of 1974'; or in accord with other circumstances as may be determined by rule.

Section 11 requires that within 30 days of the insurer's receipt of the provider's or facility's request for arbitration, the insurer submit to the commissioner all data necessary to determine whether the insurer's payment to the provider was in compliance. The commissioner is not required to make a determination prior to referring the dispute to a resolution organization for arbitration.

Section 12 authorizes the commissioner to promulgate rules implementing an arbitration process and to select one or more resolution organizations to arbitrate certain claim disputes between insurers and out-of-network providers or facilities. Prior to proceeding with arbitration, the commissioner will allow the parties 30 days from receipt of the request for arbitration to negotiate a settlement. The parties must notify the commissioner in a timely manner the result of the negotiation. If the parties have not notified the commissioner of the result within those 30 days, the commissioner has five days to refer the dispute to a resolution organization. The department will contract with one or more resolution organizations by July 1, 2021 to review and consider claim disputes between insurers and out-of-network providers.

Section 13 states that upon the commissioner's referral of a dispute to a resolution organization, the parties have five days to select an arbitrator by mutual agreement. If the parties have not notified the resolution organization of their mutual selection before the fifth day, the resolution organization will select an arbitrator from among its members. Any selected arbitrator will be independent of the parties and will not have a personal, professional, or financial conflict with any party to the arbitration. The arbitrator will have experience or knowledge in health care billing and reimbursement rates and will not communicate ex parte with either party.

Section 14 requires that the parties have 10 days after the selection of the arbitrator to submit in writing to the resolution organization each party's final offer and each party's argument in support of their offer. The parties' initial arguments are limited to 20 written pages per party. The parties may submit documents in support of their arguments, and the arbitrator may require additional written arguments and documentation as necessary, but the arbitrator may require the additional filing no more than once. Additional written arguments are limited to no more than 10 pages per party. The arbitrator may set filing times and extend filing times as appropriate. Failure of either party to submit the supportive documentation may result in a default against the party for failing to make the timely submission.

Section 15 requires that each party submit one proposed payment amount to the arbitrator. The arbitrator picks one of the two amounts and reveals that amount in the arbitrator's final decision. The arbitrator does not modify the selected amount. In making a decision, the arbitrator considers the complexity and circumstances of each case, including, but not limited to, the level of training, education, and experience of the provider and other factors. The arbitrator's final decision is in writing and describes the basis for a decision. Notwithstanding Code Section 33-20E-14, a decision will be made within 30 days of the commissioner's referral. Any default or final decision issued by the arbitrator is binding upon the parties and not appealable through the court system.

Section 16 requires the party whose final offer amount is not selected by the arbitrator to pay the arbitrator's expenses and fees, and any other fees assessed by the resolution organization directly to the resolution organization. In the event of default, the defaulting party is also responsible for the resolution organization's assessed fees. In the event that both parties default, both parties are responsible for paying the organization one-half of all monies due. Monies due will be paid in full to the resolution organization within 15 days of the losing party's receipt of the arbitrator's final decision. Within three days of the organization's receipt of monies due to the party whose final offer was selected, the monies will be distributed to that party.

Following the resolution of arbitration, the commissioner refers any case that a provider has acted in violation of this chapter to the appropriate state agency or governing entity with governing authority over the provider. The referral includes a description of violations and the commissioner's recommendation for enforcement action. That agency or governing entity may initiate an investigation regarding the referral within 30 days of receiving the referral and conclude it within 90 days of receiving the referral.

Sections 18 thru 23 provide that once a request for arbitration has been filed with the commissioner by a provider, neither the provider nor the insurer in a dispute will file a lawsuit in court regarding the same out-of-network claim. Each resolution organization contracted with the Office of the Insurance Commissioner reports to the office on a quarterly basis the results of all disputes referred to an organization as follows: the number of arbitrations filed, settled, arbitrated, defaulted, or dismissed during the previous calendar year, and whether the arbitrators' decisions were in favor of the insurer or the provider. On or before July 1, 2022 and each July 1 thereafter, the commissioner will provide a written report to the House Committee on Insurance and the Senate Insurance and Labor Committee. This report, also posted on the department's website, summarizes the arbitrations. Non-participating providers do not report to any credit-reporting agency any covered person who receives a surprise bill for the receipt of health care services from a provider and does not pay the provider any co-pay, coinsurance, deductible, or other cost-sharing amount beyond what the covered person would pay the non-participating provider had the non-participating provider been a participating provider. Nothing in this chapter reduces a covered person's financial responsibilities with regard to ground ambulance transportation.

HB 897 State Forestry Commission; create a standing timber notification website; require

By: Rep. James Burchett (176th) Through the Agriculture & Consumer Affairs Committee

Final Bill Summary: HB 897 requires the State Forestry Commission to begin creating a website by October 1, 2020 for persons or firms harvesting standing timber to use as uniform system of notification to local governing authorities. The State Forestry Commission must provide notice of when the website is operational. Within 19 months of becoming operational, the State Forestry Commission shall set a date upon which use by persons or firms harvesting timber for notification purposes is mandatory.

Standing timber harvesting entities shall maintain a bond or letter of credit to protect the county or municipality against any damage that requires the restoration of a ditch structure, the removal of harvesting residue placed in or around rights-of-way, or the repair of county or municipal roads. A county or municipality has 30 days to provide a written claim of damage to the harvesting firm, at which time the harvesting firm has 30 days to do one of the following: request an extension of no more than 90 days to account for inclement weather; repair the damage at their own expense with the approval of the governing body; or appeal the written claim to the magistrate court of the county. If a bond or letter of credit is revoked, the harvesting entity has five business days to obtain a new bond or letter of credit. The governing authority may increase the required bond

or letter of credit amount by \$2,500 for each instance of revocation, up to \$10,000 of the original bond or letter of credit.

HB 911 Crimes and offenses; offenses of improper sexual conduct by a foster parent in the first and second degrees; provide

By: Rep. Ed Setzler (35th)

Through the Judiciary Non-Civil Committee

Final Bill Summary: HB 911 adds foster parents to the list of individuals who have authority over individuals under their care, such as teachers, therapists, and correctional officers, who can be charged with improper sexual contact in the first and second degree.

HB 912 Social services; authorize foster parents to arrange for short-term babysitting

By: Rep. Albert Reeves (34th)

Through the Juvenile Justice Committee

Final Bill Summary: HB 912 allows a foster parent to arrange for an occasional short-term babysitter of a child in foster care for up to 72 consecutive hours when the foster parent uses a reasonable and prudent standard in selecting an appropriate babysitter.

The bill gives hearings involving dependency issues to take priority over cases involving jury trials. The Department of Family and Child Services may work with child placement agencies regarding the hours of training required for foster and respite families.

HB 914 Professions and businesses; military spouses licensed in other states to practice certain professions and occupations in this state; provide

By: Rep. Heath Clark (147th)

Through the Governmental Affairs Committee

Final Bill Summary: House Bill 914 requires professional licensing boards to issue an expedited license to a military spouse or transitioning service member who holds a current license, in good standing, with another state; examinations to demonstrate required knowledge may be required.

HB 946 Insurance; extensive revisions regarding pharmacy benefits managers; provide

By: Rep. David Knight (130th)

Through the Special Committee on Access to Quality Health Care

Final Bill Summary: House Bill 946 requires any physician employed or contracted with a pharmacy benefits manager (PBM) that is advising or making determinations specific to an insured individual to: have actively seen patients within the past five years; and has practiced in the same specialty area for which the physician is providing advisement within the past five years. The Department of Community Health (DCH) is encouraged to require the use of a licensed Georgia physician for prior authorization, step therapy appeals, or determination reviews for contracts and amendments entered into with a PBM.

This bill grants the Office of the Insurance Commissioner regulatory authority of PBMs in Georgia. Any methodologies utilized by a PBM in connection with reimbursement must be filed with the department. A PBM must utilize the national average drug acquisition cost as a point of reference for the ingredient drug product component of a pharmacy's reimbursement for drugs appearing on the national average drug acquisition cost list. A report must be filed with the department every four months detailing all drugs appearing on the national average drug acquisition cost list reimbursed at 10 percent and below the national average drug acquisition cost, as well as all drugs reimbursed at 10 percent and above this national average. For each drug in the report, a PBM must include: the month the drug was dispensed; the quantity of the drug dispensed; the amount the pharmacy was reimbursed per unit or dosage; whether the dispensing pharmacy was an affiliate; whether the drug was dispensed pursuant to a state or local government health plan; and the national average drug acquisition cost on the day the drug was dispensed.

This bill requires that PBMs will not engage in any practice that: discriminates in reimbursement, assesses any fees or adjustments, or excludes a pharmacy from the PBM's network; in any way bases pharmacy reimbursement for a drug on the patient outcomes, scores, or metrics; includes imposing a point-of-sale fee or retroactive fee; or derives any revenue from a pharmacy or insured in connection with performing PBM services.

PBMs are required to pass on to the health plan 100 percent of all rebates it receives from pharmaceutical manufacturers and report annually to each health plan the aggregate amount of all rebates and other payments that the PBM received from pharmaceutical manufactures in connection with claims if administered on behalf of the health plan. PBMs must offer the option of charging a health plan the same price for a prescription drug

as it pays a pharmacy for the prescription drug. A PBM must report in the aggregate to a health plan the difference between the amount the PBM reimburses a pharmacy and the amount the PBM charges a health plan. This information will be confidential and not subject to open records unless the health plan is administered by the DCH.

HB 972 Public utilities and public transportation; penalties for violations of pipeline safety standards and regulations prescribed and enforced by the Public Service Commission; provide
By: Rep. Penny Houston (170th) Through the Energy, Utilities & Telecommunications Committee

Final Bill Summary: House Bill 972 provides penalties for violations for pipeline safety standards and regulations prescribed and enforced by the Public Service Commission pursuant to O.C.G.A. 46-2-20. Any operator who violates a rule or regulation or which fails, neglects, or refuses to comply with any order after notification is liable to a penalty not to exceed the maximum penalty provided for in federal Code 49 C.F.R. Section 190.223.

HB 987 Health; additional measures for the protection of elderly persons; provide
By: Rep. Sharon Cooper (43rd) Through the Health & Human Services Committee

Final Bill Summary: House Bill 987 provides several new provisions for the protection of elderly persons in personal care homes with 25 beds or more and in assisted living facilities, to include: requiring an initial and annual training for direct care staff; maintaining a minimum on-site staffing ratio of one direct care staff person for every 15 residents during waking hours, and one for every 20 residents during non-waking hours; providing a 60-day notice to the Department of Community Health and residents of any bankruptcy or property eviction and a 14-day notice for any change of ownership that affects care; and providing a financial stability affidavit upon submission of application for licensure to affirm ability to operate for two years.

Additionally, assisted living facilities must maintain at least two direct care staff at all times and a registered nurse (RN) or licensed practical nurse (LPN) between eight and 40 hours per week depending on number of residents in facility.

House Bill 987 also provides a certification for memory care units that must provide the following staff: one dementia trained staff person for every 12 residents; one licensed social worker or professional counselor for eight hours per month; one RN, LPN, or certified medication aide at all times; at least two direct care staff at all times; at least one RN or LPN between eight and 40 hours on-site depending on number of residents; and initial and annual dementia specific training.

The bill adds a provision related to COVID-19. Each personal care home with 25 or more beds, each assisted living community, and each nursing home licensed in Georgia must: inform its residents and their representatives by 5:00 p.m. the next day following the occurrence of either a single confirmed infection of COVID-19 or another type of airborne infectious disease; maintain a minimum seven-day supply of protective masks, surgical gowns, eye protection, and gloves; maintain and publish policies and procedures pertaining to control and mitigation efforts; and include a pandemic plan for influenza and other infectious diseases. Unless previously tested, and no later than 90 days after its effective date, each resident and direct care staff person in a long-term facility in Georgia is required to receive an initial baseline molecular Severe Acute Respiratory Syndrome (SARS) CoV-2 test.

Additionally, this bill creates the State Board of Long-Term Care Facility Administrators consisting of nine members: three members who are nursing home administrators in Georgia; three members who are either a personal care home or assisted living community administrator; two members of the public who are not administrators; and one member who is a health care professional.

Furthermore, House Bill 987 imposes a mandatory fine of at least \$5,000, and increases the maximum daily fine for long-term care facilities from \$1,000 to \$2,000 up to a total of \$40,000 for any violation that causes the death or serious physical injury of a resident.

HB 991 Healthcare Transparency and Accountability Act; enact VETOED
By: Rep. Matt Hatchett (150th) Through the Special Committee on Access to Quality Health Care

Final Bill Summary: House Bill 991 creates the Health Care Transparency and Accountability Oversight Committee. The committee has authority to review the performance and conduct of all state health care plan contractors and their subcontractors. The oversight committee is composed of nine members: a physician, a pharmacist, and a consumer member who receives benefits from a state health care plan, each appointed by the

governor; and six members of the General Assembly, including two members appointed by the governor, two members appointed by the lieutenant governor, and two members appointed by the speaker of the House.

HB 1017 Public officers and employees; revise when dependents qualify for a payment of indemnification for death under the Georgia State Indemnification Fund

By: Rep. Dominic LaRiccia (169th) Through the Public Safety & Homeland Security Committee

Final Bill Summary: HB 1017 requires indemnification payments for death suffered in the line of duty by a law enforcement officer, firefighter, emergency medical technician, emergency management specialist, state highway employee, or a prison guard to be made to the surviving, not remarried spouse; the surviving children under the age of 19, or under the age of 24 if the child is a student enrolled in an institution of postsecondary education; or any dependents not included in Georgia Code, but who are shown as dependents in the spouse's or deceased person's most recent tax return. In the case of organic brain damage suffered in the line of duty, the payment is made to the legal guardian of the organically brain-damaged person. The bill applies to claims regarding any incident giving rise to a death occurring on or after August 1, 2016.

HB 1037 Georgia Entertainment Industry Investment Act; move certain sound recordings from qualified production activities to production expenditures

By: Rep. Matt Dollar (45th) Through the Ways & Means Committee

Final Bill Summary: House Bill 1037 amends 48-7-40.26, relating to the 'Georgia Entertainment Industry Investment Act' by expanding the audit requirements, restricting the additional 10 percent credit received for including the Georgia promotional, and by limiting the qualified expenditures.

The bill requires all productions claiming credits to be audited by either an independent auditor or the Department of Revenue. Beginning January 1, 2021, all projects seeking a credit greater than \$2.5 million must comply with the audit requirements. Beginning January 1, 2022, all projects seeking a credit greater than \$1.25 million must comply with the audit requirements. Beginning January 1, 2023, all projects seeking a credit of any amount must comply with the audit requirements.

When applying for the tax credit, the production company must submit the following information prior to beginning the required audit: a description of the state certified production; a detailed accounting of all qualified production activities; a detailed listing of employee names and wages when salaries are included in the base investment; receipts for tangible personal property included in the base investment; contracts for goods or services included in the base investment; W-9 forms completed and issued by each vendor for which expenditures are included in the base investment; notification of any intent to utilize an eligible auditor; a description of the distribution of the state certified production; the total amount of the tax credit sought; and a statement affirming that the documents submitted are true and correct.

Each audit must do the following: be completed in accordance with this Code section and procedures developed by the department; utilize sampling methods adopted by the department; follow regulations published by the department; verify each expenditure and exclude any that do not fully meet the requirements; exclude any expenditure not submitted or which occurred after the application was submitted; and be submitted to the department for review and revisions prior to issuing a final certificate.

The department shall provide for certification and decertification of certified public accountants as eligible auditors. To obtain certification an accountant must: register with the department; maintain its registration with the Georgia State Board of Accountancy; agree to and be capable of completing audits in accordance with procedures developed by the department; successfully complete all training required; pay the department a registration fee; and post and maintain any bond the department establishes for each auditor.

For each year a production company claims or transfers the tax credit, the production company must attach the following information to the companies tax return: the amount of the credit claimed; any tax credit previously taken by the production company; the amount of tax credit carried over from prior years; the amount of tax credit utilized in the current tax year; and the amount of tax credit to be carried over to subsequent tax years.

The bill also states that the additional 10 percent credit received for including the Georgia promotional logo shall only be allowed after a production or other qualifying product has been commercially distributed in multiple markets.

The bill limits the qualified post-production expenditures by specifically excluding expenditures for work or services not conducted in Georgia, expenditures for goods that were not purchased or rented in Georgia from a Georgia retailer, and transactions that are subject to sales and use tax but where the sales and use tax was not

paid.

The carry-forward period for the credits earned is reduced from five years to three years.

HB 1090 Labor and industrial relations; provisions regarding employer's obligation to provide break time for an employee to express breast milk; revise

By: Rep. Deborah Silcox (52nd) Through the Health & Human Services Committee

Final Bill Summary: House Bill 1090 requires employers to provide break time to employees who need to express breast milk. Additionally, this bill allows the labor commissioner to set the amount of deductible earnings related to a person's unemployment up to \$300 and grants the commissioner of insurance the authority to adopt emergency rules during a declared statewide emergency and authorize a work-sharing program.

HB 1114 Medical assistance; Medicaid coverage for lactation care and services and postpartum care; provide

By: Rep. Sharon Cooper (43rd) Through the Health & Human Services Committee

Final Bill Summary: House Bill 1114 requires the Department of Community Health to provide Medicaid coverage, and pursue a waiver if needed, to provide coverage for lactation care and services to pregnant and lactating women, children who are breastfeeding or receiving their mother's milk, and postpartum care for mothers for a period of up to six months following birth. This bill will become effective only upon the effective date of a specific appropriation of funds by the General Assembly.

HR 164 Constitutional Amendment General Assembly; dedication of revenues derived from fees or taxes to the public purpose for which such fees or taxes were imposed; authorize

By: Rep. Jay Powell (171st) Through the Ways & Means Committee

Final Bill Summary: House Resolution 164 allows the General Assembly to dedicate funds from fees or taxes for the purpose for which they are imposed by general law. The general law dedicating the fee must reference this provision of the Constitution; provide the specific purpose for which the fee will be used; identify the agency to administer the funds; require annual reporting of the revenue and expenditures by the department administering the funds; and include a sunset date not to exceed 10 years. The total amount of funds dedicated by this provision of the Constitution may not exceed one percent of the total state revenues of the prior fiscal year. Funds dedicated by this provision do not lapse.

Any law enacted pursuant to this provision requires the approval of two-thirds of the members of each branch of the General Assembly; however, it takes only a simple majority to repeal a law enacted pursuant to this provision. In the event the governor declares a financial emergency, which shall be deemed to exist if revenue collections decrease by three percent or more from the previous year or the state experiences three consecutive months of declining revenues during the current fiscal year, the governor or the General Assembly may temporarily suspend the dedication of these revenues and appropriate such revenues. This option is limited to three, two-year periods during any 10-year period. The resolution also provides ballot language.

HR 1023 Constitutional Amendment Judiciary; people may petition for declaratory relief from certain acts of this state or certain local governments or officers or employees; provide

By: Rep. Andrew Welch (110th) Through the Judiciary Committee

Final Bill Summary: House Resolution 1023 proposes an amendment to the Georgia Constitution to waive sovereign immunity for actions in the superior court seeking declaratory relief from acts of the state, or any county, consolidated government, or municipality of this state, outside the scope of lawful authority or in violation of the laws of the Georgia Constitution or the Constitution of the United States. A court awarding declaratory relief may enjoin such acts to enforce its judgment. The waiver applies to past, current, and prospective acts that occur on or after January 1, 2021.

Actions against the state shall be brought exclusively against the state and in the name of the State of Georgia. Actions against any county, consolidated government, or municipality shall be brought exclusively against the named entity.

The power of the court to dismiss or deny relief and other powers of the court to hear a case are not affected. The General Assembly may limit the power or duty of a court to dismiss any action or deny relief.

No damages, attorney's fees, or costs of litigation are awarded in an action authorized by this amendment.

- SB 38 Courts; electronic filing requirements of superior and state courts; certain types of filings; exclude**
By: Sen. William Ligon, Jr. (3rd) Through the Judiciary Committee
Final Bill Summary: Senate Bill 38 amends Chapter 8 of Title 26 of the Code, relating to county police, to provide a method for the abolition of a county police department and transfer the law enforcement functions of that department to the sheriff of the county. A county police department may be abolished by a local Act of the General Assembly or by a resolution of the governing authority of the county. Any local Act or resolution must be approved by the electors of the county. If approved, the county police department shall be abolished 180 days following the referendum. At such time all property, equipment, records, documents, funds, and other items in the possession or control of the county police department shall be transferred to the sheriff of the county. This Act is repealed on January 1, 2022.
- SB 43 Revenue Bonds; definition of the term "undertaking" as it relates to electric systems; revise**
By: Sen. Chuck Payne (54th) Through the Energy, Utilities & Telecommunications Committee
Final Bill Summary: Senate Bill 43 revises the definition of "undertaking" relating to revenue bonds by adding electric transmission to the list of undertakings available for the issuance of revenue bonds. Any revenue certificates issued by a government body with electric utility assets that have a net book value of less than \$300 million shall be authorized by a majority vote in the political subdivision affected.
- SB 123 Waste Management; the coal ash surcharge imposed by host local governments; eliminate**
By: Sen. William Ligon, Jr. (3rd) Through the Natural Resources & Environment Committee
Final Bill Summary: SB 123 raises the required local government surcharge on a municipal solid waste disposal facility operated by a private enterprise from \$1.00 per ton to \$2.50 per ton. The bill removes an exception for the same facilities that accept coal combustion residuals and raises the required surcharge from \$1.00 to \$2.50 per ton of coal combustion residuals. The percentage of surcharges collected by local governments specifically designated to offset repairs is lowered from 50 to 20 percent.
- The bill allows for any permitted municipal solid waste landfill operating by July 1, 1997 to expand its operation within two miles of a federally restricted military air space used for a bombing range.
- SB 123 removes language to lower the surcharge on the disposal of waste at a solid waste disposal facility from \$0.75 per ton of solid waste to \$0.51 per ton. The surcharge's sunset date is June 30, 2025. The bill strikes language to lower the fee on all new replacement tires from \$1.00 to \$0.38 per tire sold. The fee's sunset date is June 30, 2025.
- SB 288 Criminal History Record Information; automatic restriction; final disposition other than a conviction; provide**
By: Sen. Tonya Anderson (43rd) Through the Special Committee on Access to the Civil Justice System Committee
Final Bill Summary: Senate Bill 288 expands the ability of individuals convicted of certain misdemeanors or convicted of non-serious or non-sexual felonies and are later pardoned to petition for the restriction and sealing of their criminal history record information. Specific misdemeanor offenses along with violent or sexual felonies are excluded. Exceptions are provided to allow for criminal history record information that was previously restricted and sealed to be unrestricted and unsealed for certain purposes.
- A restriction or sealing may be used to disqualify an individual for employment in the same manner as a discharge under Article 3 of Chapter 8 of Title 42. Restricted and sealed criminal history record information shall always be available for inspection: for the purpose of imposing a sentence under Article 3 of Chapter 8 of Title 42; by the Judicial Qualifications Commission; by an attorney representing an accused individual who submits a sworn affidavit to the court attesting that such information is relevant to a criminal proceeding; by a prosecuting attorney or public defender; pursuant to a court order; and by an individual who is the subject of a restricted or sealed offense.
- SB 303 'Georgia Right to Shop Act'; greater transparency of prices for nonemergency healthcare services; provide**

By: Sen. Ben Watson (1st)

Through the Special Committee on Access to Quality Health Care Committee

Final Bill Summary: Senate Bill 303 requires each insurer, except health maintenance organizations, to make available on its website an interactive mechanism for members of the public to: compare the payment amounts accepted by in-network providers for health care services; obtain an estimate of the average amount accepted by in-network providers for the health care services; obtain an estimate of the out-of-pocket costs that a person will owe his or her provider for a health care service; and compare quality metrics applicable to in-network providers for major diagnostic categories.

SB 313 Pharmacy Benefits Managers; regulation and licensure; extensive revisions; provide

By: Sen. Dean Burke (11th)

Through the Special Committee on Access to Quality Health Care Committee

Final Bill Summary: House Bill 946 requires any physician employed or contracted with a pharmacy benefits manager (PBM) that is advising or making determinations specific to an insured individual to: have actively seen patients within the past five years; and has practiced in the same specialty area for which the physician is providing advisement within the past five years. The Department of Community Health (DCH) is encouraged to require the use of a licensed Georgia physician for prior authorization, step therapy appeals, or determination reviews for contracts and amendments entered into with a PBM.

This bill grants the Department of Insurance regulatory authority of PBMs in Georgia. Any methodologies utilized by a PBM in connection with reimbursement must be filed with the department. A PBM must utilize the national average drug acquisition cost as a point of reference for the ingredient drug product component of a pharmacy's reimbursement for drugs appearing on the national average drug acquisition cost list. A report must be filed with the department every four months detailing all drugs appearing on the national average drug acquisition cost list reimbursed at 10 percent and below the national average drug acquisition cost, as well as all drugs reimbursed at 10 percent and above this national average. For each drug in the report, a PBM must include: the month the drug was dispensed; the quantity of the drug dispensed; the amount the pharmacy was reimbursed per unit or dosage; whether the dispensing pharmacy was an affiliate; whether the drug was dispensed pursuant to a state or local government health plan; and the national average drug acquisition cost on the day the drug was dispensed.

This bill requires that PBMs will not engage in any practice that: discriminates in reimbursement, assesses any fees or adjustments, or excludes a pharmacy from the PBM's network; in any way bases pharmacy reimbursement for a drug on the patient outcomes, scores, or metrics; imposes a point-of-sale or retroactive fee; or derives any revenue from a pharmacy or insured in connection with performing PBM services. PBMs are required to pass on to the health plan 100 percent of all rebates it receives from pharmaceutical manufacturers and report annually to each health plan the aggregate amount of all rebates and other payments that the PBM received from pharmaceutical manufactures in connection with claims if administered on behalf of the health plan. PBMs must offer the option of charging a health plan the same price for a prescription drug as it pays a pharmacy for the prescription drug. A PBM must report in the aggregate to a health plan the difference between the amount the PBM reimburses a pharmacy and the amount the PBM charges a health plan. This information will be confidential and not subject to open records unless the health plan is administered by the DCH.

SB 341 Peace Officers; re-employment of retired peace officers and correctional officers during disasters and emergencies; provide

By: Sen. Randy Robertson (29th)

Through the Public Safety & Homeland Security Committee

Final Bill Summary: Senate Bill 341 allows any law enforcement unit in the state to supplement its workforce as necessary with qualified, retired peace officers or correctional officers when a disaster or emergency has been declared by a county sheriff, a public safety director, or the governor or when there is a national emergency. Any retired officers must be in compliance with the annual training and qualification standards set for peace officers in Georgia law.

Assisting officers have the same immunities and arrest powers in that location as the officers of the requesting entity only for the duration of the specific event. Any compensation is paid by the requesting entity and the officers assisting are deemed employees of the requesting entity during the event and therefore subject to the workers' compensation, overtime, and expense reimbursement provisions provided to him or her as an employee of the requesting agency.

- SB 359 'Surprise Billing Consumer Protection Act'; certain consumer protections against surprise billing; provide**
By: Sen. Chuck Hufstetler (52nd) Through the Special Committee on Access to the Civil Justice System Committee
Final Bill Summary: Senate Bill 359, the "Georgia COVID-19 Pandemic Business Safety Act," provides for certain immunities from liability claims regarding COVID-19. No healthcare facility, healthcare provider, entity, or individual shall be liable for damages in an action involving a COVID-19 liability claim, unless the claimant proves that the healthcare facility, healthcare provider, entity, or individual showed: gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm.
- A rebuttable presumption of assumption of the risk by a claimant exists if signage containing certain language is posted at a point of entry on the premises of a healthcare facility, healthcare provider, entity, or individual. Entities or individuals may also establish such rebuttable presumption by providing certain language on tickets or wristbands issued to a claimant for entry on to the premises of the entity or individual.
- This Act shall apply to causes of action accruing until July 14, 2021, and shall not apply to any causes of action accruing thereafter.
- SB 367 Effectiveness of Educational Programs; number of student assessments; reduce; when assessments must be administered; provide**
By: Sen. P. K. Martin (9th) Through the Education Committee
Final Bill Summary: Senate Bill 367 amends O.C.G.A. 20-2-281, relating to assessments, by reducing the number of state assessments given to students. SB 367 eliminates the fifth grade end-of-grade social studies assessment and reduces the number of end-of-course assessments in high school from eight to four. School systems must administer the state required end-of-grade assessment for grades three through eight within 25 school days of the last day of school. The Department of Education is authorized to conduct an analysis of locally implemented assessments and provide guidance to eliminate redundant assessments to improve student achievement.
- SB 371 Department of Transportation Officers; state investment in railways and railroad facilities and equipment; provide**
By: Sen. Steve Gooch (51st) Through the Transportation Committee
Final Bill Summary: Senate Bill 371 requires the Department of Transportation to administer the Georgia Freight Railroad Program, subject to appropriations, in order to enhance the state's investment in freight rail projects.
- SB 373 Nonprofit Corporations; directors and officers of electric membership corporations and foreign electric cooperatives; provisions; change**
By: Sen. John Kennedy (18th) Through the Energy, Utilities & Telecommunications Committee
Final Bill Summary: Senate Bill 373 amends Title 14 and Title 46 of the O.C.G.A., relating to directors and officers of non-profit corporations and directors and officers of electric membership corporations and foreign electric corporations, to change provisions relating to the responsibilities and standard of care of directors and officers of certain corporations.
- Unless a different standard is prescribed by law, a director or officer of a non-profit corporation or electric membership corporation shall perform his or her duties in good faith and with the degree of care an ordinarily prudent person in a similar position would exercise under similar circumstances. While performing his or her duties, a director may rely upon officers, employees, or agents of the corporation the director believed to be reliable and competent, in addition to information or statements provided by officers, employees, or others. There is a presumption that the process followed by the director while arriving at decisions is done in good faith and exercised in ordinary care; however, this presumption may be rebutted by evidence that such process constitutes gross negligence by being a gross deviation from the standard care of a director in a like position under similar circumstances.

SB 375 Cigarettes and Tobacco Related Products; additional penalties regarding any person under 21 years of age; provide; definition of vapor product; revise*By: Sen. Jeff Mullis (53rd)**Through the Ways & Means Committee*

Final Bill Summary: Senate Bill 375 amends Chapter 11 of Title 48 of the O.C.G.A., relating to taxes on tobacco products, by raising the legal age to purchase and possess vapor and tobacco products, establishing licensing and regulatory requirements on vapor products, and establishing an excise tax on vapor products effective January 1, 2021. The bill raises the legal age to purchase tobacco and vapor products to 21 and makes it illegal for anyone under the age of 21 to possess the products. The bill also makes it unlawful to use any vapor product within a school safety zone.

The bill also establishes excise taxes of five cents per milliliter on consumable vapor products in a closed system and seven percent of the wholesale cost price on vapor devices and vapor devices that contain any consumable vapor product at the time of sale and are not intended to be refilled.

"Consumable vapor product" is defined as any liquid solution that is intended to be heated into an aerosol state and inhaled by an individual. "Closed system" is defined as any disposable container which is pre-filled and sealed by the manufacturer and is intended or used to dispense consumable vapor products using a vapor device that is intended to be reused. "Open system" is defined as any method or manner used to contain a consumable vapor product that is not a closed system. "Vapor device" is defined as any system or device developed or intended to deliver a consumable vapor product to an individual who inhales from the device.

No person shall engage in or conduct business relating to alternative nicotine products and vapor products without first obtaining a license from the commissioner of the Department of Revenue. The commissioner may require a separate license for each business activity and product including alternative nicotine products, vapor products, and traditional tobacco products or may allow the license holder to participate in all business activities and products under one license. The license fees for vapor products is an additional \$10 initial fee and an annual \$10 fee. Vapor products are included in the current regulatory structure for tobacco products and all sales must be made in a face-to-face manner with the purchaser being at least 21 years of age as shown on a valid identification. Home delivery of vapor products is allowed, but requires that the recipient be at least 21-years old as shown on a valid identification and provide a signature that matches that of the identification.

Alternative nicotine products and vapor products are incorporated into the Code section, which provides the department with the ability to regulate the tobacco industry.

SB 402 Bonds and Recognizances; conditions for unsecured judicial release on a person's own recognizance; provide*By: Sen. Randy Robertson (29th)**Through the Judiciary Committee*

Final Bill Summary: Senate Bill 402 amends Code Section 17-6-12, relating to the discretion of courts to release a person charged with a crime on their own recognizance, to specify certain bail-restricted offenses. It renames the release of a person on his or her own recognizance without a purported dollar amount through secured means or property as an "unsecured judicial release." The bill specifies that a person charged with a bail-restricted offense shall not be released on bail on unsecured judicial release for pretrial release programs, release and diversion programs, or intervention and diversion programs. Additional references in the Code to the release of a person on "his or her own recognizance" are replaced with "unsecured judicial release."

Any bond issued by an elected judge or judge sitting by designation that purports a dollar amount shall be executed in the full-face amount of the bond through secured means or shall be executed by use of property. This shall not prohibit a sheriff from releasing an inmate from custody in cases of medical emergency with consent of the judge.

SB 408 Sick Leave for Care of Immediate Family Members; sunset provision relating to such sick leave requirements; repeal*By: Sen. Brian Strickland (17th)**Through the Industry and Labor Committee*

Final Bill Summary: Senate Bill 408 extends the sunset provision on allowing an employee to use sick leave to care for an immediate family member. The bill allows the Department of Labor commissioner to set the amount for deductible earnings at an amount not less than \$50 nor more than \$300. The bill provides authority and guidelines for the commissioner to adopt emergency rules when the governor declares a statewide emergency. The bill adjusts the maximum benefit amount for claims filed after June 14, 2020, dependent on the state's average unemployment rate. The bill gives the commissioner the authority to establish a work-sharing program.

- SB 426 Air Quality; reporting of any unpermitted release of ethylene oxide to the Environmental Protection Division of the Department of Natural Resources; provide**
By: Sen. Brian Strickland (17th) Through the Natural Resources & Environment Committee
Final Bill Summary: SB 426 requires any permittee of an operation that includes the emission of ethylene oxide to report a spill or release of any amount of ethylene oxide to the Environmental Protection Division within 24 hours of discovery. The division must make the report publicly available on the division's website.
- SB 451 Deficiencies Connected with Improvements to Realty and Resulting Injuries; actions that may be brought pursuant to Code Section 9-3-51; clarify**
By: Sen. John Kennedy (18th) Through the Judiciary Committee
Final Bill Summary: Senate Bill 451 clarifies that the statute of repose for actions to recover damages for deficiencies connected with improvements to realty does not apply to actions for breach of contract, including, but not limited to, actions for breach of express contractual warranties.
- SB 473 Conservation and Natural Resources; duties, powers, and responsibilities relative to historic preservation; from Department of Natural Resources to the Department of Community Affairs; transfer**
By: Sen. Tyler Harper (7th) Through the Natural Resources & Environment Committee
Final Bill Summary: SB 473 transfers the Historic Preservation Program, including all grant, tax credit, and site designation responsibilities, to the Department of Community Affairs.
- SB 477 Investigation of Family Violence; terminology used in determining whom to arrest; revise**
By: Sen. Kay Kirkpatrick (32nd) Through the Juvenile Justice Committee
Final Bill Summary: SB 477 allows officers to make a decision regarding mutual combat about which party caused the violence and is the predominate aggressor in domestic violence situations requiring arrest.
- SB 482 Office of Health Strategy and Coordination; state all-payer claims database; establishment of an advisory committee; provide**
By: Sen. Dean Burke (11th) Through the Health & Human Services Committee
Final Bill Summary: Senate Bill 482 establishes the Georgia All-Payer Claims Database (GAPCD). Claims data is the information included in an institutional, professional, or pharmacy claim for a covered individual, including the amount paid to a provider of health care services, plus any amount owed by the covered individual.

Additionally, the bill creates an advisory committee to make recommendations regarding the creation of the framework and implementation plan for the GAPCD to facilitate the reporting of health care data. The committee will make initial recommendations to the director of the Office of Health Strategy and Coordination no later than March 1, 2021. The objective of the GAPCD is to facilitate data-driven and evidence-based improvements in access, quality, and cost of health care in order to understand health care expenditure patterns.

The committee will conduct an evaluation of the GAPCD at least every five years to ensure these purposes are met.

The director will seek funding for the creation of the all-payer health claims database and report to the governor and General Assembly on the status of the funding effort and final data elements recommended by the advisory committee no later than March 15, 2021. The GAPCD will be created if sufficient funding is received through gifts, grants, donations, or appropriations on or before January 1, 2022.