



Georgia

HOUSE OF REPRESENTATIVES

Tuesday
February 18,
2020

DAILY REPORT

13th
Legislative
Day

House Budget & Research Office
(404) 656-5050

- The House will reconvene for its 14th Legislative Day on Wednesday, February 19 at 10:00 a.m.
- The Rules Committee will meet at 9:00 a.m.
- Four bills / resolutions are expected to be debated on the floor.

Today on the Floor

Rules Calendar

HB 195 Georgia Firefighters' Pension Fund; increase benefit amount payable to beneficiaries after the member's death

Bill Summary: HB 195 increases the death benefit for members of the Georgia Firefighters' Pension Fund from \$5,000 to \$10,000. This bill is certified by the Georgia Department of Audits and Accounts as a fiscal retirement bill. The actuarial investigation estimates the first-year cost is \$24,441. The current revenue generated from the one percent tax on premiums from fire insurance companies is sufficient to cover the cost of this legislation.

Authored By: Rep. Tommy Benton (31st)
House Committee: Retirement
Floor Vote: Yeas: 168 Nays: 0

Rule Applied: Modified-Structured
Committee Action: 01-28-2020 Do Pass
Amendments:

HB 538 Revenue and taxation; all questions of law decided by the Georgia Tax Tribunal be decided without deference to the rules, determinations, or interpretations of the Department of Revenue; require

Bill Summary: House Bill 538 requires courts and the Georgia Tax Tribunal to decide all questions of law regarding the proper interpretation of revenue and taxation-related statutes or regulations without deference to the Department of Revenue's interpretation of the statute or regulation in dispute.

Authored By: Rep. Todd Jones (25th)
House Committee: Judiciary
Floor Vote: Yeas: 158 Nays: 8

Rule Applied: Modified-Structured
Committee Action: 01-30-2020 Do Pass
Amendments:

HB 759 Controlled substances; Schedule IV; change certain provisions

Bill Summary: HB 759 is the annual drug update to comply with federal regulations and capture new synthetic drugs such as spice and bath salts.

Authored By: Rep. Butch Parrish (158th)
House Committee: Judiciary Non-Civil
Floor Vote: Yeas: 163 Nays: 1

Rule Applied: Modified-Structured
Committee Action: 01-31-2020 Do Pass
Amendments:

HB 781 Financial institutions; clarify and remove superfluous language; provisions

Bill Summary: HB 781 updates, modernizes, and further amends Title 7 of the Code. The bill clarifies the acquiring parties subject to the Department of Banking and Finance's grounds for disapproval of acquisition proposals by trust companies.

The department's authority is expanded to approve the payment of dividends by a bank or trust company, prior to cumulative profitability, if the bank or trust company is profitable on an annual basis and the payment of such dividend is consistent with standards of safety and soundness.

The department's authority is expanded to waive or modify residency requirements for the board of directors of any bank or trust company.

The bill provides that Georgia chartered banks may conduct any activities at any representative office outside of Georgia as authorized or not prohibited by law. If the activity requires approval from the department, the commissioner can waive the requirement if he or she finds the bank's involvement in particular activities will not threaten safety or soundness of such bank.

Registration process requirements are removed for banks or bank holding companies when registering a representative office in Georgia. A bank or bank holding company must post notice of the closing of a representative office as required by Code Section 7-1-110.1.

The period in which the department must approve or disapprove completed applications for branch offices is reduced from 90 days to 30 days. The department may no longer waive publication requirements when a bank files a written notification, instead of an official application, when applying for a branch office.

Out-of-state banks with branches already established in Georgia are no longer required to notify the department of an acquisition alongside with their application for acquisition made to the federal regulator.

Paragraph (3) of subsection (b) of Code Section 7-1-656 replaces "supervisory" committee with "audit" committee.

Individual loan officers may only approve or disapprove loans less than or equal to five percent of the credit union's net worth. Loans greater than five percent require approval by the board of directors or credit committee as recorded in the formal minutes and subject to certain limitations on securities.

Code Section 7-1-658 revises the authority of credit unions to issue certain loans. Delegated authority to loan officers to approve or disapprove loans to a borrower shall be limited to loans not exceeding, in the aggregate, five percent of the net worth of the credit union. Furthermore, no credit union shall be authorized to make loans to any one person or corporation where the aggregated of such loans and obligations together exceeds five percent of the net worth of the credit union, unless approved in advance by the board of directors or credit committee, the approval is recorded in formal minutes, and is subject to certain limiting requirements and exceptions.

The department may regulate and prescribe definitions and requirements for the transactions identified in Code Section 7-1-658. The department may also specify that the liabilities of a group of one or more persons or corporations or both shall be considered as owed by one person or corporation based on the common control of the borrowers within the group, or other criteria established by the department for the combination of indebtedness for legal lending limitation purposes.

Code Section 7-1-658 removes the requirement that a credit committee act upon any loan in excess of 50 percent of the union's maximum loan limitation, or such lower limit as established by the committee, and specifies the terms "person" and "corporation."

"Night depository" is added as an extension of a banking location and defined as a drop box where

customers can make deposits or payments outside of normal banking hours. Night depositories may be located anywhere in the state.

Code Section 7-1-664 is amended to provide for credit union extensions and related restrictions; specifically for automated teller machines, cash dispensing machines, night depositories, and point-of-sale terminals.

Code Section 7-1-665 is amended to provide for the department's authority and procedure when considering branch applications submitted by credit unions. Certain criteria are identified for the department to consider when reviewing an application and specifies that the decision of the department is final, except that it may be subject to judicial review as provided in Code Section 7-1-90. In the event of a merger or consolidation of two or more credit unions, the resulting credit union or purchasing credit union may continue to operate all branches approved by the department prior to the merger.

The requirement that a licensee or corporate surety notify the department regarding the cancellation of a bond filed by registered or certified mail, statutory overnight delivery with return receipt requested, is eliminated. The same requirement is also eliminated for mortgage loan originators, mortgage brokers, mortgage lenders, or the corporate surety notifying the department regarding the cancellation of a bond filed for the purposes of compliance with Code Sections 7-1-1003.2 or 7-1-1004. Notice must be sent electronically.

The number of days required for a cease and desist order to become final is reduced from 30 days to 20 days after being issued to a person licensed under Article 4 of Title 7 for the receipt of notice of a bond cancellation under Code Section 7-1-687. If a cease and desist order is issued to a person who has been sent a notice of bond cancellation and the bond is reinstated or replaced, the person must provide documentation evidencing the reinstatement or replacement within 20 days of the issuance of the order.

The bill replaces "license number" of a licensee with "unique identifier" and provides that a unique identifier of certain licensees or registrants is not confidential.

Code Section 7-1-1003.1, relating to the physical place of business of an applicant for a mortgage broker license or renewal and requirement that such person have a registered agent and office in Georgia, is repealed and reserved.

The requirement that licensed mortgage brokers and lenders notify the department of an ultimate equitable owner of 10 percent or more of any corporation or other entity licensed under Article 13 of Title 7 is eliminated.

Lastly, requirements for mortgage loan advertisements are revised, and the 'Georgia Fair Lending Act' is amended to provide updated citations to federal regulations.

Authored By:	Rep. Bruce Williamson (115th)	Rule Applied:	Modified-Structured
House Committee:	Banks & Banking	Committee Action:	01-28-2020 Do Pass by Committee Substitute
Floor Vote:	Yeas: 167 Nays: 0	Amendments:	

Postponed Until Next Legislative Day

HB 765 Courts; increase in the minimum compensation for chief magistrates; provide

Bill Summary: HB 765 raises the minimum salary and compensation of magistrates and clerks. For magistrate judges, the new minimum salary is equal to the previous minimum salary, plus previously-enacted cost-of-living adjustments, plus an additional five percent raise. Monthly minimums for magistrate clerk courts are increased by the same percentage.

Authored By:	Rep. Mitchell Scoggins (14th)	Rule Applied:	Modified-Structured
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Next on the Floor from the Committee on Rules

The Committee on Rules has fixed the calendar for the 14th Legislative Day, Wednesday, February 19, and bills may be called at the pleasure of the Speaker. The Rules Committee will next meet on Wednesday, February 19, at 9:00 a.m., to set the Rules Calendar for the 15th Legislative Day.

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

Bill Summary: HB 292 repeals the requirement for an accrued liability to be paid to the Teachers Retirement System 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.

Authored By: Rep. Tommy Benton (31st)
House Committee: Retirement

Rule Applied: Modified-Structured
Committee Action: 01-28-2020 Do Pass

HB 758 Georgia Motor Carrier Act of 2012; consideration of the deployment of motor carrier safety improvements in determining an individual's employment status with a motor carrier; prohibit

Bill Summary: House Bill 758 establishes that if a motor carrier implements, requires, or deploys a motor carrier safety improvement, this action shall not impact the affected individual's status as an employee or independent contractor.

Authored By: Rep. Alan Powell (32nd)
House Committee: Motor Vehicles

Rule Applied: Modified-Open
Committee Action: 02-04-2020 Do Pass

HB 792 Supplemental appropriations; State Fiscal Year July 1, 2019 - June 30, 2020

Bill Summary: The Amended FY 2020 budget is set by a revenue estimate of \$27.3 billion, a decrease of \$159 million from the original FY 2020 estimate. The bill, tracking sheet, and highlights may be found on the House Budget and Research Office website: <http://www.house.ga.gov/budget>.

Authored By: Rep. David Ralston (7th)
House Committee: Appropriations

Rule Applied: Modified-Open
Committee Action: 02-18-2020 Do Pass by Committee Substitute

Committee Actions

Bills passing committees are reported to the Clerk's Office and are placed on the General Calendar.

Agriculture & Consumer Affairs Committee

HB 847 Hemp farming; definitions, penalties and criminal background checks; provide

Bill Summary: HB 847 defines "key participant" as the sole proprietor, a partner, or person with managerial control in a corporation and adds that 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 operate a pilot hemp research program. Colleges and universities are also authorized to engage third parties to assist in research programs.

The bill allows for 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.

Authored By:	Rep. John Corbett (174th)	Committee	02-18-2020 Do Pass by Committee
House	Agriculture & Consumer Affairs	Action:	Substitute
Committee:			

Appropriations Committee

HB 792 Supplemental appropriations; State Fiscal Year July 1, 2019 - June 30, 2020

Bill Summary: The Amended FY 2020 budget is set by a revenue estimate of \$27.3 billion, a decrease of \$159 million from the original FY 2020 estimate. The bill, tracking sheet, and highlights may be found on the House Budget and Research Office website: <http://www.house.ga.gov/budget>.

Authored By:	Rep. David Ralston (7th)	Committee	02-18-2020 Do Pass by Committee
House	Appropriations	Action:	Substitute
Committee:			

Energy, Utilities & Telecommunications Committee

HB 761 Public utilities and public transportation; eliminate percentage limitation as to the amount of the investments an electric membership corporation may make and maintain in a gas affiliate

Bill Summary: House Bill 761 raises the investment cap that electric membership corporations may make and maintain in a gas affiliate from 15 to 60 percent.

Authoring By:	Rep. John Carson (46th)	Committee	02-18-2020 Do Pass by Committee
House	Energy, Utilities &	Action:	Substitute
Committee:	Telecommunications		

Governmental Affairs Committee

HB 757 Elections; determination of qualifying periods for special elections; provide

Bill Summary: House Bill 757 specifies the time period in which candidates for general and special elections must submit a notice of candidacy. The bill provides a deadline for voter registration before a primary runoff and specifies the time period for candidate qualification in special elections. In specified circumstances, a special primary and special election will be conducted; in those cases, the special primary will be held in conjunction with the general primary. If only one candidate qualifies for a special primary, the primary will not be held, but the candidate will be considered the nominee for that party. When a vacancy occurs in the General Assembly, in certain instances, a special primary and special election will be held to fill the vacancy. The effective date for a portion of the bill is set for January 1, 2021; the remainder of the bill will go into effect when the bill becomes law.

Authoring By:	Rep. Barry Fleming (121st)	Committee	02-18-2020 Do Pass by Committee
House	Governmental Affairs	Action:	Substitute
Committee:			

Intragovernmental Coordination - Local Committee

HB 803 Early County; school district ad valorem tax; residents 66 years of age or older; provide homestead exemption

Bill Summary: House Bill 803 provides a homestead exemption from Early County School District taxes for the full amount of the assessed value for residents who are 66 years of age or older.

Authoring By:	Rep. Gerald Greene (151st)	Committee	02-18-2020 Do Pass
House	Intragovernmental Coordination -	Action:	
Committee:	Local		

HB 860 Putnam County; nonbinding advisory referendum; provide

Bill Summary: House Bill 860 provides for a nonbinding advisory referendum to ascertain whether the electors of Putnam County desire the county board of commissioners to levy an ad valorem tax to retire debt incurred by the Putnam County Hospital Authority.

Authoring By:	Rep. Ricky Williams (145th)	Committee	02-18-2020 Do Pass by Committee
House	Intragovernmental Coordination -	Action:	Substitute
Committee:	Local		

HB 869 Clayton County Water Authority; provide corporate powers and purposes

Bill Summary: House Bill 869 provides that the Clayton County Water Authority is a body corporate and politic, a political subdivision of the state, and a public corporation.

Authoring By:	Rep. Mike Glanton (75th)	Committee	02-18-2020 Do Pass
House	Intragovernmental Coordination -	Action:	
Committee:	Local		

HB 871 Jasper County Public Facilities Authority Act; enact

Bill Summary: House Bill 871 creates the Jasper County Public Facilities Authority.

Authored By: Rep. Susan Holmes (129th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 872 Clayton County; Magistrate Court; impose and collect county law library fees

Bill Summary: House Bill 872 authorizes the Clayton County Magistrate Court to impose and collect county law library fees as part of the court costs.

Authored By: Rep. Rhonda Burnough (77th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 873 Butts County; joint county-municipal board of elections; prohibit persons employed by certain local governments from being eligible to serve on the board for a designated period of time following their government employment

Bill Summary: House Bill 873 states no person who has been employed by Butts County or the cities of Jackson, Jenkinsburg, or Flovilla shall be eligible to serve as a member of the joint county-municipal board of elections and registration until three years has elapsed from the person's final date of employment.

Authored By: Rep. Susan Holmes (129th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 874 Butts County; levy an excise tax

Bill Summary: House Bill 874 authorizes the governing authority of Butts County to levy an excise tax.

Authored By: Rep. Susan Holmes (129th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 875 Carroll County Water Authority; increase annual compensation cap for members

Bill Summary: House Bill 875 increases the annual compensation cap for Carroll County Water Authority members.

Authored By: Rep. Randy Nix (69th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 876 Greene County Airport Authority; provide procedures for inactivation and reactivation

Bill Summary: House Bill 876 provides for procedures for inactivation and reactivation of the Greene County Airport Authority.

Authored By: Rep. Trey Rhodes (120th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 884 Tifton, City of; levy an excise tax

Bill Summary: HB 884 authorizes the governing authority of the city of Tifton to levy an excise tax.

Authored By: Rep. Penny Houston (170th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

HB 889 Toombs County Public Facilities Authority Act; enact

Bill Summary: House Bill 889 creates the Toombs County Public Facilities Authority.

Authored By: Rep. Greg Morris (156th)
House Committee: Intragovernmental Coordination - Local
Committee Action: 02-18-2020 Do Pass

Public Safety & Homeland Security Committee**HB 417 Law enforcement officers and agencies; comprehensive regulation of trauma scene cleanup services; provide**

Bill Summary: House Bill 417 provides for the regulation of trauma scene cleanup services. The Georgia Secretary of State is responsible for registering trauma scene waste management practitioners. The registration is valid for three years and may be renewed for additional three-year periods. The initial registration fee is \$100 and \$100 upon renewal. The Secretary of State will maintain a current list of all registered trauma scene waste management practitioners on its website. Each practitioner must submit to a fingerprint-based background check prior to being registered and every three years following the initial background check. No person convicted of a felony is eligible for registration. Each practitioner must be bonded in the amount of \$25,000 and must have liability insurance for at least \$100,000. Each practitioner must provide to the Secretary of State proof of valid generation and transportation permit from the Environmental Protection Division of the Department of Natural Resources for the provision of trauma scene waste management services. The practitioner must also provide proof of all current certifications in the removal and disposal of regulated biomedical waste held by the practitioner or any contractor used for waste management services.

The Secretary of State is authorized to issue temporary registrations in the event of a declared public emergency or a state of emergency; however, these registrations terminate no later than 90 days from issuance.

This legislation does not prevent a private property owner from cleaning up a scene on their property themselves, or the gratuitous cleanup performed for the owner of a property by individuals who are not doing so as part of a commercial enterprise for the cleanup or removal of trauma scene waste.

Authored By: Rep. Alan Powell (32nd)
House Committee: Public Safety & Homeland Security
Committee Action: 02-18-2020 Do Pass by Committee Substitute

HB 487 Disaster Volunteer Relief Act; certain employees of state agencies to be granted leave from work with pay in order to participate in specialized disaster relief services; authorize

Bill Summary: House Bill 487 allows state employees, under the 'Disaster Relief Volunteer Act,' who are certified volunteers of the Civil Air Patrol United States Air Force Auxiliary to be granted paid leave for no more than 15 workdays in a 12-month period. Upon the employee's agency approval, this leave will be specifically used for participation in specialized emergency services operations for the Civil Air Patrol upon the request of the patrol after activation by a county emergency management agency, the Georgia Emergency Management and Homeland Security Agency, or a comparable federal agency for that employee's services.

Authored By: Rep. Josh Bonner (72nd)
House Committee: Public Safety & Homeland Security
Committee Action: 02-18-2020 Do Pass by Committee Substitute

Retirement Committee

HB 390 Teachers Retirement System; certain members shall be eligible to obtain creditable service for international teaching services by paying the full actuarial cost of obtaining such creditable service; provide

Bill Summary: HB 390 allows members of the Teachers Retirement System (TRS) to receive up to 24 months of creditable service for international teaching service conducted after they become a member. "International teaching service" is defined as service as an educator for at least 30 hours per week at a school located in a foreign country, provided the school is accredited. Members must pay to the Board of Trustees an amount determined to cover the full actuarial cost of service granted. 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.

Authored By:	Rep. Tommy Benton (31st)	Committee	02-18-2020 Do Pass
House	Retirement	Action:	
Committee:			

HB 830 Retirement and pensions; increase percentage of eligible large retirement system's assets that may be invested in alternative investments

Bill Summary: HB 830 allows eligible large retirement systems to invest up to 10 percent of assets in alternative investments. Currently, eligible large retirement systems can only invest up to five percent of assets in alternative investments. The Department of Audits and Accounts has certified HB 830 as a non-fiscal retirement bill.

Authored By:	Rep. Tommy Benton (31st)	Committee	02-18-2020 Do Pass
House	Retirement	Action:	
Committee:			

Special Committee on Access to Quality Health Care Committee

HB 888 Surprise Billing Consumer Protection Act; enact

Bill Summary: Sections 1 thru 3 name House Bill 888 as the 'Surprise Billing Consumer Protection Act', provides definitions, and requires that provisions in this bill only apply to health care plans that are subject to the regulatory authority of the Department of Insurance (DOI). In this Act, "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 the provision of 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 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 provision of the same or similar service; the most recent verifiable amount agreed to by the insurer and non-participating provider; or such higher amount as 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.

Section 5 requires an insurer that provides benefits with respect to 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 services 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. The provider then collects or bills for the person's cost-sharing amount. Any amount that the insurer pays the non-participating provider is not required to include any amount of cost-sharing amounts 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 by the covered person from a non-participating provider as if the services were provided by a participating provider.

Section 6 provides that no health care plan denies or restricts 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 provides that 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 such 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 will be exempt from the requirements of this Act if the following is satisfied:

1. 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;
2. The covered person orally and in writing acknowledges that he or she is aware that the referred provider may be a non-participating provider and may charge higher fees than a participating provider;
3. 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
4. The referring provider records the satisfaction of these requirements in the covered person's medical file.

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

In Section 9, a provider who 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 DOI. 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, or multiple patients and a single type of health care service.

Section 10 provides that DOI dismisses certain requests for arbitration if the disputed claim is:

1. Related to a health care plan that is not regulated by Georgia;
2. Pending action in state or federal court at the time of the request for arbitration;
3. Subject to a binding claims resolution process entered into prior to July 1, 2021;

4. Made against a health care plan subject to the exclusive jurisdiction of the 'Employee Retirement Income Security Act of 1974', 29 U.S.C. Sec. 1001, et seq.; or
5. In accord with other circumstances as may be determined by DOI rule.

Section 11 requires that within 30 days of the insurer's receipt of the provider'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 with this Act. The commissioner is not required to make a determination prior to referring the dispute to a resolution organization for arbitration.

Section 12 provides that the commissioner will promulgate rules implementing an arbitration process that requires the commissioner to select one or more resolution organizations to arbitrate certain claim disputes between insurers and out-of-network providers. Prior to proceeding with such arbitration, the commissioner will allow the parties 30 days from the date the commissioner receives 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 30 days of the date the request for arbitration was received, the commissioner refers the dispute to a resolution organization within five days. DOI 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 requires 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. He or she 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 the offer. The parties' initial arguments are limited to written form and will consist of no more than 20 pages per party. The parties may submit documents in support of their arguments. The arbitrator may require the parties to submit additional written arguments and documentation as the arbitrator determines necessary, but the arbitrator may require the additional filing no more than once. Additional written arguments will be limited to no more than 10 pages per party. The arbitrator may set filing times and extend such filing times as appropriate. Failure of either party to submit the supportive documentation described herein may result in a default against the party failing to make such 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 will be in writing and describe 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 is 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 accessed by the resolution organization, directly to such resolution organization. In the event of default, the defaulting party is also responsible for the resolution organization's accessed fees. In the event that both parties default, the parties will each be 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 such party.

Section 17 provides that 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. Such agency or governing entity may initiate an investigation regarding the referral within 30 days of receiving the referral and conclude the investigation 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 under this chapter, 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 DOI reports to DOI 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, which will also be posted on the DOI's website, summarizes the number of arbitrations filed, settled, arbitrated, defaulted, and dismissed during the previous calendar year; and a description of whether the arbitration decisions were in favor of the insurer or the provider. 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, co-insurance, 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.

This Act becomes effective on January 1, 2021.

Authored By:	Rep. Lee Hawkins (27th)	Committee	02-18-2020 Do Pass by Committee
House	Special Committee on Access to	Action:	Substitute
Committee:	Quality Health Care		

Committee Meeting Schedule

This meeting schedule is up to date at the time of this report, but meeting dates and times are subject to change. To keep up with the latest schedule, please visit www.house.ga.gov and click on [Meetings Calendar](#).

Wednesday, February 19, 2020

8:00 AM	INSURANCE	606 CLOB
9:00 AM	RULES	341 CAP
10:00 AM	FLOOR SESSION (LD 14)	House Chamber
1:00 PM	Lumsden Subcommittee of Public Safety and Homeland Security	406 CLOB
2:00 PM	Reeves Subcommittee of Judiciary Non-Civil	403 CAP
2:00 PM	Tax Expenditure Subcommittee of Ways and Means	133 CAP
2:15 PM	Public Finance and Policy Subcommittee of Ways and Means	133 CAP
3:00 PM	State and Local Subcommittee of Governmental Affairs	515 CLOB
4:00 PM	Elections Subcommittee of Governmental Affairs	515 CLOB