



Georgia

HOUSE OF REPRESENTATIVES

Friday  
February 28,  
2020

# DAILY REPORT

21st  
Legislative  
Day

House Budget & Research Office  
(404) 656-5050

- The House will reconvene for its 22nd Legislative Day on Monday, March 2 at 10:00 a.m.
- The Rules Committee will meet at 9:00 a.m.
- 11 bills / resolutions are expected to be debated on the floor.

## Today on the Floor

### Rules Calendar

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

Bill Summary: House Bill 463 changes the description of the type of three-wheeled motor vehicle that a driver with a Class C driver's license is permitted to drive. The description is changed from a three-wheeled vehicle that is equipped with a steering wheel to a three-wheeled vehicle that has seat belts and a frame to partially or fully enclose the driver. The bill exempts drivers of three-wheeled vehicles from headgear and eye-protective requirements.

<b>Authored By:</b>	Rep. Martin Momtahan (17th)	<b>Rule Applied:</b>	Modified-Open
<b>House Committee:</b>	Motor Vehicles	<b>Committee Action:</b>	02-25-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 152 Nays: 2	<b>Amendments:</b>	

#### **HB 555 Criminal procedure; add public child welfare case manager to the people for whom arrest warrants may be issued only by certain judicial officers**

Bill Summary: HB 555 adds Division of Family and Children Services' case managers to the list of officials for whom an evidentiary hearing is required for an arrest warrant to be issued for offenses alleged to have been committed while in performance of his or her duties.

<b>Authored By:</b>	Rep. Kasey Carpenter (4th)	<b>Rule Applied:</b>	Modified-Structured
<b>House Committee:</b>	Juvenile Justice	<b>Committee Action:</b>	01-30-2020 Do Pass by Committee Substitute
<b>Floor Vote:</b>	Yeas: 112 Nays: 47	<b>Amendments:</b>	

#### **HB 752 Professions and businesses; national background checks by FBI through Georgia Crime Information Center for licensing to practice as a physical therapist or physical therapist assistant; provide**

Bill Summary: HB 752 requires psychologists, physical therapists, and physical therapist assistants to submit a fingerprint record check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation as a requirement for licensure to practice within Georgia.

<b>Authored By:</b>	Rep. D. C. Belton (112th)	<b>Rule Applied:</b>	Modified-Structured
<b>House Committee:</b>	Regulated Industries	<b>Committee Action:</b>	02-25-2020 Do Pass by Committee Substitute
<b>Floor Vote:</b>	Yeas: 155 Nays: 1	<b>Amendments:</b>	

**HB 842 Gracie's Law; enact**

**Bill Summary:** House Bill 842 creates Gracie's Law, and establishes provisions to prevent the discrimination of individuals with disabilities from receiving an anatomical gift or organ transplant.

**Authored By:** Rep. Ricky Williams (145th)  
**House Committee:** Insurance  
**Floor Vote:** Yeas: 160 Nays: 0

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-19-2020 Do Pass by Committee Substitute  
**Amendments:**

**HB 987 Health; additional measures for the protection of elderly persons; provide**

**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 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.

Additionally, this bill 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. New provisions are effective on July 1, 2021.

**Authored By:** Rep. Sharon Cooper (43rd)  
**House Committee:** Health & Human Services  
**Floor Vote:** Yeas: 160 Nays: 1

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-25-2020 Do Pass by Committee Substitute  
**Amendments:**

**Postponed Until Next Legislative Day****HB 378 Revenue and taxation; collection and remittance of excise taxes on rental motor vehicles by marketplace facilitators that are dealers that facilitate the rental or lease of five or more rental motor vehicles; require**

**Bill Summary:** House Bill 378 amends O.C.G.A. 48-13-91 and 48-13-93, relating to excise taxes on rental motor vehicles. The definition of "rental motor vehicle concern" is expanded to include rental motor vehicle facilitators. Rental motor vehicles facilitators are dealers that are required to collect and remit sales tax as a marketplace facilitator for facilitating the rental of five or more motor vehicles. The definition expansion requires the motor vehicle facilitators to collect and remit the local excise taxes due on the rental of motor vehicles.

**Authored By:** Rep. Bruce Williamson (115th) **Rule Applied:** Structured

**Local Calendar****HB 985 Homer, City of; city council; provide for election districts**

**Bill Summary:** House Bill 985 provides for election districts for the Homer City Council.

<b>Authored By:</b>	Rep. Chris Erwin (28th)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**HB 990 Screven, City of; terms of mayor and city council; revise**

Bill Summary: House Bill 990 revises the terms of the mayor and city council of Screven.

<b>Authored By:</b>	Rep. Steven Meeks (178th)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**HB 1000 Braselton, Town of; levy an excise tax**

Bill Summary: House Bill 1000 authorizes the governing authority of the town of Braselton to levy an excise tax.

<b>Authored By:</b>	Rep. Tommy Benton (31st)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**HB 1005 Forsyth, City of; levy an excise tax**

Bill Summary: House Bill 1005 authorizes the governing authority of the city of Forsyth to levy an excise tax.

<b>Authored By:</b>	Rep. Robert Dickey (140th)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**HB 1016 Atkinson County; Board of Education; change compensation of members**

Bill Summary: House Bill 1016 changes the compensation of the Atkinson County Board of Education members to \$500 per month.

<b>Authored By:</b>	Rep. James Burchett (176th)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**HB 1019 South Fulton, City of; offices of mayor and councilmember are part time; provide**

Bill Summary: House Bill 1019 provides that the offices of the city of South Fulton mayor and councilmember are part time, modifies the procedures for removing city officers from office, delineates roles between the mayor, city council, and city manager, and other related matters.

<b>Authored By:</b>	Rep. Debra Bazemore (63rd)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

**SB 304 White County; board of elections and registration; create**

Bill Summary: Senate Bill 304 creates the White County Board of Elections and Registration.

<b>Authored By:</b>	Sen. Steve Gooch (51st)	<b>Rule Applied:</b>	
<b>House Committee:</b>	Intragovernmental Coordination - Local	<b>Committee Action:</b>	02-27-2020 Do Pass
<b>Floor Vote:</b>	Yeas: 142 Nays: 0	<b>Amendments:</b>	

## Next on the Floor from the Committee on Rules

*The Committee on Rules has fixed the calendar for the 22nd Legislative Day, Monday, March 2, and bills may be called at the pleasure of the Speaker. The Rules Committee will next meet on Monday, March 2, at 9:00 a.m., to set the Rules Calendar for the 23rd Legislative Day.*

**HB 486 Professions and businesses; power and duties of the Division of Electrical Contractors as to the approval of continuing education courses; change**

Bill Summary: HB 486 prohibits a person from advertising in any manner that the person is a master or journeyman plumber unless he or she has a valid license from the Division of Master Plumbers and Journeyman Plumbers.

**Authored By:** Rep. Dale Washburn (141st)  
**House Committee:** Regulated Industries

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-25-2020 Do Pass by Committee Substitute

**HB 578 Human Services, Department of; review of certain law enforcement conviction data with regard to persons seeking to become volunteers, interns, students, or employees; provide**

Bill Summary: House Bill 578 allows the Department of Human Services to review certain law enforcement conviction data for persons the department considers to hire as a volunteer, intern, or student.

**Authored By:** Rep. Katie Dempsey (13th)  
**House Committee:** Health & Human Services

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-25-2020 Do Pass by Committee Substitute

**HB 816 Professions and businesses; chiropractors may own professional corporations with physicians; provide**

Bill Summary: HB 816 allows chiropractors and physicians to organize and jointly own a professional corporation within their scope of practice.

**Authored By:** Rep. Karen Mathiak (73rd)  
**House Committee:** Regulated Industries

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-25-2020 Do Pass by Committee Substitute

**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**

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.

**Authored By:** Rep. Houston Gaines (117th)  
**House Committee:** Motor Vehicles

**Rule Applied:** Modified-Structured  
**Committee Action:** 02-04-2020 Do Pass by Committee Substitute

**HB 861 Motor vehicles; commercial carriers; amend certain definitions**

Bill Summary: House Bill 861 revises the definition of a "commercial motor vehicle" to include vehicles that are used only in intrastate commerce or only in interstate commerce.

**Authored By:** Rep. Marcus Wiedower (119th)  
**House Committee:** Motor Vehicles

**Rule Applied:** Modified-Open  
**Committee Action:** 02-21-2020 Do Pass

**HB 900 Special license plates; logo design issued to support breast cancer related programs; amend**

Bill Summary: House Bill 900 updates the design for an existing breast cancer special license plate. The original design, featuring a stamp, will be available for issue until June 30, 2020, and renewals only after that date. The updated design, featuring a pink ribbon symbol, will be issued from July 1, 2020 onward.

**Authored By:** Rep. Deborah Silcox (52nd)  
**House** Motor Vehicles  
**Committee:**

**Rule Applied:** Modified-Open  
**Committee** 02-25-2020 Do Pass  
**Action:**

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

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.

**Authored By:** Rep. Heath Clark (147th)  
**House** Governmental Affairs  
**Committee:**

**Rule Applied:** Modified-Structured  
**Committee** 02-27-2020 Do Pass by Committee  
**Action:** Substitute

**HB 968 Civil practice; clarify actions that may be brought pursuant to Code Section 9-3-51 regarding deficiencies in connection with improvements to realty**

Bill Summary: This bill 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.

**Authored By:** Rep. Chuck Efstrotation (104th)  
**House** Judiciary  
**Committee:**

**Rule Applied:** Modified-Structured  
**Committee** 02-25-2020 Do Pass by Committee  
**Action:** Substitute

**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**

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.

**Authored By:** Rep. Penny Houston (170th)  
**House** Energy, Utilities &  
**Committee:** Telecommunications

**Rule Applied:** Modified-Structured  
**Committee** 02-25-2020 Do Pass by Committee  
**Action:** Substitute

**HB 1003 Ogeechee Judicial Circuit; provide additional judge of the superior courts**

Bill Summary: House Bill 1003 increases the number of judges for superior courts in the Ogeechee Judicial Circuit from three to four. The governor appoints the additional judge for a term beginning January 1, 2021, until December 31, 2022. A successor shall be elected at the nonpartisan judicial election held in 2022 and take office January 1, 2023.

**Authored By:** Rep. Jon Burns (159th)  
**House** Judiciary  
**Committee:**

**Rule Applied:** Modified-Structured  
**Committee** 02-25-2020 Do Pass  
**Action:**

## Committee Actions

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

### Health & Human Services Committee

#### HB 791 Pharmacists; dispense up to a 90 day supply of a maintenance medication under certain conditions; authorize

Bill Summary: House Bill 791 allows a pharmacist to exercise professional judgement in dispensing up to a 90-day supply of medication up to the total number of dosage units as authorized by the prescriber on the original prescription.

**Authored By:** Rep. Ron Stephens (164th)

**House** Health & Human Services

**Committee:**

**Committee**

**Action:**

02-28-2020 Do Pass by Committee

Substitute

#### HB 1054 Health; newborn screening for various disorders; revise provisions

Bill Summary: House Bill 1054 authorizes the Department of Public Health to promulgate rules and regulations creating a newborn screening system for the prevention of serious illness, severe physical or developmental disability, and death caused by inherited metabolic and genetic disorders.

**Authored By:** Rep. Sharon Cooper (43rd)

**House** Health & Human Services

**Committee:**

**Committee**

**Action:**

02-28-2020 Do Pass by Committee

Substitute

#### SB 345 Standards, Labeling, and Adulteration of Food; nonprofit organizations to prepare in accordance with Department of Public Health requirements; provide

Bill Summary: Senate Bill 345 allows non-profit organizations to prepare and provide food in accordance with Department of Public Health requirements.

**Authored By:** Sen. Kay Kirkpatrick (32nd)

**House** Health & Human Services

**Committee:**

**Committee**

**Action:**

02-28-2020 Do Pass

### Judiciary Non-Civil Committee

#### HB 488 Commerce and trade; prevent organized retail crime

Bill Summary: HB 488 requires merchants that either buy or resell stored value cards to record certain information regarding the transaction in the same way as a pawnshop, with the knowing failure to do so be punished as a misdemeanor.

In addition, a plea of nolo contendere for the crime of shoplifting counts as a conviction when counting subsequent convictions for shoplifting. HB 488 allows a judge to depart from the mandatory minimum sentence for fourth or subsequent offenses when the prosecuting attorney and the defendant have agreed to a sentence that is below the mandatory sentence.

Finally, HB 488 creates the new offense of organized retail theft. A person is guilty of organized retail theft when: that person appropriates property of a store or retail establishment without paying for the property; the property is taken from one or more stores over a period of 180 days with the intent to sell it for monetary or other gain; and the aggregate value of the property subject to the theft has a value exceeding \$20,000. The punishment for organized retail theft is a felony with a term of imprisonment not less than five nor more than 20 years and a fine not to exceed \$50,000.

**Authored By:** Rep. Martin Momtahan (17th)

**House** Judiciary Non-Civil

**Committee:**

**Committee**

**Action:**

02-28-2020 Do Pass by Committee

Substitute

- HB 576 Courts; distribution priority of partial payments of fines, bond forfeitures, and costs; provide**  
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 in the order to 5th to receive payments.
- Authored By:** Rep. Ricky Williams (145th)  
**House Committee:** Judiciary Non-Civil  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute
- HB 885 Penal institutions; certain information within inmate files of the Department of Corrections shall not be classified as confidential state secrets when requested by the district attorney; provide**  
Bill Summary: HB 885 grants district attorneys access to all information regarding an offender's record, including confidential state secrets, when the offender is found guilty of serious violent felonies or dangerous sexual offenses and is eligible for parole. Moreover, a person that divulges or is caused to be divulged of confidential state secrets is guilty of a misdemeanor.
- Authored By:** Rep. Jesse Petrea (166th)  
**House Committee:** Judiciary Non-Civil  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute
- HB 911 Crimes and offenses; offenses of improper sexual conduct by a foster parent in the first and second degrees; provide**  
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.
- Authored By:** Rep. Ed Setzler (35th)  
**House Committee:** Judiciary Non-Civil  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute
- HB 941 Attorney General; investigate and prosecute certain crimes and offenses; provide for the authority**  
Bill Summary: HB 941 provides the attorney general with the authority to employ peace officers as investigators who are authorized to execute all powers of a peace officer.
- Authored By:** Rep. Chuck Efstrotation (104th)  
**House Committee:** Judiciary Non-Civil  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute
- HB 984 Criminal procedure; sentencing; change provisions**  
Bill Summary: HB 984 grants the sentencing court more time to hear arguments regarding motions modifying a defendant's sentence by not constraining the court to issue its order or hear the matter within the time limits required to file the motion by the defendant. Moreover, the bill clarifies the computation of time served by granting the defendant time served for each day of incarceration in any facility pre- and post-trial.
- Authored By:** Rep. James Burchett (176th)  
**House Committee:** Judiciary Non-Civil  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute

## Motor Vehicles Committee

### HB 66 Special license plates; certain special plates for motorcycles; provide

Bill Summary: House Bill 66 amends Code Sections 40-2-86 and 40-2-86.1 to add the option of specialty license plate designs for motorcycle license plates. The county name decal is not required to be displayed on the motorcycle specialty license plates.

**Authored By:** Rep. Carolyn Hugley (136th)  
**House Committee:** Motor Vehicles  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute

### HB 853 Special license plates; county tax commissioners; provide

Bill Summary: House Bill 853 creates a special and distinct license plate for elected tax commissioners.

**Authored By:** Rep. David Knight (130th)  
**House Committee:** Motor Vehicles  
**Committee Action:** 02-28-2020 Do Pass

### HB 877 Motor vehicles; standards for issuance of a Georgia certificate of title for certain motor vehicles; provide

Bill Summary: House Bill 877 changes the definition of "low-speed vehicle" to include non-electric vehicles that have been converted to comply with federal motor vehicle safety standards. The bill defines "converted motor vehicle" and provides requirements for title issuance.

**Authored By:** Rep. Don Hogan (179th)  
**House Committee:** Motor Vehicles  
**Committee Action:** 02-28-2020 Do Pass

## Retirement Committee

### HB 336 Retirement and pensions; require certain public employers to make employer and employee contributions to the Teachers Retirement System of Georgia for beneficiaries employed by such certain public employers

Bill Summary: HB 336 allows the public school system to hire a retired member of the Teachers Retirement System of Georgia to provide classroom instruction in an area of highest need if one year has expired from the member's effective date of retirement. The Regional Education Service Agency (RESA) to which the public school system is assigned, in coordination with the Department of Education, determines "areas of highest need". The employer is required to pay the employee and employer contributions attributable to the salary of the rehired retired member. Lastly, if the employer does not pay the employer or employee contribution, the state will deduct that amount from funds payable to the employer and the payment will be made directly to the retirement system. This bill is effective from July 1, 2020 to June 30, 2025. 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. Shaw Blackmon (146th)  
**House Committee:** Retirement  
**Committee Action:** 02-28-2020 Do Pass by Committee Substitute

## Special Committee on Access to Quality Health Care

### HB 888 Surprise Billing Consumer Protection Act; enact

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 Department of Insurance (DOI). "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 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 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 the services were provided by a participating provider.

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 DOI 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. 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.

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 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, 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 DOI 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 DOI 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. 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 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 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 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 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 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. This act is effective on January 1, 2021.

<b>Authored By:</b>	Rep. Lee Hawkins (27th)	<b>Committee</b>	02-28-2020 Do Pass by Committee
<b>House</b>	Special Committee on Access to	<b>Action:</b>	Substitute
<b>Committee:</b>	Quality Health Care		

### **HB 918 Pharmacies; various provisions relating to the practice of pharmacy; revise**

**Bill Summary:** House Bill 918 amends 'The Pharmacy Audit Bill of Rights' by adding that the cost of claims by prescription number will not be used as a criterion in determining which claims to audit. Audits will not include more than 100 prescriptions per audit and an entity will not audit more than 200 prescriptions in any 12-month period.

A pharmacy is not responsible for any penalty or fee in connection with an audit. There is no recoupment of funds from a pharmacy in connection with claims for which the pharmacy has already been paid without first complying with the requirements set forth in this Act. There will be no recoupment from a pharmacy except in cases of fraud, a miss-filled prescription, or an error that resulted in an over-payment, in which case the recoupment is limited to the amount over-paid. Additionally, this bill limits the auditing of a pharmacy to no more than once every six months.

<b>Authored By:</b>	Rep. Sharon Cooper (43rd)	<b>Committee</b>	02-28-2020 Do Pass by Committee
<b>House</b>	Special Committee on Access to	<b>Action:</b>	Substitute
<b>Committee:</b>	Quality Health Care		

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

**Bill Summary:** House Bill 946 requires that a pharmacy benefits manager (PBM) does not employ or contract with a physician for the purpose of advising on or making formulary development,

formulary management, step therapy, or prior authorization unless the physician: is licensed by the Georgia Medical Board; has 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.

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 DOI. 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 DOI every three 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 do not reimburse a pharmacy an amount less than the amount the PBM reimburses an affiliate pharmacy for providing the same pharmacy services. Additionally, PBMs will not engage in any practice that: 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 charge a health plan the same price for a prescription drug as it pays a pharmacy for the prescription drug. Unless otherwise prohibited by law, a PBM applies any third-party payment, financial assistance, discount, product voucher, or other reduction in out-of-pocket expenses made by or on behalf of an insured for a prescription drug toward an insured person's deductible, cost-share or co-payment responsibility, or out-of-pocket maximum associated with the insured person's health plan.

House Bill 946 further prohibits PBMs from: steering as defined in this bill; charging a pharmacy a fee in connection with network enrollment; withholding coverage or requiring prior authorization for a lower cost therapeutically-equivalent drug available to an insured person or failing to reduce that person's cost-share when the person selects a lower cost drug; and removing a drug from a formulary or denying coverage of a drug for the purpose of incentivizing an insured person to seek coverage from a different health plan.

This bill is effective January 1, 2021, and applies to all contracts issued, delivered, or issued for delivery in this state on and after this date.

<b>Authored By:</b>	Rep. David Knight (130th)	<b>Committee</b>	02-28-2020 Do Pass by Committee
<b>House</b>	Special Committee on Access to	<b>Action:</b>	Substitute
<b>Committee:</b>	Quality Health Care		

**HB 947 Community Health, Department of; engage an actuary to conduct a study of the fiscal impact of carving out pharmacy benefits from the state's current Medicaid care management organizations; require**

Bill Summary: House Bill 947 requires the Department of Community Health (DCH) to initiate an actuarial study of the fiscal impact of carving out pharmacy benefits from the current Medicaid care management organizations (CMOs) and providing pharmacy benefits to CMO members exclusively through DCH's Medicaid fee-for-service program.

<b>Authored By:</b>	Rep. David Knight (130th)	<b>Committee</b>	02-28-2020 Do Pass
<b>House</b>	Special Committee on Access to	<b>Action:</b>	
<b>Committee:</b>	Quality Health Care		

**HB 952 Pharmacies; prohibit corporations that own and operate multiple pharmacies from implementing policies and procedures that restrict the quantity of controlled substances dispensed or restrict the prescriber**

**Bill Summary:** House Bill 952 prohibits corporations that own and operate multiple pharmacy locations in Georgia from establishing or implementing any policy or practice that places a restriction on the quantity or dosage of a prescription for a controlled substance or a restriction on filling a prescription for a controlled substance issued by a specific prescriber.

**Authored By:** Rep. Sharon Cooper (43rd)  
**House Committee:** Special Committee on Access to Quality Health Care  
**Committee Action:** 02-28-2020 Do Pass

## 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](http://www.house.ga.gov) and click on [Meetings Calendar](#).*

### Monday, March 02, 2020

9:00 AM	<a href="#">RULES</a>	341 CAP
10:00 AM	<a href="#">FLOOR SESSION (LD 22)</a>	House Chamber
1:00 PM	<a href="#">PUBLIC SAFETY AND HOMELAND SECURITY</a>	606 CLOB
1:00 PM	<a href="#">JUDICIARY NON-CIVIL</a>	406 CLOB
1:30 PM	<a href="#">WORKING GROUP ON CREATIVE ARTS AND ENTERTAINMENT</a>	403 CAP
2:00 PM	<a href="#">Environmental Quality Subcommittee of Natural Resources and Environment</a>	515 CLOB
3:00 PM	<a href="#">HIGHER EDUCATION</a>	606 CLOB
3:00 PM	<a href="#">ENERGY, UTILITIES AND TELECOMMUNICATIONS - CANCELLED</a>	403 CAP
3:00 PM	<a href="#">Resource Management Subcommittee of Natural Resources and Environment</a>	515 CLOB