



Georgia

HOUSE OF REPRESENTATIVES

Tuesday
March 3,
2020

DAILY REPORT

23rd
Legislative
Day

House Budget & Research Office
(404) 656-5050

- The House will reconvene for its 24th Legislative Day on Wednesday, March 4 at 10:00 a.m.
- The Rules Committee will meet at 9:00 a.m.
- Six bills / resolutions are expected to be debated on the floor.

Today on the Floor

Motions to Agree

HB 444 Dual Enrollment Act; enact

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. 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 9th 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.

Authored By: Rep. Albert Reeves (34th) **Rule Applied:** Modified-Structured
Motions to Agree: (*A motion to agree represents final passage of the bill.*)

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

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 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.

Authored By: Rep. Jay Powell (171st) **Rule Applied:** Structured
Motions to Agree: (A motion to agree represents final passage of the bill.)

Rules Calendar

HB 755 Charter schools; local boards of education shall provide itemized allotment sheets for the upcoming fiscal year by July 1 of each year; provide

Bill Summary: House Bill 755 amends O.C.G.A. 20-2-2068.1(c.3) relating to charter school funding to require local boards of education to provide itemized allotment sheets to local charter schools. Under the provisions of this bill, a local board of education must provide each local charter school an itemized allotment sheet itemizing the state, local, and federal allocations for the upcoming fiscal year within 45 calendar days after receiving its preliminary allotment sheet from the Department of Education. If a local board of education determines an adjustment must be made to the allocation to a local charter school, the local board of education must provide the local charter school with 30-days' notice before the allocation is amended.

House Bill 755 further amends O.C.G.A. 2-20-2131 relating to intradistrict enrollment of students attending schools outside of their resident school within the school district. Information relating to the acceptance of intradistrict students must be posted on the website of the local school system in a prominent location, easily visible to parents.

Authored By: Rep. D. C. Belton (112th) **Rule Applied:** Modified-Structured
House Committee: Education **Committee Action:** 02-27-2020 Do Pass by Committee Substitute
Floor Vote: Yeas: 163 Nays: 4 **Amendments:**

HB 789 Insurance; creation of a surprise bill rating system based upon the number of certain physician specialty groups contracted with a hospital within a health insurer's network; provide

Bill Summary: House Bill 789, also known as the 'Surprise Bill Transparency Act', creates a health benefit plan surprise bill rating system that is defined by the number of green check marks and red X marks between zero and four. The number of check marks and X marks is determined by the number of qualified hospital-based specialty group types, or lack thereof, with which the health benefit plan is contracted for the provision of health care services. The bill defines "hospital-based specialty groups" as anesthesiologists, pathologists, radiologists, and emergency medicine physicians.

The insurer must make this rating system available for patients to view online for each network plan. If a rating is less than four check marks, the insurer advertising a hospital as in-network must describe which specialty group type is not contracted with the health benefit plan. If an insurer processes a claim on a covered person from an out-of-network specialty group provider at an out-of-network rate, the insurer must update the relevant rating within 30 days to reflect any necessary reduction in the rating.

Authored By: Rep. Mark Newton (123rd) **Rule Applied:** Modified-Structured
House Committee: Special Committee on Access to Quality Health Care **Committee Action:** 02-03-2020 Do Pass by Committee Substitute
Floor Vote: Yeas: 170 Nays: 1 **Amendments:**

HB 829 Local school district tax; authorize assessment of residential homesteaded property owned by individuals of 65 years of age or older at 20 percent of its fair market value; provide for local referenda

Bill Summary: House Bill 829 amends O.C.G.A. 48-5-7, relating to assessment of tangible property, to allow tangible homestead property owned by individuals 65 years of age or older to be assessed at 20 percent of the fair market value for the purpose of levying local school district ad valorem taxes. The reduced assessment must be authorized by a vote of the electors within the local school district. This legislation will only become valid if the voters ratify the constitutional amendment in HR 962.

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

House Committee: Ways & Means
Floor Vote: Yeas: 157 Nays: 6

Committee Action: 02-27-2020 Do Pass by Committee Substitute
Amendments:

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)
House Committee: Retirement
Floor Vote: Yeas: 156 Nays: 12

Rule Applied: Modified-Structured
Committee Action: 02-18-2020 Do Pass
Amendments:

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 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 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 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, also 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.

Authored By: Rep. Lee Hawkins (27th)
House Committee: Special Committee on Access to Quality Health Care
Floor Vote: Yeas: 164 Nays: 4

Rule Applied: Structured
Committee Action: 02-28-2020 Do Pass by Committee Substitute
Amendments:

HB 932 Georgia Podiatry Practice Act; podiatric medicine and surgery; change certain provisions

Bill Summary: House Bill 932 provides that doctors of podiatric medicine who are practicing within their scope of practice as established by law may organize and jointly own a professional corporation with any doctors of medicine or osteopathy. Additionally, this bill adds a criminal background check to the list of licensure requirements for podiatric medicine.

Authored By: Rep. Houston Gaines (117th)
House Committee: Health & Human Services
Floor Vote: Yeas: 167 Nays: 0

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

HB 957 Education; certain charter school employees shall be included in the health insurance fund for public school teachers; provide

Bill Summary: House Bill 957 amends O.C.G.A. 20-2-880 to clarify that teachers at charter schools are eligible to participate in state health insurance plans. Section II of House Bill 957 amends O.C.G.A. 20-2-2066 to allow charter school governing boards to require proof of residency either at the time of application or enrollment. Under the provisions of this bill, the term a State Charter Schools Commission member serves will increase from a two-year to a four-year term. HB 957 further creates a new Code Section 20-2-2088.1 to require closing state charter schools to retain records for one year so educational records can be forwarded to former students' new schools. After one year, the state charter school will transfer all records to the State Charter Schools Commission.

Authored By: Rep. Jan Jones (47th)
House Committee: Education
Floor Vote: Yeas: 165 Nays: 4

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

HB 966 Conservation and natural resources; regulate the harvest and sale of palmetto berries

Bill Summary: HB 966 provides for the harvest and sale of saw palmetto berries. A saw palmetto berry seller must obtain a certificate of harvest from a landowner indicating permission for harvest to sell to a saw palmetto berry dealer. A saw palmetto berry dealer that purchases berries directly from a landowner must obtain a certificate of harvest from the landowner. Any person that participates in the procurement of saw palmetto berries shall maintain a legible record of all activities and purchase transactions for no less than two years from the date of harvest.

Law enforcement or the director of the State Forestry Commission may issue an order to stop harvest, sale, or use if there is an indication that an individual is in violation of the provisions for the harvest and sale of saw palmetto berries. The berries must be released if proof of the requirements being met are provided to law enforcement or the director. If the violation is upheld by the superior court of the county in which the saw palmetto berries are found, the berries shall be destroyed.

The following violations are considered misdemeanors that may be punished by a fine of no more than \$1,000: the sale of saw palmetto berries to a berry dealer or seller without first obtaining a certificate of harvest; the harvest of saw palmetto berries without obtaining a certificate of harvest from the landowner; the purchase of saw palmetto berries without obtaining a landowner's certificate of harvest; or knowingly possessing saw palmetto berries that were harvested illegally. A person that knowingly purchases or sells saw palmetto berries valued at less than \$1,500 without a landowner's certificate of harvest may be guilty of a misdemeanor punishable by either or both a fine equal to the value of the berries and/or up to one year imprisonment. If the value of the saw palmetto berries exchanged exceeds \$1,500, the person that knowingly purchased or sold the berries may be punished by either or both a fine equal to the value of the berries, up to \$5,000, and imprisonment of up to three years.

Authored By: Rep. James Burchett (176th)
House Committee: Agriculture & Consumer Affairs
Floor Vote: Yeas: 125 Nays: 42

Rule Applied: Modified-Structured
Committee Action: 02-26-2020 Do Pass by Committee Substitute
Amendments:

HR 962 Local school district tax; authorize assessment of residential homesteaded property owned by individuals of certain ages at 20 percent of its fair market value; authorize General Assembly - CA

Bill Summary: House Resolution 962 amends the Georgia Constitution by authorizing the General Assembly to provide by general law for local boards of education to call for local referenda to authorize assessment of residential homestead property owned by individuals of a certain age at 20 percent of fair market value regarding local school district taxes.

Authored By: Rep. Ron Stephens (164th)
House Committee: Ways & Means
Floor Vote: Yeas: 163 Nays: 5
Floor Action: Adopted (Resolution)

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

Local Calendar

HB 922 Whitfield County Board of Education; revise and restate the law

Bill Summary: HB 922 repeals a local constitutional amendment providing for the division of Whitfield County school districts, and revises the law for the Whitfield County Board of Education.

Authored By: Rep. Kasey Carpenter (4th)
House Committee: Intragovernmental Coordination - Local
Floor Vote: Yeas: Nays:
Floor Action: Recommit to Committee

Rule Applied:
Committee Action: 03-02-2020 Do Pass by Committee Substitute
Amendments:

HB 988 Macon County; board of elections and registration; expand from three to five members

Bill Summary: HB 988 expands the Macon County Board of Elections and Registration from three members to five members.

Authored By: Rep. Patty Bentley (139th)
House Committee: Intragovernmental Coordination - Local
Floor Vote: Yeas: 153 Nays: 0

Rule Applied:
Committee Action: 03-02-2020 Do Pass
Amendments:

HB 1033 Cobb County; State Court; change salary of the executive assistant to the clerk

Bill Summary: House Bill 1033 changes the salary of the executive assistant to the clerk of the Cobb County State Court to \$64,645.56.

Authored By: Rep. Ginny Ehrhart (36th)
House Committee: Intragovernmental Coordination - Local
Floor Vote: Yeas: 153 Nays: 0

Rule Applied:
Committee Action: 03-02-2020 Do Pass
Amendments:

HB 1042 Fannin County; levy an excise tax; authorize

Bill Summary: HB 1042 authorizes the governing authority of Fannin County to levy an excise tax.

Authored By: Rep. David Ralston (7th)
House Committee: Intragovernmental Coordination - Local
Floor Vote: Yeas: 153 Nays: 0

Rule Applied:
Committee Action: 03-02-2020 Do Pass
Amendments:

HB 1051 Arabi, Town of; provide new charter

Bill Summary: House Bill 1051 provides a new charter for the town of Arabi.

Authored By: Rep. Noel Williams (148th)

Rule Applied:

**House
Committee:
Floor Vote:**

Intragovernmental Coordination -
Local
Yeas: 153 Nays: 0

**Committee
Action:
Amendments:**

03-02-2020 Do Pass

Next on the Floor from the Committee on Rules

The Committee on Rules has fixed the calendar for the 24th Legislative Day, Wednesday, March 4, and bills may be called at the pleasure of the Speaker. The Rules Committee will next meet on Wednesday, March 4, at 9:00 a.m., to set the Rules Calendar for the 25th Legislative Day.

HB 882 Sales and use tax; exemption for the sale of food and food ingredients to qualified food banks; eliminate sunset period

Bill Summary: House Bill 882 amends O.C.G.A. 48-8-3, relating to exemptions from sales and use taxes, by removing the sunset on the exemption for sales of food and food ingredients to a qualified food bank.

Authored By:	Rep. Penny Houston (170th)	Rule Applied:	Structured
House Committee:	Ways & Means	Committee Action:	02-27-2020 Do Pass

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

Bill Summary: HB 897 requires the State Forestry Commission to begin creating a website by July 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.

Authored By:	Rep. James Burchett (176th)	Rule Applied:	Modified-Structured
House Committee:	Agriculture & Consumer Affairs	Committee Action:	02-26-2020 Do Pass

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

Bill Summary: House Bill 918 amends 'The Pharmacy Audit Bill of Rights' to exclude the cost of claims by prescription number 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 these requirements. There is 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.

Authored By:	Rep. Sharon Cooper (43rd)	Rule Applied:	Modified-Structured
House Committee:	Special Committee on Access to Quality Health Care	Committee Action:	02-28-2020 Do Pass by Committee Substitute

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

Bill Summary: House Bill 946 prohibits a pharmacy benefits manager (PBM) from employing or contracting with a physician for advising on or to 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.

Authored By:	Rep. David Knight (130th)	Rule Applied:	Modified-Structured
House	Special Committee on Access to	Committee	02-28-2020 Do Pass by Committee
Committee:	Quality Health Care	Action:	Substitute

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.

Authored By:	Rep. David Knight (130th)	Rule Applied:	Modified-Structured
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House Committee: Special Committee on Access to Quality Health Care **Committee Action:** 02-28-2020 Do Pass

HB 969 Housing; certain provisions pertaining to unlawful practices in selling or renting dwellings and the procedures, remedies, and judicial review related thereto; change

Bill Summary: HB 969 amends Article 4 of Chapter 3 of Title 8 of the Code, regarding fair housing, to meet the "substantially equivalent" threshold required for state housing laws in order to be certified by the Fair Housing Assistance Program.

The bill clarifies the purpose of preventing the administrator of the Commission on Equal Opportunity from pursuing actions for discrimination in housing if the Department of Housing and Urban Development has already initiated an investigation or action, and provides that it is not intended to prevent the dual filing of complaints on the state and federal level.

The bill removes the attorney general's discretion when determining whether to pursue an action for housing discrimination and requires the attorney general to pursue the action if elected by the involved parties, or if the administrator recommends action.

In the event the parties do not elect for the attorney general to pursue the action, the administrator shall refer the complaint to an administrative law judge instead of the board of directors of the Commission on Equal Opportunity. The administrator may review and reject or modify any finding by the administrative law judge. If no party appeals to the administrator, and the administrator takes no action, the finding becomes final after 30 days. A party may appeal the final order in the Superior Court of Fulton County within 30 days. The standard of review for the appeal is changed to be consistent with the 'Administrative Procedure Act'. Attorney's fees and court costs may not be awarded to respondents unless the respondent prevails on all alleged violations in addition to showing that the action was frivolous.

Respondents to a complaint alleging housing discrimination must serve an answer on the administrator, in addition to the complainant. The requirement that discovery in actions for housing discrimination, and the enforcement thereof, be conducted in the same manner as discovery under the 'Civil Practice Act' is removed. This bill also corrects cross-references within the Code.

Authored By: Rep. Chuck Efstoration (104th) **Rule Applied:** Modified-Structured
House Committee: Judiciary **Committee Action:** 02-25-2020 Do Pass

Committee Actions

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

Economic Development & Tourism Committee

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

Bill Summary: House Bill 244 states an electric membership corporation (EMC) shall not charge a pole attachment rate higher than the Federal Communications Commission (FCC) rate to a communications service provider. EMCs must establish nondiscriminatory, competitively neutral, and commercially reasonable terms and conditions for attachments, which shall comply with federal Code and FCC regulations. They may not require a provider to comply with utility pole attachment specifications that exceed the specifications in the National Electrical Safety Code, applicable fire codes, and any building or similar code.

Authored By:	Rep. Ron Stephens (164th)		
House Committee:	Economic Development & Tourism	Committee Action:	03-03-2020 Do Pass by Committee Substitute

Energy, Utilities & Telecommunications Committee

HB 465 Georgia Water Customer Bill of Rights Act; enact

Bill Summary: House Bill 465 enacts the 'Georgia Water Customer Bill of Rights Act', which provides for customer service standards and disclosures. The bill states it is in the public interest to provide a customer bill of rights so that customers receive water and sewer services on reasonable terms and at reasonable prices.

Authored By:	Rep. Don Parsons (44th)		
House Committee:	Energy, Utilities & Telecommunications	Committee Action:	03-03-2020 Do Pass by Committee Substitute

HB 556 Public utilities and public transportation; limitations on fees that may be charged for installation of telephone facilities; provide

Bill Summary: House Bill 556 establishes a one-time right-of-way permit fee and reduces annual right-of-way use fees as due compensation paid to municipal authorities by telephone companies that do not have retail end-user customers located within the boundaries of a municipal authority. For those without retail end-user customers, the right-of-way use fee shall be five cents per linear foot annually, in addition to a one-time permit application-processing fee of \$100. If a municipal authority provides written notice, any telephone company that fails to comply with the due compensation requirements for four or more consecutive quarters shall be subject to a civil penalty. The penalty shall be imposed within three years following the end of the first quarter in which the telephone company failed to comply and will not exceed 10 percent of the total unpaid compensation owed to the municipal authority since the inception of the three-year period.

Authored By:	Rep. Lee Hawkins (27th)		
House Committee:	Energy, Utilities & Telecommunications	Committee Action:	03-03-2020 Do Pass by Committee Substitute

HB 1049 State government; facilitate sharing of information and reporting of cyber attacks; provisions

Bill Summary: House Bill 1049 requires utilities and state and local governmental agencies to report cyber-attacks to the director of the Georgia Emergency Management and Homeland Security Agency. The reports shall not be subject to public inspection or disclosure. The bill also allows cybersecurity to be discussed during executive sessions for state and local government agencies, in addition to stating that any records, data, or information concerning cybersecurity is not required for disclosure under public records.

Authored By:	Rep. Martin Momtahan (17th)	Committee	03-03-2020 Do Pass by Committee
House	Energy, Utilities &	Action:	Substitute
Committee:	Telecommunications		

HB 1071 Public utilities; text messages as a method of making unwanted telephone solicitations; prohibit

Bill Summary: House Bill 1071 prohibits text messages as a method of making unwanted telephone solicitations.

Authored By:	Rep. Joseph Gullett (19th)	Committee	03-03-2020 Do Pass
House	Energy, Utilities &	Action:	
Committee:	Telecommunications		

Game, Fish, & Parks Committee**HB 998 Game and fish; effective date of rules and regulations promulgated by the Board of Natural Resources; change**

Bill Summary: HB 998 aligns implied consent language regarding boating or hunting while under the influence of alcohol, drugs, or other substances to acknowledge that submitting to a chemical test is optional. The effective date of any rules and regulations regarding criminal violations promulgated by the Board of Natural Resources is changed from January 1, 2019 to January 1, 2020.

The bill designates the shoal bass as the official Georgia state riverine sport fish.

House Bill 998 eliminates the requirement for the Department of Natural Resources to annually report the number of deer killed to the General Assembly. The department may allow for property-specific deer bag limits that do not comply with statewide limits for any property enrolled in the deer management assistance program.

Authored By:	Rep. Trey Rhodes (120th)	Committee	03-03-2020 Do Pass by Committee
House	Game, Fish, & Parks	Action:	Substitute
Committee:			

Judiciary Committee**HB 814 State-wide Business Court; remove administrative attachment from the Court of Appeals**

Bill Summary: HB 814 removes the administrative attachment of the Georgia Statewide Business Court to the Georgia Court of Appeals and provides that an action or petition for the appointment of a receiver be exempt from the court's jurisdiction.

Authored By:	Rep. Andrew Welch (110th)	Committee	03-03-2020 Do Pass by Committee
House	Judiciary	Action:	Substitute
Committee:			

HB 865 Wills, trusts, and administration of estates; Revised Probate Code of 1998; revise and update provisions

Bill Summary: HB 865 is a comprehensive, 109-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. Modification of the rights and obligations of the trustee under the trust instrument may not be made without the trustee's consent or a hearing with good cause shown. 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.

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.

Authored By: Rep. Mitchell Scoggins (14th)
House Judiciary
Committee:

Committee 03-03-2020 Do Pass by Committee
Action: Substitute

Motor Vehicles Committee

HB 216 Special license plates; Georgia Tennis Foundation; establish

Bill Summary: House Bill 216 creates a specialty license plate supporting the Georgia Tennis Foundation.

Authored By: Rep. Teri Anulewicz (42nd)
House Motor Vehicles
Committee:

Committee 03-03-2020 Do Pass by Committee
Action: Substitute

HB 890 Drivers' licenses; notices of revocation and suspension by regular mail; provide

Bill Summary: House Bill 890 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 noncompliance with a child support order.

Authored By: Rep. Sam Watson (172nd)
House Motor Vehicles
Committee:

Committee 03-03-2020 Do Pass by Committee
Action: Substitute

HB 895 Motor vehicles; assessment of no points and maximum fine for the offense of failure to obey a traffic control device in certain instances; provide

Bill Summary: House Bill 895 removes the issuance of points and sets a fine limit for disobeying a traffic-control device if the vehicle's speed is lower than five miles per hour and no direct harm is done to a person or property.

Authored By: Rep. Ed Setzler (35th)
House Committee: Motor Vehicles

Committee Action: 03-03-2020 Do Pass by Committee Substitute

HB 905 Motor vehicles; commissioner of driver services to enter into certain reciprocal agreements with foreign jurisdictions; provide authority

Bill Summary: House Bill 905 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.

Authored By: Rep. John Corbett (174th)
House Committee: Motor Vehicles

Committee Action: 03-03-2020 Do Pass by Committee Substitute

HB 936 Motor vehicles; issuance, use, and display of drivers' licenses and identification cards in electronic format; provide

Bill Summary: House Bill 936 allows for the issuance of driver's licenses and identification cards in either physical or 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.

Authored By: Rep. John Corbett (174th)
House Committee: Motor Vehicles

Committee Action: 03-03-2020 Do Pass by Committee Substitute

HB 1018 Special license plates; Support Our Troops, Inc.; establish

Bill Summary: House Bill 1018 creates a specialty license plate supporting members of the U.S. military.

Authored By: Rep. Matthew Gambill (15th)
House Committee: Motor Vehicles

Committee Action: 03-03-2020 Do Pass

HB 1021 Georgia Driver's Education Commission; increase the additional penalty for violation of traffic laws or ordinance under "Joshua's Law"

Bill Summary: House Bill 1021 increases the additional penalty under Joshua's Law from 1.5 percent to three percent of the original fine.

Authored By: Rep. Bill Hitchens (161st)
House Committee: Motor Vehicles

Committee Action: 03-03-2020 Do Pass

HB 1082 Motor vehicles; notification letter for retrieving a motor vehicle held by a towing and storage firm, repair facility, or salvage dealer; provide

Bill Summary: House Bill 1082 changes the requirement from 15 calendar days to 10 calendar days for specified notifications relating to abandoned vehicles. The bill prohibits the addition of taxes, fees, or surcharges to specified fines relating to abandoned vehicles.

Authoring By: Rep. Alan Powell (32nd)
House Committee: Motor Vehicles
Committee Action: 03-03-2020 Do Pass

Regulated Industries Committee

HB 674 Alcoholic beverages; Department of Revenue to develop and implement a state-wide centralized application process for retailers for initial applications and renewals of license and permits; provide

Bill Summary: HB 674 directs the Department of Revenue, working with local governments, to develop and implement a statewide, centralized application process for initial applications and renewals for licenses and permits for the sale of alcohol that local governing authorities and municipalities must use. The application and renewal process must be online. The commissioner of the Department of Revenue is authorized to adopt rules and regulations necessary to implement the provisions of the bill.

Authoring By: Rep. Alan Powell (32nd)
House Committee: Regulated Industries
Committee Action: 03-03-2020 Do Pass

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

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 retail package liquor store; 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.

Authoring By: Rep. Brett Harrell (106th)
House Committee: Regulated Industries
Committee Action: 03-03-2020 Do Pass by Committee Substitute

HB 956 Speech-language pathologists and audiologists; revise licensing provisions

Bill Summary: HB 956 gives the State Board of Examiners for Speech-Language Pathology and Audiology the power to administer the Audiology and Speech-Language Pathology Interstate Compact. Furthermore, the bill requires the members who hold a license or are applying for licensure to submit fingerprints for a national background check to the Federal Bureau of Investigation through the Georgia Crime Information Center.

Authoring By: Rep. D. C. Belton (112th)
House Committee: Regulated Industries
Committee Action: 03-03-2020 Do Pass by Committee Substitute

HB 996 Georgia Cosmetic Laser Services Act; revise a definition

Bill Summary: HB 996 updates the definition of "cosmetic laser services" in the 'Georgia Cosmetic Laser Services Act' to include energy-based medical procedures using an ultrasound, cryolipolysis, microwave, or radio frequency devices that are not intended to remove, burn, or vaporize the live epidermal surfaces of the skin.

Authoring By: Rep. Sharon Cooper (43rd)
House Committee: Regulated Industries
Committee Action: 03-03-2020 Do Pass

HB 1092 Professions and businesses; authorize delegation by a physician to an advanced practice registered nurse to order radiographic imaging tests in non-life threatening situations

Bill Summary: House Bill 1092 authorizes an advanced practice registered nurse to order radiographic imaging tests in non-life threatening situations if delegated to do so by a physician. The bill increases the number of advanced practice registered nurses the physician may enter into a nurse protocol agreement and supervise from four to six.

Authored By: Rep. Alan Powell (32nd)
House Committee: Regulated Industries

Committee Action: 03-03-2020 Do Pass by Committee Substitute

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, March 04, 2020

8:00 AM	AGRICULTURE AND CONSUMER AFFAIRS	406 CLOB
8:00 AM	INSURANCE	606 CLOB
9:00 AM	RULES	341 CAP
10:00 AM	FLOOR SESSION (LD 24)	House Chamber
1:00 PM	Reeves Subcommittee of Judiciary Non-Civil	515 CLOB
1:00 PM	HIGHER EDUCATION	606 CLOB
1:00 PM	INFORMATION AND AUDITS	406 CLOB
2:00 PM	JUDICIARY CIVIL	132 CAP
2:00 PM	Occupational Professional Licensing Subcommittee of Regulated Industries	406 CLOB
2:00 PM	STATE PROPERTIES	403 CAP
2:00 PM	JUVENILE JUSTICE	506 CLOB
3:00 PM	WAYS AND MEANS	406 CLOB
3:00 PM	HIGHER EDUCATION SUBCOMMITTEE OF APPROPRIATIONS3	41 CAP
3:00 PM	HEALTH AND HUMAN SERVICES	606 CLOB
3:00 PM	INDUSTRY AND LABOR	506 CLOB
3:00 PM	State and Local Subcommittee of Governmental Affairs	403 CAP
3:00 PM	Environmental Quality Subcommittee of Natural Resources and Environment	515 CLOB
4:00 PM	Elections Subcommittee of Governmental Affairs	403 CAP