



## 2016 Legislative Session Summary

### **PASSED:**

#### **HB 649: Georgia Lactation Consultant Practice Act: Sponsor: Rep. Sharon Cooper (R)-Cobb**

This bill provides for the licensing of International Board Certified Lactation Consultants in Georgia. Licensure will improve patient access to clinical lactation care by making lactation consultants part of the healthcare team, opening avenues for insurance companies to reimburse for their services, and making it possible for physicians to have lactation consultants available in their office practices. Easier access to clinical lactation care will result in an increase in the initiation and duration of breastfeeding rates in Georgia. This bill passed both chambers by a wide margin and was signed into law by Governor Deal in April 2016.

#### **SB 302: Insurance Provider Directory Accuracy: Sponsor: Senator P.K. Martin (R)-Lawrenceville**

This bill sets standards that require insurers to maintain up-to-date provider directories based on recommendations from the National Association of Insurance Commissioners. This bill was signed into law and will become effective at the end of the calendar year. Once implemented, consumers considering different health insurance plans will have much more up-to-date and accurate information on which to base their purchasing decisions.

#### **HB 919: Tax Credits for Rural Health: Sponsor Rep. Geoff Duncan:**

This bill establishes a 70% tax credit with incremental statewide caps increasing from \$50 million (FY 2017), to \$60 million (2018), and to \$70 million (2019) before sun-setting unless reauthorized. The tax credit is for charitable giving to health care facilities that are located in rural counties, accept both Medicaid and Medicare patients, provide health care services to indigent patients, receive at least 10 percent of their net revenue from uncompensated care, are not-for-profit organizations, have local boards of directors, are current with all audits and reports required by law, and annually file an IRS Form 990. This bill was signed into law.

#### **Medicaid/Medicare Parity:**

The House added \$26.4 million to the budget to cover the second installment of three to fund Medicaid at Medicare levels for a series of primary care codes. The Senate maintained the appropriation. Governor Deal signed the budget, with this appropriation.



**SB 158: Rental Networks/Silent PPO's: Sponsor: Sen. Dean Burke: (R) Bainbridge**

A silent PPO is not insurance offered by an insurance company to clients. Instead, it is a secondary or rental network that obtains the physician's contract rates without direct authorization from, or oftentimes, knowledge of the physician. The network basically "shops" around to find the lowest rates a physician has agreed to with any insurer, then "rents" that discounted rate from another entity. This occurs without regulation or transparency. SB 158 brings transparency to this practice. This bill was signed into law.

**DID NOT ADVANCE:**

**SB 368: Medicaid Expansion 1115 Waiver: Arkansas Waiver: Sponsor Sen. Doc Rhet (D)-Lithonia**

This bill calls for Georgia to expand Medicaid via an Arkansas-style waiver, which offers "premium assistance" for consumers to purchase an exchange health insurance plan. The bill did not pass, but received the first public hearing in Georgia for anything Affordable Care Act related. A study committee formed via SR 1056 will consider if this is a viable approach for Georgia going forward.

**HB 722: Medical Cannabis: Sponsor Allen Peake (R)-Macon**

This bill sought to expand the number of illness qualifying patients to receive cannabis oil to include Alzheimer's, PTSD and Tourette's syndrome. The bill passed the House, but failed to emerge from the Senate.

**SB 832: Balance Billing Reform: Sponsor: Renee Unterman (R)-Buford**

This bill borrowed heavily from a recent New York law addressing unexpected out-of-network medical bills. It sought to hold consumers harmless under circumstances including:

- 1) When they seek care at an emergency room at an in-network hospital and are unaware that some of the contracted providers are outside of their insurance plan network.
- 2) When they have a planned procedure at an in-network hospital and certain hospital-based providers involved in the procedure, such as anesthesiologists or surgical assistants, are outside of their insurance plan network.
- 3) When lab work or ultrasound tests are sent to out-of-network lab companies or radiologists.
- 4) When provider directories are out-of-date, and consumers are ill informed about which providers are actually in their network.

The legislation received two hearings this year, but did not advance. A study committee established by SR 974 will now address these issues.



**Network Adequacy:** Network adequacy recommendations were handed down from the NAIC in December---too late for Georgia to act on implementation. Recommendations from the NAIC include:

- 1) A requirement that the state insurance commissioner, not each individual health insurance plan, will determine if provider networks are adequate.
- 2) Continuity of care protections for enrollees who are in the middle of an active course of treatment, if their providers leave or are removed from their health plan's network.
- 3) Standards for quantifying adequacy including travel time, distance to providers and facilities, and appointment wait time standards.

It is anticipated that with the next legislative session, a bill regarding network adequacy will be tethered to a balance/surprise billing bill.

**HB 1055: CON Elimination: Sponsor: Wendell Willard: (R)-Sandy Springs**

This is the annual Certificate of Need bill that seeks to eliminate CON and replace it with a more relaxed licensing procedure for medical facilities and providers. Opponents of the bill argue that it would cripple Georgia's current hospitals, while proponents argue that increased competition brought by CON reform would ultimately drive health costs down. The bill did not pass, but it is likely to remain an annual legislative fight.

**SB 115: Hydrocodone Prescription Authority: Sponsor: Chuck Hufstetler (R)-Rome**

In an effort to curb the overuse and misuse of addictive prescription pain medications that are plaguing our country, in October of 2014, the DEA moved hydrocodone to the Schedule II drug category. This new federal law effectively took prescriptive authority for hydrocodone out of the hands of physician assistants and nurse practitioners since in Georgia only physicians can prescribe Schedule II drugs. SB 115 sought to create an exception to give physician assistants authority under Georgia law to prescribe a "15-day supply" of hydrocodone. Notably, the bill did not limit the actual number of pills—a fifteen day supply, per usage, could be one pill per day or as many as 6 pills a day (thus 15- 90 pills by standard usage). Despite passing the Senate, the bill did not pass the House.