

Final Legislative Report, March 31, 2013

The General Assembly ended Sine Die Thursday, March 28th at midnight.

State Budget – The House and Senate agreed to the FY 2014 state budget that begins July 1st. [HB 106](#) is a \$19.8 billion spending plan, which increases state spending \$512 million over this year. It includes:

*\$224 million to make for a shortfall in Medicaid funding

*\$40,000 to establish the Medical Recruitment Fair using a public/private partnership with the Georgia Alliance of Community Hospitals and the Georgia Rural Health Association.

*\$13.4 million to restore Medicaid reimbursement cuts to health-care providers proposed by the Governor.

*\$500,000 for start-up funds through the Georgia Association for Primary Health Care for two Federally Qualified Health Centers in Dawson and Chatham Counties.

*\$1.5 million to county health departments losing money in the updated general grant in aid formula.

*\$427,617 to increase all Rural Health Clinics and Federally Qualified Health Centers to the current Prospective Payment System base rate.

Amended Budget – The state's FY 2013 \$19.3 billion Amended Budget which ends June 30th has been agreed to and is on its way to the Governor. To read HB 105, the Amended budget, click [here](#).

Legislation that passed

Patient Navigators - [HB 198](#) would provide for the licensing of health insurance navigators under the health insurance exchange provisions of Affordable Care Act. Navigators are individuals who are authorized to provide insurance advice and guidance to uninsured individuals and groups seeking health care insurance coverage. The legislation would establish training and licensing procedures, including a requirement for 35 hours of training.

Medicaid Study Committee - [HR 107](#) calls for a committee to look at ways to better run the state's health care program for the poor. The committee will be made up of lawmakers, health care providers and at least one consumer. Medicaid provides health coverage for roughly 1.7 million Georgians, mostly pregnant women, children, the elderly and disabled. The program busted its budget last fiscal year by \$32 million.

Reporting insurance rate increases – [SB 236](#) would require health insurance companies to include on consumers' premium statements the amount of rate increase, if any, resulting from the 2010 Affordable

Care Act. The legislation also requires workers on the state's health benefit program to receive the same information.

Fighting Childhood Obesity – [HB 382](#) limits liability for schools with recreational joint use agreements and is aimed at providing more locations to start after school programs that fight childhood obesity.

Dangerous concussions - [HB 284](#) would create protocols for informing parents about the dangers of concussions and for identifying and treating players with head injuries.

Speech Pathologists - [HB 240](#) requires Medicaid to reimburse clinical speech pathologists.

Medical use of epinephrine - [HB 337](#) eases medical use of epinephrine in schools in an effort to help children deal with an emergency allergic reaction.

Terminate Insurance and conversion policies – [HB 389](#) allows insurers to terminate health insurance conversion and assignment policies on December 31st.

State Boards of Pharmacy and Dentistry – [HB 132](#) moves responsibility for overseeing the state boards of pharmacy and dentistry to the Georgia Department of Community Health. The two boards, which oversee pharmacists, dentists, dental hygienists and other health care professionals, are currently under the purview of the Secretary of State's Office.

Physician Autonomy – [HB 499](#) will protect physicians in Georgia from medical malpractice liability that isn't related to the practice of medicine.

Tort Reform – [HB 94](#) will establish a fair, objective and credible method for calculating future damages that are related to civil judgments in medical malpractice lawsuits in Georgia.

Optometrists – [HB 235](#) will allow optometrists to prescribe oral steroids and oral antibiotics and a 48-hour supply of hydrocodone.

Pain Management Clinics – [HB 178](#) will require every new pain management clinics in Georgia to be owned by a physician.

CMS-approved prescription security pads – [HB 209](#) will give physicians the option of using CMS-approved prescription security pads for Schedule II drugs.

Administrative Medical Licenses – [HB 317](#) will allow the Georgia Composite Medical Board to issue administrative medical licenses.

In the News...

Legislating health: The 2013 results

by Andy Miller

Health care providers received good budgetary news Thursday, the final day of this year's Georgia General Assembly.

The agreement between the House and the Senate on fiscal 2014 (July 2013 through June 2014) eliminated cuts in payments for Medicaid services to dentists, nursing homes and other medical providers. Gov. Nathan Deal's original budget proposed a 0.74 percent reduction for providers other than hospitals, hospices, primary care physicians, and some clinics.

"We haven't had a pay increase in more than 12 years," said Pat Cota, executive director of the Georgia OBGyn Society, praising the budget outcome. "Not to get a cut is a step in the right direction."

Pediatric subspecialists also won't face an elimination of Medicaid payments for consultations on complex medical cases.

The \$19.9 billion state budget contained funding for more waiver slots for people with disabilities to live in their homes and communities. "It's great news," said Dave Zilles, parent advocate for Unlock the Waiting Lists.

And an additional \$1.5 million was injected into the Public Health budget to help those county departments losing money under the updated general grant-in-aid formula.

The health care funding additions make up a significant part of the increases in the budget, said Rep. Terry England (R-Auburn), chairman of the House Appropriations Committee.

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