

## Legislative Report #7, March 10, 2013

Lawmakers worked well into the night on Crossover Day, March 7<sup>th</sup>. Legislation now must have passed at least one chamber or it is effectively dead for the year. Bills/Resolutions that have passed the originating chamber are still considered “alive” and moving. There are 10 days remaining in the 40 day session.

**State Budget** – The House Appropriations Committee meets on the 2014 Budget Monday, March 11th, 1:00 p.m., Room 341 CAP on the state budget, [HB 106](#). This is the FY 2014, \$19.8 billion state spending plan that begins July 1, 2013 and runs through June 30<sup>th</sup> of 2014. The full House is expected to vote on HB 106 later in the week.

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

### Some Healthcare bills that passed....

**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. HR 107 passed the House 167-5.

**County Boards of Health** – [HB 538](#) relates to the composition of county boards of health, so as to repeal a provision based upon population relative to the superintendent of the largest municipal school system in certain counties serving on the county board of health ex officio. HB 538 passed the House 169-0.

**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. SB 236 passed the Senate 36-17.

**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. HB 382 passed the House 170-0.

**Dangerous concussions** - [HB 284](#) would create protocols for informing parents about the dangers of concussions and for identifying and treating players with head injuries. HB 284 passed the House 161-7.

**Administering Vaccines** – [SB 85](#) allows pharmacists and nurses to administer certain vaccines. SB 85 passed the Senate 46-7.

**Speech Pathologists** - [HB 240](#) requires Medicaid to reimburse clinical speech pathologists. HB 240 passed the House 159-6.

**Terminate Insurance and conversion policies** – [HB 389](#) allowing insurers to terminate health insurance conversion and assignment policies on December 31<sup>st</sup>. HB 389 passed the House 150-16.

**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. HB 132 passed the House 122-46.

**Sale of Fireworks for Trauma Care** - [SR 378](#) would ask the state's voters in November 2014 to amend the state constitution to earmark the estimated \$2.5 million to \$10 million in annual sales tax revenue from Georgia fireworks sales to fund trauma care and firefighter services. SR 378 passed the Senate 44-5.

**Advance Practice Nurses** - [SB 94](#) give advanced practice nurses the authority to order imaging tests. SB 94 passed the Senate 31-18.

**Nurse Reporting** – [SB 13](#) requires nurses to report their colleagues to the Georgia Nursing Board if they suspect they have violated any of the board's grounds for discipline. SB 13 passed the Senate 52-0.

#### **What did not pass...**

According to the Georgia Health News, the House Health and Human Services Committee debated one bill that would exempt multi-service outpatient surgery centers owned by physicians from the state regulatory process, and then a second bill that would exempt standalone pediatric emergency rooms. The panel adjourned without taking a vote on either [HB 279](#) or [HB 404](#).

## **National News.....**

### **Stopgap Bill**

By Erin Mahn - National Rural Health Association

The House on March 6 passed [H.R. 933](#), a six-month stopgap spending bill funding the remainder of Fiscal Year 2013, by a vote of 267-151.

The bill incorporates sequestration's across-the-board cuts, but gives flexibility to the Department of Defense and Department of Veterans Affairs. The total package is \$982 billion – the level required by the sequestration order. The funding measure is expected to reach the Senate this week where it will most likely continue as a Continuing Resolution (CR).

The National Rural Health Association urges Congress to protect rural patients and providers from the effects of sequestration. A two-percent across the board cut to Medicare providers disproportionately harms rural providers. Rural safety net providers should be carved-out of sequestration cuts to protect the 62 million rural patients they serve.

For more information see [here](#) and [here](#).

## **Support S.R. 26**

By David Lee - National Rural Health Association

S.R. 26 recognizes the important contributions rural hospitals and providers make to their communities. The Resolution, which was referred to the Senate Committee on Health, Education, Labor, and Pensions, points out that the critical care given by rural health care providers and the economic contribution of rural hospitals, doctors, and clinics are vital to the strength and viability of rural communities.

The Resolution also recognizes that the inherent challenges that rural providers face are different than their urban and suburban counterparts and require different policies to overcome. The Resolution calls on the Senate to recognize these challenges and support the needs of rural patients and providers when crafting legislation. S.R. 26 is an important recognition the need to support the rural health care safety net.

[Read the full article](#)