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Kelly J. Ball, President
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Re: 2012 Georgia Legislative Session

Dear Kelly:

Thank you and the Georgia Speech-Language-Hearing Association ("GSHA") for the opportunity to represent your organization under the Gold Dome. We appreciate your confidence in us and enjoy interaction with your members, now over many years. It is a pleasure also to be invited into the TriAlliance discussions and collaboration. We know the next several months will also be very active as the Medicaid redesign work proceeds.

This letter is the annual update on the various issues which we either monitored and, as you well know, worked on GSHA's behalf this legislative Session. It proved a busier Session than any of us expected! We organized this report with initial comments on the intense issues, then a summary of bills and budget items of interest and finally suggestions for activities over the rest of the year. We have inserted an addendum of the failed legislation as well; many of those issues may resurface in 2013.

The 2012 Session began with a very slow start in January but ended on March 29, 2012 with a chaotic finish. Leadership in both Chambers and the Governor wanted to project an image of "less government" to respond to this intense time in local and national politics about taxes, debt, and the size of government. At one level, that meant fewer bills actually passed, but there were still many winners and losers during the Session. Much of the time during the Session was taken up with the passage of the budget (HB 741 and HB 742) and discussions on abortion (HB 954), charter schools (HR 1162), open meetings and open records (HB 397), criminal justice reform (HB 1176), and reforming Georgia's tax code (HB 386).

First and foremost, GSHA had a successful day at the Capitol on March 19, 2012. We appreciate the speech therapists who took time to attend and raise awareness of the profession and your importance in delivering healthcare to Georgians. It was also the perfect opportunity, as you know, for each of you to discuss your profession's and GSHA's concerns with lawmakers. Of course, your Resolution, SR 1119, was adopted by the Senate to recognize your profession on its special day.

Medicaid Redesign following the Navigant Report

We began this year's Session with the ongoing concerns regarding the Department of Community Health's ("DCH") Medicaid redesign efforts and the possibility of the carving the Aged, Blind and Disabled ("ABD") program into the managed care arrangements with the CMOs currently in existence and any new bidders who may evolve. Proposals around changes either to Low-Income Medicaid ("LIM") or the ABD program are driven by the expiration of the existing contracts and by the huge expansion of the Medicaid population next year by the President's Affordable Care Act ("ACA"), if it survives Supreme Court review. Keep in mind that Medicaid expansion can still occur, even if the insurance mandate is struck down. The effect and extent of the Supreme Court ruling will be known this summer. Whatever happens about the ACA, we believe the Medicaid redesign efforts will continue for traditional Medicaid.

Fortunately, you (and Kay Nelson) were invited to join a DCH Planning Task Force and GSHA will have some voice in the next critical steps. We have also attended the advocacy coalition on behalf of GSHA and other clients who serve either the LIM or ABD population. This group has addressed the different needs of various populations included in the ABD population, which is distinctly different between the elderly and the developmentally disabled population, for example. There have also been discussions on credentialing and reimbursement issues under the existing CMOs which may be exacerbated if there are more of them. DCH says it is interested in improving contracting and monitoring under the existing program, as well as considering a carve-in of the ABD populations or some of them.

We believe we have achieved success in raising awareness on these concerns with the Department, the Governor's office and many legislators. DCH has announced that it is slowing down the Navigant effort to consider carefully each population group which is part of the ABD program and its particular needs for or current modes of better care management and integrated services. We suspect there will be some phase-in of managed care for different population groups, but that changes to the LIM program and rebid of this basic managed care system are likely to move forward this year. However, the concerns still remain pertaining to the implementation date of January 2014 for an expanded Medicaid population which will keep pressure on the redesign effort. Some new management systems seem inevitable for the developmentally disabled, behavioral health and foster care populations.

Music Therapy Conundrum

One of the more significant issues we dealt with, of course, was the proposal to license music therapists. SB 414, by Sen. Renee Unterman (R-Buford), passed with the language which we negotiated. As you are aware, this legislation creates a new profession, music therapist, to be licensed by the Secretary of State in Chapter 25A of Title 43.

In the end, as a result of your efforts to articulate a real scope of practice, "music therapy" is defined as the:

"(C)linical and evidence based use of *music interventions* to accomplish individualized goals within a therapeutic relationship through an individualized *music therapy treatment plan* for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client *using music therapy interventions*, which may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music.

This term may include:

- (A) Accepting referrals for music therapy services from physicians, psychologists, speech language pathologists, occupational therapists, physical therapists, audiologists, or other medical, developmental, or mental health professionals; education professionals; family members; clients; or caregivers. Before providing music therapy services to a client for a medical, developmental, or mental health condition, the licensee shall collaborate, as applicable, with the client's physician, psychologist, or mental health professional to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client for a medical, developmental, or mental health condition, the licensee shall collaborate, as applicable, with the client's speech-language pathologist, occupational therapist, physical therapist, audiologist, or other medical or developmental professional to review the client's diagnosis, treatment needs, and treatment plan; (B) Conducting a music therapy assessment of a client to collect systematic, comprehensive, and accurate information necessary to determine the appropriate type of music therapy services to provide for the client; (C) Developing an individualized music therapy treatment plan for the client; (D) Carrying out an individualized music therapy treatment plan that is consistent with any other medical, developmental, mental health, or educational services being provided to the client; (E) Evaluating the client's response to music therapy and the individualized music therapy treatment plan and suggesting modifications, as appropriate; (F) Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, any physician, or other provider of health care or education of the client, any appropriate member of the family of the client, and any other appropriate person upon whom the client

relies for support; (G) Minimizing any barriers so that the client may receive music therapy services in the least restrictive environment; and (H) collaborating with and educating the client and the family or caregiver of the client or any other appropriate person about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.

These revisions were, of course, extensively revamped with Rep. Tom Dickson (R-Cohutta) and the music therapists, speech-language pathologists, occupational therapists, and psychologists. This coalition negotiated a compromise, as there had been no true "scope of practice" included for music therapists. Concerns remained for the Secretary of State's office with no funding in its budget for this newly licensed profession.

The major changes we made occurred in the House Regulated Industries Committee where the Bill was assigned after clearing the Senate, essentially at the direction of Rep. Roger Williams (R-Dalton). As a side note, Chairman Williams retires this year, and will, thus, not seek reelection to his seat. The final action on the legislation was that the Senate agreed to the House Substitute on the proposal on March 29, 2012. Governor Deal signed SB 414 into law on May 1, 2012 as **Act Number 705**. As written, the legislation becomes effective on July 1, 2012. Rep. John Carson was very helpful and Jessica Neiderkorn's connections to him invaluable. In the end, we believe Sen. Unterman appreciated the improvements to the Bill.

Other Legislation

There were a number of other pieces of legislation that we worked and/or followed during the Session that we believe are worthy of mentioning.

- HB 181, by Rep. Rich Golick (R-Smyrna) achieved agreement from the House with it agreeing to the Senate Substitute on March 29, 2012. It would address the "*Georgia Special Needs Scholarship Act*" and revises specifically O.C.G.A. § 20-2-2113(a) regarding annual notification of options available to parents so that the parent is notified that his or her child is perhaps eligible to attend a private school or another public school if that child has an Individualized Education Program ("IEP"). It further offered changes in O.C.G.A. § 20-2-2114(a)(3) outlining more specifics relating to the IEP and requires that the State Board of Education is "required that a local board of education to expedite the development of an IEP and to waive the prior school year requirement, in its sole discretion, on a case-by-case basis for specific medical needs of the student upon the request of a parent or guardian in accordance with State board procedures." Further changes were made in O.C.G.A. § 20-2-2116 concerning the amount of the scholarship and methods of payment – one such change proposed to permit quarterly payments as equal (as possible). However, Governor Deal vetoed this legislation on May 7, 2012 as **Veto Number 3**. [Note: This law did not broaden the eligibility like SB 87 proposed by Sen. Rogers. (See below.) SB 87 was tabled in the Senate on March 7, 2012 and did not make it to the House. A similar Bill was presented by Rep.

Mike Jacobs (R-Atlanta), HB 62 which did not move in 2012 and remained in the House Higher Education Committee, proposed for changes relating to special needs scholarship notifications.]

- HB 347 received a significant amount of attention in both the House and Senate very late in the evening on *Sine Die*. HB 347, originally authored by Rep. Bill Hembree (R-Winston) in 2011, was "gutted" and used for other purposes. It then incorporated the language from SB 447 by Sen. Fran Millar (R-Atlanta) concerning *unemployment compensation*; alter the amount of taxable wages; and address provisions relating to determination of eligibility for unemployment benefits generally so as to require a waiting period of one week before an individual can receive unemployment benefits. With the House and Senate struggling to come to an agreement on specifics of the Bill, a Conference Committee was appointed. Sen. George Hooks (D-Americus) presented the Conference Committee report in the Senate and Rep. Jimmy Pruett (R-Eastman) made the presentation in the House. Some of the highlights of this Report included that:
 - New language was inserted in O.C.G.A. § 34-8-193(d) so that the maximum compensation which can be obtained will be 14 times (rather than current law at 26) if the "State's average unemployment rate is at or below 6.5 percent, with an additional weekly amount added for each 0.5 percent increment in this state's average unemployment rate above 6.5 percent up to a maximum of 20 times the weekly benefit amount if this state's average unemployment rate equals or exceeds 9 percent; or (B) one-fourth of the base period wages."
 - It also clarifies the definition of the "State's average unemployment rate"
 - It also adds a provision in order to replenish the Unemployment Trust Fund Balance in O.C.G.A. § 34-8-156(d)(4)(B)

Despite the late hour, legislators offered numerous questions to each presenter. In the end, both chambers elected to adopt the Conference Committee report on HB 347 despite the fact there was dissent on this Bill. HB 347 was signed by Governor Deal on May 2, 2012 as **Act Number 710**.

- HB 386, by Rep. Mickey Channell (R-Greensboro), was a proposal originally introduced in 2011. It became this year's *tax reform* bill, and it passed the Senate on March 22, 2012 with a vote of 54 to zero. This legislation, which amends Titles 2, 40, 44 and 48, was touted by leadership as pro jobs and pro family. There is some language which references nonprofits and how vehicles are donated to such entities which are 501(c)(3) entities and whether such are considered as qualified donations. It retains that permission for such donations. HB 386 was agreed to by the House; it was signed by Governor Deal on April 19, 2012 as **Act Number 607**. Other pieces of the legislation include:
 - Among the various changes made to the Tax Code in the Bill include the elimination of the current state and local sales tax which is levied on non-casual

sale vehicles is eliminated as of March 1, 2013. The use tax on vehicles which are leased will continue. The current 40 percent assessed value which is taxed for state and local taxes is eliminated beginning on March 1, 2013 for vehicles titled beginning on that date. A combined state and local 6.5 percent title fee is imposed on the value of all motor vehicles which are titled in Georgia on and after March 1, 2013, net of trade-in value, and would include new and leased vehicles, used vehicles purchased through a dealer or through a casual sale transaction and out-of-state vehicles which are titled in Georgia.

- There is a change to the personal exemption amounts for income tax returns; there is an increase of \$2,000 in the exemption amount for a married couple filing a joint tax return – moving that exemption from \$5,400 to \$7,400. (Married couples filing separately will also get a boost of \$1,000 each in their exemption.)
- The legislation also addresses a cap on the retirement income exclusion for individuals who are age 65 and older at \$65,000 (under current law, this exclusion amount was to move from \$65,000 in 2012 to \$100,000 in calendar year 2013; \$150,000 in calendar year 2014; \$200,000 in calendar year 2015; and unlimited in calendar year 2016). If a couple, the cap is \$130,000.
- The initiative amends the sales tax exemptions on agriculture in an effort to provide fairness and consistency. This includes three broad agriculture input exemptions for energy, machinery and equipment and other inputs including seed, fertilizers, and insecticides.
- It also treats out-of-state businesses the same as Georgia businesses and requires taxpayers to remit use tax now if it is not collected by the seller.
- It eliminates the sales tax exemption afforded film productions. It, however, keeps the 30 percent credit for films in place with certain restrictions.
- It creates a one percent sales tax exemption on commercial aviation fuel for all fuel sold at Georgia airports to make such fuel sales more competitive with other major airports.

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- HB 397, by Rep. Jay Powell (R-Camilla), was this year's legislation to overhaul *Georgia's Open Meetings and Open Records* laws in Title 50. The legislation was initiated by Attorney General Sam Olens. Numerous stakeholder meetings were held to work on this legislation since its introduction. There are now new definitions for the terms "agency" and "meeting" and in particular what is an "executive session." The Senate engrossed the legislation so that no additional Floor amendments could be made. The Bill previously passed the Senate by a vote of 46 to zero and later received agreement by the House so that it agreed to the Senate's changes. Governor Deal signed this measure into law on April 17, 2012 as **Act Number 605**. The revisions took effect upon signature.
 - HB 434, by Rep. Katie Dempsey (R-Rome), passed the House and Senate. It revises the definition of "*social work*" in O.C.G.A. § 43-10A-3(13) making it clear that such

includes "diagnoses" *not* "determinations" as currently in the law states as it regards the nature of an individual's mental, cognitive, emotional, behavioral, and interpersonal problems or conditions. Previously, the Department of Community Health had issued a ruling affecting this definition and this change in the law modifies the definition. This Bill was signed by Governor Deal on April 19, 2012 as **Act Number 613**. The changes imposed take effect on July 1, 2012. [Note: Rep. Dempsey had a second piece of legislation on this same topic, HB 734, but it remained in the House Health and Human Services Committee.]

- HB 456, by Rep. Charlice Byrd (R-Woodstock), establishes in Chapter 4 of Title 50, the "Georgia Government Accountability Act" and the *Legislative Sunset Advisory Committee*. The Bill authorizes the Committee to review and evaluate State agencies' productivity, efficiency, and responsiveness. It would also provide for the automatic abolition of certain State agencies contingent upon adoption of a resolution by the General Assembly declaring that the State laws applicable to such agency have been repealed, revised, or reassigned. The Bill passed the House and Senate in 2012 and was sent to Governor Deal. The Governor then vetoed this legislation on May 7, 2012.
- HB 683, by Rep. Wendell Willard (R-Sandy Springs), clarifies who can file an answer of garnishee in a *garnishment* action in O.C.G.A. § 18-4-1 and O.C.G.A. § 18-4-8. The Bill permits the filing of certain answers on behalf of certain garnishees by authorized officers or employees of an entity which, therefore, would not constitute the practice of law. Thus, no attorney will be required unless there is a challenge or a traverse to such action. HB 683 passed the House and Senate and was sent to the Governor on February 3, 2012. Governor Deal signed the Bill into law on February 7, 2012 as **Act Number 260**. The changes took effect upon signature of the Governor.
- HB 785, by Rep. Allen Peake (R-Macon), outlines that only the Composite Board of Medical Examiners and Georgia Board of Dentistry will make determinations based on skill and competence of the *licensing of physicians and dentists* in O.C.G.A. § 33-1-22. No licensing will be conditioned on a physician's or dentist's participation in any public or private health insurance plan, public health care system, public service initiative, or emergency room coverage. HB 785 passed successfully the House and Senate. Governor Deal signed this Bill as **Act Number 614** on April 19, 2012, and the change takes effect on July 1, 2012.
- HB 808, by Rep. John Yates (R-Griffin), passed. It addresses *an income exclusion applicable to certain disabled veterans* related to computation of Georgia taxable net income in O.C.G.A. § 48-7-27. The Bill exempts veterans who have experienced one of the following: loss or permanent loss of use of one or both feet; loss or permanent loss of use of one or both hands; loss of sight in one or both eyes; or permanent impairment of vision of both eyes of the following status: Central visual acuity of 20/200 or less in the better eye, with corrective glasses, or central visual acuity of

more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends on angular distance no greater than 20 degrees in the better eye. There was some discussion in Committee meetings about the inclusion of language for hearing loss; however, no such addition was made. Rep. Sharon Beasley Teague (D-Red Oak) and Rep. Chuck Sims (R-Ambrose) both inquired about including such language for *hearing loss*; the Bill's author, however, asked that no changes be made. The Senate passed this legislation on March 27, 2012, and it was signed by the Governor on April 16, 2012 as **Act Number 587**. The changes took effect on that date and apply to tax years beginning on or after January 1, 2013.

- HB 822, by Rep. Edward Lindsey (R-Atlanta), enacts the "*Georgia Taxpayer Protection False Claims Act*." Additionally, it updates *Georgia's Medicaid False Claims Act*. This legislation passed. In part, this Bill provides in O.C.G.A. § 23-3-121 (a) that: "Any person, firm, corporation, or other legal entity that: (1) Knowingly presents or causes to be presented a false or fraudulent claim for payment or approval; (2) Knowingly makes, uses, or causes to be made or used a false record or statement material to a false or fraudulent claim; (3) Conspires to commit a violation of paragraph (1), (2), (4), (5), (6), or (7) of this subsection; (4) Has possession, custody, or control of property or money used, or to be used, by the state or local government and knowingly delivers, or causes to be delivered, less than all of that money or property; (5) Being authorized to make or deliver a document certifying receipt of property used, or to be used, by the state or local government and, intending to defraud the state or local government, makes or delivers the receipt without completely knowing that the information on the receipt is true; (6) Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or local government who lawfully may not sell or pledge the property; or (7) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the state or local government, or knowingly conceals, knowingly and improperly avoids, or decreases an obligation to pay or transmit money or property to the state or a local government shall be liable to the State of Georgia for a civil penalty of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three times the amount of damages which the state or local government sustains because of the act of such person." It also permits the Attorney General to investigate suspected, alleged or reported violations and the Attorney General may delegate such authority to a local district attorney these investigatory authorities. Further the legislation permits the Attorney General to bring a civil action against a violator. There are exclusions, as to whether such actions may be brought against a member of the General Assembly or the judiciary, in the Bill. The Medicaid revisions are in Article 7B of Chapter 4 of Title 49, which include various definition changes (and also newly defined terms of "material" and "obligation"). "Claim" is redefined in the Bill. Also the definition of "knowing" or "knowingly" is now defined as" requires no proof of specific intent to defraud and means that a person,

with respect to information: (A) Has actual knowledge of the information; (B) Acts in deliberate ignorance of the truth or falsity of the information; or (C) Acts in reckless disregard of the truth or falsity of the information." Under current law, when amounts are collected in excess of the actual fraud, the money has been deposited into the Indigent Care Trust Fund; this Bill will make such overages payable to the State, "by and through the Department of Community Health for the purposes of operating, sustaining, protecting and administering the Georgia Medicaid program." There are also whistleblower protections in the legislation in O.C.G.A. § 49-4-168.4. The House agreed to the Senate Substitute on the proposal on March 29, 2012 with a vote of 167 to zero. This initiative was approved by Governor Deal as **Act Number 591** on April 16, 2012, and the changes takes effect on July 1, 2012.

- HB 845, by Rep. Ben Watson (R-Savannah), creates a new Code Section at O.C.G.A. § 20-1A-18. To require that the Department of Early Care and Learning, by September 1 of each year, provide parents/guardians of each child enrolled **educational information on the influenza vaccine**. The information is required to include but not be limited to the following: (1) The causes and symptoms of influenza and the means by which it is spread; (2) The risks associated with influenza; (3) The availability, effectiveness, and known contraindications of the influenza vaccine; and (4) Related recommendations issued by the federal Centers for Disease Control and Prevention, including the recommended ages at which children receive the influenza vaccine. This legislation passed and became **Act Number 673** on May 1, 2012. The new Code Section will take effect on July 1, 2012.
- HB 861, by Rep. Michael Harden (R-Toccoa), was gutted once it reached the Senate. In its place, the Senate inserted language from SB 292 by Sen. John Albers (R-Roswell). It requires in Chapter 4 of Title 49 to impose *drug testing for applicants and recipients of State-administered temporary assistance for needy families ("TANF")* benefits. There were numerous lawmakers who spoke against this legislation, arguing in part that the "testing" that was proposed did not cost \$17 but rather between \$30 and \$35 per test. Others made arguments that lawmakers were "taxing" those who have the least and there were concerns raised that passing such law may have issues withstanding a constitutional challenge (as other states had passed similar laws and were now litigating those laws. A final amendment was made in the Senate by Sens. Albers and Renee Unterman (R-Buford) and it was adopted. That amendment reads: "linking primary medical care with home and community based services. In addition, no testing shall be required by the provisions of this Code section for any individuals receiving or on a waiting list for long-term services and supports through a non-Medicaid home and community based services program or for any individual residing in a facility such as a nursing home, personal care home, assisted living community, intermediate care facility for the mentally retarded, community living arrangement, or host home." HB 816 does contain that dependent children under the age of 18 are exempt from testing. Meanwhile, SB 292 remained in the House

Rules Committee. HB 861 passed the Senate as amended by a vote of 36 to 15 and then cleared the House with an agreement to the Senate's language by a vote of 110 to 56. HB 861 was signed by Governor Deal into law on April 16, 2012 as **Act Number 583**; it takes effect on July 1, 2012. [Note: A similar bill from 2011, HB 464 and also by Rep. Harden, remained in the House Judiciary Committee. It proposed random drug testing on individuals receiving public benefits when they were 18 years of age and older; it exempted those individuals receiving medical benefits. HB 668, by Rep. Jason Spencer, also remained in the House Judiciary Committee. HB 668 proposed to establish a drug test which would mean the "collection and testing of bodily fluids administered in a manner equivalent to that required by the Mandatory Guidelines for Federal Workplace Drug Testing Programs (HHS Regulations 53 C.F.R. 11979, et seq., as amended) or other professionally valid procedures approved by the department. Rep. Ron Stephens (R-Savannah) also proposed two such similar bills, HB 698 and HB 699, and those bills also remained in the House Judiciary Committee.]

- HB 863, by Rep. Matt Hatchett (R-Dublin), changes certain provisions related to purchases without *competitive bidding*, central bid registry, procurement cards, rules and regulations, applicability to emergency purchases, and the Purchasing Advisory Council in O.C.G.A. § 50-5-69(a) (moving the threshold for purchases from \$5,000 to \$25,000 to be bid). It also changes certain provisions related to definitions pertaining to small business assistance in O.C.G.A. § 50-5-121 (showing preferences to Georgia resident businesses and entities which have fewer than 300 employees (rather than 100 employees as is current law) and less than \$30 million in annual gross receipts (rather than \$1 million)). The Bill successfully passed the House and Senate and became **Act Number 679** on May 1, 2012. These changes take effect on July 1, 2012 and will be repealed on July 1, 2015; it will then revert back to the original language in O.C.G.A. § 50-5-121.
- HB 879, by Rep. Matt Ramsey (R-Peachtree City), authored this legislation which creates a new Code Section at O.C.G.A. § 20-2-779 to require that the Department of Education by no later than August 1, 2012, "in conjunction with the Georgia Association of School Nurses," to "develop guidelines for the *training of school employees in the care needed for students with diabetes*. The training guidelines shall include instruction in: (A) Recognition and treatment of hypoglycemia and hyperglycemia; (B) Understanding the appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's diabetes medical management plan; (C) Understanding physician instructions concerning diabetes medication dosage, frequency, and the manner of administration; (D) Performance of finger-stick blood glucose checking, ketone checking, and recording the results; (E) Administration of insulin and glucagon, an injectable used to raise blood glucose levels immediately for severe hypoglycemia, and the recording of results; (F) Performance of basic insulin pump functions; (G) Recognizing complications that require emergency assistance; and (H) Recommended schedules and food intake for meals and snacks, the

effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption." Local school boards of education and State-chartered special schools are to ensure that a minimum that each school have two trained school personnel on these policies if there are children attending with diabetes. This Bill passed the House and Senate with the House agreeing to modifications made to the Bill on March 27, 2012. The Bill was signed by Governor Deal on April 16, 2012 as **Act Number 581**. This set of changes takes effect on July 1, 2012.

- HB 971, by Rep. Bill Hembree (R-Winston), passed. This legislation was the *annual update from the Workers' Compensation Advisory Council*. This Council included language requested by the Georgia Academy of Audiology ("GAA"), and from the standalone legislation HB 637 which GAA had requested and which was also authored by Rep. Hembree in late 2011. HB 637, however, remained in the House Industrial Relations Committee the Committee that Rep. Hembree also chairs. HB 971 came about after months of negotiations with the various members of the Council. The Council permitted the language from HB 637 to be included in its update bill was advantageous to the passage of the update to the hearing loss calculation in O.C.G.A. § 34-9-264(b), which is included in Section 4 of the Bill. While HB 971 was introduced on February 9, 2012, it was rather slow in its process during the Session. It finally cleared the Senate on March 27, 2012 after some fits and starts in the Senate Insurance and Labor Committee where that Committee deleted Section 2 of the Bill entirely. The culmination of the passage of the Bill came when it was the last piece of legislation that the House addressed on *Sine Die*. It actually received the "agreement" that the House would agree to the Senate Substitute on the proposal after midnight with the gavel flying in the House. The new language will consider 3,000 cycles per second and it deletes the reference to the American Standards Association, Inc. as a recognized standards organization. It also moves to evaluating hearing loss at four frequencies rather than three frequencies. HB 971 was signed by Governor Deal on May 1, 2012 as **Act Number 688**; it takes effect on July 1, 2012.

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- HB 1067, by Rep. Carl Rogers (R-Gainesville), passed. This legislation, addressing *insurance policies*, became an omnibus of sorts. It expands current law concerning limited licenses for the sales of insurance on cell phones to now include sales of policies on all portable electronics in O.C.G.A. § 33-23-12. It addresses an "automated claims adjudication system" in O.C.G.A. § 33-23-1(a) and how such may be utilized and the definition of "home state" in that Code Section is also amended so as to include a licensed adjuster. Changes are made in O.C.G.A. § 33-23-16 concerning the licensing of nonresidents; similarly, O.C.G.A. § 33-23-29(f) language is added addressing the licensing of nonresident adjusters. A new Code Section is added in O.C.G.A. § 33-1-22 so as require that if a dispute arises regarding an agreement relating to any material in a language other than English, then the *English version will control*. Additionally, amendments were also made to the State's contracting laws in O.C.G.A. § 50-5-67(b) permitting multiple award contracts for competitively bid projects (which may be done

with equipment for commercial use applications). The Bill also alters O.C.G.A. § 33-36-14 relating to insolvent insurers and exhaustion of rights against those entities. It also adds a new subsection (f) at O.C.G.A. § 33-7-6 addressing so as to exclude vehicle service agreements or extended warranty agreements from the definition of "property insurance" with exceptions. Finally, it adds in O.C.G.A. § 33-63-4 a new subsection (i) addressing a retail installment seller's offering, providing or selling of a guaranteed asset protection waiver and what must be met to do so. HB 1067 became **Act Number 776** on May 7, 2012. The changes incorporated into this Act become effective on July 1, 2012.

- HB 1146, by Rep. Tom McCall (R-Elberton), creates the *Georgia Vocational Rehabilitation Services Board* in Titles 34 and 49. This legislation makes the Division of Rehabilitation Services, which is currently within the Department of Labor, a stand alone agency. For administrative purposes, it will now be attached to the Department of Human Services. Further, the initiative amends Chapter 2 of Title 30 in order to transfer the direction and supervision of the Georgia Industries for the Blind to the Georgia Vocational Rehabilitation Agency. The Bill passed both the House and Senate after several hearings and dissent from a number of advocates and consumers of services. Governor Deal signed this legislation into law on April 19, 2012 as **Act Number 608**. This new agency becomes effective on July 1, 2012. [Note: An earlier version of this idea, HB 831, also by Rep. Tom McCall (R-Elberton), proposed to transfer the Division of Rehabilitative Services from the Department of Labor to the Department of Human Services so that it would be an actual program. HB 831, like HB 1146, was recommended by the Governor's Office. Commissioner Mark Butler of the Department of Labor ("DOL") spoke adamantly against HB 831. In his opinion, DOL provides disabled Georgians with the best opportunities for finding employment. It was later abandoned due to the introduction of HB 1146.]
- HB 1166, by Rep. Alex Atwood (R-Brunswick), passed. The legislation is a compromise with various child advocates, including Georgia Voices for Children, and health insurers in the Georgia market. It creates a mechanism for "*child-only*" *health insurance policies* to be sold to cover children under the age of 19 years of age in Chapter 29B of Title 33. An open enrollment period from January 1, 2013 through January 31, 2013 (or 30 days from a qualifying event which is specified in the law) will be utilized to sell such policies for children who otherwise have no access to creditable health insurance coverage (such as coverage through their parent or guardian or eligible for Medicaid or PeachCare for Kids). It will allow an insurer to charge a surcharge under certain conditions. These policies are guaranteed issue unless creditable coverage is available. These policies established under this new Chapter 29B of Title 33 will be repealed on January 1, 2014. Four amendments were attempted in the Senate but all were either found not to be germane or were lost. This initiative was signed by Governor Deal on May 1, 2012 as **Act Number 634**; it takes effect on January 1, 2013.

- SB 33, by Sen. David Shafer (R-Duluth), passed and requires departments and agencies to undergo, at least every ten years, a *zero-base budget process* in O.C.G.A. § 45-12-75.1. Departments and agencies must submit a statement of the budget unit's departmental and program purposes; effectiveness, efficiency, and equity measures; and program size indicators; and a priority listing encompassing all alternative funding levels for all programs. Governor Deal signed this legislation into law as **Act Number 716** on May 2, 2012, and it took effect on that date.
- SB 143, by Sen. Steve Henson (D-Tucker), passed. The Senate agreed to the House changes on March 29, 2012. The Bill amends Chapter 24A of Title 43 relating to *massage therapy*. It requires applicants for licensure as massage therapists to undergo criminal background checks through the Georgia Crime Information Center and Federal Bureau of Investigation. This change also applies to those who are applying for licensure by endorsement. The legislation also amends current law on provisional permits to practice massage therapy, limiting such to six months rather than two years. The legislation was signed by Governor Deal on May 2, 2012 as **Act Number 724**; its changes took effect on that date.
- SB 183, by Sen. Greg Goggans (R-Douglas), revises provisions related to *school health nurse programs* by allowing consultation with offsite health care professionals through appropriate protocols and contracts in O.C.G.A. § 20-2-771.2 (telemedicine). The Bill passed both the House and Senate and was signed by Governor Deal as **Act Number 610** on April 19, 2012. It takes effect on July 1, 2012.
- SB 346, by Sen. Don Balfour (R-Snellville), creates a means of altering the current law governing *mail-order permission for prescription drugs*. In the current law found in O.C.G.A. § 26-4-60(a)(11), Georgia now only allows prescription drugs to be mailed intrastate in essentially two instances: 1) if they are drug refills for patients of a group model health maintenance organization; or 2) if they are for patients of a specialty pharmacy. ~~This change passed in SB 346, which was requested by the Georgia~~ Pharmacy Association, permits the mailing of prescription drugs (not just refills) from a pharmacist/pharmacy to patients under certain limitations. It also permits the mailing of prescription drugs between one pharmacy and another so that it may be dispensed by a pharmacist or pharmacy at another location. The Senate Floor Amendment permits hospital pharmacies to utilize remote order entry of medications in O.C.G.A. § 26-4-80(c)(7). It was this version of SB 346 which also passed the House without any additional revisions made to the Bill. Governor Deal signed this Bill into law as **Act Number 740** on May 2, 2012. The changes take effect on July 1, 2012.
- SB 361, by Sen. Butch Miller (R-Gainesville), expands provisions relating to the *accreditation of healthcare facilities* in Titles 31 and 43. It recognizes a "nationally recognized healthcare accreditation body" and not solely the Joint Commission on Accreditation of Hospitals. The House adopted the same version of the Bill that passed

the Senate and SB 361 was sent to the Governor on April 11, 2012 which he signed as **Act Number 611** on April 19, 2012. The changes take effect on July 1, 2012.

- SB 370, by Sen. Buddy Carter (R-Pooler), enacts Georgia's annual update to its *dangerous drug list* in O.C.G.A. § 16-13-35. It also recognizes synthetic marijuana among such drugs. SB 370 passed. This legislation was signed by Governor Deal into law as **Act Number 434** on March 27, 2012, and it took effect upon signature.
- SR 979, by Sen. Renee Unterman (R-Buford), creates the *Senate Aging Study Committee*. The Resolution passed the Senate on March 29, 2012. A five-member Study Committee made up of State Senators will look at the mission statement of the Division of Aging as well as its funding. This Study will be concluded on or before December 31, 2012.

Budget – FY 2013 (HB 742)

We wanted to highlight a few pieces of the FY 2013 Budget for your. Noted below are some of the areas that thought would be of interest. However, we are happy to answer additional questions if you have such. After the various line-item vetoes were made, the Budget for FY 2013 includes State funds in the amount of \$19.3 billion which is an increase of 4.5 percent over FY 2012 (which is an increase really due to population growth).

Department of Community Health

The good news: no actual provider rate cuts were made in the FY 2013 Budget.

Under Departmental Administration and Program Support, there were several items which are likely of interest to you:

- \$2 million is added to expand efforts to identify inappropriate and medically unnecessary service utilization (this will be an additional \$4 million with federal funding attached).
- \$400,000 is included for consulting contracts to assess the managed care program (with federal money, this totals \$800,000).
- More than \$1.6 million is added for the federally mandated implementation of expanded diagnosis and procedure codes for Medicaid billing (this relates to the switch to the ICD-10 codes).
- Conferees added that the "Department of Community Health, pursuant to O.C.G.A. § 49-4-142.1, is hereby authorized to submit a request to the United States Department of Health and Human Services for Medicare and Medicaid Services for a waiver pursuant to Section 1115 of the federal Social Security Act."

In the Aged, Blind and Disabled program, there were several changes in the Budget impacting this program:

- An addition of \$19.4 million in State funds will cover growth in Medicaid (this totals more than \$56.6 million with federal funding).
- \$9 million was added to reflect a decrease in the Federal Medical Assistance Percentage ("FMAP") from 65.95% to 65.71%.
- \$8 million is reflected as a "savings" from the increased efforts to identify inappropriate and medically unnecessary service utilization.
- \$1.45 million is added to "round copays down to the nearest whole or half dollar" and with federal funding this is an addition of more than \$4.2 million.
- \$1.5 million is added to maintain provider rates and remove the .5% provider rate cut imposed in the prior year's Budget.
- \$19 million is shown as an add to reflect federal funding from the Balancing Incentive Payment program and investment in Medicaid long-term services and supports.
- \$1.2 million is added to reflect, effective January 1, 2013, the implementation of a wastage policy to reimburse for cancer treatment single-dose vials administered in a physician office. (This language was vetoed by Governor Deal.)
- \$810,101 is added to provide funding for 50 Independent Care Waiver Program ("ICWP") slots.
- \$32.3 million is reflected as an increase in specific immunization codes and evaluation and management codes to match Medicare fee schedule.
- Conferees did not agree to increase funds to develop quality incentive payments for the SOURCE program.

In the Medicaid Low-Income program, it has these items shown:

- \$75 million is added to restore funding to maintain 12 months of care management organization ("CMO") capitation payments. This totals more than \$217 million.
- ~~More than \$3 million is added for reflecting projected benefit increase (this total amount is more than \$8.8 million).~~
- \$11.1 million is reflected for the primary projection of FY 2013 Hospital Provider Payment Revenue, bringing this to more than \$32.5 million with federal funding.
- \$77.5 million was restored to this program for the money taken out in FY 2012.
- \$7.9 million is included to increase the funding to reflect a decrease in the FMAP percentage from 65.95% to 65.71%.
- Conferees will use \$8 million in Tobacco Settlement Funds to replace State funding.
- \$360,465 is included to provide for funding to round copays down to the nearest whole or half dollar.
- \$3.18 million is added to provide for funding to maintain provider rates and remove the .5% provider rate cut (this would have been an impact of \$9.3 million).

- \$42.7 million is reflected to increase federal funding to reflect the increase in specific immunization codes and evaluation and management codes to match the Medicare fee schedule.

Under the PeachCare for Kids program, these items were included:

- 12 months of CMO payments were funded by an increase of more than \$6.5 million in State funds.
- \$8 million is added for the projected enrollment increase from removing PeachCare eligibility exemption for qualifying children of State employees (This is a total of more than \$33.4 million).
- \$475,979 is added to reflect a decrease in federal financial participation rate from 76.17% to 76%.
- More than \$4.68 million is included to provide funds for a provider rate increase to ensure provider access for newly eligible and enrolled children of State employees. (This is a total of more than \$19.5 million.)
- \$229,550 is included in State funding to provide for a round copays to the nearest whole or half dollar.
- The Budget also includes funding to maintain provider rates and removes the .5% provider rate cut imposed in FY 2012. This equates to \$349,622 in State money and with federal funding a total of more than \$1.4 million.

Department of Public Health

Under the Infant and Child Essential Health Treatment Services program, a reduction of State funds in the amount of \$137,500 is made and those moneys will be replaced with federal funds for the auditory verbal therapy services provided. An additional cut of \$200,000 is made for the Regional Tertiary Care center contracts. In the Infant and Child Health Promotion program, \$200,000 is cut in the grant-in-aid money for nurse case management. ~~\$2.2 million is added in State funding to maintain screening and home visit services for low-~~ birth weight newborns at risk of developmental delays, and cases of abuse and neglect in the Children 1st program due to loss of TANF Supplemental grant. Under the Public Health Formula Grants to Counties program, more than \$2.5 million is added to fund the first and second year phase-in for the new grant-in-aid formula to hold harmless all counties.

Looking forward

If you have any questions concerning this Report, please feel free to contact us. We would be happy to make a presentation to your Board or GSHA's membership about these Bills and our efforts during the Session. The most important next steps are continuing advocacy on the Medicaid redesign and taking up the credentialing, utilization review and reimbursement issues with the current CMOs, a bit of "same chapter, new verse." You may want to discuss how we achieve fuller involvement by a wider number of members of GSHA. These are large

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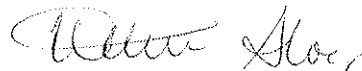
issues and will require the same intense amount of your time, as the continuing President. Otherwise, please let us know if there are any questions that we can answer regarding this Report.

With kindest regards, we are

Very truly yours,

A handwritten signature in cursive script that reads "Stan Jones, Jr." with a stylized flourish at the end.

Stanley S. Jones, Jr.

A handwritten signature in cursive script that reads "Helen L. Sloat".

Helen L. Sloat

Addendum of Legislation which Failed

- HB 132, by Rep. Ben Watson (R-Savannah), did not receive any attention in 2012 after its introduction and remained in the House Insurance Committee where it had been assigned. It proposed to create the "Medical Food Equity Act" in O.C.G.A. § 33-24-59.14 as a means to require insurance coverage for physician-prescribed special dietary foods or formulas for specific, chronic medical conditions (it was targeting inherited metabolic and genetic disorders and food tolerance and absorption disorders). March of Dimes and a group of parents with children suffering from these various disorders were pushing this legislation; similar legislation has been proposed in Congress. Insurance mandates have generally been frowned upon in the current environment here in Georgia and that holds true with the passage in 2011 with the Mandate Review Commission. Thus, HB 132 died.
- HB 229, by Rep. Sharon Cooper (R-Marietta), was introduced in 2011 but did not reappear this Session. It proposed to provide that the administrative law judge would be the final administrative decision of the Commissioner relating to Medicaid appeals in O.C.G.A. § 49-4-153. There were timeframes proposed in the legislation concerning when such decisions were to be rendered and the Department of Community Health was to make an annual report on its compliance. This Bill died.
- HB 609, by Rep. Dee Dawkins-Haigler (D-Lithonia), made no movement in 2011. It was assigned to the House Insurance Committee where it remained. It proposed a new Code Section at O.C.G.A. §33-24-59.14 to require a health benefit policy to contain coverage for telemedicine services. This Bill would make such requirement also cover Medicaid recipients as well.
- HB 673, by Rep. Billy Mitchell (D-Stone Mountain), sought to enact the "Georgia's Return to Play Act of 2012" in O.C.G.A. § 20-2-324.1. The Bill would have established a return-to-play policy for youth athletes suffering from concussions. It would also have required schools and organizations, which provide youth athletic activities, to provide concussion-related information to youth athletes and parents. Despite several Atlanta Falcons players providing testimony at a House Health and Human Services Committee meeting, HB 673 stalled in the House Rules Committee. Therefore, the Bill died.
- HB 745, by Rep. Andy Welch (R-McDonough), proposed to establish in O.C.G.A. § 31-1-3.3 that the Department of Public Health would undertake a study to determine whether pulse oximetry screening should be implemented as a standard test for newborn infants in this State to aid in detecting congenital heart defects. The Senate passed this legislation on March 29, 2012 with a Committee Substitute from the Senate Health and Human Services Committee. The Senate added that the Report from this Study was to be sent to the Speaker of the House, President of the Senate, Senate Health and Human Services Committee and the House Committee on Health and Human Services (the House version only had the Bill reporting to these Committees). However, the House

never agreed to the House version of the proposal, and thus, the Bill died. This initiative had been pushed by the March of Dimes, Georgia Chapter.

- HB 811 was introduced by Rep. Jay Powell (R-Camilla). It proposed to provide for automatic fee adjustments in cases where funds are not appropriated in certain amounts for specified purposes when certain fees are imposed for such purposes. This program would have been implemented beginning with FY 2013. It included a definition for the term, 'base amount' which was proposed to mean "the amount of fee proceeds collected during the complete fiscal year which immediately precedes the fiscal year for which the current appropriation amount is determined with respect to an individual fee which proceeds are required to be remitted for: (A) Deposit in the general fund of the state for use for purposes specified by general law; (B) Use for a specified purpose; (C) Deposit into a trust fund created by general law; or (D) Deposit in a trust fund provided for under the Constitution of Georgia or use for a specified purpose provided for under the Constitution of Georgia when such proceeds are not directly earmarked thereunder or when the General Assembly is authorized thereunder, but not required, to appropriate funds thereto. When a fee amount has been reduced pursuant to any provision of this Code section, then for purposes of calculating amounts as required under this Code section for the next fiscal year, the term shall mean the amount of fee proceeds that would have been collected during a specified fiscal year under the original, unreduced amount of the fee." HB 811 passed relatively easily from the Senate with a vote of 45 to seven. However, the House then insisted on its position once it arrived back in the House; the Senate also insisted on its position. Conferees were appointed on the proposal but the Conference Committee Report was never adopted by either the House or Senate and the Bill, thus, died.
- HB 966, by Rep. David Knight (R-Griffin), would have amended O.C.G.A. § 49-4-15.1 and would allow the Department of Human Services to examine the income tax records maintained by the Georgia Department of Revenue so as to look at financial records for suspected fraud relating to social services. This legislation was assigned to the House Judiciary Non-Civil Committee where it remained.
- HB 1061, by Rep. Edward Lindsey (R-Atlanta), would create in O.C.G.A. § 33-24-59.16 the "Hearing Aid Coverage for Children Act" and would apply to private insurance, the State Health Benefit Plan and Medicaid-covered children. However, HB 1061 failed. The proposal included a definition for "hearing aid" which was to mean:

any nonexperimental and wearable instrument or device offered to aid or compensate for impaired human hearing that is worn in or on the body. The term 'hearing aid' includes any parts, ear molds, repair parts, and replacement parts of this instrument or device including, but not limited to, nonimplanted bone anchored hearing aids, nonimplanted bone conduction hearing aids, and frequency modulation systems. Personal Sound Amplification Devices (PSAP's) shall not qualify as hearing aids. Any hearing devices that are preprogrammed prior to a fitting shall

not qualify as hearing aids. Any hearing devices that are preprogrammed and sent directly to the patient prior to a fitting shall not qualify as hearing aids.

While HB 1061 remained in the House Insurance Committee, it should have been referred to the Special Advisory Commission on Mandated Health Insurance Benefits which was established by SB 17 passed in 2011. That Commission is to review all health insurance mandates, proposed or existing currently in the law. It is likely that the verbiage of HB 1061 will emerge again in 2013.

- HB 1175, by Rep. Carl Rogers (R-Gainesville), proposed to enact a new Code Section at O.C.G.A. § 33-4-8 to address provide for procedure relative to claimant's offers to settle tort claims involving liability insurance policies and provide that failure to make an offer to settle in conformity with the law precludes the recovery of a claim for bad faith or negligent failure to settle such a claim. In subparagraph (b), it states: "In order for an insured to assert a claim against an insurer for bad faith or negligent failure to settle a tort claim, a claimant making an offer to settle the tort claim covered by a liability insurance policy shall: (1) Serve the offer to settle on the insurer by hand delivery, certified mail, or statutory overnight delivery in the manner provided by Code Section 9-11-5; (2) Allow the insurer at least 60 days to respond to the offer to settle; (3) Include full and complete copies of the claimant's medical, pharmacy, therapy, and similar treatment records and billing statements for treatment in connection with the tort claim that are in the possession or control of the claimant or the claimant's attorney at the time of serving the offer to settle; and (4) Include an executed medical release for medical records from or on behalf of the claimant." Insurers claimed a similar process exists for property and casualty insurance just not life and health insurance. This Bill stalled once it reached the House Rules Committee where no further action was taken. Thus, HB 1175 died. (Two similar bills were proposed: one was by Rep. Roger Lane (R-Darien), HB 960, also was proposed but it stalled in the House Judiciary Committee; and the second was by Sen. Bill Cowser (R-Athens), SB 502, which did have a hearing in the Senate Judiciary Committee but remained there.)
- HR 425, by Rep. Jay Neal (R-LaFayette), proposed a Constitutional Amendment to be in "a manner consistent with the United States Constitution, so as to prevent discrimination in the public funding of social services by allowing religious or faith based organizations to receive public aid, directly or indirectly, for the provision of such services." The Resolution was introduced in 2011 but no action was taken on the idea in 2012. It, thus, remained in the House Judiciary Committee where it was assigned.
- SB 63, a holdover from 2011 by Sen. John Albers (R-Roswell), failed to move out of the House Health and Human Services Committee. It proposed enact the Georgia Medical Assistance Fraud Prevention Program which would be overseen by the Department of Community Health. It was originally a statewide initiative but was narrowed last year to become a pilot program. However, no further action was taken

this year and the legislation died. This legislation was proposed to employ "smart card" technology and was pushed by Exodus Payment Systems based in Blackshear.

- SB 87, by Sen. Chip Rogers (R-Woodstock), ran into difficulty in the Senate. It proposed to rename the "Georgia Special Needs Scholarship Act" to be known as the "Georgia Educational Freedom Act" in O.C.G.A. § 20-2-2110. The law, as now written, is geared towards students with disabilities who have special needs that merit "educational alternatives which will allow students to learn in an appropriate setting and manner." Sen. Rogers' Bill would have broadened the application of this scholarship so that an "eligible" student as defined in O.C.G.A. § 20-2-2112 would be a "student with a disability; Section 504 student; foster care student; or military family student." Many Senate Members questioned whether the changes in this Bill would establish a "school voucher" program. The Bill was tabled on the Senate Floor on March 7, 2012 and was not removed from the Table after that time. Thus, this proposal died. See HB 181 above.
- SB 149, by Sen. William Ligon (R-Waverly), would have established the "Georgia Medicaid Access Act" in Chapter 4 of Title 49. It outlined a process for the filing of medical malpractice claims against a medical assistance provider and included medical malpractice arbitration. The legislation remained in the Senate Judiciary Committee. Thus, this initiative died.
- SB 245, by Sen. Greg Goggans (R-Douglas), would alter the definition found in O.C.G.A. §37-1-1 for the term, "developmental disability." This legislation was introduced in 2011 and remained in the House Health and Human Services Committee. No action was taken in 2012. It proposed to change the definition as a "severe, chronic disability of an individual that is attributable to a significant intellectual disability; or any combination of a significant intellectual disability and physical impairments" to a "severe, chronic disability of an individual that is attributable to a significant intellectual disability; or a physical disability."
- SB 294, by Sen. John Albers (R-Roswell), offered changes to O.C.G.A. § 34-8-195 to enact the "Dignity for the Unemployed Act" which would require 24 hours per week of volunteer service hours with a nonprofit organization for applicants to receive unemployment benefits. It did exempt the first two weeks of eligibility of benefits from this requirement. This initiative remained in the Senate Insurance and Labor Committee.
- SB 312, by Sen. William Ligon (R-Waverly), proposed to require applicants for food stamps and temporary assistance for needy families to engage in personal growth activities by adding such requirement in O.C.G.A. § 49-4-20. Such "personal growth activities" were defined to "include, but not be limited to, working toward a general educational development (GED) diploma, if not a high school graduate; pursuing technical education; attending self-development classes; and enrolling in an adult literacy class." The Senate Health and Human Services Committee made these

"professional growth activities" and such initiative would only be required to be done by the Department of Human Services on a pilot project basis before statewide implementation. On the Senate Floor, an addition was made to the exceptions from this requirement was added, helping those who have disabilities: A caretaker for a dependent child under six years of age or for an incapacitated adult or is a single parent who is the primary caregiver of a dependent child under 12 years of age. (other exceptions included in the proposal as it came to the Senate Floor were: individuals "under 16 years of age or over 59 years of age; (2)(A) Developmentally disabled, which means having a severe, chronic disability that meets all of the following conditions: (i) Is attributable to: (I) Cerebral palsy or epilepsy; or (II) Any other condition found to be closely related to mental retardation due to the condition resulting in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons and requiring treatment or services similar to that required for those persons. (ii) Manifested before the person reaches age 22; (iii) Is likely to continue indefinitely; and (iv) Results in substantial functional limitations in three or more of the following areas of major life activity: (I) Self-care; (II) Understanding and use of language; (III) Learning; (IV) Mobility; (V) Self-direction; and (VI) Capacity for independent living. (B) Physically or mentally unfit for employment, which may consist of a permanent disability, as evidenced by receipt of supplemental security income under Title XVI of the federal Social Security Act, or a temporary disability, as evidenced by a statement from a licensed physician or psychologist; (3) A caretaker for a dependent child under six years of age or for an incapacitated adult or is a parent who is the primary caregiver of a dependent child under 12 years of age; (4) Employed at least 30 hours per week; (5) Participating in a drug or alcohol treatment and rehabilitation program; (6) A student enrolled at least half time; or (7) Receiving unemployment insurance.") The Senate passed SB 312 with a vote of 40 to 14 despite the numerous objections raised by the Minority Party. Once in the House, the House Judiciary Committee it was slightly changed again. The legislation, however, never made it to the House Rules Calendar and thus, died.

- SB 445, the initiative carried by Sen. Bill Hamrick (R-Carrollton), failed. This was the 800-plus page piece of legislation which the Secretary of State had introduced in an effort to overhaul his office and the duties associated with regulating the various professions in Title 43. SB 445 was assigned to the Senate Regulated Industries where it did receive a hearing; many of the affected professions were opposed to the legislation. However, the Bill never passed out of the Committee. Among the many changes included in the legislation was the creation within the office of the Secretary of State the position of director of professional licensing. The legislation outlined this director's powers, duties, and responsibilities and proposed that the director implement rules and regulations relating to certain regulated professions and businesses and that such director test, license, and discipline persons licensed pursuant to such title. Further, the legislation proposed to create the Georgia Board of Licensing and Regulation. The licensing of the practice of speech-language pathology was referenced in Chapter 44 of Title 43 and was found at page 571 of this large bill. It is believed that Secretary of State Kemp will introduce another Bill similar to this in 2013.

- SB 471, by Sen. Judson Hill (R-Marietta), proposed to authorize the Commissioner of Insurance to establish a coalition of other states and adopt an alternative health insurance policy process for comprehensive major medical policies and then approve for sale in Georgia these policies in O.C.G.A. § 33-29A-50, et seq. The initiative passed the Senate and was then assigned to the House Insurance Committee. No action was taken on the proposal and late on *Sine Die*, Sen. Hill attempted to add the language to other insurance proposals moving through the process. However, this Bill died.