

The Senate Committee on Rules offered the following substitute to HB 1013:

A BILL TO BE ENTITLED
AN ACT

1 To amend Titles 15, 20, 31, 33, 35, 37, 45, and 49 of the Official Code of Georgia Annotated,
2 relating to courts, education, health, insurance, law enforcement officers and agencies,
3 mental health, public officers and employees, and social services, respectively, so as to
4 implement the recommendations of the Georgia Behavioral Health Reform and Innovation
5 Commission; to provide for compliance with federal law regarding mental health parity; to
6 provide for definitions; to provide for annual reports; to provide for annual data calls
7 regarding mental health care parity by private insurers; to provide for information
8 repositories; to require uniform reports from health insurers regarding nonquantitative
9 treatment limitations; to provide for consumer complaints; to provide for same-day
10 reimbursements; to provide for a short title; to provide for definitions and applicability of
11 certain terms; to revise provisions relating to independent review panels; to provide for
12 annual parity compliance reviews regarding mental health care parity by state health plans;
13 to provide for medical loss ratios; to revise provisions relating to coverage of treatment of
14 mental health or substance use disorders by individual and group accident and sickness
15 policies or contracts; to define medical necessity for purposes of appeals by Medicaid
16 members relating to mental health services and treatments; to provide for a state Medicaid
17 plan amendment or waiver request if necessary; to provide that no existing contracts shall be
18 impaired; to provide for service cancelable loans for mental health and substance use

19 professionals; to provide for the establishment of a Behavioral Health Care Workforce Data
20 Base by the Georgia Board of Health Care Workforce; to provide for a grant program to
21 establish assisted outpatient treatment programs; to provide for definitions; to provide grant
22 requirements; to provide for grant application and award; to provide for research and
23 reporting; to provide for rules and regulations; to revise definitions relating to examination
24 and treatment for persons who are mentally ill or who have addictive diseases; to authorize
25 peace officers to take persons to emergency receiving facilities under certain circumstances;
26 to provide for a grant program for accountability courts that serve the mental health and
27 substance use disorder population; to provide for powers and duties of the Office of Health
28 Strategy and Coordination; to provide for methods to increase access to certified peer
29 specialists in rural and underserved or unserved communities; to provide for implementing
30 certain federal requirements regarding the juvenile justice system; to provide for automatic
31 repeal; to provide for funds from the County Drug Abuse Treatment and Education Fund for
32 mental health divisions; to provide for training requirements for behavioral health
33 co-responders; to provide for co-responder programs; to provide for continued exploration
34 of strategies for individuals with mental illnesses; to authorize the Behavioral Health Reform
35 and Innovation Commission to collaborate and provide advisement on certain programs,
36 coordinate certain initiatives, and convene certain groups and advisory committees; to extend
37 the sunset date for the Behavioral Health Reform and Innovation Commission; to provide for
38 an annual unified report by the administrator of the Georgia Data Analytic Center relating
39 to complaints filed for suspected violations of mental health parity laws; to provide coverage
40 for medications for the treatment of certain disorders under Medicaid; to provide for related
41 matters; to repeal conflicting laws; and for other purposes.

42 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

PART I*Hospital and Short-Term Care Facilities***SECTION 1-1.**

46 This part shall be known and may be cited as the "Georgia Mental Health Parity Act."

SECTION 1-2.

48 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
49 adding a new Code section to Chapter 1, relating to general provisions of insurance, as
50 follows:

51 "33-1-27.

52 (a) As used in this Code section, the term:

53 (1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

54 (2) 'Generally accepted standards of mental health or substance use disorder care' means
55 evidence based independent standards of care and clinical practice that are generally
56 recognized by health care providers practicing in relevant clinical specialties such as
57 psychiatry, psychology, clinical sociology, addiction medicine and counseling, and
58 behavioral health treatment. Valid, evidence based sources reflecting generally accepted
59 standards of mental health or substance use disorder care may include peer reviewed
60 scientific studies and medical literature, consensus guidelines and recommendations of
61 nonprofit health care provider professional associations and specialty societies, and
62 nationally recognized clinical practice guidelines, including, but not limited to, patient
63 placement criteria and clinical practice guidelines; guidelines or recommendations of
64 federal government agencies; and drug labeling approved by the United States Food and
65 Drug Administration.

66 (3) 'Health care plan' means any hospital or medical insurance policy or certificate,
67 health care plan contract or certificate, qualified higher deductible health plan, or health
68 maintenance organization or other managed care subscriber contract.

69 (4) 'Health insurer' means an entity subject to the insurance laws and regulations of this
70 state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract,
71 or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of
72 the costs of health care services, including those of an accident and sickness insurance
73 company, a health maintenance organization, a health care plan, a managed care plan, or
74 any other entity providing a health insurance plan, a health benefit plan, or a health care
75 plan.

76 (5) 'Medically necessary' means, with respect to the treatment of a mental health or
77 substance use disorder, a service or product addressing the specific needs of that patient
78 for the purpose of screening, preventing, diagnosing, managing or treating an illness,
79 injury, condition, or its symptoms, including minimizing the progression of an illness,
80 injury, condition, or its symptoms, in a manner that is:

81 (A) In accordance with the generally accepted standards of mental health or substance
82 use disorder care;

83 (B) Clinically appropriate in terms of type, frequency, extent, site, and duration; and

84 (C) Not primarily for the economic benefit of the insurer, purchaser, or for the
85 convenience of the patient, treating physician, or other health care provider.

86 (6) 'Mental health or substance use disorder' means a mental illness or addictive disease.

87 (7) 'Mental illness' has the same meaning as in Code Section 37-1-1.

88 (8) 'Nonquantitative treatment limitation' or 'NQTL' means limitations that are not
89 expressed numerically, but otherwise limit the scope or duration of benefits for treatment.

90 NQTLs include, but are not limited to, the following:

- 91 (A) Medical management standards limiting or excluding benefits based on whether
92 the treatment is medically necessary or whether the treatment is experimental or
93 investigative;
- 94 (B) Formulary design for prescription drugs;
- 95 (C) Standards for provider admission to participate in a network, including average
96 time to obtain, verify, and assess the qualifications of a health practitioner for purposes
97 of credentialing;
- 98 (D) Criteria utilized for determining usual, customary, and reasonable charges for
99 out-of-network services, including the threshold percentile utilized and any industry
100 software or other billing, charges, and claims tools utilized;
- 101 (E) Restrictions based on geographic location, facility type, provider specialty, and
102 other criteria that limit the scope or duration of benefits for in-network and
103 out-of-network services;
- 104 (F) Standards for providing access to out-of-network providers;
- 105 (G) Provider reimbursement rates, including rates of reimbursement for mental health
106 or substance use services in primary care; and
- 107 (H) Such other limitations as identified by the commissioner.
- 108 (b) Every health insurer that provides coverage for mental health or substance use
109 disorders as part of a health care plan shall provide coverage for the treatment of mental
110 health or substance use disorders in accordance with the Mental Health Parity and
111 Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and
112 related regulations in any such health care plan it offers and shall:
- 113 (1) Provide such coverage for children, adolescents, and adults;
- 114 (2) In addition to the requirements of Chapter 46 of this title, apply the definitions of
115 'generally accepted standards of mental health or substance use disorder care,' 'medically
116 necessary,' and 'mental health or substance use disorder' contained in subsection (a) of

117 this Code section in making any medical necessity, prior authorization, or utilization
118 review determinations under such coverage;

119 (3) Ensure that any subcontractor or affiliate responsible for management of mental
120 health and substance use disorder care on behalf of the health insurer complies with the
121 requirements of this Code section; and

122 (4) No later than January 1, 2023, and annually thereafter, submit a report to the
123 Commissioner that contains the designated comparative analyses and other information
124 designated by the Commissioner for that reporting year for insurers under the Mental
125 Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26(a)(8)(A)
126 and which delineates the comparative analysis and written processes and strategies used
127 to apply benefits for children, adolescents, and adults. No later than January 1, 2024, and
128 annually thereafter, the Commissioner shall publish on the department's website in a
129 prominent location the reports submitted to the Commissioner pursuant to this paragraph
130 and a list of the designated NQTLs, comparative analyses, and other information required
131 by the Commissioner to be reported in the upcoming reporting year.

132 (c) The Commissioner shall:

133 (1)(A) Conduct an annual data call no later than May 15, 2023, and every May 15
134 thereafter, of health insurers to ensure compliance with mental health parity
135 requirements, including, but not limited to, compliance with the Mental Health Parity
136 and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26. Such data calls shall
137 include a focus on the use of nonquantitative treatment limitations. In the event that
138 information collected from a data call indicates or suggests a potential violation of any
139 mental health parity requirement by a health insurer, the department shall initiate a
140 market conduct examination of such health insurer to determine whether such health
141 insurer is in compliance with mental health parity requirements. All health insurers
142 shall timely respond to and provide to the department any and all sufficient data
143 requested by the department; and

144 (B) Submit an annual report to the Governor, Lieutenant Governor, and Speaker of the
145 House of Representatives no later than August 15, 2023, and every August 15
146 thereafter, regarding the data call conducted pursuant to this paragraph, including
147 details regarding any market conduct examinations initiated by the department pursuant
148 to any such data call; and

149 (2) Include mental health parity compliance by health insurers in the examination
150 conducted pursuant to Code Section 33-2-11 by the Commissioner.

151 (d) No health insurer shall implement any prohibition on same-day reimbursement for a
152 patient who sees a mental health provider and a primary care provider in the same day.

153 (e) The Commissioner shall implement and maintain a streamlined process for accepting,
154 evaluating, and responding to complaints from consumers and health care providers
155 regarding suspected mental health parity violations. Such process shall be posted on the
156 department's website in a prominent location and clearly distinguished from other types of
157 complaints and shall include information on the rights of consumers under Article 2 of
158 Chapter 20A of Title 33, the 'Patient's Right to Independent Review Act,' and other
159 applicable law. To the extent practicable, the Commissioner shall undertake reasonable
160 efforts to make culturally and linguistically sensitive materials available for consumers
161 accessing the complaint process established pursuant to this subsection.

162 (f) No later than January 1, 2023, the department shall create a repository for tracking,
163 analyzing, and reporting information resulting from complaints received from consumers
164 and health care providers regarding suspected mental health parity violations. Such
165 repository shall include complaints, department reviews, mitigation efforts, and outcomes,
166 among other criteria established by the department.

167 (g) Beginning January 15, 2024, and no later than January 15 annually thereafter, the
168 Commissioner shall submit a report to the administrator of the Georgia Data Analytic
169 Center and the General Assembly with information regarding the previous year's
170 complaints and all elements contained in the repository.

171 (h) The Commissioner shall appoint a mental health parity officer within the department
172 to ensure implementation of the requirements of this Code section.

173 (i)(1) If the Commissioner determines that a health insurer failed to submit a timely or
174 sufficient report required under paragraph (4) of subsection (b) of this Code section or
175 failed to submit timely and sufficient data pursuant to a data call conducted pursuant to
176 paragraph (1) of subsection (c) of this Code section, the Commissioner may impose a
177 monetary penalty of up to \$2,000.00 for each and every act in violation, unless the insurer
178 knew or reasonably should have known that he or she was in violation, in which case the
179 monetary penalty may be increased to an amount of up to \$5,000.00 for each and every
180 act in violation.

181 (2) If the Commissioner determines that an insurer failed to comply with any provision
182 of this Code section, the Commissioner may take any action authorized, including, but
183 not limited to, issuing an administrative order imposing monetary penalties, imposing a
184 compliance plan, ordering the insurer to develop a compliance plan, or ordering the
185 insurer to reprocess claims.

186 (j) Nothing contained in this Code section shall abrogate the protections afforded by
187 federal conscience and antidiscrimination laws as further delineated in 45 C.F.R. Part 88
188 in effect as of June 30, 2022, all of which shall apply to patients, health care providers, and
189 purchasers of health care plans."

190 **SECTION 1-3.**

191 Said title is further amended in Code Section 33-20A-31, relating to definitions relative to
192 the "Patient's Right to Independent Review Act," by revising paragraphs (1), (7), and (8) and
193 adding new paragraphs to read as follows:

194 "(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

195 (1.1) 'Department' means the Department of ~~Community Health~~ established under
196 ~~Chapter 2 of Title 31~~ Insurance."

197 "(2.1) 'Generally accepted standards of mental health or substance use disorder care'
198 means evidence based independent standards of care and clinical practice that are
199 generally recognized by health care providers practicing in relevant clinical specialties
200 such as psychiatry, psychology, clinical sociology, addiction medicine and counseling,
201 and behavioral health treatment. Valid, evidence based sources reflecting generally
202 accepted standards of mental health or substance use disorder care may include peer
203 reviewed scientific studies and medical literature, consensus guidelines and
204 recommendations of nonprofit health care provider professional associations and
205 specialty societies, and nationally recognized clinical practice guidelines, including, but
206 not limited to, patient placement criteria and clinical practice guidelines; guidelines or
207 recommendations of federal government agencies; and drug labeling approved by the
208 United States Food and Drug Administration."

209 "(7) 'Medical necessity,' 'medically necessary care,' or 'medically necessary and
210 appropriate' means:

211 (A) Except as otherwise provided in subparagraph (B) of this paragraph, care based
212 upon generally accepted medical practices in light of conditions at the time of treatment
213 which is:

214 (A)(i) Appropriate and consistent with the diagnosis and the omission of which could
215 adversely affect or fail to improve the eligible enrollee's condition;

216 (B)(ii) Compatible with the standards of acceptable medical practice in the United
217 States;

218 (C)(iii) Provided in a safe and appropriate setting given the nature of the diagnosis
219 and the severity of the symptoms;

220 (D)(iv) Not provided solely for the convenience of the eligible enrollee or the
221 convenience of the health care provider or hospital; and

222 (E)(v) Not primarily custodial care, unless custodial care is a covered service or
223 benefit under the eligible enrollee's evidence of coverage; or

224 (B) With respect to the treatment of a mental health or substance use disorder, a service
225 or product addressing the specific needs of that patient for the purpose of screening,
226 preventing, diagnosing, managing or treating an illness, injury, condition, or its
227 symptoms, including minimizing the progression of an illness, injury, condition, or its
228 symptoms, in a manner that is:

229 (i) In accordance with the generally accepted standards of mental health or substance
230 use disorder care;

231 (ii) Clinically appropriate in terms of type, frequency, extent, site, and duration; and

232 (iii) Not primarily for the economic benefit of the insurer, purchaser, or for the
233 convenience of the patient, treating physician, or other health care provider.

234 (7.1) 'Mental health or substance use disorder' means a mental illness or addictive
235 disease.

236 (7.2) 'Mental illness' has the same meaning as in Code Section 37-1-1.

237 (8) 'Treatment' means a medical or mental health or substance use disorder service,
238 diagnosis, procedure, therapy, drug, or device."

239 **SECTION 1-4.**

240 Said title is further amended in Chapter 21A, relating to the "Medicaid Care Management
241 Organizations Act," by adding two new Code sections to read as follows:

242 "33-21A-13.

243 (a) As used in this Code section, the term:

244 (1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

245 (2) 'Generally accepted standards of mental health or substance use disorder care' means
246 evidence based independent standards of care and clinical practice that are generally
247 recognized by health care providers practicing in relevant clinical specialties such as
248 psychiatry, psychology, clinical sociology, addiction medicine and counseling, and
249 behavioral health treatment. Valid, evidence based sources reflecting generally accepted

250 standards of mental health or substance use disorder care may include peer reviewed
251 scientific studies and medical literature, consensus guidelines and recommendations of
252 nonprofit health care provider professional associations and specialty societies, and
253 nationally recognized clinical practice guidelines, including, but not limited to, patient
254 placement criteria and clinical practice guidelines; guidelines or recommendations of
255 federal government agencies; and drug labeling approved by the United States Food and
256 Drug Administration.

257 (3) 'Medically necessary' means, with respect to the treatment of a mental health or
258 substance use disorder, a service or product addressing the specific needs of that patient
259 for the purpose of screening, preventing, diagnosing, managing or treating an illness,
260 injury, condition, or its symptoms, including minimizing the progression of an illness,
261 injury, condition, or its symptoms, in a manner that is:

262 (A) In accordance with the generally accepted standards of mental health or substance
263 use disorder care;

264 (B) Clinically appropriate in terms of type, frequency, extent, site, and duration; and

265 (C) Not primarily for the economic benefit of the insurer, purchaser, or for the
266 convenience of the patient, treating physician, or other health care provider.

267 (4) 'Mental health or substance use disorder' means a mental illness or addictive disease.

268 (5) 'Mental illness' has the same meaning as in Code Section 37-1-1.

269 (6) 'Nonquantitative treatment limitation' or 'NQTL' means limitations that are not
270 expressed numerically, but otherwise limit the scope or duration of benefits for treatment.

271 NQTLs include, but are not limited to, the following:

272 (A) Medical management standards limiting or excluding benefits based on whether
273 the treatment is medically necessary or whether the treatment is experimental or
274 investigative;

275 (B) Formulary design for prescription drugs;

276 (C) Standards for provider admission to participate in a network, including average
277 time to obtain, verify, and assess the qualifications of a health practitioner for purposes
278 of credentialing;

279 (D) Criteria utilized for determining usual, customary, and reasonable charges for
280 out-of-network services, including the threshold percentile utilized and any industry
281 software or other billing, charges, and claims tools utilized;

282 (E) Restrictions based on geographic location, facility type, provider specialty, and
283 other criteria that limit the scope or duration of benefits for in-network and
284 out-of-network services;

285 (F) Standards for providing access to out-of-network providers;

286 (G) Provider reimbursement rates, including rates of reimbursement for mental health
287 or substance use services in primary care; provided, however, that any proprietary
288 information collected shall not be subject to disclosure; and

289 (H) Such other limitation identified by the commissioner.

290 (7) 'State health care entity' means any entity that provides or arranges health care for a
291 state health plan on a prepaid, capitated, or fee for service basis to enrollees or recipients
292 of Medicaid or PeachCare for Kids, including any insurer, care management organization,
293 administrative services organization, utilization management organization, or other entity.

294 (8) 'State health plan' means any health care benefits provided pursuant to Subpart 2 of
295 Part 6 of Article 17 of Chapter 2 of Title 20, Subpart 3 of Part 6 of Article 17 of Chapter
296 2 of Title 20, Article 1 of Chapter 18 of Title 45, Article 7 of Chapter 4 of Title 49, or
297 Article 13 of Chapter 5 of Title 49.

298 (b) Every state health care entity shall provide coverage for the treatment of mental health
299 or substance use disorders in accordance with the Mental Health Parity and Addiction
300 Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and related
301 regulations, which shall be at least as extensive and provide at least the same degree of
302 coverage as that provided by the entity for the treatment of other types of physical illnesses.

303 Such coverage shall also cover the spouse and the dependents of the insured if such
304 insured's spouse and dependents are covered under such benefit plan, policy, or contract.
305 Such coverage shall not contain any exclusions, reductions, or other limitations as to
306 coverages, deductibles, or coinsurance provisions which apply to the treatment of mental
307 health or substance use disorders unless such provisions apply generally to other similar
308 benefits provided or paid for under the state health plan. Every such entity shall:

309 (1) Provide such coverage for children, adolescents, and adults;
310 (2) Apply the definitions of 'generally accepted standards of mental health or substance
311 use disorder care,' 'medically necessary,' and 'mental health or substance use disorder'
312 contained in subsection (a) of this Code section in making any medical necessity, prior
313 authorization, or utilization review determinations under such coverage;
314 (3) Ensure that any subcontractor or affiliate responsible for management of mental
315 health and substance use disorder care on behalf of the state health care entity complies
316 with the requirements of this Code section;
317 (4) Process hospital claims for emergency health care services for mental health or
318 substance use disorders in accordance with this Code section regardless of whether a
319 member is treated in an emergency department; and
320 (5) No later than January 1, 2023, and annually thereafter, submit a report to the
321 commissioner of community health that contains the comparative analysis and other
322 information required of insurers under the Mental Health Parity and Addiction Equity Act
323 of 2008, 42 U.S.C. Section 300gg-26(a)(8)(A) and which delineates the comparative
324 analysis and written processes and strategies used to apply benefits for children,
325 adolescents, and adults. No later than January 1, 2024, and annually thereafter, the
326 commissioner of community health shall publish on the Department of Community
327 Health's website in a prominent location the reports submitted to the commissioner of
328 community health pursuant to this paragraph.

329 (c) The commissioner of community health shall annually:

330 (1) Perform parity compliance reviews of all state health care entities to ensure
331 compliance with mental health parity requirements, including, but not limited to,
332 compliance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
333 Section 300gg-26. Such parity compliance reviews shall include a focus on the use of
334 nonquantitative treatment limitations; and

335 (2) Publish on the Department of Community Health's website in a prominent location
336 a status report of the parity compliance reviews performed pursuant to this subsection,
337 including the results of the reviews and any corrective actions taken.

338 (d) No state health care entity shall implement any prohibition on same-day reimbursement
339 for a patient who sees a mental health provider and a primary care provider in the same
340 day.

341 (e) The commissioner of community health shall establish a process for accepting,
342 evaluating, and responding to complaints from consumers and health care providers
343 regarding suspected mental health parity violations. Such process shall be posted on the
344 Department of Community Health's website in a prominent location and shall include
345 information on the rights of consumers under Article 2 of Chapter 20A of Title 33, the
346 'Patient's Right to Independent Review Act,' and rights of care management organizations
347 under Code Section 49-4-153. To the extent practicable, the commissioner of community
348 health shall undertake reasonable efforts to make culturally and linguistically sensitive
349 materials available for consumers accessing the complaint process established pursuant to
350 this subsection.

351 (f) No later than July 1, 2023, the Department of Community Health shall create a
352 repository for tracking, analyzing, and reporting information resulting from complaints
353 received from consumers and health care providers regarding suspected mental health
354 parity violations. Such repository shall include complaints, department reviews, mitigation
355 efforts, and outcomes, among other criteria established by the department.

356 (g) Beginning January 15, 2024, and no later than January 15 annually thereafter, the
357 commissioner of community health shall submit a report to the administrator of the Georgia
358 Data Analytic Center and the General Assembly with information regarding the previous
359 year's complaints and all elements contained in the repository.

360 (h) Nothing contained in this Code section shall abrogate the protections afforded by
361 federal conscience and antidiscrimination laws as further delineated in 45 C.F.R. Part 88
362 in effect as of June 30, 2022, all of which shall apply to patients, health care providers, and
363 purchasers or recipients of state health plans."

364 33-21A-14.

365 (a) The intent of this Code section is to implement the state option in subdivision (j) of 42
366 C.F.R. Section 438.8.

367 (b) As used in this Code section, the term 'medical loss ratio reporting year' or 'MLR
368 reporting year' shall have the same meaning as that term is defined in 42 C.F.R. Section
369 438.8.

370 (c) Beginning July 1, 2023, care management organizations shall comply with a minimum
371 85 percent medical loss ratio or such higher minimum percentage as may be set out in a
372 contract between the department and a care management organization consistent with 42
373 C.F.R. Section 438.8. The ratio shall be calculated and reported for each MLR reporting
374 year by each care management organization consistent with 42 C.F.R. Section 438.8.

375 (d)(1) Effective for contract rating periods beginning on and after July 1, 2023, each care
376 management organization shall provide a remittance for an MLR reporting year if the
377 ratio for that MLR reporting year does not meet the minimum MLR standard of 85
378 percent. The department shall determine the remittance amount on a plan-specific basis
379 for each rating region of the plan and shall calculate the federal and nonfederal share
380 amounts associated with each remittance.

381 (2) After the department returns the requisite federal share amounts associated with any
 382 remittance funds collected in any applicable fiscal year to the federal Centers for
 383 Medicare and Medicaid Services, the remaining amounts remitted by care management
 384 organizations pursuant to this section shall be transferred to the general fund.

385 (e) Except as otherwise required under this Code section, the requirements under this Code
 386 section shall not apply to a health care service plan under a subcontract with a care
 387 management organization to provide covered health care services to Medicaid and
 388 PeachCare for Kids members.

389 (f) The department shall post on its website the following information:

390 (1) The aggregate MLR of all care management organizations;

391 (2) The MLR of each care management organization; and

392 (3) Any required remittances owed by each care management organization.

393 (g) The department shall seek any federal approvals it deems necessary to implement this
 394 Code section."

395 **SECTION 1-5.**

396 Said title is further amended by revising Code Section 33-24-28.1, relating to coverage of
 397 treatment of mental disorders, as follows:

398 "33-24-28.1.

399 (a) As used in this Code section, the term:

400 (1) 'Accident and sickness insurance benefit plan, policy, or contract' means:

401 (A) An individual accident and sickness insurance policy or contract, as defined in
 402 Chapter 29 of this title; or

403 (B) Any similar individual accident and sickness benefit plan, policy, or contract.

404 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*~~
 405 ~~*Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*~~

406 ~~*International Classification of Diseases* (World Health Organization) as of January 1,~~
407 ~~1981, or as the Commissioner may further define such term by rule and regulation.~~

408 (2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

409 (3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

410 (4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

411 (b) Every insurer authorized to issue accident and sickness insurance benefit plans,
412 policies, or contracts shall be required to make available, either as a part of or as an
413 optional endorsement to all such policies providing major medical insurance coverage
414 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
415 mental health or substance use disorders for children, adolescents, and adults, which
416 coverage shall be at least as extensive and provide at least the same degree of coverage as
417 that provided by the respective plan, policy, or contract for the treatment of other types of
418 physical illnesses. Such an optional endorsement shall also provide that the coverage
419 required to be made available pursuant to this Code section shall also cover the spouse and
420 the dependents of the insured if such insured's spouse and dependents are covered under
421 such benefit plan, policy, or contract. ~~In no event shall such an insurer be required to cover~~
422 ~~inpatient treatment for more than a maximum of 30 days per policy year or outpatient~~
423 ~~treatment for more than a maximum of 48 visits per policy year under individual policies.~~

424 (c) The optional endorsement required to be made available under subsection (b) of this
425 Code section shall not contain any exclusions, reductions, or other limitations as to
426 coverages, deductibles, or coinsurance provisions which apply to the treatment of mental
427 health or substance use disorders unless such provisions apply generally to other similar
428 benefits provided or paid for under the accident and sickness insurance benefit plan, policy,
429 or contract.

430 (d) Nothing in this Code section shall be construed to prohibit an insurer, health care plan,
431 health maintenance organization, or other person issuing any similar accident and sickness
432 insurance benefit plan, policy, or contract from issuing or continuing to issue an accident

433 and sickness insurance benefit plan, policy, or contract which provides benefits greater than
434 the minimum benefits required to be made available under this Code section or from
435 issuing any such plans, policies, or contracts which provide benefits which are generally
436 more favorable to the insured than those required to be made available under this Code
437 section.

438 (e) Nothing in this Code section shall be construed to prohibit the inclusion of coverage
439 for the treatment of mental disorders that differs from the coverage provided in the same
440 insurance plan, policy, or contract for physical illnesses if the policyholder does not
441 purchase the optional coverage made available pursuant to this Code section.

442 (f) In the event that an insurer under this Code section is also subject to Code Section
443 33-1-27 and the federal Mental Health Parity Addiction Equity Act of 2008, 42 U.S.C.
444 Section 300gg-26, then such Code section and federal act shall take precedence to the
445 extent of any conflicting requirements contained in this Code section."

446

SECTION 1-6.

447 Said title is further amended by revising Code Section 33-24-29, relating to coverage for
448 treatment of mental disorders under accident and sickness insurance benefit plans providing
449 major medical benefits covering small groups, as follows:

450 "33-24-29.

451 (a) As used in this Code section, the term:

452 (1) 'Accident and sickness insurance benefit plan, policy, or contract' means:

453 (A) A group or blanket accident and sickness insurance policy or contract, as defined
454 in Chapter 30 of this title;

455 (B) A group contract of the type issued by a health care plan established under Chapter
456 20 of this title;

457 (C) A group contract of the type issued by a health maintenance organization
458 established under Chapter 21 of this title; or

459 (D) Any similar group accident and sickness benefit plan, policy, or contract.

460 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*~~
461 ~~*Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*~~
462 ~~*International Classification of Diseases* (World Health Organization) as of January 1,~~
463 ~~1981, or as the Commissioner may further define such term by rule and regulation.~~

464 (2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

465 (3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

466 (4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

467 (b) This Code section shall apply only to accident and sickness insurance benefit plans,
468 policies, or contracts, certificates evidencing coverage under a policy of insurance, or any
469 other evidence of insurance issued by an insurer, delivered, or issued for delivery in this
470 state, except for policies issued to an employer in another state which provide coverage for
471 employees in this state who are employed by such employer policyholder, providing major
472 medical benefits covering small groups as defined in subsection (a) of Code Section
473 33-30-12.

474 (c) Every insurer authorized to issue accident and sickness insurance benefit plans,
475 policies, or contracts shall be required to make available, either as a part of or as an
476 optional endorsement to all such policies providing major medical insurance coverage
477 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
478 mental health or substance use disorders for children, adolescents, and adults, which
479 coverage shall be at least as extensive and provide at least the same degree of coverage and
480 the same annual and lifetime dollar limits, but which may provide for different limits on
481 the number of inpatient treatment days and outpatient treatment visits, as that provided by
482 the respective plan, policy, or contract for the treatment of other types of physical illnesses.
483 Such an optional endorsement shall also provide that the coverage required to be made
484 available pursuant to this Code section shall also cover the spouse and the dependents of

485 the insured if the insured's spouse and dependents are covered under such benefit plan,
486 policy, or contract.

487 (d)(1) The optional endorsement required to be made available under subsection (c) of
488 this Code section shall not contain any exclusions, reductions, or other limitations as to
489 coverages which apply to the treatment of mental health or substance use disorders unless
490 such provisions apply generally to other similar benefits provided or paid for under the
491 accident and sickness insurance benefit plan, policy, or contract, except for any differing
492 limits on inpatient treatment days and outpatient treatment visits as provided under
493 subsection (c) of this Code section and as otherwise provided in paragraph (2) of this
494 subsection.

495 (2) The optional endorsement required to be made available under subsection (c) of this
496 Code section may contain deductibles or coinsurance provisions which apply to the
497 treatment of mental health or substance use disorders, and such deductibles or
498 coinsurance provisions need not apply generally to other similar benefits provided or paid
499 for under the accident and sickness insurance benefit plan, policy, or contract; provided,
500 however, that if a separate deductible applies to the treatment of mental disorders, it shall
501 not exceed the deductible for medical or surgical coverages. A separate out-of-pocket
502 limit may be applied to the treatment of mental disorders, which limit, in the case of an
503 indemnity type plan, shall not exceed the maximum out-of-pocket limit for medical or
504 surgical coverages and which, in the case of a health maintenance organization plan, shall
505 not exceed the maximum out-of-pocket limit for medical or surgical coverages or the
506 amount of \$2,000.00 in 1998 and as annually adjusted thereafter according to the
507 Consumer Price Index for health care, whichever is greater.

508 (e)(1) Nothing in this Code section shall be construed to prohibit an insurer, nonprofit
509 corporation, health care plan, health maintenance organization, or other person issuing
510 any similar accident and sickness insurance benefit plan, policy, or contract from issuing
511 or continuing to issue an accident and sickness insurance benefit plan, policy, or contract

512 which provides benefits greater than the minimum benefits required to be made available
513 under this Code section or from issuing any such plans, policies, or contracts which
514 provide benefits which are generally more favorable to the insured than those required
515 to be made available under this Code section.

516 (2) Nothing in this Code section shall be construed to prohibit any person issuing an
517 accident and sickness insurance benefit plan, policy, or contract from providing the
518 coverage required to be made available under subsection (c) of this Code section through
519 an indemnity plan with or without designating preferred providers of services or from
520 arranging for or providing services instead of indemnifying against the cost of such
521 services, without regard to whether such method of providing coverage for treatment of
522 mental health or substance use disorders applies generally to other similar benefits
523 provided or paid for under the accident and sickness insurance benefit plan, policy, or
524 contract.

525 (f) The requirements of this Code section with respect to a group or blanket accident and
526 sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage
527 specified in subsections (c) and (d) of this Code section is made available to the master
528 policyholder of such plan, policy, or contract. Nothing in this Code section shall be
529 construed to require the group insurer, nonprofit corporation, health care plan, health
530 maintenance organization, or master policyholder to provide or make available such
531 coverage to any insured under such group or blanket plan, policy, or contract.

532 (g) This Code section is neither enacted pursuant to nor intended to implement the
533 provisions of any federal law.

534 (h) In the event that an insurer under this Code section is also subject to Code Section
535 33-1-27 and the federal Mental Health Parity Addiction Equity Act of 2008, 42 U.S.C.
536 Section 300gg-26, then such Code section and federal act shall take precedence to the
537 extent of any conflicting requirements contained in this Code section."

538

SECTION 1-7.

539 Said title is further amended by revising Code Section 33-24-29.1, relating to coverage for
540 treatment of mental disorders under accident and sickness insurance benefit plans providing
541 major medical benefits covering all groups except small groups, as follows:

542 "33-24-29.1.

543 (a) As used in this Code section, the term:

544 (1) 'Accident and sickness insurance benefit plan, policy, or contract' means:

545 (A) A group or blanket accident and sickness insurance policy or contract, as defined
546 in Chapter 30 of this title;

547 (B) A group contract of the type issued by a health care plan established under Chapter
548 20 of this title;

549 (C) A group contract of the type issued by a health maintenance organization
550 established under Chapter 21 of this title; or

551 (D) Any similar group accident and sickness benefit plan, policy, or contract.

552 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*
553 *Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*
554 *International Classification of Diseases* (World Health Organization) as of January 1,
555 1981, or as the Commissioner may further define such term by rule and regulation.~~

556 (2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

557 (3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

558 (4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

559 (b) This Code section shall apply only to accident and sickness insurance benefit plans,
560 policies, or contracts, certificates evidencing coverage under a policy of insurance, or any
561 other evidence of insurance issued by an insurer, delivered, or issued for delivery in this
562 state, except for policies issued to an employer in another state which provide coverage for
563 employees in this state who are employed by such employer policyholder, providing major

564 medical benefits covering all groups except small groups as defined in subsection (a) of
565 Code Section 33-30-12.

566 (c) Every insurer authorized to issue accident and sickness insurance benefit plans,
567 policies, or contracts shall be required to make available, either as a part of or as an
568 optional endorsement to all such policies providing major medical insurance coverage
569 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
570 mental health or substance use disorders for children, adolescents, and adults, which
571 coverage shall be at least as extensive and provide at least the same degree of coverage and
572 the same annual and lifetime dollar limits as that provided by the respective plan, policy,
573 or contract for the treatment of other types of physical illnesses. Such an optional
574 endorsement shall also provide that the coverage required to be made available pursuant
575 to this Code section shall also cover the spouse and the dependents of the insured if the
576 insured's spouse and dependents are covered under such benefit plan, policy, or contract.

577 (d)(1) The optional endorsement required to be made available under subsection (c) of
578 this Code section shall not contain any exclusions, reductions, or other limitations as to
579 coverages, including without limitation limits on the number of inpatient treatment days
580 and outpatient treatment visits, which apply to the treatment of mental health or substance
581 use disorders unless such provisions apply generally to other similar benefits provided
582 or paid for under the accident and sickness insurance benefit plan, policy, or contract,
583 except as otherwise provided in paragraph (2) of this subsection.

584 (2) The optional endorsement required to be made available under subsection (c) of this
585 Code section may contain deductibles or coinsurance provisions which apply to the
586 treatment of mental health or substance use disorders, ~~and such deductibles or~~
587 ~~coinsurance provisions need not apply generally to other similar benefits provided or paid~~
588 ~~for under the accident and sickness insurance benefit plan, policy, or contract; provided,~~
589 ~~however, that if a separate deductible applies to the treatment of mental disorders, it shall~~
590 ~~not exceed the deductible for medical or surgical coverages. A separate out-of-pocket~~

591 ~~limit may be applied to the treatment of mental disorders, which limit, in the case of an~~
592 ~~indemnity type plan, shall not exceed the maximum out-of-pocket limit for medical or~~
593 ~~surgical coverages and which, in the case of a health maintenance organization plan, shall~~
594 ~~not exceed the maximum out-of-pocket limit for medical or surgical coverages or the~~
595 ~~amount of \$2,000.00 in 1998 and as annually adjusted thereafter according to the~~
596 ~~Consumer Price Index for health care, whichever is greater.~~

597 (e)(1) Nothing in this Code section shall be construed to prohibit an insurer, nonprofit
598 corporation, health care plan, health maintenance organization, or other person issuing
599 any similar accident and sickness insurance benefit plan, policy, or contract from issuing
600 or continuing to issue an accident and sickness insurance benefit plan, policy, or contract
601 which provides benefits greater than the minimum benefits required to be made available
602 under this Code section or from issuing any such plans, policies, or contracts which
603 provide benefits which are generally more favorable to the insured than those required
604 to be made available under this Code section.

605 (2) Nothing in this Code section shall be construed to prohibit any person issuing an
606 accident and sickness insurance benefit plan, policy, or contract from providing the
607 coverage required to be made available under subsection (c) of this Code section through
608 an indemnity plan with or without designating preferred providers of services or from
609 arranging for or providing services instead of indemnifying against the cost of such
610 services, without regard to whether such method of providing coverage for treatment of
611 mental health or substance use disorders applies generally to other similar benefits
612 provided or paid for under the accident and sickness insurance benefit plan, policy, or
613 contract.

614 (f) The requirements of this Code section with respect to a group or blanket accident and
615 sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage
616 specified in subsections (c) and (d) of this Code section is made available to the master
617 policyholder of such plan, policy, or contract. Nothing in this Code section shall be

618 construed to require the group insurer, nonprofit corporation, health care plan, health
619 maintenance organization, or master policyholder to provide or make available such
620 coverage to any insured under such group or blanket plan, policy, or contract."

621 **SECTION 1-8.**

622 Code Section 49-4-153 of the Official Code of Georgia Annotated, relating to administrative
623 hearings and appeals under Medicaid, judicial review, and contested cases involving
624 imposition of remedial or punitive measure against a nursing facility, is amended by revising
625 paragraph (1) of subsection (b) as follows:

626 "(b)(1) Any applicant for medical assistance whose application is denied or is not acted
627 upon with reasonable promptness and any recipient of medical assistance aggrieved by
628 the action or inaction of the Department of Community Health as to any medical or
629 remedial care or service which such recipient alleges should be reimbursed under the
630 terms of the state plan which was in effect on the date on which such care or service was
631 rendered or is sought to be rendered shall be entitled to a hearing upon his or her request
632 for such in writing and in accordance with the applicable rules and regulations of the
633 department and the Office of State Administrative Hearings. With respect to appeals
634 regarding whether a treatment for a mental health or substance abuse disorder is
635 medically necessary, the administrative law judge shall make such determination using
636 the definitions provided in Code Section 33-21A-13. As a result of the written request
637 for hearing, a written recommendation shall be rendered in writing by the administrative
638 law judge assigned to hear the matter. Should a decision be adverse to a party and should
639 a party desire to appeal that decision, the party must file a request in writing to the
640 commissioner or the commissioner's designated representative within 30 days of his or
641 her receipt of the hearing decision. The commissioner, or the commissioner's designated
642 representative, has 30 days from the receipt of the request for appeal to affirm, modify,
643 or reverse the decision appealed from. A final decision or order adverse to a party, other

644 than the agency, in a contested case shall be in writing or stated in the record. A final
645 decision shall include findings of fact and conclusions of law, separately stated, and the
646 effective date of the decision or order. Findings of fact shall be accompanied by a
647 concise and explicit statement of the underlying facts supporting the findings. Each
648 agency shall maintain a properly indexed file of all decisions in contested cases, which
649 file shall be open for public inspection except those expressly made confidential or
650 privileged by statute. If the commissioner fails to issue a decision, the initial
651 recommended decision shall become the final administrative decision of the
652 commissioner."

653 **SECTION 1-9.**

654 If necessary to implement any of the provisions of this part relating to the Medicaid program,
655 the Department of Community Health shall submit a Medicaid state plan amendment or
656 waiver request to the United States Department of Health and Human Services.

657 **SECTION 1-10.**

658 Nothing in this part shall be construed to impair any contracts in effect on June 30, 2022.

659 **PART II**

660 *Workforce and System Development*

661 **SECTION 2-1.**

662 Code Section 20-3-374 of the Official Code of Georgia Annotated, relating to service
663 cancelable loan fund and authorized types of service cancelable educational loans financed
664 by state funds and issued by the Georgia Student Finance Authority, is amended by revising
665 subsection (b) as follows:

666 "(b) State funds appropriated for service cancelable loans shall be used by the authority to
667 the greatest extent possible for the purposes designated in this subpart in accordance with
668 the following:

669 (1) **Paramedical and other medical related professional and educational fields of**
670 **study.**

671 (A) The authority is authorized to make service cancelable educational loans to
672 residents of Georgia enrolled in paramedical and other medical related professional and
673 educational fields of study, including selected degree programs in gerontology, ~~and~~
674 geriatrics, and primary care medicine. A student enrolled in a program leading to the
675 degree of doctor of medicine shall not qualify for a loan under this paragraph unless the
676 area of specialization is psychiatry or primary care medicine. The authority shall, from
677 time to time, by regulation designate the subfields of study that qualify for service
678 cancelable loans under this paragraph. In determining the qualified subfields, the
679 authority shall give preference to those subfields in which the State of Georgia is
680 experiencing a shortage of trained personnel. Loans made under this paragraph need
681 not be limited to students attending a school located within the state. However, any and
682 all loans made under this paragraph shall be conditioned upon the student agreeing that
683 the loan shall be repaid by the student either:

684 (i) Practicing in the designated qualified field in a geographical area in the State of
685 Georgia approved by the authority. For service repayment, the loan shall be repaid
686 at a rate of one year of service for each academic year of study or its equivalent for
687 which a loan is made to the student under this paragraph; or

688 (ii) In cash repayment with assessed interest thereon in accordance with the terms and
689 conditions of a promissory note that shall be executed by the student.

690 (B) The authority is authorized to make service cancelable loans to residents of this
691 state enrolled in a course of study leading to a degree in an educational field that will
692 permit the student to be employed as either a licensed practical nurse or a registered

693 nurse. Service cancelable loans can also be made available under this paragraph for
694 students seeking an advanced degree in the field of nursing. The maximum loan
695 amount that a full-time student may borrow under this paragraph shall not exceed
696 \$10,000.00 per academic year. Any and all loans made under this paragraph shall be
697 conditional upon the student agreeing that the loan shall be repaid by the student either:

698 (i) Practicing as a licensed practical or registered nurse in a geographical area in the
699 State of Georgia that has been approved by the authority. For service repayment, the
700 loan shall be repaid at a rate of one year of service for each academic year of study
701 or its equivalent for which a loan is made to the student under this paragraph; or
702 (ii) In cash repayment with assessed interest thereon in accordance with the terms and
703 conditions of a promissory note that shall be executed by the student;

704 **(2) Georgia National Guard members.**

705 (A) The authority is authorized to make service cancelable educational loans to eligible
706 members of the Georgia National Guard enrolled in a degree program at an eligible
707 postsecondary institution, eligible private postsecondary institution, or eligible public
708 postsecondary institution, as those terms are defined in Code Section 20-3-519.
709 Members of the Georgia National Guard who are in good standing according to
710 applicable regulations of the National Guard shall be eligible to apply for a loan.

711 (B) Prior to making application for the service cancelable educational loan, an
712 applicant shall complete a Free Application for Federal Student Aid and make
713 application for all other available grants, scholarships, tuition assistance, and United
714 States Department of Veterans Affairs educational benefits that have not been
715 transferred to dependents.

716 (C) Such loans shall be on the terms and conditions set by the authority in consultation
717 with the Department of Defense, provided that any such loan, when combined with any
718 other available grants, scholarships, tuition assistance, and United States Department
719 of Veterans Affairs educational benefits, shall not exceed an amount equal to the actual

720 tuition charged to the recipient for the period of enrollment in an educational institution
721 or the highest undergraduate in-state tuition charged by a postsecondary institution
722 governed by the board of regents for the period of enrollment at the postsecondary
723 institution, whichever is less. A loan recipient shall be eligible to receive loan
724 assistance provided for in this paragraph for not more than 120 semester hours of study.
725 Educational loans may be made to full-time and part-time students.

726 (D) Upon the recipient's attainment of a graduate degree from an institution or
727 cessation of status as an active member of the Georgia National Guard, whichever
728 occurs first, eligibility to apply for the loan provided by this paragraph shall be
729 discontinued.

730 (E) The loan provided by this paragraph shall be suspended by the authority for a
731 recipient's failure to maintain good military standing as an active member for the period
732 required in subparagraph (F) of this paragraph or failure to maintain sufficient academic
733 standing and good academic progress and program pursuit. If the recipient fails to
734 maintain good standing as an active member of the Georgia National Guard for the
735 required period or fails to maintain sufficient academic standing and good academic
736 progress and program pursuit, loans made under this paragraph shall be repayable in
737 cash, with interest thereon.

738 (F) Upon satisfactory completion of a quarter, semester, year, or other period of study
739 as determined by the authority; graduation; termination of enrollment in school; or
740 termination of this assistance with approval of the authority, the loan shall be canceled
741 in consideration of the student's retaining membership in good standing in the Georgia
742 National Guard for a period of two years following the last period of study for which
743 the loan is applicable. This two-year service requirement may be waived by the
744 adjutant general of Georgia for good cause according to applicable regulations of the
745 Georgia National Guard.

746 (G) The adjutant general of Georgia shall certify eligibility and termination of
747 eligibility of students for educational loans and eligibility for cancellation of
748 educational loans by members of the Georgia National Guard in accordance with
749 regulations of the authority;

750 (3) **Mental health or substance use professionals.**

751 (A) The authority is authorized to make service cancelable educational loans to
752 residents of the State of Georgia enrolled in educational programs, training programs,
753 or courses of study for mental health or substance use professionals. Loans made under
754 this paragraph need not be limited to students attending programs or schools located
755 within the State of Georgia; provided, however, that priority shall be given to:

756 (i) Programs and schools with an emphasis and history of providing care to
757 underserved youth; and

758 (ii) Students with ties to and agreeing to serve underserved geographic areas or
759 communities which are disproportionately impacted by social determinants of health.

760 (B) Any and all loans made under this paragraph shall be conditional upon the student
761 agreeing that the loan shall be repaid by the student either:

762 (i) Practicing as a mental health or substance use professional in a geographical area
763 in the State of Georgia approved by the authority. For service repayment, the loan
764 shall be repaid at a rate of one year of service for each academic year of study or its
765 equivalent for which a loan is made to the student under this paragraph; or

766 (ii) In cash repayment with assessed interest thereon in accordance with the terms and
767 conditions of a promissory note that shall be executed by the student.

768 (C) As used in this paragraph, the term 'mental health or substance use professional'
769 means a psychiatrist, psychologist, professional counselor, social worker, marriage and
770 family therapist, clinical nurse specialist in psychiatric/mental health, or other licensed
771 mental or behavioral health clinician or specialist ~~Reserved~~; and

772 (4) **Critical shortage fields.** The authority is authorized to make service cancelable
 773 educational loans to residents of the State of Georgia enrolled in any field of study that
 774 the authority, from time to time, designates by regulation as a field in which a critical
 775 shortage of trained personnel exists in the State of Georgia. Loans made under this
 776 paragraph need not be limited to students attending schools located within the State of
 777 Georgia. However, any and all loans made under this paragraph shall be conditional
 778 upon the student agreeing that the loan shall be repaid by the student either:

779 (A) Practicing in the designated field in a geographical area in the State of Georgia
 780 approved by the authority. For service repayment, the loan shall be repaid at a rate of
 781 one year of service for each academic year of study or its equivalent for which a loan
 782 is made to the student under this paragraph; or

783 (B) In cash repayment with assessed interest thereon in accordance with the terms and
 784 conditions of a promissory note that shall be executed by the student.

785 The authority is authorized to place other conditions and limitations on loans made under
 786 this paragraph as it may deem necessary to fill the void that has created the critical
 787 shortage in the field."

788

SECTION 2-2.

789 Chapter 10 of Title 49 of the Official Code of Georgia Annotated, relating to the Georgia
 790 Board of Health Care Workforce, is amended by adding a new Code section to read as
 791 follows:

792 "49-10-5.

793 (a) As used in this Code section, the term:

794 (1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

795 (2) 'Behavioral health care provider' means any health care provider regulated by a
 796 licensing board who primarily provides treatment or diagnosis of mental health or
 797 substance use disorders.

- 798 (3) 'Licensing board' means:
799 (A) Georgia Composite Board of Professional Counselors, Social Workers, and
800 Marriage and Family Therapists;
801 (B) Georgia Board of Nursing;
802 (C) Georgia Composite Medical Board;
803 (D) State Board of Examiners of Psychologists; and
804 (E) State Board of Pharmacy.
- 805 (4) 'Mental health or substance use disorder' means a mental illness or addictive disease.
806 (5) 'Mental illness' has the same meaning as in Code Section 37-1-1.
- 807 (b) The board shall create and maintain the Behavioral Health Care Workforce Data Base
808 for the purposes of collecting and analyzing minimum data set surveys for behavioral
809 health care professionals. To facilitate such data base, the board shall:
- 810 (1) Enter into agreements with entities to create, house, and provide information to the
811 Governor, the General Assembly, state agencies, and the public regarding the state's
812 behavioral health care work force;
- 813 (2) Seek federal or other sources of funding necessary to support the creation and
814 maintenance of a Behavioral Health Care Workforce Data Base, including any necessary
815 staffing;
- 816 (3) Create and maintain an online dashboard accessible on the board's website to provide
817 access to the Behavioral Health Care Workforce Data Base; and
- 818 (4) Establish a minimum data set survey to be utilized by licensing boards to collect
819 demographic and other data from behavioral health care providers which are licensed by
820 such boards.
- 821 (c) Licensing boards shall be authorized to and shall require that each applicant and
822 licensee complete the minimum data set survey established by the board pursuant to this
823 Code section at the time of application for licensure or renewal of such applicant or
824 licensee to his or her licensing board. Licensing boards shall provide the board with the

825 results of such minimum data set surveys in accordance with rules and regulations
826 established by the board regarding the manner, form, and content for the reporting of such
827 data sets.

828 (d) To the extent allowed by law, the minimum data set established by the board shall
829 include, but shall not be limited to:

830 (1) Demographics, including race, ethnicity, and primary and other languages spoken;

831 (2) Practice status, including, but not limited to:

832 (A) Active practices in Georgia and other locations;

833 (B) Practice type and age range of individuals served; and

834 (C) Practice settings, such as a hospital; clinic; school; in-home services, including
835 telehealth services; or other clinical setting;

836 (3) Education, training, and primary and secondary specialties;

837 (4) Average hours worked per week and average number of weeks worked per year in
838 the licensed profession;

839 (5) Percentage of practice engaged in direct patient care and in other activities, such as
840 teaching, research, and administration in the licensed profession;

841 (6) Year of expected retirement, as applicable, within the next five years;

842 (7) Whether the applicant or licensee has specialized training in treating children and
843 adolescents, and if so, the proportion of his or her practice that comprises the treatment
844 of children and adolescents;

845 (8) Whether the applicant or licensee is or will be accepting new patients and the location
846 or locations new patients are being or will be accepted;

847 (9) Types of insurance accepted and whether the provider accepts Medicaid and
848 Medicare; and

849 (10) Other data determined by the board."

850

PART III

851

Involuntary Commitment

852

SECTION 3-1.

853 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended in
854 Chapter 1, relating to the governing and regulation of mental health, by adding a new article
855 to read as follows:

856

"ARTICLE 7857 37-1-120.858 As used in this article, the term:859 (1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

860 (2) 'Assisted outpatient treatment' means involuntary outpatient care, pursuant to Article
861 3 of Chapter 3 of this title, provided in the context of a formalized, systematic effort led
862 by a community service board or private provider in collaboration with other community
863 partners, endeavoring to:

864 (A) Identify residents of the community service board's or private provider's service
865 area who qualify as outpatients pursuant to Code Section 37-3-1;

866 (B) Establish procedures such that upon the identification of an individual believed to
867 be an outpatient, a petition seeking involuntary outpatient care for the individual is filed
868 in the probate court of the appropriate county;

869 (C) Provide evidence based treatment, rehabilitation, and case management services
870 under an individualized service plan to each patient receiving involuntary outpatient
871 care, focused on helping the patient maintain stability and safety in the community;

- 872 (D) Safeguard, at all stages of proceedings, the due process rights of respondents
873 alleged to require involuntary outpatient care and patients who have been ordered to
874 undergo involuntary outpatient care;
- 875 (E) Establish routine communications between the probate court and providers of
876 treatment and case management such that for each patient receiving involuntary
877 outpatient care, the court receives the clinical information it needs to exercise its
878 authority appropriately and providers can leverage all available resources in motivating
879 the patient to engage with treatment;
- 880 (F) Continually evaluate the appropriateness of each patient's individualized service
881 plan throughout the period of involuntary outpatient care, and adjust the plan as
882 warranted;
- 883 (G) Employ specific protocols to respond appropriately and lawfully in the event of a
884 failure of or noncompliance with involuntary outpatient care;
- 885 (H) Partner with law enforcement agencies to provide an alternative to arrest,
886 incarceration, and prosecution for individuals suspected or accused of criminal conduct
887 who appear to qualify as outpatients pursuant to Code Section 37-3-1;
- 888 (I) Clinically evaluate each patient receiving involuntary outpatient care at the end of
889 the treatment period to determine whether it is appropriate to seek an additional period
890 of involuntary outpatient care or assist the patient in transitioning to voluntary care; and
- 891 (J) Ensure that upon transitioning to voluntary outpatient care at an appropriate
892 juncture, each patient remains connected to the treatment services he or she continues
893 to need to maintain stability and safety in the community.
- 894 (3) 'Mental health or substance use disorder' means a mental illness or addictive disease.
895 (4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

896 37-1-121.

897 The department shall establish and operate a grant program for the purpose of fostering the
898 implementation and practice of assisted outpatient treatment in this state. The grant
899 program shall aim to provide three years of funding, technical support, and oversight to
900 five grantees, each comprising a collaboration between a community service board or
901 private provider, a probate court or courts with jurisdiction in the corresponding service
902 area, and a sheriff's office or offices with jurisdiction in the corresponding service area,
903 which have demonstrated the ability with grant assistance to practice assisted outpatient
904 treatment. Subject to appropriations, the funding, technical support, and oversight pursuant
905 to the grant program shall commence no later than January 1, 2023, and shall terminate on
906 December 31, 2025, or subject to the department's annual review of each grantee,
907 whichever event shall first occur.

908 37-1-122.

909 (a) No later than October 1, 2022, the department shall issue a funding opportunity
910 announcement inviting any community service board or private provider, in partnership
911 with a court or courts holding jurisdiction over probate matters in the corresponding service
912 area, to submit a written application for funding pursuant to the assisted outpatient
913 treatment grant program.

914 (b) The department shall develop and disclose in the funding opportunity announcement:

915 (1) A numerical scoring rubric to evaluate applications, which shall include a minimum
916 score an application must receive to be potentially eligible for funding;

917 (2) A formula for determining the amount of funding for which a grantee shall be
918 eligible, based on the size of the population to be served, consideration of existing
919 resources, or both;

920 (3) A minimum percentage of a grant award that must be directed, and a maximum
921 percentage of a grant award that may be directed, for purposes of enhancing the

922 community based mental health services and supports provided to recipients of assisted
923 outpatient treatment; and

924 (4) A minimum percentage of the total program budget that must be independently
925 sourced by the applicant.

926 (c) The funding opportunity announcement shall require each application to include, in
927 addition to any other information the department may choose to require:

928 (1) A detailed three-year program budget, including identification of the source or
929 sources of the applicant's independent budget contribution;

930 (2) A plan to identify and serve a population composed of persons meeting the following
931 criteria, including the number of patients anticipated to participate in the program over
932 the course of each year of grant support:

933 (A) The person is 18 years of age or older;

934 (B) The person is suffering from a mental health or substance use disorder which has
935 been clinically documented by a health care provider licensed to practice in Georgia;

936 (C) There has been a clinical determination by a physician or psychologist that the
937 person is unlikely to survive safely in the community without supervision;

938 (D) The person has a history of lack of compliance with treatment for his or her mental
939 health or substance use disorder, in that at least one of the following is true:

940 (i) The person's mental health or substance use disorder has, at least twice within the
941 previous 36 months, been a substantial factor in necessitating hospitalization or the
942 receipt of services in a forensic or other mental health unit of a correctional facility,
943 not including any period during which such person was hospitalized or incarcerated
944 immediately preceding the filing of the petition; or

945 (ii) The person's mental health or substance use disorder has resulted in one or more
946 acts of serious and violent behavior toward himself or herself or others or threatens
947 or attempts to cause serious physical injury to himself or herself or others within the

948 preceding 48 months, not including any period in which such person was hospitalized
949 or incarcerated immediately preceding the filing of the petition;

950 (E) The person has been offered an opportunity to participate in a treatment plan by the
951 department, a state mental health facility, a community service board, or a private
952 provider under contract with the department and such person continues to fail to engage
953 in treatment;

954 (F) The person's condition is substantially deteriorating;

955 (G) Participation in the assisted outpatient treatment program would be the least
956 restrictive placement necessary to ensure such person's recovery and stability;

957 (H) In view of the person's treatment history and current behavior, such person is in
958 need of assisted outpatient treatment in order to prevent a relapse or deterioration that
959 would likely result in grave disability or serious harm to himself or herself or others;
960 and

961 (I) It is likely that the person may benefit from assisted outpatient treatment.

962 (3) For each element of assisted outpatient treatment, a statement of how the applicant
963 proposes to incorporate such element into its own practice of assisted outpatient
964 treatment;

965 (4) A commitment by the applicant that it shall honor the provisions of any legally
966 enforceable psychiatric advance directive of any person receiving involuntary outpatient
967 treatment;

968 (5) A description of the evidence based treatment services and case management model
969 or models that the applicant proposes to utilize;

970 (6) A description of any dedicated staff positions the applicant proposes to establish;

971 (7) A letter of support from the sheriff of any county where the applicant proposes to
972 provide assisted outpatient treatment;

973 (8) A flowchart representing the proposed assisted outpatient treatment process, from
974 initial case referral to transition to voluntary care; and

975 (9) A description of the applicant's plans to establish a stakeholder workgroup, consisting
976 of representatives of each of the agencies, entities, and communities deemed essential to
977 the functioning of the assisted outpatient treatment program, for purposes of internal
978 oversight and program improvement.

979 (d) The department shall not provide direct assistance or direct guidance to any potential
980 applicant in developing the content of an application. Any questions directed to the
981 department from potential applicants concerning the grant application process or
982 interpretation of the funding opportunity announcement may only be entertained at a live
983 webinar announced in advance in the funding opportunity announcement and open to all
984 potential applicants, or may be submitted in writing and answered on a webpage disclosed
985 in the funding opportunity announcement and freely accessible to any potential applicant.

986 (e) No later than December 31, 2022, the department shall publicly announce awards for
987 funding support, subject to annual review, to the five applicants whose applications
988 received the highest scores under the scoring rubric, provided that:

989 (1) The department shall seek to ensure, to the extent practical and consistent with other
990 objectives, that at least three of the regions designated pursuant to Code Section 37-2-3
991 are represented among the five grantees. In pursuit of this goal, the department may in
992 its discretion award a grant to a lower-scoring applicant over a higher-scoring applicant
993 or may resolve a tie score in favor of an applicant that would increase regional diversity
994 among the grantees; and

995 (2) In no case shall a grant be awarded to an applicant whose application has failed to
996 attain the minimum required score as stated in the funding opportunity announcement.
997 This requirement shall take precedence in the event that it comes into conflict with the
998 requirement that a total of five grants be awarded.

999 37-1-123.
1000 Throughout the term of the assisted outpatient treatment grant program, the department
1001 shall contract on an annual basis with an organization, entity, or consultant possessing
1002 expertise in the practice of assisted outpatient treatment to serve as a technical assistance
1003 provider to the grantees. Prior to the conclusion of each of the first two years of the
1004 assisted outpatient treatment grant program, the department, in consultation with the
1005 grantees, shall review the performance of the technical assistance provider and determine
1006 whether it is appropriate to seek to contract with the same technical assistance provider for
1007 the following year.

1008 37-1-124.
1009 (a) Prior to the commencement of funding under the assisted outpatient grant program, the
1010 department shall contract with an independent organization, entity, or consultant possessing
1011 expertise in the evaluation of community based mental health programs and policy to
1012 evaluate:
1013 (1) The effectiveness of the assisted outpatient grant program in reducing hospitalization
1014 and criminal justice interactions among vulnerable individuals with mental health or
1015 substance use disorders;
1016 (2) The cost-effectiveness of the assisted outpatient grant program, including its impact
1017 on spending within the public mental health system on the treatment of individuals
1018 receiving assisted outpatient treatment and spending within the criminal justice system
1019 on the arrest, incarceration, and prosecution of such individuals;
1020 (3) Differences in implementation of the assisted outpatient treatment model among the
1021 grantees and the impact of such differences on program outcomes;
1022 (4) The impact of the assisted outpatient grant program on the mental health system at
1023 large, including any unintended impacts; and

1024 (5) The perceptions of assisted outpatient treatment and its effectiveness among
1025 participating individuals, family members of participating individuals, mental health
1026 providers and program staff, and participating probate court judges.

1027 (b) As a condition for participation in the grant program, the department shall require each
1028 grantee to agree to share such program information and data with the contracted research
1029 organization, entity, or consultant as the department may require, and to make reasonable
1030 accommodations for such organization, entity, or consultant to have access to the grant site
1031 and individuals. The department shall further ensure that the contracted research
1032 organization, entity, or consultant is able to perform its functions consistent with all state
1033 and federal restrictions on the privacy of personal health information.

1034 (c) In contracting with the research organization, entity, or consultant, the department shall
1035 require such organization, entity, or consultant to submit a final report on the effectiveness
1036 of the assisted outpatient grant program to the Governor, the chairpersons of the House
1037 Committee on Health and Human Services and the Senate Health and Human Services
1038 Committee, and the Office of Health Strategy and Coordination no later than December 31,
1039 2025. The department may also require the organization, entity, or consultant to report
1040 interim or provisional findings to the department at earlier dates.

1041 37-1-125.

1042 The department shall adopt and prescribe such rules and regulations as it deems necessary
1043 or appropriate to administer and carry out the grant program provided for in this article."

1044 **SECTION 3-2.**

1045 Said title is further amended in Code Section 37-3-1, relating to definitions relative to
1046 examination and treatment for mental illness, by revising paragraph (12.1) as follows:

1047 "(12.1) 'Outpatient' means a person who is mentally ill and:

1048 (A) Who is capable of surviving safely in the community with available resources or
 1049 supervision from family, friends, or others;

1050 (B) Who, based on their psychiatric condition or history, is in need of treatment in
 1051 order to prevent further disability or deterioration that would predictably result in
 1052 dangerousness to self or others; and

1053 (C) Whose current mental status or the nature of their illness limits or negates their
 1054 ability to make an informed decision to seek voluntarily or to comply with
 1055 recommended treatment.

1056 ~~(A) Who is not an inpatient but who, based on the person's treatment history or current~~
 1057 ~~mental status, will require outpatient treatment in order to avoid predictably and~~
 1058 ~~imminently becoming an inpatient;~~

1059 ~~(B) Who because of the person's current mental status, mental history, or nature of the~~
 1060 ~~person's mental illness is unable voluntarily to seek or comply with outpatient~~
 1061 ~~treatment; and~~

1062 ~~(C) Who is in need of involuntary treatment."~~

1063 **SECTION 3-3.**

1064 Said title is further amended in Code Section 37-3-42, relating to emergency admission of
 1065 persons arrested for penal offenses, report by officer, and entry of report into clinical record,
 1066 by revising subsection (a) as follows:

1067 "(a)(1) A peace officer may take any person to a physician within the county or an
 1068 adjoining county for emergency examination by the physician, as provided in Code
 1069 Section 37-3-41, or directly to an emergency receiving facility if ~~(1)~~ (i) the person is
 1070 committing a penal offense, and ~~(2)~~ (ii) the peace officer has probable cause for believing
 1071 that the person is a mentally ill person requiring involuntary treatment. The peace officer
 1072 need not formally tender charges against the individual prior to taking the individual to
 1073 a physician or an emergency receiving facility under this Code section. The peace officer

1074 shall execute a written report detailing the circumstances under which the person was
1075 taken into custody; and this report shall be made a part of the patient's clinical record.
1076 (2) A peace officer may take any person to an emergency receiving facility if: (i) the
1077 peace officer has probable cause to believe that the person is a mentally ill person
1078 requiring involuntary treatment; and (ii) the peace officer has consulted either in-person
1079 or via telephone or telehealth with a physician, as provided in Code Section 37-3-41, and
1080 the physician authorizes the peace officer to transport the individual for an evaluation.
1081 To authorize transport for evaluation, the physician shall determine, based on facts
1082 available regarding the person's condition, including the report of the peace officer and
1083 the physician's communications with the person or witnesses, that there is probable cause
1084 to believe that the person needs an examination to determine if the person requires
1085 involuntary treatment. The peace officer shall execute a written report detailing the
1086 circumstances under which the person detained; and this report shall be made a part of
1087 the patient's clinical record."

1088 **SECTION 3-4.**

1089 Said title is further amended by revising Code Section 37-3-101, relating to transportation
1090 of patients generally, as follows:

1091 "37-3-101.

1092 (a) The governing authority of the county where the patient is found or located shall
1093 arrange for initial emergency transport of a patient to an emergency receiving facility.
1094 Except as otherwise authorized under subsection (b) of this Code section, the governing
1095 authority of the county of the patient's residence shall arrange for all required transportation
1096 for mental health purposes subsequent to the initial transport. The type of vehicle
1097 employed shall be in the discretion of the governing authority of the county, provided that,
1098 whenever possible, marked vehicles normally used for the transportation of criminals or
1099 those accused of crimes shall not be used for the transportation of patients. The court shall,

1100 upon the request of the community mental health center, order the sheriff to transport the
1101 patient in such manner as the patient's condition demands. At any time the community
1102 mental health center is satisfied that the patient can be transported safely by family
1103 members or friends, such private transportation shall be encouraged and authorized. In
1104 nonemergency situations, no female patient shall be transported at any time without another
1105 female in attendance who is not a patient, unless such female patient is accompanied by her
1106 husband, father, adult brother, or adult son.

1107 (b) Notwithstanding the provisions of subsection (a) of this Code section, when a patient
1108 is under the care of a facility, the facility shall have the discretion to determine the type of
1109 vehicle to safely transport the patient and to arrange for such transportation without the
1110 need to obtain the prior approval of the governing authority of the county of the patient's
1111 residence, the court, or the community mental health center. This subsection shall not
1112 prevent the facility from requesting and receiving transportation services from the
1113 governing authority of the county of the patient's residence and shall not relieve the county
1114 sheriff of the duty of providing transportation. Persons providing transportation are
1115 authorized to transport a patient from a sending facility to a receiving facility but shall not
1116 release the patient under any circumstances except into the custody of the receiving facility.
1117 The use of physical restraints to ensure the safe transport of the patient shall comply with
1118 the requirements of Code Section 37-3-165. When transportation is not provided by the
1119 county sheriff, the expense of such transportation shall not be billed to the county
1120 governing authority but may be billed to the patient and, unless agreed to in writing by the
1121 facility, shall not be billed to or considered an obligation of the facility.

1122 (c) Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an
1123 emergency receiving facility initiated by a peace officer pursuant to Code Section 37-3-42,
1124 the emergency receiving facility shall coordinate all subsequent transports with the law
1125 enforcement agency employing such peace officer or a qualified private nonemergency
1126 transport provider or ambulance service."

1127

SECTION 3-5.

1128 Said title is further amended in Code Section 37-7-1, relating to definitions relative to
1129 hospitalization and treatment of alcoholics, drug dependent individuals, and drug abusers,
1130 by revising paragraph (15.1) as follows:

1131 "(15.1) 'Outpatient' means a person who is an alcoholic, drug dependent individual, or
1132 drug abuser and:

1133 (A) Who is capable of surviving safely in the community with available resources or
1134 supervision from family, friends, or others;

1135 (B) Who, based on their mental condition or behavioral history, is in need of treatment
1136 in order to prevent further disability or deterioration that would predictably result in
1137 dangerousness to self or others; and

1138 (C) Whose current mental status or the nature of their addictive disease limits or
1139 negates their ability to make an informed decision to seek voluntarily or to comply with
1140 recommended treatment.

1141 ~~(A) Who is not an inpatient but who, based on the person's treatment history or~~
1142 ~~recurrent lack of self-control regarding the use of alcoholic beverages, drugs, or any~~
1143 ~~other substances listed in paragraph (8) of this Code section, will require outpatient~~
1144 ~~treatment in order to avoid predictably and imminently becoming an inpatient;~~

1145 ~~(B) Who because of the person's current mental state and recurrent lack of self-control~~
1146 ~~regarding the use of alcoholic beverages, drugs, or any other substances listed in~~
1147 ~~paragraph (8) of this Code section or nature of the person's alcoholic behavior or drug~~
1148 ~~dependency or drug abuse is unable voluntarily to seek or comply with outpatient~~
1149 ~~treatment; and~~

1150 ~~(C) Who is in need of involuntary treatment."~~

1151 **SECTION 3-6.**

1152 Said title is further amended in Code Section 37-7-42, relating to emergency admission of
1153 persons arrested for penal offenses, report by officer, and entry of report into clinical record,
1154 by revising subsection (a) as follows:

1155 "(a)(1) A peace officer may take any person to a physician within the county or an
1156 adjoining county for emergency examination by the physician, as provided in Code
1157 Section 37-7-41, or directly to an emergency receiving facility if the person is committing
1158 a penal offense and the peace officer has probable cause for believing that the person is
1159 an alcoholic, a drug dependent individual, or a drug abuser requiring involuntary
1160 treatment. The peace officer need not formally tender charges against the individual prior
1161 to taking the individual to a physician or an emergency receiving facility under this Code
1162 section. The peace officer shall execute a written report detailing the circumstances
1163 under which the person was taken into custody; and this report shall be made a part of the
1164 patient's clinical record.

1165 (2) A peace officer may take any person to an emergency receiving facility if: (i) the
1166 peace officer has probable cause to believe that the person is an alcoholic, a drug
1167 dependent individual, or a drug abuser requiring involuntary treatment; and (ii) the peace
1168 officer has consulted either in-person or via telephone or telehealth with a physician, as
1169 provided in Code Section 37-7-41, and the physician authorizes the peace officer to
1170 transport the individual for an evaluation. To authorize transport for evaluation, the
1171 physician shall determine, based on facts available regarding the person's condition,
1172 including the report of the peace officer and the physician's communications with the
1173 person or witnesses, that there is probable cause to believe that the person needs an
1174 examination to determine if the person requires involuntary treatment. The peace officer
1175 shall execute a written report detailing the circumstances under which the person
1176 detained; and this report shall be made a part of the patient's clinical record."

1177

SECTION 3-7.

1178 Said title is further amended by revising Code Section 37-7-101, relating to transportation
1179 of patients generally, as follows:

1180 "37-7-101.

1181 (a) The governing authority of the county where the patient is found or located shall
1182 arrange for initial emergency transport of the patient to an emergency receiving facility.
1183 Except as otherwise authorized under subsection (b) of this Code section, the governing
1184 authority of the county of the patient's residence shall arrange for all required transportation
1185 for mental health purposes subsequent to the initial transport. The type of vehicle
1186 employed shall be in the discretion of the governing authority of the county, provided that,
1187 whenever possible, marked vehicles normally used for the transportation of criminals or
1188 those accused of crimes shall not be used for the transportation of patients. The court shall,
1189 upon the request of the community mental health center, order the sheriff to transport the
1190 patient in such manner as the patient's condition demands. At any time the community
1191 mental health center is satisfied that the patient can be transported safely by family
1192 members or friends, such private transportation shall be encouraged and authorized. In
1193 nonemergency situations, no female patient shall be transported at any time without another
1194 female in attendance who is not a patient, unless such female patient is accompanied by her
1195 husband, father, adult brother, or adult son.

1196 (b) Notwithstanding the provisions of subsection (a) of this Code section, when a patient
1197 is under the care of a facility, the facility shall have the discretion to determine the type of
1198 vehicle to safely transport the patient and to arrange for such transportation without the
1199 need to obtain the prior approval of the governing authority of the county of the patient's
1200 residence, the court, or the community mental health center. This subsection shall not
1201 prevent the facility from requesting and receiving transportation services from the
1202 governing authority of the county of the patient's residence and shall not relieve the county
1203 sheriff of the duty of providing transportation. Persons providing transportation are

1204 authorized to transport a patient from a sending facility to a receiving facility but shall not
1205 release the patient under any circumstances except into the custody of the receiving facility.
1206 The use of physical restraints to ensure the safe transport of the patient shall comply with
1207 Code Section 37-7-165. When transportation is not provided by the county sheriff, the
1208 expense of such transportation shall not be billed to the county governing authority but may
1209 be billed to the patient and, unless agreed to in writing by the facility, shall not be billed
1210 to or considered an obligation of the facility.

1211 (c) Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an
1212 emergency receiving facility initiated by a peace officer pursuant to Code Section 37-7-42,
1213 the emergency receiving facility shall coordinate all subsequent transports with the law
1214 enforcement agency employing such peace officer or a qualified private nonemergency
1215 transport provider or ambulance service."

1216

PART IV

1217

Mental Health Courts and Corrections

1218

SECTION 4-1.

1219 Title 15 of the Official Code of Georgia Annotated, relating to courts, is amended by adding
1220 a new Code section to Chapter 1, relating to general provisions, to read as follows:

1221 "15-1-23.

1222 (a) As used in this Code section, the term 'accountability court' has the same meaning as
1223 in Code Section 15-1-18.

1224 (b) Subject to appropriations, the Criminal Justice Coordinating Council shall establish a
1225 grant program for the provision of funds to accountability courts that serve the mental
1226 health and co-occurring substance use disorder population to facilitate the implementation
1227 of trauma-informed treatment.

1228 (c) The Criminal Justice Coordinating Council shall designate an employee to provide
1229 technical assistance to accountability courts. Such technical assistance shall include, but
1230 not be limited to, assistance interpreting data analysis reports to better identify and serve
1231 the mental health population."

1232 **SECTION 4-2.**

1233 Said title is further amended by revising subsection (b) of Code Section 15-21-101, relating
1234 to collection of fines and authorized expenditures of funds from County Drug Abuse
1235 Treatment and Education Fund, as follows:

1236 "(b) Moneys collected pursuant to this article and placed in the 'County Drug Abuse
1237 Treatment and Education Fund' shall be expended by the governing authority of the county
1238 for which the fund is established solely and exclusively:

1239 (1) For drug abuse treatment and education programs relating to controlled substances,
1240 alcohol, and marijuana for adults and children;

1241 (2) If a drug court division has been established in the county under Code Section
1242 15-1-15, for purposes of the drug court division;

1243 (3) If an operating under the influence court division has been established in the county
1244 under Code Section 15-1-19, for the purposes of the operating under the influence court
1245 division; ~~and~~

1246 (4) If a family treatment court division has been established in the county under Code
1247 Section 15-11-70, for the purposes of the family treatment court division; and

1248 (5) If a mental health court division has been established in the county under Code
1249 Section 15-1-16 that also serves participants with co-occurring substance use disorders,
1250 for the purposes of the mental health court division."

1251

SECTION 4-3.

1252 Article 1 of Chapter 53 of Title 31 of the Official Code of Georgia Annotated, relating to
1253 general provisions regarding the Office of Health Strategy and Coordination, is amended by
1254 revising Code Section 31-53-3, relating to the establishment of the office and its powers and
1255 duties, as follows:

1256 "31-53-3.

1257 (a) There is established within the office of the Governor the Office of Health Strategy and
1258 Coordination. The objective of the office shall be to strengthen and support the health care
1259 infrastructure of the state through interconnecting health functions and sharing resources
1260 across multiple state agencies and overcoming barriers to the coordination of health
1261 functions, including overseeing coordination of mental health policy and behavioral health
1262 services across state agencies. To this end, all affected state agencies shall cooperate with
1263 the office in its efforts to meet such objective. This shall not be construed to authorize the
1264 office to perform any function currently performed by an affected state agency.

1265 (b) The office shall have the following powers and duties:

1266 (1) Bring together experts from academic institutions and industries as well as state
1267 elected and appointed leaders to provide a forum to share information, coordinate the
1268 major functions of the state's health care system, and develop innovative approaches for
1269 lowering costs while improving access to quality care;

1270 (2) Serve as a forum for identifying Georgia's specific health issues of greatest concern
1271 and promote cooperation from both public and private agencies to test new and
1272 innovative ideas;

1273 (3) Evaluate the effectiveness of previously enacted and ongoing health programs and
1274 determine how best to achieve the goals of promoting innovation, competition, cost
1275 reduction, and access to care, and improving Georgia's health care system, attracting new
1276 providers, and expanding access to services by existing providers;

- 1277 (4) Facilitate collaboration and coordination between state agencies, including, but not
1278 limited to, the Department of Public Health, the Department of Community Health, the
1279 Department of Behavioral Health and Developmental Disabilities, the Department of
1280 Human Services, the Department of Economic Development, the Department of
1281 Transportation, ~~and~~ the Department of Education, the Department of Early Care and
1282 Learning, the Department of Juvenile Justice, the Department of Corrections, and the
1283 Department of Community Supervision;
- 1284 (5) Evaluate prescription costs and make recommendations to public employee insurance
1285 programs, departments, and governmental entities for prescription formulary design and
1286 cost reduction strategies and create a comprehensive unified formulary for mental health
1287 and substance use disorder prescriptions under Medicaid and PeachCare for Kids, and a
1288 comprehensive unified formulary for mental health and substance use disorder
1289 prescriptions for the state health benefit plan no later than December 1, 2022;
- 1290 (6) Maximize the effectiveness of existing resources, expertise, and opportunities for
1291 improvement;
- 1292 (7) Review existing State Health Benefit Plan contracts, Medicaid care management
1293 organization contracts, and other contracts entered into by the state for health related
1294 services, evaluate proposed revisions to the State Health Benefit Plan, and make
1295 recommendations to the Department of Community Health prior to renewing or entering
1296 into new contracts;
- 1297 (8) Coordinate state health care functions and programs and identify opportunities to
1298 maximize federal funds for health care programs;
- 1299 (9) Oversee collaborative health efforts to ensure efficient use of funds secured at the
1300 federal, state, regional, and local levels;
- 1301 (10) Evaluate community proposals that identify local needs and formulate local or
1302 regional solutions that address state, local, or regional health care gaps;
- 1303 (11) Monitor established agency pilot programs for effectiveness;

- 1304 (12) Identify nationally recognized effective evidence based strategies;
- 1305 (13) Propose cost reduction measures;
- 1306 (14) Provide a platform for data distribution compiled by the boards, commissions,
1307 committees, councils, and offices listed in Code Section 31-53-7; ~~and~~
- 1308 (15) Assess the health metrics of the state and recommend models for improvement
1309 which may include healthy behavior and social determinant models;
- 1310 (16) Develop solutions to the systemic barriers or problems impeding the delivery of
1311 behavioral health services by making recommendations that address funding, policy
1312 changes, practice changes; establish specific goals designed to improve the delivery of
1313 behavioral health services, increase behavioral health access and outcome for individuals,
1314 including children, adolescents, and adults served by various state agencies;
- 1315 (17) Focus on specific goals designed to resolve issues relative to the provision of
1316 behavioral health services that negatively impact individuals, including children,
1317 adolescents, and adults served by various state agencies;
- 1318 (18) Monitor and evaluate the implementation of established goals and recommendations
1319 to improve behavioral health access across prevention, intervention, and treatment;
- 1320 (19) Establish common outcome measures that are to be utilized for and represented in
1321 evaluation and progress of various state agencies that manage and oversee mental health
1322 services;
- 1323 (20) Partner with the Department of Corrections and the Department of Juvenile Justice
1324 to provide ongoing evaluation of mental health wraparound services and connectivity to
1325 local mental health resources to meet the needs of clients in the state reentry plan;
- 1326 (21) Partner with the Department of Community Supervision to evaluate the ability to
1327 share mental health data between state and local agencies, such as community service
1328 boards and the Department of Community Supervision, to assist state and local agencies
1329 in identifying and treating those under community supervision who are also receiving
1330 community based mental health services;

1331 (22) Partner with community service boards to ensure that behavioral health services are
1332 made available and provided to children, adolescents, and adults through direct services,
1333 contracted services, or collaboration with state agencies, nonprofit organizations, and
1334 colleges and universities, as appropriate, utilizing any available state and federal funds
1335 or grants; and

1336 (23) Centralizing the ongoing and comprehensive planning, policy, and strategy
1337 development across state agencies, Medicaid care management organizations and fee for
1338 service providers, and private insurance partners.

1339 (c)(1) The office shall examine methods to increase access to certified peer specialists
1340 in rural and other underserved or unserved communities and identify any impediments
1341 to such access. Such examination shall include strategies to expand training for certified
1342 peer specialists to promote long-term recovery for individuals with substance use
1343 disorder.

1344 (2) The office shall examine the option of fully implementing certain requirements under
1345 the federal SUPPORT for Patients and Communities Act, P.L. 115-271, regarding youth
1346 in the juvenile justice system to allow for successful transition to community services
1347 upon release.

1348 (d)(1) The office shall conduct a survey or study on the transport of individuals to and
1349 from emergency receiving, evaluation, and treatment facilities pursuant to Chapters 3 and
1350 7 of Title 37. Such survey or study shall identify what method of transport is used in
1351 each county of the state, such as the sheriff, a law enforcement agency, a private
1352 nonemergency transport provider, or an ambulance service. Such survey or study shall
1353 be completed, compiled into a report, and provided to the General Assembly and the
1354 Governor no later than January 1, 2023.

1355 (2) This subsection shall stand repealed by operation of law on January 1, 2023."

1356

SECTION 4-4.

1357 Title 35 of the Official Code of Georgia Annotated, relating to law enforcement officers and
1358 agencies, is amended in Code Section 35-5-2, relating to board authorized to establish,
1359 operate, and maintain center and powers of board as to selection and compensation of
1360 administrator, by revising paragraph (1) of subsection (a) as follows:

1361 "(1) To establish, operate, and maintain the Georgia Public Safety Training Center for
1362 the purpose of providing facilities and programs for the training of state and local law
1363 enforcement officers, firefighters, correctional personnel, emergency medical personnel,
1364 behavioral health co-responders, and others; and"

1365

SECTION 4-5.

1366 Said title is further amended in Code Section 35-5-5, relating to center available for use by
1367 certain personnel, fees, enrollment, authorization for expenditure of funds, and powers and
1368 duties, by revising subsection (d) as follows:

1369 "(d) Subject to such rules and regulations as shall be prescribed by the board, the Georgia
1370 Public Safety Training Center shall have the following powers and duties in connection
1371 with the training of peace officers, emergency medical personnel, behavioral health
1372 co-responders, and law enforcement support personnel:

1373 (1) To train instructors authorized to conduct training of peace officers, emergency
1374 medical personnel, behavioral health co-responders, and law enforcement support
1375 personnel;

1376 (2) To reimburse or provide for certain costs incurred in training peace officers,
1377 emergency medical personnel, behavioral health co-responders, and law enforcement
1378 support personnel employed or appointed by each agency, organ, or department of this
1379 state, counties, and municipalities to the extent that funds are appropriated for such
1380 purpose by the General Assembly. In the event sufficient funds are not appropriated for
1381 a fiscal year to fund the full cost provided for in this paragraph, then the amount which

1382 would otherwise be payable shall be reduced pro rata on the basis of the funds actually
1383 appropriated. As used in this paragraph, the terms 'cost' and 'costs' shall not include
1384 travel or salaries of personnel undergoing training and shall be limited exclusively to the
1385 cost of tuition, meals, and lodging which are incurred in connection with such training;

1386 (3) To expend funds appropriated or otherwise available to the center for paying the
1387 costs of training provided under subsection (a) of Code Section 35-8-20, other than travel
1388 expenses and salaries of police chiefs or department heads of law enforcement units and
1389 wardens of state institutions undergoing training, and shall expend such funds for
1390 purposes of compensating a training officer to administer the course of training and
1391 conduct any business associated with the training provisions of said Code Section
1392 35-8-20;

1393 (4) To expend funds appropriated or otherwise available to the center for paying the
1394 costs of training provided for under subsection (a) of Code Section 35-8-20.1, other than
1395 travel expenses and salaries of police chiefs or department heads of law enforcement
1396 units undergoing training, and shall expend such funds for purposes of compensating a
1397 training officer to administer the course of training and conduct any business associated
1398 with the training provisions of said Code Section 35-8-20.1;

1399 (5) To expend funds appropriated or otherwise available to the center for paying the
1400 costs of training provided for under Chapter 11 of Title 31 for the initial certification
1401 training and continued training as needed by emergency medical personnel and shall
1402 expend such funds for purposes of compensating a training officer to administer the
1403 course of training and conduct any business associated with the training provisions of
1404 said chapter; and

1405 (6) To administer and coordinate the training for communications officers with respect
1406 to the requirements of Code Section 35-8-23. The board shall be authorized to
1407 promulgate rules and regulations to facilitate the administration and coordination of
1408 training consistent with the provisions of said Code Section 35-8-23. The tuition costs

1409 of the training of communications officers shall be paid from funds appropriated to the
1410 center."

1411 **SECTION 4-6.**

1412 Said title is further amended by adding a new Code section to Chapter 6A, relating to the
1413 Criminal Justice Coordinating Council, to read as follows:

1414 "35-6A-15.

1415 Subject to appropriations, the Criminal Justice Coordinating Council shall establish a grant
1416 program for the provision of funds to units of local government to be used for costs
1417 associated with transporting individuals to and from emergency receiving, evaluating, and
1418 treatment facilities as such terms are defined in Chapters 3 and 7 of Title 37."

1419 **SECTION 4-7.**

1420 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
1421 adding a new Code section to Chapter 1, relating to governing and regulation of mental
1422 health, to read as follows:

1423 "37-1-7.

1424 The state shall provide funding for a minimum of five new co-responder programs
1425 established pursuant to Title 37. Each such program shall have a minimum of one
1426 co-responder team."

1427 **SECTION 4-8.**

1428 Said title is further amended by adding a new Code section to Article 6 of Chapter 1, relating
1429 to the Behavioral Health Reform and Innovation Commission, to read as follows:

1430 "37-1-115.1.
1431 The Mental Health Courts and Corrections Subcommittee of the Georgia Behavioral Health
1432 Reform and Innovation Commission shall continue its exploration of community
1433 supervision strategies for individuals with mental illnesses, including:
1434 (1) Exploring opportunities to expand access to mental health specialized caseloads to
1435 reach a larger share of the supervision population with mental health needs, including
1436 prioritizing equitable access to specialized caseloads;
1437 (2) Assessing the quality of mental health supervision and adherence to evidence based
1438 standards to determine how mental health supervision could be improved and identifying
1439 services, supports, and training that could equip law enforcement officers to more
1440 successfully engage with and reduce recidivism for individuals on community
1441 supervision;
1442 (3) Assessing the availability of mental health treatment providers by supervision region
1443 to estimate accessibility to treatment across the state; and
1444 (4) Tracking qualitative and quantitative metrics on the outcomes of any changes made
1445 to community supervision strategies for individuals with mental illness to determine the
1446 effectiveness of such strategies."

1447 **SECTION 4-9.**

1448 Said title is further amended by revising Code Section 37-2-4, relating to the Behavioral
1449 Health Coordinating Council, membership, meetings, and obligations, as follows:

1450 "37-2-4.

1451 (a) There is created the Behavioral Health Coordinating Council. The council shall consist
1452 of the commissioner of behavioral health and developmental disabilities; the commissioner
1453 of early care and learning; the commissioner of community health; the commissioner of
1454 public health; the commissioner of human services; the commissioner of juvenile justice;
1455 the commissioner of corrections; the commissioner of community supervision; the

1456 commissioner of community affairs; the commissioner of the Technical College System
1457 of Georgia; the Commissioner of Labor; the State School Superintendent; the chairperson
1458 of the State Board of Pardons and Paroles; a behavioral health expert employed by the
1459 University System of Georgia, designated by the chancellor of the university system; two
1460 members, appointed by the Governor; the ombudsman appointed pursuant to Code Section
1461 37-2-32; the Child Advocate for the Protection of Children; an expert on early childhood
1462 mental health, appointed by the Governor; an expert on child and adolescent health,
1463 appointed by the Governor; a pediatrician, appointed by the Governor; an adult consumer
1464 of public behavioral health services, appointed by the Governor; a family member of a
1465 consumer of public behavioral health services, appointed by the Governor; a parent of a
1466 child receiving public behavioral health services, appointed by the Governor; a member of
1467 the House of Representatives, appointed by the Speaker of the House of Representatives;
1468 and a member of the Senate, appointed by the Lieutenant Governor.

1469 (b) The commissioner of behavioral health and developmental disabilities shall be the
1470 chairperson of the council. A vice chairperson and a secretary shall be selected by the
1471 members of the council from among its members as prescribed in the council's bylaws.

1472 (c) Meetings of the council shall be held quarterly, or more frequently, on the call of the
1473 chairperson. Meetings of the council shall be held with no less than five days' public notice
1474 for regular meetings and with such notice as the bylaws may prescribe for special meetings.
1475 Each member shall be given written or electronic notice of all meetings. All meetings of
1476 the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or
1477 transcripts shall be kept of all meetings of the council and shall include a record of the
1478 votes of each member, specifying the yea or nay vote or absence of each member, on all
1479 questions and matters coming before the council, and minutes or transcripts of each
1480 meeting shall be posted on the state agency website of each council member designee. No
1481 member may abstain from a vote other than for reasons constituting disqualification to the
1482 satisfaction of a majority of a quorum of the council on a recorded vote. No member of the

1483 council shall be represented by a delegate or agent. Any member who misses three duly
1484 posted meetings of the council over the course of a calendar year shall be replaced by an
1485 appointee of the Governor unless the council chairperson officially excuses each such
1486 absence.

1487 (d) Except as otherwise provided in this Code section, a majority of the members of the
1488 council then in office shall constitute a quorum for the transaction of business. No vacancy
1489 on the council shall impair the right of the quorum to exercise the powers and perform the
1490 duties of the council. The vote of a majority of the members of the council present at the
1491 time of the vote, if a quorum is present at such time, shall be the act of the council unless
1492 the vote of a greater number is required by law or by the bylaws of the council.

1493 (e) The council shall:

1494 (1) Develop solutions to the systemic barriers or problems to the delivery of behavioral
1495 health services by making recommendations in writing and publicly available that
1496 implement funding, policy changes, practice changes, and evaluation of specific goals
1497 designed to improve ~~services delivery and~~ delivery of behavioral health services, increase
1498 access to behavioral health services, and improve outcome for individuals, including
1499 children, adolescents, and adults, served by the various departments;

1500 (2) Focus on specific goals designed to resolve issues for provision of behavioral health
1501 services that negatively impact individuals, including children, adolescents, and adults,
1502 serviced by ~~at least two~~ the various departments;

1503 (3) Monitor and evaluate the implementation of established goals and recommendations;
1504 and

1505 (4) Establish common outcome measures that are to be utilized for and represented in the
1506 annual report to the council.

1507 (f)(1) The council ~~may~~ shall consult with various entities, including state agencies,
1508 councils, and advisory committees and other advisory groups as deemed appropriate by
1509 the council.

1510 (2) All state departments, agencies, boards, bureaus, commissions, and authorities are
1511 authorized and required to make available to the council access to records or data which
1512 are available in electronic format or, if electronic format is unavailable, in whatever
1513 format is available. The judicial and legislative branches are authorized to likewise
1514 provide such access to the council.

1515 (g) The council shall be attached to the Department of Behavioral Health and
1516 Developmental Disabilities for administrative purposes only as provided by Code Section
1517 50-4-3.

1518 (h)(1) The council shall submit annual reports no later than October 1 of its
1519 recommendations and evaluation of its implementation and any recommendations for
1520 funding to the Office of Health Strategy and Coordination, the Governor, the Speaker of
1521 the House of Representatives, and the Lieutenant Governor.

1522 (2) The recommendations developed by the council and the annual reports of the council
1523 shall be presented to the board of each member department for approval or review at least
1524 annually at a publicly scheduled meeting.

1525 (i) For purposes of this Code section, the term 'behavioral health services' has the same
1526 meaning as 'disability services' as defined in Code Section 37-1-1."

1527

PART V

1528

Child and Adolescent Behavioral Health

1529

SECTION 5-1.

1530 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
1531 revising Code Section 37-1-20, relating to obligations of the Department of Behavioral
1532 Health and Developmental Disabilities, as follows:

1533 "37-1-20.

1534 The department shall:

- 1535 (1) Establish, administer, and supervise the state programs for mental health,
1536 developmental disabilities, and addictive diseases;
- 1537 (2) Direct, supervise, and control the medical and physical care and treatment; recovery;
1538 and social, employment, housing, and community supports and services based on single
1539 or co-occurring diagnoses provided by the institutions, contractors, and programs under
1540 its control, management, or supervision;
- 1541 (3) Plan for and implement the coordination of mental health, developmental disability,
1542 and addictive disease services with physical health services, and the prevention of any of
1543 these diseases or conditions, and develop and promulgate rules and regulations to require
1544 that all health services be coordinated and that the public and private providers of any of
1545 these services that receive state support notify other providers of services to the same
1546 patients of the conditions, treatment, and medication regimens each provider is
1547 prescribing and delivering;
- 1548 (4) Ensure that providers of mental health, developmental disability, or addictive disease
1549 services coordinate with providers of primary and specialty health care so that treatment
1550 of conditions of the brain and the body can be integrated to promote recovery, health, and
1551 well-being;
- 1552 (5) Have authority to contract, including performance based contracts which may include
1553 financial incentives or consequences based on the results achieved by a contractor as
1554 measured by output, quality, or outcome measures, for services with community service
1555 boards, private agencies, and other public entities for the provision of services within a
1556 service area so as to provide an adequate array of services and choice of providers for
1557 consumers and to comply with the applicable federal laws and rules and regulations
1558 related to public or private hospitals; hospital authorities; medical schools and training
1559 and educational institutions; departments and agencies of this state; county or municipal
1560 governments; any person, partnership, corporation, or association, whether public or
1561 private; and the United States government or the government of any other state;

- 1562 (6) Establish and support programs for the training of professional and technical
1563 personnel as well as regional advisory councils and community service boards;
- 1564 (7) Have authority to conduct research into the causes and treatment of disability and
1565 into the means of effectively promoting mental health and addictive disease recovery;
- 1566 (8) Assign specific responsibility to one or more units of the department for the
1567 development of a disability prevention program. The objectives of such program shall
1568 include, but are not limited to, monitoring of completed and ongoing research related to
1569 the prevention of disability, implementation of programs known to be preventive, and
1570 testing, where practical, of those measures having a substantive potential for the
1571 prevention of disability;
- 1572 (9) Establish a system for local administration of mental health, developmental disability,
1573 and addictive disease services in institutions and in the community;
- 1574 (10) Make and administer budget allocations to fund the operation of mental health,
1575 developmental disabilities, and addictive diseases facilities and programs;
- 1576 (11) Coordinate in consultation with providers, professionals, and other experts the
1577 development of appropriate outcome measures for client centered service delivery
1578 systems;
- 1579 (12) Establish, operate, supervise, and staff programs and facilities for the treatment of
1580 disabilities throughout this state;
- 1581 (13) Disseminate information about available services and the facilities through which
1582 such services may be obtained;
- 1583 (14) Supervise the local office's exercise of its responsibility concerning funding and
1584 delivery of disability services;
- 1585 (15) Supervise the local offices concerning the administration of grants, gifts, moneys,
1586 and donations for purposes pertaining to mental health, developmental disabilities, and
1587 addictive diseases;

1588 (16) Supervise the administration of contracts with any hospital, community service
1589 board, or any public or private providers without regard to regional or state boundaries
1590 for the provision of disability services and in making and entering into all contracts
1591 necessary or incidental to the performance of the duties and functions of the department
1592 and the local offices;

1593 (17) Regulate the delivery of care, including behavioral interventions and medication
1594 administration by licensed staff, or certified staff as determined by the department, within
1595 residential settings serving only persons who are receiving services authorized or
1596 financed, in whole or in part, by the department;

1597 (18) Classify host homes for persons whose services are financially supported, in whole
1598 or in part, by funds authorized through the department. As used in this Code section, the
1599 term 'host home' means a private residence in a residential area in which the occupant
1600 owner or lessee provides housing and provides or arranges for the provision of food, one
1601 or more personal services, supports, care, or treatment exclusively for one or two persons
1602 who are not related to the occupant owner or lessee by blood or marriage. A host home
1603 shall be occupied by the owner or lessee, who shall not be an employee of the same
1604 community provider which provides the host home services by contract with the
1605 department. The department shall approve and enter into agreements with community
1606 providers which, in turn, contract with host homes. The occupant owner or lessee shall
1607 not be the guardian of any person served or of their property nor the agent in such
1608 person's advance directive for health care. The placement determination for each person
1609 placed in a host home shall be made according to such person's choice as well as the
1610 individual needs of such person in accordance with the requirements of Code Section
1611 37-3-162, 37-4-122, or 37-7-162, as applicable to such person;

1612 (19) Provide guidelines for and oversight of host homes, which may include, but not be
1613 limited to, criteria to become a host home, requirements relating to physical plants and
1614 supports, placement procedures, and ongoing oversight requirements;

1615 (20) Supervise the regular visitation of disability services facilities and programs in order
1616 to assure contracted providers are licensed and accredited by the designated agencies
1617 prescribed by the department, and in order to evaluate the effectiveness and
1618 appropriateness of the services, as such services relate to the health, safety, and welfare
1619 of service recipients, and to provide technical assistance to programs in delivering
1620 services;

1621 (21) Establish a unit of the department which shall receive and consider complaints from
1622 individuals receiving services, make recommendations to the commissioner regarding
1623 such complaints, and ensure that the rights of individuals receiving services are fully
1624 protected. No later than October 1, 2023, and annually thereafter, such unit shall provide
1625 to the Office of Health Strategy and Coordination annual reports regarding such
1626 complaints;

1627 (22) With respect to housing opportunities for persons with mental illness and
1628 co-occurring disorders:

1629 (A) Coordinate the department's programs and services with other state agencies and
1630 housing providers;

1631 (B) Facilitate partnerships with local communities;

1632 (C) Educate the public on the need for supportive housing;

1633 (D) Collect information on the need for supportive housing and monitor the benefit of
1634 such housing; ~~and~~

1635 (E) Identify and determine best practices for the provision of services connected to
1636 housing; and

1637 (F) No later than October 1, 2023, and annually thereafter, provide to the Office of
1638 Health Strategy and Coordination an annual status report regarding successful housing
1639 placements and unmet housing needs for the previous year and anticipated housing
1640 needs for the upcoming year;

- 1641 (23) Exercise all powers and duties provided for in this title or which may be deemed
1642 necessary to effectuate the purposes of this title;
- 1643 (24) Assign specific responsibility to one or more units of the department for the
1644 development of programs designed to serve disabled infants, children, and youth. To the
1645 extent practicable permitted by law, such units shall cooperate with the Georgia
1646 Department of Education, ~~and the University System of Georgia, the Technical College~~
1647 System of Georgia, the Department of Juvenile Justice, the Department of Early Care and
1648 Learning, the Department of Public Health, and community service boards in developing
1649 such programs. No later than October 1, 2023, and annually thereafter, such department
1650 shall provide to the Office of Health Strategy and Coordination annual reports regarding
1651 such programs;
- 1652 (25) Have the right to designate private institutions as state institutions; to contract with
1653 such private institutions for such activities, in carrying out this title, as the department
1654 may deem necessary from time to time; and to exercise such supervision and cooperation
1655 in the operation of such designated private institutions as the department may deem
1656 necessary;
- 1657 (26) Establish policies and procedures governing fiscal standards and practices of
1658 community service boards and their respective governing boards and no later than
1659 October 1, 2023, and annually thereafter, provide to the Office of Health Strategy and
1660 Coordination annual reports regarding the performance and fiscal status of each
1661 community service board; and
- 1662 (27) Coordinate the establishment and operation of a data base and network to serve as
1663 a comprehensive management information system for behavioral health, addictive
1664 diseases, and disability services and programs; and
- 1665 (28) Establish the Multi-Agency Treatment for Children (MATCH) team within the
1666 department. The state MATCH team shall be composed of representatives from the
1667 Division of Family and Children Services of the Department of Human Services; the

1668 Department of Juvenile Justice; the Department of Early Care and Learning; the
1669 Department of Public Health; the Department of Community Health; the department; the
1670 Department of Education; the Office of the Child Advocate, and the Department of
1671 Corrections. The chairperson of the Behavioral Health Coordinating Council or his or
1672 her designee shall serve as the chairperson of the state MATCH team. The state MATCH
1673 team shall facilitate collaboration across state agencies to explore resources and solutions
1674 for complex and unmet treatment needs for children in this state and to provide for
1675 solutions, including both public and private providers, as necessary. The state MATCH
1676 team will accept referrals from local interagency children's committees throughout
1677 Georgia for children with complex treatment needs not met through the resources of their
1678 local community and custodians. The state agencies and entities represented on the state
1679 MATCH team shall coordinate with each other and take all reasonable steps necessary
1680 to provide for collaboration and coordination to facilitate the purpose of the state
1681 MATCH team."

1682 **SECTION 5-2.**

1683 Said title is further amended by revising subsection (a) of Code Section 37-2-6, relating to
1684 community service board creation, membership, participation of counties, transfer of powers
1685 and duties, alternate method of establishment, bylaws, and reprisals prohibited, as follows:
1686 "(a) Community service boards in existence on June 30, 2014, are re-created effective July
1687 1, 2014, to provide mental health, developmental disabilities, and addictive diseases
1688 services to children and adults. Such community service boards may enroll and contract
1689 with the department, the Department of Human Services, the Department of Public Health,
1690 or the Department of Community Health to become a provider of mental health,
1691 developmental disabilities, and addictive diseases services or health, recovery, housing, or
1692 other supportive services for children and adults. Such boards shall be considered public
1693 agencies. Each community service board shall be a public corporation and an

1694 instrumentality of the state; provided, however, that the liabilities, debts, and obligations
1695 of a community service board shall not constitute liabilities, debts, or obligations of the
1696 state or any county or municipal corporation and neither the state nor any county or
1697 municipal corporation shall be liable for any liability, debt, or obligation of a community
1698 service board. Each community service board re-created pursuant to this Code section is
1699 created for nonprofit and public purposes to exercise essential governmental functions.
1700 The re-creation of community service boards pursuant to this Code section shall not alter
1701 the provisions of Code Section 37-2-6.2 which shall apply to those re-created community
1702 service boards and their employees covered by that Code section and those employees'
1703 rights are retained."

1704

SECTION 5-3.

1705 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
1706 in Article 7 of Chapter 4, relating to medical assistance generally, by revising subsection (b)
1707 of Code Section 49-5-24, relating to interagency efforts to gather and share comprehensive
1708 data, legislative findings, state-wide system for sharing data regarding care and protection
1709 of children, interagency data protocol; interagency agreements, and waivers from certain
1710 federal regulations, as follows:

1711 "(b) No later than October 1, 2024, the ~~The~~ department, working with the following
1712 agencies, shall develop and implement a workable state-wide system for sharing data
1713 relating to the care and protection of children between such agencies, utilizing existing
1714 state-wide data bases and data delivery systems to the greatest extent possible, to
1715 streamline access to such data:

- 1716 (1) Division of Family and Children Services of the department;
- 1717 (2) Department of Early Care and Learning;
- 1718 (3) Department of Community Health;
- 1719 (4) Department of Public Health;

- 1720 (5) Department of Behavioral Health and Developmental Disabilities;
 1721 (6) Department of Juvenile Justice;
 1722 (7) Department of Education; and
 1723 (8) Georgia Crime Information Center.

1724 Each such agency shall provide information in written or electronic format as may be
 1725 requested by the department."

1726

PART VI

1727

Behavioral Health Reform and Innovation Commission

1728

SECTION 6-1.

1729 Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the Department
 1730 of Community Health, is amended by adding new Code sections to read as follows:

1731 "31-2-17.

1732 (a) The department shall undertake a study of the following:

1733 (1) Comparison of reimbursement rates for mental health services under Medicaid,

1734 PeachCare for Kids, and the state health benefit plan with other states;

1735 (2) Reimbursement for health care providers providing mental health care services under

1736 Medicaid, PeachCare for Kids, and the state health benefit plan and comparison with

1737 other states;

1738 (3) Reimbursement for hospitals caring for uninsured patients with mental health and

1739 substance abuse disorders in the emergency department for extended periods of time

1740 while the patient is waiting on placement and transfer to a behavioral health facility for

1741 evaluation and treatment;

1742 (4) An accurate accounting of mental health fund distribution across state agencies,

1743 including, but not limited to, the department, the Department of Behavioral Health and

1744 Developmental Disabilities, the Department of Human Services, and the Department of
1745 Juvenile Justice;

1746 (5) Medical necessity denials for adolescent mental and behavioral health services; and

1747 (6) Implementation of coordinated health care for any child who enters foster care such

1748 that Medicaid claims data shall be shared immediately with the Division of Family and

1749 Children Services of the Department of Human Services.

1750 (b) The department shall complete such study and submit its findings and

1751 recommendations to the Governor, General Assembly, the Office of Health Strategy and

1752 Coordination, and the Behavioral Health Reform and Innovation Commission no later than

1753 December 31, 2022.

1754 (c) This Code section shall stand repealed in its entirety by operation of law on December

1755 31, 2022."

1756

SECTION 6-2.

1757 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by

1758 adding a new Code section to Article 6 of Chapter 1, relating to the Behavioral Health

1759 Reform and Innovation Commission, to read as follows:

1760 "37-1-114.1.

1761 The commission shall be authorized to:

1762 (1) Collaborate with the Department of Behavioral Health and Developmental

1763 Disabilities regarding the assisted outpatient treatment program to develop fidelity

1764 protocols for grantees and a training and education program for use by the grantees to

1765 train and educate staff, community partners, and others; and provide consultation to the

1766 Department of Behavioral Health and Developmental Disabilities in the selection of an

1767 organization, entity, or consultant to perform research pursuant to Code Section 37-1-126

1768 and in the development of rules and regulations pursuant to Code Section 37-1-127;

1769 (2) Coordinate initiatives to assist local communities in keeping people with serious
1770 mental illness out of county and municipal jails and detention facilities, including
1771 juvenile detention and, facilitated by nationally recognized experts, to improve outcomes
1772 for individuals who have frequent contact with criminal justice, homeless, and behavioral
1773 health systems, termed 'familiar faces,' including, but not limited to:

1774 (A) Serving as liaison to state and local leaders to inform policy and funding priorities;
1775 (B) Developing a shared definition of 'serious mental illness' in consultation with
1776 relevant mental health, judicial, and law enforcement officials and experts;
1777 (C) Exploring funding options to implement universal screening upon admission into
1778 a county or municipal jail or detention facility;
1779 (D) Developing proposed state guidelines, tools, and templates to facilitate sharing of
1780 information among state and local entities compliant with state and federal privacy
1781 laws;
1782 (E) Adopting recommendations to promote the use of pre-arrest diversion strategies
1783 that reduce revocations and reduce unnecessary contact with the justice system;
1784 (F) Developing a shared definition for 'high utilization' in consultation with relevant
1785 behavioral health and criminal justice experts;
1786 (G) Implementing improvements to data sharing across and between local and state
1787 agencies;
1788 (H) Improving strategies to refer and connect individuals to needed community based
1789 health and social services, including addressing gaps in continuity of care;
1790 (I) Expanding the use of and support for forensic peer monitors; and
1791 (J) Analyzing best practices to address and ameliorate the increase in chronic
1792 homelessness among persons with behavioral health and substance abuse disorder,
1793 particularly the challenges of unsheltered homelessness, and formulating
1794 recommendations for policies and funding to address such issues, considering the best
1795 practices of other states and the permissible use of all available funding sources;

1796 (3) Convene representatives from care management organizations, pediatric primary care
1797 physicians, family medicine physicians, pediatric hospitals, pharmacy benefits managers,
1798 other insurers, experts on early childhood mental health, and pediatric mental health and
1799 substance use disorder care professionals to examine:

1800 (A) How to develop and implement a mechanism for Georgia's managed care program
1801 for children, youth, and young adults in foster care, children and youth receiving
1802 adoption assistance, and select youth involved in the juvenile justice system to meet the
1803 mental and behavioral health needs of such children, youth, and young adults;

1804 (B) How to develop and implement a mechanism to provide adoptive caregivers with
1805 the support necessary to meet the mental and behavioral health needs of children and
1806 adolescents for the first 12 months after finalization of adoption;

1807 (C) Best practices, potential cost savings, decreased administrative burdens, increased
1808 transparency regarding prescription drug costs, and impact on turnover on the mental
1809 health and substance use disorder professionals workforce; and

1810 (D) Best practices for community mental health and substance use disorder services
1811 reimbursement, including payment structures and rates that cover the cost of service
1812 provision for outpatient care, high-fidelity wraparound services, and therapeutic foster
1813 care homes, within the bounds of federal regulatory guidance; and

1814 (4) Establish advisory committees to evaluate specific issues, including:

1815 (A) Identifying methods to create pathways of care, including physical, behavioral, and
1816 dental health care, for children and adolescents, regardless of an individual's specific
1817 insurance carrier or insurance coverage; and

1818 (B) Developing and recommending a solution to ensure appropriate health care
1819 services and supports, including better care coordination, for pediatric patients residing
1820 in this state who have mental health or substance use disorders and who have had high
1821 utilization of emergency departments, crisis services, or psychiatric residential
1822 treatment facilities, for the purpose of streamlining care, improving outcomes, reducing

1823 return visits to emergency departments, and assisting case managers and clinicians in
1824 providing safe treatment while reducing fragmentation."

1825 **SECTION 6-3.**

1826 Said title is further amended by revising Code Section 37-1-116, relating to abolishment and
1827 termination of the Behavioral Health Reform and Innovation Commission, as follows:

1828 "37-1-116.

1829 The commission shall be abolished and this article shall stand repealed on June 30, 2023
1830 2025."

1831 **SECTION 6-4.**

1832 Part 3 of Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia Annotated,
1833 relating to the Georgia Data Analytic Center, is amended by adding a new Code section to
1834 read as follows:

1835 "45-12-154.1.

1836 The administrator of the GDAC Project shall prepare an annual unified report regarding
1837 complaints filed for suspected violations of mental health parity laws. Such annual unified
1838 report shall comprise data received from the Department of Insurance pursuant to
1839 subsection (g) of Code Section 33-1-27 and data received from the Department of
1840 Community Health pursuant to subsection (g) of Code Section 33-21A-13. Such annual
1841 unified report shall be completed and made publicly available beginning April 1, 2024, and
1842 annually thereafter."

1843 **SECTION 6-5.**

1844 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
1845 in Article 7 of Chapter 4, relating to medical assistance generally, by adding a new Code
1846 section to read as follows:

1847 "49-4-152.6.

1848 (a) The department shall provide Medicaid coverage for any prescription drug prescribed
1849 to an adult patient and determined by a duly licensed practitioner in this state to be
1850 medically necessary for the treatment and prevention of mood disorders with psychotic
1851 symptoms, including, but not limited to, bipolar disorders, schizophrenia and schizotypal,
1852 or delusion disorders if:

1853 (1) During the preceding year, the patient was prescribed and unsuccessfully treated with
1854 a preferred or generic drug; or

1855 (2) The patient has previously been prescribed and obtained prior approval for the
1856 nonpreferred prescribed drug.

1857 (b) If necessary to implement the provisions of this Code section, the department shall
1858 submit a Medicaid state plan amendment or waiver request to the United States Department
1859 of Health and Human Services."

1860

PART VII

1861

Repealer

1862

SECTION 7-1.

1863 All laws and parts of laws in conflict with this Act are repealed.