

The Senate Committee on Health and Human Services offered the following substitute to HB 769:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 4 of Title 26 and Title 31 of the Official Code of Georgia Annotated,  
2 relating to pharmacists and pharmacies and health, respectively, so as to implement  
3 recommendations from the House Rural Development Council relating to health care issues;  
4 to revise provisions relative to pharmacy practices; to provide for and revise definitions; to  
5 revise provisions relative to credentialing and billing; to provide for the establishment of the  
6 Rural Health System Innovation Center; to revise provisions relative to certificate of need;  
7 to provide for the establishment of micro-hospitals; to provide for a grant program for  
8 insurance premium assistance for physicians practicing in medically underserved rural areas  
9 of the state; to amend Code Section 48-7-29.20 of the Official Code of Georgia Annotated,  
10 relating to tax credits for contributions to rural hospital organizations, so as to increase the  
11 value of the tax credit to 100 percent; to remove limitations on total amounts allowed to  
12 individual taxpayers; to provide that credits are allowable to certain pass-through entities; to  
13 provide for limits on contributions by individual taxpayers during the first six months of the  
14 year; to extend the date for automatic repeal; to provide for related matters; to provide for  
15 effective dates and contingent effective dates; to repeal conflicting laws; and for other  
16 purposes.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

18 Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacists and  
19 pharmacies, is amended in Code Section 26-4-5, relating to definitions, by revising paragraph  
20 (37.2) as follows:  
21

22 "(37.2) 'Remote order entry' means the entry made by a pharmacist ~~located within the~~  
23 State of Georgia licensed in this state, who is an employee or contractor of a pharmacy  
24 licensed in this state or that holds a nonresident pharmacy permit issued pursuant to Code  
25 Section 26-4-114.1, from a remote location anywhere in the United States indicating that  
26 the pharmacist has reviewed the patient specific drug order for a hospital patient, has

27 approved or disapproved the administration of the drug for such patient, and has entered  
 28 the information in the hospital's patient record system."

29 **SECTION 2.**

30 Said chapter is further amended in Code Section 26-4-80, relating to license required for  
 31 practice of pharmacy, dispensing of prescription drugs, prescription drug orders,  
 32 electronically transmitted drug orders, refills, and Schedule II controlled substance  
 33 prescriptions, by revising paragraph (7) of subsection (c) as follows:

34 "(7)(A) The board shall promulgate rules and regulations under this Code section for  
 35 institutional settings such as hospital pharmacies, nursing home pharmacies, clinic  
 36 pharmacies, or pharmacies owned or operated directly by health maintenance  
 37 organizations.

38 (B) The rules established pursuant to subparagraph (A) of this paragraph shall  
 39 specifically authorize hospital pharmacies to use remote order entry when:

40 (i) The licensed pharmacist is not physically present in the hospital, the hospital  
 41 pharmacy is closed, and a licensed pharmacist will be physically present in the  
 42 hospital pharmacy within 24 hours or the next business day;

43 (ii) At least one licensed pharmacist is physically present in the hospital ~~pharmacy~~  
 44 ~~and at least one other licensed pharmacist is practicing pharmacy in the hospital but~~  
 45 ~~not physically present in the hospital pharmacy~~; or

46 (iii) At least one licensed pharmacist is physically present in a another hospital within  
 47 this state which remotely serves only on weekends not more than four other hospitals  
 48 under the same ownership or management which have an average daily census of less  
 49 than 12 acute patients.

50 (C) Before a hospital may engage in remote order entry as provided in this paragraph,  
 51 the director of pharmacy of the hospital shall submit to the board written policies and  
 52 procedures for the use of remote order entry. The required policies and procedures to  
 53 be submitted to the board shall be in accordance with the American Society of  
 54 Health-System Pharmacists and shall contain provisions addressing quality assurance  
 55 and safety, mechanisms to clarify medication orders, processes for reporting medication  
 56 errors, documentation and record keeping, secure electronic access to the hospital  
 57 pharmacy's patient information system and to other electronic systems that the on-site  
 58 pharmacist has access to, access to hospital policies and procedures, confidentiality and  
 59 security, and mechanisms for real-time communication with prescribers, nurses, and  
 60 other caregivers responsible for the patient's health care.

61 (D) If the board concludes that the hospital's actual use of remote order entry does not  
 62 comply with this paragraph or the rules adopted pursuant to this chapter, it may issue  
 63 a cease and desist order after notice and hearing."

64 **SECTION 3A.**

65 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in  
 66 Chapter 2, relating to the Department of Community Health, by adding new Code sections  
 67 to read as follows:

68 "31-2-15.

69 (a) As used in this Code section, the term 'state medical plan' means the state health benefit  
 70 plan under Article 1 of Chapter 18 of Title 45, the medical assistance program under  
 71 Article 7 of Chapter 4 of Title 49, the PeachCare for Kids Program under Article 13 of  
 72 Chapter 5 of Title 49, and any other health benefit plan or policy administered by or on  
 73 behalf of the state.

74 (b) The department shall take all reasonable steps to streamline and expedite the  
 75 credentialing and billing processes for state medical plans, including but not limited to  
 76 examining the potential for a uniform billing platform or portal; examining the potential  
 77 for the standardization of billing codes among providers; posting billing criteria and codes  
 78 on the department's website; enabling a dual track process for credentialing and contract  
 79 negotiation for new providers; allowing billing for telehealth delivered care and allowing  
 80 payment for both the on-site provider and off-site provider; and maximizing billing for  
 81 multiple specialists and multiple encounters with one provider at a single visit in safety net  
 82 settings, critical access settings, federally qualified health centers, and general practitioner  
 83 settings.

84 (c) This Code section shall not be construed to require the department to act in violation  
 85 of any federal law, rule, or regulation.

86 31-2-16.

87 (a) There is created and established the Rural Health System Innovation Center within the  
 88 department's State Office of Rural Health to serve as a research organization that utilizes  
 89 Georgia's academic, public health policy, data, and workforce resources to develop new  
 90 approaches for financing and delivering health care in this state. The department shall  
 91 release a request for proposals, no later than December 1, 2018, to identify a postsecondary  
 92 institution within the state in which the center shall be located. Such postsecondary  
 93 institution shall have a health program or college that focuses on rural and underserved  
 94 areas of the state. The department shall reissue a request for proposal after five years and  
 95 every five years thereafter.

- 96 (b) The purposes and duties of the Rural Health System Innovation Center shall be to:
- 97 (1) Develop a research program to identify and analyze significant health system
- 98 problems and to propose solutions and best practices to such problems;
- 99 (2) Focus on access improvement to affordable health care in rural Georgia;
- 100 (3) Synthesize existing studies, reports, and data to provide a baseline assessment and
- 101 set measurable goals as part of Georgia's strategic reform plan;
- 102 (4) Incorporate recommendations from state reform efforts to build the state's reform
- 103 plan;
- 104 (5) Evaluate and make recommendations for the fiscal stabilization of rural health care
- 105 delivery systems and ensure their design is appropriate for the community served by such
- 106 systems;
- 107 (6) Provide technical assistance and expertise to address immediate needs of rural
- 108 communities;
- 109 (7) Develop state-wide pilot projects, identify innovative approaches to funding these
- 110 projects, and track and evaluate the projects' performance;
- 111 (8) Connect to a central health data repository for collection and dissemination of health
- 112 data and serve as a clearinghouse for data integration and analysis;
- 113 (9) Produce studies that address cost-drivers and duplication to eliminate barriers to
- 114 health care and reduce costs;
- 115 (10) Monitor current and future health care workforce needs and advise the Georgia
- 116 Board for Physician Workforce of significant changes in need or demand;
- 117 (11) Participate in other state-wide health initiatives or programs affecting the entire state
- 118 and nonrural areas of Georgia. The center shall cooperate with other health related state
- 119 entities, including, but not limited to, the department, the Department of Public Health,
- 120 the Department of Human Services, the Department of Behavioral Health and
- 121 Developmental Disabilities, and the Health Coordination and Innovation Council, and all
- 122 other health related state boards, commissions, committees, councils, offices, and other
- 123 entities on state-wide health initiatives or programs; and
- 124 (12)(A) In conjunction with the State Office of Rural Health, develop standards for
- 125 education curriculum no later than January 1, 2019, which will be provided to
- 126 leadership, including, but not limited to, hospital executive leadership, hospital board
- 127 members, and hospital authority members of rural hospital organizations, as defined in
- 128 Code Section 31-8-9.1, and to other rural health care facilities upon request. The
- 129 curriculum shall include, at a minimum, legal, fiduciary, grant management, planning,
- 130 and compliance training. The center shall approve education programs by any entity
- 131 that the center determines to meet such standards.

132 (B) The chief executive officer, the chief financial officer, every board member, and  
133 every hospital authority member, if operated by a hospital authority pursuant to Article  
134 4 of Chapter 7 of this title, of a rural hospital organization as defined in Code Section  
135 31-8-9.1 shall be required to complete an education program approved by the center  
136 pursuant to this paragraph no later than December 31, 2020, or within 12 months of  
137 initial hiring or appointment and every two years thereafter.

138 (C) Any board member or hospital authority member who does not complete the  
139 education program as required pursuant to subparagraph (B) of this paragraph shall be  
140 ineligible to continue serving as a board member or hospital authority member. The  
141 center may provide for notice and a grace period for board members and hospital  
142 authority members to come into compliance with such requirement. A vacancy created  
143 pursuant to this subparagraph on the board of a hospital authority shall be filled in the  
144 same manner as provided in subsection (c) of Code Section 31-7-72 for the initial  
145 appointment of members of the hospital authority.

146 (D) At the discretion of the department, any rural hospital organization that fails to  
147 ensure compliance by the chief executive officer, the chief financial officer, every  
148 board member, and every hospital authority member with the education requirements  
149 contained in subparagraph (B) of this paragraph may be deemed:

150 (i) Ineligible to receive contributions from the tax credit provided pursuant to Code  
151 Section 48-7-29.20;

152 (ii) Ineligible to participate in any grant programs offered by the state; or

153 (iii) Subject to a fine of \$10,000.00 per violation.

154 (c) The center is authorized to make application for and receive funds and grants as may  
155 be necessary to, and utilize and disburse such funds for such purposes and projects as will,  
156 carry out the purposes of the center.

157 (d) The center is authorized to enter into contracts, agreements, and arrangements with  
158 colleges and universities to advance the work of the center. The center shall also be  
159 authorized to enter into contracts and agreements with the federal government; political  
160 subdivisions of this state; private firms, foundations, or institutions; or individuals for  
161 specific research on any aspects of rural health care as may be related to the purposes of  
162 this Code section. The center shall contract with a school of medicine in this state to  
163 provide clinical health care expertise to the center.

164 (e) On or before October 1 of each year, the center shall file a report to the Governor, the  
165 President of the Senate, the Speaker of the House of Representatives, and the chairpersons  
166 of the House Committee on Health and Human Services, the Senate Health and Human  
167 Services Committee, the House Committee on Appropriations, the Senate Appropriations  
168 Committee, and the Health Coordination and Innovation Council. The report shall include

169 a summary of the activities of the center during the calendar year, including, but not limited  
 170 to, the total number of hospital executives, hospital board members, and hospital authority  
 171 members who received training from the center; the status of rural health care in the state;  
 172 and recommendations, if any, for legislation as may be necessary to improve the programs  
 173 and services offered by the center."

174 **SECTION 3B.**

175 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in  
 176 Chapter 2, relating to the Department of Community Health, by adding new Code sections  
 177 to read as follows:

178 "31-2-15.

179 (a) As used in this Code section, the term 'state medical plan' means the state health benefit  
 180 plan under Article 1 of Chapter 18 of Title 45, the medical assistance program under  
 181 Article 7 of Chapter 4 of Title 49, the PeachCare for Kids Program under Article 13 of  
 182 Chapter 5 of Title 49, and any other health benefit plan or policy administered by or on  
 183 behalf of the state.

184 (b) The department shall take all reasonable steps to streamline and expedite the  
 185 credentialing and billing processes for state medical plans, including but not limited to  
 186 examining the potential for a uniform billing platform or portal; examining the potential  
 187 for the standardization of billing codes among providers; posting billing criteria and codes  
 188 on the department's website; enabling a dual track process for credentialing and contract  
 189 negotiation for new providers; allowing billing for telehealth delivered care and allowing  
 190 payment for both the on-site provider and off-site provider; and maximizing billing for  
 191 multiple specialists and multiple encounters with one provider at a single visit in safety net  
 192 settings, critical access settings, federally qualified health centers, and general practitioner  
 193 settings.

194 (c) This Code section shall not be construed to require the department to act in violation  
 195 of any federal law, rule, or regulation.

196 31-2-16.

197 (a) There is created and established the Rural Health System Innovation Center within the  
 198 department's State Office of Rural Health to serve as a research organization that utilizes  
 199 Georgia's academic, public health policy, data, and workforce resources to develop new  
 200 approaches for financing and delivering health care in this state. The department shall  
 201 release a request for proposals, no later than December 1, 2018, to identify a postsecondary  
 202 institution within the state in which the center shall be located. Such postsecondary  
 203 institution shall have a health program or college that focuses on rural and underserved

204 areas of the state. The department shall reissue a request for proposal after five years and  
205 every five years thereafter.

206 (b) The purposes and duties of the Rural Health System Innovation Center shall be to:

207 (1) Develop a research program to identify and analyze significant health system  
208 problems and to propose solutions and best practices to such problems;

209 (2) Focus on access improvement to affordable health care in rural Georgia;

210 (3) Synthesize existing studies, reports, and data to provide a baseline assessment and  
211 set measurable goals as part of Georgia's strategic reform plan;

212 (4) Incorporate recommendations from state reform efforts to build the state's reform  
213 plan;

214 (5) Evaluate and make recommendations for the fiscal stabilization of rural health care  
215 delivery systems and ensure their design is appropriate for the community served by such  
216 systems;

217 (6) Provide technical assistance and expertise to address immediate needs of rural  
218 communities;

219 (7) Develop state-wide pilot projects, identify innovative approaches to funding these  
220 projects, and track and evaluate the projects' performance;

221 (8) Connect to a central health data repository for collection and dissemination of health  
222 data and serve as a clearinghouse for data integration and analysis;

223 (9) Produce studies that address cost-drivers and duplication to eliminate barriers to  
224 health care and reduce costs;

225 (10) Monitor current and future health care workforce needs and advise the Georgia  
226 Board for Physician Workforce of significant changes in need or demand;

227 (11) Participate in other state-wide health initiatives or programs affecting the entire state  
228 and nonrural areas of Georgia. The center shall cooperate with other health related state  
229 entities, including, but not limited to, the department, the Department of Public Health,  
230 the Department of Human Services, and the Department of Behavioral Health and  
231 Developmental Disabilities, and all other health related state boards, commissions,  
232 committees, councils, offices, and other entities on state-wide health initiatives or  
233 programs; and

234 (12)(A) In conjunction with the State Office of Rural Health, develop standards for  
235 education curriculum no later than January 1, 2019, which will be provided to  
236 leadership, including, but not limited to, hospital executive leadership, hospital board  
237 members, and hospital authority members of rural hospital organizations, as defined in  
238 Code Section 31-8-9.1, and to other rural health care facilities upon request. The  
239 curriculum shall include, at a minimum, legal, fiduciary, grant management, planning,

240 and compliance training. The center shall approve education programs by any entity  
241 that the center determines to meet such standards.

242 (B) The chief executive officer, the chief financial officer, every board member, and  
243 every hospital authority member, if operated by a hospital authority pursuant to Article  
244 4 of Chapter 7 of this title, of a rural hospital organization as defined in Code Section  
245 31-8-9.1 shall be required to complete an education program approved by the center  
246 pursuant to this paragraph no later than December 31, 2020, or within 12 months of  
247 initial hiring or appointment and every two years thereafter.

248 (C) Any board member or hospital authority member who does not complete the  
249 education program as required pursuant to subparagraph (B) of this paragraph shall be  
250 ineligible to continue serving as a board member or hospital authority member. The  
251 center may provide for notice and a grace period for board members and hospital  
252 authority members to come into compliance with such requirement. A vacancy created  
253 pursuant to this subparagraph on the board of a hospital authority shall be filled in the  
254 same manner as provided in subsection (c) of Code Section 31-7-72 for the initial  
255 appointment of members of the hospital authority.

256 (D) At the discretion of the department, any rural hospital organization that fails to  
257 ensure compliance by the chief executive officer, the chief financial officer, every  
258 board member, and every hospital authority member with the education requirements  
259 contained in subparagraph (B) of this paragraph may be deemed:

260 (i) Ineligible to receive contributions from the tax credit provided pursuant to Code  
261 Section 48-7-29.20;

262 (ii) Ineligible to participate in any grant programs offered by the state; or

263 (iii) Subject to a fine of \$10,000.00 per violation.

264 (c) The center is authorized to make application for and receive funds and grants as may  
265 be necessary to, and utilize and disburse such funds for such purposes and projects as will,  
266 carry out the purposes of the center.

267 (d) The center is authorized to enter into contracts, agreements, and arrangements with  
268 colleges and universities to advance the work of the center. The center shall also be  
269 authorized to enter into contracts and agreements with the federal government; political  
270 subdivisions of this state; private firms, foundations, or institutions; or individuals for  
271 specific research on any aspects of rural health care as may be related to the purposes of  
272 this Code section. The center shall contract with a school of medicine in this state to  
273 provide clinical health care expertise to the center.

274 (e) On or before October 1 of each year, the center shall file a report to the Governor, the  
275 President of the Senate, the Speaker of the House of Representatives, and the chairpersons  
276 of the House Committee on Health and Human Services, the Senate Health and Human

277 Services Committee, the House Committee on Appropriations, and the Senate  
 278 Appropriations Committee. The report shall include a summary of the activities of the  
 279 center during the calendar year, including, but not limited to, the total number of hospital  
 280 executives, hospital board members, and hospital authority members who received training  
 281 from the center; the status of rural health care in the state; and recommendations, if any,  
 282 for legislation as may be necessary to improve the programs and services offered by the  
 283 center."

284 **SECTION 4.**

285 Said title is further amended by revising paragraphs (21), (32), and (38) of and by adding a  
 286 new paragraph to Code Section 31-6-2, relating to definitions, to read as follows:

287 "(21) 'Hospital' means an institution which is primarily engaged in providing to  
 288 inpatients, by or under the supervision of physicians, diagnostic services and therapeutic  
 289 services for medical diagnosis, treatment, and care of injured, disabled, or sick persons  
 290 or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such  
 291 term includes public, private, psychiatric, rehabilitative, geriatric, osteopathic,  
 292 micro-hospitals, and other specialty hospitals."

293 "(23.1) 'Micro-hospital' means a hospital in a rural county which has at least two and not  
 294 more than seven inpatient beds and which provides emergency services seven days per  
 295 week and 24 hours per day."

296 "(32) 'Rural county' means a county having a population of less than ~~35,000~~ 50,000  
 297 according to the United States decennial census of ~~2000~~ 2010 or any future such census."

298 "(38) 'Urban county' means a county having a population equal to or greater than ~~35,000~~  
 299 50,000 according to the United States decennial census of ~~2000~~ 2010 or any future such  
 300 census."

301 **SECTION 5.**

302 Said title is further amended by adding a new paragraph to and by revising paragraph (24)  
 303 of subsection (a) of Code Section 31-6-47, relating to exemptions from chapter, as follows:

304 "(9.2) The purchase of a closing hospital or of a hospital that has been closed for no more  
 305 than 12 months by a hospital in a contiguous county to repurpose the facility as a  
 306 micro-hospital;"

307 "(24) The relocation of any skilled nursing facility, ~~or~~ intermediate care facility, or  
 308 micro-hospital within the same county, any other health care facility in a rural county  
 309 within the same county, and any other health care facility in an urban county within a  
 310 three-mile radius of the existing facility so long as the facility does not propose to offer  
 311 any new or expanded clinical health services at the new location;"

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**SECTION 6.**

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Said title is further amended by redesignating the existing provisions of Chapter 34, relating to medical professionals for rural assistance, as Article 1 of such chapter, by replacing "This chapter" and "this chapter" with "This article" and "this article", respectively, everywhere each such term occurs in the new Article 1, and by adding a new article to read as follows:

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"ARTICLE 2

318

31-34-20.

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(a) Subject to appropriations, the Georgia Board for Physician Workforce shall establish a grant program for the purpose of increasing the number of physicians who remain in Georgia to practice in medically underserved rural areas of the state. The grant program shall provide medical malpractice insurance premium assistance for physicians practicing in such medically underserved rural areas of the state, as identified by the Georgia Board for Physician Workforce pursuant to Code Section 49-10-3.

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(b) To be eligible to receive a grant under the grant program, a physician shall meet the following qualifications:

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(1) Maintain a practice in a medically underserved rural area of the state;

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(2) Be licensed to practice in this state and board certified;

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(3) Complete a minimum of 100 hours of continuing medical education as approved by the Georgia Composite Medical Board;

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(4) Provide weekend or extended hours; and

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(5) Accept Medicaid and medicare patients.

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(c) A physician receiving a grant pursuant to the grant program shall agree to practice medicine in such medically underserved rural areas of the state for a period of time determined by the Georgia Board for Physician Workforce.

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(d) The Georgia Board for Physician Workforce may adopt and prescribe such rules and regulations as it deems necessary or appropriate to administer and carry out the grant program provided for in this chapter. In establishing the amount of grants, the Georgia Board for Physician Workforce shall determine the average insurance premium rates for physicians in rural areas of this state."

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**SECTION 7.**

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Code Section 48-7-29.20 of the Official Code of Georgia Annotated, relating to tax credits for contributions to rural hospital organizations, is amended by revising subsections (b) and (c), paragraph (1) of subsection (e), and subsection (i) and by adding a new subsection to read as follows:

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346 "(b) An individual taxpayer shall be allowed a credit against the tax imposed by this  
347 chapter for qualified rural hospital organization expenses as follows:

348 (1) In the case of a single individual or a head of household, ~~90 percent of the actual~~  
349 ~~amount expended; or \$5,000.00 per tax year, whichever is less; or~~

350 (2) In the case of a married couple filing a joint return, ~~90 percent of the actual amount~~  
351 ~~expended or \$10,000.00 per tax year, whichever is less; or~~

352 (3) In the case of an individual who is a member of a limited liability company duly  
353 formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a  
354 partnership, the amount expended; provided, however, that tax credits pursuant to this  
355 paragraph shall be allowed only for the portion of the income on which such tax was  
356 actually paid by such individual.

357 (b.1) From January 1 to June 30 each taxable year, an individual taxpayer shall be limited  
358 in its qualified rural hospital organization expenses allowable for credit under this Code  
359 section, and the commissioner shall not approve qualified rural hospital organization  
360 expenses incurred from January 1 to June 30 each taxable year, which exceed the following  
361 limits:

362 (1) In the case of a single individual or a head of household, \$5,000.00;

363 (2) In the case of a married couple filing a joint return, \$10,000.00; or

364 (3) In the case of an individual who is a member of a limited liability company duly  
365 formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a  
366 partnership, \$10,000.00.

367 (c) A corporation or other entity shall be allowed a credit against the tax imposed by this  
368 chapter for qualified rural hospital organization expenses in an amount not to exceed ~~90~~  
369 ~~percent of the actual amount expended or 75 percent of the corporation's income tax~~  
370 ~~liability, whichever is less."~~

371 "(e)(1) In no event shall the aggregate amount of tax credits allowed under this Code  
372 section exceed \$60 million ~~in 2017, \$60 million in 2018, and \$60 million in 2019~~ per  
373 taxable year."

374 "(i) This Code section shall stand automatically repealed on December 31, ~~2019~~ 2021."

### 375 SECTION 8.

376 (a) Except as provided in subsections (b) and (c) of this section, this Act shall become  
377 effective on July 1, 2018.

378 (b) Section 1 of this Act shall become effective on January 1, 2019.

379 (c)(1) Section 3A of this Act shall become effective on July 1, 2018, only if SB 357 or  
380 another Act creating the Health Coordination and Innovation Council is enacted by the

381 General Assembly and becomes law in 2018, in which event Section 3B of this Act shall  
382 not become effective and shall stand repealed on July 1, 2018.

383 (2) If SB 357 or another Act creating the Health Coordination and Innovation Council  
384 does not become law in 2018, then Section 3B of this Act shall become effective on  
385 July 1, 2018, and Section 3A of this Act shall not become effective and shall stand  
386 repealed on July 1, 2018.

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**SECTION 9.**

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