

The House Committee on Health and Human Services offers the following substitute to HB 1013:

A BILL TO BE ENTITLED
AN ACT

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

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19 Workforce Data Base by the Georgia Board of Health Care Workforce; to provide for a grant
20 program to establish assisted outpatient treatment programs; to provide legislative findings
21 and determinations; to provide for definitions; to provide grant requirements; to provide for
22 grant application and award; to establish an assisted outpatient treatment unit to provide
23 coordination and support for grantees; to provide for an advisory council; to provide for
24 technical support; to provide for research and reporting; to provide for rules and regulations;
25 to authorize inpatient civil commitment for mental illness to aid a person at risk of significant
26 psychiatric deterioration in the near future; to authorize a peace officer to take custody of a
27 person in apparent mental health crisis and transport the person to an evaluation facility
28 notwithstanding the absence of evidence that the person has committed a criminal offense;
29 to provide for a grant program for accountability courts that serve the mental health and
30 substance use disorder population; to provide for powers and duties of the Office of Health
31 Strategy and Coordination; to provide for methods to increase access to peer specialists in
32 rural and underserved or unserved communities; to provide for implementing certain federal
33 requirements regarding the juvenile justice system; to provide for reporting; to provide for
34 automatic repeal; to provide for funds from the County Drug Abuse Treatment and Education
35 Fund for mental health divisions; to provide for initiatives and a task force to assist local
36 communities in keeping people with serious mental illness out of county and municipal jails
37 and detention facilities and to improve outcomes for individuals who have frequent contact
38 with criminal justice, homeless, and behavioral health systems; to provide for
39 implementation of a state network of local co-response teams; to provide for continued
40 exploration of strategies for individuals with mental illnesses; to revise provisions relating
41 to the Behavioral Health Coordinating Council; to provide for a task force to improve
42 Medicaid function and adequacy; to provide for an annual unified report by the administrator
43 of the Georgia Data Analytic Center relating to complaints filed for suspected violations of
44 mental health parity laws; to extend the sunset date for the Behavioral Health Reform and

45 Innovation Commission; to provide for automatic repeals; to provide for related matters; to
46 repeal conflicting laws; and for other purposes.

47 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

48

PART I

49

Hospital and Short-Term Care Facilities

50

SECTION 1-1.

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

52

SECTION 1-2.

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

56 "33-1-27.

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

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

68 (2) 'Health care entity' means an insurance company, hospital or medical service plan,
69 health care provider network, health maintenance organization, health care corporation,
70 employer or employee organization, or managed care contractor that offers a managed
71 care plan.

72 (3) 'Managed care plan' means a major medical or hospitalization plan that provides for
73 the financing and delivery of health care services to persons enrolled in such plan
74 through:

75 (A) Arrangements with selected providers to furnish health care services;

76 (B) Explicit standards for the selection of participating providers; and

77 (C) Cost savings for persons enrolled in the plan to use the participating providers and
78 procedures provided for by the plan.

79 Such term does not apply to Chapter 9 of Title 34, relating to workers' compensation.

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

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

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

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

90 (5) 'Mental health or substance use disorder' means a mental health condition or
91 substance use disorder included under any of the diagnostic categories listed in the
92 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
93 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*

- 94 Diseases, in effect as of July 1, 2022, or as the Commissioner may further define such
95 term by rule and regulation.
- 96 (6) 'Nonquantitative treatment limitation' or 'NQTL' means limitations that are not
97 expressed numerically, but otherwise limit the scope or duration of benefits for treatment.
98 NQTLs include, but are not limited to, the following:
- 99 (A) Medical management standards limiting or excluding benefits based on whether
100 the treatment is medically necessary or whether the treatment is experimental or
101 investigative;
- 102 (B) Formulary design for prescription drugs;
- 103 (C) For plans with multiple network tiers, network tier design;
- 104 (D) Standards for provider admission to participate in a network, including
105 reimbursement rates;
- 106 (E) Plan methods for determining usual, customary, and reasonable charges;
- 107 (F) Step therapy protocol;
- 108 (G) Exclusions based on failure to complete a course of treatment;
- 109 (H) Restrictions based on geographic location, facility type, provider specialty, and
110 other criteria that limit the scope or duration of benefits for services provided under the
111 plan;
- 112 (I) In-network and out-of-network geographic limitations;
- 113 (J) Standards for providing access to out-of-network providers;
- 114 (K) Limitations on inpatient services for situations when the participant is a threat to
115 himself or herself or others;
- 116 (L) Exclusions for court ordered and involuntary holds;
- 117 (M) Experimental treatment limitations;
- 118 (N) Service coding;
- 119 (O) Exclusions for services provided by clinical social workers;
- 120 (P) Network adequacy; and

121 (Q) Provider reimbursement rates, including rates of reimbursement for mental health
122 or substance use services in primary care.

123 (b) Every health care entity shall provide coverage for the treatment of mental health or
124 substance use disorders in any managed care plan it offers and shall:

125 (1) Provide such coverage in accordance with the Mental Health Parity and Addiction
126 Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and related
127 regulations;

128 (2) Provide such coverage for infants, children, adolescents, and adults;

129 (3) In addition to the requirements of Chapter 46 of this title, apply the definitions of
130 'generally accepted standards of mental health or substance use disorder care,' 'medically
131 necessary,' and 'mental health or substance use disorder' contained in subsection (a) of
132 this Code section in making any medical necessity, prior authorization, or utilization
133 review determinations under such coverage;

134 (4) Ensure that any subcontractor or affiliate responsible for management of mental
135 health and substance use disorder care on behalf of the health care entity complies with
136 the requirements of this Code section; and

137 (5) No later than January 1, 2023, and annually thereafter, submit a report to the
138 Commissioner that contains the designated comparative analyses and other information
139 designated by the Commissioner for that reporting year for insurers under the Mental
140 Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26(a)(8)(A)
141 and which delineates the comparative analysis and written processes and strategies used
142 to apply benefits for infants, children, adolescents, and adults. No later than January 1,
143 2024, and annually thereafter, the Commissioner shall publish on the department's
144 website in a prominent location the reports submitted to the Commissioner pursuant to
145 this paragraph and a list of the designated NQTLs, comparative analyses, and other
146 information required by the Commissioner to be reported in the upcoming reporting year.

147 (c) The Commissioner shall:

148 (1)(A) Conduct an annual data call by May 15, 2023, and every May 15 thereafter, of
149 health care entities to ensure compliance with mental health parity requirements,
150 including, but not limited to, compliance with the Mental Health Parity and Addiction
151 Equity Act of 2008, 42 U.S.C. Section 300gg-26, and Code Sections 33-24-28.1,
152 33-24-29, and 33-24-29.1, as applicable. Such data calls shall include a focus on the
153 use of nonquantitative treatment limitations. In the event that information collected
154 from a data call indicates or suggests a potential violation of any mental health parity
155 requirement by a health care entity, the department shall initiate a market conduct
156 examination of such health care entity to determine whether such health care entity is
157 in compliance with mental health parity requirements. All health care entities shall
158 provide to the department any and all data requested by the department; and
159 (B) Submit an annual report to the Governor, Lieutenant Governor, and Speaker of the
160 House of Representatives by August 15, 2023, and every August 15 thereafter,
161 regarding the data call conducted pursuant to this paragraph, including details regarding
162 any market conduct examinations initiated by the department pursuant to any such data
163 call; and

164 (2) Include mental health parity compliance by health care entities in the examination
165 conducted pursuant to Code Section 33-2-11 by the Commissioner annually for the years
166 2023 through 2025 and biennially thereafter.

167 (d) No health care entity shall implement any prohibition on same-day reimbursement for
168 a patient to see more than one health care provider in a single day, including a primary care
169 visit followed by a mental health provider visit.

170 (e) The Commissioner shall implement and maintain a streamlined process for accepting,
171 evaluating, and responding to complaints from consumers and health care entities regarding
172 suspected mental health parity violations. Such process shall be posted on the department's
173 website in a prominent location and clearly distinguished from other types of complaints
174 and shall include information on the rights of consumers under Article 2 of Chapter 20A

175 of Title 33, the 'Patient's Right to Independent Review Act,' and other applicable law. To
 176 the extent practicable, the Commissioner shall undertake reasonable efforts to make
 177 culturally and linguistically sensitive materials available for consumers accessing the
 178 complaint process established pursuant to this subsection.

179 (f) No later than January 1, 2023, the department shall create a repository for tracking,
 180 analyzing, and reporting information resulting from complaints received from consumers
 181 and health care entities regarding suspected mental health parity violations. Such
 182 repository shall include complaints, department reviews, mitigation efforts, and outcomes,
 183 among other criteria established by the department.

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

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

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

196 "(2.1) 'Generally accepted standards of mental health or substance use disorder care'
 197 means standards of care and clinical practice that are generally recognized by health care
 198 providers practicing in relevant clinical specialties such as psychiatry, psychology,
 199 clinical sociology, addiction medicine and counseling, and behavioral health treatment.
 200 Valid, evidence based sources reflecting generally accepted standards of mental health

201 or substance use disorder care include peer reviewed scientific studies and medical
202 literature, recommendations of nonprofit health care provider professional associations
203 and specialty societies, including, but not limited to, patient placement criteria and
204 clinical practice guidelines, recommendations of federal government agencies, and drug
205 labeling approved by the United States Food and Drug Administration."

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

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

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

213 ~~(B)~~(ii) Compatible with the standards of acceptable medical practice in the United
214 States;

215 ~~(C)~~(iii) Provided in a safe and appropriate setting given the nature of the diagnosis
216 and the severity of the symptoms;

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

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

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

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

228 (ii) Clinically appropriate in terms of type, frequency, extent, site, and duration; and
229 (iii) Not primarily for the economic benefit of the insurer, purchaser, or for the
230 convenience of the patient, treating physician, or other health care provider.

231 (7.1) 'Mental health or substance use disorder' means a mental health condition or
232 substance use disorder included under any of the diagnostic categories listed in the
233 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
234 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
235 *Diseases*, in effect as of July 1, 2022, or as the Commissioner may further define such
236 term by rule and regulation.

237 (8) 'Treatment' means a medical, 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) 'Generally accepted standards of mental health or substance use disorder care' means
245 standards of care and clinical practice that are generally recognized by health care
246 providers practicing in relevant clinical specialties such as psychiatry, psychology,
247 clinical sociology, addiction medicine and counseling, and behavioral health treatment.
248 Valid, evidence based sources reflecting generally accepted standards of mental health
249 or substance use disorder care include peer reviewed scientific studies and medical
250 literature, recommendations of nonprofit health care provider professional associations
251 and specialty societies, including, but not limited to, patient placement criteria and
252 clinical practice guidelines, recommendations of federal government agencies, and drug
253 labeling approved by the United States Food and Drug Administration.

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

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

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

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

264 (3) 'Mental health or substance use disorder' means a mental health condition or
265 substance use disorder included under any of the diagnostic categories listed in the
266 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
267 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
268 *Diseases*, in effect as of July 1, 2022, or as the Commissioner may further define such
269 term by rule and regulation.

270 (4) 'Nonquantitative treatment limitation' or 'NQTL' means limitations that are not
271 expressed numerically, but otherwise limit the scope or duration of benefits for treatment.
272 NQTLs include, but are not limited to, the following:

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

276 (B) Formulary design for prescription drugs;

277 (C) For plans with multiple network tiers, network tier design;

278 (D) Standards for provider admission to participate in a network, including
279 reimbursement rates;

280 (E) Plan methods for determining usual, customary, and reasonable charges;

- 281 (F) Step therapy protocol;
282 (G) Exclusions based on failure to complete a course of treatment;
283 (H) Restrictions based on geographic location, facility type, provider specialty, and
284 other criteria that limit the scope or duration of benefits for services provided under the
285 plan;
286 (I) In-network and out-of-network geographic limitations;
287 (J) Standards for providing access to out-of-network providers;
288 (K) Limitations on inpatient services for situations when the participant is a threat to
289 himself or herself or others;
290 (L) Exclusions for court ordered and involuntary holds;
291 (M) Experimental treatment limitations;
292 (N) Service coding;
293 (O) Exclusions for services provided by clinical social workers;
294 (P) Network adequacy; and
295 (Q) Provider reimbursement rates, including rates of reimbursement for mental health
296 or substance use services in primary care.
- 297 (5) 'State health care entity' means any entity that provides or arranges health care for a
298 state health plan on a prepaid, capitated, or fee for service basis to enrollees or recipients
299 of Medicaid or PeachCare for Kids, including any insurer, care management organization,
300 administrative services organization, utilization management organization, or other entity.
- 301 (6) 'State health plan' means any health care benefits provided pursuant to Subpart 2 of
302 Part 6 of Article 17 of Chapter 2 of Title 20, Subpart 3 of Part 6 of Article 17 of Chapter
303 2 of Title 20, Article 1 of Chapter 18 of Title 45, Article 7 of Chapter 4 of Title 49, or
304 Article 13 of Chapter 5 of Title 49.
- 305 (b) Every state health care entity shall provide coverage for the treatment of mental health
306 or substance use disorders which shall be at least as extensive and provide at least the same
307 degree of coverage as that provided by the entity for the treatment of other types of

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

315 (1) Provide such coverage in accordance with the Mental Health Parity and Addiction
316 Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and related
317 regulations;

318 (2) Provide such coverage for infants, children, adolescents, and adults;

319 (3) Apply the definitions of 'generally accepted standards of mental health or substance
320 use disorder care,' 'medically necessary,' and 'mental health or substance use disorder'
321 contained in subsection (a) of this Code section in making any medical necessity, prior
322 authorization, or utilization review determinations under such coverage;

323 (4) Ensure that any subcontractor or affiliate responsible for management of mental
324 health and substance use disorder care on behalf of the state health care entity complies
325 with the requirements of this Code section;

326 (5) Process hospital claims for emergency health care services for mental health or
327 substance use disorders in accordance with this Code section regardless of whether a
328 member is treated in an emergency department; and

329 (6) No later than January 1, 2023, and annually thereafter, submit a report to the
330 commissioner of community health that contains the comparative analysis and other
331 information required of insurers under the Mental Health Parity and Addiction Equity Act
332 of 2008, 42 U.S.C. Section 300gg-26(a)(8)(A) and which delineates the comparative
333 analysis and written processes and strategies used to apply benefits for infants, children,
334 adolescents, and adults. No later than January 1, 2024, and annually thereafter, the

335 commissioner of community health shall publish on the Department of Community
336 Health's website in a prominent location the reports submitted to the commissioner of
337 community health pursuant to this paragraph.

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

339 (1) Perform parity compliance reviews of all state health care entities to ensure
340 compliance with mental health parity requirements, including, but not limited to,
341 compliance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
342 Section 300gg-26, and Code Sections 33-24-28.1, 33-24-29, and 33-24-29.1, as
343 applicable. Such parity compliance reviews shall include a focus on the use of
344 nonquantitative treatment limitations; and

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

348 (d) No state health care entity shall implement any prohibition on same-day reimbursement
349 for a patient to see more than one health care provider in a single day, including a primary
350 care visit followed by a mental health provider visit.

351 (e) The commissioner of community health shall establish a process for accepting,
352 evaluating, and responding to complaints from consumers and state health care entities
353 regarding suspected mental health parity violations. Such process shall be posted on the
354 Department of Community Health's website in a prominent location and shall include
355 information on the rights of consumers under Article 2 of Chapter 20A of Title 33, the
356 'Patient's Right to Independent Review Act,' and rights of care management organizations
357 under Code Section 49-4-153. To the extent practicable, the commissioner of community
358 health shall undertake reasonable efforts to make culturally and linguistically sensitive
359 materials available for consumers accessing the complaint process established pursuant to
360 this subsection.

361 (f) No later than January 1, 2023, the Department of Community Health shall create a
362 repository for tracking, analyzing, and reporting information resulting from complaints
363 received from consumers and state health care entities regarding suspected mental health
364 parity violations. Such repository shall include complaints, department reviews, mitigation
365 efforts, and outcomes, among other criteria established by the department.

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

370 33-21A-14.

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

373 (b) As used in this Code section, the term 'medical loss ratio reporting year' or 'MLR
374 reporting year' shall have the same meaning as that term is defined in 42 C.F.R. Section
375 438.8.

376 (c) Beginning July 1, 2023, care management organizations shall comply with a minimum
377 85 percent medical loss ratio or such higher minimum percentage as may be set out in a
378 contract between the department and a care management organization consistent with 42
379 C.F.R. Section 438.8. The ratio shall be calculated and reported for each MLR reporting
380 year by each care management organization consistent with 42 C.F.R. Section 438.8.
381 Subject to the receipt by the Department of Community Health of a waiver pursuant to
382 Section 1115 or Section 1915(b)(3) of the federal Social Security Act approving the
383 inclusion of services to address social determinants of health (SDOH) in the state's
384 Medicaid plan and the inclusion of those services in the state's managed care contracts, care
385 management organizations providing such approved and included SDOH services may

386 include the costs of such SDOH services in the numerator of the medical loss ratio
387 calculation.

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

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

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

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

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

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

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

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

408 **SECTION 1-5.**

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

411 "33-24-28.1.

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

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

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

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

417 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*
418 *Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*
419 *International Classification of Diseases* (World Health Organization) as of January 1,
420 1981, or as the Commissioner may further define such term by rule and regulation.~~

421 (2) 'Mental health or substance use disorder' means a mental health condition or
422 substance use disorder included under any of the diagnostic categories listed in the
423 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
424 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
425 *Diseases*, in effect as of July 1, 2022, or as the Commissioner may further define such
426 term by rule and regulation.

427 (b) Every insurer authorized to issue accident and sickness insurance benefit plans,
428 policies, or contracts shall be required to make available, ~~either as a part of or as an~~
429 ~~optional endorsement to~~ all such policies providing major medical insurance coverage
430 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
431 mental health or substance use disorders for infants, children, adolescents, and adults,
432 which coverage shall be at least as extensive and provide at least the same degree of
433 coverage as that provided by the respective plan, policy, or contract for the treatment of
434 other types of physical illnesses. ~~Such an optional endorsement shall also provide that the~~
435 coverage required to be made available pursuant to this Code section shall also cover the
436 spouse and the dependents of the insured if such insured's spouse and dependents are
437 covered under such benefit plan, policy, or contract. ~~In no event shall such an insurer be~~

438 ~~required to cover inpatient treatment for more than a maximum of 30 days per policy year~~
439 ~~or outpatient treatment for more than a maximum of 48 visits per policy year under~~
440 ~~individual policies. Every such insurer shall comply with the requirements of Code Section~~
441 ~~33-1-27.~~

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

448 (d) Nothing in this Code section shall be construed to prohibit an insurer, health care plan,
449 health maintenance organization, or other person issuing any similar accident and sickness
450 insurance benefit plan, policy, or contract from issuing or continuing to issue an accident
451 and sickness insurance benefit plan, policy, or contract which provides benefits greater than
452 the minimum benefits required to be made available under this Code section or from
453 issuing any such plans, policies, or contracts which provide benefits which are generally
454 more favorable to the insured than those required to be made available under this Code
455 section.

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

460 **SECTION 1-6.**

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

H. B. 1013 (SUB)

464 "33-24-29.

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

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

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

469 (B) A group contract of the type issued by a health care plan established under Chapter
470 20 of this title;

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

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

474 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*
475 *Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*
476 *International Classification of Diseases* (World Health Organization) as of January 1,
477 1981, or as the Commissioner may further define such term by rule and regulation.~~

478 (2) 'Mental health or substance use disorder' means a mental health condition or
479 substance use disorder included under any of the diagnostic categories listed in the
480 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
481 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
482 *Diseases*, in effect as of July 1, 2022, or as the Commissioner may further define such
483 term by rule and regulation.

484 (b) This Code section shall apply only to accident and sickness insurance benefit plans,
485 policies, or contracts, certificates evidencing coverage under a policy of insurance, or any
486 other evidence of insurance issued by an insurer, delivered, or issued for delivery in this
487 state, except for policies issued to an employer in another state which provide coverage for
488 employees in this state who are employed by such employer policyholder, providing major
489 medical benefits covering small groups as defined in subsection (a) of Code Section
490 33-30-12.

491 (c) Every insurer authorized to issue accident and sickness insurance benefit plans,
492 policies, or contracts shall be required to make available, ~~either as a part of or as an~~
493 ~~optional endorsement to~~ all such policies providing major medical insurance coverage
494 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
495 mental health or substance use disorders for infants, children, adolescents, and adults,
496 which coverage shall be at least as extensive and provide at least the same degree of
497 coverage and the same annual and lifetime dollar limits, ~~but which may provide for~~
498 ~~different limits on the number of inpatient treatment days and outpatient treatment visits,~~
499 as that provided by the respective plan, policy, or contract for the treatment of other types
500 of physical illnesses. Such an ~~optional endorsement shall also provide that the coverage~~
501 required to be made available pursuant to this Code section shall also cover the spouse and
502 the dependents of the insured if the insured's spouse and dependents are covered under such
503 benefit plan, policy, or contract. Every such insurer shall comply with the requirements
504 of Code Section 33-1-27.

505 (d)(1) The ~~optional endorsement coverage~~ required to be made available under
506 subsection (c) of this Code section shall not contain any exclusions, reductions, or other
507 limitations as to coverages which apply to the treatment of mental health or substance use
508 disorders unless such provisions apply generally to other similar benefits provided or paid
509 for under the accident and sickness insurance benefit plan, policy, or contract, except for
510 ~~any differing limits on inpatient treatment days and outpatient treatment visits as provided~~
511 ~~under subsection (c) of this Code section and as otherwise provided in paragraph (2) of~~
512 this subsection.

513 (2) The ~~optional endorsement coverage~~ required to be made available under subsection
514 (c) of this Code section may contain deductibles or coinsurance provisions which apply
515 to the treatment of mental health or substance use disorders, ~~and such deductibles or~~
516 ~~coinsurance provisions need not apply generally to other similar benefits provided or paid~~
517 ~~for under the accident and sickness insurance benefit plan, policy, or contract, provided,~~

518 ~~however, that if a separate deductible applies to the treatment of mental disorders, it shall~~
519 ~~not exceed the deductible for medical or surgical coverages. A separate out-of-pocket~~
520 ~~limit may be applied to the treatment of mental disorders, which limit, in the case of an~~
521 ~~indemnity type plan, shall not exceed the maximum out-of-pocket limit for medical or~~
522 ~~surgical coverages and which, in the case of a health maintenance organization plan, shall~~
523 ~~not exceed the maximum out-of-pocket limit for medical or surgical coverages or the~~
524 ~~amount of \$2,000.00 in 1998 and as annually adjusted thereafter according to the~~
525 ~~Consumer Price Index for health care, whichever is greater.~~

526 (e)(1) Nothing in this Code section shall be construed to prohibit an insurer, nonprofit
527 corporation, health care plan, health maintenance organization, or other person issuing
528 any similar accident and sickness insurance benefit plan, policy, or contract from issuing
529 or continuing to issue an accident and sickness insurance benefit plan, policy, or contract
530 which provides benefits greater than the minimum benefits required to be made available
531 under this Code section or from issuing any such plans, policies, or contracts which
532 provide benefits which are generally more favorable to the insured than those required
533 to be made available under this Code section.

534 (2) Nothing in this Code section shall be construed to prohibit any person issuing an
535 accident and sickness insurance benefit plan, policy, or contract from providing the
536 coverage required to be made available under subsection (c) of this Code section through
537 an indemnity plan with or without designating preferred providers of services or from
538 arranging for or providing services instead of indemnifying against the cost of such
539 services, without regard to whether such method of providing coverage for treatment of
540 mental health or substance use disorders applies generally to other similar benefits
541 provided or paid for under the accident and sickness insurance benefit plan, policy, or
542 contract.

543 (f) The requirements of this Code section with respect to a group or blanket accident and
544 sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage

545 specified in subsections (c) and (d) of this Code section is made available to the master
 546 policyholder of such plan, policy, or contract. Nothing in this Code section shall be
 547 construed to require the group insurer, nonprofit corporation, health care plan, health
 548 maintenance organization, or master policyholder to provide or make available such
 549 coverage to any insured under such group or blanket plan, policy, or contract.

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

552 **SECTION 1-7.**

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

556 "33-24-29.1.

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

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

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

561 (B) A group contract of the type issued by a health care plan established under Chapter
 562 20 of this title;

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

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

566 ~~(2) 'Mental disorder' shall have the same meaning as defined by *The Diagnostic and*
 567 *Statistical Manual of Mental Disorders* (American Psychiatric Association) or *The*
 568 *International Classification of Diseases* (World Health Organization) as of January 1,
 569 1981, or as the Commissioner may further define such term by rule and regulation.~~

570 (2) 'Mental health or substance use disorder' means a mental health condition or
571 substance use disorder included under any of the diagnostic categories listed in the
572 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
573 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
574 *Diseases*, in effect as of July 1, 2022, or as the Commissioner may further define such
575 term by rule and regulation.

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

583 (c) Every insurer authorized to issue accident and sickness insurance benefit plans,
584 policies, or contracts shall be required to make available, ~~either as a part of or as an~~
585 ~~optional endorsement to~~ all such policies providing major medical insurance coverage
586 which are issued, delivered, issued for delivery, or renewed coverage for the treatment of
587 mental health or substance use disorders for infants, children, adolescents, and adults,
588 which coverage shall be at least as extensive and provide at least the same degree of
589 coverage and the same annual and lifetime dollar limits as that provided by the respective
590 plan, policy, or contract for the treatment of other types of physical illnesses. Such an
591 ~~optional endorsement shall also provide that the~~ coverage required to be made available
592 pursuant to this Code section shall also cover the spouse and the dependents of the insured
593 if the insured's spouse and dependents are covered under such benefit plan, policy, or
594 contract. Every such insurer shall comply with the requirements of Code Section 33-1-27.

595 (d)(1) The ~~optional endorsement~~ coverage required to be made available under
596 subsection (c) of this Code section shall not contain any exclusions, reductions, or other

597 limitations as to coverages, including without limitation limits on the number of inpatient
598 treatment days and outpatient treatment visits, which apply to the treatment of mental
599 health or substance use disorders unless such provisions apply generally to other similar
600 benefits provided or paid for under the accident and sickness insurance benefit plan,
601 policy, or contract, except as otherwise provided in paragraph (2) of this subsection.

602 (2) The ~~optional endorsement coverage~~ required to be made available under subsection
603 (c) of this Code section may contain deductibles or coinsurance provisions which apply
604 to the treatment of mental health or substance use disorders, ~~and such deductibles or~~
605 ~~coinsurance provisions need not apply generally to other similar benefits provided or paid~~
606 ~~for under the accident and sickness insurance benefit plan, policy, or contract, provided,~~
607 ~~however, that if a separate deductible applies to the treatment of mental disorders, it shall~~
608 ~~not exceed the deductible for medical or surgical coverages. A separate out-of-pocket~~
609 ~~limit may be applied to the treatment of mental disorders, which limit, in the case of an~~
610 ~~indemnity type plan, shall not exceed the maximum out-of-pocket limit for medical or~~
611 ~~surgical coverages and which, in the case of a health maintenance organization plan, shall~~
612 ~~not exceed the maximum out-of-pocket limit for medical or surgical coverages or the~~
613 ~~amount of \$2,000.00 in 1998 and as annually adjusted thereafter according to the~~
614 ~~Consumer Price Index for health care, whichever is greater.~~

615 (e)(1) Nothing in this Code section shall be construed to prohibit an insurer, nonprofit
616 corporation, health care plan, health maintenance organization, or other person issuing
617 any similar accident and sickness insurance benefit plan, policy, or contract from issuing
618 or continuing to issue an accident and sickness insurance benefit plan, policy, or contract
619 which provides benefits greater than the minimum benefits required to be made available
620 under this Code section or from issuing any such plans, policies, or contracts which
621 provide benefits which are generally more favorable to the insured than those required
622 to be made available under this Code section.

623 (2) Nothing in this Code section shall be construed to prohibit any person issuing an
624 accident and sickness insurance benefit plan, policy, or contract from providing the
625 coverage required to be made available under subsection (c) of this Code section through
626 an indemnity plan with or without designating preferred providers of services or from
627 arranging for or providing services instead of indemnifying against the cost of such
628 services, without regard to whether such method of providing coverage for treatment of
629 mental health or substance use disorders applies generally to other similar benefits
630 provided or paid for under the accident and sickness insurance benefit plan, policy, or
631 contract.

632 (f) The requirements of this Code section with respect to a group or blanket accident and
633 sickness insurance benefit plan, policy, or contract shall be satisfied if the coverage
634 specified in subsections (c) and (d) of this Code section is made available to the master
635 policyholder of such plan, policy, or contract. Nothing in this Code section shall be
636 construed to require the group insurer, nonprofit corporation, health care plan, health
637 maintenance organization, or master policyholder to provide or make available such
638 coverage to any insured under such group or blanket plan, policy, or contract."

639 **SECTION 1-8.**

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

644 "(b)(1) Any applicant for medical assistance whose application is denied or is not acted
645 upon with reasonable promptness and any recipient of medical assistance aggrieved by
646 the action or inaction of the Department of Community Health as to any medical or
647 remedial care or service which such recipient alleges should be reimbursed under the
648 terms of the state plan which was in effect on the date on which such care or service was

649 rendered or is sought to be rendered shall be entitled to a hearing upon his or her request
650 for such in writing and in accordance with the applicable rules and regulations of the
651 department and the Office of State Administrative Hearings. With respect to appeals
652 regarding whether a treatment is medically necessary and appropriate, the administrative
653 law judge shall make such determination using the definitions provided in Code Section
654 33-20A-31. As a result of the written request for hearing, a written recommendation shall
655 be rendered in writing by the administrative law judge assigned to hear the matter.
656 Should a decision be adverse to a party and should a party desire to appeal that decision,
657 the party must file a request in writing to the commissioner or the commissioner's
658 designated representative within 30 days of his or her receipt of the hearing decision. The
659 commissioner, or the commissioner's designated representative, has 30 days from the
660 receipt of the request for appeal to affirm, modify, or reverse the decision appealed from.
661 A final decision or order adverse to a party, other than the agency, in a contested case
662 shall be in writing or stated in the record. A final decision shall include findings of fact
663 and conclusions of law, separately stated, and the effective date of the decision or order.
664 Findings of fact shall be accompanied by a concise and explicit statement of the
665 underlying facts supporting the findings. Each agency shall maintain a properly indexed
666 file of all decisions in contested cases, which file shall be open for public inspection
667 except those expressly made confidential or privileged by statute. If the commissioner
668 fails to issue a decision, the initial recommended decision shall become the final
669 administrative decision of the commissioner.

670 (2)(A) A provider of medical assistance may request a hearing on a decision of the
671 Department of Community Health with respect to a denial or nonpayment of or the
672 determination of the amount of reimbursement paid or payable to such provider on a
673 certain item of medical or remedial care of service rendered by such provider by filing
674 a written request for a hearing in accordance with Code Sections 50-13-13 and
675 50-13-15 with the Department of Community Health. The Department of Community

676 Health shall, within 15 business days of receiving the request for hearing from the
677 provider, transmit a copy of the provider's request for hearing to the Office of State
678 Administrative Hearings. The provider's request for hearing shall identify the issues
679 under appeal and specify the relief requested by the provider. The request for hearing
680 shall be filed no later than 15 business days after the provider of medical assistance
681 receives the decision of the Department of Community Health which is the basis for the
682 appeal.

683 (B) The Office of State Administrative Hearings shall assign an administrative law
684 judge to hear the dispute within 15 days after receiving the request. The hearing is
685 required to commence no later than 90 days after the assignment of the case to an
686 administrative law judge, and the administrative law judge shall issue a written decision
687 on the matter no later than 30 days after the close of the record except when it is
688 determined that the complexity of the issues and the length of the record require an
689 extension of these periods and an order is issued by an administrative law judge so
690 providing, but no longer than 30 days. Such time requirements can be extended by
691 written consent of all the parties. Failure of the administrative law judge to comply
692 with the above time deadlines shall not render the case moot.

693 (C) A request for hearing by a nursing home provider shall stay any recovery or
694 recoupment action.

695 (D) Should the decision of the administrative law judge be adverse to a party and
696 should a party desire to appeal that decision, the party must file a request therefor, in
697 writing, with the commissioner within ten days of his or her receipt of the hearing
698 decision. Such a request must enumerate all factual and legal errors alleged by the
699 party. The commissioner, or the commissioner's designated representative, may affirm,
700 modify, or reverse the decision appealed from.

701 (3) A person or institution who either has been refused enrollment as a provider in the
702 state plan or has been terminated as a provider by the Department of Community Health

703 shall be entitled to a hearing; provided, however, that no entitlement to a hearing before
704 the department shall lie for refusals or terminations based on the want of any license,
705 permit, certificate, approval, registration, charter, or other form of permission issued by
706 an entity other than the Department of Community Health, which form of permission is
707 required by law either to render care or to receive medical assistance in which federal
708 financial participation is available. The final determination (subject to judicial review,
709 if any) of such an entity denying issuance of such a form of permission shall be binding
710 on and unreviewable by the Department of Community Health. In cases where an
711 entitlement to a hearing before the Department of Community Health, pursuant to this
712 paragraph, lies, the Department of Community Health shall give written notice of either
713 the denial of enrollment or termination from enrollment to the affected person or
714 institution; and such notice shall include the reasons of the Department of Community
715 Health for denial or termination. Should such a person or institution desire to contest the
716 initial decision of the Department of Community Health, he or she must give written
717 notice of his or her appeal to the commissioner of community health within ten days after
718 the date on which the notice of denial or notice of termination was transmitted to him or
719 her. A hearing shall be scheduled and commenced within 20 days after the date on which
720 the commissioner receives the notice of appeal; and the commissioner or his or her
721 designee or designees shall render a final administrative decision as soon as practicable
722 thereafter."

723 **SECTION 1-9.**

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

727 **SECTION 1-10.**

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

729 **PART II**730 *Workforce and System Development*731 **SECTION 2-1.**

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

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

739 (1) **Paramedical and other medical related professional and educational fields of**
 740 **study.**

741 (A) The authority is authorized to make service cancelable educational loans to
 742 residents of Georgia enrolled in paramedical and other medical related professional and
 743 educational fields of study, including selected degree programs in gerontology, ~~and~~
 744 ~~geriatrics, pediatrics, and family medicine.~~ A student enrolled in a program leading to
 745 the degree of doctor of medicine shall not qualify for a loan under this paragraph unless
 746 the area of specialization is psychiatry or pediatrics. The authority shall, from time to
 747 time, by regulation designate the subfields of study that qualify for service cancelable
 748 loans under this paragraph. In determining the qualified subfields, the authority shall
 749 give preference to those subfields in which the State of Georgia is experiencing a
 750 shortage of trained personnel. Loans made under this paragraph need not be limited to
 751 students attending a school located within the state. However, any and all loans made

752 under this paragraph shall be conditioned upon the student agreeing that the loan shall
753 be repaid by the student either:

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

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

760 (B) The authority is authorized to make service cancelable loans to residents of this
761 state enrolled in a course of study leading to a degree in an educational field that will
762 permit the student to be employed as either a licensed practical nurse or a registered
763 nurse. Service cancelable loans can also be made available under this paragraph for
764 students seeking an advanced degree in the field of nursing. The maximum loan
765 amount that a full-time student may borrow under this paragraph shall not exceed
766 \$10,000.00 per academic year. Any and all loans made under this paragraph shall be
767 conditional upon the student agreeing that the loan shall be repaid by the student either:

768 (i) Practicing as a licensed practical or registered nurse in a geographical area in the
769 State of Georgia that has been approved by the authority. For service repayment, the
770 loan shall be repaid at a rate of one year of service for each academic year of study
771 or its equivalent for which a loan is made to the student under this paragraph; or

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

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

775 (A) The authority is authorized to make service cancelable educational loans to eligible
776 members of the Georgia National Guard enrolled in a degree program at an eligible
777 postsecondary institution, eligible private postsecondary institution, or eligible public
778 postsecondary institution, as those terms are defined in Code Section 20-3-519.

779 Members of the Georgia National Guard who are in good standing according to
780 applicable regulations of the National Guard shall be eligible to apply for a loan.

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

786 (C) Such loans shall be on the terms and conditions set by the authority in consultation
787 with the Department of Defense, provided that any such loan, when combined with any
788 other available grants, scholarships, tuition assistance, and United States Department
789 of Veterans Affairs educational benefits, shall not exceed an amount equal to the actual
790 tuition charged to the recipient for the period of enrollment in an educational institution
791 or the highest undergraduate in-state tuition charged by a postsecondary institution
792 governed by the board of regents for the period of enrollment at the postsecondary
793 institution, whichever is less. A loan recipient shall be eligible to receive loan
794 assistance provided for in this paragraph for not more than 120 semester hours of study.
795 Educational loans may be made to full-time and part-time students.

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

800 (E) The loan provided by this paragraph shall be suspended by the authority for a
801 recipient's failure to maintain good military standing as an active member for the period
802 required in subparagraph (F) of this paragraph or failure to maintain sufficient academic
803 standing and good academic progress and program pursuit. If the recipient fails to
804 maintain good standing as an active member of the Georgia National Guard for the
805 required period or fails to maintain sufficient academic standing and good academic

806 progress and program pursuit, loans made under this paragraph shall be repayable in
807 cash, with interest thereon.

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

816 (G) The adjutant general of Georgia shall certify eligibility and termination of
817 eligibility of students for educational loans and eligibility for cancellation of
818 educational loans by members of the Georgia National Guard in accordance with
819 regulations of the authority;

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

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

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

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

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

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

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

838 (C) As used in this paragraph, the term 'mental health or substance use professional'
839 means a psychiatrist, psychologist, professional counselor, social worker, marriage and
840 family therapist, clinical nurse specialist in psychiatric/mental health, or other mental
841 or behavioral health clinician or specialist recommended by the Department of
842 Behavioral Health and Developmental Disabilities Reserved; and

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

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

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

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

859 **SECTION 2-2.**

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

863 "49-10-5.

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

865 (1) 'Behavioral health care provider' means any health care provider regulated by a
866 licensing board who primarily provides treatment or diagnosis of mental health or
867 substance use disorders.

868 (2) 'Licensing board' means:

869 (A) Georgia Composite Board of Professional Counselors, Social Workers, and
870 Marriage and Family Therapists;

871 (B) Georgia Board of Nursing;

872 (C) Georgia Composite Medical Board;

873 (D) State Board of Examiners of Psychologists; and

874 (E) State Board of Pharmacy.

875 (3) 'Mental health or substance use disorder' means a mental health condition or
876 substance use disorder included under any of the diagnostic categories listed in the
877 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
878 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
879 *Diseases*, in effect as of July 1, 2022, or as the board may further define such term by rule
880 and regulation.

881 (b) The board shall create and maintain the Behavioral Health Care Workforce Data Base
882 for the purposes of collecting and analyzing minimum data set surveys for behavioral
883 health care professionals. To facilitate such data base, the board shall:

- 884 (1) Enter into agreements with entities to create, house, and provide information to the
885 Governor, the General Assembly, state agencies, and the public regarding the state's
886 behavioral health care work force;
- 887 (2) Seek federal or other sources of funding necessary to support the creation and
888 maintenance of a Behavioral Health Care Workforce Data Base, including any necessary
889 staffing;
- 890 (3) Create and maintain an online dashboard accessible on the board's website to provide
891 access to the Behavioral Health Care Workforce Data Base; and
- 892 (4) Establish a minimum data set survey to be utilized by licensing boards to collect
893 demographic and other data from behavioral health care providers which are licensed by
894 such boards.
- 895 (c) Licensing boards shall be authorized to and shall require that each applicant and
896 licensee complete the minimum data set survey established by the board pursuant to this
897 Code section at the time of application for licensure or renewal of such applicant or
898 licensee to his or her licensing board. Licensing boards shall provide the board with the
899 results of such minimum data set surveys in accordance with rules and regulations
900 established by the board regarding the manner, form, and content for the reporting of such
901 data sets.
- 902 (d) To the extent allowed by law, the minimum data set established by the board shall
903 include, but shall not be limited to:
- 904 (1) Demographics, including race, ethnicity, and primary and other languages spoken;
905 (2) Practice status, including, but not limited to:
- 906 (A) Active practices in Georgia and other locations;
907 (B) Practice type and age range of individuals served; and
908 (C) Practice settings, such as a hospital; clinic; school; in-home services, including
909 telehealth services; or other clinical setting;
- 910 (3) Education, training, and primary and secondary specialties;

- 911 (4) Average hours worked per week and average number of weeks worked per year in
 912 the licensed profession;
 913 (5) Percentage of practice engaged in direct patient care and in other activities, such as
 914 teaching, research, and administration in the licensed profession;
 915 (6) Year of expected retirement, as applicable, within the next five years;
 916 (7) Whether the applicant or licensee has specialized training in treating infants, children,
 917 and adolescents, and if so, the proportion of his or her practice that comprises the
 918 treatment of children and adolescents;
 919 (8) Whether the applicant or licensee is or will be accepting new patients and the location
 920 or locations new patients are being or will be accepted;
 921 (9) Types of insurance accepted and whether the provider accepts Medicaid and
 922 Medicare; and
 923 (10) Other data determined by the board."

924

PART III

925

Involuntary Commitment

926

SECTION 3-1.

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

930

"ARTICLE 7931 37-1-120.932 The General Assembly finds and determines that:

933 (1) Georgia's longstanding law authorizing outpatient civil commitment for mental health
934 or substance use disorders is intended to assist the subset of individuals with mental
935 health or substance use disorders who struggle to maintain voluntary engagement with
936 the treatment they require to live safely in the community. Many such individuals find
937 themselves trapped in a cycle of repeated mental health crises, leading to hospitalizations,
938 arrests, or both, which would not have occurred had they been receiving adequate
939 treatment. Outpatient civil commitment is intended to help such individuals overcome
940 the factors preventing them from maintaining voluntary treatment adherence, such as lack
941 of insight, or inability to recognize their own need for treatment, and challenges with
942 executive functioning;

943 (2) As of this enactment, Georgia's outpatient civil commitment law has not fulfilled its
944 potential to help vulnerable individuals avoid hospitalization and the criminal justice
945 system. Family members of individuals in desperate need of this assistance, as well as
946 many working diligently within the mental health system to provide care, report that to
947 the extent outpatient civil commitment orders are employed at all, the system routinely
948 fails to provide any meaningful enforcement and lacks the necessary resources and
949 coordination services to ensure that individuals can access treatment and the courts can
950 track compliance and outcomes;

951 (3) In many other states, outpatient civil commitment has proven to be a much more
952 effective tool in serving the needs of its target population. An impressive body of peer
953 reviewed research from New York, North Carolina, and Ohio has associated the practice
954 of outpatient commitment with substantial reductions in hospitalization, arrest,
955 incarceration, and a range of harmful behaviors, as well as substantial cost savings for
956 public mental health systems. However, this research also makes clear that it is not
957 simply the use of outpatient court orders that drives these outcomes. Policy choices as
958 to how outpatient commitment is implemented and resourced matter a great deal;

959 (4) A paper published in 2019 by the American Psychiatric Association's federally
960 funded SMI Adviser initiative presents the essential elements of the effective practice of
961 'assisted outpatient treatment' (outpatient civil commitment employed in conjunction with
962 critical resources and practices) as identified by a team of successful practitioners from
963 across the United States. In contrasting the assisted outpatient treatment model as
964 presented by SMI Adviser with the current practice of outpatient civil commitment in
965 Georgia, it is evident that our state has neither provided the resources nor implemented
966 the practices that have made assisted outpatient treatment a nationally recognized
967 evidence based practice; and
968 (5) For the foregoing reasons, this article establishes a three-year assisted outpatient
969 treatment grant program with the full expectation that the program will establish the
970 efficacy of the assisted outpatient treatment model in Georgia and serve as a first step
971 toward full integration of assisted outpatient treatment into the routine activities of
972 community service boards or private providers and probate courts across the state.

973 37-1-121.

974 As used in this article, the term:

975 (1) 'Assisted outpatient treatment' means involuntary outpatient care, pursuant to Article
976 3 of Chapter 3 of this title, provided in the context of a formalized, systematic effort led
977 by a community service board or private provider in collaboration with other community
978 partners, endeavoring to:

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

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

- 984 (C) Provide evidence based treatment and case management services under an
985 individualized service plan to each patient receiving involuntary outpatient care,
986 focused on helping the patient maintain stability and safety in the community;
- 987 (D) Safeguard, at all stages of proceedings, the due process rights of respondents
988 alleged to require involuntary outpatient care and patients who have been civilly
989 committed to involuntary outpatient care;
- 990 (E) Establish routine communications between the probate court and providers of
991 treatment and case management such that for each patient receiving involuntary
992 outpatient care, the court receives the clinical information it needs to exercise its
993 authority appropriately and providers can leverage the court as a partner in motivating
994 the patient to engage with treatment;
- 995 (F) Continually evaluate the appropriateness of each patient's individualized service
996 plan throughout the period of involuntary outpatient care, and adjust the plan as
997 warranted;
- 998 (G) Employ specific protocols to respond appropriately and lawfully in the event of a
999 failure of or noncompliance with involuntary outpatient care;
- 1000 (H) Partner with law enforcement agencies to provide an alternative to arrest,
1001 incarceration, and prosecution for individuals suspected or accused of criminal conduct
1002 who appear to qualify as outpatients pursuant to Code Section 37-3-1;
- 1003 (I) Clinically evaluate each patient receiving involuntary outpatient care at the end of
1004 the commitment period to determine whether it is appropriate to seek an additional
1005 period of involuntary outpatient care or assist the patient in transitioning to voluntary
1006 care; and
- 1007 (J) Ensure that upon transitioning to voluntary outpatient care at an appropriate
1008 juncture, each patient remains connected to the treatment services he or she continues
1009 to need to maintain stability and safety in the community.

1010 (2) 'Mental health or substance use disorder' means a mental health condition or
1011 substance use disorder included under any of the diagnostic categories listed in the
1012 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental*
1013 *Disorders (DSM-5)* or the World Health Organization's *International Classification of*
1014 *Diseases*, in effect as of July 1, 2022, or as the commissioner may further define such
1015 term by rule and regulation.

1016 37-1-122.

1017 The department shall establish and operate a grant program for the purpose of fostering the
1018 implementation and practice of assisted outpatient treatment in this state. The grant
1019 program shall aim to provide three years of funding, technical support, and oversight to
1020 five grantees, each comprising a collaboration between a community service board or
1021 private provider, a probate court or courts with jurisdiction in the corresponding service
1022 area, and a sheriff's office or offices with jurisdiction in the corresponding service area,
1023 which have demonstrated the ability with grant assistance to practice assisted outpatient
1024 treatment. Funding, technical support, and oversight pursuant to the grant program shall
1025 commence no later than January 1, 2023, and shall terminate, subject to the department's
1026 annual review of each grantee, on December 31, 2025.

1027 37-1-123.

1028 (a) No later than October 1, 2022, the department shall issue a funding opportunity
1029 announcement inviting any community service board or private provider, in partnership
1030 with a court or courts holding jurisdiction over probate matters in the corresponding service
1031 area, to submit a written application for funding pursuant to the assisted outpatient
1032 treatment grant program.

1033 (b) The department shall develop and disclose in the funding opportunity announcement:

- 1034 (1) A numerical scoring rubric to evaluate applications, which shall include a minimum
1035 score an application must receive to be potentially eligible for funding;
- 1036 (2) A formula for determining the amount of funding for which a grantee shall be
1037 eligible, based on the size of the population to be served, consideration of existing
1038 resources, or both;
- 1039 (3) A minimum percentage of a grant award that must be directed, and a maximum
1040 percentage of a grant award that may be directed, for purposes of enhancing the
1041 community based mental health services and supports provided to recipients of assisted
1042 outpatient treatment; and
- 1043 (4) A minimum percentage of the total program budget that must be independently
1044 sourced by the applicant.
- 1045 (c) The funding opportunity announcement shall require each application to include, in
1046 addition to any other information the department may choose to require:
- 1047 (1) A detailed three-year program budget, including identification of the source or
1048 sources of the applicant's independent budget contribution;
- 1049 (2) A plan to identify and serve a population composed of persons meeting the following
1050 criteria, including the number of patients anticipated to participate in the program over
1051 the course of each year of grant support:
- 1052 (A) The person is 18 years of age or older;
- 1053 (B) The person is suffering from a mental health or substance use disorder;
- 1054 (C) There has been a clinical determination by a physician or psychologist that the
1055 person is unlikely to survive safely in the community without supervision;
- 1056 (D) The person has a history of lack of compliance with treatment for his or her mental
1057 health or substance use disorder, in that at least one of the following is true:
- 1058 (i) The person's mental health or substance use disorder has, at least twice within the
1059 previous 36 months, been a substantial factor in necessitating hospitalization or the
1060 receipt of services in a forensic or other mental health unit of a correctional facility,

1061 not including any period during which such person was hospitalized or incarcerated
1062 immediately preceding the filing of the petition; or
1063 (ii) The person's mental health or substance use disorder has resulted in one or more
1064 acts of serious and violent behavior toward himself or herself or others or threatens
1065 or attempts to cause serious physical injury to himself or herself or others within the
1066 preceding 48 months, not including any period in which such person was hospitalized
1067 or incarcerated immediately preceding the filing of the petition;
1068 (E) The person has been offered an opportunity to participate in a treatment plan by the
1069 department, a state mental health facility, a community service board, or a private
1070 provider under contract with the department and such person continues to fail to engage
1071 in treatment;
1072 (F) The person's condition is substantially deteriorating;
1073 (G) Participation in the assisted outpatient treatment program would be the least
1074 restrictive placement necessary to ensure such person's recovery and stability;
1075 (H) In view of the person's treatment history and current behavior, such person is in
1076 need of assisted outpatient treatment in order to prevent a relapse or deterioration that
1077 would likely result in grave disability or serious harm to himself or herself or others;
1078 and
1079 (I) It is likely that the person may benefit from assisted outpatient treatment.
1080 (3) For each element of assisted outpatient treatment, a statement of how the applicant
1081 proposes to incorporate such element into its own practice of assisted outpatient
1082 treatment;
1083 (4) A commitment by the applicant that it shall honor the provisions of any legally
1084 enforceable psychiatric advance directive of any person receiving involuntary outpatient
1085 treatment;
1086 (5) A description of the evidence based treatment services and case management model
1087 or models that the applicant proposes to utilize;

- 1088 (6) A description of any dedicated staff positions the applicant proposes to establish;
1089 (7) A letter of support from the sheriff of any county where the applicant proposes to
1090 provide assisted outpatient treatment;
1091 (8) A flowchart representing the proposed assisted outpatient treatment process, from
1092 initial case referral to transition to voluntary care; and
1093 (9) A description of the applicant's plans to establish a stakeholder workgroup, consisting
1094 of representatives of each of the agencies, entities, and communities deemed essential to
1095 the functioning of the assisted outpatient treatment program, for purposes of internal
1096 oversight and program improvement.
- 1097 (d) The department shall not provide direct assistance or direct guidance to any potential
1098 applicant in developing the content of an application. Any questions directed to the
1099 department from potential applicants concerning the grant application process or
1100 interpretation of the funding opportunity announcement may only be entertained at a live
1101 webinar announced in advance in the funding opportunity announcement and open to all
1102 potential applicants, or may be submitted in writing and answered on a webpage disclosed
1103 in the funding opportunity announcement and freely accessible to any potential applicant.
- 1104 (e) No later than December 31, 2022, the department shall publicly announce awards for
1105 funding support, subject to annual review, to the five applicants whose applications
1106 received the highest scores under the scoring rubric, provided that:
- 1107 (1) The department shall seek to ensure, to the extent practical and consistent with other
1108 objectives, that at least three of the regions designated pursuant to Code Section 37-2-3
1109 are represented among the five grantees. In pursuit of this goal, the department may in
1110 its discretion award a grant to a lower-scoring applicant over a higher-scoring applicant
1111 or may resolve a tie score in favor of an applicant that would increase regional diversity
1112 among the grantees; and
- 1113 (2) In no case shall a grant be awarded to an applicant whose application has failed to
1114 attain the minimum required score as stated in the funding opportunity announcement.

1115 This requirement shall take precedence in the event that it comes into conflict with the
1116 requirement that a total of five grants be awarded.

1117 37-1-124.

1118 There shall be established within the department an assisted outpatient treatment unit to
1119 provide supervision, coordination, and support to the assisted outpatient treatment grantees.
1120 The assisted outpatient treatment unit shall, in collaboration with the assisted outpatient
1121 treatment advisory council established pursuant to Code Section 37-1-125, develop fidelity
1122 protocols for the grantees and a training and education program for use by the grantees to
1123 train and educate staff, community partners, and others. No later than December 31 of
1124 each year that this article is in effect, the assisted outpatient treatment unit shall submit an
1125 annual report on the assisted outpatient treatment grant program to the Governor and
1126 chairpersons of the House Committee on Health and Human Services and the Senate
1127 Health and Human Services Committee.

1128 37-1-124.1.

1129 The assisted outpatient treatment unit shall establish a state-wide repository of information
1130 on persons residing in this state with behavioral health issues who have had high utilization
1131 of services, involuntary outpatient treatment or assisted outpatient treatment orders, are
1132 under guardianships, are incarcerated or have had multiple incarcerations, have had
1133 multiple long-term hospitalizations, have had multiple behavioral health emergency
1134 services, have had numerous encounters with law enforcement, or other high usage of
1135 resources for the purposes of improving outcomes for persons diagnosed with mental
1136 health or substance use disorders and assisting law enforcement agencies, courts, case
1137 managers, and clinicians in providing safe treatment while reducing fragmentation. Any
1138 such repository shall be developed and utilized in conformance with all federal and state
1139 privacy laws. When such repository is established, the assisted outpatient treatment unit

1140 shall submit a report detailing all elements, analysis, findings, and outcomes of the
1141 previous year's activity to the commissioner no later than the January 15 following the
1142 establishment of the repository, and no later than January 15 annually thereafter. The
1143 commissioner shall make such report available to the General Assembly no later than
1144 January 30 of each year.

1145 37-1-125.

1146 (a) There shall be established by the department an assisted outpatient treatment advisory
1147 council consisting of:

1148 (1) The President of the Council of Probate Court Judges of Georgia, or his or her
1149 designee, who shall serve as chairperson;

1150 (2) The chairperson of the Behavioral Health Reform and Innovation Commission
1151 established pursuant to Code Section 37-1-111, or his or her designee;

1152 (3) The disability services ombudsman appointed pursuant to Code Section 37-2-32, or
1153 his or her designee;

1154 (4) A representative of the Georgia Association of Community Service Boards who shall
1155 not be an employee or agent of any grantee;

1156 (5) A representative of the Georgia Advocacy Office;

1157 (6) A representative of the Georgia Mental Health Consumer Network;

1158 (7) A representative of the National Alliance on Mental Illness;

1159 (8) A representative of the Georgia Behavioral Health Services Coalition;

1160 (9) An immediate family member of an individual who has struggled to maintain
1161 engagement with treatment for a mental health or substance use disorder, to be appointed
1162 by the commissioner; and

1163 (10) A nationally recognized expert on assisted outpatient treatment, to be appointed by
1164 the commissioner.

1165 (b) The advisory council shall:

- 1166 (1) Advise the assisted outpatient treatment unit on the development of fidelity protocols
1167 for the grantees and a training and education program for use by the grantees to train and
1168 educate staff, community partners, and others;
- 1169 (2) Provide consultation to the department in the selection of an organization or entity
1170 to perform research pursuant to Code Section 37-1-127;
- 1171 (3) Provide consultation to the department in the development of rules and regulations
1172 pursuant to Code Section 37-1-128;
- 1173 (4) Review and offer comments on the assisted outpatient treatment grant program's
1174 annual report, prior to its public release; and
- 1175 (5) Provide recommendations to the department for improvements or addressing
1176 challenges facing the assisted outpatient grant program.
- 1177 (c) The assisted outpatient treatment advisory council shall convene upon the call of the
1178 chairperson but no less frequently than quarterly. Meetings shall be held at the grant sites
1179 on a rotating basis and shall each include a presentation on progress from the host grantee.
- 1180 37-1-126.
- 1181 Throughout the term of the assisted outpatient treatment grant program, the department
1182 shall contract on an annual basis with an organization or entity possessing expertise in the
1183 practice of assisted outpatient treatment to serve as a technical assistance provider to the
1184 grantees. Prior to the conclusion of each of the first two years of the assisted outpatient
1185 treatment grant program, the department, in consultation with the grantees, shall review the
1186 performance of the technical assistance provider and determine whether it is appropriate
1187 to seek to contract with the same technical assistance provider for the following year.

1188 37-1-127.

1189 (a) Prior to the commencement of funding under the assisted outpatient grant program, the
1190 department shall contract with an independent organization or entity possessing expertise
1191 in the evaluation of community based mental health programs and policy to evaluate:

1192 (1) The effectiveness of the assisted outpatient grant program in reducing hospitalization
1193 and criminal justice interactions among vulnerable individuals with mental health or
1194 substance use disorders;

1195 (2) The cost-effectiveness of the assisted outpatient grant program, including its impact
1196 on spending within the public mental health system on the treatment of individuals
1197 receiving assisted outpatient treatment and spending within the criminal justice system
1198 on the arrest, incarceration, and prosecution of such individuals;

1199 (3) Differences in implementation of the assisted outpatient treatment model among the
1200 grantees and the impact of such differences on program outcomes;

1201 (4) The impact of the assisted outpatient grant program on the mental health system at
1202 large, including any unintended impacts; and

1203 (5) The perceptions of assisted outpatient treatment and its effectiveness among
1204 participating individuals, family members of participating individuals, mental health
1205 providers and program staff, and participating probate court judges.

1206 (b) As a condition for participation in the grant program, the department shall require each
1207 grantee to agree to share such program information and data with the contracted research
1208 organization or entity as the department may require, and to make reasonable
1209 accommodations for such organization or entity to have access to the grant site and
1210 individuals. The department shall further ensure that the contracted research organization
1211 or entity is able to perform its functions consistent with all state and federal restrictions on
1212 the privacy of personal health information.

1213 (c) In contracting with the research organization or entity, the department shall require
1214 such organization or entity to submit a final report on the effectiveness of the assisted

1215 outpatient grant program to the Governor, the chairpersons of the House Committee on
 1216 Health and Human Services and the Senate Health and Human Services Committee, and
 1217 the Office of Health Strategy and Coordination no later than December 31, 2025. The
 1218 department may also require the organization or entity to report interim or provisional
 1219 findings to the department at earlier dates.

1220 37-1-128.

1221 The department may adopt and prescribe such rules and regulations as it deems necessary
 1222 or appropriate to administer and carry out the grant program provided for in this article."

1223 **SECTION 3-2.**

1224 Said title is further amended in Code Section 37-3-1, relating to definitions, by revising
 1225 paragraphs (9.1) and (12.1) as follows:

1226 "(9.1) 'Inpatient' means a person who is mentally ill and:

1227 (A)(i) Who presents a substantial risk of ~~imminent~~ harm to that person or others, as
 1228 manifested by either recent overt acts or recent expressed threats of violence which
 1229 present a probability of physical injury to that person or other persons; or

1230 (ii) Who is so unable to care for that person's own physical health and safety as to
 1231 create ~~an imminently~~ a reasonable expectation that a life-endangering crisis or
 1232 significant psychiatric deterioration will occur in the near future; and

1233 (B) Who is reasonably likely to realize an improvement in that person's psychiatric
 1234 symptoms or a reduction in that person's mental health deterioration due to inpatient
 1235 treatment;

1236 (C) Who will not receive adequate benefit from less restrictive alternatives to inpatient
 1237 treatment;

1238 (D) Who has declined voluntary inpatient treatment; and

1239 ~~(B)~~(E) Who is in need of involuntary inpatient treatment."

- 1240 "(12.1) 'Outpatient' means a person who is mentally ill and:
 1241 (A) Who is not an inpatient but who, based on the person's treatment history or current
 1242 mental status, will require outpatient treatment in order to avoid predictably and
 1243 ~~imminently~~ becoming an inpatient;
 1244 (B) Who because of the person's current mental status, mental history, or nature of the
 1245 person's mental illness is unable voluntarily to seek or comply with outpatient
 1246 treatment; and
 1247 (C) Who is in need of involuntary treatment."

1248 SECTION 3-3.

1249 Said title is further amended in Code Section 37-3-42, relating to emergency admission of
 1250 persons arrested for penal offenses, report by officer, and entry of report into clinical record,
 1251 by revising subsection (a) as follows:

1252 "(a) A peace officer or a mobile crisis team that meets the requirements established by the
 1253 department may take any person to a physician within the county or an adjoining county
 1254 for emergency examination by the physician, as provided in Code Section 37-3-41, or
 1255 directly to an emergency receiving facility if ~~(1) the person is committing a penal offense,~~
 1256 ~~and (2) the peace officer or mobile crisis team~~ has probable cause for believing that the
 1257 person is a mentally ill person requiring involuntary treatment. ~~The peace officer need not~~
 1258 ~~formally tender charges against the individual prior to taking the individual to a physician~~
 1259 ~~or an emergency receiving facility under this Code section.~~ The peace officer or mobile
 1260 crisis team shall execute a written report detailing the circumstances under which the
 1261 person was taken into custody; and this report shall be made a part of the patient's clinical
 1262 record. If the person is committing a penal offense, the peace officer need not formally
 1263 tender charges against the person prior to taking the person to a physician or an emergency
 1264 receiving facility under this Code section. The mobile crisis team or the law enforcement
 1265 agency employing a peace officer who takes any person to a physician or an emergency

1266 receiving facility for emergency evaluation and examination pursuant to this Code section
1267 shall be responsible for ensuring the initial safety and security of such person during such
1268 emergency evaluation and examination. The emergency receiving facility shall coordinate
1269 all subsequent transports with such law enforcement agency or a qualified private
1270 nonemergency transport provider or ambulance service."

1271

PART IV

1272

Mental Health Courts and Corrections

1273

SECTION 4-1.

1274 Title 15 of the Official Code of Georgia Annotated, relating to courts, is amended by adding
1275 a new Code section to Chapter 1, relating to general provisions, to read as follows:

1276 "15-1-23.

1277 (a) As used in this Code section, the term 'accountability court' has the same meaning as
1278 in Code Section 15-1-18.

1279 (b) The Criminal Justice Coordinating Council shall establish a grant program for the
1280 provision of funds to accountability courts that serve the mental health and co-occurring
1281 substance use disorder population to facilitate the implementation of gender-specific
1282 trauma treatment.

1283 (c) The Criminal Justice Coordinating Council shall provide a dedicated employee to
1284 provide technical assistance to accountability courts. Such technical assistance shall
1285 include, but not be limited to, assistance interpreting data analysis reports to better identify
1286 and serve the mental health population. Such grant funds may also be used for costs
1287 associated with transporting individuals to and from emergency receiving, evaluating, and
1288 treatment facilities as such terms are defined in Chapters 3 and 7 of Title 37."

SECTION 4-2.

1289
1290 Said title is further amended by revising subsection (b) of Code Section 15-21-101, relating
1291 to collection of fines and authorized expenditures of funds from County Drug Abuse
1292 Treatment and Education Fund, as follows:

1293 "(b) Moneys collected pursuant to this article and placed in the 'County Drug Abuse
1294 Treatment and Education Fund' shall be expended by the governing authority of the county
1295 for which the fund is established solely and exclusively:

1296 (1) For drug abuse treatment and education programs relating to controlled substances,
1297 alcohol, and marijuana for adults and children;

1298 (2) If a drug court division has been established in the county under Code Section
1299 15-1-15, for purposes of the drug court division;

1300 (3) If an operating under the influence court division has been established in the county
1301 under Code Section 15-1-19, for the purposes of the operating under the influence court
1302 division; ~~and~~

1303 (4) If a family treatment court division has been established in the county under Code
1304 Section 15-11-70, for the purposes of the family treatment court division; and

1305 (5) If a mental health court division has been established in the county under Code
1306 Section 15-1-16 that also serves participants with co-occurring substance use disorders,
1307 for the purposes of the mental health court division."

SECTION 4-3.

1308
1309 Article 1 of Chapter 53 of Title 31 of the Official Code of Georgia Annotated, relating to
1310 general provisions regarding the Office of Health Strategy and Coordination, is amended by
1311 revising Code Section 31-53-3, relating to the establishment of the office and its powers and
1312 duties, as follows:

1313 "31-53-3.

1314 (a) There is established within the office of the Governor the Office of Health Strategy and
1315 Coordination. The objective of the office shall be to strengthen and support the health care
1316 infrastructure of the state through interconnecting health functions and sharing resources
1317 across multiple state agencies and overcoming barriers to the coordination of health
1318 functions, including coordinating mental health policy across state agencies. To this end,
1319 all affected state agencies shall cooperate with the office in its efforts to meet such
1320 objective. This shall not be construed to authorize the office to perform any function
1321 currently performed by an affected state agency.

1322 (b) The office shall have the following powers and duties:

1323 (1) Bring together experts from academic institutions and industries as well as state
1324 elected and appointed leaders to provide a forum to share information, coordinate the
1325 major functions of the state's health care system, and develop innovative approaches for
1326 lowering costs while improving access to quality care;

1327 (2) Serve as a forum for identifying Georgia's specific health issues of greatest concern
1328 and promote cooperation from both public and private agencies to test new and
1329 innovative ideas;

1330 (3) Evaluate the effectiveness of previously enacted and ongoing health programs and
1331 determine how best to achieve the goals of promoting innovation, competition, cost
1332 reduction, and access to care, and improving Georgia's health care system, attracting new
1333 providers, and expanding access to services by existing providers;

1334 (4) Facilitate collaboration and coordination between state agencies, including, but not
1335 limited to, the Department of Public Health, the Department of Community Health, the
1336 Department of Behavioral Health and Developmental Disabilities, the Department of
1337 Human Services, the Department of Economic Development, the Department of
1338 Transportation, and the Department of Education, the Department of Early Care and
1339 Learning, the Department of Juvenile Justice, and the Department of Corrections;

- 1340 (5) Evaluate prescription costs and make recommendations to public employee insurance
1341 programs, departments, and governmental entities for prescription formulary design and
1342 cost reduction strategies and create a comprehensive unified formulary for mental health
1343 and substance use disorder services under Medicaid, PeachCare for Kids, and the state
1344 health benefit plan no later than December 1, 2022;
- 1345 (6) Maximize the effectiveness of existing resources, expertise, and opportunities for
1346 improvement;
- 1347 (7) Review existing State Health Benefit Plan contracts, Medicaid care management
1348 organization contracts, and other contracts entered into by the state for health related
1349 services, evaluate proposed revisions to the State Health Benefit Plan, and make
1350 recommendations to the Department of Community Health prior to renewing or entering
1351 into new contracts;
- 1352 (8) Coordinate state health care functions and programs and identify opportunities to
1353 maximize federal funds for health care programs;
- 1354 (9) Oversee collaborative health efforts to ensure efficient use of funds secured at the
1355 federal, state, regional, and local levels;
- 1356 (10) Evaluate community proposals that identify local needs and formulate local or
1357 regional solutions that address state, local, or regional health care gaps;
- 1358 (11) Monitor established agency pilot programs for effectiveness;
- 1359 (12) Identify nationally recognized effective evidence based strategies;
- 1360 (13) Propose cost reduction measures;
- 1361 (14) Provide a platform for data distribution compiled by the boards, commissions,
1362 committees, councils, and offices listed in Code Section 31-53-7; ~~and~~
- 1363 (15) Assess the health metrics of the state and recommend models for improvement
1364 which may include healthy behavior and social determinant models;:

- 1365 (16) Partner with the Department of Corrections and the Department of Juvenile Justice
1366 to provide ongoing evaluation of mental health wraparound services and connectivity to
1367 local mental health resources to meet the needs of clients in the state reentry plan;
- 1368 (17) Partner with the Department of Community Supervision to evaluate the ability to
1369 share mental health data between state and local agencies, such as community service
1370 boards and the Department of Community Supervision, to assist state and local agencies
1371 in identifying, tracking, and treating those under community supervision who are also
1372 receiving community based mental health services;
- 1373 (18) Oversee coordination of behavioral health services for infants, children, and
1374 adolescents and monitor plans to expand access to children's behavioral health services
1375 across the state as needed. The commissioner of the Department of Behavioral Health
1376 and Developmental Disabilities shall annually submit a report to the office including
1377 information collected by the department indicating the changes, trends, improvements,
1378 and needs of children's behavioral health. Such annual report shall be made publicly
1379 available. The office and the Department of Behavioral Health and Developmental
1380 Disabilities shall periodically identify nationally available clearinghouses of children's
1381 behavioral health research and best practices to disseminate to schools, practitioners, and
1382 others through training, technical assistance, and educational materials;
- 1383 (19) Partner with community service boards to ensure that behavioral health services are
1384 made available and provided to children, adolescents, and adults through direct services,
1385 contracted services, or collaboration with state agencies, nonprofit organizations, and
1386 colleges and universities, as appropriate, utilizing any available state and federal funds
1387 or grants;
- 1388 (20) Provide for the establishment of advisory committees pursuant to Code Section
1389 31-53-5 to evaluate specific issues and report related findings and recommendations to
1390 the office, including:

- 1391 (A) Identifying methods to create pathways of care, including physical, behavioral, and
1392 dental health care, for infants, children, and adolescents, regardless of an individual's
1393 specific insurance carrier or insurance coverage; and
- 1394 (B) Developing and implementing a solution to ensure appropriate health care services
1395 and supports, including better care coordination, for pediatric patients residing in this
1396 state who have mental health or substance use disorders and who have had high
1397 utilization of emergency departments, crisis services, or psychiatric residential
1398 treatment facilities, for the purpose of streamlining care, improving outcomes, reducing
1399 return visits to emergency departments, and assisting case managers and clinicians in
1400 providing safe treatment while reducing fragmentation; and
- 1401 (21) Centralizing the ongoing and comprehensive planning, policy, and strategy
1402 development across state agencies, Medicaid care management organizations and fee for
1403 service providers, and private insurance partners.
- 1404 (c)(1) The office shall examine methods to increase access to certified peer specialists
1405 in rural and other underserved or unserved communities and identify any impediments
1406 to such access. Such examination shall include strategies to:
- 1407 (A) Increase access to training and implementation in perinatal care community
1408 settings and birthing hospitals in order to reach families impacted by substance use and
1409 to improve coordination and monitoring of plans of safe care;
- 1410 (B) Expand capacity for and support of implementation of research based practices,
1411 including behavioral health services for children from birth through five years of age
1412 and their parent or caregiver;
- 1413 (C) Expand training for certified peer support specialists to promote long-term
1414 recovery for individuals with substance use disorder; and
- 1415 (D) Facilitate coordination between behavioral health care providers in school settings
1416 and students' primary care providers.

1417 (2) The office shall examine the option of fully implementing certain requirements under
1418 the federal SUPPORT for Patients and Communities Act, P.L. 115-271, regarding youth
1419 in the juvenile justice system to allow for successful transition to community services
1420 upon release.

1421 (3) No later than December 31, 2023, the office shall provide a report to the General
1422 Assembly and the Governor regarding its findings and recommendations pursuant to
1423 paragraph (1) of this subsection and pursuant to paragraph (2) of this subsection.

1424 (4) This subsection shall stand repealed by operation of law on December 31, 2023.

1425 (d)(1) The office shall conduct a survey or study on the transport of individuals to and
1426 from emergency receiving, evaluation, and treatment facilities pursuant to Chapters 3 and
1427 7 of Title 37. Such survey or study shall identify what method of transport is used in
1428 each county of the state, such as the sheriff, a law enforcement agency, a private
1429 nonemergency transport provider, or an ambulance service. Such survey or study shall
1430 be completed, compiled into a report, and provided to the General Assembly and the
1431 Governor no later than January 1, 2023.

1432 (2) This subsection shall stand repealed by operation of law on January 1, 2023."

1433 **SECTION 4-4.**

1434 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
1435 adding two new Code sections to Chapter 1, relating to governing and regulation of mental
1436 health, to read as follows:

1437 "37-1-7.

1438 (a) It is the intent of the General Assembly that this state participate in initiatives:

1439 (1) To assist local communities in keeping people with serious mental illness out of
1440 county and municipal jails and detention facilities, including juvenile detention; and

- 1441 (2) Facilitated by nationally recognized experts to improve outcomes for individuals who
1442 have frequent contact with criminal justice, homeless, and behavioral health systems,
1443 termed 'familiar faces.'
- 1444 (b) A task force shall be established to coordinate such initiatives. Task force members
1445 shall be appointed by the Governor and composed of relevant state and local officials,
1446 experts, and stakeholders.
- 1447 (c) The task force shall be authorized to:
- 1448 (1) Monitor the operations of the state-wide technical assistance center established
1449 pursuant to subsection (e) of this Code section;
- 1450 (2) Serve as liaison to state and local leaders and create a feedback loop to inform future
1451 policy and funding priorities;
- 1452 (3) In consultation with relevant mental health, judicial, and law enforcement officials
1453 and experts, develop a shared definition of 'serious mental illness';
- 1454 (4) Explore funding options to implement universal screening upon admission into a
1455 county or municipal jail or detention facility; and
- 1456 (5) Seek guidance from the Attorney General's office in developing state guidelines,
1457 tools, and templates to facilitate sharing of information among state and local entities in
1458 compliance with state and federal privacy laws.
- 1459 (d) The task force shall develop and adopt recommendations to:
- 1460 (1) Promote the use of pre-arrest diversion strategies as well as initiatives that reduce
1461 revocations for such population;
- 1462 (2) Reduce unnecessary contact with the justice system by developing diversion
1463 strategies implemented by law enforcement agencies or courts; and
- 1464 (3) Build and scale community based behavioral health, housing, and other relevant
1465 social services for such population through initiatives such as:
- 1466 (A) Adopting a shared definition for high utilization in consultation with relevant
1467 behavioral health, criminal justice, and housing experts;

1468 (B) Developing state-wide guidance, tools, and templates to facilitate appropriate
1469 information sharing across behavioral health, criminal justice, housing, and other
1470 relevant agencies in accordance with all state and federal privacy laws;

1471 (C) Implementing improvements to data sharing across and between local and state
1472 agencies;

1473 (D) Improving strategies to refer and connect individuals to needed community based
1474 health and social services, including addressing gaps in continuity of care;

1475 (E) Expanding the use of and support for forensic peer monitors; and

1476 (F) Analyzing best practices to address and ameliorate the increase in chronic
1477 homelessness among persons with behavioral health and substance abuse disorder,
1478 particularly the challenges of unsheltered homelessness, and formulating
1479 recommendations for policies and funding to address such issues, considering the best
1480 practices of other states and the permissible use of all available funding sources.

1481 The task force shall compile a report including such recommendations and shall submit
1482 such report to the Governor, General Assembly, Office of Health Strategy and
1483 Coordination, and the Georgia Behavioral Reform and Innovation Commission by
1484 December 31, 2022, and annually thereafter.

1485 (e)(1) The department shall establish a state-wide technical assistance center to provide
1486 assistance to counties, municipalities, and appropriate state agencies in implementing the
1487 initiatives. Such technical assistance center shall, in coordination with other related state
1488 initiatives and efforts:

1489 (A) Disseminate information and resources and serve as a clearinghouse to share
1490 information across counties state wide in support of the initiatives;

1491 (B) Provide on-demand, one-on-one, and peer cohort assistance and consultation;

1492 (C) Issue a biannual survey to all counties to gather information about specific
1493 successes, remaining challenges, and feedback on the center's offerings; and

1494 (D) Produce an annual report for the task force and state leadership to capture lessons
1495 learned, notable successes, and ongoing needs of the counties to inform future state
1496 investments.

1497 (2) The technical assistance center shall provide planning and implementation grants to
1498 counties, municipalities, and appropriate state agencies for direct funding to support
1499 implementation of the initiatives in such jurisdiction. Such grants may be used to support
1500 a subset of counties or any municipality that has 25,000 parcels or more of real property
1501 within the municipality, for data capacity, for designating a coordinated position to
1502 coordinate work, or for other purposes to further the objectives of the initiatives. Grant
1503 recipients shall be required to report data on key metrics and interim progress measures
1504 to the center.

1505 (3) The department shall contract with an outside entity to obtain the expertise of
1506 nationally recognized experts, provide staff support, and manage the center's operations.

1507 37-1-8.

1508 (a) It is the intent of the General Assembly that this state implement a network of local
1509 co-response teams to increase access to pre-arrest diversion and improve connection to
1510 community based services for individuals with behavioral health conditions who come into
1511 contact with law enforcement.

1512 (b) Such co-response teams shall be composed of at least one peace officer and one trained
1513 behavioral health professional, such as a social worker, psychiatric nurse, psychologist,
1514 peer specialist, or other appropriate behavioral health professional. To the extent
1515 practicable and when appropriate, co-response teams shall utilize culturally and
1516 linguistically capable personnel or materials to assist in such interactions. Such
1517 co-response teams shall respond to 9-1-1 emergency and other calls for service or law
1518 enforcement interactions involving a person in behavioral health crisis. As appropriate, a
1519 co-response team may refer an individual to community based treatment or supports or

1520 transport the individual to receive emergency behavioral health care in lieu of issuing an
1521 arrest.

1522 (c) The state shall implement a minimum of three to five teams in geographically diverse
1523 local jurisdictions, including a mix of rural, suburban, and urban jurisdictions, with the goal
1524 of implementing additional teams across the state pending the successful operation of the
1525 initial teams for one year. Such program shall be administered by the department and shall
1526 include cultural sensitivity training for co-response teams.

1527 (d)(1) The Mental Health Courts and Corrections Subcommittee of the Georgia
1528 Behavioral Health Reform and Innovation Commission, in consultation with relevant law
1529 enforcement and behavioral health experts, shall be authorized to submit
1530 recommendations to the department regarding the development of the initial program and
1531 future expansions of the program relative to areas such as:

1532 (A) Standards for initial and ongoing training;

1533 (B) Metrics and data collection procedures for co-response teams in order to evaluate
1534 and improve the operations of co-response teams across the state; and

1535 (C) Strategies to improve connections to community based care.

1536 (2) This subsection shall stand repealed by operation of law on June 30, 2025."

1537 **SECTION 4-5.**

1538 Said title is further amended by adding a new Code section to Article 6 of Chapter 1, relating
1539 to the Behavioral Health Reform and Innovation Commission, to read as follows:

1540 "37-1-115.1.

1541 The Mental Health Courts and Corrections Subcommittee of the Georgia Behavioral Health
1542 Reform and Innovation Commission shall continue its exploration of community
1543 supervision strategies for individuals with mental illnesses, including:

- 1544 (1) Exploring opportunities to expand access to mental health specialized caseloads to
1545 reach a larger share of the supervision population with mental health needs, including
1546 prioritizing equitable access to specialized caseloads;
1547 (2) Assessing the quality of mental health supervision and adherence to evidence based
1548 standards to determine how mental health supervision could be improved and identifying
1549 services, supports, and training that could equip law enforcement officers to more
1550 successfully engage with and reduce recidivism for individuals on community
1551 supervision;
1552 (3) Developing new approaches for law enforcement officers to utilize nonarrest and
1553 noncustodial responses to technical violations for individuals with mental health needs,
1554 as such individuals appear no more likely than others to commit additional crimes or
1555 violent crimes while on supervision;
1556 (4) Assessing the availability of mental health treatment providers by supervision region
1557 to estimate accessibility to treatment across the state; and
1558 (5) Tracking qualitative and quantitative metrics on the outcomes of any changes made
1559 to community supervision strategies for individuals with mental illness to determine the
1560 effectiveness of such strategies."

1561 **SECTION 4-6.**

1562 Said title is further amended by revising Code Section 37-2-4, relating to the Behavioral
1563 Health Coordinating Council, membership, meetings, and obligations, as follows:

1564 "37-2-4.

1565 (a) There is created the Behavioral Health Coordinating Council. The council shall consist
1566 of the commissioner of behavioral health and developmental disabilities; the commissioner
1567 of early care and learning; the commissioner of community health; the commissioner of
1568 public health; the commissioner of human services; the commissioner of juvenile justice;
1569 the commissioner of corrections; the commissioner of community supervision; the

1570 commissioner of community affairs; the commissioner of the Technical College System
1571 of Georgia; the Commissioner of Labor; the State School Superintendent; the chairperson
1572 of the State Board of Pardons and Paroles; a behavioral health expert employed by the
1573 University System of Georgia, designated by the chancellor of the university system; two
1574 members, appointed by the Governor; the ombudsman appointed pursuant to Code Section
1575 37-2-32; the Child Advocate for the Protection of Children; an expert on infant and early
1576 childhood mental health, appointed by the Governor; an expert on child and adolescent
1577 health, appointed by the Governor; a pediatrician, appointed by the Governor; an adult
1578 consumer of public behavioral health services, appointed by the Governor; a family
1579 member of a consumer of public behavioral health services, appointed by the Governor;
1580 a parent of a child receiving public behavioral health services, appointed by the Governor;
1581 a member of the House of Representatives, appointed by the Speaker of the House of
1582 Representatives; and a member of the Senate, appointed by the Lieutenant Governor.

1583 (b) The commissioner of behavioral health and developmental disabilities shall be the
1584 chairperson of the council. A vice chairperson and a secretary shall be selected by the
1585 members of the council from among its members as prescribed in the council's bylaws.

1586 (c) Meetings of the council shall be held quarterly, or more frequently, on the call of the
1587 chairperson. Meetings of the council shall be held with no less than five days' public notice
1588 for regular meetings and with such notice as the bylaws may prescribe for special meetings.
1589 Each member shall be given written or electronic notice of all meetings. All meetings of
1590 the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or
1591 transcripts shall be kept of all meetings of the council and shall include a record of the
1592 votes of each member, specifying the yea or nay vote or absence of each member, on all
1593 questions and matters coming before the council, and minutes or transcripts of each
1594 meeting shall be posted on the state agency website of each council member designee. No
1595 member may abstain from a vote other than for reasons constituting disqualification to the
1596 satisfaction of a majority of a quorum of the council on a recorded vote. No member of the

1597 council shall be represented by a delegate or agent. Any member who misses three duly
1598 posted meetings of the council over the course of a calendar year shall be replaced by an
1599 appointee of the Governor unless the council chairperson officially excuses each such
1600 absence.

1601 (d) Except as otherwise provided in this Code section, a majority of the members of the
1602 council then in office shall constitute a quorum for the transaction of business. No vacancy
1603 on the council shall impair the right of the quorum to exercise the powers and perform the
1604 duties of the council. The vote of a majority of the members of the council present at the
1605 time of the vote, if a quorum is present at such time, shall be the act of the council unless
1606 the vote of a greater number is required by law or by the bylaws of the council.

1607 (e) The council shall:

1608 (1) Develop solutions to the systemic barriers or problems to the delivery of behavioral
1609 health services by making recommendations in writing and publicly available that
1610 implement funding, policy changes, practice changes, and evaluation of specific goals
1611 designed to improve ~~services delivery and~~ delivery of behavioral health services, increase
1612 access to behavioral health services, and improve outcome for individuals, including
1613 infants, children, adolescents, and adults, served by the various departments;

1614 (2) Focus on specific goals designed to resolve issues for provision of behavioral health
1615 services that negatively impact individuals, including infants, children, adolescents, and
1616 adults, serviced by at least two the various departments;

1617 (3) Monitor and evaluate the implementation of established goals and recommendations;
1618 and

1619 (4) Establish common outcome measures that are to be utilized for and represented in the
1620 annual report to the council.

1621 (f)(1) The council ~~may~~ shall consult with various entities, including state agencies,
1622 councils, and advisory committees and other advisory groups as deemed appropriate by
1623 the council.

1624 (2) All state departments, agencies, boards, bureaus, commissions, and authorities are
1625 authorized and required to make available to the council access to records or data which
1626 are available in electronic format or, if electronic format is unavailable, in whatever
1627 format is available. The judicial and legislative branches are authorized to likewise
1628 provide such access to the council.

1629 (g) The council shall be attached to the Department of Behavioral Health and
1630 Developmental Disabilities for administrative purposes only as provided by Code Section
1631 50-4-3.

1632 (h)(1) The council shall submit annual reports no later than October 1 of its
1633 recommendations and evaluation of its implementation and any recommendations for
1634 funding to the Office of Health Strategy and Coordination, the Governor, the Speaker of
1635 the House of Representatives, and the Lieutenant Governor.

1636 (2) The recommendations developed by the council and the annual reports of the council
1637 shall be presented to the board of each member department for approval or review at least
1638 annually at a publicly scheduled meeting.

1639 (i) For purposes of this Code section, the term 'behavioral health services' has the same
1640 meaning as 'disability services' as defined in Code Section 37-1-1."

1641 **PART V**

1642 *Child and Adolescent Behavioral Health*

1643 **SECTION 5-1.**

1644 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
1645 revising Code Section 37-1-20, relating to obligations of the Department of Behavioral
1646 Health and Developmental Disabilities, as follows:

1647 "37-1-20.

1648 The department shall:

- 1649 (1) Establish, administer, and supervise the state programs for mental health,
1650 developmental disabilities, and addictive diseases;
- 1651 (2) Direct, supervise, and control the medical and physical care and treatment; recovery;
1652 and social, employment, housing, and community supports and services based on single
1653 or co-occurring diagnoses provided by the institutions, contractors, and programs under
1654 its control, management, or supervision;
- 1655 (3) Plan for and implement the coordination of mental health, developmental disability,
1656 and addictive disease services with physical health services, and the prevention of any of
1657 these diseases or conditions, and develop and promulgate rules and regulations to require
1658 that all health services be coordinated and that the public and private providers of any of
1659 these services that receive state support notify other providers of services to the same
1660 patients of the conditions, treatment, and medication regimens each provider is
1661 prescribing and delivering;
- 1662 (4) Ensure that providers of mental health, developmental disability, or addictive disease
1663 services coordinate with providers of primary and specialty health care so that treatment
1664 of conditions of the brain and the body can be integrated to promote recovery, health, and
1665 well-being;
- 1666 (5) Have authority to contract, including performance based contracts which may include
1667 financial incentives or consequences based on the results achieved by a contractor as
1668 measured by output, quality, or outcome measures, for services with community service
1669 boards, private agencies, and other public entities for the provision of services within a
1670 service area so as to provide an adequate array of services and choice of providers for
1671 consumers and to comply with the applicable federal laws and rules and regulations
1672 related to public or private hospitals; hospital authorities; medical schools and training
1673 and educational institutions; departments and agencies of this state; county or municipal
1674 governments; any person, partnership, corporation, or association, whether public or
1675 private; and the United States government or the government of any other state;

- 1676 (6) Establish and support programs for the training of professional and technical
1677 personnel as well as regional advisory councils and community service boards;
- 1678 (7) Have authority to conduct research into the causes and treatment of disability and
1679 into the means of effectively promoting mental health and addictive disease recovery;
- 1680 (8) Assign specific responsibility to one or more units of the department for the
1681 development of a disability prevention program. The objectives of such program shall
1682 include, but are not limited to, monitoring of completed and ongoing research related to
1683 the prevention of disability, implementation of programs known to be preventive, and
1684 testing, where practical, of those measures having a substantive potential for the
1685 prevention of disability;
- 1686 (9) Establish a system for local administration of mental health, developmental disability,
1687 and addictive disease services in institutions and in the community;
- 1688 (10) Make and administer budget allocations to fund the operation of mental health,
1689 developmental disabilities, and addictive diseases facilities and programs;
- 1690 (11) Coordinate in consultation with providers, professionals, and other experts the
1691 development of appropriate outcome measures for client centered service delivery
1692 systems;
- 1693 (12) Establish, operate, supervise, and staff programs and facilities for the treatment of
1694 disabilities throughout this state;
- 1695 (13) Disseminate information about available services and the facilities through which
1696 such services may be obtained;
- 1697 (14) Supervise the local office's exercise of its responsibility concerning funding and
1698 delivery of disability services;
- 1699 (15) Supervise the local offices concerning the administration of grants, gifts, moneys,
1700 and donations for purposes pertaining to mental health, developmental disabilities, and
1701 addictive diseases;

1702 (16) Supervise the administration of contracts with any hospital, community service
1703 board, or any public or private providers without regard to regional or state boundaries
1704 for the provision of disability services and in making and entering into all contracts
1705 necessary or incidental to the performance of the duties and functions of the department
1706 and the local offices;

1707 (17) Regulate the delivery of care, including behavioral interventions and medication
1708 administration by licensed staff, or certified staff as determined by the department, within
1709 residential settings serving only persons who are receiving services authorized or
1710 financed, in whole or in part, by the department;

1711 (18) Classify host homes for persons whose services are financially supported, in whole
1712 or in part, by funds authorized through the department. As used in this Code section, the
1713 term 'host home' means a private residence in a residential area in which the occupant
1714 owner or lessee provides housing and provides or arranges for the provision of food, one
1715 or more personal services, supports, care, or treatment exclusively for one or two persons
1716 who are not related to the occupant owner or lessee by blood or marriage. A host home
1717 shall be occupied by the owner or lessee, who shall not be an employee of the same
1718 community provider which provides the host home services by contract with the
1719 department. The department shall approve and enter into agreements with community
1720 providers which, in turn, contract with host homes. The occupant owner or lessee shall
1721 not be the guardian of any person served or of their property nor the agent in such
1722 person's advance directive for health care. The placement determination for each person
1723 placed in a host home shall be made according to such person's choice as well as the
1724 individual needs of such person in accordance with the requirements of Code Section
1725 37-3-162, 37-4-122, or 37-7-162, as applicable to such person;

1726 (19) Provide guidelines for and oversight of host homes, which may include, but not be
1727 limited to, criteria to become a host home, requirements relating to physical plants and
1728 supports, placement procedures, and ongoing oversight requirements;

1729 (20) Supervise the regular visitation of disability services facilities and programs in order
1730 to assure contracted providers are licensed and accredited by the designated agencies
1731 prescribed by the department, and in order to evaluate the effectiveness and
1732 appropriateness of the services, as such services relate to the health, safety, and welfare
1733 of service recipients, and to provide technical assistance to programs in delivering
1734 services;

1735 (21) Establish a unit of the department which shall receive and consider complaints from
1736 individuals receiving services, make recommendations to the commissioner regarding
1737 such complaints, and ensure that the rights of individuals receiving services are fully
1738 protected. No later than October 1, 2023, and annually thereafter, such unit shall provide
1739 to the Office of Health Strategy and Coordination annual reports regarding such
1740 complaints;

1741 (22) With respect to housing opportunities for persons with mental illness and
1742 co-occurring disorders:

1743 (A) Coordinate the department's programs and services with other state agencies and
1744 housing providers;

1745 (B) Facilitate partnerships with local communities;

1746 (C) Educate the public on the need for supportive housing;

1747 (D) Collect information on the need for supportive housing and monitor the benefit of
1748 such housing; ~~and~~

1749 (E) Identify and determine best practices for the provision of services connected to
1750 housing; and

1751 (F) No later than October 1, 2023, and annually thereafter, provide to the Office of
1752 Health Strategy and Coordination an annual status report regarding successful housing
1753 placements and unmet housing needs for the previous year and anticipated housing
1754 needs for the upcoming year;

- 1755 (23) Exercise all powers and duties provided for in this title or which may be deemed
1756 necessary to effectuate the purposes of this title;
- 1757 (24) Assign specific responsibility to one or more units of the department for the
1758 development of programs designed to serve disabled infants, children, and youth. ~~To the~~
1759 ~~extent practicable, such~~ Such units shall cooperate with the Georgia Department of
1760 Education, ~~and the University System of Georgia, the Technical College System of~~
1761 ~~Georgia, the Department of Juvenile Justice, the Department of Early Care and Learning,~~
1762 the Department of Public Health, and community service boards in developing such
1763 programs. No later than October 1, 2023, and annually thereafter, such department shall
1764 provide to the Office of Health Strategy and Coordination annual reports regarding such
1765 programs;
- 1766 (25) Have the right to designate private institutions as state institutions; to contract with
1767 such private institutions for such activities, in carrying out this title, as the department
1768 may deem necessary from time to time; and to exercise such supervision and cooperation
1769 in the operation of such designated private institutions as the department may deem
1770 necessary;
- 1771 (26) Establish policies and procedures governing fiscal standards and practices of
1772 community service boards and their respective governing boards and no later than
1773 October 1, 2023, and annually thereafter, provide to the Office of Health Strategy and
1774 Coordination annual reports regarding the performance and fiscal status of each
1775 community service board; and
- 1776 (27) Coordinate the establishment and operation of a data base and network to serve as
1777 a comprehensive management information system for behavioral health, addictive
1778 diseases, and disability services and programs."

SECTION 5-2.

1779

1780 Said title is further amended by revising subsection (a) of Code Section 37-2-6, relating to
1781 community service board creation, membership, participation of counties, transfer of powers
1782 and duties, alternate method of establishment, bylaws, and reprisals prohibited, as follows:

1783 "(a) Community service boards in existence on June 30, 2014, are re-created effective July
1784 1, 2014, to provide mental health, developmental disabilities, and addictive diseases
1785 services to children and adults. Such community service boards may enroll and contract
1786 with the department, the Department of Human Services, the Department of Public Health,
1787 or the Department of Community Health to become a provider of mental health,
1788 developmental disabilities, and addictive diseases services or health, recovery, housing, or
1789 other supportive services for children and adults. Such boards shall be considered public
1790 agencies. Each community service board shall be a public corporation and an
1791 instrumentality of the state; provided, however, that the liabilities, debts, and obligations
1792 of a community service board shall not constitute liabilities, debts, or obligations of the
1793 state or any county or municipal corporation and neither the state nor any county or
1794 municipal corporation shall be liable for any liability, debt, or obligation of a community
1795 service board. Each community service board re-created pursuant to this Code section is
1796 created for nonprofit and public purposes to exercise essential governmental functions.
1797 The re-creation of community service boards pursuant to this Code section shall not alter
1798 the provisions of Code Section 37-2-6.2 which shall apply to those re-created community
1799 service boards and their employees covered by that Code section and those employees'
1800 rights are retained."

SECTION 5-3.

1801

1802 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
1803 in Article 7 of Chapter 4, relating to medical assistance generally, by adding a new Code
1804 section to read as follows:

H. B. 1013 (SUB)

- 70 -

1805 "49-4-159.2.

1806 (a) The department shall convene a task force composed of care management
1807 organizations, pediatric primary care physicians, family medicine physicians, a
1808 representative of a pediatric hospital, pharmacy benefits managers, other insurers, an expert
1809 on infant and early childhood mental health, and pediatric mental health and substance use
1810 disorder care professionals.

1811 (b) The task force shall examine:

1812 (1) How to provide training and support for multidisciplinary staff in neonatal intensive
1813 care units and nursery units to implement and sustain developmentally supportive and
1814 evidence based practices and interventions that enhance caregiver/infant attachment;

1815 (2) Expanding postpartum Medicaid coverage from six months to 12 months;

1816 (3) How to address Medicaid coverage and billing codes to provide behavioral health
1817 services for children from birth to age four;

1818 (4) How to develop and implement a mechanism for Georgia's managed care program
1819 for children, youth, and young adults in foster care, children and youth receiving adoption
1820 assistance, and select youth involved in the juvenile justice system to work directly with
1821 the foster caregivers, parents and relatives or kinship caregivers, and prospective adoptive
1822 caregivers to meet the mental and behavioral health needs of infants, children, and
1823 adolescents;

1824 (5) How to develop and implement a mechanism for Georgia's managed care program
1825 for infants, children, youth, and young adults in foster care, children and youth receiving
1826 adoption assistance, and select youth involved in the juvenile justice system to work
1827 directly with the parents and relative/kin caregivers and adoptive caregivers to meet the
1828 mental and behavioral health needs of infants, children, and adolescents for the first 12
1829 months post-discharge from foster care; and

1830 (6) How to develop and implement a mechanism to provide adoptive caregivers with the
1831 support necessary to meet the mental and behavioral health needs of infants, children, and
1832 adolescents for the first 12 months after finalization of adoption.

1833 (c) The examination conducted pursuant to subsection (b) of this Code section shall
1834 include:

1835 (1) Identification of best practices, potential cost savings, decreased administrative
1836 burdens, increased transparency regarding prescription drug costs, and impact on turnover
1837 on the mental health and substance use disorder professionals workforce; and

1838 (2) Evaluation of best practices for community mental health and substance use disorder
1839 services reimbursement, including payment structures and rates that cover the cost of
1840 service provision for outpatient care, high-fidelity wraparound services, and therapeutic
1841 foster care homes, within the bounds of federal regulatory guidance."

1842 **SECTION 5-4.**

1843 Said title is further amended by revising subsection (b) of Code Section 49-5-24, relating to
1844 interagency efforts to gather and share comprehensive data, legislative findings, state-wide
1845 system for sharing data regarding care and protection of children, interagency data protocol;
1846 interagency agreements, and waivers from certain federal regulations, as follows:

1847 "(b) No later than October 1, 2024, the ~~The~~ department, working with the following
1848 agencies, shall develop and implement a workable state-wide system for sharing data
1849 relating to the care and protection of children between such agencies, utilizing existing
1850 state-wide data bases and data delivery systems to the greatest extent possible, to
1851 streamline access to such data:

1852 (1) Division of Family and Children Services of the department;

1853 (2) Department of Early Care and Learning;

1854 (3) Department of Community Health;

1855 (4) Department of Public Health;

- 1856 (5) Department of Behavioral Health and Developmental Disabilities;
1857 (6) Department of Juvenile Justice;
1858 (7) Department of Education; and
1859 (8) Georgia Crime Information Center."

1860 **SECTION 5-5.**

1861 Said title is further amended in Article 10 of Chapter 5, relating to children and adolescents
1862 with severe emotional problems, by revising Code Section 49-5-222, relating to guiding
1863 principles for coordinated system of care, as follows:

1864 "49-5-222.

1865 (a) The following ideals shall be the guiding principles for the coordinated system of care:

- 1866 (1) Services shall be child and family centered and give priority to keeping children with
1867 their families. Families shall be fully involved in all aspects of planning and delivery of
1868 services; however, no family shall be required to accept services for any family member;
- 1869 (2) Services shall be community based, with decision-making responsibility and
1870 management at the community level;
- 1871 (3) Services shall be comprehensive, addressing the child's physical, educational, social,
1872 and emotional needs;
- 1873 (4) Agency resources and services shall be shared and coordinated with written
1874 interagency agreements detailing linkages;
- 1875 (5) Services shall be provided in the least restrictive setting consistent with effective
1876 services and as close to the child's home as appropriate;
- 1877 (6) Services shall address the unique needs and potential of each child and shall be
1878 sufficiently flexible to meet the individual needs of the child and family;
- 1879 (7) Services shall promote early identification and intervention;
- 1880 (8) Services shall be culturally and ethnically sensitive;
- 1881 (9) All legal rights of these children shall be protected; and

1882 (10) The parent or guardian shall be involved in the development of the individualized
 1883 plan and the delivery of services as defined by the individualized plan.

1884 (b) The Multi-Agency Treatment for Children (MATCH) team is established within the
 1885 department. The state MATCH team shall be composed of representatives from the
 1886 Division of Family and Children Services of the department; the Department of Juvenile
 1887 Justice; the Department of Early Care and Learning; the Department of Public Health; the
 1888 Department of Community Health; the department; the Department of Behavioral Health
 1889 and Developmental Disabilities; the Department of Education; the Office of the Child
 1890 Advocate, and the Department of Corrections. The chairperson of the Behavioral Health
 1891 Coordinating Council or his or her designee shall serve as the chairperson of the state
 1892 MATCH team. The state MATCH team shall facilitate collaboration across state agencies
 1893 to explore resources and solutions for complex and unmet treatment needs for children in
 1894 this state and to provide for solutions, including both public and private providers, as
 1895 necessary. The state MATCH team will accept referrals from local interagency children's
 1896 committees throughout Georgia for children with complex treatment needs not met through
 1897 the resources of their local community and custodians. The state agencies and entities
 1898 represented on the state MATCH team shall coordinate with each other and take all
 1899 reasonable steps necessary to provide for collaboration and coordination to facilitate the
 1900 purpose of the state MATCH team."

1901

PART VI

1902

Behavioral Health Reform and Innovation Commission

1903

SECTION 6-1.

1904 Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the Department
 1905 of Community Health, is amended by adding new Code sections to read as follows:

H. B. 1013 (SUB)

1906 "31-2-17.

1907 (a) The department shall undertake a study of the following:

1908 (1) Comparison of reimbursement rates for mental health services under Medicaid,
1909 PeachCare for Kids, and the state health benefit plan with other states;

1910 (2) Reimbursement for health care providers providing mental health care services under
1911 Medicaid, PeachCare for Kids, and the state health benefit plan and comparison with
1912 other states;

1913 (3) Reimbursement for hospitals caring for uninsured patients with mental health and
1914 substance abuse disorders in the emergency department for extended periods of time
1915 while the patient is waiting on placement and transfer to a behavioral health facility for
1916 evaluation and treatment; and

1917 (4) An accurate accounting of mental health fund distribution across state agencies,
1918 including, but not limited to, the department, the Department of Behavioral Health and
1919 Developmental Disabilities, the Department of Human Services, and the Department of
1920 Juvenile Justice.

1921 (b) The department shall complete such study and submit its findings and
1922 recommendations to the Governor, General Assembly, the Office of Health Strategy and
1923 Coordination, and the Behavioral Health Reform and Innovation Commission no later than
1924 December 31, 2022.

1925 (c) This Code section shall stand repealed in its entirety by operation of law on December
1926 31, 2022."

1927 **SECTION 6-2.**

1928 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
1929 revising Code Section 37-1-116, relating to abolishment and termination of the Behavioral
1930 Health Reform and Innovation Commission, as follows:

1931 "37-1-116.

1932 The commission shall be abolished and this article shall stand repealed on June 30, 2023
1933 2025."

1934 **SECTION 6-3.**

1935 Part 3 of Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia Annotated,
1936 relating to the Georgia Data Analytic Center, is amended by adding a new Code section to
1937 read as follows:

1938 "45-12-154.1.

1939 The administrator of the GDAC Project shall prepare an annual unified report regarding
1940 complaints filed for suspected violations of mental health parity laws. Such annual unified
1941 report shall comprise data received from the Department of Insurance pursuant to
1942 subsection (f) of Code Section 33-1-27 and data received from the Department of
1943 Community Health pursuant to subsection (f) of Code Section 33-21A-13. Such annual
1944 unified report shall be completed and made publicly available beginning April 1, 2024, and
1945 annually thereafter."

1946 **SECTION 6-4.**

1947 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
1948 in Article 7 of Chapter 4, relating to medical assistance generally, by adding new Code
1949 sections to read as follows:

1950 "49-4-152.6.

1951 (a) The department shall ensure that Medicaid and PeachCare for Kids provide for
1952 same-day reimbursement for a patient who sees more than one health care provider in one
1953 day, including receiving mental health care services after a primary care visit.

1954 (b) If necessary to implement the provisions of this Code section, the department shall
1955 submit a Medicaid state plan amendment or waiver request to the United States Department
1956 of Health and Human Services.

1957 49-4-152.7.

1958 (a) The department shall provide Medicaid coverage for any prescription drug prescribed
1959 to an adult patient and determined by a duly licensed practitioner in this state to be
1960 medically necessary for the treatment and prevention of schizophrenia and schizotypal or
1961 delusion disorders if:

1962 (1) During the preceding year, the patient was prescribed and unsuccessfully treated with
1963 a preferred or generic drug; or

1964 (2) The patient has previously been prescribed and obtained prior approval for the
1965 nonpreferred prescribed drug.

1966 (b) If necessary to implement the provisions of this Code section, the department shall
1967 submit a Medicaid state plan amendment or waiver request to the United States Department
1968 of Health and Human Services."

1969

PART VII

1970

Repealer

1971

SECTION 7-1.

1972 All laws and parts of laws in conflict with this Act are repealed.