

House Bill 102

By: Representatives Cooper of the 45th, Newton of the 127th, Silcox of the 53rd, Hawkins of the 27th, and Au of the 50th

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the
2 Department of Community Health, so as to provide for the establishment of the Georgia
3 Quality Reporting Project; to provide for definitions; to provide for the purposes of the
4 project; to provide for a working group; to provide for submission of clinical data; to provide
5 for processing of clinical data with claims data; to provide for penalties; to amend Code
6 Section 33-6-4 of the Official Code of Georgia Annotated, relating to enumeration of unfair
7 methods of competition and unfair or deceptive acts or practices and penalty, so as to provide
8 for conforming changes; to provide for related matters; to repeal conflicting laws; and for
9 other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the Department
13 of Community Health, is amended by adding a new Code section to read as follows:

14 "31-2-20.

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

(1) 'Direct personal identifiers' means information relating to a covered individual that contains primary or obvious identifiers, such as the individual's name, street address, email address, telephone number, and social security number, but shall not include geographic or demographic information that would prohibit the identification of a covered individual.

(2) 'GQRP' means the Georgia Quality Reporting Project established pursuant to this Code section.

(3) 'HEDIS' means the Healthcare Effectiveness Data and Information Set.

(4) 'Qualified Health Information Network' or 'QHIN' means a network certified by the secretary of the United States Department of Health and Human Services and the assistant secretary for technology policy/office of the National Coordinator for Health Information Technology that meets all of the Trusted Exchange Framework and Common Agreement requirements established by the federal 21st Century Cures Act, P.L. 114-255, and utilizes a quality measure calculation product certified by the National Committee for Quality Assurance for HEDIS reporting.

(5) 'Submitting entity' means a Medicaid care management organization that contracts with the department to arrange healthcare services for Medicaid recipients.

(b)(1) The department shall facilitate the establishment of the Georgia Quality Reporting Project. The purpose of the GQRP shall be to:

(A) Gauge the quality of treatment for opioid use disorder and healthcare overall;

(B) Improve the quality of care to Georgia residents;

(C) Reduce the overall cost of medical treatment and care in this state; and

(D) Foster clinical research in this state.

(2) The department may enter into agreements with the administrator of the Georgia All-Payer Claims Database established pursuant to Article 3 of Chapter 53 of this title and the Georgia Data Analytic Center established pursuant to Part 3 of Article 4 of

Chapter 12 of Title 45 for purposes of establishing the GQRP and accomplishing its purposes.

(c) The department shall facilitate the establishment of a GQRP use case working group for the purpose of creating a framework and implementation plan for the GQRP.

(d) Beginning January 1, 2028, and every month thereafter, all submitting entities shall be required to transmit clinical data collected through the methods and formats established by the federal Department of Health and Human Services' Electronic Clinical Quality Measures Fast Health Information Resources standards to the department. Such data shall be transmitted either directly or through QHIN connections implemented by such submitting entities. Such data shall include:

(1) Clinical data from electronic health records for all Georgia healthcare organizations who provide substance use disorder care to Medicaid patients to evaluate opioid care in this state; and

(2) Clinical data from electronic health records to report relevant state level quality measures to evaluate the quality of care and improve clinical outcomes for in-state patients.

(e) Beginning January 1, 2029, and every month thereafter, the clinical data collected pursuant to subsection (d) of this Code section shall be converted and combined with all claims data to calculate state level opioid statistics and relevant state level quality measures available in the HEDIS data sets. A nationally recognized and standardized National Committee for Quality Assurance accredited process shall be used for the calculation of relevant HEDIS quality measures.

(f) Direct personal identifiers contained in clinical data transmitted pursuant to this Code section shall not be considered a public record and shall not be subject to Article 4 of Chapter 18 of Title 50, relating to open records.

67 (g) The collection, storage, and release of healthcare data and other information pursuant
68 to this Code section shall be subject to the federal Health Insurance Portability and
69 Accountability Act (HIPAA) of 1996, P.L. 104-191.

70 (h) Except as otherwise provided in this Code section, any submitting entity that fails to
71 submit clinical data in accordance with this Code section shall be subject to penalty. The
72 department shall adopt a schedule of penalties not to exceed \$1,000.00 per day of violation,
73 determined by the severity of the violation. A penalty imposed under this subsection may
74 be remitted or mitigated upon such terms and conditions as the department considers proper
75 and consistent with the public health and safety. Any fines collected pursuant to this
76 subsection shall be deposited into the state treasury.

77 (i) Any submitting entity that is subject to the jurisdiction of the Commissioner of
78 Insurance that fails to submit clinical data in accordance with this Code section shall be
79 subject to violation of paragraph (14.2) of subsection (b) of Code Section 33-6-4, and any
80 other penalties that may be imposed by the Commissioner of Insurance. The department
81 may refer violations by such submitting entities to the Commissioner of Insurance for
82 enforcement action for each instance in which such submitting entity fails to submit clinical
83 data to the department in accordance with this Code section and in accordance with any
84 rules and regulations established for such purpose.

85 (j) No healthcare provider contracting with a submitting entity to provide healthcare
86 services to Medicaid recipients shall be required to incur any direct or indirect expense
87 related to the compliance by a submitting entity with the requirements of this Code section."

88 **SECTION 2.**

89 Code Section 33-6-4 of the Official Code of Georgia Annotated, relating to enumeration of
90 unfair methods of competition and unfair or deceptive acts or practices and penalty, is
91 amended by revising paragraph (14.2) of subsection (b) as follows:

95 **SECTION 3.**
96 All laws and parts of laws in conflict with this Act are repealed.

SECTION 3.

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