

House Bill 925

By: Representatives Cannon of the 58th, Miller of the 62nd, Scott of the 76th, Bazemore of the 69th, Hugley of the 141st, and others

A BILL TO BE ENTITLED

AN ACT

1 To amend Titles 31, 33, 34, 37, 45, 48, and 49 of the Official Code of Georgia Annotated,
2 relating to health, insurance, labor and industrial relations, mental health, public officers and
3 employees, revenue and taxation, and social services, respectively, so as to enact the
4 "Georgia Maternal Health Momnibus Act"; to provide for legislative findings and intent; to
5 provide for a short title; to repeal Code Section 31-2A-19, relating to pilot program for home
6 visitation during pregnancy and early childhood, reporting, and funding requirement; to
7 establish pilot programs to provide prenatal care and postpartum care through telemedicine
8 and mobile health clinics for women residing in limited maternity care counties and
9 maternity care deserts; to authorize rules and regulations, provide for reporting, provide for
10 contingent effectiveness, and provide for termination and automatic repeal with respect to
11 such pilot programs; to provide for group prenatal care and postpartum care classes and
12 sessions to certain pregnant and postpartum women from low-income households; to
13 authorize rules and regulations and provide for reporting with respect to the same; to require
14 implicit bias initial and refresher training for certain healthcare professionals involved in
15 perinatal care; to create and provide a purpose for the Regional Perinatal Center Advisory
16 Committee; to provide for its composition and duties; to provide for assessment and
17 recommendations to the commissioner of public health; to establish criteria for hospitals
18 interested in being designated as a regional perinatal center; to authorize rules and

H. B. 925

- 1 -

19 regulations and provide for presentation of a plan every four years with respect to such
20 committee; to provide for coverage for maternal mental health screening and care; to provide
21 for a comprehensive quality metrics program with respect to such screening and care; to
22 require the provision of educational materials upon signs and symptoms of perinatal mood
23 and anxiety disorders; to establish a pilot program for remote maternal mental health
24 screening and monitoring; to provide for legislative intent, authorize rules and regulations,
25 and provide for funding and reporting with respect to such pilot program; to establish a pilot
26 program to provide coverage under the Medicaid program for doula care for pregnant
27 Medicaid recipients; to provide for doula qualifications, authorize rules and regulations,
28 provide for reporting, provide for contingent effectiveness, and provide for termination and
29 automatic repeal with respect to such pilot program; to provide for a public awareness
30 campaign related to maternal health; to expand the Georgia WIC (Women, Infants, and
31 Children) program to cover children up to six years of age and to provide for contingent
32 effectiveness; to create and establish a purpose for the Supporting Healthy Moms Grant
33 Program; to provide for the allocation of annual grant awards under such program; to provide
34 for rules and regulations and reporting with respect to such program; to require certain
35 accommodations in the workplace for pregnancy, childbirth, and related conditions; to
36 provide for the specific powers and duties of the Commissioner of Labor related to such
37 requirements; to provide for notice of rights and reasonable accommodations to job
38 applicants and employees for circumstances related to pregnancy; to provide for a civil cause
39 of action and relief; to provide for certain instruction and public education; to authorize rules
40 and regulations and provide for construction with respect to such workplace
41 accommodations; to exempt the sale or use of diapers from taxation; to require healthcare
42 providers, healthcare facilities, and pharmacies to provide the Maternal Mortality Review
43 Committee with psychiatric records; to create and provide a purpose for the Severe Maternal
44 Morbidity Review Committee; to provide for the compilation, tracking, reporting, and public
45 dissemination of data on severe maternal morbidity and pregnancy related deaths; to provide

46 for a study on reducing severe maternal morbidity; to provide for a report and for automatic
47 repeal of provisions relating to such study; to permit the release of clinical records of a
48 deceased patient or deceased former patient to the Maternal Mortality Review Committee
49 and the Severe Maternal Morbidity Review Committee; to remove the requirement that a
50 medical examiner's inquiry for pregnant female deaths be done through a regional perinatal
51 center; to provide for definitions; to provide for related matters; to repeal conflicting laws;
52 and for other purposes.

53 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

54 **PART 1.**

55 **SECTION 1-1.**

56 This Act shall be known and may be cited as the "The Georgia Maternal Health Momnibus
57 Act."

58 **PART 2.**

59 *Comprehensive and Equitable Maternal Healthcare*

60 **SECTION 2-1.**

61 (a) The General Assembly of Georgia finds that:

62 (1) Georgia's maternal mortality rate is one of the highest in the nation, regardless of
63 ethnic or socioeconomic background;

64 (2) According to the Commonwealth Fund, in 2020 the United States' mortality rate was
65 23.8 deaths per 100,000 live births, which is much higher than the 9.8 average of the
66 Organization for Economic Cooperation and Development. In 2020, Georgia's rate of
67 maternal mortality was 33.0 deaths per 100,000 live births;

- 68 (3) Systemic disparities, including lack of access to quality care across socioeconomic
69 strata, contribute to poor maternal health outcomes. The Department of Public Health
70 reports that over 80 percent of pregnancy related deaths in Georgia are preventable;
71 (4) Reports from the Georgetown Center for Children and Families show that nearly one
72 in five (19.3 percent) of women of childbearing age (18-44) have no health insurance.
73 This is one of the highest rates in the country, leaving Georgia forty-sixth overall as it
74 relates to women's healthcare access. Georgia has the highest uninsured rate in the South,
75 apart from Mississippi where 21.2 percent of women of childbearing age are uninsured;
76 (5) Social determinants of health, such as housing, transportation, and economic stability,
77 significantly impact maternal health outcomes. Data from the Department of Public
78 Health highlights transportation barriers as a leading factor in missed prenatal
79 appointments;
80 (6) Ninety-three rural Georgia counties do not have a hospital with a labor and delivery
81 unit, and there are no rural counties in the state with a maternal-fetal medicine specialist.
82 Mothers in these areas are often more impacted by lack of transportation, little or no
83 access to the social safety net, and the presence of few perinatal supportive resources; and
84 (7) Federal legislation such as the Black Maternal Health Momnibus Act of 2023
85 provides a comprehensive framework to address maternal health disparities, offering
86 Georgia an opportunity to align state efforts with national goals.
- 87 (b) It is the intent of the General Assembly to address systemic disparities, invest in social
88 determinants of health, and provide comprehensive support to improve maternal health
89 outcomes for mothers in Georgia.

90

SECTION 2-2.

91 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Article 1
92 of Chapter 2A, relating to the Department of Public Health generally, by repealing Code
93 Section 31-2A-19, relating to pilot program for home visitation during pregnancy and early

94 childhood, reporting, and funding requirement, and enacting a new Code Section 31-2A-19
95 to read as follows:

96 "31-2A-19.

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

98 (1) 'Distant site' means a site at which an obstetric provider is located while providing
99 healthcare services by means of telemedicine, which may include the home of such
100 obstetric provider.

101 (2) 'Limited maternity care county' means a county in this state that has fewer than two
102 hospitals or birth centers offering obstetric care or fewer than 60 obstetric providers per
103 10,000 births.

104 (3) 'Maternity care desert' means a county in this state that does not have a hospital or
105 birth center offering obstetric care or an obstetric provider.

106 (4) 'Obstetric provider' means a licensed physician or advanced practice registered nurse
107 who is licensed to practice obstetrics and gynecology in this state.

108 (5) 'Telemedicine' means the use of electronic information and telecommunications
109 technologies that include, at minimum, audio and video equipment to enable two-way,
110 real-time interactive communication between a patient and an obstetric provider at a
111 distant site, which services are compliant with federal Health Insurance Portability and
112 Accountability Act of 1996 (HIPAA) privacy, security, and breach notification rules.
113 Such term shall include audio-only, telephone communication only when two-way,
114 real-time audio-visual communication is unavailable to or inaccessible by the patient or
115 is infeasible, impractical, or otherwise not medically advisable, as determined by the
116 obstetric provider providing telemedicine services to the patient.

117 (6) 'Virtual prenatal care' means at-home prenatal healthcare for a pregnant woman
118 provided by an obstetric provider facilitated through the use of telemedicine and
119 home-monitoring devices or other equipment, as deemed appropriate by such obstetric
120 provider. Such term includes consultations and monitoring, including, but not limited to,

121 monitoring for conditions such as diabetes and hypertension; mental health evaluations;
122 nutritional evaluations; and guidance on personal care.

123 (b) The department shall develop, implement, and conduct a three-year pilot program to
124 provide virtual prenatal care to pregnant women in limited maternity care counties and
125 maternity care deserts to improve birth outcomes and to decrease maternal morbidity and
126 mortality. The pilot program shall begin on July 1, 2026, and shall provide up to five
127 virtual prenatal care visits for each eligible pregnant woman. Such eligibility shall be
128 established based on criteria, terms, and conditions as determined by the department, in
129 coordination with the Department of Community Health.

130 (c) No later than July 1, 2027, and annually thereafter, the department shall submit to the
131 Governor, the Speaker of the House of Representatives, the President of the Senate, and
132 the chairpersons of the House Committee on Public Health and the Senate Health and
133 Human Services Committee a detailed written report on the effectiveness of the pilot
134 program. The final report shall additionally include recommendations, if any, as to the
135 expansion or permanency of the pilot program and any proposed changes to such program
136 relative to such recommendations.

137 (d) The department is authorized to promulgate rules and regulations as may be necessary
138 to implement and effectuate the provisions of this Code section.

139 (e) This Code section shall be contingent upon appropriations made by the General
140 Assembly specifically for the department for the purposes set forth in this Code section and
141 shall stand repealed by operation of law on December 1, 2029."

142 **SECTION 2-3.**

143 Said title is further amended by adding new Code sections to read as follows:

144 "31-2A-21.

145 (a) For purposes of this Code section, the term:

- 146 (1) 'Limited maternity care county' means a county in this state that has fewer than two
147 hospitals or birth centers offering obstetric care or fewer than 60 obstetric providers per
148 10,000 births.
- 149 (2) 'Maternity care desert' means a county in this state that does not have a hospital or
150 birth center offering obstetric care or an obstetric provider.
- 151 (3) 'Obstetric provider' means a physician or advanced practice registered nurse licensed
152 to practice obstetrics and gynecology in this state.
- 153 (4) 'Postpartum care' means healthcare for a woman for a period of one year following
154 a birth, miscarriage, stillbirth, or neonatal death. Such term includes physiological
155 assessments, mental health evaluations, nutritional evaluations, and guidance on personal
156 and newborn care. Such term includes at least four visits with an obstetric provider as
157 follows:
- 158 (A) An initial visit within 24 hours of a birth, miscarriage, stillbirth, or neonatal death;
159 (B) A follow-up visit within the first three weeks postpartum;
160 (C) A follow-up visit within the first eight weeks postpartum;
161 (D) A comprehensive visit no later than 12 weeks postpartum; and
162 (E) Intermediary and ongoing care as needed.
- 163 (b) The department shall develop, implement, and conduct a three-year pilot program for
164 the purpose of providing postpartum care through mobile health clinics in limited maternity
165 care counties and maternity care deserts, beginning on July 1, 2026. The department, in
166 coordination with the Department of Community Health, shall establish eligibility criteria,
167 terms, and conditions for such pilot program.
- 168 (c) No later than July 1, 2027, and annually thereafter, the department shall submit a
169 detailed written report on the effectiveness of the pilot program to the Governor, the
170 Speaker of the House of Representatives, the President of the Senate, and the chairpersons
171 of the House Committee on Public Health and the Senate Health and Human Services
172 Committee. The final report shall additionally include recommendations, if any, as to the

173 expansion or permanency of the pilot program and any proposed changes to the pilot
174 program relative to such recommendations.

175 (d) This Code section shall be contingent upon appropriations made by the General
176 Assembly specifically for the department for the purposes set forth in this Code section and
177 shall stand repealed by operation of law on December 1, 2029.

178 31-2A-22.

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

180 (1) 'Eligible participant' means a pregnant or postpartum woman who meets the income
181 eligibility guidelines set forth by the Georgia WIC (Women, Infants, and Children)
182 program, as of July 1, 2025.

183 (2) 'Group prenatal care' means a structured class designed for pregnant women provided
184 in a supportive group setting and based on an evidence based model that is focused on
185 equipping pregnant women with essential prenatal knowledge and skills, including, but
186 not limited to, labor and delivery preparation, breastfeeding, lactation, and newborn care.

187 (3) 'Group postpartum care' means a structured class designed for postpartum women
188 provided in a supportive group setting focused on equipping such women with essential
189 knowledge and skills for the postpartum period, including, but not limited to, physical
190 recovery, nutrition, emotional well-being, maternal mental health, newborn care, and
191 lactation support. With respect to postpartum women separated from their newborns due
192 to child welfare intervention or any other cause, such term includes counseling sessions
193 and any consultative sessions related to providing reunification assistance.

194 (4) 'Postpartum woman' means a woman up to 12 months after the end of a pregnancy.

195 (b) Subject to available funding, the department shall develop, implement, and conduct a
196 program to provide group prenatal care and group postpartum care to eligible participants,
197 whether in-person or online. Such program shall begin on July 1, 2026, and shall provide

198 up to five group prenatal care visits and up to five group postpartum care visits for each
199 eligible participant at no cost to such participant.

200 (c) Any person providing group prenatal care or group postpartum care under the program
201 shall have completed the appropriate training, as determined by the department.

202 (d) No later than June 30, 2027, and annually thereafter, the department shall submit to the
203 Governor, the Speaker of the House of Representatives, the President of the Senate, and
204 the chairpersons of the House Committee on Public Health and the Senate Health and
205 Human Services Committee a detailed report on the effectiveness of the program and
206 recommendations, if any, as to proposed legislation to improve such program.

207 (e) The department is authorized to promulgate rules and regulations as may be necessary
208 to implement and effectuate the provisions of this Code section.

209 31-2A-23.

210 (a) As used in this article, the term:

211 (1) 'Healthcare professional' means a physician or other healthcare practitioner licensed,
212 accredited, or certified to perform specified physical, mental, or behavioral healthcare
213 services consistent with his or her scope of practice under the laws of this state.

214 (2) 'Implicit bias' means a bias in judgment or behavior that results from subtle cognitive
215 processes, including implicit prejudice and implicit stereotypes that often operate at a
216 level below conscious awareness and without intentional control.

217 (3) 'Implicit prejudice' means prejudicial negative feelings or beliefs about a group that
218 a person holds without being aware of them.

219 (4) 'Implicit stereotypes' means the unconscious attributions of particular qualities to a
220 member of a certain social group. Implicit stereotypes are influenced by experience and
221 are based on learned associations between various qualities and social categories,
222 including race or gender.

223 (5) 'Perinatal care' means the provision of care during pregnancy, labor, delivery, and
224 postpartum and neonatal periods.

225 (6) 'Perinatal facility' means a hospital, clinic, or birthing center that provides perinatal
226 care.

227 (7) 'Pregnancy related death' means the death of a woman while pregnant or within 365
228 days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from
229 any cause related to, or aggravated by, the pregnancy or its management, but not from
230 accidental or incidental causes.

231 (b) Every perinatal facility in this state shall implement an evidence based implicit bias
232 program for all healthcare professionals involved in the perinatal care of patients within
233 such facility.

234 (c) An implicit bias program implemented pursuant to subsection (b) of this Code section
235 shall include:

236 (1) Identification of previous or current unconscious biases and misinformation;

237 (2) Identification of personal, interpersonal, institutional, structural, and cultural barriers
238 to inclusion;

239 (3) Corrective measures to decrease implicit bias at the interpersonal and institutional
240 levels, including ongoing policies and practices for that purpose;

241 (4) Information on the effects, including, but not limited to, ongoing personal effects, of
242 historical and contemporary exclusion and oppression of minority communities;

243 (5) Information about cultural identity across racial or ethnic groups;

244 (6) Information relative to communicating more effectively across identities, including
245 racial, ethnic, religious, and gender identities;

246 (7) Discussion on power dynamics and organizational decision making;

247 (8) Discussion on health inequities within the perinatal care field, including information
248 on how implicit bias impacts maternal and infant health outcomes;

249 (9) Perspectives of diverse, local constituency groups and experts on particular racial,
250 identity, cultural, and provider-community relations issues in the community; and

251 (10) Information on reproductive justice.

252 (d)(1) A healthcare professional shall complete initial basic training through the implicit
253 bias program based on the components described in subsection (c) of this Code section.

254 (2) Upon completion of the initial basic training, a healthcare professional shall complete
255 a refresher course under the implicit bias program every two years thereafter, or on a
256 more frequent basis if deemed necessary by the perinatal facility, in order to keep current
257 with changing racial, identity, and cultural trends and best practices in decreasing
258 interpersonal and institutional implicit bias.

259 (e) Each perinatal facility in this state shall provide a certificate of training completion to
260 another perinatal facility or a training attendee upon request. A perinatal facility may
261 accept a certificate of completion from another perinatal facility to satisfy the training
262 requirement provided for in this Code section from a healthcare professional who works
263 in more than one perinatal facility.

264 (f) If a healthcare professional involved in the perinatal care of patients is not directly
265 employed by a perinatal facility, the facility shall offer the training to such healthcare
266 professional.

267 31-2A-24.

268 (a) As used in this Code section, the term 'maternal near-miss' means a woman who
269 survived a near-death complication occurring during a pregnancy, during childbirth, or
270 within 42 days of the end of a pregnancy.

271 (b) The department shall create a comprehensive public awareness campaign targeting
272 women located in rural and underserved communities to increase awareness about maternal
273 health by developing and making available on the department's website educational

274 materials and support resources. Such materials and resources shall include, but shall not
275 be limited to:

276 (1) Information on prenatal care, including, but not limited to, nutrition, the importance
277 of prenatal care visits, what to expect during such visits, and key prenatal screenings;

278 (2) Information on common causes of maternal near-misses and strategies to reduce the
279 risk of severe maternal morbidity;

280 (3) Information on postpartum care, including, but not limited to, nutrition, physical
281 recovery, and newborn care; and

282 (4) A geographically indexed guide on government funded, free, and low-cost services
283 available to support pregnant and postpartum women, including, but not limited to,
284 healthcare services, educational classes and peer support groups for prenatal and
285 postpartum care, mental health counseling services, transportation assistance programs,
286 and food assistance programs which shall include a description of the services offered
287 and contact information.

288 (c) The department shall maintain a comprehensive webpage on its website dedicated to
289 maternal health that includes all educational materials and support resources identified or
290 created pursuant to this Code section."

291 **SECTION 2-4.**

292 Said title is further amended by adding a new article to read as follows:

293 "ARTICLE 4

294 31-2A-70.

295 As used in this article, the term:

296 (1) 'Advisory committee' or 'committee' means the Regional Perinatal Center Advisory
297 Committee established pursuant to Code Section 31-2A-71.

298 (2) 'Regional perinatal center' means a specially qualified hospital identified by the
299 department and designated to a specific geographic region to lead collaboration between
300 hospitals and providers to increase the likelihood that deliveries are performed in a
301 hospital with an appropriate level of care for mothers and infants.

302 31-2A-71.

303 (a) There is established the Regional Perinatal Center Advisory Committee for the purpose
304 of considering and making recommendations to the commissioner concerning the addition,
305 reduction, or transition of regional perinatal centers in this state. The committee shall
306 advise the commissioner on the estimated costs to the department necessary to implement
307 such recommendations.

308 (b) The Regional Perinatal Center Advisory Committee shall be composed of not less
309 than 11 nor more than 21 members to be appointed by the commissioner, who shall appoint
310 one of such members to serve as chairperson. All appointments to the committee shall be
311 for a term of four years. A member shall serve until his or her successor has been duly
312 appointed. The commissioner may reappoint any member.

313 (c) The advisory committee shall meet upon the call of the chairperson.

314 (d) Beginning on July 1, 2026, and every four years thereafter, the department, in
315 conjunction with the advisory committee, shall assess and make recommendations to the
316 commissioner on the adequacy of the regional perinatal system and consider hospital or
317 labor and delivery closures. Such assessment shall evaluate whether:

318 (1) Perinatal facilities in each region are equipped and prepared to stabilize infants and
319 mothers before transport;

320 (2) Coordination exists between maternity care in each region and regional perinatal
321 centers;

322 (3) All identified high-risk pregnancies and deliveries are promptly evaluated in
323 consultation with regional perinatal centers and referred to the appropriate designated

324 regional perinatal center for the proper management and treatment of such conditions as
325 needed;

326 (4) An adequate transport system is available in the region for the transfer of high-risk
327 mothers and infants and specifically considers:

328 (A) The distance and travel time between referring hospitals and regional perinatal
329 centers;

330 (B) The types of vehicles used for transport and whether a need exists for additional
331 vehicles; and

332 (C) The need for upgraded vehicles and transport equipment; and

333 (5) Each regional perinatal center provides:

334 (A) Consultation for patients requiring special services, including transport;

335 (B) Coordination and assurance of follow-up medical care for maternal and neonatal
336 patients requiring special services;

337 (C) Educational support to ensure quality care in institutions involved in perinatal
338 healthcare in the region;

339 (D) An annual education plan with all birthing centers in the region;

340 (E) Compilation and analysis of perinatal data from the center and referring hospitals;
341 and

342 (F) Coordination of perinatal health services within the region.

343 (e) When changes to the regional perinatal centers are approved by the department after
344 recommendation by the advisory committee, the department shall submit to the Office of
345 Planning and Budget prior to the General Assembly's next legislative session a budget
346 request seeking appropriations to implement such changes.

347 31-2A-72.

348 To be designated as a regional perinatal center a hospital shall notify the department of the
349 following:

- 350 (1) Such hospital's ability to meet the standards for regional perinatal centers;
351 (2) Any additional funding necessary to bring such hospital up to the standards for
352 regional perinatal centers;
353 (3) Any special planning problems in such hospital's perinatal region, including, but not
354 limited to, transportation, shortage of facilities, and personnel;
355 (4) A description of perinatal care currently being provided;
356 (5) A description of services that can be provided by the center in patient care, education,
357 and consultation to hospitals within the perinatal region; and
358 (6) Any other information requested by the department.

359 31-2A-73.

360 Beginning on July 1, 2026, and every four years thereafter, the department shall present to
361 the Governor, the Speaker of the House of Representatives, and the President of the Senate
362 a plan for the designated perinatal centers in every region of the state. Such plan shall
363 include funding considerations to aid hospitals in meeting the standards and for continuing
364 requirements, including, but not limited to, patient care, professional education, training
365 programs, and physical facilities.

366 31-2A-74.

367 The department shall be authorized to promulgate rules and regulations to carry out the
368 purposes of this article."

369 **SECTION 2-5.**

370 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended in
371 Chapter 1, relating to general provisions, by adding a new Code section to read as follows:

372 "33-1-28.

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

374 (1) 'Maternal mental health screening' means the use of an independent, evidence based
375 screening instrument that is in accordance with nationally recognized clinical practice
376 guidelines developed by independent organizations or medical professional societies
377 utilizing a transparent methodology and reporting structure and with a conflict-of-interest
378 policy. Such guidelines establish standards of care informed by a systematic review of
379 evidence and an assessment of the benefits and risks of alternative care options and
380 include recommendations intended to optimize patient care.

381 (2) 'Medically necessary' shall have the same meaning as set forth in Code Section
382 33-1-27.

383 (3) 'Mental healthcare provider' means any person licensed under Title 43 to provide
384 prenatal, labor and delivery, or postpartum care, including without limitation physicians,
385 psychiatrists, psychologists, advanced practice registered nurses, physician assistants,
386 licensed clinical social workers, and licensed professional counselors and marriage and
387 family therapists.

388 (4) 'Telehealth services' means services provided via two-way, real-time interactive
389 communication between a patient and a mental healthcare provider at a distant site
390 through telecommunications equipment, which services are compliant with federal Health
391 Insurance Portability and Accountability Act of 1996 (HIPAA) privacy, security, and
392 breach notification rules.

393 (b) Each health benefit policy issued, delivered, or renewed in this state shall provide
394 coverage for medically necessary:

395 (1) Maternal mental health screening during the prenatal period and 12 months
396 postpartum; and

397 (2) Care and treatment for those screenings positive for maternal mental health
398 conditions.

399 (c) All services provided for in this Code section shall be covered whether provided in
400 person or through telehealth services.

401 (d) The provisions of this Code section shall apply to all policies, contracts, and
402 certificates executed, delivered, issued for delivery, continued, or renewed in this state on
403 or after January 1, 2026."

404 **SECTION 2-6.**

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

408 "49-4-159.5.

409 (a) Except in cases where the woman refuses a maternal mental health screening as
410 provided for in Code Section 33-1-28, a pregnant or postpartum woman seeking healthcare
411 from a physician or other healthcare provider shall be screened for perinatal mood and
412 anxiety disorders, as determined necessary:

413 (1) At the pregnant woman's first prenatal visit;

414 (2) When the pregnant woman is from 28 through 32 weeks' gestation;

415 (3) Between delivery and discharge from the facility where the pregnant woman gives
416 birth;

417 (4) At the woman's six-week postpartum obstetrical visit;

418 (5) If there is a pregnancy loss and at the follow-up obstetric visit after such loss; and

419 (6) At a pediatric visit occurring when the infant is three months of age or, if there is no
420 such visit, at the postpartum woman's healthcare visit any time from three months to one
421 year after pregnancy loss or delivery.

422 (b) The right to refuse the mental health screening described in subsection (a) of this Code
423 section shall not exist for a patient determined by the physician or other healthcare provider
424 to be mentally incompetent.

425 (c)(1) The maternal mental health screening provided for in subsection (a) of this Code
426 section shall be conducted by the physician or other healthcare provider who is providing

427 prenatal, obstetric, or postpartum care of the pregnant woman or pediatric care of the
428 woman's infant, as deemed necessary by such physician or healthcare provider. Each
429 such screening shall utilize questionnaires that conform with nationally recognized
430 clinical practice guidelines and shall be used for the purposes of diagnosis, treatment,
431 appropriate management, or ongoing monitoring of a woman's mental health, well-being,
432 disease, or condition as supported by medical and scientific evidence.

433 (2) Additional maternal mental health screenings, which may be refused, may be
434 conducted at any other point during the pregnancy or the postpartum period as deemed
435 necessary by the physician or other healthcare provider. Appropriate referral information
436 and resources addressing perinatal mood or anxiety disorders shall be provided during
437 such screenings.

438 (d) A physician or other healthcare provider who provides obstetric or pediatric care shall
439 provide educational materials through electronic or other means on the signs and symptoms
440 of perinatal mood and anxiety disorders to pregnant and postpartum women under his or
441 her care, or to mothers of children under his or her care, as deemed necessary by such
442 physician or healthcare provider.

443 (e) The provisions of this Code section shall not preclude any other healthcare provider
444 acting within his or her scope of practice from screening for maternal mental health
445 conditions or from providing referral information and resources or educational materials
446 on perinatal mood and anxiety disorders.

447 (f) Relative to maternal mental health screenings, the department shall establish a
448 comprehensive quality metrics program that includes:

449 (1) Process measures, including, but not limited to:

450 (A) Percentage of eligible patients screened at each required interval;

451 (B) Time from positive screen to first behavioral health contact;

452 (C) Completion rates for referrals to behavioral health services; and

453 (D) Utilization rates of telehealth services;

- 454 (2) Outcome measures, including, but not limited to:
455 (A) Rates of postpartum depression and anxiety identification;
456 (B) Emergency department utilization for mental health concerns;
457 (C) Psychiatric hospitalization rates; and
458 (D) Duration of treatment engagement;
- 459 (3) Equity measures, including, but not limited to:
460 (A) Screening and treatment rates stratified by race, ethnicity, and geographic location;
461 and
462 (B) Disparities in access to care and outcomes; and
- 463 (4) Patient experience measures, including, but not limited to:
464 (A) Satisfaction with screening process;
465 (B) Perceived barriers to care; and
466 (C) Experiences with telehealth services.
- 467 (g) No later than January 1, 2026, the department shall establish a three-year pilot program
468 for remote maternal mental health screening and monitoring. Such program shall:
469 (1) Prioritize high-risk populations and rural communities;
470 (2) Include telehealth services;
471 (3) Integrate with existing maternal health programs, including home visiting services;
472 and
473 (4) Collect data on program effectiveness and barriers to care.
- 474 (h) The department may allocate sufficient funds for the pilot program provided for in
475 subsection (g) of this Code section to support:
476 (1) Technology infrastructure and support;
477 (2) Provider training and technical assistance; and
478 (3) Program evaluation and reporting.
- 479 (i) The department shall:
480 (1) Promulgate rules and regulations necessary to implement this Code section;

481 (2) Establish a process for monitoring compliance; and
482 (3) Report annually to the Senate Health and Human Services Committee and the House
483 Committees on Health and Public Health on the implementation progress and outcomes
484 of the requirements of this Code section.

485 (j) The annual report provided in subsection (i) of this Code section shall be required from
486 July 1, 2026, through July 1, 2028.

487 (k) To implement the provisions of this Code section, the department shall, when
488 necessary, submit a Medicaid state plan amendment or waiver request to the United States
489 Department of Health and Human Services.

490 49-4-159.6.

491 (a) It is the intent of the General Assembly to advance maternal health outcomes by
492 recognizing doula care as part of the maternal healthcare workforce. Doula care has been
493 associated with Medicaid cost savings of around \$1,000.00 per birth, a decreased likelihood
494 of cesarean delivery, a reduced need for an epidural during labor, lower preterm birth rates,
495 improved rates of breastfeeding, shorter births, reduced rates of perinatal mood and anxiety
496 disorders, increased positive feelings about the birth experience, and feelings of
497 empowerment about individual pregnancy outcomes.

498 (b) As used in this Code section, the term 'doula' means a professional who provides
499 physical, emotional, and informational support to clients before, during, and after childbirth
500 to help them achieve a healthy and satisfying birth experience and who has completed the
501 appropriate training, as determined by the department.

502 (c) The department shall develop, implement, and conduct a one-year pilot program to
503 provide Medicaid coverage for doula care for pregnant Medicaid recipients. Beginning on
504 July 1, 2026, such pilot program may provide reimbursement for up to five doula visits for
505 each pregnant Medicaid recipient, which may include visits for prepartum care, labor and
506 delivery, and postpartum care.

507 (d) No later than December 1, 2027, the department shall submit to the Governor, the
 508 President of the Senate, the Speaker of the House of Representatives, and the chairpersons
 509 of the House Committee on Health, the Senate Health and Human Services Committee, the
 510 House Committee on Appropriations, and the Senate Appropriations Committee a detailed
 511 written report on the implementation and effectiveness of the pilot program. Such report
 512 shall include the health outcomes of participants and recommendations on the best process
 513 of reimbursing doulas to promote retention in the perinatal workforce. Such report shall
 514 also include recommendations, if any, as to expansion or permanency of the pilot program
 515 and any proposed changes to the program relative to such recommendations.

516 (e) The department is authorized to promulgate rules and regulations as may be necessary
 517 to implement and effectuate the provisions of this Code section.

518 (f)(1) This Code section shall be contingent upon appropriations made by the General
 519 Assembly specifically for the department for the purposes set forth in this Code section.

520 (2) This Code section shall terminate on December 31, 2027, and this Code section shall
 521 be repealed by operation of law on such date."

522

PART 3.

523

Social Determinants in Maternal Health

524

SECTION 3-1.

525 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Article 1
 526 of Chapter 1, relating to general provisions, by adding a new Code section to read as follows:

527 "31-1-26.

528 (a) The department, through its Division of Public Health, shall, to the extent that state
 529 funds are available for such purpose, expand the Georgia WIC (Women, Infants, and
 530 Children) program, established in accordance with Section 17 of the Child Nutrition Act

531 of 1966, 42 U.S.C. Section 1786, to cover children who have had their fifth birthday but
 532 have not yet attained their sixth birthday.
 533 (b) This Code section shall become effective on July 1, 2026, only if prior to such date,
 534 funds are specifically appropriated by the General Assembly for the department for the
 535 purposes set forth in this Code section."

536 **SECTION 3-2.**

537 Said title is further amended in Article 1 of Chapter 2A, relating to the Department of Public
 538 Health generally, by adding a new article to read as follows:

539 "ARTICLE 5

540 31-2A-90.

541 As used in this article, the term:

542 (1) 'Early childhood services program' means a program that offers services designed to
 543 support the development and well-being of infants and toddlers, including, but not limited
 544 to, early intervention, early learning, childcare, or parenting education.

545 (2) 'Early intervention' means services and support for infants and toddlers with
 546 developmental delays, chronic health conditions, and disabilities and their families. Such
 547 term includes early identification and screening of infants and toddlers for such
 548 developmental delays, conditions, and disabilities.

549 (3) 'Eligible program' means an early childhood services program or an essential support
 550 services program.

551 (4) 'Essential support services program' means a program that offers housing assistance,
 552 food assistance, or nonemergency medical transportation services to pregnant and
 553 postpartum women in this state.

554 (5) 'Grant program' means the Supporting Healthy Moms Grant Program established
555 pursuant to Code section 31-2A-91.

556 (6) 'Infant' or 'toddler' means a child under three years of age.

557 (7) 'Parenting education' means courses designed for parents of infants and toddlers to
558 enhance parenting skills and knowledge taught by educators possessing the appropriate
559 qualifications, certifications, experience, as determined by the department.

560 (8) 'Postpartum woman' means a woman up to one year after the end of pregnancy.

561 (9) 'Qualified sponsor' means a nonprofit organization incorporated in this state with a
562 tax-exempt status pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986;
563 or governmental sponsor of a program that meets the conditions of this Code section.

564 31-2A-91.

565 (a) Subject to available funding, the department shall establish the Supporting Healthy
566 Moms Grant Program to provide grant funding, on an annual basis, to qualified sponsors
567 of eligible programs in this state that provide services focused on advancing and addressing
568 social determinants of maternal health and that provide early childhood services.

569 (b) The department shall oversee the grant program and is authorized to contract with an
570 external organization to implement and administer such grant program.

571 31-2A-92.

572 To be considered for a grant under the grant program, a qualified organization shall:

573 (1) Have a primary mission of advancing maternal health, addressing social determinants
574 of maternal health, or providing early childhood services;

575 (2) Have a system of financial accountability consistent with generally accepted
576 accounting principles, including an annual budget;

577 (3) With respect to a nonprofit organization, have a board that hires and supervises a
578 director who manages the organization's operations;

- 579 (4) Have provided services under an eligible program for a minimum of one year;
 580 (5) Provide free services under an eligible program; and
 581 (6) Maintain confidentiality of all data, files, and records of clients related to the services
 582 provided and in compliance with state and federal laws.

583 31-2A-93.

584 (a) The commissioner shall approve each grant or expenditure of money from the grant
 585 program.

586 (b) The commissioner's decision on the granting of funds from the grant program to
 587 qualified sponsors shall be based on a competitive selection process.

588 (c) The grant program may be used for expenditures related to the routine administration
 589 of the program; provided, however, that, in any given year, expenditures for the routine
 590 administration of the grant program may not exceed 10 percent of the total amount of
 591 money available in the grant fund.

592 (d) The commissioner is authorized to promulgate rules and regulations as necessary to
 593 implement and administer the provisions of this article.

594

595 31-2A-94.

596 Not later than November 1, 2026, and annually thereafter, the department shall submit to
 597 the Governor and the General Assembly a report on the financial status of the grant
 598 program and a summary of its operations for the preceding year."

599 **SECTION 3-3.**

600 Title 34 of the Official Code of Georgia Annotated, relating to labor and industrial relations,
 601 is amended in Chapter 2, relating to Department of Labor, by revising paragraph (5) of and
 602 by adding a new paragraph to subsection (a) of Code Section 34-2-6, relating to specific
 603 powers and duties of the Commissioner of Labor, to read as follows:

604 "(3.1) To make investigations, collect and compile statistical information, and report
605 upon the conditions and matters relating to the enforcement and effect of Chapter 5B of
606 this title and of the rules issued thereunder and to receive and resolve complaints related
607 to such chapter in accordance with the rules and regulations issued thereunder;"

608 "(5) To do all in his or her power to promote the voluntary arbitration, mediation, and
609 conciliation of disputes between employers and employees and to avoid strikes,
610 picketing, lockouts, boycotts, blacklisting, discriminations, and legal proceedings in
611 matters of employment. In pursuance of this duty, the Commissioner may appoint
612 temporary boards of arbitration, provide necessary expenses of such boards, order
613 reasonable compensation not exceeding \$15.00 per day for each member engaged in such
614 arbitration, prescribe rules for such arbitration boards, conduct investigations and
615 hearings, publish in print or electronically reports and advertisements, and do all things
616 convenient and necessary to accomplish the purpose of this chapter and Chapter 5B of
617 this title. The Commissioner may designate a mediator and may, from time to time, detail
618 employees or persons not in the department to act as his or her assistants for the purpose
619 of executing such provisions. Employees of the Department of Labor shall act on
620 temporary boards without extra compensation. Nothing in this Code section or in this
621 chapter shall be construed to prohibit or limit in any way employees' rights to bargain
622 collectively;"

623 **SECTION 3-4.**

624 Said title is further amended by adding a new chapter to read as follows:

625 "CHAPTER 5B

626 34-5B-1.

627 As used in this chapter, the term:

628 (1) 'Employer' means any person or entity that employs one or more employees and shall
629 include the state and its political subdivisions.

630 (2) 'Pregnancy' means medical needs arising from pregnancy, childbirth, or related
631 conditions, including, but not limited to, lactation.

632 (3) 'Reasonable accommodations' shall include, but shall not be limited to, more frequent
633 or longer breaks, time off to recover from childbirth, acquisition or modification of
634 equipment, seating, temporary transfer to a less strenuous or hazardous position, job
635 restructuring, light duty, break time and private nonbathroom space for expressing breast
636 milk, assistance with manual labor, or modified work schedules.

637 (4) 'Undue hardship' means an action requiring significant difficulty or expense, when
638 considered in light of the factors set forth in Code Section 34-5B-4.

639 34-5B-2.

640 (a) It shall constitute an unfair employment practice for an employer, unless such employer
641 can demonstrate that an undue hardship on such employer's program, enterprise, or
642 business would result, to:

643 (1) Fail or refuse to make a reasonable accommodation to a job applicant or employee
644 for circumstances related to pregnancy, if such job applicant or employee so requests;

645 (2) Take adverse action against a job applicant or an employee who requests or uses an
646 accommodation;

647 (3) Deny employment opportunities to a job applicant or employee, if such denial is
648 based on the need of the employer to make reasonable accommodations to such job
649 applicant or employee for circumstances related to pregnancy;

650 (4) Require a job applicant or employee affected by pregnancy to accept an
651 accommodation that such job applicant or employee chooses not to accept;

652 (5) Require an employee to take leave if another reasonable accommodation can be
653 provided to such employee for circumstances related to pregnancy;

654 (6) Count an absence related to pregnancy against an employee under a no fault
655 attendance policy; or

656 (7) Fail to reinstate such employee to such employee's original job or to an equivalent
657 position with equivalent pay and accumulated seniority, retirement, fringe benefits, and
658 other applicable service credits when such employee's need for reasonable
659 accommodations ceases.

660 (b) The employer shall in good faith engage in a timely and interactive process with the
661 job applicant or employee to determine effective reasonable accommodations.

662 (c)(1) An employer shall provide written notice of the right to be free from
663 discrimination in relation to pregnancy to:

664 (A) New employees at the commencement of employment;

665 (B) Existing employees within 120 days after the effective date of this chapter; and

666 (C) Any employee who notifies such employer of her pregnancy within ten days of
667 such notification.

668 (2) Such notice shall be conspicuously posted at an employer's place of business in an
669 area accessible to employees and shall be available in English and other languages
670 commonly spoken in such employer's place of business.

671 34-5B-3.

672 The employer shall have the burden of proving undue hardship. In making a determination
673 of undue hardship, the factors that may be considered include, but shall not be limited to:

674 (1) The nature and cost of the accommodation;

675 (2) The overall financial resources of the employer, the overall size of the business of the
676 employer with respect to the number of employees, and the number, type, and location
677 of its facilities; and

678 (3) The effect on expenses and resources or the impact otherwise of such accommodation
679 upon the operation of the employer.

680 34-5B-4.

681 (a) Any individual who is aggrieved by an unfair employment practice against such
682 individual in violation of this chapter may institute a civil action against the persons
683 engaged in such prohibited conduct. Such action may be maintained in any court of
684 competent jurisdiction and shall be commenced no later than one year after the alleged
685 prohibited conduct occurred.

686 (b) The court may grant as relief, as it deems appropriate, any permanent or temporary
687 injunction, temporary restraining order, or other order, including, but not limited to, the
688 hiring or reinstatement of the plaintiff to such individual's original position or an equivalent
689 position. The court may award to the plaintiff back pay. The court may award court costs
690 and reasonable attorney's fees to the prevailing party.

691 34-5B-5.

692 The Department of Labor shall develop courses of instruction and conduct ongoing public
693 education efforts as necessary to inform employers, employees, employment agencies, and
694 job applicants about their rights and responsibilities under this chapter.

695 34-5B-6.

696 The Commissioner of Labor shall promulgate rules and regulations as are necessary to
697 implement and effectuate the provisions of this chapter.

698 34-5B-7.

699 This chapter shall not be construed to preempt, limit, diminish, or otherwise affect any
700 other provision of law relating to sex discrimination or pregnancy or in any way to
701 diminish the coverage for pregnancy under any other provision of this title."

702 **SECTION 3-5.**

703 Title 48 of the Official Code of Georgia Annotated, relating to revenue and taxation, is
 704 amended in Part 1 of Article 1 of Chapter 8, relating to general provisions regarding state
 705 sales and use tax, by revising paragraph (58) of Code Section 48-8-3, relating to exemptions
 706 from sales and use taxes, as follows:

707 "(58) The sale or use of diapers ~~Reserved~~;"

708 **PART 4.**

709 *Maternal Health Data Collection, Research, and Innovation*

710 **SECTION 4-1.**

711 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Article
 712 1 of Chapter 2A, relating to general provisions regarding the Department of Public Health,
 713 by revising subsection (d) of Code Section 31-2A-16, relating to Maternal Mortality Review
 714 Committee established, as follows:

715 "(d)(1) ~~Health-care~~ Healthcare providers licensed pursuant to Title 43, ~~health-care~~
 716 healthcare facilities licensed pursuant to Chapter 7 of ~~Title 31~~ this title, and pharmacies
 717 licensed pursuant to Chapter 4 of Title 26 shall provide reasonable access to the
 718 committee to all relevant medical records associated with a case under review by the
 719 committee within 30 days of receiving a request for such records, unless prohibited by
 720 state or federal law.

721 (2) A ~~health-care~~ healthcare provider, ~~health-care~~ healthcare facility, or pharmacy
 722 providing access to medical and psychiatric records pursuant to this Code section shall
 723 not be held liable for civil damages or be subject to any criminal or disciplinary action
 724 for good faith efforts in providing such records."

725 **SECTION 4-2.**

726 Said title is further amended in said article by adding a new Code section to read as follows:

727 "31-2A-16.1.

728 (a) There is established within the department a Severe Maternal Morbidity Review
729 Committee to collect and track data on severe maternal morbidity and study and make
730 recommendations on strategies to reduce severe maternal morbidity. The committee shall
731 be multidisciplinary and composed of members as deemed appropriate by the department.
732 The committee may contract with an external organization to assist in collecting, analyzing,
733 and disseminating severe maternal morbidity information, organizing and convening
734 meetings of the committee, and conducting other tasks as may be incident to these
735 activities.

736 (b) The committee shall, in coordination with the Maternal Mortality Review Committee:

737 (1) Collect and track medical records and other relevant data on severe maternal
738 morbidity, including, but not limited to, all of the following health conditions:

739 (A) Obstetric hemorrhage;

740 (B) Hypertension;

741 (C) Preeclampsia and eclampsia;

742 (D) Venous thromboembolism;

743 (E) Sepsis;

744 (F) Cerebrovascular accident; and

745 (G) Amniotic fluid embolism;

746 (2) Collect and track data on pregnancy related deaths, including, but not limited to,
747 deaths relative to the conditions provided in subparagraphs (A) through (G) of
748 paragraph (1) of this subsection, indirect obstetric deaths, and other maternal disorders
749 predominantly related to pregnancy and complications predominantly related to the
750 postpartum period;

751 (3) Consult with relevant experts to evaluate collected records and data;

- 752 (4) Develop and make recommendations regarding reducing severe maternal morbidity;
753 (5) Disseminate findings and recommendations regarding reducing severe maternal
754 morbidity; and
755 (6) Not later than July 1, 2026, complete a study on:
756 (A) Reducing severe maternal morbidity, including, but not limited to, all of the health
757 conditions set forth in subparagraphs (A) through (G) of paragraph (1) of this
758 subsection; and
759 (B) Identifying more effective methods for the early detection of, and interventions for,
760 other pregnancy related medical conditions that can lead to an increased risk of severe
761 maternal morbidity, including, but not limited, to hyperemesis gravidarum.
762 (c)(1) Healthcare providers licensed pursuant to Title 43, healthcare facilities licensed
763 pursuant to Chapter 7 of Title 31, and pharmacies licensed pursuant to Chapter 4 of Title
764 26 shall provide reasonable access to the committee to all relevant medical records
765 associated with a case under review by the committee within 30 days of receiving a
766 request for such records.
767 (2) A healthcare provider, healthcare facility, or pharmacy providing access to medical
768 records pursuant to this Code section shall not be held liable for civil damages or be
769 subject to any criminal or disciplinary action for good faith efforts in providing such
770 records.
771 (d)(1) Information, records, reports, statements, notes, memoranda, or other data
772 collected pursuant to this Code section shall not be admissible as evidence in any action
773 of any kind in any court or before any other tribunal, board, agency, or person. Such
774 information, records, reports, statements, notes, memoranda, or other data shall not be
775 exhibited nor their contents disclosed in any way, in whole or in part, by any officer or
776 representative of the department or any other person, except as may be necessary for the
777 purpose of furthering the review of the committee of the case to which it relates. No

778 person participating in such review shall disclose, in any manner, the information so
779 obtained except in strict conformity with such review.

780 (2) All information, records, reports, statements, notes, memoranda, or other data
781 obtained by the department, the committee, and other persons, agencies, or organizations
782 so authorized by the department pursuant to this Code section shall be confidential.

783 (e)(1) All proceedings and activities of the committee under this Code section, opinions
784 of members of such committee formed as a result of such proceedings and activities, and
785 records obtained, created, or maintained pursuant to this Code section, including
786 information, records, reports, statements, notes, memoranda, or other data procured by
787 the department or any other person, agency, or organization acting jointly or under
788 contract with the department in connection with the requirements of this Code section,
789 shall be confidential and shall not be subject to Chapter 14 of Title 50, relating to open
790 meetings, or Article 4 of Chapter 18 of Title 50, relating to open records, or subject to
791 subpoena, discovery, or introduction into evidence in any civil or criminal proceeding;
792 provided, however, that nothing in this Code section shall be construed to limit or restrict
793 the right to discover or use in any civil or criminal proceeding anything that is available
794 from another source and entirely independent of the committee's proceedings.

795 (2) Members of the committee shall not be questioned in any civil or criminal proceeding
796 regarding the information presented in or opinions formed as a result of a meeting or
797 communication of the committee; provided, however, that nothing in this Code section
798 shall be construed to prevent a member of the committee from testifying to information
799 obtained independently of the committee or which is public information.

800 (f)(1) The data on severe maternal morbidity and on pregnancy related deaths collected
801 pursuant to paragraphs (1) and (2) of subsection (b) of this Code section shall be
802 compiled on a regular basis for distribution. Beginning no later than October 1, 2026, the
803 committee shall submit a detailed annual report to the Office of Health Strategy and
804 Coordination as follows:

805 (A) The data shall be aggregated by state regions, as defined by the department, to
 806 ensure the data reflect how regionalized care systems are or should be collaborating to
 807 improve maternal health outcomes or other smaller regional sorting based on standard
 808 statistical methods for accurate dissemination of public health data without risking a
 809 confidentiality or other disclosure breach; and

810 (B) The data shall be disaggregated by racial and ethnic identity.

811 (2) On or before December 1, 2026, the committee shall submit to the Governor, the
 812 Speaker of the House of Representatives, the President of the Senate, and the
 813 chairpersons of the House Committee on Public Health and the Senate Health and Human
 814 Services Committee a report regarding the study conducted pursuant to paragraph (6) of
 815 subsection (b) of this Code section, including a summary of the committee's key findings
 816 and recommendations, if any, for proposed legislation with respect to improving maternal
 817 health outcomes.

818 (g) Paragraph (6) of subsection (b) of this Code section shall stand repealed by operation
 819 of law on December 31, 2026."

820 **SECTION 4-3.**

821 Said title is further amended in Article 1 of Chapter 53, relating to general provisions
 822 regarding the Office of Health and Strategy and Coordination by revising subsection (a) of
 823 Code Section 31-53-6, relating to compiling of reports and public dissemination of data, as
 824 follows:

825 "31-53-6.

826 (a) The office shall compile reports received from the following boards, commissions,
 827 committees, councils, and offices pursuant to each such entity's respective statutory
 828 reporting requirements:

829 (1) The Maternal Mortality Review Committee;

830 (2) The Severe Maternal Morbidity Review Committee;

856 in the facility, and the name, address, and last known whereabouts of any alleged patient
857 perpetrator; and
858 (11) Copies of the record of a deceased patient or deceased former patient may be
859 released to the Maternal Mortality Review Committee and the Severe Maternal Morbidity
860 Review Committee established under Chapter 2A of Title 31, except for matters
861 privileged under the laws of this state."

862 **SECTION 4-5.**

863 Title 45 of the Official Code of Georgia Annotated, relating public officers and employees,
864 is amended in Article 2 of Chapter 16, relating to death investigations, by revising subsection
865 (b) of Code Section 45-16-24, relating to notification of suspicious or unusual deaths, court
866 ordered medical examiner's inquiry, and written report of inquiry, as follows:

867 "(b) A coroner or county medical examiner who is notified of a death pursuant to
868 subsection (a) of this Code section under circumstances specified in paragraphs (1)
869 through ~~(9)~~ (10) of such subsection shall order a medical examiner's inquiry of that death.
870 ~~A coroner or medical examiner who is notified of a death pursuant to subsection (a) of this~~
871 ~~Code section under circumstances specified in paragraph (10) of such subsection and which~~
872 ~~death was not under circumstances specified in paragraphs (1) through (9) of such~~
873 ~~subsection shall order a medical examiner's inquiry for such death through a regional~~
874 ~~perinatal center, as identified by the Department of Public Health. This subsection shall~~
875 not be construed to prohibit a medical examiner's inquiry of a death if a coroner or county
876 medical examiner is notified of a death under circumstances specified in paragraph (11) of
877 subsection (a) of this Code section."

878

PART 5.

879

SECTION 5-1.

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