

House Bill 1480

By: Representatives Sanchez of the 42<sup>nd</sup>, Romman of the 97<sup>th</sup>, Cannon of the 58<sup>th</sup>, Moore of the 91<sup>st</sup>, Park of the 107<sup>th</sup>, and others

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public  
2 assistance, so as to establish the Georgia Medicare for All Program to provide comprehensive  
3 universal single payer healthcare coverage and a healthcare cost control system for the  
4 benefit of all Georgia residents; to provide for definitions; to establish the Georgia Medicare  
5 for All Board and its composition, duties, and responsibilities; to provide for an executive  
6 board and an executive director; to establish four public advisory committees and the  
7 composition, terms, duties, and responsibilities of such committees; to authorize the board  
8 to organize, administer, market, and fund the program; to restrict what policies an insurer can  
9 offer during the transition and implementation periods of such program; to provide for the  
10 board to make additional proposals for recommended program services; to provide for the  
11 collection, transmission, retention, analysis, and disclosure of data to promote transparency  
12 and ensure the quality of healthcare services provided to members through the program; to  
13 prohibit law enforcement from using program money or property to investigate criminal,  
14 civil, or administrative violations; to provide for member enrollment and allow certain  
15 nonresidents to enroll in the program; to provide for covered healthcare benefits and ancillary  
16 healthcare services; to allow any qualified healthcare provider to participate in the program;  
17 to provide for a care coordinator and care coordination in the program; to provide for the  
18 approval of care coordinators and the approval of healthcare organizations; to authorize the

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19 board to establish payment methodologies for care coordination, healthcare services, and  
20 ancillary healthcare services; to authorize the board to establish minimum uniform healthcare  
21 standards; to authorize the board to seek all federal waivers and other arrangements to secure  
22 federal funding for and support of the program; to establish the Georgia Medicare for All  
23 Trust Fund to support the Georgia Medicare for All Program; to authorize appropriation of  
24 money to the fund; to allow healthcare providers to enter into collective negotiations to reach  
25 agreement on terms and conditions of contracts for the program; to amend Title 49 of the  
26 Official Code of Georgia Annotated, relating to social services, and an Act amending said  
27 title, approved April 15, 2014 (Ga. L. 2014, p. 293), so as to repeal provisions regarding  
28 prohibition of Medicaid expansion; to amend Titles 31, 42, and 43, relating to health, penal  
29 institutions, and professions and businesses, respectively, and an Act amending Titles 31  
30 and 43, approved March 23, 2023 (Ga. L. 2023, p. 6), so as to repeal provisions relating to  
31 treatment of gender dysphoria; to amend Titles 1, 15, 16, 19, 20, 31, 33, 43, 45, 48, and 49,  
32 relating to general provisions, courts, crimes and offenses, domestic relations, educations,  
33 health, insurance, professions and businesses, public officers and employees, revenue and  
34 taxation, and social services, respectively, and an Act amending said titles, approved May 7,  
35 2019 (Ga. L. 2019, p. 711), so as to repeal and revise provisions relating to abortion; to  
36 provide conforming changes; to repeal legislative findings; to provide for related matters; to  
37 provide for contingent effectiveness; to repeal conflicting laws; and for other purposes.

38 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**PART I***Legislative findings***SECTION 1-1.**

42 The General Assembly finds and declares that:

43 (1) Healthcare is a human right;

44 (2) Access to health insurance is a key determinant of whether individuals can utilize  
45 healthcare;

46 (3) The current employer based health insurance system does not ensure all Georgians  
47 receive health insurance:

48 (A) While the federal Affordable Care Act expanded access to health insurance, it does  
49 not guarantee comprehensive health insurance to all Georgians; and

50 (B) As of 2023, an estimated 13.3 percent of Georgians aged 64 or younger were  
51 uninsured;

52 (4) Georgia is one of just ten states that have not expanded Medicaid under the federal  
53 Affordable Care Act, further limiting the Act's effectiveness in providing access to  
54 insurance;

55 (5) Nationally, uninsured individuals are more likely to be Black and even more likely  
56 to be Hispanic, Native American, or Pacific Islander; more likely to have low incomes;  
57 and more likely to be noncitizens. Among noncitizens, those who have resided in the  
58 United States for five or more years are uninsured at roughly the same rates as more  
59 recent noncitizens;

60 (6) A 2023 national survey found that only 27 percent of the uninsured population was  
61 uninsured because they did not need or want insurance. 63 percent cited being unable to  
62 afford insurance, with other major reasons for being uninsured including ineligibility, the  
63 sign up process being too cumbersome, and available plans not meeting their needs;

64 (7) The United States spends far more on healthcare per person than other developed  
65 countries, yet health outcomes for Americans are not better than countries that spend  
66 much less;

67 (8) Gender-affirming care and reproductive care are essential healthcare;

68 (9) Certain laws previously enacted by the General Assembly are repugnant to the  
69 purpose of guaranteeing comprehensive healthcare to all Georgians and should be  
70 repealed; and

71 (10) It is necessary to enact a universal single-payer healthcare system to protect and  
72 ensure the health, safety, and general welfare of Georgians.

73 **PART II**

74 *Georgia Medicare for All Act*

75 **SECTION 2-1.**

76 Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public assistance,  
77 is amended by adding a new article to read as follows:

78 "ARTICLE 10

79 49-4-200.

80 This article shall be known and may be cited as the 'Georgia Medicare for All Act.' The  
81 purpose of this Act is to guarantee health insurance to all Georgians through a universal  
82 single-payer program and enable all Georgians to access comprehensive healthcare under  
83 the program. This article shall be construed broadly to give the Act such effect.

84 49-4-201.

85 As used in this article, the term:

- 86 (1) 'Affordable Care Act' means the federal Patient Protection and Affordable Care Act  
87 (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act  
88 of 2010 (P.L. 111-152) and any amendments to or regulations or guidance issued under  
89 those acts as of January 1, 2026.
- 90 (2) 'Care coordinator' means an individual or entity approved by the board to provide  
91 care coordination as provided in Code Sections 49-4-214 and 49-4-215.
- 92 (3) 'Covered healthcare service' means any healthcare service, including care  
93 coordination, which is included as a benefit under the Georgia Medicare for All Program,  
94 as provided in Code Section 49-4-212.
- 95 (4) 'Essential community providers' means persons or entities acting as safety net clinics,  
96 safety net healthcare providers, or rural hospitals, serving predominantly low-income,  
97 medically underserved individuals.
- 98 (5) 'Georgia resident' means an individual whose primary place of abode is in this state,  
99 without regard to the individual's immigration status.
- 100 (6) 'Healthcare facility' means a private not-for-profit corporation authorized by law to  
101 provide in this state one or more of the following: hospital services; nursing home care  
102 services; services for the developmentally disabled, disabled, elderly, or mentally ill;  
103 assisted living services; or hospice or palliative care services.
- 104 (7) 'Healthcare organization' means an entity that is approved by the board to provide  
105 healthcare services to members under the Georgia Medicare for All Program, as provided  
106 in Code Section 49-4-217.
- 107 (8) 'Healthcare provider' means an individual, entity, corporation, facility, or institution  
108 licensed by this state or otherwise lawfully permitted to provide healthcare services in  
109 this state, including a physician, clinic, laboratory, pharmacy, or hospital.
- 110 (9) 'Healthcare providers' representative' means a third party that is authorized by a group  
111 of healthcare providers to negotiate on the group's behalf with the board or other

112 representative concerning terms and conditions affecting healthcare providers in the  
113 Georgia Medicare for All Program, as provided in Code Section 49-4-221.

114 (10) 'Georgia Medicare for All Board' or 'board' means the Georgia Medicare for All  
115 Board established in Code Section 49-4-202.

116 (11) 'Georgia Medicare for All Program' or 'program' means the Georgia Medicare for  
117 All Program established in this article.

118 (12) 'Georgia Medicare for All Public Advisory Committee' means the public advisory  
119 committee established to advise the board on funding and implementing the program as  
120 provided in Code Section 49-4-203.

121 (13) 'Georgia Medicare for All Trust Fund' or 'fund' means the Georgia Medicare for All  
122 Trust Fund as established in Code Section 49-4-220.

123 (14) 'Implementation period' means the period when the Georgia Medicare for All  
124 Program becomes fully functional.

125 (15) 'Insurer' means an entity subject to the insurance laws and regulations of this state,  
126 or subject to the jurisdiction of the Commissioner of Insurance, that contracts, offers to  
127 contract, or enters into an agreement to provide, deliver, arrange for, pay for, or  
128 reimburse any of the costs of healthcare services, including those of an accident and  
129 sickness insurance company, a health maintenance organization, a healthcare plan, a  
130 managed care plan, or any other entity providing a health insurance plan, a health benefit  
131 plan, or healthcare services.

132 (16) 'Integrated healthcare delivery system' means an organization that:

133 (A) Is fully integrated, operationally and clinically, in order to provide a broad range  
134 of healthcare services, including preventive care, prenatal and well-baby care,  
135 immunizations, screening diagnostics, emergency services, hospital and medical  
136 services, surgical services, and ancillary services; and

137 (B) Is compensated by the Georgia Medicare for All Program using capitation or  
138 facility budgets for the provision of healthcare services.

139 (17) 'Long-Term Care Public Advisory Committee' means the public advisory committee  
140 established to advise the board on covering long-term care services, as provided in Code  
141 Section 49-4-204.

142 (18) 'Medicaid' means the joint federal and state program of medical assistance  
143 established by Title XIX of the federal Social Security Act, which is administered in this  
144 state by the Department of Community Health pursuant to Article 7 of this chapter.

145 (19) 'Medicare' means the federal 'Health Insurance for the Aged and Disabled Act,' Title  
146 XVIII of the Social Security Act of 1965, as then constituted or later amended, as of  
147 January 1, 2026.

148 (20) 'Member' means an individual who is enrolled in the Georgia Medicare for All  
149 Program, as provided in Code Section 49-4-211.

150 (21) 'Out-of-state healthcare service' means a healthcare service provided in person to  
151 a member while he or she is physically located out of this state when:

152 (A) It is medically necessary that the healthcare service be provided while the member  
153 is physically out of this state; or

154 (B) It is clinically appropriate and medically necessary and cannot be provided in this  
155 state because the healthcare service can only be provided by a particular healthcare  
156 provider physically located out of this state.

157 (22) 'Participating provider' means any healthcare provider that provides healthcare  
158 services to members under the program.

159 (23) 'PeachCare' means the PeachCare for Kids Program created by Code  
160 Section 49-5-273.

161 (24) 'Prescription drug' means any drug, including any biological product, except for  
162 blood and blood components intended for transfusion or biological products that are also  
163 medical devices, required by federal law, including federal regulation, to be dispensed  
164 only by a prescription, including finished dosage forms and bulk drug substances subject  
165 to Section 503(b) of the Federal Food, Drug, and Cosmetic Act.

166 (25) 'Primary care provider' means a physician, nurse practitioner, or physician assistant,  
167 holding an advanced degree and licensed in this state, who provides initial and continuing  
168 general healthcare services. Primary care includes internal medicine, pediatric medicine,  
169 family or general practice, geriatric medicine, and obstetrics and gynecology.

170 (26) 'Specialist healthcare provider' means a physician, nurse practitioner, or physician  
171 assistant, holding an advanced degree and licensed in this state, who provides initial or  
172 continuing specialized or subspecialized healthcare services focused on a specific area  
173 of medicine or a group of patients. Specialty care includes cardiology, gastroenterology,  
174 immunology, neurology, oncology, psychiatry, pulmonology, and rheumatology.

175 (27) 'State Health Benefit Plans Public Advisory Committee' means the public advisory  
176 committee established to advise the board on incorporating state health benefits and  
177 retirement benefits, as provided in Code Section 49-4-205.

178 (28) 'Transition period' means the period during which the Georgia Medicare for All  
179 Program is subject to special eligibility and financing provisions and is open for  
180 enrollment but has not entered the implementation period.

181 (29) 'Workers' Compensation Public Advisory Committee' means the public advisory  
182 committee established to advise the board on incorporating workers' compensation  
183 benefits, as provided in Code Section 49-4-206.

184 49-4-202.

185 (a) There is created the Georgia Medicare for All Board for the purposes of implementing,  
186 directing, and maintaining the Georgia Medicare for All Program and the Georgia  
187 Medicare for All Trust Fund. The board shall be an independent public entity not affiliated  
188 with a state agency or department.

189 (b) The board shall consist of the following members: four appointed by the Governor; two  
190 appointed by the President of the Senate; two appointed by the Speaker of the House of  
191 Representatives; and the commissioner of community health or his or her designee, who

192 shall serve as a voting ex officio member of the board. The appointed members of the  
193 board shall be Georgia residents.

194 (c) The Governor shall appoint at least six and no more than eight additional members of  
195 the board as follows:

196 (1) At least one representative of a labor organization representing nurses;

197 (2) At least one representative of the general public;

198 (3) At least one representative of a labor organization different from the organization  
199 represented by the individual appointed pursuant to paragraph (1) of this subsection;

200 (4) At least one representative of the healthcare provider community; and

201 (5) Additional members so as to fulfill the board's purposes.

202 (d) Members appointed under subsections (b) and (c) of this Code section, other than the  
203 ex officio member, shall be appointed for a term of four years. Appointments by the  
204 Governor shall be subject to confirmation by the Senate. A member of the board may  
205 continue to serve until the appointment and qualification of his or her successor. Vacancies  
206 shall be filled by appointment for an unexpired term. The board shall elect a chair on an  
207 annual basis.

208 (e) Each person appointed to the board shall:

209 (1) Have demonstrated and acknowledged expertise in healthcare;

210 (2) Meet the applicable requirements of this Code section, the Affordable Care Act, and  
211 state and federal laws and regulations;

212 (3) Serve the public interest of the individuals, employers, and taxpayers seeking  
213 healthcare coverage through the program; and

214 (4) Ensure the operational well-being and fiscal solvency of the program and fund.

215 (f) In making appointments to the board, the appointing authorities shall consider:

216 (1) The expertise of the other members of the board and attempt to make appointments  
217 so that the board's composition reflects a diversity of expertise in the various aspects of  
218 healthcare; and

219 (2) The cultural, ethnic, and geographic diversity of the state so that the board's  
220 composition reflects the communities of this state.

221 (g) A board member shall not be:

222 (1) Employed by, a consultant to, a member of the board of directors of, affiliated with,  
223 or otherwise be a representative of a healthcare provider, a healthcare facility, or a health  
224 clinic while serving on the board;

225 (2) A member, a board member, or an employee of a trade association of healthcare  
226 facilities, health clinics, or healthcare providers while serving on the board; or

227 (3) A healthcare provider, unless he or she receives no compensation for rendering  
228 services as a healthcare provider and does not have an ownership interest in a healthcare  
229 practice.

230 (h) Board members shall serve without compensation but shall be allowed actual and  
231 necessary expenses in the performance of their duties. Legislative members of the board  
232 shall receive the allowances provided for in Code Section 28-1-8. Citizen members shall  
233 receive a daily expense allowance in the amount specified in subsection (b) of Code  
234 Section 45-7-21 as well as the mileage or transportation allowance authorized for state  
235 employees. State officials or state employees shall be reimbursed for expenses incurred  
236 in the performance of their duties as members of the board in the same manner as  
237 reimbursements are made in their capacity as state officials or state employees. The funds  
238 necessary for the reimbursement of the expenses of state officials, other than legislative  
239 members, and state employees shall come from funds appropriated to or otherwise  
240 available to their respective departments.

241 (i) A board member shall not make, participate in making, or in any way attempt to use his  
242 or her official position to influence the making of a decision that he or she knows, or has  
243 reason to know, will have a reasonably foreseeable material financial effect, distinguishable  
244 from its effect on the public generally, on him or her or a member of his or her immediate  
245 family, or on either of the following:

246 (1) Any source of income aggregating \$250.00 or more in value provided to, received  
247 by, or promised to the board member within 12 months before the time when the decision  
248 is made, other than gifts and other than loans by a commercial lending institution in the  
249 regular course of business on terms available to the public without regard to official  
250 status; or

251 (2) Any business entity in which the board member is a director, officer, partner, trustee,  
252 or employee, or holds any position of management.

253 (j) There may not be liability in a private capacity on the part of the board or a board  
254 member, or an officer or employee of the board, for or on account of an act performed or  
255 obligation entered into in an official capacity when done in good faith, without intent to  
256 defraud, and in connection with the administration, management, or conduct of this article  
257 or affairs related to this article.

258 (k) The board's meetings are subject to Chapter 14 of Title 50, relating to open meetings.

259 (l) The board may adopt policies and procedures necessary to implement, administer, and  
260 maintain the Georgia Medicare for All Program.

261 (m) The board shall hire an executive director to organize, administer, and manage the  
262 operations of the board. The executive director is exempt from civil service and shall serve  
263 at the pleasure of the board. The executive director shall attend and participate in board  
264 meetings, except those in which the executive director has a conflict of interest. The  
265 executive director shall not be entitled to a vote at any board meetings. The executive  
266 director may attend any public advisory committees established to advise the board on  
267 matters concerning the program.

268 49-4-203.

269 (a) There is established the Georgia Medicare for All Public Advisory Committee for the  
270 purpose of making recommendations to the board on all matters of policy for the Georgia  
271 Medicare for All Program, including without limitation whether it is appropriate to institute

272 any additional taxation to fund the program. The commissioner of community health or  
273 his or her designee shall serve as a nonvoting ex officio member of the committee.

274 (b) The members of the committee shall be appointed as follows:

275 (1) The Governor shall appoint eight members as follows:

276 (A) One board certified physician;

277 (B) One board certified dentist;

278 (C) One representative of private hospitals;

279 (D) One representative of public hospitals;

280 (E) One representative of an integrated healthcare delivery system;

281 (F) Two consumers of healthcare, at least one of whom shall be a member of the  
282 disabled community; and

283 (G) One representative of small business employing fewer than 25 people;

284 (2) The President of the Senate shall appoint seven members as follows:

285 (A) One board certified psychiatrist;

286 (B) Two nurse practitioners or registered nurses;

287 (C) One mental healthcare provider;

288 (D) One consumer of healthcare who is 65 years of age or older;

289 (E) One representative of organized labor; and

290 (F) One representative of essential community providers; and

291 (3) The Speaker of the House of Representatives shall appoint seven members as  
292 follows:

293 (A) Two board certified physicians who are primary care providers;

294 (B) One licensed healthcare provider who is neither a physician nor a nurse;

295 (C) One consumer of healthcare;

296 (D) One representative of organized labor;

297 (E) One representative of large business employing more than 250 people; and

298 (F) One pharmacist.

299 (c) In making appointments pursuant to this Code section, the Governor, the President of  
300 the Senate, and the Speaker of the House of Representatives shall make good faith efforts  
301 to ensure that their appointments, as a whole, reflect, to the greatest extent feasible, the  
302 social and geographic diversity of this state.

303 (d) Each committee member appointed by the Governor, the President of the Senate, and  
304 the Speaker of the House of Representatives shall serve a four-year term and may be  
305 reappointed for succeeding four-year terms.

306 (e) A vacancy on the committee must be filled within 30 days after it occurs and in the  
307 same manner in which the vacating committee member was initially selected or appointed.  
308 The commissioner of community health shall notify the appropriate appointing authority  
309 of any expected vacancy on the committee. Any vacancy is only to be filled for the  
310 remainder of the original term.

311 (f) Members of the committee shall serve without compensation but shall be entitled to  
312 receive reimbursement for per diem and travel expenses as provided in Code  
313 Section 45-7-21.

314 (g) The committee shall meet at least six times per year in a place convenient to the public.  
315 All meetings of the committee are subject to Chapter 14 of Title 50, relating to open  
316 meetings.

317 (h) The committee shall elect a chair who shall serve for two years and who may be  
318 reelected for additional two-year terms.

319 (i) Appointed committee members must have worked in the field they represent on the  
320 committee for a period of at least two years before being appointed to the committee. This  
321 subsection shall not apply to committee members appointed as consumers of healthcare.

322 (j) It is unlawful for the committee members or any of their assistants, clerks, or deputies  
323 to use for personal benefit any information that is filed with, or obtained by, the committee  
324 and that is not generally available to the public.

325 49-4-204.

326 (a) There is established the Long-Term Care Public Advisory Committee for the purpose  
327 of making recommendations to the board regarding long-term care coverage by the  
328 program. The Commissioner of Insurance or his or her designee shall serve as a nonvoting  
329 ex officio member of the committee.

330 (b) The committee shall consist of the board chair, serving as chair of the committee, and  
331 the following members appointed by the chair: at least one representative of consumers or  
332 potential consumers of long-term care services; at least one representative of providers of  
333 long-term care services; at least one member of a labor union; and, at the discretion of the  
334 chair, representatives of other interested parties.

335 (c) All appointed committee members shall serve for a term of two years, and  
336 appointments may be renewed by the chair for additional two-year terms. The chair may  
337 provide for the staggering of terms. A vacancy that occurs shall be filled within 30 days  
338 after it occurs, and such member shall serve for the remainder of the unexpired term.

339 (d) The committee shall meet at the call of the chair and shall meet as necessary or  
340 convenient to perform its duties.

341 (e) Membership on the advisory committee does not constitute public office, and no  
342 member shall be disqualified from holding office by reason of membership on the  
343 committee.

344 (f) Members of the advisory committee shall receive no compensation or reimbursement  
345 of expenses from the state for their services as members of the advisory committee.

346 (g) The advisory committee shall stand abolished no later than four years from the date  
347 upon which the first meeting of the committee takes place; provided, however, that the  
348 committee may be reestablished at the calling of the chair in order to make  
349 recommendations consistent with the committee's purpose and the needs of the board.

350 49-4-205.

351 (a) There is established the State Health Benefit Plans Public Advisory Committee for the  
352 purpose of making recommendations to the board regarding accommodating state  
353 employee health and retirement benefits into the program. The commissioner of  
354 community health or his or her designee shall serve as a nonvoting ex officio member of  
355 the committee.

356 (b) The committee shall consist of the board chair, serving as chair of the committee, and  
357 the following members appointed by the chair: at least one currently employed state or  
358 public employee; at least one retired state or public employee; at least one healthcare  
359 provider; at least one accountant; at least one law enforcement officer or firefighter  
360 currently employed by this state; and, at the discretion of the chair, representatives of other  
361 interested parties.

362 (c) All appointed committee members shall serve for a term of two years, and  
363 appointments may be renewed by the chair for additional two-year terms. The chair may  
364 provide for the staggering of terms. A vacancy that occurs shall be filled within 30 days  
365 after it occurs, and such member shall serve for the remainder of the unexpired term.

366 (d) The committee shall meet at the call of the chair and shall meet as necessary or  
367 convenient to perform its duties.

368 (e) Membership on the advisory committee does not constitute public office, and no  
369 member shall be disqualified from holding office by reason of membership on the  
370 committee.

371 (f) Members of the advisory committee shall receive no compensation or reimbursement  
372 of expenses from the state for their services as members of the advisory committee.

373 (g) The advisory committee shall stand abolished no later than four years from the date  
374 upon which the first meeting of the committee takes place; provided, however, that the  
375 committee may be reestablished at the calling of the chair in order to make  
376 recommendations consistent with the committee's purpose and the needs of the board.

377 49-4-206.

378 (a) There is established the Workers' Compensation Public Advisory Committee for the  
379 purpose of making recommendations to the board regarding accommodating workers'  
380 compensation health benefits into the program. The Commissioner of Labor or his or her  
381 designee shall serve as a nonvoting ex officio member of the committee.

382 (b) The committee shall consist of the board chair, serving as chair of the committee, and  
383 the following members appointed by the chair: at least one currently employed individual;  
384 at least one individual receiving workers' compensation health benefits; at least one  
385 healthcare provider; at least one attorney; and, at the discretion of the chair, representatives  
386 of other interested parties.

387 (c) All appointed committee members shall serve for a term of two years, and  
388 appointments may be renewed by the chair for additional two-year terms. The chair may  
389 provide for the staggering of terms. A vacancy that occurs shall be filled within 30 days  
390 after it occurs, and such member shall serve for the remainder of the unexpired term.

391 (d) The committee shall meet at the call of the chair and shall meet as necessary or  
392 convenient to perform its duties.

393 (e) Membership on the advisory committee does not constitute public office, and no  
394 member shall be disqualified from holding office by reason of membership on the  
395 committee.

396 (f) Members of the advisory committee shall receive no compensation or reimbursement  
397 of expenses from the state for their services as members of the advisory committee.

398 (g) The advisory committee shall stand abolished no later than four years from the date  
399 upon which the first meeting of the committee takes place; provided, however, that the  
400 committee may be reestablished at the calling of the chair in order to make  
401 recommendations consistent with the committee's purpose and the needs of the board.

402 49-4-207.

403 (a) No later than July 1, 2029, the board shall establish and implement the Georgia  
404 Medicare for All Program, providing comprehensive universal single payer healthcare  
405 coverage and a healthcare cost control system for the benefit of all Georgia residents.

406 (b) The board shall, to the maximum extent possible, organize, administer, and market the  
407 program and services as a single payer program under the name 'Georgia Medicare for All'  
408 or any other name as the board determines, regardless of the law or source where the  
409 definition of a benefit is found, including, on a voluntary basis, retiree health benefits. The  
410 board shall avoid jeopardizing federal financial participation in the programs that are  
411 incorporated into the Georgia Medicare for All Program and shall take care to promote  
412 public understanding and awareness of available benefits and programs thereof.

413 (c) The board shall consider any matter necessary to carry out the provisions and purposes  
414 of this article. The board shall have no executive, administrative, or appointive duties  
415 except as otherwise provided by law.

416 (d) The board shall employ necessary staff and authorize reasonable expenditures, as  
417 necessary, from the Georgia Medicare for All Trust Fund to pay program expenses and to  
418 administer the program.

419 (e) The board may do all of the following:

420 (1) Negotiate and enter into any necessary contracts, including, but not limited to,  
421 contracts with healthcare providers, integrated healthcare delivery systems, and care  
422 coordinators;

423 (2) Sue and be sued;

424 (3) Receive and accept gifts, grants, or donations of moneys from any agency of the  
425 federal government, any agency of the state, and any municipality, county, or other  
426 political subdivision of the state;

427 (4) Receive and accept gifts, grants, or donations from individuals, associations, private  
428 foundations, and corporations, in compliance with the conflict of interest provisions to  
429 be adopted by the board by rule; and

430 (5) Share information with relevant state agencies, consistent with the confidentiality  
431 provisions in this article, which is necessary for the administration of the program.

432 (f) The board shall determine dates for the transition period and for the implementation  
433 period.

434 (g) An insurer may not offer benefits or cover any services for which coverage is offered  
435 to individuals under the program, but may, if otherwise authorized, offer benefits to cover  
436 healthcare services that are not offered to individuals under the program. However, this  
437 Code section does not prohibit an insurer from offering:

438 (1) Any benefits to or for individuals, including their families, who are employed or  
439 self-employed in this state but who are not Georgia residents; or

440 (2) Any benefits during the transition period to individuals who enrolled or may enroll  
441 as members of the program.

442 (h) Once the implementation period starts, a person may not be a board member unless he  
443 or she is a member of the program, except the ex officio member.

444 49-4-208.

445 No later than July 1, 2029, the board shall develop the following recommendations and  
446 proposals:

447 (1) For the program to provide long-term care coverage, including the development of  
448 a proposal, consistent with the principles of this article, for the program's funding, in  
449 consultation with the public advisory committee established in Code Section 49-4-204;

450 (2) For the program to accommodate employer retiree health benefits for people who  
451 were members of the program but live as retirees out of this state and for people who

452 earned or accrued such benefits while residing in this state before the implementation of  
453 the program and live as retirees out of this state;  
454 (3) For the program to accommodate state health insurance and retirement benefit plans,  
455 in consultation with the public advisory committee established in Code Section 49-4-205;  
456 (4) For the program to provide healthcare services currently covered under the workers'  
457 compensation system, including whether and how to continue funding for those services  
458 under that system and whether and how to incorporate an element of experience rating,  
459 in consultation with the public advisory committee established in Code Section 49-4-206;  
460 (5) For providing assistance to consumers with respect to the selection of a care  
461 coordinator or healthcare organization, enrolling, obtaining healthcare services,  
462 disenrolling, and other matters relating to the program;  
463 (6) For providing assistance to healthcare providers providing, seeking, or considering  
464 whether to provide healthcare services under the program and with respect to participating  
465 in and interacting with a healthcare organization in the program;  
466 (7) For using funds in the Georgia Medicare for All Trust Fund or otherwise appropriated  
467 to provide grants to the Department of Community Health to support its implementation  
468 of the state health benefit plans; and  
469 (8) For using funds in the Georgia Medicare for All Trust Fund or otherwise appropriated  
470 to provide grants to the Department of Labor for a program for retraining and assisting with  
471 job transition for individuals employed or previously employed in the fields of health  
472 insurance, for healthcare service plans, and for other third-party payments for healthcare  
473 or those individuals providing services to healthcare providers to deal with third-party  
474 payers for healthcare and whose jobs may be or have been ended as a result of the  
475 implementation of the program, consistent with otherwise applicable law.

476 49-4-209.

477 (a) The board shall provide for the collection and availability of all of the following data  
478 to promote transparency, assess adherence to patient care standards, compare patient  
479 outcomes, and review utilization of healthcare services paid for by the program:

480 (1) Inpatient discharge data, including acuity and risk of mortality;

481 (2) Emergency department and ambulatory surgery data, including charge data, length  
482 of stay, and patients' unit of observation; and

483 (3) Hospital annual financial data, including all of the following:

484 (A) Community benefits by hospital in dollar value;

485 (B) Number of employees and classification by hospital unit;

486 (C) Number of hours worked by hospital unit;

487 (D) Employee wage information by job title and hospital unit;

488 (E) Number of registered nurses per staffed bed by hospital unit;

489 (F) Type and value of health information technology; and

490 (G) Annual spending on health information technology, including purchases, upgrades,  
491 and maintenance.

492 (b) The board shall submit data as required and as requested to the Georgia All-Payer  
493 Claims Database, as provided under Code Section 31-53-47.

494 (c) The board shall, directly and through grants to nonprofit entities, conduct programs  
495 using data collected through the Georgia Medicare for All Program to promote and protect  
496 public, environmental, and occupational health, including cooperation with other data  
497 collection and research programs, consistent with this article and otherwise applicable law.

498 49-4-210.

499 Notwithstanding any other law, a law enforcement agency may not use the Georgia  
500 Medicare for All Program or any program information, money, facilities, property,  
501 equipment, or personnel to investigate, enforce, or assist in the investigation or

502 enforcement of any criminal, civil, or administrative violation or warrant for a violation of  
503 any requirement that individuals register with the federal government or any federal agency  
504 based on religion, national origin, ethnicity, or immigration status.

505 49-4-211.

506 (a) Every Georgia resident is eligible and shall be automatically enrolled as a member of  
507 the program, unless disenrolled or disqualified under subsection (b) of this Code section.

508 (b) The board shall develop all necessary procedures, rules, and regulations for ensuring  
509 every Georgia resident is enrolled in the program, subject to the following standards:

510 (1) The board may define further standards for what constitutes Georgia residency under  
511 the meaning of this article;

512 (2) The board shall provide for automatic enrollment of every Georgia resident in the  
513 program to the extent possible;

514 (3) The board shall provide and publicize a means by which Georgia residents who have  
515 not been automatically enrolled may apply for enrollment in the program;

516 (4) The board shall provide for the manner in which program members shall be  
517 disenrolled due to loss of residency or refusal to provide information which the member  
518 is required to provide under Code Section 49-4-219;

519 (5) The board shall provide for the manner in which program members shall be  
520 disqualified due to fraudulent receipt of benefits or similar offenses, provided that no  
521 criminal offense not relevant to the member's past or future receipt of benefits shall be  
522 a reason for disqualification;

523 (6) The board is authorized to take appropriate action regarding disenrolled or  
524 disqualified individuals, including assessing reasonable civil penalties and, for  
525 disqualified individuals, making criminal referrals;

526 (7) The board shall provide for a review and appeal process for individuals subject to  
527 disenrollment or disqualification and shall provide a manner by which such individuals

528 may re-enroll. The board may provide additional reasonable standards which must be  
529 satisfied by disqualified individuals before they can re-enroll; and

530 (8) The board shall have the authority to request and obtain information on the state's  
531 behalf and from other state agencies that it deems necessary to determine residency and  
532 achieve automatic enrollment and disenrollment.

533 (c)(1) A member shall not be required to pay any fee, payment, or other charge for  
534 enrolling in or being a member under the program.

535 (2) A member shall not be required to pay any premium, copayment, coinsurance,  
536 deductible, or any other cost-sharing arrangements for all covered benefits.

537 (d) A college, university, or other institution of higher education in this state may purchase  
538 coverage under the program for a student, or a student's dependent, who is not a Georgia  
539 resident.

540 49-4-212.

541 (a) Covered healthcare benefits under the program include all medical care determined to  
542 be medically necessary and clinically appropriate by the member's healthcare provider.

543 (b) Covered healthcare benefits for members shall include, but are not limited to, all of the  
544 following:

545 (1) Licensed inpatient and licensed outpatient medical and health facility services;

546 (2) Inpatient and outpatient professional healthcare provider medical services;

547 (3) Diagnostic imaging, laboratory services, and other diagnostic and evaluative services;

548 (4) Medical equipment, appliances, and assistive technology, including prosthetics,  
549 eyeglasses, and hearing aids repair, technical support, and customization needed for  
550 individual use;

551 (5) Inpatient and outpatient rehabilitative care;

552 (6) Emergency care services;

553 (7) Emergency transportation;

- 554 (8) Necessary transportation for healthcare services for persons with disabilities or who  
555 may qualify as low income;
- 556 (9) Child and adult immunizations and preventive care;
- 557 (10) Health and wellness education;
- 558 (11) Hospice or palliative care;
- 559 (12) Care in a skilled nursing facility;
- 560 (13) Home healthcare, including healthcare provided in an assisted living facility;
- 561 (14) Mental health services;
- 562 (15) Substance abuse treatment;
- 563 (16) Dental care;
- 564 (17) Vision care;
- 565 (18) Prescription drugs;
- 566 (19) Pediatric care;
- 567 (20) Prenatal and postnatal care;
- 568 (21) Podiatric care;
- 569 (22) Chiropractic care;
- 570 (23) Acupuncture;
- 571 (24) Therapies that are shown by the National Center for Complementary and Integrative  
572 Health or National Institutes of Health to be safe and effective;
- 573 (25) Blood and blood products;
- 574 (26) Dialysis;
- 575 (27) Adult day care;
- 576 (28) Rehabilitative services;
- 577 (29) Ancillary healthcare or social services;
- 578 (30) Ancillary healthcare or social services for persons with developmental disabilities;
- 579 (31) Case management and care coordination;

- 580 (32) Language interpretation and translation for healthcare services, including sign  
581 language and Braille or other services needed for individuals to overcome communication  
582 barriers;
- 583 (33) Healthcare and long-term care services and supports currently covered or previously  
584 covered under Medicaid or PeachCare;
- 585 (34) Community care if determined to be appropriate under the standard specified in  
586 Olmstead v. L.C., 527 U.S. 581 (1999);
- 587 (35) Reproductive healthcare; and
- 588 (36) Gender-affirming care.
- 589 (c) Covered benefits for members must also include all healthcare services required to be  
590 covered under any of the following provisions, without regard to whether the member  
591 would otherwise be eligible for or covered by the program or source referred to:
- 592 (1) PeachCare;
- 593 (2) Medicaid;
- 594 (3) Medicare;
- 595 (4) All healthcare services provided for under Title 31, relating to health;
- 596 (5) All healthcare services provided for under this title;
- 597 (6) All healthcare services provided for under Part 6 of Article 17 of Chapter 2 of  
598 Title 20 and under Part 1 of Article 1 of Chapter 18 of Title 45, relating to the state health  
599 benefit plan for state employees and public employees, dependents, and retirees;
- 600 (7) Any additional healthcare services authorized to be added to the program's benefits  
601 by the program; and
- 602 (8) All essential health benefits mandated by the federal Affordable Care Act as of  
603 January 1, 2026.

604 49-4-213.

605 (a)(1) Any healthcare provider who is licensed to practice in this state and is otherwise  
606 in good standing is qualified to participate in the program so long as the healthcare  
607 provider's services are performed within this state.

608 (2) The board shall establish and maintain procedures and standards for recognizing  
609 healthcare providers located out of this state for purposes of providing coverage under  
610 the program for a member who requires out-of-state healthcare service while he or she  
611 is temporarily located out of this state.

612 (b) Any healthcare provider qualified to participate under this Code section may provide  
613 covered healthcare services under the program so long as the healthcare provider is legally  
614 authorized to perform the healthcare service for the individual and under the circumstances  
615 involved.

616 (c) A member may choose to receive healthcare services under the program from any  
617 participating provider, consistent with this part and the willingness or availability of the  
618 provider, subject to provisions of this part relating to discrimination and the appropriate  
619 clinically relevant circumstances.

620 (d)(1) A person who chooses to enroll with an integrated healthcare delivery system,  
621 group medical practice, or essential community provider that offers comprehensive  
622 services shall retain membership for at least one year after an initial three-month  
623 evaluation period, during which time the person may withdraw for any reason.

624 (2) The three-month evaluation period must commence on the date when a member first  
625 sees a primary care provider.

626 (3) A person who wishes to withdraw after the initial three-month evaluation period shall  
627 request a withdrawal pursuant to a procedure established by the board. The withdrawal  
628 must be resolved in a timely fashion and may not have an adverse effect on the care a  
629 patient receives.

630 49-4-214.

631 (a) Care coordination must be provided to any member by his or her care coordinator. A  
632 care coordinator may employ or use the services of other individuals or entities to assist in  
633 providing care coordination for the member, consistent with regulations of the board and  
634 with the statutory requirements and regulations of the care coordinator's licensure.

635 (b) Care coordination includes administrative tracking and medical record-keeping  
636 services for members.

637 (c) Care coordination administrative tracking and medical record-keeping services for  
638 members shall comply with all state and federal requirements for use and retention.

639 (d) The care coordinator shall comply with all state and federal privacy laws.

640 (e) Referrals from a care coordinator are not required for a member to see any eligible  
641 participating provider.

642 (f) A care coordinator may be an individual or entity that is approved under the program  
643 and that is any of the following:

644 (1) A healthcare practitioner that is any of the following:

645 (A) The member's primary care provider; or

646 (B) At the option of a member who has a chronic condition that requires specialty care,  
647 a specialist healthcare provider who regularly and continually provides treatment to the  
648 member for that condition;

649 (2) A healthcare facility;

650 (3) A healthcare organization;

651 (4) A multiple employer self-insured health plan; or

652 (5) Any nonprofit or governmental entity approved under the program.

653 (g)(1) A healthcare provider may be reimbursed for a healthcare service only if the  
654 member is enrolled with a care coordinator at the time the service is provided.

655 (2) Every member shall enroll with a care coordinator before the member receives  
656 healthcare services to be paid for under the program. If a member receives healthcare

657 services before choosing a care coordinator, the program shall assist the member, when  
658 appropriate, with choosing a care coordinator.

659 (3) The member must remain enrolled with his or her care coordinator until the member  
660 enrolls with a different care coordinator or ceases to be a member. A member has the  
661 right to change his or her care coordinators.

662 (h) A healthcare organization may establish rules relating to care coordination for  
663 members in the healthcare organization which are different from this Code section but  
664 otherwise consistent with this article and other applicable laws.

665 (i) This Code section does not authorize any individual to engage in any act in violation  
666 of the applicable chapter under which he or she is licensed to practice.

667 (j) An individual or entity may not be a care coordinator unless the services included in  
668 care coordination are within the individual's professional scope of practice or the entity's  
669 authority.

670 49-4-215.

671 (a)(1) The board shall develop and implement standards for an individual or entity to be  
672 approved as a care coordinator in the program, including, but not limited to, procedures  
673 and standards relating to the revocation, suspension, or limitation of the care coordinator's  
674 approval on a determination that the individual or entity: is incompetent to be a care  
675 coordinator; has exhibited conduct that is inconsistent with program standards; exhibits  
676 an unwillingness to meet those standards; or is a potential threat to the public health or  
677 safety.

678 (2) The procedures and standards the board adopts must be consistent with established  
679 professional practice, licensure standards, and regulations for healthcare providers.

680 (b) To maintain a care coordinator approval under the program, a care coordinator must  
681 do all of the following:

682 (1) Renew the approval every three years pursuant to procedures the board adopts; and

683 (2) Provide to the program any data requested or required which would enable the board  
684 to evaluate the impact of care coordinators on quality, outcomes, and cost of healthcare.

685 49-4-216.

686 (a) The board shall adopt procedures and standards regarding contracting for and  
687 establishing payment methodologies for covered healthcare services and care coordination  
688 provided to members under the program by participating providers, care coordinators, and  
689 healthcare organizations. There may be a variety of different payment methodologies,  
690 including those established on a demonstration basis. All payment rates under the program  
691 must be reasonable and reasonably related to the cost of efficiently providing the healthcare  
692 services and ensuring an adequate and accessible supply of healthcare services.

693 (b) Healthcare services provided to members under the program, except for care  
694 coordination, must be paid for on a fee-for-service basis unless and until another payment  
695 methodology is established by the board.

696 (c) Notwithstanding subsection (b) of this Code section, integrated healthcare delivery  
697 systems, essential community providers, and group medical practices that provide  
698 comprehensive, coordinated services may choose to be reimbursed on the basis of a  
699 capitated system operating budget or a noncapitated system operating budget that covers  
700 all costs of providing healthcare services.

701 (d) The board and healthcare organizations shall engage in good faith negotiations with  
702 healthcare providers' representatives, including, but not limited to, in relation to rates of  
703 payment for healthcare services, rates of payment for prescription and nonprescription  
704 drugs, and payment methodologies, as provided in Code Section 49-4-221. For  
705 prescription and nonprescription drugs, the negotiations must be conducted through a  
706 single entity on behalf of the entire program.

707 (e)(1) Payments for healthcare services established under this Code section are  
708 considered payment in full.

709 (2) A participating provider may not charge any rate in excess of the payment established  
710 under this part for any healthcare service provided to a member under the program and  
711 may not solicit or accept payment from any member or third party for any healthcare  
712 service, except as provided under a federal program.

713 (3) However, this Code section does not preclude the program from acting as a primary  
714 or secondary payer in conjunction with another third-party payer when permitted by a  
715 federal program.

716 (f) The board may adopt by rule payment methodologies for the payment of capital-related  
717 expenses for specifically identified capital expenditures incurred by a nonprofit or  
718 governmental entity that is a health facility. Any capital-related expense generated by a  
719 capital expenditure that requires prior approval must have received that approval in order  
720 to be paid by the program.

721 (g) Payment methodologies and payment rates must include a distinct component for  
722 reimbursement of direct and indirect graduate medical education expenses.

723 (h) The board shall adopt payment methodologies and procedures for paying for healthcare  
724 services provided to a member while he or she is located out of this state.

725 49-4-217.

726 (a) A member may choose to enroll with and receive program care coordination and  
727 ancillary healthcare services from a healthcare organization.

728 (b) A healthcare organization must be a nonprofit or governmental entity that is approved  
729 by the board.

730 (c)(1) The board shall by rule develop and implement procedures and standards for an  
731 entity to be approved as a healthcare organization in the program, including, but not  
732 limited to, procedures and standards relating to the revocation, suspension, or limitation  
733 of approval on a determination that the entity: is incompetent to be a healthcare  
734 organization; has exhibited a course of conduct that is inconsistent with program

735 standards and regulations; exhibits an unwillingness to meet those standards and  
736 regulations; or is a potential threat to the public health or safety.

737 (2) The procedures and standards adopted by the board must be consistent with  
738 established professional practice, licensure standards, and regulations for healthcare  
739 providers.

740 (d) To maintain approval under the program, a healthcare organization must:

741 (1) Renew its approval at a frequency determined by the board; and

742 (2) Provide data to the Department of Community Health, as required by the board, to  
743 enable the board to evaluate the healthcare organization in relation to the quality of  
744 healthcare services provided, healthcare outcomes, and cost.

745 (e) The board may adopt procedures relating specifically to healthcare organizations for  
746 the sole and specific purpose of ensuring compliance with this Code section.

747 (f) This Code section shall not be construed to alter in any way the professional practice  
748 of healthcare providers or their licensure standards.

749 (g) Healthcare organizations may not use health information technology or clinical  
750 practice guidelines that limit the effective exercise of the professional judgment of  
751 physicians and registered nurses. Physicians and registered nurses are free to override  
752 health information technology and clinical practice guidelines if, in their professional  
753 judgment, it is in the best interest of the patient and consistent with the patient's wishes.

754 49-4-218.

755 (a) The board shall establish requirements and standards for the program and for  
756 healthcare organizations, care coordinators, and healthcare providers consistent with this  
757 article and consistent with the applicable professional practice and licensure standards of  
758 healthcare providers and healthcare professionals, including requirements and standards  
759 for, as applicable:

760 (1) The scope, quality, and accessibility of healthcare services;

- 761 (2) Relations between healthcare organizations or healthcare providers and members;  
762 and
- 763 (3) Relations between healthcare organizations and healthcare providers, including  
764 credentialing and participation in the healthcare organization, and terms, methods, and  
765 rates of payment.
- 766 (b) The board shall establish requirements and standards under the program which include,  
767 but are not limited to, provisions to promote all of the following:
- 768 (1) Simplification of, transparency in, uniformity in, and fairness in healthcare provider  
769 credentialing and participation in healthcare organization networks, referrals, payment  
770 procedures and rates, claims processing, and approval of healthcare services, as  
771 applicable;
- 772 (2) In-person primary and preventive care, care coordination, efficient and effective  
773 healthcare services, quality assurance, and promotion of public, environmental, and  
774 occupational health;
- 775 (3) Elimination of healthcare disparities;
- 776 (4) Nondiscrimination with respect to members and healthcare providers on the basis of  
777 race, color, ancestry, national origin, religion, citizenship, immigration status, primary  
778 language, mental or physical disability, age, sex, gender, sexual orientation, gender  
779 identity or expression, medical condition, genetic information, marital status, familial  
780 status, military or veteran status, or source of income; however, healthcare services  
781 provided under the program must be appropriate to the patient's clinically relevant  
782 circumstances;
- 783 (5) Accessibility of care coordination, healthcare organization services, and healthcare  
784 services, including accessibility for people with disabilities and people with limited  
785 ability to speak or understand English;
- 786 (6) Provision of care coordination, healthcare organization services, and healthcare  
787 services in a culturally competent manner; and

788 (7) Provision of community care under the standard set out in Olmstead v. L.C., 527 U.S.  
789 581 (1999).

790 (c) The board shall establish by rule requirements and standards, to the extent authorized  
791 by federal law, for replacing and merging with the Georgia Medicare for All Program  
792 healthcare services and ancillary services currently provided by other programs, including,  
793 but not limited to, Medicare, the Affordable Care Act, and federally matched public health  
794 programs.

795 (d) Any participating provider or care coordinator that is organized as a for-profit entity  
796 shall be required to meet the same requirements and standards as entities organized as  
797 nonprofits, and payments under the program paid to those entities may not be calculated  
798 to accommodate the generation of profit, revenue for dividends, or other return on  
799 investment or the payment of taxes that would not be paid by a nonprofit entity.

800 (e) Every participating provider shall furnish information as required by the Department  
801 of Community Health and allow the examination of that information by the program as  
802 may be reasonably required for purposes of reviewing accessibility and utilization of  
803 healthcare services, quality assurance, cost containment, the making of payments, and  
804 statistical or other studies of the operation of the program or for protection and promotion  
805 of public, environmental, and occupational health.

806 (f) In developing requirements and standards and making other policy determinations  
807 under this Code section, the board shall consult with public advisory committees,  
808 representatives of members, healthcare providers, care coordinators, healthcare  
809 organizations, labor organizations representing healthcare employees, and other interested  
810 parties.

811 49-4-219.

812 (a) The board shall seek all federal waivers and other federal approvals and arrangements  
813 and submit state plan amendments as necessary to operate the Georgia Medicare for All  
814 Program consistent with this Code section.

815 (b)(1) No later than July 1, 2029, the board shall apply to the United States Secretary of  
816 Health and Human Services or other appropriate federal official for all waivers of  
817 requirements, and shall make other arrangements necessary, under Medicare, any  
818 federally matched public health program, the Affordable Care Act, and any other federal  
819 program that provides federal funds for payment of healthcare services, to enable all  
820 Georgia Medicare for All members to receive all benefits under the program, to enable  
821 the state to implement the program, and to allow the state to receive and deposit all  
822 federal payments under those federal programs, including funds that may be provided in  
823 lieu of premium tax credits, cost sharing subsidies, and small business tax credits, in the  
824 state treasury to the credit of the Georgia Medicare for All Trust Fund and to use those  
825 funds for the program and other provisions under this article.

826 (2) To the fullest extent possible, the board shall negotiate arrangements with the federal  
827 government to ensure that federal payments are paid to the Georgia Medicare for All  
828 Program in place of federal funding of or tax benefits for federally matched public health  
829 programs or federal health programs.

830 (3) The board may require members or applicants to provide information necessary for  
831 the program to comply with any waiver or arrangement under this Code section.  
832 Information provided by members to the board for the purposes of this Code section may  
833 not be used for any other purpose.

834 (4) The board may take any additional actions necessary to effectively implement the  
835 Georgia Medicare for All Program to the maximum extent possible as a single payer  
836 program consistent with this Code section.

837 (c) The board may take actions consistent with this article to enable the program to  
838 administer Medicare in this state. The program must be a provider of supplemental  
839 insurance coverage under Medicare Part B and must provide premium assistance for drug  
840 coverage under Medicare Part D for eligible members of the program.

841 (d) The board may waive or modify the applicability of any provision of this Code section  
842 relating to any federally matched public health program or Medicare, as necessary, to  
843 implement any waiver or arrangement under this Code section or to maximize the federal  
844 benefits to the program under this Code section, if the board, in consultation with the  
845 executive director, determines that the waiver or modification is in the best interest of this  
846 state and members affected by the action.

847 (e) The board may apply for coverage for, and enroll, any eligible member under any  
848 federally matched public health program or Medicare. Enrollment in a federally matched  
849 public health program or Medicare may not cause any member to lose any healthcare  
850 service provided by the program or diminish any right the member would otherwise have.

851 (f)(1) Notwithstanding any other law, the board shall increase by rule the income  
852 eligibility level, increase or eliminate the resource test for eligibility, simplify any  
853 procedural or documentation requirement for enrollment, and increase the benefits for  
854 any federally matched public health program and for any program in order to reduce or  
855 eliminate an individual's coinsurance, cost-sharing, or premium obligations or increase  
856 an individual's eligibility for any federal financial support related to Medicare or the  
857 Affordable Care Act.

858 (2) The board may act under this Code section upon a finding approved by the executive  
859 director and the board that the action:

860 (A) Will help to increase the number of members who are eligible for and enrolled in  
861 federally matched public health programs; or, for any program, to reduce or eliminate  
862 an individual's coinsurance, cost-sharing, or premium obligations or increase an

863 individual's eligibility for any federal financial support related to Medicare or the  
864 Affordable Care Act;

865 (B) Will not diminish any individual's access to any healthcare service or any right the  
866 individual would otherwise have;

867 (C) Is in the interest of the program; and

868 (D) Has received any necessary federal waivers or approvals to ensure federal financial  
869 participation, or does not require any such waiver or approval.

870 (3) Actions under this subsection do not apply to eligibility for payment for long-term  
871 care.

872 (g) To enable the board to apply for coverage for, and enroll, any eligible member under  
873 any federally matched public health program or Medicare, the board may require that every  
874 member or applicant provide the information necessary to enable the board to determine  
875 whether the applicant is eligible for a federally matched public health program or for  
876 Medicare, or any program or benefit under Medicare.

877 (h) As a condition of continued eligibility for healthcare services under the program, a  
878 member who is eligible for benefits under Medicare must enroll in Medicare, including  
879 Parts A, B, and D.

880 (i) The program shall provide premium assistance for all members enrolling in a Medicare  
881 Part D drug coverage plan, limited to the low-income benchmark premium amount  
882 established by the federal Centers for Medicare and Medicaid Services and any other  
883 amount the federal agency establishes under its de minimis premium policy, except that  
884 those payments made on behalf of members enrolled in a Medicare advantage plan may  
885 exceed the low-income benchmark premium amount if determined to be cost effective to  
886 the program.

887 (j) If the board has reasonable grounds to believe that a member may be eligible for an  
888 income-related subsidy, the member must provide and authorize the program to obtain any  
889 information or documentation required to establish the member's eligibility for that

890 subsidy; however, the board shall attempt to obtain as much of the information and  
891 documentation as possible from records that are available to it.

892 (k) The program shall make a reasonable effort to notify members of their obligations  
893 under this Code section. After a reasonable effort has been made to contact the member,  
894 the member must be notified in writing that he or she has 60 days to provide the required  
895 information. If the required information is not provided within the 60 day period, the  
896 member's coverage under the program may be terminated. Information members provide  
897 to the board for the purposes of this Code section may not be used for any other purpose.

898 (l) The board shall assume responsibility for all benefits and services paid for by the  
899 federal government with federal funds.

900 49-4-220.

901 (a) The board shall develop a revenue plan, taking into consideration anticipated federal  
902 revenue available for the Georgia Medicare for All Program. In developing the revenue  
903 plan, the board shall consult with appropriate officials and stakeholders.

904 (b) There is established the Georgia Medicare for All Trust Fund as a trust fund which  
905 shall be of a perpetual, nonlapsing nature for the sole purpose of making payments in  
906 accordance with this article. The state treasurer shall act as custodian of such fund and  
907 shall credit to such fund all amounts appropriated, dedicated, transferred, or contributed to  
908 such fund. The state treasurer shall invest trust fund money in the same manner in which  
909 state funds are invested as authorized by the State Depository Board pursuant to Article 3  
910 of Chapter 17 of Title 50. The state treasurer shall be authorized and is required to disburse  
911 money from such fund only upon written direction of the board.

912 (c) The fund shall consist of all such payments, any and all grants received, and any  
913 donations or additional contributions. All money contributed, deposited, or transferred into  
914 the fund and any interest earned on such money shall be appropriated for the sole purpose  
915 of executing the Georgia Medicare for All Program as provided in this article.

916 49-4-221.

917 (a) Healthcare providers may enter into collective bargaining to reach an agreement as to  
918 terms and conditions for providing healthcare services in the Georgia Medicare for All  
919 Program.

920 (b) Healthcare providers may communicate with healthcare providers' representatives and  
921 with other healthcare providers regarding the terms and conditions to be negotiated for  
922 providing healthcare services in the program. A healthcare provider may be bound by the  
923 terms and conditions negotiated by the representatives of such provider.

924 (c) A healthcare provider's representative is the only party authorized to negotiate with the  
925 board or its representative on behalf of the healthcare providers as a group. In  
926 communicating or negotiating with the representative of such provider, the board is entitled  
927 to offer and provide different terms and conditions to individual competing healthcare  
928 providers.

929 (d) Before engaging in collective negotiations with the board on behalf of healthcare  
930 providers, a healthcare providers' representative must file with the board, in the manner  
931 prescribed by the board, information identifying the representative, the representative's plan  
932 of operation, and the representative's procedures to ensure compliance with this Code  
933 section.

934 (e) Each person who acts as the representative of negotiating parties under this Code  
935 section shall pay a fee to the board to act as a representative. The board shall set by rule  
936 fees in amounts deemed reasonable and necessary to cover the costs the board incurs in  
937 administering this Code section.

938 (f) This Code section does not authorize competing healthcare providers to act in concert  
939 in response to a healthcare providers' representative's discussions or negotiations with the  
940 board, except as authorized by other law.

941 (g) A healthcare providers' representative may not negotiate any agreement that excludes,  
942 limits the participation or reimbursement of, or otherwise limits the scope of services to be

943 provided by any healthcare provider or group of healthcare providers with respect to the  
 944 performance of services that are within the healthcare provider's scope of practice, license,  
 945 registration, or certificate.

946 (h) This Code section does not affect or limit the right of a healthcare provider or group  
 947 of healthcare providers to collectively petition a governmental entity for a change in a law,  
 948 rule, or regulation.

949 (i) This Code section does not affect or limit collective action or collective bargaining on  
 950 the part of a healthcare provider with his or her employer or any other lawful collective  
 951 action or collective bargaining."

952 **PART III**

953 *Reproductive Freedom Act*

954 **SECTION 3-1.**

955 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by  
 956 repealing Chapter 9A, the "Woman's Right to Know Act," in its entirety and enacting a new  
 957 Chapter 9A to read as follows:

958 "CHAPTER 9A

959 31-9A-1.

960 This chapter shall be known and may be cited as the 'Reproductive Freedom Act.'

961 31-9A-2.

962 As used in this chapter, the term:

963 (1) 'Abortion' means the use of any instrument, medicine, drug, or any other substance  
 964 or device to terminate the pregnancy of an individual known to be pregnant with an

965 intention other than to increase the probability of a live birth, to preserve the life or health  
966 of the child after live birth, or to remove a dead fetus.

967 (2) 'Advanced practice registered nurse' shall have the same meaning as set forth in Code  
968 Section 43-26-3.

969 (3) 'Covered entity' means any licensed provider of reproductive healthcare services,  
970 including but not limited to hospitals, outpatient departments, clinics, reproductive health  
971 practices, or offices of healthcare professionals.

972 (4) 'Healthcare professional' means a person who is licensed as a physician, advanced  
973 practice registered nurse, or physician assistant.

974 (5) 'Physician' shall have the same meaning as set forth in Code Section 43-34-1.

975 (6) 'Physician assistant' shall have the same meaning as set forth in Code Section  
976 43-34-23.

977 (7) 'Pregnancy' means the human reproductive process beginning with the implantation  
978 of an embryo.

979 (8) 'State' includes any branch, department, agency, instrumentality, and official or other  
980 person acting under the color of law of this state or a political subdivision of this state,  
981 including any local government, local board of education, or other instrumentality.

982 31-9A-3.

983 (a) Every individual who becomes pregnant has the fundamental right to choose to carry  
984 the pregnancy to term or have an abortion.

985 (b) Every individual has the fundamental right to choose or refuse contraception or  
986 sterilization.

987 (c) The state shall not, in the regulation or provision of benefits, facilities, services, or  
988 information, deny or interfere with an individual's fundamental rights:

989 (1) To choose to carry a pregnancy to term, to give birth to a child, or to obtain an  
990 abortion, including individuals in the physical or legal custody of the state; and

991 (2) To choose or refuse contraception or sterilization.

992 (d) A fertilized egg, embryo, or fetus does not have independent rights under the laws of  
993 this state.

994 31-9A-4.

995 (a) A healthcare professional acting within the professional's lawful scope of practice and  
996 in compliance with all generally applicable regulations shall be authorized to provide  
997 abortions in this state.

998 (b) This chapter shall not be construed to prevent the Department of Community Health  
999 under this title or a healthcare professional licensing board from regulating the practice of  
1000 abortion or abortion facilities with generally applicable regulations and standards that are  
1001 in accordance with evidence based medically accepted standards, provided that such  
1002 regulation is not a pretext for violating this chapter.

1003 31-9A-5.

1004 (a) An individual's right to personal reproductive autonomy is central to his or her privacy,  
1005 liberty, and dignity to determine his or her own life course and shall not be denied or  
1006 infringed upon by state or local prosecution or in any other manner.

1007 (b) No state or local law enforcement agency shall arrest any individual for obtaining an  
1008 abortion, performing or aiding in the performance of an abortion in this state, or in  
1009 procuring an abortion in this state if the abortion is performed in accordance with the  
1010 provisions of this chapter.

1011 (c) Notwithstanding any other law, an individual shall not be subject to investigation, civil  
1012 or criminal penalty, or otherwise deprived of their rights under this article based on their  
1013 actions or omissions with respect to a pregnancy or an actual, potential, or alleged  
1014 pregnancy outcome, including miscarriage, stillbirth, ectopic pregnancy, abortion, or  
1015 perinatal death due to causes that occurred in utero.

1016 (d) Any individual who aids or assists a pregnant individual in exercising her rights under  
1017 this article shall not be subject to civil or criminal liability or penalty, or otherwise be  
1018 deprived of his or her rights, based solely on his or her actions to aid or assist a pregnant  
1019 individual in exercising her rights under this article, so long as they acted with the pregnant  
1020 individual's voluntary consent.

1021 (e) The state shall not discriminate in the protection or enforcement of the fundamental  
1022 rights set forth in this chapter on the basis of sex, which includes but is not limited to sex  
1023 stereotypes, gender identity or expression, or perceived gender identity or expression;  
1024 sexual orientation; pregnancy; disability; race; ethnicity; age; national origin; immigration  
1025 status; or religion.

1026 (f) Any party aggrieved by conduct or regulation in violation of this chapter may bring a  
1027 civil lawsuit in federal or state court for injunctive relief against the offending state or local  
1028 official. The court may award costs and reasonable attorney's fees to an aggrieved party  
1029 who substantially prevails in an action brought under this subsection.

1030 31-9A-6.

1031 (a) Subject to the provisions of the federal Health Insurance Portability and Accountability  
1032 Act of 1996, P.L. 104-191, and any regulations promulgated thereunder, in any civil action  
1033 or administrative hearing, a covered entity shall not disclose without written consent from  
1034 the individual or the individual's guardian or authorized legal representative, the following:

1035 (1) Any communication made to the covered entity or any information obtained by the  
1036 covered entity from an individual or the individual's guardian or authorized legal  
1037 representative, relating to reproductive healthcare services permitted under the laws of  
1038 this state; or

1039 (2) Any information obtained by personal examination of an individual by the covered  
1040 entity relating to reproductive healthcare services.

1041 (b) A covered entity shall inform the individual or the individual's guardian or authorized  
1042 legal representative of the individual's right to refuse to consent to the disclosure of the  
1043 individual's communications and information at or before the time reproductive healthcare  
1044 services are rendered, or at such time as the individual discloses any information relating  
1045 to reproductive healthcare services previously rendered.

1046 31-9A-7.

1047 (a) This chapter applies to all state and local laws, ordinances, regulations, rules, policies,  
1048 procedures, practices, and governmental actions and their implementation, whether  
1049 statutory or otherwise and whether adopted before or after the effective date of this Act.

1050 (b) Local government may enact ordinances, standards, rules, or regulations that protect  
1051 an individual's ability to freely exercise the fundamental rights set forth in this chapter in  
1052 a manner or to an extent equal to or greater than the protection provided in this chapter.  
1053 Local government may not regulate an individual's ability to freely exercise the  
1054 fundamental rights set forth in this chapter in a manner more restrictive than that set forth  
1055 in this chapter.

1056 31-9A-8.

1057 In accordance with Code Section 1-1-3, if any provision of this chapter or its application  
1058 to any person or circumstance is held invalid, the invalidity does not affect other provisions  
1059 or applications of this chapter which can be given effect without the invalid provision or  
1060 application, and to this end the provisions of this chapter are severable."

1061 **SECTION 3-2.**

1062 Said title is further amended by repealing Chapter 9B, relating to physician's obligation in  
1063 performance of abortions.

1064 **PART IV**

1065 *Conforming changes for the Georgia Medicare for All Act*

1066 **SECTION 4-1.**

1067 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by  
 1068 repealing Code Section 31-7-3.5, relating to treatment of minors for gender dysphoria and  
 1069 penalty for violations.

1070 **SECTION 4-2.**

1071 Title 42 of the Official Code of Georgia Annotated, relating to penal institutions, is amended  
 1072 by revising subsection (e) of Code Section 42-5-2, relating to care and services required for  
 1073 inmates, responsibility of costs, and prohibited procedures and treatments, as follows:

1074 ~~"(e)(1) Except as otherwise provided for in paragraph (2) of this subsection, no state~~  
 1075 ~~funds or resources shall be used for the following treatments for state inmates:~~

1076 ~~(A) Sex reassignment surgeries or any other surgical procedures that are performed for~~  
 1077 ~~the purpose of altering primary or secondary sexual characteristics;~~

1078 ~~(B) Hormone replacement therapies; and~~

1079 ~~(C) Cosmetic procedures or prosthetics intended to alter the appearance of primary or~~  
 1080 ~~secondary sexual characteristics.~~

1081 ~~(2) The board shall adopt rules and regulations regarding the procedures and therapies~~  
 1082 ~~prohibited by this subsection, which shall provide for the following limited instances in~~  
 1083 ~~which the treatments set forth in paragraph (1) of this subsection shall be authorized:~~

1084 ~~(A) Treatments for medical conditions where such treatments are considered~~  
 1085 ~~medically necessary, provided that such condition is not gender dysphoria or the~~  
 1086 ~~purpose of such treatment is not for sex reassignment;~~

1087 ~~(B) Treatments for individuals born with a medically verifiable disorder of sex~~  
1088 ~~development, including individuals born with ambiguous genitalia or chromosomal~~  
1089 ~~abnormalities resulting in ambiguity regarding the individual's biological sex;~~  
1090 ~~(C) Treatments for individuals with partial androgen insensitivity syndrome; and~~  
1091 ~~(D) Hormone replacement therapy treatment for state inmates who were being treated~~  
1092 ~~with such therapy prior to May 8, 2025, provided that the provision of such therapy is~~  
1093 ~~solely for the purpose of transitioning off such therapy."~~

1094 **SECTION 4-3.**

1095 An Act enacting Code Sections 31-7-3.5 and 43-34-15 of the Official Code of Georgia  
1096 Annotated, relating to regulation of hospitals and related institutions and prohibition on  
1097 certain therapies and procedures for treatment of gender dysphoria in minors, regulations,  
1098 exceptions, and accountability, respectively, so as to prohibit certain surgical procedures for  
1099 the treatment of gender dysphoria in minors from being performed in hospitals and other  
1100 licensed healthcare facilities; so as to prohibit certain surgical procedures for the treatment  
1101 of gender dysphoria in minors, approved March 23, 2023 (Ga. L. 2023, p. 6), is amended by  
1102 repealing the Act in its entirety.

1103 **SECTION 4-4.**

1104 Title 43 of the Official Code of Georgia Annotated, relating to professions, is amended by  
1105 repealing Code Section 43-34-15, relating to prohibition on certain therapies and procedures  
1106 for treatment of gender dysphoria in minors, regulations, exceptions, and accountability.

1107 **SECTION 4-5.**

1108 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended  
1109 by repealing and reserving Code Section 49-4-142.2, relating to expansion of Medicaid  
1110 eligibility through an increase in the income threshold.

1111 **SECTION 4-6.**

1112 An Act enacting Code Section 49-4-142.2 of the Official Code of Georgia Annotated,  
 1113 relating to medical assistance generally, so as to prohibit the expansion of Medicaid  
 1114 eligibility through an increase in the income threshold without prior legislative approval; to  
 1115 provide for legislative findings; to provide for related matters; to repeal conflicting laws; and  
 1116 for other purposes, approved on April 15, 2014 (Ga. L. 2014, p. 293), is amended by  
 1117 repealing the Act in its entirety.

1118 **PART V**

1119 *Conforming Changes for the Reproductive Freedom Act*

1120 **SECTION 5-1.**

1121 An Act amending Chapter 2 of Title 1 of the Official Code of Georgia Annotated, relating  
 1122 to persons and their rights, so as to provide that natural persons include an unborn child; to  
 1123 provide that such unborn children shall be included in certain population based  
 1124 determinations; to provide definitions; to amend Article 5 of Chapter 12 of Title 16 of the  
 1125 Official Code of Georgia Annotated, relating to abortion, so as to provide definitions; to  
 1126 revise the time when an abortion may be performed; to provide for exceptions; to provide for  
 1127 the requirements for performing an abortion; to provide for a right of action and damages;  
 1128 to provide for affirmative defenses; to amend Chapter 6 of Title 19 of the Official Code of  
 1129 Georgia Annotated, relating to alimony and child support, so as to provide a definition; to  
 1130 provide a maximum support obligation for certain circumstances; to amend Chapter 7 of  
 1131 Title 19 of the Official Code of Georgia Annotated, relating to parent and child relationship  
 1132 generally, so as to provide that the right to recover for the full value of a child begins at the  
 1133 point when a detectable human heartbeat exists; to amend Chapter 9A of Title 31 of the  
 1134 Official Code of Georgia Annotated, relating to the "Woman's Right to Know Act," so as to  
 1135 provide for advising women seeking an abortion of the presence of a detectable human

1136 heartbeat; to provide for the content of certain notices; to repeal certain penalties; to amend  
 1137 Chapter 9B of Title 31 of the Official Code of Georgia Annotated, relating to physician's  
 1138 obligation in performance of abortions, so as to require physicians performing abortions to  
 1139 determine the existence of a detectable human heartbeat before performing an abortion; to  
 1140 provide for the reporting of certain information by physicians; to amend Chapter 7 of Title  
 1141 48 of the Official Code of Georgia Annotated, relating to income taxes, so as to provide that  
 1142 an unborn child with a detectable human heartbeat is a dependent minor for income tax  
 1143 purposes; to provide for legislative findings; to provide for related matters; to provide for  
 1144 standing to intervene and defend constitutional challenges to this Act; to provide a short title;  
 1145 to provide for severability; to provide an effective date; to repeal conflicting laws; and for  
 1146 other purposes, approved on May 7, 2019 (Ga. L. 2019, p. 711), is amended by repealing  
 1147 Section 2 of the Act.

#### 1148 SECTION 5-2.

1149 Title 1 of the Official Code of Georgia Annotated, relating to general provisions, is amended  
 1150 by revising Code Section 1-2-1, relating to classes of persons generally, "natural person"  
 1151 defined, corporations deemed artificial persons, and nature of corporations generally, as  
 1152 follows:

1153 "1-2-1.

1154 (a) There are two classes of persons: natural and artificial.

1155 ~~(b) 'Natural person' means any human being including an unborn child.~~

1156 ~~(c)~~(b) Corporations are artificial persons. They are creatures of the law and, except insofar  
 1157 as the law forbids it, they are subject to be changed, modified, or destroyed at the will of  
 1158 their creator.

1159 ~~(d) Unless otherwise provided by law, any natural person, including an unborn child with~~  
 1160 ~~a detectable human heartbeat, shall be included in population based determinations.~~

1161 ~~(e) As used in this Code section, the term:~~

- 1162 (1) ~~'Detectable human heartbeat' means embryonic or fetal cardiac activity or the steady~~  
1163 ~~and repetitive rhythmic contraction of the heart within the gestational sac.~~
- 1164 (2) ~~'Unborn child' means a member of the species Homo sapiens at any stage of~~  
1165 ~~development who is carried in the womb."~~

1166 **SECTION 5-3.**

1167 Title 15 of the Official Code of Georgia Annotated, relating to courts, is amended by revising  
1168 subsection (b) of Code Section 15-11-64, relating to collection of information by juvenile  
1169 court clerks, reporting requirement, and data collection, as follows:

1170 "(b) Each clerk of the juvenile court shall report to the Administrative Office of the Courts  
1171 the total number of petitions or motions filed under subsection ~~(b)~~ (c) of Code  
1172 Section 15-11-682 for the previous calendar year and, of that number, the number in which  
1173 the court appointed a guardian ad litem, the number in which the court appointed counsel,  
1174 the number in which the judge issued an order authorizing an abortion without notification,  
1175 the number in which the judge denied such an order, and, of the last, the number of denials  
1176 from which an appeal was filed, the number of appeals that resulted in denials being  
1177 affirmed, and the number of appeals that resulted in reversals of such denials. Each clerk  
1178 shall make such report by March 15 of each year for the previous calendar year. The  
1179 individual reports made to the Administrative Office of the Courts shall be held  
1180 confidential and not subject to disclosure under Article 4 of Chapter 18 of Title 50, relating  
1181 to open records. The Administrative Office of the Courts shall provide aggregated  
1182 statistics only in accordance with subsection (g) of Code Section 16-12-141.1. Such  
1183 individual reports shall be destroyed six months after submission to the Administrative  
1184 Office of the Courts."

**SECTION 5-4.**

1185

1186 Said title is further amended by revising paragraph (1) of Code Section 15-11-681, relating  
1187 to definitions for the "Parental Notification Act," as follows:

1188 ~~"(1) 'Abortion' shall have the same meaning as set forth in Code Section 31-9A-2 means~~  
1189 ~~the use or prescription of any instrument, medicine, drug, or any other substance or~~  
1190 ~~device with the intent to terminate the pregnancy of a female known to be pregnant. The~~  
1191 ~~term 'abortion' shall not include the use or prescription of any instrument, medicine, drug,~~  
1192 ~~or any other substance or device employed solely to increase the probability of a live~~  
1193 ~~birth, to preserve the life or health of the child after live birth, or to remove a dead unborn~~  
1194 ~~child who died as a result of a spontaneous abortion. The term 'abortion' also shall not~~  
1195 ~~include the prescription or use of contraceptives."~~

**SECTION 5-5.**

1196

1197 Said title is further amended by revising Code Section 15-11-682, relating to parental  
1198 notification of abortion, hearing, and venue, as follows:

1199 "15-11-682.

1200 (a) No ~~physician~~ healthcare professional as defined in Code Section 31-9A-2 or other  
1201 person shall perform an abortion upon an unemancipated minor unless:

1202 (1)(A) The unemancipated minor seeking an abortion is accompanied by ~~his or her~~ a  
1203 parent or guardian who shall show proper identification and state that he or she is the  
1204 lawful parent or guardian of such minor ~~of the unemancipated minor~~ and that he or she  
1205 has been notified that an abortion is to be performed on the unemancipated minor;

1206 (B) The ~~physician or the physician's~~ healthcare professional or the healthcare  
1207 professional's qualified agent gives at least 24 hours' actual notice, in person or by  
1208 telephone, to the parent or guardian of the unemancipated minor of the pending  
1209 abortion and the name and address of the place where the abortion is to be performed;  
1210 provided, however, that, if the person so notified indicates that he or she has been

1211 previously informed that the unemancipated minor was seeking an abortion or if the  
1212 person so notified has not been previously informed and he or she clearly expresses that  
1213 he or she does not wish to consult with the unemancipated minor, then in either event  
1214 the abortion may proceed in accordance with Chapter 9A of Title 31; or

1215 (C) The ~~physician or the physician's~~ healthcare professional or the healthcare  
1216 professional's qualified agent gives written notice of the pending abortion and the  
1217 address of the place where the abortion is to be performed, sent by registered or  
1218 certified mail or statutory overnight delivery, return receipt requested with delivery  
1219 confirmation, addressed to a parent or guardian of the unemancipated minor at the usual  
1220 place of abode of the parent or guardian. Unless proof of delivery is otherwise sooner  
1221 established, such notice shall be deemed delivered 48 hours after mailing. The time of  
1222 mailing shall be recorded by the ~~physician~~ healthcare professional or agent in the  
1223 unemancipated minor's file. The abortion may be performed 24 hours after the delivery  
1224 of the notice; provided, however, that, if the person so notified certifies in writing that  
1225 he or she has been previously informed that the unemancipated minor was seeking an  
1226 abortion or if the person so notified has not been previously informed and he or she  
1227 certifies in writing that he or she does not wish to consult with the unemancipated  
1228 minor, then in either event the abortion may proceed in accordance with Chapter 9A of  
1229 Title 31; and

1230 (2) The unemancipated minor signs a consent form stating that she consents, freely and  
1231 without coercion, to the abortion.

1232 (b) Subsection (a) of this Code section shall not apply to an unemancipated minor seeking  
1233 an abortion if:

1234 (1) In the professional judgment of the healthcare professional:

1235 (A) Notice to the parent or guardian of such unemancipated minor may lead to physical  
1236 or emotional harm of such unemancipated minor; and

1237 (B) The unemancipated minor is capable of giving informed consent to the abortion;  
1238 and

1239 (2) The unemancipated minor signs a consent form stating that waiver of notice is  
1240 necessary under the provisions of this paragraph and that the unemancipated minor  
1241 consents, freely and without coercion, to the abortion; or

1242 (3) The healthcare professional or the healthcare professional's qualified agent makes  
1243 reasonable effort to give both actual and written notice to a parent or guardian of the  
1244 unemancipated minor and is unsuccessful.

1245 A healthcare professional or the healthcare professional's qualified agent shall not be liable  
1246 for civil damages or subject to a criminal penalty for his or her decision under this  
1247 subsection not to give notice to a parent or guardian of an unemancipated minor.

1248 ~~(b)(c)~~ If the unemancipated minor or the ~~physician or the physician's~~ healthcare  
1249 professional or the healthcare professional's qualified agent, as the case may be, elects not  
1250 to comply with any one of the requirements of subparagraph (a)(1)(A), (a)(1)(B), or  
1251 (a)(1)(C) of this Code section and no provision of subsection (b) of this Code section  
1252 applies to the unemancipated minor, or if the parent or legal guardian of the unemancipated  
1253 ~~minor cannot be located~~; the unemancipated minor may petition, on his or her own behalf  
1254 or by next friend, any juvenile court in the state for a waiver of such requirement pursuant  
1255 to the procedures provided for in Code Section 15-11-684. The juvenile court shall assist  
1256 the unemancipated minor or next friend in preparing the petition and notices required  
1257 pursuant to this Code section. Venue shall be lawful in any county.

1258 ~~(c)(d)~~ No abortion shall be performed unless the requirements of subparagraph (a)(1)(A),  
1259 (a)(1)(B), or (a)(1)(C) of this Code section have been met, unless a provision under  
1260 subsection (b) of this Code section applies or the unemancipated minor has obtained a court  
1261 order waiving such requirements.

1262 (e) A healthcare professional or a healthcare professional's qualified agent shall not  
1263 provide notice to a parent or guardian if the unemancipated minor decides not to have an  
1264 abortion."

1265 **SECTION 5-6.**

1266 Title 16 of the Official Code of Georgia Annotated, relating to crimes and offenses, is  
1267 amended by repealing Article 5, relating to abortion, and designating said article as reserved.

1268 **SECTION 5-7.**

1269 Title 19 of the Official Code of Georgia Annotated, relating to domestic relations, is  
1270 amended by repealing subsection (a.1) of Code Section 19-6-15, relating to child support  
1271 guidelines for determining amount of award, continuation of duty of support, and duration  
1272 of support.

1273 **SECTION 5-8.**

1274 Said title is further amended by revising paragraph (1) of subsection (c) of Code Section  
1275 19-7-1, relating to in whom parental power lies, how such power lost, and recovery for  
1276 homicide of child or unborn child, as follows:

1277 "(c)(1) In every case of the homicide of a child, minor or sui juris, there shall be some  
1278 party entitled to recover the full value of the life of the child, either as provided in this  
1279 Code section or as provided in Chapter 4 of Title 51. ~~For the homicide of an unborn~~  
1280 ~~child, the right to recover for the full value of the life of such child shall begin at the point~~  
1281 ~~at which a detectable human heartbeat, as such term is defined in Code Section 1-2-1, is~~  
1282 ~~present."~~

1283 **SECTION 5-9.**

1284 Said title is further amended by revising paragraph (2) of subsection (b) of Code Section  
 1285 19-7-5, relating to reporting of child abuse, when mandated or authorized, content of report,  
 1286 to whom made, immunity from liability, report based on privileged communication, penalty  
 1287 for failure to report, and spiritual treatment for illnesses, as follows:

1288 "(2) 'Abortion' shall have the same meaning as set forth in Code Section ~~15-11-681~~  
 1289 31-9A-2."

1290 **SECTION 5-10.**

1291 Said title is further amended by revising paragraph (1) of subsection (a) of Code Section  
 1292 19-9-124, relating to parental limitation on delegation of power of attorney, rights, duties,  
 1293 and responsibilities of agents, acknowledgment of acceptance of responsibilities, approval  
 1294 of agents, and organizational and entity record keeping, as follows:

1295 "(a)(1) A parent of a child may delegate to an agent in a power of attorney any power and  
 1296 authority regarding the care and custody of such child, except the power to consent to the  
 1297 marriage or adoption of such child, ~~the performance or inducement of an abortion on or~~  
 1298 ~~for such child,~~ or the termination of parental rights to such child. Such power and  
 1299 authority may be delegated without the approval of a court, provided that such delegation  
 1300 of power and authority shall not operate to change or modify any parental or legal rights,  
 1301 obligations, or authority established by an existing court order, including a standing  
 1302 order, or deprive a parent of a child of any parental or legal rights, obligations, or  
 1303 authority regarding the custody, parenting time, visitation, or support of such child. Such  
 1304 delegation of power and authority shall not deprive or limit any support for a child that  
 1305 should be received by such child pursuant to a court order or for any other reason. When  
 1306 support is being collected for the child by the Child Support Enforcement Agency of the  
 1307 department, such agency shall be authorized to redirect support payments to the agent for

1308 the duration of the power of attorney or until the power of attorney is revoked or  
1309 superseded by a court order."

1310 **SECTION 5-11.**

1311 Said title is further amended by revising items (5)(A) and (5)(B) in subsection (c) of Code  
1312 Section 19-9-134, relating to power of attorney form for care of a child, as follows:

1313 "5. Sign by the statement you wish to choose (*you may only choose one*):

1314 (A) \_\_\_\_\_ (Signature) I delegate to the agent all my power  
1315 and authority regarding the care and custody of the child named above, including but  
1316 not limited to the right to inspect and obtain copies of educational records and other  
1317 records concerning the child, attend school activities and other functions concerning the  
1318 child, and give or withhold any consent or waiver with respect to school activities,  
1319 medical and dental treatment, and any other activity, function, or treatment that may  
1320 concern the child. This delegation shall not include the power or authority to consent  
1321 to the marriage or adoption of the child, ~~the performance or inducement of an abortion~~  
1322 ~~on or for the child~~, or the termination of parental rights to the child.

1323 **OR**

1324 (B) \_\_\_\_\_ (Signature) I delegate to the agent the following  
1325 specific powers and responsibilities (*write in*): \_\_\_\_\_  
1326 \_\_\_\_\_

1327 This delegation shall not include the power or authority to consent to the marriage or  
1328 adoption of the child, ~~the performance or inducement of an abortion on or for the child~~,  
1329 or the termination of parental rights to the child."

**SECTION 5-12.**

1330  
 1331 Chapter 1 of Title 20 of the Official Code of Georgia Annotated, relating to general  
 1332 provisions of education, is amended by repealing subsection (e) of Code Section 20-1-16,  
 1333 relating to kinship caregiver authorized to provide legal consent.

**SECTION 5-13.**

1334  
 1335 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by  
 1336 inserting "and" at the end of paragraph (5), by replacing "; and" at the end of paragraph (6)  
 1337 with a period, and by repealing paragraph (7) of Code Section 31-2-1, relating to legislative  
 1338 intent and grant of authority.

**SECTION 5-14.**

1339  
 1340 Said title is further amended by revising subparagraph (B) of paragraph (4) of Code  
 1341 Section 31-7-1, relating to definitions regarding the regulation of hospitals and related  
 1342 institutions, as follows:  
 1343 "(B) Any health facility wherein abortion procedures under ~~subsections (b) and (c) of~~  
 1344 ~~Code Section 16-12-141~~ Chapter 9A of this title are performed or are to be performed;"

**SECTION 5-15.**

1345  
 1346 Said title is further amended by revising subsection (b) of Code Section 31-32-14, relating  
 1347 to effect of chapter on advance directives for health care on other legal rights and duties, as  
 1348 follows:  
 1349 "(b) Nothing in this chapter shall be construed to condone, authorize, or approve mercy  
 1350 killing or to permit any affirmative or deliberate act or omission to end life other than to  
 1351 permit the process of dying as provided in this chapter. ~~Furthermore, nothing in this~~  
 1352 ~~chapter shall be construed to condone, authorize, or approve abortion."~~

**SECTION 5-16.**

1353

1354 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by  
1355 revising subsection (c) of Code Section 33-24-59.6, relating to prescribed female  
1356 contraceptive drugs or devices and insurance coverage, as follows:

1357 "(c) Every health benefit policy that is delivered, issued, executed, or renewed in this state  
1358 or approved for issuance or renewal in this state by the Commissioner which provides  
1359 coverage for prescription drugs on an outpatient basis shall provide coverage for any  
1360 prescribed drug or device approved by the United States Food and Drug Administration for  
1361 use as a contraceptive. This Code section shall not apply to limited benefit policies  
1362 described in paragraph (4) of subsection (e) of Code Section 33-30-12. ~~Likewise, nothing~~  
1363 ~~contained in this Code section shall be construed to require any insurance company to~~  
1364 ~~provide coverage for abortion."~~

**SECTION 5-17.**

1365

1366 Said title is further amended by repealing Code Section 33-24-59.17, relating to coverage of  
1367 certain abortions through certain qualified health plans prohibited and definitions, and  
1368 designating said Code section as reserved.

**SECTION 5-18.**

1369

1370 Said title is further amended by revising subparagraph (C) of paragraph (1) of Code Section  
1371 33-60-3, relating to definitions for small business insurance plans, as follows:

1372 "(C) Coverage of testing for chlamydia in Code Section 31-17-4.1; coverage for  
1373 complications of pregnancy in Code Section 33-24-24; coverage for general anesthesia  
1374 and related hospital and outpatient facility charges for dental care for persons who are  
1375 developmentally disabled, seven or younger, neurologically impaired, or suffering  
1376 severe face or head trauma in Code Section 33-24-28.4; surveillance tests for ovarian  
1377 cancer in Code Section 33-24-56.2; colorectal cancer screening and testing in Code

1378 Section 33-24-56.3; coverage for hospital stays after delivery in Code Section  
1379 33-24-58.2; direct access to obstetricians and gynecologists in Code Section 33-24-59;  
1380 treatment of dependent children with cancer in Code Section 33-24-59.1; coverage for  
1381 equipment and self-management training for individuals with diabetes in Code Section  
1382 33-24-59.2; coverage for prescribed female contraceptive drugs or devices in Code  
1383 Section 33-24-59.6, ~~provided that nothing contained in this paragraph shall be~~  
1384 ~~construed to require any insurance company to provide coverage for abortion~~; coverage  
1385 for prescription inhalers in Code Section 33-24-59.8; coverage for autism in Code  
1386 Section 33-24-59.10; coverage for mastectomy and lymph node dissection in Code  
1387 Section 33-24-72; coverage for mammograms, Pap smears, and screening for prostate  
1388 cancer in Code Sections 33-29-3.2 and 33-30-4.2; provisions concerning mail-order  
1389 pharmaceuticals in Code Section 33-30-4.3; and coverage for child wellness exams in  
1390 Code Sections 33-29-3.4 and 33-30-4.5."

1391 **SECTION 5-19.**

1392 Title 43 of the Official Code of Georgia Annotated, relating to physicians, assistants, and  
1393 others, is amended by repealing paragraph (8) of subsection (a) of Code Section 43-34-8,  
1394 relating to authority to refuse license, certificate, or permit or issue discipline, suspension,  
1395 restoration, investigations, hearings on fitness, immunity, and publication of final  
1396 disciplinary actions, and designating said paragraph as reserved.

1397 **SECTION 5-20.**

1398 Said title is further amended by repealing subsection (l) of Code Section 43-34-25, relating  
1399 to delegation of certain medical acts to advanced practice registered nurse, construction and  
1400 limitations of such delegation, conditions of nurse protocol, and issuance of prescription drug  
1401 orders, and designating said subsection as reserved.

1402 **SECTION 5-21.**

1403 Said title is further amended by repealing Code Section 43-34-110, relating to abortions not  
1404 to be performed by physician assistants.

1405 **SECTION 5-22.**

1406 Title 45 of the Official Code of Georgia Annotated, relating to public officers and employees,  
1407 is amended by revising Code Section 45-18-4, relating to expenses not to be covered by plan,  
1408 as follows:

1409 "45-18-4.

1410 The health insurance plan shall not include expenses incurred by or on account of an  
1411 individual prior to the effective date of the plan; expenses for services received for injury  
1412 or sickness due to war or any act of war, whether declared or undeclared, which war or act  
1413 of war shall have occurred after the effective date of this plan; expenses for which the  
1414 individual is not required to make payment; expenses to the extent of benefits provided  
1415 under any employer group plan other than this plan in which the state participates in the  
1416 cost thereof; ~~expenses for abortion services except to the extent permitted under the state~~  
1417 ~~health benefit plan approved by the board as such plan existed on January 1, 2014; and~~  
1418 such other expenses as may be excluded by regulations of the board. ~~For purposes of this~~  
1419 ~~Code section, the term 'abortion' shall have the same meaning as provided in Code Section~~  
1420 ~~31-9A-2."~~

1421 **SECTION 5-23.**

1422 Title 48 of the Official Code of Georgia Annotated, relating to revenue and taxation, is  
1423 amended by revising subsection (a) of Code Section 48-7-26, relating to personal  
1424 exemptions, as follows:

1425 "(a) As used in this Code section, the term 'dependent' shall have the same meaning as in  
1426 the Internal Revenue Code of 1986; ~~provided, however, that any unborn child with a~~

1427 ~~detectable human heartbeat, as such terms are defined in Code Section 1-2-1, shall qualify~~  
1428 ~~as a dependent minor."~~

1429 **SECTION 5-24.**

1430 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended  
1431 by adding a new Code section to read as follows:

1432 "49-4-156.2.

1433 The Department of Community Health shall provide payment for all abortion and abortion  
1434 related services for all recipients of medical assistance as defined in Code  
1435 Section 49-4-141."

1436 **PART VI**

1437 *Effective date and repealer*

1438 **SECTION 6-1.**

1439 (a) Part II of this Act shall become effective only upon the effective date of a specific  
1440 appropriation of funds for the purposes of this article, as expressed in a line item making  
1441 specific reference to this Act in a General Appropriations Act enacted by the General  
1442 Assembly.

1443 (b) Parts I, III, IV, V, and VI of this Act shall become effective upon its approval by the  
1444 Governor or upon its becoming law without such approval.

1445 **SECTION 6-2.**

1446 All laws and parts of laws in conflict with this Act are repealed.