Because there is no health without Mental Health!

Mental Health America of Georgia - Legislative Update

Week 6: February 16th through February 22nd

During the legislative session we will be reporting weekly on activities taking place at the Capitol with regards to mental health/co-occurring substance use. The session, which runs 40 legislative days, will last until approximately the third week of March. This is the second year of the 2-year session, meaning that bills which did not die in committee last year are still viable.

We are now over HALF WAY through the legislative session, with only 5 days left for bills to cross chambers.

There are several bills which impact mental health. The following is a summary of the bills in the House and Senate that Mental Health America of Georgia is monitoring.

General Updates:


The Child Welfare Reform Council was created in 2014 to improve Georgia's child welfare system. The Council issued a broad range of recommendations based on evidence from experts in order to promote better outcomes for children in Georgia. Among their recommendations for children's mental health was the following:
Promote coordination between and among the agencies and entities that, collectively, provide and administer mental health services for children through creation of a State Plan for Children's Mental and Behavioral Health Services:

Children's mental health services are administered through programs and initiatives led by state agencies including the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Early Care and Learning (DECAL), the Division of Family and Children's Services (DFCS), the Department of Juvenile Justice (DJJ) and the Department of Education (DOE). To a greater or lesser extent, each of these agencies is independently and in collaboration with external stakeholders adopting principles of trauma-informed care in their practices and policies and some contract for the provision of direct services for children in their care and custody. In addition, the state has transitioned children in foster care and receiving adoption assistance, as well as select youth from the juvenile justice system, to a single statewide Care Management Organization, Amerigroup. The combination of these efforts can result in a more robust service array and framework for children's mental health or, if not coordinated effectively, can result in further diffusion of responsibility and accountability for those critically needed services. As it is, stakeholders of each of these systems are confused about the array of services and the delineation of responsibility for developing, maintaining, and assuring the quality of children's mental health services. Accordingly, a Children's Mental and Behavioral Health State Plan should be developed and actively monitored for implementation by a designated state agency or relevant entity. This plan should represent an agreement by the relevant entities to the state describing how children's mental health services are administered, identifying existing children's mental health resources, assessing gaps in the service array, and presenting strategies for improvement in the amount and quality of children's mental health services and addressing barriers to access.

To read the full report, click here.

Updates on Bills Since Last Week:

SB 271: Senator Burke

This bill brings up the difficult subject of involuntary hospitalization for people with mental illness. The bill outlines procedures for involuntary commitment; in particular, it establishes the requirement for a Committee for Continued Involuntary Treatment Review at each hospital. As described in the bill, this committee would consist of physicians and possibly psychologists. This is a medical model which does not take into account the knowledge and recommendations of people with lived experience. The bill also addresses the right of the individual to receive written notice of his/her right to petition for a writ of habeas corpus [legal action by which people can seek relief from involuntary detention]. Also included in the language of the bill would be a period, not to
exceed one year, where a person could be ordered into involuntary treatment. The bill does not indicate specific times or procedures for any reviews during this period of time.

This bill was referred to the Senate Health and Human Services (HHS) Committee. The first hearing was February 2nd, and representatives from Mental Health America of Georgia, as well as the Georgia Mental Health Consumer Network, spoke at the hearing in order to address concerns about some of the language in the bill and urge the legislature to make appropriate changes. In response, the bill was sent to sub-committee, where MHA of Georgia and GMHCN spoke again to discuss the importance of including Certified Peer Specialists in decisions about involuntary treatment, as well as mandated review processes and a reduced period of time for involuntary treatment. Changes were made to the bill to utilize person-first language, and there was a lot of discussion about the potential future role of CPS, although this was not included in the current bill.

SB 271 was passed in the Senate on February 22nd with 5 votes against the bill: Senators Albers, Cowsert, Crane, Harbin, and Mckoon. The bill will now be assigned to the HHS committee in the House.

**SB 302: Senator Martin**
This bill requires health carriers to maintain accurate provider directories that are easily accessible to the public. The bill details requirements that health carriers; post a provider directory on their website; provide a print copy of the provider directory upon request; update each network plan on the provider directory every 30 days; include a dedicated email and telephone number for the public to report confusing or inaccurate information listed in the provider directory; and conduct an annual review of the entire provider directory, included following up with each listed provider to ensure that the information is accurate and complete. Additionally, the bill specifies that if a covered person sought services based on inaccurate or misleading information contained in the provider directory, the Commissioner may require the health carrier to reimburse the person for any amount beyond what he or she would have paid for an in-network provider.

This bill has been referred to the Senate Insurance and Labor Committee. The bill passed out of committee on February 19th and will now go to the Senate Rules committee.

**HB 910: Representative Frye**
This bill updates the provisions on the cost of copying and mailing patient records so that this code will also apply to psychiatric, psychological, and other mental health records of an individual.

This bill has been referred to the Health and Human Services Committee and
HB 722: Representative Peake
This bill addresses the ongoing legislative conversation surrounding medical use of cannabis products in the state of Georgia. This legislation would increase who would be covered under the category of medical necessity, as well as the legal percentage of THC permitted in medical products. The bill is inclusive of Post-Traumatic Stress Disorder, among other specified conditions.

This bill has been referred to the House Judiciary Non-Civil Committee, and has received multiple hearings, with the most recent today, February 22nd. The bill has been tabled until Wednesday, February 24th to allow for a conversation the Georgia Bureau of Investigation.

HB 768: Representative Hawkins
This bill establishes the Georgia Achieving a Better Life Experience (ABLE) program. The bill creates a qualified ABLE program in the state of Georgia that will allow individuals to create tax-exempt savings accounts to pay for the qualified expenses of eligible individuals with disabilities. Any person can make contributions to the account, including the beneficiary, family, and/or friends. Mental Health America of Georgia would like to ensure that this bill is inclusive of people with mental illness, as in the federal ABLE legislation.

This bill was referred to the House Ways and Means Committee and passed out of committee on February 17th. This bill will be heard tomorrow, February 23rd on the House floor.

HB 897: Representative Price
This bill provides for the establishment of a drug repository program, created through the Board of Community Health and the Board of Public Health, to accept and dispense unused prescription drugs donated for Georgia residents who meet eligibility criteria. The drugs must be sealed and unopened, and any person, including drug manufacturers or health care facilities, could donate prescription drugs to this program. Drugs will be dispensed only with a valid prescription.

This bill has been referred to the Health and Human Services Committee. It came out of the committee by substitute on February 17th.

HB 905: Representative Ballinger
This bill provides changes to provisions related to child abuse and updates the protocol committees on child abuse. The bill requires the exchange of all non-
confidential information relating to child abuse between government entities and agencies and designates agencies that must have a representative on the protocol committee, including a representative from a local child advocacy center.

This bill has been referred to the Judiciary Non-Civil Committee and was passed out of committee on February 18th. It will now go to House Rules.

**HB 859: Representative Jasperse**
This bill authorizes licensed holders to carry concealed handguns on land and buildings owned by public colleges and universities, as well as vocational and technical schools. While the bill does not allow concealed weapons at sporting events or in student housing, this bill denies public post-secondary schools the ability to create a gun-free school safety zone. Studies have shown that colleges and universities that allow firearms on campus, as well as colleges and universities in states that allow firearms on public campuses, have higher rates of suicide due to easier access to deadly weapons.

This bill was referred to the Public Safety and Homeland Security committee and was passed out of committee on February 17th. Today, February 22nd, the bill passed the House, with a vote of 113 to 59. It will likely be assigned to the Senate Public Safety committee.

**Existing Bills:**

**SR 722: Senator James**
This joint resolution requests the formation of a Study Committee on Mental Health Initiatives, Reform, Public Health, and Safety. Mental Health America of Georgia is interested in determining what direction this study would take in addressing mental health concerns.

The resolution has been referred to the Senate Health and Human Services Committee; no date for a hearing has been scheduled.

**HB 705: Representative Dempsey**
This bill would require health care providers to periodically discuss with individuals whether they would like to designate a family member or other individual with whom the provider can discuss the individual's medical condition. The bill specifies that the signed authorization would include an expiration date, parameters for the type of health information to be discussed, and would make clear that the individual may revoke or modify the authorization at any time. This bill is intended to provide individuals with the opportunity to waive HIPAA protection for a specified person.
The bill has been referred to the House Health and Human Services Committee, but no date for a hearing has been scheduled.

**HB 919: Representative Duncan**

This bill provides tax credits for contributions in support of a rural health care organization. These tax credits are distributed on a first come, first serve basis up to $250 million total dollars. An individual or corporation must notify the department of an upcoming contribution and receive pre-approval for a tax credit based on availability of funds.

This bill has been referred to the Ways and Means Committee, no hearing has yet been scheduled.

**HB 875: Representative Hawkins**

This bill sets a limit on the amount of money in copayments or coinsurance for a covered specialty drug per month at $200 as well as limiting the amount of money in copayments or coinsurance for a covered specialty drug for an insured individual or family per year at $1,000 and $2,000 respectively. The bill also requires that health benefit policies make standardized definitions of drug tiers available and establish a dedicated pharmacy consumer service phone line for clarification. In addition, the bill mandates that health benefit policies must establish an exception approval process so that physicians can request an approval if the formulary drug would not be as effective or would have adverse effects on the patient. Finally, the bill establishes that prior authorization approvals for specialty drugs cannot be changed for the duration of the plan year.

This bill has been referred to the Insurance Committee, and no hearing has been scheduled yet.

**HB 834: Representative Hawkins**

This bill provides tax credits for contributions in support of a charity care organization. These tax credits are distributed on a first come, first served basis up to $2 million total dollars. An individual or corporation must notify the department of an upcoming contribution and receive pre-approval for a tax credit based on availability of funds.

This bill has been referred to the Ways and Means Committee, no hearing has yet been scheduled.

**HR 1093: Representative Alexander**

This bill is a House Resolution in conjunction with the Senate Resolution (SR 722) to establish a Study Committee on Mental Health Initiatives, Reform, Public
Health, and Safety. As with the Senate resolution, Mental Health America of Georgia is interested in determining the direction of this committee.

The resolution has been referred to the House Special Rules Committee; no hearing has been scheduled.

**HR 1254: Representative Stephens**

This resolution urges Medicaid care management organizations in the state of Georgia to cover certain medications for attention deficit hyperactivity disorder (ADHD). In particular, the drug Vyvanse was removed from the Preferred Drug Listing for Medicaid patients of the Georgia Medicaid Care Management Organization, WellCare, and CareMark. The resolution urges the Georgia Department of Community Health to insist that Medicaid care management organizations provide full coverage for extended release ADHD medications, including Vyvanse.

This bill has been referred to the Health and Human Services Committee; no hearing has been scheduled.

You can follow all of these as well as future bills at [www.legis.ga.gov](http://www.legis.ga.gov). This website also posts the schedule and agenda for committee meetings. If you plan to attend a committee meeting on a mental health/co-occurring substance use issue, please contact Ellyn Jeager ([ellyn@mhageorgia.org](mailto:ellyn@mhageorgia.org)) or Sarah Yoss ([sarahy@mhageorgia.org](mailto:sarahy@mhageorgia.org)).

Ellyn Jeager, Director of Public Policy and Advocacy
Sarah Yoss, Public Policy and Advocacy Coordinator

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**TAKE A PROACTIVE STAND!**

What's the best way to make your voice heard? Have you been to the Capitol lately? Being there, seeing your legislator in action or speaking with them directly is the best way to advocate on behalf of our public mental health system.

If you would like to learn more about how to set up your visit and what to do when you are there, please contact Ellyn at 678-904-1965. She'll be glad to walk you through the process.

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**We need your help to move our advocacy voice forward!**

MHA of GA is a leader in the mental health advocacy community. You can learn more on our website, [www.mhageorgia.org](http://www.mhageorgia.org).
Your donation will help ensure that MHA of GA continues to keep mental health awareness in front of Georgia's legislators. This is a critical time for our community, and now is the time to act!!

Click here to support mental health advocacy in the state of Georgia.