House Bill 1013 (AS PASSED HOUSE AND SENATE)

By: Representatives Ralston of the 7th, Jones of the 25th, Oliver of the 82nd, Hogan of the 179th, Cooper of the 43rd, and others

A BILL TO BE ENTITLED

AN ACT

To amend Titles 15, 20, 31, 33, 35, 37, 45, and 49 of the Official Code of Georgia Annotated, relating to courts, education, health, insurance, law enforcement officers and agencies, mental health, public officers and employees, and social services, respectively, so as to implement the recommendations of the Georgia Behavioral Health Reform and Innovation Commission; to provide for compliance with federal law regarding mental health parity; to provide for definitions; to provide for annual reports; to provide for annual data calls regarding mental health care parity by private insurers; to provide for information repositories; to require uniform reports from health insurers regarding nonquantitative treatment limitations; to provide for consumer complaints; to provide for same-day reimbursements; to provide for a short title; to provide for definitions and applicability of certain terms; to revise provisions relating to independent review panels; to provide for annual parity compliance reviews regarding mental health care parity by state health plans; to provide for medical loss ratios; to revise provisions relating to coverage of treatment of mental health or substance use disorders by individual and group accident and sickness policies or contracts; to define medical necessity for purposes of appeals by Medicaid members relating to mental health services and treatments; to provide for a state Medicaid plan amendment or waiver request if necessary; to provide that no existing contracts shall be

impaired; to provide for service cancelable loans for mental health and substance use professionals; to provide for the establishment of a Behavioral Health Care Workforce Data Base by the Georgia Board of Health Care Workforce; to provide for a grant program to establish assisted outpatient treatment programs; to provide for definitions; to provide grant requirements; to provide for grant application and award; to provide for research and reporting; to provide for rules and regulations; to revise definitions relating to examination and treatment for persons who are mentally ill or who have addictive diseases; to authorize peace officers to take persons to emergency receiving facilities under certain circumstances; to provide for a grant program for accountability courts that serve the mental health and substance use disorder population; to provide for powers and duties of the Office of Health Strategy and Coordination; to provide for methods to increase access to certified peer specialists in rural and underserved or unserved communities; to provide for implementing certain federal requirements regarding the juvenile justice system; to provide for automatic repeal; to provide for funds from the County Drug Abuse Treatment and Education Fund for mental health divisions; to provide for training requirements for behavioral health co-responders; to provide for co-responder programs; to provide for continued exploration of strategies for individuals with mental illnesses; to authorize the Behavioral Health Reform and Innovation Commission to collaborate and provide advisement on certain programs, coordinate certain initiatives, and convene certain groups and advisory committees; to extend the sunset date for the Behavioral Health Reform and Innovation Commission; to provide for an annual unified report by the administrator of the Georgia Data Analytic Center relating to complaints filed for suspected violations of mental health parity laws; to provide coverage for medications for the treatment of certain disorders under Medicaid; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

PART I

Hospital and Short-Term Care Facilities

SECTION 1-1.

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

SECTION 1-2.

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

"33-1-27.

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

(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

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

(3) 'Health care plan' means any hospital or medical insurance policy or certificate, health care plan contract or certificate, qualified higher deductible health plan, or health maintenance organization or other managed care subscriber contract.

(4) 'Health insurer' means an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including those of an accident and sickness insurance company, a health maintenance organization, a health care plan, a managed care plan, or any other entity providing a health insurance plan, a health benefit plan, or a health care plan.

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

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

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

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

(6) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(7) 'Mental illness' has the same meaning as in Code Section 37-1-1.

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

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

(B) Formulary design for prescription drugs;

(C) Standards for provider admission to participate in a network, including average time to obtain, verify, and assess the qualifications of a health practitioner for purposes of credentialing;

(D) Criteria utilized for determining usual, customary, and reasonable charges for out-of-network services, including the threshold percentile utilized and any industry software or other billing, charges, and claims tools utilized;

(E) Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for in-network and out-of-network services;

(F) Standards for providing access to out-of-network providers;

(G) Provider reimbursement rates, including rates of reimbursement for mental health or substance use services in primary care; and

(H) Such other limitations as identified by the commissioner.

(b) Every health insurer that provides coverage for mental health or substance use disorders as part of a health care plan shall provide coverage for the treatment of mental health or substance use disorders in accordance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and related regulations in any such health care plan it offers and shall:

(1) Provide such coverage for children, adolescents, and adults;

(2) In addition to the requirements of Chapter 46 of this title, apply the definitions of 'generally accepted standards of mental health or substance use disorder care,' 'medically necessary,' and 'mental health or substance use disorder' contained in subsection (a) of

this Code section in making any medical necessity, prior authorization, or utilization review determinations under such coverage;

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

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

(c) The Commissioner shall:

(1)(A) Conduct an annual data call no later than May 15, 2023, and every May 15 thereafter, of health insurers to ensure compliance with mental health parity requirements, including, but not limited to, compliance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26. Such data calls shall include a focus on the use of nonquantitative treatment limitations. In the event that information collected from a data call indicates or suggests a potential violation of any mental health parity requirement by a health insurer, the department shall initiate a market conduct examination of such health insurer to determine whether such health insurer is in compliance with mental health parity requirements. All health insurers shall

timely respond to and provide to the department any and all sufficient data requested by the department; and

(B) Submit an annual report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives no later than August 15, 2023, and every August 15 thereafter, regarding the data call conducted pursuant to this paragraph, including details regarding any market conduct examinations initiated by the department pursuant to any such data call; and

(2) Include mental health parity compliance by health insurers in the examination conducted pursuant to Code Section 33-2-11 by the Commissioner.

(d) No health insurer shall implement any prohibition on same-day reimbursement for a patient who sees a mental health provider and a primary care provider in the same day.

(e) The Commissioner shall implement and maintain a streamlined process for accepting, evaluating, and responding to complaints from consumers and health care providers regarding suspected mental health parity violations. Such process shall be posted on the department's website in a prominent location and clearly distinguished from other types of complaints and shall include information on the rights of consumers under Article 2 of Chapter 20A of Title 33, the 'Patient's Right to Independent Review Act,' and other applicable law. To the extent practicable, the Commissioner shall undertake reasonable efforts to make culturally and linguistically sensitive materials available for consumers accessing the complaint process established pursuant to this subsection.

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

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

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

(i)(1) If the Commissioner determines that a health insurer failed to submit a timely or sufficient report required under paragraph (4) of subsection (b) of this Code section or failed to submit timely and sufficient data pursuant to a data call conducted pursuant to paragraph (1) of subsection (c) of this Code section, the Commissioner may impose a monetary penalty of up to $2,000.00 for each and every act in violation, unless the insurer knew or reasonably should have known that he or she was in violation, in which case the monetary penalty may be increased to an amount of up to $5,000.00 for each and every act in violation.

(2) If the Commissioner determines that an insurer failed to comply with any provision of this Code section, the Commissioner may take any action authorized, including, but not limited to, issuing an administrative order imposing monetary penalties, imposing a compliance plan, ordering the insurer to develop a compliance plan, or ordering the insurer to reprocess claims.

(j) Nothing contained in this Code section shall abrogate the protections afforded by federal conscience and antidiscrimination laws as further delineated in 45 C.F.R. Part 88 in effect as of June 30, 2022, all of which shall apply to patients, health care providers, and purchasers of health care plans."

SECTION 1-3.

Said title is further amended in Code Section 33-20A-31, relating to definitions relative to the "Patient's Right to Independent Review Act," by revising paragraphs (1), (7), and (8) and adding new paragraphs to read as follows:

"(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

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

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

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

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

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

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

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

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

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

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

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

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

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

(7.1) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(7.2) 'Mental illness' has the same meaning as in Code Section 37-1-1.

(8) 'Treatment' means a medical or mental health or substance use disorder service, diagnosis, procedure, therapy, drug, or device.″

SECTION 1-4.

Said title is further amended in Chapter 21A, relating to the "Medicaid Care Management Organizations Act," by adding two new Code sections to read as follows:

"33-21A-13.

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

(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

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

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

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

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

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

(4) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(5) 'Mental illness' has the same meaning as in Code Section 37-1-1.

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

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

(B) Formulary design for prescription drugs;

(C) Standards for provider admission to participate in a network, including average time to obtain, verify, and assess the qualifications of a health practitioner for purposes of credentialing;

(D) Criteria utilized for determining usual, customary, and reasonable charges for out-of-network services, including the threshold percentile utilized and any industry software or other billing, charges, and claims tools utilized;

(E) Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for in-network and out-of-network services;

(F) Standards for providing access to out-of-network providers;

(G) Provider reimbursement rates, including rates of reimbursement for mental health or substance use services in primary care; provided, however, that any proprietary information collected shall not be subject to disclosure; and

(H) Such other limitation identified by the commissioner.

(7) 'State health care entity' means any entity that provides or arranges health care for a state health plan on a prepaid, capitated, or fee for service basis to enrollees or recipients of Medicaid or PeachCare for Kids, including any insurer, care management organization, administrative services organization, utilization management organization, or other entity.

(8) 'State health plan' means any health care benefits provided pursuant to Subpart 2 of Part 6 of Article 17 of Chapter 2 of Title 20, Subpart 3 of Part 6 of Article 17 of Chapter 2 of Title 20, Article 1 of Chapter 18 of Title 45, Article 7 of Chapter 4 of Title 49, or Article 13 of Chapter 5 of Title 49.

(b) Every state health care entity shall provide coverage for the treatment of mental health or substance use disorders in accordance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, and its implementing and related regulations, which shall be at least as extensive and provide at least the same degree of coverage as that provided by the entity for the treatment of other types of physical illnesses. Such coverage shall also cover the spouse and the dependents of the insured if such insured's spouse and dependents are covered under such benefit plan, policy, or contract. Such coverage shall not contain any exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions which apply to the treatment of mental health or substance use disorders unless such provisions apply generally to other similar benefits provided or paid for under the state health plan. Every such entity shall:

(1) Provide such coverage for children, adolescents, and adults;

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

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

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

(5) No later than January 1, 2023, and annually thereafter, submit a report to the commissioner of community health that contains the comparative analysis and other information required of insurers under the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26(a)(8)(A) and which delineates the comparative analysis and written processes and strategies used to apply benefits for children, adolescents, and adults. No later than January 1, 2024, and annually thereafter, the commissioner of community health shall publish on the Department of Community Health's website in a prominent location the reports submitted to the commissioner of community health pursuant to this paragraph.

(c) The commissioner of community health shall annually:

(1) Perform parity compliance reviews of all state health care entities to ensure compliance with mental health parity requirements, including, but not limited to, compliance with the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26. Such parity compliance reviews shall include a focus on the use of nonquantitative treatment limitations; and

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

(d) No state health care entity shall implement any prohibition on same-day reimbursement for a patient who sees a mental health provider and a primary care provider in the same day.

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

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

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

(h) Nothing contained in this Code section shall abrogate the protections afforded by federal conscience and antidiscrimination laws as further delineated in 45 C.F.R. Part 88 in effect as of June 30, 2022, all of which shall apply to patients, health care providers, and purchasers or recipients of state health plans."

33-21A-14.

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

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

(c) Beginning July 1, 2023, care management organizations shall comply with a minimum 85 percent medical loss ratio or such higher minimum percentage as may be set out in a contract between the department and a care management organization consistent with 42 C.F.R. Section 438.8. The ratio shall be calculated and reported for each MLR reporting year by each care management organization consistent with 42 C.F.R. Section 438.8.

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

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

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

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

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

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

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

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

SECTION 1-5.

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

"33-24-28.1.

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

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

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

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

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

(2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

(3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

(b) Every insurer authorized to issue accident and sickness insurance benefit plans, policies, or contracts shall be required to make available, either as a part of or as an optional endorsement to all such policies providing major medical insurance coverage which are issued, delivered, issued for delivery, or renewed coverage for the treatment of mental health or substance use disorders for children, adolescents, and adults, which

coverage shall be at least as extensive and provide at least the same degree of coverage as that provided by the respective plan, policy, or contract for the treatment of other types of physical illnesses. Such an optional endorsement shall also provide that the coverage required to be made available pursuant to this Code section shall also cover the spouse and the dependents of the insured if such insured's spouse and dependents are covered under such benefit plan, policy, or contract. ~~In no event shall such an insurer be required to cover inpatient treatment for more than a maximum of 30 days per policy year or outpatient treatment for more than a maximum of 48 visits per policy year under individual policies.~~

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

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

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

(f) In the event that an insurer under this Code section is also subject to Code Section 33-1-27 and the federal Mental Health Parity Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, then such Code section and federal act shall take precedence to the extent of any conflicting requirements contained in this Code section.″

SECTION 1-6.

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

″33-24-29.

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

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

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

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

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

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

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

(2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

(3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

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

(c) Every insurer authorized to issue accident and sickness insurance benefit plans, policies, or contracts shall be required to make available, either as a part of or as an optional endorsement to all such policies providing major medical insurance coverage which are issued, delivered, issued for delivery, or renewed coverage for the treatment of mental <u>health or substance use</u> disorders <u>for children, adolescents, and adults</u>, which coverage shall be at least as extensive and provide at least the same degree of coverage and the same annual and lifetime dollar limits, but which may provide for different limits on the number of inpatient treatment days and outpatient treatment visits, as that provided by the respective plan, policy, or contract for the treatment of other types of physical illnesses. Such an optional endorsement shall also provide that the coverage required to be made available pursuant to this Code section shall also cover the spouse and the dependents of the insured if the insured's spouse and dependents are covered under such benefit plan, policy, or contract.

(d)(1) The optional endorsement required to be made available under subsection (c) of this Code section shall not contain any exclusions, reductions, or other limitations as to coverages which apply to the treatment of mental <u>health or substance use</u> disorders unless such provisions apply generally to other similar benefits provided or paid for under the accident and sickness insurance benefit plan, policy, or contract, except for any differing limits on inpatient treatment days and outpatient treatment visits as provided under

subsection (c) of this Code section and as otherwise provided in paragraph (2) of this subsection.

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

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

(2) Nothing in this Code section shall be construed to prohibit any person issuing an accident and sickness insurance benefit plan, policy, or contract from providing the coverage required to be made available under subsection (c) of this Code section through

an indemnity plan with or without designating preferred providers of services or from arranging for or providing services instead of indemnifying against the cost of such services, without regard to whether such method of providing coverage for treatment of mental health or substance use disorders applies generally to other similar benefits provided or paid for under the accident and sickness insurance benefit plan, policy, or contract.

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

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

(h) In the event that an insurer under this Code section is also subject to Code Section 33-1-27 and the federal Mental Health Parity Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, then such Code section and federal act shall take precedence to the extent of any conflicting requirements contained in this Code section.″

SECTION 1-7.

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

″33-24-29.1.

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

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

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

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

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

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

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

(2) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

(3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

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

(c) Every insurer authorized to issue accident and sickness insurance benefit plans, policies, or contracts shall be required to make available, either as a part of or as an optional endorsement to all such policies providing major medical insurance coverage which are issued, delivered, issued for delivery, or renewed coverage for the treatment of

mental health or substance use disorders for children, adolescents, and adults, which coverage shall be at least as extensive and provide at least the same degree of coverage and the same annual and lifetime dollar limits as that provided by the respective plan, policy, or contract for the treatment of other types of physical illnesses. Such an optional endorsement shall also provide that the coverage required to be made available pursuant to this Code section shall also cover the spouse and the dependents of the insured if the insured's spouse and dependents are covered under such benefit plan, policy, or contract.

(d)(1) The optional endorsement required to be made available under subsection (c) of this Code section shall not contain any exclusions, reductions, or other limitations as to coverages, including without limitation limits on the number of inpatient treatment days and outpatient treatment visits, which apply to the treatment of mental health or substance use disorders unless such provisions apply generally to other similar benefits provided or paid for under the accident and sickness insurance benefit plan, policy, or contract, except as otherwise provided in paragraph (2) of this subsection.

(2) The optional endorsement required to be made available under subsection (c) of this Code section may contain deductibles or coinsurance provisions which apply to the treatment of mental health or substance use disorders~~, and such deductibles or coinsurance provisions need not apply generally to other similar benefits provided or paid for under the accident and sickness insurance benefit plan, policy, or contract; provided, however, that if a separate deductible applies to the treatment of mental disorders, it shall not exceed the deductible for medical or surgical coverages. A separate out-of-pocket limit may be applied to the treatment of mental disorders, which limit, in the case of an indemnity type plan, shall not exceed the maximum out-of-pocket limit for medical or surgical coverages and which, in the case of a health maintenance organization plan, shall not exceed the maximum out-of-pocket limit for medical or surgical coverages or the~~

~~amount of $2,000.00 in 1998 and as annually adjusted thereafter according to the Consumer Price Index for health care, whichever is greater~~.

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

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

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

SECTION 1-8.

Code Section 49-4-153 of the Official Code of Georgia Annotated, relating to administrative hearings and appeals under Medicaid, judicial review, and contested cases involving imposition of remedial or punitive measure against a nursing facility, is amended by revising paragraph (1) of subsection (b) as follows:

"(b)(1) Any applicant for medical assistance whose application is denied or is not acted upon with reasonable promptness and any recipient of medical assistance aggrieved by the action or inaction of the Department of Community Health as to any medical or remedial care or service which such recipient alleges should be reimbursed under the terms of the state plan which was in effect on the date on which such care or service was rendered or is sought to be rendered shall be entitled to a hearing upon his or her request for such in writing and in accordance with the applicable rules and regulations of the department and the Office of State Administrative Hearings. With respect to appeals regarding whether a treatment for a mental health or substance abuse disorder is medically necessary, the administrative law judge shall make such determination using the definitions provided in Code Section 33-21A-13. As a result of the written request for hearing, a written recommendation shall be rendered in writing by the administrative law judge assigned to hear the matter. Should a decision be adverse to a party and should a party desire to appeal that decision, the party must file a request in writing to the commissioner or the commissioner's designated representative within 30 days of his or her receipt of the hearing decision. The commissioner, or the commissioner's designated representative, has 30 days from the receipt of the request for appeal to affirm, modify, or reverse the decision appealed from. A final decision or order adverse to a party, other than the agency, in a contested case shall be in writing or stated in the record. A final decision shall include findings of fact and conclusions of law, separately stated, and the effective date of the decision or order. Findings of fact shall be accompanied by a

concise and explicit statement of the underlying facts supporting the findings. Each agency shall maintain a properly indexed file of all decisions in contested cases, which file shall be open for public inspection except those expressly made confidential or privileged by statute. If the commissioner fails to issue a decision, the initial recommended decision shall become the final administrative decision of the commissioner."

SECTION 1-9.

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

SECTION 1-10.

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

PART II

Workforce and System Development

SECTION 2-1.

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

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

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

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

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

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

(B) The authority is authorized to make service cancelable loans to residents of this state enrolled in a course of study leading to a degree in an educational field that will permit the student to be employed as either a licensed practical nurse or a registered nurse. Service cancelable loans can also be made available under this paragraph for students seeking an advanced degree in the field of nursing. The maximum loan

amount that a full-time student may borrow under this paragraph shall not exceed $10,000.00 per academic year. Any and all loans made under this paragraph shall be conditional upon the student agreeing that the loan shall be repaid by the student either:

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

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

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

(A) The authority is authorized to make service cancelable educational loans to eligible members of the Georgia National Guard enrolled in a degree program at an eligible postsecondary institution, eligible private postsecondary institution, or eligible public postsecondary institution, as those terms are defined in Code Section 20-3-519. Members of the Georgia National Guard who are in good standing according to applicable regulations of the National Guard shall be eligible to apply for a loan.

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

(C) Such loans shall be on the terms and conditions set by the authority in consultation with the Department of Defense, provided that any such loan, when combined with any other available grants, scholarships, tuition assistance, and United States Department of Veterans Affairs educational benefits, shall not exceed an amount equal to the actual tuition charged to the recipient for the period of enrollment in an educational institution

or the highest undergraduate in-state tuition charged by a postsecondary institution governed by the board of regents for the period of enrollment at the postsecondary institution, whichever is less. A loan recipient shall be eligible to receive loan assistance provided for in this paragraph for not more than 120 semester hours of study. Educational loans may be made to full-time and part-time students.

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

(E) The loan provided by this paragraph shall be suspended by the authority for a recipient's failure to maintain good military standing as an active member for the period required in subparagraph (F) of this paragraph or failure to maintain sufficient academic standing and good academic progress and program pursuit. If the recipient fails to maintain good standing as an active member of the Georgia National Guard for the required period or fails to maintain sufficient academic standing and good academic progress and program pursuit, loans made under this paragraph shall be repayable in cash, with interest thereon.

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

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

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

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

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

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

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

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

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

(C) As used in this paragraph, the term 'mental health or substance use professional' means a psychiatrist, psychologist, professional counselor, social worker, marriage and family therapist, clinical nurse specialist in psychiatric/mental health, or other licensed mental or behavioral health clinician or specialist ~~Reserved~~; and

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

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

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

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

SECTION 2-2.

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

"49-10-5.

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

(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

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

(3) 'Licensing board' means:

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

(B) Georgia Board of Nursing;

(C) Georgia Composite Medical Board;

(D) State Board of Examiners of Psychologists; and

(E) State Board of Pharmacy.

(4) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(5) 'Mental illness' has the same meaning as in Code Section 37-1-1.

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

(1) Enter into agreements with entities to create, house, and provide information to the Governor, the General Assembly, state agencies, and the public regarding the state's behavioral health care work force;

(2) Seek federal or other sources of funding necessary to support the creation and maintenance of a Behavioral Health Care Workforce Data Base, including any necessary staffing;

(3) Create and maintain an online dashboard accessible on the board's website to provide access to the Behavioral Health Care Workforce Data Base; and

(4) Establish a minimum data set survey to be utilized by licensing boards to collect demographic and other data from behavioral health care providers which are licensed by such boards.

(c) Licensing boards shall be authorized to and shall require that each applicant and licensee complete the minimum data set survey established by the board pursuant to this Code section at the time of application for licensure or renewal of such applicant or licensee to his or her licensing board. Licensing boards shall provide the board with the results of such minimum data set surveys in accordance with rules and regulations established by the board regarding the manner, form, and content for the reporting of such data sets.

(d) To the extent allowed by law, the minimum data set established by the board shall include, but shall not be limited to:

(1) Demographics, including race, ethnicity, and primary and other languages spoken;

(2) Practice status, including, but not limited to:

(A) Active practices in Georgia and other locations;

(B) Practice type and age range of individuals served; and

(C) Practice settings, such as a hospital; clinic; school; in-home services, including telehealth services; or other clinical setting;

(3) Education, training, and primary and secondary specialties;

(4) Average hours worked per week and average number of weeks worked per year in the licensed profession;

(5) Percentage of practice engaged in direct patient care and in other activities, such as teaching, research, and administration in the licensed profession;

(6) Year of expected retirement, as applicable, within the next five years;

(7) Whether the applicant or licensee has specialized training in treating children and adolescents, and if so, the proportion of his or her practice that comprises the treatment of children and adolescents;

(8) Whether the applicant or licensee is or will be accepting new patients and the location or locations new patients are being or will be accepted;

(9) Types of insurance accepted and whether the provider accepts Medicaid and Medicare; and

(10) Other data determined by the board."

PART III

Involuntary Commitment

SECTION 3-1.

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

"ARTICLE 7

37-1-120.

As used in this article, the term:

(1) 'Addictive disease' has the same meaning as in Code Section 37-1-1.

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

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

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

(C) Provide evidence based treatment, rehabilitation, and case management services under an individualized service plan to each patient receiving involuntary outpatient care, focused on helping the patient maintain stability and safety in the community;

(D) Safeguard, at all stages of proceedings, the due process rights of respondents alleged to require involuntary outpatient care and patients who have been ordered to undergo involuntary outpatient care;

(E) Establish routine communications between the probate court and providers of treatment and case management such that for each patient receiving involuntary outpatient care, the court receives the clinical information it needs to exercise its authority appropriately and providers can leverage all available resources in motivating the patient to engage with treatment;

(F) Continually evaluate the appropriateness of each patient's individualized service plan throughout the period of involuntary outpatient care, and adjust the plan as warranted;

(G) Employ specific protocols to respond appropriately and lawfully in the event of a failure of or noncompliance with involuntary outpatient care;

(H) Partner with law enforcement agencies to provide an alternative to arrest, incarceration, and prosecution for individuals suspected or accused of criminal conduct who appear to qualify as outpatients pursuant to Code Section 37-3-1;

(I) Clinically evaluate each patient receiving involuntary outpatient care at the end of the treatment period to determine whether it is appropriate to seek an additional period of involuntary outpatient care or assist the patient in transitioning to voluntary care; and

(J) Ensure that upon transitioning to voluntary outpatient care at an appropriate juncture, each patient remains connected to the treatment services he or she continues to need to maintain stability and safety in the community.

(3) 'Mental health or substance use disorder' means a mental illness or addictive disease.

(4) 'Mental illness' has the same meaning as in Code Section 37-1-1.

37-1-121.

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

37-1-122.

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

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

(1) A numerical scoring rubric to evaluate applications, which shall include a minimum score an application must receive to be potentially eligible for funding;

(2) A formula for determining the amount of funding for which a grantee shall be eligible, based on the size of the population to be served, consideration of existing resources, or both;

(3) A minimum percentage of a grant award that must be directed, and a maximum percentage of a grant award that may be directed, for purposes of enhancing the community based mental health services and supports provided to recipients of assisted outpatient treatment; and

(4) A minimum percentage of the total program budget that must be independently sourced by the applicant.

(c) The funding opportunity announcement shall require each application to include, in addition to any other information the department may choose to require:

(1) A detailed three-year program budget, including identification of the source or sources of the applicant's independent budget contribution;

(2) A plan to identify and serve a population composed of persons meeting the following criteria, including the number of patients anticipated to participate in the program over the course of each year of grant support:

(A) The person is 18 years of age or older;

(B) The person is suffering from a mental health or substance use disorder which has been clinically documented by a health care provider licensed to practice in Georgia;

(C) There has been a clinical determination by a physician or psychologist that the person is unlikely to survive safely in the community without supervision;

(D) The person has a history of lack of compliance with treatment for his or her mental health or substance use disorder, in that at least one of the following is true:

(i) The person's mental health or substance use disorder has, at least twice within the previous 36 months, been a substantial factor in necessitating hospitalization or the receipt of services in a forensic or other mental health unit of a correctional facility,

not including any period during which such person was hospitalized or incarcerated immediately preceding the filing of the petition; or

(ii) The person's mental health or substance use disorder has resulted in one or more acts of serious and violent behavior toward himself or herself or others or threatens or attempts to cause serious physical injury to himself or herself or others within the preceding 48 months, not including any period in which such person was hospitalized or incarcerated immediately preceding the filing of the petition;

(E) The person has been offered an opportunity to participate in a treatment plan by the department, a state mental health facility, a community service board, or a private provider under contract with the department and such person continues to fail to engage in treatment;

(F) The person's condition is substantially deteriorating;

(G) Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure such person's recovery and stability;

(H) In view of the person's treatment history and current behavior, such person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would likely result in grave disability or serious harm to himself or herself or others; and

(I) It is likely that the person may benefit from assisted outpatient treatment.

(3) For each element of assisted outpatient treatment, a statement of how the applicant proposes to incorporate such element into its own practice of assisted outpatient treatment;

(4) A commitment by the applicant that it shall honor the provisions of any legally enforceable psychiatric advance directive of any person receiving involuntary outpatient treatment;

(5) A description of the evidence based treatment services and case management model or models that the applicant proposes to utilize;

(6) A description of any dedicated staff positions the applicant proposes to establish;

(7) A letter of support from the sheriff of any county where the applicant proposes to provide assisted outpatient treatment;

(8) A flowchart representing the proposed assisted outpatient treatment process, from initial case referral to transition to voluntary care; and

(9) A description of the applicant's plans to establish a stakeholder workgroup, consisting of representatives of each of the agencies, entities, and communities deemed essential to the functioning of the assisted outpatient treatment program, for purposes of internal oversight and program improvement.

(d) The department shall not provide direct assistance or direct guidance to any potential applicant in developing the content of an application. Any questions directed to the department from potential applicants concerning the grant application process or interpretation of the funding opportunity announcement may only be entertained at a live webinar announced in advance in the funding opportunity announcement and open to all potential applicants, or may be submitted in writing and answered on a webpage disclosed in the funding opportunity announcement and freely accessible to any potential applicant.

(e) No later than December 31, 2022, the department shall publicly announce awards for funding support, subject to annual review, to the five applicants whose applications received the highest scores under the scoring rubric, provided that:

(1) The department shall seek to ensure, to the extent practical and consistent with other objectives, that at least three of the regions designated pursuant to Code Section 37-2-3 are represented among the five grantees. In pursuit of this goal, the department may in its discretion award a grant to a lower-scoring applicant over a higher-scoring applicant

or may resolve a tie score in favor of an applicant that would increase regional diversity among the grantees; and

(2) In no case shall a grant be awarded to an applicant whose application has failed to attain the minimum required score as stated in the funding opportunity announcement. This requirement shall take precedence in the event that it comes into conflict with the requirement that a total of five grants be awarded.

37-1-123.

Throughout the term of the assisted outpatient treatment grant program, the department shall contract on an annual basis with an organization, entity, or consultant possessing expertise in the practice of assisted outpatient treatment to serve as a technical assistance provider to the grantees. Prior to the conclusion of each of the first two years of the assisted outpatient treatment grant program, the department, in consultation with the grantees, shall review the performance of the technical assistance provider and determine whether it is appropriate to seek to contract with the same technical assistance provider for the following year.

37-1-124.

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

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

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

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

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

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

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

(c) In contracting with the research organization, entity, or consultant, the department shall require such organization, entity, or consultant to submit a final report on the effectiveness of the assisted outpatient grant program to the Governor, the chairpersons of the House Committee on Health and Human Services and the Senate Health and Human Services Committee, and the Office of Health Strategy and Coordination no later than December 31, 2025. The department may also require the organization, entity, or consultant to report interim or provisional findings to the department at earlier dates.

37-1-125.

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

SECTION 3-2.

Said title is further amended in Code Section 37-3-1, relating to definitions relative to examination and treatment for mental illness, by revising paragraph (12.1) as follows:

"(12.1) 'Outpatient' means a person who is mentally ill and:

(A) Who is capable of surviving safely in the community with available resources or supervision from family, friends, or others;

(B) Who, based on their psychiatric condition or history, is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness to self or others; and

(C) Whose current mental status or the nature of their illness limits or negates their ability to make an informed decision to seek voluntarily or to comply with recommended treatment.

~~(A) Who is not an inpatient but who, based on the person's treatment history or current mental status, will require outpatient treatment in order to avoid predictably and imminently becoming an inpatient;~~

~~(B) Who because of the person's current mental status, mental history, or nature of the person's mental illness is unable voluntarily to seek or comply with outpatient treatment; and~~

~~(C) Who is in need of involuntary treatment.~~"

SECTION 3-3.

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

"(a)(1) A peace officer may take any person to a physician within the county or an adjoining county for emergency examination by the physician, as provided in Code Section 37-3-41, or directly to an emergency receiving facility if ~~(1)~~ (i) the person is committing a penal offense, and ~~(2)~~ (ii) the peace officer has probable cause for believing that the person is a mentally ill person requiring involuntary treatment. The peace officer need not formally tender charges against the individual prior to taking the individual to a physician or an emergency receiving facility under this Code section. The peace officer shall execute a written report detailing the circumstances under which the person was taken into custody; and this report shall be made a part of the patient's clinical record.

(2) A peace officer may take any person to an emergency receiving facility if: (i) the peace officer has probable cause to believe that the person is a mentally ill person requiring involuntary treatment; and (ii) the peace officer has consulted either in-person or via telephone or telehealth with a physician, as provided in Code Section 37-3-41, and the physician authorizes the peace officer to transport the individual for an evaluation. To authorize transport for evaluation, the physician shall determine, based on facts available regarding the person's condition, including the report of the peace officer and the physician's communications with the person or witnesses, that there is probable cause to believe that the person needs an examination to determine if the person requires involuntary treatment. The peace officer shall execute a written report detailing the circumstances under which the person detained; and this report shall be made a part of the patient's clinical record."

SECTION 3-4.

Said title is further amended by revising Code Section 37-3-101, relating to transportation of patients generally, as follows:

"37-3-101.

(a) The governing authority of the county where the patient is found or located shall arrange for initial emergency transport of a patient to an emergency receiving facility. Except as otherwise authorized under subsection (b) of this Code section, the governing authority of the county of the patient's residence shall arrange for all required transportation for mental health purposes subsequent to the initial transport. The type of vehicle employed shall be in the discretion of the governing authority of the county, provided that, whenever possible, marked vehicles normally used for the transportation of criminals or those accused of crimes shall not be used for the transportation of patients. The court shall, upon the request of the community mental health center, order the sheriff to transport the patient in such manner as the patient's condition demands. At any time the community mental health center is satisfied that the patient can be transported safely by family members or friends, such private transportation shall be encouraged and authorized. In nonemergency situations, no female patient shall be transported at any time without another female in attendance who is not a patient, unless such female patient is accompanied by her husband, father, adult brother, or adult son.

(b) Notwithstanding the provisions of subsection (a) of this Code section, when a patient is under the care of a facility, the facility shall have the discretion to determine the type of vehicle to safely transport the patient and to arrange for such transportation without the need to obtain the prior approval of the governing authority of the county of the patient's residence, the court, or the community mental health center. This subsection shall not prevent the facility from requesting and receiving transportation services from the governing authority of the county of the patient's residence and shall not relieve the county sheriff of the duty of providing transportation. Persons providing transportation are

authorized to transport a patient from a sending facility to a receiving facility but shall not release the patient under any circumstances except into the custody of the receiving facility. The use of physical restraints to ensure the safe transport of the patient shall comply with the requirements of Code Section 37-3-165. When transportation is not provided by the county sheriff, the expense of such transportation shall not be billed to the county governing authority but may be billed to the patient and, unless agreed to in writing by the facility, shall not be billed to or considered an obligation of the facility.

(c) Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an emergency receiving facility initiated by a peace officer pursuant to Code Section 37-3-42, the emergency receiving facility shall coordinate all subsequent transports with the law enforcement agency employing such peace officer or a qualified private nonemergency transport provider or ambulance service.″

SECTION 3-5.

Said title is further amended in Code Section 37-7-1, relating to definitions relative to hospitalization and treatment of alcoholics, drug dependent individuals, and drug abusers, by revising paragraph (15.1) as follows:

″(15.1) 'Outpatient' means a person who is an alcoholic, drug dependent individual, or drug abuser and:

(A) Who is capable of surviving safely in the community with available resources or supervision from family, friends, or others;

(B) Who, based on their mental condition or behavioral history, is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness to self or others; and

(C) Whose current mental status or the nature of their addictive disease limits or negates their ability to make an informed decision to seek voluntarily or to comply with recommended treatment.

~~(A) Who is not an inpatient but who, based on the person's treatment history or recurrent lack of self-control regarding the use of alcoholic beverages, drugs, or any other substances listed in paragraph (8) of this Code section, will require outpatient treatment in order to avoid predictably and imminently becoming an inpatient;~~

~~(B) Who because of the person's current mental state and recurrent lack of self-control regarding the use of alcoholic beverages, drugs, or any other substances listed in paragraph (8) of this Code section or nature of the person's alcoholic behavior or drug dependency or drug abuse is unable voluntarily to seek or comply with outpatient treatment; and~~

~~(C) Who is in need of involuntary treatment.~~"

SECTION 3-6.

Said title is further amended in Code Section 37-7-42, relating to emergency admission of persons arrested for penal offenses, report by officer, and entry of report into clinical record, by revising subsection (a) as follows:

"(a)(1) A peace officer may take any person to a physician within the county or an adjoining county for emergency examination by the physician, as provided in Code Section 37-7-41, or directly to an emergency receiving facility if the person is committing a penal offense and the peace officer has probable cause for believing that the person is an alcoholic, a drug dependent individual, or a drug abuser requiring involuntary treatment. The peace officer need not formally tender charges against the individual prior to taking the individual to a physician or an emergency receiving facility under this Code section. The peace officer shall execute a written report detailing the circumstances

under which the person was taken into custody; and this report shall be made a part of the patient's clinical record.

(2) A peace officer may take any person to an emergency receiving facility if: (i) the peace officer has probable cause to believe that the person is an alcoholic, a drug dependent individual, or a drug abuser requiring involuntary treatment; and (ii) the peace officer has consulted either in-person or via telephone or telehealth with a physician, as provided in Code Section 37-7-41, and the physician authorizes the peace officer to transport the individual for an evaluation. To authorize transport for evaluation, the physician shall determine, based on facts available regarding the person's condition, including the report of the peace officer and the physician's communications with the person or witnesses, that there is probable cause to believe that the person needs an examination to determine if the person requires involuntary treatment. The peace officer shall execute a written report detailing the circumstances under which the person detained; and this report shall be made a part of the patient's clinical record.″

SECTION 3-7.

Said title is further amended by revising Code Section 37-7-101, relating to transportation of patients generally, as follows:

″37-7-101.

(a) The governing authority of the county where the patient is found or located shall arrange for initial emergency transport of the patient to an emergency receiving facility. Except as otherwise authorized under subsection (b) of this Code section, the governing authority of the county of the patient's residence shall arrange for all required transportation for mental health purposes subsequent to the initial transport. The type of vehicle employed shall be in the discretion of the governing authority of the county, provided that, whenever possible, marked vehicles normally used for the transportation of criminals or

those accused of crimes shall not be used for the transportation of patients. The court shall, upon the request of the community mental health center, order the sheriff to transport the patient in such manner as the patient's condition demands. At any time the community mental health center is satisfied that the patient can be transported safely by family members or friends, such private transportation shall be encouraged and authorized. In nonemergency situations, no female patient shall be transported at any time without another female in attendance who is not a patient, unless such female patient is accompanied by her husband, father, adult brother, or adult son.

(b) Notwithstanding the provisions of subsection (a) of this Code section, when a patient is under the care of a facility, the facility shall have the discretion to determine the type of vehicle to safely transport the patient and to arrange for such transportation without the need to obtain the prior approval of the governing authority of the county of the patient's residence, the court, or the community mental health center. This subsection shall not prevent the facility from requesting and receiving transportation services from the governing authority of the county of the patient's residence and shall not relieve the county sheriff of the duty of providing transportation. Persons providing transportation are authorized to transport a patient from a sending facility to a receiving facility but shall not release the patient under any circumstances except into the custody of the receiving facility. The use of physical restraints to ensure the safe transport of the patient shall comply with Code Section 37-7-165. When transportation is not provided by the county sheriff, the expense of such transportation shall not be billed to the county governing authority but may be billed to the patient and, unless agreed to in writing by the facility, shall not be billed to or considered an obligation of the facility.

(c) Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an emergency receiving facility initiated by a peace officer pursuant to Code Section 37-7-42, the emergency receiving facility shall coordinate all subsequent transports with the law

enforcement agency employing such peace officer or a qualified private nonemergency transport provider or ambulance service.″

PART IV

Mental Health Courts and Corrections

SECTION 4-1.

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

″15-1-23.

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

(b) Subject to appropriations, the Criminal Justice Coordinating Council shall establish a grant program for the provision of funds to accountability courts that serve the mental health and co-occurring substance use disorder population to facilitate the implementation of trauma-informed treatment.

(c) The Criminal Justice Coordinating Council shall designate an employee to provide technical assistance to accountability courts. Such technical assistance shall include, but not be limited to, assistance interpreting data analysis reports to better identify and serve the mental health population.″

SECTION 4-2.

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

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

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

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

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

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

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

SECTION 4-3.

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

"31-53-3.

(a) There is established within the office of the Governor the Office of Health Strategy and Coordination. The objective of the office shall be to strengthen and support the health care infrastructure of the state through interconnecting health functions and sharing resources across multiple state agencies and overcoming barriers to the coordination of health

functions, including overseeing coordination of mental health policy and behavioral health services across state agencies. To this end, all affected state agencies shall cooperate with the office in its efforts to meet such objective. This shall not be construed to authorize the office to perform any function currently performed by an affected state agency.

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

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

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

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

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

(5) Evaluate prescription costs and make recommendations to public employee insurance programs, departments, and governmental entities for prescription formulary design and cost reduction strategies and create a comprehensive unified formulary for mental health

and substance use disorder prescriptions under Medicaid and PeachCare for Kids, and a comprehensive unified formulary for mental health and substance use disorder prescriptions for the state health benefit plan no later than December 1, 2022;

(6) Maximize the effectiveness of existing resources, expertise, and opportunities for improvement;

(7) Review existing State Health Benefit Plan contracts, Medicaid care management organization contracts, and other contracts entered into by the state for health related services, evaluate proposed revisions to the State Health Benefit Plan, and make recommendations to the Department of Community Health prior to renewing or entering into new contracts;

(8) Coordinate state health care functions and programs and identify opportunities to maximize federal funds for health care programs;

(9) Oversee collaborative health efforts to ensure efficient use of funds secured at the federal, state, regional, and local levels;

(10) Evaluate community proposals that identify local needs and formulate local or regional solutions that address state, local, or regional health care gaps;

(11) Monitor established agency pilot programs for effectiveness;

(12) Identify nationally recognized effective evidence based strategies;

(13) Propose cost reduction measures;

(14) Provide a platform for data distribution compiled by the boards, commissions, committees, councils, and offices listed in Code Section 31-53-7; ~~and~~

(15) Assess the health metrics of the state and recommend models for improvement which may include healthy behavior and social determinant models~~.~~;

(16) Develop solutions to the systemic barriers or problems impeding the delivery of behavioral health services by making recommendations that address funding, policy changes, practice changes; establish specific goals designed to improve the delivery of

behavioral health services, increase behavioral health access and outcome for individuals, including children, adolescents, and adults served by various state agencies;

(17) Focus on specific goals designed to resolve issues relative to the provision of behavioral health services that negatively impact individuals, including children, adolescents, and adults served by various state agencies;

(18) Monitor and evaluate the implementation of established goals and recommendations to improve behavioral health access across prevention, intervention, and treatment;

(19) Establish common outcome measures that are to be utilized for and represented in evaluation and progress of various state agencies that manage and oversee mental health services;

(20) Partner with the Department of Corrections and the Department of Juvenile Justice to provide ongoing evaluation of mental health wraparound services and connectivity to local mental health resources to meet the needs of clients in the state reentry plan;

(21) Partner with the Department of Community Supervision to evaluate the ability to share mental health data between state and local agencies, such as community service boards and the Department of Community Supervision, to assist state and local agencies in identifying and treating those under community supervision who are also receiving community based mental health services;

(22) Partner with community service boards to ensure that behavioral health services are made available and provided to children, adolescents, and adults through direct services, contracted services, or collaboration with state agencies, nonprofit organizations, and colleges and universities, as appropriate, utilizing any available state and federal funds or grants; and

(23) Centralizing the ongoing and comprehensive planning, policy, and strategy development across state agencies, Medicaid care management organizations and fee for service providers, and private insurance partners.

(c)(1) The office shall examine methods to increase access to certified peer specialists in rural and other underserved or unserved communities and identify any impediments to such access. Such examination shall include strategies to expand training for certified peer specialists to promote long-term recovery for individuals with substance use disorder.

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

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

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

SECTION 4-4.

Title 35 of the Official Code of Georgia Annotated, relating to law enforcement officers and agencies, is amended in Code Section 35-5-2, relating to board authorized to establish, operate, and maintain center and powers of board as to selection and compensation of administrator, by revising paragraph (1) of subsection (a) as follows:

"(1) To establish, operate, and maintain the Georgia Public Safety Training Center for the purpose of providing facilities and programs for the training of state and local law

enforcement officers, firefighters, correctional personnel, emergency medical personnel, behavioral health co-responders, and others; and″

SECTION 4-5.

Said title is further amended in Code Section 35-5-5, relating to center available for use by certain personnel, fees, enrollment, authorization for expenditure of funds, and powers and duties, by revising subsection (d) as follows:

″(d) Subject to such rules and regulations as shall be prescribed by the board, the Georgia Public Safety Training Center shall have the following powers and duties in connection with the training of peace officers, emergency medical personnel, behavioral health co-responders, and law enforcement support personnel:

(1) To train instructors authorized to conduct training of peace officers, emergency medical personnel, behavioral health co-responders, and law enforcement support personnel;

(2) To reimburse or provide for certain costs incurred in training peace officers, emergency medical personnel, behavioral health co-responders, and law enforcement support personnel employed or appointed by each agency, organ, or department of this state, counties, and municipalities to the extent that funds are appropriated for such purpose by the General Assembly. In the event sufficient funds are not appropriated for a fiscal year to fund the full cost provided for in this paragraph, then the amount which would otherwise be payable shall be reduced pro rata on the basis of the funds actually appropriated. As used in this paragraph, the terms 'cost' and 'costs' shall not include travel or salaries of personnel undergoing training and shall be limited exclusively to the cost of tuition, meals, and lodging which are incurred in connection with such training;

(3) To expend funds appropriated or otherwise available to the center for paying the costs of training provided under subsection (a) of Code Section 35-8-20, other than travel

expenses and salaries of police chiefs or department heads of law enforcement units and wardens of state institutions undergoing training, and shall expend such funds for purposes of compensating a training officer to administer the course of training and conduct any business associated with the training provisions of said Code Section 35-8-20;

(4) To expend funds appropriated or otherwise available to the center for paying the costs of training provided for under subsection (a) of Code Section 35-8-20.1, other than travel expenses and salaries of police chiefs or department heads of law enforcement units undergoing training, and shall expend such funds for purposes of compensating a training officer to administer the course of training and conduct any business associated with the training provisions of said Code Section 35-8-20.1;

(5) To expend funds appropriated or otherwise available to the center for paying the costs of training provided for under Chapter 11 of Title 31 for the initial certification training and continued training as needed by emergency medical personnel and shall expend such funds for purposes of compensating a training officer to administer the course of training and conduct any business associated with the training provisions of said chapter; and

(6) To administer and coordinate the training for communications officers with respect to the requirements of Code Section 35-8-23. The board shall be authorized to promulgate rules and regulations to facilitate the administration and coordination of training consistent with the provisions of said Code Section 35-8-23. The tuition costs of the training of communications officers shall be paid from funds appropriated to the center.″

SECTION 4-6.

Said title is further amended by adding a new Code section to Chapter 6A, relating to the Criminal Justice Coordinating Council, to read as follows:

"35-6A-15.

Subject to appropriations, the Criminal Justice Coordinating Council shall establish a grant program for the provision of funds to units of local government to be used for costs associated with transporting individuals to and from emergency receiving, evaluating, and treatment facilities as such terms are defined in Chapters 3 and 7 of Title 37."

SECTION 4-7.

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

"37-1-7.

The state shall provide funding for a minimum of five new co-responder programs established pursuant to Title 37. Each such program shall have a minimum of one co-responder team."

SECTION 4-8.

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

"37-1-115.1.

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

(1) Exploring opportunities to expand access to mental health specialized caseloads to reach a larger share of the supervision population with mental health needs, including prioritizing equitable access to specialized caseloads;

(2) Assessing the quality of mental health supervision and adherence to evidence based standards to determine how mental health supervision could be improved and identifying services, supports, and training that could equip law enforcement officers to more successfully engage with and reduce recidivism for individuals on community supervision;

(3) Assessing the availability of mental health treatment providers by supervision region to estimate accessability to treatment across the state; and

(4) Tracking qualitative and quantitative metrics on the outcomes of any changes made to community supervision strategies for individuals with mental illness to determine the effectiveness of such strategies.″

SECTION 4-9.

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

″37-2-4.

(a) There is created the Behavioral Health Coordinating Council. The council shall consist of the commissioner of behavioral health and developmental disabilities; the commissioner of early care and learning; the commissioner of community health; the commissioner of public health; the commissioner of human services; the commissioner of juvenile justice; the commissioner of corrections; the commissioner of community supervision; the commissioner of community affairs; the commissioner of the Technical College System of Georgia; the Commissioner of Labor; the State School Superintendent; the chairperson of the State Board of Pardons and Paroles; a behavioral health expert employed by the University System of Georgia, designated by the chancellor of the university system; two members, appointed by the Governor; the ombudsman appointed pursuant to Code Section 37-2-32; the Child Advocate for the Protection of Children; an expert on early childhood

mental health, appointed by the Governor; an expert on child and adolescent health, appointed by the Governor; a pediatrician, appointed by the Governor; an adult consumer of public behavioral health services, appointed by the Governor; a family member of a consumer of public behavioral health services, appointed by the Governor; a parent of a child receiving public behavioral health services, appointed by the Governor; a member of the House of Representatives, appointed by the Speaker of the House of Representatives; and a member of the Senate, appointed by the Lieutenant Governor.

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

(c) Meetings of the council shall be held quarterly, or more frequently, on the call of the chairperson. Meetings of the council shall be held with no less than five days' public notice for regular meetings and with such notice as the bylaws may prescribe for special meetings. Each member shall be given written or electronic notice of all meetings. All meetings of the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or transcripts shall be kept of all meetings of the council and shall include a record of the votes of each member, specifying the yea or nay vote or absence of each member, on all questions and matters coming before the council, and minutes or transcripts of each meeting shall be posted on the state agency website of each council member designee. No member may abstain from a vote other than for reasons constituting disqualification to the satisfaction of a majority of a quorum of the council on a recorded vote. No member of the council shall be represented by a delegate or agent. Any member who misses three duly posted meetings of the council over the course of a calendar year shall be replaced by an appointee of the Governor unless the council chairperson officially excuses each such absence.

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

(e) The council shall:

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

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

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

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

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

(2) All state departments, agencies, boards, bureaus, commissions, and authorities are authorized and required to make available to the council access to records or data which are available in electronic format or, if electronic format is unavailable, in whatever

format is available. The judicial and legislative branches are authorized to likewise provide such access to the council.

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

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

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

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

PART V

Child and Adolescent Behavioral Health

SECTION 5-1.

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

″37-1-20.

The department shall:

(1) Establish, administer, and supervise the state programs for mental health, developmental disabilities, and addictive diseases;

(2) Direct, supervise, and control the medical and physical care and treatment; recovery; and social, employment, housing, and community supports and services based on single or co-occurring diagnoses provided by the institutions, contractors, and programs under its control, management, or supervision;

(3) Plan for and implement the coordination of mental health, developmental disability, and addictive disease services with physical health services, and the prevention of any of these diseases or conditions, and develop and promulgate rules and regulations to require that all health services be coordinated and that the public and private providers of any of these services that receive state support notify other providers of services to the same patients of the conditions, treatment, and medication regimens each provider is prescribing and delivering;

(4) Ensure that providers of mental health, developmental disability, or addictive disease services coordinate with providers of primary and specialty health care so that treatment of conditions of the brain and the body can be integrated to promote recovery, health, and well-being;

(5) Have authority to contract, including performance based contracts which may include financial incentives or consequences based on the results achieved by a contractor as measured by output, quality, or outcome measures, for services with community service boards, private agencies, and other public entities for the provision of services within a service area so as to provide an adequate array of services and choice of providers for consumers and to comply with the applicable federal laws and rules and regulations related to public or private hospitals; hospital authorities; medical schools and training and educational institutions; departments and agencies of this state; county or municipal governments; any person, partnership, corporation, or association, whether public or private; and the United States government or the government of any other state;

(6) Establish and support programs for the training of professional and technical personnel as well as regional advisory councils and community service boards;

(7) Have authority to conduct research into the causes and treatment of disability and into the means of effectively promoting mental health and addictive disease recovery;

(8) Assign specific responsibility to one or more units of the department for the development of a disability prevention program. The objectives of such program shall include, but are not limited to, monitoring of completed and ongoing research related to the prevention of disability, implementation of programs known to be preventive, and testing, where practical, of those measures having a substantive potential for the prevention of disability;

(9) Establish a system for local administration of mental health, developmental disability, and addictive disease services in institutions and in the community;

(10) Make and administer budget allocations to fund the operation of mental health, developmental disabilities, and addictive diseases facilities and programs;

(11) Coordinate in consultation with providers, professionals, and other experts the development of appropriate outcome measures for client centered service delivery systems;

(12) Establish, operate, supervise, and staff programs and facilities for the treatment of disabilities throughout this state;

(13) Disseminate information about available services and the facilities through which such services may be obtained;

(14) Supervise the local office's exercise of its responsibility concerning funding and delivery of disability services;

(15) Supervise the local offices concerning the administration of grants, gifts, moneys, and donations for purposes pertaining to mental health, developmental disabilities, and addictive diseases;

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

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

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

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

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

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

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

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

(B) Facilitate partnerships with local communities;

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

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

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

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

(23) Exercise all powers and duties provided for in this title or which may be deemed necessary to effectuate the purposes of this title;

(24) Assign specific responsibility to one or more units of the department for the development of programs designed to serve disabled infants, children, and youth. To the extent ~~practicable~~ permitted by law, such units shall cooperate with the Georgia Department of Education, ~~and~~ the University System of Georgia, the Technical College System of Georgia, the Department of Juvenile Justice, the Department of Early Care and Learning, the Department of Public Health, and community service boards in developing such programs. No later than October 1, 2023, and annually thereafter, such department shall provide to the Office of Health Strategy and Coordination annual reports regarding such programs;

(25) Have the right to designate private institutions as state institutions; to contract with such private institutions for such activities, in carrying out this title, as the department may deem necessary from time to time; and to exercise such supervision and cooperation in the operation of such designated private institutions as the department may deem necessary;

(26) Establish policies and procedures governing fiscal standards and practices of community service boards and their respective governing boards and no later than October 1, 2023, and annually thereafter, provide to the Office of Health Strategy and Coordination annual reports regarding the performance and fiscal status of each community service board; ~~and~~

(27) Coordinate the establishment and operation of a data base and network to serve as a comprehensive management information system for behavioral health, addictive diseases, and disability services and programs; and

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

SECTION 5-2.

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

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

SECTION 5-3.

Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended in Article 7 of Chapter 4, relating to medical assistance generally, by revising subsection (b) of Code Section 49-5-24, relating to interagency efforts to gather and share comprehensive data, legislative findings, state-wide system for sharing data regarding care and protection of children, interagency data protocol; interagency agreements, and waivers from certain federal regulations, as follows:

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

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

(2) Department of Early Care and Learning;

(3) Department of Community Health;

(4) Department of Public Health;

(5) Department of Behavioral Health and Developmental Disabilities;

(6) Department of Juvenile Justice;

(7) Department of Education; and

(8) Georgia Crime Information Center.

Each such agency shall provide information in written or electronic format as may be requested by the department."

PART VI

Behavioral Health Reform and Innovation Commission

SECTION 6-1.

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

"31-2-17.

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

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

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

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

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

(5) Medical necessity denials for adolescent mental and behavioral health services; and

(6) Implementation of coordinated health care for any child who enters foster care such that Medicaid claims data shall be shared immediately with the Division of Family and Children Services of the Department of Human Services.

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

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

SECTION 6-2.

Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by adding a new Code section to Article 6 of Chapter 1, relating to the Behavioral Health Reform and Innovation Commission, to read as follows:

″37-1-114.1.

The commission shall be authorized to:

(1) Collaborate with the Department of Behavioral Health and Developmental Disabilities regarding the assisted outpatient treatment program to develop fidelity protocols for grantees and a training and education program for use by the grantees to train and educate staff, community partners, and others; and provide consultation to the Department of Behavioral Health and Developmental Disabilities in the selection of an organization, entity, or consultant to perform research pursuant to Code Section 37-1-126 and in the development of rules and regulations pursuant to Code Section 37-1-127;

(2) Coordinate initiatives to assist local communities in keeping people with serious mental illness out of county and municipal jails and detention facilities, including juvenile detention and, facilitated by nationally recognized experts, to improve outcomes for individuals who have frequent contact with criminal justice, homeless, and behavioral health systems, termed 'familiar faces,' including, but not limited to:

(A) Serving as liaison to state and local leaders to inform policy and funding priorities;

(B) Developing a shared definition of 'serious mental illness' in consultation with relevant mental health, judicial, and law enforcement officials and experts;

(C) Exploring funding options to implement universal screening upon admission into a county or municipal jail or detention facility;

(D) Developing proposed state guidelines, tools, and templates to facilitate sharing of information among state and local entities compliant with state and federal privacy laws;

(E) Adopting recommendations to promote the use of pre-arrest diversion strategies that reduce revocations and reduce unnecessary contact with the justice system;

(F) Developing a shared definition for 'high utilization' in consultation with relevant behavioral health and criminal justice experts;

(G) Implementing improvements to data sharing across and between local and state agencies;

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

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

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

(3) Convene representatives from care management organizations, pediatric primary care physicians, family medicine physicians, pediatric hospitals, pharmacy benefits managers, other insurers, experts on early childhood mental health, and pediatric mental health and substance use disorder care professionals to examine:

(A) How to develop and implement a mechanism for Georgia's managed care program for children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system to meet the mental and behavioral health needs of such children, youth, and young adults;

(B) How to develop and implement a mechanism to provide adoptive caregivers with the support necessary to meet the mental and behavioral health needs of children and adolescents for the first 12 months after finalization of adoption;

(C) Best practices, potential cost savings, decreased administrative burdens, increased transparency regarding prescription drug costs, and impact on turnover on the mental health and substance use disorder professionals workforce; and

(D) Best practices for community mental health and substance use disorder services reimbursement, including payment structures and rates that cover the cost of service

provision for outpatient care, high-fidelity wraparound services, and therapeutic foster care homes, within the bounds of federal regulatory guidance; and

(4) Establish advisory committees to evaluate specific issues, including:

(A) Identifying methods to create pathways of care, including physical, behavioral, and dental health care, for children and adolescents, regardless of an individual's specific insurance carrier or insurance coverage; and

(B) Developing and recommending a solution to ensure appropriate health care services and supports, including better care coordination, for pediatric patients residing in this state who have mental health or substance use disorders and who have had high utilization of emergency departments, crisis services, or psychiatric residential treatment facilities, for the purpose of streamlining care, improving outcomes, reducing return visits to emergency departments, and assisting case managers and clinicians in providing safe treatment while reducing fragmentation.″

SECTION 6-3.

Said title is further amended by revising Code Section 37-1-116, relating to abolishment and termination of the Behavioral Health Reform and Innovation Commission, as follows:

″37-1-116.

The commission shall be abolished and this article shall stand repealed on June 30, ~~2023~~ 2025.″

SECTION 6-4.

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

″45-12-154.1.

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

SECTION 6-5.

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

"49-4-152.6.

(a) The department shall provide Medicaid coverage for any prescription drug prescribed to an adult patient and determined by a duly licensed practitioner in this state to be medically necessary for the treatment and prevention of mood disorders with psychotic symptoms, including, but not limited to, bipolar disorders, schizophrenia and schizotypal, or delusion disorders if:

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

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

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

PART VII

Repealer

SECTION 7-1.

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