

The House Committee on Public Health offers the following substitute to HB 520:

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the  
2 Department of Community Health, so as to provide for a study relating to referrals to  
3 psychiatric treatment residential facilities and crisis stabilization placements; to amend Code  
4 Section 33-24-59.25 of the Official Code of Georgia Annotated, relating to establishment by  
5 health benefit plans of step therapy protocols, exception process, time requirements, appeals,  
6 construction, and application, so as to provide that step therapy protocols may not be required  
7 for medications prescribed for the treatment of serious mental illness; to amend Title 37 of  
8 the Official Code of Georgia Annotated, relating to mental health, so as to provide for the  
9 development of state level guidance to standardize terminology relating to serious mental  
10 illness; to provide for county based, dedicated coordinators to provide for collaboration  
11 between criminal justice and behavioral health providers; to provide for the establishment  
12 of a state-wide public-private partnership to serve as a clearing-house; to provide for a pilot  
13 program to provide funding for county jails to implement validated behavioral health  
14 screening; to provide for a grant program for jail in-reach and reentry programs; to provide  
15 for a comprehensive study of the public behavioral health workforce; to provide for  
16 appointment of peer support specialists as members of the Behavioral Health Reform and  
17 Innovation Commission; to revise provisions relating to the authority of the commission; to  
18 direct the commission to convene a task force on inpatient beds and competency evaluations;

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19 to direct the commission to convene a task force to study services for the homeless; to  
20 authorize certain officials on the Behavioral Health Coordinating Council to be represented  
21 in meetings by a delegate or agent; to repeal provisions relating to formulation and  
22 publication of state plan for disability services; to revise procedures regarding emergency  
23 involuntary treatment for mental health and alcohol and drug dependency; to require that  
24 certain documents become part of the patient's clinical record; to provide for redactions; to  
25 amend Title 43 of the Official Code of Georgia Annotated, relating to professions and  
26 businesses, so as to provide for a study of certain professional licensing boards; to authorize  
27 the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and  
28 Family Therapists to waive certain requirements for applicants licensed in other jurisdictions;  
29 to authorize the Georgia Composite Board of Professional Counselors, Social Workers, and  
30 Marriage and Family Therapists to establish a professional health program to provide for  
31 monitoring and rehabilitation of impaired health care professionals; to authorize the Georgia  
32 Board of Nursing to establish a professional health program to provide for monitoring and  
33 rehabilitation of impaired health care professionals; to amend Article 4 of Chapter 12 of  
34 Title 45 of the Official Code of Georgia Annotated, relating to the Office of Planning and  
35 Budget, so as to revise provisions relating to the Georgia Data Analytic Center; to provide  
36 for definitions; to provide for a director; to establish the Georgia Data Analytic Center as the  
37 central data repository for the state for interagency data sharing; to provide for authority of  
38 the director and the center; to amend Title 49 of the Official Code of Georgia Annotated,  
39 relating to social services, so as to require certain coverage under the Medicaid program; to  
40 repeal a provision relating to the submission of an annual report by the commissioner of  
41 behavioral health and developmental disabilities; to provide for the establishment of the  
42 Georgia Health Care Professionals Data System by the Georgia Board of Health Care  
43 Workforce; to provide for definitions; to provide for collaboration with state licensing  
44 boards; to provide for a publicly accessible website; to provide for collection of data from  
45 state licensing boards; to provide for specified data; to provide for student loan repayment

46 for mental health and substance use professionals serving in certain capacities; to provide for  
47 definitions; to authorize the board to approve applications; to provide for eligibility  
48 requirements; to provide for loan repayment agreements and conditions; to provide for rules  
49 and regulations; to provide for appropriations contingency; to amend Article 1 of Chapter 8  
50 of Title 50 of the Official Code of Georgia Annotated, relating to general provisions relative  
51 to the Department of Community Affairs, so as to address ways to increase supportive  
52 housing development for the "familiar faces" population; to provide for an annual report; to  
53 provide for related matters; to repeal conflicting laws; and for other purposes.

54 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

55 **SECTION 1.**

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

58 "31-2-17.

59 (a) The department shall work with the Department of Behavioral Health and  
60 Developmental Disabilities to conduct a study to review the department's policies and  
61 practices and recommend changes to enable the Department of Juvenile Justice and the  
62 Department of Human Services to:

63 (1) Serve as a referral source for psychiatric treatment residential facilities; and

64 (2) Develop a direct referral process to enable the Department of Juvenile Justice and the  
65 Department of Human Services to secure facilities for juveniles in their care to crisis  
66 stabilization placements.

67 (b) The department shall complete such studies and submit its findings and  
68 recommendations to the Governor and the General Assembly no later than  
69 December 1, 2023.

70 (c) This Code section shall stand repealed on December 1, 2023."

71 **SECTION 2.**

72 Code Section 33-24-59.25 of the Official Code of Georgia Annotated, relating to  
73 establishment by health benefit plans of step therapy protocols, exception process, time  
74 requirements, appeals, construction, and application, is amended by adding a new subsection  
75 to read as follows:

76 "(e.1) A health benefit plan shall not impose a step therapy protocol for a prescription drug  
77 prescribed for the treatment of serious mental illness, as defined by the department."

78 **SECTION 3.**

79 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by  
80 adding new Code sections to Article 2 of Chapter 1, relating to the powers and duties of the  
81 Department of Behavioral Health and Developmental Disabilities, to read as follows:

82 "37-1-30.

83 (a) The department, in collaboration with the Behavioral Health Reform and Innovation  
84 Commission, Department of Corrections, Department of Juvenile Justice, Department of  
85 Community Supervision, and other relevant mental health, judicial, and law enforcement  
86 officials and experts, shall develop state level guidance to standardize terminology to aid  
87 in facilitating communication, streamlining information sharing, establishing shared  
88 baseline data, setting measurable goals, and measuring progress among state and local  
89 agencies and other entities. Such standardized terminology shall include development of  
90 a single shared definition of 'serious mental illness' that is consistently used by community  
91 services boards, corrections agencies, courts, law enforcement, and community supervision  
92 entities. Such standardized terminology may also include the development of single  
93 definitions for homeless individuals, recidivism, and other related terms. A preliminary  
94 single shared definition of 'serious mental illness' and any other associated definitions shall  
95 be proposed no later than December 1, 2023.

96 (b) No later than December 1, 2023, the department shall begin conducting a pilot rollout  
97 at select sites to test the use of the standardized definitions and associated guidance to make  
98 any adjustments necessary to ensure it is scalable for a successful rollout statewide.

99 (c) A single shared definition of 'serious mental illness' and any other associated  
100 definitions shall be finalized and adopted by the department and the other affected state  
101 agencies no later than December 31, 2023.

102 37-1-31.

103 (a) Subject to available funding, the department shall employ or contract with, or provide  
104 funding for one or more community service boards to employ or contract with, individuals  
105 to serve as county based, dedicated coordinators to provide for collaboration between  
106 criminal justice and behavioral health providers. Such collaboration shall assist in ensuring  
107 that available behavioral health resources are utilized to their full potential and that any  
108 barriers to access such resources are minimized, that individuals experiencing a mental  
109 health crisis who do not pose a public safety risk get the care they need and do not go to  
110 jail, and that jail admissions are decreased for people with mental illness.

111 (b) The role of such dedicated coordinators shall be to:

112 (1) Facilitate the building of strong collaborative relationships between local law  
113 enforcement agencies and local behavioral health providers;

114 (2) Provide for continuous work engaging with referral sources, including providing  
115 training, providing pamphlets, and being available to law enforcement; and

116 (3) To liaise between key law enforcement and behavioral health partners to better utilize  
117 the existing resources in this state, including, but not limited to, crisis stabilization units  
118 established pursuant to Code Section 37-1-29 and co-responder programs established  
119 pursuant to Chapter 12 of this title.

120 37-1-32.

121 (a) The department shall be authorized to coordinate the establishment of a state-wide  
122 public-private partnership to serve as a clearing-house and resource for best practices,  
123 information, and resources that support developing and sustaining practices for 'familiar  
124 faces.' Such clearing-house may be housed at an institution of higher education, a  
125 nonprofit organization, or such other entity deemed appropriate by the department and shall  
126 draw on the expertise of affected state agencies, law enforcement agencies, local behavioral  
127 health care providers, and other experts and entities. Such clearing-house may:

128 (1) Provide technical assistance to counties;

129 (2) Host events to improve information sharing across local governments, law  
130 enforcement, public safety agencies, community service boards, crisis and other  
131 behavioral health providers, and courts;

132 (3) Provide expert advisement on developing and implementing diversion programs and  
133 assisting jails in implementing behavioral health screening;

134 (4) Disseminate and share evidence based practices and best practices among counties;

135 (5) Act as a central repository for information and resources related to criminal justice,  
136 juvenile justice, mental health, and substance abuse; and

137 (6) Coordinate and organize the process of the state interagency justice, mental health,  
138 and substance abuse work group with the outcomes of the local projects for state and  
139 local policy and budget developments and system planning.

140 (b) The clearing-house shall be authorized to provide annual reports to the General  
141 Assembly on:

142 (1) The effect various initiatives have had on meeting the needs of adults and juveniles  
143 who have a mental illness, substance abuse disorder, or co-occurring mental health and  
144 substance abuse disorders, and whether such initiatives have resulted in a reduction in the  
145 number of forensic commitments to state mental health treatment facilities;

146 (2) The effect on the availability and accessibility of effective community based mental  
147 health and substance abuse treatment services for adults and juveniles who have a mental  
148 illness, substance abuse disorder, or co-occurring mental health and substance abuse  
149 disorders; and

150 (3) How community diversion alternatives have reduced incarceration and commitments  
151 to state mental health treatment facilities.

152 (c) As used in this Code section, the term 'familiar faces' means individuals with serious  
153 mental illness who have frequent contact with the criminal justice, homeless, and  
154 behavioral health systems.

155 37-1-33.

156 (a) Subject to appropriations or other available funding, the department shall:

157 (1) Conduct a pilot program to provide funding for county jails to implement validated  
158 behavioral health screening. The purpose of the pilot program shall be to expand the use  
159 of best practice behavioral health screening in jail credentialing and standards. Pilot  
160 funding will enable county jails to conduct screening for mental illness and divert  
161 individuals from jail who should be connected or reconnected to services and treatment,  
162 which can result in improved quality of life for the individual, decreased recidivism, and  
163 decreased costs and use of resources by the county and state. The department shall  
164 identify best practice models in this state and nationally for screening, brief intervention,  
165 and referral to treatment services to aid pilot funding recipients in establishing or  
166 improving their behavioral health screening programs and protocols; and

167 (2) Establish a grant program to build local capacity with funding and technical  
168 assistance for one or more counties to create or expand collaborative jail in-reach and  
169 reentry programs. Such programs focus on 'familiar faces' and strive to reduce recidivism  
170 by pairing individuals exiting incarceration with community resources to assist them in  
171 becoming self-sufficient. Such programs can provide access to resources such as needed

172 medications, shelter, peer support, drug treatment, job skills training, mental health  
173 treatment, employment, and housing.

174 (b) The department shall provide an annual report to the Governor and the General  
175 Assembly on any grant funding disbursed pursuant to the pilot program or grant program  
176 established pursuant to this Code section, including any progress toward the goals of the  
177 state and its counties resulting from such pilot program or grant program, and any  
178 recommendations as to the expansion of such pilot or grant program statewide.

179 (c) As used in this Code section, the term 'familiar faces' means individuals with serious  
180 mental illness who have frequent contact with the criminal justice, homeless, and  
181 behavioral health systems.

182 37-1-34.

183 (a) The department shall conduct a comprehensive study of the public behavioral health  
184 workforce in this state, including staffing at the department, state behavioral health care  
185 facilities, and community service boards to identify gaps and challenges in such workforce,  
186 including the availability of culturally and linguistically responsive services, better  
187 understand recruitment and retention challenges among such workforce, and allow for  
188 targeted solutions to address shortages impacting those most in need of behavioral health  
189 care in this state.

190 (b) Such study shall include a review of staffing levels, salaries, vacancy rates, and a  
191 comparison to private practice salaries and salaries of public behavioral health workforce  
192 staff members in surrounding states.

193 (c) The department shall complete such study and submit its findings and  
194 recommendations to the Governor, the General Assembly, the Behavioral Health Reform  
195 and Innovation Commission, and the Office of Health Strategy and Coordination no later  
196 than December 1, 2023.

197 (d) This Code section shall stand repealed on December 1, 2023."

198 **SECTION 4.**

199 Said title is further amended in Code Section 37-1-112, relating to the members, terms,  
 200 officers, and operational matters of the Behavioral Health Reform and Innovation  
 201 Commission, by revising subsection (a) as follows:

202 "(a) The commission shall be composed of ~~24~~ 26 members as follows:

203 (1) The following members appointed by the Governor:

204 (A) A chairperson;

205 (B) A psychiatrist who specializes in children and adolescents;

206 (C) A psychiatrist who specializes in adults;

207 (D) A health care provider with expertise in traumatic brain injuries;

208 (E) A state education official with broad experience in education policy;

209 (F) A chief executive officer of a mental health facility;

210 (G) A forensic psychologist;

211 (H) A local education official; and

212 (I) A professional who specializes in substance abuse and addiction;

213 (2) The following members appointed by the President of the Senate:

214 (A) Two members of the Senate;

215 (B) A sheriff;

216 (C) A licensed clinical behavioral health professional;

217 (D) A behavioral health advocate; ~~and~~

218 (E) A representative of a community service board; and

219 (F) A peer support specialist;

220 (3) The following members appointed by the Speaker of the House of Representatives:

221 (A) Two members of the House of Representatives;

222 (B) A police chief;

223 (C) A licensed clinical behavioral health professional;

224 (D) A behavioral health advocate; ~~and~~

- 225 (E) A judge who presides in an accountability court, as defined in Code Section  
 226 15-1-18; and  
 227 (F) A peer support specialist; and  
 228 (4) The following members appointed by the Chief Justice of the Supreme Court of  
 229 Georgia:  
 230 (A) One Justice of the Supreme Court of Georgia; and  
 231 (B) Two judges."

232 **SECTION 5.**

- 233 Said title is further amended in Code Section 37-1-114.1, relating to the authority of the  
 234 Behavioral Health Reform and Innovation Commission, by revising paragraph (2) as follows:  
 235 "(2) Coordinate initiatives to assist local communities in keeping people with serious  
 236 mental illness out of county and municipal jails and detention facilities, including  
 237 juvenile detention, and, facilitated by nationally recognized experts, to improve outcomes  
 238 for individuals who have frequent contact with the criminal justice, homeless, and  
 239 behavioral health systems, termed 'familiar faces,' including, but not limited to:  
 240 (A) Serving as liaison to state and local leaders to inform policy and funding priorities;  
 241 (B) Collaborating with the Department of Behavioral Health and Developmental  
 242 Disabilities and other relevant agencies to develop ~~Developing~~ a shared definition of  
 243 'serious mental illness' in consultation with relevant mental health, judicial, and law  
 244 enforcement officials and experts pursuant to Code Section 37-1-30;  
 245 (C) Exploring funding options to implement universal screening upon admission into  
 246 a county or municipal jail or detention facility;  
 247 (D) Developing proposed state guidelines, tools, and templates to facilitate sharing of  
 248 information among state and local entities compliant with state and federal privacy  
 249 laws;

- 250 (E) Adopting recommendations to promote the use of pre-arrest diversion strategies  
 251 that reduce revocations and reduce unnecessary contact with the criminal justice  
 252 system;
- 253 (F) Developing a shared definition for 'high utilization' in consultation with relevant  
 254 behavioral health and criminal justice experts;
- 255 (G) Implementing improvements to data sharing across and between local and state  
 256 agencies;
- 257 (H) Improving strategies to refer and connect individuals to needed community based  
 258 health and social services, including addressing gaps in continuity of care;
- 259 (I) Leading a comprehensive, multiyear plan to further expand ~~Expanding~~ the use of  
 260 and support for forensic peer monitors; and
- 261 (J) Analyzing best practices to address and ameliorate the increase in chronic  
 262 homelessness among persons with behavioral health and substance abuse disorder,  
 263 particularly the challenges of unsheltered homelessness, and formulating  
 264 recommendations for policies and funding to address such issues, considering the best  
 265 practices of other states and the permissible use of all available funding sources;"

266 **SECTION 6.**

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

269 "37-1-115.2.

270 (a) The commission shall convene a task force on reviewing and building a continuum of  
 271 care to ensure access to and appropriate use of the behavioral health system and the  
 272 criminal justice system. The task force shall:

273 (1) Undertake a study on access to inpatient behavioral health beds in this state,  
 274 including the current capacity of inpatient behavioral health beds, the number of beds for  
 275 varying acuity levels, the location of beds, the percentage of beds being used by in-state

276 residents and out-of-state residents, the number of such beds deemed necessary to meet  
277 the needs of the state, and make recommendations for any needed capacity building.  
278 Such study shall also include a review of the continuum of crisis services to determine  
279 if changes can be made in other points on the continuum that could relieve capacity needs  
280 on inpatient behavioral health beds, including examining the need for non-crisis  
281 resources, such as psychiatric respite beds and other resources and services to all for  
282 interventions before a crisis occurs. Such study may also include: (i) recommendations  
283 on the implementation or expansion of programs that provide continued care for youth  
284 with behavioral health needs and substance use or abuse issues for youth referred by core  
285 providers, schools, and the community outreach programs, which shall be based on  
286 collaboration with the Interagency's Director's Team, the Behavioral Health Coordinating  
287 Council, and the Multi-Agency Treatment for Children (MATCH) team; and (ii)  
288 evaluation of the need for establishing, or contracting with, additional residential  
289 treatment facilities and crisis stabilization units for Georgians with acute autism spectrum  
290 disorder and methods of funding of any needed increase in treatment capacity. The study  
291 shall base any recommendations on outcomes, including, but not limited to, decreasing  
292 wait times for placement to services and streamlining care connections while keeping  
293 individuals in the community when that is the most appropriate setting for them;  
294 (2) Conduct a formal review of challenges with getting competency evaluation and  
295 restoration services in Georgia. Such formal review shall include identifying promising  
296 and best practices for reducing wait times for competency evaluations and document  
297 successful diversion 'off-ramps' to limit criminal justice involvement when appropriate.  
298 In conducting such review, the task force shall:  
299 (A) Identify current services and resources available for individuals in the criminal  
300 justice system who have been found incompetent to stand trial;  
301 (B) Analyze current trends of competency referrals by county and the impact of any  
302 diversion projects or stepping-up initiatives;

303 (C) Analyze selected case reviews and other data to identify risk levels of those  
304 individuals, service usage, housing status, and health insurance status prior to being  
305 jailed;

306 (D) Research how other states address this issue, including funding and structure of  
307 community competency restoration programs, and jail based programs; and

308 (E) Develop recommendations to address the growing number of individuals deemed  
309 incompetent to stand trial, including increasing prevention and diversion efforts,  
310 providing a timely and efficient process for reducing the amount of time individuals  
311 remain in the criminal justice system, determining how to provide and fund competency  
312 restoration services in the community, and defining the role of the counties and state  
313 in providing competency restoration;

314 (3) Review state forensic laws, regulations, and policies affecting the interaction of  
315 individuals with behavioral health issues between the criminal justice system and the  
316 behavioral health system; and

317 (4) Conduct a study of means to increase available capacity of child and adolescent  
318 substance misuse intensive outpatient programs.

319 (b) The task force shall complete such studies and submit its findings and  
320 recommendations from each to the commission, the Governor, the General Assembly, and  
321 the Office of Health Strategy and Coordination no later than December 1, 2023.

322 37-1-115.3.

323 (a) The commission shall convene a task force to examine issues relating to the impact of  
324 behavioral health on the state's homeless population. Task force members shall be  
325 appointed by the chairperson of the commission and shall be composed of relevant state  
326 and local officials, representatives of advocacy groups, experts, and other stakeholders.

327 (b) The task force shall be directed to:

- 328 (1) Identify all state and local government agencies, nonprofit organizations and others  
329 that are providing services and expending funds to help the homeless population and  
330 identify all funding sources;
- 331 (2) Make recommendations on how to better coordinate such government agencies and  
332 nonprofit organizations, services, and money;
- 333 (3) Make recommendations on creating a system for government agencies and nonprofit  
334 organizations to share data about individuals being served;
- 335 (4) Study and make recommendations on ways to improve the transition from the  
336 Department of Corrections to the community as it relates to housing and wrap-around  
337 services to increase the likelihood that the person remains housed; and
- 338 (5) Make overall recommendations on ways to decrease the number of individuals who  
339 have a behavioral health issue and are homeless.
- 340 (c) The task force shall complete such duties and submit its findings and recommendations  
341 to the commission, the Governor, the General Assembly, and the Office of Health Strategy  
342 and Coordination no later than December 1, 2023."

343 **SECTION 7.**

344 Said title is further amended in Code Section 37-1-122, relating to funding opportunity  
345 announcement, requirements, assistance, and announcement of awards with respect to  
346 assisted outpatient treatment, by revising subsection (c) as follows:

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

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

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

- 354 ~~(A) The person is 18 years of age or older;~~  
355 ~~(B) The person is suffering from a mental health or substance use disorder which has~~  
356 ~~been clinically documented by a health care provider licensed to practice in Georgia;~~  
357 ~~(C) There has been a clinical determination by a physician or psychologist that the~~  
358 ~~person is unlikely to survive safely in the community without supervision;~~  
359 ~~(D) The person has a history of lack of compliance with treatment for his or her mental~~  
360 ~~health or substance use disorder, in that at least one of the following is true:~~  
361 ~~(i) The person's mental health or substance use disorder has, at least twice within the~~  
362 ~~previous 36 months, been a substantial factor in necessitating hospitalization or the~~  
363 ~~receipt of services in a forensic or other mental health unit of a correctional facility,~~  
364 ~~not including any period during which such person was hospitalized or incarcerated~~  
365 ~~immediately preceding the filing of the petition; or~~  
366 ~~(ii) The person's mental health or substance use disorder has resulted in one or more~~  
367 ~~acts of serious and violent behavior toward himself or herself or others or threatens~~  
368 ~~or attempts to cause serious physical injury to himself or herself or others within the~~  
369 ~~preceding 48 months, not including any period in which such person was hospitalized~~  
370 ~~or incarcerated immediately preceding the filing of the petition;~~  
371 ~~(E) The person has been offered an opportunity to participate in a treatment plan by the~~  
372 ~~department, a state mental health facility, a community service board, or a private~~  
373 ~~provider under contract with the department and such person continues to fail to engage~~  
374 ~~in treatment;~~  
375 ~~(F) The person's condition is substantially deteriorating;~~  
376 ~~(G) Participation in the assisted outpatient treatment program would be the least~~  
377 ~~restrictive placement necessary to ensure such person's recovery and stability;~~  
378 ~~(H) In view of the person's treatment history and current behavior, such person is in~~  
379 ~~need of assisted outpatient treatment in order to prevent a relapse or deterioration that~~

380 ~~would likely result in grave disability or serious harm to himself or herself or others;~~  
 381 ~~and~~

382 ~~(f) It is likely that the person may benefit from assisted outpatient treatment.~~

383 ~~(3)(2)~~ For each element of assisted outpatient treatment, a statement of how the applicant  
 384 proposes to incorporate such element into its own practice of assisted outpatient  
 385 treatment;

386 ~~(4)(3)~~ A commitment by the applicant that it shall honor the provisions of any legally  
 387 enforceable psychiatric advance directive of any person receiving involuntary outpatient  
 388 treatment;

389 ~~(5)(4)~~ A description of the evidence based treatment services and case management  
 390 model or models that the applicant proposes to utilize;

391 ~~(6)(5)~~ A description of any dedicated staff positions the applicant proposes to establish;

392 ~~(7)(6)~~ A letter of support from the sheriff of any county where the applicant proposes to  
 393 provide assisted outpatient treatment;

394 ~~(8)(7)~~ A flowchart representing the proposed assisted outpatient treatment process, from  
 395 initial case referral to transition to voluntary care; and

396 ~~(9)(8)~~ A description of the applicant's plans to establish a stakeholder workgroup,  
 397 consisting of representatives of each of the agencies, entities, and communities deemed  
 398 essential to the functioning of the assisted outpatient treatment program, for purposes of  
 399 internal oversight and program improvement."

400 **SECTION 8.**

401 Said title is further amended in Code Section 37-2-4, relating to the Behavioral Health  
 402 Coordinating Council, membership, meetings, and obligations, by revising subsection (c) and  
 403 adding a new subsection as follows:

404 "(c) Meetings of the council shall be held quarterly, or more frequently, on the call of the  
 405 chairperson. Meetings of the council shall be held with no less than five days' public notice

406 for regular meetings and with such notice as the bylaws may prescribe for special meetings.  
407 Each member shall be given written or electronic notice of all meetings. All meetings of  
408 the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or  
409 transcripts shall be kept of all meetings of the council and shall include a record of the  
410 votes of each member, specifying the yea or nay vote or absence of each member, on all  
411 questions and matters coming before the council, and minutes or transcripts of each  
412 meeting shall be posted on the state agency website of each council member designee. No  
413 member may abstain from a vote other than for reasons constituting disqualification to the  
414 satisfaction of a majority of a quorum of the council on a recorded vote. Except as  
415 provided in subsection (c.1) of this Code section, no ~~No~~ member of the council shall be  
416 represented by a delegate or agent. Any member who misses three duly posted meetings  
417 of the council over the course of a calendar year shall be replaced by an appointee of the  
418 Governor unless the council chairperson officially excuses each such absence.

419 (c.1) The commissioner of behavioral health and developmental disabilities, the  
420 commissioner of early care and learning, the commissioner of community health, the  
421 commissioner of public health, the commissioner of human services, the commissioner of  
422 juvenile justice, the commissioner of corrections, the commissioner of community  
423 supervision, the commissioner of community affairs, the commissioner of the Technical  
424 College System of Georgia, the Commissioner of Labor, and the State School  
425 Superintendent shall each be authorized to be represented by a delegate or agent at any  
426 meeting of the council or subcommittee meeting. Any such delegate or agent shall be  
427 counted toward a quorum, shall have all voting privileges as the member's delegate or  
428 agent, and shall not be considered an absence of the member."

429 **SECTION 9.**

430 Said title is further amended by repealing and reserving Code Section 37-2-7, relating to  
431 formulation and publication of state plan for disability services.

432

**SECTION 10.**

433 Said title is further amended in Code Section 37-3-41, relating to emergency admission based  
434 on physician's certification or court order, report by apprehending officer, entry of treatment  
435 order into patient's clinical record, and authority of other personnel to act under statute, by  
436 revising subsections (b) and (c) as follows:

437 "(b) The appropriate court of the county in which a person may be found may issue an  
438 order commanding any peace officer to take such person into custody and deliver him or  
439 her forthwith for examination, either to the nearest available emergency receiving facility  
440 serving the county in which the patient is found, where such person shall be received for  
441 examination, or to a physician who has agreed to examine such patient and who will  
442 provide, where appropriate, a certificate pursuant to subsection (a) of this Code section to  
443 permit delivery of such patient to an emergency receiving facility pursuant to subsection (a)  
444 of this Code section. Such order may only be issued if based either upon an unexpired  
445 physician's certificate, as provided in subsection (a) of this Code section, or upon the  
446 affidavits of at least two persons who attest that, within the preceding 48 hours, they have  
447 seen the person to be taken into custody and that, based upon observations contained in  
448 their affidavit, they have reason to believe such person is a mentally ill person requiring  
449 involuntary treatment. Such physician's certificate or affidavits shall be affixed to the court  
450 order; provided, however, that information personally identifying the affiants shall be  
451 redacted and concealed. The court order shall expire seven days after it is executed.

452 (c) Any peace officer taking into custody and delivering for examination a person, as  
453 authorized by subsection (a) or (b) of this Code section, shall execute a written report  
454 detailing the circumstances under which such person was taken into custody. Such peace  
455 officer shall provide to the emergency receiving facility the report and either the ~~The report~~  
456 ~~and either the physician's certificate or court order authorizing such taking into custody,~~  
457 including such information which is required to be affixed pursuant to subsection (b) of this

458 Code section, or the physician's certificate, if there is no court order. Such documents shall  
459 be made a part of the patient's clinical record."

460 **SECTION 11.**

461 Said title is further amended in Code Section 37-7-41, relating to emergency involuntary  
462 treatment, who may certify need, delivery for examination, and report of delivery required,  
463 by revising subsections (b) and (c) as follows:

464 "(b) The appropriate court of the county in which a person may be found may issue an  
465 order commanding any peace officer to take such person into custody and deliver him  
466 forthwith for examination, either to the nearest available emergency receiving facility  
467 serving the county in which the patient is found, where such person shall be received for  
468 examination, or to a physician who has agreed to examine such patient and who will  
469 provide, where appropriate, a certificate pursuant to subsection (a) of this Code section to  
470 permit delivery of such patient to an emergency receiving facility pursuant to subsection (a)  
471 of this Code section. Such order may only be issued if based either upon an unexpired  
472 physician's certificate, as provided in subsection (a) of this Code section, or upon the  
473 affidavits of at least two persons who attest that, within the preceding 48 hours, they have  
474 seen the person to be taken into custody and that, based upon observations contained in  
475 their affidavit, they have reason to believe such person is an alcoholic, a drug dependent  
476 individual, or a drug abuser requiring involuntary treatment. Such physician's certificate  
477 or affidavits shall be affixed to the court order; provided, however, that information  
478 personally identifying the affiants shall be redacted and concealed. The court order shall  
479 expire seven days after it is executed.

480 (c) Any peace officer taking into custody and delivering for examination a person, as  
481 authorized by subsection (a) or (b) of this Code section, shall execute a written report  
482 detailing the circumstances under which such person was taken into custody. Such peace  
483 officer shall provide to the emergency receiving facility the report and either the ~~The report~~

484 ~~and either the physician's certificate or court order authorizing such custody, including such~~  
485 ~~information which is required to be affixed to the court order pursuant to subsection (b) of~~  
486 ~~this Code section, or the physician's certificate, if there is no court order. Such documents~~  
487 ~~shall be made a part of the patient's record."~~

488 **SECTION 12.**

489 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,  
490 is amended by adding a new Code section to read as follows:

491 "43-1-2.1.

492 (a) The Office of Health Strategy and Coordination shall conduct a study of licensing  
493 requirements of professional licensing boards that license behavioral health care  
494 professionals in this state to identify any barriers to entry or licensure to ensure the state  
495 has sufficient workforce to address the needs of the state. The study shall include the  
496 following designated professional licensing boards under the purview of the professional  
497 licensing division, with respect to the health care providers who primarily provide  
498 treatment or diagnosis of mental health or substance use disorders that each board  
499 regulates:

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

502 (2) State Board of Examiners of Psychologists; and

503 (3) Georgia Board of Nursing.

504 (b) The study shall identify ways to modernize licensing practices by: (1) reviewing and  
505 updating its systems and processes used by designated professional licensing boards to  
506 receive and review license applications and renewals; (2) creating a pathway for  
507 foreign-trained practitioners to gain licensure in Georgia, including licensure by  
508 endorsement or temporary licensure under supervision pending final licensure; and (3)  
509 reviewing and updating practicum and supervision requirements for licensure to more

510 closely align with requirements in surrounding states. Such study shall include the review  
511 of licensure laws, regulations, and policies in this state to identify any barriers or  
512 impediments to licensure.

513 (c) The office of the Secretary of State and its professional licensing division shall provide  
514 full cooperation with the Office of Health Strategy and Coordination in conducting its  
515 study, including providing all data and information relevant to the study as requested by  
516 the office.

517 (d) The Office of Health Strategy and Coordination shall complete such study and submit  
518 its findings and recommendations to the Governor, the General Assembly, the Secretary  
519 of State, and the Behavioral Health Reform and Innovation Commission no later than  
520 December 1, 2023.

521 (e) This Code section shall stand repealed in its entirety by operation of law on  
522 December 1, 2023."

523 **SECTION 13.**

524 Said title is further amended in Chapter 10A, relating to professional counselors, social  
525 workers, and marriage and family therapists, by revising Code Section 43-10A-10, relating  
526 to licensure without examination, as follows:

527 "43-10A-10.

528 (a) The board may issue a license without examination to any applicant licensed in a  
529 specialty under the laws of another jurisdiction having requirements for licensure in that  
530 specialty which are substantially equal to the licensure requirements for that specialty in  
531 this state.

532 (b) The board shall be authorized to waive all or a portion of the experience requirements  
533 for any applicant licensed under the laws of another jurisdiction who has maintained full  
534 licensure in good standing in such jurisdiction for a minimum of two years."

535 **SECTION 14.**

536 Said title is further amended in Chapter 10A, relating to professional counselors, social  
537 workers, and marriage and family therapists, by adding a new Code section to read as  
538 follows:

539 "43-10A-24.

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

541 (1) 'Entity' means an organization or medical professional association which conducts  
542 professional health programs.

543 (2) 'Health care professional' means any individual licensed, certified, or permitted by  
544 the board under this chapter.

545 (3) 'Impaired' means the inability of a health care professional to practice with reasonable  
546 skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics,  
547 chemicals, or any other type of material, or as a result of any mental or physical  
548 condition.

549 (4) 'Professional health program' means a program established for the purposes of  
550 monitoring and rehabilitation of impaired health care professionals.

551 (b) The board shall be authorized to conduct a professional health program to provide  
552 monitoring and rehabilitation of impaired health care professionals in this state. To this  
553 end, the board shall be authorized to enter into a contract with an entity for the purpose of  
554 establishing and conducting such professional health program, including, but not limited  
555 to:

556 (1) Monitoring and rehabilitation of impaired health care professionals for the purpose  
557 of ensuring the fitness of each such health care professional to resume or continue  
558 practice of his or her health care profession while maintaining the safety of the public;

559 (2) Performing duties related to paragraph (10) of subsection (a) of Code  
560 Section 43-10A-17; and

561 (3) Performing such other related activities as determined by the board.

562 (c) Notwithstanding the provisions of subsection (k) of Code Section 43-1-2 and Code  
563 Section 43-10A-17, the board shall be authorized to provide pertinent information  
564 regarding health care professionals, as determined by the board and in its sole discretion,  
565 to the entity for its purposes in conducting a professional health program pursuant to this  
566 Code section.

567 (d) All information, interviews, reports, statements, memoranda, or other documents  
568 furnished to the entity by the board or other source or produced by the entity and any  
569 findings, conclusions, recommendations, or reports resulting from the monitoring or  
570 rehabilitation of health care professionals pursuant to this Code section are declared to be  
571 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,  
572 relating to open records. All such records of the entity shall be confidential and shall be  
573 used by such entity and its employees and agents only in the exercise of the proper function  
574 of the entity pursuant to its contract with the board. Such information, interviews, reports,  
575 statements, memoranda, or other documents furnished to or produced by the entity and any  
576 findings, conclusions, recommendations, or reports resulting from the monitoring or  
577 rehabilitation of health care professionals shall not be available for court subpoenas or for  
578 discovery proceedings.

579 (e) An impaired health care professional who participates in a professional health program  
580 conducted pursuant to this Code section shall bear all costs associated with such  
581 participation.

582 (f) Any entity that contracts with the board pursuant to this Code section shall be immune  
583 from any liability, civil or criminal, that might otherwise be incurred or imposed, for the  
584 performance of any functions or duties under the contract if performed in accordance with  
585 the terms of such contract and the provisions of this Code section."

586 **SECTION 15.**

587 Said title is further amended in Chapter 26, relating to nurses, by adding a new article to read  
588 as follows:

589 "ARTICLE 5

590 43-26-70.

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

592 (1) 'Board' means the Georgia Board of Nursing.

593 (2) 'Entity' means an organization or medical professional association which conducts  
594 professional health programs.

595 (3) 'Health care professional' means any individual licensed, certified, or permitted by  
596 the board under this chapter.

597 (4) 'Impaired' means the inability of a health care professional to practice with reasonable  
598 skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics,  
599 chemicals, or any other type of material, or as a result of any mental or physical  
600 condition.

601 (5) 'Professional health program' means a program established for the purposes of  
602 monitoring and rehabilitation of impaired health care professionals.

603 (b) The board shall be authorized to conduct a professional health program to provide  
604 monitoring and rehabilitation of impaired health care professionals in this state. To this  
605 end, the board shall be authorized to enter into a contract with an entity for the purpose of  
606 establishing and conducting such professional health program, including, but not limited  
607 to:

608 (1) Monitoring and rehabilitation of impaired health care professionals for the purpose  
609 of ensuring the fitness of each such health care professional to resume or continue  
610 practice of his or her health care profession while maintaining the safety of the public;

611 (2) Performing duties related to paragraph (2) of Code Section 43-26-11; and  
612 (3) Performing such other related activities as determined by the board.  
613 (c) Notwithstanding the provisions of subsection (k) of Code Section 43-1-2 and Code  
614 Section 43-26-11, the board shall be authorized to provide pertinent information regarding  
615 health care professionals, as determined by the board and in its sole discretion, to the entity  
616 for its purposes in conducting a professional health program pursuant to this Code section.  
617 (d) All information, interviews, reports, statements, memoranda, or other documents  
618 furnished to the entity by the board or other source or produced by the entity and any  
619 findings, conclusions, recommendations, or reports resulting from the monitoring or  
620 rehabilitation of health care professionals pursuant to this Code section are declared to be  
621 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,  
622 relating to open records. All such records of the entity shall be confidential and shall be  
623 used by such entity and its employees and agents only in the exercise of the proper function  
624 of the entity pursuant to its contract with the board. Such information, interviews, reports,  
625 statements, memoranda, or other documents furnished to or produced by the entity and any  
626 findings, conclusions, recommendations, or reports resulting from the monitoring or  
627 rehabilitation of health care professionals shall not be available for court subpoenas or for  
628 discovery proceedings.  
629 (e) An impaired health care professional who participates in a professional health program  
630 conducted pursuant to this Code section shall bear all costs associated with such  
631 participation.  
632 (f) Any entity that contracts with the board pursuant to this Code section shall be immune  
633 from any liability, civil or criminal, that might otherwise be incurred or imposed, for the  
634 performance of any functions or duties under the contract if performed in accordance with  
635 the terms of such contract and the provisions of this Code section."

636 **SECTION 16.**

637 Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia Annotated, relating to the  
 638 Office of Planning and Budget, is amended by revising Part 3, relating to the Georgia Data  
 639 Analytic Center, as follows:

640 "Part 3

641 45-12-150.

642 As used in this part, the term:

643 (1) 'Aggregated data' means information that has been combined into groups showing  
 644 averages or other summary statistics and that is not individually identifiable information.

645 (2) 'De-identified data' means information that does not identify an individual, for which  
 646 there is no reasonable basis to believe that the information can be used to identify an  
 647 individual, and that meets the requirements for de-identification of protected health  
 648 information as defined under HIPAA.

649 (2.1)(A) 'Executive state agency' means any agency, authority, board, bureau,  
 650 commission, department, division, office, or other unit of the executive branch of state  
 651 government whether established by or pursuant to the Constitution of the State of  
 652 Georgia, the Official Code of Georgia Annotated, any administrative rule or regulation,  
 653 or any executive order.

654 (B) Such term shall not include:

655 (i) The legislative or judicial branches of state government;

656 (ii) Any political subdivision;

657 (iii) The Georgia State Financing and Investment Commission; or

658 (iv) The Board of Regents of the University System of Georgia.

659 (3) 'GDAC Project' means the Georgia Data Analytic Center established pursuant to this  
 660 part.

661 (3.1)(A) 'Government information' means any information created, received,  
662 maintained, or stored by, or otherwise in the control of, an executive state agency,  
663 regardless of the form or the media on which the information is recorded.

664 (B) Such term shall not include:

665 (i) Investigative records of law enforcement agencies;

666 (ii) Confidential investigative records related to an ongoing investigation and any  
667 related information classified as confidential; or

668 (iii) Confidential advisory opinions requested or given by the office of the inspector  
669 general.

670 (4) 'Health data' means information that is created or received by ~~a state agency or~~  
671 ~~department~~ an executive state agency that relates to the past, present, or future physical  
672 or mental health or condition of an individual or the past, present, or future payment for  
673 the provision of health care services to an individual.

674 (5) 'HIPAA' means the federal Health Insurance Portability and Accountability Act of  
675 1996, P.L. 104-191, and any regulations promulgated thereunder by the United States  
676 secretary of health and human services.

677 (6) 'Individually identifiable information' means information that identifies an individual  
678 or for which there is a reasonable basis to believe that the information can be used to  
679 identify an individual.

680 (7) 'IRB' means an institutional review board designated by the office and established  
681 pursuant to federal regulations (45 C.F.R. Section 46) with a nation-wide assurance for  
682 the protection of human subjects approved by the United States Department of Health and  
683 Human Services, Office for Human Research Protections, to review and monitor research  
684 involving human subjects to ensure that such subjects are protected from harm and that  
685 the rights of such subjects are adequately protected.

686 (8) 'Office' means the Office of Planning and Budget.

687 (9) 'Protected health information' has the same meaning as provided for under HIPAA  
688 in effect as of July 1, 2019.

689 (10) 'Research' means a systematic investigation, including research development,  
690 testing, and evaluation, which is designed to develop or contribute to generalizable  
691 knowledge as defined pursuant to 45 C.F.R. Section 46.102(d).

692 (11) 'Researcher' means a public or private entity that conducts research under the review  
693 and monitoring of an IRB and has received approval from the data steward for the  
694 purpose of requested data elements.

695 45-12-150.1.

696 (a) The office shall hire a GDAC director to serve as the executive head of the GDAC.

697 (b) The GDAC director shall have the authority to review data sharing disputes between  
698 executive state agencies where a data request made by one agency to another is denied  
699 following a department or agency's finding that transmission or access would violate state  
700 or federal law. At the request of an agency, the GDAC director shall perform a review of  
701 a data request and issue a final determination as to whether such transmission or access to  
702 data from one agency to another would violate state or federal law. In the event that the  
703 GDAC director's final determination concludes that such transmission or access to data  
704 does not violate state or federal law, the final determination shall have the effect of  
705 overturning the agency's finding and compelling it to cooperate with the data transfer as  
706 requested by the requesting agency. The GDAC director's review shall include  
707 consideration of an analysis from the state agency or department whose data are being  
708 requested. If a state agency is aggrieved by a final determination by the GDAC director  
709 pursuant to this subsection, such agency shall be authorized to appeal such determination  
710 to the Governor's Executive Council for resolution. The GDAC director and the  
711 Governor's Executive Council, at their sole discretion, shall each be authorized to consult  
712 with the Attorney General on any disputes between executive state agencies.

713 (c) The GDAC director shall form a data advisory group to assist in carrying out its  
714 responsibilities under this Code section. The data advisory group shall be composed of the  
715 following individuals:

716 (1) The GDAC director;

717 (2) The executive director of the Georgia Technology Authority; and

718 (3) At least two representatives of entities that, in their regular course of business, use  
719 the type of data that will be made available by the GDAC for public consumption.

720 45-12-151.

721 (a) No later than September 1, 2019, the office shall establish an operational Georgia Data  
722 Analytic Center capable of securely receiving, maintaining, and transmitting data in  
723 accordance with this part and with the HIPAA and 42 C.F.R. Part 2 privacy and security  
724 standards applicable to this part. The office may employ staff to assist with carrying out  
725 the functions associated with the establishment and maintenance of the GDAC Project.

726 (b) The office shall ensure the procurement of hardware, software, and a data base system  
727 capable of performing analytics at scale and capable of evaluating all data to the extent  
728 required to carry out the purposes of the GDAC Project pursuant to this part. Further, the  
729 office shall procure sufficient management services to develop and maintain the system.

730 (c) Notwithstanding any provision of this part to the contrary, the GDAC Project shall  
731 serve as the designated central data repository for the state from which data can be released  
732 to requesting agencies. The GDAC shall seek to receive and maintain individually  
733 identifiable data but transmit de-identified data wherever possible and shall only receive,  
734 maintain, and transmit individually identifiable information if permitted by this Code  
735 section and other applicable law and if the information is in a form and format that are  
736 secured to prevent disclosure of individually identifiable information. If the GDAC is  
737 facilitating with the transfer of data from one state agency to another through its central  
738 data repository or other method, the GDAC may receive, maintain, and transmit

739 individually identifiable information as permitted by this Code section and other applicable  
740 law if the information is in a form and format that are secured to prevent disclosure of  
741 individually identifiable information agreed to by the releasing and requesting agencies.

742 (d) Through the office, the GDAC is vested with the authority to carry out the following  
743 responsibilities:

744 (1) Advise executive state agencies regarding state best practices concerning the creation  
745 and maintenance of data;

746 (2) Coordinate data analytics and transparency master planning for executive state  
747 agencies and provide leadership regarding state data analytics and transparency;

748 (3) Facilitate the sharing and use of executive state agency data between executive state  
749 agencies, and with the public;

750 (4) Establish policies and mechanisms that remove legal or technical reasons to decline  
751 data sharing requests;

752 (5) Establish required timetables for the exchange of data between and among state  
753 agencies and departments;

754 (6) Establish an enterprise data and information strategy, including development of a  
755 state-wide enterprise memorandum of understanding and data sharing agreement template  
756 or templates for use by executive state agencies;

757 (7) Create and maintain a state data plan to enhance standardization and integration of  
758 data systems and data management practices across all executive state agencies;

759 (8) Create an enterprise data inventory that accounts for all datasets used within agency  
760 information systems and that indicates whether each data set may be made publicly  
761 available and if the data set is currently available to the public;

762 (9) Identify ways to use and share existing data for business intelligence and predictive  
763 analytic opportunities; and

764 (10) Identify strategies to combine internal and external data sources.

765 45-12-152.

766 Oversight of the operation of the GDAC ~~Project~~ established pursuant to this part shall be  
767 vested in the office. The GDAC ~~Project~~ shall receive, maintain, and transmit data only as  
768 permitted by this part and as approved by the office and the executive state agency ~~or~~  
769 ~~department~~ whose data are requested. The office's responsibilities with respect to this part  
770 shall include:

771 (1) Identification of data that have been created, received, or maintained by executive  
772 state agencies ~~or departments~~ that may be appropriate for receipt, maintenance, and  
773 transmission by the GDAC ~~Project~~ in furtherance of the purposes of this part;

774 (2) Prior to the receipt of data by the GDAC ~~Project~~, review and approval of the  
775 appropriateness of such receipt, including consideration of the following factors:

776 (A) Whether the transmitting agency or department has authority to collect the data  
777 proposed to be received by the GDAC ~~Project~~, particularly if the data include  
778 individually identifiable information;

779 (B) Whether collection of the data proposed to be received by the GDAC ~~Project~~ is  
780 expected to further the purposes of this part, namely, the improvement of public health  
781 and the safety, security, and well-being of Georgia residents; and

782 (C) Whether reasonable efforts have been made to ensure that the GDAC ~~Project~~ will  
783 receive only the appropriate data needed to accomplish the purposes of this part;

784 (3) Prior to the receipt or transmission of data by the GDAC ~~Project~~, review and  
785 approval of any necessary data use agreements or business associate agreements with any  
786 person or entity from which or to which information is received or transmitted in  
787 compliance with all applicable privacy and security standards, including, but not limited  
788 to, HIPAA and 42 C.F.R. Part 2, when such data include individually identifiable  
789 information that is protected health information;

790 (4) Adopting and publishing policies and procedures for the efficient and transparent  
791 operation of the GDAC ~~Project~~, including, but not limited to, the following:

- 792 (A) Privacy and data security policies and procedures that comply with the applicable  
793 federal and state privacy and security statutes and regulations, including HIPAA and  
794 42 C.F.R. Part 2;
- 795 (B) Data access policies and procedures that allow access by a public or private entity,  
796 including a researcher, only when such access request meets the standards set forth in  
797 the data access policies and procedures and has been approved by the office and the  
798 appropriate executive state agency ~~or department~~. When data access is requested by  
799 any public or private entity, including a researcher, for the purpose of conducting  
800 research, the office shall only approve access to data after review and approval by an  
801 IRB, and such access shall be limited to data identified in approved IRB research  
802 protocols and only for the period of the approval. In no event shall the office approve  
803 access to health data that identifies, or that may be used to identify, rates of payment  
804 by a private entity for the provision of health care services to an individual unless the  
805 entity seeking access agrees to keep such information confidential and to prevent public  
806 disclosure of such data or the rates of payment derived from such data;
- 807 (C) Data retention policies requiring that data be returned to transmitting executive  
808 state agencies ~~or departments~~ or destroyed when it is no longer in the state's interest to  
809 promote analysis of such data and in accordance with applicable HIPAA regulations  
810 and 42 C.F.R. Part 2, data use agreements, and provisions of IRB approvals;
- 811 (D) Policies to require researchers to consult with subject matter experts in the data sets  
812 being linked on a specific project. The purpose of such consultation shall be to help  
813 researchers understand and interpret the data being linked to a specific project; and
- 814 (E) Policies that establish processes to engage researchers and academic institutions  
815 across Georgia to help set research priorities and promote the use of the GDAC ~~Project~~  
816 to accelerate population health research in this state;
- 817 (5) Communicating to all executive state agencies ~~and departments~~ that each executive  
818 state agency ~~or department~~ shall, upon request of the office, make available to the office

819 through the GDAC ~~Project~~ all data housed within its respective office pursuant to policies  
820 established pursuant to this Code section;

821 (6)(A) Establishing the process by which each executive state agency ~~or department~~  
822 is required, in consultation with the office, to identify and submit to the office a  
823 minimum of two distinct policy concerns that may be studied in an integrated  
824 information environment in order to identify evidence based solutions to such policy  
825 concerns; and

826 (B) Establishing procedures for ranking the submission and selection of such policy  
827 concerns considered by the office to be of greatest concern to the health, safety,  
828 security, and well-being of Georgia's citizens; and

829 (7) Establishing a process to set research priorities that utilize the GDAC ~~Project~~ to  
830 provide effective and efficient policy management for the state.

831 45-12-153.

832 (a) Any executive state agency ~~or department~~ that creates, receives, or maintains publicly  
833 supported program, fiscal, or health data shall, only after execution of an enforceable data  
834 use, data sharing, or other similar agreement that is acceptable to the executive state agency  
835 ~~or department~~, transmit or allow access to such data as is necessary and appropriate to  
836 further the purposes of this part and shall cooperate with GDAC ~~Project~~ requests for receipt  
837 of or access to such data. Notwithstanding the foregoing, any executive state agency ~~or~~  
838 ~~department~~ shall not be required to transmit data which it creates, receives, or maintains  
839 to the GDAC ~~Project~~ or to allow access to such data if the Attorney General's review or the  
840 applicable executive state agency's ~~or department's~~ review determines that such  
841 transmission or access would violate state or federal law. The Attorney General's review  
842 shall include consideration of an analysis from the executive state agency ~~or department~~  
843 whose data are being requested and shall include the reason, if any, that the requested data  
844 cannot be transmitted or allowed for access to the GDAC as an agent of the state agency

845 or department as provided in subsection (c) of this Code section. In the event that the  
846 provisions of this part with respect to interagency data sharing conflict with any other  
847 provisions of the Code, this part shall take precedence.

848 (b) This Code section shall not prohibit the office or any agency or department from  
849 creating, receiving, maintaining, or transmitting data in data systems that are separate and  
850 distinct from the GDAC Project.

851 (c) The GDAC is considered to be an agent of all executive state agencies sharing  
852 government information and is an authorized receiver of government information under the  
853 statutory or administrative law that governs such government information.

854 (d) Interagency and intra-agency data sharing under this part shall not constitute a  
855 disclosure or release under any statutory or administrative law that governs the government  
856 information. In no event shall government information accessed, received, or obtained by  
857 the GDAC, which is protected by any form of confidentiality or privilege, cause such  
858 information to be subject to disclosure, including, but not limited to, disclosure pursuant  
859 to Code Sections 50-18-70 and 50-18-72.

860 45-12-154.

861 (a) No later than July 1, 2020, upon the receipt of data by the GDAC Project pursuant to  
862 this part, and on an annual basis thereafter, the office shall publish a report that is made  
863 available and accessible to the General Assembly consisting of:

864 (1) A description of the implementation of the GDAC Project, including identification  
865 of the sources and types of data received and maintained by the GDAC Project over the  
866 prior 12 months;

867 (2) A list of all aggregated data maintained by the GDAC Project;

868 (3) A description of each IRB approved disclosure of data or data sets by the GDAC  
869 Project;

870 (4) A list of publications and other reports based on GDAC Project data;

871 (5) A strategic plan for achieving the purposes of this part during the successive 12  
872 month period; and

873 (6) Any other information deemed appropriate by the office.

874 (b) To further the objectives of the General Assembly and the GDAC's reporting to the  
875 General Assembly, a presumption of data sharing between the executive state agencies is  
876 hereby established. Such presumption of data sharing shall override all state laws to the  
877 contrary but shall not interfere with any agency's ability to require data sharing agreements  
878 to ensure data protection and security and compliance with federal law and regulations.

879 45-12-154.1.

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

887 45-12-155.

888 The office may apply for and receive funding in relation to the GDAC Project from the  
889 following sources:

890 (1) Grants from research or other private entities;

891 (2) Fees paid by persons or entities requesting access to GDAC Project data or the  
892 performance of analyses by the GDAC Project, which fees have been approved by the  
893 office to support the cost of preparing data for access or performing analyses;

894 (3) Federal grants;

- 895 (4) Grants or other financial assistance from state or local departments, agencies,  
 896 authorities, and organizations at the discretion of such entities, for specific projects of  
 897 interest to such entities; and
- 898 (5) Appropriations made to the GDAC ~~Project~~ pursuant to the General Appropriations  
 899 Act or a supplementary appropriations Act."

900 **SECTION 17.**

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

904 "49-4-152.7.

905 (a)(1) On and after January 1, 2024, the department shall ensure that the Medicaid  
 906 program includes:

907 (A) Reimbursement for psychological diagnostic assessments and treatment under  
 908 Current Procedural Terminology (CPT) Code 90791 and family therapy services under  
 909 CPT Codes 90846 and 90847 under the Psychological and Therapy Services Medicaid  
 910 provider manual, including for all practitioners indicated in such manual;

911 (B) Reimbursement for services provided by licensed professional counselors, licensed  
 912 marriage and family therapists, and certified peer support specialists in federally  
 913 qualified health centers, as defined in 42 U.S.C. Section 1905(l)(2)(B);

914 (C) Psychiatric hospitals as an eligible facility type for providing inpatient psychiatric  
 915 facility services for persons under the age of 21 years enrolled in the fee-for-service  
 916 delivery system of Medicaid;

917 (D) Reevaluation and updating of Medicaid reimbursement rates for autism spectrum  
 918 disorder diagnostic assessments and services, in collaboration with the Department of  
 919 Public Health, the Department of Behavioral Health and Developmental Disabilities,  
 920 the Georgia Chapter of the American Academy of Pediatrics, the Marcus Autism

921 Center, the Anna Shaw Children's Institute, and other relevant medical organizations,  
922 to identify the full array of qualified provider types who can diagnose, treat, and  
923 support autism spectrum disorders and policy solutions for barriers to diagnosing and  
924 treating autism spectrum disorders, reflecting evidence-based medical standards for  
925 diagnosing;

926 (E) Reimbursement for eligible justice involved youth ages 18 to 21 years; and

927 (F) The provision of specialized therapeutic foster services for persons under the age  
928 of 21 years and, when appropriate, their caregivers and family of origin, to enable a  
929 recipient to manage and work toward resolution of emotional, behavioral, or psychiatric  
930 problems and to support reunification with his or her family of origin in a highly  
931 supportive, individualized, and flexible home setting.

932 (2) No later than December 1, 2023, the department shall submit any necessary Medicaid  
933 state plan amendment or waiver request to the United States Department of Health and  
934 Human Services to implement the provisions of this Code section.

935 (b) No later than December 1, 2023, the department shall undertake the necessary steps,  
936 including but not limited to, changing any rules, regulations, or policies necessary to secure  
937 approval from the United States Department of Health and Human Services under the  
938 Social Security Act to allow the usage of Medicaid or other federal funds received by the  
939 state to provide any of the following: housing supports; employment supports; nutrition  
940 supports; and case management, outreach, and education services to eligible recipients and  
941 their caregivers, if the recipient is under the age of 19 years."

942 **SECTION 18.**

943 Said title is further amended by repealing and reserving Code Section 49-5-224, relating to  
944 submission of an annual report by the commissioner of behavioral health and developmental  
945 disabilities and contents of the report.

946 **SECTION 19.**

947 Said title is further amended by adding new Code sections to Chapter 10, relating to the  
948 Georgia Board of Health Care Workforce, to read as follows:

949 "49-10-6.

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

951 (1) 'Licensed health care professional' means the following health care professionals  
952 licensed or certified by a state licensing board:

953 (A) Physicians, acupuncturists, physician assistants, respiratory care professionals,  
954 clinical perfusionists, orthotists, prosthetists, cosmetic laser practitioners, and genetic  
955 counselors;

956 (B) Pharmacists and pharmacy technicians;

957 (C) Dentists and dental hygienists;

958 (D) Chiropractors;

959 (E) Optometrists;

960 (F) Occupational therapists and occupational therapy assistants;

961 (G) Physical therapists and physical therapist assistants;

962 (H) Audiologists and speech-language pathologists;

963 (I) Psychologists;

964 (J) Licensed practical nurses, registered professional nurses, and advanced practice  
965 registered nurses, including certified nurse midwives, nurse practitioners, certified  
966 registered nurse anesthetists, and clinical nurse specialists in psychiatric/mental health;

967 (K) Emergency medical technicians, paramedics, and cardiac technicians;

968 (L) Podiatrists;

969 (M) Dietitians; and

970 (N) Professional counselors, social workers, and marriage and family therapists.

971 (2) 'State licensing board' means:

972 (A) Georgia Composite Medical Board;

973 (B) State Board of Pharmacy;  
974 (C) Georgia Board of Dentistry;  
975 (D) Georgia Board of Chiropractic Examiners;  
976 (E) State Board of Optometry;  
977 (F) State Board of Occupational Therapy;  
978 (G) State Board of Physical Therapy;  
979 (H) State Board of Examiners for Speech-Language Pathology and Audiology;  
980 (I) State Board of Examiners of Psychologists;  
981 (J) Georgia Board of Nursing;  
982 (K) Department of Public Health;  
983 (L) State Board of Podiatry Examiners;  
984 (M) Georgia Board of Examiners of Licensed Dietitians; and  
985 (N) Georgia Composite Board of Professional Counselors, Social Workers, and  
986 Marriage and Family Therapists.

987 (b) In collaboration with state licensing boards, the board shall create and maintain the  
988 Georgia Health Care Professionals Data System for the purposes of collecting and  
989 disseminating nonidentifying descriptive data on licensed health care professionals in this  
990 state. The board shall compile existing information on licensed health care professionals  
991 into a single repository of information easily accessible to the public from the board's  
992 website. The data system shall provide information to the public regarding the  
993 demographics and geographical distribution of licensed health care professionals in this  
994 state. The data system shall contain no individually identifying information regarding any  
995 licensed health care professional.

996 (c) State licensing boards shall provide the data contained in subsection (d) of this Code  
997 section upon request by the board or up to two times annually as required by the board.  
998 The board shall work with state licensing boards regarding the manner, form, and content  
999 for the reporting of such data. The board shall be authorized to enter into memoranda of

1000 agreement with individual state licensing boards for purposes of data transmission criteria  
1001 pursuant to this Code section.

1002 (d) State licensing boards shall provide the following data to the board for its licensed  
1003 health care professionals who are in active practice:

1004 (1) Age;

1005 (2) Race;

1006 (3) Gender;

1007 (4) Ethnicity;

1008 (5) Languages spoken;

1009 (6) Location of practice; and

1010 (7) License type.

1011 (e) The board shall be authorized to seek federal or other sources of funding necessary to  
1012 support the creation and maintenance of the Georgia Health Care Professionals Data  
1013 System.

1014 49-10-7.

1015 (a) As used in this Code section, the term:

1016 (1) 'Eligible applicant' means a person who:

1017 (A) Is a legal resident of the State of Georgia as established by rules and regulations  
1018 of the board;

1019 (B) Is a mental health or substance use professional licensed in this state; and

1020 (C)(i) Provides services to underserved youth in this state; or

1021 (ii) Practices in unserved geographic areas or communities in this state that are  
1022 disproportionately impacted by social determinants of health, as determined by the  
1023 board.

1024 (2) 'Mental health or substance use professional' means a psychiatrist, psychologist,  
1025 professional counselor, social worker, marriage and family therapist, clinical nurse

1026 specialist in psychiatric/mental health, or other licensed mental or behavioral health  
1027 clinician or specialist.

1028 (3) 'Recipient' means an eligible applicant who applied for and was approved by the  
1029 board for student loan repayment under this Code section.

1030 (4) 'Student loan' means debt incurred by an eligible applicant that is:

1031 (A) Evidenced by a promissory note which required the funds received to be used to  
1032 pay for the cost of attendance for the undergraduate, graduate, or professional education  
1033 of the eligible applicant;

1034 (B) Not in default at the time of application for repayment under this Code section; and

1035 (C) Not subject to an existing service obligation or to repayment through another  
1036 student loan repayment or loan forgiveness program or as a condition of employment.

1037 (b) The board shall have the authority to approve the applications of eligible applicants  
1038 submitted in accordance with rules and regulations established by the board governing the  
1039 student loan repayment application process.

1040 (c) The board is authorized to provide for the repayment of student loans held by recipients  
1041 in consideration of the recipient performing services as a mental health or substance use  
1042 professional in accordance with subparagraph (a)(1)(C) of this Code section.

1043 (d)(1) Each recipient before being granted any student loan repayment shall enter into  
1044 a student loan repayment agreement with the board agreeing to the terms and conditions  
1045 upon which the student loan repayment is granted, including such terms and conditions  
1046 set forth in this Code section.

1047 (2) The board shall have the power to terminate a student loan repayment agreement at  
1048 any time for any cause deemed sufficient by the board, provided that such power shall not  
1049 be arbitrarily or unreasonably exercised.

1050 (e) Each student loan repayment agreement entered into under the authority granted in this  
1051 Code section shall:

- 1052 (1) Provide for repayment of the recipient's student loans in a total amount to be  
1053 determined by the board, but not exceeding the total student loan debt of the recipient,  
1054 to be paid out in installments made each 12 months over a term of not more than five  
1055 years. A student loan repayment made pursuant to this Code section shall be paid in such  
1056 manner as the board shall establish by rules and regulations;
- 1057 (2) Provide that any payment made by the board under a student loan repayment  
1058 agreement shall be made in consideration of services rendered by the recipient  
1059 performing services as a mental health or substance use professional in accordance with  
1060 subparagraph (a)(1)(C) of this Code section;
- 1061 (3) Provide that the board shall make a payment toward the recipient's student loans, in  
1062 an amount set forth in the agreement, for each 12 months the recipient performs services  
1063 as a mental health or substance use professional in accordance with  
1064 subparagraph (a)(1)(C) of this Code section; and
- 1065 (4) Require that the recipient shall remain a legal resident of the state as established by  
1066 rules and regulations of the board; maintain licensure in this state as a mental health or  
1067 substance use professional; and perform services as a mental health or substance use  
1068 professional in accordance with subparagraph (a)(1)(C) of this Code section at all times  
1069 during the term of the agreement.
- 1070 (f) The board shall adopt such rules and regulations as are reasonable and necessary to  
1071 implement the provisions of this Code section.
- 1072 (g) Student loan repayment for recipients having entered into a student loan repayment  
1073 agreement with the board pursuant to this Code section shall be contingent upon the  
1074 appropriation of funds by the General Assembly for the purposes of this Code section in  
1075 annual appropriations Acts of the General Assembly."

**SECTION 20.**

1076

1077 Article 1 of Chapter 8 of Title 50 of the Official Code of Georgia Annotated, relating to  
1078 general provisions relative to the Department of Community Affairs, is amended by adding  
1079 a new Code section to read as follows:

1080 "50-8-19.

1081 (a) The department shall undertake the following actions to address ways to increase  
1082 supportive housing development for the 'familiar faces' population:

1083 (1) No later than December 1, 2023, issue guidance on the establishment of tenant  
1084 selection plans that do not create criminal record related barriers to housing unrelated to  
1085 fitness as a tenant. The department shall seek to leverage United States Department of  
1086 Housing and Urban Development (HUD) guidance and their funding and administrative  
1087 authority, including a review of its own regulations and policies to identify and reduce  
1088 barriers, to limit use of criminal history information only to circumstances directly  
1089 affecting suitability as a tenant, such as limiting 'look-back' periods for certain offenses  
1090 or focusing on violent or property crimes only;

1091 (2) Assess feasibility of housing set-asides for the 'familiar faces' population and  
1092 inventory current programs, such as the HOME American Rescue Plan Program  
1093 (HOME-ARP), the Housing Choice Voucher program, and other key existing housing  
1094 and voucher programs, to determine what level of these resources could be set aside for  
1095 the 'familiar faces' population;

1096 (3) Increase supportive housing development for the 'familiar faces' population, by  
1097 establishing incentives in the department's annual Qualified Allocation Plan (QAP) to  
1098 allocate resources to increase supportive housing supply, such as Low Income Housing  
1099 Tax Credits (LIHTC), to finance new housing supply for the 'familiar faces' population;  
1100 and

1101 (4) Identify ways to seed a landlord incentive fund with federal funding to be matched  
1102 with private funds and allocated regionally in order to incentivize more landlords to rent

1103 to the 'familiar faces' population, such as leasing incentive payments and risk mitigation  
1104 funds.

1105 (b) The department shall submit an annual report to the Governor and the General  
1106 Assembly regarding the status and progress of the initiatives contained in this Code section.

1107 (c) As used in this Code section, the term 'familiar faces' means individuals with serious  
1108 mental illness who have frequent contact with the criminal justice, homeless, and  
1109 behavioral health systems."

1110 **SECTION 21.**

1111 All laws and parts of laws in conflict with this Act are repealed.