



## *House Budget and Research Office*

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### **2024 SESSION: HEALTH AND HUMAN SERVICES BUDGET AND LEGISLATIVE HIGHLIGHTS**

The agencies within the health and human services budget area provide essential services for Georgia's most vulnerable citizens and families, including children and low-income individuals, and account for 23% of the FY 2025 state budget or \$8.4 billion. The General Assembly continues to support and invest in these areas of the budget by providing an infusion of funds for mental health services, rate increases for health and human service providers, access to health care, and salary increases for critical positions.

#### **Behavioral Health and Developmental Disabilities**

- HB 915, the Amended FY 2024 budget, provides \$15.5 million to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for the construction of a new child and adolescent crisis stabilization unit in Savannah. HB 916, the FY 2025 budget, includes \$125,000 for initial operating expenses.
- The Amended FY 2024 budget includes \$664,462 for a new 30-bed jail-based program that would provide services to restore inmates to competency and address the forensic services backlog. HB 916 includes \$2.5 million to expand jail-based competency restoration programs.
- House Bill 915 provides \$750,000 to implement transportation alternatives for individuals experiencing a mental health crisis.
- In the Amended FY 2024 budget, DBHDD receives \$475,625 to provide funding for 246 housing slots and \$500,000 to expand mental health services in Warner Robins to serve additional patients in need of housing and wraparound services.
- House Bill 915 appropriates \$60 million to DBHDD to address capital needs across the state's five psychiatric hospitals.
- The FY 2025 budget includes \$3.2 million in the Department of Behavioral Health and Developmental Disabilities (DBHDD) for the Macon Crisis Stabilization Diagnostic Center, which will serve as the state's first crisis support center for adults with intellectual and developmental disabilities.
- In the FY 2025 budget, General Assembly supports the governor's recommendation of \$79.9 million to fund the NOW/COMP provider rate increase and \$26.7 million for the behavioral health provider rate increase.
- DBHDD receives \$500,000 in the FY 2025 budget to support Georgians experiencing homelessness by funding behavioral health services and rapid rehousing. The Department of Veterans Service is also appropriated \$121,250 for a coordinator to work with veterans experiencing homelessness.
- HB 916 provides \$608,000 to DBHDD to support children and adults with autism through enrichment and employment opportunities, psychiatric services, and screening.
- The Georgia Apex program is supported with \$1 million in FY 2025 to expand to additional schools. The program provides several services utilizing mental health professionals, including community education, at home visits, virtual visits, group counseling, and individual counseling.

- [HB 984](#) (Rep. Eddie Lumsden, 12<sup>th</sup>) allows for developmentally or physically disabled individuals to remain on their parent or guardian's insurance beyond the cutoff age.
- [HB 1409](#) (Rep. Rob Leverett, 123<sup>rd</sup>) pertains to the legal liability of inpatient mental health providers in the delivery of care to individuals under the age of 21 who are in the custody of the Department of Human Services. Mental health care providers will not be held liable unless gross negligence occurs. In such cases, the jury will be instructed to consider the patient's medical history, previous provider-patient relationships, and circumstances surrounding delivery and provision of services.
- [SB 480](#) (Sen. Mike Hodges, 3<sup>rd</sup>) provides student loan repayment to mental health and substance use providers who provide services to underserved youth or who practice in an unserved geographic area. The total amount of repayment will be determined by the Georgia Board of Health Care Workforce and will be paid for a maximum of five years.
- [SB 533](#) (Sen. Brian Strickland, 17<sup>th</sup>) allows the Department of Behavioral Health and Developmental Disabilities (DBHDD) to restore an accused person back to mental competency in an appropriate facility within a jail so that they can stand trial. To use these facilities, DBHDD must have a mutual agreement with the local sheriff's office.

### **Human Services**

- The Office of the Child Advocate is appropriated \$99,780 in the Amended FY 2024 budget to improve legal representation that foster children and their families receive.
- HB 915 provides \$3.2 million to the Department of Human Services to improve the SHINES child welfare case management system and \$1.7 million for the Georgia Gateway benefits eligibility system.
- The Department of Human Services (DHS) receives \$7 million in the FY 2025 budget to provide a \$3,000 salary enhancement for child support, child welfare, and elder abuse caseworkers.
- HB 916 supports children who come in contact with the child welfare system with \$1 million to the court appointed special advocates (CASA) to expand statewide capacity and \$1 million to the state's Child Advocacy Centers for increased forensic and mental health services.
- The General Assembly funds an additional 275 non-Medicaid home and community-based services slots in the FY 2025 budget to help keep older adults in their homes longer with supportive services.
- DHS is appropriated \$8.4 million in the FY 2025 budget for a 3% provider increase for child caring institutions, child placing agencies, foster parents, and relative caregivers.
- Georgia Family Connection receives \$596,250 in the FY 2025 budget to increase county allocations from \$52,500 to \$56,250.
- The Department of Veterans Service is appropriated \$1 million in the both the Amended FY 2024 and FY 2025 budgets to support active-duty military members and veterans with behavioral health services.
- [HR 1229](#) (Rep. Lynn Gladney, 130<sup>th</sup>) urges the U.S. Department of Veterans Affairs to address elder care, nursing home access, and residential programs for disabled veterans.
- [SB 377](#) (Sen. Blake Tillery, 19<sup>th</sup>) defines and clarifies qualified residential treatment programs as a type of licensed child-caring institution.

### **Medicaid**

- The General Assembly supports the governor's recommendation of \$39 million in provider rate increases for the Independent Care Waiver Program and the Elderly and Disabled Waiver Program. Additionally, HB 916 provides \$15.9 million for provider rate increases within the Georgia Pediatric Program (GAPP).

- HB 916 includes funding increases for multiple provider types serving Medicaid patients. These include \$5.6 million for speech therapists, audiologists, physical therapists, and occupational therapists; \$12.6 million for primary care physicians and obstetricians; \$392,173 for optometrists; and \$648,829 for independent low-volume pharmacists.
- House Bill 916 also provides \$141 million for skilled nursing centers to reflect 2022 cost reports.
- Additionally, House Bill 916 includes funding for new services to be available to this population to include \$10.5 million for dental services; \$603,883 for acute kidney injuries to be treated in a dialysis setting; \$5.6 million for continuous glucose monitors; and \$1.1 million to implement a sickle cell managed care pilot program.
- \$283,995 is included in the FY 2025 budget for the evaluation and implementation of a biomarker test to provide enhanced surveillance for inpatient pregnant patients with hypertensive disorder of pregnancy.
- [HB 1078](#) (Rep. Jesse Petrea, 166<sup>th</sup>) excludes the Georgia Program of All-Inclusive Care for the Elderly (PACE) as an applicable service within the definition of "adult day health services". The bill provides additional opportunities with Georgia's Medicaid program to provide comprehensive acute and long-term healthcare services to ensure continued community living for qualifying individuals.

### **Public Health**

- Within the Department of Public Health, the General Assembly funds \$908,522 to expand the visiting hematologist program to improve health outcomes of those with Sickle Cell Disease and \$796,000 for outreach and breast cancer screening services.
- HB 916 increases funding by \$765,528 for the Prescription Drug Monitoring Program and \$130,000 for the Georgia Poison Center.
- The General Assembly further supports the governor's recommendation of \$1 million to expand the pilot program to provide home visiting in at-risk and underserved rural communities by increasing the funding by \$752,000. The increased funding will allow the program to expand to an additional 10 counties.
- House Bill 916 provides \$978,639 to include two additional disorders for newborn screenings that have been approved by the Georgia Newborn Screening Advisory Committee.
- \$150,611 is included in the FY 2025 budget for one congenital syphilis and HIV case manager position to link cases identified during pregnancy and delivery to testing and treatment resources.
- HB 916 includes \$4 million for the Georgia Trauma Care Network Commission as part of a multi-year plan to stabilize the trauma network.

### **Insurance**

- [HB 384](#) (Rep. Sharon Henderson, 113<sup>th</sup>) requires insurers to notify covered males about annual prostate-specific antigen tests. This notification applies to covered males who are at least 45 years old and if ordered by a physician, those age 40 years and older.
- [HB 451](#) (Rep. Devan Seabaugh, 34<sup>th</sup>) requires a public entity to provide supplemental, illness-specific insurance to certain first responders diagnosed with occupational post-traumatic stress disorder (PTSD). Coverage will be available once per one's lifetime, and include a \$3,000 cash benefit and an income replacement disability benefit provided 90 days after diagnosis if needed.
- [SB 334](#) (Sen. John Albers, 56<sup>th</sup>) allows benefits received by eligible firefighters under the 'Helping Firefighters Beat Cancer Act' to be transferred when an employee transfers to another fire department within the state.

## **Additional Health Highlights**

- The FY 2025 budget includes \$750,000 in the Department of Community Health for start-up grants for three federally qualified health centers (FQHCs). These grants support primary care in Union County, a behavioral health expansion in south Cobb County, and mobile dental care in southwest Georgia.
- The FY 2025 budget includes \$292,000 to support new and existing housing and wellness programs for medical students with the Area Health Education Centers (AHEC).
- \$382,965 is included in the FY 2025 budget for 168 employees in the healthcare facility regulation field to receive an additional \$2,000 salary enhancement. These employees include nurse managers, compliance specialists, quality assurance specialists, and regulatory compliance managers.
- HB 916 includes \$2 million for 105 new residency slots in graduate medical education. The budget also includes \$56,757 for a rural public health preventative medicine rotation; \$50,000 for the development of a Pediatric Rural Training Track; \$150,000 for year two of the maternal fetal medicine fellowship; and \$750,000 for an OB/GYN service expansion as part of a new rural training track residency program.
- The General Assembly supports the governor's recommendation of \$850,055 for the fifth year of the seven-year expansion plan for Mercer School of Medicine's medical school campus in Columbus. Additionally, HB 916 includes \$75,000 in funding for the Valdosta Campus, \$1.2 million to increase Mercer's Accelerated Track class size, and \$500,000 in matching funds for scholarships for students committed to practicing primary care in rural Georgia.
- HB 916 provides \$500,000 for infant mortality research as part of Morehouse School of Medicine's Center for Maternal Health Equity.
- \$900,000 is included in HB 916 for additional loan repayment for dentists in rural areas.
- The General Assembly instructs the Department of Community Health to conduct an actuarial study on prescription drug reimbursement to independent pharmacies in the State Health Benefit Plan to include an examination of practices by the plan's contracted pharmacy benefits manager (PBM) for the outpatient pharmacy benefits and provides \$6.2 million in one-time funds for a \$3 per prescription dispensing fee for independent pharmacists awaiting the outcome of the SHBP PBM study.
- [HB 82](#) (Re. Mack Jackson, 128<sup>th</sup>) amends O.C.G.A. 48-7-29, relating to tax credits for rural physicians, limiting eligibility for the current tax credit to rural physicians who qualify on or before May 15, 2023 and repealing the credit on December 31, 2029. The bill subsequently creates a tax credit of up to \$5,000 for rural healthcare professionals, defined as physicians and dentists operating in a rural county. The tax credit may be claimed for up to five years, provided that the healthcare professional continues operating in a rural county. No healthcare professional practicing in a rural county on or before May 15, 2023 is eligible for the tax credit unless they have practiced in a non-rural county for at least three years. If a healthcare professional qualifies for less than the full 12 months in their first year, they will receive a prorated amount of the credit. The tax credit for this program will not exceed \$2 million for any calendar year.
- [HB 663](#) (Rep. Matt Hatchett, 155<sup>th</sup>) allows for a designated essential caregiver to be present with a patient or resident of a hospital or long-term care facility while they are receiving care. This designated caregiver must adhere to the policies of the hospital or long-term care facility, and their access may be suspended or terminated under outlined circumstances.

- [HB 872](#) (Rep. Lee Hawkins, 27<sup>th</sup>) allows for dental students to be eligible for the service cancelable loan program when they agree to practice in rural counties with a population of 50,000 or less.
- [HB 874](#) (Rep. Lee Hawkins, 27<sup>th</sup>) requires all public schools to have a functional automated external defibrillator (AED) on site at all times during school hours and during any school-related function. Each school will ensure that the following requirements are met: designate an internal response team; ensure that all internal response team members and any other expected users receive training; ensure that emergency medical services are aware of the AED's location; ensure the AED is maintained and tested appropriately; ensure involvement of a licensed physician for training, notifications, and maintenance; establish a written emergency action plan; and conduct a minimum of two emergency action practice drills each school year.
- [HB 1010](#) (Rep. Jan Jones, 47<sup>th</sup>) increases the number of hours of annual paid parental leave for state employees and employees of local education agencies from 120 to 240 hours. Paid parental leave can be used for the birth of a child or the foster and adoption placement of a child. Employers are required to provide notice of such benefits to eligible employees once hired and annually thereafter.
- [HB 1339](#) (Rep. Butch Parrish, 158<sup>th</sup>) modifies and updates statutes relating to the state's certificate of need (CON) processes. The Department of Community Health (DCH) is required to review and update the state health plan every five years. The time period to submit a letter of intent is reduced from 30 to 25 days before application submission. The 120-day period for DCH to review the application begins upon receipt of the application and within 30 days of receipt, an applicant will be provided an opportunity to meet and review with DCH. Opposition is required to be submitted within 30 days of receipt of the application. Additionally, expenditure thresholds for the construction, remodeling, and installation of capital projects are removed.

HB 1339 expands several provisions relating to CON exemptions. The expansion of hospital bed capacity up to 10 beds or 20 percent within a three-year period when occupancy exceeds 60 percent for the previous 12 months is exempt. The maximum distance for certain healthcare facilities to relocate without a CON is extended from a three-mile radius to a five-mile radius of the original location.

Psychiatric or substance abuse inpatient programs or beds for Medicaid and uninsured patients are now exempt when an agreement is reached with a nearby hospital. New or expanded rural hospital perinatal services are exempt when an agreement is reached with a nearby hospital, including new or expanded birthing centers.

New acute care facilities in rural counties are exempt under certain circumstances. New short-stay general hospitals are exempt if the new facility is replacing a closed facility within a 48-month timeframe and within five miles of the main campus of a medical school. Transfers of existing beds and services are exempt when they occur within the same hospital system and are within a 15-mile radius of the original campus.

DCH and the General Assembly's Office of Legislative Counsel will review and make recommendations to update and rewrite Title 31, Chapter 6 and other such provisions relating to CON in consultation with relevant stakeholders. Recommendations will be made to the General Assembly by December 1, 2024.

Penalties associated with delayed or unsubmitted reports are increased from \$500 to \$2,000 per day up to 30 days, and from \$1,000 to \$5,000 per day for every day after 30 days. The maximum limit on the rural hospital tax credit is increased from \$75 million to \$100 million per taxable year and the sunset is extended from December 31, 2024 to December 31, 2029.

HB 1339 creates the Comprehensive Health Coverage Commission, which will advise the General Assembly, governor, and DCH on matters related to the quality of and access to healthcare by low-income and uninsured populations, including reimbursement, funding, quality improvement, and service delivery enhancement opportunities.

The commission will consist of nine members including: a chairperson appointed by the governor; three nonlegislative members appointed by the speaker of the House of Representatives; three non-legislative members appointed by the president of the Senate; one non-legislative member appointed by the House minority leader; and one non-legislative member appointed by the Senate minority leader.

The commission's initial report will be submitted no later than December 1, 2024 and the commission will be abolished on December 3, 2026.

- [SB 449](#) (Sen. Larry Walker, 20<sup>th</sup>) requires the Department of Community Health, in collaboration with the Department of Veterans Service, to create a program in which military medical personnel can be certified as nurse aides, paramedics, cardiac technicians, emergency medical technicians, or licensed practical nurses without having to meet certain additional requirements.

The term "military medical personnel" is added by the bill and relates to those who have relevant experience within the past 24 months prior to seeking certification or recertification as a medic, medical technician, or corpsman, within the U.S. Army, Air Force, Navy, or Coast Guard.

The bill amends the definition of "advanced practice registered nurse" (APRN) to specify that APRNs engage in advanced nursing within one of the following roles: certified nurse midwife, certified nurse practitioner, certified nurse anesthetist, or a clinical nurse specialist.

The bill revises the requirements for those applying to become an APRN, starting on September 1, 2025. The license must be renewed every two years, and it is a misdemeanor offense to practice as an APRN without a proper license. Further, the bill provides that any reference to a rural hospital organization within the chapter of the Code will include a hospital located in any county that satisfies the definition of rural hospital organization in O.C.G.A. 31-8-9.1.

[SB 505](#) (Sen. Blake Tillery, 19<sup>th</sup>) requires each licensed hospital in the state to post and maintain a link to the federal related disclosures in the format established by the Department of Community Health to be updated

annually, and no later than July 1 of each year. The department is directed to establish a uniform template and criteria for reporting the required documents no later than December 31, 2024, to be utilized no later than July 1, 2025. Additionally, SB 505 requires the board of a hospital authority to select one of the three proposed candidates to fill a vacancy.