

House Bill 769

By: Representatives Jasperse of the 11th, England of the 116th, Powell of the 171st, Jackson of the 128th, Cooper of the 43rd, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 4 of Title 26 and Title 31 of the Official Code of Georgia Annotated,
2 relating to pharmacists and pharmacies and health, respectively, so as to implement
3 recommendations from the House Rural Development Council relating to health care issues;
4 to revise provisions relative to pharmacy practices; to provide for and revise definitions; to
5 revise provisions relative to credentialing and billing; to provide for the establishment of the
6 Rural Center for Health Care Innovation and Sustainability; to revise provisions relative to
7 certificate of need; to provide for the establishment of micro-hospitals; to provide for a grant
8 program for insurance premium assistance for physicians practicing in medically underserved
9 rural areas of the state; to provide for related matters; to repeal conflicting laws; and for other
10 purposes.

11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

12 SECTION 1.
13 Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacists and
14 pharmacies, is amended in Code Section 26-4-5, relating to definitions, by revising paragraph
15 (37.2) as follows:
16 "(37.2) 'Remote order entry' means the entry made by a pharmacist licensed in this state
17 and located within or outside the State of Georgia from a remote location indicating that
18 the pharmacist has reviewed the patient specific drug order for a hospital patient, has
19 approved or disapproved the administration of the drug for such patient, and has entered
20 the information in the hospital's patient record system."

21 SECTION 2.
22 Said chapter is further amended in Code Section 26-4-80, relating to license required for
23 practice of pharmacy, dispensing of prescription drugs, prescription drug orders,
24 electronically transmitted drug orders, refills, and Schedule II controlled substance
25 prescriptions, by revising paragraph (7) of subsection (c) as follows:

"(7)(A) The board shall promulgate rules and regulations under this Code section for institutional settings such as hospital pharmacies, nursing home pharmacies, clinic pharmacies, or pharmacies owned or operated directly by health maintenance organizations.

(B) The rules established pursuant to subparagraph (A) of this paragraph shall specifically authorize hospital pharmacies to use remote order entry when:

(i) The licensed pharmacist is not physically present in the hospital, the hospital pharmacy is closed, and a licensed pharmacist will be physically present in the hospital pharmacy within ~~24~~ 48 hours;

~~(ii) At least one licensed pharmacist is physically present in the hospital pharmacy and at least one other licensed pharmacist is practicing pharmacy in the hospital but not physically present in the hospital pharmacy; or~~

~~(iii)~~(ii) At least one licensed pharmacist is physically present in a another hospital within this state which remotely serves only on weekends not more than four other hospitals under the same ownership or management which have an average daily census of less than 12 acute patients.

(C) Before a hospital may engage in remote order entry as provided in this paragraph, the director of pharmacy of the hospital shall submit to the board written policies and procedures for the use of remote order entry. The required policies and procedures to be submitted to the board shall be in accordance with the American Society of Health-System Pharmacists and shall contain provisions addressing quality assurance and safety, mechanisms to clarify medication orders, processes for reporting medication errors, documentation and record keeping, secure electronic access to the hospital pharmacy's patient information system and to other electronic systems that the on-site pharmacist has access to, access to hospital policies and procedures, confidentiality and security, and mechanisms for real-time communication with prescribers, nurses, and other caregivers responsible for the patient's health care.

(D) If the board concludes that the hospital's actual use of remote order entry does not comply with this paragraph or the rules adopted pursuant to this chapter, it may issue a cease and desist order after notice and hearing."

SECTION 3.

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

"31-2-15.

(a) As used in this Code section, the term 'state medical plan' means the state health benefit plan under Article 1 of Chapter 18 of Title 45, the medical assistance program under Article 7 of Chapter 4 of Title 49, the PeachCare for Kids Program under Article 13 of Chapter 5 of Title 49, and any other health benefit plan or policy administered by or on behalf of the state.

(b) The department shall take all reasonable steps to streamline and expedite the credentialing and billing processes for state medical plans, including but not limited to examining the potential for a uniform billing platform or portal; examining the potential for the standardization of billing codes among providers; posting billing criteria and codes on the department's website; enabling a dual track process for credentialing and contract negotiation for new providers; allowing billing for telehealth delivered care and allowing payment for both the on-site provider and off-site provider; and maximizing billing for multiple specialists and multiple encounters with one provider at a single visit in safety net settings, critical access settings, federally qualified health centers, and general practitioner settings.

(c) This Code section shall not be construed to require the department to act in violation of any federal law, rule, or regulation.

31-2-16.

(a) There is created and established the Rural Center for Health Care Innovation and Sustainability within the department's State Office of Rural Health. The department shall conduct a request for proposal process to identify a postsecondary institution within the state in which the center shall be located. Such postsecondary institution shall have a health program or college that focuses on rural and underserved areas of the state. The department shall reissue a request for proposal after seven years and every five years thereafter.

(b) The purpose of the center shall be to:

(1) No later than January 1, 2019, develop a best practices curriculum and provide training utilizing such curriculum for rural health care providers, including, but not limited to, hospital executive leadership, hospital board members, and hospital authority members. The curriculum shall include, at a minimum, legal, fiduciary, grant management, planning, and compliance training. No rural hospital organization, as defined in Code Section 31-8-9.1, shall be eligible to:

(A) Receive contributions from the tax credit provided pursuant to Code Section 48-7-29.20; or

(B) Qualify or receive any state funds.

unless the chief executive officer, the chief financial officer, every board member, and every hospital authority member, if operated by a hospital authority pursuant to Article 4 of Chapter 7 of this title, have all completed training provided by such center pursuant to this paragraph no later than December 31, 2020, or within 12 months of initial hiring or appointment and every two years thereafter; and

(2) Serve as a central health data repository for collection and dissemination of health data from state health agencies, including but not limited to the department, the Department of Public Health, and the Department of Behavioral Health and Developmental Disabilities, to conduct health data analytics to determine rural health care needs for planning purposes, including determining current and future health care work force needs.

(c) The center is authorized to make application for and receive funds and grants as may be necessary to, and utilize and disburse such funds for such purposes and projects as will, carry out the purposes of the center.

(d) The center is authorized to enter into contracts, agreements, and arrangements with colleges and universities for participation in the work of the center. The center shall also be authorized to enter into contracts and agreements with the federal government; political subdivisions of this state; private firms, foundations, or institutions; or individuals for specific research on any aspects of rural health care as may be related to the purposes of this Code section.

(e) On or before December 31 of each year, the center shall file a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the House Committee on Health and Human Services, the Senate Health and Human Services Committee, the House Committee on Appropriations, and the Senate Appropriations Committee. The report shall include a summary of the activities of the center during the calendar year, including, but not limited to, the total number of hospital executives, hospital board members, and hospital authority members who received training from the center; the status of rural health care in the state; and recommendations, if any, for legislation as may be necessary to improve the programs and services offered by the center."

SECTION 4.

Said title is further amended by revising paragraphs (21), (32), and (38) of and by adding a new paragraph to Code Section 31-6-2, relating to definitions, to read as follows:

"(21) 'Hospital' means an institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons

or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such term includes public, private, psychiatric, rehabilitative, geriatric, osteopathic, micro-hospitals, and other specialty hospitals."

"(23.1) 'Micro-hospital' means an institution in a rural county which has at least two and not more than seven beds and which provides services seven days per week and 24 hours per day to stabilize patients."

"(32) 'Rural county' means a county having a population of less than ~~35,000~~ 50,000 according to the United States decennial census of ~~2000~~ 2010 or any future such census."

"(38) 'Urban county' means a county having a population equal to or greater than ~~35,000~~ 50,000 according to the United States decennial census of ~~2000~~ 2010 or any future such census."

SECTION 5.

Said title is further amended by adding a new paragraph to and by revising paragraph (24) of subsection (a) of Code Section 31-6-47, relating to exemptions from chapter, as follows:

"(9.2) The purchase of a closing health care facility and such facility's corresponding certificate of need and bed allowance by a hospital in a contiguous county to repurpose the facility as a micro-hospital;"

"(24) The relocation of any skilled nursing facility, ~~or~~ intermediate care facility, ~~or~~ micro-hospital within the same county, any other health care facility in a rural county within the same county, and any other health care facility in an urban county within a three-mile radius of the existing facility so long as the facility does not propose to offer any new or expanded clinical health services at the new location;"

SECTION 6.

Said title is further amended by redesignating the existing provisions of Chapter 34, relating to medical professionals for rural assistance, as Article 1 of such chapter, by replacing "This chapter" and "this chapter" with "This article" and "this article", respectively, everywhere each such term occurs in the new Article 1, and by adding a new article to read as follows:

"ARTICLE 2

31-34-20.

(a) Subject to appropriations, the Georgia Board for Physician Workforce shall establish a grant program for the purpose of increasing the number of physicians who remain in Georgia to practice in medically underserved rural areas of the state. The grant program shall provide insurance premium assistance for physicians practicing in such medically

underserved rural areas of the state, as identified by the Georgia Board for Physician Workforce pursuant to Code Section 49-10-3.

(b) To be eligible to receive a grant under the grant program, a physician shall meet the following qualifications:

(1) Maintain a practice in a medically underserved rural area of the state;

(2) Be licensed to practice in this state and board certified;

(3) Complete a minimum of 100 hours of continuing medical education as approved by the Georgia Composite Medical Board;

(4) Provide weekend or extended hours; and

(5) Accept Medicaid and medicare patients.

(c) A physician receiving a grant pursuant to the grant program shall agree to practice medicine in such medically underserved rural areas of the state for a period of time determined by the Georgia Board for Physician Workforce.

(d) The Georgia Board for Physician Workforce may adopt and prescribe such rules and regulations as it deems necessary or appropriate to administer and carry out the loan program provided for in this chapter. In establishing the amount of grants, the Georgia Board for Physician Workforce shall determine the average insurance premium rates for physicians in rural areas of this state."

SECTION 7.

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