

Senate Bill 151

By: Senators Burke of the 11th, Watson of the 1st, Kirkpatrick of the 32nd, Hufstetler of the 52nd, Walker III of the 20th and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to
2 provide for improvements in the state's health care system and coordination of state health
3 related entities; to provide for legislative findings and declarations; to provide for definitions;
4 to provide for duties and responsibilities; to provide for the creation of the Office of Health
5 Strategy and Coordination; to provide for a director of health strategy and coordination; to
6 provide for the creation of the Board of the Office of Health Strategy and Coordination; to
7 provide for membership, staggered terms, and vacancies; to provide for its purpose and
8 duties; to provide for advisory committees; to provide for reporting requirements by certain
9 state boards, commissions, committees, councils, and offices to the Office of Health Strategy
10 and Coordination; to provide for the Georgia Data Access Forum; to provide for its
11 composition and purpose; to amend other provisions of the Official Code of Georgia
12 Annotated so as to provide for conforming changes; to provide for a short title; to provide
13 for related matters; to repeal conflicting laws; and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

15 style="text-align:center">**SECTION 1.**

16 This Act shall be known and may be cited as "The Health Act."

17 style="text-align:center">**SECTION 2.**

18 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding
19 a new chapter to read as follows:

20 "CHAPTER 53

21 ARTICLE 1

22 31-53-1.

23 The General Assembly finds that Georgia faces population and community health
 24 challenges. The current health infrastructure must be adapted to adequately integrate state
 25 and private resources in a manner that will serve to maximize the state's goals, including
 26 improved access to care, effective health management strategies, and cost control
 27 measures. All components of the state's health care system must be more strategic and
 28 better coordinated. The General Assembly, therefore, declares it to be the public policy of
 29 the state to unite the major stakeholders of the state's health care system under a strategic
 30 vision for Georgia. The public policy shall be realized through an agency focused on
 31 strategic health care management and coordination.

32 31-53-2.

33 As used in this chapter, the term:

34 (1) 'Board' means the Board of the Office of Health Strategy and Coordination
 35 established pursuant to Code Section 31-53-5.

36 (2) 'Director' means the director of health strategy and coordination established pursuant
 37 to Code Section 31-53-4.

38 (3) 'Office' means the Office of Health Strategy and Coordination established pursuant
 39 to Code Section 31-53-3.

40 31-53-3.

41 (a) There is established within the office of the Governor the Office of Health Strategy and
 42 Coordination.

43 (b) The office shall have the following powers:

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

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

51 (3) Evaluate the effectiveness of previously enacted and ongoing health programs and
 52 determine how best to achieve the goal of promoting innovation and improving Georgia's
 53 health care system;

- 54 (4) Provide coordination between health related state agencies, including, but not limited
55 to, the Department of Public Health, the Department of Community Health, the
56 Department of Behavioral Health and Developmental Disabilities, and the Department
57 of Human Services;
- 58 (5) Collaborate with nonhealth related agencies, including, but not limited to, the
59 Department of Economic Development, the Department of Transportation, and the
60 Department of Education, to identify and address external factors that can impact health
61 issues, such as transportation, housing, food insecurity, and education;
- 62 (6) Evaluate prescription costs and make recommendations to public employee insurance
63 programs, departments, and governmental entities for prescription formulary design and
64 cost containment strategies;
- 65 (7) Maximize the effectiveness of existing resources, expertise, and opportunities for
66 improvement;
- 67 (8) Evaluate proposed updates to the certificate of need program;
- 68 (9) Evaluate proposed updates to the State Health Benefit Plan;
- 69 (10) Review and catalog State Health Benefit Plan contracts, medicaid care management
70 organization contracts, and other contracts entered into by the state for health related
71 services or support;
- 72 (11) Create an organized approach to coordinating health care functions and programs;
- 73 (12) Oversee collaborative health efforts to ensure efficient use of funds secured at the
74 federal, state, regional, and local levels;
- 75 (13) Carry out such duties that may be required by federal law or regulation so as to
76 enable this state to maximize federal funds for health care programs;
- 77 (14) Empower communities to identify local needs and generate local or regional
78 solutions;
- 79 (15) Monitor established pilot programs;
- 80 (16) Develop data sets that identify state, local, and regional care gaps;
- 81 (17) Identify nationally recognized effective evidence based strategies;
- 82 (18) Propose cost management measures;
- 83 (19) Record state health contracts;
- 84 (20) Establish transparency in health care costs;
- 85 (21) Establish a state-wide claims data base; and
- 86 (22) Provide a platform for data distribution compiled by unfunded legislatively created
87 boards, councils, and committees.

88 31-53-4.

89 (a) There is created the position of director of health strategy and coordination who shall
90 be the chief administrative officer of the office. The Governor shall appoint the director
91 who shall serve at the pleasure of the Governor.

92 (b) The director shall have the following qualifications:

93 (1) Extensive experience in health care policy which shall include having held a position
94 as a health care clinician and administrator; and

95 (2) Additional education, experience, and other qualifications as determined by the
96 Governor.

97 (c) The director shall consult with the Governor on determining state priorities and
98 adoption of a state strategy.

99 (d) The director may contract with other agencies, public and private, or persons as he or
100 she deems necessary for carrying out the duties and responsibilities of the office.

101 (e) The director may employ such other professional, technical, and clerical personnel as
102 deemed necessary to carry out the purposes of this chapter.

103 31-53-5.

104 (a) There is created the Board of the Office of Health Strategy and Coordination which
105 shall establish the general policy to be followed by the office. The board shall consist of
106 nine members appointed by the Governor and confirmed by the Senate.

107 (b) The Governor shall designate the initial terms of the members of the board as follows:

108 (1) Three members shall be appointed for one year;

109 (2) Three members shall be appointed for two years; and

110 (3) Three members shall be appointed for three years.

111 Thereafter, all succeeding appointments shall be for three-year terms from the expiration
112 of the previous term.

113 (c) Vacancies in the office shall be filled by appointment by the Governor in the same
114 manner as the appointment to the position on the board which becomes vacant. An
115 appointment to fill a vacancy other than by expiration of a term of office shall be for the
116 balance of the unexpired term.

117 (d) There shall be a chairperson of the board elected by and from the membership of the
118 board who shall be the presiding officer of the board.

119 (e) The members of the board shall receive the same daily expense allowance and
120 reimbursement of expenses as provided in Code section 45-7-21 for members of other state
121 boards.

122 (f) The board shall prepare a budget request in the same manner as that described under
123 Part 1 of Article 4 of Chapter 12 of Title 45, the 'Budget Act,' and a separate appropriation
124 shall be provided for the board in the General Appropriations Act.

125 (g) The board shall be authorized to accept and use gifts, grants, and donations for the
126 purpose of carrying out the provisions of this chapter. Such funds, property, or services so
127 received as gifts, grants, or donations shall be the property and funds of the board and shall
128 not lapse at the end of each fiscal year but shall remain under the control of and subject to
129 the direction of the board to carry out the provisions of this chapter.

130 31-53-6.

131 (a) The director shall have the power to establish and abolish advisory committees as he
132 or she deems necessary, in consultation with the board, to inform effective strategy
133 development and execution.

134 (b) The board shall consent to the establishment or abolishment of an advisory committee
135 and recommend members for the advisory committee in accordance with the general policy
136 established by the board.

137 (c) Membership on an advisory committee shall not constitute public office, and no
138 member shall be disqualified from holding public office by reason of his or her
139 membership.

140 (d) An advisory committee shall elect a chairperson from among its membership.

141 (e) Members of an advisory committee shall serve without compensation, although each
142 member of an advisory committee shall be reimbursed for actual expenses incurred in the
143 performance of his or her duties from funds available to the office. Such reimbursement
144 shall be limited to all travel and other expenses necessarily incurred through service on the
145 advisory committee, in compliance with the state's travel rules and regulations; provided,
146 however, that in no case shall a member of an advisory committee be reimbursed for
147 expenses incurred in the member's capacity as the representative of another state agency.

148 (f) Policy proposals and strategies under consideration that arise from the efforts of an
149 advisory committee must be presented to all members of the advisory committee with an
150 opportunity to comment.

151 (g) An advisory committee shall:

152 (1) Meet at such times and places as it shall determine necessary or convenient to
153 perform its duties. An advisory committee shall also meet on the call of the director, the
154 chairperson of the board, or the Governor;

155 (2) Maintain minutes of its meetings;

156 (3) Identify and report to the director and the board any federal laws or regulations that
157 may enable the state to receive and disburse federal funds for health care programs;

- 158 (4) Advise the director and the board if it needs additional members or resources to
 159 conduct its defined duties; and
 160 (5) Provide a final report with supporting documentation to the board and the director.

161 31-53-7.

162 (a) The office shall compile reports received from the following boards, commissions,
 163 committees, councils, and offices pursuant to each such entity's respective statutory
 164 reporting requirements:

- 165 (1) The Maternal Mortality Review Committee;
 166 (2) The Office of Women's Health;
 167 (3) The Commission on Men's Health;
 168 (4) The Renal Dialysis Advisory Council;
 169 (5) The Kidney Disease Advisory Committee;
 170 (6) The Hemophilia Advisory Board;
 171 (7) The Georgia Council on Lupus Education and Awareness;
 172 (8) The Georgia Palliative Care and Quality of Life Advisory Council;
 173 (9) The Georgia Trauma Care Network Commission;
 174 (10) The Behavioral Health Coordinating Council;
 175 (11) The Department of Public Health on behalf of the Georgia Coverdell Acute Stroke
 176 Registry;
 177 (12) The Office of Cardiac Care; and
 178 (13) The Brain and Spinal Injury Trust Fund Commission.

179 (b) The office shall maintain a website that permits public dissemination of data compiled
 180 by the boards, commissions, committees, councils, and offices listed in subsection (a) of
 181 this Code section.

182 ARTICLE 2

183 31-53-20.

184 (a) The General Assembly finds that:

- 185 (1) Cost of care, diagnostic metrics, care gaps, and best practices are best analyzed with
 186 large-scale data;
 187 (2) The current data infrastructure must be adapted to adequately integrate state and
 188 private resources in a manner that will serve the divergent needs of the state;
 189 (3) All components of state data collection and dissemination infrastructure must be
 190 more strategic and better coordinated to serve policy makers and health care providers;
 191 and

192 (4) A more robust data base will also serve as a platform to provide resources to the
 193 public for healthy living and cost transparency.

194 (b) The General Assembly, therefore, declares it to be the public policy of this state to
 195 unite the major stakeholders of the state's health care system under a common data
 196 platform. The public policy of the state will be served by restructuring data silos to inform
 197 policy makers, health care providers, and consumers.

198 31-53-21.

199 (a) The office shall convene a Georgia Data Access Forum composed of health care
 200 stakeholders and experts, including representatives from:

201 (1) The Georgia Health Information Network;

202 (2) Hospital associations;

203 (3) Physician associations;

204 (4) Pharmacy associations;

205 (5) Dental associations;

206 (6) The Department of Community Health;

207 (7) The Department of Public Health;

208 (8) The Department of Behavioral Health and Developmental Disabilities;

209 (9) The Insurance Commissioner's Office;

210 (10) Insurance carriers; and

211 (11) Self-insured employers.

212 (b) Membership on the Georgia Data Access Forum shall not constitute public office, and
 213 no member shall be disqualified from holding public office by reason of his or her
 214 membership.

215 (c) Members shall serve without compensation, although each member shall be reimbursed
 216 for actual expenses incurred in the performance of his or her duties from funds available
 217 to the office. Such reimbursement shall be limited to all travel and other expenses
 218 necessarily incurred through service on the forum, in compliance with this state's travel
 219 rules and regulations; provided, however, that in no case shall a member be reimbursed for
 220 expenses incurred in the member's capacity as the representative of another state agency.

221 31-53-22.

222 The purpose of the Georgia Data Access Forum shall be to make recommendations to the
 223 office on:

224 (1) Conducting a baseline analysis of the current data base infrastructure;

225 (2) Identifying common goals for the state and stakeholders;

226 (3) Prioritizing desired data base functions;

- 227 (4) Securing proposals for data base platforms;
 228 (5) Analyzing existing systems and technology that can be leveraged into a streamlined
 229 system;
 230 (6) Analyzing system security and available data that can leveraged into a streamlined
 231 system;
 232 (7) Estimating and evaluating costs to various stakeholders;
 233 (8) Establishing a timeline for implementation;
 234 (9) Determining whether a tiered approach is necessary for implementation;
 235 (10) Establishing a timeline for a tiered roll out;
 236 (11) Establishing a short-term and long-term approach to funding the data base;
 237 (12) Identifying appropriate funding sources other than the general fund;
 238 (13) Recommending legislation necessary for data security;
 239 (14) Recommending legislation necessary for stakeholder cooperation or protection;
 240 (15) Recommending legislation necessary to capture data;
 241 (16) Determining the appropriate agency or entity to manage the ongoing operation of
 242 the data base;
 243 (17) Describing the relative benefits to the various stakeholders;
 244 (18) Identifying population health tools; and
 245 (19) Determining the cost, feasibility, and timeframe to implement a consumer health
 246 cost tool.

247 31-53-23.

248 (a) Third-party vendors may be contacted for expertise at the director's discretion to assist
 249 the Georgia Data Access Forum in formulating its recommendations pursuant to Code
 250 Section 31-53-22.

251 (b) Third-party vendors may be consulted and permitted to offer proposals and make
 252 presentations to the office and the Georgia Data Access Forum."

253 **SECTION 3.**

254 Said title is further amended in Code Section 31-1-13, relating to the Hemophilia Advisory
 255 Board, by revising subsection (g) as follows:

256 "(g) The Hemophilia Advisory Board shall, no later than ~~January, 2012~~ October 1, 2019,
 257 and annually thereafter, submit to the ~~Governor and the General Assembly~~ Office of Health
 258 Strategy and Coordination a report of its findings and recommendations. Annually
 259 thereafter, the commissioner of public health, in consultation with the commissioner of
 260 community health, shall report to the Governor and the General Assembly on the status of

261 implementing the recommendations as proposed by the Hemophilia Advisory Board. The
 262 reports shall be made public and shall be subject to public review and comment."

263 **SECTION 4.**

264 Said title is further amended in Code Section 31-2-16, relating to the Rural Health System
 265 Innovation Center creation, purposes and duties, and reporting, by revising paragraph (11)
 266 of subsection (b) and subsection (e) as follows:

267 "(11) Participate in other state-wide health initiatives or programs affecting the entire
 268 state and nonrural areas of Georgia. The center shall cooperate with other health related
 269 state entities, including, but not limited to, the department, the Department of Public
 270 Health, the Department of Human Services, ~~and~~ the Department of Behavioral Health and
 271 Developmental Disabilities, and the Office of Health Strategy and Coordination and all
 272 other health related state boards, commissions, committees, councils, offices, and other
 273 entities on state-wide health initiatives or programs; and"

274 "(e) On or before October 1 of each year, the center shall file a report to the Governor, the
 275 President of the Senate, the Speaker of the House of Representatives, and the chairpersons
 276 of the House Committee on Health and Human Services, the Senate Health and Human
 277 Services Committee, the House Committee on Appropriations, ~~and~~ the Senate
 278 Appropriations Committee, and the Office of Health Strategy and Coordination. The report
 279 shall include a summary of the activities of the center during the calendar year, including,
 280 but not limited to, the total number of hospital executives, hospital board members, and
 281 hospital authority members who received training from the center; the status of rural health
 282 care in the state; and recommendations, if any, for legislation as may be necessary to
 283 improve the programs and services offered by the center."

284 **SECTION 5.**

285 Said title is further amended in Code Section 31-2A-5, relating to the Office of Women's
 286 Health, by revising subsection (b) and adding a new subsection to read as follows:

287 "(b) The Office of Women's Health shall serve in an advisory capacity to the ~~Governor,~~
 288 ~~the General Assembly, the board, the department, and all other state agencies in matters~~
 289 ~~relating to women's health~~ Office of Health Strategy and Coordination. In particular, the
 290 office shall:

- 291 (1) Raise awareness of women's nonreproductive health issues;
- 292 (2) Inform and engage in prevention and education activities relating to women's
 293 nonreproductive health issues;
- 294 (3) Serve as a clearing-house for women's health information for purposes of planning
 295 and coordination;

296 (4) Issue reports of the office's activities and findings; and

297 (5) Develop and distribute a state comprehensive plan to address women's health issues."

298 "(d) The Office of Women's Health, no later than October 1, 2019, and annually thereafter,
299 shall submit to the Office of Health Strategy and Coordination a report of its findings and
300 recommendations."

301 **SECTION 6.**

302 Said title is further amended in Code Section 31-2A-16, relating to the Maternal Mortality
303 Review Committee, by revising subsection (g) as follows:

304 "(g) Reports of aggregated nonindividually identifiable data shall be compiled on a routine
305 basis for distribution in an effort to further study the causes and problems associated with
306 maternal deaths. ~~Reports shall be distributed to the General Assembly, health care~~
307 ~~providers and facilities, key government agencies, and others necessary to reduce the~~
308 ~~maternal death rate.~~ A detailed annual report shall be submitted no later than October 1 to
309 the Office of Health Strategy and Coordination."

310 **SECTION 7.**

311 Said title is further amended in Code Section 31-7-192, relating to the Georgia Palliative
312 Care and Quality of Life Advisory Council, by revising subsection (f) as follows:

313 "(f) The council, no later than ~~June 30, 2017~~ October 1, 2019, and annually thereafter, shall
314 submit to the ~~Governor and the General Assembly~~ Office of Health Strategy and
315 Coordination a report of its findings and recommendations."

316 **SECTION 8.**

317 Said title is further amended by repealing Article 9 of Chapter 8, relating to the Federal and
318 State Funded Health Care Financing Programs Overview Committee, and designating said
319 article as reserved.

320 **SECTION 9.**

321 Said title is further amended in Code Section 31-11-103, relating to the Georgia Trauma
322 Trust Fund, by revising subsection (b) as follows:

323 "(b) The Georgia Trauma Care Network Commission shall report annually ~~to the House~~
324 ~~Committee on Health and Human Services and the Senate Health and Human Services~~
325 ~~Committee~~ no later than October 1 to the Office of Health Strategy and Coordination.
326 Such report shall provide an update on state-wide trauma system development and the
327 impact of fund distribution on trauma patient care and outcomes."

328 **SECTION 10.**

329 Said title is further amended in Code Section 31-11-116, relating to annual reports relative
330 to stroke centers, by revising subsection (b) as follows:

331 "(b) The department shall collect the information reported pursuant to subsection (a) of this
332 Code section and shall post such information in the form of a report card annually on the
333 department's website and present such report to the ~~Governor, the President of the Senate,~~
334 ~~and the Speaker of the House of Representatives~~ Office of Health Strategy and
335 Coordination. The results of this report card may be used by the department to conduct
336 training with the identified facilities regarding best practices in the treatment of stroke."

337 **SECTION 11.**

338 Said title is further amended in Code Section 31-11-135, relating to grants to hospitals and
339 reporting relative to the Office of Cardiac Care, by revising subsection (d) as follows:

340 "(d) The office shall annually prepare and submit to the ~~Governor, the President of the~~
341 ~~Senate, the Speaker of the House of Representatives, and the chairpersons of the House~~
342 ~~Committee on Health and Human Services and the Senate Health and Human Services~~
343 ~~Committee for distribution to its committee members~~ Office of Health Strategy and
344 Coordination a report indicating the total number of hospitals that have applied for grants
345 pursuant to this Code section, the number of applicants that have been determined by the
346 office to be eligible for such grants, the total number of grants to be awarded, the name and
347 address of each grantee, and the amount of the award to each grantee."

348 **SECTION 12.**

349 Said title is further amended in Code Section 31-16-3, relating to the functions of the Kidney
350 Disease Advisory Committee, membership, terms of office, vacancies, and compensation and
351 reimbursement of expenses, by adding a new subsection to read as follows:

352 "(f) The KDAC shall prepare and submit a complete and detailed report no later than
353 October 1, 2019, and annually thereafter, to the Office of Health Strategy and Coordination
354 concerning the impact of the program established pursuant to Code Section 31-16-2 on the
355 treatment of chronic renal disease and the cost of such treatment."

356 **SECTION 13.**

357 Said title is further amended in Code Section 31-18-4, relating to duties of the Brain and
358 Spinal Injury Trust Fund Commission, by revising subsection (b) as follows:

359 "(b) The Brain and Spinal Injury Trust Fund Commission shall maintain records of reports
360 and notifications made under this chapter. The Brain and Spinal Injury Trust Fund
361 Commission shall produce an annual report relating to information and data collected

362 pursuant to this chapter and shall make such report available upon request. Such report
 363 shall be submitted annually no later than October 1 to the Office of Health Strategy and
 364 Coordination."

365 **SECTION 14.**

366 Said title is further amended in Code Section 31-43-12, relating to duties and responsibilities
 367 of the Commission on Men's Health, by revising paragraph (6) as follows:

368 "(6) Submit a report of its findings and recommendations under this chapter to the
 369 ~~Governor, the President of the Senate, and the Speaker of the House of Representatives~~
 370 ~~not~~ Office of Health Strategy and Coordination no later than October 1 of each year."

371 **SECTION 15.**

372 Said title is further amended in Code Section 31-44-3, relating to adoption of rules, council
 373 established, and terms of councilmembers of the Renal Dialysis Advisory Council, by adding
 374 a new subsection to read as follows:

375 "(d) The council shall submit an annual report no later than October 1 of its
 376 recommendations and evaluation of its implementation to the Office of Health Strategy and
 377 Coordination."

378 **SECTION 16.**

379 Said title is further amended by revising Code Section 31-49-5, relating to the annual report
 380 of the Georgia Council on Lupus Education and Awareness, as follows:

381 "31-49-5.

382 The council shall prepare annually a complete and detailed report to be submitted ~~to the~~
 383 ~~Governor, the chairperson of the House Committee on Health and Human Services, and~~
 384 ~~the chairperson of the Senate Health and Human Services Committee~~ no later than
 385 October 1 to the Office of Health Strategy and Coordination detailing the activities of the
 386 council and may include any recommendations for legislative action it deems appropriate."

387 **SECTION 17.**

388 Code Section 37-2-4 of the Official Code of Georgia Annotated, relating to the Behavioral
 389 Health Coordinating Council, membership, meetings, and obligations, is amended by
 390 revising paragraph (1) of subsection (h) as follows:

391 "(h)(1) The council shall submit annual reports no later than October 1 of its
 392 recommendations and evaluation of ~~their~~ its implementation to the ~~Governor and the~~
 393 ~~General Assembly~~ Office of Health Strategy and Coordination."

394

SECTION 18.

395 Code Section 45-7-21 of the Official Code of Georgia Annotated, relating to expense
396 allowance and travel cost reimbursement for members of certain boards and commissions,
397 is amended in subsection (a) by deleting "and" at the end of paragraph (17), by replacing the
398 period at the end of paragraph (18) with "; and", and by adding a new paragraph to read as
399 follows:

400 "(19) Office of Health Strategy and Coordination."

401

SECTION 19.

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