

_____ 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
4 Title 37 of the Official Code of Georgia Annotated, relating to mental health, so as to provide
5 for the development of state level guidance to standardize terminology relating to serious
6 mental illness; to provide for county based, dedicated coordinators to provide for
7 collaboration between criminal justice and behavioral health providers; to provide for the
8 establishment of a state-wide public-private partnership to serve as a clearing-house; to
9 provide for a pilot program to provide funding for county jails to implement validated
10 behavioral health screening; to provide for a grant program for jail in-reach and reentry
11 programs; to provide for appointment of additional members of the Behavioral Health
12 Reform and Innovation Commission; to revise provisions relating to the authority of the
13 commission; to direct the commission to convene a task force on inpatient beds and
14 competency evaluations; to direct the commission to convene a task force to study services
15 for the homeless; to authorize certain officials on the Behavioral Health Coordinating
16 Council to be represented in meetings by a delegate or agent; to repeal provisions relating
17 to formulation and publication of state plan for disability services; to revise procedures
18 regarding emergency involuntary treatment for mental health and alcohol and drug

19 dependency; to require that certain documents become part of the patient's clinical record;
20 to provide for redactions; to amend Title 43 of the Official Code of Georgia Annotated,
21 relating to professions and businesses, so as to authorize the Georgia Composite Board of
22 Professional Counselors, Social Workers, and Marriage and Family Therapists to waive
23 certain requirements for applicants licensed in other jurisdictions; to authorize the Georgia
24 Composite Board of Professional Counselors, Social Workers, and Marriage and Family
25 Therapists to establish a professional health program to provide for monitoring and
26 rehabilitation of impaired health care professionals; to authorize the Georgia Board of
27 Nursing to establish a professional health program to provide for monitoring and
28 rehabilitation of impaired health care professionals; to amend Part 3 of Article 4 of Chapter
29 12 of Title 45 of the Official Code of Georgia Annotated, relating to the Georgia Data
30 Analytic Center, so as to provide for definitions; to establish the Georgia Data Analytic
31 Center as an agent of all executive state agencies; to provide for resolution of data sharing
32 disputes between state agencies; to provide for statutory construction; to amend Title 49 of
33 the Official Code of Georgia Annotated, relating to social services, so as to require certain
34 coverage under the Medicaid program; to repeal a provision relating to the submission of an
35 annual report by the commissioner of behavioral health and developmental disabilities; to
36 provide for the establishment of the Georgia Health Care Professionals Data System by the
37 Georgia Board of Health Care Workforce; to provide for definitions; to provide for
38 collaboration with state licensing boards; to provide for a publicly accessible website; to
39 provide for collection of data from state licensing boards; to provide for specified data; to
40 provide for student loan repayment for mental health and substance use professionals serving
41 in certain capacities; to provide for definitions; to authorize the board to approve
42 applications; to provide for eligibility requirements; to provide for loan repayment
43 agreements and conditions; to provide for rules and regulations; to provide for appropriations
44 contingency; to provide for related matters; to repeal conflicting laws; and for other purposes.

45 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

46 SECTION 1.

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

49 "31-2-17.

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

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

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

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

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

62 SECTION 2.

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

66 "37-1-30.

67 The department, in collaboration with the Behavioral Health Reform and Innovation
68 Commission, Department of Community Health, Department of Human Services,
69 Department of Public Health, Department of Corrections, Department of Juvenile Justice,

70 Department of Community Supervision, and other relevant mental health, judicial, and law
71 enforcement officials and experts, shall develop state level guidance to standardize
72 terminology to aid in facilitating communication, streamlining information sharing,
73 establishing shared baseline data, setting measurable goals, and measuring progress among
74 state and local agencies and other entities. Such standardized terminology shall include a
75 recommendation for a single shared definition of 'serious mental illness' that is consistently
76 used by community services boards, corrections agencies, courts, law enforcement, and
77 community supervision entities. Such standardized terminology may also include the
78 development of single definitions for 'homeless individual,' 'recidivism,' and other related
79 terms. A preliminary single shared definition of 'serious mental illness' and any other
80 associated definitions shall be proposed to the General Assembly no later than December
81 1, 2023.

82 37-1-31.

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

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

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

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

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

100 37-1-32.

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

108 (1) Provide technical assistance to counties;

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

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

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

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

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

120 (b) The clearing-house shall provide annual reports to the General Assembly on:

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

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

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

131 (c) As used in this Code section, the term 'familiar faces' means individuals with a mental
132 illness or addictive disease, as each such term is defined in Code Section 37-1-1, who
133 frequently cycle through jails, homeless shelters, emergency departments, and other crisis
134 services.

135 37-1-33.

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

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

147 (2) Establish a grant program to build local capacity with funding and technical
148 assistance for one or more counties to create or expand collaborative jail in-reach and
149 reentry programs. Such programs focus on 'familiar faces' and strive to reduce recidivism
150 by pairing individuals exiting incarceration with community resources to assist them in
151 becoming self-sufficient. Such programs can provide access to resources such as needed
152 medications, shelter, peer support, drug treatment, job skills training, mental health
153 treatment, employment, and housing.

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

159 (c) As used in this Code section, the term 'familiar faces' means individuals with a mental
160 illness or addictive disease, as each such term is defined in Code Section 37-1-1, who
161 frequently cycle through jails, homeless shelters, emergency departments, and other crisis
162 services."

163 SECTION 3.

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

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

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

169 (A) A chairperson;

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

171 (C) A psychiatrist who specializes in adults;

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

- 173 (E) A state education official with broad experience in education policy;
- 174 (F) A chief executive officer of a mental health facility;
- 175 (G) A forensic psychologist;
- 176 (H) A local education official; and
- 177 (I) A professional who specializes in substance abuse and addiction;
- 178 (2) The following members appointed by the President of the Senate:
- 179 (A) Two members of the Senate;
- 180 (B) A sheriff;
- 181 (C) A licensed clinical behavioral health professional;
- 182 (D) A behavioral health advocate; and
- 183 (E) A representative of a community service board; and
- 184 (F) A peer support specialist;
- 185 (3) The following members appointed by the Speaker of the House of Representatives:
- 186 (A) Two members of the House of Representatives;
- 187 (B) A police chief;
- 188 (C) A licensed clinical behavioral health professional;
- 189 (D) A behavioral health advocate; and
- 190 (E) A judge who presides in an accountability court, as defined in Code Section
- 191 15-1-18; and
- 192 (F) A peer support specialist; and
- 193 (4) The following members appointed by the Chief Justice of the Supreme Court of
- 194 Georgia:
- 195 (A) One Justice of the Supreme Court of Georgia; and
- 196 (B) Two judges."

197

SECTION 4.

198

Said title is further amended in Code Section 37-1-114.1, relating to the authority of the

199

Behavioral Health Reform and Innovation Commission, by revising paragraph (2) as follows:

200

"(2) Coordinate initiatives to assist local communities in keeping people with serious

201

mental illness out of county and municipal jails and detention facilities, including

202

juvenile detention, and, facilitated by nationally recognized experts, to improve outcomes

203

for individuals who have frequent contact with the criminal justice, homeless, and

204

behavioral health systems, termed 'familiar faces,' including, but not limited to:

205

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

206

(B) Collaborating with the Department of Behavioral Health and Developmental
Disabilities and other relevant agencies to develop Developing a shared proposed

207

definition of 'serious mental illness' in consultation with relevant mental health, judicial,

208

and law enforcement officials and experts pursuant to Code Section 37-1-30;

209

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

210

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

211

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

212

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

213

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

214

215

216

217

218

219

220

221

- 222 (H) Improving strategies to refer and connect individuals to needed ~~community-based~~
223 community-based health and social services, including addressing gaps in continuity
224 of care;
- 225 (I) Leading a comprehensive, multiyear plan to further expand ~~Expanding~~ the use of
226 and support for forensic peer ~~monitors~~ mentors; and
- 227 (J) Analyzing best practices to address and ameliorate the increase in chronic
228 homelessness among persons with behavioral health and substance abuse disorder,
229 particularly the challenges of unsheltered homelessness, and formulating
230 recommendations for policies and funding to address such issues, considering the best
231 practices of other states and the permissible use of all available funding sources;"

232 **SECTION 5.**

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

235 "37-1-115.2.

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

239 (1) Undertake a study on access to inpatient behavioral health beds in this state,
240 including the current capacity of inpatient behavioral health beds, the number of beds for
241 varying acuity levels, the location of beds, the percentage of beds being used by in-state
242 residents and out-of-state residents, the number of such beds deemed necessary to meet
243 the needs of the state, and make recommendations for any needed capacity building.
244 Such study shall also include a review of the continuum of crisis services to determine
245 if changes can be made in other points on the continuum that could relieve capacity needs
246 on inpatient behavioral health beds, including examining the need for non-crisis
247 resources, such as psychiatric respite beds and other resources and services to all for

248 interventions before a crisis occurs. Such study may also include recommendations on
249 the implementation or expansion of programs that provide continued care for youth with
250 behavioral health needs and substance use or abuse issues. The study shall base any
251 recommendations on outcomes, including, but not limited to, decreasing wait times for
252 placement to services and streamlining care connections while keeping individuals in the
253 community when that is the most appropriate setting for them;

254 (2) Conduct a formal review of challenges with getting competency evaluation and
255 restoration services in Georgia;

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

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

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

264 37-1-115.3.

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

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

270 (1) Identify all state and local government agencies, nonprofit organizations and others
271 that are providing services and expending funds to help the homeless population and
272 identify all funding sources;

273 (2) Make recommendations on how to better coordinate such government agencies and
 274 nonprofit organizations, services, and money;

275 (3) Study and make recommendations on ways to improve the transition from the
 276 Department of Corrections to the community; and

277 (4) Make overall recommendations on ways to decrease the number of individuals who
 278 have a behavioral health issue and are homeless.

279 (c) The task force shall complete such duties and submit its findings and recommendations
 280 to the commission, the Governor, the General Assembly, and the Office of Health Strategy
 281 and Coordination no later than December 1, 2023."

282 **SECTION 6.**

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

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

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

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

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

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

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

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

300 ~~(i) The person's mental health or substance use disorder has, at least twice within the~~
301 ~~previous 36 months, been a substantial factor in necessitating hospitalization or the~~
302 ~~receipt of services in a forensic or other mental health unit of a correctional facility,~~
303 ~~not including any period during which such person was hospitalized or incarcerated~~
304 ~~immediately preceding the filing of the petition; or~~

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

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

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

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

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

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

322 ~~(3)(2) For each element of assisted outpatient treatment, a statement of how the applicant~~
323 ~~proposes to incorporate such element into its own practice of assisted outpatient~~
324 ~~treatment;~~

- 325 ~~(4)~~(3) A commitment by the applicant that it shall honor the provisions of any legally
326 enforceable psychiatric advance directive of any person receiving involuntary outpatient
327 treatment;
- 328 ~~(5)~~(4) A description of the evidence based treatment services and case management
329 model or models that the applicant proposes to utilize;
- 330 ~~(6)~~(5) A description of any dedicated staff positions the applicant proposes to establish;
- 331 ~~(7)~~(6) A letter of support from the sheriff of any county where the applicant proposes to
332 provide assisted outpatient treatment;
- 333 ~~(8)~~(7) A flowchart representing the proposed assisted outpatient treatment process, from
334 initial case referral to transition to voluntary care; and
- 335 ~~(9)~~(8) A description of the applicant's plans to establish a stakeholder workgroup,
336 consisting of representatives of each of the agencies, entities, and communities deemed
337 essential to the functioning of the assisted outpatient treatment program, for purposes of
338 internal oversight and program improvement."

339 **SECTION 7.**

340 Said title is further amended in Code Section 37-2-4, relating to the Behavioral Health
341 Coordinating Council, membership, meetings, and obligations, by revising subsection (c) and
342 adding a new subsection as follows: **SECTION 8.**

343 "(c) Meetings of the council shall be held quarterly, or more frequently, on the call of the
344 chairperson. Meetings of the council shall be held with no less than five days' public notice
345 for regular meetings and with such notice as the bylaws may prescribe for special meetings.
346 Each member shall be given written or electronic notice of all meetings. All meetings of
347 the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or
348 transcripts shall be kept of all meetings of the council and shall include a record of the
349 votes of each member, specifying the yea or nay vote or absence of each member, on all
350 questions and matters coming before the council, and minutes or transcripts of each

351 meeting shall be posted on the state agency website of each council member designee. No
 352 member may abstain from a vote other than for reasons constituting disqualification to the
 353 satisfaction of a majority of a quorum of the council on a recorded vote. Except as
 354 provided in subsection (c.1) of this Code section, no No member of the council shall be
 355 represented by a delegate or agent. Any member who misses three duly posted meetings
 356 of the council over the course of a calendar year shall be replaced by an appointee of the
 357 Governor unless the council chairperson officially excuses each such absence.

358 (c.1) The commissioner of behavioral health and developmental disabilities, the
 359 commissioner of early care and learning, the commissioner of community health, the
 360 commissioner of public health, the commissioner of human services, the commissioner of
 361 juvenile justice, the commissioner of corrections, the commissioner of community
 362 supervision, the commissioner of community affairs, the commissioner of the Technical
 363 College System of Georgia, the Commissioner of Labor, and the State School
 364 Superintendent shall each be authorized to be represented by a delegate or agent at any
 365 meeting of the council or subcommittee meeting. Any such delegate or agent shall be
 366 counted toward a quorum, shall have all voting privileges as the member's delegate or
 367 agent, and shall not be considered an absence of the member."

368

SECTION 8.

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

371

SECTION 9.

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

376 "(b) The appropriate court of the county in which a person may be found may issue an
377 order commanding any peace officer to take such person into custody and deliver him or
378 her forthwith for examination, either to the nearest available emergency receiving facility
379 serving the county in which the patient is found, where such person shall be received for
380 examination, or to a physician who has agreed to examine such patient and who will
381 provide, where appropriate, a certificate pursuant to subsection (a) of this Code section to
382 permit delivery of such patient to an emergency receiving facility pursuant to subsection (a)
383 of this Code section. Such order may only be issued if based either upon an unexpired
384 physician's certificate, as provided in subsection (a) of this Code section, or upon the
385 affidavits of at least two persons who attest that, within the preceding 48 hours, they have
386 seen the person to be taken into custody and that, based upon observations contained in
387 their affidavit, they have reason to believe such person is a mentally ill person requiring
388 involuntary treatment. Such physician's certificate or affidavits shall be affixed to the court
389 order. The court order shall expire seven days after it is executed.

390 (c) Any peace officer taking into custody and delivering for examination a person, as
391 authorized by subsection (a) or (b) of this Code section, shall execute a written report
392 detailing the circumstances under which such person was taken into custody. Such peace
393 officer shall provide to the emergency receiving facility the report and either the ~~The report~~
394 ~~and either the physician's certificate or court order authorizing such taking into custody,~~
395 including such information which is required to be affixed pursuant to subsection (b) of this
396 Code section, or the physician's certificate, if there is no court order. Such documents shall
397 be made a part of the patient's clinical record."

398 SECTION 10.

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

NOT IN NEW CODE

402 "(b) The appropriate court of the county in which a person may be found may issue an
403 order commanding any peace officer to take such person into custody and deliver him or
404 her forthwith for examination, either to the nearest available emergency receiving facility
405 serving the county in which the patient is found, where such person shall be received for
406 examination, or to a physician who has agreed to examine such patient and who will
407 provide, where appropriate, a certificate pursuant to subsection (a) of this Code section to
408 permit delivery of such patient to an emergency receiving facility pursuant to subsection (a)
409 of this Code section. Such order may only be issued if based either upon an unexpired
410 physician's certificate, as provided in subsection (a) of this Code section, or upon the
411 affidavits of at least two persons who attest that, within the preceding 48 hours, they have
412 seen the person to be taken into custody and that, based upon observations contained in
413 their affidavit, they have reason to believe such person is an alcoholic, a drug dependent
414 individual, or a drug abuser requiring involuntary treatment. Such physician's certificate
415 or affidavits shall be affixed to the court order. The court order shall expire seven days
416 after it is executed.

417 (c) Any peace officer taking into custody and delivering for examination a person, as
418 authorized by subsection (a) or (b) of this Code section, shall execute a written report
419 detailing the circumstances under which such person was taken into custody. Such peace
420 officer shall provide to the emergency receiving facility the report and either the ~~The report~~
421 ~~and either the physician's certificate or court order authorizing such custody, including such~~
422 information which is required to be affixed to the court order pursuant to subsection (b) of
423 this Code section, or the physician's certificate, if there is no court order. Such documents
424 shall be made a part of the patient's record."

425 SECTION 11.

426 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,
427 is amended in Chapter 10A, relating to professional counselors, social workers, and marriage

428 and family therapists, by revising Code Section 43-10A-10, relating to licensure without
429 examination, as follows:

430 "43-10A-10.

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

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

438 **SECTION 12.**

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

442 "43-10A-24.

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

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

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

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

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

NOT IN NEW SUB

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

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

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

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

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

470 (d) All information, interviews, reports, statements, memoranda, or other documents
471 furnished to the entity by the board or other source or produced by the entity and any
472 findings, conclusions, recommendations, or reports resulting from the monitoring or
473 rehabilitation of health care professionals pursuant to this Code section are declared to be
474 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,
475 relating to open records. All such records of the entity shall be confidential and shall be
476 used by such entity and its employees and agents only in the exercise of the proper function
477 of the entity pursuant to its contract with the board. Such information, interviews, reports,
478 statements, memoranda, or other documents furnished to or produced by the entity and any
479 findings, conclusions, recommendations, or reports resulting from the monitoring or

480 rehabilitation of health care professionals shall not be available for court subpoenas or for
481 discovery proceedings.

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

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

489 **SECTION 13.**

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

492 "ARTICLE 5

493 43-26-70.

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

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

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

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

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

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

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

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

514 (2) Performing duties related to paragraph (2) of Code Section 43-26-11; and

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

516 (c) Notwithstanding the provisions of subsection (k) of Code Section 43-1-2 and Code
517 Section 43-26-11, the board shall be authorized to provide pertinent information regarding
518 health care professionals, as determined by the board and in its sole discretion, to the entity
519 for its purposes in conducting a professional health program pursuant to this Code section.

520 (d) All information, interviews, reports, statements, memoranda, or other documents
521 furnished to the entity by the board or other source or produced by the entity and any
522 findings, conclusions, recommendations, or reports resulting from the monitoring or
523 rehabilitation of health care professionals pursuant to this Code section are declared to be
524 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,
525 relating to open records. All such records of the entity shall be confidential and shall be
526 used by such entity and its employees and agents only in the exercise of the proper function
527 of the entity pursuant to its contract with the board. Such information, interviews, reports,
528 statements, memoranda, or other documents furnished to or produced by the entity and any
529 findings, conclusions, recommendations, or reports resulting from the monitoring or

530 rehabilitation of health care professionals shall not be available for court subpoenas or for
531 discovery proceedings.

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

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

539 SECTION 14.

540 Part 3 of Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia Annotated,
541 relating to the Georgia Data Analytic Center, is amended by adding two new paragraphs to
542 Code Section 45-12-150, relating to definitions, to read as follows:

543 "(2.1)(A) 'Executive state agency' means any agency, authority, board, bureau,
544 commission, department, division, office, or other unit of the executive branch of state
545 government whether established by or pursuant to the Constitution of the State of
546 Georgia, the Official Code of Georgia, any administrative rule or regulation, or any
547 executive order.

548 (B) Such term shall not include:

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

550 (ii) Any political subdivision;

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

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

553 "(3.1)(A) 'Government information' means any information created, received,
554 maintained, or stored by, or otherwise in the control of, an executive state agency,
555 regardless of the form or the media on which the information is recorded.

556 (B) Such term shall not include:

557 (i) Investigative records of law enforcement agencies;

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

560 (iii) Confidential advisory opinions requested or given by the office of the inspector
561 general."

562 **SECTION 15.**

563 Said part is further amended by revising Code Section 45-12-153, relating to access to data,
564 as follows:

565 "45-12-153.

566 (a) Any state agency or department that creates, receives, or maintains publicly supported
567 program, fiscal, or health data shall, only after execution of an enforceable data use, data
568 sharing, or other similar agreement that is acceptable to the state agency or department,
569 transmit or allow access to such data as is necessary and appropriate to further the purposes
570 of this part and shall cooperate with GDAC Project requests for receipt of or access to such
571 data. Notwithstanding the foregoing, any state agency or department shall not be required
572 to transmit data which it creates, receives, or maintains to the GDAC Project or to allow
573 access to such data if the Attorney General's review or the applicable state agency's or
574 department's review determines that such transmission or access would violate state or
575 federal law. The Attorney General's review shall include consideration of an analysis from
576 the state agency or department whose data are being requested, and shall include the
577 reason, if any, that the requested data cannot be transmitted or allowed for access to the
578 Georgia Data Analytic Center as an agent of the state agency or department as provided in
579 subsection (c) of this Code section.

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

583 (c) The Georgia Data Analytic Center is considered to be an agent of all executive state
584 agencies sharing government information and is an authorized receiver of government
585 information under the statutory or administrative law that governs such government
586 information.

587 (d) Interagency and intra-agency data sharing under this part does not constitute a
588 disclosure or release under any statutory or administrative law that governs the government
589 information. In no event shall government information accessed, received, or obtained by
590 the Georgia Data Analytic Center, which is protected by any form of confidentiality or
591 privilege, cause such information to be subject to disclosure, including, but not limited to,
592 disclosure pursuant to Code Sections 50-18-70 and 50-18-72.

593 (e) The director of the Office of Planning and Budget shall have the authority to review
594 data sharing disputes between executive state agencies where a data request made by one
595 agency to another is denied following a department or agency's finding that transmission
596 or access would violate state or federal law. At the request of an agency, such director
597 shall perform a review of a data request and issue a final determination as to whether such
598 transmission or access to data from one agency to another would violate state or federal
599 law. The director's review shall include consideration of an analysis from the state agency
600 or department whose data are being requested. The director shall consult with the
601 chairpersons of the Senate and House appropriations committees prior to making a final
602 determination. In the event that the director's final determination concludes that such
603 transmission or access to data does not violate state or federal law, the final determination
604 shall have the effect of overturning the agency's finding and compelling it to cooperate with
605 the data transfer as requested by the requesting agency.

606 (f) Nothing in this part is intended to or shall be construed to limit the authority of the state
607 auditor pursuant to Chapter 6 of Title 50 to obtain information directly from executive state
608 agencies."

609 **SECTION 16.**

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

613 "49-4-152.7.

614 (a) On and after January 1, 2025, the department shall ensure that the Medicaid program
615 includes:

616 (1) Reimbursement for psychological diagnostic assessments and treatment under
617 Current Procedural Terminology (CPT) Code 90791 and family therapy services under
618 CPT Codes 90846 and 90847 under the Psychological and Therapy Services Medicaid
619 provider manual, including for all practitioners indicated in such manual;

620 (2) Reimbursement for services provided by licensed professional counselors, licensed
621 marriage and family therapists, and certified peer support specialists in federally qualified
622 health centers, as defined in 42 U.S.C. Section 1905(1)(2)(B);

623 (3) Psychiatric hospitals as an eligible facility type for providing inpatient psychiatric
624 facility services for persons under the age of 21 years enrolled in the fee-for-service
625 delivery system of Medicaid;

626 (4) Reevaluation and updating of Medicaid reimbursement rates for autism spectrum
627 disorder diagnostic assessments and services, in collaboration with the Department of
628 Public Health, the Department of Behavioral Health and Developmental Disabilities, the
629 Georgia Chapter of the American Academy of Pediatrics, the Marcus Autism Center, the
630 Anna Shaw Children's Institute, and other relevant medical organizations, to identify the
631 full array of qualified provider types who can diagnose, treat, and support autism

632 spectrum disorders and policy solutions for barriers to diagnosing and treating autism
 633 spectrum disorders, reflecting evidence-based medical standards for diagnosing;
 634 (5) Reimbursement for eligible justice involved youth ages 18 to 21 years; and
 635 (6) The provision of specialized therapeutic foster services for persons under the age of
 636 21 years and, when appropriate, their caregivers and family of origin, to enable a
 637 recipient to manage and work toward resolution of emotional, behavioral, or psychiatric
 638 problems and to support reunification with his or her family of origin in a highly
 639 supportive, individualized, and flexible home setting.
 640 (b) No later than July 1, 2024, the department shall submit any necessary Medicaid state
 641 plan amendment or waiver request to the United States Department of Health and Human
 642 Services to implement the provisions of this Code section."

643 **SECTION 17.**

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

647 **SECTION 18.**

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

650 "49-10-6.

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

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

654 (A) Physicians, acupuncturists, physician assistants, respiratory care professionals,
 655 clinical perfusionists, orthotists, prosthetists, cosmetic laser practitioners, and genetic
 656 counselors;

- 657 (B) Pharmacists and pharmacy technicians;
658 (C) Dentists and dental hygienists;
659 (D) Chiropractors;
660 (E) Optometrists;
661 (F) Occupational therapists and occupational therapy assistants;
662 (G) Physical therapists and physical therapist assistants;
663 (H) Audiologists and speech-language pathologists;
664 (I) Psychologists;
665 (J) Licensed practical nurses, registered professional nurses, and advanced practice
666 registered nurses, including certified nurse midwives, nurse practitioners, certified
667 registered nurse anesthetists, and clinical nurse specialists in psychiatric/mental health;
668 (K) Emergency medical technicians, paramedics, and cardiac technicians;
669 (L) Podiatrists;
670 (M) Dietitians; and
671 (N) Professional counselors, social workers, and marriage and family therapists.
- 672 (2) 'State licensing board' means:
- 673 (A) Georgia Composite Medical Board;
674 (B) State Board of Pharmacy;
675 (C) Georgia Board of Dentistry;
676 (D) Georgia Board of Chiropractic Examiners;
677 (E) State Board of Optometry;
678 (F) State Board of Occupational Therapy;
679 (G) State Board of Physical Therapy;
680 (H) State Board of Examiners for Speech-Language Pathology and Audiology;
681 (I) State Board of Examiners of Psychologists;
682 (J) Georgia Board of Nursing;
683 (K) Department of Public Health;

684 (L) State Board of Podiatry Examiners;

685 (M) Georgia Board of Examiners of Licensed Dietitians; and

686 (N) Georgia Composite Board of Professional Counselors, Social Workers, and

687 Marriage and Family Therapists.

688 (b) In collaboration with state licensing boards, the board shall create and maintain the
689 Georgia Health Care Professionals Data System for the purposes of collecting and
690 disseminating nonidentifying descriptive data on licensed health care professionals in this
691 state. The board shall compile existing information on licensed health care professionals
692 into a single repository of information easily accessible to the public from the board's
693 website. The data system shall provide information to the public regarding the
694 demographics and geographical distribution of licensed health care professionals in this
695 state. The data system shall contain no individually identifying information regarding any
696 licensed health care professional.

697 (c) State licensing boards shall provide the data contained in subsection (d) of this Code
698 section upon request by the board or up to two times annually as required by the board.
699 The board shall work with state licensing boards regarding the manner, form, and content
700 for the reporting of such data. The board shall be authorized to enter into memoranda of
701 agreement with individual state licensing boards for purposes of data transmission criteria
702 pursuant to this Code section.

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

705 (1) Age;

706 (2) Race;

707 (3) Gender;

708 (4) Ethnicity;

709 (5) Languages spoken;

710 (6) Location of practice; and

711 (7) License type.

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

715 49-10-7.

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

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

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

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

721 (C) Practices in unserved or underserved geographic areas or communities in this state.

722 (2) 'Mental health or substance use professional' means a psychiatrist, psychologist,
723 professional counselor, social worker, marriage and family therapist, clinical nurse
724 specialist in psychiatric/mental health, or other mental or behavioral health clinician or
725 specialist licensed in this state.

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

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

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

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

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

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

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

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

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

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

750 (1) Provide for repayment of the recipient's student loans in a total amount not to exceed
751 \$10,000.00 per recipient or the total student loan debt of the recipient, whichever is less,
752 to be paid out in installments made each 12 months over a term of not more than five
753 years. A student loan repayment made pursuant to this Code section shall be paid in such
754 manner as the board shall establish by rules and regulations;

755 (2) Provide that any payment made by the board under a student loan repayment
756 agreement shall be made in consideration of services rendered by the recipient
757 performing services as a mental health or substance use professional in accordance with
758 subparagraph (a)(1)(C) of this Code section;

759 (3) Provide that the board shall make a payment toward the recipient's student loans, in
760 an amount set forth in the agreement, for each 12 months the recipient performs services

761 as a mental health or substance use professional in accordance with
762 subparagraph (a)(1)(C) of this Code section; and
763 (4) Require that the recipient shall remain a legal resident of the state as established by
764 rules and regulations of the board; maintain licensure in this state as a mental health or
765 substance use professional in good standing; and perform services as a mental health or
766 substance use professional in accordance with subparagraph (a)(1)(C) of this Code
767 section at all times during the term of the agreement.
768 (f) The board shall adopt such rules and regulations as are reasonable and necessary to
769 implement the provisions of this Code section.
770 (g) Student loan repayment for recipients having entered into a student loan repayment
771 agreement with the board pursuant to this Code section shall be contingent upon the
772 appropriation of funds by the General Assembly for the purposes of this Code section in
773 annual appropriations Acts of the General Assembly."

774 **SECTION 19.**

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