

GEORGIA MENTAL HEALTH PARITY ACT (HB 1013) AS SIGNED INTO LAW ON APRIL 4, 2022

PART I Mental Health Parity Provisions

OCGA

- Sec. 1-1 Short title ("Georgia Mental Health Parity Act")(Line 46)
- Sec. 1-2 Mental Health Parity Provisions for Private Insurers (Lines 47-189) *33-1-27
1. *Requires private insurers (non-ERISA) to provide mental health care coverage in accordance with the federal Mental Health Parity and Addiction Equity Act*
 2. *Requires mental health care coverage for children, adolescents, and adults*
 3. *Requires private insurers to submit an annual report to the Insurance Commissioner regarding comparative analyses and processes and strategies used to apply such benefits as delineated in the federal Mental Health Parity and Addiction Equity Act*
 4. *Requires Insurance Commissioner to conduct an annual data call of private insurers to monitor compliance with mental health parity compliance and to provide report regarding results*
 5. *Requires Insurance Commissioner to include mental health parity compliance review of health insurers*
 6. *Requires authorization for same-day provider visit with primary care provider and mental health provider*
 7. *Requires Insurance Commissioner to provide consumer complaint process, create a repository for tracking complaints, and submit annual report to the Georgia Data Analytic Center and the General Assembly regarding the complaint process and complaint resolution*
 8. *Provides for a mental health parity officer appointed by the Insurance Commissioner*
 9. *Defines key terms "generally accepted standards of mental health or substance use disorder care", "medically necessary", "mental health or substance use disorder", and "nonquantitative treatment limitation" (NQTL)*
 10. *Provides federal conscience provision*
- Sec. 1-3 Patient's Right to Independent Review Act (Lines 190-238) 33-20A-31
1. *Moves independent review panels from Department of Community Health (DCH) to Department of Insurance (DOI)*
 2. *Redefines "medical necessity" to be consistent throughout and adds definitions for "generally accepted standards of mental health or substance use disorder care" and "mental health of substance use disorder"*
- Sec. 1-4 Mental Health Parity Provisions for Public Insurers (Medicaid, PeachCare, SHBP)(Lines 239-362) *33-21A-13
1. *Requires Medicaid, PeachCare, and State Health Benefit Plan (SHBP) providers to provide mental health care coverage in accordance with the federal Mental Health Parity and Addiction Equity Act*
 2. *Requires mental health care coverage for children, adolescents, and adults*
 3. *Requires Medicaid, PeachCare, and SHBP providers to submit an annual report to DCH regarding comparative analyses and processes and strategies used to apply such benefits as delineated in the federal Mental Health Parity and Addiction Equity Act*

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4. *Requires DCH Commissioner to perform annual parity compliance reviews of state health plans to determine compliance with mental health parity compliance and to publish status report on DCH website*
5. *Requires authorization for same-day provider visit with primary care provider and mental health provider*
6. *Requires DCH Commissioner to establish consumer complaint process, create a repository for tracking complaints, and submit annual report to the General Assembly regarding the complaint process and complaint resolution*
7. *Defines key terms "generally accepted standards of mental health or substance use disorder care", "medically necessary", "mental health or substance use disorder", and "nonquantitative treatment limitation" (NQTL)*
8. *Provides federal conscience provision*
9. *This section is the state health plans counterpart to Sec. 1-2*

Medical loss ratios (Lines 363-393)

*33-21A-14

1. *Requires managed care organizations (CMOs) for Medicaid and PeachCare to comply with a minimum 85 percent medical loss ratio or a higher minimum percentage by contract consistent with 42 CFR Sec. 438.8*
2. *Requires DCH to post related data on its website*

Sec. 1-5 to 1-7 Parallel insurance provisions for small group, large group, and individual insurance policies relating to coverage of treatment of mental disorders (Lines 394-619) 33-24-28.1, 33-24-29, 33-24-29.1

1. *Revises definition of "mental health or substance use disorder" consistent with new OCGA 33-1-27 (Sec. 1-2 above)*

Sec. 1-8 Medicaid appeals (Lines 620-651)

49-4-153

1. *Retains Medicaid appeals at OSAH (Office of State Administrative Hearings) and retains final approval by DCH Commissioner*
2. *Incorporates medically necessary and related definitions to apply to Medicaid appeals relating to mental health services (mirrors standard applied in 33-20A-31 for commercial insurer disputes)*

Sec. 1-9 Requires DCH to submit Medicaid SPA or waiver to CMS if necessary (Lines 652-655)

1. *In the event that any of the changes in Part I of the bill requires a state plan amendment or waiver approved by CMS to implement, DCH is required to submit such SPA or waiver request to CMS*

Sec. 1-10 Statutory construction provision (Line 656-657)

1. *Provides that nothing in Part I of the bill will be construed to impair any existing contracts*

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PART II Workforce and System Development

OCGA

- Sec. 2-1 Service cancelable loan program for mental health and substance abuse professionals (Lines 660-786) 20-3-374
1. *Adds primary care and psychiatry programs to existing service cancelable loan program for paramedical and other related medical professionals*
 2. *Adds new service cancelable loans for residents enrolled in training programs or courses of study to become mental health and substance use professionals*
 3. *Defines "mental health or substance use professional" as a psychiatrist, psychologist, professional counselor, social worker, marriage and family therapist, clinical nurse specialist in psychiatric/mental health or other licensed mental or behavioral health clinician or specialist*
- Sec. 2-2 Georgia Board of Health Care Workforce (Lines 787-848) *49-10-5
1. *Provides for the establishment of a Behavioral Health Care Workforce Data Base*
 2. *Requires professional licensing boards to collect minimum data set from licensees*

PART III Involuntary Commitment

OCGA

- Sec. 3-1 Assisted Outpatient Treatment (Lines 851-1042) *37-1-120 thru 37-1-125
1. *Requires DBHDD to establish a grant program to implement assisted outpatient treatment in this state*
 2. *Grant program would provide 3 years of funding for 5 grantees*
 3. *Authorizes DBHDD to set up process to evaluate grant applications*
 4. *Provides multiple due process protections for persons being considered for assisted outpatient treatment*
 5. *Provides for consultation with outside experts and evaluation of program with report to the Governor, House and Senate health committees, and the Office of Health Strategy and Coordination*
- Sec. 3-2 Involuntary Commitment for Mental Health - Definitions (Lines 1043-1061) 37-3-1
1. *Revises definition of "outpatient"*

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Sec. 3-3	Involuntary Commitment for Mental Health - Peace Officer Transport (Lines 1062-1086)	37-3-42
	1. <i>Authorizes peace officers to take an individual for emergency evaluation if: (1) the peace officer has probable cause to believe a person is mentally ill requiring involuntary treatment; and (2) the peace officer consults with a physician to authorize transport</i>	
Sec. 3-4	Involuntary Commitment for Mental Health - Subsequent Transport (Lines 1087-1125)	37-3-101
	1. <i>Provides for subsequent transport for initial transports initiated by peace officer to be coordinated by emergency receiving facility with law enforcement agencies or a qualified private nonemergency transport provider or ambulance service</i>	
Sec. 3-5	Involuntary Commitment for Addictive Diseases - Definitions (Lines 1126-1149)	37-7-1
	1. <i>Revises definition of "outpatient"</i>	
Sec. 3-6	Involuntary Commitment for Addictive Diseases - Peace Officer Transport (Lines 1150-1175)	37-7-42
	1. <i>Authorizes peace officers to take an individual for emergency evaluation if: (1) the peace officer has probable cause to believe a person is an alcoholic, drug dependent individual, or drug abuser requiring involuntary treatment; and (2) the peace officer consults with a physician to authorize transport</i>	
Sec. 3-7	Involuntary Commitment for Addictive Diseases - Subsequent Transport (Lines 1176-1214)	37-7-101
	1. <i>Provides for subsequent transport for initial transports initiated by peace officer to be coordinated by emergency receiving facility with law enforcement agencies or a qualified private nonemergency transport provider or ambulance service</i>	
PART IV	Mental Health Courts and Corrections	OCGA
Sec. 4-1	Grant Program and Dedicated State Employee for Accountability Courts (Lines 1217-1230)	*15-1-23
	1. <i>Subject to appropriations, directs Criminal Justice Coordinating Council (CJCC) to provide grants to accountability courts for mental health services</i>	
	2. <i>Requires CJCC to designate staff person to provide technical assistance to accountability courts to assist in serving the mental health population</i>	

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Sec. 4-2	Drug Abuse Treatment and Education Funds for Mental Health Courts (Lines 1231-1249)	15-21-101
	<ol style="list-style-type: none"> 1. <i>Authorizes funds from the County Drug Abuse Treatment and Education Fund to go to counties with a mental health court division serving participants with co-occurring substance use disorders</i> 	
Sec. 4-3	Office of Health Strategy and Coordination (Lines 1250-1354)	31-53-3
	<ol style="list-style-type: none"> 1. <i>Provides that OHSC oversees coordination of mental health policy and behavioral health services across state agencies</i> 2. <i>Adds additional duties and powers relating to developing solutions to systemic barriers to delivery of behavioral health services and partnering with affected state agencies and community service boards</i> 3. <i>Requires office to create two separate unified formularies for mental health and substance use disorder services for (1) Medicaid/PeachCare (CHIP) and (2) State Health Benefit Plan (SHBP)</i> 4. <i>Provides for examination by the office of increasing access to certified peer specialists in rural and underserved areas of the state</i> 5. <i>Requires office to conduct a survey or study of transport used in each county for individuals in emergency receiving, evaluation, and treatment facilities</i> 	
Sec. 4-4 to 4-5	Training for Behavioral Health Co-responders (Lines 1355-1408)	35-5-2, 35-5-5
	<ol style="list-style-type: none"> 1. <i>Provides for training for behavioral health co-responders by the Georgia Public Safety Training Center (HB 570)</i> 	
Sec. 4-6	Grants for Transport to/from Emergency Receiving, Evaluating, and Treatment Facilities (Lines 1409-1416)	*35-6A-15
	<ol style="list-style-type: none"> 1. <i>Subject to appropriations, directs the Criminal Justice Coordinating Council to establish a grant program to provide funds to local governments for purposes of transporting individuals to and from emergency receiving, evaluating, and treatment facilities</i> 	
Sec. 4-7	Funding for New Co-responder Programs (Lines 1417-1424)	*37-1-7
	<ol style="list-style-type: none"> 1. <i>Provides funding for a minimum of five new co-responder programs</i> 	
Sec. 4-8	Behavioral Health Reform and Innovation Commission (Lines 1425-1444)	*37-1-115.1
	<ol style="list-style-type: none"> 1. <i>Directs the BHIRC Mental Health Courts and Corrections Subcommittee to continue work on community supervision strategies for individuals with mental illnesses</i> 	
Sec. 4-9	Behavioral Health Coordinating Council (Lines 1445-1524)	37-2-4
	<ol style="list-style-type: none"> 1. <i>Revises the composition of the BHCC</i> 2. <i>Provides for replacement of member who misses 3 meetings in a calendar year</i> 	

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PART V	Child and Adolescent Behavioral Health	OCGA
Sec. 5-1	Department of Behavioral Health and Developmental Disabilities (DBHDD) Duties and Reporting (Lines 1527-1679) <ol style="list-style-type: none">1. <i>Requires various reporting by DBHDD to the Office of Health Strategy and Coordination (OHSC)</i>2. <i>Authorizes DBHDD to establish a state Multi-Agency Treatment for Children (MATCH) team comprised of various state agency representatives to facilitate collaboration across state agencies to formulate solutions for complex and unmet treatment needs for children</i>	37-1-20
Sec. 5-2	Community Service Board (CSB) Duties (Lines 1680-1701) <ol style="list-style-type: none">1. <i>Clarifies that community service boards provide mental health, developmental disabilities, and addictive disease services to children and adults</i>	37-2-6
Sec. 5-3	Statewide Data Sharing System for Children (Lines 1702-1723) <ol style="list-style-type: none">1. <i>Establishes a deadline of October 1, 2024, for DCH to implement a state-wide system for sharing data relating to the protection of children between agencies and requires agencies to provide information in form requested by DCH</i>	49-5-24(b)
PART VI	Additional	OCGA
Sec. 6-1	Department of Community Health (DCH) Studies (Lines 1726-1753) <ol style="list-style-type: none">1. <i>Requires DCH to study the following: (1) comparison of other states reimbursement rates for mental health services under Medicaid, PeachCare (CHIP), and State Health Benefit Plan (SHBP), and reimbursement for mental health care services; (2) reimbursements for health care providers for mental health services under Medicaid, PeachCare, and SHBP; (3) reimbursements for hospitals for mental health services provided to uninsured patients; (4) an accurate accounting of mental health fund distribution across state agencies; (5) medical necessity denials for adolescent mental health services; and (6) implementation of coordinated care for foster children</i>2. <i>Requires DCH to submit findings of studies to Governor, General Assembly, OHSC, and BHRIC no later than December 31, 2022</i>	*31-2-17

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- Sec. 6-2 Behavioral Health Reform and Innovation Commission Additional Authority (Lines 1754-1822) *37-1-114.1
1. *Authorizes the BHRIC to: (1) collaborate with DBHDD regarding Assisted Outpatient Treatment (AOT) program; (2) coordinate initiatives to assist local communities in keeping people with serious mental illnesses out of local jails and detention facilities; (3) convene representatives from various health care groups relating to pediatric mental health and substance use disorders; and (4) establish advisory committees to evaluate pathways of care and care coordination*
- Sec. 6-3 Behavioral Health Reform and Innovation Commission Sunset (Lines 1823-1828) 37-1-116
1. *Extends the sunset for the BHRIC two years from June 30, 2023, to June 30, 2025*
- Sec. 6-4 Georgia Data Analytic Center (Lines 1829-1840) *45-12-154.1
1. *Requires the administrator of the Georgia Data Analytic Center (GDAC) to prepare an annual unified report regarding complaints filed against public and private insurers for suspected violations of mental health parity laws*
- Sec. 6-5 Medicaid Coverage of Mental Health Related Drugs (Lines 1841-1857) *49-4-152.6
1. *Requires Medicaid to cover certain drugs for the treatment and prevention of mood disorders with psychotic symptoms, including, but not limited to, bipolar disorders, schizophrenia and schizotypal, or delusion disorders if certain conditions are met*

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