

GAMFT FINAL REPORT ON 2023 GEORGIA GENERAL ASSEMBLY

KEY LEGISLATION

May 30, 2023

GAMFT has a lot to celebrate in the conclusion of the 2023 Georgia General Assembly and lots of work ahead as we prepare for the 2024 session. What follows is a summary of where we are on key GAMFT priority bills as of the end of the 2023 legislative session. Of key importance, we passed **HB 76** which updates Georgia’s educational curriculum requirements for marriage and family therapists to meet updated COAMFTE standards, and reduces the clinical hours required at every level in order to secure licensure that will bring Georgia in line with the clinical supervised hours required by other states in the southeast. While **HB 520**, the comprehensive mental health legislation, did not pass this year, GAMFT played an important role in positively influencing the recommendations in that legislation, and in securing additional amendments in the House to strengthen opportunities and benefits for those practicing as MFTs in this state, and for the children and adults we serve. We secured increased funding in the budget for the Secretary of State Professional Licensing Boards to hire more analysts to speed the processing of professional licenses. Other legislation, expanding the professional scope for MFTs in serving as evaluators for adult guardianships and conservatorships passed the House and was approved by a Senate Committee, but did not receive a Senate floor vote on the final night of the session. Since this is the first of the two-year biennium, all legislation which was not passed or defeated on the floor remains eligible for enactment in 2024.

We have a busy time ahead in the interim with legislative study committees, the continued work of the Behavioral Health Reform and Innovation Commission, the Secretary of State’s new GA WORKS Licensing Commission, as well as our work with the mental health provider collaborative we are engaged with addressing children and youth mental health – addressing mental health and professional licensure issues of interest to GAMFT.

This is an excellent time to meet with your legislators and express your priorities as MFTs regarding increased access to mental health care and the needs of your profession. Thank you for your advocacy and leadership this session! With your leadership and enthusiastic engagement, we will continue to see the kind of progress and growth for our profession which will enable MFTs to do the critical work of increasing access to quality mental health care in this state and strengthening the marriage and family therapy profession.

[HB 76](#) Our **MFT licensure bill updating curriculum requirements to meet new COAMFTE standards and reducing clinical supervision hours** at every level passed in the House unanimously in the original form and passed the Senate 48-1 by Committee Substitute with floor amendments. These changes left our underlying language intact. HB 76 received the House vote to “agree to the Senate Substitute as amended” late on Day 40 (with only 2 hours to spare) and has been signed into law by Governor Kemp. The changes made in the Senate Committee at the request of the Governor eliminated the Georgia Occupational Regulatory Review Commission (GORRC) and gave the Governor expanded authority to

appoint people to Executive Agency boards, commissions, and councils. These were the two additional changes made on the Senate floor:

- Adding this language: “Nothing in this bill shall add any additional requirements or restrictions to clinical pastoral counselors.” The words “clinical pastoral counselors” do not appear in a search of the entire Georgia Code. It is unclear where in the Code this language would be located if at all. It may merely impact how the law is interpreted. There was no objection to the amendment so there was no recorded vote on it.
- Amendment 2 added licensure for “bare knuckle boxing” in Georgia to be regulated by the Georgia Athletic and Entertainment Commission. While illegal almost everywhere in the world, since 2018 a handful of US states have made it legal.

Our bill is contained in Sec. 2 of the as passed bill and will become effective July 1, 2023. *GAMFT’s Legislative Committee is already hard at work on drafting Rule changes to implement HB 76 as it relates to MFT licensure which we will offer to the Composite Board for their review and adoption.*

Passed House and Senate. Signed by Governor. Effective July 1, 2023.

[SB 140](#)- Legislation **banning treatment of gender dysphoria** through sex reassignment surgery or hormone replacement therapy was passed and signed into law by the Governor days after. GAMFT joined other mental health professionals in opposing this legislation.

Passed House and Senate. Signed by Governor.

[HB 520](#) – The bipartisan **comprehensive Mental Health Bill** reflecting the recommendations of the Behavioral Health Reform and Innovation Commission (BHRIC) and reflected significant issues impacting MFTs. HB 520 passed the House overwhelmingly by Committee Substitute but did not receive a Committee vote in the Senate. The *ad hoc* Senate Health and Human Services Subcommittee did offer a Substitute but is not available online because it did not pass the Committee. The bill remains in the Senate Health and Human Services Committee as it passed the House in 2023 and would be available for passage in 2024. At this point, it looks as if a new bill or multiple bills is the more likely outcome in 2024. DBHDD Commissioner Tanner has said that (among other issues) the loan forgiveness for MH professionals and the licensing board issues will end up in separate bills in 2024.

The bill was stopped from moving forward by strong opposition from several far-right groups and the legislation became a pawn in Senate leadership political wrangling with the House. Only one provision of HB 520 passed (as an amendment to [SB 23](#)) providing authority in the Georgia Data Analytic Center to receive, store and share government information among all executive branch state agencies, but SB 23 was vetoed by the Governor.

Here are key provisions of the proposed Senate Subcommittee sub (LC 33 9522S) reflecting changes from the House passed version (not the original bill) of interest to GAMFT.

- Deletes Sec. 3 requiring a DBHDD study of the public behavioral healthcare workforce, including staffing levels, salaries, etc. with a report due by Dec. 1, 2023.
- Deletes Sec. 12 regarding identifying and overcoming barriers to licensure for the Composite Board, Nursing Board and Psychologists by the Office of Health Strategy and Coordination, including modernizing licensure processes, foreign trained healthcare professionals, and updating practicum and supervision requirements.

- The provision in Sec. 11 still “authorizes” the Composite Board to waive all or part of the experience requirements for an applicant licensed in another state who has held full licensure for a minimum of two years.
- Provision for alternative discipline for impaired professionals under the Composite Board remains as Sec. 12.
- Sec. 16 retains the requirement that DCH make the following changes in Medicaid coverage by Jan. 1, 2025 (not 2024):
 - Cover psychological diagnostic assessments and treatment under CPT Code 90791 and family therapy services under CPT Codes 90846 and 90847 under the Psychological and Therapy Services Medicaid provider manual including for all practitioners indicated in such manual.
 - Cover services provided by LPCs and MFTs and certified peer support specialists in FQHCs. *GAMFT was successful in securing an amendment in the House Public Health Committee to include MFTs.*
 - Designate psychiatric hospitals as eligible facilities for providing inpatient psychiatric facility services for persons under 21 enrolled in fee for service Medicaid.
 - Reevaluate reimbursement rates for autism spectrum disorder (ASD) diagnostic assessments and services to identify the full array of qualified provider types who can diagnose, treat, and support ASD and policy solutions to address barriers to diagnosis and treatment.
 - Provide reimbursement for eligible justice involved youth aged 18-21.
 - Cover specialized therapeutic services for persons under 21 in foster care and their caregivers and family of origin to manage emotional, behavioral, or psychiatric problems and support reunification.
 - Using any part of Medicaid funding for social determinants of health, i.e., employment support, housing support, case management, etc., was entirely removed.
- Board of Health Care Workforce provision regarding data gathering from all the healthcare boards including MFTs and the Composite Board is in Sec. 18.
- Repayment for student loans for practicing behavioral health professionals (including MFTs) with an added cap of \$10,000 total remained in the sub.

As further information on this issue, Commissioner Tanner has identified specific ways he will act through his dual roles as Commissioner of DBHDD and Chairman of the BHRIC to advance the goals of HB 520 that he is able to do without the legislation. These are the issues of most direct relevance to GAMFT:

- He has arranged for the Behavioral Health Coordinating Commission to work among the relevant agencies to come up with a shared definition of severe mental illness.
- He is commissioning an intensive workforce study beginning last month to be completed by August that will form a part of the DBHDD funding request to the Office of Planning and Budget (OPB) for FY 2025, addressing both the public and private MH workforce, looking at best practices across the US and what is effective to recruit an adequate workforce. He specifically mentioned the need to raise rates and said that is in process.
- He has a contract as of last month for a bed study to identify what, where and when MH beds will be needed and the cost over the next decade, not limited to just crisis beds.
- He is working with the Occupational Licensure Senate Study Committee created under [SR 85](#) and working with the Office of Health Strategy to address licensure reform.
- He has begun meeting with the Secretary of State to address what they can do about staffing levels and policies to address licensure issues.

- He is working with the Department of Community Health (DCH) on Medicaid billing code issues and working on them regarding their procurement process for managed care.

Passed House. In Senate Health and Human Services Committee.

[HB 291](#) – This Bill proposed to **include MFTs along with several other health professions to those now able to perform evaluations for adult guardianships** and conservatorships. This change is needed to address the challenges judges are facing in securing these evaluations for the Probate Courts. At present, only physicians, psychologists and LCSWs are authorized to perform these evaluations. The House passed version included the addition of several professionals who are not trained or equipped to conduct these evaluations. The Bill was amended in the Senate Children and Families Committee to limit the added professionals to physicians’ assistants, nurse practitioners, clinical nurse specialists in psychiatric/mental health, along with MFTs and LPCs. The Bill was on the final Senate Rules calendar and eligible to be taken up on the final days of the session but was held because of political wrangling by the Senate leadership with the House over unrelated legislation that involved our bill sponsor. It is very likely that while HB 291 would be eligible for passage in 2024, a new sponsor and a new bill may be required to move the bill, as arm twisting to secure the votes on the unrelated legislation will continue.

Passed House. In Senate Children and Families Committee.

[SB 195](#) – The Senate passed version of the **Freedom to Work Act** provides for expedited licensure by endorsement within 30 days for any military transitioning person or spouse for any license if licensed in that profession or business in another state for one year, or if no license is required for that in the other state and one is required in Georgia, if they have engaged in that business, trade or profession for three years. The House Rules Committee Substitute on the bill merely amends current law to reduce the wait time for a military transitioning member or spouse to receive an expedited license by endorsement to 30 days, instead of 90 days as it exists under current law. It did not receive a House floor vote.

Passed Senate. In House Regulated Industries Committee.

[SB 197](#) – **Healthcare Practitioners Truth and Transparency Act** limits the use of the term “Doctor” for non-physicians that imply one is a physician in advertisements and in clinical settings, or otherwise uses deceptive or misleading terms or false representations or uses any medical or medical specialty title in a clinical setting, unless s/he is a physician. The bill includes MFTs in the definition of healthcare professionals. There is a final caveat saying that nothing in the bill shall be construed to prevent a health care practitioner from using any title or abbreviation statutorily authorized for them under their licensing statute.

Passed House and Senate. Signed by Governor.

[SB 20](#) – **Network Adequacy** - The Consumer Access to Contracted Healthcare (CATCH) Act. Experts have criticized this bill as not requiring enough beyond what is already law to address the challenges of network adequacy. SB 20 requires non-HMO insurers to provide and maintain a network of providers in sufficient number and appropriate type, including primary and specialty care, etc. throughout its service area to ensure covered persons have access to the full scope of benefits and services covered under the plan. Insurers providing coverage for MH or SUD are required to contract with a network of providers that specialize in MH and SUD in sufficient number and appropriate type to ensure covered persons have access to the full scope of benefits and services covered under the plan. It leaves to the Insurance Commissioner to determine the adequacy and breadth of a network plan using appropriate qualitative and quantitative criteria and list criteria that may be applied, none of which are quantified. There are some protections against refusing to require preauthorization or other limitations for telehealth services

not required for in person services. It requires the Commissioner to adopt rules and regulations to implement the telehealth section. Insurers will be required to report to the Commissioner beginning in January 2025 on compliance with the adequacy requirements and the Commissioner is authorized to perform surveys and audits to determine compliance at the insurer's expense. Monetary fines for noncompliance are capped at \$2,000 unless the insurer knew or reasonably should have known of the violation in which case it is capped at \$5,000. The Commissioner is also authorized to require a compliance plan or order the insurer to develop a compliance plan or reprocess claims. The law will not become effective until Jan. 1, 2024.

Passed House and Senate. Signed by the Governor.

HB 295 – Surprise Billing – This makes changes to the surprise billing law. It requires insurers to pay the provider or facility within 15 working days for electronic claims or 30 days for paper claims. Extends the time within which an out of network provider of emergency services may require additional payment. Changes are made to the arbitration of claims process.

Passed House and Senate. Signed by the Governor.

HB 155 - Provides for **licensure by endorsement for people licensed in other states coming to Georgia. It specifically excludes people licensed as healthcare providers**, law enforcement officers, firefighters, and lawyers. The bill requires that *for any other license holder*, professional licensing boards will be required to issue a license if the person moved from another state and established residency, holds a current license from another state “for which the training, experience, and testing are substantially similar in qualifications and scope to the requirements under this state”, is in good standing in the other state, and passes an exam specific to the laws and rules of Georgia for practicing the profession. It does not require any length of time that they would have to have been licensed in the other state. We sought to amend the definition of “healthcare provider”, which clearly includes MFTs, but does not specifically list MFTs. MFTs are included in those “person licensed or otherwise authorized in this state to furnish healthcare services” but we were not successful in securing a last-minute amendment to include MFTs in the illustrative listing of those professions. We have the option to pursue this further going forward.

HB 155 also amends existing law that provides for expedited licensure by endorsement for spouses of service members or transitioning service members licensed in other states within 90 days from the receipt of their application. This would apply to MFTs coming from other states who meet that definition as service members or spouses, hold a license for which the training, experience and testing are substantially similar to Georgia's, are in good standing in the other state, and pass a state specific exam.

Passed House and Senate. Signed by the Governor.

SR 85 Creates the **Senate Occupational Licensing Study Committee**. SR 85 notes that “research has shown that this state has some of the country's more burdensome occupational licensing laws.” It addresses challenges for people moving to Georgia in meeting licensure requirements. It is not limited to MH professionals. It calls for five Senate members, including two specific Senate Committee Chairs, Senator Larry Walker and Senator Mike Dugan, as well as Senators appointed by the Lt. Governor: Senator Brian Strickland, Senator Sonya Halpern and Senator Jason Anavitarte.

Passed and Adopted by the Senate.

[HB 361](#) – This bill proposed that the Criminal Justice Coordinating Council create a statewide database for law enforcement use collecting arrest data on people with mental illness, substance abuse disorder and/or developmental disabilities to inform officers in responding to calls and requiring that law enforcement officers take at least two classes per year in how to identify and respond to people with these disabilities.

No action in House Public Safety Committee.

[SB 238](#) – This bill authored by the Governor’s Senate floor leaders proposed that the Georgia Board of Health Care Workforce collect from all healthcare licensing boards information that would be publicly accessible about the location, age, gender, race, ethnicity, and license of all healthcare professionals across Georgia to be compiled without identifying data about the individual and to maintain that data in a centralized **Georgia Health Care Professionals Data System**.

No action taken in Senate Health and Human Services Committee.

[HB 19](#) – **FY 2024 Budget:**

- GAMFT advocated for increased funding in the FY 2024 Budget for more staff for the Secretary of State Professional Licensing Boards (PLB), particularly the staff serving the Boards regulating MH professionals. The House added \$308,959 for five new staff for the PLB overall but the Senate and ultimately the Conference Committee reduced that to an increase of \$123,584 for two additional staff. (This is in addition to one nursing analyst and a full-time educator for the Nursing Board for \$129,196.)
- The Governor issued a “language disregard” to over 130 items in the budget totaling over \$200 million, in addition to a dozen vetoes. The language disregards mean that the funds remain in the budget (for now), but the Governor has instructed the agencies not to expend these sums. These are the key items of interest to GAMFT receiving the language disregards:
 - Department of Community Health funding for \$850,000 for the mental health professional loan repayment program. Disregard ordered because the provision creating this program was in HB 520 that did not pass.
 - Department of Behavioral Health and Developmental Disabilities funding for expanded crisis stabilization units in Augusta, Dublin, and Fulton County.
 - Disregard instruction for DCH to pursue a Medicaid waiver or state plan amendment to expand services to children and youth for mental health services.
 - Disregard to DCH for reimbursement for family psychological and therapy services.
 - Increased funding for implementation of 988 Crisis Line.
 - Begin implementation of 2022-23 provider rate study.
 - Funds to increase salaries for state psychiatric hospital staff to address agency recruitment and retention.
 - Increased funds for MATCH teams to support collaborations across state agencies to meet treatment needs of children.

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