HB 1013  Mental Health Parity Act; enact

AUTHOR: Rep. David Ralston (7th)

CO-SPONSORS: Rep. Todd Jones of the 25th
Rep. Mary Margaret Oliver of the 82nd
Rep. Don Hogan of the 179th
Rep. Sharon Cooper of the 43rd
Rep. James Beverly of the 143rd

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STATUS: House Second Readers

COMMITTEE: Health & Human Services

BILL SUMMARY:
Part I: 'Georgia Mental Health Parity Act'
House Bill 1013 requires that all health care insurance plans provide coverage for mental health treatment or substance use disorders in any managed care plan offered and must do so in accordance with the federal 'Mental Health Parity and Addiction Equity Act of 2008.' Health care entities must also provide an annual comparative analysis report to the insurance commissioner, which will be available on the Office of the Commissioner of Insurance and Safety Fire's (OCI) website. The commissioner is to ensure compliance with mental health parity requirements among health care entities and establish a process for addressing complaints about mental health parity violations. A mental health parity officer is appointed by the commissioner. The commissioner will make reasonable efforts to provide culturally and linguistically sensitive materials for consumers through the complaint process.

The bill revises the definition of "department" to reference OCI rather than the Department of Community Health in the existing Act. Further, this bill creates a new definition for "generally accepted standards of mental health or substance use disorder care" and defines it as standards of care and clinical practice recognized by certain specialty health care providers, including psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment. Additionally, the definition specifies valid, evidence-based sources of accepted standards of mental health or substance use disorder care. The definition of "medical necessity," "medically-necessary care," or "medically necessary and appropriate" is also revised to include behavioral health services that screen, prevent, diagnose, manage, or treat an illness.
HB 1013 requires that all state health care entities provide coverage for mental health and substance use disorders to the same degree as the treatment for a physical illness, and coverage extends to a spouse and dependent(s) covered under a plan. Health care entities must provide annual comparative analysis reports to the Department of Community Health (DCH) commissioner, which will be available on the department's website. The DCH commissioner is to perform parity-compliance reviews of state health care entities on an annual basis, which will be posted on the department's website, as well as establish a process for addressing complaints about mental health parity violations.

The DCH and OCI commissioners are required to make reasonable efforts to provide culturally and linguistically mate materials to consumers through the complaint process.

Care management organizations (CMOs) are required to maintain a minimum 85 percent medical loss ratio (MLR) or a higher minimum established in a contract between DCH and CMOs. If the minimum ratio is not met, the CMO must provide a remittance of the amount determined by DCH. DCH will post on its website the aggregate MLR for all CMOs, the MLR for each CMO, and required remittances.

Part II: Workforce and System Development
The bill authorizes service cancelable educational loans for Georgia residents enrolled in educational training for pediatrics, family medicine, psychiatry, mental health, substance use, clinical nurse specialist in mental health, or other clinicians or specialists recommended by the Department of Behavioral Health and Developmental Disabilities. Loans are conditional on the student agreeing to practice as a professional within an approved geographical area of the state.

The Georgia Board of Health Care Workforce is required to create a Behavioral Health Care Workforce Data Base to collect and analyze surveys for behavioral healthcare professional applicants and licensees. Licensing boards will require these surveys to be completed by professionals upon licensure, and the surveys must include the professional's demographics, practice status, education and training, specialties, average hours worked per week, percent of practice engaged in direct care, retirement plan if retiring in the next five years, child and adolescent specialized training, information on accepting new patients and types of accepted insurance including Medicaid and Medicare.

Part III: Assisted Outpatient Treatment
HB 1013 creates a three-year assisted outpatient treatment grant program to establish the efficacy of the assisted outpatient treatment model in Georgia.

The bill defines "assisted outpatient treatment" as involuntary outpatient care provided by a community service board or a private provider in collaboration with other community partners in order to: identify current residents who qualify as outpatients; establish procedures that lead to a petition being filed in the appropriate probate court when an individual is believed to be an outpatient; provide evidence-based treatment and case management under an individualized plan; safeguard the due process rights of those alleged to require and those civilly committed to involuntary outpatient care; establish communication between the court and providers; continually evaluate each care plan and respond to non-compliance; partner with law enforcement agencies to provide an alternative to the arrest, incarceration, and prosecution of individuals who may qualify
as outpatients; and maintain a patient's connection to treatment services upon transition to voluntary outpatient care.

The Department of Behavioral Health and Developmental Disabilities (DBHDD) will establish a grant program for the implementation of assisted outpatient treatment and provide three years of funding, technical support, and oversight to five grantees. The grantees must be a collaboration between community service boards or private providers, probate courts or other courts with jurisdiction, and sheriffs' offices. The bill outlines the process for the application and award of the grants. An assisted outpatient treatment unit is created within DBHDD to supervise, coordinate, and support grantees. The assisted outpatient treatment unit is also tasked with establishing a statewide repository of information on individuals with behavioral health issues who: have had high services utilization, involuntary or assisted outpatient treatment orders, or guardianships; are currently incarcerated or have had multiple incarcerations; or have had multiple long-term hospitalizations, behavioral health emergency services, or encounters with law enforcement. The DBHDD is also required to establish an 11-member Assisted Outpatient Treatment Advisory Council to consult and provide advice, feedback, and recommendations to the department.

HB 1013 requires the department to contract with a third-party organization prior to awarding the grants in order to evaluate the program and its effectiveness. The grantees must provide the required information to the third-party organization, and the department must contractually require the third-party organization to produce a report and send it to the governor and the chairpersons of the respective House and Senate committees by December 31, 2025.

The definition of "inpatient" is amended by removing "imminent" in relation to the risk of harm an individual poses to themselves or others and replacing "imminently" with "a reasonable expectation that" a life-endangering crisis or a significant psychiatric deterioration will occur in the near future, reasonably likely to improve from inpatient treatment, will not benefit from alternatives, and declines voluntary inpatient treatment.

Current statute states that when a law enforcement officer has probable cause to believe that an individual is mentally ill and requiring involuntary treatment, the officer is able to take that person to a physician or emergency receiving facility for an examination. HB 1013 states that the officer does not need to formally charge an individual with committing a crime before taking them to the provider and adds mobile crisis teams to this clause. The law enforcement agency and mobile crisis team are responsible for ensuring the person's initial safety and security during the emergency examination. The emergency receiving facility is required to coordinate subsequent transportation relating to the emergency treatment with law enforcement or an ambulance or nonemergency transport provider.

Part IV: Mental Health Courts and Corrections
The Criminal Justice Coordinating Council will create a grant program to fund accountability courts serving the mental health and co-occurring substance use disorder population to implement gender-specific trauma treatment and an employee to issue technical assistance to the courts. Funds can also be used for emergency transportation costs associated with emergency receiving, evaluation, and treatment.

HB 1013 adds to the list of authorized expenditures of the County Drug Abuse Treatment and
Education Fund to include drug abuse treatment and education programs relating to controlled substances, alcohol, and marijuana for adults and children. Additionally, the fund can be used by a mental health court division that serves those with co-occurring substance use disorders.

The bill expands the powers and duties of the Office of Health Strategy and Coordination (OHSC) to: partner with the Department of Corrections and Department of Juvenile Justice to evaluate mental health wraparound services to meet client needs in the state reentry plan; partner with the Department of Community Supervision to evaluate the ability to share mental health data between agencies in order to facilitate tracking and treating people under community supervision who receive community-based mental health services; coordinate mental health policy across state agencies; develop and implement a solution to ensure appropriate health care services and supports; oversee coordination of behavioral health services for children, adolescents, and adults by monitoring plans to expand access to children's behavioral health services across the state. OHSC is also required to conduct a survey or study on emergency psychiatric transportation to identify the transportation methods used across the state. The DBHDD commissioner is to provide a publicly available annual report to support this effort, and periodically identify nationally available clearinghouses of related research and best practices for schools and practitioners. The OHSC is to partner with community service boards to ensure that behavioral health services are being made available, establish an advisory committee, and examine ways to increase certified peer specialists in rural and other underserved or unserved communities.

HB 1013 creates a task force to coordinate activities and assist local communities in keeping patients with severe mental illness out of jails and detention facilities. The task force is appointed by the governor and comprised of state and local officials, experts, and stakeholders. The DBHDD is to create a statewide technical assistance center, which serves as a clearinghouse to share information across counties and provides planning and implementation grants, when funding is available, to local authorities to support the implementation of the initiatives. The task force will submit an annual report with recommendations to the governor, General Assembly, OHSC, and Behavioral Reform and Innovation Commission.

A network of local co-response teams is to be implemented to increase access to pre-arrest diversion and connect those that come into contact with law enforcement with community-based services. Teams must consist of at least one peace officer and one trained behavioral health professional who respond to emergency calls for interactions involving a person in a behavioral health crisis. A minimum of three to five teams are to be implemented in geographically-diverse areas. Additional teams will be developed depending on the success of the initial teams after one year. The co-response teams are required to undergo cultural sensitivity training and use culturally and linguistically capable personnel or materials for interactions as appropriate and practicable.

The Mental Health Courts and Corrections Subcommittee of the Georgia Behavioral Health Reform and Innovation Commission is authorized to submit recommendations to DBHDD regarding the development and future expansion of the program and continue exploring community supervision strategies. The Mental Health Courts and Corrections Subcommittee of the Georgia Behavioral Health Reform and Innovation Commission is also tasked with continuing to explore community supervision strategies for individuals with mental illnesses.

HB 1013 adds the following persons to the Behavioral Health Coordinating Council: the
commissioner of the Department of Early Care and Learning; the commissioner of the Technical College System of Georgia; a behavioral-health expert employed by the University System of Georgia and designated by the chancellor of the university system; the state's child advocate; an expert on infant and early-childhood mental health appointed by the governor; an expert on child and adolescent health appointed by the governor; and a pediatrician appointed by the governor.

Part V: Child and Adolescent Behavioral Health

DBHDD is to provide the following annual reports to OHSC: complaints made by individuals receiving behavioral health services; status of housing placements and needs; programs designed to serve disabled infants, children, and youth; and performance and fiscal status of each community service board.

HB 1013 clarifies that community service boards provide mental health, developmental disabilities, and addictive diseases services to both adults and children.

A task force within DCH is established to assess various items including postpartum Medicaid coverage extension, Medicaid billing codes for behavioral health services for young children, and mental and behavioral health care support for children in foster care, adoption, and juvenile justice populations. The task force will also evaluate best practices for community behavioral health service reimbursements.

The bill adds a deadline of October 1, 2024, for the creation of a statewide system for sharing of data between various state agencies for the purposes of the care and protection of children.

The Multi-Agency Treatment for Children (MATCH) team is established within the Department of Human Services and is composed of members from the following agencies: the Division of Family and Children Services; the Department of Juvenile Justice; the Department of Early Care and Learning; the Department of Public Health; the Department of Community Health; the Department of Behavioral Health and Developmental Disabilities; the Department of Education; the Office of the Child Advocate; and the Department of Corrections. The MATCH team facilitates cross-agency collaboration to explore resources and solutions for the treatment needs of children.

Part VI: Behavioral Health Reform and Innovation Commission

HB 1013 requires DCH to study and submit a report by December 31, 2022 for its insurance programs (Medicaid, PeachCare for Kids, and the State Health Benefit Plan) that compares reimbursement rates for mental health services to other states; reviews reimbursing providers of mental health care services; allows for same-day reimbursement for patients seeking more than one provider in a day; and an accurate accounting of mental health fund distribution across state agencies.

The bill requires the Georgia Data Analytic Center Project's administrator to prepare an annual unified report of suspected mental health parity violations with data received from the Office of the Commissioner of Insurance and Safety Fire and the Department of Community Health.

The bill also requires DCH to provide Medicaid coverage for any prescription prescribed to an adult by a licensed practitioner medically necessary for the treatment of schizophrenia and schizotypal or other delusion disorders if certain criteria are met.
The abolishment date of the Behavioral Health Reform and Innovation Commission is extended from June 30, 2023 to June 30, 2025.

**BILL HISTORY:**
Jan. 26, 2022 at 11:54 AM House Hopper
Jan. 27, 2022 at 11:02 AM House First Readers
Feb. 1, 2022 at 12:01 PM House Second Readers

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