

House Bill 1276 (AS PASSED HOUSE AND SENATE)

By: Representatives Hawkins of the 27<sup>th</sup>, Bennett of the 94<sup>th</sup>, Houston of the 170<sup>th</sup>, England of the 116<sup>th</sup>, Parrish of the 158<sup>th</sup>, and others

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 require that statistical reports containing data  
3 relating to state health plans be posted on the department website; to provide for a definition;  
4 to provide for content of the reports; to provide for statutory construction; to provide for  
5 related matters; to repeal conflicting laws; and for other purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

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

10 "31-2-17.

11 (a) As used in this Code section, the term 'state health plan' means:

12 (1) Medical assistance program provided pursuant to Article 7 of Chapter 4 of Title 49;

13 (2) PeachCare for Kids Program provided pursuant to Article 13 of Chapter 5 of Title 49;

14 (3) The state employees' health insurance plan established pursuant to Article 1 of  
15 Chapter 18 of Title 45;

- 16 (4) The health insurance plan for public school teachers established pursuant to Subpart 2  
17 of Part 6 of Article 17 of Chapter 2 of Title 20; and
- 18 (5) The health insurance plan for public school employees established pursuant to  
19 Subpart 3 of Part 6 of Article 17 of Chapter 2 of Title 20.
- 20 (b) On and after July 1, 2022, the department shall post in a prominent location on the  
21 department website a statistical report or reports containing data relating to the state health  
22 plans administered by the department. Such reports shall be updated and posted no less  
23 than biannually and shall contain, but shall not be limited to, the following metrics:
- 24 (1) The number of, type of, and changes in enrolled providers;
- 25 (2) County-level data on primary care providers enrolled per 1,000 people and indicating  
26 which counties fall below defined benchmarks;
- 27 (3) Data on hospital utilization and costs, including but not limited to, the number of  
28 inpatient admissions, average length of stay, readmission rate, emergency department  
29 utilization information, including diagnosis and non-emergent utilization, and amounts  
30 paid per facility, including plan paid amounts or net payment per admission;
- 31 (4) Membership or beneficiary enrollment data including demographic and population  
32 based reporting on common disease states;
- 33 (5) Data on prescription drug spending, including data on aggregate payment amounts  
34 for the ten most frequently prescribed medications and the ten most costly medications,  
35 as well as historical data related to the volume and cost of such medications, whether  
36 brand name drug or generic brand drug utilization, and costs;
- 37 (6) Financial results by aid category or plan group, as applicable, including per-member  
38 per-month cost figures for low-income Medicaid, PeachCare for Kids, and fee-for-service  
39 program categories; and
- 40 (7) Long-term care data, including waiver services participation and net payments by  
41 category of service.

42 (c) Nothing in this Code section shall be construed to require the inclusion in the report  
43 or reports posted pursuant to subsection (b) of this Code section of any information which  
44 would violate the federal Health Insurance Portability and Accountability Act of 1996,  
45 P.L. 104-191, or which is exempt from disclosure under the provisions of Article 4 of  
46 Chapter 18 of Title 50, relating to open records."

47 **SECTION 2.**

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