

## Senate Bill 55

By: Senators Butler of the 55th, Jordan of the 6th, Au of the 48th, Parent of the 42nd, Jones II of the 22nd and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Title 34 of the Official Code of Georgia Annotated, relating to labor and industrial  
2 relations, so as to provide for the creation of a program to compensate in part for the wage  
3 loss sustained by any individual who is unable to work due to such individual's own sickness  
4 or injury, the sickness or injury of a family member, or the birth, adoption, or foster care  
5 placement of a new child; to provide a short title; to provide legislative findings and  
6 declarations; to provide for definitions; to provide for the payment of temporary family  
7 medical leave insurance benefits; to provide for the amount and duration of such benefits;  
8 to provide for eligibility and disqualifications; to provide for penalties for certain actions; to  
9 create the Family Medical Leave Fund; to provide for contributions to such fund; to provide  
10 for filing determination and payment of claims; to provide for the promulgation of rules and  
11 regulations by the Department of Labor; to provide for related matters; to provide a  
12 contingent effective date; to repeal conflicting laws; and for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

14 **SECTION 1.**

15 Title 34 of the Official Code of Georgia Annotated, relating to labor and industrial relations,  
16 is amended by adding a new chapter to read as follows:

S. B. 55

- 1 -

17

"CHAPTER 8A18 34-8A-1.19 This chapter shall be known and may be cited as the 'Georgia Family Medical Leave Act.'20 34-8A-2.21 The General Assembly finds and declares that:

22 (1) It is in the public benefit to provide temporary family medical leave insurance  
23 benefits to working individuals to care for themselves and their family members. The  
24 need for temporary family medical leave insurance benefits has intensified as both  
25 parents' participation in the workforce has increased and the number of single parents in  
26 the workforce has increased. The need for partial wage replacement for individuals  
27 taking leave will be exacerbated as the population of those needing care, both children  
28 and parents of individuals in the workforce, increases in relation to the number of  
29 working adults;

30 (2) Developing systems to help families adapt to the competing demands of work and  
31 family not only benefits individuals in the workforce but also benefits employers by  
32 increasing productivity and reducing turnover;

33 (3) The federal Family and Medical Leave Act of 1993, as amended, entitles eligible  
34 individuals working for covered employers to take unpaid, job-protected leave for up to  
35 12 workweeks in a 12 month period. Under the federal Family and Medical leave Act,  
36 unpaid leave may be taken for the birth, adoption, or foster care placement of a new child;  
37 to care for a child, parent, or spouse with a serious health condition or for the individual's  
38 disability;

39 (4) Although the federal Family and Medical Leave Act of 1993, as amended, entitles  
40 eligible individuals to take leave, a significant number of individuals in this state who  
41 need to take such leave due to their own nonwork related injuries, illnesses, or conditions,

42 including pregnancy, that prevent them from working are unable to take such leave as  
43 some employers do not provide paid leave or do not provide paid leave for an extended  
44 time period;

45 (5) A significant number of individuals in this state are unable to take leave to care for  
46 a sick or injured child, spouse, or parent or to bond with a new child because they are  
47 unable to afford leave without pay. When individuals do not receive some form of wage  
48 replacement while taking leave, their families suffer from such individuals' loss of  
49 income, increasing the demand on the state unemployment insurance system and  
50 dependence on the state's welfare system;

51 (6) It is the intent of the General Assembly to create a temporary family medical leave  
52 insurance program, funded through contributions by working individuals and their  
53 employers, to help reconcile the demands of work and family; and

54 (7) The purpose of this chapter is to compensate in part for the wage loss sustained by  
55 any individual who is unable to work due to his or her own sickness or injury, the  
56 sickness or injury of a family member, or the birth, adoption, or foster care placement of  
57 a new child and to reduce to a minimum the suffering caused by unemployment resulting  
58 therefrom. This chapter shall be construed liberally in aid of its declared purpose to  
59 mitigate the evils and burdens which fall on working individuals who experience a  
60 disability or are needed to care for a member of his or her family.

61 34-8A-3.

62 As used in this chapter, the term:

63 (1) 'Base period' means for benefit periods beginning in October, November, or  
64 December, the four calendar quarters ending in the next preceding month of June; for  
65 benefit periods beginning in January, February, or March, the four calendar quarters  
66 ending in the next preceding month of September; for benefit periods beginning in April,  
67 May, or June, the four calendar quarters ending in the next preceding month of

68 December; and for benefit periods beginning in July, August, or September, the four  
69 calendar quarters ending with the next preceding month of March.

70 (2) 'Benefit period' means a continuous period of unemployment and disability or care  
71 leave beginning with the first day with respect to which the individual files a valid claim  
72 for temporary family medical leave insurance benefits.

73 (3) 'Care leave' means leave taken to care for a serious health condition of a family  
74 member or to bond with a new child.

75 (4) 'Care provider' means a family member who is providing the required care for a  
76 serious health condition or a family member who is bonding with a new child.

77 (5) 'Care recipient' means a family member who is receiving care for a serious health  
78 condition or a new child with whom the care provider is bonding.

79 (6) 'Child' means a biological, adopted, or foster son or daughter, a stepson or  
80 stepdaughter, a legal ward, a son or daughter of a spouse, or an individual to whom the  
81 working individual stands in loco parentis.

82 (7) 'Claimant' means an individual who files a claim for temporary family medical leave  
83 insurance benefits under this chapter.

84 (8) 'Commissioner' means the Commissioner of Labor.

85 (9) 'Department' means the Georgia Department of Labor.

86 (10) 'Disability' or 'disabled' includes:

87 (A) A physical or mental illness or injury, including any illness or injury resulting from  
88 pregnancy, childbirth, or a related medical condition;

89 (B) An inability to work because of a written order from a state or local health officer  
90 to an individual infected with, or suspected of being infected with, a communicable  
91 disease;

92 (C) Acute alcoholism that is being medically treated or resulting in resident status in  
93 an alcoholic recovery home; or

- 94 (D) An acute drug-induced illness that is being medically treated or resulting in  
95 resident status in a drug-free residential facility.
- 96 (11) 'Employment' shall have the same meaning as provided in Code Section 34-8-35.
- 97 (12) 'Family member' means a child, parent, grandparent, grandchild, sibling, or spouse.
- 98 (13) 'Family Medical Leave Fund' means the fund created pursuant to Code  
99 Section 34-8A-15.
- 100 (14) 'Grandchild' means a child of an individual's child.
- 101 (15) 'Grandparent' means a parent of an individual's parent.
- 102 (16) 'New child' means a child who is:
- 103 (A) Less than one year of age; or
- 104 (B) Less than 18 years of age and has been placed in connection with foster care or an  
105 adoption within the past 12 months.
- 106 (17) 'Other benefits' means any of the following:
- 107 (A) Temporary total or temporary partial disability benefits paid pursuant to Chapter 8  
108 of this title or under the laws of any other state or of the federal government; or
- 109 (B) Permanent total or permanent partial disability benefits paid pursuant to Chapter 8  
110 of this title or under the laws of any other state or of the federal government.
- 111 (18) 'Parent' means a biological, foster, or adoptive parent, a parent-in-law, a stepparent,  
112 a legal guardian, or any other individual who stood in loco parentis to the working  
113 individual when such individual was a child.
- 114 (19) 'Parent-in-law' means the parent of a spouse.
- 115 (20) 'Serious health condition' means an illness, injury, impairment, or physical or mental  
116 condition that involves inpatient care in a hospital, hospice, or residential health care  
117 facility or continuing treatment or supervision by a health care provider.
- 118 (21) 'Sibling' means an individual related to another person by blood, adoption, or  
119 affinity through a common legal or biological parent.
- 120 (22) 'Spouse' means a partner in a lawful marriage.

121 (23) 'Twelve-month period' means the 365 consecutive days that begin with the first day  
122 the individual first establishes a valid claim for temporary family medical leave insurance  
123 benefits.

124 (24) 'Wages' shall have the same meaning as provided in Code Section 34-8-49.

125 (25) 'Weekly benefit amount' means the applicable amount set forth in Code  
126 Section 34-8A-6 payable to an individual who takes time off work due to a disability or  
127 for care leave.

128 34-8A-4.

129 (a) There shall be established by the department a temporary family medical leave  
130 insurance program to provide up to six weeks of wage replacement benefits to individuals  
131 who take time off work due to a disability or for care leave.

132 (b) Temporary family medical leave insurance benefits shall be payable from the Family  
133 Medical Leave Fund to individuals who are eligible to receive such benefit payments under  
134 this chapter.

135 (c) The maximum amount payable to an individual during any benefit period for  
136 temporary family medical leave insurance shall be six times his or her weekly benefit  
137 amount, but in no case shall the total amount of benefits payable be more than the total  
138 wages paid to the individual during his or her base period. If the benefit is not a multiple  
139 of \$1.00, it shall be computed to the next highest multiple of \$1.00.

140 (d) No more than six weeks of temporary family medical leave insurance benefits shall be  
141 paid within any 12 month period.

142 34-8A-5.

143 (a) On and after January 1, 2022, an individual shall be deemed eligible for temporary  
144 family medical leave insurance benefits on any day in which he or she is unable to perform  
145 his or her regular or customary work because of:

146 (1) His or her disability;  
 147 (2) Care he or she is providing to a seriously ill family member; or  
 148 (3) Bonding with a new child.  
 149 (b) Eligibility for temporary family medical leave insurance benefits shall be subject to a  
 150 waiting period of seven consecutive days during each benefit period when no benefits are  
 151 payable within such period.

152 34-8A-6.

153 (a) Except as provided in subsection (b) of this Code section, an individual's weekly  
 154 benefit amount shall be the amount appearing in Column B in the following table on the  
 155 line in Column A of the table where there appears the wage bracket containing the amount  
 156 of wages paid to the individual for employment by employers during the quarter of his or  
 157 her base period in which wages were the highest.

<u>Column A</u>	<u>Column B</u>
<u>Amount of wages in highest quarter</u>	<u>Weekly benefit amount</u>
160 <u>\$75.00 - \$1,149.99 .....</u>	<u>\$50.00</u>
161 <u>\$1,150.00 - \$1,174.99 .....</u>	<u>\$51.00</u>
162 <u>\$1,175.00 - \$1,199.99 .....</u>	<u>\$52.00</u>
163 <u>\$1,200.00 - \$1,224.99 .....</u>	<u>\$53.00</u>
164 <u>\$1,225.00 - \$1,249.99 .....</u>	<u>\$54.00</u>
165 <u>\$1,250.00 - \$1,274.99 .....</u>	<u>\$55.00</u>
166 <u>\$1,275.00 - \$1,299.99 .....</u>	<u>\$56.00</u>
167 <u>\$1,300.00 - \$1,324.99 .....</u>	<u>\$57.00</u>
168 <u>\$1,325.00 - \$1,349.99 .....</u>	<u>\$58.00</u>
169 <u>\$1,350.00 - \$1,374.99 .....</u>	<u>\$59.00</u>
170 <u>\$1,375.00 - \$1,399.99 .....</u>	<u>\$60.00</u>

171	<u>\$1,400.00 - \$1,424.99</u>	<u>\$61.00</u>
172	<u>\$1,425.00 - \$1,449.99</u>	<u>\$62.00</u>
173	<u>\$1,450.00 - \$1,474.99</u>	<u>\$63.00</u>
174	<u>\$1,475.00 - \$1,499.99</u>	<u>\$64.00</u>
175	<u>\$1,500.00 - \$1,524.99</u>	<u>\$65.00</u>
176	<u>\$1,525.00 - \$1,549.99</u>	<u>\$66.00</u>
177	<u>\$1,550.00 - \$1,574.99</u>	<u>\$67.00</u>
178	<u>\$1,575.00 - \$1,599.99</u>	<u>\$68.00</u>
179	<u>\$1,600.00 - \$1,624.99</u>	<u>\$69.00</u>
180	<u>\$1,625.00 - \$1,649.99</u>	<u>\$70.00</u>
181	<u>\$1,650.00 - \$1,674.99</u>	<u>\$71.00</u>
182	<u>\$1,675.00 - \$1,699.99</u>	<u>\$72.00</u>
183	<u>\$1,700.00 - \$1,724.99</u>	<u>\$73.00</u>
184	<u>\$1,725.00 - \$1,749.20</u>	<u>\$74.00</u>

185 (b)(1) For benefit periods commencing on or after January 1, 2022, if the amount of  
 186 wages paid an individual for employment by employers during the quarter of his or her  
 187 base period in which these wages were highest exceeds \$1,749.20, the weekly benefit  
 188 amount shall be equal to 55 percent of these wages divided by 13 but shall not exceed the  
 189 maximum workers' compensation temporary partial disability weekly benefit amount  
 190 provided for in 34-9-262.

191 (2) Notwithstanding the maximum workers' compensation temporary disability weekly  
 192 benefit amount cap set forth in paragraph (1) of this subsection, if the benefit under this  
 193 subsection is not a multiple \$1.00, it shall be computed to the next highest multiple  
 194 of \$1.00.

195 (c) For purposes of this Code section, to determine the wages or regular wages received  
 196 by the eligible individual, the amount as stated by the individual shall be presumed to be  
 197 accurate. This presumption is one affecting the burden of producing evidence.

198 (d) Vacation pay shall not be considered wages for determining eligibility for benefits  
199 under this chapter.

200 34-8A-7.

201 (a) An individual eligible to receive temporary family medical leave insurance benefits  
202 who receives wages or regular wages from his or her employer during the period of his or  
203 her disability or care leave shall be paid temporary family medical leave insurance benefits  
204 for any seven-day week or partial week in an amount not to exceed his or her maximum  
205 weekly amount which together with the wages or regular wages does not exceed his or her  
206 weekly wage, exclusive of wages paid for overtime work, immediately prior to the  
207 commencement of his or her disability or care leave.

208 (b) An individual shall not be eligible for temporary family medical leave insurance  
209 benefits with respect to any day that he or she has received unemployment compensation  
210 benefits under Chapter 8 of this title or under an unemployment compensation act of any  
211 other state or of the federal government.

212 (c) An individual shall not be eligible for temporary family medical leave insurance  
213 benefits with respect to any day of disability or care leave for which he or she has received,  
214 or is entitled to receive, 'other benefits' in the form of cash benefits except as provided in  
215 Code Section 34-8A-8.

216 (d) An individual shall not be eligible for temporary family medical leave insurance  
217 benefits with respect to any day that he or she is entitled to receive the same or similar  
218 benefits under a disability insurance act or care leave act of any other state or of the federal  
219 government.

220 (e) An individual shall not be eligible for temporary family medical leave insurance  
221 benefits with respect to any day that another care provider is able and available for the  
222 same period of time that the individual is providing the required care for the care recipient.

223 (f) An individual who is entitled to leave under the federal Family and Medical Leave Act  
224 of 1993, as amended, shall take leave under this chapter concurrent with leave taken under  
225 the federal Family and Medical Leave Act of 1993, as amended.

226 (g) As a condition of an individual's initial receipt of temporary family medical leave  
227 insurance benefits during any 12 month period in which an individual is eligible for such  
228 benefits, an employer may require an individual to take up to two weeks of earned but  
229 unused paid leave prior to the individual's initial receipt of such benefits. If an employer  
230 so requires an individual to take such paid leave, the portion of the paid leave that does not  
231 exceed one seven-day week shall be applied to the waiting period required under  
232 subsection (b) of Code Section 34-8A-5. This subsection shall not be construed in a  
233 manner that relieves an employer of any duty of collective bargaining that such employer  
234 may have.

235 34-8A-8.

236 Except as otherwise provided in this Code section, an individual shall not be eligible for  
237 temporary family medical leave insurance benefits under this chapter for any day for which  
238 he or she has received, or is entitled to receive, other benefits in the form of cash payments.  
239 If such other benefits are less than the amount an individual would otherwise receive as  
240 benefits under this chapter, he or she shall be entitled to receive, for such day, if otherwise  
241 eligible, benefits under this chapter, reduced by the amount of such other benefits.

242 34-8A-9.

243 If the remuneration of an individual is not based upon a fixed period or duration of time,  
244 or if the individual's wages are paid at irregular intervals or in such manner as not to extend  
245 regularly over the period of employment, the wages for any week or for any calendar  
246 quarter for the purpose of computing an individual's right to benefits under this chapter  
247 shall be determined in a manner to secure results reasonably similar to those which would

248 prevail if the individual were paid his or her wages at regular intervals. The Commissioner  
249 shall promulgate rules and regulations providing for the calculations to be used to secure  
250 such results.

251 34-8A-10.

252 (a) A benefit period shall include two consecutive periods of disability or care leave due  
253 to the same or related cause or condition and separated by a period of not more than 60  
254 days.

255 (b) Periods of leave to provide care to the same care recipient within a 12 month period  
256 shall be considered one benefit period.

257 (c) Periods of leave for pregnancy and periods of leave for bonding associated with the  
258 birth of a child shall be considered one benefit period.

259 34-8A-11.

260 (a) An individual shall be disqualified from receiving benefits under this chapter if he or  
261 she has willfully, for the purpose of obtaining benefits, either made a false statement or  
262 representation, with actual knowledge of the falsity thereof, or withheld a material fact in  
263 order to obtain any benefits under this chapter.

264 (b) An individual disqualified under subsection (a) of this Code section under a  
265 determination transmitted to him or her by the department shall be ineligible to receive  
266 benefits from the date the disqualifying determination was issued and for not less than  
267 seven nor more than 35 subsequent days for which he or she is otherwise eligible for  
268 benefits under this chapter. When successive disqualifications under subsection (a) of this  
269 Code section occur, the Commissioner may extend the period of ineligibility for an  
270 additional period not to exceed 56 days.

271 (c) If all or any of the assessed days of ineligibility cannot be served because the individual  
272 is no longer otherwise eligible for benefits under this chapter, the assessed days of

273 ineligibility shall be applied to any subsequent disability or care leave benefit period for  
274 which he or she is otherwise eligible for benefits. No disqualification under this Code  
275 section shall be applied, however, to any day of eligibility which falls beyond the  
276 three-year period next succeeding the date upon which the determination was mailed or  
277 served by the department.

278 34-8A-12.

279 An individual who is otherwise eligible shall not be disqualified for benefits under this  
280 chapter for the day on which he or she, a family member for whom the individual is  
281 providing care, or with whom the individual is bonding, died.

282 34-8A-13.

283 An individual shall be ineligible for benefits under this chapter for any day during which  
284 he or she is incarcerated in any federal, state, or municipal penal institution, jail, medical  
285 facility, public or private hospital, or in any other place because of a criminal violation of  
286 a federal, state, or local law or ordinance. For purposes of this Code section, the term  
287 'incarceration' means any time spent in the custody of law enforcement authorities upon  
288 adjudication or conviction by a court of competent jurisdiction.

289 34-8A-14.

290 If the Commissioner finds that any individual falsely certifies the medical condition of any  
291 individual in order to obtain temporary family medical leave insurance benefits with the  
292 intent to defraud, whether for the maker or for any other individual, the Commissioner shall  
293 assess a penalty against the individual in the amount of 25 percent of the benefits paid as  
294 a result of the false certification. The provisions of Code Section 34-8-164 with respect to  
295 refunds and the provisions of Code Section 34-8-254 with respect to collections shall apply

296 to the assessments provided by this Code section, except that penalties collected under this  
297 Code section shall be deposited in the Family Medical Leave Fund.

298 34-8A-15.

299 (a) There is established the Family Medical Leave Fund as a trust fund which shall be of  
300 a perpetual, nonlapsing nature for the sole purpose of making payments in accordance with  
301 this chapter. The state treasurer shall act as custodian of the fund and shall credit to this  
302 fund all amounts dedicated, transferred, or contributed to such fund. The state treasurer  
303 shall invest the fund moneys in the same manner as authorized for investing moneys in the  
304 state treasury. The state treasurer shall be authorized to disburse moneys from the fund  
305 only upon written order of the Commissioner, who shall serve as the administrator of the  
306 fund.

307 (b) The Family Medical Leave Fund shall consist of all contributions required of  
308 individuals and their employers under this chapter with respect to wages paid by employers  
309 for employment; all money received for the purpose of disability benefits or care leave  
310 benefits from the federal government or any department or agency thereof, or from any  
311 other source; and any property or securities acquired through the use of money belonging  
312 to the Family Medical Leave Fund and all earnings of such money or securities.

313 (c) All moneys received from the federal government for the purpose of providing  
314 disability benefits or care leave benefits for the administration of this chapter shall be  
315 deposited in the Family Medical Leave Fund in accordance with the terms of the federal  
316 grant. Unless the federal government approves, no money made available to this state  
317 under Title III of the federal Social Security Act shall be used for temporary family medical  
318 leave insurance benefits or for the administration of this chapter.

319 (d) All moneys contributed and revenues deposited in and transferred to the Family  
320 Medical Leave Fund pursuant to this chapter and any interest earned on such moneys shall  
321 be appropriated to the department for the sole purpose of providing temporary family

322 medical insurance benefits as provided for in this chapter and may be used for the  
323 necessary expenses of administration of this chapter.

324 34-8A-16.

325 Any amounts determined by the Commissioner or his or her authorized representatives to  
326 be payable as refunds of amounts deposited in any of the accounts of the Family Medical  
327 Leave Fund which are unclaimed at the end of three years from such determination shall  
328 be included in the revenue of the account in the Family Medical Leave Fund in which they  
329 were deposited. Any person entitled to such payment shall not thereafter maintain any  
330 claim, action, or proceeding with respect to such amounts.

331 34-8A-17.

332 Each individual performing services for an employer in employment and such individual's  
333 employer shall contribute to the Family Medical Leave Fund the contributions required of  
334 such individual and employer pursuant to Code Section 34-8A-18.

335 34-8A-18.

336 (a)(1) Each individual and his or her employer shall pay contributions to the Family  
337 Medical Leave Fund. The amount of such contributions shall be determined by applying  
338 the rate of contributions as determined by the Commissioner pursuant to this Code  
339 section to the individual's wages and then dividing the resulting amount in half so that the  
340 contribution amount is evenly shared between the individual and his or her employer. On  
341 or before October 31 of each calendar year, the Commissioner shall prepare a statement,  
342 which shall be a public record, declaring the rate of contributions with respect to wages  
343 for the calendar year and shall notify promptly all employers of individuals covered for  
344 temporary family medical leave insurance benefits of the rate.

345 (2) The rate of contributions with respect to wages for calendar years 2020 and 2021  
346 shall be 1.5 percent.

347 (3) Except as provided in paragraph (4) of this subsection, the rate of contributions with  
348 respect to wages for calendar year 2022 and for each subsequent calendar years shall be  
349 1.45 times the amount disbursed from the Family Medical Leave Fund during the 12  
350 month period ending on September 30 and immediately preceding the calendar year for  
351 which the rate is to be effective, less the amount in the Family Medical Leave Fund on  
352 September 30, with the resulting figure divided by total wages paid during the same 12  
353 month period and then rounded to the nearest one-tenth of 1 percent.

354 (4) The rate of contributions with respect to wages shall not exceed 1.5 percent or be less  
355 than 0.1 percent. After October 31, 2022, the rate of contributions shall not decrease  
356 from the rate in the previous year by more than two-tenths of 1 percent.

357 (b) Notwithstanding subsection (a) of this Code section, and except as provided in  
358 paragraph (2) thereof, the Commissioner may, at his or her discretion, increase or decrease  
359 by not more than 0.1 percent the rate of contributions with respect to wages determined  
360 pursuant to subsection (a) of this Code section, up to a maximum contribution rate of 1.5  
361 percent, if he or she determines the adjustment is necessary to reimburse the Family  
362 Medical Leave Fund for disability or care leave benefits paid or estimated to be paid to  
363 individuals covered by this Code section or to prevent the accumulation of funds in excess  
364 of those needed to maintain an adequate fund balance.

365 (c) The time, procedure, manner of payment, and collection of contributions under this  
366 chapter shall be the same as those for unemployment compensation in accordance with the  
367 provisions of Chapter 8 of this title.

368 34-8A-19.

369 (a) The department shall issue the initial payment for benefits under this chapter to an  
370 individual who files a claim and is determined to be eligible by the department under

371 applicable law and rules and regulations of the department within 14 days of receipt of such  
372 individual's properly completed first claim.

373 (b) All claims for benefits under this chapter shall be made in accordance with rules and  
374 regulations of the department. Each employer shall post and maintain in places readily  
375 accessible to individuals in his or her service printed statements concerning such rules and  
376 regulations and shall make available to such individual copies of such printed statements,  
377 rules and regulations, or matters relating to claims for benefits under this chapter as the  
378 Commissioner may prescribe. Such printed statements shall be supplied to each employer  
379 by the department without cost to the employer.

380 34-8A-20.

381 (a) A first claim, accompanied by a certificate on a form furnished by the department to  
382 the claimant, shall be filed not later than the forty-first consecutive day following the first  
383 compensable day of unemployment and disability or care leave with respect to which the  
384 claim is made for benefits, which time shall be extended by the department upon a showing  
385 of good cause. If a first claim is not complete, the claim form shall be returned to the  
386 claimant for completion, and it shall be completed and returned not later than the tenth  
387 consecutive day after the date on which it was mailed by the department to the claimant,  
388 except that such time shall be extended by the department upon a showing of good cause.

389 (b) Any continued medical certification shall be submitted to the department within 20 days  
390 of the date the claimant is issued a notice of final payment or departmental request for  
391 additional medical certification. The 20 day time limit shall be extended by the department  
392 upon a showing of good cause.

393 34-8A-21.

394 (a) The department shall give a notice of the filing of a first claim for each benefit period  
395 to the claimant's employer by which the claimant was last employed immediately preceding  
396 the filing of such claim.

397 (b) Within two working days after receipt of the notice provided for in subsection (a) of  
398 this Code section, or within five working days after termination if there has been a  
399 termination of the claimant's service, whichever provides the longest number of days, the  
400 claimant's employer by which the claimant was last employed shall notify the department  
401 of any information known which may bear upon the eligibility of the claimant.

402 (c) The department shall consider the information submitted by the employer pursuant to  
403 subsection (b) of this Code section and make a determination as to the eligibility of the  
404 claimant for benefits. The department shall promptly notify the claimant of the  
405 determination and the reasons therefor. The claimant may appeal therefrom in the same  
406 manner a claimant may appeal a determination as to the eligibility of benefits pursuant to  
407 Chapter 8 of this title.

408 34-8A-22.

409 (a) A claimant shall establish medical eligibility for each uninterrupted period of disability  
410 or care leave by filing a first claim for benefits supported by the certificate of a treating  
411 physician or practitioner that establishes the sickness, injury, or pregnancy of the claimant  
412 or the condition of the family member that warrants the care of the claimant. For  
413 subsequent periods of uninterrupted disability or care leave after the period covered by the  
414 initial certificate or any preceding continued claim, a claimant shall file a continued claim  
415 for those benefits supported by the certificate of a treating physician or practitioner. A  
416 certificate filed to establish medical eligibility for the claimant's own sickness, injury, or  
417 pregnancy shall contain a diagnosis and diagnostic code or, if no diagnosis has yet been  
418 obtained, a detailed statement of symptoms.

419 (b) A certificate filed to establish medical eligibility of the claimant's own sickness, injury,  
420 or pregnancy shall also contain a statement of medical facts, including secondary diagnoses  
421 when applicable, within the physician's or practitioner's knowledge based on a physical  
422 examination and a documented medical history of the claimant by the physician or  
423 practitioner indicating the physician's or practitioner's conclusion as to the claimant's  
424 disability and a statement of the physician's or practitioner's opinion as to the expected  
425 duration of the disability.

426 (c) An individual shall be required to file a certificate to establish eligibility when taking  
427 leave to care for a family member with a serious health condition. The certificate shall be  
428 developed by the department. In order to establish medical eligibility of the serious health  
429 condition of the family member that warrants care by the claimant, the information shall  
430 be within the physician's or practitioner's knowledge, shall be based on a physical  
431 examination and documented medical history of the family member, and shall contain all  
432 of the following:

433 (1) A diagnosis and diagnostic code or, if no diagnosis has yet been obtained, a detailed  
434 statement of symptoms;

435 (2) The date, if known, on which the condition commenced;

436 (3) The probable duration of the condition;

437 (4) An estimate of the amount of time that the physician or practitioner believes the  
438 claimant needs to care for the family member; and

439 (5) A statement that the serious health condition warrants the participation of the  
440 claimant to provide care for a family member. For purposes of this paragraph, the term  
441 'warrants the participation of the claimant' includes, but is not limited to, providing  
442 psychological comfort and arranging third-party care for the family member, as well as  
443 directly providing, or participating in, the medical care.

444 (d) The department shall develop a certification form for bonding that is separate and  
445 distinct for an individual taking leave to bond with a new child.

446 (e) The first and any continuing claim of an individual who obtains care and treatment  
447 outside this state shall be supported by a certificate of a treating physician or practitioner  
448 duly licensed or certified by this state or any foreign country in which the claimant is  
449 receiving care and treatment. If a physician or practitioner licensed by, and practicing in,  
450 a foreign country is under investigation by the department for filing false claims and the  
451 department does not have legal remedies to conduct a criminal investigation or prosecution  
452 in such country, the department may suspend the processing of all further certifications  
453 until the physician or practitioner fully cooperates, and continues to cooperate, with the  
454 investigation. A physician or practitioner licensed by, and practicing in, a foreign country  
455 who has been convicted of filing false claims with the department may not file a certificate  
456 in support of a claim for disability or care leave benefits for a period of five years.

457 (f) Nothing in this Code section shall be construed to preclude the department from  
458 requesting additional medical evidence to supplement the first or any continued claim if  
459 the additional evidence can be procured without additional cost to the claimant. The  
460 department may require that the additional evidence include any or all of the following:

461 (1) Identification of diagnoses;

462 (2) Identification of symptoms; or

463 (3) A statement setting forth the facts of the claimant's disability or the serious condition  
464 of the claimant's family member. The statement shall be completed by any of the  
465 following individuals:

466 (A) The physician or practitioner treating the claimant or the claimant's family  
467 member;

468 (B) The registrar, authorized medical officer, or other duly authorized official of the  
469 hospital or health facility treating the claimant or the claimant's family member; or

470 (C) An examining physician or other representative of the department.

471 34-8A-23.

472 Benefits paid pursuant to this chapter shall not be charged against an employer's account  
473 maintained pursuant to Chapter 8 of this title."

474 **SECTION 2.**

475 This Act shall become effective on January 1, 2023, only if there is ratified at the November,  
476 2022, state-wide general election an amendment to the Constitution of Georgia which  
477 authorizes the dedication of funds to the Family Medical Leave Fund. If no such amendment  
478 is proposed by the General Assembly, if such amendment is rejected by the electors, or if the  
479 election to ratify the proposed amendment is not held at the time of the 2022 general election,  
480 this Act shall not become effective and shall stand repealed on January 1, 2022.

481 **SECTION 3.**

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