Since our last update, the Georgia General Assembly has approved and the Gov. Deal has signed the final FY 2017 amendment budget, sometimes known as the “Little budget,” and the House has passed its version of the FY 2018 Budget. The House version will undergo Senate confirmation, while the action is in the hands of the House Appropriations Committee.

• Opioid overdoses now claim about as many lives in Georgia as car accidents.
• Between 2010 and 2014, there were 1,957 important hospitalizations with a diagnosis of NAS.
• The average hospital charge for cases of NAS was $52,856 per baby.
• In 2013, drug abuse was the second leading cause for children entering foster care in Georgia.
• Approximately 3 percent of children entering Georgia’s child welfare system do so due to parental addiction issues (opioids and other substance abuse).

A joint study committee released extensive findings and recommendations on the opioid crisis. Legislation has originated in both chambers this session in response to these recommendations. Bills introduced in this session have addressed the availability of various opioids by tightening the list of controlled substances, regulating the sale, use and distribution of fentanyl, and instituting limitations on prescribing opioids. The Senate has addressed the administration of opioids in a major bill (SB 121), dealing with the abuse of prescription opioids, the licensure and regulation of addiction clinics throughout the state, and the expansion of data gathering on NAS by the Department of Community Health. This bill has passed the Senate.

• SB 88 expands availability of naloxone, which is an opioid antagonist that can prevent overdose deaths. This has unanimously passed the Senate.
• SB 118 expanded availability of medicaid, which is an opioid antagonist that can prevent overdose deaths. This has unanimously passed the Senate.

Given the number of opioid-related measures moving through both chambers this year, we cannot easily predict what bill elements will survive the session. However, with so much legislative energy devoted to multiple initiatives approved by powerful legislatures, it appears likely that at least one significant bill should pass this session.

Child Health Bills

• Dental Hygienists. Rep-Sharon Cooper (R-Marietta) and Sen. Renee Unterman (R-Buford) have reintroduced a proposal first considered in the 2016 General Assembly that would enable dental hygienists to practice independently in the general (rather than direct) supervision of dentists in safety net settings, such as schools, nursing homes, and hospitals. The measure would enable many children who have lacked access to dental care to receive a level of care their parents cannot afford to protect their teeth. HB 412 has passed and is making its way through the Senate. Similarly, SB 498 has passed the Senate and is under consideration in the House. Similar bills have faced opposition from the Georgia Dental Association in the past, but some specific points have been modified in this year’s bill and health advocates are optimistic that the bill may succeed this year.

• Autism Disorders Coverage. Sen. Unterman has sponsored a measure (SB 420) that would change the law to allow for coverage of autism spectrum disorders for children covered under a policy or contract from six years old up to age 21. The measure is being considered by the Senate Rules Committee.

• SHAPE. The philanthropic community in Georgia has seen an early investor in efforts to improve nutrition, promote physical activity and reduce obesity, and the state Department of Public Health has advanced these efforts through state a fitness assessment program administered by public schools known as SHAPE. HB 863 would eliminate a requirement that the program “launch” by June 30, 2017 and enable the General Assembly part this year to know the costs of sustaining the program.

• Federally Qualified Health Centers (FQHCs). HB 125 would provide incentives for public employees to use federally qualified health centers. FQHCs are nonprofit medical centers established under Medicaid in 1983 to offer an expanded range of medical and nonmedical services. (Despite the name, FQHCs are not run by the federal government.) FQHCs receive increased reimbursement rates through public insurance for eligible services they provide to low-income individuals. The bill would also expand the number of FQHCs in Georgia by 100 to 150, with a 5-year phase-in process. The bill would also include a major step forward in addressing health care issues in rural areas and the overlap between the programs and FQHCs.

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