



**GEORGIANS FOR A
HEALTHY FUTURE**

**TUESDAY
APRIL 08,
2025**

LEGISLATIVE UPDATE: WEEK 12



The 2025 Georgia Legislative Session Is Over—but GHF's work isn't finished!

We've made it to the end of the legislative session and through Sine Die (the last day of session).

This year's session ended abruptly with state senators adjourning before House members wrapped up. The Senate's unexpectedly early departure left many bills in limbo. When Senators left early, they also left behind a number of Senate-passed measures that the House never had the chance to consider. With their sponsors already headed home, these bills were left without final votes and will have to wait until next year for another chance.

In this update, we review which notable health bills passed, which ones didn't make

it across the finish line, and highlight the major health-related investments included in the state budget.

You can view a full list of the legislation GHF tracked this year in our [bill tracker](#). In May, we'll share one final update with the Governor's bill signings, vetoes, and any last budget changes.

Did these weekly legislative updates help you stay informed and take action this session? We hope so! We love creating them for advocates like you across the state. If you'd like to support this time-intensive, expert-driven work, [please consider making a donation to GHF](#). (Maybe even set up a monthly gift, because advocacy is year-round!) Thank you!

Final FY 2026 Budget Approved by Lawmakers

Early on Sine Die, the Appropriations Conference Committee presented their version of the FY 2026 budget to lawmakers and the general public. With the clock winding down on the last day of the session, both chambers quickly passed this final version of the budget. The FY 2026 budget directs how state agencies will spend money from July 1, 2025, to June 30, 2026. The Governor can now sign the budget, veto specific line items, and direct state agencies to disregard certain funds.

Below are some of the highlights of the health-related investments in the final FY 2026 budget. You will find a more complete version here on our blog! (We couldn't fit it all into one email.)

Department of Behavioral Health and Developmental Disabilities

- **NOW/COMP Waivers:** funding for 150 new NOW/COMP waiver slots.
- *Note:* This is 50 more than the Governor's budget, but 50 less than the Senate's budget. (Gov's Rec: **\$2.5M**, House: **\$3.5M**, Senate: **\$4.6M**, Final: **\$3.5M**).
 - NOW & COMP waivers allow people with intellectual and developmental disabilities (IDD) to receive support and health services that help them live in their communities rather than in hospitals or long-term care facilities. Even with these new slots, 7,300 Georgians with IDD are still on the waiting list for a waiver.
- **Citizen Advocacy services:** no additional funding in the final budget (Gov's Rec: **\$0**, House: **\$100k**, Senate: **\$0**, Final: **\$0**).

- Citizen Advocacy is a program that helps Georgians with IDD living in nursing homes find and move into better living situations.
- **The Georgia Housing Voucher Program:** The final budget kept the \$1.7M included in the House and Senate versions of the budget, which will cover 100 vouchers (Gov's Rec: **\$0**, House: **\$1.7M**, Senate: **\$1.7M**, Final: **\$1.7M**).
 - The [Georgia Housing Voucher Program](#) (GHVP) is a supportive housing program for chronically homeless Georgians who have a severe and persistent mental illness (SPMI). Stable housing is a cornerstone of effective mental health recovery, yet the GHVP currently serves only about a quarter of the individuals it is obligated to help under federal agreements. To meet its obligation, Georgia needs to fund the program at \$20M.

This is a GHF priority!

- **Mercy Care's outreach to Atlantans experiencing homelessness:** No additional funding in the final budget (Gov's Rec: **\$0**, House: **\$300k**, Senate: **\$0**, Final: **\$175k**).
- **Partners for Home's homelessness community action teams:** No additional funding in the final budget (Gov's Rec: **\$0**, House: **\$750k**, Senate: **\$0**, Final: **\$0**).
- **Transfer of funds from the Dept. of Beh. Health & Developmental Disabilities (DBHDD) to the Dept. of Education to "consolidate and streamline funding for school-based mental health support":** The conference committee removed this transfer from the final budget, allowing DBHDD to retain involvement with school-based MH services. (Senate: **-\$9.3M**, Final: **\$0**).

Department of Community Affairs

Housing Initiatives

- **The Georgia Housing Trust Fund for the Homeless:** The final budget includes half of what the House added for the program (Gov's Rec: **\$0**, House: **\$4M**, Senate: **\$0**, Final: **\$2M**).
 - The Georgia Housing Trust Fund for the Homeless provides limited funds for housing and support services for Georgians experiencing or at risk of homelessness. The annual appropriation for the program is about \$3M. Adding the one-time funds allows Georgia to use federal housing funds for the program in addition to state funds.

Department of Community Health

- **PACE (Program for All-Inclusive Care for the Elderly) program:** The final

version of the budget includes the funding for PACE, which was removed in the Senate's version (Gov's Rec: **\$1.14M**, House: **\$1.14M**, Senate: **\$0**, Final: **\$1.14M**).

- **Funding to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to use Medicaid funding for medical residency slots:** The final budget included the addition of the Senate's funding for the SPA submission (Gov's Rec: **\$0**, House: **\$0**, Senate: **\$300k**, Final: **\$300k**).
- **Funding for a multi-year, comprehensive study of all Medicaid provider reimbursement rates:** This funding addition from the House was cut from the Senate's budget and not added back in the final budget. *However, the conference committee directed DCH to collaborate with the Governor's Office to examine Medicaid provider reimbursement rates* (Gov's Rec: **\$0**, House: **\$1M**, Senate: **\$0**, Final: **\$0**).
- **Funding for care and resource coordination for patients with sickle cell disease:** The final budget cut this funding entirely (Gov's Rec: **\$0**, House: **\$562k**, Senate: **\$196k**, Final: **\$0**).
- **Telecare and maternal health programs:** The final budget kept the Senate's funding level for these programs (Gov's Rec: **\$0**, House: **\$500k**, Senate: **\$250k**, Final: **\$250k**).
- **Matching funds for behavioral and mental health services stabilization and augmentation:** The final budget kept the funding at the same level as the Senate (Gov's Rec: **\$0**, House: **\$3.5M**, Senate: **\$3M**, Final: **\$3M**).
- **Expanding and sustaining labor and delivery services in rural Georgia:** The final budget did not include this funding addition from the House (Gov's Rec: **\$0**, House: **\$5M**, Senate: **\$0**, Final: **\$0**).
- **Funding for the Georgia Rural Health Association (GRHA) to support access to rural health care:** The final budget kept the Senate's cut (Gov's Rec: **\$0**, House: **\$100k**, Senate: **\$0**, Final: **\$0**).
- **Reimbursement for pharmacies participating in the State Health Benefit Plan (SHBP) based on a set rate and dispensing fee (as opposed to allowing PBMs to set their own rates for pharmacies):** The final budget included this funding between the levels added by the House and Senate (Gov's Rec: **\$0**, House: **\$1.2M**, Senate: **\$5M**, Final: **\$2.9M**).
- **Adjustments that result from an increase in the share of Georgia's Medicaid costs that the federal government pays for (also known as the FMAP): 66.04% to 66.40%**
- **Rate increases across Georgia Medicaid for various services:** The final budget largely kept the Senate's funding levels for services that were being considered for reimbursement rate increases.

- **Funding for add-on payments for newborn deliveries in rural areas (below 30,000 and 50,000 residents):** The conference committee added this funding to the final budget. (Final: **\$3.8M** across both add-on payments)

Department of Human Services

- **\$3000 salary increase for eligibility caseworkers:** The final budget kept this funding addition from the House (Gov's Rec: **\$0**, House: **\$5.8M**, Senate: **\$5.8M**, Final: **\$5.8M**). *This is a GHF priority!*
- **Direction to DHS to prepare a plan to address the backlog of Medicaid, food assistance, and other applications. DHS must submit this plan to the Office of Planning and Budget and the House and Senate Appropriations chairs by June 1, 2025:** The unfunded directive was added by the House and included in the final budget. *This is a GHF priority!*

Department of Insurance

- **Reducing state funds for reinsurance and Georgia Access in recognition of funding generated by the user fees insurers pay to use the Georgia Access platform:** The final budget cut state funds for reinsurance by the same amount as the Senate (Gov's Rec: **-\$50M**, House: **-\$59M**, Senate: **-\$60M**, Final: **-\$60M**).

Department of Public Health

- **Funding for an Alzheimer's and related dementia registry:** The final budget includes the House's funding for the registry (Gov's Rec: **\$0**, House: **\$298k**, Senate: **\$0**, Final: **\$298k**).
- **The Office of Cardiac Care grants to hospitals in recognition of cardiac complications as the leading cause of maternal mortality:** The final budget kept the Senate's cut to this funding (Gov's Rec: **\$0**, House: **\$1.2M**, Senate: **\$0**, Final: **\$0**).
- **Funding to increase the number of birthing facilities with verified maternal and neonatal levels of care:** The final budget includes this funding at a level slightly below the House's addition (Gov's Rec: **\$0**, House: **\$700k**, Senate: **\$0**, Final: **\$600k**).
- **Retention and recruitment of Babies Can't Wait Service Coordinators and Special Instructors:** The final budget kept the Senate's funding level (Gov's Rec: **\$0**, House: **\$1.1M**, Senate: **\$551k**, Final: **\$551k**).
 - Georgia's "Babies Can't Wait" (BCW) program is a statewide, interagency early intervention program for families with infants and

toddlers (birth to age 3) who have developmental delays or disabilities.

- **Funds for six perinatal regional centers to provide clinical care for high-risk infants and training residents in complex care:** The final budget kept this addition from the Senate but at a lower amount (Gov's Rec: **\$0**, House: **\$0**, Senate: **\$1M**, Final: **\$600k**).

Stay tuned for our final update in May, and thank you for advocating with us this session!

Post-Session Legislative Roundup

Legislation that passed will now await Governor Kemp's signature. He has 40 days from Sine Die to sign (or not sign) bills for them to become law. Gov. Kemp may also veto bills during this period.

Because 2025 is the first year of a two-year legislative session, bills that did not pass will not have to start all the way over in 2026. They will start in the chamber in which they stalled this year. (Ex: HB 291 passed the House but did not pass the Senate. In 2026, HB 291 will re-start in the Senate.)

Don't miss [our overview of four health-related study committees](#). Advocacy and opportunities to improve Georgia's health continue year-round!

HOUSE BILLS

[HB 81](#): Interstate Compact for School Psychologists

Lead Sponsor: Rep. Bethany Ballard (147th)

Status: PASSED

GHF Position: Support

What this bill does: HB 81 would allow Georgia to join the Interstate Compact for School Psychologists. This compact makes it easier for school psychologists to work in different states by simplifying the licensing process. It also helps address the shortage of these professionals in schools. The bill creates a commission to manage the compact. It also sets rules for sharing information, handling discipline issues (for school psychologists, not students), solving disputes, and how states can join or leave the compact. The goal is to give students better access to school psychologists while still allowing each state to set its own licensure requirements.

[HB 89](#): Requires health care providers, facilities, and pharmacies to provide the Maternal Mortality Review Committee with psychiatric or other clinical

records

Lead Sponsor: Rep. Cooper (45th)

Status: PASSED

GHF Position: Monitoring

What this bill does: HB 89 aims to improve how Georgia collects information on maternal deaths and provides care for mothers and babies. It gives the Maternal Mortality Review Committee more access to patient records, including mental health and pharmacy records, to better understand why mothers pass away during pregnancy or childbirth. The bill also creates a Regional Perinatal Center Advisory Committee, which will help make sure hospitals and doctors have the right resources to care for high-risk pregnancies and births. Lastly, the bill simplifies the process for investigating the deaths of pregnant women, so medical examiners don't always have to go through a regional perinatal center unless special circumstances require it.

HB 94: Requires health insurers to cover fertility preservation services for individuals undergoing treatment for cancer, sickle cell disease, or lupus that may impact fertility

Lead Sponsor: Rep. Lumsden (12th)

Status: PASSED

Position: Support

What this bill does: HB 94 would require state-regulated health plans to cover fertility preservation services for people undergoing medical treatments for cancer, sickle cell disease, or lupus that could lead to infertility. These services include procedures like freezing eggs, sperm, or embryos to help individuals have children in the future. The bill also sets guidelines and limits for what insurance must cover, such as evaluation costs, medications, and one year of storage for reproductive cells. Limits include restrictions based on age and the number of procedures covered.

HB 124: Required insurance coverage of PANDAS and PANS

See SB 5 below.

HB 182 (Previously HB 410)– ~~Modifying life insurance prohibitions for military that die in the line of action~~ Efficiency of Dept. of Insurance

Lead Sponsor: Rep. Lumsden (12th)

Status: PASSED

GHF Position: Monitoring

What this bill does: HB 182 was replaced with the language from HB 410. Now, HB 182 makes changes to how Georgia's Department of Insurance (DOI) operates.

These changes include repealing several regulations, eliminating certain fees paid by insurers, and removing the requirement for insurance agency branch offices to obtain separate licenses. The bill's author says HB 410 will streamline the DOI's operations, reduce costs for insurers, and modernize regulations. However, several potential drawbacks could negatively impact consumers and public insurance industry oversight. These include less transparency in insurance company operations, less financial security, reduced oversight of insurance agencies operating multiple locations, and fewer financial resources for DOI to investigate and enforce consumer protections.

HB 196 - PBM Price Transparency in the State Health Benefit Plan

Lead Sponsor: Rep. Kelley (16th)

Status: PASSED

GHF Position: Monitoring

What this bill does: HB 196 would require greater transparency and set standards for how Georgia's State Health Benefit Plan (SHBP) reimburses pharmacies for prescription drugs. The bill establishes new rules for how pharmacy benefits managers (PBMs) and insurers must calculate drug reimbursements to ensure that pharmacies receive fair payment for dispensing medications. The Senate committee voted on an updated version of HB 196, which removed the ability for a pharmacy or beneficiary to sue the PBM if they violate the reimbursement guidelines outlined in the bill, including by adjusting the final price with a prescription drug discount card.

HB 197 – Peer-to-Peer Review Requirements

Lead Sponsor: Rep. Hawkins (27th)

Status: PASSED

GHF Position: Support

What this bill does: HB 197 strengthens the review requirements for health insurers and utilization review entities when they question whether a medical treatment is necessary. The bill ensures that treating health care providers have a fair chance to discuss their treatment decisions with an appropriately trained clinical peer before an insurance company or review entity makes an adverse determination (a decision that denies or limits coverage for treatment).

HB 258 – PeachCare for Adults Act

Lead Sponsor: Rep. Buckner (137th)

Status: STILL AVAILABLE FOR NEXT SESSION - The bill did not pass out of the House before the crossover deadline.

GHF position: Support

What this bill does: See our [Crossover Day update](#) for a full bill summary.

[HB 268](#) – Student Safety, Health, and Well-Being Act

Lead Sponsor: Rep. Persinger (119th)

Status: PASSED

GHF Position: Monitoring

What this bill does: See [last week's legislative update](#) for a full summary.

[HB 291](#) – Community Health Worker Certification

Lead Sponsor: Rep. Taylor (173rd)

Status: DID NOT PASS THE SENATE - The bill did not receive a final vote in the Senate before they adjourned for the year.

GHF's Position: Support. *This is a GHF priority!*

What this bill does: HB 291 would establish a certification process for community health workers (CHWs) in Georgia. CHWs are frontline public health workers who help connect individuals to health care and essential services, particularly in underserved communities. They go by many titles, such as Patient Navigator, Community Health Advocate, and Promotora de Salud. By setting uniform standards and training for CHWs, creating a statewide certification system would support a skilled, stable CHW workforce.

HB 373 – Required insurance coverage of prostate cancer screenings

See SB 91 below

[HB 422](#) – High Deductible Health Plans in the State Health Benefit Plan

Lead Sponsor: Rep. McCollum (30th)

Status: PASSED

GHF position: Monitoring

What this bill does: HB 422 would require the State Health Benefit Plan (SHBP) to offer at least two high-deductible health plans (HDHPs) by October 1, 2025. These plans must be paired with health savings accounts (HSAs), allowing employees to make pre-tax contributions directly from their paychecks. While HDHPs appear desirable to cost-conscious enrollees, they may face high out-of-pocket costs if they do not contribute to their HSA or do not contribute enough to offset the high deductible. The bill does not include a requirement to educate enrollees about the trade-offs of an HDHP and the importance of contributing to the HSA.

HB 506 – Medicaid Coverage for Tobacco Cessation Treatments

Lead Sponsor: Rep. Hilton (48th)

Status: DID NOT PASS THE SENATE - The bill did not receive a final vote in the Senate before they adjourned.

GHF Position: Support

What this bill does: HB 506 requires Georgia Medicaid to cover tobacco cessation treatments, including FDA-approved medications and counseling services. It prohibits limits on the number of quit attempts covered, prior authorization requirements, and cost-sharing (such as copayments or deductibles) for recipients seeking treatment. The bill also directs the Georgia Department of Community Health (DCH) to seek federal approval if necessary to implement these changes.

HB 612 – Updates to the Behavioral Health Coordinating Council

See SB 131 below

SENATE BILLS

SB 1 - Transgender Sports Ban

Lead Sponsor: Sen. Dolezal (27th)

Status: PASSED

GHF Position: Oppose

What this bill does: SB 1 mandates that students participate in school sports and use facilities based on their biological sex at birth, as documented on their birth certificate. The bill explicitly excludes transgender students from joining teams or using shared spaces aligning with their gender identity and outlines financial penalties for schools that violate the transgender athlete ban. Among other changes, the substitute language replaces all references to “gender” in the code section with “sex”, allows for someone who believes they’ve been harmed by another person violating this law to seek damages, and expands the application to include private schools that receive state funding.

SB 5 - Prior Authorization Gold Card Program

Lead Sponsor: Sen. Kirkpatrick (32nd)

Status: PASSED w/amendment

GHF Position: Support

What this bill does: SB 5 requires health insurers that use prior authorization requirements to create a Gold Card program that reduces or removes prior authorization requirements for health care providers who demonstrate a strong track record of following evidence-based medicine. The goal is to reduce administrative burdens for providers and insurers while ensuring high-quality care for patients. SB 5 was amended by the House to include the language from HB 124, which requires insurers to cover treatment for PANS and PANDAS (autoimmune diseases that can develop after a case of strep throat).

SB 30 – Ban on Gender-Affirming Medical Care for Minors

Lead Sponsor: Sen. Watson (1st)

Status: DID NOT PASS THE HOUSE - The bill did not receive a final vote in the House before they adjourned for the year.

GHF Position: Oppose

What this bill does: SB 30 would expand Georgia's restrictions on gender-affirming medical care for minors by banning puberty blockers, hormone therapy, and gender-affirming surgeries. It goes further than the existing SB 140 law from 2023 by removing some exceptions, increasing penalties for doctors, and allowing parents to sue medical providers. The substitute permits the use of blockers, if approved ahead of time by two psychiatrists or psychologists and under the care of a pediatrician certified in the condition or board-certified. The new language makes it very difficult for a minor currently receiving puberty blocker treatment to continue, but does not fully prohibit it.

SB 39 – Ban on Coverage of Gender-Affirming Care in State-Funded Health Insurance Plans

Lead Sponsor: Sen. Tillery (19th)

Status: DID NOT PASS THE HOUSE - The bill did not receive a final vote in the House before they adjourned for the year.

GH position: Oppose

What this bill does: SB 39 would prohibit the use of state funds to cover gender-affirming care, including hormone therapy and sex reassignment surgery, for individuals enrolled in state-funded health plans or receiving public assistance. The bill also bans state-owned health care facilities and state-employed providers from offering gender-affirming care.

SB 50 – PeachCare Plus Act of 2025

Lead Sponsor: Sen. David Lucas (26th)

SB 91 (formerly HB 373)– ~~Ban on Pharmacy Benefits Managers (PBMs) in the State Health Benefit Plan~~ Required insurance coverage of prostate cancer screenings

Lead Sponsor: Sen. Tillery (19th)

Status: DID NOT PASS THE HOUSE - The bill did not receive a final vote in the House before they adjourned.

GHF Position: Support

What this bill does: The original language from SB 91 was removed and replaced with two bills that passed out of the House - HB 373 to require insurers to cover prostate cancer screening and HB 323 to make Medicare Advantage plans available to Georgians under the age of 65 with ALS or end-stage renal disease.

SB 96 – Housing Trust Fund for the Homeless Commission Expansion

Lead Sponsor: Sen. Echols (49th)

Status: PASSED

GHF position: Support

What this bill does: SB 96 expands the State Housing Trust Fund for the Homeless Commission, which oversees funding and programs to prevent and reduce homelessness. It operates under the Georgia Dept of Community Affairs (DCA). It provides grants, financial assistance, and support services to organizations that serve individuals experiencing homelessness or at risk of becoming homeless. The bill increases the commission's membership from nine to 11 and makes structural updates to appointment terms, allowing for broader representation and expertise in homelessness prevention efforts. This expansion could strengthen policy direction and funding decisions related to affordable housing and homelessness services.

SB 131 (formerly HB 612)– ~~Creation of a Health Care Professionals Data System~~ Updates to the Behavioral Health Coordinating Council

Lead Sponsor: Sen. Hodges (3rd)

Status: STILL AVAILABLE FOR NEXT SESSION - The bill did not receive final agreement of the House changes by the Senate before they adjourned

GHF Position: Monitoring

What this bill does: The original language in SB 131 was removed and replaced with the language from HB 612 (Rep. Dempsey's mental health bill). Now, SB 131 adds the Insurance Commissioner to the Behavioral Health Coordinating Council (BHCC). The BHCC is a multi-agency advisory group operated by the state that focuses on improving the behavioral health system. Adding the Insurance Commissioner to the group could help strengthen the oversight and enforcement of Georgia's mental health parity laws. The legislation also requires the BHCC to

develop educational materials about mental health parity rights for consumers and providers. The bill also establishes a parity compliance review panel under the BHCC, to which health care providers must legally report suspected mental health parity violations.

SB 195 – Over-the-Counter Access to Pre-Exposure Prophylaxis (PrEP)

Lead Sponsor: Sen. Hufstetler (52nd)

Status: DID NOT PASS THE HOUSE - The bill did not receive a final vote in the House before they adjourned.

GHF Position: Support

What this bill does: SB 195 would allow pharmacists in Georgia to dispense Pre-Exposure Prophylaxis (PrEP) for HIV prevention without a prescription from a doctor. PrEP is a highly effective medication that reduces the risk of HIV transmission by up to 99% when taken as prescribed. However, barriers to accessing PrEP—such as requiring a doctor’s prescription, lack of insurance, or stigma—can prevent people at risk from getting preventive treatment. Expanding access through pharmacies allows individuals to obtain PrEP more quickly and conveniently, particularly in areas with limited health care providers. The bill establishes guidelines for pharmacists to provide PrEP under a statewide protocol, ensuring greater accessibility to the medication.

SB 233 – Updates to the Behavioral Health Reform and Innovation Commission (BHRIC)

Lead sponsor: Sen. Brass (6th)

Status: PASSED

GHF position: Support

What this bill does: SB 233 makes several updates to the Behavioral Health Reform and Innovation Commission (BHRIC), including extending its existence by 18 months (until Dec. 31, 2026). The commission is responsible for evaluating and recommending improvements to Georgia’s behavioral health system. Key changes to the committee include adding to the Commission’s membership a certified addiction recovery specialist with lived experience, a provider specializing in intellectual and developmental disabilities (IDD), a parent of an individual with IDD or an individual with IDD, an individual who has lost an immediate family member to drug overdose or fentanyl poisoning, a leader of an IDD advocacy organization, and an executive director of a Georgia nonprofit focused on addiction and recovery. The bill also removes the Involuntary Commitment and Workforce & System Development committees and replaces them with the Addictive Diseases and Intellectual & Developmental Disabilities committees, respectively.

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before the crossover deadline.

GHF position: Support. *This is one of GHF's priorities!*

What this bill does: SB 262 would require health insurance plans in Georgia to continue to cover preventive health care services without cost-sharing, ensuring that individuals can access screenings, immunizations, and other preventive care without paying out-of-pocket costs. The bill aims to protect access to preventive care regardless of changes to federal requirements.

SB 276 – Third-Party Payer Accountability for Medicaid Claims

Lead Sponsor: Sen. Echols (49th)

Status: PASSED

GHF Position: Monitoring

What this bill does: Senate Bill 276 strengthens accountability for third-party payers (such as private insurance companies and pharmacy benefit managers) when paying health care costs for Medicaid beneficiaries. The bill requires these payers to respond promptly to claims and inquiries and prohibits denials of payment based on prior authorization issues.

[Check out GHF's Bill Tracker](#)

Study Committees: The Work Continues!

The House approved several study committees which will consider important health issues and likely make recommendations for legislation ahead of the 2026 legislation session.

HR 659 – House Study Committee on Insurance Market Reform

Lead Sponsors: Rep. Lumsden (12th), Rep. Burns (159th)

Status: PASSED

GHF Position: Support

What this resolution does: HR 659 creates the House Study Committee on Insurance Market Reform to examine Georgia's rising insurance premiums, reduced coverage options, and lack of competition in the insurance industry. In response to some of the concerns about insurance practices raised during the passage of SB 68 (tort reform legislation), the committee will study issues like rate-setting practices, industry profits, regulatory compliance, and models from other states to identify reforms that could protect consumers from unaffordable

composition of the study committee from seven House members and four non-legislative members to eight House members and three non-legislative members.

[HR 72](#) - House Study Committee on Cancer Care Access

Lead Sponsors: Hawkins (27th)

Status: PASSED

GHF Position: Support

What this resolution does: This committee is charged with examining gaps in access to quality cancer care; how to increase prevention and early detection efforts; and needs related to care facilities and workforce. The study committee will be made up of five members of the House (appointed by the Speaker of the House) and an additional seven members. The additional members will be two representatives of Georgia's medical or public health schools; one primary care physician; one community oncologist practicing in a rural community; and one representative from Georgia's federally qualified health centers; and two others representing cancer survivors, hospitals or medical centers, caregivers, navigators, or other areas of expertise. The committee will complete its work by the end of 2025.

[HR 753](#) - House Study Committee on Improving Access to Internal Medicine in Rural Areas

Lead Sponsors: Donnatucci (105th)

Status: PASSED

GHF Position: Support

What this resolution does: This study committee is charged with thoroughly evaluating the most prudent and cost-effective ways to increase access to internal medicine in rural Georgian communities, with particular focus on those rural communities experiencing health transportation shortages. The committee will have eight members, five of whom will be House members and three will be non-legislative members who are licensed health care providers and who are familiar with the needs of rural Georgia.

[HR 847](#) – House Study Committee on Evaluating Funding for Public Health

Lead Sponsor: Rep. Taylor (173rd)

Status: PASSED

GHF Position: Support. *This is a GHF priority!*

What this resolution does: HR 847 creates the House Study Committee on Evaluating Funding for Public Health to examine how Georgia's public health

system is structured, funded, and resourced. The committee will study whether current public health investments are adequate to support a sustainable public health infrastructure, improve health outcomes, and reduce preventable deaths. The resolution notes that Georgia has historically underfunded public health, and less than one in every ten state health dollars go to the Department of Public Health. The committee will consist of five members of the House, appointed by the Speaker, and will make recommendations for potential policy or funding changes. The committee would expire on December 1, 2025.

GHF Has You Covered!

Thanks for keeping up with us during this legislative session!

GHF monitors legislative activity on a number of critical consumer health care topics. Along with our weekly legislative updates and timely analysis of bills, here are tools to help you stay in touch with health policy under the Gold Dome.



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