



## AGENDA ITEM

### Consent Agenda

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**REPORT TO:** Work Session (12/09/24)

**REPORT TO:** Voting Meeting (12/12/24)

**ITEM NO:** 616/2024

**SUBJECT:** Approve the Georgia First Responder PTSD Program coverage for critical illness and long-term disability to ACCG Insurance-IRMA of Atlanta, GA; authorization for the Chairman to execute all related documents, subject to the review and approval by the County Attorney. The estimated annual cost is \$136,900.00.

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#### Meetings:

**Work Session Date:** 12/09/24

**Voting Meeting Date:** 12/12/24

#### Executive Summary:

**Presenter:** DLJ

**Recommendation:** Department recommends approval of the Georgia First Responder PTSD Program coverage.

**Purpose of Request:** The purpose of this request is to seek approval of the Georgia First Responder PTSD Program coverage through ACCG Insurance-IRMA.

**History:** ACCG Insurance-IRMA is a current vendor utilized for the Georgia Firefighter's Cancer Benefit Program.

**Facts and Issues:** The Georgia First Responder PTSD Program provides coverage for limited, supplemental benefits to help cover treatment for post-traumatic stress disorder. House Bill 451 requires municipalities and other jurisdictions to provide two once-per lifetime benefits for responders diagnosed with mental stress disorder: (1) one lump-sum benefit paid following diagnosis and (2) a long-term disability benefit if the eligible first responder is no longer able to perform their duties as a first responder. Disability is paid monthly for up to 36 months.

**Options:**

The traumatic event must occur on or after July 1, 2024, and the effective date of the law (when claims may first be submitted) is January 1, 2025.

**Funding Requested** \$ 136,900.00  
**Are funds within current budget?** Yes  
**Source of Funds** Group Health Insurance Fund  
**Does the action involve a Resolution, Ordinance, Contract, Agreement, etc.?** Yes  
**Has it been reviewed by the County Attorney?** Yes  
**Is there a deadline for this item?**

**Approvals:**

<b>Submit</b>	<b>Approve</b>	<b>Budget</b>	<b>Finance</b>
LJ	LJ	JM	TS
<b>Attorney</b>	<b>Administration</b>		<b>Clerk</b>
WLI	CR		JR

**Attachments:**

Financial Supplement  
 GA First Responder PTSD Program



**HALL COUNTY BOARD OF COMMISSIONERS  
FINANCIAL SUPPLEMENT REPORT**

**AGENDA ITEM 616/2024**

**Funds Requested:** \$ 136,900.00

**Request Budgeted:** Yes

**Proposed Source of Funding:**

**Budget Transfer Requested:**

Group Health Insurance Fund

Yes

**Funding Source Items:**

<b>Fiscal Year</b>	<b>Fund</b>	<b>Division</b>	<b>Account</b>	<b>Amount</b>
2025	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$68,450.00
2026	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$68,450.00

**Budget Transfer Items:**

**Additional Information/Comments:**

**Contact for Questions:** DLJ

**Phone:** 770-531-6712