

House Bill 186 (AS PASSED HOUSE AND SENATE)

By: Representatives Stephens of the 164th, Gilliard of the 162nd, Petrea of the 166th, Hitchens of the 161st, Stephens of the 165th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to
2 revise provisions relating to certificate of need requirements; to revise and provide for new
3 definitions relative to health planning and development; to prohibit certain actions relating
4 to medical use rights; to revise provisions regarding when certificate of need is required; to
5 repeal a provision relating to the establishment of set times in which certain application for
6 capital projects may be accepted; to authorize destination cancer hospitals to be converted
7 to general cancer hospitals; to revise and provide for additional exemptions to certificate of
8 need requirements; to provide for requests and objections to letters of determination that an
9 activity is exempt or excluded from certificate of need requirements; to provide for annual
10 reports to be made publicly available; to provide for improvements in the state's health care
11 system and coordination of state health related entities; to provide for legislative findings and
12 declarations; to provide for definitions; to provide for the creation of the Office of Health
13 Strategy and Coordination; to provide for a director of health strategy and coordination; to
14 provide for advisory committees; to provide for reporting requirements by certain state
15 boards, commissions, committees, councils, and offices to the Office of Health Strategy and
16 Coordination; to provide for the Georgia Data Access Forum; to provide for its composition
17 and purpose; to amend other provisions of the Official Code of Georgia Annotated, so as to
18 provide for conforming changes; to provide for a short title; to revise provisions relating to
19 the sale or lease of a hospital by a hospital authority; to provide for the investment of funds
20 by certain hospital authorities; to amend Code Section 48-7-29.20 of the Official Code of
21 Georgia Annotated, relating to tax credits for contributions to rural hospital organizations,
22 so as to provide for transparency; to provide for related matters; to repeal conflicting laws;
23 and for other purposes.

24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

25 **PART I**

26 **SECTION 1-1.**

27 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by revising
 28 paragraphs (6), (8), (14), (17), (21), and (35) of and by adding new paragraphs to Code
 29 Section 31-6-2, relating to definitions relative to state health planning and development, as
 30 follows:

31 "(6) 'Certificate of need' means an official ~~determination~~ finding by the department,
 32 evidenced by certification issued pursuant to an application, that the action proposed in
 33 the application satisfies and complies with the criteria contained in this chapter and rules
 34 promulgated pursuant hereto."

35 "(8) 'Clinical health services' means diagnostic, treatment, or rehabilitative services
 36 provided in a health care facility, ~~or parts of the physical plant where such services are~~
 37 ~~located in a health care facility~~, and includes, but is not limited to, the following:
 38 radiology and diagnostic imaging, such as magnetic resonance imaging and positron
 39 emission tomography (PET); radiation therapy; biliary lithotripsy; surgery; intensive care;
 40 coronary care; pediatrics; gynecology; obstetrics; general medical care; ~~medical/surgical~~
 41 medical-surgical care; inpatient nursing care, whether intermediate, skilled, or extended
 42 care; cardiac catheterization; ~~open-heart~~ open heart surgery; inpatient rehabilitation; and
 43 alcohol, drug abuse, and mental health services."

44 "(14) 'Develop,' with reference to a project, means: ~~(A) Constructing~~ constructing,
 45 remodeling, installing, or proceeding with a project, or any part of a project, or a capital
 46 expenditure project, the cost estimate for which exceeds ~~\$2.5 million; or \$10 million.~~ (B)
 47 ~~The expenditure or commitment of funds exceeding \$1 million for orders, purchases,~~
 48 ~~leases, or acquisitions through other comparable arrangements of major medical~~
 49 ~~equipment; provided, however, that this shall not include build-out costs, as defined by~~
 50 ~~the department, but shall include all functionally related equipment, software, and any~~
 51 ~~warranty and services contract costs for the first five years. Notwithstanding~~
 52 ~~subparagraphs (A) and (B) the provisions~~ of this paragraph, the expenditure or
 53 commitment or incurring an obligation for the expenditure of funds to develop certificate
 54 of need applications, studies, reports, schematics, preliminary plans and specifications,
 55 or working drawings or to acquire, develop, or prepare sites shall not be considered to be
 56 the developing of a project."

57 "(16.1) 'General cancer hospital' means an institution which was an existing and
 58 approved destination cancer hospital as of January 1, 2019; has obtained final certificate
 59 of need approval for conversion from a destination cancer hospital to a general cancer
 60 hospital in accordance with Code Section 31-6-40.3; and offers inpatient and outpatient

61 diagnostic, therapeutic, treatment, and rehabilitative cancer care services or other services
 62 to diagnose or treat co-morbid medical conditions or diseases of cancer patients so long
 63 as such services do not result in the offering of any new or expanded clinical health
 64 service that would require a certificate of need under this chapter unless a certificate of
 65 need or letter of determination has been obtained for such new or expanded services."

66 "(17) 'Health care facility' means hospitals; destination cancer hospitals; other special
 67 care units, including but not limited to podiatric facilities; skilled nursing facilities;
 68 intermediate care facilities; personal care homes; ambulatory surgical centers or
 69 obstetrical facilities; freestanding emergency departments or facilities not located on a
 70 hospital's primary campus; health maintenance organizations; home health agencies; and
 71 diagnostic, treatment, or rehabilitation centers, but only to the extent paragraph (3) or (7),
 72 or both paragraphs (3) and (7), of subsection (a) of Code Section 31-6-40 are applicable
 73 thereto."

74 "(21) 'Hospital' means an institution which is primarily engaged in providing to
 75 inpatients, by or under the supervision of physicians, diagnostic services and therapeutic
 76 services for medical diagnosis, treatment, and care of injured, disabled, or sick persons
 77 or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such
 78 term includes public, private, psychiatric, rehabilitative, geriatric, osteopathic,
 79 micro-hospitals, general cancer hospitals, and other specialty hospitals."

80 "(30.1) 'Primary campus' means the building at which the majority of a hospital's or a
 81 remote location of a hospital's licensed and operational inpatient hospital beds are
 82 located, and includes the health care facilities of such hospital within 1,000 yards of such
 83 building. Any health care facility operated under a hospital's license prior to July 1, 2019,
 84 but not on the hospital's primary campus shall remain part of such hospital but shall not
 85 constitute such hospital's primary campus unless otherwise meeting the requirements of
 86 this paragraph."

87 "(31.1) 'Remote location of a hospital' means a hospital facility or organization that is
 88 either created by, or acquired by, a hospital that is the main provider for the purpose of
 89 furnishing inpatient hospital services under the name, ownership, and financial and
 90 administrative control of the main provider."

91 "(35) 'Specialty hospital' means a hospital that is primarily or exclusively engaged in the
 92 care and treatment of one of the following: patients with a cardiac condition, patients with
 93 an orthopedic condition, patients receiving a surgical procedure, or patients receiving any
 94 other specialized category of services defined by the department. A 'specialty hospital'
 95 does not include a destination cancer hospital or a general cancer hospital."

96 **SECTION 1-2.**

97 Said title is further amended in Article 1 of Chapter 6, relating to general provisions relative
 98 to state health planning and development, by adding a new Code section to read as follows:

99 "31-6-3.

100 (a) As used in this Code section, the term 'medical use rights' means rights or interests in
 101 real property in which the owner of the property has agreed not to sell or lease such real
 102 property for identified medical uses or purposes.

103 (b) It shall be unlawful for any health care facility to purchase, renew, extend, lease,
 104 maintain, or hold medical use rights.

105 (c) This Code section shall not be construed to impair any contracts in existence as of the
 106 effective date of this Code section."

107 **SECTION 1-3.**

108 Said title is further amended by revising Code 31-6-21, relating to the Department of
 109 Community Health generally, as follows:

110 "31-6-21.

111 (a) The Department of Community Health, established under Chapter 2 of this title, is
 112 authorized to administer the certificate of need program established under this chapter and,
 113 within the appropriations made available to the department by the General Assembly of
 114 Georgia and consistently with the laws of the State of Georgia, a state health plan adopted
 115 by the board. The department shall provide, by rule, for procedures to administer its
 116 functions until otherwise provided by the board.

117 (b) The functions of the department shall be:

118 (1) To conduct the health planning activities of the state and to implement those parts of
 119 the state health plan which relate to the government of the state;

120 (2) To prepare and revise a draft state health plan with recommendations from technical
 121 advisory committees;

122 (3) To seek advice, at its discretion, from ~~the Health Strategies Council~~ technical
 123 advisory committees in the performance by the department of its functions pursuant to
 124 this chapter;

125 (4) To adopt, promulgate, and implement rules and regulations sufficient to administer
 126 the provisions of this chapter including the certificate of need program;

127 (5) To define, by rule, the form, content, schedules, and procedures for submission of
 128 applications for certificates of need, other determinations, and periodic reports;

129 (6) To establish time periods and procedures consistent with this chapter to hold hearings
 130 and to obtain the viewpoints of interested persons prior to issuance or denial of a
 131 certificate of need;

132 (7) To provide, by rule, for such fees as may be necessary to cover the costs of hearing
 133 officers, preparing the record for appeals before such hearing officers and the Certificate
 134 of Need Appeal Panel of the decisions of the department, and other related administrative
 135 costs, which costs may include reasonable sharing between the department and the parties
 136 to appeal hearings;

137 (8) To establish, by rule, need methodologies for new institutional health services and
 138 health care facilities. In developing such need methodologies, the department shall, at
 139 a minimum, consider the demographic characteristics of the population, the health status
 140 of the population, service use patterns, standards and trends, financial and geographic
 141 accessibility, and market economics. The department shall establish service-specific need
 142 methodologies and criteria for at least the following clinical health services: short stay
 143 hospital beds, adult therapeutic cardiac catheterization, adult open heart surgery, pediatric
 144 cardiac catheterization and open heart surgery, Level II and III perinatal services,
 145 freestanding birthing centers, psychiatric and substance abuse inpatient programs, skilled
 146 nursing and intermediate care facilities, home health agencies, and continuing care
 147 retirement community sheltered facilities;

148 (9) To provide, by rule, for a reasonable and equitable fee schedule for certificate of need
 149 applications; provided, however, that a certificate of need application filed by or on
 150 behalf of a hospital in a rural county shall be exempt from any such fee;

151 (10) To grant, deny, or revoke a certificate of need as applied for or as amended; ~~and~~

152 (11) To perform powers and functions delegated by the Governor, which delegation may
 153 include the powers to carry out the duties and powers which have been delegated to the
 154 department under Section 1122 of the federal Social Security Act of 1935, as amended;
 155 and

156 (12) Study the amount of uncompensated indigent and charity care provided by each type
 157 of health care facility, recommend requirements for the levels of uncompensated indigent
 158 and charity care required to be performed by each health care facility type and develop
 159 standardized reporting requirements for the department to accurately track the amount of
 160 uncompensated indigent and charity care provided by each health care facility.

161 (c) The commissioner shall have the power to establish and abolish technical advisory
 162 committees as he or she deems necessary, in consultation with the board, to inform
 163 effective strategy development and execution."

164 **SECTION 1-4.**

165 Said title is further amended by revising subsections (a) and (c) of Code Section 31-6-40,
 166 relating to the requirement of a certificate of need for new institutional health services and
 167 exemption, as follows:

168 "(a) On and after July 1, 2008, any new institutional health service shall be required to
 169 obtain a certificate of need pursuant to this chapter. New institutional health services
 170 include:

171 (1) The construction, development, or other establishment of a new, expanded, or
 172 relocated health care facility, except as otherwise provided in Code Section 31-6-47;

173 (2) Any expenditure by or on behalf of a health care facility in excess of ~~\$2.5 million~~
 174 \$10 million which, under generally accepted accounting principles consistently applied,
 175 is a capital expenditure, except expenditures for acquisition of an existing health care
 176 facility ~~not owned or operated by or on behalf of a political subdivision of this state, or~~
 177 ~~any combination of such political subdivisions, or by or on behalf of a hospital authority,~~
 178 ~~as defined in Article 4 of Chapter 7 of this title, or certificate of need owned by such~~
 179 ~~facility in connection with its acquisition.~~ The dollar amounts specified in this paragraph
 180 and in ~~subparagraph (A) of~~ paragraph (14) of Code Section 31-6-2 shall be adjusted
 181 annually by an amount calculated by multiplying such dollar amounts (as adjusted for the
 182 preceding year) by the annual percentage of change in the composite index of
 183 construction material prices, or its successor or appropriate replacement index, if any,
 184 published by the United States Department of Commerce for the preceding calendar year,
 185 commencing on July 1, ~~2009~~ 2019, and on each anniversary thereafter of publication of
 186 the index. The department shall immediately institute rule-making procedures to adopt
 187 such adjusted dollar amounts. In calculating the dollar amounts of a proposed project for
 188 purposes of this paragraph and ~~subparagraph (A) of~~ paragraph (14) of Code Section
 189 31-6-2, the costs of all items subject to review by this chapter and items not subject to
 190 review by this chapter associated with and simultaneously developed or proposed with
 191 the project shall be counted, except for the expenditure or commitment of or incurring an
 192 obligation for the expenditure of funds to develop certificate of need applications, studies,
 193 reports, schematics, preliminary plans and specifications or working drawings, or to
 194 acquire sites;

195 (3) The purchase or lease by or on behalf of a health care facility or a diagnostic,
 196 treatment, or rehabilitation center of diagnostic or therapeutic equipment, except as
 197 otherwise provided in Code Section 31-6-47 ~~with a value in excess of \$1 million;~~
 198 ~~provided, however, that diagnostic or other imaging services that are not offered in a~~
 199 ~~hospital or in the offices of an individual private physician or single group practice of~~
 200 ~~physicians exclusively for use on patients of that physician or group practice shall be~~
 201 ~~deemed to be a new institutional health service regardless of the cost of equipment; and~~
 202 ~~provided, further, that this shall not include build out costs, as defined by the department,~~
 203 ~~but shall include all functionally related equipment, software, and any warranty and~~
 204 ~~services contract costs for the first five years. The acquisition of one or more items of~~

205 ~~functionally related diagnostic or therapeutic equipment shall be considered as one~~
 206 ~~project. The dollar amount specified in this paragraph, in subparagraph (B) of paragraph~~
 207 ~~(14) of Code Section 31-6-2, and in paragraph (10) of subsection (a) of Code Section~~
 208 ~~31-6-47 shall be adjusted annually by an amount calculated by multiplying such dollar~~
 209 ~~amounts (as adjusted for the preceding year) by the annual percentage of change in the~~
 210 ~~consumer price index, or its successor or appropriate replacement index, if any, published~~
 211 ~~by the United States Department of Labor for the preceding calendar year, commencing~~
 212 ~~on July 1, 2010;~~

213 (4) Any increase in the bed capacity of a health care facility except as provided in Code
 214 Section 31-6-47;

215 (5) Clinical health services which are offered in or through a health care facility, which
 216 were not offered on a regular basis in or through such health care facility within the 12
 217 month period prior to the time such services would be offered;

218 (6) Any conversion or upgrading of any general acute care hospital to a specialty hospital
 219 or of a facility such that it is converted from a type of facility not covered by this chapter
 220 to any of the types of health care facilities which are covered by this chapter; ~~and~~

221 (7) Clinical health services which are offered in or through a diagnostic, treatment, or
 222 rehabilitation center which were not offered on a regular basis in or through that center
 223 within the 12 month period prior to the time such services would be offered, but only if
 224 the clinical health services are any of the following:

225 (A) Radiation therapy;

226 (B) Biliary lithotripsy;

227 (C) Surgery in an operating room environment, including but not limited to ambulatory
 228 surgery; and

229 (D) Cardiac catheterization; and

230 (8) The conversion of a destination cancer hospital to a general cancer hospital."

231 "(c)(1) Any person who had a valid exemption granted or approved by the former Health
 232 Planning Agency or the department prior to July 1, 2008, shall not be required to obtain
 233 a certificate of need in order to continue to offer those previously offered services.

234 (2) Any facility offering ambulatory surgery pursuant to the exclusion designated on
 235 June 30, 2008, as division (14)(G)(iii) of Code Section 31-6-2; any diagnostic, treatment,
 236 or rehabilitation center offering diagnostic imaging or other imaging services in operation
 237 and exempt prior to July 1, 2008; or any facility operating pursuant to a letter of
 238 nonreviewability and offering diagnostic imaging services prior to July 1, 2008, shall:

239 ~~(A) Provide notice to the department of the name, ownership, location, single specialty,~~
 240 ~~and services provided in the exempt facility;~~

241 ~~(B) Beginning on January 1, 2009, provide~~

242 (A) Provide annual reports in the same manner and in accordance with Code Section
 243 31-6-70; and

244 ~~(C)~~(B)(i) Provide care to Medicaid beneficiaries and, if the facility provides medical
 245 care and treatment to children, to PeachCare for Kids beneficiaries and provide
 246 uncompensated indigent and charity care in an amount equal to or greater than 2
 247 percent of its adjusted gross revenue; or

248 (ii) If the facility is not a participant in Medicaid or the PeachCare for Kids Program,
 249 provide uncompensated care for Medicaid beneficiaries and, if the facility provides
 250 medical care and treatment to children, for PeachCare for Kids beneficiaries,
 251 uncompensated indigent and charity care, or both in an amount equal to or greater
 252 than 4 percent of its adjusted gross revenue if it:

253 (I) Makes a capital expenditure associated with the construction, development,
 254 expansion, or other establishment of a clinical health service or the acquisition or
 255 replacement of diagnostic or therapeutic equipment with a value in excess of
 256 \$800,000.00 over a two-year period;

257 (II) Builds a new operating room; or

258 (III) Chooses to relocate in accordance with Code Section 31-6-47.

259 Noncompliance with any condition of this paragraph shall result in a monetary penalty
 260 in the amount of the difference between the services which the center is required to
 261 provide and the amount actually provided and may be subject to revocation of its
 262 exemption status by the department for repeated failure to pay any fees or moneys due
 263 to the department or for repeated failure to produce data as required by Code Section
 264 31-6-70 after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of
 265 Title 50, the 'Georgia Administrative Procedure Act.' The dollar amount specified in this
 266 paragraph shall be adjusted annually by an amount calculated by multiplying such dollar
 267 amount (as adjusted for the preceding year) by the annual percentage of change in the
 268 consumer price index, or its successor or appropriate replacement index, if any, published
 269 by the United States Department of Labor for the preceding calendar year, commencing
 270 on July 1, 2009. In calculating the dollar amounts of a proposed project for the purposes
 271 of this paragraph, the costs of all items subject to review by this chapter and items not
 272 subject to review by this chapter associated with and simultaneously developed or
 273 proposed with the project shall be counted, except for the expenditure or commitment of
 274 or incurring an obligation for the expenditure of funds to develop certificate of need
 275 applications, studies, reports, schematics, preliminary plans and specifications or working
 276 drawings, or to acquire sites. Subparagraph ~~(C)~~ (B) of this paragraph shall not apply to
 277 facilities offering ophthalmic ambulatory surgery pursuant to the exclusion designated

278 on June 30, 2008, as division (14)(G)(iii) of Code Section 31-6-2 that are owned by
279 physicians in the practice of ophthalmology."

280 **SECTION 1-5.**

281 Said title is further amended in Code Section 31-6-40.1, relating to acquisition of health care
282 facilities, penalty for failure to notify the department, limitation on applications, agreement
283 to care for indigent patients, requirements for destination cancer hospitals, and notice and
284 hearing provisions for penalties authorized under this Code section by repealing subsection
285 (b.1), which relates to establishment of set times in which certain application for capital
286 projects may be accepted.

287 **SECTION 1-6.**

288 Said title is further amended by adding a new Code section to read as follows:

289 "31-6-40.3.

290 (a) On and after July 1, 2019, a destination cancer hospital may apply for a certificate of
291 need to convert to a general cancer hospital in accordance with this Code section. A
292 destination cancer hospital that elects to convert to a general cancer hospital shall notify
293 the department in a form and manner established by the department.

294 (b) The department shall establish a form and process for a destination cancer hospital to
295 submit a certificate of need application to convert to a general cancer hospital; provided,
296 however, that such a conversion shall not be subject to any of the considerations in Code
297 Section 31-6-42 or service specific rules and shall not be subject to opposition or appeal
298 by any other health care facilities. The department shall develop such form and guidance
299 required by this subsection within 30 days of the effective date of this Act. Upon its receipt
300 of a complete application for a destination cancer hospital to convert to a general cancer
301 hospital, the department shall issue such certificate of need within 60 days.

302 (c) Upon the conversion of a destination cancer hospital to a general cancer hospital:

303 (1) The general cancer hospital may continue to provide all institutional health care
304 services and other services it provided as of the date of such conversion, including but not
305 limited to inpatient beds, outpatient services, surgery, radiation therapy, imaging, and
306 positron emission tomography (PET) scanning, without any further approval from the
307 department;

308 (2) The destination cancer hospital shall be classified as a general cancer hospital under
309 this chapter and shall be subject to all requirements and conditions applicable to hospitals
310 under this article, including but not limited to, indigent and charity care and inventories
311 and methodologies to determine need for additional providers or services; and

312 (3) The hospital's inpatient beds, operating rooms, radiation therapy equipment, and
 313 imaging equipment existing on the date of conversion shall not be counted in the
 314 inventory by the department for purposes of determining need for additional providers
 315 or services, except that any inpatient beds, operating rooms, radiation therapy equipment,
 316 and imaging equipment added after the date of conversion shall be counted in accordance
 317 with the department's rules and regulations.

318 (d) In the event that a destination cancer hospital does not convert to a general cancer
 319 hospital, it shall remain subject to all requirements and conditions applicable to destination
 320 cancer hospitals under this article."

321 **SECTION 1-7.**

322 Said title is further amended by adding a new Code section to read as follows:

323 "31-6-42.1.

324 No applicant for a new certificate of need, a modification to an existing certificate of need,
 325 or a conversion of a certificate of need that has any outstanding amounts owed to the state
 326 including fines, penalties, fees, or other payments for noncompliance with any
 327 requirements contained in Code Section 31-6-40.1, 31-6-45.2, 31-6-70, 31-7-280, or
 328 31-8-179.2 shall be eligible to receive a new certificate of need or a modification to an
 329 existing certificate of need unless such applicant pays such outstanding amounts to the
 330 state. Any such fines, penalties, fees, or other payments for noncompliance shall be subject
 331 to the same notices and hearing for the levy of fines under Code Section 31-6-45."

332 **SECTION 1-8.**

333 Said title is further amended in Code Section 31-6-43, relating to acceptance or rejection of
 334 application for certificate, by revising subsections (d) and (h) as follows:

335 "(d)(1) There shall be a time limit of 120 days for review of a project, beginning on the
 336 day the department declares the application complete for review or in the case of
 337 applications joined for comparative review, beginning on the day the department declares
 338 the final application complete. The department may adopt rules for determining when
 339 it is not practicable to complete a review in 120 days and may extend the review period
 340 upon written notice to the applicant but only for an extended period of not longer than an
 341 additional 30 days. The department shall adopt rules governing the submission of
 342 additional information by the applicant and for opposing an application.

343 (2) No party may oppose an application for a certificate of need for a proposed project
 344 unless:

345 (A) Such party offers substantially similar services as proposed within a 35 mile radius
 346 of the proposed project or has a service area that overlaps the applicant's proposed
 347 service area; or

348 (B) Such party has submitted a competing application in the same batching cycle and
 349 is proposing to establish the same type of facility proposed or offers substantially
 350 similar services as proposed and has a service area that overlaps the applicant's
 351 proposed service area."

352 "(h) The department shall provide the applicant an opportunity to meet with the department
 353 to discuss the application and to provide an opportunity to submit additional information.
 354 Such additional information shall be submitted within the time limits adopted by the
 355 department. The department shall also provide an opportunity for any party that is ~~opposed~~
 356 ~~to~~ permitted to oppose an application pursuant to paragraph (2) of subsection (d) of this
 357 Code section to meet with the department and to provide additional information to the
 358 department. In order for an any such opposing party to have standing to appeal an adverse
 359 decision pursuant to Code Section 31-6-44, such party must attend and participate in an
 360 opposition meeting."

361 **SECTION 1-9.**

362 Said title is further amended in Code Section 31-6-44, relating to the Certificate of Need
 363 Appeal Panel, by revising subsections (a) and (d) as follows:

364 "(a) Effective July 1, 2008, there is created the Certificate of Need Appeal Panel, which
 365 shall be an agency separate and apart from the department and shall consist of a panel of
 366 independent hearing officers. The purpose of the appeal panel shall be to serve as a panel
 367 of independent hearing officers to review the department's initial decision to grant or deny
 368 a certificate of need application. The Health Planning Review Board which existed on June
 369 30, 2008, shall cease to exist after that date and the Certificate of Need Appeal Panel shall
 370 be constituted effective July 1, 2008, pursuant to this Code section. ~~The terms of all~~
 371 ~~members of the Health Planning Review Board serving as such on June 30, 2008, shall~~
 372 ~~automatically terminate on such date."~~

373 "(d) ~~Any applicant for a project, any competing applicant in the same batching cycle, any~~
 374 ~~competing health care facility party that is permitted to oppose an application pursuant to~~
 375 paragraph (2) of subsection (d) of Code Section 31-6-43 that has notified the department
 376 prior to its decision that such facility party is opposed to the application before the
 377 department, ~~or any county or municipal government in whose boundaries the proposed~~
 378 ~~project will be located who is aggrieved by a decision of the department~~ shall have the right
 379 to an initial administrative appeal hearing before an appeal panel hearing officer or to
 380 intervene in such hearing. Such request for hearing or intervention shall be filed with the

381 chairperson of the appeal panel within 30 days of the date of the decision made pursuant
 382 to Code Section 31-6-43. In the event an appeal is filed by a ~~competing applicant, or any~~
 383 ~~competing health care facility, or any county or municipal government party that is~~
 384 permitted to oppose an application pursuant to paragraph (2) of subsection (d) of Code
 385 Section 31-6-43, the appeal shall be accompanied by payment of such fee as is established
 386 by the appeal panel. In the event an appeal is requested, the chairperson of the appeal panel
 387 shall appoint a hearing officer for each such hearing within 30 days after the date the
 388 appeal is received. Within 14 days after the appointment of the hearing officer, such
 389 hearing officer shall confer with the parties and set the date or dates for the hearing,
 390 provided that no hearing shall be scheduled less than 60 days nor more than 120 days after
 391 the filing of the request for a hearing, unless the applicant consents or, in the case of
 392 competing applicants, all applicants consent to an extension of this time period to a
 393 specified date. Unless the applicant consents or, in the case of competing applicants, all
 394 applicants consent to an extension of said 120 day period, any hearing officer who
 395 regularly fails to commence a hearing within the required time period shall not be eligible
 396 for continued service as a hearing officer for the purposes of this Code section. The
 397 hearing officer shall have the authority to dispose of all motions made by any party before
 398 the issuance of the hearing officer's decision and shall make such rulings as may be
 399 required for the conduct of the hearing."

400 **SECTION 1-10.**

401 Said title is further amended by revising Code Section 31-6-47, relating to exemptions from
 402 certificate of need program requirements, as follows:

403 "31-6-47.

- 404 (a) Notwithstanding the other provisions of this chapter, this chapter shall not apply to:
- 405 (1) Infirmaries operated by educational institutions for the sole and exclusive benefit of
 406 students, faculty members, officers, or employees thereof;
- 407 (2) Infirmaries or facilities operated by businesses for the sole and exclusive benefit of
 408 officers or employees thereof, provided that such infirmaries or facilities make no
 409 provision for overnight stay by persons receiving their services;
- 410 (3) Institutions operated exclusively by the federal government or by any of its agencies;
- 411 (4) Offices of private physicians or dentists whether for individual or group practice,
 412 except as otherwise provided in paragraph (3) or (7) of subsection (a) of Code Section
 413 31-6-40;
- 414 (5) Religious, nonmedical health care institutions as defined in 42 U.S.C. § Section
 415 1395x(ss)(1), listed and certified by a national accrediting organization;

- 416 (6) Site acquisitions for health care facilities or preparation or development costs for
 417 such sites prior to the decision to file a certificate of need application;
- 418 (7) Expenditures related to adequate preparation and development of an application for
 419 a certificate of need;
- 420 (8) The commitment of funds conditioned upon the obtaining of a certificate of need;
- 421 (9) Expenditures for the restructuring or acquisition of existing health care facilities by
 422 stock or asset purchase, merger, consolidation, or other lawful means ~~unless the facilities~~
 423 ~~are owned or operated by or on behalf of a:~~
- 424 (A) ~~Political subdivision of this state;~~
 425 (B) ~~Combination of such political subdivisions; or~~
 426 (C) ~~Hospital authority, as defined in Article 4 of Chapter 7 of this title;~~
- 427 ~~(9.1) Expenditures for the restructuring of or for the acquisition by stock or asset~~
 428 ~~purchase, merger, consolidation, or other lawful means of an existing health care facility~~
 429 ~~which is owned or operated by or on behalf of any entity described in subparagraph (A),~~
 430 ~~(B), or (C) of paragraph (9) of this subsection only if such restructuring or acquisition is~~
 431 ~~made by any entity described in subparagraph (A), (B), or (C) of paragraph (9) of this~~
 432 ~~subsection;~~
- 433 ~~(9.2)~~(9.1) The purchase of a closing hospital or of a hospital that has been closed for no
 434 more than 12 months by a hospital in a contiguous county to repurpose the facility as a
 435 micro-hospital;
- 436 (10) Expenditures of less than \$870,000.00 for any minor or major repair or replacement
 437 of equipment by a health care facility that is not owned by a group practice of physicians
 438 or a hospital and that provides diagnostic imaging services if such facility received a
 439 letter of nonreviewability from the department prior to July 1, 2008. This paragraph shall
 440 not apply to such facilities in rural counties;
- 441 (10.1) Except as provided in paragraph (10) of this subsection, expenditures for the
 442 minor or major repair of a health care facility or a facility that is exempt from the
 443 requirements of this chapter, parts thereof or services provided or equipment used therein;
 444 or the replacement of equipment, including but not limited to CT scanners, magnetic
 445 resonance imaging, positron emission tomography (PET), and positron emission
 446 tomography/computed tomography previously approved for a certificate of need;
- 447 (11) Capital expenditures otherwise covered by this chapter required solely to eliminate
 448 or prevent safety hazards as defined by federal, state, or local fire, building,
 449 environmental, occupational health, or life safety codes or regulations, to comply with
 450 licensing requirements of the department, or to comply with accreditation standards of
 451 a nationally recognized health care accreditation body;

- 452 (12) Cost overruns whose percentage of the cost of a project is equal to or less than the
453 cumulative annual rate of increase in the composite construction index, published by the
454 United States Bureau of the Census of the Department of Commerce, of the United States
455 government, calculated from the date of approval of the project;
- 456 (13) Transfers from one health care facility to another such facility of major medical
457 equipment previously approved under or exempted from certificate of need review,
458 except where such transfer results in the institution of a new clinical health service for
459 which a certificate of need is required in the facility acquiring said such equipment,
460 provided that such transfers are recorded at net book value of the medical equipment as
461 recorded on the books of the transferring facility;
- 462 (14) New institutional health services provided by or on behalf of health maintenance
463 organizations or related health care facilities in circumstances defined by the department
464 pursuant to federal law;
- 465 (15) Increases in the bed capacity of a hospital up to ten beds or 10 percent of capacity,
466 whichever is greater, in any consecutive two-year period, in a hospital that has
467 maintained an overall occupancy rate greater than 75 percent for the previous 12 month
468 period;
- 469 (16) Expenditures for nonclinical projects, including parking lots, parking decks, and
470 other parking facilities; computer systems, software, and other information technology;
471 medical office buildings; administrative office space; conference rooms; education
472 facilities; lobbies; common spaces; clinical staff lounges and sleep areas; waiting rooms;
473 bathrooms; cafeterias; hallways; engineering facilities; mechanical systems; roofs;
474 grounds; signage; family meeting or lounge areas; other nonclinical physical plant
475 renovations or upgrades that do not result in new or expanded clinical health services, and
476 state mental health facilities;
- 477 (17) Continuing care retirement communities, provided that the skilled nursing
478 component of the facility is for the exclusive use of residents of the continuing care
479 retirement community and that a written exemption is obtained from the department;
480 provided, however, that new sheltered nursing home beds may be used on a limited basis
481 by persons who are not residents of the continuing care retirement community for a
482 period up to five years after the date of issuance of the initial nursing home license, but
483 such beds shall not be eligible for Medicaid reimbursement. For the first year, the
484 continuing care retirement community sheltered nursing facility may utilize not more
485 than 50 percent of its licensed beds for patients who are not residents of the continuing
486 care retirement community. In the second year of operation, the continuing care
487 retirement community shall allow not more than 40 percent of its licensed beds for new
488 patients who are not residents of the continuing care retirement community. In the third

489 year of operation, the continuing care retirement community shall allow not more than
 490 30 percent of its licensed beds for new patients who are not residents of the continuing
 491 care retirement community. In the fourth year of operation, the continuing care
 492 retirement community shall allow not more than 20 percent of its licensed beds for new
 493 patients who are not residents of the continuing care retirement community. In the fifth
 494 year of operation, the continuing care retirement community shall allow not more than
 495 10 percent of its licensed beds for new patients who are not residents of the continuing
 496 care retirement community. At no time during the first five years shall the continuing
 497 care retirement community sheltered nursing facility occupy more than 50 percent of its
 498 licensed beds with patients who are not residents under contract with the continuing care
 499 retirement community. At the end of the five-year period, the continuing care retirement
 500 community sheltered nursing facility shall be utilized exclusively by residents of the
 501 continuing care retirement community, and at no time shall a resident of a continuing care
 502 retirement community be denied access to the sheltered nursing facility. At no time shall
 503 any existing patient be forced to leave the continuing care retirement community to
 504 comply with this paragraph. The department is authorized to promulgate rules and
 505 regulations regarding the use and definition of 'sheltered nursing facility' in a manner
 506 consistent with this Code section. Agreements to provide continuing care include
 507 agreements to provide care for any duration, including agreements that are terminable by
 508 either party;

509 (18) Any single specialty ambulatory surgical center that:

510 (A)(i) Has capital expenditures associated with the construction, development, or
 511 other establishment of the clinical health service which do not exceed \$2.5 million;
 512 or

513 (ii) Is the only single specialty ambulatory surgical center in the county owned by the
 514 group practice and has two or fewer operating rooms; provided, however, that a center
 515 exempt pursuant to this division shall be required to obtain a certificate of need in
 516 order to add any additional operating rooms;

517 (B) Has a hospital affiliation agreement with a hospital within a reasonable distance
 518 from the facility or the medical staff at the center has admitting privileges or other
 519 acceptable documented arrangements with such hospital to ensure the necessary backup
 520 for the center for medical complications. The center shall have the capability to transfer
 521 a patient immediately to a hospital within a reasonable distance from the facility with
 522 adequate emergency room services. Hospitals shall not unreasonably deny a transfer
 523 agreement or affiliation agreement to the center;

524 (C)(i) Provides care to Medicaid beneficiaries and, if the facility provides medical
 525 care and treatment to children, to PeachCare for Kids beneficiaries and provides

526 uncompensated indigent and charity care in an amount equal to or greater than 2
527 percent of its adjusted gross revenue; or

528 (ii) If the center is not a participant in Medicaid or the PeachCare for Kids Program,
529 provides uncompensated care to Medicaid beneficiaries and, if the facility provides
530 medical care and treatment to children, to PeachCare for Kids beneficiaries,
531 uncompensated indigent and charity care, or both in an amount equal to or greater
532 than 4 percent of its adjusted gross revenue;

533 provided, however, that single specialty ambulatory surgical centers owned by
534 physicians in the practice of ophthalmology shall not be required to comply with this
535 subparagraph; and

536 (D) Provides annual reports in the same manner and in accordance with Code Section
537 31-6-70.

538 Noncompliance with any condition of this paragraph shall result in a monetary penalty
539 in the amount of the difference between the services which the center is required to
540 provide and the amount actually provided and may be subject to revocation of its
541 exemption status by the department for repeated failure to pay any fines or moneys due
542 to the department or for repeated failure to produce data as required by Code Section
543 31-6-70 after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of
544 Title 50, the 'Georgia Administrative Procedure Act.' The dollar amount specified in this
545 paragraph shall be adjusted annually by an amount calculated by multiplying such dollar
546 amount (as adjusted for the preceding year) by the annual percentage of change in the
547 composite index of construction material prices, or its successor or appropriate
548 replacement index, if any, published by the United States Department of Commerce for
549 the preceding calendar year, commencing on July 1, 2009, and on each anniversary
550 thereafter of publication of the index. The department shall immediately institute
551 rule-making procedures to adopt such adjusted dollar amounts. In calculating the dollar
552 amounts of a proposed project for purposes of this paragraph, the costs of all items
553 subject to review by this chapter and items not subject to review by this chapter
554 associated with and simultaneously developed or proposed with the project shall be
555 counted, except for the expenditure or commitment of or incurring an obligation for the
556 expenditure of funds to develop certificate of need applications, studies, reports,
557 schematics, preliminary plans and specifications or working drawings, or to acquire sites;

558 (19) Any joint venture ambulatory surgical center that:

559 (A) Has capital expenditures associated with the construction, development, or other
560 establishment of the clinical health service which do not exceed \$5 million;

561 (B)(i) Provides care to Medicaid beneficiaries and, if the facility provides medical
562 care and treatment to children, to PeachCare for Kids beneficiaries and provides

563 uncompensated indigent and charity care in an amount equal to or greater than 2
 564 percent of its adjusted gross revenue; or
 565 (ii) If the center is not a participant in Medicaid or the PeachCare for Kids Program,
 566 provides uncompensated care to Medicaid beneficiaries and, if the facility provides
 567 medical care and treatment to children, to PeachCare for Kids beneficiaries,
 568 uncompensated indigent and charity care, or both in an amount equal to or greater
 569 than 4 percent of its adjusted gross revenue; and
 570 (C) Provides annual reports in the same manner and in accordance with Code Section
 571 31-6-70.

572 Noncompliance with any condition of this paragraph shall result in a monetary penalty
 573 in the amount of the difference between the services which the center is required to
 574 provide and the amount actually provided and may be subject to revocation of its
 575 exemption status by the department for repeated failure to pay any fines or moneys due
 576 to the department or for repeated failure to produce data as required by Code Section
 577 31-6-70 after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of
 578 Title 50, the 'Georgia Administrative Procedure Act.' The dollar amount specified in this
 579 paragraph shall be adjusted annually by an amount calculated by multiplying such dollar
 580 amount (as adjusted for the preceding year) by the annual percentage of change in the
 581 composite index of construction material prices, or its successor or appropriate
 582 replacement index, if any, published by the United States Department of Commerce for
 583 the preceding calendar year, commencing on July 1, 2009, and on each anniversary
 584 thereafter of publication of the index. The department shall immediately institute
 585 rule-making procedures to adopt such adjusted dollar amounts. In calculating the dollar
 586 amounts of a proposed project for purposes of this paragraph, the costs of all items
 587 subject to review by this chapter and items not subject to review by this chapter
 588 associated with and simultaneously developed or proposed with the project shall be
 589 counted, except for the expenditure or commitment of or incurring an obligation for the
 590 expenditure of funds to develop certificate of need applications, studies, reports,
 591 schematics, preliminary plans and specifications or working drawings, or to acquire sites;
 592 (20) Expansion of services by an imaging center based on a population needs
 593 methodology taking into consideration whether the population residing in the area served
 594 by the imaging center has a need for expanded services, as determined by the department
 595 in accordance with its rules and regulations, if such imaging center:

596 (A) Was in existence and operational in this state on January 1, 2008;
 597 (B) Is owned by a hospital or by a physician or a group of physicians comprising at
 598 least 80 percent ownership who are currently board certified in radiology;
 599 (C) Provides three or more diagnostic and other imaging services;

- 600 (D) Accepts all patients regardless of ability to pay; and
- 601 (E) Provides uncompensated indigent and charity care in an amount equal to or greater
- 602 than the amount of such care provided by the geographically closest general acute care
- 603 hospital; provided, however, that this paragraph shall not apply to an imaging center in
- 604 a rural county;
- 605 (21) Diagnostic cardiac catheterization in a hospital setting on patients 15 years of age
- 606 and older;
- 607 (22) Therapeutic cardiac catheterization in hospitals selected by the department prior to
- 608 July 1, 2008, to participate in the Atlantic Cardiovascular Patient Outcomes Research
- 609 Team (C-PORT) Study and therapeutic cardiac catheterization in hospitals that, as
- 610 determined by the department on an annual basis, meet the criteria to participate in the
- 611 C-PORT Study but have not been selected for participation; provided, however, that if
- 612 the criteria requires a transfer agreement to another hospital, no hospital shall
- 613 unreasonably deny a transfer agreement to another hospital;
- 614 (23) Infirmaries or facilities operated by, on behalf of, or under contract with the
- 615 Department of Corrections or the Department of Juvenile Justice for the sole and
- 616 exclusive purpose of providing health care services in a secure environment to prisoners
- 617 within a penal institution, penitentiary, prison, detention center, or other secure
- 618 correctional institution, including correctional institutions operated by private entities in
- 619 this state which house inmates under the Department of Corrections or the Department
- 620 of Juvenile Justice;
- 621 (24) The relocation of any skilled nursing facility, intermediate care facility, or
- 622 micro-hospital within the same county, any other health care facility in a rural county
- 623 within the same county, and any other health care facility in an urban county within a
- 624 three-mile radius of the existing facility so long as the facility does not propose to offer
- 625 any new or expanded clinical health services at the new location;
- 626 (25) Facilities which are devoted to the provision of treatment and rehabilitative care for
- 627 periods continuing for 24 hours or longer for persons who have traumatic brain injury,
- 628 as defined in Code Section 37-3-1; ~~and~~
- 629 (26) Capital expenditures for a project otherwise requiring a certificate of need if those
- 630 expenditures are for a project to remodel, renovate, replace, or any combination thereof,
- 631 a medical-surgical hospital and:
- 632 (A) That hospital:
- 633 (i) Has a bed capacity of not more than 50 beds;
- 634 (ii) Is located in a county in which no other medical-surgical hospital is located;
- 635 (iii) Has at any time been designated as a disproportionate share hospital by the
- 636 department; and

637 (iv) Has at least 45 percent of its patient revenues derived from medicare, Medicaid,
 638 or any combination thereof, for the immediately preceding three years; and
 639 (B) That project:

640 (i) Does not result in any of the following:

641 (I) The offering of any new clinical health services;

642 (II) Any increase in bed capacity;

643 (III) Any redistribution of existing beds among existing clinical health services; or

644 (IV) Any increase in capacity of existing clinical health services;

645 (ii) Has at least 80 percent of its capital expenditures financed by the proceeds of a
 646 special purpose county sales and use tax imposed pursuant to Article 3 of Chapter 8
 647 of Title 48; and

648 (iii) Is located within a three-mile radius of and within the same county as the
 649 hospital's existing facility-;

650 (27) The renovation, remodeling, refurbishment, or upgrading of a health care facility,
 651 so long as the project does not result in any of the following:

652 (A) The offering of any new or expanded clinical health services;

653 (B) Any increase in inpatient bed capacity;

654 (C) Any redistribution of existing beds among existing clinical health services; or

655 (D) A capital expenditure exceeding the threshold contained in paragraph (2) of
 656 subsection (a) of Code Section 31-6-40;

657 (28) Other than for equipment used to provide positron emission tomography (PET)
 658 services, the acquisition of diagnostic, therapeutic, or other imaging equipment with a
 659 value of \$3 million or less, by or on behalf of:

660 (A) A hospital; or

661 (B) An individual private physician or single group practice of physicians exclusively
 662 for use on patients of such private physician or single group practice of physicians and
 663 such private physician or member of such single group practice of physicians is
 664 physically present at the practice location where the diagnostic or other imaging
 665 equipment is located at least 75 percent of the time that the equipment is in use.

666 The amount specified in this paragraph shall not include build-out costs, as defined by
 667 the department, but shall include all functionally related equipment, software, and any
 668 warranty and services contract costs for the first five years. The acquisition of one or
 669 more items of functionally related diagnostic or therapeutic equipment shall be
 670 considered as one project. The dollar amount specified in this paragraph and in
 671 paragraph (10) of this subsection shall be adjusted annually by an amount calculated by
 672 multiplying such dollar amounts (as adjusted for the preceding year) by the annual
 673 percentage of change in the consumer price index, or its successor or appropriate

674 replacement index, if any, published by the United States Department of Labor for the
 675 preceding calendar year, commencing on July 1, 2010; and
 676 (29) A capital expenditure of \$10 million or less by a hospital at such hospital's primary
 677 campus for:
 678 (A) The expansion or addition of the following clinical health services: operating
 679 rooms, other than dedicated outpatient operating rooms; medical-surgical services;
 680 gynecology; procedure rooms; intensive care; pharmaceutical services; pediatrics;
 681 cardiac care or other general hospital services; provided, however, that such
 682 expenditure does not include the expansion or addition of inpatient beds or the
 683 conversion of one type of inpatient bed to another type of inpatient bed; or
 684 (B) The movement of clinical health services from one location on the hospital's
 685 primary campus to another location on such hospital's primary campus.
 686 (b) By rule, the department shall establish a procedure for expediting or waiving reviews
 687 of certain projects the nonreview of which it deems compatible with the purposes of this
 688 chapter, in addition to expenditures exempted from review by this Code section."

689 **SECTION 1-11.**

690 Said title is further amended by revising Code Section 31-6-47.1, relating to prior notice and
 691 approval of activities, as follows:

692 "31-6-47.1.

693 The department shall require prior notice from a new health care facility for approval of
 694 any activity which is believed to be exempt pursuant to Code Section 31-6-47 or excluded
 695 from the requirements of this chapter under other provisions of this chapter. The
 696 department may require prior notice and approval of any activity which is believed to be
 697 exempt pursuant to paragraphs (10), (15), (16), (17), (20), (21), (23), (25), ~~and (26), (27),~~
 698 (28), and (29) of subsection (a) of Code Section 31-6-47. The department shall ~~be~~
 699 ~~authorized to~~ establish timeframes, forms, and criteria ~~relating to its certification to request~~
 700 a letter of determination that an activity is properly exempt or excluded under this chapter
 701 prior to its implementation. The department shall publish notice of all requests for
 702 ~~approval of an~~ letters of determination regarding exempt activity and opposition to such
 703 request. Persons opposing a request for approval of an exempt activity shall be entitled to
 704 file an objection with the department and the department shall consider any filed objection
 705 when determining whether an activity is exempt. After the department's decision, an
 706 opposing party shall have the right to a fair hearing pursuant to Chapter 13 of Title 50, the
 707 'Georgia Administrative Procedure Act,' on an adverse decision of the department and
 708 judicial review of a final decision in the same manner and under the same provisions as in
 709 Code Section 31-6-44.1. If no objection to a request for determination is filed within 30

710 days of the department's receipt of such request for determination, the department shall
 711 have 60 days from the date of the department's receipt of such request to review the request
 712 and issue a letter of determination. The department may adopt rules for deciding when it
 713 is not practicable to provide a determination in 60 days and may extend the review period
 714 upon written notice to the requestor but only for an extended period of no longer than an
 715 additional 30 days."

716 **SECTION 1-12.**

717 Said title is further amended in Code Section 31-6-70, relating to reports to the department
 718 by certain health care facilities and all ambulatory surgical centers and imaging centers, by
 719 revising subsections (a), (b), and (d) and paragraph (1) of subsection (e) and by adding new
 720 subsections to read as follows:

721 "(a) There shall be required from each health care facility in this state requiring a
 722 certificate of need and all ambulatory surgical centers and imaging centers, whether or not
 723 exempt from obtaining a certificate of need under this chapter, an annual report of ~~certain~~
 724 such health care information ~~to be submitted to~~ as determined by the department. The
 725 report shall be due on the ~~last day of January~~ date determined by the department and shall
 726 cover the 12 month period preceding each such calendar year."

727 "(b) The report required under subsection (a) of this Code section shall contain the
 728 following information:

- 729 (1) Total gross revenues;
 730 (2) Bad debts;
 731 (3) Amounts of free care extended, excluding bad debts;
 732 (4) Contractual adjustments;
 733 (5) Amounts of care provided under a Hill-Burton commitment;
 734 (6) Amounts of charity care provided to indigent and nonindigent persons;
 735 (7) Amounts of outside sources of funding from governmental entities, philanthropic
 736 groups, or any other source, including the proportion of any such funding dedicated to the
 737 care of indigent persons; ~~and~~
 738 (8) For cases involving indigent persons and nonindigent person receiving charity care:
 739 (A) The number of persons treated;
 740 (B) The number of inpatients and outpatients;
 741 (C) Total patient days;
 742 (D) The number of patients categorized by county of residence; and
 743 (E) The indigent and nonindigent care costs incurred by the health care facility by
 744 county of residence;

745 (9) Transfers to a hospital or hospital emergency department, including both direct
 746 transfers and transfers by emergency medical services;

747 (10) Number of rooms, beds, procedures, and patients, including, without limitation,
 748 demographic information and payer source;

749 (11) Patient origin by county; and

750 (12) Operational information such as procedure types, volumes, and charges."

751 "(d) The department shall provide a form for the ~~report reports~~ required by ~~subsection (a)~~
 752 ~~of~~ this Code section and may provide in said form for further categorical divisions of the
 753 information listed in ~~subsection~~ subsections (b) or (c.1) of this Code section."

754 "(1) In the event the department does not receive ~~information responsive to subparagraph~~
 755 ~~(e)(2)(A) of Code Section 31-6-40 by December 30, 2008,~~ or an annual report from a
 756 health care facility requiring a certificate of need or an ambulatory surgical center or
 757 imaging center, whether or not exempt from obtaining a certificate of need under this
 758 chapter, on or before the date such report was due or receives a timely but incomplete
 759 report, the department shall notify the health care facility or center regarding the
 760 deficiencies and shall be authorized to fine such health care facility or center an amount
 761 not to exceed \$500.00 per day for every day up to 30 days and \$1,000.00 per day for
 762 every day over 30 days for every day of such untimely or deficient report."

763 "(g) The department shall make publicly available all annual reports submitted pursuant
 764 to this Code section on the department website. The department shall also provide a copy
 765 of such annual reports to the Governor, the President of the Senate, the Speaker of the
 766 House of Representatives, and the chairpersons of the House Committee on Health and
 767 Human Services and the Senate Health and Human Services Committee.

768 (h) All health care facilities, ambulatory surgical centers, and imaging centers required to
 769 submit an annual report pursuant to subsection (a) of this Code section shall make such
 770 annual reports publicly available on their websites."

771 **SECTION 1-13.**

772 Said title is further amended by adding a new Code section to Article 1 of Chapter 7, relating
 773 to regulation of hospitals and related institutions, to read as follows:

774 "31-7-22.

775 (a) As used in this Code section, the term 'hospital' means a nonprofit hospital, a hospital
 776 owned or operated by a hospital authority, or a nonprofit corporation formed, created, or
 777 operated by or on behalf of a hospital authority.

778 (b) Beginning July 1, 2020, each hospital in this state shall post a link in a prominent
 779 location on the main page of its website to a copy of its most recent audited Internal
 780 Revenue Service Form 990, including Schedule H for hospitals and other applicable

781 attachments; provided, however, that for any hospital not required to file IRS Form 990,
 782 the department shall establish and provide a form that collects the same information as is
 783 contained in Internal Revenue Service Form 990, including Schedule H for hospitals, as
 784 applicable."

785 **SECTION 1-14.**

786 Said title is further amended by revising Code Section 31-8-9.1, relating to eligibility to
 787 receive tax credits and obligations of rural hospitals after receipt of funds, as follows:

788 "31-8-9.1.

789 (a) As used in this Code section, the term:

790 (1) 'Critical access hospital' means a hospital that meets the requirements of the federal
 791 Centers for Medicare and Medicaid Services to be designated as a critical access hospital
 792 and that is recognized by the department as a critical access hospital for purposes of
 793 Medicaid.

794 (2) 'Rural county' means a county having a population of less than 50,000 according to
 795 the United States decennial census of 2010 or any future such census; provided, however,
 796 that for counties which contain a military base or installation, the military personnel and
 797 their dependents living in such county shall be excluded from the total population of such
 798 county for purposes of this definition.

799 (3) 'Rural hospital organization' means an acute care hospital licensed by the department
 800 pursuant to Article 1 of Chapter 7 of this title that:

801 (A) Provides inpatient hospital services at a facility located in a rural county or is a
 802 critical access hospital;

803 (B) Participates in both Medicaid and medicare and accepts both Medicaid and
 804 medicare patients;

805 (C) Provides health care services to indigent patients;

806 (D) Has at least 10 percent of its annual net revenue categorized as indigent care,
 807 charity care, or bad debt;

808 (E) Annually files IRS Form 990, Return of Organization Exempt From Income Tax,
 809 with the department, or for any hospital not required to file IRS Form 990, the
 810 department will provide a form that collects the same information to be submitted to the
 811 department on an annual basis;

812 (F) Is operated by a county or municipal authority pursuant to Article 4 of Chapter 7
 813 of this title or is designated as a tax-exempt organization under Section 501(c)(3) of the
 814 Internal Revenue Code; and

815 (G) Is current with all audits and reports required by law.

816 (b)(1) By December 1 of each year, the department shall approve a list of rural hospital
 817 organizations eligible to receive contributions from the tax credit provided pursuant to
 818 Code Section 48-7-29.20 and transmit such list to the Department of Revenue.

819 (2) Before any rural hospital organization is included on the list as eligible to receive
 820 contributions from the tax credit provided pursuant to Code Section 48-7-29.20, it shall
 821 submit to the department a five-year plan detailing the financial viability and stability of
 822 the rural hospital organization. The criteria to be included in the five-year plan shall be
 823 established by the department.

824 (3) The department shall create an operations manual for identifying rural hospital
 825 organizations and ranking such rural hospital organizations in order of financial need.

826 Such manual shall include:

827 (A) All deadlines for submitting required information to the department;

828 (B) The criteria to be included in the five-year plan submitted pursuant to paragraph (2)
 829 of this subsection; and

830 (C) The formula applied to rank the rural hospital organizations in order of financial
 831 need.

832 (c)(1) A rural hospital organization that receives donations pursuant to Code Section
 833 48-7-29.20 shall:

834 (A) Utilize such donations for the provision of health care related services for residents
 835 of a rural county or for residents of the area served by a critical access hospital; and

836 (B) Report on a form provided by the department:

837 (i) All contributions received from individual and corporate donors pursuant to Code
 838 Section 48-7-29.20 detailing the manner in which the contributions received were
 839 expended by the rural hospital organization; and

840 (ii) Any payments made to a third party to solicit, administer, or manage the
 841 donations received by the rural hospital organization pursuant to this Code section or
 842 Code Section 48-7-29.20. In no event shall payments made to a third party to solicit,
 843 administer, or manage the donations received pursuant to this Code section exceed 3
 844 percent of the total amount of the donations.

845 (2) The department shall annually prepare a report compiling the information received
 846 pursuant to paragraph (1) of this subsection for the chairpersons of the House Committee
 847 on Ways and Means and the Senate Health and Human Services Committee.

848 (d) The department shall post the following information in a prominent location on its
 849 website:

850 (1) The list of rural hospital organizations eligible to receive contributions established
 851 pursuant to paragraph (1) of subsection (b) of this Code section;

- 852 (2) The operations manual created pursuant to paragraph (3) of subsection (b) of this
 853 Code section;
 854 (3) The annual report prepared pursuant to paragraph (2) of subsection (c) of this Code
 855 section;
 856 (4) The total amount received by each third party that participated in soliciting,
 857 administering, or managing donations; and
 858 (5) A link to the Department of Revenue's website containing the information included
 859 in subsection (d) of Code Section 48-7-29.20."

860 **SECTION 1-15.**

861 Code Section 48-7-29.20 of the Official Code of Georgia Annotated, relating to tax credits
 862 for contributions to rural hospital organizations, is amended as follows:

863 "48-7-29.20.

864 (a) As used in this Code section, the term:

865 (1) 'Qualified rural hospital organization expense' means the contribution of funds by an
 866 individual or corporate taxpayer to a rural hospital organization for the direct benefit of
 867 such organization during the tax year for which a credit under this Code section is
 868 claimed.

869 (2) 'Rural hospital organization' means an organization that is approved by the
 870 Department of Community Health pursuant to Code Section 31-8-9.1.

871 (b) An individual taxpayer shall be allowed a credit against the tax imposed by this chapter
 872 for qualified rural hospital organization expenses as follows:

873 (1) In the case of a single individual or a head of household, the actual amount expended;

874 (2) In the case of a married couple filing a joint return, the actual amount expended; or

875 (3) In the case of an individual who is a member of a limited liability company duly
 876 formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a
 877 partnership, the amount expended; provided, however, that tax credits pursuant to this
 878 paragraph shall be allowed only for the portion of the income on which such tax was
 879 actually paid by such individual.

880 (b.1) From January 1 to June 30 each taxable year, an individual taxpayer shall be limited
 881 in its qualified rural hospital organization expenses allowable for credit under this Code
 882 section, and the commissioner shall not approve qualified rural hospital organization
 883 expenses incurred from January 1 to June 30 each taxable year, which exceed the following
 884 limits:

885 (1) In the case of a single individual or a head of household, \$5,000.00;

886 (2) In the case of a married couple filing a joint return, \$10,000.00; or

887 (3) In the case of an individual who is a member of a limited liability company duly
 888 formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a
 889 partnership, \$10,000.00.

890 (c) A corporation or other entity shall be allowed a credit against the tax imposed by this
 891 chapter for qualified rural hospital organization expenses in an amount not to exceed the
 892 actual amount expended or 75 percent of the corporation's income tax liability, whichever
 893 is less.

894 (d) In no event shall the total amount of the tax credit under this Code section for a taxable
 895 year exceed the taxpayer's income tax liability. Any unused tax credit shall be allowed the
 896 taxpayer against the succeeding five years' tax liability. No such credit shall be allowed
 897 the taxpayer against prior years' tax liability.

898 (e)(1) In no event shall the aggregate amount of tax credits allowed under this Code
 899 section exceed \$60 million per taxable year.

900 (2)(A) No more than \$4 million of the aggregate limit established by paragraph (1) of
 901 this subsection shall be contributed to any individual rural hospital organization in any
 902 taxable year. From January 1 to June 30 each taxable year, the commissioner shall only
 903 preapprove contributions submitted by individual taxpayers in an amount not to exceed
 904 \$2 million, and from corporate donors in an amount not to exceed \$2 million. From
 905 July 1 to December 31 each taxable year, subject to the aggregate limit in paragraph (1)
 906 of this subsection and the individual rural hospital organization limit in this paragraph,
 907 the commissioner shall approve contributions submitted by individual taxpayers and
 908 corporations or other entities.

909 (B) In the event an individual or corporate donor desires to make a contribution to an
 910 individual rural hospital organization that has received the maximum amount of
 911 contributions for that taxable year, the Department of Community Health shall provide
 912 the individual or corporate donor with a list, ranked in order of financial need, as
 913 determined by the Department of Community Health, of rural hospital organizations
 914 still eligible to receive contributions for the taxable year.

915 (C) Any third party that participates in soliciting, advertising, or managing donations
 916 shall provide the complete list of rural hospital organizations eligible to receive the tax
 917 credit provided pursuant to this Code section including their ranking in order of
 918 financial need as determined by the Department of Community Health pursuant to Code
 919 Section 31-8-9.1, to any potential donor regardless of whether a third party has a
 920 contractual relationship or agreement with such rural hospital organization.

921 (3) For purposes of paragraphs (1) and (2) of this subsection, a rural hospital
 922 organization shall notify a potential donor of the requirements of this Code section.
 923 Before making a contribution to a rural hospital organization, the taxpayer shall

924 electronically notify the department, in a manner specified by the department, of the total
 925 amount of contribution that the taxpayer intends to make to the rural hospital
 926 organization. The commissioner shall preapprove or deny the requested amount within
 927 30 days after receiving the request from the taxpayer and shall provide written notice to
 928 the taxpayer and rural hospital organization of such preapproval or denial which shall not
 929 require any signed release or notarized approval by the taxpayer. In order to receive a tax
 930 credit under this Code section, the taxpayer shall make the contribution to the rural
 931 hospital organization within ~~60~~ 180 days after receiving notice from the department that
 932 the requested amount was preapproved. If the taxpayer does not comply with this
 933 paragraph, the commissioner shall not include this preapproved contribution amount
 934 when calculating the limits prescribed in paragraphs (1) and (2) of this subsection.

935 (4)(A) Preapproval of contributions by the commissioner shall be based solely on the
 936 availability of tax credits subject to the aggregate total limit established under
 937 paragraph (1) of this subsection and the individual rural hospital organization limit
 938 established under paragraph (2) of this subsection.

939 (B) Any taxpayer preapproved by the department pursuant to this subsection ~~(e) of this~~
 940 ~~Code section~~ shall retain their approval in the event the credit percentage in ~~subsection~~
 941 ~~(b) of this Code section~~ is modified for the year in which the taxpayer was preapproved.

942 (C) Upon the rural hospital organization's confirmation of receipt of donations that
 943 have been preapproved by the department, any taxpayer preapproved by the department
 944 pursuant to subsection (c) of this Code section shall receive the full benefit of the
 945 income tax credit established by this Code section even though the rural hospital
 946 organization to which the taxpayer made a donation does not properly comply with the
 947 reports or filings required by this Code section.

948 (5) Notwithstanding any laws to the contrary, the department shall not take any adverse
 949 action against donors to rural hospital organizations if the commissioner preapproved a
 950 donation for a tax credit prior to the date the rural hospital organization is removed from
 951 the Department of Community Health list pursuant to Code Section 31-8-9.1, and all such
 952 donations shall remain as preapproved tax credits subject only to the donor's compliance
 953 with paragraph (3) of this subsection.

954 (f) In order for the taxpayer to claim the tax credit under this Code section, a letter of
 955 confirmation of donation issued by the rural hospital organization to which the contribution
 956 was made shall be attached to the taxpayer's tax return. However, in the event the taxpayer
 957 files an electronic return, such confirmation shall only be required to be electronically
 958 attached to the return if the Internal Revenue Service allows such attachments when the
 959 return is transmitted to the department. In the event the taxpayer files an electronic return
 960 and such confirmation is not attached because the Internal Revenue Service does not, at the

961 time of such electronic filing, allow electronic attachments to the Georgia return, such
 962 confirmation shall be maintained by the taxpayer and made available upon request by the
 963 commissioner. The letter of confirmation of donation shall contain the taxpayer's name,
 964 address, tax identification number, the amount of the contribution, the date of the
 965 contribution, and the amount of the credit.

966 (g) No credit shall be allowed under this Code section with respect to any amount
 967 deducted from taxable net income by the taxpayer as a charitable contribution to a bona
 968 fide charitable organization qualified under Section 501(c)(3) of the Internal Revenue
 969 Code.

970 (h) The commissioner shall be authorized to promulgate any rules and regulations
 971 necessary to implement and administer the provisions of this Code section.

972 (i) The department shall post the following information in a prominent location on its
 973 website:

974 (1) All pertinent timelines relating to the tax credit, including, but not limited to:

975 (A) Beginning date when contributions can be submitted for preapproval by donors for
 976 the January 1 to June 30 period;

977 (B) Ending date when contributions can be submitted for preapproval by donors for the
 978 January 1 to June 30 period;

979 (C) Beginning date when contributions can be submitted for preapproval by donors for
 980 the July 1 to December 31 period;

981 (D) Ending date when contributions can be submitted for preapproval by donors for the
 982 July 1 to December 31 period; and

983 (E) Date by which preapproved contributions are required to be sent to the rural
 984 hospital organization;

985 (2) The list and ranking order of rural hospital organizations eligible to receive
 986 contributions established pursuant to paragraph (1) of subsection (b) of Code Section
 987 31-8-9.1;

988 (3) A monthly progress report including:

989 (A) Total preapproved contributions to date by rural hospital organization;

990 (B) Total contributions received to date by rural hospital organization;

991 (C) Total aggregate amount of preapproved contributions made to date; and

992 (D) Aggregate amount of tax credits available; and

993 (4) A list of all preapproved contributions that were made to an unspecified or
 994 undesignated rural hospital organization and the rural hospital organizations that received
 995 such contributions.

996 (j) The Department of Audits and Accounts shall annually conduct an audit of the tax
 997 credit program established under this Code section, including the amount and recipient

998 rural hospital organization of all contributions made, all tax credits received by individual
 999 and corporate donors, and all amounts received by third parties that solicited, administered,
 1000 or managed donations pertaining to this Code section and Code Section 31-8-9.1.
 1001 ~~(i)~~(k) This Code section shall stand automatically repealed on December 31, ~~2021~~ 2024."

1002 **PART II**

1003 **SECTION 2-1.**

1004 This part shall be known and may be cited as "The Health Act."

1005 **SECTION 2-2.**

1006 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding
 1007 a new chapter to read as follows:

1008 "CHAPTER 53

1009 ARTICLE 1

1010 31-53-1.

1011 The General Assembly finds that Georgia faces population and community health
 1012 challenges. The current health infrastructure must be adapted to adequately integrate state
 1013 and private resources in a manner that will serve to maximize the state's goals, including
 1014 improved access to care, effective health management strategies, and cost control
 1015 measures. All components of the state's health care system must be more strategic and
 1016 better coordinated. The General Assembly, therefore, declares it to be the public policy of
 1017 the state to unite the major stakeholders of the state's health care system under a strategic
 1018 vision for Georgia. The public policy shall be realized through an agency focused on
 1019 strategic health care management and coordination.

1020 31-53-2.

1021 As used in this chapter, the term:

1022 (1) 'Director' means the director of health strategy and coordination established pursuant
 1023 to Code Section 31-53-4.

1024 (2) 'Office' means the Office of Health Strategy and Coordination established pursuant
 1025 to Code Section 31-53-3.

1026 31-53-3.

1027 (a) There is established within the office of the Governor the Office of Health Strategy and
1028 Coordination. The objective of the office shall be to strengthen and support the health care
1029 infrastructure of the state through interconnecting health functions and sharing resources
1030 across multiple state agencies and overcoming barriers to the coordination of health
1031 functions. To this end, all affected state agencies shall cooperate with the office in its
1032 efforts to meet such objective. This shall not be construed to authorize the office to
1033 perform any function currently performed by an affected state agency.

1034 (b) The office shall have the following powers and duties:

1035 (1) Bring together experts from academic institutions and industries as well as state
1036 elected and appointed leaders to provide a forum to share information, coordinate the
1037 major functions of the state's health care system, and develop innovative approaches for
1038 lowering costs while improving access to quality care;

1039 (2) Serve as a forum for identifying Georgia's specific health issues of greatest concern
1040 and promote cooperation from both public and private agencies to test new and
1041 innovative ideas;

1042 (3) Evaluate the effectiveness of previously enacted and ongoing health programs and
1043 determine how best to achieve the goals of promoting innovation, competition, cost
1044 reduction, and access to care, and improving Georgia's health care system, attracting new
1045 providers, and expanding access to services by existing providers;

1046 (4) Facilitate collaboration and coordination between state agencies, including but not
1047 limited to the Department of Public Health, the Department of Community Health, the
1048 Department of Behavioral Health and Developmental Disabilities, the Department of
1049 Human Services, the Department of Economic Development, the Department of
1050 Transportation, and the Department of Education;

1051 (5) Evaluate prescription costs and make recommendations to public employee insurance
1052 programs, departments, and governmental entities for prescription formulary design and
1053 cost reduction strategies;

1054 (6) Maximize the effectiveness of existing resources, expertise, and opportunities for
1055 improvement;

1056 (7) Review existing State Health Benefit Plan contracts, Medicaid care management
1057 organization contracts, and other contracts entered into by the state for health related
1058 services, evaluate proposed revisions to the State Health Benefit Plan, and make
1059 recommendations to the Department of Community Health prior to renewing or entering
1060 into new contracts;

1061 (8) Coordinate state health care functions and programs and identify opportunities to
1062 maximize federal funds for health care programs;

- 1063 (9) Oversee collaborative health efforts to ensure efficient use of funds secured at the
 1064 federal, state, regional, and local levels;
- 1065 (10) Evaluate community proposals that identify local needs and formulate local or
 1066 regional solutions that address state, local, or regional health care gaps;
- 1067 (11) Monitor established agency pilot programs for effectiveness;
- 1068 (12) Identify nationally recognized effective evidence based strategies;
- 1069 (13) Propose cost reduction measures;
- 1070 (14) Provide a platform for data distribution compiled by the boards, commissions,
 1071 committees, councils, and offices listed in Code Section 31-53-7; and
- 1072 (15) Assess the health metrics of the state and recommend models for improvement
 1073 which may include healthy behavior and social determinant models.

1074 31-53-4.

1075 (a) There is created the position of director of health strategy and coordination who shall
 1076 be the chief administrative officer of the office. The Governor shall appoint the director
 1077 who shall serve at the pleasure of the Governor.

1078 (b) The director shall have such education, experience, and other qualifications as
 1079 determined by the Governor.

1080 (c) The director shall consult with the Governor on determining state priorities and
 1081 adoption of a state strategy.

1082 (d) The director may contract with other agencies, public and private, or persons as he or
 1083 she deems necessary for carrying out the duties and responsibilities of the office.

1084 (e) The director may employ such other professional, technical, and clerical personnel as
 1085 deemed necessary to carry out the purposes of this chapter.

1086 31-53-5.

1087 (a) The director shall have the power to establish and abolish advisory committees as he
 1088 or she deems necessary to inform effective strategy development and execution.

1089 (b) Membership on an advisory committee shall not constitute public office, and no
 1090 member shall be disqualified from holding public office by reason of his or her
 1091 membership.

1092 (c) An advisory committee shall elect a chairperson from among its membership.

1093 (d) Members of an advisory committee shall serve without compensation, although each
 1094 member of an advisory committee shall be reimbursed for actual expenses incurred in the
 1095 performance of his or her duties from funds available to the office. Such reimbursement
 1096 shall be limited to all travel and other expenses necessarily incurred through service on the
 1097 advisory committee, in compliance with the state's travel rules and regulations; provided,

1098 however, that in no case shall a member of an advisory committee be reimbursed for
 1099 expenses incurred in the member's capacity as the representative of another state agency.

1100 (e) Policy proposals and strategies under consideration that arise from the efforts of an
 1101 advisory committee must be presented to all members of the advisory committee with an
 1102 opportunity to comment.

1103 (f) An advisory committee shall:

1104 (1) Meet at such times and places as it shall determine necessary or convenient to
 1105 perform its duties. An advisory committee shall also meet on the call of the director or
 1106 the Governor;

1107 (2) Maintain minutes of its meetings;

1108 (3) Identify and report to the director any federal laws or regulations that may enable the
 1109 state to receive and disburse federal funds for health care programs;

1110 (4) Advise the director if it needs additional members or resources to conduct its defined
 1111 duties; and

1112 (5) Provide a final report with supporting documentation to the director.

1113 31-53-6.

1114 (a) The office shall compile reports received from the following boards, commissions,
 1115 committees, councils, and offices pursuant to each such entity's respective statutory
 1116 reporting requirements:

1117 (1) The Maternal Mortality Review Committee;

1118 (2) The Office of Women's Health;

1119 (3) The Commission on Men's Health;

1120 (4) The Renal Dialysis Advisory Council;

1121 (5) The Kidney Disease Advisory Committee;

1122 (6) The Hemophilia Advisory Board;

1123 (7) The Georgia Council on Lupus Education and Awareness;

1124 (8) The Georgia Palliative Care and Quality of Life Advisory Council;

1125 (9) The Georgia Trauma Care Network Commission;

1126 (10) The Behavioral Health Coordinating Council;

1127 (11) The Department of Public Health on behalf of the Georgia Coverdell Acute Stroke
 1128 Registry;

1129 (12) The Office of Cardiac Care; and

1130 (13) The Brain and Spinal Injury Trust Fund Commission.

1131 (b) The office shall maintain a website that permits public dissemination of data compiled
 1132 by the boards, commissions, committees, councils, and offices listed in subsection (a) of
 1133 this Code section.

ARTICLE 2

1134

1135 31-53-20.1136 (a) The General Assembly finds that:1137 (1) Cost of care, diagnostic metrics, care gaps, and best practices are best analyzed with
1138 large-scale data;1139 (2) The current data infrastructure must be adapted to adequately integrate state and
1140 private resources in a manner that will serve the divergent needs of the state;1141 (3) All components of state data collection and dissemination infrastructure must be
1142 more strategic and better coordinated to serve policy makers and health care providers;
1143 and1144 (4) A more robust data base will also serve as a platform to provide resources to the
1145 public for healthy living and cost transparency.1146 (b) The General Assembly, therefore, declares it to be the public policy of this state to
1147 unite the major stakeholders of the state's health care system under a common data
1148 platform. The public policy of the state will be served by restructuring data silos to inform
1149 policy makers, health care providers, and consumers.1150 31-53-21.1151 (a) The office shall convene a Georgia Data Access Forum composed of health care
1152 stakeholders and experts, including representatives from:1153 (1) The Georgia Health Information Network;1154 (2) Hospital associations;1155 (3) Physician associations;1156 (4) Pharmacy associations;1157 (5) Dental associations;1158 (6) The Department of Community Health;1159 (7) The Department of Public Health;1160 (8) The Department of Behavioral Health and Developmental Disabilities;1161 (9) The Insurance Commissioner's Office;1162 (10) Insurance carriers; and1163 (11) Self-insured employers.1164 (b) Membership on the Georgia Data Access Forum shall not constitute public office, and
1165 no member shall be disqualified from holding public office by reason of his or her
1166 membership.1167 (c) Members shall serve without compensation, although each member shall be reimbursed
1168 for actual expenses incurred in the performance of his or her duties from funds available

1169 to the office. Such reimbursement shall be limited to all travel and other expenses
 1170 necessarily incurred through service on the forum, in compliance with this state's travel
 1171 rules and regulations; provided, however, that in no case shall a member be reimbursed for
 1172 expenses incurred in the member's capacity as the representative of another state agency.

1173 31-53-22.

1174 The purpose of the Georgia Data Access Forum shall be to make recommendations to the
 1175 office on:

- 1176 (1) Conducting a baseline analysis of the current data base infrastructure;
- 1177 (2) Identifying common goals for the state and stakeholders;
- 1178 (3) Prioritizing desired data base functions;
- 1179 (4) Securing proposals for data base platforms;
- 1180 (5) Analyzing existing systems and technology that can be leveraged into a streamlined
 1181 system;
- 1182 (6) Analyzing system security and available data that can be leveraged into a streamlined
 1183 system;
- 1184 (7) Estimating and evaluating costs to various stakeholders;
- 1185 (8) Establishing a timeline for implementation;
- 1186 (9) Determining whether a tiered approach is necessary for implementation;
- 1187 (10) Establishing a timeline for a tiered roll out;
- 1188 (11) Establishing a short-term and long-term approach to funding the data base;
- 1189 (12) Identifying appropriate funding sources other than the general fund;
- 1190 (13) Recommending legislation necessary for data security;
- 1191 (14) Recommending legislation necessary for stakeholder cooperation or protection;
- 1192 (15) Recommending legislation necessary to capture data;
- 1193 (16) Determining the appropriate agency or entity to manage the ongoing operation of
 1194 the data base;
- 1195 (17) Describing the relative benefits to the various stakeholders;
- 1196 (18) Identifying population health tools; and
- 1197 (19) Determining the cost, feasibility, and timeframe to implement a consumer health
 1198 cost tool.

1199 31-53-23.

1200 (a) Third-party vendors may be contacted for expertise at the director's discretion to assist
 1201 the Georgia Data Access Forum in formulating its recommendations pursuant to Code
 1202 Section 31-53-22.

1203 (b) Third-party vendors may be consulted and permitted to offer proposals and make
 1204 presentations to the office and the Georgia Data Access Forum."

1205 **SECTION 2-3.**

1206 Said title is further amended in Code Section 31-1-13, relating to the Hemophilia Advisory
 1207 Board, by revising subsection (g) as follows:

1208 "(g) The Hemophilia Advisory Board shall, no later than ~~January, 2012~~ October 1, 2019,
 1209 and annually thereafter, submit to the ~~Governor and the General Assembly~~ Office of Health
 1210 Strategy and Coordination a report of its findings and recommendations. Annually
 1211 thereafter, the commissioner of public health, in consultation with the commissioner of
 1212 community health, shall report to the Governor and the General Assembly on the status of
 1213 implementing the recommendations as proposed by the Hemophilia Advisory Board. The
 1214 reports shall be made public and shall be subject to public review and comment."

1215 **SECTION 2-4.**

1216 Said title is further amended in Code Section 31-2-16, relating to the Rural Health System
 1217 Innovation Center creation, purposes and duties, and reporting, by revising paragraph (11)
 1218 of subsection (b) and subsection (e) as follows:

1219 "(11) Participate in other state-wide health initiatives or programs affecting the entire
 1220 state and nonrural areas of Georgia. The center shall cooperate with other health related
 1221 state entities, including; but not limited to; the department, the Department of Public
 1222 Health, the Department of Human Services, ~~and~~ the Department of Behavioral Health and
 1223 Developmental Disabilities, and the Office of Health Strategy and Coordination and all
 1224 other health related state boards, commissions, committees, councils, offices, and other
 1225 entities on state-wide health initiatives or programs; and"

1226 "(e) On or before October 1 of each year, the center shall file a report to the Governor, the
 1227 President of the Senate, the Speaker of the House of Representatives, and the chairpersons
 1228 of the House Committee on Health and Human Services, the Senate Health and Human
 1229 Services Committee, the House Committee on Appropriations, ~~and~~ the Senate
 1230 Appropriations Committee, and the Office of Health Strategy and Coordination. The report
 1231 shall include a summary of the activities of the center during the calendar year, including;
 1232 but not limited to; the total number of hospital executives, hospital board members, and
 1233 hospital authority members who received training from the center; the status of rural health
 1234 care in the state; and recommendations, if any, for legislation as may be necessary to
 1235 improve the programs and services offered by the center."

SECTION 2-5.

1236
 1237 Said title is further amended in Code Section 31-2A-5, relating to the Office of Women's
 1238 Health, by revising subsection (b) and adding a new subsection to read as follows:

1239 ~~"(b) The Office of Women's Health shall serve in an advisory capacity to the Governor,~~
 1240 ~~the General Assembly, the board, the department, and all other state agencies in matters~~
 1241 ~~relating to women's health~~ Office of Health Strategy and Coordination. In particular, the
 1242 office shall:

- 1243 (1) Raise awareness of women's nonreproductive health issues;
 1244 (2) Inform and engage in prevention and education activities relating to women's
 1245 nonreproductive health issues;
 1246 (3) Serve as a clearing-house for women's health information for purposes of planning
 1247 and coordination;
 1248 (4) Issue reports of the office's activities and findings; and
 1249 (5) Develop and distribute a state comprehensive plan to address women's health issues."

1250 "(d) The Office of Women's Health, no later than October 1, 2019, and annually thereafter,
 1251 shall submit to the Office of Health Strategy and Coordination a report of its findings and
 1252 recommendations."

SECTION 2-6.

1253
 1254 Said title is further amended in Code Section 31-2A-16, relating to the Maternal Mortality
 1255 Review Committee, by revising subsection (g) as follows:

1256 ~~"(g) Reports of aggregated nonindividually identifiable data shall be compiled on a routine~~
 1257 ~~basis for distribution in an effort to further study the causes and problems associated with~~
 1258 ~~maternal deaths. Reports shall be distributed to the General Assembly, health care~~
 1259 ~~providers and facilities, key government agencies, and others necessary to reduce the~~
 1260 ~~maternal death rate. A detailed annual report shall be submitted no later than October 1 to~~
 1261 ~~the Office of Health Strategy and Coordination."~~

SECTION 2-7.

1262
 1263 Said title is further amended in Code Section 31-7-192, relating to the Georgia Palliative
 1264 Care and Quality of Life Advisory Council, by revising subsection (f) as follows:

1265 ~~"(f) The council, no later than June 30, 2017~~ October 1, 2019, and annually thereafter, shall
 1266 submit to the ~~Governor and the General Assembly~~ Office of Health Strategy and
 1267 Coordination a report of its findings and recommendations."

SECTION 2-8.

1268
 1269 Said title is further amended by repealing Article 9 of Chapter 8, relating to the Federal and
 1270 State Funded Health Care Financing Programs Overview Committee, and designating said
 1271 article as reserved.

SECTION 2-9.

1272
 1273 Said title is further amended in Code Section 31-11-103, relating to the Georgia Trauma
 1274 Trust Fund, by revising subsection (b) as follows:
 1275 "(b) The Georgia Trauma Care Network Commission shall report annually ~~to the House~~
 1276 ~~Committee on Health and Human Services and the Senate Health and Human Services~~
 1277 ~~Committee~~ no later than October 1 to the Office of Health Strategy and Coordination.
 1278 Such report shall provide an update on state-wide trauma system development and the
 1279 impact of fund distribution on trauma patient care and outcomes."

SECTION 2-10.

1280
 1281 Said title is further amended in Code Section 31-11-116, relating to annual reports relative
 1282 to stroke centers, by revising subsection (b) as follows:
 1283 "(b) The department shall collect the information reported pursuant to subsection (a) of this
 1284 Code section and shall post such information in the form of a report card annually on the
 1285 department's website and present such report to the ~~Governor, the President of the Senate,~~
 1286 ~~and the Speaker of the House of Representatives~~ Office of Health Strategy and
 1287 Coordination. The results of this report card may be used by the department to conduct
 1288 training with the identified facilities regarding best practices in the treatment of stroke."

SECTION 2-11.

1289
 1290 Said title is further amended in Code Section 31-11-135, relating to grants to hospitals and
 1291 reporting relative to the Office of Cardiac Care, by revising subsection (d) as follows:
 1292 "(d) The office shall annually prepare and submit to the ~~Governor, the President of the~~
 1293 ~~Senate, the Speaker of the House of Representatives, and the chairpersons of the House~~
 1294 ~~Committee on Health and Human Services and the Senate Health and Human Services~~
 1295 ~~Committee for distribution to its committee members~~ Office of Health Strategy and
 1296 Coordination a report indicating the total number of hospitals that have applied for grants
 1297 pursuant to this Code section, the number of applicants that have been determined by the
 1298 office to be eligible for such grants, the total number of grants to be awarded, the name and
 1299 address of each grantee, and the amount of the award to each grantee."

SECTION 2-12.

1300
 1301 Said title is further amended in Code Section 31-16-3, relating to the functions of the Kidney
 1302 Disease Advisory Committee, membership, terms of office, vacancies, and compensation and
 1303 reimbursement of expenses, by adding a new subsection to read as follows:

1304 "(f) The KDAC shall prepare and submit a complete and detailed report no later than
 1305 October 1, 2019, and annually thereafter, to the Office of Health Strategy and Coordination
 1306 concerning the impact of the program established pursuant to Code Section 31-16-2 on the
 1307 treatment of chronic renal disease and the cost of such treatment."

SECTION 2-13.

1308
 1309 Said title is further amended in Code Section 31-18-4, relating to duties of the Brain and
 1310 Spinal Injury Trust Fund Commission, by revising subsection (b) as follows:

1311 "(b) The Brain and Spinal Injury Trust Fund Commission shall maintain records of reports
 1312 and notifications made under this chapter. The Brain and Spinal Injury Trust Fund
 1313 Commission shall produce an annual report relating to information and data collected
 1314 pursuant to this chapter and shall make such report available upon request. Such report
 1315 shall be submitted annually no later than October 1 to the Office of Health Strategy and
 1316 Coordination."

SECTION 2-14.

1317
 1318 Said title is further amended in Code Section 31-43-12, relating to duties and responsibilities
 1319 of the Commission on Men's Health, by revising paragraph (6) as follows:

1320 "(6) Submit a report of its findings and recommendations under this chapter to the
 1321 Governor, the President of the Senate, and the Speaker of the House of Representatives
 1322 not ~~Office of Health Strategy and Coordination~~ no later than October 1 of each year."

SECTION 2-15.

1323
 1324 Said title is further amended in Code Section 31-44-3, relating to adoption of rules, council
 1325 established, and terms of councilmembers of the Renal Dialysis Advisory Council, by adding
 1326 a new subsection to read as follows:

1327 "(d) The council shall submit an annual report no later than October 1 of its
 1328 recommendations and evaluation of its implementation to the Office of Health Strategy and
 1329 Coordination."

SECTION 2-16.

1330
 1331 Said title is further amended by revising Code Section 31-49-5, relating to the annual report
 1332 of the Georgia Council on Lupus Education and Awareness, as follows:

1333 "31-49-5.
 1334 The council shall prepare annually a complete and detailed report to be submitted to the
 1335 ~~Governor, the chairperson of the House Committee on Health and Human Services, and~~
 1336 ~~the chairperson of the Senate Health and Human Services Committee~~ no later than
 1337 October 1 to the Office of Health Strategy and Coordination detailing the activities of the
 1338 council and may include any recommendations for legislative action it deems appropriate."

1339 **SECTION 2-17.**

1340 Code Section 37-2-4 of the Official Code of Georgia Annotated, relating to the Behavioral
 1341 Health Coordinating Council, membership, meetings, and obligations, is amended by
 1342 revising paragraph (1) of subsection (h) as follows:

1343 "(h)(1) The council shall submit annual reports no later than October 1 of its
 1344 recommendations and evaluation of ~~their~~ its implementation to the ~~Governor and the~~
 1345 ~~General Assembly~~ Office of Health Strategy and Coordination."

1346 **PART III**

1347 **SECTION 3-1.**

1348 Article 4 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to
 1349 county and municipal hospital authorities, is amended by revising Code Section 31-7-75.1,
 1350 relating to proceeds of sale of hospital held in trust to fund indigent hospital care, as follows:

1351 "31-7-75.1.

1352 (a) The proceeds from any sale or lease of a hospital owned by a hospital authority or
 1353 political subdivision of this state, which proceeds shall not include funds required to pay
 1354 off the bonded indebtedness of the sold hospital or any expense of the authority or political
 1355 subdivision attributable to the sale or lease, shall be held by the authority or political
 1356 subdivision in an irrevocable trust fund. Such proceeds in that fund may be invested in the
 1357 same way that public moneys may be invested generally pursuant to general law and as
 1358 permitted under Code Section 31-7-83, but money in that trust fund shall be used
 1359 exclusively for funding the provision of ~~hospital~~ health care for the indigent residents of
 1360 the political subdivision which owned the hospital or by which the authority was activated
 1361 or for which the authority was created. If the funds available for a political subdivision in
 1362 that irrevocable trust fund are less than \$100,000.00, the principal amount may be used to
 1363 fund the provision of indigent ~~hospital~~ health care; otherwise, only the income from that
 1364 fund may be used for that care. Such funding or reimbursement for indigent care shall not
 1365 exceed the diagnosis related group rate for that hospital in each individual case.

1366 (b) In the event a hospital authority which sold or leased a hospital was activated by or
 1367 created for more than one political subdivision or in the event a hospital having as owner
 1368 more than one political subdivision is sold or leased by those political subdivisions, each
 1369 such constituent political subdivision's portion of the irrevocable trust fund for indigent
 1370 ~~hospital~~ health care shall be determined by multiplying the amount of that fund by a figure
 1371 having a numerator which is the population of that political subdivision and a denominator
 1372 which is the combined population of all the political subdivisions which owned the hospital
 1373 or by which or for which the authority was activated or created.

1374 (c) For purposes of ~~hospital~~ health care for the indigent under this Code section, the
 1375 standard of indigency shall be that determined under Code Section 31-8-43, relating to
 1376 standards of indigency for emergency care of pregnant women, based upon 125 percent of
 1377 the federal poverty level.

1378 (d) This Code section shall not apply to the following actions:

1379 (1) A reorganization or restructuring;

1380 (2) Any sale of a hospital, or the proceeds from that sale, made prior to April 2, 1986;
 1381 and

1382 (3) Any sale or lease of a hospital when the purchaser or lessee pledges, by written
 1383 contract entered into concurrently with such purchase or lease, to provide an amount of
 1384 ~~hospital~~ health care equal to that which would have otherwise been available pursuant to
 1385 subsections (a), (b), and (c) of this Code section for the indigent residents of the political
 1386 subdivisions which owned the hospital, by which the hospital authority was activated, or
 1387 for which the authority was created. However, the exception to this Code section
 1388 provided by this paragraph shall only apply to:

1389 (A) Hospital authorities that operate a licensed hospital pursuant to a lease from the
 1390 county which created the appropriate authority; ~~and~~

1391 (B) Hospitals that have a bed capacity of more than 150 beds; ~~and~~

1392 (C) Hospitals located in a county in which no other medical-surgical licensed hospital
 1393 is located; ~~and~~

1394 (D) Hospitals located in a county having a population of less than 45,000 according to
 1395 the United States decennial census of 1990; and

1396 (E) Hospitals operated by a hospital authority that entered into a lease-purchase
 1397 agreement between such hospital and a private corporation prior to July 1, 1997."

1398 **SECTION 3-2.**

1399 Said article is further amended by revising Code Section 31-7-83, relating to investment of
 1400 surplus moneys and moneys received through issuance of revenue certificates, as follows:

1401 "31-7-83.

1402 (a) Pending use for the purpose for which received, each hospital authority created by and
 1403 under this article is authorized and empowered to invest all moneys or any part thereof
 1404 received through the issuance and sale of revenue certificates of the authority in any
 1405 securities which are legal investments or which are provided for in the trust indenture
 1406 securing such certificates or other legal investments; provided, however, that such
 1407 investments ~~will~~ shall be used at all times while held, or upon sale, for the purposes for
 1408 which the money was originally received and no other. Contributions or gifts received by
 1409 any authority shall be invested as provided by the terms of the contribution or gift or in the
 1410 absence thereof as determined by the authority.

1411 (b) In addition to the authorized investments in subsection (a) of this Code section and in
 1412 Code Section 36-83-4, hospital authorities that have ceased to own or operate medical
 1413 facilities for a minimum of seven years, have paid off all bonded indebtedness and
 1414 outstanding short-term or long-term debt obligations, and hold more than \$20 million in
 1415 funds for charitable health care purposes may invest a maximum of 30 percent of their
 1416 funds in the following:

1417 (1) Shares of mutual funds registered with the Securities and Exchange Commission of
 1418 the United States under the Investment Company Act of 1940, as amended; and

1419 (2) Commingled funds and collective investment funds maintained by state chartered
 1420 banks or trust companies or regulated by the Office of the Comptroller of the Currency
 1421 of the United States Department of the Treasury, including common and group trusts,
 1422 and, to the extent the funds are invested in such collective investment funds, the funds
 1423 shall adopt the terms of the instruments establishing any group trust in accordance with
 1424 applicable United States Internal Revenue Service Revenue Rulings."

1425

PART IV

1426

SECTION 4-1.

1427 All laws and parts of laws in conflict with this Act are repealed.