The Senate Committee on Finance offered the following substitute to SB 180:

A BILL TO BE ENTITLED AN ACT

To amend Article 4 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to county and municipal hospital authorities, so as to change certain criteria relating to grants to such hospital authorities; to amend Article 1 of Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to hospital care for the indigent generally, so as to provide for an additional reporting requirement for rural hospital organizations; to amend Article 2 of Chapter 7 of Title 48 of the Official Code of Georgia Annotated, relating to the imposition, rate, computation, and exemptions from income taxes, so as to change certain amounts and entities eligible for the credit; to amend Code Section 50-18-72 of the Official Code of Georgia Annotated, relating to when public disclosure not required, so that the identities of individual and corporate donors to rural hospital organizations are exempt from public disclosure; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Article 4 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to county and municipal hospital authorities, is amended by revising Code Section 31-7-94, relating to grants to hospital authorities, as follows:

"31-7-94.

The state is authorized to make grants, as funds are available, to hospital authorities <u>and</u> <u>rural hospital organizations</u> for public health purposes, provided that any funds so granted shall be distributed to and among the various public hospital authorities <u>and rural hospital organizations</u> in the state in proportion to the number of hospital beds operated by each such hospital authority <u>or rural hospital organization</u> at the end of the calendar year preceding the grant. Funds shall be distributed to public hospitals <u>and rural hospital organizations</u> operated by consolidated governments in the same manner as to authority hospitals prescribed in this Code section <u>and rural hospital organizations</u>. Grants made by

the state pursuant to this Code section shall be administered by the Department of Community Health in accordance with <u>Code Section 31-7-94.1 and</u> such rules, regulations, and procedures as it shall deem necessary for effective administration of such grants."

30 SECTION 2.

Said article is further amended by revising Code Section 31-7-94.1, relating to the certification of rural hospitals for grant eligibility, as follows:

"31-7-94.1.

- (a) This Code section shall be known and may be cited as the 'Rural Hospital <u>Organization</u> Assistance Act of 2017.'
 - (b) The General Assembly finds that hospital authorities <u>and rural hospital organizations</u> are <u>created under Code Section 31-7-72 in and for each county and municipal corporation</u> of the state <u>essential</u> in order to promote public health goals of the state. The General Assembly further finds that many hospitals in rural counties, whether or not they are owned or operated by hospital authorities, are in desperate financial straits. In order to preserve the availability of primary health care services provided by such hospitals to residents of rural counties, the General Assembly has determined that a program of state grants is necessary and recommends funds be made available to such hospitals. These grants will be conditioned upon those hospitals continuing to furnish essential health care services to residents in their areas of operation as well as engaging in the long-range planning and any restructuring which may be required for those hospitals to survive by devising cost-effective and efficient health care systems for meeting local health care needs.
 - (c) As used in this Code section, the term:
 - (1) 'Department of Community Health' means the Department of Community Health created under Chapter 2 of this title.
 - (2)(1) 'Hospital' means an institution which has a permit as a hospital issued under this chapter.
 - (3)(2) 'Rural county' means a county having a population of less than 35,000 45,000 according to the United States decennial census of 1990 2010 or any future such census; provided, however, that for counties which contain a military base or installation, the military personnel and their dependents living in such county shall be excluded from the total population of such county for purposes of this definition.
 - (4) 'Rural hospital' means a hospital which has been certified by the Department of Community Health as:
 - (A) Being located in a rural county;
 - (B) Participating in both Medicaid and medicare and accepting both Medicaid and medicare patients;

63	(C) Providing health care services to indigent patients; and
64	(D) Maintaining a 24 hour emergency room.
65	(3) 'Rural hospital organization' means an acute care hospital licensed by the department
66	pursuant to Article 1 of Chapter 7 of this title that:
67	(A) Provides inpatient hospital services at a facility located in a rural county or is a
68	critical access hospital;
69	(B) Participates in both Medicaid and medicare and accepts both Medicaid and
70	medicare patients;
71	(C) Provides health care services to indigent patients;
72	(D) Has at least 10 percent of its annual net revenue categorized as indigent care,
73	charity care, or bad debt;
74	(E) Annually files IRS Form 990, Return of Organization Exempt From Income Tax,
75	with the department, or for any hospital not required to file IRS Form 990, the
76	department will provide a form that collects the same information to be submitted to the
77	department on an annual basis;
78	(F) Maintains a 24 hour emergency room;
79	(G) Is operated by a county or municipal authority pursuant to Article 4 of Chapter 7
80	of this title or is designated as a tax-exempt organization under Section 501(c)(3) of the
81	Internal Revenue Code; and
82	(H) Is current with all audits and reports required by law.
83	(d) A rural hospital organization may apply for a grant available under subsection (e) of
84	this Code section if it has been certified by the Department of Community Health
85	department as:
86	(1) A rural hospital <u>organization</u> ; <u>and</u>
87	(2) Having Has submitted a grant application which includes:
88	(A) A problem statement indicating the problem the rural hospital organization
89	proposes to solve with the grant funds;
90	(B) The goals of the proposed solution;
91	(C) The organizational structure, financial system, and facilities that are essential to the
92	proposed solution;
93	(D) The projected longevity of the proposed solution after the grant funds are
94	expended;
95	(E) Evidence of collaboration with other community health care providers in achieving
96	the proposed solution;

(F) Evidence that funds for the proposed solution are not available from another

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- (G) Evidence that the grant funds would assist in returning the rural hospital organization to an economically stable condition or that any plan for closure or realignment of services involves development of innovative alternatives for the discontinued services;
- (H) Evidence of a satisfactory record-keeping system to account for grant fund expenditures within the <u>rural hospital organization and the</u> rural county;
- (I) A community health survival plan describing how the plan was developed, the goals of the plan, the links with existing health care providers under the plan, the implementation process including quantification of indicators of the hospital's financial well-being, measurable outcome targets, and the current condition of such hospital; and (J) Such additional evidence as the Department of Community Health department may require to demonstrate the feasibility of the proposed solution for which grant funds are sought.
- Notwithstanding the provisions of Code Section 31-7-94, the Department of Community Health The department is authorized to make grants to rural hospitals hospital organizations certified as meeting the requirements of subsection (d) of this Code section. Grants to rural hospitals owned or operated by hospital authorities or rural hospital organizations may be for any of the following purposes:
 - (1) Infrastructure development, including, without being limited to, <u>health information</u> technology, facility renovation, or equipment acquisition; provided, however, that the amount granted to any qualified hospital may not exceed the expenditure thresholds that would constitute a new institutional health service requiring a certificate of need under Chapter 6 of this title and the grant award may be conditioned upon obtaining local matching funds;
 - (2) Strategic planning, including, without being limited to, strategies for personnel retention or recruitment, development of an emergency medical network, or the development of a collaborative and integrated health care delivery system with other health care providers, and the grant award may be conditioned upon obtaining local matching funds for items such as telemedicine, billing systems, and medical records. For the purposes of this paragraph, the maximum grant to any grantee shall be \$200,000.00 \$500,000.00;
 - (3) Nontraditional health care delivery systems, excluding operational funds and purposes for which grants may be made under paragraph (1) or (2) of this subsection. For the purposes of this paragraph, the maximum grant to any grantee shall be \$1.5 <u>\$2.5</u> million; or
 - (4) The provision of 24 hour emergency room services open to the general public.

135 Any grants to certified rural hospitals which are not owned or operated by hospital 136 authorities shall be limited to the purpose described in paragraph (4) of this subsection. 137 (f) In awarding grants under this Code section, the Department of Community Health 138 department may give priority to any otherwise eligible rural hospital organization which 139 meets the definition of a 'necessary provider' as specified in the state's 'Rural Healthcare 140 Plan' of May, 1998. 141 (g) The maximum grant to any hospital authority or rural hospital organization shall be \$4 million per calendar year. 142 143 (g)(h) The Department of Community Health department shall be authorized to certify rural hospitals hospital organizations as provided in subsection (d) of this Code section and 144 shall adopt regulations to implement its powers and duties under this Code section." 145 146 **SECTION 3.** Article 1 of Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to 147 148 hospital care for the indigent generally, is amended by revising subsection (c) of Code Section 31-8-9.1, relating to tax credits for donations to certain rural hospitals, as follows: 149 "(c)(1) A rural hospital organization that receives donations pursuant to Code Section 150 151 48-7-29.20 shall: 152 (A) Utilize such donations for the provision of health care-related care related services for residents of a rural county or for residents of the area served by a critical access 153 154 hospital; and 155 (B) Report on a form provided by the department: 156 (i) All all contributions received from individual and corporate donors pursuant to Code Section 48-7-29.20 and show detailing the manner or purpose in which the 157 158 contributions received were expended by the rural hospital organization; and 159 (ii) Any payments made to a third party to solicit, administer, or manage the donations received by the rural hospital organization pursuant to this Code section or 160 Code Section 48-7-29.20. 161 (2) The department shall annually prepare a report compiling the information received 162

SECTION 4.

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Article 2 of Chapter 7 of Title 48 of the Official Code of Georgia Annotated, relating to the imposition, rate, computation, and exemptions from income taxes, is amended by revising subsections (b), (c), and (e) of Code Section 48-7-29.20, relating to tax credits for contributions to rural hospital organizations, as follows:

pursuant to paragraph (1) of this subsection for the chairpersons of the House Committee

on Ways and Means and the Senate Health and Human Services Committee."

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

- (1) In the case of a single individual or a head of household, $\frac{70\ 90}{90}$ percent of the actual amount expended or $\frac{$2,500.00}{90}$ per tax year, whichever is less; or
- (2) In the case of a married couple filing a joint return, $\frac{70 \text{ } 90}{90}$ percent of the actual amount expended or $\frac{$5,000.00}{90}$ per tax year, whichever is less; or
- (3) Anything to the contrary contained in paragraph (1) or (2) of this subsection notwithstanding, in the case of an individual who is a member of a limited liability company duly formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a partnership, 90 percent of the actual amount expended or \$10,000.00 per tax year, whichever is less; provided, however, that tax credits pursuant to this paragraph shall only be allowed for the portion of the income on which such tax was actually paid by such member of the limited liability company, shareholder of a Subchapter 'S' corporation, or partner in a partnership.
- (c) A corporation or other entity shall be allowed a credit against the tax imposed by this chapter for qualified rural hospital organization expenses in an amount not to exceed 70 90 percent of the actual amount expended or 75 percent of the corporation's income tax liability, whichever is less."
 - "(e)(1) In no event shall the aggregate amount of tax credits allowed under this Code section exceed \$50 \\$60 million in 2017, \$60 million in 2018, and \$70 \\$60 million in 2019.
 - (2)(A) No more than \$4 million of the aggregate limit established by paragraph (1) of this subsection shall be contributed to any individual rural hospital organization in any taxable year. From January 1 to June 30 each taxable year, the commissioner shall only preapprove contributions submitted by individual taxpayers in an amount not to exceed \$2 million, and from corporate donors in an amount not to exceed \$2 million. From July 1 to December 31 each taxable year, subject to the aggregate limit in paragraph (1) of this subsection and the individual rural hospital organization limit in this paragraph, the commissioner shall approve contributions submitted by individual taxpayers and corporations or other entities.
 - (B) In the event an individual or corporate donor desires to make a contribution to an individual rural hospital organization that has received the maximum amount of contributions for that taxable year, the Department of Community Health shall provide the individual or corporate donor with a list, ranked in order of financial need, as determined by the Department of Community Health, of rural hospital organizations still eligible to receive contributions for the taxable year.

(3) For purposes of paragraphs (1) and (2) of this subsection, a rural hospital organization shall notify a potential donor of the requirements of this Code section. Before making a contribution to a rural hospital organization, the taxpayer shall electronically notify the department, in a manner specified by the department, of the total amount of contribution that the taxpayer intends to make to the rural hospital organization. The commissioner shall preapprove or deny the requested amount with within 30 days after receiving the request from the taxpayer and shall provide written notice to the taxpayer and rural hospital organization of such preapproval or denial which shall not require any signed release or notarized approval by the taxpayer. In order to receive a tax credit under this Code section, the taxpayer shall make the contribution to the rural hospital organization within 60 days after receiving notice from the department that the requested amount was preapproved. If the taxpayer does not comply with this paragraph, the commissioner shall not include this preapproved contribution amount when calculating the limits prescribed in paragraphs (1) and (2) of this subsection.

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

- (B) Any taxpayer preapproved by the department pursuant to subsection (e) of this Code section shall retain their approval in the event the credit percentage in subsection (b) of this Code section is modified for the year in which the taxpayer was preapproved.
- (C) Any taxpayer preapproved by the department pursuant to subsection (c) of this Code section shall receive the full benefit of the income tax credit established by this Code section even though the rural hospital organization to which the taxpayer made a donation does not properly comply with the reports or filings required by this Code section.
- (5) Notwithstanding any laws to the contrary, the department shall not take any adverse action against donors to rural hospital organizations if the commissioner preapproved a donation for a tax credit prior to the date the rural hospital organization is removed from the Department of Community Health list pursuant to Code Section 31-8-9.1, and all such donations shall remain as preapproved tax credits subject only to the donor's compliance with paragraph (3) of this subsection."

SECTION 5.

Code Section 50-18-72 of the Official Code of Georgia Annotated, relating to when public disclosure not required, is amended in subsection (a) by deleting "or" at the end of paragraph

242	(49), by deleting the period and adding "; or" at the end of paragraph (50), and by adding a
243	new paragraph to read as follows:
244	"(51) Records related to Code Section 31-8-9.1 containing the identity of any individual
245	or corporate donor that made or applied to make a contribution to a rural hospital
246	organization pursuant to Code Section 48-7-29.20, unless the identity of such individual
247	or corporate donor is redacted prior to public disclosure."
248	SECTION 6.
249	This Act shall become effective upon its approval by the Governor or upon its becoming law
250	without such approval.
251	SECTION 7.

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

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