

House Bill 1513

By: Representatives Lim of the 98<sup>th</sup>, Lupton of the 83<sup>rd</sup>, and Frye of the 122<sup>nd</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to  
2 regulation and construction of hospitals and other health care facilities, so as to provide that  
3 bad debts and underpayment for Medicare services are not included as indigent and charity  
4 care for purposes of community benefit reports by hospital authorities; to remove hospital  
5 authorities' immunity from antitrust liability; to add requirements to the annual report from  
6 hospitals and other health care providers; to provide for related matters; to repeal conflicting  
7 laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to regulation and  
11 construction of hospitals and other health care facilities, is amended by revising Code Section  
12 31-7-72.1, relating to merger of hospital authorities, as follows:

13 "31-7-72.1.

14 (a) A hospital authority activated for a county pursuant to Code Section 31-7-73 may be  
15 merged with a hospital authority activated for that county under Code Section 31-7-72  
16 upon compliance with this Code section and approval by resolution of the governing

H. B. 1513

17 authority of the county in which the authorities are located. A majority of the board of  
18 each such hospital authority must approve such merger by a resolution which is adopted  
19 by each such board and is filed with the department. That resolution shall set forth:

20 (1) The name of each hospital authority planning to merge and the name of the surviving  
21 hospital authority into which each plans to merge; and

22 (2) The terms and conditions of the planned merger.

23 (b) The merger authorized by subsection (a) of this Code section shall not become  
24 effective until the governing authority of the county of operation of the merging hospitals  
25 appoints the members of the board of the surviving hospital authority by proper resolution  
26 and files copies of such resolution with the department. The governing authority is not  
27 required but is authorized to appoint as a member of the surviving hospital authority any  
28 member of a hospital authority planning to merge. The board of the surviving hospital  
29 shall consist of not more than 15 members with initial appointments for such staggered  
30 terms as provided in the resolution of the county governing authority. Appointments to fill  
31 vacancies for either an unexpired or full term shall thereafter be filled as authorized for an  
32 authority under subsection (c) of Code Section 31-7-72. The surviving hospital authority  
33 shall be in all other respects a hospital authority created under Code Section 31-7-72.

34 (c) A county whose hospital authorities have merged under the authority of this Code  
35 section shall not thereafter be prohibited from activating a hospital authority under Code  
36 Section 31-7-73.

37 (d) When a merger under this Code section takes effect:

38 (1) Each hospital authority party to the merger merges into the surviving hospital  
39 authority and the separate existence of each such hospital authority except the surviving  
40 hospital authority ceases;

41 (2) The ownership of and authority to operate the hospitals owned by each hospital  
42 authority and the title to all real estate and other property owned by each hospital  
43 authority party to the merger is vested in the surviving hospital authority without

44 reversion or impairment subject to any and all conditions to which the property was  
45 subject prior to the merger;

46 (3) The surviving hospital authority has all liabilities and obligations of each hospital  
47 authority party to the merger; and

48 (4) A proceeding pending against any hospital authority party to the merger may be  
49 continued as if the merger did not occur or the surviving hospital authority may be  
50 substituted in the proceeding for the hospital authority whose existence ceased.

51 (e) It is declared by the General Assembly of Georgia that in the exercise of the power  
52 specifically granted to them by this Code section, hospital authorities are acting pursuant  
53 to state policy ~~and shall be immune from antitrust liability to the same degree and extent~~  
54 ~~as enjoyed by the State of Georgia."~~

55 **SECTION 2.**

56 Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to regulation and  
57 construction of hospitals and other health care facilities, is amended by adding a new  
58 subsection to Code Section 31-7-90.1, relating to community benefit report and report  
59 disclosing member ownership in entities transacting business with authority, to read as  
60 follows:

61 "(c) As used in this Code section, the term 'indigent and charity care' shall not include the  
62 cost of bad debts and underpayment for Medicare services."

63 **SECTION 3.**

64 Said chapter is further amended in Code Section 31-7-280, relating to health care provider  
65 annual reports and forms, by revising subsection (c) as follows:

66 "(c) The report required under subsection (b) of this Code section shall contain the  
67 following information:

68 (1) Total gross revenues;

- 69 (2) Bad debts;
- 70 (3) Amounts of free care extended, excluding bad debts and underpayment for Medicare  
71 services;
- 72 (4) Amounts of contractual adjustments;
- 73 (5) Amounts of care provided under a Hill-Burton commitment;
- 74 (6) Amounts of charity care provided to indigent persons;
- 75 (7) Amounts of outside sources of funding from governmental entities, philanthropic  
76 groups, or any other sources, including the proportion of any such funding dedicated to  
77 the care of indigent persons;
- 78 (8) For cases involving indigent persons:
- 79 (A) The number of persons treated;
- 80 (B) The number of inpatients and outpatients;
- 81 (C) Total patient days;
- 82 (D) The total number of patients categorized by county of residence;
- 83 (E) The indigent care costs incurred by the health care provider by type of care  
84 provided and county of residence;
- 85 (9) The public, profit, or nonprofit status of the health care provider and whether or not  
86 the provider is a teaching hospital;
- 87 (10) The number of board certified physicians, by specialty, and the number of health  
88 care professionals by specific licensure category under Chapters 7A, 11, 34, and 39 of  
89 Title 43 on the staff of the health care provider;
- 90 (11) The number of nursing hours per day for each hospital and per patient visit for each  
91 ambulatory surgical or obstetrical facility;
- 92 (12) For ambulatory surgical or obstetrical facilities, the types of surgery performed and  
93 emergency back-up systems available for that surgery;
- 94 (13) For hospitals:

- 95 (A) The availability of emergency services, trauma centers, intensive care units, and  
 96 neonatal intensive care units;
- 97 (B) Procedures hospitals specialize in and the number of such procedures performed  
 98 annually; and
- 99 (C) Cesarean section rates by number and as a percentage of deliveries; ~~and~~
- 100 (14) Data available on a recognized uniform billing statement or substantially similar  
 101 form generally used by health care providers which reflect, but are not limited to, the  
 102 following type of data obtained during a 12 month period during each reporting period:  
 103 unique longitudinal nonidentifying patient code, the patient's birth date, sex, race,  
 104 geopolitical subdivision code, ZIP Code, county of residence, type of bill, beginning and  
 105 ending service dates, date of admission, discharge date, disposition of the patient, medical  
 106 or health record number, principal and secondary diagnoses, principal and secondary  
 107 procedures and procedure dates, external cause of injury codes, diagnostic related group  
 108 number (DRG), DRG procedure coding used, revenue codes, total charges and summary  
 109 of charges by revenue code, payor or plan identification, or both, place of service code  
 110 such as the uniform hospital identification number and hospital name, attending physician  
 111 and other ordering, referring, or performing physician identification number, and  
 112 specialty code;
- 113 (15) Amounts of spending on the items identified in the hospital's most recent  
 114 Community Health Needs Assessment pursuant to Section 501 of the Internal Revenue  
 115 Code; and
- 116 (16) Amounts of spending on each of food, housing, transportation, childcare, education,  
 117 and employment services, as reportable under Part II of Schedule H of Internal Revenue  
 118 Service Form 990."

119 **SECTION 4.**

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