

House Bill 1339 (COMMITTEE SUBSTITUTE)

By: Representatives Parrish of the 158th, Burns of the 159th, Hawkins of the 27th, Beverly of the 143rd, Taylor of the 173rd, 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 relative to certificate of need; to revise a definition; to provide for review of the state
3 health plan every five years; to eliminate capital expenditure thresholds in certain
4 circumstances; to revise provisions relating to acceptance and review of applications; to
5 provide a timeframe for opposing an application; to revise exemptions from certificate of
6 need requirements; to provide for a review of the statutory framework of the certificate of
7 need program; to provide for automatic repeal; to increase fines for reporting deficiencies;
8 to amend Code Section 48-7-29.20 of the Official Code of Georgia Annotated, relating to tax
9 credits for contributions to rural hospital organizations, so as to increase the tax credit limit
10 for contributions by corporate donors; to increase the aggregate limit for tax credits for
11 contributions to rural hospital organizations; to provide for preapproval of proportional
12 amounts of contributions under certain circumstances; to provide for certain timelines; to
13 extend the sunset provision; to amend Article 7 of Chapter 4 of Title 49 of the Official Code
14 of Georgia Annotated, relating to medical assistance generally, so as to provide for the
15 creation of the Comprehensive Health Coverage Commission; to provide for its members;
16 to provide for its purpose and duties; to provide for assistance from experts and consultants;
17 to provide for semiannual reports; to provide for the automatic repeal of the commission; to

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18 provide for related matters; to provide for effective dates; to provide for applicability; to
19 repeal conflicting laws; and for other purposes.

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

21 **SECTION 1.**

22 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by revising
23 paragraph (14) of Code Section 31-6-2, relating to definitions relative to state health planning
24 and development, as follows:

25 "(14) 'Develop,' with reference to a project, means constructing, remodeling, installing,
26 or proceeding with a project, or any part of a project, or a capital expenditure project, ~~the~~
27 ~~cost estimate for which exceeds \$10 million.~~ Notwithstanding the provisions of this
28 paragraph, the expenditure or commitment or incurring an obligation for the expenditure
29 of funds to develop certificate of need applications, studies, reports, schematics,
30 preliminary plans and specifications, or working drawings or to acquire, develop, or
31 prepare sites shall not be considered to be the developing of a project."

32 **SECTION 2.**

33 Said title is further amended in Code Section 31-6-21, relating to Department of Community
34 Health functions and powers with respect to state health planning and development, by
35 revising subsection (a) as follows:

36 "(a) The Department of Community Health, established under Chapter 2 of this title, is
37 authorized to administer the certificate of need program established under this chapter and,
38 within the appropriations made available to the department by the General Assembly of
39 Georgia and consistently with the laws of the State of Georgia, a state health plan adopted
40 by the board. The department shall review and update the state health plan at least every
41 five years beginning no later than January 1, 2025, to ensure the plan meets the evolving

42 needs of the state. The department shall provide, by rule, for procedures to administer its
43 functions until otherwise provided by the board."

44 **SECTION 3.**

45 Said title is further amended in Code Section 31-6-40, relating to certificate of need required
46 for new institutional health services and exemption, by revising subsections (a), (b), and (c)
47 as follows:

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

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

53 ~~(2) Any expenditure by or on behalf of a health care facility in excess of \$10 million~~
54 ~~which, under generally accepted accounting principles consistently applied, is a capital~~
55 ~~expenditure, except expenditures for acquisition of an existing health care facility. The~~
56 ~~dollar amounts specified in this paragraph and in paragraph (14) of Code Section 31-6-2~~
57 ~~shall be adjusted annually by an amount calculated by multiplying such dollar amounts~~
58 ~~(as adjusted for the preceding year) by the annual percentage of change in the composite~~
59 ~~index of construction material prices, or its successor or appropriate replacement index,~~
60 ~~if any, published by the United States Department of Commerce for the preceding~~
61 ~~calendar year, commencing on July 1, 2019, and on each anniversary thereafter of~~
62 ~~publication of the index. The department shall immediately institute rule-making~~
63 ~~procedures to adopt such adjusted dollar amounts. In calculating the dollar amounts of~~
64 ~~a proposed project for purposes of this paragraph and paragraph (14) of Code Section~~
65 ~~31-6-2, the costs of all items subject to review by this chapter and items not subject to~~
66 ~~review by this chapter associated with and simultaneously developed or proposed with~~
67 ~~the project shall be counted, except for the expenditure or commitment of or incurring an~~

68 ~~obligation for the expenditure of funds to develop certificate of need applications, studies,~~
69 ~~reports, schematics, preliminary plans and specifications or working drawings, or to~~
70 ~~acquire sites; Reserved;~~

71 (3) The purchase or lease by or on behalf of a health care facility or a diagnostic,
72 treatment, or rehabilitation center of diagnostic or therapeutic equipment, except as
73 otherwise provided in Code Section 31-6-47;

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

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

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

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

86 (A) Radiation therapy;

87 (B) Biliary lithotripsy;

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

90 (D) Cardiac catheterization; and

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

92 (b) Any person proposing to develop or offer a new institutional health service or health
93 care facility shall, before commencing such activity, submit a letter of intent and an

94 application to the department and obtain a certificate of need in the manner provided in this
95 chapter unless such activity is excluded from the scope of this chapter.

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

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

104 (A) Provide annual reports in the same manner and in accordance with Code Section
105 31-6-70; and

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

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

115 (I) Makes a capital expenditure associated with the construction, development,
116 expansion, or other establishment of a clinical health service or the acquisition or
117 replacement of diagnostic or therapeutic equipment with a value in excess of
118 \$800,000.00 over a two-year period;

119 (II) Builds a new operating room; or

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

121 Noncompliance with any condition of this paragraph shall result in a monetary penalty
122 in the amount of the difference between the services which the center is required to
123 provide and the amount actually provided and may be subject to revocation of its
124 exemption status by the department for repeated failure to pay any fees or moneys due
125 to the department or for repeated failure to produce data as required by Code Section
126 31-6-70 after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of
127 Title 50, the 'Georgia Administrative Procedure Act.' The dollar amount specified in this
128 paragraph shall be adjusted annually by an amount calculated by multiplying such dollar
129 amount (as adjusted for the preceding year) by the annual percentage of change in the
130 consumer price index, or its successor or appropriate replacement index, if any, published
131 by the United States Department of Labor for the preceding calendar year, commencing
132 on July 1, 2009. In calculating the dollar amounts of a proposed project for the purposes
133 of this paragraph, the costs of all items subject to review by this chapter and items not
134 subject to review by this chapter associated with and simultaneously developed or
135 proposed with the project shall be counted, except for the expenditure or commitment of
136 or incurring an obligation for the expenditure of funds to develop certificate of need
137 applications, studies, reports, schematics, preliminary plans and specifications or working
138 drawings, or to acquire sites. Subparagraph (B) of this paragraph shall not apply to
139 facilities offering ophthalmic ambulatory surgery pursuant to the exclusion designated
140 on June 30, 2008, as division (14)(G)(iii) of Code Section 31-6-2 that are owned by
141 physicians in the practice of ophthalmology."

142 **SECTION 4.**

143 Said title is further amended by revising Code Section 31-6-43, relating to acceptance or
144 rejection of application for certificate, as follows:

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145 "31-6-43.

146 (a) At least ~~30~~ 25 days prior to submitting an application for a certificate of need for
147 clinical health services, a person shall submit a letter of intent to the department. The
148 department shall provide by rule a process for submitting letters of intent and a mechanism
149 by which applications may be filed to compete with and be reviewed comparatively with
150 proposals described in submitted letters of intent.

151 (b) Each application for a certificate of need shall be ~~reviewed~~ received by the department,
152 ~~and within ten working days after the date of its receipt a determination shall be made as~~
153 ~~to whether the application complies with the rules governing the preparation and~~
154 ~~submission of applications. If the application complies with the rules governing the~~
155 ~~preparation and submission of applications,~~ and the department shall declare the
156 application complete for review, shall accept and date the application, and shall notify the
157 applicant of the timetable for its review. The department shall also notify a newspaper of
158 general circulation in the county in which the project shall be developed that the
159 application has been deemed complete. The department shall also notify the appropriate
160 regional commission and the chief elected official of the county and municipal
161 governments, if any, in whose boundaries the proposed project will be located that the
162 application is complete for review. If the application does not comply with the rules
163 governing the preparation and submission of applications, the department shall notify the
164 applicant in writing and provide a list of all deficiencies. The applicant shall be afforded
165 an opportunity to correct such deficiencies, and upon such correction, the application shall
166 then be declared complete for review within ten days of the correction of such deficiencies,
167 and notice given to a newspaper of general circulation in the county in which the project
168 shall be developed that the application has been so declared. The department shall also
169 notify the appropriate regional commission and the chief elected official of the county and
170 municipal governments, if any, in whose boundaries the proposed project will be located

171 that the application is complete for review or when in the determination of the department
172 a significant amendment is filed.

173 (c) The department shall specify by rule the time within which an applicant may amend
174 its application. The department may request an applicant to make amendments. The
175 department decision shall be made on an application as amended, if at all, by the applicant.

176 (d)(1) There shall be a time limit of 120 days for review of a project, beginning on the
177 day the department ~~declares the application complete for review or in the case of~~
178 ~~applications joined for comparative review, beginning on the day the department declares~~
179 ~~the final application complete~~ receives the application. The department may adopt rules
180 for determining when it is not practicable to complete a review in 120 days and may
181 extend the review period upon written notice to the applicant but only for an extended
182 period of not longer than an additional 30 days. The department shall adopt rules
183 governing the submission of additional information by the applicant and for opposing an
184 application; provided, however, that such rules shall provide that any party permitted to
185 oppose an application shall submit a notice of opposition no later than 30 days of receipt
186 by the department of such application.

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

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

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

196 (e) To allow the opportunity for comparative review of applications, the department may
197 provide by rule for applications for a certificate of need to be submitted on a timetable or

198 batching cycle basis no less often than two times per calendar year for each clinical health
199 service. Applications for services, facilities, or expenditures for which there is no specified
200 batching cycle may be filed at any time.

201 (f) The department may order the joinder of an application which is determined to be
202 complete by the department for comparative review with one or more subsequently filed
203 applications declared complete for review during the same batching cycle when:

204 (1) The first and subsequent applications involve similar clinical health service projects
205 in the same service area or overlapping service areas; and

206 (2) The subsequent applications are filed and are declared complete for review within 30
207 days of the date the first application was declared complete for review.

208 Following joinder of the first application with subsequent applications, none of the
209 subsequent applications so joined may be considered as a first application for the purposes
210 of future joinder. The department shall notify the applicant to whose application a joinder
211 is ordered and all other applicants previously joined to such application of the fact of each
212 joinder pursuant to this subsection. In the event one or more applications have been joined
213 pursuant to this subsection, the time limits for department action for all of the applicants
214 shall run from the latest date that any one of the joined applications was declared complete
215 for review. In the event of the consideration of one or more applications joined pursuant
216 to this subsection, the department may award no certificate of need or one or more
217 certificates of need to the application or applications, if any, which are consistent with the
218 considerations contained in Code Section 31-6-42, the department's applicable rules, and
219 the award of which will best satisfy the purposes of this chapter.

220 (g) The department shall review the application and all written information submitted by
221 the applicant in support of the application and all information submitted in opposition to
222 the application to determine the extent to which the proposed project is consistent with the
223 applicable considerations stated in Code Section 31-6-42 and in the department's applicable
224 rules. During the course of the review, the department staff may request additional

225 information from the applicant as deemed appropriate. Pursuant to rules adopted by the
226 department, a public hearing on applications covered by those regulations may be held
227 prior to the date of the department's decision thereon. Such rules shall provide that when
228 good cause has been shown, a public hearing shall be held by the department. Any
229 interested person may submit information to the department concerning an application, and
230 an applicant shall be entitled to notice of and to respond to any such submission.

231 (h) The department shall within 30 days of receipt of the application provide the applicant
232 an opportunity to meet with the department to discuss ~~the~~ such application and to provide
233 the applicant an opportunity to submit additional information. Such additional information
234 shall be submitted within the time limits adopted by the department. The department shall
235 also provide an opportunity for any party that is permitted to oppose an application
236 pursuant to paragraph (2) of subsection (d) of this Code section to meet with the
237 department and to provide additional information to the department. In order for any such
238 opposing party to have standing to appeal an adverse decision pursuant to Code Section
239 31-6-44, such party must attend and participate in an opposition meeting.

240 (i) Unless extended by the department for an additional period of up to 30 days pursuant
241 to subsection (d) of this Code section, the department shall, no later than 120 days after an
242 application is determined to be complete for review, or, in the event of joined applications,
243 120 days after the last application is declared complete for review, provide written
244 notification to an applicant of the department's decision to issue or to deny issuance of a
245 certificate of need for the proposed project. Such notice shall contain the department's
246 written findings of fact and decision as to each applicable consideration or rule and a
247 detailed statement of the reasons and evidentiary support for issuing or denying a certificate
248 of need for the action proposed by each applicant. The department shall also mail such
249 notification to the appropriate regional commission and the chief elected official of the
250 county and municipal governments, if any, in whose boundaries the proposed project will
251 be located. In the event such decision is to issue a certificate of need, the certificate of

252 need shall be effective on the day of the decision unless the decision is appealed to the
253 Certificate of Need Appeal Panel in accordance with this chapter. Within seven days of
254 the decision, the department shall publish notice of its decision to grant or deny an
255 application in the same manner as it publishes notice of the filing of an application.

256 (j) Should the department fail to provide written notification of the decision within the
257 time limitations set forth in this Code section, an application shall be deemed to have been
258 approved as of the one hundred twenty-first day following notice from the department that
259 an application, or the last of any applications joined pursuant to subsection (f) of this Code
260 section, is declared 'complete for review.'

261 (k) Notwithstanding other provisions of this article, when the Governor has declared a
262 state of emergency in a region of the state, existing health care facilities in the affected
263 region may seek emergency approval from the department ~~to make expenditures in excess~~
264 ~~of the capital expenditure threshold~~ or to offer services that may otherwise require a
265 certificate of need. The department shall give special expedited consideration to such
266 requests and may authorize such requests for good cause. Once the state of emergency has
267 been lifted, any services offered by an affected health care facility under this subsection
268 shall cease to be offered until such time as the health care facility that received the
269 emergency authorization has requested and received a certificate of need. For purposes of
270 this subsection, the term 'good cause' means that authorization of the request shall directly
271 resolve a situation posing an immediate threat to the health and safety of the public. The
272 department shall establish, by rule, procedures whereby requirements for the process of
273 review and issuance of a certificate of need may be modified and expedited as a result of
274 emergency situations."

275 **SECTION 5.**

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

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278 "31-6-47.

279 (a) Notwithstanding the other provisions of this chapter, this chapter shall not apply to:

280 (1) Infirmaries operated by educational institutions for the sole and exclusive benefit of
281 students, faculty members, officers, or employees thereof;

282 (2) Infirmaries or facilities operated by businesses for the sole and exclusive benefit of
283 officers or employees thereof, provided that such infirmaries or facilities make no
284 provision for overnight stay by persons receiving their services;

285 (3) Institutions operated exclusively by the federal government or by any of its agencies;

286 (4) Offices of private physicians or dentists whether for individual or group practice,
287 except as otherwise provided in paragraph (3) or (7) of subsection (a) of Code
288 Section 31-6-40;

289 (5) Religious, nonmedical health care institutions as defined in 42 U.S.C.
290 Section 1395x(ss)(1), listed and certified by a national accrediting organization;

291 (6) Site acquisitions for health care facilities or preparation or development costs for
292 such sites prior to the decision to file a certificate of need application;

293 (7) Expenditures related to adequate preparation and development of an application for
294 a certificate of need;

295 (8) The commitment of funds conditioned upon the obtaining of a certificate of need;

296 (9) Expenditures for the restructuring or acquisition of existing health care facilities by
297 stock or asset purchase, merger, consolidation, or other lawful means;

298 (9.1) The purchase of a closing hospital or of a hospital that has been closed for no more
299 than ~~12~~ 24 months by a hospital in a contiguous county to repurpose the facility as a
300 micro-hospital;

301 (10) Expenditures of ~~less than \$870,000.00~~ for any minor or major repair or replacement
302 of equipment by a health care facility that is not owned by a group practice of physicians
303 or a hospital and that provides diagnostic imaging services if such facility received a

304 letter of nonreviewability from the department prior to July 1, 2008. This paragraph shall
305 not apply to such facilities in rural counties;

306 (10.1) Except as provided in paragraph (10) of this subsection, an expenditure for the
307 minor or major repair of a health care facility or a facility that is exempt from the
308 requirements of this chapter, parts thereof, or services provided or equipment used
309 therein; or the replacement of equipment, including but not limited to CT scanners,
310 magnetic resonance imaging, positron emission tomography (PET), and positron
311 emission tomography/computed tomography previously approved for a certificate of
312 need;

313 (11) Capital expenditures otherwise covered by this chapter required solely to eliminate
314 or prevent safety hazards as defined by federal, state, or local fire, building,
315 environmental, occupational health, or life safety codes or regulations, to comply with
316 licensing requirements of the department, or to comply with accreditation standards of
317 a nationally recognized health care accreditation body;

318 (12) Cost overruns whose percentage of the cost of a project is equal to or less than the
319 cumulative annual rate of increase in the composite construction index, published by the
320 United States Bureau of the Census of the Department of Commerce, calculated from the
321 date of approval of the project;

322 (13) Transfers from one health care facility to another such facility of major medical
323 equipment previously approved under or exempted from certificate of need review,
324 except where such transfer results in the institution of a new clinical health service for
325 which a certificate of need is required in the facility acquiring such equipment, provided
326 that such transfers are recorded at net book value of the medical equipment as recorded
327 on the books of the transferring facility;

328 (14) New institutional health services provided by or on behalf of health maintenance
329 organizations or related health care facilities in circumstances defined by the department
330 pursuant to federal law;

331 (15) Increases in the bed capacity of a hospital up to ten beds or ~~10~~ 20 percent of
332 capacity, whichever is greater, in any consecutive ~~two-year~~ three-year period, in a
333 hospital that has maintained an overall occupancy rate greater than ~~75~~ 60 percent for the
334 previous 12 month period;

335 (16) Expenditures for nonclinical projects, including parking lots, parking decks, and
336 other parking facilities; computer systems, software, and other information technology;
337 medical office buildings; administrative office space; conference rooms; education
338 facilities; lobbies; common spaces; clinical staff lounges and sleep areas; waiting rooms;
339 bathrooms; cafeterias; hallways; engineering facilities; mechanical systems; roofs;
340 grounds; signage; family meeting or lounge areas; other nonclinical physical plant
341 renovations or upgrades that do not result in new or expanded clinical health services, and
342 state mental health facilities;

343 (17) Life plan communities, provided that the skilled nursing component of the facility
344 is for the exclusive use of residents of the life plan community and that a written
345 exemption is obtained from the department; provided, however, that new sheltered
346 nursing home beds may be used on a limited basis by persons who are not residents of
347 the life plan community for a period up to five years after the date of issuance of the
348 initial nursing home license, but such beds shall not be eligible for Medicaid
349 reimbursement. For the first year, the life plan community sheltered nursing facility may
350 utilize not more than 50 percent of its licensed beds for patients who are not residents of
351 the life plan community. In the second year of operation, the life plan community shall
352 allow not more than 40 percent of its licensed beds for new patients who are not residents
353 of the life plan community. In the third year of operation, the life plan community shall
354 allow not more than 30 percent of its licensed beds for new patients who are not residents
355 of the life plan community. In the fourth year of operation, the life plan community shall
356 allow not more than 20 percent of its licensed beds for new patients who are not residents
357 of the life plan community. In the fifth year of operation, the life plan community shall

358 allow not more than 10 percent of its licensed beds for new patients who are not residents
359 of the life plan community. At no time during the first five years shall the life plan
360 community sheltered nursing facility occupy more than 50 percent of its licensed beds
361 with patients who are not residents under contract with the life plan community. At the
362 end of the five-year period, the life plan community sheltered nursing facility shall be
363 utilized exclusively by residents of the life plan community, and at no time shall a
364 resident of a life plan community be denied access to the sheltered nursing facility. At
365 no time shall any existing patient be forced to leave the life plan community to comply
366 with this paragraph. The department is authorized to promulgate rules and regulations
367 regarding the use and definition of the term 'sheltered nursing facility' in a manner
368 consistent with this Code section. Agreements to provide continuing care include
369 agreements to provide care for any duration, including agreements that are terminable by
370 either party;

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

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

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

379 (B) Has a hospital affiliation agreement with a hospital within a reasonable distance
380 from the facility or the medical staff at the center has admitting privileges or other
381 acceptable documented arrangements with such hospital to ensure the necessary backup
382 for the center for medical complications. The center shall have the capability to transfer
383 a patient immediately to a hospital within a reasonable distance from the facility with

384 adequate emergency room services. Hospitals shall not unreasonably deny a transfer
385 agreement or affiliation agreement to the center;

386 (C)(i) Provides care to Medicaid beneficiaries and, if the facility provides medical
387 care and treatment to children, to PeachCare for Kids beneficiaries and provides
388 uncompensated indigent and charity care in an amount equal to or greater than 2
389 percent of its adjusted gross revenue; or

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

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

398 (D) Provides annual reports in the same manner and in accordance with Code Section
399 31-6-70.

400 Noncompliance with any condition of this paragraph shall result in a monetary penalty
401 in the amount of the difference between the services which the center is required to
402 provide and the amount actually provided and may be subject to revocation of its
403 exemption status by the department for repeated failure to pay any fines or moneys due
404 to the department or for repeated failure to produce data as required by Code Section
405 31-6-70 after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of
406 Title 50, the 'Georgia Administrative Procedure Act.' The dollar amount specified in this
407 paragraph shall be adjusted annually by an amount calculated by multiplying such dollar
408 amount (as adjusted for the preceding year) by the annual percentage of change in the
409 composite index of construction material prices, or its successor or appropriate
410 replacement index, if any, published by the United States Department of Commerce for

411 the preceding calendar year, commencing on July 1, 2009, and on each anniversary
412 thereafter of publication of the index. The department shall immediately institute
413 rule-making procedures to adopt such adjusted dollar amounts. In calculating the dollar
414 amounts of a proposed project for purposes of this paragraph, the costs of all items
415 subject to review by this chapter and items not subject to review by this chapter
416 associated with and simultaneously developed or proposed with the project shall be
417 counted, except for the expenditure or commitment of or incurring an obligation for the
418 expenditure of funds to develop certificate of need applications, studies, reports,
419 schematics, preliminary plans and specifications or working drawings, or to acquire sites;
420 (19) Any joint venture ambulatory surgical center that:

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

423 ~~(B)~~(i) Provides care to Medicaid beneficiaries and, if the facility provides medical
424 care and treatment to children, to PeachCare for Kids beneficiaries and provides
425 uncompensated indigent and charity care in an amount equal to or greater than 2
426 percent of its adjusted gross revenue; or

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

432 ~~(C)~~(B) Provides annual reports in the same manner and in accordance with Code
433 Section 31-6-70.

434 Noncompliance with any condition of this paragraph shall result in a monetary penalty
435 in the amount of the difference between the services which the center is required to
436 provide and the amount actually provided and may be subject to revocation of its
437 exemption status by the department for repeated failure to pay any fines or moneys due

438 to the department or for repeated failure to produce data as required by Code
439 Section 31-6-70 after notice to the exemption holder and a fair hearing pursuant to
440 Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'; ~~The dollar amount~~
441 ~~specified in this paragraph shall be adjusted annually by an amount calculated by~~
442 ~~multiplying such dollar amount (as adjusted for the preceding year) by the annual~~
443 ~~percentage of change in the composite index of construction material prices, or its~~
444 ~~successor or appropriate replacement index, if any, published by the United States~~
445 ~~Department of Commerce for the preceding calendar year, commencing on July 1, 2009,~~
446 ~~and on each anniversary thereafter of publication of the index. The department shall~~
447 ~~immediately institute rule-making procedures to adopt such adjusted dollar amounts. In~~
448 ~~calculating the dollar amounts of a proposed project for purposes of this paragraph, the~~
449 ~~costs of all items subject to review by this chapter and items not subject to review by this~~
450 ~~chapter associated with and simultaneously developed or proposed with the project shall~~
451 ~~be counted, except for the expenditure or commitment of or incurring an obligation for~~
452 ~~the expenditure of funds to develop certificate of need applications, studies, reports,~~
453 ~~schematics, preliminary plans and specifications or working drawings, or to acquire sites;~~
454 (20) Expansion of services by an imaging center based on a population needs
455 methodology taking into consideration whether the population residing in the area served
456 by the imaging center has a need for expanded services, as determined by the department
457 in accordance with its rules and regulations, if such imaging center:
458 (A) Was in existence and operational in this state on January 1, 2008;
459 (B) Is owned by a hospital or by a physician or a group of physicians comprising at
460 least 80 percent ownership who are currently board certified in radiology;
461 (C) Provides three or more diagnostic and other imaging services;
462 (D) Accepts all patients regardless of ability to pay; and
463 (E) Provides uncompensated indigent and charity care in an amount equal to or greater
464 than the amount of such care provided by the geographically closest general acute care

465 hospital; provided, however, that this paragraph shall not apply to an imaging center in
466 a rural county;

467 (21) Diagnostic cardiac catheterization in a hospital setting on patients 15 years of age
468 and older;

469 (22) Therapeutic cardiac catheterization in hospitals selected by the department prior to
470 July 1, 2008, to participate in the Atlantic Cardiovascular Patient Outcomes Research
471 Team (C-PORT) Study and therapeutic cardiac catheterization in hospitals that, as
472 determined by the department on an annual basis, meet the criteria to participate in the
473 C-PORT Study but have not been selected for participation; provided, however, that if
474 the criteria requires a transfer agreement to another hospital, no hospital shall
475 unreasonably deny a transfer agreement to another hospital;

476 (23) Infirmaries or facilities operated by, on behalf of, or under contract with the
477 Department of Corrections or the Department of Juvenile Justice for the sole and
478 exclusive purpose of providing health care services in a secure environment to prisoners
479 within a penal institution, penitentiary, prison, detention center, or other secure
480 correctional institution, including correctional institutions operated by private entities in
481 this state which house inmates under the Department of Corrections or the Department
482 of Juvenile Justice;

483 (24) The relocation of any skilled nursing facility, intermediate care facility, or
484 micro-hospital within the same county, any other health care facility in a rural county
485 within the same county, and any other health care facility in an urban county within a
486 ~~three-mile~~ five-mile radius of the existing facility so long as the facility does not propose
487 to offer any new or expanded clinical health services at the new location;

488 (25) Facilities which are devoted to the provision of treatment and rehabilitative care for
489 periods continuing for 24 hours or longer for persons who have traumatic brain injury,
490 as defined in Code Section 37-3-1;

491 (26) Capital expenditures for a project otherwise requiring a certificate of need if those
492 expenditures are for a project to remodel, renovate, replace, or any combination thereof,
493 a medical-surgical hospital and:

494 (A) That hospital:

495 (i) Has a bed capacity of not more than 50 beds;

496 (ii) Is located in a county in which no other medical-surgical hospital is located;

497 (iii) Has at any time been designated as a disproportionate share hospital by the
498 department; and

499 (iv) Has at least 45 percent of its patient revenues derived from medicare, Medicaid,
500 or any combination thereof, for the immediately preceding three years; and

501 (B) That project:

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

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

504 (II) Any increase in bed capacity;

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

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

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

510 (iii) Is located within a ~~three-mile~~ five-mile radius of and within the same county as
511 the hospital's existing facility;

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

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

515 (B) Any increase in inpatient bed capacity; or

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

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

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

522 (A) A hospital; or

523 (B) An individual private physician or single group practice of physicians exclusively
 524 for use on patients of such private physician or single group practice of physicians and
 525 such private physician or member of such single group practice of physicians is
 526 physically present at the practice location where the diagnostic or other imaging
 527 equipment is located at least 75 percent of the time that the equipment is in use;

528 ~~The amount specified in this paragraph shall not include build-out costs, as defined by~~
 529 ~~the department, but shall include all functionally related equipment, software, and any~~
 530 ~~warranty and services contract costs for the first five years. The acquisition of one or~~
 531 ~~more items of functionally related diagnostic or therapeutic equipment shall be~~
 532 ~~considered as one project. The dollar amount specified in this paragraph and in~~
 533 ~~paragraph (10) of this subsection shall be adjusted annually by an amount calculated by~~
 534 ~~multiplying such dollar amounts (as adjusted for the preceding year) by the annual~~
 535 ~~percentage of change in the consumer price index, or its successor or appropriate~~
 536 ~~replacement index, if any, published by the United States Department of Labor for the~~
 537 ~~preceding calendar year, commencing on July 1, 2010, and~~

538 (29) Any capital expenditures ~~A capital expenditure of \$10 million or less~~ by a hospital
 539 at such hospital's primary campus for:

540 (A) The expansion or addition of the following clinical health services: operating
 541 rooms, other than dedicated outpatient operating rooms; medical-surgical services;
 542 gynecology; procedure rooms; intensive care; pharmaceutical services; pediatrics;
 543 cardiac care or other general hospital services; provided, however, that such

- 544 expenditure does not include the expansion or addition of inpatient beds or the
545 conversion of one type of inpatient bed to another type of inpatient bed; or
- 546 (B) The movement of clinical health services from one location on the hospital's
547 primary campus to another location on such hospital's primary campus;
- 548 (30) New or expanded psychiatric or substance abuse inpatient programs or contracted
549 beds that serve Medicaid and uninsured patients that:
- 550 (A) Are open 365 days per year, seven days per week, and 24 hours per day;
- 551 (B) Provide uncompensated indigent and charity care in an amount equal to or greater
552 than 5 percent of its adjusted gross revenue;
- 553 (C) Participate as providers of medical assistance for Medicaid purposes;
- 554 (D) Have hospital affiliation agreements with acute care hospitals within a reasonable
555 distance from the programs or contracted beds or the medical staffs at the programs or
556 contracted beds have admitting privileges or other acceptable documented arrangements
557 with such hospitals to ensure the necessary backup for the programs or contracted beds
558 for medical complications. The programs or contracted beds shall have the capability
559 to transfer a patient immediately to a hospital within a reasonable distance from the
560 programs or contracted beds with adequate emergency room services. Hospitals shall
561 not unreasonably deny a transfer agreement or affiliation agreement to the programs or
562 contracted beds; and
- 563 (E) Provide annual reports in the same manner and in accordance with Code Section
564 31-6-70;
- 565 (31) The offering of new or expanded basic obstetric services by a hospital in a rural
566 county provided that:
- 567 (A) Such services are available 365 days per year, seven days per week, and 24 hours
568 per day;
- 569 (B) The hospital participates as a provider of medical assistance for Medicaid
570 purposes;

571 (C) The hospital has a hospital affiliation agreement with an acute care hospital within
572 a reasonable distance from the hospital providing the obstetric services or the medical
573 staff at the hospital providing the obstetric services has admitting privileges or other
574 acceptable documented arrangements with such acute care hospital to ensure the
575 necessary backup for the hospital providing the obstetric services for medical
576 complications. The hospital providing the obstetric services shall have the capability
577 to transfer a patient immediately to the acute care hospital within a reasonable distance
578 from the hospital providing the obstetric services with adequate emergency room
579 services. Acute care hospitals shall not unreasonably deny a transfer agreement or
580 affiliation agreement to the hospital providing the obstetric services, unless the hospital
581 providing the obstetric services itself is an acute care hospital that can address medical
582 complications; and

583 (D) Provides annual reports in the same manner and in accordance with Code Section
584 31-6-70;

585 (32) A new general acute care hospital in a rural county that:

586 (A) Attains status as a teaching hospital within 30 months of opening, and maintains
587 such status thereafter;

588 (B) Obtains verification as a Level I, II, or III trauma center from the American
589 College of Surgeons within 30 months of opening, and maintains such verification
590 thereafter;

591 (C) Provides emergency, inpatient, and outpatient psychiatric and behavioral health
592 services;

593 (D) Provides uncompensated indigent and charity care in an amount equal to or greater
594 than 5 percent of its adjusted gross revenue;

595 (E) Participates as a provider of medical assistance for Medicaid purposes;

596 (F) Reserves at least 51 percent of its residency slots for graduates of medical schools
597 in this state for purposes of training; and

598 (G) Provides annual reports in the same manner and in accordance with Code Section
 599 31-6-70; and

600 (33) Transfer of existing beds from one hospital campus to another hospital campus
 601 within the same hospital system within a ten-mile radius of the original campus; provided
 602 that the exemption in this paragraph has not been used by the transferring hospital in the
 603 prior 24 months.

604 (b) By rule, the department shall establish a procedure for expediting or waiving reviews
 605 of certain projects, the nonreview of which it deems compatible with the purposes of this
 606 chapter, in addition to expenditures exempted from review by this Code section."

607 **SECTION 6.**

608 Said title is further amended by revising Code Section 31-7-47.1, relating to prior notice and
 609 approval of certain activities, as follows:

610 "31-6-47.1.

611 (a) The department shall require prior notice from a new health care facility for approval
 612 of any activity which is believed to be exempt pursuant to Code Section 31-6-47 or
 613 excluded from the requirements of this chapter under other provisions of this chapter. The
 614 department may require prior notice and approval of any activity which is believed to be
 615 exempt pursuant to paragraphs (10), (15), (16), (17), (20), (21), (23), (25), (26), (27), (28),
 616 and (29), (30), (31), and (32) of subsection (a) of Code Section 31-6-47. The department
 617 shall establish timeframes, forms, and criteria to request a letter of determination that an
 618 activity is properly exempt or excluded under this chapter prior to its implementation. The
 619 department shall publish notice of all requests for letters of determination regarding exempt
 620 activity and opposition to such request. Persons opposing a request for approval of an
 621 exempt activity shall be entitled to file an objection with the department and the department
 622 shall consider any filed objection when determining whether an activity is exempt. After
 623 the department's decision, an opposing party shall have the right to a fair hearing pursuant

624 to Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act,' on an adverse
625 decision of the department and judicial review of a final decision in the same manner and
626 under the same provisions as in Code Section 31-6-44.1. If no objection to a request for
627 determination is filed within 30 days of the department's receipt of such request for
628 determination, the department shall have 60 days from the date of the department's receipt
629 of such request to review the request and issue a letter of determination. The department
630 may adopt rules for deciding when it is not practicable to provide a determination in 60
631 days and may extend the review period upon written notice to the requestor but only for an
632 extended period of no longer than an additional 30 days.

633 (b) Noncompliance with any condition of paragraph (30), (31), or (32) of subsection (a)
634 of Code Section 31-7-47 shall result in a monetary penalty in the amount of the difference
635 between the services which the exemption holder is required to provide and the amount
636 actually provided and may be subject to revocation of its exemption status by the
637 department for failure to meet any one or more requirements for the exemption, for
638 repeated failure to pay any fines or moneys due to the department, or for repeated failure
639 to produce data as required by Code Section 31-6-70 after notice to the exemption holder
640 and a fair hearing pursuant to Chapter 13 of Title 50, the 'Georgia Administrative
641 Procedure Act.'"

642 **SECTION 7.**

643 Said title is further amended in Article 3 of Chapter 6, relating to the Certificate of Need
644 Program, by adding a new Code section to read as follows:

645 "31-6-51.

646 (a) The department, in conjunction with the Office of Legislative Counsel, shall review the
647 statutory framework and provisions of this chapter and the certificate of need program
648 generally and shall make recommendations relating to rewriting, reorganizing, and
649 clarifying the provisions of this chapter. Such review shall also include recommendations

650 to streamline the statutory procedures required to obtain a certificate of need or a letter of
651 determination.

652 (b) The department may consult with and obtain input from certificate of need applicants,
653 certificate of need holders, local government representatives, citizens, or other interested
654 parties in conducting such review.

655 (c) The department shall submit its recommendations to the General Assembly, which may
656 include proposed legislation, no later than December 1, 2024.

657 (d) This Code section shall stand repealed on December 31, 2024."

658 **SECTION 8.**

659 Said title is further amended in Code Section 31-6-70, relating to reports to the department
660 by certain health care facilities an all ambulatory surgical centers and imaging centers and
661 public availability, by revising subsection (e) as follows:

662 "(e)(1) In the event the department does not receive an annual report from a health care
663 facility requiring a certificate of need or an ambulatory surgical center or imaging center,
664 whether or not exempt from obtaining a certificate of need under this chapter, on or
665 before the date such report was due or receives a timely but incomplete report, the
666 department shall notify the health care facility or center regarding the deficiencies and
667 shall be authorized to fine such health care facility or center an amount not to exceed
668 ~~\$500.00~~ \$2,000.00 per day for every day up to 30 days and ~~\$1,000.00~~ \$5,000.00 per day
669 for every day over 30 days for every day of such untimely or deficient report.

670 (2) In the event the department does not receive an annual report from a health care
671 facility within 180 days following the date such report was due or receives a timely but
672 incomplete report which is not completed within such 180 days, the department shall be
673 authorized to revoke such health care facility's certificate of need in accordance with
674 Code Section 31-6-45."

675 **SECTION 9.**

676 Said title is further amended in Code Section 31-8-9.1, relating to eligibility to receive tax
 677 credits, by revising paragraph (3) of subsection (a) as follows:

678 "(3) 'Rural hospital organization' means an acute care hospital or rural freestanding
 679 emergency department licensed by the department pursuant to Article 1 of Chapter 7 of
 680 this title that:

681 (A) Has its primary campus ~~Provides inpatient hospital services at a facility~~ located in
 682 a rural county or is a critical access hospital;

683 (B) Participates in both Medicaid and medicare and accepts both Medicaid and
 684 medicare patients;

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

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

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

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

695 (G) Is current with all audits and reports required by law; and

696 (H) Has a three-year average patient margin, as a percent of expense, less than one
 697 standard deviation above the state-wide three-year average of organizations defined in
 698 subparagraphs (A) through (G) of this paragraph, as calculated by the department. For
 699 purposes of this subparagraph, the term 'patient margin' means gross patient revenues
 700 less contractual adjustments, bad debt, indigent and charity care, other uncompensated
 701 care, and total expenses."

SECTION 10.

702

703 Code Section 48-7-29.20 of the Official Code of Georgia Annotated, relating to tax credits
704 for contributions to rural hospital organizations, is amended by revising subsections (b.1),
705 (e), and (k) as follows:

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

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

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

713 (3) In the case of an individual who is a member of a limited liability company duly
714 formed under state law, a shareholder of a Subchapter 'S' corporation, or a partner in a
715 partnership, ~~\$10,000.00~~ \$25,000.00."

716 "(e)(1) In no event shall the aggregate amount of tax credits allowed under this Code
717 section exceed ~~\$75~~ \$100 million per taxable year.

718 (2)(A) No more than \$4 million of the aggregate limit established by paragraph (1) of
719 this subsection shall be contributed to any individual rural hospital organization in any
720 taxable year. From January 1 to June 30 each taxable year, the commissioner shall only
721 preapprove contributions submitted by individual taxpayers in an amount not to exceed
722 \$2 million, and from corporate donors in an amount not to exceed \$2 million. From
723 July 1 to December 31 each taxable year, subject to the aggregate limit in paragraph (1)
724 of this subsection and the individual rural hospital organization limit in this paragraph,
725 the commissioner shall approve contributions submitted by individual taxpayers and
726 corporations or other entities.

727 (B) In the event an individual or corporate donor desires to make a contribution to an
728 individual rural hospital organization that has received the maximum amount of

729 contributions for that taxable year, the Department of Community Health shall provide
730 the individual or corporate donor with a list, ranked in order of financial need, as
731 determined by the Department of Community Health, of rural hospital organizations
732 still eligible to receive contributions for the taxable year.

733 (C) In the event an individual or corporate donor desires to make a contribution to an
734 individual rural hospital organization that would cause such rural hospital organization
735 to exceed its maximum amount of contributions for that year, the commissioner shall
736 not deny such desired contribution, but shall approve the proportional amount of the
737 desired contribution up to the rural hospital organization's maximum allowed amount
738 and any remainder shall be attributed as provided for in subparagraph (D) of this
739 paragraph.

740 ~~(C)~~(D) In the event that an individual or corporate donor desires to make a contribution
741 to an unspecified or undesignated rural hospital organization, either directly to the
742 department or through a third party that participates in soliciting, administering, or
743 managing donations, such donation shall be attributed to the rural hospital organization
744 ranked with the highest financial need that has not yet received the maximum amount
745 of contributions for that taxable year, regardless of whether a third party has a
746 contractual relationship or agreement with such rural hospital organization.

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

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

756 electronically notify the department, in a manner specified by the department, of the total
757 amount of contribution that the taxpayer intends to make to the rural hospital
758 organization. The commissioner shall preapprove or deny the requested amount or a
759 portion of such amount, if applicable pursuant to subparagraph (C) of paragraph (2) of
760 this subsection, within 30 days after receiving the request from the taxpayer and shall
761 provide written notice to the taxpayer and rural hospital organization of such preapproval
762 or denial which shall not require any signed release or notarized approval by the taxpayer.
763 ~~In order to receive a tax credit under this Code section, the taxpayer shall make the~~
764 ~~contribution to the rural hospital organization within 180 days after receiving notice from~~
765 ~~the department that the requested amount was preapproved. In order to receive a tax~~
766 ~~credit under this Code section, a taxpayer preapproved by the commissioner on or before~~
767 September 30 shall make the contribution to the rural hospital organization within 180
768 days after receiving notice of preapproval from the commissioner, but not later than
769 October 31. A taxpayer preapproved by the commissioner after September 30 shall make
770 the contribution to the rural hospital organization on or before December 31. If the
771 taxpayer does not comply with this paragraph, the commissioner shall not include this
772 preapproved contribution amount when calculating the limits prescribed in paragraphs
773 (1) and (2) of this subsection.

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

778 (B) Any taxpayer preapproved by the ~~department~~ commissioner pursuant to this
779 subsection shall retain their approval in the event the credit percentage in this Code
780 section is modified for the year in which the taxpayer was preapproved.

781 (C) Upon the rural hospital organization's confirmation of receipt of donations that
782 have been preapproved by the ~~department~~ commissioner, any taxpayer preapproved by

783 the ~~department~~ commissioner pursuant to subsection (c) of this Code section shall
 784 receive the full benefit of the income tax credit established by this Code section even
 785 though the rural hospital organization to which the taxpayer made a donation does not
 786 properly comply with the reports or filings required by this Code section.

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

793 "(k) This Code section shall stand automatically repealed and reserved on December 31,
 794 ~~2024~~ 2029."

795 **SECTION 11.**

796 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
 797 medical assistance generally, is amended by adding a new Code section to read as follows:
 798 "49-4-156.

799 (a) There is created the Comprehensive Health Coverage Commission. The commission
 800 shall be attached to the Department of Community Health for administrative purposes only
 801 as provided by Code Section 50-4-3.

802 (b) The commission shall consist of nine members, who shall be appointed no later than
 803 July 1, 2024, as follows:

804 (1) The chairperson, who shall be a subject matter expert on health policy, and shall not
 805 be an employee of the State of Georgia, to be appointed by the Governor;

806 (2) Four nonlegislative members to be appointed by the Speaker of the House of
 807 Representatives; and

808 (3) Four nonlegislative members to be appointed by the President of the Senate.

- 809 (c) Members of the commission shall not be registered lobbyists in the State of Georgia.
810 (d) Members of the commission shall serve without compensation.
811 (e) The purpose of the commission shall be to advise the Governor, the General Assembly,
812 and the Department of Community Health, as the administrator of the state medical
813 assistance program, on issues related to access and quality of healthcare for Georgia's
814 low-income and uninsured populations. The commission shall be tasked with reviewing
815 the following:
- 816 (1) Opportunities related to reimbursement and funding for Georgia healthcare providers,
817 including premium assistance programs;
 - 818 (2) Opportunities related to quality improvement of healthcare for Georgia's low income
819 and uninsured populations; and
 - 820 (3) Opportunities to enhance service delivery and coordination of healthcare among and
821 across state agencies.
- 822 (f) Subject to appropriations, the commission shall contract with experts and consultants
823 to produce a semiannual report on its findings for the Governor and the General Assembly.
824 The commission shall provide its initial report to the Governor and the General Assembly
825 no later than December 1, 2024.
- 826 (g) The commission shall stand abolished on December 31, 2026, unless extended by the
827 General Assembly prior to such date."

828 **SECTION 12.**

- 829 (a) Except as provided in subsection (b) of this Section, this Act shall become effective on
830 July 1, 2024.
- 831 (b) Sections 1, 3, 4, 5 ,6, 8, and 11 of this Act shall become effective on July 1, 2025.
- 832 (c) Sections 9 and 10 of this Act shall be applicable to taxable years beginning on or after
833 January 1, 2024.

834

SECTION 13.

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