



General Assembly

February Session, 2020

Raised Bill No. 447

LCO No. 2391



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO
COMMUNITY BENEFITS PROGRAMS ADMINISTERED BY
HOSPITALS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-127k of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) As used in this section:

4 (1) "Community benefits program" means any [voluntary] program
5 to promote preventive care and to improve the health status for
6 [working families and] all populations [at risk in the communities]
7 within the geographic service areas of [a managed care organization or]
8 a hospital in accordance with guidelines established pursuant to
9 subsection (c) of this section;

10 [(2) "Managed care organization" has the same meaning as provided
11 in section 38a-478;]

12 [(3)] (2) "Hospital" has the same meaning as provided in section 19a-

13 490.

14 (b) On or before [January 1, 2005] September 15, 2020, and [biennially]
15 annually thereafter, [each managed care organization and] each tax-
16 exempt, privately owned hospital shall submit to the [Healthcare
17 Advocate, or the Healthcare Advocate's] Health Systems Planning Unit
18 of the Office of Health Strategy, or the Office of Health Strategy's
19 designee, a report on [whether the managed care organization or
20 hospital has in place a community benefits program. If a managed care
21 organization or hospital elects to develop a community benefits
22 program, the report required by this subsection shall comply with the
23 reporting requirements of subsection (d) of this section] such hospital's
24 community benefits program for the most recently completed fiscal year
25 and community building activities listed on such hospital's most
26 recently completed Internal Revenue Service form 990. Such report shall
27 be in a format determined by the Office of Health Strategy.

28 (c) [A managed care organization or] Each tax-exempt, privately
29 owned hospital [may] shall develop community benefit guidelines
30 intended to promote preventive care and to improve the health status
31 for [working families and] all populations [at risk] residing within the
32 geographic service areas of such hospital, whether or not those
33 individuals are [enrollees of the managed care plan or] patients of the
34 hospital. The guidelines shall focus on the following principles:

35 (1) Adoption and publication of a community benefits policy
36 statement setting forth [the organization's or] such hospital's
37 commitment to a formal community benefits program;

38 (2) The responsibility for overseeing the development and
39 implementation of the community benefits program, the resources to be
40 allocated and the administrative mechanisms for the regular evaluation
41 of the program;

42 (3) Seeking assistance and meaningful participation from the
43 communities within [the organization's or] such hospital's geographic
44 service areas in developing and implementing the community benefits

45 program and community building activities, and in defining the
46 targeted populations and the specific health care needs it should
47 address. In doing so, the governing body or management of [the
48 organization or] such hospital shall give priority to the public health
49 needs outlined in the most recent version of the state health plan
50 prepared by the Department of Public Health pursuant to section 19a-7;
51 and

52 (4) Developing its program based upon an assessment of the health
53 care needs and resources of the targeted populations, particularly low
54 and middle-income, medically underserved populations and barriers to
55 accessing health care, including, but not limited to, cultural, linguistic
56 and physical barriers to accessible health care, lack of information on
57 available sources of health care coverage and services, and the benefits
58 of preventive health care. The program shall consider the health care
59 needs of a broad spectrum of age groups and health conditions.

60 (d) Each [managed care organization and each] tax-exempt, privately
61 owned hospital [that chooses to participate in developing a community
62 benefits program] shall include in the [biennial] annual report required
63 by subsection (b) of this section [the status of the program, if any, that
64 the organization or hospital established. If the managed care
65 organization or hospital has chosen to participate in a community
66 benefits program, the report shall include] the following components:
67 (1) The community benefits policy statement of [the managed care
68 organization or] such hospital; (2) the mechanism by which community
69 participation is solicited and incorporated in the community benefits
70 program and community building activities; (3) identification of
71 community health needs that were considered in developing and
72 implementing the community benefits program; (4) a narrative
73 description of the community benefits, community services, and
74 preventive health education provided or proposed, which may include
75 measurements related to the number of people served and health status
76 outcomes; (5) measures taken to evaluate the results of the community
77 benefits program and proposed revisions to the program; (6) to the
78 extent feasible, a community benefits budget and a good faith effort to

79 measure expenditures and administrative costs associated with the
80 community benefits program, including both cash and in-kind
81 commitments; and (7) a summary of the extent to which [the managed
82 care organization or] such hospital has developed and met the
83 guidelines listed in subsection (c) of this section. [Each managed care
84 organization and each hospital] The Office of Health Strategy shall
85 [make a copy of the] post each report [available, upon request, to any
86 member of the public] submitted pursuant to subsection (b) of this
87 section on its Internet web site not later than thirty days after the date of
88 receipt of such report.

89 (e) The [Healthcare Advocate, or the Healthcare Advocate's] Office of
90 Health Strategy, or the Office of Health Strategy's designee, shall, within
91 available appropriations, develop a summary and analysis of the
92 community benefits program reports submitted by [managed care
93 organizations and] tax-exempt, privately owned hospitals under this
94 section and shall review such reports for adherence to the guidelines set
95 forth in subsection (c) of this section. Not later than [October 1, 2005, and
96 biennially] December 31, 2020, and annually thereafter, the [Healthcare
97 Advocate, or the Healthcare Advocate's] Office of Health Strategy or the
98 Office of Health Strategy's designee, shall [make such summary and
99 analysis available to the public upon request] post such summary and
100 analysis on its Internet web site not later than thirty days after the date
101 of receipt of such report.

102 (f) The [Healthcare Advocate] Office of Health Strategy may, after
103 notice and opportunity for a hearing, in accordance with chapter 54,
104 impose a civil penalty on any [managed care organization or] tax-
105 exempt, privately owned hospital that fails to submit the report required
106 pursuant to this section by the date specified in subsection (b) of this
107 section. Such penalty shall be not more than fifty dollars a day for each
108 day after the required submittal date that such report is not submitted.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-127k

Statement of Purpose:

To make various revisions to community benefits programs administered by hospitals.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]