Senate Bill 400

By: Senator Williams of the 27th

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	repeal the Certificate of Need program; to amend other provisions in various titles of the
3	Official Code of Georgia Annotated for purposes of conformity; to provide for legislative
4	findings and intent; to amend Article 1 of Chapter 7 of Title 31 of the Official Code of
5	Georgia Annotated, relating to regulation of hospitals and related institutions, so as to
6	provide that certain requirements relating to charity and indigent care previously imposed as
7	a condition for a certificate of need are imposed as a condition of licensure; to provide for
8	related matters; to provide for effective dates; to repeal conflicting laws; and for other
9	purposes.
10	BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:
11	PART I
12	SECTION 1-1.

- 13 The General Assembly finds that the free market allows for the best means of providing the
- 14 highest quality health care at the lowest possible cost. For this reason, it is the intention of
- 15 the General Assembly that the Certificate of Need program be repealed effective
- 16 December 31, 2018.
- 17 **SECTION 1-2.**
- 18 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by
- 19 repealing Chapter 6, relating to state health planning and development, and by designating
- 20 such chapter as reserved.
- 21 **SECTION 1-3.**
- 22 Said title is further amended in Code Section 31-2-5, relating to the transfer of personnel and
- 23 functions to the Department of Community Health, by revising subsection (c) as follows:

24 "(c) The department shall succeed to all rules, regulations, policies, procedures, and administrative orders of the predecessor agency or unit which were in effect on June 30, 25 26 2009, or scheduled to go into effect on or after July 1, 2009, and which relate to the 27 functions transferred to the department by this chapter. Such rules, regulations, policies, procedures, and administrative orders shall remain in effect until amended, repealed, 28 29 superseded, or nullified by proper authority or as otherwise provided by law. Rules of the 30 department shall be adopted, promulgated, and implemented as provided in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act, 'except that only rules promulgated 31 32 pursuant to Chapter 6 of this title shall be subject to the provisions of Code Section 33 31-6-21.1."

SECTION 1-4.

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- Said title is further amended in Code Section 31-2-7, relating to rules and regulations and variances and waivers, by revising subsection (b) as follows:
- "(b) The department upon application or petition may grant variances and waivers to
 specific rules and regulations which establish standards for facilities or entities regulated
 by the department as follows:
- 10 (1) The department may authorize departure from the literal requirements of a rule or regulation by granting a variance upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application would cause undue hardship. The applicant or petitioner additionally must show that adequate standards affording protection of health, safety, and care exist and will be met in lieu of the exact requirements of the rule or regulation in question;
 - (2) The department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection of health, safety, and care;
 - (3) The department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery;
- 56 (4) Waivers or variances which affect an entire class of facilities may only be approved 57 by the Board of Community Health and shall be for a time certain, as determined by the 58 board. A notice of the proposed variance or waiver affecting an entire class of facilities

shall be made in accordance with the requirements for notice of rule making in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act'; or

- (5) Variances or waivers which affect only one facility in a class may be approved or denied by the department and shall be for a time certain, as determined by the department. The department shall maintain a record of such action and shall make this information available to the board and all other persons who request it.
- This subsection shall not apply to rules adopted by the department pursuant to Code

 Section 31-6-21.1."

67 **SECTION 1-5.**

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Said title is further amended in Code Section 31-7-3, relating to requirements for permits to operate institutions, by revising subsection (a) as follows:

"(a) Any person or persons responsible for the operation of any institution, or who may hereafter propose to establish and operate an institution and to provide specified clinical services, shall submit an application to the department for a permit to operate the institution and provide such services, with such application to be made on forms prescribed by the department. No institution shall be operated in this state without such a permit, which shall be displayed in a conspicuous place on the premises. No clinical services shall be provided by an institution except as approved by the department in accordance with the rules and regulations established pursuant to Code Section 31-7-2.1. Failure or refusal to file an application for a permit shall constitute a violation of this chapter and shall be dealt with as provided for in Article 1 of Chapter 5 of this title. Following inspection and classification of the institution for which a permit is applied for, the department may issue or refuse to issue a permit or a provisional permit. Permits issued shall remain in force and effect until revoked or suspended; provisional permits issued shall remain in force and effect for such limited period of time as may be specified by the department. Upon conclusion of the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) Study, the department shall consider and analyze the data and conclusions of the study and promulgate rules pursuant to Code Section 31-7-2.1 to regulate the quality of care for therapeutic cardiac catheterization. All hospitals that participated in the study and are were exempt from obtaining a certificate of need based on paragraph (22) of subsection (a) of former Code Section 31-6-47 as it existed on December 31, 2018, shall apply for a permit to continue providing therapeutic cardiac catheterization services once the department promulgates the rules required by this Code section."

SECTION 1-6.

Said title is further amended in Code Section 31-7-75, relating to the functions and powers of county and municipal hospital authorities, by revising paragraph (24) as follows:

"(24) To provide management, consulting, and operating services including, but not limited to, administrative, operational, personnel, and maintenance services to another hospital authority, hospital, health care facility, as said term is defined in Chapter 6 of this title, person, firm, corporation, or any other entity or any group or groups of the foregoing; to enter into contracts alone or in conjunction with others to provide such services without regard to the location of the parties to such transactions; to receive management, consulting, and operating services including, but not limited to, administrative, operational, personnel, and maintenance services from another such hospital authority, hospital, health care facility, person, firm, corporation, or any other entity or any group or groups of the foregoing; and to enter into contracts alone or in conjunction with others to receive such services without regard to the location of the parties to such transactions;"

SECTION 1-7.

Said title is further amended in Code Section 31-7-94.1, the "Rural Hospital Assistance Act," by revising paragraph (1) of subsection (e) as follows:

"(1) Infrastructure development, including, without being limited to, health information 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;"

SECTION 1-8.

Said title is further amended in Code Section 31-7-116, relating to provisions contained in obligations and security for obligations, procedures for issuance of bonds and bond anticipation notes, interest rates, and limitations and conditions, by revising subsection (i) as follows:

"(i) No bonds or bond anticipation notes except refunding bonds shall be issued by an authority under this article unless its board of directors shall adopt adopts a resolution finding that the project for which such bonds or notes are to be issued will promote the objectives stated in subsection (b) of Code Section 31-7-111 and will increase or maintain employment in the territorial area of such authority. Nothing contained in this Code section shall be construed as permitting any authority created under this article or any

qualified sponsor to finance, construct, or operate any project without obtaining any certificate of need or other approval, permit, or license which, under the laws of this state, is required in connection therewith."

130 **SECTION 1-9.**

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Reserved."

Said title is further amended by revising Code Section 31-7-155, relating to certificates of need for new service or extending service area and exemption from certificate, as follows: "31-7-155. (a) No home health agency initiating service or extending the range of its service area shall be licensed unless the department determines, in accordance with Article 3 of Chapter 6 of this title and regulations pursuant thereto, that there is a need for said services within the area to be served. All home health agencies which were delivering services prior to July 1, 1979, and were certified for participation in either Title XVIII or Title XIX of the federal Social Security Act prior to such date shall be exempt from a certificate of need, except in those instances where expansion of services or service areas is requested by such home health agencies. Such exemption from a certificate of need shall extend to all areas in which a home health agency was licensed by the department to provide services on or before December 31, 1989, except as provided in subsection (b) of this Code section. (b) Concerning an exemption from a certificate of need pursuant to subsection (a) of this Code section, service areas which were the subject of litigation pending in any court of competent jurisdiction, whether by way of appeal, remand, stay, or otherwise, as of December 31, 1989, shall not be so exempt except as set forth in the final unappealed administrative or judicial decision rendered in such litigation. (c) Except with respect to a home health agency's service areas which were the subject of litigation pending in any court of competent jurisdiction as of December 31, 1989, the department shall not consider any request for or issue a determination of an exemption from a certificate of need pursuant to this Code section after December 31, 1989.

154 **SECTION 1-10.**

Said title is further amended by repealing in its entirety Code Section 31-7-179, relating to certificate of need not required for hospice care.

157 **SECTION 1-11.**

Said title is further amended by revising Code Section 31-7-307, relating to certificate of need not required of private home care provider licensees, as follows:

160 "31-7-307.

161 (a) A certificate of need issued pursuant to Chapter 6 of this title is not required for any
162 person, business entity, corporation, or association, whether operated for profit or not for
163 profit, which is operating as a private home care provider as long as such operation does
164 not also constitute such person, entity, or organization operating as a home health agency

- or personal care home under this chapter.
- 166 (b) A license issued under this article shall not entitle the licensee to operate as a home
- health agency, as defined in Code Section 31-7-150, under medicare or Medicaid
- 168 guidelines."

169 **SECTION 1-12.**

- 170 Said title is further amended by revising Code Section 31-8-153.1, relating to irrevocable
- transfer of funds to trust fund and provision for indigent patients, as follows:
- 172 "31-8-153.1.
- After June 30, 1993, any hospital authority, county, municipality, or other state or local
- public or governmental entity is authorized to transfer moneys to the trust fund. Transfer
- of funds under the control of a hospital authority, county, municipality, or other state or
- local public or governmental entity shall be a valid public purpose for which those funds
- may be expended. The department is authorized to transfer to the trust fund moneys paid
- to the state by a health care facility as a monetary penalty for the violation of an agreement
- to provide a specified amount of clinical health services to indigent patients pursuant to a
- 180 certificate of need held by such facility. Such transfers shall be irrevocable and shall be
- used only for the purposes contained in Code Section 31-8-154."
- 182 **SECTION 1-13.**
- 183 Said title is further amended by revising Code Section 31-8-181, relating to individuals and
- hospitals excluded from application of article, as follows:
- 185 "31-8-181.
- This article shall not apply to the following:
- 187 (1) An individual licensed to practice medicine under the provisions of Chapter 34 of
- Title 43, and persons employed by such an individual, provided that any nursing home,
- personal care home as defined by Code Section 31-6-2 31-7-12, hospice as defined by
- 190 Code Section 31-7-172, respite care service as defined by Code Section 49-6-72, adult
- day program, or home health agency owned, operated, managed, or controlled by a
- person licensed to practice medicine under the provisions of Chapter 34 of Title 43 shall
- be subject to the provisions of this article; or

(2) A hospital. However, to the extent that a hospital's nursing home, personal care home as defined by Code Section 31-6-2 31-7-12, hospice as defined by Code Section 31-7-172, respite care service as defined by Code Section 49-6-72, adult day program, or home health agency holds itself out as providing care, treatment, or therapeutic activities for persons with Alzheimer's disease or Alzheimer's related dementia as part of a specialty unit, such nursing home, personal care home, hospice, respite care service, adult day program, or home health agency shall be subject to the provisions of this article."

202 **SECTION 1-14.**

Said title is further amended in Code Section 31-11-100, relating to definitions relative to the Georgia Trauma Care Network Commission, by revising paragraph (3) as follows:

"(3) 'Trauma center' means a facility designated by the Department of Public Health as a Level I, II, III, or IV or burn trauma center. However, a burn trauma center shall not be considered or treated as a trauma center for purposes of certificate of need requirements under state law or regulations, including exceptions to need and adverse impact standards allowed by the department for trauma centers or for purposes of identifying safety net hospitals."

211 **SECTION 1-15.**

- 212 Code Section 33-45-1 of the Official Code of Georgia Annotated, relating to definitions
- 213 relative to continuing care providers and facilities, is amended by revising paragraphs (1),
- 214 (6), and (13) as follows:

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- 215 "(1) 'Continuing care' means furnishing pursuant to a continuing care agreement:
- 216 (A) Lodging that is not:
- 217 (i) In a skilled nursing facility, as such term is defined in paragraph (34) of Code 218 Section 31-6-2;
- 219 (ii) An intermediate care facility, as such term is defined in paragraph (22) of Code Section 31-6-2;
- 221 (iii) An assisted living community, as such term is defined in Code Section 222 31-7-12.2; or
- 223 (iv) A personal care home, as such term is defined in Code Section 31-7-12;
- 224 (B) Food; and
- 225 (C) Nursing care provided in a facility or in another setting designated by the 226 agreement for continuing care to an individual not related by consanguinity or affinity 227 to the provider furnishing such care upon payment of an entrance fee including skilled 228 or intermediate nursing services and, at the discretion of the continuing care provider,

personal care services including, without limitation, assisted living care services designated by the continuing care agreement, including such services being provided pursuant to a contract to ensure the availability of such services to an individual not related by consanguinity or affinity to the provider furnishing such care upon payment of an entrance fee.

- Such term shall not include continuing care at home."
- 235 "(6) 'Limited continuing care' means furnishing pursuant to a continuing care agreement:
- 236 (A) Lodging that is not:

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- 237 (i) In a skilled nursing facility, as such term is defined in paragraph (34) of Code Section 31-6-2;
- 239 (ii) An intermediate care facility, as such term is defined in paragraph (22) of Code 240 Section 31-6-2;
- 241 (iii) An assisted living community, as such term is defined in Code Section 242 31-7-12.2; or
- 243 (iv) A personal care home, as such term is defined in Code Section 31-7-12;
- 244 (B) Food; and
- 245 (C) Personal services, whether such personal services are provided in a facility such as a personal care home or an assisted living community or in another setting designated by the continuing care agreement, to an individual not related by consanguinity or affinity to the provider furnishing such care upon payment of an entrance fee.
- Such term shall not include continuing care at home."
- "(13) 'Residential unit' means a residence or apartment in which a resident lives that is not a skilled nursing facility as defined in paragraph (34) of Code Section 31-6-2, an intermediate care facility as defined in paragraph (22) of Code Section 31-6-2, an assisted living community as defined in Code Section 31-7-12.2, or a personal care home as defined in Code Section 31-7-12."

256 **SECTION 1-16.**

- Code Section 33-45-3 of the Official Code of Georgia Annotated, relating to certificate of authority required for operation of continuing care facilities, is amended by revising subsection (b) as follows:
- 260 "(b) Nothing in this chapter shall be construed so as to modify or limit in any way:
- 261 (1) Provisions of Article 3 of Chapter 6 of Title 31 and any rules and regulations
 262 promulgated by the Department of Community Health pursuant to such article relating
 263 to certificates of need for continuing care retirement communities or home health
 264 agencies, as such terms are defined in Code Section 31-6-2; or

(2) Provisions provisions of Chapter 7 of Title 31 relating to licensure or permit requirements and any rules and regulations promulgated by the Department of Community Health pursuant to such chapter, including, without limitation, licensure or permit requirements for nursing home care, assisted living care, personal care home services, home health services, and private home care services."

270 **SECTION 1-17.**

- 271 Code Section 33-45-7.1 of the Official Code of Georgia Annotated, relating to provider
- authorized to offer continuing care when resident purchases resident owned living unit, is
- amended as follows:
- 274 "33-45-7.1.

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- A provider which has obtained a certificate of authority pursuant to Code Section 33-45-5
- and the written approval of the commissioner is authorized to offer, as a part of the
- 277 continuing care agreement, continuing care at home or continuing care in which the
- 278 resident purchases a resident owned living unit, subject to the provisions of Chapters 6 and
- 279 <u>Chapter</u> 7 of Title 31 and rules and regulations promulgated by the Department of
- 280 Community Health pursuant to such chapters relating to certificate of need and licensure
- 281 requirements."

282 **SECTION 1-18.**

- 283 Code Section 37-1-29 of the Official Code of Georgia Annotated, relating to crisis
- 284 stabilization units, is amended as follows:
- 285 "37-1-29.
- 286 (a) As used in this Code section, the term 'crisis stabilization unit' means a short-term
- residential program operated for the purpose of providing psychiatric stabilization and
- detoxification services that complies with applicable department standards and that
- provides brief, intensive crisis services 24 hours a day, seven days a week.
- 290 (b) The department shall be authorized to certify crisis stabilization units pursuant to this
- 291 Code section for the purpose of providing psychiatric stabilization and detoxification
- services in a community based setting rather than inpatient hospitalization and other higher
- levels of care.
- 294 (c) The department shall establish minimum standards and requirements for the
- certification of crisis stabilization units in its policies and procedures. Following any
- 296 changes to such policies and procedures pertaining to crisis stabilization units, notification
- of such changes shall be posted on the department's website within 45 days and shall
- remain posted on the website for at least six months. Such policies and procedures shall
- include, but not be limited to, the following:

- 300 (1) The capacity to carry out emergency receiving and evaluating functions;
- 301 (2) Voluntary and involuntary admission criteria;
- 302 (3) The prohibition to hold itself out as a hospital, or bill for hospital or inpatient
- 303 services;
- 304 (4) The unit is operated by an accredited and licensed, if applicable, health care
- authority;
- 306 (5) The unit has operating agreements with private and public inpatient hospitals and
- 307 treatment facilities;
- 308 (6) The unit operates within the guidelines of the federal Emergency Medical Treatment
- and Active Labor Act with respect to stabilization and transfer of clients;
- 310 (7) Length of stay;
- 311 (8) Designation of transitional beds;
- 312 (9) Billing;
- 313 (10) Physician and registered professional nurse oversight;
- 314 (11) Staff to client ratios;
- 315 (12) Patient restraint or seclusion;
- 316 (13) Safety and emergency protocols;
- 317 (14) Pharmacy services;
- 318 (15) Medication administration; and
- 319 (16) Reporting requirements.
- 320 (d) A crisis stabilization unit shall be designated as an emergency receiving facility under
- Code Sections 37-3-40 and 37-7-40 and an evaluation facility under Code Sections 37-3-60
- and 37-7-60, but shall not be designated as a treatment facility under Code Section 37-3-80
- 323 or 37-7-80. Crisis stabilization units may admit individuals on a voluntary basis.
- 324 Individuals may be provided 24 hour observation, detoxification and stabilization services,
- medication prescribed by a physician, and other appropriate treatment or services.
- 326 (e) No entity shall operate as a crisis stabilization unit without having a valid certificate
- issued pursuant to this Code section.
- 328 (f) Application for a certificate to operate a crisis stabilization unit shall be submitted to
- the department in the manner prescribed by the department's policies and procedures.
- 330 (g) The department shall issue a certificate to an applicant who meets all the standards and
- requirements as set forth in the department's policies and procedures for the certification
- of crisis stabilization units. The certificate shall be nontransferable for a change of location
- or governing body.
- 334 (h) Each certified crisis stabilization unit shall permit authorized department
- representatives to enter upon and inspect any and all premises for which a certificate has
- been granted or applied for.

(i) The department may deny any application for certification which does not meet all the standards and requirements set forth in the department's policies and procedures for the certification of crisis stabilization units and may suspend or revoke a certification which has been issued if an applicant or a certified crisis stabilization unit violates any such policies and procedures; provided, however, that before any order is entered denying a certification application or suspending or revoking a certification previously granted, the applicant or certificate holder, as the case may be, shall be afforded an opportunity for a hearing as provided for in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

(j) Any program certified as a crisis stabilization unit pursuant to this Code section shall be exempt from the requirements to obtain a certificate of need pursuant to Article 3 of Chapter 6 of Title 31. Reserved.

(k) It is the intent of the General Assembly that this Code section provide a public benefit and comply with all safety net obligations in this title and that patients without private health care coverage receive priority consideration for crisis stabilization unit placement."

SECTION 1-19.

Code Section 43-26-7 of the Official Code of Georgia Annotated, relating to requirements for licensure as a registered professional nurse, is amended by revising paragraph (4) of subsection (c) as follows:

"(4)(A)(i) Meet continuing competency requirements as established by the board; (B)(ii) If the applicant entered a nontraditional nursing education program as a licensed practical nurse whose academic education as a licensed practical nurse included clinical training in pediatrics, obstetrics and gynecology, medical-surgical, and mental illness, have practiced nursing as a registered professional nurse in a health care facility for at least one year in the three years preceding the date of the application, and such practice is documented by the applicant and approved by the board; provided, however, that for an applicant who does not meet the experience requirement of this subparagraph, the board shall require the applicant to complete a 320 hour postgraduate preceptorship arranged by the applicant under the oversight of a registered nurse where such applicant is transitioned into the role of a registered professional nurse. The preceptorship shall have prior approval of the board, and successful completion of the preceptorship shall be verified in writing by the preceptor; or

(C)(iii) If the applicant entered a nontraditional nursing education program as anything other than a licensed practical nurse whose academic education as a licensed practical nurse included clinical training in pediatrics, obstetrics and gynecology,

medical-surgical, and mental illness, have graduated from such program and practiced nursing as a registered professional nurse in a health care facility for at least two years in the five years preceding the date of the application, and such practice is documented by the applicant and approved by the board; provided, however, that for an applicant who does not meet the experience requirement of this subparagraph, the board shall require the applicant to complete a postgraduate preceptorship of at least 480 hours but not more than 640 hours, as determined by the board, arranged by the applicant under the oversight of a registered professional nurse where such applicant is transitioned into the role of a registered professional nurse. The preceptorship shall have prior approval of the board, and successful completion of the preceptorship shall be verified in writing by the preceptor.

(B) For purposes of this paragraph, the term 'health care facility' means an acute care inpatient facility, a long-term acute care facility, an ambulatory surgical center or obstetrical facility as defined in Code Section 31-6-2, and a skilled nursing facility, so long as such skilled nursing facility has 100 beds or more and provides health care to patients with similar health care needs as those patients in a long-term acute care facility;"

SECTION 1-20.

Code Section 50-13-42 of the Official Code of Georgia Annotated, relating to the applicability of the Administrative Procedure Act, is amended by revising subsection (a) as follows:

"(a) In addition to those agencies expressly exempted from the operation of this chapter under paragraph (1) of Code Section 50-13-2, this article shall not apply to the Commissioner of Agriculture, the Public Service Commission, the Certificate of Need Appeal Panel, or the Department of Community Health, unless specifically provided otherwise for certain programs or in relation to specific laws, or to the Department of Labor with respect to unemployment insurance benefit hearings conducted under the authority of Chapter 8 of Title 34. Such exclusion does not prohibit such office or agencies from contracting with the Office of State Administrative Hearings on a case-by-case basis."

SECTION 1-21.

Code Section 50-26-19 of the Official Code of Georgia Annotated, relating to financing acquisition, construction, and equipping of health care facilities, is amended by revising subsection (c) as follows:

"(c) The authority may not finance a project for any participating provider unless the Department of Community Health, or any successor thereof, has issued a certificate of need

or comparable certification of approval to the participating provider for the project to be
financed by the authority if the acquisition of such project by the participating provider
would require a certificate of need or comparable certification of approval under Chapter
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412 PART II

413 **SECTION 2-1.**

- 414 Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to
- regulation of hospitals and related institutions, is amended by revising Code Section 31-7-1,
- 416 relating to definitions, as follows:
- 417 "31-7-1.
- As used in this chapter, the term:
- (1) 'Board' means the Board of Community Health.
- 420 (2) 'Commissioner' means the commissioner of community health.
- 421 (3) 'Department' means the Department of Community Health.
- 422 (3.1) 'Freestanding emergency department' means a facility that is structurally separate
- 423 and distinct from a hospital that receives individuals for emergency care.
- 424 (4) 'Institution' means:
- (A) Any building, facility, or place in which are provided two or more beds and other
- facilities and services that are used for persons received for examination, diagnosis,
- 427 treatment, surgery, maternity care, nursing care, assisted living care, or personal care
- for periods continuing for 24 hours or longer and which is classified by the department,
- as provided for in this chapter, as either a hospital, nursing home, assisted living
- community, or personal care home;
- (B) Any health facility wherein abortion procedures under subsections (b) and (c) of
- Code Section 16-12-141 are performed or are to be performed;
- 433 (C) Any building or facility, not under the operation or control of a hospital, which is
- primarily devoted to the provision of surgical treatment to patients not requiring
- hospitalization and which is classified by the department as an ambulatory surgical
- 436 treatment center;
- 437 (D) Any fixed or mobile specimen collection center or health testing facility where
- specimens are taken from the human body for delivery to and examination in a licensed
- clinical laboratory or where certain measurements such as height and weight
- determination, limited audio and visual tests, and electrocardiograms are made,
- excluding public health services operated by the state, its counties, or municipalities;

442 (E) Any building or facility where human births occur on a regular and ongoing basis 443 and which is classified by the department as a birthing center;

- (F) Any building or facility which is devoted to the provision of treatment and rehabilitative care for periods continuing for 24 hours or longer for persons who have traumatic brain injury, as defined in Code Section 37-3-1; or
- (G) Any freestanding imaging center where magnetic resonance imaging, computed tomography (CT) scanning, positron emission tomography (PET) scanning, positron emission tomography/computed tomography, and other advanced imaging services as defined by the department by rule, but not including X-rays, fluoroscopy, or ultrasound services, are conducted in a location or setting not affiliated or attached to a hospital or in the offices of an individual private physician or single group practice of physicians and conducted exclusively for patients of that physician or group practice; or
- 454 (H) Any freestanding emergency department.

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- The term 'institution' shall exclude all physicians' and dentists' private offices and treatment rooms in which such physicians or dentists primarily see, consult with, and treat patients.
- 458 (5) 'Medical facility' means any licensed general hospital, destination cancer hospital, or 459 specialty hospital, institutional infirmary, public health center, or diagnostic and 460 treatment center.
- 461 (6) 'Permit' means a permit issued by the department upon compliance with the rules and regulations of the department.
 - (7) 'Provisional permit' means a permit issued on a conditional basis for one of the following reasons:
 - (A) To allow a newly established institution a reasonable but limited period of time to demonstrate that its operational procedures equal standards specified by the rules and regulations of the department; or
 - (B) To allow an existing institution a reasonable length of time to comply with rules and regulations, provided that the institution shall present a plan of improvement acceptable to the department.
 - (8) 'Specialty hospital' means a hospital that is primarily or exclusively engaged in the care and treatment of one of the following: patients with a cardiac condition, patients with an orthopedic condition, patients receiving a surgical procedure, or patients receiving any other specialized category of services defined by the department. Such term shall not include a destination cancer hospital or a psychiatric hospital."

476 **SECTION 2-2.**

Said article is further amended by adding new subsections to Code Section 31-7-3, relating to requirements for permits to operate institutions, to read as follows:

- 479 "(e) In addition to the permit requirements imposed by this chapter, on or before
- 480 <u>December 31, 2018, every existing licensed general hospital, destination cancer hospital,</u>
- 481 <u>specialty hospital, freestanding emergency department, or diagnostic and treatment center</u>
- with a permit, and after January 1, 2019, every applicant for a new or renewed permit shall
- 483 <u>foster an environment that assures access to individuals unable to pay, regardless of</u>
- payment source or circumstances, by demonstrating to the department each of the
- 485 <u>following criteria:</u>
- 486 (1) Written administrative policies that prohibit the exclusion of services to any patient
- on the basis of age, race, sex, creed, religion, disability, or the patient's ability to pay;
- 488 (2) A written commitment to offer services for indigent and charity patients at a standard
- 489 that meets or exceeds 3 percent of annual adjusted gross revenues for the general hospital,
- destination cancer hospital, specialty hospital, freestanding emergency department, or
- 491 <u>diagnostic and treatment center;</u>
- 492 (3) A written commitment to participate in the medicare, Medicaid, and PeachCare for
- 493 <u>Kids programs</u>;
- 494 (4) A written commitment to participate in any other state health benefits insurance
- programs for which the hospital is eligible; and
- 496 (5) Documentation of the past record of performance of the applicant, and any facility
- 497 <u>in Georgia owned or operated by the applicant's parent organization, of providing</u>
- 498 <u>services to medicare, Medicaid, and indigent and charity patients.</u>
- Failure to comply with the requirements of this subsection may be grounds for the
- department to revoke, suspend, deny, or not renew the general hospital's, destination cancer
- 501 hospital's, specialty hospital's, freestanding emergency department's, diagnostic and
- 502 <u>treatment center's, or applicant's permit.</u>
- 503 (f)(1) In addition to the permit requirements imposed by this chapter, on or before
- December 31, 2018, every existing ambulatory surgical treatment center and after
- January 1, 2019, every person seeking to obtain or renew a permit to operate an
- ambulatory surgical treatment center shall foster an environment that assures quality care
- and access to individuals unable to pay, regardless of payment source or circumstances
- by demonstrating to the department each of the following criteria:
- (A) A hospital affiliation agreement with a hospital within a reasonable distance from
- 510 the center, or the medical staff at the center has admitting privileges or other acceptable
- documented arrangements with such hospital to ensure the necessary backup for the
- 512 center in the event of medical complications. The ambulatory surgical treatment center

513	shall have the capability to transfer a patient immediately to a hospital within a
514	reasonable distance from the center with adequate emergency room services. Hospitals
515	shall not unreasonably deny a transfer agreement or affiliation agreement to the center;
516	<u>and</u>
517	(B) A written commitment to:
518	(i) Provide care to Medicaid beneficiaries and, if the center provides medical care and
519	treatment to children, to PeachCare for Kids beneficiaries, and provide
520	uncompensated indigent and charity care in an amount equal to or greater than 2
521	percent of its adjusted gross revenue; or
522	(ii) Provide uncompensated care to Medicaid beneficiaries if the center is not a
523	Medicaid participant and, if the facility provides medical care and treatment to
524	children, provide uncompensated care to PeachCare for Kids beneficiaries; provide
525	uncompensated indigent and charity care; or provide both, in an amount equal to or
526	greater than 4 percent of its adjusted gross revenue;
527	provided, however, that ambulatory surgical treatment centers that exclusively provide
528	ophthalmologic care shall not be required to comply with this subparagraph.
529	(2) Failure to comply with the requirements of this subsection may be grounds for the
530	department to revoke, suspend, deny, or not renew the ambulatory surgical treatment
531	center or applicant's permit.
532	(g) No permit shall be issued for a freestanding emergency department that is not affiliated
533	with a general acute care hospital.
534	(h) No permit shall be issued for a specialty hospital on or after December 1, 2018."
535	PART III
536	SECTION 3-1.
537	(a) Part I of this Act shall become effective on December 31, 2018.
538	(b) Parts II and III of this Act shall become effective on June 30, 2018.
539	SECTION 3-2.
540	All laws and parts of laws in conflict with this Act are repealed.