Hospital Community Benefit: A Policy Lever for States

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Steering Committee,
Reforming States Group
Overview

- Hospital Community Benefit and the “Cost” of Tax Exemption
- Using Hospital Community Benefit as a Policy Lever
- Federal Community Benefit Requirements
- State Community Benefit Requirements
- Policy Options
- Regulatory Tools, Approaches, and Policy Levers
- How to Get Started
Hospital Community Benefit and the “Cost” of Tax Exemption
Sources of Hospital Community Benefit Funds

There are about 2,900 non-government, nonprofit community hospitals in the United States.

http://www.aha.org/research/rc/stat-studies/fast-facts.shtml
“Cost” of Federal Tax Exemption

Federal income tax $2.5 billion
Tax-exempt debt (bond financing) $1.8 billion
Deductibility of charitable contributions $1.8 billion
Total federal benefits $6.1 billion

Source: Congressional Budget Office, 2006 (based on 2002 data, the most recent data available)
“Cost” of State Tax Exemption

State corporate income tax $ 0.5 billion
State sales tax $ 2.8 billion
State & local property tax $ 3.1 billion
Total state & local benefits $6.4 billion

Source: Congressional Budget Office, 2006 (based on 2002 data, the most recent data available)
Community Benefits

In exchange for tax exemption, nonprofit hospitals are expected to provide “community benefits”
What Are Hospital Community Benefits?

Hospital Community Benefits are initiatives, activities, and investments undertaken by tax-exempt hospitals to improve health in the communities they serve.
Federal Community Benefit Objectives

- Educate the public
- Improve access to health services
- Enhance public health
- Advance generalizable knowledge
- Relieve government burden to improve health
Using Hospital Community Benefit as a Policy Lever
What States Are Doing

Several states are presently using hospital community benefit as a policy lever to advance state health goals and population health.
Maryland: Attention to Health Disparities

“Each nonprofit hospital …community benefit report …

(2) …shall include: …

(vi) A description of gaps in the availability of specialist providers to serve the uninsured in the hospital; and

(vii) A description of the hospital’s efforts to track and reduce health disparities in the community that the hospital serves…”

New Hampshire: Non-Clinical Reporting

COMMUNITY BENEFIT REPORTING FORM

500 - Socioeconomic Issues: General
- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 525 - Vandalism/Crime
- 553 - Air quality
- 554 - Water quality
Washington State: Demonstrate Effectiveness

- Washington state requires that hospitals’ community benefit programs must be evidence-based “when available” or that innovative programs and practices must be supported by evaluation measures.

2012 Wash. Laws, Ch. 103
New York: Required Alignment with Some State Policies

New York Prevention Agenda 2014-2017
Five Priority Areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants, and children
New York: Required Alignment with Some State Policies
continued

- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections
Converging Factors

The levels of uncompensated care are decreasing in at least some Medicaid expansion states, possibly freeing up hospital resources that could be used for community benefit investments that align with state health priorities.

- Governing Magazine, June 17, 2014; Arizona Star Daily, July 4, 2014; Colorado Health Association, Center for Health Information and Data Analytics, June 2014
Converging Factors continued

Although hard data is not yet available, it is expected that Qualified Health Plans in both expansion and non-expansion states should also reduce levels of uncompensated care.
Healthy People 2020, the Affordable Care Act, and the National Prevention Strategy (a plan designed to move the nation “from a system of sick care to one based on wellness and prevention”) all evidence the importance of using government policies to improve health.
Federal Community Benefit Requirements
Tax Exemption for Charitable Institutions

- IRS first articulated federal community benefit requirements in 1969. IRS Rev. Rul. 69-545

- The public policy rationale behind it has been traced back to the 17th century
IRS Form 990, Schedule H

- Charity care
- Medicaid shortfall
- Community health improvement services

- Health professions Education
- Research
- Cash & in-kind contributions for community benefit
State Community Benefit Requirements
State Community Benefit Laws

- State are *not* required to defer to federal tax exemption standards
- State laws can be more or less restrictive
State Community Benefit Laws Viewed through the Lens of the Federal Framework
# State Profile Comparison

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Community Benefit Requirement

Source: The Hilltop Institute
Community Health Assessments & Implementation Strategies

Source: The Hilltop Institute
Financial Assistance Policy Requirement

Source: The Hilltop Institute
Mandatory Minimum Community Benefit Requirement

Source: The Hilltop Institute
Limitations on Charges, Billing, and Collections

Source: The Hilltop Institute
# One State’s Profile

**RHODE ISLAND**

## Community Benefit Requirement

Rhode Island requires hospitals to provide charity care, uncompensated care, and other community benefits as a condition of licensure.

Rhode Island has established statewide standards for the provision of charity care, uncompensated care, and community benefits as conditions of initial and continued hospital licensure and for hospital conversions.  **R.I. Gen. Laws §23-17-43; 23-17 R.I. Code R. §8.7; 23-17-14 R.I. Code R. §§11.0 – 11.6.**

Rhode Island’s hospital licensing regulations expressly require that hospital charity and uncompensated care and community benefit standards be consistent with the rules and regulations applicable to hospital conversions.  **23-17 R.I. Code R. §8.7.** These define “community benefit” broadly to include the provision of hospital services that meet the community’s needs, charity care, uncompensated care, programs to meet the needs of medically indigent individuals, non-revenue producing programs available in the community (e.g., health screenings or transportation services), scientific or medical research, education activities, forming linkages with community partners focused on improving community health, and engaging in community health advocacy.  **23-17-14 R.I. Code R. §1.g.**

## Minimum Community Benefit Requirement

Rhode Island does not specify a minimum level of community benefits that hospitals must provide.

## Community Benefit Reporting Requirement

Rhode Island law requires hospitals to submit annual community benefit reports to the Director of the Department of Health (Director).

The reports must include detailed descriptions, with supporting documentation, of the costs of charity care, bad debt, and contracted Medicaid shortfalls.  **R.I. Gen. Laws Ann. § 23-17-14-15(d).** If the Department of Health receives “sufficient information” indicating that a licensed hospital is not in compliance with state community benefit standards, then the Director is required to hold a hearing, issue written findings, and impose appropriate penalties.  **R.I. Gen. Laws Ann. § 23-17-14-15(e).**

## Community Health Needs Assessment

Rhode Island requires hospitals to develop a formal Board-approved community benefit plans that includes a comprehensive assessment of the health care needs of its community.
Policy Options
Policy Options Directed Toward Addressing Clinical Factors

States can use Hospital Community Benefit oversight to advance state health policies with respect to:

- Patient care
  - Increasing access to health care
  - Preventative services to prevent and control chronic conditions such as high blood pressure and diabetes
Policy Options Directed Toward Addressing Clinical Factors continued

- Behavioral Health
  - Mental health
  - Substance abuse

- Health Behaviors
  - Tobacco cessation
  - Active living
  - Healthy food choices
Policy Options Directed Toward Addressing Health Determinants

- Income
- Education
- Employment
- Community safety
- Healthy foods
- Physical environment
- Access to recreational facilities

- Socioeconomic conditions
- Housing
- Transportation options
- Race & ethnicity
- Language
- Literacy
- Culture
- Social cohesion & supports
Health Determinants Compared to Hospital-Reported Community Benefit Expenditures

*Based on University of Wisconsin Public Health Institute, County Health Rankings and Roadmaps Ranking Methods (2013). Retrieved from http://www.countyhealthrankings.org/ranking-methods

Regulatory Tools, Approaches, and Policy Levers
Examples of Regulatory Tools in Selected States

- **Statutes and/or Regulations**
  - California, Illinois, Indiana, Maryland, Rhode Island, Utah

- **Express Policy Guidance**
  - Massachusetts, New York

- **Community Benefit Reporting Documents**
  - Maryland, New Hampshire
State Entities that Oversee Hospital Community Benefit

- Office of Statewide Health Planning and Development (California)
- Office of the Attorney General
  - Illinois
  - Massachusetts (voluntary requirements)
  - New Hampshire
- Health Services Cost Review Commission (Maryland)
- Utah State Tax Commission, Property Tax Division
Policy Levers in Use by States

- Community Benefit Requirements
- Community Benefit Reporting Requirements
- Community Health Needs Assessment Requirements
- Implementation Strategy Requirements
- Financial Assistance Requirements
Policy Levers in Use by States
continued

- Mandatory Minimum Community Benefit Requirements
- Limitations on Charges, Billing & Collections
- Community Engagement Requirements
- Health Disparities Reporting Requirements
- Health Determinants Requirements
- Evidence-of-Effectiveness Requirements
How to Get Started

- Confirm whether and how your state is presently exerting oversight authority over hospital community benefit. If it is not doing so, consider whether oversight authority would be desirable and how it might be established.

- Determine which state health policies, if any, your state might seek to advance through hospital community benefit.
How to Get Started continued

- Consider whether your state would seek to require—or merely encourage—inclusion of the state health policy goal(s) in the community benefit process.

- Determine whether legislative or executive branch officials might be best suited to lead state efforts.
How to Get Started continued

- Convene stakeholders to explore opportunities to harmonize state health goals with community benefit processes.

- Consider the experiences of other states, and lessons learned.
About Hilltop’s Hospital Community Benefit Program

Hilltop’s Hospital Community Benefit Program is a central resource for state and local policymakers who seek to ensure that tax-exempt hospital community benefit activities are responsive to pressing community health needs. The program provides tools to these and other stakeholders in support of their efforts to improve population health and to promote a more accessible, coordinated, and equitable community health system.

http://www.hilltopinstitute.org/hcbp.cfm
About The Hilltop Institute

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

[Website Link] www.hilltopinstitute.org
Contact Information

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