- 1 HB450
- 2 191539-2
- 3 By Representatives Standridge, Shedd, Morrow, Farley and
- 4 Warren
- 5 RFD: Urban and Rural Development
- 6 First Read: 22-FEB-18

1	191539-2:n:02/22/2018:KMS/tgw LSA2018-809R1	
2		
3		
4		
5		
6		
7		
8	SYNOPSIS:	This bill would create the Rural Hospital
9		Transformation and Stability Act.
10		This bill would establish the Alabama Rural
11		Hospital Global Budget Board and would authorize
12		the board to implement a pilot global budget
13		program, which would support the continued
14		sustainability and transformation of rural
15		hospitals and health care in Alabama.
16		This bill would provide stable funding to
17		eligible rural hospitals that apply for and are
18		accepted into the program, through a global payment
19		from participating public and private insurers and
20		surrounding communities.
21		This bill would also provide that
22		participating hospitals receive support in
23		achieving population health outcomes, access and
24		quality targets, financial targets, and other
25		measures.
26		
27		A BILL

Τ	TO BE ENTITLED	
2	AN ACT	
3		
4	Relating to health care; to create the Rural	
5	Hospital Transformation and Stability Act and establish and	
6	provide for the membership and authority of the Alabama Rura	
7	Hospital Global Budget Board; to provide criteria for rural	
8	hospitals to participate in the global budget program; to	
9	provide for participation by public and private insurers; and	
10	to establish global payments for participating hospitals.	
11	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:	
12	Section 1. This act shall be known and may be cited	
13	as the Rural Hospital Transformation and Stability Act.	
14	Section 2. For the purposes of this act, the	
15	following terms shall have the following meanings:	
16	(1) BOARD. The Alabama Rural Hospital Global Budget	
17	Board.	
18	(2) GLOBAL PAYMENT. A fixed payment, established by	
19	the board, to a hospital to provide health care services to	
20	participating health insurance payors' beneficiaries in the	
21	service area of the hospital.	
22	(3) RESOURCE CENTER. The Rural Hospital Resource	
23	Center of the University of Alabama at Birmingham.	
24	(4) SERVICE AREA. The geographic area from which 75	
25	percent of the patients of a hospital originate. Patient	
26	origination is derived from either emergency department visit	

- or inpatient admissions, whichever results in the larger service area.

 Section 3. (a) The Alabama Rural Hospital Global
- 4 Budget Board is created.

5

6

7

8

11

12

13

14

17

18

19

2.0

- (b) The appointing authorities shall coordinate their appointments so that diversity of gender, race, and geographical areas is reflective of the makeup of this state. The board shall consist of the following members:
- 9 (1) The Commissioner of the Alabama Medicaid Agency,
 10 who shall serve as chair of the board.
 - (2) The Commissioner of the Alabama Department of Mental Health.
 - (3) One representative appointed by the Alabama Hospital Association.
- 15 (4) One representative appointed by the Medical
 16 Association of the State of Alabama.
 - (5) Two representatives selected by the hospitals participating in the global budget program.
 - (6) The Chair of the Graduate Program in Health Administration of the University of Alabama at Birmingham.
- 21 (7) One representative appointed by the resource center.
- 23 (8) One representative appointed by the State Health Officer.
- 25 (9) One representative from the largest health care 26 service plan established in the state pursuant to Article 6,

- 1 commencing with Section 10A-20-6.01, of Chapter 20, Title 10A,
 2 Code of Alabama 1975.
- 3 (10) One representative of Medicare Advantage plans 4 appointed by the Alabama Association of Health Plans.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

2.0

21

24

25

26

27

- (c) The board may do all of the following:
- (1) Establish criteria for hospitals to participate in the global budget program.
 - (2) Set a maximum number of hospitals allowed to participate in the global budget program, with no more than two hospitals participating in the first year and no more than five hospitals participating in the first three years.
 - (3) With the assistance of the resource center, set the global payment for each participating hospital.
 - (4) Adopt rules as necessary to implement this act or to implement or operate the global budget program.
 - (5) Take any action as necessary to ensure public health insurance programs including Medicaid, Medicare, and Medicare Advantage plans participate in the global budget program.
 - (6) Pursue any funding that may be available to support the global budget program.
- Section 4. (a) Hospital participation in the global budget program is voluntary.
 - (b) To participate in the global budget program, a hospital shall satisfy all of the following:
 - (1) Be a public or nonprofit organization.
 - (2) Be located in one of the following:

a. A rural area designated as a shortage area as defined in 42 C.F.R. § 491.5(c) and (d).

- b. A rural area as defined by the Federal Office ofRural Health Policy.
 - (3) Be located in a county, municipality, or community in which the county, municipality, or community agrees to fund a portion of the global payment as provided in Section 6.
 - (4) Agree to accept a global payment to provide health care services to the beneficiaries of participating health insurance carriers.
 - (5) Agree to achieve population health outcomes, access and quality targets, financial targets, and any other rural hospital participation and payor participation targets established by the board.
 - (6) Satisfy any other criteria established by the board.
 - (c) If a hospital satisfies the requirements of subsection (b) at the time the hospital begins participation in the global budget program, and is subsequently unable to satisfy the rural location requirements of subdivision (2) of subsection (b), the board may permit the hospital to continue participation in the program.
 - Section 5. (a) The following payors shall participate in the global budget model and reimburse participating hospitals through a global payment:

1 (1) To the extent allowed by federal law, the 2 Alabama Medicaid Agency.

- (2) Payor plans that cover employees of the State of Alabama or retired state employees who participate in the Retirement Systems' of Alabama.
 - (3) To the extent allowed by federal law, Medicare Advantage plans.
 - (4) The largest health care service plan established in Alabama pursuant to Article 6, commencing with Section 10A-20-6.01, of Chapter 20, Title 10A, Code of Alabama 1975.
 - (b) The Alabama Medicaid Agency shall take the necessary steps to seek approval from the federal Center for Medicare and Medicaid Services to participate in the global budget program. Participation by the Alabama Medicaid Agency in the global budget program is subject to approval by the federal Center for Medicare and Medicaid Services.
 - (c) Other payors may participate in the global budget program and reimburse participating hospitals through a global payment.
 - Section 6. (a) The global payment of a participating hospital is funded from the following sources:
 - (1) The county, municipality, or community of a participating hospital shall contribute at least 10 percent of the global payment or the tax revenues currently allocated to the hospital, whichever is greater.
 - (2) Participating payors shall contribute the remaining portion of the global payment. The share of the

- global payment for each payor is proportional to the percent 1 2 of the population in the service area of the hospital covered 3 by that payor. (b) In establishing the global payment for each 4 5 hospital, the board shall exclude payments to the hospital from payors not participating in the global budget model. 6 Section 7. If at any time the board determines the 7 global budget program is ineffective or unsustainable, the 8 board may terminate the program. 9
- Section 8. The resource center shall bear financial responsibility for all costs incurred by the board.
- Section 9. This act shall become effective immediately following its passage and approval by the Governor, or its otherwise becoming law.