House Bill 271 (AS PASSED HOUSE AND SENATE)
By: Representatives Reeves of the 34th, Cooper of the 43rd, Newton of the 123rd, Lott of the 122nd, and Sharper of the 177th

A BILL TO BE ENTITLED
AN ACT

To amend Article 2 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to licenses for emergency medical services, so as to authorize the Department of Community Health to assess one or more provider matching payments on ambulance services for the purpose of obtaining federal financial participation for Medicaid; to provide for definitions; to provide for payment into the Indigent Care Trust Fund; to provide for penalties; to provide for the use of funds; to provide for inspection of records; to provide for rules and regulations; to provide for statutory construction; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.
Article 2 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to licenses for emergency medical services, is amended by adding a new Code section to read as follows:

"31-11-31.2.
(a) As used in this Code section, the term:
(1) 'Ambulance service' means an entity licensed by the Department of Public Health pursuant to this chapter.

(2) 'Board' means the Board of Community Health.

(3) 'Department' means the Department of Community Health.

(4) 'Provider matching payment' means a payment assessed by the board pursuant to this Code section on providers which operate an ambulance service.

(b)(1) The board shall be authorized to establish and assess, by board rule, one or more provider matching payments on a subclass of ambulance services, as defined by the board; provided, however, that if any such provider matching payment is established and assessed, the provider matching payment shall comply with the requirements of 42 C.F.R. 433.68. Any provider matching payment assessed pursuant to this Code section shall not exceed the amount necessary to obtain federal financial participation allowable under Title XIX of the federal Social Security Act.

(2) The board shall be authorized to discontinue any provider matching payment assessed pursuant to this Code section. The board shall cease to impose any such provider matching payment if:

(A) The provider matching payments are not eligible for federal matching funds under Title XIX of the federal Social Security Act; or

(B) The department, as a direct result of the enactment of this Code section, reduces or supplants Medicaid payment rates to ambulance providers as such rates are in effect on June 30, 2021, or reduces or supplants the provider matching payment rate adjustment factors utilized in developing the state Fiscal Year 2021 capitated rates for Medicaid managed care organizations.

(c)(1) Any provider matching payments assessed pursuant to this Code section shall be deposited into a segregated account within the Indigent Care Trust Fund created pursuant to Code Section 31-8-152 and used solely for the purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid.
recipients pursuant to Article 7 of Chapter 4 of Title 49. Any funds deposited into such
segregated account pursuant to this Code section shall be subject to appropriation by the
General Assembly.
(2) The department shall be authorized to impose a penalty of up to 6 percent on the
amount of any owed provider matching payments for any ambulance service that fails to
pay a provider matching payment within the time required by the department for each
month, or fraction thereof, that such provider matching payment is overdue. If a required
provider matching payment has not been received by the department in accordance with
department timelines, the department shall withhold an amount equal to the provider
matching payment and penalty owed from any medical assistance payment due such
ambulance service under the Medicaid program. Any provider matching payment
assessed pursuant to this Code section shall constitute a debt due the state and may be
collected by civil action and the filing of tax liens in addition to such methods provided
for in this Code section. Any penalty that accrues pursuant to this subsection shall be
credited to the applicable segregated account.
(d)(1) Notwithstanding any other provision of Chapter 8 of this title, the General
Assembly is authorized to appropriate as state funds to the department for use in any
fiscal year all revenues dedicated and deposited into one or more segregated accounts.
Such appropriations shall be authorized to be made for the sole purpose of obtaining
federal financial participation for medical assistance payments to providers on behalf of
Medicaid recipients pursuant to Article 7 of Chapter 4 of Title 49. Any appropriation
from a segregated account for any purpose other than such medical assistance payments
shall be void.
(2) Revenues appropriated to the department pursuant to this Code section shall be used
to match federal funds that are available for the purpose for which such funds have been
appropriated.
(3) Appropriations from a segregated account to the department shall not lapse to the
general fund at the end of the fiscal year.

(e) The department shall have the authority to inspect and copy the records of an
ambulance service for purposes of auditing the calculation of the provider matching
payment. All information obtained by the department pursuant to this Code section shall
be confidential and shall not constitute a public record.

(f) The board shall be authorized to establish rules and regulations to assess and collect
any such provider matching payments, including, but not limited to, payment frequency
and schedules, required information to be submitted, and record retention.

(g) The provider matching payment provided for in this Code section shall be in addition
to any license fee or fees imposed on an ambulance service pursuant to Code Section
31-11-31.1."

SECTION 2.

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