

House Bill 271 (AS PASSED HOUSE AND SENATE)

By: Representatives Reeves of the 34<sup>th</sup>, Cooper of the 43<sup>rd</sup>, Newton of the 123<sup>rd</sup>, Lott of the 122<sup>nd</sup>, and Sharper of the 177<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

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

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 **SECTION 1.**

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

14 "31-11-31.2.

15 (a) As used in this Code section, the term:

16 (1) 'Ambulance service' means an entity licensed by the Department of Public Health  
17 pursuant to this chapter.

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

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

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

22 (b)(1) The board shall be authorized to establish and assess, by board rule, one or more  
23 provider matching payments on a subclass of ambulance services, as defined by the  
24 board; provided, however, that if any such provider matching payment is established and  
25 assessed, the provider matching payment shall comply with the requirements of 42 C.F.R.  
26 433.68. Any provider matching payment assessed pursuant to this Code section shall not  
27 exceed the amount necessary to obtain federal financial participation allowable under  
28 Title XIX of the federal Social Security Act.

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

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

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

39 (c)(1) Any provider matching payments assessed pursuant to this Code section shall be  
40 deposited into a segregated account within the Indigent Care Trust Fund created pursuant  
41 to Code Section 31-8-152 and used solely for the purpose of obtaining federal financial  
42 participation for medical assistance payments to providers on behalf of Medicaid

43 recipients pursuant to Article 7 of Chapter 4 of Title 49. Any funds deposited into such  
44 segregated account pursuant to this Code section shall be subject to appropriation by the  
45 General Assembly.

46 (2) The department shall be authorized to impose a penalty of up to 6 percent on the  
47 amount of any owed provider matching payments for any ambulance service that fails to  
48 pay a provider matching payment within the time required by the department for each  
49 month, or fraction thereof, that such provider matching payment is overdue. If a required  
50 provider matching payment has not been received by the department in accordance with  
51 department timelines, the department shall withhold an amount equal to the provider  
52 matching payment and penalty owed from any medical assistance payment due such  
53 ambulance service under the Medicaid program. Any provider matching payment  
54 assessed pursuant to this Code section shall constitute a debt due the state and may be  
55 collected by civil action and the filing of tax liens in addition to such methods provided  
56 for in this Code section. Any penalty that accrues pursuant to this subsection shall be  
57 credited to the applicable segregated account.

58 (d)(1) Notwithstanding any other provision of Chapter 8 of this title, the General  
59 Assembly is authorized to appropriate as state funds to the department for use in any  
60 fiscal year all revenues dedicated and deposited into one or more segregated accounts.  
61 Such appropriations shall be authorized to be made for the sole purpose of obtaining  
62 federal financial participation for medical assistance payments to providers on behalf of  
63 Medicaid recipients pursuant to Article 7 of Chapter 4 of Title 49. Any appropriation  
64 from a segregated account for any purpose other than such medical assistance payments  
65 shall be void.

66 (2) Revenues appropriated to the department pursuant to this Code section shall be used  
67 to match federal funds that are available for the purpose for which such funds have been  
68 appropriated.

69 (3) Appropriations from a segregated account to the department shall not lapse to the  
70 general fund at the end of the fiscal year.

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

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

78 (g) The provider matching payment provided for in this Code section shall be in addition  
79 to any license fee or fees imposed on an ambulance service pursuant to Code Section  
80 31-11-31.1."

81

## SECTION 2.

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