

Federal Statute 501 C 3 ®

(r) ADDITIONAL REQUIREMENTS FOR CERTAIN HOSPITALS

(1) IN GENERAL A hospital [organization](#) to which this subsection applies shall not be treated as described in subsection (c)(3) unless the [organization](#)—

(A) meets the community health needs assessment requirements described in paragraph (3),

(B) meets the financial assistance policy requirements described in paragraph (4),

(C) meets the requirements on charges described in paragraph (5), and

(D) meets the billing [and](#) collection requirement described in paragraph (6).

(2) HOSPITAL ORGANIZATIONS TO WHICH SUBSECTION APPLIES

(A) In general This subsection shall apply to—

(i) an [organization](#) which operates a facility which is required by a [State](#) to be licensed, registered, or similarly recognized as a hospital, and

(ii) any other [organization](#) which the [Secretary](#) determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under subsection (c)(3) (determined without regard to this subsection).

(B) Organizations with more than 1 hospital facility If a hospital [organization](#) operates more than 1 hospital facility—

(i) the [organization](#) shall meet the requirements of this subsection separately with respect to each such facility, and

(ii) the [organization](#) shall not be treated as described in subsection (c)(3) with respect to any such facility for which such requirements are not separately met.

(3) COMMUNITY HEALTH NEEDS ASSESSMENTS

(A) In general An [organization](#) meets the requirements of this paragraph with respect to any [taxable year](#) only if the [organization](#)—

(i) has conducted a community health needs assessment which meets the requirements of subparagraph (B) in such [taxable year](#) or in either of the 2 [taxable years](#) immediately preceding such [taxable year](#), and

(ii) has adopted an implementation strategy to meet the community health needs identified through such assessment.

(B)Community health needs assessmentA community health needs assessment meets the requirements of this paragraph if such community health needs assessment—

(i)

takes into account input from [persons](#) who represent the broad [interests](#) of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and

(ii)

is made widely available to the public.

(4) FINANCIAL ASSISTANCE POLICYAn [organization](#) meets the requirements of this paragraph if the [organization](#) establishes the following policies:

(A)Financial assistance policyA written financial assistance policy which includes—

(i)

eligibility criteria for financial assistance, [and](#) whether such assistance includes free or discounted care,

(ii)

the basis for calculating amounts charged to patients,

(iii)

the method for applying for financial assistance,

(iv)

in the case of an [organization](#) which does not have a separate billing [and](#) collections policy, the actions the [organization](#) may take in the event of non-[payment](#), including collections action [and](#) reporting to credit agencies, and

(v)

measures to widely publicize the policy within the community to be served by the [organization](#).

(B)Policy relating to emergency medical care

A written policy requiring the [organization](#) to provide, without discrimination, care for emergency medical conditions (within the meaning of section 1867 of the [Social Security Act \(42 U.S.C. 1395dd\)](#)) to individuals regardless of their eligibility under the financial assistance policy described in subparagraph (A).

(5) LIMITATION ON CHARGESAn [organization](#) meets the requirements of this paragraph if the [organization](#)—

(A)

limits amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under the financial assistance policy described in paragraph (4)(A) to not more than the amounts generally billed to individuals who have insurance covering such care, and

(B)

prohibits the use of [gross](#) charges.

(6) BILLING AND COLLECTION REQUIREMENTS

An [organization](#) meets the requirement of this paragraph only if the [organization](#) does not engage in extraordinary collection actions before the [organization](#) has made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy described in paragraph (4)(A).

(7) REGULATORY AUTHORITY

The [Secretary](#) shall issue such regulations [and](#) guidance as may be necessary to carry out the provisions of this subsection, including guidance relating to what constitutes reasonable efforts to determine the eligibility of a patient under a financial assistance policy for purposes of paragraph (6).