

**[Ga. Code Ann. § 31-2-16.]**

**§ 31-2-16. Rural Health System Innovation Center created; purposes and duties; reporting: Department of Community Health**

(a) There is created and established the Rural Health System Innovation Center within the department's State Office of Rural Health to serve as a research organization that utilizes Georgia's academic, public health policy, data, and workforce resources to develop new approaches for financing and delivering health care in this state. The department shall release a request for proposals, no later than December 1, 2018, to identify a postsecondary institution within the state in which the center shall be located. Such postsecondary institution shall have a health program or college that focuses on rural and underserved areas of the state. The department shall reissue a request for proposal after seven years and every five years thereafter.

(b) The purposes and duties of the Rural Health System Innovation Center shall be to:

(1) Develop a research program to identify and analyze significant health system problems and to propose solutions and best practices to such problems;

(2) Focus on access improvement to affordable health care in rural Georgia;

(3) Synthesize existing studies, reports, and data to provide a baseline assessment and set measurable goals as part of Georgia's strategic reform plan;

(4) Incorporate recommendations from state reform efforts to build the state's reform plan;

(5) Evaluate and make recommendations for the fiscal stabilization of rural health care delivery systems and ensure their design is appropriate for the community served by such systems;

(6) Provide technical assistance and expertise to address immediate needs of rural communities;

(7) Develop state-wide pilot projects, identify innovative approaches to funding these projects, and track and evaluate the projects' performance;

(8) Connect to a central health data repository for collection and dissemination of health data and serve as a clearinghouse for data integration and analysis;

(9) Produce studies that address cost-drivers and duplication to eliminate barriers to health care and reduce costs;

(10) Monitor current and future health care workforce needs and advise the Georgia Board of Health Care Workforce of significant changes in need or demand;

(11) Participate in other state-wide health initiatives or programs affecting the entire state and nonrural areas of Georgia. The center shall cooperate with other health related state entities, including but not limited to the department, the Department of Public Health, the Department of Human Services, the Department of Behavioral Health and Developmental Disabilities, and the Office of Health Strategy and Coordination and all other health related state boards, commissions, committees, councils, offices, and other entities on state-wide health initiatives or programs; and

(12) (A) In conjunction with the State Office of Rural Health, develop standards for education curriculum no later than January 1, 2019, which will be provided to leadership, including, but not limited to, hospital executive leadership, hospital board members, and hospital authority members of rural hospital organizations, as defined in Code Section 31-8-9.1, and to other rural health care facilities upon request. The curriculum shall include, at a minimum, legal, fiduciary, grant management, planning, and compliance training. The center shall approve education programs by any entity that the center determines to meet such standards.

(B) The chief executive officer, the chief financial officer, every board member, and every hospital authority member, if operated by a hospital authority pursuant to Article 4 of Chapter 7 of this title, of a rural hospital organization as defined in Code Section 31-8-9.1, shall be required to complete an education program approved by the center pursuant to this paragraph no later than December 31, 2020, or within 12 months of initial hiring or appointment and every two years thereafter.

(C) Any board member or hospital authority member who does not complete the education program as required pursuant to subparagraph (B) of this paragraph shall be ineligible to continue serving as a board member or hospital authority member. The center may provide for notice and a grace period for board members and hospital authority members to come into compliance with such requirement. A vacancy created pursuant to this subparagraph on the board of a hospital authority shall be filled in the same manner as provided in subsection (c) of Code Section 31-7-72 for the initial appointment of members of the hospital authority.

(D) At the discretion of the department, any rural hospital organization that fails to ensure compliance by the chief executive officer, the chief financial officer, every board member, and every hospital authority member with the education requirements contained in subparagraph (B) of this paragraph shall be deemed:

(i) Ineligible to receive contributions from the tax credit provided pursuant to Code Section 48-7-29.20;

(ii) Ineligible to participate in any grant programs offered by the state; and

(iii) Subject to a fine of \$10,000.00 per violation.

(c) The center is authorized to make application for and receive funds and grants as may be necessary to, and utilize and disburse such funds for such purposes and projects as will, carry out the purposes of the center.

(d) The center is authorized to enter into contracts, agreements, and arrangements with colleges and universities to advance the work of the center. The center shall also be authorized to enter into contracts and agreements with the federal government; political subdivisions of this state; private firms, foundations, or institutions; or individuals for specific research on any aspects of rural health care as may be related to the purposes of this Code section. The center shall contract with a school of medicine in this state to provide clinical health care expertise to the center.

(e) On or before October 1 of each year, the center shall file a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the House Committee on Health and Human Services, the Senate Health and Human Services Committee, the House Committee on Appropriations, the Senate Appropriations Committee, and the Office of Health Strategy and Coordination. The report shall include a summary of the activities of the center during the calendar year, including but not limited to the total number of hospital executives, hospital board members, and hospital authority members who received training from the center; the status of rural health care in the state; and recommendations, if any, for legislation as may be necessary to improve the programs and services offered by the center.

