

~~(5) WILL INCORPORATE A UNIFORM FINANCIAL ASSISTANCE POLICY FOR INDIVIDUALS WITH FAMILY INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL.~~

19-303.

(a) (1) In this section the following words have the meanings indicated:

(2) ~~"Commission" means the Health Services Cost Review Commission.~~

(3) ~~"Community benefit" means an activity that is intended to address community needs and priorities primarily through disease prevention and improvement of health status, including:~~

(i) ~~Health services provided to vulnerable or underserved populations such as Medicaid, Medicare, or Maryland Children's Health Program enrollees;~~

(ii) ~~Financial or in-kind support of public health programs;~~

(iii) ~~Donations of funds, property, or other resources that contribute to a community priority;~~

(iv) ~~Health care cost containment activities; and~~

(v) ~~Health education, screening, and prevention services.~~

(4) ~~"Community needs assessment" means the process by which unmet community health care needs and priorities are identified.~~

(b) In identifying community health care needs, a nonprofit hospital:

(1) ~~Shall consider, if available, the most recent community needs assessment developed by the Department or the local health department for the county in which the nonprofit hospital is located;~~

(2) ~~May consult with community leaders and local health care providers;~~
and

(3) ~~May consult with any appropriate person that can assist the hospital in identifying community health needs.~~

(c) (1) Each nonprofit hospital shall submit an annual community benefit report to the Health Services Cost Review Commission detailing the community benefits provided by the hospital during the preceding year.

(2) The community benefit report shall include:

(i) The mission statement of the hospital;

(ii) A list of the initiatives that were undertaken by the hospital;

(iii) The cost to the hospital of each community benefit initiative;

(iv) The objectives of each community benefit initiative; [and]