

Rural Health

Rural Georgians are often older, poorer, and sicker than their urban counterparts, which makes rural health critically important to the state's overall health. Many more Georgians live in urban areas (70 percent) than in rural areas (30 percent). Although the state's smaller rural population masks its social circumstance, the conditions in rural areas significantly affect the state's overall productivity, health, and health care costs.⁷³ Given these unique challenges, there are a variety of programs and entities that support rural health improvement.

Rural Hospital Tax Credit Program

In 2016, the General Assembly passed Senate Bill (S.B.) 258 to provide tax credits for individuals and corporations that contribute to rural hospital organizations. The contributions are to be used for the provision of health care services for (1) residents in a rural county or (2) residents of the area served by a critical access hospital. In 2017, the General Assembly modified the program to (1) expand the number of rural hospitals eligible to participate, (2) increase the amount of tax credits, and (3) change the aggregate limits on the amount of tax credits available annually. In order for a rural hospital organization to be eligible to receive donations under the tax credit program, it must:

1. Be a licensed acute care hospital;
2. Provide inpatient hospital services in a rural county having a population of less than 50,000 or be designated as a critical access hospital;
3. Participate in Medicare and Medicaid and provide health care services to indigent patients;
4. Have at least 10 percent of its annual net revenue categorized as indigent care, charity care, or bad debt;
5. Annually file IRS Form 990 (Return of Organization Exempt from Income Tax) or the equivalent with the Department of Community Health; and
6. Be operated by a local hospital authority or be designated as a 501(c)(3) organization by the IRS.

During the 2018 General Assembly, legislation passed that increased the tax credit to 100 percent and made S-Corps eligible donors. Individual taxpayers are allowed a tax credit equal to 100 percent of their contribution up to a maximum of \$5,000 (single filer) or \$10,000 (married couple filing jointly). Corporate taxpayers are allowed a tax credit up to 100 percent of their contribution or 75 percent of the corporation's income tax liability, whichever is less. The legislation limits the annual aggregate amount of tax credits for all rural hospital organizations to \$60 million. In 2018, hospitals received \$59.5 million in donations.

In 2019, the Georgia General Assembly passed House Bill (H.B.) 321, which includes transparency language that, as of Oct. 1, 2019, requires tax-exempt hospitals to post an extensive list of financial-related information on the main page of their website. Hospitals that do not comply are suspended from receipt of any state funds, including donations under the Rural Hospital Tax Credit program. (The Department of Community Health is required to notify organizations before suspending any funds.)

Tax credits per individual rural hospital organization are limited to \$4 million annually. The Rural Hospital Tax Credit Program is automatically repealed on Dec. 31, 2024.

State Office of Rural Health

The Georgia Department of Community Health's State Office of Rural Health (SORH) works to improve access to health care in rural and underserved areas and to reduce health status disparities. SORH provides funding for an institutional framework that links small rural communities with state and federal resources to help develop long-term solutions to rural health problems. The SORH administers four primary programs: Primary Care Office Programs; Hospital Services Program; Migrant Health, Homeless and Special Projects; and the Breast Cancer License Plate Program.⁷⁴

Healthcare Georgia Foundation Initiatives

The Healthcare Georgia Foundation (HGF) distinguishes that Georgia's economy has two distinct areas: a vibrant metropolitan Atlanta area and the other rural communities throughout the state. This "two Georgias" distinction also applies to the growing disparities in patient health and health care access between the state's metropolitan areas and rural communities. HGF developed The Two Georgias Initiative in 2016, the goal of which was to foster health care innovation by supporting local partnerships seeking to improve health and expand access to quality health care services in Georgia's rural communities. As a component of the Initiative, the HGF made grant funding available to support local partnerships working to improve access to affordable, quality health care in rural Georgia communities. As of late 2019, HGF was working to evaluate the impact of the Two Georgias Initiative.⁷⁷

Inside the H

Rural Hospital Stabilization Committee

Gov. Nathan Deal created the Rural Hospital Stabilization Committee in March 2014 to identify the needs of the rural hospital community and provide potential solutions. The committee works to increase communication between hospitals and the state and improve Georgia's citizens' access to health care.⁷⁵

Based on recommendations of the Committee, the General Assembly appropriated funding beginning in FY 2016 to fund a pilot-site program. Based upon an integrated "hub and spoke" model, pilot sites test rural health delivery models designed to relieve cost pressures on emergency departments and ensure that the best, most efficient treatment is received by patients. The program aims to increase the utilization of new and existing technology and infrastructure in smaller critical access hospitals, Wi-Fi and telemedicine equipped ambulances, telemedicine equipped school clinics, federally qualified health centers, public health departments and local physician offices.⁷⁶ To date, 22 rural hospitals have served as sites for the program.

Rural Development Council

Recognizing Georgia's low rural rankings in health status nationally, during the 2017 Legislative Session, the Georgia General Assembly passed House Resolution (H.R.) 389 to establish the House Rural Development Council. The Council was established as a two-year working group; however, during the 2019 General Assembly, House Resolution (H.R.) 214 reauthorized the Council until Dec. 1, 2020. Council members examine the unique issues impairing the stabilization and growth of rural communities in Georgia. The group meets on a regular basis across the state to hear from citizens, businesses and organizations about challenges rural Georgians face.

At the end of the first year, the group released several recommendations for improving health care in rural areas of the state. These include streamlining health care services billing; requiring telehealth capability in nursing homes; providing premium relief for rural practitioners who live and have a practice in rural counties and accept Medicare and Medicaid; and expanding the scope of practice for health care workers who are not physicians to allow them to provide certain services for minor care, chronic case management, urgent care, telemedicine, and post-hospital visits to avoid readmissions.

Many of these recommendations were addressed with the passage of House Bill (H.B.) 769 during the 2018 General Assembly. The bill was the culmination of work completed by the Council in 2017 and contains multiple provisions aimed at addressing the ongoing shortage of health care providers in rural Georgia. It eases restrictions on the use of remote order entry in hospital pharmacies when a pharmacist is not available to be physically present in the facility; directs the state Medicaid agency to streamline the provider credentialing and billing processes and to update its payment policies for telehealth services; and creates a new grant program for physicians who practice in underserved rural areas of the state.

A photograph of a rural landscape. In the foreground, a white wooden fence runs diagonally across the frame. Behind the fence is a grassy field. In the middle ground, there is a small pond or lake. The background is filled with a dense line of green trees under a clear sky.

The House Rural Development Council members examine the unique issues impairing the stabilization and growth of rural communities in Georgia.

GHA Center for Rural Health

The Center for Rural Health is a department within the Georgia Hospital Association that represents the interests of Georgia's small rural hospitals with an average daily (inpatient) census of 75 or fewer and located in a county with a population of 75,000 people or fewer. The Center for Rural Health represents the needs of Georgia's small and rural hospitals to promote accessibility to high-quality and cost-efficient health care and to act as a central agency for the study, discussion, resolution, and dissemination of ideas and information that addresses problems faced by small and rural hospitals. There are more than 70 members.

AdventHealth Gordon
AdventHealth Murray
Appling Healthcare System/Appling Hospital
Bacon County Hospital and Health System
Bleckley Memorial Hospital
Brooks County Hospital
Burke Medical Center
Candler County Hospital
Chatuge Regional Hospital
CHI Memorial Hospital Georgia
Clinch Memorial Hospital
Coffee Regional Medical Center
Colquitt Regional Medical Center
Crisp Regional Hospital
Dodge County Hospital
Donalsonville Hospital
Dorminy Medical Center
East Georgia Regional Medical Center
Effingham Health System
Elbert Memorial Hospital
Emanuel Medical Center
Evans Memorial Hospital
Fairview Park Hospital
Fannin Regional Hospital
Flint River Hospital
Floyd Polk Medical Center
Grady General Hospital
Habersham Medical Center
Higgins General Hospital
Irwin County Hospital
Jasper Memorial Hospital
Jeff Davis Hospital
Jefferson Hospital
Jenkins County Hospital
Liberty Regional Medical Center

LifeBrite Community Hospital of Early
Meadows Regional Medical Center
Medical Center of Peach County, Navicent Health
Memorial Hospital and Manor
Miller County Hospital
Mitchell County Hospital
Monroe County Hospital
Morgan Medical Center
Navicent Health Baldwin
Northeast Georgia Medical Center Barrow
Optim Medical Center - Screven
Optim Medical Center - Tattnall
Perry Hospital
Phoebe Sumter Medical Center
Phoebe Worth Medical Center
Putnam General Hospital
Roosevelt Warm Springs Rehabilitation & Specialty Hospital
South Georgia Medical Center Berrien Campus
South Georgia Medical Center Lanier Campus
Southeast Georgia Health System - Camden
Southwell Medical, formerly Cook Medical Center
St Mary's Good Samaritan Hospital
St. Mary's Sacred Heart Hospital
Stephens County Hospital
Taylor Healthcare Group/Taylor Regional Hospital
Union General Hospital System/Union General Hospital
University Hospital McDuffie
Upton Regional Medical Center
Warm Springs Medical Center
Washington County Regional Medical Center
Wayne Memorial Hospital
WellStar Spalding Hospital
WellStar Sylvan Grove Hospital
WellStar West Georgia Medical Center
Wills Memorial Hospital