

**Subject** Hospital reporting requirements

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## Overview

This bill requires hospitals to report additional financial information to the commissioner of health or to a voluntary, nonprofit reporting organization. It also requires nonprofit hospitals exempt from taxation under section 501(c)(3) of the Internal Revenue Code to submit to the commissioner and make available to the public, their community health needs assessment, description of community served, community health improvement activities, and community benefit implementation strategy.

## Summary

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1	<b>Act title.</b>
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Provides this act shall be known as the Tax-Exempt Accountability Law (TEAL).

2	<b>Yearly reports.</b>
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Amends § 144.698, subd. 1. Modifies the information hospitals must annually report to the commissioner of health or to a voluntary, nonprofit reporting organization, to also require hospitals to report:

- Data on hospital expenses and the number of full-time equivalents for: (1) full-time nurses whose primary duties are to provide direct patient care; (2) full-time nurses whose primary duties are administrative or managerial; (3) registered nurses whose primary duties are to provide direct patient care and are working on a temporary or short-term basis; (4) registered nurses whose primary duties are administrative or managerial and are working on a temporary or short-term basis; and (5) temporary physicians and hospitalists; and
- Data on: (1) expenditures for advertising or marketing; (2) consulting fees and payments to third parties for strategic, organizational, or day-to-day

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management services; and (3) costs for activities to prevent or discourage workers from communicating or coordinating with labor organizations.

3	<b>Community health needs assessment; community health improvement services; implementation.</b>
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Adds § 144.6985.

**Subd. 1. Community health needs assessment.** Requires a nonprofit hospital that is tax-exempt under section 501(c)(3) of the Internal Revenue Code to make available to the public and submit to the commissioner of health its current community health needs assessment by January 15, 2025, and to make available and submit subsequent assessments within 15 calendar days after submitting the subsequent assessment to the Internal Revenue Service.

**Subd. 2. Description of community.** Requires a nonprofit hospital subject to subdivision 1 to make available to the public and submit to the commissioner of health a description of the community served by the hospital, and requires the description to include the listed information. Provides a hospital does not need to separately provide this information if it is included in the hospital's community health needs assessment made available and submitted under subdivision 1.

**Subd. 3. Addendum; community health improvement services.** Para. (a) requires a nonprofit hospital subject to subdivision 1, other than a hospital identified in para. (b), to annually submit to the commissioner an addendum that details information about hospital activities identified as community health improvement services with a cost of \$5,000 or more. Specifies information the addendum must include for each activity.

Para. (b) requires a hospital that is subject to subdivision 1 and that is a critical access hospital, a sole community hospital, or a rural emergency hospital to annually submit to the commissioner an addendum detailing information on the ten highest-cost activities of the hospital identified as community health improvement services. Specifies information the addendum must include for each activity.

**Subd. 4. Community benefit implementation strategy.** Requires a nonprofit hospital subject to subdivision 1 to make available to the public, within one year after completing each community health needs assessment, a community benefit implementation strategy. Requires the strategy to be developed in consultation with certain entities, and lists information the strategy must include.

**Subd. 5. Information made available to the public.** Specifies a hospital required to make information available to the public under this section may do so by

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	posting it on the hospital's website in a consolidated location and with clear labeling.
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4	<b>Annual reports on community benefit, community care amounts, and state program underfunding.</b>
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	Amends § 144.699, subd. 5. In a subdivision requiring the commissioner of health to annually report on a hospital's community benefit and community care, amends the definition of community benefit to specify community benefit does not include expenditures for advertising or marketing; consulting fees and payments to third parties for strategic, organizational, or day-to-day management services; or costs for activities to prevent or discourage workers from communicating or coordinating with labor organizations.
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