



## State Requirements or Guidelines for Community Involvement in Community Health Needs Assessments

Non-profit hospitals are federally [required](#) to conduct community health needs assessments (CHNAs) every three years and develop a plan to meet those needs in exchange for their tax exempt status. Many [states](#) have laws or guidelines that are more detailed than the federal requirements. This table documents 10 states' guidelines for involving community members in the CHNA process, as well as their enforcement levers. This chart draws on state resources, as well as CHNA statutes in the Hilltop Institute's [Community Benefit State Law Profiles Comparison](#).

State	Community Involvement – State Statute or Guidance	Frequency of State-Required Needs Assessment	Enforcement of Community Benefits Requirements
California	<p><a href="#">CA Health and Safety Code § 127350</a> Each hospital shall do all of the following: (b) ...complete ... a community needs assessment... that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly...</p> <p><a href="#">127355</a>. The hospital shall include all of the following elements in its community benefits plan: (a) Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan. (b) Measurable objectives to be achieved within specified timeframes. (c) Community benefits categorized into the following framework: (1) Medical care services. (2) Other benefits for vulnerable populations. (3) Other benefits for the broader community. (4) Health research, education, and training programs. (5) Nonquantifiable benefits. (Added by Stats. 1996, Ch. 1023, Sec. 353. Effective Sept. 29, 1996.)</p>	<p>Every three years [Sec. <a href="#">127350 (b)</a>]</p> <p>Annual community benefits plan due to the <a href="#">Office of Statewide Health Planning and Development</a> [Sec. <a href="#">127350 (d)</a>]</p>	<p>Under Corporations Code sections <a href="#">5914 – 5926</a>, the Attorney General (AG) has legal authority to approve the sale and transfer of nonprofit health facilities when it involves all or substantially all of the nonprofit's assets. The AG can consent, conditionally consent, or not consent to the agreement or transaction. The AG typically requires charity care requirements and community benefits based on historical trends. The AG has authority to enforce the conditions. Hospitals are not required to report charity care or community benefits to the AG outside the context of the health facility sale or transfer reviews.</p>

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	<p>--</p> <p>Health &amp; Safety Code Section <a href="#">127345</a>, subdivision (a), requires hospitals to submit a community benefits plan to the California <a href="#">Office of Statewide Health Planning and Development</a> (OSHPD) but sets no required minimum levels of community benefits. This plan must include a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.</p> <p>The term “community benefit” means a hospital’s activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, health care services rendered to vulnerable populations, financial or in-kind support of public health programs, enhancement of access to health care or related services that contribute to a healthier community, food, shelter, clothing, education, transportation, and other goods or services that help maintain a person’s health. (Health &amp; Saf., Code § <a href="#">127345</a>(c).)</p> <p>The community benefits plan submitted to OSHPD must also include a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan, community benefits categorized by medical care services, other benefits for vulnerable populations, other benefits for the broader community, and health research, education, and training programs. (Health &amp; Saf., Code § <a href="#">127355</a>.)</p>		

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<b>Maine</b>	<p><a href="#">Maine Shared Community Health Needs Assessment Charter and Requirements</a></p> <p>The Maine Shared Community Health Needs Assessment is a collaboration between the <a href="#">Maine Center for Disease Control and Prevention</a> (the state health department) and four health systems, guided by a memorandum of agreement and a <a href="#">charter</a>, which includes a Community Engagement Committee. Informed by Public Health Accreditation Board (PHAB) requirements, the shared CHNA “<a href="#">must</a> include input from:</p> <ul style="list-style-type: none"> <li>• Public Health professionals</li> <li>• Government</li> <li>• Public Health department staff</li> <li>• Medically underserved or organizations who serve them</li> <li>• Low income population or organizations who serve them</li> <li>• Minority populations or organizations who serve them</li> </ul> <p>The <a href="#">2018 Community Engagement Toolkit</a> assisted local planning committees with soliciting community input through a series of forums, community presentations, focus groups, surveys, and interviews.</p>	Every three years ( <a href="#">Guidance</a> )	No enforcement requirements found in statute or guidance.
<b>Maryland</b>	<p><a href="#">MD Code Ann. Health-Gen., §19-303</a></p> <p>(b) In identifying community health care needs, a nonprofit hospital:</p> <p>(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;</p> <p>(2) May consult with community leaders and local health care providers; and</p> <p>(3) May consult with any appropriate person that can assist the hospital in identifying community health needs.</p>	Annual community health benefit report due to the <a href="#">Health Services Cost Review Commission</a> [Sec. <a href="#">19-303(d)</a> ]	No enforcement requirements found in statute or guidance.

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Massachusetts	<p><a href="#">The Attorney General’s Community Benefits Guidelines for Non Profit Hospitals</a> (2018)</p> <p>Individuals and organizations with whom to engage while effective community engagement strategies may vary, hospitals should strive to achieve a transparent decision making process that includes diverse community representation including a process that engages perspectives beyond those represented on the Community Benefits Advisory Committee (described in the previous section). The hospital should engage on an ongoing basis with populations and groups within and beyond the hospital’s geographic service area, including those who use and do not use the hospital’s services. This engagement should include, whenever feasible, the populations the hospital plans to target with its programs and activities, and those organizations and social service providers that are closest to the targeted populations, such as community health centers, public health coalitions, neighborhood associations, local boards of health, social service agencies, community action agencies, housing authorities, charities, schools, law enforcement, and churches and clergy. As one component of the community engagement process, the hospital is encouraged to initiate a formal process, such as holding a meeting open to the public (either independently or in conjunction with a community partner) at least once per year to solicit community feedback on its community benefits programs. (p. 10)</p> <p>...</p> <p>Hospitals are encouraged to engage their community at the highest level feasible at each stage of community benefits program planning, implementation, and evaluation and to make continual improvement in community engagement an institutional priority. (p. 11)</p>	Every three years ( <a href="#">Guidelines</a> , p. 12)	<p>No enforcement requirements found in statute or guidance.</p> <p>-The community benefits reports that are late or don’t address the <a href="#">Attorney General’s (AG)</a> feedback may be excluded from the AG’s press release about the Community Benefit Annual Reports</p> <p>-The <a href="#">Department of Public Health’s</a> Determination of Need (DON) process sets standards for community engagement and social determinant of health investing and aligns with community benefits guidelines by requiring hospitals use the AG CHNA processes to meet these standards. The DON community health initiative requirements are mandatory.</p> <p>-The state will launch community feedback forms that community representatives send to the hospital and the AG’s office “[t]o help engage community representatives in assessing the community benefits process and to facilitate productive dialogue between community representatives and the hospital...” (<a href="#">Guidelines</a>, p. 24).</p>

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<p><b>New Hampshire</b></p>	<p><a href="#">NH Rev. Stat. Ann. Tit. I, §7:32</a> 7:32-f Community Needs Assessment.</p> <p>7:32-c [This subdivision] acknowledges that each community is unique and its particular health care problems and needs should be examined and the community benefits provided by health care charitable trusts which serve it should be directed toward addressing the issues and concerns of that community. Community involvement in the development of community benefits plans is necessary to make the health care charitable trusts more responsive to the true needs of the community. State oversight of the planning process and public access to the community benefits plans will assure appropriate use of the resources of health care charitable trusts.</p> <p>7:32-f Community Needs Assessment. – Every health care charitable trust shall, either alone or in conjunction with other health care charitable trusts in its community, conduct a community needs assessment to assist in determining the activities to be included in its community benefits plan. The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area, in the identification and prioritization of community needs that the health care charitable trust can address directly, or in collaboration with others....</p> <p>--</p> <p>The state <a href="#">Department of Health and Human Services</a> established <a href="#">Regional Public Health Networks</a> (RPHNs) that have <a href="#">Public Health Advisory Councils</a>. The councils conducted regional <a href="#">Community Health Improvement Plans</a> that often drew upon and aligned with hospitals' community health needs assessments.</p>	<p>Every five years (Sec. <a href="#">7:32-f</a>)</p>	<p><a href="#">Attorney General's office</a> may impose an administrative fine on hospitals for failure to file or publicly post community benefit reports. The fine is "not to exceed \$1,000 plus attorneys' fees and costs for each such violation" <a href="#">7:32-g</a></p>

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<p><b>New York</b></p>	<p><a href="#">NY Pub Health L § 2803-L (2014)</a>  2803-l. Community service plans....  2. The governing body [of a voluntary non-profit hospital] must at least every three years:  (ii) solicit the views of the communities served by the hospital on such issues as the hospital's performance and service priorities;</p> <p>April 2018 <a href="#">letter</a> from DOH commissioner to hospitals: "For each health priority that is currently addressed or will be in the next cycle, provide a work plan that: ... Describes the roles and resources of other participants, stakeholders, local governmental agencies, or community-based organizations including business, academia, etc., in addressing the priority;"</p> <p>"LHDs and hospitals are strongly encouraged to develop one assessment and one plan per county by working together..."</p> <p>"[The community health assessment should include] a succinct summary of the assets and resources that can be mobilized and employed to address health issues identified. These may include both the target populations and the services they would receive, including those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a local park can offer opportunities for physical activity. Similarly, local farmers' markets can emphasize healthy food options, and a school district can partner to provide health education."</p>	<p>Every three years hospital must solicit community's views on priorities and report on changes in financial commitment to community needs and charity care</p> <p>Annually, hospital must prepare and file with the commissioner of the <a href="#">Department of Health</a> an implementation report on meeting community needs and providing charity care (Sec. <a href="#">2803-L</a> 2, 3, 4)</p> <p>(See April 2018 <a href="#">letter</a> from DOH commissioner to hospitals)</p> <p>Governor Cuomo <a href="#">called for</a> non-profit hospitals in New York State to include budgets in their annual community service plan updates, detailing investments in community health improvement interventions.</p>	<p>\$2,000 fine for violating Public Health Law provisions (PHL Article 1, Title 2, <a href="#">Sec. 12</a>)</p> <p>A hospital operating certificate may be revoked, suspended, limited, or annulled by the commissioner on proof that the hospital has failed to comply with the provisions of Public Health Law Article 28 (<a href="#">NY Pub Health L § 2806</a>), such as the provisions requiring community service plans</p> <p>The Attorney General (AG) must approve hospital mergers (Not-For-Profit Corporation, Art. 9, Sec. <a href="#">907-B</a>) and can attach community benefits conditions to hospital mergers</p> <p>Hospital Certificate of Need applications that undergo full review now include required questions pertaining to community service plans and community benefit spending (<a href="#">CON Schedule 16 B</a>, questions 7-15)</p>
<p><b>Rhode Island</b></p>	<p><a href="#">23.14.3 Statewide Standards for the Provision of Community Benefits</a>  A. The statewide standards for the provision of community benefits shall be full compliance with the following:  ...</p>	<p>Every three years. (23.14.3.A.2)</p> <p>The director shall, on an annual basis, review each</p>	<p>If the <a href="#">Department of Health</a> receives sufficient information indicating that a licensed hospital is not in compliance with § 23.14 of this Part, the Director shall hold a hearing upon ten (10) days' notice to the licensed hospital and shall</p>

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	<p>b. The governing body shall delineate the specific community or communities, including racial or ethnic minority populations, that will be the focus of its community benefits plan and shall involve representatives of that designated community or communities in the planning and implementation process</p>	<p>licensed hospital's level of performance in providing charity care and uncompensated care.</p>	<p>issue in writing findings and appropriate penalties as set forth in § 23.17 of this Part.</p> <p><a href="#">23-17.14-30. Failure to comply – Penalties.</a></p> <p>If any person knowingly violates or fails to comply with any provision of this chapter or willingly or knowingly gives false or incorrect information:</p> <p>(1) The director or Attorney General may, after notice and opportunity for a prompt and fair hearing to the applicant or licensee, deny, suspend, or revoke a license, or in lieu of suspension or revocation of the license, may order the licensee to admit no additional persons to the facility, to provide health services to no additional persons through the facility, or to take corrective action necessary to secure compliance under this chapter; or</p> <p>(2) The superior court may, after notice and opportunity for a prompt and fair hearing, may impose a fine of not more than one million dollars (\$1,000,000) or impose a prison term of not more than five (5) years.</p>
<p><b>Texas</b></p>	<p><a href="#">Sec. 311.044</a> Community benefits planning by nonprofit hospitals.</p> <p>...(d) In determining the community-wide needs assessment required by Subsection (b), a nonprofit hospital shall consider consulting with and seeking input from representatives of the following entities or organizations located in the community as defined by Subsection (b):</p> <p>(1) the local health department;</p> <p>(2) the public health region under Chapter 121;</p> <p>(3) the public health district;</p>		<p><a href="#">Sec. 311.047.</a> The <a href="#">Department of State Health Services</a> may assess a civil penalty against a nonprofit hospital that fails to make a report of the community benefits plan as required under this subchapter. The penalty may not exceed \$1,000 for each day a report is delinquent after the date on which the report is due. No penalty may be assessed against a hospital under this subsection until 10 business days have elapsed after written notification to the hospital of its failure to file a report.</p>

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	<p>(4) health-related organizations, including a health professional association or hospital association;</p> <p>(5) health science centers;</p> <p>(6) private business;</p> <p>(7) consumers;</p> <p>(8) local governments; and</p> <p>(9) insurance companies and managed care organizations with an active market presence in the community.</p> <p>(e) Representatives of a nonprofit hospital shall consider meeting with representatives of the entities and organizations listed in Subsection (d) to assess the health care needs of the community and population served by the nonprofit hospital.</p>		
Vermont	<p><a href="#">9405a. Public participation and strategic planning</a></p> <p>(a) Each hospital shall have a protocol for meaningful public participation in its strategic planning process for identifying and addressing health care needs that the hospital provides or could provide in its service area. Needs identified through the process shall be integrated with the hospital's long-term planning....Hospitals may meet the community health needs assessment and implementation plan requirement through compliance with the relevant Internal Revenue Service community health needs assessment requirements for nonprofit hospitals.</p> <p>(b) When a hospital is working on a new community health needs assessment, the hospital shall post on its website information about the process for developing the community needs assessment and opportunities for public participation in the process.</p>	<p>Hospitals must post CHNAs on their websites in accordance with IRS requirements (i.e., every <a href="#">three years</a>).</p> <p>They must also annually report on the progress made on the implementation plan (VT <a href="#">Department of Health Hospital Report Card Reporting Manual</a>, March 2019)</p>	<p><a href="#">9474. Enforcement</a></p> <p>(a) Except as provided in subsection (d) of this section, in addition to any remedy available to the commissioner under this title and any other remedy provided by law, a violation of this subchapter [<a href="#">Subchapter 1: Quality, Resource Allocation, and Cost Containment</a>, Title 18, Chapter 221, Sections 9401-9474] shall be considered a violation of the Vermont Consumer Protection Act in 9 V.S.A. chapter 63, subchapter 1. Except as provided in subsection (d) of this section, all rights, authority, and remedies available to the Attorney General (AG) and private parties to enforce the Vermont Consumer Protection Act shall be available to enforce the provisions of this subchapter.</p> <p>...</p> <p>(e) Notwithstanding any provision of this section to the contrary, the Commissioner and</p>



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			the AG may bring a joint enforcement action against any person or entity for a violation of this subchapter. (Added 2007, No. 80, § 8; amended 2007, No. 89 (Adj. Sess.), § 6; 2013, No. 144 (Adj. Sess.), § 13, eff. May 27, 2014; 2017, No. 113 (Adj. Sess.), § 110.)
<b>Washington</b>	RCW <a href="#">70.41.470</a> In developing the implementation strategy, hospitals shall consult with community-based organizations and stakeholders, and local public health jurisdictions, as well as any additional consultations the hospital decides to undertake.  <a href="#">Department of Health, “Community Health Assessment and Improvement.”</a>	Every <a href="#">three years</a>	RCW <a href="#">70.41.470</a> Unless contained in the implementation strategy under this subsection (3)(a), the hospital must provide a brief explanation for not accepting recommendations for community benefit proposals identified in the assessment through the stakeholder consultation process, such as excessive expense to implement or infeasibility of implementation of the proposal.

*Thank you to the following states: California, Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont. Produced in partnership with the Robert Wood Johnson Foundation and the New England States Consortium Systems Organization.*