

ADOPTED



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 1043

AMENDMENT NO. A1
(to be filled in by
Principal Clerk)

H1043-AMG-62 [v.4]

Page 1 of 2

Amends Title [NO]
PCS

Date _____, 2020

Senator Perry

1 moves to amend the PCS on page 14, line 44, through page 15, line 46, by rewriting the lines to
2 read:

3
4 "(39) \$65,000,000 to OSBM to establish the COVID-19 Rural Hospitals Relief
5 Fund. OSBM shall allocate the monies in the fund as grants to hospitals
6 designated as critical access hospitals by the Centers for Medicare and
7 Medicaid Services and to hospitals located in (i) a tier 1 county or (ii) a tier 2
8 county with a population of less than 150,000. These funds shall be used to
9 offset expenses incurred for providing patient care in North Carolina to
10 respond to the COVID-19 pandemic. OSBM shall award grants in an amount
11 equal to at least \$350,000 for each eligible critical access hospital and in an
12 amount equal to at least \$250,000 for each eligible hospital located in a tier 1
13 or tier 2 county. OSBM shall use any remaining funds to increase the amount
14 of the grants awarded to these hospitals based on a pro rata share of the 2018
15 hospital operating costs for these hospitals. Grant recipients shall not use these
16 funds for any purpose other than to offset the following costs related to patient
17 care provided in North Carolina as a result of the COVID-19 pandemic:

- 18 a. Up to sixty percent (60%) of lost revenues from foregone elective
19 procedures during the emergency period, net of federal funds received
20 from the CARES Act.
- 21 b. Supplies and equipment purchased in accordance with Centers for
22 Disease Control and Prevention guidelines.
- 23 c. Rapidly ramping up infection control and triage training for health care
24 professionals.
- 25 d. Retrofitting separate areas to screen and treat patients with suspected
26 COVID-19 infections, including isolation areas in or around hospital
27 emergency departments.
- 28 e. Increasing the number of patient care beds to provide surge capacity.
- 29 f. Transporting patients with confirmed or suspected COVID-19 safely
30 to or from rural facilities.
- 31 g. Planning, training, and implementing expanded telehealth capabilities.



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- 1 h. Procuring staff or consultants to help mitigate the burden of extensive
2 review of new and incoming federal and State regulatory guidelines.
3 i. Salary support for furloughed employees.
4 As a condition of receiving the funds allocated in this subdivision, each grant
5 recipient shall submit a detailed written report to the House Appropriations
6 Subcommittee on Health and Human Services, the Senate Appropriations
7 Committee on Health and Human Services, and the Joint Legislative
8 Oversight Committee on Health and Human Services by December 1, 2020,
9 that contains a breakdown of all expenditures from the funds received under
10 this subdivision; and the total amount of funds received from the Provider
11 Relief Fund provided for in P.L. 116-136 and any other COVID-19 Recovery
12 Legislation or other legislation enacted by Congress during calendar year
13 2020 to support the national response to COVID-19."

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

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and vote information, is available in the
Senate Principal Clerk's Office**