"Hospital community benefits" are hospital activities that improve community health, including:

- Free, discounted, or under-reimbursed care (e.g., Medicaid services)
- Community health improvement services and operations
- Subsidized health services
- Research
- Health professions education
- Cash and in-kind contributions for community benefit

In general, nonprofit (NP) hospitals are expected to provide community benefits in exchange for tax exemption. The Affordable Care Act (ACA) requires federally tax-exempt hospitals to conduct community health needs assessments and adopt community benefit plans (called “implementation strategies”) at least every three years. Additional (and different) community benefit requirements may apply at the state level.

The Hilltop Institute’s Community Benefit State Law Profiles identify the community benefit requirements of each state by categories that reflect eight key federal community benefit requirements established by the ACA. In addition, the Profiles indicate the presence or absence in each state of three types of state tax exemptions for which NP hospitals may qualify.

Study Design

Researchers collected primary source data (i.e., relevant statutes and regulations of the 50 states) to identify state community benefit laws that address the same subject matter as eight key community benefit requirements of the ACA’s §9007 (26 USC 501(r)) and the presence or absence of exemptions from property, sales, and income tax that may apply to NP hospitals.