



Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

Final Fiscal Note

Drafting Number: LLS 22-0796
Prime Sponsors: Rep. Geitner

Date: June 24, 2022
Bill Status: Postponed Indefinitely
Fiscal Analyst: Annie Scott | 303-866-5851
Annie.Scott@state.co.us

Bill Topic: VISITATION REQUIREMENTS HEALTH CARE FACILITIES

Summary of Fiscal Impact:

- State Revenue
- State Expenditure
- State Transfer
- TABOR Refund
- Local Government
- Statutory Public Entity

The bill would have required health care facilities to permit visitors under the least restrictive state or local regulations, and allowed the Colorado Department of Public Health and Environment to enforce these requirements. The bill would have increased state expenditures on an ongoing basis.

Appropriation Summary: For FY 2022-23, the bill would have required an appropriation of \$78,127 to the Department of Public Health and Environment.

Fiscal Note Status: The fiscal note reflects the introduced bill. This bill was not enacted into law; therefore, the impacts identified in this analysis do not take effect.

Table 1
State Fiscal Impacts Under HB 22-1199

		Budget Year FY 2022-23	Out Year FY 2023-24
Revenue		-	-
Expenditures	General Fund	\$78,127	\$50,376
	Centrally Appropriated	\$16,739	\$11,837
	Total Expenditures	\$94,866	\$62,213
	Total FTE	0.9 FTE	0.6 FTE
Transfers		-	-
Other Budget Impacts	General Fund Reserve	\$11,719	\$7,556

Summary of Legislation

The bill requires that a health care facility allow patients and residents to have visitors under the least restrictive applicable state or local regulations, with priority given to immediate family members, members of the clergy, and individuals providing religious comfort. If a health care facility is found to be in violation of these regulations, the Colorado Department of Public Health and Environment (CDPHE) may issue a warning, and impose a civil penalty of at least \$500 if the violation is not remedied within 24 hours. If a health care facility is unable to accept visitors, it is required to develop alternate protocols to allow visitation to the extent possible. If these protocols are found to violate the regulations, the CDPHE may impose a civil penalty in an amount of at least \$500 for each violation.

Health care facilities must provide certain information about visitation rights to, at a minimum, patients and residents.

In addition, health care facilities must allow compassionate care visits. Compassionate care visitors may be required to complete and pass a health screening, and wear personal protective equipment.

Background

The CDPHE licenses and regulates approximately 3,620 health care facilities which includes prioritizing and investigating complaints made against health care facilities.

Assumptions

This fiscal note assumes that most health care facilities will comply with the requirements of the bill, but that there will be complaints filed against health care facilities that do not comply with these requirements. It is assumed that 1.5 percent of complaints will be related to this issue, equating to approximately 54 complaints being filed annually against health care facilities starting in FY 2022-23.

State Expenditures

The bill increases state expenditures in the CDPHE by \$94,866 in FY 2022-23 and \$62,213 in FY 2023-24, paid from the General Fund. Costs are assumed to be paid from the General Fund given the low available fund balance in the Health Facilities General Licensure Cash Fund, which is typically used to pay for the regulation of health facilities. The bill also increases workload for the Department of Human Services. These impacts are discussed below and shown in Table 2.

Department of Public Health and Environment. Beginning in FY 2022-23, CDPHE will require 0.9 FTE to conduct stakeholder engagement and update rules, and review, investigate and resolve visitation complaints filed against health care facilities as a result of this bill. Costs are adjusted for the General Fund pay date shift in the first year.

Department of Human Services. This bill may result in minimal policy changes or adjustments to practice in facilities operated by the Department of Human Services. The fiscal note assumes that this increased workload can be accomplished within existing appropriations.

Centrally appropriated costs. Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are shown in Table 2.

Table 2
Expenditures Under HB 22-1199

Cost Components	FY 2022-23	FY 2023-24
Department of Public Health and Environment		
Personal Services	\$64,650	\$43,504
Operating Expenses	\$1,215	\$810
Capital Outlay Costs	\$6,200	-
Travel	\$6,062	\$6,062
Centrally Appropriated Costs ¹	\$16,739	\$11,837
Total	\$94,866	\$62,213
Total FTE	0.9 FTE	0.6 FTE

¹ Centrally appropriated costs are not included in the bill's appropriation.

Other Budget Impacts

General Fund reserve. Under current law, an amount equal to 15 percent of General Fund appropriations must be set aside in the General Fund statutory reserve beginning in FY 2022-23. Based on this fiscal note, the bill is expected to increase the amount of General Fund held in reserve by \$11,719 in FY 2022-23 and \$7,556 in FY 2023-24, which decreases the amount of General Fund available for other purposes.

Effective Date

The bill was postponed indefinitely by the House Health and Insurance Committee on March 23, 2022.

State Appropriations

For FY 2022-23, the bill requires a General Fund appropriation of \$78,127 to the Department of Public Health and Environment and 0.9 FTE.

State and Local Government Contacts

Health Care Policy and Financing
Information Technology

Human Services
Public Health and Environment