

1 Amend printed bill, page 8, after line 21 insert:

2 "SECTION 4. In Colorado Revised Statutes, **add** 25.5-4-216 as
3 follows:

4 **25.5-4-216. Report on impact of hospital facility fees in**
5 **Colorado - definitions.** (1) AS USED IN THIS SECTION:

6 (a) "AFFILIATED WITH" HAS THE MEANING SET FORTH IN SECTION
7 6-20-102 (1)(a).

8 (b) "CPT CODE" HAS THE MEANING SET FORTH IN SECTION
9 25.5-1-204.7 (1)(d).

10 (c) "FACILITY FEE" HAS THE MEANING SET FORTH IN SECTION
11 6-20-102 (1)(c).

12 (d) "HEALTH-CARE PROVIDER" HAS THE MEANING SET FORTH IN
13 SECTION 6-20-102 (1)(e).

14 (e) "HEALTH SYSTEM" HAS THE MEANING SET FORTH IN SECTION
15 10-16-1303 (9).

16 (f) "HOSPITAL" HAS THE MEANING SET FORTH IN SECTION 6-20-102
17 (1)(i).

18 (g) "OWNED BY" HAS THE MEANING SET FORTH IN SECTION
19 6-20-102 (1)(n).

20 (2) ON OR BEFORE DECEMBER 1, 2023, THE STATE DEPARTMENT
21 SHALL ISSUE A REPORT DETAILING THE IMPACT OF FACILITY FEES ON THE
22 COLORADO HEALTH-CARE SYSTEM, INCLUDING THE IMPACT ON
23 CONSUMERS, HEALTH-CARE PROVIDERS, AND HOSPITALS. IN DEVELOPING
24 THE REPORT, THE STATE DEPARTMENT SHALL CONTRACT WITH AN
25 INDEPENDENT THIRD PARTY TO CONDUCT ACTUARIAL RESEARCH OR
26 ECONOMIC MODELING TO IDENTIFY AND EVALUATE THE IMPACT OF
27 FACILITY FEES.

28 (3) THE REPORT SHALL INCLUDE:

29 (a) DATA FROM PLAN YEARS 2017 THROUGH 2022 FROM THE
30 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE AND OTHER SOURCES
31 FOR ALL PAYERS THAT REIMBURSE FACILITY FEES, INCLUDING, BUT NOT
32 LIMITED TO:

33 (I) THE NUMBER OF PATIENT VISITS FOR WHICH FACILITY FEES
34 WERE CHARGED;

35 (II) THE TOTAL ALLOWED AMOUNTS COLLECTED IN FACILITY FEES;

36 (III) THE TOP TEN MOST FREQUENT CPT CODES AND THE TOP TEN
37 CPT CODES WITH THE HIGHEST TOTAL ALLOWED AMOUNTS FROM FACILITY
38 FEES; AND

39 (IV) MEDIAN ALLOWED AMOUNTS, TWENTY-FIFTH AND
40 SEVENTY-FIFTH PERCENTILE ALLOWED AMOUNTS, AND THE PERCENTAGE

1 OF CLAIMS AND VOLUME OF CLAIMS WITH NO ALLOWED AMOUNTS;
2 (b) AN ANALYSIS OF THE IMPACT OF FACILITY FEES ON:
3 (I) PATIENT COST SHARING AND ANY VARIATION BASED ON PAYER
4 TYPE;
5 (II) EMPLOYERS;
6 (III) THE COST OF HEALTH-CARE SERVICES RENDERED BY
7 INDEPENDENT HEALTH-CARE PROVIDERS;
8 (IV) THE COST OF HEALTH-CARE SERVICES RENDERED BY
9 HEALTH-CARE PROVIDERS AFFILIATED WITH OR OWNED BY A HOSPITAL OR
10 HEALTH SYSTEM, INCLUDING HEALTH-CARE PROVIDERS AFFILIATED WITH
11 OR OWNED BY AN ACADEMIC MEDICAL CENTER;
12 (V) HEALTH INSURANCE PREMIUMS; AND
13 (VI) VERTICAL INTEGRATION AND CONSOLIDATION BY HEALTH
14 SYSTEMS AND PRIVATE EQUITY FIRMS;
15 (c) A DESCRIPTION OF THE WAY IN WHICH HEALTH-CARE
16 PROVIDERS MAY BE PAID OR REIMBURSED BY MEDICARE AND COMMERCIAL
17 HEALTH INSURANCE CARRIERS FOR OUTPATIENT HEALTH-CARE SERVICES
18 WITH OR WITHOUT FACILITY FEES:
19 (I) AT ON-CAMPUS LOCATIONS;
20 (II) AT OFF-CAMPUS LOCATIONS BY HEALTH-CARE PROVIDERS
21 AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM; OR
22 (III) AT OFF-CAMPUS LOCATIONS BY INDEPENDENT HEALTH-CARE
23 PROVIDERS NOT AFFILIATED WITH OR OWNED BY A HOSPITAL SYSTEM; AND
24 (d) CONSIDERATIONS OF WHETHER ADDITIONAL MEASURES MAY
25 BE TAKEN TO ENSURE CONSUMER AFFORDABILITY, PROMOTE COMPETITION,
26 AND PREVENT ADVERSE IMPACTS OF HEALTH-CARE CONSOLIDATION ON
27 INDEPENDENT HEALTH-CARE PROVIDERS AND HEALTH-CARE CONSUMERS.
28 THE DEPARTMENT OF LAW MAY ALSO MAKE POLICY RECOMMENDATIONS
29 RELATED TO FACILITY FEES.
30 (4) IN DEVELOPING THE REPORT, THE STATE DEPARTMENT SHALL
31 CONSULT WITH, AT A MINIMUM, THE FOLLOWING STAKEHOLDERS:
32 (a) HEALTH-CARE CONSUMERS AND CONSUMER ADVOCATES;
33 (b) HOSPITALS AND HEALTH SYSTEMS;
34 (c) HEALTH-CARE PROVIDERS AFFILIATED WITH OR OWNED BY A
35 HOSPITAL OR HEALTH SYSTEM; AND
36 (d) INDEPENDENT HEALTH-CARE PROVIDERS NOT AFFILIATED WITH
37 OR OWNED BY A HOSPITAL OR HEALTH SYSTEM.
38 (5) THE STATE DEPARTMENT MAY INCLUDE IN THE REPORT
39 INFORMATION FROM THE STATE DEPARTMENT, THE DEPARTMENT OF LAW,
40 STAKEHOLDERS, PUBLICLY AVAILABLE DATA SOURCES, AND HOSPITALS
41 AND HEALTH SYSTEMS IN ACCORDANCE WITH SUBSECTION (3) OF THIS
42 SECTION; EXCEPT THAT ANY INFORMATION THE STATE DEPARTMENT
43 RECEIVES THAT IS PROPRIETARY OR CONTAINS TRADE SECRETS MAY NOT

1 BE MADE PUBLIC.
2 (4) (a) THE STATE DEPARTMENT SHALL WORK WITH THE
3 ALL-PAYER CLAIMS DATABASE TO IDENTIFY DATA, INCLUDING DATA FROM
4 THE HOSPITAL EXPENDITURE REPORT, AS DESCRIBED IN SECTION
5 25.5-4-402.8, THAT MAY BE USED TO UNDERSTAND FACILITY FEES.
6 (b) EACH HOSPITAL LICENSED PURSUANT TO PART 1 OF ARTICLE 3
7 OF TITLE 25, OR CERTIFIED PURSUANT TO SECTION 25-1.5-103 (1)(a)(II),
8 SHALL MAKE INFORMATION AVAILABLE TO THE STATE DEPARTMENT FOR
9 PURPOSES OF PREPARING THE REPORT; EXCEPT THAT THE STATE
10 DEPARTMENT SHALL NOT REQUIRE A HOSPITAL OR HEALTH SYSTEM TO
11 RESHARE INFORMATION ALREADY RECEIVED BY THE STATE DEPARTMENT.
12 (c) IF NECESSARY TO FULFILL THE REPORTING REQUIREMENTS OF
13 THIS SECTION, THE ATTORNEY GENERAL MAY ISSUE A CIVIL INVESTIGATIVE
14 DEMAND REQUIRING A STATE DEPARTMENT, CARRIER AS DEFINED IN
15 SECTION 10-16-102 (8), HOSPITAL, HEALTH SYSTEM, OR HEALTH-CARE
16 PROVIDER TO FURNISH MATERIALS, ANSWERS, DATA, OR OTHER RELEVANT
17 INFORMATION.
18 (d) A PERSON OR BUSINESS SHALL NOT BE COMPELLED TO PROVIDE
19 TRADE SECRETS, AS DEFINED IN SECTION 7-74-102(4).".

20 Renumber succeeding section accordingly.

** ** ** ** **