

House Health & Insurance

03/24/2023 Upon Adjournment

HB23-1215 Limits On Hospital Facility Fees

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Melissa Sinclair Against themselves	<p>I am an employee of the University of Colorado School of Medicine. I am in charge of the Department of Psychiatry which employs over 750 providers, trainees, and staff practicing in multiple locations including at University of Colorado Hospital and Children's Hospital Colorado. As a result of the mental health crisis in the state of Colorado our department has grown exponentially in size, in part due to the support of our hospital partners. We are able to train more providers (MDs, PhDs, LCSWs, LPCs, APPs, etc) to meet the mental health needs in our community as well as provide increased direct patient care. The passage of this bill would GREATLY affect our ability to provide these services and train the next generation of providers. Our hospital partners would not be able to support our services which are not fully covered by insurance payments. Our ability to see patients and thus train providers of all disciplines would be severely curtailed. This bill would be devastating to mental health in the State of Colorado, which already has a pediatric mental health crisis. This bill will not just limit our ability to help children and families, it will eliminate services. The downstream effects of this bill will be catastrophic to the school of medicine and across the state as we see healthcare facilities close their doors to outpatient care. I anticipate that my department alone could reduce in size by half and will only be able to provide inpatient levels of care, which also limits the educational experience of our trainees. This means that more patients seeking mental health care will need to pay out of pocket in community private practices. This is unattainable for most people. Not only are there a shortage of providers but out of pocket expenses for those services usually start at \$250/hour. Providers in the community do not often take insurance due to the abysmally low rates. The winners in this bill appear to me to be the insurance companies who are unlikely to reduce their premiums despite paying even less for patient care. The healthcare crisis in this country is complex and requires thoughtful and comprehensive solutions which address issues such as insurance regulations and payments, the high cost of education for providers, and the increasingly complex systems that are created to provide high quality care and survive in this environment. If you value access to care, especially mental health care, please vote no on House Bill 1215!</p>

<p>Stephanie Vetter</p> <p>Against themselves</p>	<p>Please understand that passing this bill will diminish healthcare across the state of Colorado. Healthcare that many have worked so hard to establish and maintain, not only as patients, but as caregivers.</p> <p>While it may seem that facility fees are an unnecessary 'extra' cost, that couldn't be further from the truth.</p> <p>Facility fees cover the salaries of healthcare professionals at the front desk checking patients in, medical assistants that complete the intake process, RN's that assist in procedures, professionals in billing that make sure statements are accurate, supplies that are used in the exam room and sent home with the patient, custodians of the facility, and many more that I am probably overlooking.</p> <p>If you want to rename it so there isn't confusion about what the fee supports, feel free, but please do not decrease the quality of care that my family will receive by limiting hospital facility fees.</p>
<p>Alexandra Reyes</p> <p>For Young Invincibles</p>	<p>Thank you members of the committee for your time today. My name is Alexandra Reyes, I use she/her pronouns, and am a Policy Fellow at Young Invincibles, an organization committed to uplifting young adult voices.</p> <p>The cost of healthcare for young adults continues to rise and affects marginalized individuals disproportionately. There are still many without health insurance and those with health insurance still experience high out of pocket costs.</p> <p>No one is denying it costs money to pay our providers and run hospitals, but consumers are the ones being burdened by the costs of health systems' lost investment revenue. Facility fees are showing up on consumer bills even when they receive services at locations other than the hospital. This includes clinics owned by the hospital and telehealth. Consumers are not made aware of these fees so they are being given bills they were unprepared to receive. Low-income individuals can not afford to pay costs they were not expecting, causing more to take on medical debt.</p> <p>Healthcare continues to be inaccessible to young adults with many citing cost as their main barrier. Healthcare access is essential for maintaining physical and mental well-being. Without good health, it is difficult to succeed with higher education and work. This further leads to worsened outcomes.</p>

	<p>I ask you to vote yes today on HB23-1215 so healthcare can become more accessible and transparent for our young adults. This bill will produce the research we need to address the negative impact of surprise facility fees.</p> <p>Thank you.</p>
<p>Emmaly Perks Against themselves</p>	<p>Dear Legislators,</p> <p>I am writing to you today to strongly oppose the proposed legislation limiting hospital facility fees. As an employee of the University of Colorado's School of Medicine, I am acutely aware of the numerous important services that these fees support, including my own role in training future behavioral health providers, and the work of my entire team.</p> <p>I understand we work within a broken health system and I am the first to advocate for reform, but limiting hospital facility fees without asking insurers to reduce out-of-pocket maximums will not have the desired effect of reducing costs to consumers. Instead, limiting facility fees will reduce behavioral health access for the poorest citizens in our rural communities where our outpatient clinics are supported entirely by facility fees. Consumers will simply pay what they have always paid, and insurers will be off the hook for adequately reimbursing the cost of treatment. Facility fees are not about lining the pockets of executives; facility fees pay for our nurses, buildings, schedulers, peer navigators, child life specialists, and the services that make our healthcare system accessible to all Coloradans.</p> <p>During a time when behavioral health care and physical healthcare are more important than ever, at a time when we are critically understaffed and already struggling to meet the healthcare demands of the community, the proposed legislation would all but destroy our ability to care for the most vulnerable in our communities. Please vote "no" on this legislation—we need greater access to care, not less.</p> <p>Thank you, Emmaly Perks</p>
<p>Lauren Wood Against</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans, which is unfortunately already a large concern, especially for the pediatric population with which I work. As your constituent, I respectfully ask you to</p>

<p>themselves</p>	<p>vote no on this legislation. House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services. Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies. This is already a devastating problem in pediatric mental health care, where we desperately need to increase access to quality outpatient care. Because mental health care appointments are already reimbursed at low rates, elimination of facility fees would be detrimental to our ability to continue to provide services in an outpatient setting.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no; we can still work toward better.</p>
<p>Tu Nguyen Against themselves</p>	<p>Tu Nguyen, BS, BSN, MSN, RN, FNP-C HB23-1215 Testimony in OPPOSITION House Health & Insurance Committee Madame Chair, Representative Daugherty March 23, 2023</p> <p>I am reaching out to you as a Nurse Practitioner working in a Burn Clinic in the ambulatory setting. Caring for patients in the ambulatory setting is different from admitting the patient for hospitalization and is therefore directly impacted by HB23-1215. Many of our patients are mostly independent, living at home, or undomiciled who require preventative or urgent care in order to return to living their lives before their injury. The work done in ambulatory clinics represents a vital aspect of care to keep healthcare accessible. It is as important to support patients outside of the hospital as it is to support those requiring admission. Services provided in ambulatory care prevent unnecessary admissions, decrease long stays away from home with earlier discharges, and open already crowded</p>

	<p>hospital beds to those who truly need them. Therefore, access to clinic care translates to improved access to care and reduced healthcare cost for patients and payors but is not free.</p> <p>Please note the work described above is directly supported by the facility fee this House Bill proposes to limit. If you take away the facility fee, you are taking away our ability to care for our patients and pay staff who have families of their own. For example, many clinics are provider-based and provide care for a large number of low income patients, those with Medicaid or no insurance at all. The facility fee is the only fee that covers the large care team outside of the provider such as social workers, nurses, security officers, the registration team, housekeeping, pharmacists, case managers, behavioral health staff, outpatient surgery schedulers, staff obtaining insurance authorization, and many others. Each of these team members has a unique role and is called upon for the care of our patients every single day. Without these fellow team members, I cannot provide the care needed for my complicated patients.</p> <p>I am asking for you to oppose this misguided bill. This policy will not help patients but could harm them as a result of restricting access to their care. Please vote NO on HB23-1215. Let us find a different way to make healthcare more affordable.</p> <p>Thank you in advance for your support,</p> <p>Tu Nguyen Thornton Resident, APRN and Voter</p>
<p>Steven Huffman Against themselves</p>	<p>Access to Mental Health resources is critical to many of the issues that our state and citizens are confronted with on a daily basis. HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the</p>

	<p>salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Randal Pyers Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting "facility fees." The term "facility fee" is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of</p>

	<p>integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Brenna Rauen</p> <p>Against themselves</p>	<p>I am Brenna Rauen, the Director of Clinical Engineering for the Southern Region of UHealth. I am writing this testimony in opposition to HB23-1215 Limits on Hospital Facility Fees.</p> <p>My team oversees all medical equipment maintenance for all UHealth facilities south of Denver. This includes four hospitals, over 74 off-sites, 4 Free Standing Emergency Rooms, and three sizeable medical office buildings. At the time I am writing this, our current inventory of devices maintained is over 21,000 that come into direct contact with community members. When you hear this number, remember that my region is the smallest of the three regions within our health system. The numbers I speak to above are multiplied tremendously in the other regions UHealth covers, as the Southern Region is currently the smallest in the system.</p> <p>I am a facility fee. All medical devices require a degree of maintenance, whether software upgrades, preventative maintenance, or corrective maintenance, for when the device quits working correctly. If the state chooses to adopt this bill, the funding that supports my team would be greatly impacted. It would mean longer downtimes for equipment when it breaks due to a likely impact on staffing and available funding.</p> <p>I would also like to look at this through a more personal lens. As a mom of a daughter with Juvenile Arthritis, who is seen at an outpatient facility regularly, I am not willing to bet her care on the hope that this bill will not impact her care plan. It absolutely will. When you take away this funding, and suddenly there is less staff to support these clinics, less staffing means fewer available appointments and fewer appointments mean individuals with chronic illnesses such as arthritis, that need constant care, will not have the access they need or deserve. Today's society speaks of a world where patients demand respect, attention, and equal access to care. This bill will remove that option in its entirety.</p> <p>As you consider your stand on this bill, please consider your voters' best interests. So many politically charged issues are now in front of our nation that strive to divide our country. As a mom and a medical professional, I cannot see how this benefits either side of the aisle. Please think carefully about what this means for care access and our state's healthcare facilities to care for our population effectively and equally.</p>

	<p>Thank you for your time</p> <p>Brenna E. Rauen</p>
<p>Amy Dreier</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. It is my opinion that the most vulnerable Coloradans- those who can't afford to pay out of pocket for private practice mental health care and those without insurance- will be hurt the most by this legislation, including already minoritized communities.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Jessica Hawks</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p>

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<p>Mandy Holland Against University of Colorado Medicine</p>	<p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting "facility fees." The term "facility fee" is a misnomer. By eliminating hospital services</p> <p>charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of</p>

	<p>integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Chelsea Hansen Against themselves</p>	<p>As a staff member and administrator for the Psychiatry department at the University of Colorado Denver Anschutz Medical Campus, this bill is very alarming to me and my colleagues. It is presented as if the facility fees are a junk fee that line the provider's pockets. In reality, those facility fees pay for all of us who are not the providers. The medical assistants, the receptionists, the patient advocates, etc. Without those fees, many of us would be laid off - not just in the psychiatry department, but within the CU health system. Our outpatient clinics would have reduced scope and amount of patients they would be able to see - you can't get in to see a provider unless there is someone there to manage the schedule and make sure you get the best possible care.</p> <p>I can speak best on the UHealth system and the impact this would have on us. There are smaller communities where UHealth and outpatient clinics are the only things they have - we would not have the capacity to run these any longer. Clinics would close. Thousands of CU employees would be laid off. Patient access would not be any cheaper - provider fees would have to be increased to cover the small amount of staff they could keep. Emergency Care and inpatient would be the only available options which come with higher costs and more burden on patients, physically, emotionally, and mentally.</p> <p>Our ability to train and support our residents, the next upcoming group of providers, would be severely limited as well. We would not longer have the funds to support the staff that support them - a requirement to complete and thrive in their residency. We do not receive enough money from the state to support residents on those funds alone.</p> <p>As your constituent, I respectfully ask you to vote no on this legislation. My colleagues and I as admins and staff are the backbone of provider operations and advocate for patients and their access. We are all very concerned about losing our jobs if this passes. I agree the fees should be more straightforward and transparent upfront with patients. But, again, you will not be able to see a provider if their office no longer exists and there's no one there to answer the phone, take your vitals, advocate for</p>

	<p>you. Please do not lay thousands of us off for something that will make patient access even harder and limited.</p>
<p>Shanna Trott Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans.</p> <p>As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. This bill would impact my livelihood, my job, and my access to affordable mental health care through the University of Colorado. These fees help us to support medical professionals, and increase access to affordable care for everyone in our state. This bill is not the answer and could drastically impact my livelihood as a low income, Black Coloradan.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p> <p>Sincerely,</p> <p>Shanna Trott</p>

<p>Lindsey Hedges Amend themselves</p>	<p>I am opposed to the limitation of facility fees due to the negative impact this will have on outpatient clinics' ability to fund basic services such as nursing care.</p> <p>Limits placed on facility fees may lead to staffing cuts or closures, which will negatively impact the population these clinics serve, many of whom are uninsured or Medicaid patients who do not have abundant options to seek care elsewhere. This may lead to more emergency department utilization which is counterintuitive to the goal of cost-effective health care.</p> <p>I support the following amendments to the bill:</p> <ul style="list-style-type: none"> - Commission of a study on facility fees to understand how coverage works, patients' overall understanding of facility fees, and the potential impact of facility fees on healthcare systems -Provide more patient notice about facility fee charges <p>Thank you for your consideration.</p> <p>Lindsey Hedges, RN</p>
<p>Kristin Owens Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting "facility fees." The term "facility fee" is a misnomer. By eliminating hospital services</p> <p>charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of</p> <p>integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>

<p>RaeAnn Huffman</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Aviva Olsavsky</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services. Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies. This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>

<p>Haley Huffman</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies. This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Anna Belyavskaya</p> <p>Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Noelle Whitney</p> <p>Against</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Colorado residents. These "facility fees" would significantly impact the ability of hospitals to pay for the salaries of nurses, pharmacists, interpreters, and</p>

<p>themselves</p>	<p>social workers. As a pediatric psychologist working in multidisciplinary clinics for children with medical complexities, HB23-1215 would result in a dramatic reduction in access to both mental and physical healthcare services. I respectfully ask you to vote "no" on this legislation.</p>
<p>Lily Luo Against themselves</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans, especially folks who are from underrepresented backgrounds and communities. Folks who are refugees. Folks who don't predominantly speak English, and struggled with the language barriers.</p> <p>As your constituent, I respectfully ask you to vote NO on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting "facility fees."</p> <p>The term "facility fee" is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists, social workers, and other categories of providers that offer services in physical, behavioral, and mental health. Facility fees also pay for maintenance on equipment and keep the lights on. Both are very crucial to a functional facility.</p> <p>As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services on all levels and for all Coloradans.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. There have been studies on how more integrated teams within the healthcare system benefits the patients and their families. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>This bill would also impact my livelihood, my job, and my access to affordable mental health care and insurance through the University of Colorado. These fees help us to support medical professionals, and increase access to affordable care for everyone in our state. This bill is not the answer and could drastically impact my livelihood as a low income, first generation, Chinese immigrant Coloradan who will be supporting two elderly parents on her insurance plan. While there are very real challenges</p>

	<p>of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Christina Slee Against themselves</p>	<p>I am writing to you to communicate my concerns about HB23-1215. I accepted a job with UCHealth in January 2022 after working in healthcare for 24 years in Sacramento, CA. California has a robust outpatient infrastructure that is designed to serve its most vulnerable patients through whole person care and population health. This includes developing systems of care that follow patients longitudinally to connect them to community agencies and services that can help them achieve better health outcomes. I understand that healthcare is organized differently in Colorado, but I am certain our state will have difficulty addressing the care of our highest-risk patients if we sacrifice our ambulatory infrastructure with bills like HB23-1215.</p> <p>I’m sure you have a basic understanding of the healthcare landscape and why public and private payers want to see health care quality and costs managed more effectively. To do this, health systems are having to modernize their practices to address the health of populations in value-based care models. This requires developing actionable clinical data, robust information technology, and highly coordinated clinical workflows to mitigate the risk for poor outcomes. In my view, this can only happen by adding resources to support ambulatory care redesign, which may include hiring new or retraining existing care managers, social workers, health educators, patient navigators, and front-line clinic staff. These outpatient teams will be the ones responsible for using actionable clinical data to ensure patients are up to date on screenings, immunizations, and chronic disease management encounters. By necessity, clinics will transition from episodic to longitudinal care. By design, we will see less use of inpatient services and more demand and stress on our outpatient providers. Why would we rob our ambulatory partners of the resources they need to evolve and succeed?</p> <p>The facility fees are critical to ensuring outpatient settings have the staffing and resources they need to deliver high-quality care. I do understand the spirit of the bill with respect to providing consumer protections in health care. I can’t disagree with the importance of that, but I do urge you to consider the impacts of abolishing facility fees as we work to develop the most modern, highest-functioning systems of care for the sake of the patients we treat and manage every day in Colorado.</p>
<p>Shaleeta Flagg Against</p>	<p>HB23-1215 will greatly limit access to mental healthcare for all Coloradans. As</p>

<p>themselves</p>	<p>your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p> <p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.</p> <p>While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p>
<p>Haley Osborn Against themselves</p>	<p>As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>House Bill 23-1215 would ban most outpatient hospital services by prohibiting “facility fees.” The term “facility fee” is a misnomer. By eliminating hospital services charges, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists, and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.</p>

	<p>Instead, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies.</p> <p>This bill doesn't account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of</p> <p>integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs. This bill would impact my livelihood, my job, and my access to affordable mental health care through the University of Colorado. These fees help us to support medical professionals, and increase access to affordable care for everyone in our state. This bill is not the answer and could drastically impact my livelihood as a low-income, Coloradan.</p> <p>While there are very real challenges to healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.</p> <p>Sincerely, Haley Osborn</p>
<p>Kelly Bianucci</p> <p>Against</p> <p>The Child and Family Therapy Center of Denver</p>	<p>Dear Honorable Members of the Colorado State Legislature,</p> <p>I am writing to express my deep concerns regarding House Bill 23-1215, and its potential impact on our mental health clinic, The Child and Family Therapy Center of Denver. Our clinic is dedicated to providing critical care to children and families in our community who are covered by Medicaid and HCBS Waivers. We are currently treating over 600 unique Medicaid and HCBS Waivers members and employ 30 mental health professionals.</p> <p>Our clinic works closely with hospitals, particularly Children's Hospital, to provide integrated care and ensure that our patients receive the best possible treatment. We believe that our work with the hospital system will become even more important in the next 2-3 years as we adapt to value-based payments. However, the passage of House Bill 23-1215 could make it challenging for our clinic to partner with hospitals and provide integrated care to our patients.</p>

	<p>If this bill passes, it would have devastating consequences for the families that we serve. The mental health services that we provide are critical to the health and well-being of our patients, and we believe that it is our duty to provide them with the best possible care. The potential loss of jobs for our 30 employees and the loss of access to our services for over 600 families would be a significant setback in our ongoing efforts to improve mental health outcomes for vulnerable members of our community.</p> <p>In conclusion, I strongly urge you to reconsider and reject House Bill 23-1215. We believe that mental health services should be strengthened and supported in our state, particularly those that serve Medicaid and HCBS Waivers members. We hope that you will consider the critical role that our clinic plays in providing mental health services to those in need and that you will work with us to continue to provide the best possible care to our patients.</p> <p>Thank you for your attention to this matter.</p> <p>Sincerely, Kelly Bianucci Operating Chair, The Child and Family Therapy Center of Denver</p>
<p>Danielle Everett Against herself</p>	<p>**You will have only 2-3 minutes to present your testimony</p> <p>Danielle Everett HB23-1215 Testimony in OPPOSITION House Health & Insurance Committee Madame Chair, Representative Daugherty March 17, 2023</p> <p>Madame Chair and members of the committee - thank you for the opportunity to speak today.</p> <p>My name is Danielle Everett, and I have been the IT Epic Training team & a Hospital Billing Trainer for UHealth for 7 years. Today I'd like to discuss my concerns with HB23-1215,</p> <p>As a Hospital Billing Trainer, one of the topics I cover is how facility charges and professional charges are</p>

	<p>accumulated and billed. Each department is its own revenue center and we therefore must track the expenses</p> <p>and revenues back to those departments. Providers document the services and care being provided to the</p> <p>patient. Behind the scenes those charges are split between our Hospital Billing and Professional Billing</p> <p>departments and will go out on two separate standardized Universal Insurance Claim forms. The Hospital</p> <p>Billing UB-04 Claim form holds all of the Facility Fees: Bed charges, labs, imaging, medications, bandages, etc.</p> <p>and the Provider Fees which = the Doctors TIME go out on a separate claim form all together through</p> <p>Professional Billing called the CMS-1500 Claim form. This is also why patients may see two separate bills: one</p> <p>for the Facility fees-for procedures, services and care provided and one for the Professional Fees, or Doctors</p> <p>Time.</p> <p>ADDITIONAL POINTS TO CONSIDER:</p> <p>Hundreds of employees work behind the scenes to support our hospital and outpatient clinics from Billing, to</p> <p>customer service, scheduling, IT and much more—and provide a major contribution to the overall patient</p> <p>standard of care. The Hospital should and must charge for the services that are being provided and that are</p> <p>instrumental in the standard of patient care during their visit. The Doctors time is one ONE piece of the care of</p> <p>the patient.</p> <ul style="list-style-type: none">• My coworkers and I train and support thousands of our staff who document in the EHR and keep it <p>running smoothly. Without the ability to charge for Facility Fees, our positions would likely be</p> <p>eliminated.</p> <p>CLOSING</p> <ul style="list-style-type: none">• I am gravely concerned that this bill would cripple the hospital system in Colorado.
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	<ul style="list-style-type: none"> • I urge you to vote no on this bill. <p>Thank you for your time,</p>
<p>Dewane Pace Against Haxtun Hospital District</p>	<p>Committee Testimony by Dewane Pace, CEO of Haxtun Health in Opposition to HB 1215 – The Facility Fees Bill</p> <p>Chairwoman Daugherty and Members of the Health and Insurance Committee. Thank you for allowing me to testify today.</p> <p>My name is Dewane Pace and I am the CEO of Haxtun Hospital, the best little hospital in Haxtun, Colorado – which is located near the Nebraska border. I am also the Chairman of the Eastern Plains Healthcare Consortium, which is a group of 12 rural and frontier hospitals in eastern Colorado.</p> <p>I rise in strong opposition to House Bill 1215 today.</p> <p>The bill would eliminate 49% of Haxtun Health’s finances.</p> <p>Our hospital would close.</p> <p>A 150 jobs would be lost in a small community of 900 people. The economic impact would be devastating.</p> <p>There has been discussion about a “rural carve-out” and amendment so my hospital would not be affected. While this sounds nice, it is a false pretense.</p> <p>A carve out still eliminates a monthly payment we receive to offset the cost of care called the CHASE (Colorado Healthcare Affordability and Sustainability Enterprise). The CHASE payments help our hospital stay open and account for 20% of our finances. As a result, my hospital would still close.</p>

	<p>Unless the State of Colorado is willing to backfill \$430 million dollars to the General Fund to offset this impact, we would suffer a 20% loss of revenue.</p> <p>Additionally, a rural carve out still harms our partner hospitals that provide a higher level of care such as a NICU, ICU, Heart Cath Labs, and Stroke Centers.</p> <p>For example, when a helicopter takes off from Haxtun, Colorado to take someone to a hospital on the Front Range, we need those hospitals to be open and available to care for our patients.</p> <p>It is expensive to provide healthcare, but the answer is not to just stop paying hospitals. This is a bad bill and it needs to be defeated.</p> <p>Thank you for listening to my testimony.</p>
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Colorado Center
on Law and Policy

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March 23, 2023

House Health & Insurance Committee
Colorado General Assembly
200 E. Colfax Ave.
Denver, Colorado 80203

Re: HB23-1215 Limits on Hospital Facility Fees

Dear Madame Chair, Mr. Vice Chair, and Committee Members:

Thank you for the opportunity for the Colorado Center on Law and Policy (CCLP) to submit written testimony in strong support of House Bill 23-1215, Limits on Hospital Facility Fees. CCLP is a nonprofit organization dedicated to the fight against poverty in Colorado. As part of this work, CCLP fights to promote access to affordable health care for low-income Coloradans. Facility fees are concerning to CCLP because high, unexpected out-of-pocket medical costs threaten households' economic stability and prevent Colorado patients from accessing needed health care.

Coloradans need and deserve more transparency and guardrails when it comes to health care costs. The majority of Coloradans report uncertainty about their ability to pay for even routine health care expenses.ⁱ And nearly 4 in 10 Americans report they would not be able to cover an unexpected \$400 expense without taking measures such as incurring credit card debt or borrowing money from friends or family.ⁱⁱ Facility fees routinely exceed \$400, placing everyday Coloradans at risk of financial distress and its many cascading impacts.

Further, despite inflation and fluctuations in the market, Colorado hospitals' finances remain remarkably healthy, according to data from the Colorado Department of Health Care Policy and Financing published earlier this year.ⁱⁱⁱ In Q3 of 2022, Colorado hospital systems reported robust cash-on-hand reserves, including Centura Common Spirit (\$15.2 billion), Centura Advent (\$6.3 billion), SCL/Intermountain (\$11.1 billion), Banner Health (\$8.7 billion), and UCHealth (\$5.1 billion). The size of these reserves — even following a decrease in profits in 2022 due to investment losses felt across industries — can be attributed to the staggeringly high profits that Colorado hospitals, including nonprofit hospitals, have reported in recent years. For example, in 2021, in the midst of the COVID-19 pandemic, nonprofit hospital Centura Common Spirit reported \$3.0 billion in profits; SCL reported \$2.2 billion in profits; and UCHealth reported \$1.1 billion in profits. These data indicate that it simply not necessary for hospitals to charge patients facility fees for preventative care visits and telehealth visits in order to “keep the lights on.”



HB23-1215, with its proposed amendments, would gather critical data about facility fees, promote transparency in a uniquely opaque industry, and establish common-sense protections from unexpected fees charged for telehealth and preventative services. The bill is an important step towards a health care system that works for working Coloradans.

CCLP emphatically urges the Committee to vote yes on HB23-1126. Thank you for your time and attention.

Sincerely,

Julia Char Gilbert
Connelly Policy Advocate
Colorado Center on Law and Policy

ⁱ Perry Udem and Robert Wood Johnson Foundation. *Results from a Statewide Survey: How Coloradans Feel about Affordability and Healthcare Reform*. March 2022.
<https://cohealthinitiative.org/wp-content/uploads/2022/03/CO-affordability-survey-brief-2022.pdf>

ⁱⁱ Board of Governors of the Federal Reserve System. *Dealing with Unexpected Expenses: Report on the Economic Well-Being of U.S. Households in 2019*. May 2020.
<https://www.federalreserve.gov/publications/2020-economic-well-being-of-us-households-in-2019-dealing-with-unexpected-expenses.htm>

ⁱⁱⁱ Colorado Department of Health Policy & Financing. *Hospital Insights Bulletin 2023*. January 2023.
<https://hcpf.colorado.gov/sites/hcpf/files/Hospital%20Insights%20Bulletin%202023.pdf>

Friday, March 24, 2023
Colorado General Assembly
House Health & Insurance Committee
HB23-1215: Limits on Hospital Facility Fees

Good afternoon. I'm Don Elliman, Chancellor of the University of Colorado Anschutz Medical Campus. I would like to thank Chair Lindsey Daugherty, Vice Chair Chris deGruy Kennedy, and the Health and Insurance Committee. We are grateful for this opportunity. I am here today to testify in opposition to HB23-1215.

At the University of Colorado Anschutz Medical Campus, what we have built is a crown jewel of the state and the region – on par with the Mayo Clinic, Johns Hopkins and Stanford – and we've built it with a shared commitment to improving health in Colorado.

Our faculty train 4,500 learners in six health professional schools. Our scientists conduct breakthrough research with 4,000 clinical trials currently underway. We care for over 2 million patients each year, and serve families in every Colorado county. Throughout the COVID-19 pandemic, we led vaccine development and the public health response, and treated some of Colorado's sickest patients. We attract innovative companies that invest in our future and, together with our hospital partners, we are a major driver of the Colorado economy with an impact totaling \$8.5 billion annually.

An academic medical campus is a special place. Our mission not only spans education, research, patient care and community, but each mission area feeds and is fed by the others. We rely heavily on hospital financing to make this work possible, and impacts to one area are impacts to all. Indeed, impacts to CU Anschutz ultimately constitute impacts to the state of Colorado.

If passed, HB23-1215 would reverse our progress across the board. It would absolutely gut the University of Colorado Anschutz Medical Campus, and by extension the high-quality medical care, healthcare workforce and biomedical research so vital to our state.

This includes efforts to double our College of Nursing, starting with our Fort Lewis College partnership, and efforts to boost mental health care through initiatives like our Cherry Creek School District pilot program.

HB23-1215 would cut short promising research leading to treatments of tomorrow, like that underway at our nationally designated cancer center. This measure would hinder our ability to attract and retain top physicians, providers and faculty, and it would

impede our ability to provide an exceptional education to future doctors, nurses, pharmacists, dentists and public health leaders.

You'll hear more from John J. Reilly, Jr., MD, Dean of our School of Medicine. On behalf of all those we serve, we urge the committee to oppose this destructive measure. We welcome collaboration on reducing costs while sustaining the ability of the CU Anschutz Medical Campus to deliver on its full promise for Colorado.

Thank you.

Written Testimony for House Health and Insurance HB23-1215
Ben Los

Good afternoon Chair and members of the committee. I had intended to join you in person today, but the rescheduling of the hearing prohibited me from doing so.

My name is Ben Los, and I work as a high school teacher in Colorado Springs. I'm glad to have the opportunity to share my experience of how hospitals blatantly exploit Coloradans through their lack of billing transparency, keeping consumers like me uninformed until it's too late, so we suffer the consequences of their dishonest, surprise bills.

Consequently, I am here to express support for House Bill 1215 and ask for your yes vote on this bill.

Last September, my five-year-old son Alex began to show symptoms of absence seizures, so we took him to Rocky Mountain Pediatric Neurology, a clinic in Denver's Presbyterian/St. Luke's Hospital. We chose this distant location in Denver specifically because they claimed to be in-network with our insurance. We confirmed multiple times that we'd be covered, once over the phone and once also at their reception desk, since it was of the utmost importance for us to get Alex's exam at an affordable cost.

It was an ordinary-looking office clinic, in which a 90-minute appointment confirmed the seizures and we got a prescription for Alex. The following November, as expected, we received a bill from Rocky Mountain Pediatric Neurology for \$235 after insurance. We gladly paid this bill.

But then, two days later, we received a second, surprise bill from Presbyterian/St. Luke's for \$2518.50 with no explanation. We had to call the hospital and the insurance company multiple times to learn this was a "facility fee," for which the entire cost fell onto our shoulders, out of pocket. Call me crazy, but I'd assert that when the provider sends an astronomically high bill that the insurance company has no obligation to pay, it is a lie to state that you are "in network."

So why did this \$2500 bill exist? Well, through hours of phone calls with Presbyterian/St. Luke's, I was repeatedly told, "You pay the clinic staff with one bill, and then you pay *'the hospital'* with the facility fee bill," though no one, not even a higher up Director I managed to speak to, could reasonably explain this fee. He claimed the facility fee was to cover "equipment and supplies" in my son's exam, but he failed to state what specific supplies added up to \$2500. When I requested an itemized bill to understand how the \$2500 were reached, what I received included exactly one item, "EEG." Not very descriptive.

Beyond that, I don't have time to go over all of the hospital's imaginary, Dungeons-and-Dragons-style technical justifications for sending me an outrageous fee with no forewarning, but one of the greatest hits includes, "It's not technically a facility fee; it's a facility charge." *As if there'd be some kind of difference!*

When we exercise appropriate caution, do our research, and yet the hospitals are still able to sneak in these costs without any warning, I can't help but view the hospital as an adversary that tries to cheat us. They will defend this, saying there's a financial necessity to deceive consumers with their lack of transparency, even though St. Luke's parent organization HCA Healthcare reported a net income of \$3.5 billion in the first nine months of 2022. When that's the status quo, how can anyone expect me—or any other Coloradan—to trust our healthcare system at all?

As we know, I'm far from the only one who has been a victim of dishonest billing practices by a corporate hospital that brings in billions of dollars a year. Chair and members of the committee, I ask you: How many more working Coloradans will face financial hardship from these dishonest schemes? How much further will we allow Colorado's healthcare to slip into a profit-over-people system, while the people cynically come to terms with the shameless injustice of it all?

I appreciate your consideration of my testimony and respectfully urge you to vote yes on 1215.

Brittany Blass, MSPAS, PA-C
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 23, 2023

I am reaching out to you as a Physician Assistant working on a Burn team in an inpatient setting. Though I do not care for ambulatory patients myself, I work with a team who cares for Burn patients in the outpatient setting on a daily basis. Also, the patients I take care of in the inpatient setting then become patients of our outpatient team. Our Burn clinic is essential to proper functioning on the inpatient side. A properly run clinic helps keep our inpatient census reasonable and ensures we are only managing sick patients who require acute inpatient care.

Caring for patients in the ambulatory setting is different from admitting the patient for hospitalization and is therefore directly impacted by HB23-1215. Many of our patients are mostly independent, living at home, or undomiciled and require preventative or urgent care in order to return to living their lives before their injury. Without access to a Burn clinic, these patients would stress the inpatient healthcare system and many would likely not access care at all. Ambulatory care clinics are essential for the healthcare system to function as they prevent unnecessary hospital admissions, decrease long stays away from home with earlier discharges, and open already crowded hospital beds to those who truly need them. Therefore, access to clinic care translates to improved access to care overall and reduced healthcare cost for patients and payors, but is not free.

If this House bill passes, the work above will be greatly impacted and will prevent our patients from receiving care. If you take away the facility fee, you are taking away our ability to care for our patients and pay staff who have families of their own. The facility fee is the lone fee that covers the care team, including social workers, nurses, security officers, the registration team, housekeeping, pharmacists, case managers, behavioral health staff, outpatient surgery schedulers, staff obtaining insurance authorization, and many others. Without each of these team members, medicine would not exist as it does today. Without these fellow team members, we as providers cannot provide the care needed for our complicated patients.

Healthcare has been a challenging field to navigate over the last three years. Passing this misguided bill would be unjust not only to the staff whose jobs would be lost, but most importantly to the patients who would lose access to much-needed healthcare. In a time that many healthcare workers are experiencing continued burnout, passing this bill would undoubtedly deter future healthcare workers from entering the field.

Please vote NO on HB23-1215. This policy will not help patients but could harm them as a result of restricting access to their care. I agree that affordability of healthcare is a problem, but let us find a different way to solve this problem for our patients. This bill is not the answer.

Thank you in advance for your support,

Brittany Blass

Denver area PA-C and Voter

Good afternoon Madam Chair and members of the committee. My name is Brittany Tesso, and I am here today representing myself in support of House Bill 1215.

A few years ago, I brought my 3-year-old son to the doctor for a routine visit and we discussed some troubling developmental issues he was having. The doctor recommended we take him to a specialist. This was in 2021, when COVID rates were high, and I was eight months pregnant with my daughter. It was recommended we schedule a telehealth appointment with a few specialists who could observe my son playing with toys, eating his lunch, and other basic tasks over a video call.

When I received a bill for around \$600 a couple of weeks later, I thought it was pretty steep considering I have insurance, but I wasn't surprised. When I received a second bill for \$847 from Children's Hospital, I was sure it was a mistake since I had already paid the previous bill.

I laughed when I called Children's and was told this was a "facility fee" charged for a "visit" even though I never set foot near a facility and had already paid hundreds of dollars for services. I was told they must charge the facility fee to cover "hospital equipment."

Again, I never entered any facility to get care. The appointment for my son took place via a telehealth appointment – in our home, playing with his toys, and eating a lunch that I had prepared. Many of the doctors appeared to be at home on the call. The only equipment they used was a laptop.

I asked for an itemized bill to clearly break down the "facility fee" cost. They charged me several different billing codes, including egregious and irrational charges such as \$477 for a "swallowing evaluation" for the specialist observing my son eating in his own home via zoom.

My first experience with Children's Hospital made me wary, so later, when we were looking for a GI specialist for my son, I called Children's ahead of time and asked about the true cost of care. For a thirty-minute evaluation appointment, we were quoted a \$994.00 dollar facility fee. I was so glad I asked and shocked that such a short appointment in a regular old evaluation office could cost that much money. Luckily, I found an independent pediatric GI specialist who saw my son for a fraction of the cost.

I am now so wary of seeking medical care because of possible unexpected costs that I have put off caring for myself. I have put off going in for an echocardiogram because I know the hospital will tack on extra fees, and my family can't afford that right now. I have even taken on a part-time job for the extra income and extra insurance, which has been a challenge while caring for both of my young children, 5 and 1-½ years old.

Receiving one of these hospital bills, particularly in my situation, feels like we're being taken advantage of with no recourse. . We are expected to pay the gratuitous facility fees, even the ones we received for never having set foot in an actual facility, and not question it. However, when we do

question their validity, there is no one to turn to understand what the charges are for, but we are still expected to pay them. The truth is, these fees are unfair, unregulated, and need to be reigned in. There is no way to justify the costs of a facility fee as use of hospital equipment when you had a telehealth appointment. Limiting facility fees for telehealth visits where the patient never steps foot near a facility is a matter of common sense.

Lawmakers need to question hospitals who charge these fees and require transparency for patients. ; Without regulations and oversight, people will choose to forgo medical care or hemorrhage in medical debt despite doing everything right by having health insurance. Continuing to allow hospitals to charge these fees at their discretion will cause a domino effect, starting with people choosing to avoid healthcare for financial reasons, resulting in detrimental or terminal health issues. Our population will be greatly impacted by the financial burdens of healthcare, but we have an opportunity to get ahead of it and do what is right by passing this important bill.

Thank you for considering my testimony, and I urge you to vote yes on House Bill 1215.

**Testimony as Submitted in support of HB23-1215: Limits on Hospital Facility Fees by Hunter Nelson,
Policy Analyst at the Colorado Children’s Campaign**

House Health & Insurance Committee

Mar. 24, 2023, Upon Adjournment

HCR 0112

Dear Madam Chair and members of the committee,

My name is Hunter Nelson, and I am a Policy Analyst at the Colorado Children’s Campaign. Together with our partner organizations and communities across the state, we advocate for the development and implementation of data-driven public policy that improves child and family well-being. We fight for a world in which, without exception, public policies and investments remove barriers for most impacted children and families and improve well-being for every child and every family. The Children’s Campaign supports HB23-1215 “Limits on Hospital Facility Fees.”

Hospital facility fees place significant financial burdens on families with children and are increasingly being added to bills for diagnostic testing and routine health care. The National Academy of State Health Policy, a nonpartisan health policy organization, has done significant research on the detrimental impacts of hospital facility fees on patients, and even developed model legislation for states to adopt to limit these fees.¹ Facility fees for care for more serious health needs have increased by 77% nationally, and by 66% in Colorado.² These extra costs affect the financial security of Colorado families, which in turn affects the well-being of their children. This bill would improve transparency and support research on facility fees in Colorado. It also would prohibit facility fees from being charged for telehealth appointments, no-cost preventive services and primary care.

About 60% of Coloradans report that they do not think their health care costs are very affordable.³ More than 10% of Coloradans reported having trouble paying their medical bills in 2021. Facility fees exacerbate this issue. Coloradans who have less flexibility to choose when and where they go to the doctor are more likely to have to pay facility fees. Parents who do not get paid leave from their employers, many working in lower-wage jobs, are more likely to seek medical care at urgent care facilities and other hospital-affiliated clinics that are open at times when they do not have to be at work. This means they are even more likely to be burdened by expensive facility fees.

Families who seek care through telehealth are also subject to hospital facility fees. Families are often caught off-guard by a hospital facility fee tacked onto medical bills for telehealth visits because they were not physically present in a health care facility. This unexpected cost can be significant for low- and middle-income households.

¹ <https://nashp.org/nashp-model-state-legislation-to-prohibit-unwarranted-facility-fees/>

² [Shockingly High Facility Fees Create Financial Burden for Consumers – Colorado Consumer Health Initiative \(cohealthinitiative.org\)](https://cohealthinitiative.org/shockingly-high-facility-fees-create-financial-burden-for-consumers-colorado-consumer-health-initiative)

³ 2022 RWJF Health Care Affordability Survey.

The Children's Campaign has heard stories from people in our network about the financial and emotional strain that can result from facility fees. People are charged these fees when seeking both needed pediatric and perinatal care. We have heard of people delaying or skipping important care because of the potential for receiving a bill for a facility fee.

HB23-1215 takes critical steps toward further understanding the impact of hospital facility fees in Colorado, increasing access to care and reducing financial burden on families across Colorado. **Please vote yes on HB23-1215.**

Thank you,

Hunter Nelson

Hunter Nelson
Policy Analyst
Hunter@coloradokids.org

Christina Denton, RN, MSN
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 17, 2023

Madame Chair and members of the committee - thank you for the opportunity to speak today.

My name is Christina Denton, and I am the Nurse Manager of Virtual Health at UCHealth. Today I'd like to discuss my opposition to HB23-1215, a bill that would severely limit services that can be provided by the colleagues whom I support in ambulatory clinics, including providers and other professionals across the organization. This bill will have an adverse impact on patient care across Colorado, especially in rural and underserved populations.

I am responsible for implementing and sustaining Virtual Health (also known as Telehealth) programs which are a direct result of innovative thinking and problem-solving by front-line health care professionals, many of whom are supported by the Facility Fees which this bill directly attacks. These professionals are creatively using technology to provide virtual care for patients, which allows our patients from across the state to access care where they live and save on associated expenses, such as transportation and childcare. Virtual Care from patients' home or community also decreases time off work or out of school for health care related appointments. Often times our patients will defer healthcare to avoid these costs.

Across UCHealth system, clinicians and team members have cared for tens of thousands of patients in the past 12 months through Virtual Health technology. These patients have received primary and preventative care, specialty care, and education and resources to improve and maintain their health. This may include screenings, medication management and other support for chronic and acute health problems. Thousands of Virtual Visits are performed annually by Registered Nurses, Dietitians, Social Workers, Lactation Consultants, Case Managers and others whose work this body has lumped into the category of inappropriate Facility Fees, and whose jobs you are putting at risk. The care provided by these experts is not billed separately or through a physician fee – the facility fee is the only reimbursement that covers these staff members and the care they provide.

When looking back on the past 3 years, I have seen huge teams of professionals “run into the fire” to innovate and problem solve and figure out how to serve you, and all members of our Colorado community as we navigated new and frightening times together. My team and I specifically enabled people to continue their care when the clinics were closed, and we have created a system of Virtual Care by a vast team of professionals to benefit our community. My team and I pivoted several times to support COVID testing programs, vaccines, and antibody infusion clinics. Some of you in this

room may even have had my personal cell number, as we supported the CGA's vaccination program along with other essential groups, working weekends and evenings in addition to our usual job. Work that was, in fact, under the umbrella of Facility Fees.

My passion to make receiving health care less burdensome, more attainable, and less expensive to patients and their families is why I **STRONGLY OPPOSE THIS BILL**. Please oppose this bill, and support health care workers like me. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics, or our Virtual Health programs, many other expert services we provide will be forced to close which will harm all of Colorado.

Thank you for your time.

Christina Denton, RN, MSN



Friday, March 24, 2023

Madam Chair and members of the Committee, Centennial State Prosperity supports House Bill 1215 on behalf of our over 13,000 members.

Hardworking Coloradans are being charged hidden medical fees ranging from hundreds to thousands of dollars out-of-pocket, often exceeding the cost of the medical care itself. There is no transparency for patients to understand when these fees will be charged or the amount they will be - making it impossible for families to budget, or plan for, their family's healthcare expenses. These fees leave many Coloradans struggling to afford medical care and hesitant to seek the treatment they need.

[81% of Coloradans want to see these fees limited and six in ten say they would struggle to pay an unexpected medical expense of \\$500.](#) Coloradans have strongly voiced their frustration with these fees through online reviews:

Shanna visited Children's Hospital Colorado South Campus, Highlands Ranch, when their child needed a hearing test. They say, "My child completed a hearing test with audiology and when I received the Explanation of Benefits there was a \$100 charge listed. **I called insurance and they stated that the hearing test was preventative services** and was not charged anything but Children's Hospital charged an "outpatient services fee" for using the facility/hospital. **I was not informed of this fee and should have been told at the time of the appointment.**"

Janice from Arapahoe County says, "We quit going to Children's 4 years ago when **we couldn't get a good estimate of costs and were faced with a \$1500 bill.**"

Bryan from Teller County received a facility fee **on routine annual lab work** done at UCHealth Pikes Peak Regional in Woodland Park and said, "My insurer said they covered the tests. UC Health said my insurer would cover the tests. And then I got a bill from UC for more than \$663 because of tacked on "Hospital fees".

Rebecca visited Centura Littleton Adventist Hospital and said, "As of January 1st, for every doctor's office appointment the patient is charged an extra \$400. Insurance won't pay it. So as a patient, I had a five minute follow up appointment with my doctor, paid my office visit copay and then **later received a bill for an extra 'facilities fee' of \$400. I was NEVER notified this change would be happening** and I discourage everyone from visiting this hospital or its associated doctors offices."

Bruno from Weld County visited UCHealth Longmont Clinic **for lab work** and said, "I was charged \$2000 for lab work, they said insurance did not cover it. \$1000 for

physicians lab analysis and another \$1000 for a facility lab fee. This is outrageous! **No wonder people can't afford decent health care even with insurance!**"

HB1215 will place common sense limits on facility fees, ensure that consumers receive transparency so they can make informed decisions about their health care, and ensure the gathering of much needed information so Coloradans can better understand how this hidden practice is impacting hardworking Coloradans. Centennial State Prosperity along with the 2,539 Coloradans below urges you to vote YES on HB1215.

- | | | |
|------------------------------|----------------------------------|----------------------------|
| 1. Patricia W, Lakewood | Northglenn | 39. Cody M, Englewood |
| 2. Erica G, Fruita | 21. Lamia S, Thornton | 40. Rebecca D, Denver |
| 3. Terry V, Aurora | 22. Leobardo V, Denver | 41. Tom B, Greeley |
| 4. Lyla T, Evergreen | 23. Michelle N, Highlands Ranch | 42. Emily M, Denver |
| 5. Sabrina B, Brighton | 24. Michael C, Gunnison | 43. Angela V, Aspen |
| 6. Fayth V, Colorado Springs | 25. Kelsey H, Parker | 44. Magali F, Fort Collins |
| 7. Annie T, Aurora | 26. Tony G, Delta | 45. Oren K, Boulder |
| 8. Mikayla T, Denver | 27. Brianna S, Pueblo | 46. Gregg B, Denver |
| 9. Bregina G, Littleton | 28. Carolyn C, Windsor | 47. Tia H, Denver |
| 10. Phi J, Englewood | 29. Kevin f, Denver | 48. Esther H, Brighton |
| 11. Kris M, Aurora | 30. Thomas P, Greeley | 49. Jay O, Monument |
| 12. dani m, Salida | 31. Isabella C, Basalt | 50. Sarah B, Erie |
| 13. Shizu F, Monument | 32. Kanada S, Northglenn | 51. destery Y, Las Animas |
| 14. Joseph C, Penrose | 33. Maryanne E, Colorado Springs | 52. Charles T, Aurora |
| 15. Glynnis M, Denver | 34. Eugene S, Alamosa | 53. Gigi S, Fort Collins |
| 16. Ashley G, Fort Collins | 35. Terry F, Broomfield | 54. Aspen T, Aurora |
| 17. Patricia P, Aurora | 36. Alyssa H, Grand Junction | 55. Koda S, Aurora |
| 18. Lori G, Pueblo West | 37. Katya V, Denver | 56. Kellie K, Golden |
| 19. James S, Denver | 38. Michaela T, Parker | 57. Alex L, Westminster |
| 20. Maureen A, | | 58. Kellye M, Fort Collins |
| | | 59. Cassie C, Denver |

60. Maebeth P, Aurora
61. Lauren L, Morrison
62. Adam V, Denver
63. Courtney D,
Centennial
64. Carla R, Aurora
65. Mindee T, Highlands
Ranch
66. Marsadies K, Arvada
67. Roseanne R, Aurora
68. Evelyn T, Trinidad
69. Carolyn W, Lakewood
70. Annika H, Lyons
71. Gail G, Wheat Ridge
72. Valerie W, Fort Collins
73. Cipher L, Denver
74. Reggie G, Denver
75. Natishia H, Durango
76. Gabriele E, Fort Collins
77. Kenny I, Westminster
78. Sandy D, Thornton
79. Jacqueline D,
Northglenn
80. Kay E, Aurora
81. Larry L, Sedalia
82. Andrea O, Denver
83. Vida A, Westminster
84. Judith B, Denver
85. April R, Craig
86. jasper H, Arvada
87. Amanda J, Colorado
Springs
88. jo a, Denver
89. Roy H, Aurora
90. Matthew B, Colorado
Springs
91. Mary F, Fort Collins
92. Leslie S, Montrose
93. Martin W, Colorado
Springs
94. Mary Beth S, Denver
95. Kyela S, Fort Morgan
96. Roni O, Denver
97. richard c, Boulder
98. Sara A, Denver
99. Lie M, Colorado
Springs
100. Meagan W, Denver
101. Jesika S, Walden
102. Ben G, Lakewood
103. Helen G, Denver
104. Jayden S, Erie
105. Gabriel R, Greeley
106. jjeannie O, Aurora
107. Kathy H, Lochbuie
108. Jessica B, Castle
Rock
109. Devin R, Lakewood
110. Kimberly B,
Colorado Springs
111. Alondra G,
Thornton
112. Courtney S,
Broomfield
113. Hildegard H, Fort
Lupton
114. Kenisha B, Pueblo
115. Marc M, Denver
116. Nancy T, Lakewood
117. Julian S, Center
118. Jeanette C,
Broomfield
119. Ella L, Golden
120. Adrienna C, Denver
121. Leah M, Pueblo
122. Arianna M,
Colorado Springs
123. Kristina D, Aurora
124. Sandra Sherman S,
Aurora
125. Claire S, Denver
126. Paige Y, Loveland
127. Shela C,
Broomfield
128. Seth H, Hudson
129. shelley B, Denver
130. Daphne J,
Longmont

131. Susan P, Colorado Springs
132. Sarah C, Pueblo
133. Zoe L, Denver
134. Emily N, Cortez
135. Teresa P, Denver
136. Harley F, Commerce City
137. Jace S, Aurora
138. Pamela M, Arvada
139. Yoali G, Colorado Springs
140. Trent A, Lakewood
141. Susan G, Greeley
142. Shyerl E, Fort Collins
143. Lisa T, Longmont
144. Dana M, Fort Lupton
145. Sarah C, Pagosa Springs
146. Zanna J, Arvada
147. Lorrie O, Wheat Ridge
148. Aled V, Littleton
149. Peggy B, Cripple Creek
150. Anne G, Greeley
151. Mary Jenny S, Rocky Ford
152. Magda D, Evergreen
153. Wilkes L, Firestone
154. Kim C, Nucla
155. Christina L, Greeley
156. Kim R, Fort Morgan
157. Alexandra J, Lakewood
158. FRANK S, Boulder
159. Kevin C, Centennial
160. John O, Denver
161. rita a, Colorado Springs
162. Aaliyah S, Commerce City
163. Michael M, Wheat Ridge
164. Patty H, Greeley
165. holly d, Boulder
166. Marie L, Trinidad
167. Gabriela A, Denver
168. Eugene W, Longmont
169. bradley r, Aurora
170. Allen H, Crestone
171. Liz L, Centennial
172. Susan M, Greeley
173. Natalie n, Aurora
174. Sydney D, Centennial
175. DENNIS R, Castle Rock
176. donna a, Montrose
177. Arwen V, Boulder
178. Cherlyn C, Broomfield
179. Gary J, Denver
180. Linnea P, Dolores
181. Cori B, Boulder
182. Erin G, Wheat Ridge
183. Carl A, Fort Collins
184. Haylee K, Co Spgs
185. Winter L, Fort Carson
186. John C, Fountain
187. Magnus L, Lakewood
188. Nichole H, Brighton
189. Mary G, Greeley
190. Moe W, Morrison
191. George M, Wiggins
192. Jensen W, Lakewood
193. Tiffany A, Lakewood
194. Beatrice B, Aurora
195. Elva M, Thornton
196. Meredith R,

Longmont	219. Eden D, Colorado Springs	241. Donna M, Aurora
197. John L, Pueblo	220. Josephine H, Monte Vista	242. Frederick A, Erie
198. Abigail W, Longmont	221. Jeffrey M, Denver	243. Julie U, Westminster
199. julia s, Fort Collins	222. Bonnie S, Denver	244. Mandy P, Greeley
200. Maria M, Denver	223. Maria B, Orchard	245. Steven C, Aurora
201. Erik H, Breckenridge	224. Ainsley K, Fairplay	246. Josh M, Englewood
202. Sigrid A, Denver	225. Leonard C, Denver	247. Christi O, Englewood
203. Amanda K, Colorado Springs	226. Richard, R, Durango	248. Cynthia B, Denver
204. Priscilla A, Brighton	227. Sharon R, Moffat	249. Susan T, Boulder
205. Jade J, Northglenn	228. sally j, Boulder	250. Alex M, Denver
206. Samantha H, Broomfield	229. Michele S, Denver	251. Zoe M, Lafayette
207. William J, Denver	230. Debra K, Greeley	252. Isabella R, Pueblo
208. Debra F, Morrison	231. DR C, Aurora	253. Carole Ann F, Johnstown
209. Beck W, Centennial	232. Kandice B, Colorado Springs	254. Rob S, Castle Rock
210. Walburga L, Aurora	233. Lori P, Colorado Springs	255. Jennie B, Fort Collins
211. kelsey h, Hghlnds Ranch	234. Jeffrey S, Golden	256. Erin H, Thornton
212. jaime s, Denver	235. Paloma M, Fraser	257. James S, Colorado Springs
213. Kaitlin C, Parker	236. Beth L, Trinidad	258. Sharon W, Wellington
214. Kievan B, Longmont	237. Carol Y, Durango	259. Flora S, Lamar
215. Lauren C, Denver	238. Maureen L, Boulder	260. Quinn M, Denver
216. Piper s, Castle Rock	239. Teresa S, Colorado City	261. Mallory K, Denver
217. Sonia I, Fort Collins	240. Douglas S, Colorado Springs	262. Karrlie B, Pueblo
218. Shyanne M, Canon City		263. Juanita T, Denver

264. Dane F, Colorado Springs
265. Misty W, Loveland
266. Miles E, Littleton
267. Reiki G, Montrose
268. Erin W, Denver
269. Patty B, Wellington
270. Donald N, Golden
271. johnney b, Cortez
272. Dave H, Peyton
273. Guy mary S, Denver
274. Takota M, Commerce City
275. Jack B, Littleton
276. Jamie K, La Veta
277. Frances C, Aurora
278. Casey C, Westminster
279. Bev C, Littleton
280. Patricia J, Florence
281. Lori S, Montrose
282. Caitlin H, Longmont
283. Marilyn D, Westminster
284. Melissa J, Denver
285. Cameron K, Colorado Springs
286. Taylynn L, Gilcrest
287. Honey V, Colorado Springs
288. Isabella K, Castle Rock
289. Isabel B, Colorado Springs
290. Linda B, Denver
291. Onyx B, Aurora
292. Kelli M, Littleton
293. Rebecca D, Log Lane Village
294. Priscilla D, Northglenn
295. Alexis T, Colorado Springs
296. Jacqueline F, Aurora
297. Joseph T, Aurora
298. Peter C, Cordillera
299. Moira K, Centennial
300. Dylan L, Fountain
301. Brooke H, Colorado Springs
302. Elizabeth M, Aurora
303. Evan C, Colorado Springs
304. Christina C, Laporte
305. Chloe H, Arvada
306. emerson G, Greeley
307. Jasper B, Walsenburg
308. kimberly s, Cortez
309. Faith H, Denver
310. Maggie M, Littleton
311. August E, Denver
312. Hailey R, Greeley
313. Adam V, Arvada
314. Jayde F, Colorado Springs
315. Avery B, Colorado Springs
316. Amanda P, Thornton
317. Lynn S, Parker
318. Gary E, Lone Tree
319. Georgia G, Colorado Springs
320. Janice A, Grand Junction
321. Deborah F, Salida
322. Elizabeth S, Lakewood
323. Trisha B, Denver
324. Tauna K, Lakewood
325. Marc J, Durango
326. Stefanie O, Aurora

327. Louis M, Wetmore
328. Gillian W, Thornton
329. Kimberly S,
Colorado Springs
330. Libby H, Fruita
331. Emilee T, Timnath
332. Morgana W,
Florissant
333. Robert W, Denver
334. John S, Durango
335. Kerri D, Cascade
336. Danny C, Pueblo
337. Shala C, Denver
338. Cheri W, Littleton
339. Karli M, Littleton
340. Kelly M, Aurora
341. Glendy R, Aurora
342. April H, Pueblo
343. Crystal Y, Monte
Vista
344. Jessy J, Parker
345. Xyrus G, Drake
346. Dean D, Morrison
347. Bridgett V, Fort
Collins
348. Joseph M,
Colorado Springs
349. Christina S, Grand
Junction
350. Clara B, Boulder
351. Katherine N,
Greenwood Village
352. Kira R, Penrose
353. Alyx S, Co Spgs
354. Christina K, Parker
355. Adva B, Grand
Junction
356. Charles W, Greeley
357. vincent c, Denver
358. G K, Westminster
359. Melinda C, Aurora
360. Delanie S, Aurora
361. Sabrina S, Denver
362. Maurice M,
Norwood
363. Parker H, Fort
Collins
364. Sarah K, Denver
365. LeiAuna E, Olathe
366. Hope M,
Broomfield
367. Jennifer S, Denver
368. Stephanie R,
Centennial
369. our lady of mt c,
Denver
370. RICK K, Aurora
371. Frankie M,
Walsenburg
372. harmony c,
Thornton
373. Lucas R, Denver
374. Nikki A, Littleton
375. Kat D, Vail
376. Bonnie H, Denver
377. Elizabeth S, Denver
378. david s, Berthoud
379. Jessica H, Estes
Park
380. Diana N, Parachute
381. Kathleen C, Denver
382. nina j, Boulder
383. Coral B, Colorado
Springs
384. Caden S, Aurora
385. Coral P, Lone Tree
386. Nicole B, Elizabeth
387. john s, Denver
388. Sonia Z, Thornton
389. Sonia C, Colorado
Springs
390. mary ann t,
Boulder
391. Aaron D, Aurora
392. Nancy G, Denver
393. Robert H, Firestone
394. Trish M,
Westminster

395. Jaylene S,
Longmont
396. Kiera N, Fountain
397. Anna H, Erie
398. Mikal K, Fort
Collins
399. Amy P, Denver
400. Dorena A, Cherry
Hills
401. Grace K, Boulder
402. Beth W, Castle
Rock
403. Sharri N, Colorado
Springs
404. Ian M, Woodland
Park
405. Quincy A, Canon
City
406. ella G, Larkspur
407. Corey C, Milliken
408. Dannika R,
Colorado Springs
409. Zifen H, Arvada
410. Natalia E, Eagle
411. Jeffery S, Pueblo
412. Siena W, Durango
413. Gloria G, Denver
414. cameron c,
Longmont
415. Yoselin L, Greeley
416. Emily G,
Broomfield
417. Jady N K, Fort
Collins
418. Carol G, Denver
419. gillian w,
Centennial
420. Marcus A, Mead
421. Kaleb L, Fort
Collins
422. Sherry S, Colorado
Springs
423. Rae A, Denver
424. Nayeli F, Aurora
425. Debbie V, Fort
Collins
426. Jennifer C,
Berthoud
427. Melissa W, Denver
428. Rita M, Lakewood
429. Valerie Griffin G,
Aurora
430. Kaedan S, Colorado
Springs
431. Destini M,
Colorado Springs
432. Jaydan R, Aurora
433. Danielle M, Aurora
434. Jade M, Boulder
435. Alison W, Silt
436. Alissa L, Pueblo
437. Carol C, Colorado
Springs
438. Billie A, Colorado
Springs
439. M G, Boulder
440. James B, Colorado
Springs
441. Debra M, Arvada
442. Dena P, Westcliffe
443. Jessica P, Pagosa
Springs
444. Joy L, Fort Collins
445. Salena P, Grand
Junction
446. Marilyn-Lee H,
Aurora
447. Bridgette B,
Denver
448. Nathaniel D,
Colorado Springs
449. Cynthia J, Denver
450. JENNIFER L,
Northglenn
451. Anett R, Cortez
452. Lora T, Grand
Junction
453. Robert B, Golden
454. Tina C, Monument
455. Ben P, Commerce
City

456. Stephanie S,
Pueblo
457. Scarlett P, Denver
458. Barbara C,
Commerce City
459. Aiden P, Aurora
460. Natalie J, Fort
Collins
461. Deborah M,
Denver
462. Mateo G, Thornton
463. Allison W,
Centennial
464. Braleigh A,
Colorado Springs
465. Baylee G, Denver
466. Jennifer B, Ordway
467. Sharon D,
Thornton
468. Jamila J, Erie
469. Tatum N, Greeley
470. Robin S, Colorado
Springs
471. Jayda S, Longmont
472. Ruth M, Colorado
Springs
473. Sara R, Denver
474. Julia W, Rocky Ford
475. Gio A, Denver
476. Gary E, La Junta
477. Tammy K, Cleora
478. Don B, Grand
Junction
479. Jacklin A, Thornton
480. Zena V, Colorado
Springs
481. Judith N, Arvada
482. Michael T, Windsor
483. Teresa W, Denver
484. David w, Thornton
485. Hailey R,
Westminster
486. Kelli H, Canon City
487. Alice C, Hillrose
488. Deborah B,
Boulder
489. Diane S, Loveland
490. Kerry B, Aurora
491. Paul H, Denver
492. Barbara H, Denver
493. Glenda S, Loveland
494. Melanie W, La
Junta
495. Anthony k,
Englewood
496. Erin E, Firestone
497. Mary J, New Castle
498. Nick M, La Junta
499. Iris S, Eagle
500. Marielis L, Aurora
501. Bruce K, Denver
502. Tyler K,
Westminster
503. Danelle H, Denver
504. John T, Loveland
505. Glen S, Pueblo
506. Elizabeth H, Erie
507. Kens B,
Westminster
508. Ronn K, Pueblo
509. Sadie A, Denver
510. Christine K, Arvada
511. Wilson A, Aurora
512. Bailee B, Longmont
513. Janis H, Greeley
514. Elissa M,
Westminster
515. Helena P, Estes
Park
516. Donna P, Denver
517. Kim B, Arvada
518. Kathleen J, Bayfield
519. Renee D, Colorado
Springs
520. Liliana M, Elizabeth
521. Akira G, Denver
522. Stacy S, Evans
523. Al R, Loveland

524. nox m, Walsenburg
525. Wesley L,
Highlands Ranch
526. Cynthia B, Aurora
527. Bonnie B,
Montrose
528. Danielle C,
Colorado Springs
529. Betty T, Fruitvale
530. Valeria T, Denver
531. Kelliemartinez m,
Englewood
532. Denise A, Wheat
Ridge
533. Sydney G, Fort
Collins
534. Sydney S, Arvada
535. Jennifer P,
Colorado Springs
536. Destri J, Greeley
537. Kale H, Denver
538. Breanna M,
Glenwood Springs
539. Zoe S, Greeley
540. Ronald B,
Westminster
541. Gray G, Colorado
Springs
542. Britney G, Denver
543. Claysa D, Fort
Collins
544. Brittany S,
Colorado Springs
545. Christina D, Aurora
546. Maddox S,
Centennial
547. Erik S, Loveland
548. Eavenly R, Greeley
549. Noah M, Lakewood
550. Chris M, Grand
Junction
551. Alaya S, Denver
552. Save trans L,
Colorado Springs
553. Chacmool G,
Arvada
554. Genevive P,
Centennial
555. Meranda R,
Colorado Springs
556. Tina H, Colorado
Springs
557. Gaylene C, Canon
City
558. allie s, Littleton
559. Betty Kay S, Denver
560. Joshua T, Denver
561. Jordyn B,
Westminster
562. Dezirae A, Denver
563. Kristin S, Fort
Collins
564. Dave A, Denver
565. Janelle G, Parker
566. Laurie N, Colorado
Springs
567. grace I, Lakewood
568. Heidi Z, Colorado
Springs
569. Pamela W,
Lakewood
570. Laura F, Colorado
Springs
571. Bob S, Denver
572. Lillian G, Aurora
573. Karlie Z,
Carbondale
574. Devona W,
Battlement Mesa
575. Justin G, La Veta
576. Amy P, Durango
577. Jacinto M, Brighton
578. Ana H, Colorado
Springs
579. Ethan W, Erie
580. Mariemma A,
Wheat Ridge
581. Kylie L, Firestone
582. Kathy R, Aspen
583. Sharon W,
Colorado Springs
584. Cierra C, Castle

Rock	Westminster	Junction
585. Noah W, Colorado Springs	605. Kristo L, Englewood	626. John d, Sterling
586. Jessica F, Greeley	606. Susan L, Evergreen	627. Joanne M, Peyton
587. Melissa R, Greeley	607. Selena v, Denver	628. Cheri R, Northglenn
588. Alex F, Colorado Springs	608. Lori M, Aurora	629. Clifford K, Wheat Ridge
589. Sam N, Denver	609. Manuel R, Colorado Springs	630. William M, Colorado Springs
590. Tamara A, Colorado Springs	610. Tomi S, Denver	631. Samantha G, Lakewood
591. Ruby G, Manitou Springs	611. Ralph R, Edwards	632. James C, La Junta
592. Karen J, Sheridan	612. William J, Denver	633. Melissa P, Colorado Springs
593. Bee P, Colorado Springs	613. Melinda Y, Lakewood	634. Malia B, Wellington
594. Josh E, Centennial	614. Reg H, Centennial	635. Jacqueline K, Colorado Springs
595. Jane M, Colorado Springs	615. Laura M, Brighton	636. Audrey A, Boulder
596. Anna H, Longmont	616. Frank H, Centennial	637. matea p, Denver
597. Doris B, Golden	617. Maclain C, Denver	638. Hunter H, Fountain
598. Sarah Ann H, Breckenridge	618. Bezlehub A, Denver	639. Ashley T, Pueblo
599. Carla A, Pueblo	619. Robin C, Denver	640. Joan N, Aurora
600. Juno R, Fort Collins	620. Arianna S, Poncha Springs	641. R M, Arvada
601. Linda A, Fort Collins	621. Joell H, Colorado Springs	642. Michael S, Fountain
602. Sue J, Boulder	622. Elizabeth G, Grand Junction	643. Jonathan C, Denver
603. Madysen S, Loveland	623. G. O, Littleton	644. John B, Greeley
604. Chris W,	624. Bree P, Loveland	645. Fabian R, Colorado Springs
	625. Mark E, Grand	

646. Kristine P, Fountain
647. Belle F, Aurora
648. Danielle E,
Northglenn
649. Amani W, Fountain
650. Melinda K,
Edgewater
651. Cynthia M,
Strasburg
652. Carolyn M,
Windsor
653. jazlyn w, Colorado
Springs
654. Maria R, Aurora
655. Kris R, Denver
656. Denise D,
Centennial
657. jeffrey w, Colorado
Springs
658. Ramiro D,
Westminster
659. Anastasia P,
Colorado Springs
660. Auriana D,
Centennial
661. Makaylin M,
Colorado Springs
662. Morgan J, Colorado
Springs
663. Timothy O,
Colorado Springs
664. Destiny F, Greeley
665. Laurie N, Colorado
Springs
666. Maya d,
Henderson
667. Sadie S, Denver
668. Rachel R,
Highlands Ranch
669. Briana B,
Broomfield
670. Aisling L, Parker
671. Holly J, Golden
672. Ronda G, Colorado
Springs
673. Gracie J,
Broomfield
674. Clay N, Littleton
675. Alex W, Estes Park
676. Kaitlyn U, Thornton
677. Ryder J, Aurora
678. Vanessa K,
Loveland
679. Grace S,
Broomfield
680. Deia H, Denver
681. Alexander B,
Denver
682. Karen E, Colorado
Springs
683. Sika A, Aurora
684. Lorelai A, Morrison
685. Frank M, Thornton
686. James R,
Westminster
687. Kat B, Fort Collins
688. Terri L, Bayfield
689. Lisa P, Colorado
Springs
690. Leroy A, Denver
691. John N, Denver
692. William S, Castle
Rock
693. Mary S, Fort Collins
694. Sheila D, Colorado
Springs
695. Victoria S, Littleton
696. Lee L, Denver
697. Rebecca M,
Thornton
698. Consuelo R,
Centennial
699. Theresa M,
Weston
700. Cynthia M,
Colorado Springs
701. Karen M, Colorado
Springs
702. Anna F, Boulder
703. Charles O, Greeley
704. Kurt Z, Arvada

705. Chris G, Aurora
706. Kim L, Denver
707. Oliver B, Colorado Springs
708. Karen S, Denver
709. Betty P, Denver
710. Angela R, Colorado Springs
711. Quinn M, Denver
712. Cynthia S, Denver
713. mikaela r, Highlands Ranch
714. Connie C, Walsh
715. Margaret H, Howard
716. Jordyn B, Lakewood
717. Julian S, Erie
718. Luca U, Denver
719. Rachel K, Longmont
720. Pamela W, Northglenn
721. Sydney E, Lakewood
722. Alexandra L, Usaf Academy
723. Sarah H, Colorado Springs
724. Wanda M, Loveland
725. Trina S, Denver
726. Tim C, Denver
727. Jimmy D, Alamosa
728. William N, Lakewood
729. Drew F, Lafayette
730. Joseph K, Rocky Ford
731. Mary J, Fruita
732. Sierra J, Lakewood
733. Angel M, Evans
734. Hannah J, Olathe
735. Teresa E, Centennial
736. Ava H, Crystal Hills
737. Jessica G, Aurora
738. Cameron W, Castle Rock
739. Alison B, Castle Rock
740. Natasia M, Pueblo
741. Lillian C, Westminster
742. Jonathan C, Denver
743. SCOTT A, Cascade
744. Cyn M, Colorado Springs
745. Roz C, Pueblo
746. James H, Nederland
747. Jeanne M, Northglenn
748. Layla R, Manitou Springs
749. Able G, Denver
750. William P, Aurora
751. Sherrie D, Pueblo
752. Michelle G, Englewood
753. Betsy M, Denver
754. Terry O, Lakewood
755. Judy W, Longmont
756. Jeff Z, Lakewood
757. michael ryAN m, Platteville
758. Annie O, Colorado Springs
759. Kathleen F, Denver
760. Cheri W, Cedaredge
761. Tagan G, Greeley
762. Bri G, Fort Collins
763. Melissa H, Denver
764. Corie D, Littleton
765. Natalia W, Penrose
766. Leif K, Denver
767. Kayla C, Parker
768. Mackenzie W, Colorado Springs
769. Maya G, Colorado

		Colorado Springs
770. Kathy S, Clifton	789. Lee L, Pueblo	811. Brittany C, Broomfield
771. Jess H, Fort Collins	790. Jeanelle C, Denver	812. Carolyn W, Rifle
772. Uni C, Colorado Springs	791. Vance C, Loveland	813. Phoebe L, Aurora
773. Ricky H, Fort Collins	792. Kate N, Breckenridge	814. Evelyn C, Colorado Springs
774. Payton D, Lakewood	793. Rylie J, Pueblo	815. Manuel G, Broomfield
775. Nessa F, Fort Collins	794. Florence F, Denver	816. Terry T, Denver
776. Michael P, Longmont	795. Rhea R, Colorado Springs	817. Abraham M, Pueblo
777. Kevin R, Englewood	796. Aubrey A, Commerce City	818. Ian H, Lake City
778. Ricki M, Denver	797. Rita R, Colorado Springs	819. phoenix B, Boulder
779. Vivian M, Denver	798. Kenzie H, Broomfield	820. Linda B, Sterling
780. Gabrielle R, Colorado Springs	799. Joy A, Colorado Springs	821. Jason K, Greeley
781. G P, Laporte	800. Vickry K, Colorado Springs	822. Robert K, Erie
782. julianne T, Lafayette	801. Kirsten M, Denver	823. Breanna B, Thornton
783. Sarah H, Aurora	802. Gabriela L, Denver	824. Robert P, Aurora
784. Patrick O'Brien P, Brighton	803. Margie L, Denver	825. Ellen C, Loveland
785. Jennifer G, Fort Collins	804. Ray C, Longmont	826. Carolyn R, Colorado Springs
786. Dylan B, Conifer	805. Donn E, Golden	827. Sheila C, Denver
787. Kendall L, Grand Junction	806. Tina P, Woodrow	828. Naomi P, Denver
788. Ash R, Longmont	807. Hannah S, Larkspur	829. Makaela S, Fort Collins
	808. Dayna B, Pagosa Springs	830. LISA f, Durango
	809. Madelyn A, Denver	831. Christopher K, Denver
	810. Jaosmel P,	

832. Vicky T, Denver
833. Bella B,
Silverthorne
834. Milagro L,
Steamboat Springs
835. Katie O, Parker
836. Pam P, Lakewood
837. Jarod H, Denver
838. Alexandra V,
Colorado Springs
839. Levi R, Colorado
Springs
840. Rory B, Boulder
841. Julia L, Longmont
842. Kelly M, Parker
843. skyler h,
Centennial
844. Ellis B, Lakewood
845. Debbie R, Greeley
846. David C, Denver
847. AshleyRose G,
Denver
848. Ash S, Lakewood
849. Anne K, Steamboat
Springs
850. Jeanne H, Colorado
Springs
851. Robert H, Boulder
852. tavia c, Edwards
853. janet s, Englewood
854. Letitia L,
Edgewater
855. Jim F, Poncha Spgs
856. Tracy U, Colorado
Springs
857. James S,
Commerce City
858. Ryan H, Montrose
859. Levi F, Centennial
860. Angela C, Aurora
861. Santiago V, Denver
862. Quinn F, Evergreen
863. Mia t, Fort Collins
864. Pamela J, Aurora
865. John T, Colorado
Springs
866. Lavinia R, Denver
867. Matthew H, Aurora
868. Kimberly L, Denver
869. Lara V, Boulder
870. Echo W, Lakewood
871. Elizabeth G,
Centennial
872. Patty R, Mead
873. Caitlin G, Loveland
874. yussef m, Arvada
875. Jeannette J,
Colorado Springs
876. Raven S, Larkspur
877. Maddie R,
Woodland Park
878. Kristen R, Greeley
879. Emily A, Longmont
880. Katrina S, Colorado
Springs
881. Zowie W,
Broomfield
882. Isabella T, Littleton
883. Charlie D,
Centennial
884. Selah C, Centennial
885. Cam J, Longmont
886. Jody M, Grand Jct
887. Evan D, Colorado
Springs
888. Colleen M,
Englewood
889. Sarah H, Aurora
890. Sydney S, Colorado
Springs
891. Andrea M, Denver
892. Maggie B, Greeley
893. Betty H, Durango
894. Katie D, Wheat
Ridge
895. Dex M, Aurora
896. jules h, Aurora
897. Thomas R, Boulder
898. Alex M, Denver

899. Olivia L, Fort Collins
900. victora z, Denver
901. Holub C, Lamar
902. Kara G, Boulder
903. Kathleen G, Grand Junction
904. Sherri M, Evans
905. Gail A, Greeley
906. Frances F, Grand Jct
907. Shannon D, Denver
908. Padilla A, Arriba
909. E H, Elizabeth
910. Kathleen M, Parker
911. Andrew H, Arvada
912. Katherine O, Westminster
913. Barb H, Arvada
914. S G, Parker
915. Ellen P, Aurora
916. Marina V, Parker
917. Ariella A, Lakewood
918. Ruthie P, Aspen
919. Susan C, Littleton
920. Kathy G, Peyton
921. Heather D, Denver
922. cece f, Monument
923. Trisha G, Denver
924. Multi H, Alamosa
925. Susan M, Littleton
926. Charlotte T, Boulder
927. Marco P, Boulder
928. Margo Z, Lafayette
929. Elaiza W, Broomfield
930. Charlie G, Pagosa Springs
931. hayden D, Durango
932. June M, Montrose
933. Nicole M, Fort Collins
934. antonia w, Littleton
935. Bailey L, Denver
936. Hailey S, Thornton
937. Emma B, Colorado Springs
938. Kiarah W, Aurora
939. Alysia T, Colorado Springs
940. Julia M, Englewood
941. Mackenzie S, Aurora
942. Abel Z, Denver
943. Ari S, Denver
944. Bryanna J, Colorado Springs
945. Brian K, Grand Junction
946. Viviana A, Denver
947. Jeannie M, Englewood
948. Spencer D, Westminster
949. Julia F, Fort Collins
950. Payton D, New Castle
951. Devon N, Denver
952. Sharon S, Monument
953. Otto G, Denver
954. Scott T, Franktown
955. Erica B, Fort Collins
956. Rachelle P, Pueblo
957. Jerry J, Denver
958. Brie S, Nederland
959. mark r, Longmont
960. Zach Y, Centennial
961. Donald F, Carbondale
962. Troy F, Littleton
963. Shannon A, Livermore
964. Stephanie V, Erie
965. Gilda B, Denver
966. Monica J, Colorado Springs

967. John L, Littleton
968. Christopher R,
Arvada
969. Rhonda C,
Englewood
970. Joshua C, Aspen
971. Tina L, Denver
972. Willow W, Denver
973. Justin C, Lakewood
974. Elizabeth R, Denver
975. Lauralyn H,
Cedaredge
976. Marlana R,
Westminster
977. Brianna T, Aurora
978. Penny F,
Commerce City
979. Samantha J,
Lakewood
980. Vindya D, Boulder
981. Ximena C,
Thornton
982. Hildegard H,
Greenwood Village
983. Claire S, Denver
984. Priscilla H, Denver
985. Shane T,
Commerce City
986. Laura C, Peyton
987. Elijah C, Boulder
988. Adrienne M, Grand
Junction
989. Nancy G,
Monument
990. Carolyn G, Denver
991. Misty A,
Northglenn
992. Michael S, Arriba
993. Gloria R,
Centennial
994. Jennifer B, Fort
Collins
995. Lily M, Pueblo
996. Michele T, Grand
Junction
997. Catherine H,
Hotchkiss
998. Carmen M,
Woodland Park
999. Dana D, Fort
Collins
1000. Coral E, Denver
1001. Michelle L,
Antonito
1002. Camille L, Fort
Collins
1003. Lisa S, Littleton
1004. atlas m, Lone Tree
1005. Kyla P, Platteville
1006. Ash F, Westminster
1007. Ella M, Colorado
Springs
1008. Arleen G, Trinidad
1009. Karen H, Alamosa
1010. Joseph C, Brighton
1011. Sydney S, Denver
1012. Angel G, Fort
Collins
1013. Jill E, Colorado
Springs
1014. Harumi R, Glade
Park
1015. Rebecca P, Fort
Collins
1016. Wyvetta P,
Granada
1017. Robin K, Colorado
Springs
1018. Kathryn C,
Northglenn
1019. Lenora S, Denver
1020. CHERYL R,
Colorado Springs
1021. Chuck K, Denver
1022. Linne P, Denver
1023. Merlinda L,
Greeley
1024. David H, Loveland
1025. Kaje H, Aurora
1026. Nico L, Montrose
1027. Toni K, Colorado

- Springs
1028. Joyce B, Louisville
1029. Patrica A, Aurora
1030. Addison O,
Loveland
1031. Bj S, Craig
1032. Kevin B, Mack
1033. Elizabeth G, Aurora
1034. Pamela S,
Greenwood Village
1035. Colleen C,
Elizabeth
1036. Silviaandrade S,
Denver
1037. Claire M,
Broomfield
1038. Cathie G, Aurora
1039. Cindy R, Longmont
1040. Sasha S, Lakewood
1041. Selah K, Denver
1042. Erin D, Fruita
1043. Autumn N,
Brighton
1044. Max H, Lakewood
1045. Stacy B, Rifle
1046. Phillip W,
Longmont
1047. Nikki B,
Westminster
1048. Mason H, Denver
1049. Sydney J, Denver
1050. Rosemarie K,
Montrose
1051. Emilia R, Colorado
Springs
1052. Alexis F, Longmont
1053. Anna E, Littleton
1054. Caelum I, Aurora
1055. Maddy Y, Loveland
1056. Jamie C, Denver
1057. Canon C, Boulder
1058. Nancy C, Grand
Junction
1059. Michael K, Denver
1060. Eden I, Lyons
1061. Kaiya H, Grand
Junction
1062. Lisa R, Lakewood
1063. Hannah L,
Westminster
1064. Amy S, Colorado
Springs
1065. Bonnie G,
Centennial
1066. Susan M, Greeley
1067. Sarah S, Longmont
1068. Daisy F, Aurora
1069. Kathryn C,
Colorado Springs
1070. Jodi R, Basalt
1071. Richard M, Fort
Collins
1072. Maria H, Highlands
Ranch
1073. Marina R,
Lakewood
1074. Kyle S, Denver
1075. Susan H, Boncarbo
1076. Kimberly K,
Longmont
1077. Pearl G, Montrose
1078. Quinn R, Fort
Collins
1079. Gina S, Denver
1080. Cassidy S, Deer
Trail
1081. Dorothy G,
Colorado Springs
1082. Kyle T, Colorado
Springs
1083. Sandy M, Golden
1084. Katheryn W,
Aurora
1085. Juan F, Denver
1086. Julie v, Evergreen
1087. James C, Denver
1088. Meredith B, Aurora
1089. Shari D, Ridgway
1090. Jay D, Aurora
1091. Steve H, Grand

Junction	Springs	
1092. Kelley B, Denver	1114. Kim D, Wheat Ridge	1133. Leticia M, Denver
1093. Debra W, Aurora	1115. Jennifer A, Palisade	1134. Taylor T, Greeley
1094. Sharon C, Aurora	1116. Bailee P, Greeley	1135. June J, Delta
1095. Katie G, Denver	1117. Dania A, Colorado Springs	1136. Bryan G, Colorado Springs
1096. Maureen V, Estes Park	1118. Ellie G, Centennial	1137. Ramona R, Thornton
1097. Alicia N, Carbondale	1119. Bailey M, Lakewood	1138. Kathy E, Thornton
1098. Arius G, Walsenburg	1120. Leea S, Commerce City	1139. Dominique P, Aurora
1099. Lukas M, Montrose	1121. Jay L, Brighton	1140. SHEREEM R, Denver
1100. Jasmine B, Arvada	1122. Zoe M, Capulin	1141. Rachel L, Denver
1101. Izabella A, Fort Collins	1123. Amanda A, Denver	1142. Allie G, Louisville
1102. Sam T, Castle Rock	1124. Larry B, Pueblo	1143. Aishika K, Superior
1103. Pamela V, Longmont	1125. Lara E, Colorado Springs	1144. Sierra P, Pueblo
1104. ximena O, Edwards	1126. Reid A, Aurora	1145. Dani O, Castle Rock
1105. Ash B, Arvada	1127. Amber K, Colorado Springs	1146. Kylie H, Erie
1106. James S, Durango	1128. Trish B, Colorado Springs	1147. Paulette E, Denver
1107. Robert E, Denver	1129. Nico J, Grand Junction	1148. Carol H, Denver
1108. nicole t, Arvada	1130. gianna M, Thornton	1149. Bruce B, Evergreen
1109. Miriam S, Denver	1131. Maddie L, Arvada	1150. Joel S, Parker
1110. carmen b, Colorado Springs	1132. Jackie C, Westminster	1151. Deborah W, Evans
1111. Mitch K, Fort Collins		1152. April S, Lafayette
1112. Abby D, Centennial		1153. Tom L, Boulder
1113. Ivan C, Colorado		1154. Cheri T, Aurora
		1155. Elizebeth B, Pueblo
		1156. Catherine D, Pueblo

1157. Alice S, Aurora
1158. Dannie L, Rifle
1159. Juan R, Fort Collins
1160. Reyes G, Antonito
1161. Ann J, Berthoud
1162. Lisa T, Grand Junction
1163. Helene P, Aurora
1164. Terry T, Gunnison
1165. Ramona A, La Junta
1166. Derek G, Lakewood
1167. Anita C, Aurora
1168. Jodi H, Aurora
1169. Deborah G, Golden
1170. Erin F, Colorado Springs
1171. Sherry C, Aurora
1172. Naiya W, Louisville
1173. Matthew S, Greeley
1174. Shelly C, Pueblo
1175. Natalia B, Loveland
1176. elijah b, Frederick
1177. Serena M, Grand Junction
1178. Emma R, Denver
1179. Ashley T, Glenwood Springs
1180. Genevieve T, Colorado Springs
1181. Amberlyn J, Colorado Springs
1182. Margaret H, Fountain
1183. Fae B, Castle Rock
1184. Lillian M, Fort Collins
1185. Rodrigo L, Firestone
1186. Aiyana N, Colorado Springs
1187. Dana J, Aurora
1188. Josie C, Lafayette
1189. Zack D, Pueblo
1190. Terri P, Denver
1191. Riley S, Delta
1192. Megan C, Breckenridge
1193. Veronica R, Fort Collins
1194. Neg M, Fort Collins
1195. Finn W, Aurora
1196. blue r, Colorado Springs
1197. Maxine D, Denver
1198. Aaron A, Arvada
1199. donette m, Fort Collins
1200. Camryn K, Colorado Springs
1201. Joyce J, Colorado Springs
1202. Neida O, Fountain
1203. Andrea F, Franktown
1204. Caroline M, Longmont
1205. doris s, Denver
1206. Raeney S, Aurora
1207. Maddie J, Longmont
1208. Cait R, Commerce City
1209. Grace B, Colorado Springs
1210. Devyn V, Aurora
1211. Jordyn Z, Golden
1212. Georgia R, Lafayette
1213. MARY CARMEN A, Denver
1214. taylor M, Dove Creek
1215. Christiane D, Denver
1216. Victoria M, Federal Heights
1217. Cynthia J, Denver
1218. Linda B,

Westminster	1240. Peter S, Colorado Springs	1260. Margaret K, Westminster
1219. Ruth B, Grand Junction	1241. Anessa B, Castle Rock	1261. Ezra W, Grand Junction
1220. Shannon C, Fort Collins	1242. Charite V, Trinidad	1262. Olivia S, Lakewood
1221. Ann Marie W, Aurora	1243. Tara S, Broomfield	1263. Alexandra C, Keystone
1222. Randy S, Colorado Springs	1244. Laura M, Estes Park	1264. Deborah H, Greeley
1223. Nancy W, Longmont	1245. Shaughn R, Aurora	1265. Laura M, Broomfield
1224. davi f, Denver	1246. Sandra M, Denver	1266. Jennifer S, Grand Junction
1225. Zoey H, Centennial	1247. Dianne F, Fort Collins	1267. Randy S, Denver
1226. Oli P, Longmont	1248. Carrie T, Monument	1268. Carolr F, Lakewood
1227. Lexy L, Fort Collins	1249. Ashley M, Lakewood	1269. Judy O, Fort Collins
1228. Miranda H, Thornton	1250. Grace H, Fort Collins	1270. Eliza K, Fort Collins
1229. Travis B, Sedgwick	1251. Erin R, Paonia	1271. Gretchen D, Denver
1230. Nicolas M, Denver	1252. Joseph B, Oak Creek	1272. David B, Strasburg
1231. Bill G, Longmont	1253. Miriam H, Aurora	1273. Shirley S, Aurora
1232. Jackie P, Aurora	1254. Deborah G, Boulder	1274. Jeanne H, Grand Junction
1233. Barbara M, Haxtun	1255. Mark H, Aurora	1275. Bruce C, Buena Vista
1234. Dale B, Lamar	1256. Chris B, Aurora	1276. Megan H, Thornton
1235. Sherry H, Aurora	1257. Connie S, Littleton	1277. Connie T, Denver
1236. Nan B, La Junta	1258. Heather S, Lakewood	1278. Luella K, Penrose
1237. Susan B, Pleasant View	1259. Misti don H, Louisville	1279. Mary S, Fort Collins
1238. Eric S, Durango		
1239. william s, Canon City		

1280. Luna S, Denver
1281. Erin S, Colorado Springs
1282. Mary B, Yoder
1283. Jessica C, Fort Collins
1284. Stephanie A, Parker
1285. Kassandra A, Colorado Springs
1286. Nancy S, San Luis
1287. Julian H, Boulder
1288. Jasper W, Loveland
1289. Donna R, Lakewood
1290. Em S, Colorado Springs
1291. makayleigh m, Loveland
1292. Shirley C, Aurora
1293. Doraliz M, Fort Collins
1294. Rebecca M, Durango
1295. Esther L, Saguache
1296. Dylan R, Colorado Springs
1297. Maxim T, Aurora
1298. Elise V, Longmont
1299. Jordan L, Hghlnds Ranch
1300. Sam R, Mead
1301. Carrie T, Longmont
1302. Trinity C, Aurora
1303. Elizabeth M, Denver
1304. ayden j, Denver
1305. Richard P, Colorado Springs
1306. Orchid P, Denver
1307. Alexzander A, Johnstown
1308. Kirsten T, Arvada
1309. Sandra W, Colorado Springs
1310. Auden H, Fort Collins
1311. Rebecca N, Colorado Springs
1312. Azalei M, Alamosa
1313. Danielle T, Fort Collins
1314. Jasmine D, Colorado Springs
1315. Sheila M, Brighton
1316. Cathryn B, Colorado Springs
1317. Kgedy E, Denver
1318. Jalena V, Golden
1319. Carla B, Longmont
1320. Andrea F, Denver
1321. Marcy D, Denver
1322. Donald H, Arvada
1323. Douglas S, Centennial
1324. Lacey C, Fort Collins
1325. Diana E, Englewood
1326. Elsie W, Grand Junction
1327. Mark C, Castle Rock
1328. Bill F, Parker
1329. Stephanie G, Lakewood
1330. Donna J, Pueblo
1331. Kelly W, Fountain
1332. Veronica R, Commerce City
1333. Marcus H, Denver
1334. James W, Denver
1335. michael T, Clifton
1336. Tara S, Grand Junction
1337. Jim P, Lakewood
1338. NELLIE B, Elizabeth
1339. Linda D, Peyton
1340. Michelle G, Wheat Ridge
1341. savannah m,

Louisville	1363. Jazmine N, Canon City	Castle
1342. Joyce N, Peyton	1364. Kairee M, Brighton	1385. Slava V, Fort Collins
1343. Patricia F, Colorado Springs	1365. Brianna S, Brighton	1386. Chet N, Denver
1344. Scott M, Arvada	1366. Pamela M, Denver	1387. Anita W, Fort Collins
1345. Ted H, Windsor	1367. Ty C, Loveland	1388. Randi B, Broomfield
1346. Jasper M, Lakewood	1368. Sierra H, Fort Collins	1389. Paul B, Golden
1347. Nina B, Firestone	1369. Adolf R, Greeley	1390. Carlos G, Colorado Springs
1348. Jordan T, Snyder	1370. Elvin P, Otis	1391. Deb K, Denver
1349. Carol W, Denver	1371. Danny R, Denver	1392. Laurie K, Colorado Springs
1350. STEPHEN K, Lafayette	1372. Emma B, Fort Collins	1393. Alice V, Colorado Springs
1351. Katherine F, Aurora	1373. Amber M, Aurora	1394. regina J, Denver
1352. McGuire S, Denver	1374. Kasey P, Pagosa Springs	1395. Alex T, Longmont
1353. Michelle M, Denver	1375. Haley R, Loveland	1396. Leslie O, Denver
1354. Diana C, Aurora	1376. Smriti P, Westminster	1397. Corey L, Fort Collins
1355. Gregg H, Carbondale	1377. Veronique A, Denver	1398. Beth B, Parker
1356. Katherine G, Pueblo	1378. Susan G, Denver	1399. Roberta L, Lakewood
1357. Gregg B, Pueblo	1379. Jerry M, Englewood	1400. Barbara H, Eagle
1358. Kelly N, Frederick	1380. stephanie s, Castle Pines	1401. Shawn Monique M, Denver
1359. V B, Westminster	1381. Cynthia M, Denver	1402. Nancy B, Greeley
1360. Jarina L, Castle Rock	1382. Lisa M, Arvada	1403. Nick S, Denver
1361. Linda P, Colorado Springs	1383. Bryna B, Denver	1404. Fizzy R, Denver
1362. Janet K, Littleton	1384. Clyde H, New	1405. Alyssa H, Falcon

1406. Betsy L, Salida
1407. JayLee M, Sterling
1408. Kory K, Pueblo
1409. Kaii B, Colorado Springs
1410. Diana W, Pueblo
1411. Jean M, Aurora
1412. Daniel B, Pueblo West
1413. Aliah C, Boulder
1414. Constance F, Pueblo
1415. Renee F, Pine
1416. Whitney H, Colorado Springs
1417. Elizabeth L, Highlands Ranch
1418. Karen W, Littleton
1419. Temple G, Denver
1420. Lisa K, Centennial
1421. Martha P, Boulder
1422. John R, Boulder
1423. Leanne S, Denver
1424. John W, Grand Junction
1425. Lui E, Peyton
1426. Spencer S, Colorado Springs
1427. Cherie W, Aurora
1428. Katie R, Aurora
1429. Alaina B, Greeley
1430. Charlene F, Westminster
1431. Mariam K, Aurora
1432. Sydney S, Firestone
1433. Fiona B, Littleton
1434. Amanda G, Englewood
1435. Anna E, Longmont
1436. Lillian K, Lakewood
1437. Cathy D, Boulder
1438. Patricia C, Berthoud
1439. Robert A, Denver
1440. Betty K, Florence
1441. Mary L, Fort Collins
1442. Blake S, Fort Collins
1443. thomas j, Pagosa Springs
1444. Celeste C, Pueblo
1445. Sammy S, Pueblo
1446. Esray G, Colorado Springs
1447. Matthew M, Aurora
1448. Kimberly B, Las Animas
1449. Mimi E, Lyons
1450. Jody C, Calhan
1451. diane b, Denver
1452. Angelina L, Colorado Springs
1453. Vanessa Z, Colorado Springs
1454. Andre T, Commerce City
1455. Kim P, Littleton
1456. Ricky V, La Salle
1457. Kaelyn B, Falcon
1458. Victoria T, Lakewood
1459. Pat M, Grand Lake
1460. Shirley R, Aspen
1461. Trina H, Aurora
1462. Annick P, Denver
1463. Rosemary L, Thornton
1464. Rami D, Fort Collins
1465. Breanna M, Conifer
1466. Lori I, Colorado Springs
1467. CHARLES F, Parker
1468. Tony L, Denver
1469. Debi C, Grand Junction
1470. Janet M, Longmont
1471. Tauren N,

Lakewood	1493. Ryan F, Aurora	Northglenn
1472. Kaitlyn A, Denver	1494. Charlie Michael R, Aurora	1515. Dawn C, Denver
1473. Daisy D, Denver	1495. Lia L, Loveland	1516. Susan F, Paonia
1474. Carolina C, Aurora	1496. Fae L, Aurora	1517. Audrey W, Colorado Springs
1475. Stacey B, Aurora	1497. Melody S, Arvada	1518. Charlotte F, Clifton
1476. Mark S, Fort Collins	1498. Jenna H, Fort Collins	1519. Alberta M, La Junta
1477. Stephanie M, Denver	1499. Alanna B, Lafayette	1520. Elysandra B, Erie
1478. Justin B, Colorado Springs	1500. Juliette C, Louisville	1521. Ronda T, Fort Collins
1479. elizabeth p, Pueblo	1501. Andrea C, Fort Collins	1522. Mia C, Aurora
1480. Jacqueline P, Aurora	1502. Taylor W, Loveland	1523. Wende C, Denver
1481. Jeanette S, Wheat Ridge	1503. Jaycie W, Laporte	1524. Marlene B, Denver
1482. Joyce L, Salida	1504. Olivia K, Aurora	1525. Marjorie H, Westminster
1483. Makeda E, Fort Collins	1505. Lyssa W, Centennial	1526. Jessica M, Firestone
1484. Deann R, Westminster	1506. Daniel G, Aurora	1527. Autumn R, Loveland
1485. Kelly V, Calhan	1507. James H, Boyero	1528. Cecily R, Fort Collins
1486. EM S, Lafayette	1508. Jenica M, New Castle	1529. Lorena A, Denver
1487. Colette S, New Castle	1509. Cody Y, Lakewood	1530. sammie m, Denver
1488. Samantha W, Agate	1510. Wesley R, Grand Junction	1531. Jacque S, Colorado Springs
1489. Maxwell L, Greeley	1511. Zaria R, Denver	1532. Atlas T, Evergreen
1490. JoAnne H, Denver	1512. G K, Colorado Springs	1533. Tammie w, Evans
1491. Sean J, Thornton	1513. Gloria M, Denver	1534. Izzy K, Centennial
1492. Mili U, Platteville	1514. Kadence S,	1535. Nicole S, Greeley
		1536. Kathleen G,

- Westminster
1537. Jerry G, Delta
1538. Lawrence W,
Colorado Springs
1539. Stacey S,
Lakewood
1540. Karen G, Clifton
1541. Shirley J, Del Norte
1542. Mary H, Denver
1543. Angela B, Denver
1544. DIANNA S, Bayfield
1545. Sandra E, Littleton
1546. April P, Arvada
1547. Kalee R, Denver
1548. Janet C, Pueblo
1549. Darrel S, Fort
Collins
1550. Arlene L, Colorado
Springs
1551. Renata C,
Longmont
1552. Samuel G, Pueblo
1553. Willow B, Denver
1554. Karen S, Boulder
1555. Celeste S,
Lakewood
1556. Jeanette A,
Colorado Springs
1557. suzanne k,
Livermore
1558. Andrea D,
Colorado Springs
1559. Rhianna L,
Northglenn
1560. Kate B, Fort Collins
1561. Robert R, Denver
1562. Ann C, Colorado
Springs
1563. Danae J, Foxfield
1564. PAM p, Aurora
1565. Austin U, Colorado
Springs
1566. Ryan M, Denver
1567. Lindsey S, Golden
1568. Deirdre M, Greeley
1569. David R, Denver
1570. Bella L,
Westminster
1571. Debbie R,
Longmont
1572. Asher D, Colorado
Springs
1573. Ashley M, Loveland
1574. Edwina S, Brighton
1575. Raeonna T,
Colorado Springs
1576. Carrie S, Castle
Rock
1577. Anahi O, Evans
1578. Greg S, Fort Collins
1579. Seneca P,
Englewood
1580. Sammy S,
Thornton
1581. Kim B, Loveland
1582. Sevi N, Lakewood
1583. Samantha K,
Northglenn
1584. Rebekah C, Aurora
1585. Phyllis F, Fort
Collins
1586. Halina T, Lakewood
1587. Jeffrey O, Roggen
1588. Melvin B, Denver
1589. Lee H, Centennial
1590. Samuel C, Alamosa
1591. Linda A, Florissant
1592. Hound H, Aurora
1593. Andrea J, Denver
1594. Candy C, Pueblo
1595. Amirhossein M,
Boulder
1596. Socorro R,
Broomfield
1597. Corena B,
Saguache
1598. Rebekah O,
Centennial
1599. Rita L, Manzanola
1600. Georgia S,

Colorado Springs	1623. Zoe S, Mead	Littleton
1601. Jaylynn J, Longmont	1624. Connie D, Colorado Springs	1644. Alex A, Denver
1602. Claudia J, Denver	1625. Berna H, Grand Junction	1645. Mae K, Golden
1603. Cathy D, Pueblo	1626. Lemo H, Aurora	1646. Amber B, Colorado Springs
1604. Donna M, Aurora	1627. Phyllis C, Denver	1647. Gavin W, Colorado Springs
1605. Estrella F, Denver	1628. JEFF C, Grand Junction	1648. Donilyn W, Denver
1606. Kaytlin B, Clifton	1629. Emma N, Denver	1649. Jesus J, Monte Vista
1607. Sean T, Pueblo	1630. Gail W, Breckenridge	1650. River D, Fort Collins
1608. Joshua W, Denver	1631. Heaven N, Milliken	1651. Tarana P, Denver
1609. Haley H, Pueblo	1632. Carolina H, Denver	1652. Kaleigh K, Denver
1610. Kevin m, Grand Junction	1633. Mel C, Aurora	1653. Tegain B, Arvada
1611. Grace Y, Fort Collins	1634. Charlene S, Denver	1654. Darci W, Englewood
1612. Brandi C, Golden	1635. Justice A, Colorado Springs	1655. Carolyn S, Thornton
1613. Amber R, Littleton	1636. Olivia P, Greeley	1656. Michelle G, Estes Park
1614. Mason W, Grand Junction	1637. Genesis B, Colorado Springs	1657. Angela W, Thornton
1615. Glen W, Evans	1638. Rhonda R, Loveland	1658. Holly A, Greeley
1616. Nathalia C, Denver	1639. Angelica V, Pueblo	1659. William A, Timnath
1617. Felina C, Carbondale	1640. Danna A, Avon	1660. Prugh D, Lyons
1618. Sarah M, Aurora	1641. JohannesGepkens G, Wheat Ridge	1661. Rudy A, Greeley
1619. Ashtree B, Denver	1642. Kyle C, Grand Junction	1662. Steven B, Castle Rock
1620. San S, Aurora	1643. Jalena Nachtshe J,	1663. Amanda F, Denver
1621. Chelsea H, Fort Collins		
1622. Desiree M, Commerce City		

1664. hannah f,
Highlands Ranch

1665. Ignatius V,
Louisville

1666. Alejandro S,
Littleton

1667. John W, Canon City

1668. Joshua C, Denver

1669. Angela G,
Cheyenne Wells

1670. Wendy M,
Colorado Springs

1671. Jeanne F,
Westminster

1672. Adam L, Evans

1673. Kelly F,
Westminster

1674. Molly T, Denver

1675. Arval B, Colorado
Springs

1676. Zoe P, Brookside

1677. Valeria M, Denver

1678. Solei J, Fort Collins

1679. Qiyra M, Longmont

1680. Alyssa E, Denver

1681. Seth P, Littleton

1682. Kristina G,
Brookside

1683. Melanie S,
Northglenn

1684. Ally H, Colorado
Springs

1685. ash M, Castle Rock

1686. Sajadea H,
Westminster

1687. Kenneth N,
Colorado Springs

1688. Nicholas M,
Thornton

1689. Tammy T, Colorado
Springs

1690. Braydon N, Aurora

1691. Danielle S, Sanford

1692. Stefny W, Littleton

1693. Marisa M, Denver

1694. Bonnie H, Colorado
Springs

1695. Christine.homeb H,
Westminster

1696. Katherine K,
Denver

1697. Joshua M,
Colorado Springs

1698. Steve L, Denver

1699. Tina G, Berthoud

1700. Mark R, Fort
Collins

1701. Richard R,
Colorado Springs

1702. Annie S, Denver

1703. Carelyn C, Denver

1704. Patrick D,
Longmont

1705. Chloe M,
Centennial

1706. Angela G, Pueblo

1707. Donna G, Denver

1708. Corinne W, Fort
Collins

1709. James H,
Carbondale

1710. Tavonne J, Denver

1711. Tatiana O,
Colorado Springs

1712. aj t, Montrose

1713. v c, Centennial

1714. Kathy M, Denver

1715. Wesley S,
Commerce City

1716. Ulises A, Denver

1717. DONNA S, Fort
Collins

1718. Jody H, Aspen

1719. Lauren M, Denver

1720. Manuel M,
Colorado Springs

1721. Lacy C, Littleton

1722. Aviane A, Colorado
Springs

1723. Kim R, Fort Collins

1724. Jean W, Denver

1725. shawn B, Colorado Springs
1726. Noah S, Pueblo
1727. Brianna H, Aurora
1728. Darlene M, Clifton
1729. Ethan C, Aurora
1730. Kristen R, Pagosa Springs
1731. Tracy A, Denver
1732. Laura M, Boulder
1733. Ann A, Thornton
1734. Robert B, Longmont
1735. Richard F, Castle Rock
1736. Marla K, Centennial
1737. Jodie H, Windsor
1738. Doris H, Peyton
1739. Rachel B, Loveland
1740. David B, Fort Collins
1741. Robert D, Romeo
1742. Diane L, Longmont
1743. Janice H, Denver
1744. Sonya S, Highlands Ranch
1745. Sam B, Louisville
1746. Ada L, Colorado Springs
1747. wendy j, Parker Westminster
1748. Vanessa V, Greeley
1749. Whitney O, Lakewood
1750. Mary B, Erie
1751. Chris D, Colorado Springs
1752. Katie I, Denver
1753. Rowan O, Superior
1754. Riley S, Colorado Springs
1755. Angela P, Denver
1756. Jeane D, Evergreen
1757. Joe K, Commerce City
1758. Killian W, Castle Rock
1759. Byron B, Lakewood
1760. Monica J, Denver
1761. Damarcus T, Severance
1762. Kiara T, Galeton
1763. Andrew G, Denver
1764. Madison K, Greeley
1765. Robert s, Loveland
1766. Antoinette Q, Limon
1767. A S, Aurora
1768. tanya j, Westminster
1769. Evie M, Durango
1770. Alex p, Fort Collins
1771. Sandra V, Colorado Springs
1772. Samuel N, Centennial
1773. Crimson D, Montrose
1774. Barbara D, Aurora
1775. Sheryl P, Pagosa Springs
1776. yolanda j, Northglenn
1777. Nancy S, Centennial
1778. Karen S, Colorado Springs
1779. K H, Denver
1780. Jerry Q, Colorado Springs
1781. Natalya P, Centennial
1782. Diane S, Fort Collins
1783. Hannah T, Denver
1784. Kathy H, Colorado Springs
1785. Carrie D, Foxfield
1786. Jim W, Colorado Springs

1787. charlton W,
Loveland

1788. Taylor M, Colorado
Springs

1789. Megan W, Fleming

1790. Hellen T, Greeley

1791. Alexis G,
Englewood

1792. Rachel C, Brighton

1793. Maria F, Parker

1794. Kimberly N,
Boulder

1795. Troy F, Denver

1796. Jerry P, Boulder

1797. Alison T,
Carbondale

1798. Ailene V, Castle
Rock

1799. Mark L, Denver

1800. Emily E, Denver

1801. Sean C, Denver

1802. Larry G, Thornton

1803. Tommy S, Pueblo

1804. Claudia K, Denver

1805. Jess S, Arvada

1806. adam I, Pueblo

1807. M K, Castle Pines

1808. Kathy W, Aurora

1809. Devin D, Colorado
Springs

1810. Ashley M, Eaton
Collins

1811. Syah B, Denver

1812. Carter B, Aurora

1813. Amber R, Aurora

1814. Madison K,
Greeley

1815. Deborah B, Estes
Park

1816. Lilly M, Greeley

1817. Kindall J, Canon
City

1818. Hiltrud A, Denver

1819. Jorge M, Denver

1820. Jill B, Windsor

1821. Cali M, Colorado
Springs

1822. Cora Lee B,
Colorado Springs

1823. Willow E,
Centennial

1824. Patricia O, Colo
Spgs

1825. Jasmine G,
Thornton

1826. Massiel O, Denver

1827. Lilly S, Thornton

1828. Vicki B, Boulder

1829. Dirk K, Arvada

1830. Scott P, Las Animas

1831. Melody W, Fort
Collins

1832. Zoey W, Canon City

1833. Diana A, Colorado
Springs

1834. Chara N, Colorado
Springs

1835. Jennifer S,
Nederland

1836. Betty H, Littleton

1837. johnie c, Denver

1838. Jason R, Grand
Junction

1839. Lori T, Greenwood
Village

1840. Rosa H, Aurora

1841. Dayla G, Colorado
Springs

1842. Jennifer C,
Lakewood

1843. Miranda L,
Thornton

1844. Ariel B, Colorado
Springs

1845. Alexis T, Aurora

1846. Pamela F, Fort
Collins

1847. Alexis H, Highlands
Ranch

1848. Louis A, Pueblo

1849. Donna B, Fountain

1850. Aaron R, Denver

1851. Sapphyre D, Pueblo
1852. Peggy P, Colorado Springs
1853. Mario Q, Commerce City
1854. Emma N, Colorado Springs
1855. Dan R, Steamboat Springs
1856. Jessica C, Aurora
1857. Sam L, Lakewood
1858. Sharon A, Lochbuie
1859. Mark C, Pueblo
1860. Nicolette G, Denver
1861. Haydin M, Lafayette
1862. William R, Colorado Springs
1863. mia m, Centennial
1864. jaquelin L, Denver
1865. Alexander R, Alamosa
1866. Danny B, Denver
1867. Ariana G, Colorado Springs
1868. Alora G, Fort Collins
1869. Brehannah T, Aurora
1870. Christopher C, Arvada
1871. Shana H, Peyton
1872. andrea a, Aurora
1873. Colby A, Fort Collins
1874. cheryl t, Denver
1875. Jose M, Arvada
1876. Lake M, Westminster
1877. Newton L, Evans
1878. Sare H, Colorado Springs
1879. Sallie G, Monument
1880. Siveon S, Aurora
1881. Jeff O, Broomfield
1882. Hartley B, Montrose
1883. Kimberly W, Colorado Springs
1884. Jessica M, Wheat Ridge
1885. jim I, Aurora
1886. Joseph D, Lafayette
1887. Aaliyah I, Aurora
1888. Dale I, Arvada
1889. Jesse a, Denver
1890. Matthew P, Alamosa
1891. Delia A, Aurora
1892. Lorene A, Denver
1893. Leanne H, Colorado Springs
1894. Jacob B, Grand Junction
1895. Brandon H, Commerce City
1896. Jill G, Craig
1897. Katherine D, Denver
1898. Steve O, Englewood
1899. Christine K, Aurora
1900. Alexandria S, Grand Junction
1901. Robbie W, Greeley
1902. Josh W, Fountain
1903. Leah L, Thornton
1904. Richard M, Englewood
1905. Melissa M, Grand Junction
1906. Larry B, Wellington
1907. Arnzie T, Denver
1908. James B, Lafayette
1909. Olivia K, Denver
1910. F M, Steamboat Springs
1911. Casey R, Lafayette

1912. Shirley T, La Junta
1913. Bethany C, Denver
1914. Max Y, Denver
1915. teresa I, Denver
1916. Cindy U, Superior
1917. Timothy T, Castle
Rock
1918. Eve T, Denver
1919. Coleman C,
Loveland
1920. Sarah L, Olathe
1921. Olivia H, Colorado
Springs
1922. Yeto S, Arvada
1923. Nicole S, Wheat
Ridge
1924. Mary H, Evans
1925. Mara M, Highlands
Ranch
1926. Alex C, Colorado
Springs
1927. matthew c,
Julesburg
1928. Loisl W, Aurora
1929. julie k, Colorado
Springs
1930. Connie A, Frisco
1931. Keyara W, Denver
1932. Margarita K,
Colorado Springs
1933. William L, Austin
1934. Donna W,
Highlands Ranch
1935. Benita G,
Lakewood
1936. Keith S, Fort Collins
1937. Frank U,
Englewood
1938. Robyn T, Longmont
1939. carla a, Denver
1940. Betsy T, Denver
1941. Anne M, Longmont
1942. Edie S, Clifton
1943. Pauline D, Greeley
1944. Katie S, Colorado
Springs
1945. Jessica H, Colorado
Springs
1946. regan g, Wheat
Ridge
1947. Virginia M,
Colorado Springs
1948. Vanessa D, Denver
1949. Kennedy R,
Colorado Springs
1950. Jessica P, Sedalia
1951. Doni A, Canon City
1952. Stevan R, Fort
Collins
1953. Karen S, Aurora
1954. Harold O,
Longmont
1955. Victoria M,
Lafayette
1956. Lillie S, Denver
1957. tracy m, Rockvale
1958. Nancy S, Aurora
1959. Karen J, Sanford
1960. Gilbert V, Aurora
1961. Angela P,
Longmont
1962. Theodore B,
Lafayette
1963. Gallilea M, Denver
1964. Olivia A.S Gonz O,
Colorado Springs
1965. pat g, Aurora
1966. Jesus H, Longmont
1967. Robert H, Denver
1968. Ashley M, Denver
1969. Destiny F, Denver
1970. Sydney D, Aurora
1971. Jordin T, Colorado
Springs
1972. alison b, Firestone
1973. Ambria W,
Platteville
1974. Gerard S, Avondale
1975. Clamma D,
Thornton

1976. Nea P, Colorado Springs
1977. Crystal H, Grand Junction
1978. Gavin E, Boulder
1979. Mara G, Colorado Springs
1980. Ashleigh M, Pueblo
1981. Daniel H, La Salle
1982. Nicole W, Aurora
1983. Brandy W, Colorado Springs
1984. michele f, Fairplay
1985. Theresa W, Erie
1986. Mina K, Boulder
1987. Seraph S, Divide
1988. Theresa B, Colorado Springs
1989. Hannah L, Arvada
1990. Sarah L, Colorado Springs
1991. ilyssa W, Littleton
1992. Susan W, Steamboat Springs
1993. Nick W, Castle Rock
1994. Elise G, Highlands Ranch
1995. Karen R, Lafayette
1996. Dorothy and Ric C, Colorado Springs
1997. Patricia N, Evergreen
1998. Risa V, Denver
1999. Richard O, Pueblo
2000. Chuck C, Longmont
2001. Maria d, Pagosa Springs
2002. Crystal M, Grand Junction
2003. bryan G, Romeo
2004. Judith F, Thornton
2005. Michael C, Englewood
2006. William C, Lakewood
2007. Alex C, Peyton
2008. Tammy S, Greeley
2009. Joyce G, Leadville
2010. Danielle R, Greeley
2011. Lynette M, Milliken
2012. Brian M, Lakewood
2013. Chris M, Littleton
2014. Kylie P, Log Lane Village
2015. Kellie B, Simla
2016. Sarah S, Broomfield
2017. Philip R, Hesperus
2018. Theronne B, Sterling
2019. Tony H, Pueblo
2020. Juan G, Ault
2021. Reese K, Fraser
2022. Donna M, Frederick
2023. Kinsley T, Silverthorne
2024. Hayden L, Lakewood
2025. Tonya S, Somerset
2026. Arnie S, Aurora
2027. Mary S, Longmont
2028. Galen K, Grand Junction
2029. Layla E, Avon
2030. Christine K, Lakewood
2031. Jeremiah R, Colorado Springs
2032. Judy H, Aurora
2033. Tiffany S, Englewood
2034. Desiree C, Brush
2035. Carlos A, Edwards
2036. Leslie G, Colorado Springs
2037. Karleen D, Montrose
2038. Selah K, Fort Collins

2039. Sandra O, Durango	2061. Naomi B, Aurora	Englewood
2040. Dwight S, Craig	2062. Devin O, Denver	2082. Ari W, Denver
2041. Crystal P, Pueblo	2063. Diamond V, Aurora	2083. Adri T, Littleton
2042. Walter B, Denver	2064. Kate U, Parker	2084. Taylor L, Aurora
2043. Emma C, Denver	2065. Huriel I, Grand Junction	2085. Marcia M, Englewood
2044. chloe g, Denver	2066. Jason C, Brighton	2086. Renea R, Greeley
2045. Madelyn H, Grand Junction	2067. McKenna M, Castle Rock	2087. Raquel J, Colorado Springs
2046. Denny S, Fort Collins	2068. Star B, Colorado Springs	2088. Leidy R, Aurora
2047. Nova V, Colorado Springs	2069. Rowan E, Westminster	2089. Vic R, Fort Collins
2048. Jeff P, Colorado Springs	2070. Ashley B, Sedgwick	2090. Laurie L, Greeley
2049. Pam C, Highlands Ranch	2071. Robert B, Gunnison	2091. John K, Westminster
2050. Doris C, Greeley	2072. Chris C, Colorado Springs	2092. Lincoln L, Broomfield
2051. Shawn E, Colorado Springs	2073. Camryn F, Windsor	2093. Jennifer W, Colorado Springs
2052. Mark T, Greeley	2074. Paisley W, Castle Pines	2094. Paul M, Buffalo Creek
2053. Carolena Q, Fort Collins	2075. Valerie W, Florence	2095. Jack A, Denver
2054. Dante C, Greeley	2076. Josefina S, Colorado Springs	2096. Rebecca K, Colorado Springs
2055. Rose K, Boulder	2077. Cheryl M, Manitou Springs	2097. Esther S, Pueblo
2056. Sara L, Gunnison	2078. Gigi J, Denver	2098. Noah S, Denver
2057. Hailey P, Fort Collins	2079. Saxton T, Longmont	2099. devynn D, Peyton
2058. Rebecca M, Aurora	2080. elle s, Centennial	2100. zoey m, Greeley
2059. Mimi A, Denver	2081. Bethanne G,	2101. Raelyn A, Redvale
2060. Bethany P, Aurora		2102. phoenix B, Boulder
		2103. Cristine I, Denver

2104. Michael S, Littleton
2105. Aiden M, Colorado Springs
2106. Aubrie A, Grand Junction
2107. Kadin J, Denver
2108. Lisa S, Colorado Springs
2109. Steven E, Denver
2110. Carle S, Denver
2111. Marina T, Highlands Ranch
2112. Jim M, Denver
2113. Sadie H, Aurora
2114. Eric K, Snowmass Village
2115. Sierra M, Montrose
2116. Isabelle F, Fort Collins
2117. Kali D, Denver
2118. Trinity L, Firestone
2119. matt n, Denver
2120. Ashleigh M, Colorado Springs
2121. Koen L, Colorado Springs
2122. Suzanne B, Colorado Springs
2123. Tiana M, Longmont
2124. Jodia t, Hawley
2125. Lisa H, Broomfield
2126. Aiyanna G, Fort Collins
2127. Valarie H, Northglenn
2128. Josie M, Avon
2129. Karine I, Denver
2130. Myranda M, Thornton
2131. emmi m, Aurora
2132. Shawna C, Manitou Springs
2133. Mephistopheles G, Grand Junction
2134. Denise H, Arvada
2135. Joanne L, Centennial
2136. Roger W, Denver
2137. Janet M, Durango
2138. Francine D, Arvada
2139. Paul W, Denver
2140. Carrie S, Broomfield
2141. Brian A, Denver
2142. Yunier L, Denver
2143. Doris M, Del Norte
2144. Ezeryiah N, Lakewood
2145. Christine U, Aurora
2146. Angel H, Denver
2147. Candace W, Paonia
2148. Marcy K, Castle Rock
2149. Laetitia L, Grand Junction
2150. Naomi B, Evans
2151. Dylan A, Colorado Springs
2152. Allison C, Fort Collins
2153. darlene t, Denver
2154. Mia S, Denver
2155. JUSTICE F, Arvada
2156. Richard S, Pueblo
2157. Morticia M, Pueblo
2158. Melissa A, Colorado Springs
2159. Steven S, Colorado Springs
2160. Ross D, Aurora
2161. Diane H, Denver
2162. Ashley M, Colorado Springs
2163. Margaret T, Denver
2164. Lisa M, Golden
2165. Allyssa P, Colorado Springs
2166. Priscilla Dean V, Longmont

2167. Amy L, Bailey
2168. Jessica H, Holly
2169. Kate S, Boulder
2170. Diane C, Castle
Rock
2171. Nicole M, Grand
Junction
2172. Karina W, Denver
2173. Stevie W, Fort
Collins
2174. Mazi B, Fort Collins
2175. Payton H, Parker
2176. Keith W, Evergreen
2177. William G,
Colorado Springs
2178. Aubrey H,
Northglenn
2179. Milagros M, Aspen
2180. Julia G, Arvada
2181. Ashlynn S, Denver
2182. Floyd G, Denver
2183. Tiffany C, Fort
Collins
2184. Destiny G,
Northglenn
2185. Thomas R, Denver
2186. Benjamin C,
Greeley
2187. Thomas T,
Colorado Springs
2188. Ethan O, Lakewood
2189. Tia W, Louisville
2190. Tyler H, Thornton
2191. Bex H, Denver
2192. Laura A, Denver
2193. Beth C, Fort Carson
2194. Joseph H, Colorado
Springs
2195. Doug B, Denver
2196. Belsi D, Aurora
2197. Leah C, Boulder
2198. Mindy K, Fort
Collins
2199. Alora D, Pueblo
West
2200. Autumn R, Pueblo
2201. Ireland S, Castle
Rock
2202. Kayla W, Colorado
Springs
2203. Kaitlyn C, Aurora
2204. Cecilia R, Colorado
Springs
2205. Catherine D,
Peyton
2206. Joe B, Denver
2207. Dylan C, Grand
Junction
2208. Miyah C, Durango
2209. Anaiah M, Cardiff
2210. Hannah S,
Colorado Springs
2211. Melissa S,
Thornton
2212. Ashley C, Colorado
Springs
2213. Carol H, Denver
2214. Ashtynn D, Pueblo
2215. Joan S, Denver
2216. Marie R, Grand
Junction
2217. Alexis C, Greeley
2218. Charly N,
Greenwood Village
2219. Jennifer V,
Westminster
2220. Sherri R, Denver
2221. Leslie S, Evergreen
2222. Kimberly H,
Colorado Springs
2223. Edward L, Denver
2224. Raquel P,
Evergreen
2225. kaylee M, Grand
Junction
2226. Chris K, Windsor
2227. Sarah S, Greeley
2228. Rebecca S,
Littleton
2229. Erin B, Lakewood

2230. Ana C, Centennial
2231. Sam S, Centennial
2232. Jay P, Aurora
2233. Monte B, Trinidad
2234. Gayle C, Denver
2235. Kylie R, Aurora
2236. BevAnne R, Denver
2237. Elisha M,
Thornton
2238. Philip B, Arvada
2239. Tony H, Crawford
2240. Jaralee S, Colorado
Springs
2241. Kelly W, Colorado
Springs
2242. Aaron G, Pueblo
2243. Mary Emily R,
Colorado Springs
2244. Skyy T, Denver
2245. Jessica G,
Longmont
2246. Wybie R, Longmont
2247. Lola B, Denver
2248. Sarah I, Bow Mar
2249. Rebecca H, Greeley
2250. Keaton S, Colorado
Springs
2251. Tiffany W, Grand
Junction
2252. Priscilla S, Littleton
2253. Dante H, Lakewood
2254. Deborah L, Boulder
2255. Douglas L, Pueblo
2256. Danielle O,
Highlands Ranch
2257. Rusty H, Denver
2258. Autumn W,
Colorado Springs
2259. Khu H, Evans
2260. Brad C, Denver
2261. Victoria O,
Longmont
2262. Graziella C, Denver
2263. Betty P, Boulder
2264. Elizabeth D,
Colorado Springs
2265. Cassidy H, Trinidad
2266. Marissa L,
Loveland
2267. Heather H,
Littleton
2268. Malaika H,
Centennial
2269. Kyrie Q, Colorado
Springs
2270. Terrance B, Denver
2271. Mary C, Mead
2272. Parker P, Arvada
2273. Bridget C, Colorado
Springs
2274. Zoe G, Denver
2275. Hope C, Erie
2276. Hannah C, Denver
2277. Amy E, La Junta
2278. Emma J, Aurora
2279. Felicia B, Alamosa
2280. Kristen A, Castle
Pines
2281. Livie R, Broomfield
2282. Kate J, Colorado
Springs
2283. Fedelina M,
Walsenburg
2284. Anna-Marie F,
Eagle
2285. Lucinda N, Pueblo
2286. Barbara S, Parker
2287. Cyan W, Boulder
2288. Charlotte R, Evans
2289. Claudia V, Boulder
2290. Elvi B, Aurora
2291. Mary R, Wheat
Ridge
2292. Gina F, Louisville
2293. Be M, Colorado
Springs
2294. Rhonda B,
Thornton
2295. Douglas S, Fort
Collins

2296. Eva R, Glenwood Springs
2297. James W, Fort Collins
2298. Rachael L, Denver
2299. Hannah C, Arvada
2300. Oliver L, Merino
2301. Shelley R, Littleton
2302. Natalie V, Denver
2303. Jax S, Aurora
2304. Keith H, Parker
2305. Venus G, Colorado Springs
2306. BRENDA L, Denver
2307. Avari B, Aurora
2308. Anna D, Castle Rock
2309. Myron Z, Cotopaxi
2310. Zoey S, Como
2311. Rena B, Littleton
2312. Mark R, Loveland
2313. Audry S, Colorado Springs
2314. Veronica G, Denver
2315. Reynaldo V, Colorado Springs
2316. John H, Loveland
2317. Vicki M, Louisville
2318. Lucas M, Aurora
2319. Dianna V, Montrose
2320. Jon S, Denver
2321. kathleen h, Brighton
2322. Teresa F, Trinidad
2323. Christie K, Westminster
2324. Cynthia G, Rye
2325. Christina M, Denver
2326. Mollie D, Colorado Springs
2327. Bruce L, Fruita
2328. Nicole H, Greeley
2329. Seamus M, Centennial
2330. Julia B, Aurora
2331. Jeffery D, Aurora
2332. Seffa A, Commerce City
2333. Jax M, Lakewood
2334. Donna M, Colorado Springs
2335. Cjj L, Brighton
2336. Meghan H, Englewood
2337. Lila D, Denver
2338. Chase M, Fort Collins
2339. Anita C, Grand Junction
2340. James K, Platteville
2341. Carey S, Longmont
2342. Seaira M, Colorado Springs
2343. Charlotte C, Hghlnds Ranch
2344. sable s, Fort Collins
2345. MacKenzie F, Canon City
2346. Crystal L, Westminster
2347. shayla m, Colorado Springs
2348. Falyn S, Fort Collins
2349. Gwenyth G, Aurora
2350. Asher G, Monument
2351. Cayla B, Northglenn
2352. Maya B, Westminster
2353. Gregory G, Greenwr Village
2354. lurie n, Evergreen
2355. Jeje L, Aurora
2356. Disa D, Centennial
2357. Crystal p, Longmont
2358. Alexandra N, Byers

2359. Matthew M, Castle Rock	2382. gabe w, Denver	Steamboat Springs
2360. Ella M, Boulder	2383. Anna S, Aurora	2404. Taelor E, Centennial
2361. Jordan C, Castle Rock	2384. James H, Parker	2405. Olivia B, Wheat Ridge
2362. Ben D, Como	2385. Eula K, Eckert	2406. Corrine B, Brookside
2363. Uma J, Crestone	2386. Lukas P, Fort Collins	2407. Ana H, Denver
2364. Terri V, Evergreen	2387. Jackson H, Aurora	2408. Stephanie A, Fountain
2365. Cassandra L, Longmont	2388. Bella C, Colorado Springs	2409. Mando Z, Colorado Springs
2366. James A, Kiowa	2389. Patricia B, Arvada	2410. Charlie Y, Denver
2367. Jeff B, Littleton	2390. Michael B, Colorado Springs	2411. Yvonne M, Denver
2368. Leila M, Boulder	2391. Mike P, Centennial	2412. Dina Z, Aurora
2369. Judith R, Highlands Ranch	2392. Litzy A, Denver	2413. Marta F, Colorado Springs
2370. Darlene S, Fort Collins	2393. Lorelei T, Lakewood	2414. Landon L, Colorado Springs
2371. Vicki M, Whitewater	2394. Bridgette S, Cedaredge	2415. Jodel S, Akron
2372. Liz B, Denver	2395. Concha B, Denver	2416. Kaylee B, Longmont
2373. Tori T, Aurora	2396. John F, Denver	2417. Shawn E, Commerce City
2374. Sonia O, Erie	2397. Lizeth L, Denver	2418. Opal D, Colorado Springs
2375. Renee M, Elizabeth	2398. rion n, Lakewood	2419. Valerie H, Denver
2376. Daniel M, Golden	2399. Morgan N, Lakewood	2420. Cheri W, Lafayette
2377. Frances L, Pueblo	2400. Chase R, Denver	2421. Dennis S, Lakewood
2378. Jessica C, Laporte	2401. Katrena T, Commerce City	2422. Sandra S, Denver
2379. Veronica A, Denver	2402. Lydia C, Grand Junction	
2380. Yara H, Denver	2403. Sarah N,	

2423. Myrna E, Colorado Springs
Longmont

2424. Bella G, Pagosa Springs

2425. Megan G, Fruita

2426. Sophia F, Colorado Springs

2427. Carol A, Westminster

2428. Sonya D, Aurora

2429. Michael P, Castle Rock

2430. Courtney J, Denver

2431. Kaitlyn n, Crystal Hills

2432. Kelley E, Lakewood

2433. Jose V, Aurora

2434. Stefanie S, Englewood

2435. Ricardo S, Denver

2436. Kay N, Loveland

2437. Jan C, Aurora

2438. Brian R, Aurora

2439. Shirley H, Denver

2440. Susan A, Nucla

2441. Teresa P, Fort Collins

2442. Talitha E, Lakewood

2443. Lourdes O, Colorado Springs

2444. Joseph C, Dupont

2445. Chad L, Conifer

2446. Michelle H, Durango

2447. Bo M, Arvada

2448. Sandra W, Niwot

2449. Carter C, Lafayette

2450. Tammy C, Fort Collins

2451. Sarah T, Colorado Springs

2452. Allison H, Grand Junction

2453. Francia C, Greeley

2454. Madelyn O, Highlands Ranch

2455. Autumn T, Colorado Springs

2456. Joshua W, Greeley

2457. Kathy S, Pueblo

2458. Danielle T, Pueblo

2459. Nallely F, Aurora

2460. Cherilyn T, Littleton

2461. Cody H, Colorado Springs

2462. Abigail M, Aurora

2463. Bex S, Denver

2464. Richard M, Colorado Springs

2465. Colleen T, Fort Collins

2466. MJ P, La Veta

2467. Paul R, Arvada

2468. Kristy M, Thornton

2469. Katie R, Englewood

2470. Rak C, Aurora

2471. Travis C, Cortez

2472. Steven M, Pueblo

2473. Ray G, Windsor

2474. Lahti A, Broomfield

2475. Tania G, Denver

2476. Liz M, Colorado Springs

2477. JoAnn F, Denver

2478. Beckie O, Commerce City

2479. Suzann H, Castle Rock

2480. Tyaska E, Fort Collins

2481. Noreen N, Westminster

2482. Diana cruz D, Aurora

2483. Samantha M, Aurora

2484. Madelina C, Colorado Springs

2485. Ann W, Denver

2486. Natalia S, Aurora	2508. Richard O, Loveland	Lakewood
2487. Roxanne K, Centennial	2509. Terenn T, Arvada	2530. Nicholas A, Pueblo
2488. Robert W, Greeley	2510. Tyler H, Lakewood	2531. Colby C, Fountain
2489. Angie C, Northglenn	2511. Deborah W, Arvada	2532. James B, Denver
2490. Sarah S, Arvada	2512. Paige H, Denver	2533. Hana J, Fort Carson
2491. Timothy D, Northglenn	2513. Maile R, Fort Collins	2534. Jane W, Pueblo
2492. Karen H, Loveland	2514. Haley K, Monument	2535. Sally S, Arvada
2493. Cathyp H, Fort Collins	2515. Amber B, Peyton	2536. Megan V, Westminster
2494. Sharon M, Aurora	2516. Amanda T, Denver	2537. Erica T, Littleton
2495. Jennifer R, Evergreen	2517. Mike P, Centennial	2538. Claire B, Colorado Springs
2496. Kelly C, Loveland	2518. RaeRae M, Salida	2539. Bea B, Denver
2497. Robert P, Parker	2519. Shelly T, Parker	
2498. Will K, Boulder	2520. Rashelle G, Denver	
2499. Elizabeth C, Longmont	2521. Sandy S, Crawford	
2500. RUSSELL H, Denver	2522. Ray M, Loveland	
2501. Bill M, Colorado Springs	2523. Cedric T, Colorado Springs	
2502. Lisa S, Littleton	2524. Sierra G, Denver	
2503. Forest I, Denver	2525. Molly R, Castle Rock	
2504. Sarah C, Lakewood	2526. Orion G, Fort Collins	
2505. Rhonda S, Alamosa	2527. Lauren H, Colorado Springs	
2506. Gayleen R, Lakewood	2528. Oliver R, Fort Lupton	
2507. Cher P, Boulder	2529. Josette A,	

Kristine McGuire
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 24, 2023

Madame Chair and members of the committee - thank you for your review of my written testimony.

My name is Kristine McGuire and I am a licensed clinical social worker with the University of Colorado Hospital outpatient orthopedics clinic. I am writing to express concern about HB23-1215, a bill that would eliminate facility fees within the hospital/outpatient clinic setting in Colorado.

I see patients on their worst days. These patients have been involved in orthopedic traumas. They are undergoing treatment for bone cancers such as osteosarcoma. They are undergoing limb salvage and reconstruction. They are undergoing extremity amputations. These patients are complex and multifaceted, often facing limb-threatening conditions requiring attention from a variety of specialties.

The facility fee pays for my colleagues such as nurses, athletic trainers, case managers, interpreters, pharmacists, etc. – and me – as we do not directly bill patients for the services we provide. Facility fees also help ensure all patients have access to necessary medical services, regardless of their ability to pay.

Hospital-based clinics serve millions of people each year including many Medicaid and uninsured patients. Many of the patients I serve are underinsured or uninsured, and I am concerned an already vulnerable population may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

As a social worker “in the trenches”, I am all too familiar with the financial constraints facing the patients that I serve. The financial, physical and mental health of my patients has only worsened since the pandemic. Rather than eliminating facility fees, we should be discussing why Colorado is ranked third worst for adults with unmet behavioral health needs, sixth worst for suicide deaths, and fifth worst for alcohol-related deaths. All of these issues can be treated expertly within an outpatient clinic setting, freeing up capacity in our emergency departments. Removing all payment for outpatient care outside of a physician runs a serious risk of closing clinics, especially in rural communities. This will increase emergency department usage and inpatient care. It will ultimately drive up healthcare costs for everyone.

I do not support adding unnecessary fees to patients. But instead of banning facility fees outright, efforts should be made to increase transparency and ensure that patients are fully informed about the fees they will be charged. This could include providing clear explanations of the fees and offering financial assistance to patients who are unable to afford them. The answer should not and cannot be eliminating them completely, rendering thousands of my colleagues, and me, out of a job while leaving patients without a dedicated, expert treatment team to help them during their darkest times.

There has to be another way, a compromise, to ensure that patients can continue receiving excellent care, thousands of healthcare workers do not lose their jobs, and Colorado remains at the forefront of progressive policies dedicated to the human experience. Thank you very much for your consideration.

Amber Kohler, BS, BSN, MSN, RN, FNP-C
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 23, 2023

I am reaching out to you as a Nurse Practitioner working in a Burn Clinic in the ambulatory setting. Caring for patients in the ambulatory setting is different from admitting the patient for hospitalization and is therefore directly impacted by HB23-1215. Many of our patients are mostly independent, living at home, or undomiciled who require preventative or urgent care in order to return to living their lives before their injury. The work done in ambulatory clinics represents a vital aspect of care to keep healthcare accessible. It is as important to support patients outside of the hospital as it is to support those requiring admission. Services provided in ambulatory care prevent unnecessary admissions, decrease long stays away from home with earlier discharges, and open already crowded hospital beds to those who truly need them. Therefore, access to clinic care translates to improved access to care and reduced healthcare cost for patients and payors but is not free.

Please note the work described above is directly supported by the facility fee this House Bill proposes to limit. If you take away the facility fee, you are taking away our ability to care for our patients and pay staff who have families of their own. For example, many clinics are provider-based and provide care for a large number of low income patients, those with Medicaid or no insurance at all. The facility fee is the only fee that covers the large care team outside of the provider such as social workers, nurses, security officers, the registration team, housekeeping, pharmacists, case managers, behavioral health staff, outpatient surgery schedulers, staff obtaining insurance authorization, and many others. Each of these team members has a unique role and is called upon for the care of our patients every single day. Without these fellow team members, I cannot provide the care needed for my complicated patients.

I am asking for you to oppose this misguided bill. This policy will not help patients but could harm them as a result of restricting access to their care. Please vote NO on [HB23-1215](#). Let us find a different way to make healthcare more affordable.

Thank you in advance for your support,

Amber Kohler
Denver Resident, APRN and Voter

****You will have only 2-3 minutes to present your testimony**

Elicia Bunch
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 20, 2023

Madame Chair and members of the committee - thank you for the opportunity to speak today.

My name is Elicia Bunch, and I am the vice president of behavioral health for UHealth. I would like to talk to you today about my concerns with HB23-1215, which I fear will harm the most vulnerable Coloradans whom I have advocated for during the entirety of my career. This legislation will have consequences which will harm vulnerable Coloradans who need more access to behavioral health.

Since joining UHealth in 2019, I have been honored to oversee UHealth's investment in behavioral health. By developing services that integrate BH into a patient's medical care, we have significantly expanded access to BH care for Coloradans. We have built out a continuum of services in the community to ensure patients are getting the services they need where they present for care. Because a significant part of our state has a shortage of mental health professionals, some of these services must be delivered virtually. This approach of integrating care within the community and delivering care virtually when needed, has given thousands of Coloradans access to life-saving BH services they would not have otherwise had.

"Beth" is 35-year-old nurse with a history of childhood trauma whose mental health symptoms worsened during COVID. She had 7 inpatient hospitalizations and ED visits during a 6-month period before she was referred to the UHealth virtual intensive outpatient program. Since she has been receiving services through this program, her depression and anxiety have lessened, and she has not had 1 ER visit or inpatient hospitalization. Beth told her therapist "I've learned to challenge my thinking and not give in to my depression and anxiety. I haven't felt this much relief in a really long time. This treatment has not only saved my life, but it has helped me be a better mom, a better nurse, and an improved version of myself."

"Jack" was 41, living with his elderly mother due to his mental illness and inability to maintain a job. He had 10 inpatient psychiatric hospitalizations and countless visits to the ER due to suicide attempts and hearing voices. A year ago, he was referred to the UHealth refractory depression clinic for electro-convulsive therapy (which is considered gold standard for treatment resistant depression and requires the support of an inter-disciplinary treatment team) and he has had tremendous progress with no ER or inpatient psychiatric visits since starting ECT treatment.

What Beth and Jack have in common is this: They have both received life-changing treatment at UHealth through behavioral health services. Because of this care, both Beth and Jack have been able to avoid emergency and inpatient care. This is reducing health care costs in our state – in addition to saving lives.

Importantly – our intensive outpatient therapy services and virtual behavioral health services are funded by facility fees. Only facility fees. Patients are not receiving doctors' bills for much of this care because they're not seeing doctors. Our counselors, psychologists, social workers and others are reimbursed from the facility fee.

At a time when Colorado lags in access to much-needed mental health services, this bill would eliminate BH programs that are creating access to life-saving and cost-effective treatments.

Please oppose this bill that will worsen Coloradans' critical need for access to ~~limited~~ outpatient behavioral health services. Colorado is consistently ranked by the CDC for having a top 10 national suicide rate, and this bill will deprive vulnerable Coloradans of the BH services we are working so hard to expand.

Without community-based BH services funded through facility fees, Coloradans will require higher levels of care and greater use of expensive inpatient behavioral health beds which are already in short supply and insufficient to meet the current community needs.

For all Coloradans, including your family and mine, I urge you to oppose this bill.

Sarah Hagedorn MSN, RN, CCRN, SANE-A, SANE-P
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 24, 2023

Madame Chair and members of the committee - thank you for the opportunity to speak today.

My name is Sarah Hagedorn, and I am the clinical manager for the Forensic nurse examiner team at UCHealth Memorial in Colorado Springs. I am also the project director for several grant funded projects whose goal is to improve care for patients throughout the state who have experienced sexual assault or intimate partner violence. Today I'd like to discuss my concerns with HB23-1215.

- Our clinical program serves all victims of violence in need of emergency services at our facilities in southern Colorado. Last year, this was over 2,500 patients. We also provide free medical forensic care to children who have been sexually assaulted. This crucial service is offered at the first co-located child advocacy center in the state. Further, we provide free statewide education, technical assistance, remote sexual assault nurse examiner services and programmatic support to rural and underserved communities in Colorado. We partner with these communities to ensure patients receive high quality medical forensic care regardless of their location.
- While we do not directly benefit from facility fees, ours is a non-revenue-generating service line, and our ability to provide care to vulnerable patients is tied to our organization remaining financially solvent.
- Providing trauma-informed, comprehensive care to victims of violence requires additional training and expertise. These patients have complex medical and social needs and are often low-income. This bill compromises our ability to provide direct patient care. It would profoundly impede our ability to support patients and sexual assault nurse examiners in rural and underserved communities.

Thank you for your time,
Sarah Hagedorn

March 22, 2023

Madam Chairwoman, Representatives Sirota and Boesenecker, members of the committee,

My name is Dr. Jandel Allen-Davis and I am the CEO and President of Craig Hospital in Englewood Colorado, and have served in this capacity since 2018. Craig Hospital is a national neurorehabilitation and research acute care hospital that exclusively cares for persons who have endured an acquired or traumatic spinal cord and/or brain injury

While I am currently the CEO and President of a long-term acute care hospital, I originally trained as an OBGYN and practiced for 25 years. I was hired as a staff Obstetrician Gynecologist by Kaiser Permanente (KP) in 1994 and in 2009, stopped practice and became a health plan executive, serving as the vice-president for government, external relations and research at KP. My career has afforded me the opportunity to see the health care sector through a number of lenses and none is more important than what happens at the bedside or in the exam rooms.

I believe HB-23-1215 has the potential to negatively impact the care that all of us receive. To that end, Craig Hospital is opposed to HB-23-1215 as introduced because of our grave concerns regarding the proposed ban on facility fee charges. Given the complexity and complicatedness of health care, I feel it important to understand and examine both intended and unintended consequences of any of our actions to improve the quality, safety, care experience and economics of health care prior to making changes that will have direct impacts on what happens at that bedside or in the exam room. In our case, we care for some of the most medically vulnerable and at-risk persons seeking care, and this bill will have immediate and long-term effects on our ability to do the important and vital work we do to support our patients and families dealing with this lifelong condition.

Half of those we serve are residents of Colorado and the remainder come from every other state in the country and nations from all over the world. Persons with spinal cord and/or brain injuries will have lifetime complex health care needs, which can be difficult to obtain in many, if not most, communities. Craig's inpatient and outpatient program is world-renowned and has been developed over decades to provide truly world-class services to those who sustain these unforeseeable and acute life-changing injuries.

We have a robust, comprehensive and growing outpatient department that serves both Coloradans and people from other states with these injuries over their lifetime. Demand for outpatient services at Craig was climbing steadily in the five years before the COVID-19 pandemic and, despite a temporary decline during the height of the pandemic, is increasing even more rapidly in the past couple of years.

COVID-19 severely impacted our ability to care for our outpatients, creating a significant backlog of those waiting to be seen. We have not returned to our pre-COVID-19 appointment access levels and have seen a dramatic increase in the medical acuity of our patients due to these delays in care, a problem that is common in all medical disciplines. This new legislation would not

alleviate this problem and would actually exacerbate it, as we would potentially have to curtail some services or reduce the number of patients we treat.

At Craig, we work hard to assure that those we serve have access to the highest quality specialty care and neurorehabilitation services. We charge facility fees for clinic services and outpatient procedures, including urology, gastroenterology, ophthalmology, skin clinic, spasticity clinic and women's health. These services are among the most frequently-accessed specialties and are critical for our patients' health and wellbeing. Our ability to provide and coordinate care so expertly and holistically avoids unanticipated or unnecessary emergency room visits as well as admissions to short term acute care hospitals, hence averting preventable and more costly inpatient care.

Facility fees pay for all parts of these visits except the physician or nurse practitioner professional services, and include support staff, equipment, and the infrastructure we have created to develop a safe and accessible environment for our patients to be seen.

We urge the legislature to reconsider this strategy as a means to control costs, as it has the real potential to severely restrict access to care for those who need it most and could result in increased overall health care costs, as patients experience delays in care, an inability to access care, or seek essential care in inpatient settings and/or emergency departments. n

Thank you for your consideration and my contact information is below should you have any follow-up questions.

Sincerely,

A handwritten signature in black ink that reads "Jandel A. Allen-Davis, MD". The signature is written in a cursive style.

Jandel Allen-Davis, MD
CEO and President
Craig Hospital
Englewood, Colorado
Jallen-davis@craighospital.org

Dr. Reeves Bower
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 24, 2023

Madame Chair and members of the committee, thank you for the opportunity to provide input on this issue.

My name is Dr. Reeves Bower, and I am Family Medicine Physician at UHealth in Colorado Springs. Today I'd like to discuss my concerns with HB23-1215, a bill that would limit the ability for hospitals and clinics to be reimbursed for outpatient services and the devastating impact it could have on patient care in Colorado.

I work in an outpatient clinic comprised of five pediatric and six family medicine physicians and advanced practice providers. We provide around 50,000 outpatient visits per year. Prior to joining UHealth, we were a private practice for a little over 20 years. In the last few years, it became evident that the increasing costs of practicing medicine meant we either needed to join a health system so their resources could help defer our expenses or close our practice permanently. We decided the former was a better choice for our patients, providers, and staff.

Taking care of patients is only possible with the support of numerous non-provider positions, such as our patient access representatives, medical assistants, lab and imaging technologists, IT professionals, and maintenance and janitorial staff; the list goes on. We also require technology such as our computers, electronic medical records, imaging machines, and lab equipment, not to mention more mundane items such as exam tables and desk chairs. All these resources are paid for by so-called "facilities fees."

To use the analogy of a car, if the medical providers are the motor, the rest of the car represents all the other people and equipment needed to provide services. The car cannot move without the motor, but neither can the motor move without the rest of the car. This bill is the equivalent of telling car dealers they can charge customers for the motor but not the rest of the car. If this were to occur, most car dealers would go out of business, leaving the customers with little to no opportunity to obtain a vehicle.

If this bill were to pass, it would be catastrophic for healthcare in Colorado. Numerous clinics like mine would be forced to close, eliminating hundreds of thousands of patient visits, and leaving tens of thousands of patients without access to care. Thousands of healthcare jobs, up to and including physician positions, would also be jeopardized with the passage of this bill. With no way to pay for them, hospital systems would be forced to severely limit services and lay off staff. With no support staff, the physicians and advanced practitioners would be unable to provide care and their positions would also be eliminated. The motor and the car cannot function separately.

I implore the members of this committee to oppose this bill. It endangers all Coloradans by risking loss of access to the care on which we all depend.

Thank you for your consideration.

Reeves E. Bower, M.D.
Family Medicine
Primary Care – Dublin - Medical Practice Lead
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Colorado Springs, CO 80918
Office: 719-592-9890
Desk: 719-364-3713
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Official Health Care Partner



JoAnn Lovins, RN
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 24, 2023

Madame Chair and members of the committee - thank you for the opportunity to speak today.

My name is JoAnn Lovins, and I am the Sr. Director for the Oncology Service Line at UCHealth North. Today I'd like to discuss my concerns about HB23-1215, and the unintended but potentially devastating consequences it could have on cancer patients.

First, do no harm.

I am an oncology nurse with over 40 years' experience in cancer care. As a health care executive, I am unique in that I have expertise in patient care and the finance of these services. I am the senior oncology executive for ensuring that we use facility fees to positively impact the patient outcomes in our North Region Cancer Centers in Fort Collins, Loveland, and Greeley.

Three of the most feared words in the English language are, "You have cancer."

Here are some facts:

- In Northern Colorado we diagnose and treat over 3,000 new patients each year.
- Cancer care is more than 90% outpatient. It has been estimated that newly diagnosed cancer patients have over 100 visits the first year. At UCHealth Cancer Center in Fort Collins, we've significantly reduced the travel burden and access challenges, by bringing more services under one roof – something our patients asked us to do, and we were able to deliver.
- We are decreasing costs through several value-based care initiatives in partnership with payors and national professional oncology organizations. We have the data to show you how we are improving quality and decreasing costs, without discarding facility fees.

Many of the services which lead to high quality outcomes are provided by oncology health care professionals other than providers. Here are some examples:

1. **ONCOLOGY NURSE NAVIGATORS.** Before a patient even sees an oncologist for the initial consult, an expert Oncology Nurse Navigator reaches out to the patient to provide education and information. This significantly decreases the anxiety of the patient and their caregivers, and improves the chance they will hear and comprehend what the oncologist tells them about their cancer, treatment options, and possible outcomes. As a secondary favorable impact, use of navigators also increases the efficiency of our physicians. We have a shortage of specialty physicians in our country, and we must optimize their time face-to-face with patients.

Research demonstrates that “Navigation Diminishes Disparities, Delays, Dissatisfaction, and Distress,” notably on underserved, rural, and economically disadvantaged patients.

As one patient wrote to us:

“The key to support were the navigators Angie and Emma. They let me know I was not alone, ... going through this after the loss of my husband. They helped me know what to expect. They called me back fast, and always had a plan.”

2. SOCIAL WORKERS, FINANCIAL CARE COORDINATORS, PHARMACISTS, and RN Care Managers

Our oncology Social Workers and Financial Care Coordinators continually assess patients for financial stability; they educate and introduce resources for financial and psychosocial support for all income levels, ensuring that our patients do not experience FINANCIAL TOXICITY. This is a real term, defined in the cancer literature, and is a known cause of mortality.

3. PHARMACISTS and Nurse CARE MANAGERS continuously assess patients remotely for signs & symptoms of treatment toxicity, and intervene early, **avoiding ED visits and inpatient admissions, therefore decreasing overall costs.**

The facility fee is NOT the problem. **It provides the key professional support to avoid financial toxicity, as well as avoid complications of treatment which requires ED visits and inpatient admissions.**

Cancer treatment doesn't happen without these incredible people.

A Patient Story:

Patient is a 48-year-old single mother of 3, working 2 jobs to support her family. Her diagnosis has affected her work schedule/ability to work, thus impacting her income. She has been drowning in bills and patient care funds from our community and Foundation funds have allowed her to somewhat catch her breath and not feel so overwhelmed. After receiving these funds, she has stated numerous times, “I know not all angels are in heaven, there are some here on Earth.”

I urge you to oppose this bill. If there are plans to collect more data on facility fees, I urge you to collect all the data, including the current favorable impact of facility fees.

First, do no harm.

Thank you for your time.

Kate Fatica BSN, RN

Nursing Supervisor

UCHealth Family Medicine Clinic – Westminster

814-490-9813

Kate.fatica@uchealth.org

Dear Colorado Legislators,

I am writing to express my deep concern regarding HB23-1215, which is designed to eliminate hospital facility fees in outpatient clinic settings. As the nursing supervisor at an off-site primary care clinic within the UCHealth system, I have seen firsthand the value the clinic has in patients' lives and the ways in which preventative care plays an integral role in keeping patients out of the hospital.

For those who are not familiar with the services offered by our primary care clinics, allow me to provide a brief overview. Patient care begins with access to our team of providers who are certified to manage the health of newborns, the elderly, and all ages in between. Several providers in our clinic provide prenatal care, so we get the pleasure of watching families start and grow. We have providers who specialize in gender-affirming care, endocrinology, weight management, and complex geriatrics care. We can perform many procedures right here in our clinic that patients would otherwise have to seek elsewhere. For patients experiencing mental health challenges, a behavioral health team is available for support and works closely with our providers to manage care. We have specialists in care management and social work who aid in resource utilization for those members of our community who have limited resources or who are trying their best to manage complex medical diagnoses within a confusing healthcare system. We have an outstanding team of nurses, medical assistants, & support staff who are engaged in and passionate about their work with our patient population. And I could go on about the numerous other initiatives the clinic is constantly working on in an effort to improve patient care.

All of the above is possible because UCHealth as an organization has successfully developed systems that are designed to put patients first, while valuing and retaining employees. The vast majority of these resources are made possible in part because of facility fees. Eliminating facility fees would therefore entirely change our ability to offer these services for our patients.

While I understand all too well the desire to reduce the cost of healthcare, it does not appear that the sponsors of this bill understand the true impact of the proposed legislation. Not only does this bill have the potential to wipe out entire primary care clinics like mine, it will most certainly have a negative impact on the exemplary care we are able to provide to our patients at current state.

The Westminster Family Medicine Clinic has worked hard to provide a safe and caring environment for patients and staff alike. We consistently rank high in our quality metrics, in patient feedback surveys, and in staff satisfaction surveys. The closure of our clinic would

therefore prove dissatisfying for patients and professionals alike. I can say wholeheartedly that I'm confident we produce positive impacts in our community in numerous ways that are difficult to appreciate through data alone.

In our already bloated healthcare system, the closure of off-site clinics would be disastrous, with the most vulnerable patient populations receiving the brunt of the negative impact. Because of the niche location of our clinic in Westminster, we serve a patient population that would otherwise be burdened with traveling over 20 miles to Aurora for care on the hospital's main campus. The location of our clinic provides a strong appeal to those who need a provider close to where they live, for patients who live even further away from the Metro area, and for professionals who desire a work location closer to their homes. For patients who rely on others for transportation, one can imagine the importance that location can play in choice of where to receive care. This does not even begin to touch on how clinics alleviate hospitals and urgent care settings from becoming over-burdened and improperly utilized.

Ultimately, this bill jeopardizes the wonderful systems that UCHHealth has worked so hard to create. UCHHealth functions in a way that makes it feel like we are doing healthcare the right way, the way that we all hope to see healthcare function. Unfortunately, we live in a country where healthcare has been privatized and insurance companies function for profit. While I deeply disagree with that model, I strongly feel that UCHHealth is excelling in an otherwise fragmented system. Please do not punish the organization, its employees, and its patients for the short-sighted belief that eliminating one fee on a bill will help patients. While the intent is to reduce fees, it may altogether eliminate access to care for patients who need it.

I have worked for several hospitals and organizations, and UCHHealth is a standout as my favorite. I feel valued as an employee, and I feel that from the top down, we do our best to live our values of patients first, excellence, and integrity in everything we do. Our state legislating body has implemented countless strong policy initiatives to better the lives of Coloradans. I'm confident that a creative solution to reducing healthcare costs is possible to achieve, but eliminating facility fees as outlined in HB23-1215 is not the way forward.

Thank you for your time.

Kate Fatica

Madam Chairwoman, Representatives Sirota and Boesenecker, members of the committee,

My name is Jason Regier and I am a 1997 Craig Hospital graduate, which is what they call patient graduates after they have gone through their rehabilitation program. I was very fortunate to do my initial rehabilitation at Craig Hospital, which gave me a great foundation to get back to an active, productive life. I have used Craig Hospital outpatient services yearly ever since I finished my initial rehabilitation.

Since my rehabilitation experience, I have been able to finish undergraduate school and go back to graduate school to get my MBA and MS in Marketing. I run a local nonprofit called the Denver Harlequins Wheelchair Rugby team. I am also a three-time Paralympic medalist in Wheelchair Rugby representing team USA for twelve years. I am married with two young boys. I currently work full-time as head coach for Denmark's Paralympic Rugby team and as an executive coach. I live a full life and I am able to do that with the support and expertise I get from Craig Hospital.

It is absolutely critical that I have access to all the specialized services in one place. I have met with so many other healthcare services and doctors that understand their specialty, but don't have experience working with individuals with a spinal cord injury. That experience can be quite frustrating because it does not treat the whole person and everything that's going on with them.

People all over the country and world depend on Craig Hospital to bring their expertise, understanding and specialized care that's needed throughout one's life if you have been affected by catastrophic injury. I have seen outpatients that have come to Craig Hospital for a week and it has been life-changing for how they can live and thrive with their disability. It would have an absolute devastating effect if we didn't have access to this expertise in one place.

While I think this legislation is trying to make positive changes however, it would have unintended consequences for patients like myself. In this case, I absolutely cannot support this legislation because of the devastating effect it would have on a world-class facility to continue to provide services. Please vote no on House Bill 1215.

Jason Regier
jregier7@gmail.com



**STATEMENT FOR THE RECORD BEFORE THE HOUSE HEALTH & INSURANCE
COMMITTEE ON HB 23-1215: LIMITS ON HOSPITAL FACILITY FEES**

March 17, 2023
Lindsey Vigoda, Colorado Director
Small Business Majority

Thank you Chairwoman Daugherty and Members of the Committee:

My name is Lindsey Vigoda and I'm the Colorado Director for Small Business Majority, a small business organization with offices nationwide, including here in Colorado. Our mission is to empower America's diverse entrepreneurs to build a thriving and equitable economy. While we're disappointed that this proposal is being amended to become a study bill, I am here to share our support for HB 23-1215 because it is a step forward to providing protections for Coloradans and small business owners from costs associated with abusive hospital facility fees.

[Recent research](#) estimates that 1 in 10 Coloradans do not think their healthcare costs are "very affordable" and approximately half say they have put off recommended medical procedures and treatments due to rising healthcare costs. This issue affects our entire healthcare system and economy because this means too many Coloradans are afraid to seek needed care, meaning they will suffer in silence and/or stop working altogether, further pushing people out of employment or out of business.

Today we're talking about an additional fee that many patients don't know about that is making healthcare costs even higher than they should be. Hospital facility fees come as a surprise on top of all the other medical costs associated with health services. Facility bills are becoming more prevalent, in part due to the merging and consolidation of hospital facilities happening across our state, and around the country. Although facility fees vary widely depending on the provider and procedure, they are driving up the cost of healthcare statewide, hitting small business owners and their employees in their wallets.

We know from our extensive research that healthcare costs are one of the biggest challenges facing our small business community. Coloradans and small business owners simply can't prepare for or anticipate how medical bills will be calculated, and these fees often are not covered by insurance providers. We hear from members of our network that even those seeking care through telehealth services are seeing facility fees added to their bills. These fees are particularly challenging for our state's more than 550,000 solo entrepreneurs, many of whom are low- or moderate-income individuals and are operating on thin margins.

The proposed legislation would curb facility fees, lower healthcare costs for small businesses and protect those who seek healthcare coverage. We look forward to continuing to work with the legislature to identify ways we can address burdensome healthcare costs in Colorado.

Your supportive decision today will make a difference in how our job creators, workers and families will thrive in the future.

Thank you,
Lindsey Vigoda
Colorado Director, Small Business Majority

Hope von Gunten, BA, RN
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
Madame Chair, Representative Daugherty
March 24, 2023

Madame Chair and members of the committee - thank you for the opportunity to testify today.

My name is Hope von Gunten, and I am the Nurse Navigator for Gender-Affirming Surgery with the Integrated Transgender Program at UCHHealth. Today I am writing to discuss my concerns with HB23-1215, which would limit how our clinics and hospitals receive reimbursement for many outpatient services provided by staff like me. I'm concerned this well-intentioned bill could have alarming consequences for Coloradans by limiting access and support in their—OUR—*YOUR*—time of greatest medical need.

Our program provides an innovative multidisciplinary care model to meet the needs of transgender Coloradans. Twice a month, we bring our internal medicine, endocrinology, psychiatry, gynecology, urology, and surgery providers together to offer a clinic where patients can receive access to all of these services in a single afternoon. Together, we provide the most comprehensive gender-affirming care not just in Colorado but in eight neighboring states as well. It is crucial we protect patients' already limited access to this life-saving, life-giving care.

As a nurse navigator, I help patients plan to access medically necessary surgical care. It is my job—and my personal mission—to make this care as financially accessible as possible. I do this by helping my patients understand the insurance process, identifying ways to reduce costs wherever I can, and providing resources for alternative funding sources. I also work hard to maximize the physical accessibility of our team's care. Telehealth appointments are crucial to ensuring consistent preparation and follow-up for complex care plans, especially for rural, disabled, and/or immunocompromised patients, who often need the most support. This bill seeks to eliminate the only funding source for that crucial support. A patient accessing telehealth services still needs the clinic support offered by front desk receptionists for check-in and scheduling, medical assistants for screening and history-taking, nurses for care teaching, and the IT team for obvious reasons. Physicians cannot fill all these roles alone, and telehealth options are at risk of being eliminated if we can't pay for the necessary support teams.

I think we can all agree on two truths: first, consumers deserve to see a reduction in the disproportionate out-of-pocket costs of American healthcare, and second, we all hate paying anything called a "fee." This bill is well-intentioned as a proposal for reducing healthcare costs to Coloradans. However, the "facility fee" is the only fee we can charge to employ nursing and other clinic support staff like myself. Personally, I think "facility fee" is misleading, as it suggests this money goes toward the physical building where care takes place, rather than the team providing that care.

I know this bill was brought forward because some health insurance plans do not cover facility fees, and I know how distressing it is to receive a bill with an unexplained and unanticipated fee. But the solution is not to eliminate reimbursement for nurses like me and potentially cause the closure of hundreds of clinics, causing health care access issues to worsen. Instead, why don't we hold health insurance companies accountable and require that plans cover facility fees? Why don't we discuss more transparent naming for this fee so that both patients and insurance companies understand what it goes toward and why it's necessary for quality care?

I am glad we are discussing healthcare cost reduction today, but after three years working through a global pandemic, I am frankly insulted the solution we are discussing involves *not paying nurses*. Please – oppose this bill, and support health care workers like me. House Bill 23-1215 will put all Coloradans at risk of losing access to the care they need. I urge you to vote no on this bill.

Thank you for your time,

Hope von Gunten, BA, RN
Nurse Navigator for Gender-Affirming Surgery
UCHealth Integrated Transgender Program



House Bill 23-1232 Talking Points

March 24, 2023

Members of the Colorado General assembly thank you for taking our input today. I am Jaime Henning, President and CEO of the Greeley Area Chamber of Commerce proudly representing over 700 businesses in the Greeley Area and region here in Northern Colorado.

It is my honor to be here today to represent and testify on behalf of the Northern Colorado Legislative Alliance with partners from the Greeley Area, Fort Collins Area and Loveland and representing over 2500 businesses throughout the Northern Colorado Region among them our Healthcare Providers.

We are here today to oppose House Bill HB23-1215

- Facility fees pay for patient care staff and support and the board variety of other staff and services necessary for our healthcare providers to provide world class care.
- Hospitals often rely on facility fees to fund their existing workforce and invest in the workforce of the future which is incredibly important especially right now
- These fees fill gaps – we want our hospitals to continue to have flexibility to give the best care to patients.

We hope those today bringing solutions, will continue to work with our industry partners to seek a solution. We want to encourage you that this is the important work as these hospitals are giving care to our communities. In light of all they have given back during the pandemic and beyond the way it has highlighted their important work, we can encourage you to go deeper.

On a final note, my family was impacted by cancer and lived in a rural region in Nebraska. My Dad passed away when I was 7 and it is my understanding from personal experience the intensive meetings that happen after a diagnosis. This is such a stressful time and as someone who loves our rural and metro spaces, rural opportunities can be limited, so I'd like to see consideration that doesn't cut services to our rural areas OR to families struggling with a diagnosis.

Thank you for taking time today to hear our testimony and for your important work here. Thank you for your time today.

To Madam Chair and members of the committee. Thank you for this opportunity to submit my written testimony. My name is Janelle Jenkins, and I represent myself in support of House Bill 23-1215 to limit hospital facility fees.

A while back, I underwent necessary emergency surgery at UCHealth. I am very grateful for the quality care I received in that situation. I had to return to the facility for revision surgery—despite being recommended by my doctor, the surgery is considered cosmetic, so Medicaid cannot cover it. The cost of the surgery was overwhelming.

I had to pay a little under \$3,000 for the surgery itself, around \$500 for the anesthesia, and an extra \$1850 for the facility fee. The facility fee costs more than half of what the surgery itself does and makes up nearly 30% of the overall cost of treatment.

I must undergo a second revision procedure that will also be a completely out-of-pocket expense. The quote for the surgery outlines similar costs to the first—again with a large facility fee in addition to the cost of care, and one that hikes the already unaffordable price up.

I must push this health care procedure off for nine to twelve months in order to save up enough money to cover it. Being low-income, I don't have a lot of access to credit cards—and putting the procedure on a credit card would put me further into debt. The overall cost of the procedure hinders me from getting it done in a reasonable time frame, and without the fee it would be far more affordable. The extra \$1500 on top of the already high price tag is a huge contributor to the delay when I have to save slowly.

Facility fees are steep, especially for those who are low-income. An unplanned bill that could be nearly two weeks of straight income for someone is absolutely unreasonable, and could send lots of folks into debt. I am lucky that my follow up surgeries have been planned for so I can save, but saving up for a year for a necessary procedure is ridiculous.

I received an email from UCHealth listing all these different justifications for facility fees and trying to explain why they're important. But, on my bill and my surgery cost quotes, I am told nothing about the charge—no reason why it is there. I know why the surgeon cost and anesthesia cost is there, but the facility fee is a black box with a cost that feels arbitrary. I should know exactly what I'm paying for, especially when it costs me so much of my income.

I urge you to vote yes on House Bill 1215. People like me who are struggling to get the care they need because of the cost are seeing the facility fee tacked on and driving up the cost and have no idea why. Colorado needs the study to understand these fees, and we need the

transparency so that we can accurately plan for the costs of our health care. We risk sending communities into even greater debt with surprise bills and charges. Thank you for considering my testimony.

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transparency so that we can accurately plan for the costs of our health care. We risk sending communities into even greater debt with surprise bills and charges. Thank you for considering my testimony.

Written Testimony from Kat Gruschow, Colorado Consumer Health Initiative

Hello, Madam Chair and members of the committee. I am submitting this written testimony on behalf of two Coloradans – one consumer and one nurse – who have struggled with facility fees and the abusive practices of corporate health care systems, specifically, UCHealth.

Both individuals hesitate to submit testimony under their own names for fear of retaliation from UCHealth. Lisa. is a patient in a cancer treatment trial that only UCHealth offers, and Nurse M. from Colorado Springs, fears being blacklisted from UCHealth.

Here is a statement from Lisa S.:

Until three years ago, I was fairly ignorant of the healthcare system. I got my flu shot every fall and rarely went to the doctor's office otherwise... until I found a lump in my breast. I had no idea what a diagnosis like this could do to a person's life... the fear, of course, but also the stress of the costs and how it's nearly impossible to manage, prepare for, estimate or budget for the charges involved.

I've seen many doctors over the last three years, and the copay for all of these except primary care falls under "specialty care" which carries a \$75 copay. As a single mom, \$75 is a lot of money, so when I needed to see specialist after specialist, the costs quickly became overwhelming. I tried to keep track of it all, but I got so many bills each month and often several months after being seen. Frankly, I was terrified for my life, having surgery, chemotherapy, other treatments, and debilitating side effects. I was still working, and trying to care for my kids and home. The doctors kept telling me that "managing my stress" was very important for my immune system and health, so I did my best not to obsess about money or charges I did not understand, couldn't afford, and couldn't keep track of.

It was a couple of years before I noticed that every time I went to UCHealth, I was getting charged TWO copays for each visit. I thought this was a mistake, so I called to get it corrected and refunded. That's when I found out about the facility fee and that I had been paying a full copay to see my doctor AND a full copay to be in a room during our visits.

What I really do not understand is how this can be necessary when none of my many other doctors' offices (endocrinology, optometry, nephrology, surgery, women's health, dentist, ENT) have to charge two fees for each visit.

Healthcare in this country is extremely hard to afford, and many people have to ration their care and medications, often to their detriment. We are limited to seeing doctors that insurance deems "in network" and then patients are tasked with calling around and trying to get estimates for each test or procedure to get the lowest cost. What we shouldn't also have to deal with are surprise bills and double copays we don't even know about.

- Lisa S.

The other person we've interacted with is Nurse M. Nurse M used to work at a UCHealth facility in Colorado Springs. She never felt appreciated by the higher-ups, they would not listen to her asks for raises nor grant them, and during COVID, the facility only had a 10% retention rate for nurses.

She was never aware of facility fees as a nurse, and she is confident that her patients were never made aware of them either. If the nurses and persons providing the services don't know about the facility fees, how could we expect the patients in an emergency department to?

During a medical emergency of her own, she visited the emergency department at the UCHealth facility where she used to be employed and was charged an egregiously high facility fee for the treatment received. That was the first time she had ever heard of them, or the idea that that is how UCHealth supposedly pays for workers like her.

HB23-1215 would not prevent the charging of facility fees in emergency situations or on the type of care that Nurse M received while in the hospital. However, Nurse M wanted to share her frustration in hearing UCHealth claim that facility fees are necessary to compensate nurses and other ancillary staff after being a nurse for UCHealth and being charged a surprise, out-of-pocket fee.

She believes the system is abusive and greedy. During her time as a nurse, she never felt she saw the payout of such a high cost placed on patients' shoulders.

Nurse M wants it to be known that in the health care sector, who you work for matters immensely. She feels her new company does far more to help their patients regarding billing and costs than UCHealth ever did. They are transparent and upfront. When there is an out-of-pocket payer, the facility does what it can to not charge the patient. To see someone in need of care as an opportunity to make a further profit than necessary is not part of the business plan at her new job.

Nurse M believes that consumers should have a full view of what their health care is going to cost them. Transparency doesn't work unless *all* costs are disclosed ahead of time. And she doesn't want to see nurses and other ancillary workers thrown on the frontline of this fight when she knows from first-hand experience that the system does not pay them enough, especially in contrast to its annual revenue and CEO salaries.

I want to highlight how worried these consumers are about sharing their stories. Our health systems are bullying folks out of sharing their experiences, out of fully engaging in our democratic system and using their voices to foster real change. UCHealth has a monopoly on the cutting edge cancer treatment market and the Colorado Springs employment landscape to a degree that hinders people from sharing the truth about the issues impacting them, including facility fees.

Dear Representatives:

My name is Lauren Johnson, and I work in data and service line strategy at UCHHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson



HB 23-1215: An act concerning limitations on hospital facility fees. Frank Ryan to:
Committees.lcs.ga@coleg.gov 03/24/2023 04:19 PM

Dear Chairperson Daugherty, Committee Members and HB 23-1215 sponsors,

The Colorado Chapter of the American College of Cardiology (CO-ACC) appreciates the opportunity to submit written testimony on *HB 23-1215: An act concerning limitations on hospital facility fees.* CO-ACC opposes HB 23-1215 because it will slash funds perennially used to ensure off-campus locations have the resources to operate efficiently and the personnel to deliver high quality care. For cardiovascular care this applies to cardiac nurses, cath lab technologists, cardiac rehabilitation specialists, pharmacists and more. Removing payment for cardiovascular care team members and other medical specialists will decrease access and increase costs as patients turn to emergency rooms and in-patient settings for care.

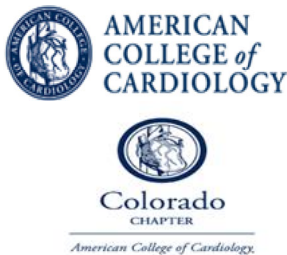
While we oppose HB 23-1215 as written, we appreciate the sponsor's commitment to improve patients' understanding of expenditures and costs for services through transparency. Therefore, should HB 23-1215 be designated for an interim study, we are available to work with the Committee, and healthcare stakeholders to address your concerns .

In the meantime, if you need information or wish to set aside time to discuss this issue with CO-ACC leaders, please contact Frank Ryan at the American College of Cardiology at 240-620-9352 or fryan@acc.org. Thank you for working to improve health care for all Coloradans.
Sincerely,

Mori Krantz, MD, FACC
President, Colorado Chapter of the American College of Cardiology (CO-ACC)
Member, Board of Governors, American College of Cardiology

Cc: Rep. Emily Sirota, Rep. Andrew Boesenecker, Sen. Kyle Mullica, Sen. Lisa Cutter

The American College of Cardiology (ACC) is a 52,000-member medical society that is the professional home for the entire cardiovascular care team. Its mission is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards, and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research, and bestows credentials upon cardiovascular specialists who meet stringent qualifications. For more information, visit ACC.org. The Colorado Chapter of the American College of Cardiology (CO-ACC) is the membership home for Colorado's cardiologists and cardiovascular care team members, namely physicians (cardiologists), nurses, pharmacists, physician associates and more.



Frank Edward Ryan, JD
Senior Advisor, State Government Affairs
American College of Cardiology
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Testimony Relating to Hospital Facility Fees

From: Johanna Butler, Policy Associate, Coverage, Cost and Value at the National Academy for State Health Policy (NASHP)

To: Colorado House Health & Insurance Committee

Date: March 24, 2023

RE: HB23-1215

NASHP is a non-partisan forum of policymakers that works to develop and promote innovative health policy solutions. Our work is guided by state health officials across multiple agencies and offices – including executive and legislative branches of government – to solve problems, conduct policy analysis and research, and provide technical assistance. At state officials' request, NASHP established a Center on Health System Costs to better understand hospital and health systems financials and understand their role as drivers of health care costs.

NASHP is neutral on specific legislation but supports state efforts to address high and rising hospital costs with an ultimate goal of ensuring access to high quality, affordable care for all. This testimony is intended to provide background on a model policy NASHP developed to limit certain facility fees, similar to HB 1215, at the direction of state officials.

Why Prohibit Unwarranted Facility Fees?

Facility fees were originally designed to compensate hospitals for “stand-by” capacity required for trauma centers, emergency departments and inpatient services that are unpredictable. However, as large hospital and health systems acquire more providers and take over their billing, facility fees are added for diagnostic testing and other routine services provided by physicians even if their office is located miles away from a hospital. Through this consolidation, facility fees for non-hospital services are becoming more common and contributing to higher patient out-of-pocket and system costs. Legislation restricting or prohibiting facility fees can help states de-incentivize vertical integration, protect consumers from high costs, and increase transparency of health care costs. As a result, a state advisory group requested and worked with NASHP and legal experts, to develop model legislation to prohibit facility fees soon after the launch of our Center on Health System Costs.

Reduce Incentives for Vertical Integration

A wealth of evidence suggests a link between high costs and vertical integration of health care, when a health system acquires a physician or physician group. Despite potential efficiencies, evidence suggests that vertical integration leads to higher hospital prices, higher physician prices, and higher total expenditures per patient.¹ One way that costs can rise is through the addition of facility fees for outpatient services provided by an acquired physician.

When hospitals acquire a physician practice, a hospital can tack on an additional outpatient facility fee to the professional service fee that physician practice previously charged. Fees for services at



physicians' offices usually include both the professional and overhead costs of the service in a single charge. By contrast, hospital outpatient departments are traditionally paid more than physicians' offices for performing the same type of service. This is because hospital outpatient settings receive a facility fee to compensate them for the expenses of maintaining standby capacity.²

However, physician offices do not require the same standby capacity. After being acquired, physicians generally continue to set appointments and see patients as they did prior to becoming affiliated with a hospital. There is often no change in services provided, but the billing has changed. This indicates no change or increase in value but still higher prices than when the physician's practice was characterized as a freestanding community setting.³ Limiting facility fees charged by off-campus providers reduces incentives for hospitals to acquire physicians because a hospital can't immediately tack on a facility fee and increase revenue.

Protect Consumers

Limiting facility fees can also better protect consumers from high costs. Consumers are increasingly enrolled in insurance plans with high-cost sharing. In the ten years from 2007 to 2017, national average enrollee out-of-pocket spending grew by 58%, more than double the increase in workers' wages during the same period. Consumers are enrolled in plans with higher deductibles and coinsurance rather than copays leaving them more sensitive to the actual cost of health care services.⁴ Rising hospital prices and added costs like facility fees can impact consumer's out-of-pocket spending.

News stories have highlighted the variety and severity of facility fees billed for services. One incident in Connecticut for a telehealth visit with a pediatric specialist was found to bring a facility fee of anywhere between \$50 and \$350 because the doctor would be on hospital property.⁵ While a facility fee may seem small when examining overall health care spending, it can be a substantial burden for consumers. Prohibiting unwarranted facility fees and requiring greater consumer notice can offer patients some protection from new or existing costs brought on by vertical integration.

Increase Transparency

One of the key challenges in understanding and addressing facility fees is the lack of transparency and data on these costs. These fees vary greatly across services and providers. As such, it can be challenging for states to understand their impact on overall health care costs. Additionally, a patient might not know if his/her doctor appointment will yield an additional fee. Several states have enacted laws to require better consumer notice of facility fees in a variety of formats – during appointment scheduling, in physical offices, and on itemized bills. The transparency provisions within Colorado HB 1215 could be helpful in better understanding the full scope of this issue for purchasers of care.

Addressing High Costs by Prohibiting Facility Fees

CO HB 1215, like NASHP's model legislation, does not eliminate all facility fees, but restricts their use by location and service. This targeted approach mirrors a Medicare provision that prohibits any provider that is located more than 250 yards from a hospital campus from charging a facility fee. Recognizing that growing Medicare costs were in part due to a shift of services from lower-cost physicians' offices to higher-cost hospital outpatient departments, CMS changed its payment policy for routine services at



hospital-affiliated providers in a 2019 payment rule. Colorado HB 1215 would mimic and build on Medicare’s current payment policy.

Conclusion

As nearly half of U.S. adults struggle to afford health care services, many states are seeking to address the issue of increased consolidation and prohibiting targeted facility fees is one tool to do so.⁶ In introducing this legislation, Colorado follows Connecticut, which was one of the first states to require consumer notice of facility fees and remains one of the only states to prohibit unwarranted facility fees. NASHP’s model and HB 1215 align with Connecticut’s statute. During the current state legislative session, Connecticut, Massachusetts, Indiana, and Texas have also proposed legislation to further restrict or regulate the billing of facility fees.⁷

I would be happy to provide follow-up information to answer any questions you may have and can be reached at jbutler@nashp.org. Thank you for the opportunity to share this information.

Respectfully,

Johanna Butler

Policy Associate | Coverage, Cost, and Value Team
National Academy for State Health Policy
March 24, 2023

¹ Laurence C. Baker, M. Kate Bundorf & Daniel P. Kessler, Vertical Integration: Hospital Ownership of Physician Practices Is Associated with Higher Prices and Spending, 33 Health Aff. 756, 760 (2014); Cory Capps, David Dranove, Christopher Ody, The Effect of Hospital Acquisitions of Physician Practices on Prices and Spending, 59 J. Health Econ. 139 (2018); James C. Robinson & Kelly Miller, Total Expenditures per Patient in Hospital-Owned and Physician-Owned Physician Organizations in California, 312 JAMA 1663 (2014); Hannah T. Neprash et al., Association of Financial Integration Between Physicians and Hospitals With Commercial Health Care Prices, 175 JAMA Internal Med. 1932, 1937 (2015).

² Amanda Cassidy, Health Policy Brief: Site Neutral Payments, Health Aff. 3 (July 24, 2014), http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_121.pdf; Donna Rosato, The Surprise Hospital Fee You May Get Just for Seeing a Doctor, Consumer Reports (June 13, 2019), <https://www.consumerreports.org/fees-billing/surprise-hospital-fee-just-for-seeing-a-doctor-facility-fee/>;

³ James D. Reschovsky & Chapin White, Location, Location, Location: Hospital Outpatient Prices Much Higher than Community Settings for Identical Services, Res. Brief No. 16, Nat'l Inst. Health Care Reform, 1 (2014), <http://www.nihcr.org/Hospital-Outpatient-Price>.

⁴ Rae, Matthew, et al. "Tracking the Rise in Premium Contributions and Cost-Sharing for Families with Large Employer Coverage." Peterson-KFF Health System Tracker, 21 Aug. 2019, <https://www.healthsystemtracker.org/brief/tracking-the-rise-in-premium-contributions-and-cost-sharing-for-families-with-large-employer-coverage/#Cumulative%20growth%20in%20out-of-pocket%20and%20total%20health%20spending%20for%20people%20with%20large%20employer%20coverage,%202007-2017>.

⁵ Andrews, Michelle. "'The Charges Seem Crazy': Hospitals Impose a 'Facility Fee' - for a Video Visit." Kaiser Health News, 17 Dec. 2021, <https://khn.org/news/article/telemedicine-hospital-facility-fees-video-visit/>.

⁶ Kearney, Audrey, et al. "Americans' Challenges with Health Care Costs." KFF, Kaiser Family Foundation, 14 July 2022, <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>.

⁷ National Academy for State Health Policy (2023, March 17). State Legislative Action to Lower Health System Costs. <https://nashp.org/state-legislative-action-to-lower-health-system-costs/>

Dear Legislators. I respectfully ask you to vote no on House Bill 23-1215. It would ban most outpatient hospital services by prohibiting “facility fees,” more appropriately termed hospital services charges. As such, this legislation would significantly impact the ability of hospitals to pay the salaries of nurses, pharmacists and social workers, maintain equipment and keep the lights on. As a result, HB23-1215 could create a dramatic reduction in access to both mental and physical healthcare services.

I am particularly concerned about its effect on mental health services at our hospitals. I provide direct mental health services to children and families and also oversee the work of psychologists and social workers within the Children’s Hospital, Colorado outpatient clinics. As you know, there is a mental health crisis for children within the state. We are struggling to meet the need for evidence-based care to help with the significant increase in behavioral and emotional challenges for children. There is already a severe shortage in qualified providers for outpatient care and this bill will add even more to this deficit.

Indeed, HB23-1215 will incentivize emergency and inpatient care, instead of less expensive outpatient care, reducing healthcare quality and creating inefficiencies. This bill doesn’t account for the importance of providing integrated care and having multiple specialties work together in a single outpatient visit. The lack of integrated, outpatient care would create more travel and scheduling burdens for patients and families with complex medical needs.

While there are very real challenges of healthcare access and affordability in Colorado, HB23-1215 is not the answer, and I urge you to vote no.

Bruno J. Anthony, PhD.

Professor, Vice Chair for Psychology and Director of the Office of Psychological Science and Practice, Department of Psychiatry, University of Colorado School of Medicine | Chief of Psychology, Pediatric Mental Health Institute, Children’s Hospital of Colorado | Director of Research, Partners for Children’s Mental Health

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Fw: SB-23-093 and HB-23-1215 Health and Insurance Committee AOL Mail® to:
committees.lcs.ga@coleg.gov 03/21/2023 08:36 AM

----- Forwarded Message -----

From: AOL Mail® <stargazejb@aol.com>

To: Matthu.Beck@coleg.gov <matthu.beck@coleg.gov>

Sent: Tuesday, March 21, 2023 at 04:31:04 AM MDT

Subject: SB-23-093 and HB-23-1215 Health and Insurance Committee

March 21, 2023

Dear Legislators,

I am in support of SB-23-093, the Increase Consumer Protections Medical Transactions legislation. 100 million Americans owe over \$195 billion in medical debt, and 12% owe more than \$10,000. Capping the interest rate at 3% will help those in debt be able to pay it off in time. (I happen to believe we need a single payer, universal healthcare system.) For the impoverished the deductibles and copayments are a burden resulting in them not seeking care when it is necessary because of the increased debt.

I am in support of HB-23-1215, the Limits on Hospital Facility Fees bill. This legislation defines who can charge a facility fee and the fact they must inform the consumer of such a fee in advance. It makes it deceptive to charge a fee when the fee is charged by a practitioner who is affiliated with or owner of the facility. Extra medical expenses have escalated and many consumers are not able to afford the additional costs. Also the owner of the facility should not be able to add the facility fee in the practice of patient treatment.

Thank you for your consideration!

Janice Brown
Retired critical care RN
Englewood, CO 80110

Mallory Davis Salas RN, CWOCN
HB23-1215 Testimony in OPPOSITION
House Health & Insurance Committee
March 24, 2023

I am reaching out to you as a Certified Wound, Ostomy and Continence RN who works in an outpatient setting. My role is a bit different than those RNs who work on the floor of the hospitals and such ambulatory care is directly impacted by HB23-1215. Many of our patients are mostly independent, living at home or undomiciled who require preventative or urgent care in order to return to living their lives before their injury. The work done in ambulatory clinics represents just one leg supporting the chair that we call healthcare. It is as important to support patients outside of the hospital as it is to support those requiring admission. Ambulatory care can prevent unnecessary admissions and allow for earlier discharges. This essentially translates to a reduced healthcare cost for patients and payors but is not free.

Please note that the work described above is directly supported by the facility fee this House Bill proposes to limit. This fee is how we pay clinic staff or those helping to authorize visits through insurance or those scheduling outpatient surgeries. If you take away the facility fee, you are taking away our ability to care for our patients and to pay staff who have families of their own. For example, many clinics are provider-based and offer care for a large number of low income patients, those with Medicaid or no insurance at all. The facility fee is the only fee that covers the large care team outside of the physician like the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and many others. Each of the team members is called upon for the care of our patients every single day.

What I am asking is for you to oppose this misguided bill. This policy will not help patients but could harm them as a result of restricting access to their care. Please vote NO on HB23-1215. Let us find a different way to make healthcare more affordable. Thank you for your consideration.

HOUSE BILL (HB) 23-1215, Limits On Hospital Facility Fees

Sponsors: Reps. Emily Sirota and Andrew Boesenecker and Sens. Kyle Mullica and Lisa Cutter

Organizations that Oppose HB 23-1215, Limits On Hospital Facility Fees:



HB 23-1215 Threatens Access to Care

The bill as introduced would prohibit hospitals from billing for most outpatient care.

Removing all payment for outpatient care beyond the doctor will force locations to close and will result in more emergency department use and inpatient care, significantly impacting access and will drive up health care costs for everyone.

Will force facilities to limit or stop services – And at a time when half of Colorado’s hospitals are operating with unsustainable finances, this bill would cut an additional \$9 billion from hospitals and health systems, rendering 96% of hospitals financially unsustainable.

Disrupts gains in patient care – Colorado has invested heavily in an integrated model of care and is starting to see the benefits of that, with lower per capita hospital costs and patients getting care at the right time and right place.

Will have catastrophic consequences – Resulting in significant harm to hospitals and clinics, including thousands of job losses, impaired ability to provide safe and high-quality care, and reduced access for thousands of patients across the state of Colorado.

PROTECT PATIENT CARE. VOTE NO ON HB 23-1215.

CATASTROPHIC FOR OUR CARE

SAY NO TO HB23-1215

BACKGROUND

HB23-1215 would prohibit hospital-owned outpatient clinics from collecting “facility fees.” The problem? Those fees pay for everyone involved in your care other than your doctor – nurses, nurse assistants, security officers, housekeeping staff, pharmacists, social workers and others in addition to the clinic itself.

This bill is catastrophic for patient care in that it:

- + Forces hundreds of outpatient clinics out of business
- + Severely limits access to care and increases costs for everyone
- + Slashes care for Medicaid/Medicare recipients, seniors, kids, at-risk communities
- + Cuts tens of thousands of nursing, health care jobs

CATASTROPHIC FOR THE HEALTH CARE INDUSTRY

- + **Slashes \$9 billion a year** from budgets of hospital-owned outpatient clinics across Colorado
- + **Forces nearly 200 outpatient clinics to close** or slash services — pushing patients from integrated, preventative care to costlier in-patient and emergency room treatments
- + **Drives up health care costs**, and the cost of insurance, for all of us
- + **Promises job losses** for tens of thousands of nurses, technicians, and other staffers — many of whom are already grappling with high housing costs and high cost-of-living
- + **Threatens financial viability** of 96% of hospitals in the state — particularly those in rural areas or that serve at-risk populations

BY THE NUMBERS

\$9 BILLION

Lost revenue to Colorado outpatient clinics operated by hospitals

~200

Clinics in Colorado that would be forced to close or cut services

50,000

No. of outpatient clinic employees — other than doctors — whose jobs are at risk

CATASTROPHIC FOR PATIENTS IN COLORADO

- + **Reduces health care access across Colorado** — particularly for low-income residents, underserved populations, seniors, and rural communities
- + **Increases wait times** for care significantly
- + **Closes outpatient clinics** that provide cancer, mental health, and pediatric care, among others, as well as preventative care
- + **Forces more people to seek inpatient care** and emergency treatments, driving up health care costs for everyone
- + **Drastically cuts care options for seniors** and those with Medicare/Medicaid coverage, who make up sizeable patient populations at outpatient clinics
- + **Reduces access to mental and behavioral health care**, which would mean increased substance use disorders, and likely increased homelessness
- + **Threatens the expansion of Medicaid** that has provided health coverage to nearly 670,000 Coloradans under the Affordable Care Act

FACILITY FEES ARE PATIENT-CARE FEES

As hospitals focus more on “whole person care” and keeping people healthy and out of the hospital, many no longer operate outpatient clinics. Those include:

- + Emergency department
- + Outpatient surgery center
- + Specialty clinics and care (e.g., cancer centers)
- + Diagnostic imaging center
- + Physician offices



Patients who receive outpatient care are charged in two ways:

- + Professional fees, for the doctor and/or physician's assistant
- + Facility fees, for everyone and everything else

4 THINGS TO KNOW...

1. Facility fees pay for patient care staff and support the variety of other staff and services needed to provide world-class care.
2. Facility fees in outpatient clinics have supported the shift to preventative care prioritized by policymakers.
3. To ensure they can cover costs and be available to care for patients 24/7, hospitals charge facility fees that support routine operations and fill gaps from a fragmented payment system.
4. Hospitals are held to strict transparency standards, which include the public posting of facility fees.



How Your Care Team Gets Paid



Background: As hospitals focus more on “whole person care,” population health, and keeping people healthy and out of the hospital, typically only the very sickest patients receive care as an inpatient at a hospital.

Patients who receive care at an outpatient setting or physician’s office are typically charged as follows:

- Professional fee, for the doctor and/or PA
- Facility fee which pays for everyone and everything else



Professional Fees Pay For:



PA



Specialty Physician



Primary Physician

Facility Fees Pay For:



Registration Aid



Lab Tech



Patient Care Tech



BioMed Support



Medical Records/
IT and EHR Support



Charge Nurse/
Specialty Nurse



Nurse



Environmental
Services Staff



Food Services



Security

For questions, contact Joshua Ewing, CHA vice president, government affairs, at Joshua.Ewing@cha.com or 720.635.3493.



Understanding Facility Fees in a Health Care Bill

The type of insurance you have, the services you receive, and where you receive them can all affect the way you are billed for care. By understanding how facility fees are incorporated into the cost of care, you can interpret your unique bill and determine why a facility fee charge may be included.

What do facility fees pay for?

Facility fees cover the cost of a variety of services you expect when you visit an outpatient clinic. They pay for the staff that greet you and schedule follow-up appointments at the front desk, the nurses that meet with you before the doctor, other clinical staff that assist with your visit, the team that manages your medical records, the environmental services staff that keep the clinic clean, and more.

EXAMPLE 1: Hospital Outpatient Clinic Visit*

Bill for Professional Fee	\$100
Covers the cost of the services your doctor provides	
Bill for Facility Fee	\$250
Covers the cost of front desk staff, nurses, other clinical staff, maintaining your electronic health record, support staff, environmental services, security, leasing the clinic space, administrative services, etc.	
GRAND TOTAL	\$350

EXAMPLE 2: Private Physician Clinic Visit

"Global" Bill	\$330
Covers the cost of the services your doctor provides AND the cost of front desk staff, nurses, other clinical staff, maintaining your electronic health record, support staff, environmental services, security, leasing the clinic space, administrative services, etc.	
GRAND TOTAL	\$330

**The Centers for Medicare and Medicaid Services requires that professional and other charges are billed separately at hospital-owned outpatient departments. Your insurer may have different requirements for how services are divided and billed for.*

Why the extra cost?

The grand total for services at a hospital outpatient clinic is slightly higher than the grand total for services at a private physician clinic. This is because the same strict regulations that apply to hospitals – like state and federal requirements about patient safety, processes and procedures such as patient discharge, and strict requirements for building requirements – also apply to hospital outpatient locations.

For questions, contact Joshua Ewing, CHA vice president, government affairs, at Joshua.Ewing@cha.com or 720.635.3493.



FREQUENTLY ASKED QUESTIONS

WHAT IS A FACILITY FEE?

This fee should probably be called an “outpatient care fee,” because it has little to do with the actual physical facility. The fee is charged when a hospital owns an outpatient care setting (clinic, practice, center) but may not employ the physicians working there.

WHY ARE THESE FEES IMPORTANT?

Facility fees pay for patient care staff and support the broad variety of other staff and services necessary to provide world-class care. The fees in settings outside the “four walls” of the hospital have supported the shift to an integrated model of care that emphasizes preventative, whole-person care prioritized by policymakers. To ensure they can cover costs and be available to care for patients 24/7/365, hospitals charge facility fees that support routine operations and fill gaps created by a fragmented payment system.

WHY ARE OUTPATIENT CLINICS BEING RUN BY HOSPITALS?

Payment and policy changes at the state and federal levels over the past 10-15 years have prioritized integration of health care services across the continuum of care and a focus on population health. This has led to significant investments by hospitals and health systems in primary and specialty care services. These developments have also led to care moving outside the traditional “four walls” of the hospital and into the community leading to better access to care.

DO EXISTING TRANSPARENCY RULES INCLUDE FACILITY FEES?

Yes. Federal transparency regulations require hospitals to provide clear, accessible pricing information by publicly posting standard charges for all items and services they provide as well as by offering a searchable tool for “shoppable services” patients can schedule in advance. Clinics must include ancillary charges such as facility fees either in the service calculations or as a stand-alone cost with a description of what the charge entails. Colorado patients have the option to pursue legal action against hospitals if the charges they post are inaccurate or incomplete.

AND ARE FACILITY FEES DISCLOSED IN ESTIMATES?

Federal law requires hospitals and their outpatient clinics to provide uninsured and self-pay individuals with good-faith estimates detailing all expected charges — including facility fees. State and federal law also requires for facilities to provide an estimate in advance of any scheduled service, and those rules are currently being drafted.

AREN'T HOSPITALS AND THEIR CLINICS IN GOOD SHAPE FINANCIALLY?

Now that federal COVID-19 relief money has gone away, more than half of Colorado's hospitals are operating either in the red or are hardly breaking even, which has resulted in longer wait times, cuts to services like Obstetrics, and reducing the number of beds. Some, though certainly not all, Colorado hospitals had strong financial performance in 2020 and 2021, though much of it was due to investment performance (much like personal 401k). 2022 saw reversal unlike any in decades.

WHAT ABOUT THE CLAIM THAT HOSPITALS CAN MAKE UP FOR THE LOST REVENUE BY REDUCING EXECUTIVES PAY?

That is simply not true, and is either intentionally misleading or a gross misunderstanding of health care finances. Cutting facility fees would cost Colorado outpatient care clinics an estimated \$9 billion annually, which is more than half of their patient revenue. There is no debate among hospital professionals that HB23-1215 as written would be catastrophic for their outpatient care clinics, forcing nearly 200 to close and resulting in lost jobs for tens of thousands of Colorado care givers who work in them.



HB 23-1215: Facility Fees
CHA Proposal Regarding 2023 Study
March 22, 2023

Updated CHA Position

CHA remains steadfastly opposed to the bill as introduced and with proposed amendments. At the same time, we are also taking seriously legitimate concerns about unexpected bills and ongoing concerns about health care costs voiced by consumers and policymakers. Our members are willing to take action at this time by supporting a properly scoped independent study and greater consumer-facing transparency for hospital bills.

We greatly appreciate the concessions made in the amendments to scale the impacts of the introduced bill back significantly, and while the amendments move the bill in a better direction, we feel they also acknowledge that the initial approach taken was misguided and misinformed. CHA will not trade away our patients' ability to access necessary care, and therefore will not support any cuts to outpatient or telehealth services, which is why we plan to remain opposed to the bill even with the proposed amendments.

Our hope is that a study can help stakeholders and policymakers make more informed decisions about payments for outpatient health care services, identify opportunities to address concerns, and improve the patient experience.

Project Proposal

One lesson learned from our experience with this bill is that taking too-narrow of a view of any particular issue disregards other key interdependencies – both drivers and consequences – that help our health care payment and delivery systems to function. As such, while we have no desire to try to “boil the ocean,” it's important that any study or project look holistically at interrelated issues from a variety of perspectives: from the patient perspective, the provider perspective, and the payer perspective.

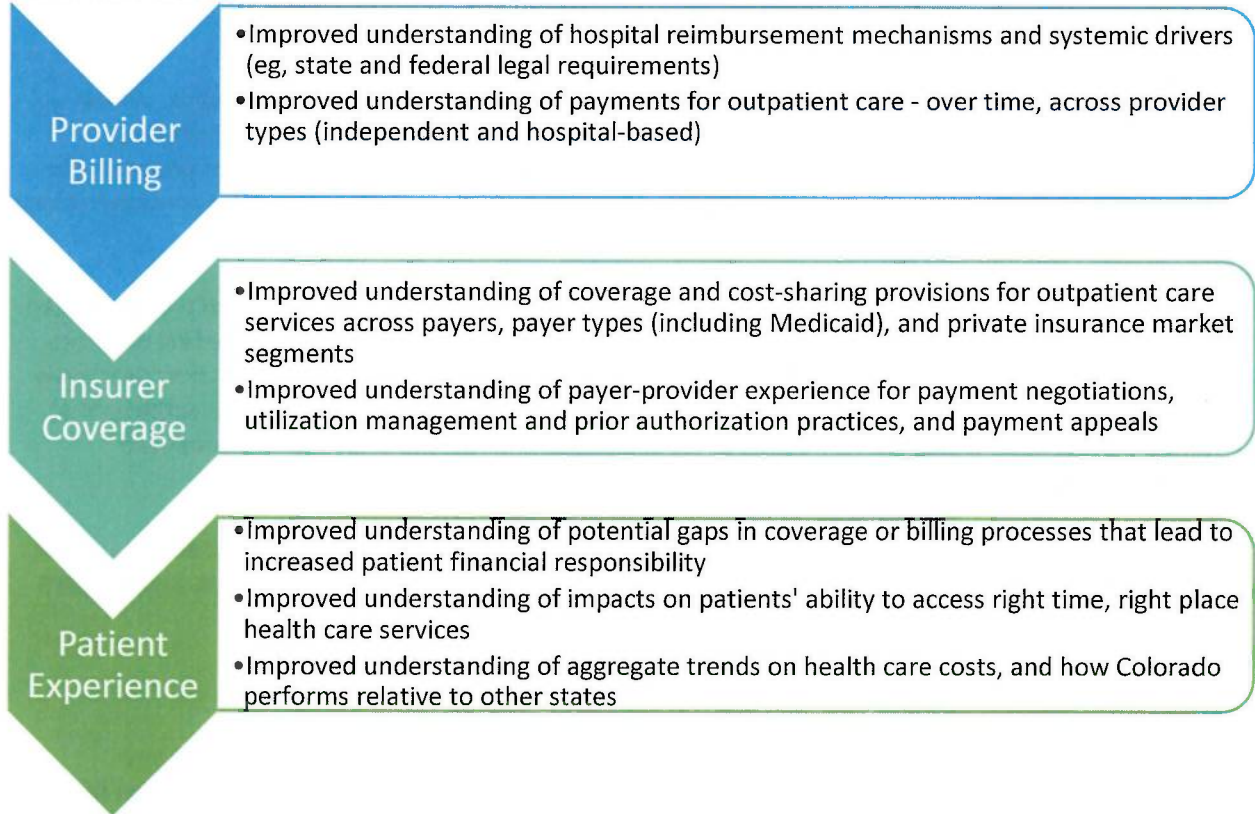
The following pages detail some data-driven approaches to this work, but we underscore that what is needed is a true partner-based, collaborative approach, guided by independent and nonpartisan facilitation with a commitment to objective, evidence-based, and holistic research and analysis.

Importantly, CHA agrees with some of the components of the consumer study proposal shared on March 20. That said, CHA envisions a consumer experience-focused project rather than simply a discrete study on hospital billing practices, which should include at least the following components:

- Patient and consumer listening sessions to target key issues
- Interviews and ongoing consultations with key informants and stakeholders
- Quantitative and qualitative analysis of policy and health care operational frameworks
- Data analysis that leverages Colorado-specific sources (eg, HCPF, DOI, and APCD data) and national benchmarks

The following pages detail key questions and research approaches, and we welcome further dialogue with all stakeholders to refine the work for 2023.

From CHA's perspective, the key knowledge goals that should drive this work are as follows, which are tied to data elements and further research questions later in this document.



Structurally, it is important to have the following pieces in place for this work:

- **The study must be independent and nonpartisan, with a steadfast commitment to objective, evidence-based, and holistic research and analysis.** We recommend that funding be allocated to Legislative Counsel with the intent to use Legislative Requests for Information to gather relevant information from state departments and stakeholders, likely with the support of an outside facilitator or contractors, at their discretion.
- **A report should be complete in anticipation of the 2024 legislative session.** Opportunity should be given to the report authors and stakeholders to highlight additional areas of potential work, dissenting views, and make policy or market-based recommendations in response to information assessed throughout this process.
- **All sides of the issue must be fairly considered.** Consumer and patient advocates, health insurance carriers, hospitals and health systems, and physicians are likely core to this effort; however, other perspectives should be welcomed through open meetings and public comment.

Appendix A: Core Research Questions & Data Drivers

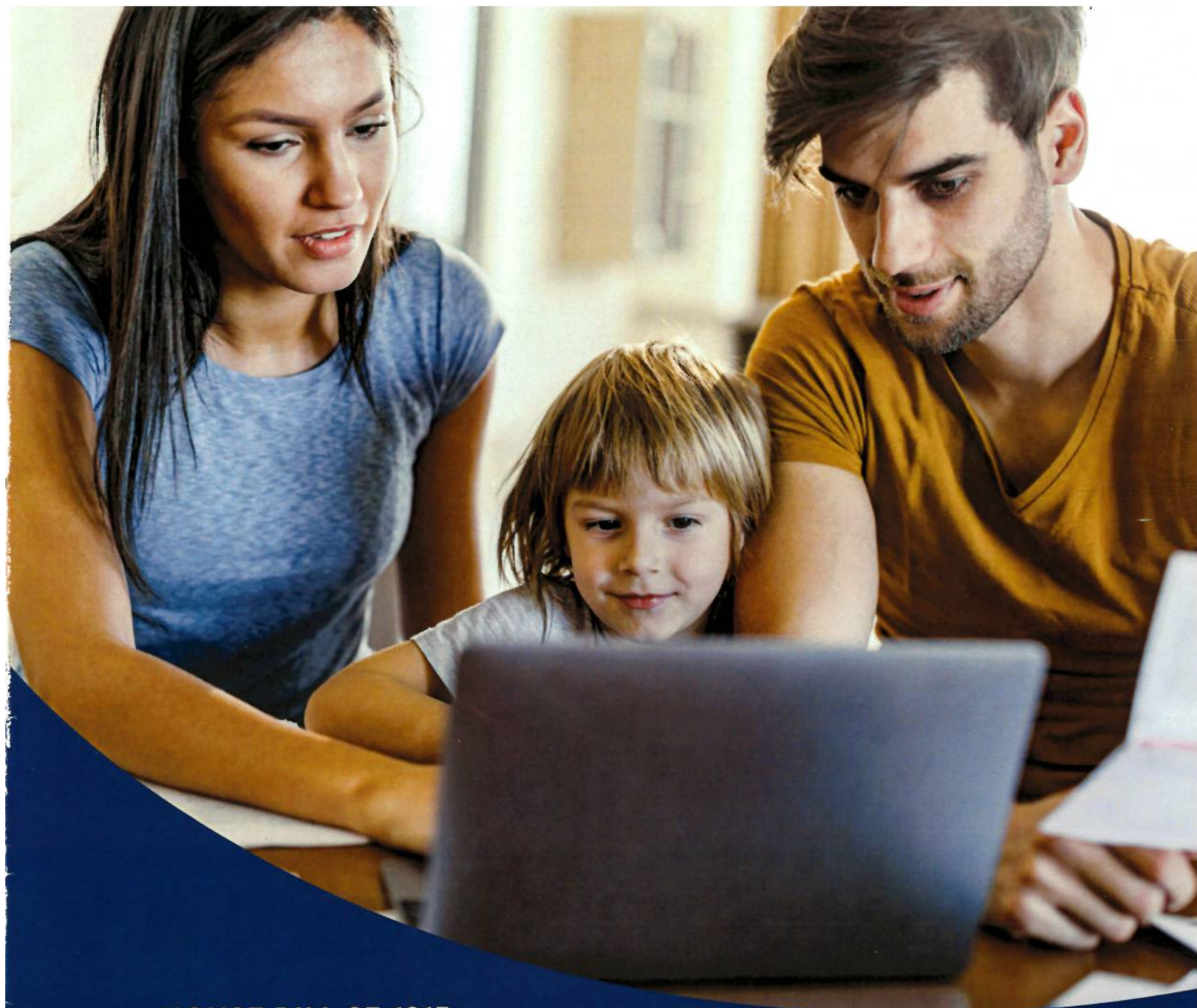
CHA combined the “Key Knowledge Goals” proposed on the previous page with data elements proposed by consumer advocates in the 3/20 version of the conceptual amendment for a facility fees study. What follows is a crosswalk of those issues, research questions, and potential data elements. This likely requires additional refinement.

Core Area	Key Knowledge Goals	Research Questions	Data Elements
<p>PROVIDER BILLING</p>	<p>Improved understanding of hospital reimbursement mechanisms and systemic drivers (e.g. state and federal legal requirements)</p>	<p>The legal and historical reasons for split billing between providers and facilities, including the separate regulatory requirements hospitals are held to.</p>	<p>* denotes data elements pulled from the consumer study proposal in Appendix B</p> <p>* A description of the way in which health care providers may be paid or reimbursed by Medicare and commercial health insurance carriers for outpatient health-care services with or without facility fees at on-campus locations, at off-campus locations, and at independent locations with legal and historical justifications. *</p>
		<p>An analysis concerning the variability and complexity levels utilized to determine fees commensurate with patient complexity and level of services received.</p>	<p>* The top ten most frequent CPT codes and the top ten codes with the highest total allowed amounts for facility fees, including a breakdown of their complexity and utilization. *</p>
		<p>Breakdowns of the patient characteristics for hospital outpatient departments.</p>	<p>For example, socioeconomic status, severity, medical complexity, and prior health care utilization of consumers</p>

	Improved understanding of payments for outpatient care – over time, across provider types (independent and hospital-based)	<p>who seek care in hospital outpatient departments.</p> <p>* The costs and billing practices by independent and affiliated physicians for outpatient services. *</p>	
	Improved understanding of coverage and cost-sharing provisions for outpatient care services across payers, payer types, and private insurance market segments	<p>Longitudinal research into both the amounts at respective locations and the consumer exposure.</p> <p>A breakdown of specialty care utilization.</p> <p>The average facility fee consumers receive broken down by health insurance carrier and type of plan.</p> <p>The percentage of that fee covered by the patient's insurance, also broken down by plan and carrier.</p> <p>An analysis concerning the variability and complexity levels utilized to determine fees commensurate with patient complexity and level of services received.</p> <p>Background on site of service denials.</p>	<p>The utilization across independent vs. hospital operated utilization.</p> <p>* Patient cost-sharing, and any variation based on payer type and plan. *</p> <p>* Patient cost-sharing, and any variation based on payer type and plan. *</p> <p>* The top ten most frequent CPT codes and the top ten CPT codes with the highest total allowed amounts for facility fees, including a breakdown of their complexity and utilization. *</p> <p>Information on instances where insurers will deny coverage for in-network services, such as diagnostics, at hospital settings and the consumers will be held to high-out-of-pocket costs or be</p>
INSURER COVERAGE	Improved understanding of payer-provider experience for payment negotiations, utilization management and prior authorization practice and appeals		

			<p>forced to find an alternative location.</p>
	<p>Improved understanding of potential gaps in coverage or billing processes that lead to increased patient financial responsibility</p>	<p>Detailed analysis of certain types of revenue codes with a description of their uses and utilization.</p>	<p>An examination of billing for 510 (51X) codes over time compared to other facility fee billing for the use of space, materials, and staff and 910 (91x) codes for behavioral health services that includes a description of what services those codes reimburse for and the frequency of their use.</p>
	<p>Improved understanding of impacts on patient's ability to access right time, right place health care services</p>	<p>Cost exposure for consumers with high-deductible health plans.</p>	<p>Coverage policies and utilization numbers for high-deductible health plan consumers</p>
<p>PATIENT EXPERIENCE</p>		<p>Secondary impacts on patient experiencing, including Medicaid enrollment and access due to hospital supplemental payment reductions and 340B drug pricing program discounts.</p>	<p>Impact on the hospital provider fee, Medicaid expansion, and subsequent policies, such as 12-month continuous enrollment, and 340b drug discount pricing program discounts.</p>
		<p>Models for the impact of eliminating outpatient facility charges hospital employment and access to care.</p>	<p>Utilization of outpatient facilities, increases in preventive care and early diagnosis, subsequent health outcomes.</p>

		<p>Analysis into the impact of eliminating outpatient facility charges on access to care broken down by urban vs. rural.</p> <p>Analysis of the changes in inpatient admission levels and level of services provided in outpatient settings over time. This should include a review of how early intervention lowers costs and improves health.</p>	<p>The impact of facility fees on hospital employers</p> <p>Longitudinal data on inpatient admission levels and the benefits of early intervention</p>
<p>Improved understanding of aggregate trends on health care costs, and how Colorado performs relative to other states</p>			



HOUSE BILL 23-1215

Price Transparency Summary

At Children's Colorado, we are committed to consumer transparency and quality. It's important to us that patients and families have the information they need about the cost of care within our system.

We want to help our patients and families understand the charges they may see. Patients/Families will receive an automatically generated estimate upon scheduling a service and verifying insurance coverage (including Self Pay). Patient/families also have access to on demand estimates through our online tool or calling our Cost Estimate Team.



Children's Hospital Colorado

It's important to us that every patient and family has an excellent experience at Children's Colorado. That's why service is a core pillar of our organization. We define patient-family experience with three powerful words: welcoming, collaborative and personalized. As an organization, we strive to live by these words and aspirational statements:



Welcoming

We create an environment filled with warmth and hope by going above and beyond.



Personalized

We recognize and honor the uniqueness of each patient and family through genuine and empathetic care.



Collaborative

We build trusting relationship through transparent and consistent communication.

Over the last several years, Children's Colorado has listened to patient/family feedback and developed multiple strategies to support price transparency and cost estimates, and we continuously partner with patients/families to identify areas where we can improve the services we provide.

Step 1

Patient/family schedules an appointment

When a patient/family schedules an outpatient appointment, our team assesses availability and acuity. Our team then identifies their health insurance coverage. If the patient does not have commercial or public insurance, the patient is screened for public insurance program eligibility. Identifying insurance coverage helps to set up the cost estimate process as a next step. An appointment is not based on a patients/families insurance status as we care for all kids regardless of ability to pay.

Step 2

Patient/family receives a text message with information about the visit

Upon scheduling the visit, two text messages are sent immediately.



Note: The billing link takes you to a page with all our patient resources around financial counseling, billing, charges and self services estimates.



We send text messages out in five languages (English, Spanish, Russian, Mandarin, Chinese, and French), and two languages (English and Spanish) for MyChart.

When a family confirms, the confirmation message has a message related to billing and resources.

If patient does not have insurance, a Financial Counselor is available to screen and assist patients/families for public insurance options (charity care, Medicaid, etc).

Step 3

Patient/family receives the cost estimate through their MyChart account (sample cost estimates)

Cost estimates are generated as soon as scheduling is completed and once patient/family's coverage is verified. Cost Estimates are delivered via text, email, and/or MyChart based on patient's preference. The cost estimate is always accessible via the patient's electronic health record portal, MyChart. If any of the patient's information is changed/updated, then an estimate is regenerated and sent three days before the service is performed. Patient/families also have access to on demand estimates through our online tool or calling our Cost Estimate Team.

Note: estimates are not generated for Medicaid patients since they often pay nothing.



Patient Estimate
 Issued on: March 18, 2023
 Reference #: 749688
 Prepared on: 3/16/2023

Date of Birth: [REDACTED] M/F: [REDACTED]
 Insurance Coverage: Anthem BCBS - Anthem/BC PPO/Blue Priority PPO

Dear Guardian(s) of [REDACTED],
 Thank you for choosing Children's Hospital Colorado, a Top 10 Best Children's Hospital by U.S. News & World Report. We believe in family-centered care and your involvement in your child's care is critical.

This estimate is for hospital charges for anticipated care. It is based on similar procedures performed at Children's Hospital Colorado and on the hospital's current understanding of your insurance coverage, which is:

You Pay	Details
0.00	Hospital Fees 144.00
	Insurance Covers -144.00
	You Pay 0.00

Charge Detail
 Diagnosis: [REDACTED]

NPI: 1720243348
 Anschutz Medical Campus, Aurora - Hospital Charge
 Detail: 13123 E. 16th Ave., AURORA CO 80045-7106 Phone: 720-777-6422 Tax ID: 940166750

Code	Description	Qty	Amount
99213	Clinic Visit Intermediate Level	1	144.00
	Insurance Covers (based on 144.00 allowed amount)		-144.00
	Your responsibility for charges billed by Anschutz Medical Campus, Aurora		0.00

We work hard to provide an accurate and personal estimate of your out-of-pocket costs, but this is an estimate only. Your care will be based on your specific needs, and the actual charges on the final hospital bill may vary significantly from the estimate for a variety of reasons, which may include:

- Your medical conditions and final diagnosis.
- Any complications that may arise; and
- Any additional treatment, equipment, medication, or tests you receive.

- Your medical conditions and final diagnosis;
- Any complications that may arise; and
- Any additional treatment, equipment, medication, or tests you receive.

If you have insurance, your insurance benefits will ultimately determine the amount you owe (including any co-pays, deductibles, co-insurance, and out-of-pocket maximums).

This is an estimate for hospital charges only. Please note that you will receive two bills when you are seen in our facilities:

- A bill from Children's Hospital Colorado. This bill will include charges for the hospital facility, clinical staff, equipment, lab work, and radiology fees such as x-rays, MRI, etc.
- A separate bill from your physicians or other providers who provide services to you while at a Children's Colorado location. For example, if you see your primary care physician and a neurologist, you will receive a bill for each of their services. Please contact your doctors directly for an estimate of their charges. You can obtain an estimate for CU Medicine physician charges by calling 303-493-7700.

It remains the patient's personal responsibility to verify insurance coverage, if any, and to verify whether the patient has in-network insurance coverage or out-of-network insurance coverage.

The estimate you receive will be for today only. The hospital's charges are based on its standard chargemaster rates in effect at the time of service. The hospital makes no representations, express or implied, and disclaims all liability, as to the accuracy of this estimate. If the patient is out-of-network or the services are not covered, the patient is expected to pay the full amount of the hospital's pre-determined chargemaster rates. **This estimate is not a promise, agreement, or contract to accept as payment for hospital charges the amount of the estimate. This estimate does not change the patient's agreement to pay all charges not otherwise paid by insurance.** The hospital's chargemaster rates are available online at www.childrenscolorado.org.

Should you have further questions, please contact us at:

- Cost Estimates: 720-777-0720 or Cost.Estimate@childrenscolorado.org
- Payment plans or billing: 720-777-6422
- Financial Assistance: 720-777-7001
- Cost Estimates for CU Medicine Physician Charges: 303-493-7700.

Our hours of operation are Monday-Friday 8.00 am -- 4:30pm. Again, thank you for choosing Children's Hospital Colorado for your child's healthcare needs.

Sincerely,
 Cost Estimates Team

Estimate for complex visit with commercial insurance

Patient Estimate
 Issued on March 18, 2023 Reference #749687
 Prepared on 3/18/2023

Date of Birth: [REDACTED] M/F: [REDACTED] Insurance Coverage: Anthem BCBS - Anthem/BC PPO/Blue Priority PPO

Dear Guardian(s) of [REDACTED],
 Thank you for choosing Children's Hospital Colorado, a Top 10 Best Children's Hospital by U.S. News & World Report. We believe in family-centered care and your involvement in your child's care is critical.

This estimate is for hospital charges for anticipated care. It is based on similar procedures performed at Children's Hospital Colorado and on the hospital's current understanding of your insurance coverage, which is:

You Pay	Details
1,006.92	Hospital Fees 1,622.00
	Insurance Covers -615.08
	You Pay 1,006.92

Charge Detail
 Description: [REDACTED]

NPI: 1720243348
 Anschutz Medical Campus, Aurora - Hospital Charge
 Detail: [REDACTED] Phone: 720-777-6422
 13123 E. 16th Ave., AURORA CO 80045-7106 Tax ID: 840166760
 Code Description Qty Amount
 99213 Clinic Visit Intermediate Level 1 144.00
 73130 Xr Hand 3+ Views 1 332.00
 97110 Therapeutic Exercises 1 95.00
 29075 Application of Forearm Cast 1 1,051.00
 Total Estimated Charges 1,622.00
 Insurance Covers (based on 1,004.00 allowed amount) -615.08
 Your responsibility for charges billed by Anschutz Medical Campus, Aurora 1,006.92

We work hard to provide an accurate and personal estimate of your out-of-pocket costs, but this is an estimate only. Your care will be based on your specific needs, and the actual charges on the final hospital bill may vary significantly from the estimate for a variety of reasons, which may include:

- Your medical conditions and final diagnosis;
- Any complications that may arise; and
- Any additional treatment, equipment, medication, or tests you receive.

If you have insurance, your insurance benefits will ultimately determine the amount you owe (including any co-pays, deductibles, co-insurance, and out-of-pocket maximums).

This is an estimate for hospital charges only. Please note that you will receive two bills when you are seen in our facilities:

- A bill from Children's Hospital Colorado. This bill will include charges for the hospital facility, clinical staff, equipment, lab work, and radiology fees such as x-rays, MRI, etc.
- A separate bill from your physicians or other providers who provide services to you while at a Children's Colorado location. For example, if you see your primary care physician and a neurologist, you will receive a bill for each of their services. Please contact your doctors directly for an estimate of their charges. You can obtain an estimate for CU Medicine physician charges by calling 303-493-7700.

It remains the patient's personal responsibility to verify insurance coverage, if any, and to verify whether the patient has in-network insurance coverage or out-of-network insurance coverage.

The estimate you receive will be for today only. The hospital's charges are based on its standard chargemaster rates in effect at the time of service. The hospital makes no representations, express or implied, and disclaims all liability, as to the accuracy of this estimate. If the patient is out-of-network or the services are not covered, the patient is expected to pay the full amount of the hospital's pre-determined chargemaster rates. This estimate is not a promise, agreement, or contract to accept as payment for hospital charges the amount of the estimate. This estimate does not change the patient's agreement to pay all charges not otherwise paid by insurance. The hospital's chargemaster rates are available online at www.childrenscolorado.org.

Should you have further questions, please contact us at:

- Cost Estimates: 720-777-0720 or Cost.Estimate@childrenscolorado.org
- Payment plans or billing: 720-777-6422
- Financial Assistance: 720-777-7001
- Cost Estimates for CU Medicine Physician Charges: 303-493-7700.

Our hours of operation are Monday-Friday 8:00 am - 4:30pm. Again, thank you for choosing Children's Hospital Colorado for your child's healthcare needs.

Sincerely,

Cost Estimates Team

Estimate for Self Pay

Visit Estimate
 Follow Up Visit at Children's Colorado Regional Outreach Clinic, Developmental Pediatrics with Physician AMB Test on February 27, 2023 Reference #715962
 Prepared on 3/16/2023

Date of Birth: [REDACTED] M/F: [REDACTED] Insurance Coverage: Self-Pay

Dear Guardian(s) of [REDACTED],
 Thank you for choosing Children's Hospital Colorado, a Top 10 Best Children's Hospital by U.S. News & World Report. We believe in family-centered care and your involvement in your child's care is critical.

This estimate is for Children's Hospital Colorado's charges for planned care. It is based on similar procedures performed at Children's Hospital Colorado and on the hospital's current understanding of your insurance coverage, which is: Self-Pay - No Insurance Coverage.

You Pay	Details
248.30	Hospital Fees 526.00
Subtotal 526.00	Discounts -277.70
Discounts -277.70	You Pay 248.30

Estimate of Services and Items provided by Children's Colorado (Hospital Charges):

Description: [REDACTED]

NPI: 1720243348
 Anschutz Medical Campus, Aurora - Hospital Charge
 Detail: [REDACTED] Phone: 720-777-6422
 13123 E. 16th Ave., AURORA CO 80045-7106 Tax ID: 840166760
 Code Description Qty Amount
 93005 Electrocardiogram Tracing 1 382.00
 99213 Clinic Visit Intermediate Level 1 144.00
 Total Estimated Charges 526.00
 Discounts -277.70
 Your responsibility for charges billed by Anschutz Medical Campus, Aurora 248.30

If the main service scheduled is a surgery or procedure, unless otherwise stated, the

- Your medical conditions and final diagnosis;
- Any complications that may arise; and
- Any additional treatment, equipment, medication, or tests you receive.

If you have insurance, your insurance benefits will ultimately determine the amount you owe (including any co-pays, deductibles, co-insurance, and out-of-pocket maximums).

This is an estimate for hospital charges only. Please note that you will receive two bills when you are seen in our facilities:

- A bill from Children's Hospital Colorado. This bill will include charges for the hospital facility, clinical staff, equipment, lab work, and radiology fees such as x-rays, MRI, etc.
- A separate bill from your physicians or other providers who provide services to you while at a Children's Colorado location. For example, if you see your primary care physician and a neurologist, you will receive a bill for each of their services. Please contact your doctors directly for an estimate of their charges. You can obtain an estimate for CU Medicine physician charges by calling 303-493-7700.

It remains the patient's personal responsibility to verify insurance coverage, if any, and to verify whether the patient has in-network insurance coverage or out-of-network insurance coverage.

The estimate you receive will be for today only. The hospital's charges are based on its standard chargemaster rates in effect at the time of service. The hospital makes no representations, express or implied, and disclaims all liability, as to the accuracy of this estimate. If the patient is out-of-network or the services are not covered, the patient is expected to pay the full amount of the hospital's pre-determined chargemaster rates. This estimate is not a promise, agreement, or contract to accept as payment for hospital charges the amount of the estimate. This estimate does not change the patient's agreement to pay all charges not otherwise paid by insurance. The hospital's chargemaster rates are available online at www.childrenscolorado.org.

Should you have further questions, please contact us at:

- Cost Estimates: 720-777-0720 or Cost.Estimate@childrenscolorado.org
- Payment plans or billing: 720-777-6422
- Financial Assistance: 720-777-7001
- Cost Estimates for CU Medicine Physician Charges: 303-493-7700.

Our hours of operation are Monday-Friday 8:00 am - 4:30pm. Again, thank you for choosing Children's Hospital Colorado for your child's healthcare needs.

Sincerely,

Cost Estimates Team

Step 4

Patient/family comes in for the visit

Registration consolidated acknowledgements are reviewed and signed during check in process (print options available). Either via MyChart E Check in, Kiosk, or with a team member. These acknowledgments are also accessible in their MyChart. Page 12 specifically calls out our Financial Assistance, Charity Care, and Payment Plan Information.

**CHILDREN'S HOSPITAL COLORADO
UNIVERSITY OF COLORADO DENVER SCHOOL OF MEDICINE
JOINT NOTICE OF PRIVACY PRACTICES**

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Children's Hospital Colorado, Children's Colorado or we (our undersigned) understand that information about you and your health is personal and sensitive. Our primary responsibility is your care and we will not share information to keep your privacy protected. We will share information with other health care providers who need to know your health information to provide you with the best care possible. We will also share information with other health care providers who need to know your health information to provide you with the best care possible. We will also share information with other health care providers who need to know your health information to provide you with the best care possible.


HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for the following purposes:

- Treatment
- Payment
- Health care operations
- Public health
- Research
- Education
- Quality improvement
- Administrative and financial operations
- Other uses and disclosures permitted by law

Patients' and Parents' Rights and Responsibilities

Information for our Patients and Families



As a patient or parent, you have certain rights and responsibilities. We encourage you to talk with your doctor when you have questions or concerns.

Financial Assistance, Charity Care and Payment Plan Information

Financial Assistance Program

Many of our patients and their families have financial needs and are unable to pay for their care. Children's Hospital Colorado offers financial assistance to help our patients and their families pay for their care. This assistance is available to patients who do not have health insurance and live in the United States. We will not discriminate on the basis of race, ethnicity, national origin, or religion in providing financial assistance.


Children's Hospital Colorado Charity Program

Children's Hospital Colorado's Charity Program provides financial assistance to patients and their families who are unable to pay for their care. This assistance is available to patients who do not have health insurance and live in the United States. We will not discriminate on the basis of race, ethnicity, national origin, or religion in providing financial assistance.

Payment Plan Options

Children's Hospital Colorado offers payment plan options to patients who are unable to pay for their care. These options include:

- Interest-free payment plans
- Payment plans with interest
- Payment plans with a third-party guarantor



Step 5

After the visit, the patient/family receives a Children's Colorado bill for hospital services and a CU Medicine bill for physician/advanced practice provider services

Payment plans are available and can be set up with our Patient Financial Services team.

Sample of Children's Colorado bill

Children's Hospital Colorado | Guarantor number: [REDACTED] | Page 1 of 6
 Responsible party: [REDACTED] | Statement date: February 23, 2023

Thank you for choosing Children's Hospital Colorado

Please submit payment of \$218.71 by March 16, 2023 or setup a payment plan through MyChart, or call Patient Financial Services at 727-777-8422 if you would like to make payment arrangements.

Patient Balance Summary
 Previous Balance: 86.73
 Payment Since Last Statement: 0.00
 Your current balance: \$218.71
 Amount due by March 16, 2023: \$218.71

Pay Your Bill Online
 MyChart
 Easiest way to view statements, setup payment plans, make payments, go paperless, and more!

Proposed Payment Plan
 If you are unable to pay the balance in full, we would be happy to help you set up a payment plan for \$43.74 per month for 5 months. To begin making monthly payments, visit MyChart or Email us at afg@childrenscolorado.org

MyChart
 Activation code: 8FVSK43J4
 Or use this info for Guest Pay
 mychart@childrenscolorado.org
 Guarantor ID: 1047624
 Name: Logan

Units

Description	Charges	Prims/Adjts	Patient Balance
Unit Institute (Cardiology), Colorado Springs			
Other - General	131.00		
Phys Diag-Electrocardiogram - General	400.00		
Trusts Payments - CLM		0.00	
Coinsurance - 5.44			
Trusts Adjustments		398.17	
Your Responsibility			\$137.43

On Previous Statements

Description	Charges	Prims/Adjts	Patient Balance
Unit Institute (Cardiology), Colorado Springs			
Admission R Logon			
Has been recent activity on the account. Please note the new member responsibility amount.			
Other - Hospital Services - General	555.90		
Trusts Payments - CLM		5.45	
Deductible - 75.64			
Coinsurance - 5.44			
Trusts Adjustments		468.27	
Your Responsibility			\$81.28

Children's Hospital Colorado
 13123 East 16th Avenue
 Aurora, CO 80045

Amount Due: \$218.71
 March 16, 2023
 Amount Enclosed: \$

Guarantor number: [REDACTED]
 Statement Date: February 23, 2023

Pay Online: mychart.childrenscolorado.org
 Pay By Phone: 727-777-8422
 Pay By Mail: Mail checks payable to Children's Hospital Colorado, 13123 East 16th Avenue, Denver, CO 80045-1150

Sample of CU Medicine bill

CU Medicine | Statement for Physician Services
 PATIENT NAME: [REDACTED] | ACCOUNT NUMBER: [REDACTED] | STATEMENT DATE: 02-23-2023

Find YOUR Doctor
www.CUmedicine.us

TOTAL ACCOUNT BALANCE → \$625.34 | **PAY YOUR BILL ONLINE!**
www.cumedicine.us

YOUR ACCOUNT STATUS
 To establish a payment plan, please go to www.cumedicine.us
 Para crear un plan de pago, por favor diríjase a www.cumedicine.us

MAKE PAYMENT BY MAIL
 You may pay your bill by mail with a check or credit card in 1 of 3 ways:
 Pagar por correo: www.cumedicine.us
 Pagar por cheque: 800-421-9734
 Make the payment to: CU Medicine

CUSTOMER SERVICE INFO
 Phone: 303-493-7700 or Toll Free 800-421-9734
 Office Hours: Monday - Friday 8:00am to 5:00pm MST
 Walk-In Hours: Monday - Friday 8:00am to 5:00pm MST

PAY YOUR MEDICAL BILL ONLINE
 CU Medicine Patient Portal

Please see reverse side for a detailed summary

UNIVERSITY OF COLORADO MEDICINE, LLC, the professional care organizations and faculty members of the University of Colorado School of Medicine. This statement is separate from the care you may receive from the hospital or other health care services. For more information, call 800-421-9734.

UNIVERSITY OF COLORADO MEDICINE, LLC es el proveedor de atención médica y los miembros de la Facultad de Medicina de la Universidad de Colorado. Este informe es independiente de la atención médica que usted recibe en el hospital u otros servicios de atención médica.

CU Medicine
 PO Box 16559
 DENVER, CO 80226-1559
 ELECTRONIC SERVICE REQUESTED

Please enter address or insurance address on back and check box.

ADDRESS: [REDACTED]

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
02-23-2023	\$625.34	[REDACTED]

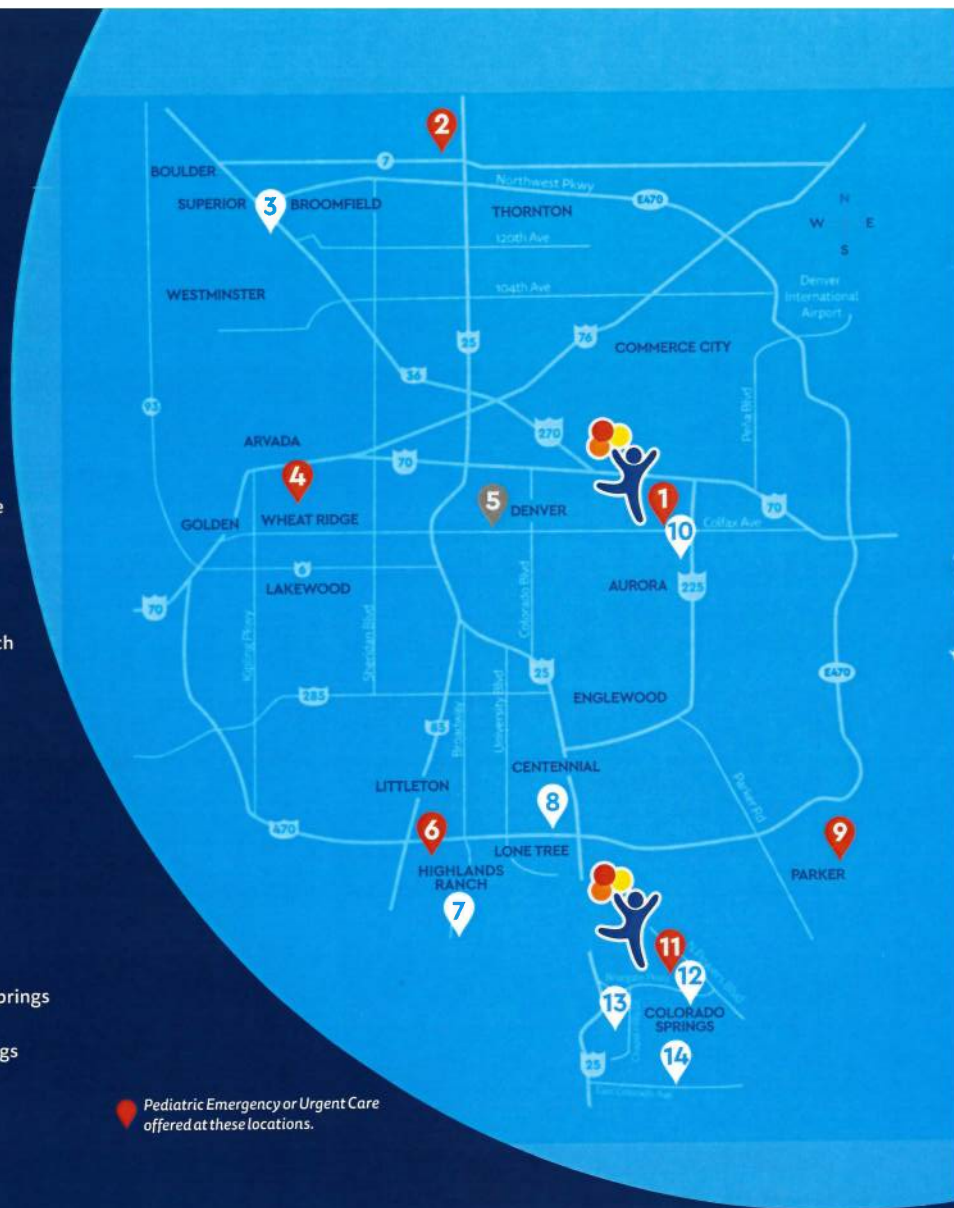
DUPLICATE | SHOW AMOUNT PAID HERE

MAKE CHECKS PAYABLE AND REMIT TO:
 UNIVERSITY OF COLORADO MEDICINE
 DEPT. 1659
 DENVER, CO 80226-1559

Locations

- 1 Children's Hospital Colorado
Anschutz Medical Campus, Aurora
- 2 Children's Hospital Colorado North Campus, Broomfield
- 3 Children's Colorado Therapy Care, Broomfield
- 4 Children's Colorado Outpatient and Urgent Care, Wheat Ridge
- 5 Children's Colorado Outpatient and Urgent Care at Uptown,
Denver **TEMPORARILY CLOSED**, with the exception of sleep studies
- 6 Children's Hospital Colorado South Campus, Highlands Ranch
- 7 Children's Colorado Therapy Care, Highlands Ranch
- 8 Children's Colorado Orthopedic Care, Centennial
- 9 Children's Colorado Outpatient and Urgent Care, Parker
- 10 Children's Colorado Health Pavilion, Aurora
- Children's Colorado KidStreet
- 11 Children's Hospital Colorado, Colorado Springs
- 12 Children's Colorado Outpatient Care at Briargate, Colorado Springs
- 13 Children's Colorado Therapy Care on Telstar, Colorado Springs
- 14 Memorial Hospital Central,
pediatric expertise provided by Children's Colorado

📍 Pediatric Emergency or Urgent Care offered at these locations.



We see more, treat more and heal more kids than any other hospital in our seven-state region. We care for kids with some of the most complex and challenging conditions in pediatrics. Hospital-based clinics extend the critical care, urgent care or emergency services that you find at a hospital to a location closer to home for patients. We are proud to offer multiple channels for our patients and families to access price transparency and resources to support their experience at Children's Colorado.

Cost Estimate Team

720-777-0720

Financial Counselor

720-777-7001

Patient Financial Services

720-777-6422



Children's Hospital Colorado

In Support of HB 23-1215

Testimony before the Colorado House Health and Insurance Committee
Robert J. Smith, Executive Director, CBGH
March 24th, 2023

Good afternoon, Madam Chair and Honorable Committee Members...

I am Robert Smith, the Executive Director of the Colorado Business Group on Health. Thank you for the opportunity to explain to you why the CBGH supports HB23-1215 regarding **Limits on Hospital Facility Fees**.

This matter is particularly acute in Colorado for three reasons:

- 1) Hospital facility fees in Colorado are among the highest in the country.
- 2) *At nearly twice the price of independent out-patient centers*, hospital facility fees bear no relationship to either adjusted hospital costs or outcomes. (See Figures A and B.)
- 3) Excessive payments by insurers to **tax-exempt hospitals**, versus “for-profits,” *actually fuel ever-higher costs which then lead to ever-higher prices*.

I can refer to these prices as excessive because an independent commission of economists annually quantifies for the Congress what “relatively efficient” hospitals need to breakeven on their adjusted costs of care. For 2022, efficient hospitals were expected to make 1% margin on profit on Medicare. As you’ll see on Attachment A to my testimony, however, Colorado hospitals are being paid:

- **More than 3 times** what relatively efficient hospitals need to breakeven for in-patient care.
- And for out-patient care, they are being paid 345% of what relatively efficient hospitals need.

On Figure C you’ll see that roughly one-third of Colorado hospitals are being paid 400 to 600% of what relatively efficient hospitals need.

So what’s the short-term impact of such payments? Here are two perspectives:

- **CIVHC’s Reference Based Pricing Report** tells us that “Colorado’s outpatient payments...place outpatient services in Colorado as among the most expensive on average in the country and one of the highest cost drivers for health care services in the state.”
- **HCPF’s Hospital Cost, Price, and Profit Review** tells us such prices lead inexorably to high profits for hospitals and high costs for families and employers.

More concerning, is this: long term, the resultant profits have an even more deleterious effect in term of market structure and prices.

- **The Commonwealth fund** noted that 3 health systems in Colorado now control 2/3rds of all the beds in our State. This is directly reflected in...
- **Herfindahl Hirschman Index** scores, used by the Department of Justice, quantifying that, with one exception, Colorado’s MSAs are “highly to super concentrated” and **uncompetitive**. (Their words, not mine.)
- **Center for Economic and Progress Research** wrote recently: “The clearest reason why consolidation is happening is that Colorado hospitals want market power in order to command higher prices for their services.”

In Conclusion - two observations:

- First, both state and national studies from numerous independent researchers regarding facility fees is consistent and corroborative. On the other hand, I've not come across one independent, third-party study supporting the claims I've heard from hospitals.
- Second, in an oligopolistic hospital marketplace like Colorado, this bill is important for families, for communities, and for our overall economy. The only alternative is to allow concentrated health systems to "price to what the market will bear." For teeth whitening and tummy tucks that's okay. For essential health services, that doesn't feel like very good policy.

Thank you sincerely for your attention.



Robert J. Smith, Executive Director
Colorado Business Group on Health

Figure A: Reflecting High Costs, High Prices, and High Profits

Commercial Payments (Rand 4.0) vs Breakeven

Breakeven calculated using NASHP's "Hospital Cost Tool"

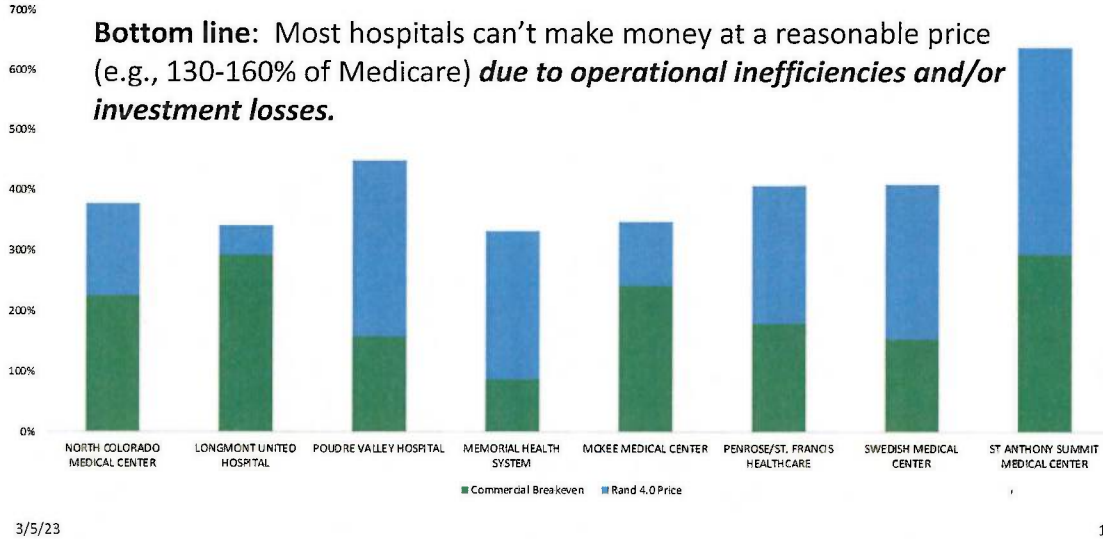


Figure B: Reflecting How Price Bears No Reliable Relationship to Quality

Using Rand 3.0 and CareChex to Identify Variations in Value Across Colorado Hospitals

Comparison of Cost and Quality in Colorado (Cancer Care)

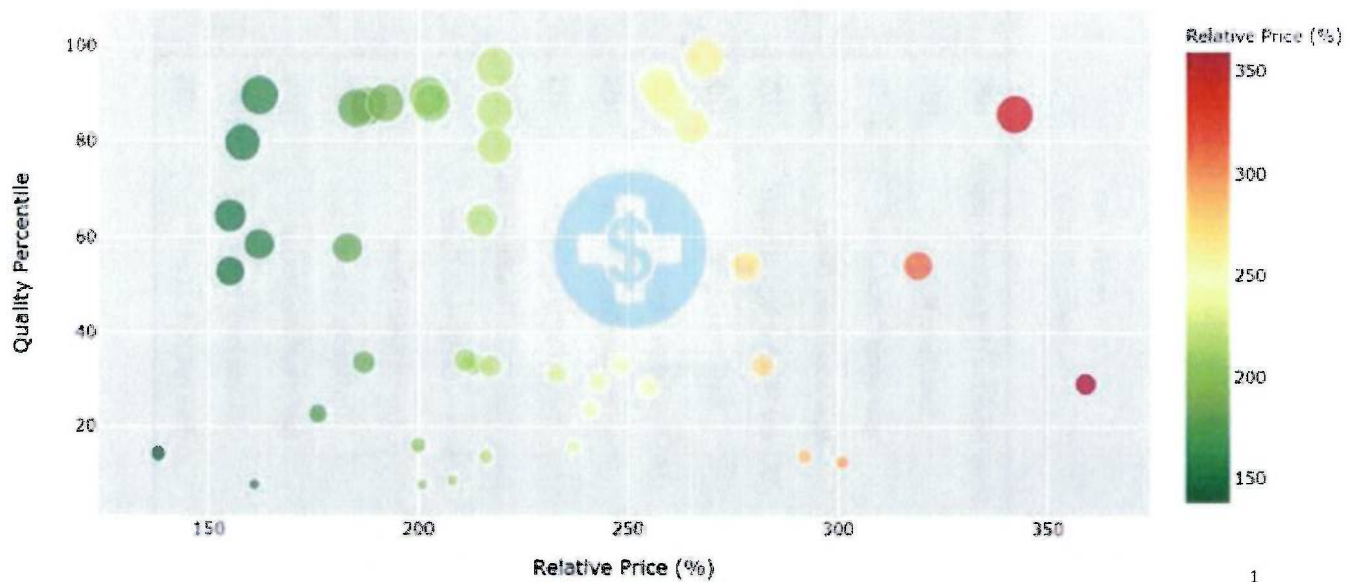


Figure C: Colorado Hospital Pricing Compared to Relatively Efficient Hospitals



**Attachment A: “Prices Paid to Hospitals by Private Health Plans:
Findings from Round 4 of an Employer-Led Transparency Initiative”¹**
A report by The Rand Corporation: Chris Whaley, PhD, Lead Researcher
Funded by the Robert Wood Johnson Foundation

About the Study

- **Data Sources.** The study covers 49 states and includes data from:
 - State-based all-payer claims databases from 11 states, including Colorado.
 - Health plans that agreed to participate.
- **Price Calculations.** Rand calculated and reported hospital prices two ways:
 - As **standardized prices** (i.e., allowed average dollar amounts per standardized unit of service, where services are standardized using Medicare’s relative weights).
 - As **relative prices**,² meaning the ratio of the actual private insurer–allowed amount divided by the Medicare-allowed amount for the same services provided by the same hospital.

Two of the Overall Key Findings (Relative Prices)

- In 2020, across all hospital inpatient and outpatient services (including both facility and related professional charges), employers and private insurers paid:
 - **Nationally:** 224% of what Medicare would have paid (same services at same facilities).
 - **In Colorado: 288%** (up from 253% in 2019) of what Medicare would have paid.
- Hospital market share resulting from consolidation – *NOT payments from Medicaid, payments from Medicare, nor uncompensated care* - explains the wide price variation.³

Colorado Specific Findings (Relative Prices)⁴

- **Relative Overall Price for Colorado Hospitals** (Includes both Professional and Facility Fees)
 - Inpatient: 270%
 - Outpatient 313%
- **Relative Facility (only) Price for Colorado Hospitals**
 - Inpatient 310%
 - Outpatient **345%**

Colorado Health Systems (Facility and Professional)

	<u>Inpatient</u>	<u>Outpatient</u>
• Banner Health	245%	275%
• Centura/CHI⁵	220%	200%
○ Longmont United	260%	370%;
○ St. Anthony Lakewood	387%	456%;
○ Penrose SF	333%	391%
• HCA	285%	343%
• Sisters of Charity	219%	231%
• University of Colorado	318%	365%

¹ To review the full report and supplemental tables go to: <https://employerptp.org/rand/4-0/>

² Relative prices have the advantage of incorporating all of Medicare’s adjustments for case mix, wages, and inflation and are comparable across service lines (e.g., inpatient versus outpatient).

³ In a separate study, CBGH found no reliable relationship between hospital costs and hospital prices for any given service line.

⁴ The difference in “Overall” and “Facility Only” reflects significant less payment to physicians vs facilities.

⁵ Centura’s pricing is consolidated into Catholic Health Initiatives. Although CHI overall is “relatively” lower, Colorado-based Centura hospitals are **significantly higher** – as the three examples indicate.

Attachment B: CIVHA Out-Patient Pricing Comparison Study

Moving to Cost-Effective Sites of Care

Employer Cost Savings Study



CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE

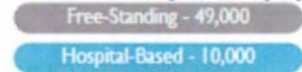
The **Colorado Purchasing Alliance (TCPA)** is an employer-led coalition created to leverage combined purchasing power in negotiating agreements for affordable health care services with providers, facilities, and insurance plans.

TCPA asked the Center for Improving Value in Health Care (CIVHC) to analyze Alliance-specific data from the Colorado All Payer Claims Database (CO APCD) to investigate the potential cost savings available with outpatient procedures by comparing costs for services performed at hospitals to those performed at independent, free-standing centers not owned by a health system or hospital.

Top 10 TCPA Outpatient Procedures (2018-2019)



Claims Volume by Facility Type



The Study

Step 1 - Determine the highest volume outpatient services for the TCPA population.

Step 2 - Identify volume and median prices for Free-Standing vs Hospital-Based procedures.

Cost Comparison Findings

- Of the 10 procedures analyzed, only one was less expensive in a hospital setting with the others ranging from \$400-\$3500 more expensive.
- If employees and their dependents changed 50% of these procedures to the least expensive facility type they could save up to \$5.7 million.

Next Steps

Backed up by personalized data, employer members of TCPA can now educate their employees about making future treatment choices that benefit everyone while continuing to provide access to affordable, high-quality care.

To learn more about how CIVHC is supporting employers and other analyses available, or to how to submit self-insured claims to the CO APCD, please visit civhc.org or contact us at ColoradoAPCD@civhc.org.

Attachment C: References and Resources:

- [“Assessing payment adequacy and updating payment in Medicare,”](#) Medicare Payment Advisory Committee “Report to the Congress on Medicare Policy,” March 15 2022
- [“Combat Rising Health Care Costs by Limiting Facility Fees with New NASHP Model Law,”](#) Maureen Hensley-Quinn, National Academy for State Health Policy, August 24, 2020
- [“Consolidations and profiteering: the relentless rise of hospital expenditures,”](#) Peter Arno, Healthcare Uncovered, March 02, 2023
- [“Healthcare USA: A Cancer on the American Dream,”](#) Scheiber and Nyce, Willis Towers Watson, June 2019
- [“Hospital ‘facility fees’ boosting medical bills, and not just for hospital care,”](#) Center for Public Integrity, 2012. (Yes, this is a long-standing but as yet unaddressed problem.)
- [“Hospital Price Transparency Study – Round 4,”](#) The Rand Corporation, May 2022
- [“Effects of hospital consolidation in Colorado,”](#) Center for Economic Progress and Research, March 5, 2020
- [“Medicare Reference-Based Price Report,”](#)⁶ Affordability Dashboard, Center for Improving Value in Health Care, March 2023
- [“NASHP Model State Legislation to Prohibit Unwarranted Facility Fees,”](#) National Academy for State Health Policy,⁷
- [“Report to the Congress – Medicare Payment Policy,”](#) Medicare Payment Advisory Commission, March 2019
- [“Salve Lucrum: The Existential Threat of Greed in US Health Care,”](#) Donald Berwick, MD, JAMA, January 30, 2023
- [“Top Five Reasons Why People Go Bankrupt,”](#) Forbes, March 25, 2010

⁶ Shows combined in-patient and out-patient payments to Colorado hospitals.

⁷ This model legislation prohibits site-specific facility fees for services rendered at physician practices and clinics located more than 250 yards from a hospital campus. It also prohibits all service-specific facility fees for typical outpatient services that are billed using evaluation and management codes, even if those services are provided on a hospital campus.

****You will have only 2-3 minutes to present your testimony**

Danielle Everett

HB23-1215 Testimony in **OPPOSITION**

House Health & Insurance Committee

Madame Chair, Representative Daugherty

March 23, 2023

Madame Chair and members of the committee - thank you for the opportunity to speak today.

My name is Danielle Everett, and I have been with the IT Epic Training team & a Hospital Billing Trainer for UHealth for 7 years. Today I'd like to discuss my concerns with HB23-1215,

As a Hospital Billing Trainer, one of the topics I cover is how facility charges and professional charges are accumulated and billed. Each department is its own revenue center and we therefore *must track the expenses and revenues back to those departments*. Providers document the services and care being provided to the patient. Behind the scenes those charges are split between our Hospital Billing and Professional Billing departments and will go out on two separate standardized Universal Insurance Claim forms. The Hospital Billing UB-04 Claim form holds all of the Facility Fees: Bed charges, labs, imaging, medications, bandages, etc. and the Provider Fees which = the Doctors TIME go out on a separate claim form all together through Professional Billing called the CMS-1500 Claim form. This is also why patients may see two separate bills: one for the Facility fees-for procedures, services and care provided and one for the Professional Fees, or Doctors Time.

ADDITIONAL POINTS TO CONSIDER:

Hundreds of employees work behind the scenes to support our hospital and outpatient clinics from Billing, to customer service, scheduling, IT and much more—and provide a major contribution to the overall patient standard of care. The Hospital should and must charge for the services that are being provided and that are instrumental in the standard of patient care during their visit. The Doctors time is just ONE piece of the care of the patient.

- My coworkers and I train and support thousands of our staff who document in the EHR and keep it running smoothly. Without the ability to charge for Facility Fees, our positions would likely be eliminated.

CLOSING

- I am gravely concerned that this bill would cripple the hospital system in Colorado.
- I urge you to vote no on this bill.

Thank you for your time,

Sincerely,

Danielle Everett

Colorado Springs, Co

Concern about HB23-1215 and its impact on community organizations



Hannah Brown <hbbrown87@gmail.com>

Tue,
Mar 7,
12:09 P
M

to lisa.cutter.senate

Dear Senator Cutter,

I live in Evergreen and voted for you this past election. I believe in and am grateful for a lot of the work you do for your constituents, but I'm very concerned about the unintended consequences of HB23-1215 and the detrimental impacts it will have on the health of people in our community and across the state.

I'm sure your intentions are good, but it's my understanding that this bill would adversely impact patients' ability to access the health care they need. Access to health care facilities (both physically and with regard to availability) is an extremely pervasive problem and limiting hospitals' ability to be reimbursed for services provided by just about everyone besides physicians will only make it worse. I know you think that saving patients some money in the short term is good, but in the long term I think it will cost people a lot more money and, in some cases, their lives.

Facility fees cover services provided by nurses, housekeepers, case managers, behavioral health experts, social workers, community health educators, care navigators, security officers, front desk staff, and so many others who care for patients outside the hospitals' walls. Comprehensive care is crucial for better outcomes and goes far beyond the cost of services provided by a physician. With no funding for all of the hardworking people listed above who work in clinics, hospitals will be forced to close clinics and cut their budgets.

For all these reasons, I am asking you to reconsider your sponsorship of this bill.

I would also like to hear more about why you think this bill is positive. I have spent a good amount of time trying to understand the other side, but again, I am concerned that you are not grasping the unintended consequences and detrimental impact on your constituents' ability to access care, which is enough of a hurdle without hospitals being forced to close existing clinics.

Thank you for taking the time to read my email and I look forward to a response.

Best,

Hannah Brown
414-899-9230
hbbrown87@gmail.com

Inbox

A

Adrienne Dahms <sencutteraide@gmail.com>

Tue, Mar 14,
1:38 PM (9
days ago)

to me

Thank you so much for your interest in [HB23-1215](#). I appreciate the concerns you have shared with me and I can assure you that I have no intention to limit patients' ability to access the health care they need. In fact, I am very committed to expanding access to care whenever possible.

Unfortunately, though, the cost of care continues to be a major cause for concern for Colorado patients, and prevents many from accessing the care they need. 1 in 5 Coloradans skip some type of care due to cost and over 60% of Coloradans would struggle to afford an unexpected medical expense of \$500.

Facility fees frequently exceed \$500 and become a major financial burden for Coloradans, including constituents in my district. I believe that patients deserve to seek routine, outpatient care without reeling from the cost or hidden fees.

As I'm sure you know, facility fees are intended to ensure that hospitals can maintain 24-hour capacity to respond to emergencies and staff inpatient care units, where needs and demand can fluctuate greatly. I understand this need and appreciate that hospitals have to maintain their "standby" status. What I find concerning, though, is the more recent practice to add facility fees to patient bills for routine care like diagnostic testing and primary care—fees that are often as much or more than the cost of the service provided. Imagine going to your primary care doctor for your routine annual exam, something that should be free under the ACA, and later getting charged a facility fee of several hundred dollars.

I believe that patients deserve a transparent and affordable health care system; HB23-1215 is a targeted approach that I believe balances patients' need to both access and afford their care.

We've noted your position in the Senator's records, she always wants to see where her constituents stand on every topic. Please let us know if there's anything else our office can do for you.

Thanks again and stay engaged!

--

Adrienne Dahms
Senior Aide
Office of Senator Cutter
Colorado General Assembly



Hannah Brown <hbbrown87@gmail.com>

Wed, Mar
15, 10:32 AM
(8 days ago)

to Adrienne

Thank you for your response. I too am concerned about the cost of care for patients, but it's my understanding that facility fees at hospital owned clinics are what pay for routine care like diagnostic testing. Like front desk staff. Like security. Like nurses, custodial staff, care managers, social workers, mental and behavioral health workers, IT support, and the myriad of other people and things that it takes to provide comprehensive care to patients. Essentially, everything aside from the physician. Who would pay for this if facility fees are eliminated? I am in agreement that these costs shouldn't be passed solely onto patients, but a hospital cannot run without being able to pay its staff. Maybe they could dip into savings in the short term, but is that sustainable? What's the long term solution? I think that needs to be in place before eliminating the payment source.

We're in agreement that there is a problem, but I am worried that this "solution" isn't actually going to solve the problem.

Thank you for your time and I look forward to a continued discussion.

Best,
Hannah



Adrienne Dahms

Wed, Mar
15, 2:00 PM
(8 days ago)

to me

So I would just mention that if you get your annual physical or pap smear, or other routine preventative care at a private practice clinic or office, those doctors also have custodians and nurses and office staff, but they do not charge a facility fee. We are not taking away facility fees for things done in the hospital where the staffing and overhead are much higher, that is why this bill is aimed only at the off-site locations that are functionally just doctors' offices. Yet these doctors' offices come with fees that often surprise patients and suppress access that a traditional private practice doctor visit does not.

Thanks for the thoughtful discussion,
Adrienne



Hannah Brown <hbbrown87@gmail.com>

Wed, Mar
15, 3:36 PM
(8 days ago)

to Adrienne

It's my understanding that private practices have global bills that include the cost for not only the physician, but also the nurses and office staff. But because hospital billing is heavily regulated, they are required to bill for the physician separately (and the clinic doesn't see any of that money, it goes directly to the provider), and then the facility fee covers everything else.



Adrienne Dahms

Thu, Mar 16,
12:09 PM (7
days ago)

to me

I will look into this for you. I will ask the house sponsors, as they're the runners of this bill and it's still in that chamber.

Thanks for letting me know,
Adrienne

From: Mike Lynch <replynch49@gmail.com>
To: MariJo Rugh <mjrugh@comcast.net>
Date: 03/22/2023 9:53 AM
Subject: Re: Bill HB23-1215 is not good for the people of Colorado

MariJo,

Thank you for your email. I join you in your concern over this bill. As introduced, this bill would devastate hospitals and especially rural hospitals, the very hospitals that provide life-saving care for the people in their communities. While I always want to lower the costs for the people of Colorado, I will never support a bill that does so at the cost of the business or entity that is providing a necessary and vital service.

Thank you for your email and your advocacy,



Mike Lynch
Minority Leader
State Representative
Colorado House District 65



Lynch
House District 65

On Wed, Mar 22, 2023 at 9:30 AM MariJo Rugh <mjrugh@comcast.net> wrote:
Dear Mike,

I understand there is proposed legislation that will prevent clinics not located in a hospital, from charging for non-provider services provided in the clinic setting. As you are the house representative for my district, I would like to share some insight as to the challenges that will be created for people in the community if this bill is voted into law.

In June of 2019 I was diagnosed with breast cancer. While the initial diagnosis was stage zero, the pathology of my mastectomy indicated stage 2 breast cancer. My oncologist was wonderful. She convinced me there was hope and that this was very treatable. After recovering from my surgery in July, I started treatment in September, 2019. I received chemo therapy infusions for 4 months, immunotherapy infusions for 12

months and radiation therapy for 6 weeks. For every infusion I had the following services provided by a staff member that was NOT a provider, in the clinic:

- Checked in at the front desk
- A wrist band placed on me that identified who I was and had a bar code with my medical record number,
- My vitals taken by a medical assistant (MA) who then documented that information in the EHR on a mobile computer
- My blood drawn by a nurse who then printed labels, asked me to confirm my information on the label, and placed the labels on the tubes of blood
- My blood specimens couriered to the laboratory for testing
- My results were viewed by the pharmacist prior to preparing my chemo drug; I was also able to view my labs in the patient portal
- Chemo drugs specific to me, prepared by a pharmacist
- My port area cleaned and dis-infected by my RN
- Infusion needle inserted into my port by my RN
- Chemo drug hung on the IV pump which had of the information about me from the EHR
- Infusion started, monitored and stopped when completed by my RN
- Infusion needle removed and insertion site bandaged by my RN
- Medication education provided by my RN

All of these activities made me feel safe and that my body was prepared for the cancer killing medications going into my port. The **staff** (front desk, MAs, RNs, pharmacists, etc.), **technology** (EHR, patient portal, IV pump interoperability, medication education reference system, pharmacy management system) and **equipment** (computers, IV pump, label printers, bar code scanners, security cameras in the building, badge readers) are all needed to support my treatments. These items don't come without a cost and are well beyond the scope of my physicians and nurse practitioners that participated in my care. The proposed bill states:

The bill prohibits a health-care provider (provider) affiliated with or owned by a hospital or health system from charging a facility fee for health-care services furnished by the provider for:

- Outpatient services provided at an **off-campus location** or through telehealth; or
- Certain outpatient, diagnostic, or imaging services identified by the medical services board as services that may be provided safely, reliably, and effectively in nonhospital settings.

Simply stated, if you disable the hospital's ability to charge for the technical services provided, aka facility fee, in an off-campus location, they will stop providing them off-campus. I would have been forced to go to a hospital that was a much farther drive for me, with parking challenges and a campus that is difficult to navigate. I most likely would have had to take a leave of absence from my job due to additional travel time. As the only income provider for my family, this would have been financially devastating. My

ability to get scheduled and start my treatment as quickly as I did would also have been impacted if treatment in the clinic location would not have been an option.

I need you to understand, that if this bill passes, PATIENTS in Colorado will suffer.

I'm happy to say that I remain cancer free and I remain hopeful it will not return. For all of the reasons mentioned above, I am thankful I had the ability to receive my treatment in a clinic that was not on the hospital campus. I would also like to call out that I grew up on a ranch in Nebraska and supported my brother's care which he received in Colorado for leukemia. We had many visits to hospital based clinics and off-campus clinics throughout his journey. He HATED going to the hospital for treatments. It reminded him of the 6 weeks he spent on the oncology unit. Unfortunately his leukemia was very aggressive and despite 2 years of treatments, he lost the battle. I have a lot of experience and understanding of how healthcare works.

Please reach out if you would like to better understand the impact of this bill from a patient's perspective.

MariJo Rugh
970-391-9164

From: Billy Smith <wtsiii@gmail.com>
Sent: Wednesday, March 22, 2023 4:45 PM
To: Advocate <advocate@uchealth.org>
Subject: Fwd: HB23-1215 - Constituent Feedback

USE CAUTION: External Message

Begin forwarded message:

From: Robert Marshall <co.rep.marshall@gmail.com>
Date: March 22, 2023 at 2:55:23 PM MDT
To: Bill Smith <wtsiii@gmail.com>
Subject: Re: HB23-1215 - Constituent Feedback

Apologies for the late response. Below is our general response. But I understand the sponsor pulled the bill to work with stakeholders more to avoid an absolute prohibition on such fees and work something out. A surprise charge billing of \$2-3K in one slice, however, to those who believe their medical expenses are covered by insurance can be pretty devastating. So it is a difficult issue.

Mr. Smith,

Thank you for contacting me with your concerns about this important issue. I appreciate hearing your opinion on the matter and having the opportunity to respond.

Since being elected to the Colorado House of Representatives, I have found that Coloradans are extremely well informed about the problems facing our state and our nation. As a member of the House of Representatives and serving on the House Judiciary and Finance committees, I am responsible for debating and considering many pieces of impactful legislation.

Generally, I don't like to commit to how I will vote on any bills or issues until there is a final status/language finished for them and they come out of committee to the floor. With every bill that comes before the House, I am dedicated to supporting proposals that will better the lives of people in Highlands Ranch (House District 43) and the lives of people in Colorado. Should legislation regarding your concerns approach the floor for a vote, rest assured that I will consider it with your thoughts in mind and with the betterment of the citizens of Colorado in heart.

Again, thank you for contacting me about this important issue. I do encourage constituents to follow bills of concern to them to stay informed, which can be done on the legislative bill tracker at <https://leg.colorado.gov/bills> and hope that you will follow any bills that are important to you. The more citizens are informed of what their government is doing, and how it is doing it, the better.

Very Respectfully
Bob Marshall

On Wed, Mar 8, 2023 at 12:26 PM Bill Smith <wtsiii@gmail.com> wrote:
Hello Rep. Marshall-

I'm writing as a member of your district and someone who voted for you to express my family's extreme concern over House Bill 23-1215. While I believe everyone can acknowledge the health care system in our country and state needs work, a bill like this that piecemeals something so specific as a (misleadingly-named) "facility fee" is short-sighted, irresponsible and what I can only describe as 100% politically-driven. This bill does absolutely nothing to address the challenges that need to be solved through collaboration with our medical community in our state. This bill will not improve or save lives- it will only restrict access even more, affecting those who need ease of access the most.

I urge you to vote NO on this bill. It will cause significant harm to our community and directly negatively impact countless people in our district, including those who work alongside doctors to provide care to people like me and my family.

Bill, Jordan and Weston Smith
Highlands Ranch, CO

March 21, 2023

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear House Health and Insurance Committee Members:

I'm writing to you as a constituent about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, social workers, and so many others who care for patients in clinics.

I am a Social Worker and I serve in the role of Supervisor for 30+ Social Workers who provide patient care and advocacy in a Hospital based Outpatient Clinic setting. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. The facility fee pays for me and my coworkers. It is the only reimbursement that covers the extensive care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. If this bill passes what funds would be available to cover the work and support being offered patients outside of their medical provider.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. Social Workers specifically coordinate transportation, assess for additional community resources including but not limited to food insecurity, housing, child care, mental health support, and financial benefits.

Many patients seek medical care in hospital-based clinics because of this extra layer of support. These support services ensure patients receive person centered care and recognizes that excellent medical care must include assisting patients in getting basic needs met in their community.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Lindsay MacLachlan, LCSW
1275 S. University Blvd
Denver CO 80210

From: **Kate Sanfilippo** <k8pittenger@gmail.com>

Date: Wed, Mar 22, 2023 at 4:08 PM

Subject: Oppose HB23-1215

To: <lindsey.daugherty.house@coleg.gov>, <chris.kennedy.house@coleg.gov>, <kyle.brown.house@coleg.gov>, <lorena.garcia.house@coleg.gov>, <sheila.lieder.house@coleg.gov>, <karen.mccormick.house@coleg.gov>, <david.ortiz.house@coleg.gov>, <brianna.titone.house@coleg.gov>, <matthew.soper.house@coleg.gov>, <anthony.hartsook.house@coleg.gov>, <ron.weinberg.house@coleg.gov>

Dear Members of the House Health & Insurance Committee,

I am a registered nurse with a long history of working in the Ambulatory setting and now work with technology tools to help patients to better access their care. While working in the Ambulatory setting, I helped manage glucose levels for patients with diabetes as a Certified Diabetes Educator. The goal of a Diabetes Educator is to help patients understand how to self-manage their diabetes, keep glucose levels well controlled to prevent short and long term complications. I am passionate about taking care of patients in the Ambulatory setting as it can keep patients out of the hospital.

Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician – the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and the Diabetes Educators.

Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. **Vote no on HB23-1215.**

Thank you,

Kate Sanfilippo MS, BSN, RN



March 22, 2023

Dear Rep. Valdez:

Did you know that Migraine is the most disabling disease according to WHO for people ages 27 to 45? Migraine is also a very complicated disease and affects people differently. There are no two people who are suitable for the same treatment.

People affected by this disease cannot gain all of their information simply from their physician. They need hours upon hours of education and support to help battle this disabling disease.

Miles For Migraine supports patients in the Denver community, and we oppose [House Bill 23-1215](#). If passed, [House Bill 23-1215](#) could have an enormous, negative impact on patients, clinics and hospitals throughout the state resulting in clinic closures, job losses and a reduction in patients' access to the medical care they need. We are also concerned about the loss of additional services including behavioral health, social work and case manager resources that are helping improve health and reduce homelessness and crime in the communities we serve.

Sincerely,
Shirley Kessel
Executive Director



March 22, 2023

Dear Senator Gonzales

Did you know that Migraine is the most disabling disease according to WHO for people ages 27 to 45? Migraine is also a very complicated disease and affects people differently. There are no two people who are suitable for the same treatment.

People affected by this disease cannot gain all of their information simply from their physician. They need hours upon hours of education and support to help battle this disabling disease.

Miles For Migraine supports patients in the Denver community, and we oppose [House Bill 23-1215](#). If passed, [House Bill 23-1215](#) could have an enormous, negative impact on patients, clinics and hospitals throughout the state resulting in clinic closures, job losses and a reduction in patients' access to the medical care they need. We are also concerned about the loss of additional services including behavioral health, social work and case manager resources that are helping improve health and reduce homelessness and crime in the communities we serve.

Sincerely,
Shirley Kessel
Executive Director

From: Bob Bell <milehiproperty@gmail.com>

Sent: Wednesday, March 22, 2023 11:33 AM

To: julie.gonzales.senate@coleg.gov; serena.gonzales-gutierrez.house@coleg.gov;
emily.sirota.house@coleg.gov; andrew.boesenecker.house@coleg.gov; kyle.mullica.senate@coleg.gov;
lisa.cutter.senate@coleg.gov

Subject: Concern that Food for Thought Denver will be affected by HB23-1215

USE CAUTION: External Message



foodforthoughtdenver.org

Error! Filename not specified.

Concern that Food for Thought Denver will be affected by HB23-1215

Dear Senator Julie Gonzales and Representative Serena Gonzales-Gutierrez,

I'm writing to you as a constituent of Senate District 34 and House District 4 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by the dedicated nurses, housekeepers, nursing assistants, social workers, community health educators and so many others who care for patients outside the hospitals' walls.

I am Bob Bell, Founder Food for Thought Denver. Our all-volunteer organization works to bridge the hunger gap for Title One student's experiencing lack of food resources over the weekend. For the past 11 years we have provided food to these students each and every Friday and are currently supporting 13,000 children in 74 schools across the Denver Metro Area with zero operational overhead.

I am concerned about HB23-1215 and strongly opposed to it because it will adversely impact communities throughout our state as well as limit patients' access to the health care they need. With no funding for the hardworking nurses, case managers, behavioral health experts, security officers, and so many others who work in clinics, hospitals will be forced to close clinics and cut their budgets.

Organizations like Food for Thought Denver will suffer as we lose funding for the important work we do. Residents and patients who have lower incomes will suffer the most as they lose important services supported by hospitals and nonprofit organizations across Colorado.

Brown, Hannah

From: Representative Ron Weinberg <Ron@repweinberg.com>
Sent: Tuesday, March 21, 2023 4:23 PM
To: Ashcraft, Brittany
Subject: RE: HB23-1215 Limits on Hospital Facility Fees

USE CAUTION: External Message

Thank you for your email. I am still speaking with constituents about this issue. I have been inundated with emails and phone calls in opposition to this bill with very few requests to support. I am considering all input. Thank you for sharing your opinion with me.

Cheers,



Representative Ron Weinberg

Colorado House of Representatives 51

:: (o) 303 866-2947

:: (c) 970 541-9542

:: Ron@RepWeinberg.com

“...Of the people, by the people, for the people”

From: Ashcraft, Brittany <Brittany.Ashcraft@uchealth.org>
Sent: Tuesday, March 21, 2023 8:32 AM
To: ron.weinberg.house@coleg.gov; anthony.hartsook.house@coleg.gov; matthew.soper.house@coleg.gov; brianna.titone.house@coleg.gov; david.ortiz.house@coleg.gov; karen.mccormick.house@coleg.gov; sheila.lieder.house@coleg.gov; lorena.garcia.house@coleg.gov; kyle.brown.house@coleg.gov; chris.kennedy.house@coleg.gov; lindsey.daugherty.house@coleg.gov; lisa.cutter.senate@coleg.gov; kyle.mullica.senate@coleg.gov; andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov
Subject: HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

Hello my name is Brittany and I am a cardiology medical practice technician. I am passionate about taking care of patients because I enjoy helping them and improving their lives. The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families. Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. Which would be very detrimental to all of the communities here in Colorado. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215. Thank you for your time, I hope you can do the right thing!

Brittany Ashcraft, EMT-B NREMT

Emergency Medical Technician

Heart and Vascular Center

2500 Rocky Mountain Ave, Suite 100

Loveland, CO 80538

O: 970.221.1000

E: Brittany.Ashcraft@uchealth.org

uchealth

Dear Representative Daugherty-

My name is Tim Wimbish. I work for UCHHealth and have for more than 20 years. I have worked in several roles across the health system, providing me with the opportunity to understand a variety of operations across our locations. I started my career as a Speech-Language Pathologist, and then had the opportunity to move into a few different administrative positions over the years, including Director of Rehabilitation where I oversaw Inpatient and Outpatient Rehab Therapy Services for the Denver Metro Region. I also served as the Director of our Comprehensive Lung and Breathing Program, overseeing multiple OP medicine and surgical clinics. Most recently, I am the Director of Patient Experience for the Denver Metro Region.

I have stayed at University of Colorado and UCHHealth because I believe whole heartedly in our Mission Statement:

We improve lives.
In big ways through learning, healing and discovery.
In small, personal ways through human connection.
But in all ways, we improve lives.

As a clinician, I still have the opportunity to provide direct patient care on occasion, and that remains a passion. To be able to connect with a person that is in need of health care, and provide them with the ability to continue to live their life in a meaningful way, is at the core of my career. As a leader in an academic facility, I have the opportunity to create an environment where future health care providers get the opportunity to learn and develop the skills to connect with people in need.

Today I am writing to you about something that is of great concern to me. This is the facility fee, now in jeopardy due to HB23-1215. In my opinion, the loss of this fee would create an environment where we would no longer have the ability to provide the remarkable services that we provide across UCHHealth. In our ambulatory clinics, the facility fee is the only revenue source for UCHHealth. In the clinics that I have had direct oversight for in past roles, the facility fee is what allows us to have schedulers, front desk staff, social workers, therapy providers (PT/OT/ST), medical assistants, nursing staff, our EVS team, security providers, a few administrative staff and others. The facility fee is what enables our team to help our patients navigate through the health care system, and allows us provide all the different levels of care that individual patients need during their care.

Jeanne Williamson
302 E Michigan Ave
Berthoud, CO 80513

To Representative Ryan Armagost,

I am writing to you today to please vote no against HB 23-1215. The impact of this bill will have a detrimental effect to the community I live in and the patients and staff I work for. I am a nurse of 26 years and I feel this bill will undermine the care UHealth provides. As a nurse I worked through many changes in healthcare, the addition of electronic medical records, HIPPA rule changes, Obamacare, constant nursing shortages, and most recently the COVID-19 pandemic. I have felt the most supported, educated, and respected by UHealth than with any other company I have worked for in my career. I know UHealth strives to take the best care of the patients and workforce through our mission, vision, and values. I knew my job and my coworker's jobs were safe and that UHealth was trying to support everyone through incredibly trying times. We always had appropriate resources and in spite of ever changing and evolving circumstances UHealth continued to provide safe, evidenced based care. UHealth helped develop one of the COVID-19 vaccines and helped immunize almost a million people and healed 1,000's of victims of COVID-19 patients. The perceived cost saving measures will force UHealth to cut programs that serve mental health, unhoused, woman and children's programs, and programs that support educational needs of staff. These cuts will lead to poor outcomes and will further harm the vulnerable populations in question within the state of Colorado and the communities you serve, those that voted for you. The issues at hand, the billing cost for patients, are generally covered by insurance programs. Insurance companies will see a windfall to their bottom lines with this "consumer protection initiative" but after being in my role for the last 6 months I can rest assured they are not going to use that money to help patients. This money will serve to further line the pockets of the CEOs and corporate team members. I have also learned, much to my dismay, that many times the members of the house make their minds up before hearing the public. Please do not do that with a topic that is so important to so many vulnerable Coloradoans. Like you, I have chosen to make my life's work about serving others. I think it is important to look as ways to best adapt and serve the greatest number, but this bill is poorly thought out. I think everyone can agree healthcare costs are unacceptable but I think we should look at those entities that make profits off of illness such as pharmaceutical and insurance companies. Please do not make the not-for-profit hospitals and university system in your state bear the brunt of this. Please vote no on HB 23-1215 and take some time to talk to nurses, providers, medical assistants, respiratory tech, or the receptionist at your provider's office to learn more about what could be done and help be part of the solution to the healthcare issues not aid in degradation of the healthcare available to Coloradoans at this time.

Best,

Jeanne Williamson RN BSN

Clinical Nurse Manager Endocrinology and Rheumatology

UHealth Northern Region

From: Johnson, Lauren (Sr. Dir Marketing) <Lauren.Johnson2@uchealth.org>
Sent: Wednesday, March 22, 2023 8:43 AM
To: Advocate <advocate@uchealth.org>
Subject: FW: Please Note No HB23-1215

Lauren Johnson
Senior Director, Insight and Marketing

3515 Brighton Blvd
Suite 700
Denver, CO 80216
C: 720.695.0560
Lauren.Johnson2@uchealth.org
uchealth.org

uchealth

From: Representative Jennifer Bacon <BaconforColorado@gmail.com>
Date: Tuesday, March 21, 2023 at 2:14 PM
To: Johnson, Lauren (Sr. Dir Marketing) <Lauren.Johnson2@uchealth.org>
Subject: Re: Please Note No HB23-1215

USE CAUTION: External Message

Dear Lauren,

Thank you for reaching out to my office with your concerns about HB23-1215, Limits On Hospital Facility Fees. I always appreciate hearing from my constituents, as it helps me better represent you.

[HB23-1215](#) will create more transparency for Coloradans making important decisions about their medical treatment. I agree that access to care and retaining talented staff is critical, and I know the sponsors are working with hospitals and consumer advocates to develop the best policy possible. The bill will be amended to incorporate feedback like yours as it progresses through the legislative process. I will continue to listen to all sides to ensure that we are able to provide care in an affordable, transparent manner to all Coloradans.

Thank you again for sharing your thoughts with me, and for the important work you do for our communities.

In service,

Representative Jennifer Bacon, HD-7

Vice Chair, Judiciary

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:42:38 PM MDT

To: lindsey.daugherty.house@coleg.gov

Subject: **HB23-1215 opposition**

Dear representative Daugherty,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. We depend on such staff to assist us as doctors, in making sure patients get timely and appropriate care – from maintaining schedules, to rooming patients, to performing tests, to keeping our clinics clean.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:45:59 PM MDT

To: chris.kennedy.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Kennedy,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:46:44 PM MDT

To: kyle.brown.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Brown,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:47:36 PM MDT

To: lorena.garcia.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:48:47 PM MDT

To: sheila.lieder.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Lieder,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:49:51 PM MDT

To: karen.mccormick.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative McCormick,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:50:32 PM MDT

To: david.ortiz.house@coleg.gov

Subject: **HB23-1215 opposition**

Dear representative Ortiz,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:51:23 PM MDT

To: brianna.titone.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Titone,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:52:11 PM MDT

To: matthew.soper.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Soper,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:52:53 PM MDT

To: anthony.hartsook.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Hartsook,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:54:05 PM MDT

To: ron.weinberg.house@coleg.gov

Subject: **HB23-1215 opposition**

Dear representative Weinberg,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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I am kindly asking you to oppose this bill. Health care costs do need to be more transparent and need to be contained, but this is not an appropriate way to achieve such goals. Please support health care workers like me in Colorado by opposing this bill, which would be devastating to patient access to care across the state.

Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:55:26 PM MDT

To: andrew.boesenecker.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Boesenecker,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: "Purvis, Matthew" <Matthew.Purvis@uchealth.org>

Date: March 21, 2023 at 8:56:18 PM MDT

To: emily.sirota.house@coleg.gov

Subject: HB23-1215 opposition

Dear representative Sirota,

I'm writing to you as a constituent of Senate District 14 and House District 53, in regard to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in the outpatient clinic settings.

I am a Colorado native and a cardiologist at UCHealth. In my role I take care of patients throughout Northern Colorado in both hospital-associated and freestanding clinics. I'm writing to you voicing my strong opposition to this bill, because I am concerned it will adversely impact patient access to care. These facility fees pay for our offices to be clean and sanitary, for our staff to have reasonable pay, and for adequate staffing, all of which allow me to focus my attention on patient care.

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Sincerely,

Matthew Purvis, MD, FACC

Sent from my iPhone

From: jerrybw52@gmail.com <jerrybw52@gmail.com> **On Behalf Of** Paul Lundeen
Sent: Tuesday, March 21, 2023 4:11 PM
To: Valentine, Karen <Karen.Valentine@uchealth.org>
Subject: Re: Concern about HB23-1215 Limits on Hospital Facility Fees

USE CAUTION: External Message

Dear Karen,

Thank you for reaching out regarding HB 1215. I agree with you. Providing any kind of health care requires a building, equipment, staff. None of which are free. Transparency is a good thing, mostly. However, this bill is not about transparency.

If it gets over here to the Senate, I will be a NO.

Sincerely,
-paul

Colorado Senate Minority Leader
District 9
SenatorLundeen@gmail.com

On Tue, Feb 28, 2023 at 12:25 PM Valentine, Karen <Karen.Valentine@uchealth.org> wrote:

Senator Paul Lundeen and Representative Rose Pugliese,

Please read the attached letter regarding the legislation to prohibit facility fees.

It is vital that this bill be opposed. Healthcare will suffer and thousands of citizens will be out of work.

Respectfully

Karen

Karen Valentine PT (she/her/hers)

Manager - Oncology Supportive Services

UCHealth Memorial Hospital Cancer Center
Oncology Service Line
525 Bob Peters Grove, Suite 0816
Colorado Springs, CO 80909

O: 719.365.5108

F: 719.365.9520

karen.valentine@uchealth.org

From: jerrybw52@gmail.com <jerrybw52@gmail.com> **On Behalf Of** Paul Lundeen
Sent: Tuesday, March 21, 2023 4:11 PM
To: Valentine, Karen <Karen.Valentine@uchealth.org>
Subject: Re: Concern about HB23-1215 Limits on Hospital Facility Fees

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Colorado Senate Minority Leader
District 9
SenatorLundeen@gmail.com

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Respectfully

Karen

Karen Valentine PT (she/her/hers)

Manager - Oncology Supportive Services

UCHealth Memorial Hospital Cancer Center
Oncology Service Line
525 Bob Peters Grove, Suite 0816
Colorado Springs, CO 80909

O: 719.365.5108

F: 719.365.9520

karen.valentine@uchealth.org

From: Japp, Lori <Lori.Japp@uchealth.org>
Sent: Tuesday, March 21, 2023 10:50 AM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: review of email to legislators

Hi Chantell-

Would you mind reviewing my email to Senator Lundeen and Representative Wilson before I send it today? I tried to focus on how urgent care provides access to acute care at a lower cost and avoids unnecessary ED visits. One of our urgent care clinics, Circle Square UC, is an HOPD UC but sees 55% Medicaid. If it wasn't an HOPD clinic we would not be able to keep our doors open. I didn't want to necessarily call out the HOPD designation as we are the only one in the state I believe that still has an HOPD UC. Happy to revise any content below.

Dear Senator Lundeen and Representative Wilson,

I am writing to you as both a constituent of Senate District 9 and House District 20 and a healthcare provider about HB23-1215. I have been a Physician Assistant for over 20 years in Colorado Springs and joined UHealth approximately 7 years ago as the VP of Urgent Care and Employer Solutions. During that time we have been able to provide urgent care services to close to 2 million patients. Having adequate urgent care services available in Colorado helps reduce the total cost of care for patients by providing them with an alternative to receiving care in the Emergency Department for those conditions that can be treated in an outpatient clinical setting. Our team of Physicians and APPs are dedicated to providing the highest quality of care to our patients onsite and limiting transfers to the ED to only those patients who absolutely need a higher level of care.

UHealth operates 21 urgent care clinics across the Front Range offering same day service for acute, episodic and unscheduled care. All of our urgent care clinics accept Medicaid and Medicare and are open 7 days a week. In addition, we offer virtual urgent care services for patients who are unable to physically come into our clinics or have a concern that can be appropriately managed through a virtual visit. Virtual urgent care is typically at an even lower cost to patients than in-person urgent care. During the pandemic, urgent care was a critical component to providing care for patients and avoiding additional overcrowding of our emergency departments and hospitals. We also provided COVID-19 testing and administration of monoclonal antibody treatment to patients. None of this would have been possible without the financial support from the hospital. Many independent urgent care clinics across the country completely closed their doors during the pandemic and others have recently shut down due to increasing labor costs and declining reimbursement. UHealth continues to support urgent care services across the state in order to improve access to acute care at a lower cost to patients.

I am in strong opposition to this bill because I am concerned it will adversely impact patients access to care across the State of Colorado. This bill would significantly limit the hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants and so many others who care for patients in clinics **but are not covered by the physician's fee**. If the bill passes, we are at risk of having to close many clinics that provide Colorado residents, including those who are uninsured or have Medicaid, access to acute care at a lower cost. If patients do not have adequate access to care for both acute and chronic conditions in an outpatient clinic setting, they will opt to go to the emergency department or delay care which ultimately can end up being more costly to the patient and more importantly will have significant downstream consequences to the patient's health and longevity.

This is why I am asking you to oppose this bill. Please support health care workers like me and the patients we serve here in Colorado. I am happy to answer any questions or provide any information you might need to better understand why this bill would be so devastating to patients' access to care across the state.

Thank you,

Lori Japp PA-C

Vice President Urgent Care & Employer Solutions

Thank you,

Lori Japp PA-C

Vice President Urgent Care & Employer Solutions

UCHealth

Urgent Care, Occupational Medicine & Employer Solutions

13445 Voyager Parkway

Colorado Springs, CO 80921

M 719.659.4229

Lori.Japp@uchealth.org

uchealth.org



Proudly vaccinated.

uchealth

March 21, 2023

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear House Health and Insurance Committee Members:

I'm writing to you as a constituent about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, social workers, and so many others who care for patients in clinics.

I am a Social Worker and I serve in the role of Supervisor for 30+ Social Workers who provide patient care and advocacy in a Hospital based Outpatient Clinic setting. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. The facility fee pays for me and my coworkers. It is the only reimbursement that covers the extensive care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. If this bill passes what funds would be available to cover the work and support being offered patients outside of their medical provider.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. Social Workers specifically coordinate transportation, assess for additional community resources including but not limited to food insecurity, housing, child care, mental health support, and financial benefits.

Many patients seek medical care in hospital-based clinics because of this extra layer of support. These support services ensure patients receive person centered care and recognizes that excellent medical care must include assisting patients in getting basic needs met in their community.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Lindsay MacLachlan, LCSW
1275 S. University Blvd
Denver CO 80210

Dear Members of the House Health & Insurance Committee,

Hello my name is Brittany and I am a cardiology medical practice technician. I am passionate about taking care of patients because I enjoy helping them and improving their lives. The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families. Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. Which would be very detrimental to all of the communities here in Colorado. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215. Thank you for your time, I hope you can do the right thing!

Brittany Ashcraft, EMT-B NREMT

Emergency Medical Technician

Heart and Vascular Center

2500 Rocky Mountain Ave, Suite 100

Loveland, CO 80538

O: 970.221.1000

E: Brittany.Ashcraft@uchealth.org

The logo for UHealth, featuring the word "uchealth" in a lowercase, red, sans-serif font. The letters "u" and "c" are connected, and the "h" is also connected to the "e". The "a" and "l" are separate. The "t" is connected to the "h". The "h" has a small loop at the top. The "e" has a small loop at the top. The "a" has a small loop at the top. The "l" has a small loop at the top. The "t" has a small loop at the top.

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:27 PM
To: andrew.boesenecker.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Boesenecker,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

Fortunate to live in Colorado, my loved ones and I have access to some of the best and most sophisticated healthcare in the world. As a provider I think about what I do, what I order and what I offer to patients. I make an effort to be truly mindful of ways in which I can personally minimize costs. Despite this, it is not enough. The bill currently in front of the insurance committee seeks to limit facility fees charged by healthcare organizations. Understanding the reasonable and necessary desire to contain costs, I believe that this might make sense to many. Unfortunately, this bill would unreasonably constrain the ability of healthcare organizations to provide care to our most marginalized citizens and would likely restrict the ability to support robust and innovative behavioral health services in a state plagued by a mental health crisis. I believe this bill would have unintended consequences and constrict the ability to obtain health care in the state of Colorado. At UHealth, the organization for which I work, this bill will decrease our ability to provide access to routine care resulting in increased emergency room visits. It will limit our ability to provide specialty care and behavioral health services across a large portion of our state. I believe this bill will have devastating consequences to the health of the people of Colorado.

I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:26 PM
To: emily.sirota.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Sirota,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:25 PM
To: ron.weinberg.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Weinberg,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:24 PM
To: anthony.hartsook.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Hartsook,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:23 PM
To: matthew.soper.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Soper,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:22 PM
To: brianna.titone.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Titone,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:21 PM
To: david.ortiz.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Ortiz,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:20 PM
To: sheila.lieder.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Lieder,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:18 PM
To: sheila.leider.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Leider,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy stripper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

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Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:17 PM
To: lorena.garcia.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Garcia,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

Fortunate to live in Colorado, my loved ones and I have access to some of the best and most sophisticated healthcare in the world. As a provider I think about what I do, what I order and what I offer to patients. I make an effort to be truly mindful of ways in which I can personally minimize costs. Despite this, it is not enough. The bill currently in front of the insurance committee seeks to limit facility fees charged by healthcare organizations. Understanding the reasonable and necessary desire to contain costs, I believe that this might make sense to many. Unfortunately, this bill would unreasonably constrain the ability of healthcare organizations to provide care to our most marginalized citizens and would likely restrict the ability to support robust and innovative behavioral health services in a state plagued by a mental health crisis. I believe this bill would have unintended consequences and constrict the ability to obtain health care in the state of Colorado. At UHealth, the organization for which I work, this bill will decrease our ability to provide access to routine care resulting in increased emergency room visits. It will limit our ability to provide specialty care and behavioral health services across a large portion of our state. I believe this bill will have devastating consequences to the health of the people of Colorado.

I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:15 PM
To: kyle.brown.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Brown,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

Fortunate to live in Colorado, my loved ones and I have access to some of the best and most sophisticated healthcare in the world. As a provider I think about what I do, what I order and what I offer to patients. I make an effort to be truly mindful of ways in which I can personally minimize costs. Despite this, it is not enough. The bill currently in front of the insurance committee seeks to limit facility fees charged by healthcare organizations. Understanding the reasonable and necessary desire to contain costs, I believe that this might make sense to many. Unfortunately, this bill would unreasonably constrain the ability of healthcare organizations to provide care to our most marginalized citizens and would likely restrict the ability to support robust and innovative behavioral health services in a state plagued by a mental health crisis. I believe this bill would have unintended consequences and constrict the ability to obtain health care in the state of Colorado. At UCHealth, the organization for which I work, this bill will decrease our ability to provide access to routine care resulting in increased emergency room visits. It will limit our ability to provide specialty care and behavioral health services across a large portion of our state. I believe this bill will have devastating consequences to the health of the people of Colorado.

I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

Sanfilippo, Kate E

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:13 PM
To: chris.kennedy.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Mr. Kennedy,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

Fortunate to live in Colorado, my loved ones and I have access to some of the best and most sophisticated healthcare in the world. As a provider I think about what I do, what I order and what I offer to patients. I make an effort to be truly mindful of ways in which I can personally minimize costs. Despite this, it is not enough. The bill currently in front of the insurance committee seeks to limit facility fees charged by healthcare organizations. Understanding the reasonable and necessary desire to contain costs, I believe that this might make sense to many. Unfortunately, this bill would unreasonably constrain the ability of healthcare organizations to provide care to our most marginalized citizens and would likely restrict the ability to support robust and innovative behavioral health services in a state plagued by a mental health crisis. I believe this bill would have unintended consequences and constrict the ability to obtain health care in the state of Colorado. At UCHealth, the organization for which I work, this bill will decrease our ability to provide access to routine care resulting in increased emergency room visits. It will limit our ability to provide specialty care and behavioral health services across a large portion of our state. I believe this bill will have devastating consequences to the health of the people of Colorado.

I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UCHealth Medical Group

March 20, 2023

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Pelton and Representative Bockenfeld,

I'm writing to you as a constituent of Senate District 35 and House District 56 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Director of Operations for Ambulatory Services and in my role I am responsible for helping develop and implement department goals, direct and evaluate operations and evaluate the patient care delivery model in order to achieve the highest performance and quality control objectives. I have worked in healthcare for 20 years, dedicating my life to helping our community receive the services and care they need. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for all the staff in our ambulatory areas. It is the only reimbursement that covers the care that we provide for our patients in this setting.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Because of this, it would diminish our ability support the teams that are providing this care, many of whom spent the last few years, working tirelessly to support the community of CO during the pandemic and continue to every single day.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability and my team's ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Laura Nelson
laoorah@hotmail.com
(720)520-3643

From: Bence, Julie A <Julie.Bence@uchealth.org>
Sent: Monday, March 20, 2023 5:01 PM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FW: facility fees

Hi Chantell,

I saw an email asking to forward copies of letter we sent, here is a copy of the email I sent to my Representative:

I personalized it as I am a patient as well as an employee!

Julie

From: Bence, Julie A
Sent: Friday, March 17, 2023 2:42 PM
To: leslie.herod.house@coleg.gov
Subject: facility fees

Dear Senators Bennett and Hickenlooper and Representative Herod, or Dear Members of the House Health & Insurance Committee,

I am a Registered Nurse at UCHealth in the Ambulatory setting. I manage the Outpatient Infusion Center, the Cancer Infusion Center and the CARE clinic at the metro campus. I have worked at UCHealth for over 20 years. I started as a Certified Nurse Assistant and then took classes for six years to obtain my Bachelors of Science in Nursing, was hired as a New Graduate Nurse and now am in a leadership role. I am passionate about taking care of patients, because I am a patient as well. I was diagnosed with MS in 2014 and I get my infusions in the clinic I worked in for 7 years and that I now manage.

The facility fee is what pays the nurses that take care of me. The facility fee allows me as a leader to order new chairs for my infusion center when one is broken and I need to replace it because it causes a fall risk if I don't. The facility fee ensures Environmental Services will

clean my rooms so the next patient is taken care of in a clean area. The facility fee allows the patient who didn't bring their lunch to have the opportunity to order food or have a snack while they are in the chair for a six plus hour appointment while getting chemotherapy. The facility fee allows my hospital to offer a Social worker/nutritionist/palliative care consult when a person gets diagnosed with Cancer. The facility fee allows my hospital to provide people (patients) access to the health care they need and most of the time cannot afford. The facility fee allows me to have security officers respond if I'm taking care of a volatile patient and am concerned for my safety. Provider based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid.

Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands-maybe more-of patients will lose access to their health care. It doesn't seem right to have a Coloradan go to another state to have their infusion for a medication that keeps them functioning or alive.

Please oppose this this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote NO on HB23-1215.

Thank you for your attention,

Julie Bence

Julie Bence, BSN-RN BC
Nurse Manager

University of Colorado Hospital
Cancer Center Infusion and Outpatient Infusion Center
1665 Aurora Ct
Aurora, CO 80045
☎ 720.848.0707
☎ 720.848.1308

julie.bence@uhealth.org
uhealth.org



Vaccines end pandemics.
Get yours.

uhealth

From: Kriste Crespi <kristecrespi@yahoo.com>
Sent: Monday, March 20, 2023 1:19 PM
To: Advocate <advocate@uchealth.org>
Subject: Fw: Please Vote NO on HB 23-1215

USE CAUTION: External Message

This is what I received back from my Representative.
Kriste

----- Forwarded Message -----

From: Lisa Frizell <lisa.frizell.hd45@gmail.com>
To: Kriste Crespi <kristecrespi@yahoo.com>
Sent: Monday, March 20, 2023 at 12:11:39 PM MDT
Subject: Re: Please Vote NO on HB 23-1215

Good afternoon Kriste,

My name is Lauren Studdard and I am one of Representative Frizell's Legislative Aides. Thank you for reaching out in opposition of HB23-1215. I want to assure you that Rep. Frizell will be voting "No" on this bill. This is another Democrat effort to secure a single payer healthcare system- which has already been voted down by the good people of Colorado. As you noted, HB23-1215 will kill outpatient healthcare and drive our citizens to in-patients services, which will increase overall costs for everyone.

HB23-1215 is scheduled for a hearing in the Health and Insurance Committee on Friday, March 24th upon adjournment. I would encourage you to sign up and testify, either in-person, virtually, or through a written statement. You can sign up to testify at the link below:

<https://www2.leg.state.co.us/CLICS/CLICS2023A/commsumm.nsf/signIn.xsp>

Kind regards,



Lisa Frizell
State Representative
House District 45



On Mon, Mar 20, 2023 at 11:25 AM Kriste Crespi <kristecrespi@yahoo.com> wrote:
Good morning,

I am reaching out to you as my representatives to encourage you to vote down HB 23-1215 as it stands.

My name is Kriste Crespi, I work at UCHealth managing some support service departments. I firmly believe that we do the very best by our patients every single day. If this bill were to pass, in its current form, you would be directly affecting people such as myself and our employment and ability to make a living. You would more strongly be shutting down access for your constituents who need it the most. You would also be impacting the ability for smaller organizations and rural communities to have hospitals and continuity of care through our partnerships and abilities to take on the patient populations in these areas. Instating a bill which would eliminate the ability for a hospital to get paid for the staff who assist patients when they come to our facility would not only devastate the healthcare organizations but would gravely impact the patient's ability to seek out care.

I have been in healthcare for the past 12 year and am passionate about caring for our patients and seeing the amazing work that the integrated care networks create with having our outpatient areas partner so closely with our inpatient care areas. If you look at the outcomes of patients, we have continually been bringing our patient outcomes up and strive every day to ensure their care is our number one priority and focus. As a leader in a department which provides support to all of our hospital, I am reaching out regarding the challenge currently posed to our facility fee. This fee is the only thing supporting myself, my coworkers and the excellent patient care which we provide. Taking away this fee, you will be removing our ability to care for our patients and support our own families. As you are likely aware, provider-based clinics are essential to patients and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team OUTSIDE of the physician. From social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and the many others who impact our patients every time they seek care with our and other organizations.

Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands - maybe more - will lose access to the healthcare they so desperately need.

As educated people, I encourage you to stand up for our communities and our healthcare organizations and say No to this bill proposal. Should there be reform? Yes - but perhaps understanding what the root cause is, before jumping to conclusions would be a better way to advocate for the people rather than putting into action a devastating bill for every person in your communities.

Thanks for being our representation on such a devastating bill and taking the time to help drive the correct solutions, not the first one thrown out. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers such as myself. Please vote no on HB23-1215!

Respectfully,
Kriste Crespi
5071 Coulee Trail
Castle Rock, Co 80108

Dear Senator Barbara Kirkmeyer and Representative Jennifer Parenti,

I'm writing to you as a constituent of Senate District 23 and House District 19 about HB23-1215. This bill would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Patient Access Specialist Sr. and I work directly with patients helping them with getting check in, setting up the My Health Connection to be able to be closer to their care team, checking them out, and helping them with the next steps after their clinic appointment. I also go beyond and behind to help them with any issues that they may have from not being able to afford their medications to simply taking them out to the vehicle. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for me and my coworkers. Without this fee we would be out of jobs and our patients would have harder access to patient care, as this fee is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people are involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive. This bill includes a professional fee which bills solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee which covers everyone else involved in the patient's care including the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Removing or limiting this fee would leave nothing to cover me, my coworkers, or the facility itself.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid, Medicare, and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.


On a personal note, I am concerned about my ability to support patient care should this bill proceed. Patients already are having a hard time finding providers with the shortages from retiring providers, and those providers that after the pandemic were exhausted and could not go on from the fatigue and loss they went through. I worry for our patients physical and mental health if this bill was to pass which would cause even more hardship for them.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Loretta Kay Imhoff (she/her/hers)
Patient Access Specialist Sr.

UCHealth Orchards Primary Care
Patient Access Specialist Sr.
221 E. 29th St Suite 202
Loveland, CO 80538
O 970.624.5170
M 443.653.6945

Loretta.Imhoff@uchealth.org
uchealth.org

 Proudly vaccinated.

 uchealth

From: Kelly, Emily <Emily.Kelly@uchealth.org>

Sent: Monday, March 20, 2023 3:58 PM

To: Advocate <advocate@uchealth.org>

Subject: Response on HB23-1215

Hello,

I am a UHealth employee following the HB23-1215 drama, so I wanted to let you all know that I emailed all the politicians involved in the proposed bill, and I heard back from Rep. Ron Weinberg, who said he has been inundated with requests to oppose this bill with few requests to support, but he is still considering. So that's good that people are letting their voices be heard, and I want to encourage more people to reach out to these people, so we can inundate them even more so there's no chance of it going forward.

Thank you,

Emily Kelly

From: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Sent: Monday, March 20, 2023 7:13 PM
To: Susan Stanton <sgracestanton@gmail.com>
Cc: Hixson, Christina <Christina.Hixson@uchealth.org>
Subject: RE: HB23-1215

Thanks so much for sharing Susan and thanks for taking the time to engage!
Chantell

From: Susan Stanton <sgracestanton@gmail.com>
Sent: Monday, March 20, 2023 4:08 PM
To: lindsey.daugherty.house@coleg.gov
Subject: HB23-1215

USE CAUTION: External Message

Dear Ms. Daugherty,

I am writing to ask you to consider opposing HB23-1215. My first recollection of healthcare came just before my third birthday when my dad suffered a heart attack that would forever change his life. At the age of 13 I began volunteering as a candy striper, at 15 I started caring for the elderly in a retirement facility, at 21 I became a nurse and in my 40s I became a physician assistant. Due to my father's heart issues, illnesses suffered by other family members and an episode of typhoid fever following an amazing trip to Morocco, I can tell you that I am not only a healthcare provider but a seasoned consumer as well. Additionally, I am a community member and constituent who recognizes the rising costs of healthcare and need and desire to constrain these costs.

Fortunate to live in Colorado, my loved ones and I have access to some of the best and most sophisticated healthcare in the world. As a provider I think about what I do, what I order and what I offer to patients. I make an effort to be truly mindful of ways in which I can personally minimize costs. Despite this, it is not enough. The bill currently in front of the insurance committee seeks to limit facility fees charged by healthcare organizations. Understanding the reasonable and necessary desire to contain costs, I believe that this might make sense to many. Unfortunately, this bill would unreasonably constrain the ability of healthcare organizations to provide care to our most marginalized citizens and would likely restrict the ability to support robust and innovative behavioral health services in a state plagued by a mental health crisis. I believe this bill would have unintended consequences and constrict the ability to obtain health care in the state of Colorado. At UCHHealth, the organization for which I work, this bill will decrease our ability to provide access to routine care resulting in increased emergency room visits. It will limit our ability to provide specialty care and behavioral health services across a large portion of our state. I believe this bill will have devastating consequences to the health of the people of Colorado.

I ask you to consider the full breadth and effect this bill would have on healthcare in our state, necessarily limiting the ability of healthcare systems to provide access and services. As a provider as well as a consumer I agree that healthcare is quite costly. Interestingly, it is costly for healthcare systems as well. Inflation, a pandemic, extremely high costs for goods and labor

have caused costs to rise and operating margins to shrink to record lows. I make every effort to be a good steward of healthcare resources as a provider, as a consumer and as a citizen of Colorado. I ask you not to support HB23-1215.

Sincerely,

Susan Stanton, DMSc, PA-C
Cardiovascular and Thoracic Surgery, Medical Center of the Rockies
Advanced Practice Director, UHealth Medical Group

Hi Chantell,
Sharing what I sent to our House members.

Steve Schwartz, MBA
Chief Financial Officer

UCHealth Medical Group
2695 Rocky Mountain Avenue, Suite 110
Loveland, CO 80538
O 970.624.4434
M 970.371.7869
F 970.624.4459

Steve.Schwartz@uchealth.org

uchealth.org


Official Health Care Partner



From: Schwartz, Steve

Sent: Monday, March 20, 2023 12:13 PM

To: lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov;
kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov;
karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov;
matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov

Cc: Andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov

Subject: HB 23-1215

Dear Honorable House Members,

I am writing to express my concerns regarding HB 23-1215. While seemingly well-intentioned, the passage of this bill has far reaching consequences that aren't being considered.

One of the great things about being part of a non-profit healthcare environment is the ability to provide services to those who otherwise may not be able to access or afford primary and specialty care. UCHealth encourages Physicians and Advanced Practice Providers to see patients regardless of their ability to pay. UCHealth's fear is this bill will dramatically reduce access to the citizens of Colorado for much-needed care beyond just primary care. When access to care is limited, ultimately more patients end up in emergency rooms. Increased volume in emergency rooms is not an outcome any healthcare entity, or the State, wants as a result of the proposed changes.

A disturbing theme in much of the literature shared with the public about this bill, particularly for UCHealth, is that UCHealth has accumulated "billions of dollars" and having done so clearly

demonstrates an abuse to the citizens of Colorado. Please take a moment to consider a few things: A) One of the most fundamentally sound financial principals a business entity can implement is to have adequate cash available to operate its business day to day, and B) the cost associated with running an organization of 30,000+ individuals – it takes “billions of dollars” annually to do so. Please review the most recent financial performance of not only UCHealth but other healthcare systems in Colorado. The latest financial outcomes tell a much different story of economic position than it did prior to the pandemic.

In 2020 I was diagnosed with cancer. I was just like any other individual who had been told I had cancer – stunned and in utter disbelief. Immediately I wondered what I needed to do in order to beat cancer, and that’s when I found hope in the numerous caregivers and support staff who encouraged me in my recovery journey. Many experiences come to mind; the discussion with the physician who removed the tumor. The Oncologist who gave me the treatment plan. The Physician Assistant who explained the effects of chemotherapy. The RN navigators and social workers who arranged chemo treatments and checked on my health and mental well-being during those treatments. The many RN’s and nurse’s aides who comforted me during a 13-day stay in the hospital after a second surgery, checking on me every two hours to make sure I was comfortable. Until someone has endured the effects of cancer, it’s impossible to understand the importance of the availability of caring, compassionate staff. Many of the resources I accessed will not be available for future cancer patients if this bill passes.

Please consider the potential negative effects HB 23-1215 will have on the delivery of healthcare in Colorado. The tenor of much of the literature viewed by the public indicates the health systems will “figure it out” and will continue to provide current services. If the bill passes, assuredly that will not be the case.

I welcome any further conversation. Please do not support HB 23-1215 .

Steve Schwartz, MBA
Chief Financial Officer

UCHealth Medical Group
2695 Rocky Mountain Avenue, Suite 110
Loveland, CO 80538
O 970.624.4434
M 970.371.7869
F 970.624.4459

Steve.Schwartz@uchealth.org



Official Health Care Partner



Susan Donahue, MHA, FACMPE
9007 Mountain Laurel Way
Highlands Ranch, CO 80126

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Marshall,

I'm writing to you as a constituent of Senate District 30 and House District 43 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Practice Administrator and in my role I oversee the management and oversight of several specialty clinics at UCHealth. I have spent the last 35 years in clinic operations as both a director and administrator in a wide range of medical practices both community based and hospital based. I have spent a significant amount of my career helping primary care clinics align with several major hospital systems in the Denver Metro Area in order to allow them to remain in practice and financially sound. The financial struggles these practices faced before COVID were significant. Many of my colleague's practices struggle to make payroll every month or fund retirement plans. Now fast forward to the post-COVID environment where we have seen a mass exit of nurses, and other healthcare professionals along with a significant increase in nursing and clinical compensation. The challenges are real and SB 23-1215 could be devastating for to our healthcare community.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Hospitals are not the villain you should be pursuing in controlling health care cost in Colorado. They have spent the last three years supporting our communities in what most likely will be the greatest healthcare crisis in my lifetime.

Hospitals like community practices are seeing much tighter margins that could significantly impact the care in Colorado. UCHealth is the largest Medicaid provider in the state and the only academic center within 500-mile radius. The facility fee they receive pays for every one of our employees 25,000 plus employees the majority a direct provider of health care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover either myself or any of

the essential healthcare workers who in many people's eyes are the super heroes of the last three years.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability and my team's ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Please feel free to call me any time on my cell phone at 303-551-4125.

Respectfully,

A handwritten signature in cursive script that reads "Susan Donahue". The signature is written in black ink and is positioned to the right of the word "Respectfully,".

Susan Donahue

Sanfilippo, Kate E

From: Taylor, Chantell
Sent: Friday, March 17, 2023 10:28 AM
To: Eaton, Kaelynn
Cc: Hixson, Christina
Subject: RE: Concern about HB23-1215 Limits on Hospital Facility Fees

Thank you!

From: Eaton, Kaelynn <Kaelynn.Eaton@uchealth.org>
Sent: Friday, March 17, 2023 10:22 AM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FW: Concern about HB23-1215 Limits on Hospital Facility Fees

FYI.

Please see below.

Kaelynn

Kaelynn Eaton, LCSW
Oncology Social Worker

Lone Tree Medical Center
9548 Park Meadows Dr.
Lone Tree, Co 80124
P 720.553.1093
F 720.553.0901
Kaelynn.eaton@uchealth.org
uchealth.org



Confidentiality cannot be guaranteed in email correspondence. Please do not send sensitive health information via email. Because there can be unforeseen delays in the transmission of email, it is not advisable to rely on email to communicate urgent messages.

From: Lorena Garcia <replorenagarcia@gmail.com>
Sent: Thursday, March 16, 2023 12:17 PM
To: Eaton, Kaelynn <Kaelynn.Eaton@uchealth.org>
Subject: Re: Concern about HB23-1215 Limits on Hospital Facility Fees

USE CAUTION: External Message

Good Afternoon Kaelynn,

Thank you for reaching out to our office regarding HB23-1215 - Limits on Hospital Facility Fees and the work you continue to do in healthcare. Representative Garcia appreciates hearing from constituents on any and all issues that are of a concern to them. I have passed this information on to the Representative.

Should you have any additional questions or concerns, please feel free to reach out to our office. Again, thank you for your time.

Cynthia A. Martinez
Legislative Aide to Representative Lorena Garcia
House District 35

Office: 303-866-2964 | Email: aide.hd35@gmail.com

Member, Health and Insurance

Member, Judiciary

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[Colorado General Assembly](#)



On Mon, Mar 13, 2023 at 4:43 PM Eaton, Kaelynn <Kaelynn.Eaton@uchealth.org> wrote:

Dear Senator Kevin Van Winkle, Representative Bob Marshall, and House Health & Insurance Committee Members,

My name is Kaelynn Eaton and I am an Oncology Social Worker at a UCHHealth outpatient cancer clinic. I provide psychosocial support to cancer patients and their loved ones. I have a passion for serving others and providing both patients and families with support in some of their darkest hours.

I am concerned about the negative effects HB23-1215 will have on our patients and staff. Without supportive oncology services, such as social work, registered dietitians, nurses, medical assistants, pharmacists, and schedulers, our oncology patients would not get the holistic care they need and deserve. As important as our physicians are, they are only one part of the overall patient experience. Rather it is the supportive staff that is coordinating care, triaging or assessing routine and emergent calls, administering medications, and providing emotional support to patient and families.

The impact of this house bill will be devastating to patients and families as well as medical facilities. If you take away facility fee's, you will be taking away our ability to properly care for patients, which will result in decreased access to care and poor patient outcomes. It is said, it takes a village to get through cancer and we are part of that village.

I am requesting that you oppose HB23-1215. The bill will only make accessing medical care more difficult, which is unacceptable for those facing life threatening illnesses. Please vote no on HB23-1215.

Thank you for your consideration.

Kaelynn

Kaelynn Eaton, LCSW
Oncology Social Worker

Lone Tree Medical Center
9548 Park Meadows Dr.
Lone Tree, Co 80124
P 720.553.1093
F 720.553.0901
Kaelynn.eaton@uchealth.org
uchealth.org



Confidentiality cannot be guaranteed in email correspondence. Please do not send sensitive health information via email. Because there can be unforeseen delays in the transmission of email, it is not advisable to rely on email to communicate urgent messages.

Dear _____,

I have a simple message for you: the facility fee pays for me. As an oncology nurse, the facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families.

As your constituent, I want to share my concern about HB23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me.

This bill would prohibit the only fee that covers the nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and many others who support care for each patient.

My coworkers and I take care of large numbers of patients with Medicaid or who are uninsured, and the unintended consequences of this bill would have a disproportionate impact on these patients.

Please – oppose this bill, and support health care workers like me. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close which will harm all of Colorado.

Sincerely,
Abby Kacena, RN Care Manager

Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

I'm writing to you as not only a concerned health care provider but specifically a social worker in health care concerned for the care and access to care for our most vulnerable patients.

I am a Social Work leader and in my role and role of 35 of my social work staff in Primary Care and Specialty Care Clinics our roles in the outpatient space is imperative in providing care across the continuum. On a daily basis the work we do in social work and social work care management in the outpatient clinics is imperative to patient care and treating the whole person.

It would be overwhelming to go through all the work we complete on a daily basis but to give you a glimpse into the work being completed; we complete Social Determinants of Health Screenings (SDOH), Depression and Suicide Screenings, Psychosocial Assessments and therapeutic interventions. Daily we support patients with resource navigation to support them as a whole person where their medical reason for their visit may have to do with the condition of their home or the lack of finances purchase health food or the stress of living in a violent relationship or the emotional toll of losing a child. The work we do varies based on the specialty clinic we support. There are social workers available to or embedded in all areas of specialty to include but not limited to Neurology, OBGYN, Transgender, Orthopedic, Spine, Pain, Eye Center and Burn Clinic.

My team also includes a specialized housing transition team that supports those who are unhoused from the Emergency Department to Inpatient to Outpatient and into the community. We work with the most at risk populations to actually connect them to care in the community and to not just hand them a list of resources to navigate on their own. We want them to be housed and housing is a big part of their health care; both for their physical and mental well-being.

In our social work role; we reach out to patients that have discharged from the Emergency Rooms or the Inpatient setting to ensure they have what they need at home to be successful and safe. We support patients to ensure they can get transportation to and from their medical appointments and teach them how to navigate and work through barriers preventing them from getting the correct level of care.

There is so much more than the listed above work that the small team of social workers does in the health care setting. We have finally been able to start doing pro-active health care rather than reactive health care from a social work care management work flow and this bill passing will stop this level of care completely. We do not bill for any of our services as we have an integrated approach to care in partnering with our nurses, providers, MA's and community entities with a share end result of doing what is best for patients.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact direct patient care and certainly will create a barrier in access to care. Importantly, the facility fee pays for me and my coworkers to provide patient care to the most at-risk and vulnerable patients. It is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, care managers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a

professional fee, which only covers for the time the doctor or advanced practice provider spends with the patient, and what is referred to as a facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself. Doctors and APP do not have capacity and special training like others on the interdisciplinary team to treat the whole person. Not because they don't care or don't want to but as a social worker I have that specialized training to treat the mental health, suicide risk, resource knowledge and navigation that most providers were not trained in to the level I was trained and so dearly love.

This bill would prohibit hospitals and clinics from billing for the care being provided by our care team of social workers, care managers, nurses and dedicated staff members. This would mean myself, my staff and patients care teams would lose their jobs and more importantly; patients would not get the same level of care they have been receiving and are entitled to when we treat the whole person.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned, and certain, those patients will lose access to the care team model that is currently supporting them with the whole person treatment model that is being provided on a clinic level.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. There is already not enough social work and care management staff embedded in clinics. I have 35 social work staff reporting through me as a leader and we support over 150 clinics and this does not even include the work we are doing through our housing transitions team which supports a multitude of unhoused individuals that cross all levels of health care.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' care, patient access to care and providing care to the whole person. This level of care would be lost should you move this bill forward.

Amanda Van Andel, LCSW, MSW

Sanfilippo, Kate E

From: Chantel Story <chantel.story@gmail.com>
Sent: Friday, March 17, 2023 4:09 PM
To: Advocate
Subject: The facility fee pays for me. Oppose HB23-1215

USE CAUTION: External Message

Dear XXXXXX,

I have a simple message for you: the facility fee pays for me. As an Anesthesia Surgical Coordinator, the facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients like yourself, your family, your friends and your neighbors. This facility provides me a career to do what I love in providing excellent care to our patients and allows me to support my family.

I want to share my concern about HB23-1215, a misguided and dangerous bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me and my coworkers.

This bill would prohibit the only fee that covers the nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and many others who support care for each patient. It would take away our ability to have the resources we need to provide the best care with having everything we need.

My coworkers and I take care of large numbers of patients with Medicaid or who are uninsured, and the unintended consequences of this bill would have a disproportionate impact on these patients. This bill would take away healthcare availability especially with the growth that Colorado has had in the last decade and will continue to have. We need to be able to support our growing community.

Please – oppose this dangerous bill, and support health care workers like me. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close which will seriously harm all of Colorado. Please vote no on HB23-1215.

Thank you,

Chantel Story

Sanfilippo, Kate E

From: Taylor, Chantell
Sent: Sunday, March 19, 2023 2:07 PM
To: DeLine, Kimberly
Cc: Hixson, Christina
Subject: RE: Concern about HB23-1215 Limits on Hospital Facility Fees

Thank you Kimberly. Sen Cutter clearly has a template response she is sharing with constituents – good to understand the arguments she is making so we can be prepared to address them when/if this bill gets to the Senate in its current form. I appreciate your engagement and I personally love over communication! 😊

Happy sunny Sunday
Chantell

From: DeLine, Kimberly <Kimberly.DeLine@uchealth.org>
Sent: Sunday, March 19, 2023 1:57 PM
To: Weaver, Dan <Dan.Weaver@uchealth.org>; Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FW: Concern about HB23-1215 Limits on Hospital Facility Fees

Wanted to forward the below response that one of our nurses received. Likely have already seen it, but trying to over communicate.

Kimberly

Kimberly DeLine, RN, BSN, JD (she/her/hers)
Chief Nursing Officer, UCHealth Medical Group
System Patient Access, UCHealth

M 303-807-7641
kimberly.deline@uchealth.org
uchealth.org

Executive Administrative Support:
D'Anne Goldstein
Danne.goldstein@uchealth.org

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From: denise chacon <denise.chacon123@gmail.com>
Sent: Friday, March 17, 2023 5:07 PM
To: DeLine, Kimberly <Kimberly.DeLine@uchealth.org>
Subject: Fwd: Concern about HB23-1215 Limits on Hospital Facility Fees

This was the response I got.

----- Forwarded message -----

From: **Adrienne Dahms** <sencutteraide@gmail.com>

Date: Tue, Mar 14, 2023 at 3:14 PM

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

To: <denise.chacon123@gmail.com>

Thank you so much for your interest in [HB23-1215](#). I appreciate the concerns you have shared with me and I can assure you that I have no intention to limit patients' ability to access the health care they need. In fact, I am very committed to expanding access to care whenever possible.

Unfortunately, though, the cost of care continues to be a major cause for concern for Colorado patients, and prevents many from accessing the care they need. 1 in 5 Coloradans skip some type of care due to cost and over 60% of Coloradans would struggle to afford an unexpected medical expense of \$500.

Facility fees frequently exceed \$500 and become a major financial burden for Coloradans, including constituents in my district. I believe that patients deserve to seek routine, outpatient care without reeling from the cost or hidden fees.

As I'm sure you know, facility fees are intended to ensure that hospitals can maintain 24-hour capacity to respond to emergencies and staff inpatient care units, where needs and demand can fluctuate greatly. I understand this need and appreciate that hospitals have to maintain their "standby" status. What I find concerning, though, is the more recent practice to add facility fees to patient bills for routine care like diagnostic testing and primary care—fees that are often as much or more than the cost of the service provided. Imagine going to your primary care doctor for your routine annual exam, something that should be free under the ACA, and later getting charged a facility fee of several hundred dollars.

I believe that patients deserve a transparent and affordable health care system; HB23-1215 is a targeted approach that I believe balances patients' need to both access and afford their care.

We've noted your position in the Senator's records, she always wants to see where her constituents stand on every topic. Please let us know if there's anything else our office can do for you.

Thanks again and stay engaged!

--

Adrienne Dahms

Senior Aide

Office of Senator Cutter

Colorado General Assembly

Sanfilippo, Kate E

From: Hixson, Christina
Sent: Monday, March 20, 2023 8:30 AM
To: Sanfilippo, Kate E
Subject: FW: HB 23-1215

Follow Up Flag: Flag for follow up
Flag Status: Completed

From: Phillips, Holly J - Pharmacy <Holly.Phillips@uchealth.org>
Sent: Monday, March 20, 2023 7:54 AM
To: Hixson, Christina <Christina.Hixson@uchealth.org>
Subject: FW: HB 23-1215

Please see email sent last Friday. Thank you!

Holly Phillips, PharmD, MHA, FASHP
Director of Pharmacy, Clinical Inpatient Services / Compliance / Automation
University of Colorado Hospital
Pharmacy Services
Aurora, CO 80045
720-848-6974
Holly.Phillips@uchealth.org
uchealth.org

The logo for uchealth, featuring the word "uchealth" in a lowercase, red, sans-serif font with a thin red underline.

From: Phillips, Holly J - Pharmacy
Sent: Friday, March 17, 2023 2:45 PM
To: lindsey.daugherty.house@coleg.gov; lorena.garcia.house@coleg.gov; karen.mccormick.house@coleg.gov; brianna.titone.house@coleg.gov; chris.kennedy.house@coleg.gov; anthony.hartsook.house@coleg.gov; David.Ortiz.house@coleg.gov; ron.weinberg.house@coleg.gov; kyle.brown.house@coleg.gov; sheila.lieder.house@coleg.gov; matthew.soper.house@coleg.gov; emily.sirota.house@coleg.gov; andrew.boesenecker.house@coleg.gov; kyle.mullica.senate@coleg.gov; lisa.cutter.senate@coleg.gov
Subject: HB 23-1215

Dear Colorado Legislators:

I am writing you as a concerned citizen and health care professional regarding house bill 23-1215. I currently serve as the Director of Pharmacy at the University of Colorado Hospital. I have worked for this organization for 23 years, and I am exceptionally proud of the care that we provide to our patients, particularly our underserved population. I am

passionate about voicing my concern for this bill as it will undoubtedly have negative consequences on the care we are able to provide our patients. This bill, if passed, has the potential to be devastating to hospitals across the state and their ability to care for patients in the ambulatory space. Facilities fees are essential to the operations of our clinics that care for thousands of patients across Colorado. Without this reimbursement, Colorado citizens will experience decreased access to the care they need. **Clinics will close.** Additionally, the quality of care will be negatively affected if loss of reimbursement means that clinics are no longer able to pay essential employees such as lab techs, radiology techs, pharmacists, and nurses. I also worry that many of my peers will lose their jobs as clinics will be unable to keep their doors open. This will harm the citizens of Colorado. There are so many critical roles embedded within a clinic besides the actual provider. Without these support roles, patient safety and quality is severely at risk. Without facility fees, we will be unable to support funding for:

- Security
- Receptionists
- Behavioral health advocates
- Case managers
- Pharmacists
- Lab technicians
- Radiology technicians
- Environmental services
- Nurses
- Social workers

UCH prides itself on serving the underserved, and it is an essential part of our mission. We improve lives. Without support personnel, we will NOT be able to improve lives or care for the underserved. Essentially, we will fail our patients who depend on us to care for them. **Please oppose this misguided and dangerous bill.** This policy will harm our patients and patients across the state of Colorado. **Vote NO on HB23-1215.** Thank you for your consideration.

Holly Phillips

Holly Phillips, PharmD, MHA, FASHP

Director of Pharmacy, Clinical Inpatient Services / Compliance / Automation

University of Colorado Hospital

Pharmacy Services

Aurora, CO 80045

720-848-6974

Holly.Phillips@uchealth.org

uchealth.org

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Sanfilippo, Kate E

From: Salazar, Jonathan
Sent: Sunday, March 19, 2023 10:36 PM
To: Advocate
Subject: FW: Concern Over HB23-1215 Limits on Hospital Facility Fees


Jonathan Salazar MEd, BSHA/HM, CHI™ (he/him/his)
Director
Oncology Services

Longs Peak Hospital 1750 E. Ken Pratt Blvd. Longmont, CO 80504 O 720.718.5161 M 970.308.1063 Jonathan.Salazar.Gonzalez@uchealth.org uchealth.org	Broomfield Hospital 11820 Destination Dr. Broomfield, CO 80021
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 Official Hospital of the U.S. Olympic
and Paralympic Training Center,
Colorado Springs

----- Forwarded message -----

From: Jonathan Salazar <salazarj.1801@gmail.com>
Date: Sun, Mar 19, 2023 at 10:04 PM
Subject: Concern Over HB23-1215 Limits on Hospital Facility Fees
To: <lindsey.daugherty.house@coleg.gov>, <chris.kennedy.house@coleg.gov>,
<kyle.brown.house@coleg.gov>, <lorena.garcia.house@coleg.gov>, <sheila.lieder.house@coleg.gov>,
<karen.mccormick.house@coleg.gov>, <david.ortiz.house@coleg.gov>, <brianna.titone.house@coleg.gov>,
<matthew.soper.house@coleg.gov>, <anthony.hartsook.house@coleg.gov>, <ron.weinberg.house@coleg.gov>

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 23 and House District 64 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, medical assistants, and so many others who care for patients in clinics.

I work in oncology services and in my role I work diligently to ensure that patients have access to timely and quality outpatient cancer care. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. This bill has far reaching negative impacts to oncology patients who benefit from the multidisciplinary care that patients receive from the roles that this bill would serve to eliminate. Without the support of facility fees, roles crucial to oncology patients such as social workers, dietitians, nurse navigators, and many others may cease to exist.

As you may know, when a patient visits a doctor in a clinic, a large team of people are involved in the patient's care. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and all other dedicated staff members. A team critical to ensuring optimal outcomes to oncology patients.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

While I am highly concerned about the impact to the jobs that these health care professionals provide every day. I am even more concerned as a health care consumer. One whose family circle has been touched by cancer and like many other Coloradoans understands that the treatment of patients is not just chemotherapy and radiation, but rather whole-person care delivered by the many professionals named above. I fear what my oncology journey would look like should I become part of the cancer patient statistic and how my care would be negatively impacted by not having access to all the staff that support outpatient oncology care.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Jonathan Salazar

1542 Woodcock Street

Berthoud, CO 80513

Sanfilippo, Kate E

From: Taylor, Chantell
Sent: Sunday, March 19, 2023 1:29 PM
To: Jankuski, Keith
Cc: Hixson, Christina
Subject: RE: House Health & Insurance committee regarding HB23-1215

Thank you Keith!

From: Jankuski, Keith <Keith.Jankuski@uchealth.org>
Sent: Sunday, March 19, 2023 1:28 PM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FW: House Health & Insurance committee regarding HB23-1215

I think I forgot to forward this response to you.

From: Keith Jankuski <kjankuski@gmail.com>
Sent: Sunday, March 19, 2023 1:27 PM
To: Jankuski, Keith <Keith.Jankuski@uchealth.org>
Subject: Fwd: House Health & Insurance committee regarding HB23-1215

USE CAUTION: External Message

----- Forwarded message -----

From: **Representative Ron Weinberg** <Ron@repweinberg.com>
Date: Thu, Mar 16, 2023 at 9:15 AM
Subject: RE: House Health & Insurance committee regarding HB23-1215
To: Keith Jankuski <kjankuski@gmail.com>

Thank you for your email. I am still speaking with constituents about this issue. I have been inundated with emails and phone calls in opposition to this bill with very few requests to support. I am considering all input. Thank you for sharing your opinion with me.

Cheers,



Representative Ron Weinberg

Colorado House of Representatives 51

:: (o) 303 866-2947

:: (c) 970 541-9542

:: Ron@RepWeinberg.com

“...Of the people, by the people, for the people”

From: Keith Jankuski <kjankuski@gmail.com>

Sent: Monday, March 13, 2023 7:06 AM

To: chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov; lindsey.daugherty.house@coleg.gov; emily.sirota.house@coleg.gov; andrew.boesenecker.house@coleg.gov; %20barbara.kirkmeyer.senate@coleg.gov; %20ryan.armagost.house@coleg.gov

Subject: House Health & Insurance committee regarding HB23-1215

Dear Members of the House Health & Insurance Committee and my State Senator and Representatives,

I'm writing to you as a constituent of Senate District 23 and House District 64 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the UCHHealth Medical Group COO and in my role I operate the OP facilities across the state, we ensure patient access for the growing population. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. It's my strong belief we will need to reduce or limit our OP access and this will impact our current workforce. This will have a devastating impact on the best Colorado healthcare system. A healthy healthcare delivery system, especially locally run, helps COLORADO care for future events (COVID, population health, Chronic disease) and value-based care. This will keep Colorado one of the best states to live in now and in the future.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support caring for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a **facility fee**, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without this support, we are eliminating our means to pay a competitive wage. With rising costs of care, the facilities fees are critical to our ability to attract and retain staff. Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I recently moved to this state because I believe in the Colorado way of life. There is a freedom of expression and self-accountability that permeates this land. We know you care about the people and don't want unnecessary laws that will hurt the people of this great state. Healthcare is expensive and complex, this potential change is not the answer. Let's find a path to value-based risk that cares for the patients and health delivery organizations in a balanced approach.

This is why I am asking you to oppose this bill. Please support healthcare workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patient's access to care across the state.

Keith Jankuski

402-871-8902

Sanfilippo, Kate E

From: Bunch, Katelyn
Sent: Friday, March 17, 2023 5:05 PM
To: Advocate
Subject: FW: House Bill 23-1215 Limits On Hospital Facility Fees

~ *Katelyn*

From: Bunch, Katelyn
Sent: Friday, March 17, 2023 4:59 PM
To: Matthu.Beck@coleg.gov; lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; anthony.hartsook.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; David.Ortiz.house@coleg.gov; matthew.soper.house@coleg.gov; brianna.titone.house@coleg.gov; ron.weinberg.house@coleg.gov
Subject: House Bill 23-1215 Limits On Hospital Facility Fees

Hello,

I'm reaching out to you as a member of the community in Colorado. As a citizen of Colorado and a healthcare worker, I wanted to share my feelings regarding this bill and how I think it could negatively affect healthcare in our state.

As you may know, hospital billing frequently requires separate charges for provider services and facility fees. The former covers the physician or advanced practice provider, and the latter is a misnomer because it covers far more than just the facility. In fact, the facility fee pays for nurses, nursing assistants, social workers, pharmacists, patient access representatives, environmental services, security officers and much more. For hospital-based clinics, the facility fee is the only reimbursement we receive to cover our staff and clinic operations.

I am concerned that if HB 23-1215 passes in its current form:

- We would have virtually no reimbursement for the patient care provided by our dedicated staff in many provider-based clinics, and we would lose hundreds of millions of dollars.
- Between 100 and 150 clinics could be at risk of closing.
- Cuts to other services would be considered to ensure UCHealth can meet the needs of our patients.
- Access to care would be reduced for our patients and for residents across Colorado

Thank you for taking the time to consider my concerns as a resident of Colorado and as a healthcare worker. I trust you will take my feedback and the feedback of my fellow citizens heavily into account in your final decisions regarding HB 23-1215.

Sincerely,

Katelyn Bunch, MHL, CPC
Epic Charge Team Systems Analyst

Colorado Springs, CO 80907
M 815.566.9492
katelyn.bunch@uchealth.org
uchealth.org



To call your local Help Desk: **North: 970.495.7540** | MetroDenver: **720.848.4000** | **South: 719.365.6789**
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To search for a tip sheet, click [here](#).

Sanfilippo, Kate E

From: Taylor, Chantell
Sent: Sunday, March 19, 2023 11:06 AM
To: Weaver, Dan; Hixson, Christina
Subject: FW: Comments on HB 23-1215, Limits on Hospital Fees

From: Michael Jacobson <mjacobson2011@gmail.com>
Sent: Sunday, March 19, 2023 10:28 AM
To: lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov; emily.sirota.house@coleg.gov; andrew.boesenecker.house@coleg.gov
Cc: barbara.kirkmeyer.senate@coleg.gov; mike.lynch.house@coleg.gov
Subject: Comments on HB 23-1215, Limits on Hospital Fees

USE CAUTION: External Message

Esteemed Representatives:

I am writing today in vehement opposition to HB 23-1215, both as a patient / healthcare consumer and as a well-established Sleep Medicine PA in Northern Colorado. Although the goal of reducing healthcare costs is a noble one, this bill is clearly NOT the way to responsibly do that. In fact, this bill is so draconian and short-sighted that it is likely to result in nothing less than the complete collapse of Colorado's world-class healthcare system. Hospitals and clinics will close, thousands will lose their jobs and the most vulnerable Coloradans on Medicaid will undoubtedly lose access to health care. This is not an exaggeration.

For better or worse, health care in the United States costs money. I'm not sure when facility fees became a bad word, but this is not some sort of made up charge or "trick" meant to enrich doctors or faceless villains / corporations. Rather, this is the real cost of doing business in Colorado. Equipment costs money. Nurses, environmental services cleaning crews and security guards cost money. And with ever-shrinking reimbursement from insurance companies (who *are* getting richer and richer by the way), the small professional fee that a doctor receives for a face to face visit does not even come close to covering the true cost of running a clinic. Your estimates of health systems' margin are **grossly** overestimated. In these times of COVID, workforce shortages and massive inflation, real margins are no more than 5-6%, barely enough to keep the doors open and keep a responsible reserve. This bill would instantly cut **9 billion dollars** from Colorado health systems, making 96% of hospitals financially unsustainable. Is that really what you want for your constituents, your families or yourself? The next time there's a pandemic or you need expert level cancer care or surgery these hospitals and clinics are not likely to be here.

The United States has a free market economy. Will you tell King Soopers they cannot charge more than \$0.50 for a dozen eggs? Will you tell gas stations that gas can no longer cost more than \$0.99 per gallon? Then you cannot and should not tell a health system how much health care costs.

Every day I see about 15-18 people who cannot sleep, and have heart failure, arrhythmias, stroke, and cognitive problems as a result and I turn their lives around. This bill jeopardizes my ability to do this critical work. Furthermore, this bill is extraordinarily irresponsible, dangerous and serves the interests of **no one** in

Colorado. It protects **no one** and it helps **no one**. In fact, it endangers us all. Please withdraw, oppose and / or vote down this bill immediately so that world-class health care can continue to exist in Colorado.

Sincerely,

Michael D. Jacobson, MSHS, PA-C

Patient

Sleep Medicine Physician Assistant, UCHealth

Clinical Instructor, University of Colorado School of Medicine

Windsor, CO.

Sanfilippo, Kate E

From: Cesare, Ann
Sent: Friday, March 17, 2023 5:44 PM
To: Hixson, Christina
Subject: FW: Facility fee legislative engagement

[For files...](#)

From: Baker, Melanie <Melanie.Baker2@uchealth.org>
Sent: Friday, March 17, 2023 5:33 PM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>; Cesare, Ann <Ann.Cesare@uchealth.org>
Subject: RE: Facility fee legislative engagement

Hello Ann & Chantell,

I did respond to my district's House Representative email that I had sent you earlier this week. If you are still wanting to me to email responses I am receiving from my outreach, below is a response from a different House Representative who is on the committee:

Thank you for your email. I am still speaking with constituents about this issue. I have been inundated with emails and phone calls in opposition to this bill with very few requests to support. I am considering all input. Thank you for sharing your opinion with me.

Cheers,



Representative Ron Weinberg
Colorado House of Representatives 51
:: (o) 303 866-2947
:: (c) 970 541-9542
:: Ron@RepWeinberg.com

"...Of the people, by the people, for the people"

Melanie Baker, MBA, MSW, LCSW, ACM-SW
Social Work Manager, Care Management

Memorial Central, Memorial North
1400 East Boulder St.
Colorado Springs, CO 80909
O 719.365.9216
M 319.240.1892
Melanie.Baker2@uchealth.org
uchealth.org



From: Baker, Melanie
Sent: Monday, March 13, 2023 10:43 AM
To: Taylor, Chantell <Chantell.Taylor@uhealth.org>; Cesare, Ann <Ann.Cesare@uhealth.org>
Subject: RE: Facility fee legislative engagement

Great. I just sent it to the committee.

I also received the following response from my House Representative. Do you have any reference materials for me to provide some concise education on facility fees? I can respond to the 2nd paragraph to clarify that this did lead to savings for us as patients and that these savings directly relate to the existence of the facility fee.

Ken4HD22 <KenDeGraaf4HD22@protonmail.com>

To: You

thank you Melanie, I will forward this to the materials on hb23-1215. Do you have more information on the application of facility fees? As I was not on the committee, it is likely that only the side of the story supporting the bill will be exposed.

It would seem in your case that having a nurse available to directly refer to a speech therapist would result in the same PCM appointment, which likely goes on through the normally unstaffed hours(?) I would think that would lead to a significant increased expense.

"That government is best which governs least" - Thomas Jefferson

-Ken

Melanie Baker, MBA, MSW, LCSW, ACM-SW
Social Work Manager, Care Management

Memorial Central, Memorial North
1400 East Boulder St.
Colorado Springs, CO 80909
O 719.365.9216
M 319.240.1892
Melanie.Baker2@uhealth.org
uhealth.org



From: Taylor, Chantell <Chantell.Taylor@uhealth.org>
Sent: Monday, March 13, 2023 10:36 AM
To: Cesare, Ann <Ann.Cesare@uhealth.org>; Baker, Melanie <Melanie.Baker2@uhealth.org>
Subject: RE: Facility fee legislative engagement

Yes, please share with the committee members as well. Thanks for your engagement!

House Health & Insurance Committee Members:

Lindsey Daugherty (D – Arvada) Committee Chair, lindsey.daugherty.house@coleg.gov

Chris Kennedy (D – Lakewood) Speaker Pro Tem, Committee Vice Chair, chris.kennedy.house@coleg.gov

Kyle Brown (D – Boulder/Broomfield), kyle.brown.house@coleg.gov
Lorena Garcia (D – Adams/Jefferson), lorena.garcia.house@coleg.gov
Sheila Lieder (D – Lakewood), sheila.lieder.house@coleg.gov
Karen McCormick (D – Longmont), karen.mccormick.house@coleg.gov
David Ortiz (D – Littleton), david.ortiz.house@coleg.gov
Brianna Titone (D – Arvada), brianna.titone.house@coleg.gov
Matt Soper (R – Delta) Ranking Minority Member, matthew.soper.house@coleg.gov
Anthony Hartsook (R – Parker/Douglas), anthony.hartsook.house@coleg.gov
Ron Weinberg (R – Loveland), ron.weinberg.house@coleg.gov

From: Cesare, Ann <Ann.Cesare@uchealth.org>
Sent: Monday, March 13, 2023 10:31 AM
To: Baker, Melanie <Melanie.Baker2@uchealth.org>; Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: RE: Facility fee legislative engagement

Hi Melanie! Thanks for reaching out! I think yes, if you could send to the committee members as well since it's in committee this Friday, that would be helpful.
I'll send you Chantell's email from last week with the info for the committee members.

Thank you! Ann

From: Baker, Melanie <Melanie.Baker2@uchealth.org>
Sent: Sunday, March 12, 2023 4:14 PM
To: Cesare, Ann <Ann.Cesare@uchealth.org>; Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: RE: Facility fee legislative engagement

Good afternoon Ann and Chantell,

I sent the following to my legislators and to the sponsors of the bill. Should I also send it to all of the committee members? I am willing to testify if my perspective is helpful, just let me know the next steps. Thanks!

Good afternoon Representative Boesenecker and Representative Sirota,

I am a licensed clinical social worker and lead a team of social workers at UHealth. I am also the primary caregiver of my husband who lives with chronic pain related to a neurological disorder. In 2016, at the age of 29, my husband became unable to work. During the past 6.5 years, we have met with over 15 providers and tried more than 25 treatments in hopes of reducing his pain to more manageable levels. In this process, we have interacted with many outpatient clinics, some that use facilities fees and some that do not. Recently, with a clinic that does not use a facility fee, we would call to schedule an appointment or ask a medical question, leave a voicemail, and never receive a callback. My husband was unable to access care when he needed it. When this clinic closed, it created another gap in our access to care as we sought out a new provider.

Our experience with my husband's Neurologist through the UHealth Movement Disorder Clinic has been entirely different. This clinic uses facility fees to cover the costs of patient care. When he began experiencing unusual symptoms with his gagging reflex, we sent a message to this clinic and received a response that same day from the nurse. The facility fee meant that this clinic had the nursing staff to support our follow-up needs without requiring the additional cost of another doctor's appointment. We were referred straight to Speech therapy, where my husband's symptoms resolved after treatment.

While I agree that healthcare affordability should be a priority in Colorado, I am concerned that bill HB23-1215 will negatively impact patient care without significant cost savings to patients. When clinics can't afford to hire nurses to respond to patient needs in between appointments, patients pay the costs of additional unnecessary appointments with providers. Please support those with chronic health conditions like my husband and the healthcare workers who have supported our communities through the challenges of the last three years. Vote no on HB23-1215.

Sincerely,

Melanie

Melanie Baker, MBA, MSW, LCSW, ACM-SW
Social Work Manager, Care Management

Memorial Central, Memorial North
1400 East Boulder St.
Colorado Springs, CO 80909
O 719.365.9216
M 319.240.1892
Melanie.Baker2@uchealth.org
uchealth.org



From: Cesare, Ann <Ann.Cesare@uchealth.org>
Sent: Wednesday, March 08, 2023 5:06 PM
To: Baker, Melanie <Melanie.Baker2@uchealth.org>
Subject: FW: Facility fee legislative engagement

Hi Melanie: Per your email from today, I think this is the most recent information we are sending to folks who are interested in engaging...see below. The bill will be heard in committee next Friday so instead of contacting your legislator, we are providing you with info for the committee members.

Sorry for the confusion! Let me know if you have questions! Ann

Thank you for your interest in speaking out about [HB23-1215](#), a concerning bill introduced in the state legislature that would limit clinics' and hospitals' ability to be reimbursed for outpatient services. Of note, the proposed legislation:

- Prohibits hospitals from billing for care provided at all off-campus locations;
- Prohibits hospitals from billing for care provided through telehealth; and
- Allows HCPF to prohibit wide variety of payments for outpatient care on-campus.

This bill is **scheduled to be heard in the House Health & Insurance committee on Friday, March 17**, and your advocacy in advance of that meeting will help educate legislators about the potentially catastrophic impacts of this misguided legislation.

1. Below you will find some key points to help you write and personalize an email to your legislators. With the bill scheduled for hearing next Friday, we are focusing on the 11 members of the House Health & Insurance committee and the two House sponsors of the bill, Representative Emily Sirota (emily.sirota.house@coleg.gov)

and Representative Andrew Boesenecker (andrew.boesenecker.house@coleg.gov). **Contact information for the committee members is included below.**

2. If you would also like to contact your state Senator and Representative, visit the state legislative website linked [here](#) and plug in your home address to find their names and contact information.
3. Please share a copy of your email with me once sent and also share any responses you may receive.
4. **Please also let me know if you are also interested in testifying** on the bill next Friday to tell your story in person.

Key Talking Points on HB 23-1215

- **What is a “facility fee”** – A “facility fee” is better described as “payment for outpatient care.” This fee pays for everything other than the doctor – the nurses, the technicians, environmental services staff, medical records, the technology and procedure equipment, and more.
- **The bill will have catastrophic consequences** – Half of Colorado’s hospitals are operating with unsustainable finances (and not all are rural). This bill would cut \$9 billion more from hospitals and health systems, making 96% of hospitals financially unsustainable.
- **The bill disrupts gains in patient care** – Colorado has invested heavily in an integrated model of care and is starting to see the benefits of that, with lower per capita hospital costs, and patients getting care at the right time and right place.
- **The bill threatens access and adds expense** – This could include all outpatient care, including on-campus and off-campus locations, and charges not labeled as a “facility fee.” Removing all payment for outpatient care beyond the doctor will force locations to close and will result in more emergency department usage and inpatient care, driving up health care costs for everyone.

Key points for you to personalize and use in your email:

Dear Senator **XXX** and Representative **XXX**,

1. Share who you are – especially if you work in an outpatient clinic. “I am a [cardiology or oncology etc. nurse or certified nursing assistant or patient access representative or pharmacists, etc.]
2. Share your dedication/commitment to patients – “I am passionate about taking care of patients because...”
3. Share the importance of the facility fee to you – “The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you’re taking away our ability to care for our patients and support our families... -or, if you don’t work in a provider-based clinic, share what the facility fee means to other nurses and staff: “Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician – the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and many others.
4. Briefly note the potential impact: Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need.
5. End on request for them to oppose the bill: “Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

House Health & Insurance Committee Members:

Lindsey Daugherty (D – Arvada) Committee Chair, lindsey.daugherty.house@coleg.gov

Chris Kennedy (D – Lakewood) Speaker Pro Tem, Committee Vice Chair, chris.kennedy.house@coleg.gov

Kyle Brown (D – Boulder/Broomfield), kyle.brown.house@coleg.gov

Lorena Garcia (D – Adams/Jefferson), lorena.garcia.house@coleg.gov

Sheila Lieder (D – Lakewood), sheila.lieder.house@coleg.gov

Karen McCormick (D – Longmont), karen.mccormick.house@coleg.gov

David Ortiz (D – Littleton), david.ortiz.house@coleg.gov

Brianna Titone (D – Arvada), brianna.titone.house@coleg.gov
Matt Soper (R – Delta) Ranking Minority Member, matthew.soper.house@coleg.gov
Anthony Hartsook (R – Parker/Douglas), anthony.hartsook.house@coleg.gov
Ron Weinberg (R – Loveland), ron.weinberg.house@coleg.gov

If you have any questions or need assistance writing your letter, please do not hesitate to reach back out. And don't forget to send us copies of your letters and let us know if you'd be interested in testifying. Thank you so much for your engagement!

Chantell

Chantell Taylor

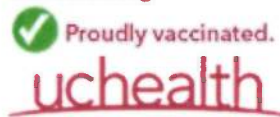
Vice President, Government & Regulatory Affairs
12401 East 17th Avenue, MSF417
Aurora, CO 80045

O 720.848.6738

C 303.333.1923

Chantell.Taylor@UCHealth.org

uchealth.org



Sanfilippo, Kate E

From: Erica Wiers <ericawiers74@gmail.com>
Sent: Friday, March 17, 2023 3:26 PM
To: Advocate
Subject: Fwd: Vote no on HB23-1215.

USE CAUTION: External Message

Per your request here is a copy of the email I had sent. I also sent one to andrew.boesenecker.house, and all the house committee representative listed on the source.

----- Forwarded message -----

From: Erica Wiers <ericawiers74@gmail.com>
Date: Fri, Mar 17, 2023 at 3:11 PM
Subject: Vote no on HB23-1215.
To: <joannginal@yahoo.com>, <cathy.kipp.house@coleg.gov>

Dear Senator Joann Ginal and Representative Cathy Kipp,

I am a Patient Access Specialist for UHealth, working in Children's Therapy Services for UHealth in Northern Colorado.

I am passionate about taking care of patients because I care how others receive the best patient care that they can. I am often a patient at UHealth as well and it is important to me that I am treated well when I need care. It is also very important to me to have access to care. I am being treated for Idiopathic Chronic Pancreatitis, Fibromyalgia, Type 3 Diabetes, Rotator Cuff Syndrome, Migraines and various other issues. If the specialists that I see to treat my various conditions have to close their doors I will no longer have access to very necessary specialists in these areas.

The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families. Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician – the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and many others.

Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Thank you,
Erica Wiers-Fischer



March 20, 2023

Dear House Health & Insurance Committee,

My name is Kelly and I am a Medical Laboratory Scientist with UCHHealth. The reason I took a job in healthcare was to help people and make an impact in laboratory medicine. We may not have direct patient contact, but we are the reason doctors can diagnose patients effectively and efficiently. Laboratory work is constantly advancing, same as instrumentation seen in clinics and hospitals, and is the reason patients are living longer and enjoying their best lives.

The facility fee HB23-1215 is trying to eliminate is the only thing that supports local outpatient clinics, a large number of inpatient services, and the quality of care patients across Colorado receive. If this fee is taken away, **you** are taking away **your** ability to receive quality healthcare from those who are in the forefront of this industry. The phlebotomists who draws **your** blood, the receptionist who checks **you** in and helps **you** get where you need to be, the intake technicians who take **your** information prior to seeing the physician, the housekeepers that keep facilities clean to protect **your** health, the pharmacists that provides **your** medications, or the security staff that ensures **your** safety when waiting to see the doctor or inside of urgent cares/emergency rooms. This bill will also reduce, if not eliminate, the behavior health staffing and clinics that are already desperately needed in this country. Hundreds of outpatient clinics will close and even more healthcare workers will be out of a job they are so passionate about.

HB23-1215 is the reason a large number of low-income patients can receive basic healthcare as well as those on Medicaid. Removing this facility fee will cripple the healthcare industry and not only put hundreds, if not thousands, of healthcare facilities out of business in Colorado, it will eventually impact the nation. People will have to wait months, if not years, to receive treatments that could alter their quality of life because there are not enough clinics to help them.

Please oppose the misguided and dangerous bill. Cheaper healthcare may seem appealing to those who pay for it, but they do not understand what it means for the bigger picture. This is a bad policy that will harm patients across our state along with healthcare workers like me. I beg you to Vote NO on HB23-1215 and do what is best for everyone in Colorado, including you.

Thank you for your time,

Kelly S

Medical Laboratory Scientist - Denver

Dear Senator XXX and Representative XXX, or Dear Members of the House Health & Insurance Committee,

I am a Nursing Supervisor for an Internal Medicine clinic located on the UCHealth Anschutz Campus. I became a nurse after a poor ER experience as a 10-year-old. I am dedicated to ensuring people get the care they need and deserve by preventing unnecessary ER visits and hospitalizations through improved outpatient services. My clinic, while a primary care, manages the care of some of the sickest patients at UCHealth. Many of our patients receive specialty care on this campus such as Hepatology/Transplant, Kidney, Pulmonology, Cardiology, etc.

The facility fee is the only thing that supports me and my coworkers in the patient care we provide. It covers the large care team outside of the physician such as the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff, and many others. It covers the parking attendant that helps patients in our parking lots, it provides staffing to our information desks to help patients navigate through our busy outpatient pavilion, it pays for the staff that ensures the patient's visit is covered and helps check them in, and it pays for the nurses who answer patient calls to walk them through symptoms or medical questions outside of their appointment. If you take away the facility fee, you're taking away our ability to care for our patients. Without this fee, clinics will not be able to support their staff members and will be forced to close or cut staff and patient resources. Hundreds of thousands – maybe more - of patients will lose access to the health care they need.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Sincerely,
Kimberly Ozmina (Fujita)

Sanfilippo, Kate E

From: Advocate
Sent: Monday, March 20, 2023 11:23 AM
To: Sanfilippo, Kate E
Subject: FW: Oppose HB 23-1215

From: Serrina Pantera <panteraserrina@gmail.com>
Sent: Monday, March 20, 2023 10:15 AM
To: Advocate <advocate@uchealth.org>
Subject: Fwd: Oppose HB 23-1215

USE CAUTION: External Message

----- Forwarded message -----

From: Serrina Pantera <panteraserrina@gmail.com>
Date: Mon, Mar 20, 2023 at 9:52 AM
Subject: Oppose HB 23-1215
To: <larry.liston.senate@coleg.gov>, <scott.bottoms.house@coleg.gov>

Dear Senator Liston and Representative Bottoms:

I am writing as one of your constituents in Colorado Springs and urge you to **oppose HB 23-1215** that limits hospital facility fees.

I am the Senior Director Business Development for UCHHealth in Colorado Springs. Very specifically, I am your leader responsible for improving our community's access to health care. In a sense, I work for you, too! I was recruited last year from a large hospital system in the State of Washington and bring 20 years of experience in the healthcare industry. I've expanded access to healthcare services in the states of New York, California, Wisconsin, Texas, and Washington over the course of my career. I accomplish this through establishing community partnerships, building new or expanding existing clinics, and recruiting physicians. I am also responsible for ensuring the sound investment of limited resources to maximize the benefit to all residents. I am working very hard to increase access to primary medical care for Colorado Springs residents, as the city has been challenged to keep up with meeting the needs from population growth.

This bill will result in closure of services, layoffs of nursing and ancillary health care roles - we will go backwards in access to healthcare and it will have a devastating impact on the attractiveness of Colorado Springs as a place to live. The "facility fee" term is misleading, as it covers the costs of all the other support workers needed to support the physicians - social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff. These are the people who would lose their jobs. I would also lose my job, because there would be no funds left to invest in improving access to existing and new services – instead we would be closing services. The impact to Colorado Springs would

ripple across all companies, not just health care. Individuals who are laid off cannot support other businesses in their hiring and growth and keep our economy strong.

I urge you to take the more pragmatic approach that Washington State took in 2013 and amended in 2021. I've included some of that language below:

- Providers must notify consumers before services that they may receive a facility fee, must also be advertised both on-site and online. Hospitals must release yearly financial report detailing clinics operated by hospitals, clients seen, revenue collected from facility fees.

- RCW 70.01.040
- Provider-based clinics that charge a facility fee—Posting of required notice—Reporting requirements.
 - (1) Prior to the delivery of nonemergency services, a provider-based clinic that charges a facility fee shall provide a notice to any patient that the clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility component, which may result in a higher out-of-pocket expense.
 - (2) Each health care facility must post prominently in locations easily accessible to and visible by patients, including its website, a statement that the provider-based clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.
 - (3) Nothing in this section applies to laboratory services, imaging services, or other ancillary health services not provided by staff employed by the health care facility.
 - (4) As part of the year-end financial reports submitted to the department of health pursuant to RCW 43.70.052, all hospitals with provider-based clinics that bill a separate facility fee shall report:
 - (a) The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee;
 - (b) The number of patient visits at each provider-based clinic for which a facility fee was charged or billed for the year;
 - (c) The revenue received by the hospital for the year by means of facility fees at each provider-based clinic; and
 - (d) The range of allowable facility fees paid by public or private payers at each provider-based clinic.
 - (5) For the purposes of this section:
 - (a) "Facility fee" means any separate charge or billing by a provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.
 - (b) "Provider-based clinic" means the site of an off-campus clinic or provider office that is owned by a hospital licensed under chapter 70.41 RCW or a health system that operates one or more hospitals licensed under chapter 70.41 RCW, is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring. This does not include clinics exclusively designed for and providing laboratory, X-ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics.

Please note I am writing in a personal capacity as your constituent, and my views may not represent that of my employer. I am a lifelong registered Democrat, but I'm moderate and reasonable to both sides of the aisle. If this lunacy continues from the Colorado Democrats, I'm switching parties and you will win my vote! The far left is ruining the livability of states like California, Oregon, and Washington. I don't want to see the same thing happen here, so your role is important in helping to moderate conversations.

Please vote no on HB23-1215.

Sanfilippo, Kate E

From: Advocate
Sent: Monday, March 20, 2023 11:24 AM
To: Sanfilippo, Kate E
Subject: FW: oppose HB 23-1215


Christina Hixson
Senior Director, Partnerships

3513 Brighton Blvd, Suite 700
Denver, CO 80216
M 303.946.9260
christina.hixson@uchealth.org
uchealth.org



Official Health Care Partner



 Official Hospital of the U.S. Olympic
and Paralympic Training Center,
Colorado Springs

From: Serrina Pantera <panteraserrina@gmail.com>
Sent: Monday, March 20, 2023 10:15 AM
To: Advocate <advocate@uchealth.org>
Subject: Fwd: oppose HB 23-1215

USE CAUTION: External Message

----- Forwarded message -----

From: Serrina Pantera <panteraserrina@gmail.com>
Date: Mon, Mar 20, 2023 at 10:04 AM
Subject: oppose HB 23-1215
To: <lindsey.daugherty.house@coleg.gov>, <chris.kennedy.house@coleg.gov>, <kyle.brown.house@coleg.gov>, <lorena.garcia.house@coleg.gov>, <sheila.lieder.house@coleg.gov>, <karen.mccormick.house@coleg.gov>, <david.ortiz.house@coleg.gov>, <brianna.titone.house@coleg.gov>, <matthew.soper.house@coleg.gov>, <anthony.hartsook.house@coleg.gov>, <ron.weinberg.house@coleg.gov>

Dear Members of the House Health & Insurance Committee,

I am writing as one of your constituents in Colorado Springs and urge you to **oppose HB 23-1215** that limits hospital facility fees.

I am the Senior Director Business Development for UCHHealth in Colorado Springs. Very specifically, I am your leader responsible for improving our community's access to health care. In a sense, I work for you, too! I was recruited last year from a large hospital system in the State of Washington and bring 20 years of experience in the healthcare industry. I've expanded access to healthcare services in the states of New York, California, Wisconsin, Texas, and Washington over the course of my career. I accomplish this through establishing community partnerships, building new or expanding existing clinics, and recruiting physicians. I am also responsible for ensuring the sound investment of limited resources to maximize the benefit to all residents. I am working very hard to increase access to primary medical care for Colorado Springs residents, as the city has been challenged to keep up with meeting the needs from population growth.

This bill will result in closure of services, layoffs of nursing and ancillary health care roles - we will go backwards in access to healthcare and it will have a devastating impact on the attractiveness of Colorado Springs as a place to live. The "facility fee" term is misleading, as it covers the costs of all the other support workers needed to support the physicians - social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff. These are the people who would lose their jobs. I would also lose my job, because there would be no funds left to invest in improving access to existing and new services – instead we would be closing services. The impact to Colorado Springs would ripple across all companies, not just health care. Individuals who are laid off cannot support other businesses in their hiring and growth and keep our economy strong.

I urge you to take the more pragmatic approach that Washington State took in 2013 and amended in 2021. I've included some of that language below:

- Providers must notify consumers before services that they may receive a facility fee, must also be advertised both on-site and online. Hospitals must release yearly financial report detailing clinics operated by hospitals, clients seen, revenue collected from facility fees.
- **RCW 70.01.040**
- **Provider-based clinics that charge a facility fee—Posting of required notice—Reporting requirements.**
 - (1) Prior to the delivery of nonemergency services, a provider-based clinic that charges a facility fee shall provide a notice to any patient that the clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility component, which may result in a higher out-of-pocket expense.
 - (2) Each health care facility must post prominently in locations easily accessible to and visible by patients, including its website, a statement that the provider-based clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.
 - (3) Nothing in this section applies to laboratory services, imaging services, or other ancillary health services not provided by staff employed by the health care facility.
 - (4) As part of the year-end financial reports submitted to the department of health pursuant to RCW 43.70.052, all hospitals with provider-based clinics that bill a separate facility fee shall report:

- (a) The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee;
- (b) The number of patient visits at each provider-based clinic for which a facility fee was charged or billed for the year;
- (c) The revenue received by the hospital for the year by means of facility fees at each provider-based clinic; and
- (d) The range of allowable facility fees paid by public or private payers at each provider-based clinic.
- (5) For the purposes of this section:
 - (a) "Facility fee" means any separate charge or billing by a provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.
 - (b) "Provider-based clinic" means the site of an off-campus clinic or provider office that is owned by a hospital licensed under chapter 70.41 RCW or a health system that operates one or more hospitals licensed under chapter 70.41 RCW, is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring. This does not include clinics exclusively designed for and providing laboratory, X-ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics.

Please note I am writing in a personal capacity as your constituent, and my views may not represent that of my employer. I am a lifelong registered Democrat, but I'm moderate and reasonable to both sides of the aisle. The far left is ruining the livability of states like California, Oregon, and Washington. I don't want to see the same thing happen here, so please use common sense.

Please vote no on HB23-1215.

Sanfilippo, Kate E

From: Advocate
Sent: Monday, March 20, 2023 11:25 AM
To: Sanfilippo, Kate E
Subject: FW: HB23-1215 - OPPOSE

From: Serrina Pantera <panteraserrina@gmail.com>
Sent: Monday, March 20, 2023 10:16 AM
To: Advocate <advocate@uchealth.org>
Subject: Fwd: HB23-1215 - OPPOSE

USE CAUTION: External Message

----- Forwarded message -----

From: Serrina Pantera <panteraserrina@gmail.com>
Date: Mon, Mar 20, 2023 at 10:12 AM
Subject: HB23-1215 - OPPOSE
To: <emily.sirota.house@coleg.gov>, <andrew.boesenecker.house@coleg.gov>, <kyle.mullica.senate@coleg.gov>, <lisa.cutter.senate@coleg.gov>

Dear Representatives Sirota and Boesenecker, Senators Mullica and Cutter -

I am the Senior Director Business Development for UCHealth in Colorado Springs. Very specifically, I am your leader responsible for improving our community's access to health care. In a sense, I work for you, too! I was recruited last year from a large hospital system in the State of Washington and bring 20 years of experience in the healthcare industry. I've expanded access to healthcare services in the states of New York, California, Wisconsin, Texas, and Washington over the course of my career. I accomplish this through establishing community partnerships, building new or expanding existing clinics, and recruiting physicians. I am also responsible for ensuring the sound investment of limited resources to maximize the benefit to all residents. I am working very hard to increase access to primary medical care for Colorado Springs residents, as the city has been challenged to keep up with meeting the needs from population growth.

This bill as currently written will result in closure of services, layoffs of nursing and ancillary health care roles - we will go backwards in access to healthcare and it will have a devastating impact on the attractiveness of Colorado Springs as a place to live. The "facility fee" term is misleading, as it covers the costs of all the other support workers needed to support the physicians - social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff. These are the people who would lose their jobs. I would also lose my job, because there would be no

funds left to invest in improving access to existing and new services – instead we would be closing services. The impact to Colorado Springs would ripple across all companies, not just health care. Individuals who are laid off cannot support other businesses in their hiring and growth and keep our economy strong.

I urge you to take the more pragmatic approach that Washington State took in 2013 and amended in 2021. I've included some of that language below:

- Providers must notify consumers before services that they may receive a facility fee, must also be advertised both on-site and online. Hospitals must release yearly financial report detailing clinics operated by hospitals, clients seen, revenue collected from facility fees.

- **RCW 70.01.040**

- **Provider-based clinics that charge a facility fee—Posting of required notice—Reporting requirements.**

- (1) Prior to the delivery of nonemergency services, a provider-based clinic that charges a facility fee shall provide a notice to any patient that the clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility component, which may result in a higher out-of-pocket expense.

- (2) Each health care facility must post prominently in locations easily accessible to and visible by patients, including its website, a statement that the provider-based clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.

- (3) Nothing in this section applies to laboratory services, imaging services, or other ancillary health services not provided by staff employed by the health care facility.

- (4) As part of the year-end financial reports submitted to the department of health pursuant to RCW 43.70.052, all hospitals with provider-based clinics that bill a separate facility fee shall report:

- (a) The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee;

- (b) The number of patient visits at each provider-based clinic for which a facility fee was charged or billed for the year;

- (c) The revenue received by the hospital for the year by means of facility fees at each provider-based clinic; and

- (d) The range of allowable facility fees paid by public or private payers at each provider-based clinic.

- (5) For the purposes of this section:

- (a) "Facility fee" means any separate charge or billing by a provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.

· (b) "Provider-based clinic" means the site of an off-campus clinic or provider office that is owned by a hospital licensed under chapter [70.41](#) RCW or a health system that operates one or more hospitals licensed under chapter [70.41](#) RCW, is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring. This does not include clinics exclusively designed for and providing laboratory, X-ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics.

I am a lifelong registered Democrat, but I'm moderate and reasonable to both sides of the aisle. The far left is ruining the livability of states like California, Oregon, and Washington. I don't want to see the same thing happen here, so please use common sense. **Modify the legislation so that it provides additional transparency to consumers.**

Hixson, Christina

From: Adams, Lisa
Sent: Friday, March 3, 2023 4:04 PM
To: Taylor, Chantell
Subject: Fw: HB23-1215

From: Adams, Lisa <Lisa.Adams@uchealth.org>
Sent: Friday, March 3, 2023 4:03 PM
To: emily.sirota.house@coleg.gov <emily.sirota.house@coleg.gov>; andrew.boesenecker.house@coleg.gov <andrew.boesenecker.house@coleg.gov>
Subject: HB23-1215

Dear Representatives Sirota and Boesenecker,

My name is Lisa Adams, and I am a physician assistant working with UHealth Cancer Care and Hematology at Memorial Central. I have been serving patients in the Cancer Care clinic for almost 8 years. Cancer care has been my passion, particularly when we are able to help patients overcome financial barriers to get appropriate and timely care for a new cancer diagnosis. Facing cancer is already hard enough without having to worry about how treatment will be paid for. The facility fees charged help support our hospital to be able to better serve patients who may have limited resources and may not be able to undergo appropriate cancer therapy otherwise. It takes a whole village of people to care for those with cancer - not only the doctors and physician assistants, but the nurses, nurse practitioners, pharmacists, social workers, dietitians, genetic counselors, financial counselors, nurse navigators, etc. Imagine having a cancer that is curable, but not being able to afford the treatment. What a horrific position. If you support the elimination of this facility fee, you may be denying cancer care to people who are already at their most vulnerable.

I urge you to oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me.
Please vote no on HB23-1215.

Sincerely,

Lisa Adams, PA-C
Cancer Care and Hematology APP Lead, Southern Region
UHealth Medical Group
O 719.365.6734
C 318.572.5388
lisa.adams@uchealth.org
Official Health Care Partner



From: [Andrew Xu](#)
To: [chris.kennedy.house@coleg.gov](#); [kyle.brown.house@coleg.gov](#); [lorena.garcia.house@coleg.gov](#); [sheila.lieder.house@coleg.gov](#); [karen.mccormick.house@coleg.gov](#); [david.ortiz.house@coleg.gov](#); [brianna.titone.house@coleg.gov](#); [matthew.soper.house@coleg.gov](#); [anthony.hartsook.house@coleg.gov](#); [ron.weinberg.house@coleg.gov](#); [lindsey.dougherty.house@coleg.gov](#); [emily.sirota.house@coleg.gov](#); [andrew.boesenecker.house@coleg.gov](#)
Subject: Letter from concerned family physician opposing bill HB23-1215.
Date: Wednesday, March 8, 2023 1:16:09 PM

USE CAUTION:
External
Message

Dear Colorado House Committee Members and Bill Sponsors,

My name is Andrew Xu (MD). As a family medicine physician working at an outpatient clinic in Firestone, CO, I am writing to express my deep concern about HB 23-1215, which proposes to eliminate the facility fee paid for outpatient care in Colorado.

Every day, I see patients from all walks of life who come to my clinic seeking help with their healthcare needs. Some of them are here a lot, they're very used to the building, the people, etc. As a healthcare professional, I am dedicated to ensuring that my patients receive the highest quality of care possible. However, without the facility fee, that becomes an impossible task.

The facility fee is the backbone of the outpatient care system, covering everything outside of the physician, including the nurses, technicians, environmental services staff, medical records, technology and procedure equipment, and more. As you know, healthcare is expensive, and there has to be a source of income to keep the lights on, the climate temperate, and all the assistants and staff hired and happy.

It is vital for the support that me, my coworkers, and the patient care we provide. Apparently, reimbursement from insurance companies directly to the physician is not enough these days, to cover the behemoth that is hospitals and centers. Taking away the facility fee means taking away our ability to care for our patients and support our families.

Furthermore, provider-based clinics play a vital role in providing care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician, which includes social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff, and many others. Without this fee, clinics will not be able to support their staff members and will be forced to close. This would be devastating for the hundreds of thousands of patients who rely on these clinics for their healthcare needs.

While I understand that healthcare costs are high, cutting the facility fee is not the solution. It will create more problems, especially for the 96% of hospitals that will become financially unsustainable. This would result in more emergency department usage and inpatient care, driving up healthcare costs for everyone. In essence, I believe patients, especially the underserved, will suffer greatly as a result of this bill passing.

Therefore, I urge you to oppose HB 23-1215. This misguided and dangerous bill will harm patients across our state, along with healthcare workers like me. By eliminating the facility fee, clinics will not be able to support their staff members, and healthcare morale, while already low, will be even lower. Clinics and hospitals may be forced to close, causing

hundreds of thousands of patients to lose access to the healthcare they need.

Thank you for your attention to this matter, and please do the right thing for our patients and our healthcare system.

Sincerely,

Andrew Xu, MD
UCHealth Family Medicine - Carbon Valley/Firestone

From: [Adams, Lisa](#)
To: [Taylor, Chantell](#)
Subject: Fw: vote no on HB23-1215
Date: Friday, March 3, 2023 3:59:14 PM
Attachments: [image.png](#)

FYI on this email, hopefully not too late.

From: Adams, Lisa
Sent: Friday, March 3, 2023 3:58 PM
To: paul.lundeen.senate@coleg.gov <paul.lundeen.senate@coleg.gov>;
rose.pugliese.house@coleg.gov <rose.pugliese.house@coleg.gov>
Subject: vote no on HB23-1215

Dear Senator Lundeen and Representative Pugliese,

My name is Lisa Adams, and I am a physician assistant working with UCHealth Cancer Care and Hematology at Memorial Central. I have been serving patients in the Cancer Care clinic for almost 8 years. Cancer care has been my passion, particularly when we are able to help patients overcome financial barriers to get appropriate and timely care for a new cancer diagnosis. Facing cancer is already hard enough without having to worry about how treatment will be paid for. The facility fees charged help support our hospital to be able to better serve patients who may have limited resources and may not be able to undergo appropriate cancer therapy otherwise. It takes a whole village of people to care for those with cancer - not only the doctors and physician assistants, but the nurses, nurse practitioners, pharmacists, social workers, dietitians, genetic counselors, financial counselors, nurse navigators, etc. Imagine having a cancer that is curable, but not being able to afford the treatment. What a horrific position. If you support the elimination of this facility fee, you may be denying cancer care to people who are already at their most vulnerable.

I urge you to oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me.

Please vote no on HB23-1215.

Sincerely,

Lisa Adams, PA-C
Cancer Care and Hematology APP Lead, Southern Region
UCHealth Medical Group
O 719.365.6734
C 318.572.5388
lisa.adams@uchealth.org

cid:image002.png@01D42DA8.4C3CB6B0



Concerned About HB23-1215 Limits on Hospital Facility Fees

Dear Representative Weinberg & Members of the Health & Insurance Committee:

My name is Bethany A. Beeler, a writer, painter, and proud member of Colorado House District 51 (Downtown-Loveland-strong!). As a Colorado resident who dearly loves our state, I'm very concerned about the chilling impact (and this is the Rocky Mountain State—we don't need colder conditions) HB23-1215 would have on health care in Colorado. I moved to Colorado (from Texas) nearly 5 years ago because of its beauty and the liberty it offers me as an aging Trans Woman to live as who I am, with ready access to excellent health care.

I understand the reasons for this draft legislation—to create a transparency for Colorado patients regarding what they're paying for in health care. Well and good. Unfortunately, the term, "Facility Fee" fatuously under-describes what contributes to complete and compassionate health-care. Perhaps in the early history of our state, a visit to the local "sawbones" meant them "looking at" our ailment and offering a remedy. Back then, we paid (sometimes via a pig or a bushel basket) literally to spend time with them, usually in our home or their small office. Their fee covered the cost of oats and stabling for their horse and firewood to heat the office. Thank goodness medical care has advanced light years since those days, simple as they seemed.

Nowadays, our care providers require teams of skilled Medical Assistants, RNs, LPNs, NPs, CNAs, technicians, multi-million-dollar diagnostic equipment, and patient access representatives (the last of which I am, in the interests of full disclosure). Whole buildings and campuses accommodate the presence of so many professionals dedicated to life-saving care. That's where the minimal descriptor, "Facilities Fee," hides the life-saving services such a care team provides. Perhaps it started as a convenient one-line item on a ledger that a practical bookkeeper invented to cover the logistics, physical plant, technical equipment, office equipment, and *skilled professionals beyond the doctor* that the best medical care in the world *can't do without*. Clearly, "Facilities Fee" is a term as outmoded as paying for health care from the bounty of the barn.

The problem is, HB23-1215 sets out to eradicate the idea of paying for "facilities" and expects hospital systems, clinics, and providers to magically give state-of-the-art care in just their word and presence, sans the unsung supporting professionals and physical plant that the coverall "Facilities Fee" necessarily and needfully remunerates. I grant HB23-1215's authors and sponsors the heartfelt desire to fairly disclose for Coloradans vital information about what they're paying for in health care. But does

doing so have to eliminate delivery of care itself, as if it all is “a pig in a poke” the patient never asked for? Might that be akin to amputating a leg in the interests of removing a wart?

Colorado patients ask to be healed, remedied, comforted, and cared for. All that requires people, equipment, hospitals, infrastructure—none of which are hidden but are in plain sight of patients, who saw it daily for the last three years of CoVID.

Yes, by all means, list *everything* that a Facilities Fee comprises, so Coloradans can see in fine print what they’re getting. But don’t treat us as if we can’t already appreciate the blessings we have in ready view. If we eliminate the need to pay for necessary ingredients in world-standard care, are we asking our physicians and providers to deliver care street-side? With their provider’s availability commensurately limited by having to accomplish all the necessary tasks previously rendered by the heroic team of folks who got us through the pandemic?

The old saying goes that “We get what we pay for.” I agree. What I can’t make sense of is wiping out what we pay for because it wasn’t line-itemed. Perhaps we should just line it out instead of eliminating it.

Colorado is a desirable place to live primarily because we’ve not only gracefully welcomed an influx of population over the last three decades but have done so while maintaining our status as

- second in the country for lowest percent of household income spent on hospital care,
- second for avoidable Emergency-Room-use, and
- third for avoidable hospital use and cost.

Don’t punish Coloradans and Colorado hospitals with high-profile legislation that *seems* to cure the plague of “hidden fees” even as it hamstringing our ability to deliver care. In doing so, we might cut off our nose to spite our face—all the while denying ourselves the people, technology, and, yes, *facilities*, that would stem the resultant bleeding.

Please consider greatly altering or outrightly saying “NO” to HB23-1215 before it ever leaves committee.

Thank you all for your steadfast service and for hearing out a constituent.

Sincerely,

Bethany A. Beeler

From: Berger, Amy <Amy.Berger@uchealth.org>

Sent: Monday, March 13, 2023 7:46 PM

To: lisa.cutter.senate@coleg.gov; lindsey.daugherty.house@coleg.gov

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Lisa and Representative Lindsey,

I'm writing to you as a constituent of Senate District 20 and House District 24 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Director of Operations and in my role I oversee basic operations which supports our primary care providers within our ambulatory primary care clinics. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. I have seen the evolution of medicine after a pandemic to virtual care requiring much in-basket management of basic health care needs. Primary care providers are difficult to recruit into primary care out of school. In order to best support our providers with the overwhelming patient demand, our clinical support team is responsible for many tasks assisting our providers to meet the need. Most importantly, the facility fee pays for the staff who support our providers to do this essential work to best care for the patient demand. It is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Thank you,

Amy Berger, MS-OL, BSN, RNC
Director of Operations, Primary Care North
📞 970.624.2407

Dear Representative Hartsook,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend

upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

Office:

595 Chapel Hills Drive, Suite 240

Colorado Springs, CO 80920

P: 719-364-4120

F: 719-364-4121

Home:

19780 Indian Summer Lane

Monument, CO 80132

P: 719-322-6425

Dear Representative Weinberg,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend

upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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595 Chapel Hills Drive, Suite 240

Colorado Springs, CO 80920

P: 719-364-4120

F: 719-364-4121

Home:

19780 Indian Summer Lane

Monument, CO 80132

P: 719-322-6425

From: [David Book](#)
To: matthew.soper.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:02:59 PM

USE CAUTION:
External
Message

Dear Representative Soper,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UCHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-

1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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From: [David Book](#)
To: brianna.titone.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:02:16 PM

USE CAUTION:
External
Message

Dear Representative Titone,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

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1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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From: [David Book](#)
To: david.ortiz.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:01:38 PM

USE CAUTION:
External
Message

Dear Representative Ortiz,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

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Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

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1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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Monument, CO 80132

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From: [David Book](#)
To: karen.mccormick.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:00:45 PM

USE CAUTION:
External
Message

Dear Representative McCormick,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-

1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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Colorado Springs, CO 80920

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19780 Indian Summer Lane

Monument, CO 80132

P: 719-322-6425

From: [David Book](#)
To: sheila.lieder.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 4:59:53 PM

USE CAUTION:
External
Message

Dear Representative Leider,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UCHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-

1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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Colorado Springs, CO 80920

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Home:

19780 Indian Summer Lane

Monument, CO 80132

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From: [David Book](#)
To: lorena.garcia.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 4:59:25 PM

USE CAUTION:
External
Message

Dear Representative Garcia,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

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facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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On Thu, Mar 16, 2023 at 10:55 AM Nicole Mossing Caputo <nkmossing@gmail.com> wrote:
Good morning Representative Kipp and Senator Ginal,

I am a proud constituent of Senate District 14 and House District 52, and I'm writing to you this morning to express my concern with HB 23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers and the serious impact it could have on patient care in Colorado.

I've lived and worked in Fort Collins for nearly 20 years and care deeply for this community. When I first started working at Poudre Valley Health System, now UCHHealth, one of my responsibilities was to talk to cancer survivors about what they needed from us to improve their overall care. Through this, we built a coalition of community advocates who helped us shape the future of cancer care in Fort Collins.

Through that partnership, cancer patients now have access to the latest treatments and wellness services that treat both their mind and body. They have nurse navigators that are with them through their entire journey. My dad is currently going through treatment for stage 4 prostate cancer, and I know firsthand the tremendous relief this can bring to patients and their families.

This bill could put these incredible services in jeopardy as it would prohibit the only fee that covers the nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and many others who support care for each patient.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

There is work to be done to improve health care, but this is not the way.

As a health care employee, patient, and proud member of my community, I urge you to vote no on this bill.

I am happy to talk to you about my concerns or answer any questions you may have.

Thank you,

Nicole Caputo

970-568-2796

From: [David Book](#)
To: kyle.brown.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 4:57:34 PM

USE CAUTION:
External
Message

Dear Representative Brpwn,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

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1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

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This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

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Monument, CO 80132

P: 719-322-6425

I have sent a version of this email to my Rep: Eliza Hamrick, Senator Tom Sullivan and to Rep David Ortiz.

From: Denton, Christina J

Sent: Thursday, March 09, 2023 4:29 PM

To: 'david.ortiz.house@coleg.gov' <david.ortiz.house@coleg.gov>

Subject: HB 23-1215

Dear Representative Ortiz,

I am reaching out to you to declare my opposition to HB 23-1215, concerning facility fees for care provided in outpatient clinics. I am the nurse Manager of Virtual Health (aka Telemedicine/Telehealth) at UCHealth System. I am a Veteran of the USAF Nurse Corps, and I respect the work you are doing to represent well for us.

I am passionate about my work in Virtual Health, and I am honored to be part of the healthcare teams who “ran into the fire” during the COVID-19 emergency to keep our State’s healthcare system running in light of the challenges we faced and are still facing. The majority of the colleagues that I work with to serve the people of Colorado are supported by the Facility Fees that this bill is attempting to prohibit.

I am passionate about the work that I do for patients every day because I believe the healthcare should be accessible to all, should improve the lives of my patients rather than causing them a hardship if at all possible, and that multidisciplinary, coordinated care is the key to preserving health and preventing complications from chronic illnesses. Currently, my team and I support Virtual Health Care provided by Physicians and Providers, as well as Dietitians, Social Workers, Nurse Navigators, Wound Care Nurse specialists, Behavioral Health professionals, and many others whose work ensures that patients receive the correct care at the correct time and in the correct setting, which often is at home via Virtual Health, or in an outpatient facility. This work enables patients to avoid hospitalization, continue working if appropriate, and in many cases for Citizens of Rural Colorado, to avoid long drives to the Academic Medical Center including additional expenses for travel, meals and hotels. This bill will eliminate collection of Facility Fees for all of these services, which will decrease the efficiency and coordination of complex care, as well as the opportunity for them to receive Virtual Care.

Virtual Care such as TeleStroke (which allows a Neurologist from a larger facility to join a patient in a small or Rural facility via a Videoconferencing platform for evaluation and treatment recommendations) is an integral part of Stroke care in many of Colorado’s rural communities. This bill would curtail billing for Virtual Health Care, and would therefore thwart many improvements that we have made as a state in the area of Stroke Care and decreasing long-term disability from Strokes. Patients who are disabled from a Stroke may currently be receiving care in specialized Stroke Clinics, supported by Nurse Navigators and Case Managers, Behavioral Health professionals and other disciplines. Care which would then not be available if this bill passes. The Downstream affects will be devastating.

If this bill advances, the health of large numbers of Coloradoans will be negatively affected, and access to outpatient care will be severely diminished as well. This will result in higher traffic to Emergency Departments and therefore to Hospitals, which are already short staffed due to a National shortage of Health Care Workers.

The intent of this bill is spun as a way to protect working families. The professionals who have given their time and effort to providing excellent care in Ambulatory settings and via Virtual Health are also members of Working Families who would be negatively affected by potential job loss or reduction of work hours. In the setting of a nationwide Healthcare staffing crisis, please know that many of these professionals may choose to move to a state with a lower cost of housing that values the work they are doing for their community, rather than demonizing the healthcare systems, or stating that the work they are doing isn't worth paying for.

Thank you,

Christina Denton, RN, MSN
Nurse Manager, Virtual Health Operations

UCHealth System

2450 S. Peoria St. Aurora, CO 80014
☎ 303.752.5005
Christina.Denton@uchealth.org
uchealth.org



From: [Kush Desai](mailto:Kush.Desai)
To: chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov; lindsey.daugherty.house@coleg.gov
Cc: andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Wednesday, March 8, 2023 1:33:44 PM

USE CAUTION:
External
Message

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 11 and House District 18 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a behavioral health clinical therapist and in my role I provide psychotherapy and community resources to clients of our Internal Medicine clinic. I find the work I do to be both impactful and fulfilling as we get to serve members of our community, many of whom are Medicaid and Medicare clients, who would not ordinarily receive care if it were not for our clinic. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. The facility fee pays for me and my coworkers. It is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover me and my coworkers.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients'

access to care across the state.

Kush Desai, LCSW, APHSW-C, CT

KDesaiLCSW@gmail.com

Phone: (719) 309-3363

Fax: (719) 309-3364

<https://kdesaiconsulting.com/>

Possible subject line of email:

"The facility fee pays for me. Oppose HB23-1215" or "I am a facility fee. Oppose HB23-1215"

Hello, Representative Andrew Boesenecker;

I have a simple message for you: the facility fee pays for my job. As a Spanish Medical Interpreter, this facility fee, you seek to destroy, is the only thing supporting me, my coworkers, and the patient care the staff provides. Taking away the facility fee, takes away the ability to care for our patients. You will take away my ability to support myself and my family.

As your constituent, I'm sharing my great concern about HB23-1215. A catastrophic bill, it would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me.

This bill would prohibit the only fee covering nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and the many others who support and care for every patient.

My coworkers and I take care of large numbers of patients who are uninsured or have Medicaid. The direct consequences of HB23-1215 would have a disproportionate impact on these patients.

Please – oppose this bill. Support health care workers like me. Staff like me are dedicated to the patients we care for, but with no reimbursements, our clinics will be forced to close. All will be harmed, all of Colorado.

Anticipating your support;

Edith

Susan Donahue, MHA, FACMPE
9007 Mountain Laurel Way
Highlands Ranch, CO 80126

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Van Winkle,

I'm writing to you as a constituent of Senate District 30 and House District 43 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Practice Administrator and in my role I oversee the management and oversight of several specialty clinics at UCHHealth. I have spent the last 35 years in clinic operations as both a director and administrator in a wide range of medical practices both community based and hospital based. I have spent a significant amount of my career helping primary care clinics align with several major hospital systems in the Denver Metro Area in order to allow them to remain in practice and financially sound. The financial struggles these practices faced before COVID were significant. Many of my colleague's practices struggle to make payroll every month or fund retirement plans. Now fast forward to the post-COVID environment where we have seen a mass exit of nurses, and other healthcare professionals along with a significant increase in nursing and clinical compensation. The challenges are real and SB 23-1215 could be devastating for to our healthcare community.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Hospitals are not the villain you should be pursuing in controlling health care cost in Colorado. They have spent the last three years supporting our communities in what most likely will be the greatest healthcare crisis in my lifetime.

Hospitals like community practices are seeing much tighter margins that could significantly impact the care in Colorado. UCHHealth is the largest Medicaid provider in the state and the only academic center within 500-mile radius. The facility fee they receive pays for every one of our employees 25,000 plus employees the majority a direct provider of health care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover either myself or any of

the essential healthcare workers who in many people's eyes are the super heroes of the last three years.

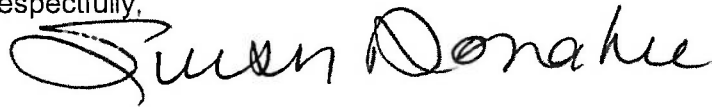
Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability and my team's ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Please feel free to call me any time on my cell phone at 303-551-4125.

Respectfully,

A handwritten signature in black ink that reads "Susan Donahue". The signature is written in a cursive style with a large, looping initial "S".

Susan Donahue

Dear Senator Kevin Van Winkle, Representative Bob Marshall, and House Health & Insurance Committee Members,

My name is Kaelynn Eaton and I am an Oncology Social Worker at a UCHealth outpatient cancer clinic. I provide psychosocial support to cancer patients and their loved ones. I have a passion for serving others and providing both patients and families with support in some of their darkest hours.

I am concerned about the negative effects HB23-1215 will have on our patients and staff. Without supportive oncology services, such as social work, registered dietitians, nurses, medical assistants, pharmacists, and schedulers, our oncology patients would not get the holistic care they need and deserve. As important as our physicians are, they are only one part of the overall patient experience. Rather it is the supportive staff that is coordinating care, triaging or assessing routine and emergent calls, administering medications, and providing emotional support to patient and families.

The impact of this house bill will be devastating to patients and families as well as medical facilities. If you take away facility fee's, you will be taking away our ability to properly care for patients, which will result in decreased access to care and poor patient outcomes. It is said, it takes a village to get through cancer and we are part of that village.

I am requesting that you oppose HB23-1215. The bill will only make accessing medical care more difficult, which is unacceptable for those facing life threatening illnesses. Please vote no on HB23-1215.

Thank you for your consideration.

Kaelynn Eaton, LCSW
Oncology Social Worker

Lone Tree Medical Center
9548 Park Meadows Dr.
Lone Tree, Co 80124
P 720.553.1093
F 720.553.0901
Kaelynn.eaton@uchealth.org
uchealth.org

The logo for UCHealth, featuring the word "uchealth" in a lowercase, red, sans-serif font. A thin red horizontal line is positioned directly beneath the text.

Susan Donahue, MHA, FACMPE
9007 Mountain Laurel Way
Highlands Ranch, CO 80126

Re: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Marshall,

I'm writing to you as a constituent of Senate District 30 and House District 43 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Practice Administrator and in my role I oversee the management and oversight of several specialty clinics at UCHealth. I have spent the last 35 years in clinic operations as both a director and administrator in a wide range of medical practices both community based and hospital based. I have spent a significant amount of my career helping primary care clinics align with several major hospital systems in the Denver Metro Area in order to allow them to remain in practice and financially sound. The financial struggles these practices faced before COVID were significant. Many of my colleague's practices struggle to make payroll every month or fund retirement plans. Now fast forward to the post-COVID environment where we have seen a mass exit of nurses, and other healthcare professionals along with a significant increase in nursing and clinical compensation. The challenges are real and SB 23-1215 could be devastating for to our healthcare community.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Hospitals are not the villain you should be pursuing in controlling health care cost in Colorado. They have spent the last three years supporting our communities in what most likely will be the greatest healthcare crisis in my lifetime.

Hospitals like community practices are seeing much tighter margins that could significantly impact the care in Colorado. UCHealth is the largest Medicaid provider in the state and the only academic center within 500-mile radius. The facility fee they receive pays for every one of our employees 25,000 plus employees the majority a direct provider of health care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover either myself or any of

the essential healthcare workers who in many people's eyes are the super heroes of the last three years.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability and my team's ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Please feel free to call me any time on my cell phone at 303-551-4125.

Respectfully,

A handwritten signature in cursive script that reads "Susan Donahue". The signature is written in black ink and is positioned to the right of the word "Respectfully,".

Susan Donahue

Possible subject line: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Lundeen and Representative Wilson,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the Senior Director of Physician Relations for UCHealth Southern Colorado Region and in my role, I provide outreach to approximately 70 rural hospitals. I am passionate about working with these hospitals to identify how UCHealth can help bring services to their communities to keep patients close to home. We currently have several outreach clinics that bring care to patients that may not seek care if they did not have a local option. I am writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. If we are unable to support this care, these clinics will not be able to operate. This would cause multiple clinics, including those in our rural markets, to close leaving several patients without necessary care.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. In addition, if they are forced to close, waiting periods for access to care would be delayed because of the sheer volume of patients trying to access the system in the remaining facilities.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Oppose HB23-1215- a nurses perspective

As a nurse at UCHHealth University of Colorado Hospital I urge you to oppose HB23-1215. I see each and every day how the care nurses and other healthcare professionals affect the patients of our community, that are now supported under the 'facility fee' patients receive. To provide care to the community there are several essential members to the healthcare team not solely providers. Nurses, being the largest profession of healthcare workers and one of the most essential members, impact the health of patients not only during a clinic visits, but also by navigating and coordinating the care of hundreds of thousands of patients from medication adjustments, to timely labs, tests, appointments, coordination of care throughout inpatient and ambulatory settings, to triaging medical emergencies for patients and families providing patients with the care, services and medical advice they are desperately are seeking in their most vulnerable time of need.

In the last two years alone, at the University of Colorado Hospital, nurses not only work toward providing care but improving patient outcomes.

In 2021 nurses started a Hispanic kidney transplant outreach to educate and connect one of Colorado's largest minorities to transplant services. Because of this work the UCHHealth Transplant Program has a higher percentage of Hispanic patients receiving transplants both regionally and nationally.

In December 2021 nurses from the outpatient interventional radiology (IR) began a post procedural patient outreach program. With just one nurse completing outreach for patients after their procedure at UCH, she improved the percentage of patients requiring emergency services through the Emergency Department from 30% to 0%. Her work would no longer be supported if this bill were to pass, putting additional strain on our healthcare provider's and facilities.

In 2022, ambulatory nurses were responsible for improving access to outpatient infusions through an innovative healthcare delivery model entitled Curbside Care. Making it possible for patients to receive osteoporosis medications without the need for valuable infusion chair space for other patients receiving lifesaving cancer treatments in the outpatient infusion center. Nurses from this project reduced appointment times on average from 60 minutes to 6 minutes per patient. By opposing this bill, you will be sending a message to nurses and other healthcare professionals across Colorado that their work to provide care in improving lives matters and will be supported.

In January 2022 nurses and medical assistants paid for under the facilities fee reduced outpatient ambulatory patient falls in the Neurology Clinic by 62.5% in just over 5 months. By eliminating facilities fees you will eliminate nurses and other healthcare professionals supporting your mothers, fathers, uncles, aunts, daughters, sons, and yourselves. Please oppose this bill. Nurses need your support to help them do what they do best, improve the lives of Coloradoans supporting them through their healing and recovery.

Shannon Haas MSN, BSN, RN

From: Alan Hathcock <alanhathcock@gmail.com>

Sent: Tuesday, March 14, 2023 9:21 AM

To: anthony.hartsook.house@coleg.gov; brianna.titone.house@coleg.gov;
chris.kennedy.house@coleg.gov; david.ortiz.house@coleg.gov;
karen.mccormick.house@coleg.gov; kyle.brown.house@coleg.gov;
lindsey.daugherty.house@coleg.gov; lorena.garcia.house@coleg.gov;
matthew.soper.house@coleg.gov; ron.weinberg.house@coleg.gov;
sheila.lieder.house@coleg.gov

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 14 and House District 53 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a physician and in my role I have tirelessly and unwaveringly cared for patients throughout the past 3 challenging pandemic years in Colorado.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care and importantly, the facility fee pays for many of my coworkers who work alongside me.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado who have continued to support Coloradoans at their most vulnerable during the most challenging years of healthcare in our generation.

I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Your Concerned Constituent,
Dr. Alan Hathcock

From: Hekowczyk, Kelley <Kelley.Hekowczyk@uchealth.org>
Sent: Tuesday, March 14, 2023 9:00 PM
To: Hekowczyk, Kelley <Kelley.Hekowczyk@uchealth.org>
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 23 and House District 65 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the Director of Provider Recruitment and Credentialing and in my role I am responsible to ensure we have recruited the right number of providers for every community so Coloradoans have access to health care. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for my coworkers. It is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover my coworkers.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Thank you,

Kelley Hekowczyk

From: tristan_dow
To: chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov; andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov; lindsey.daugherty.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Wednesday, March 8, 2023 1:12:00 PM

USE CAUTION:
External
Message

Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

My name is Tristan Dow and I am a practicing cardiologist in Northern Colorado. I am writing to express my concern about HB23-1215, a bill that would severely hinder my ability to provide world class cardiology care in a compassionate effective and efficient manner.

The proposed bill restricts facilities fees for hospitals. Facilities fees allow for clean and safe offices. They allow for the entire health care team to include nurses, medical assistants, patient access representatives, and information technology to be engaged in the processes that are instrumental in executing and achieving delivery of the type of health care you would want for yourself your family or your loved ones. Without the engagement of the entire health care team I could not do what I do to take care of the cardiovascular issues and concerns of my patients.

This bill would prohibit hospitals and clinics from billing for the care being provided by our entire health care team.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado.

I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Tristan Dow MD, FACC

1660 Leana Ct.

Windsor CO 80550

tdow77@yahoo.com

I am a Manager of Clinic Operations and in my role I ensure patient experience standards, process and follow-up, and maintain functionality within the clinic. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover me and my coworkers.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. On a personal note, I am concerned about my ability to support patient care should this bill proceed. The clinics I support are in ambulatory care which are vital to keeping patients out of the hospital and emergency rooms. Without proper staffing levels, supplies, etc. my team can easily experience burnout which in turn reflects the ability for us to provide a high standard of patient care.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Be R g rd ,

Theresa Honesto
Manager of Clinic Operations

East Loveland Internal Medicine
2500 Rocky Mountain Avenue
North Medical Office Building, Suite 2200
Loveland, CO 80538
O 970.203.7057 F 970.203.7055

Johnstown Primary Care
4846 Larimer Parkway
Johnstown, CO 80534
O 970.624.2837 F 970.624.2831

Theresa.Honesto@uchealth.org
M 970.518.9613
uchealth.org



From: Jankuski, Keith <Keith.Jankuski@uchealth.org>
Sent: Monday, March 13, 2023 7:09 AM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FYI

FYI, I have sent in a few of these communications, you asked that we share: I sent this through my gmail account

Dear Members of the House Health & Insurance Committee and my State Senator and Representatives,

I'm writing to you as a constituent of Senate District 23 and House District 64 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the UCHealth Medical Group COO and in my role I operate the OP facilities across the state, we ensure patient access for the growing population. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. It's my strong belief we will need to reduce or limit our OP access and this will impact our current workforce. This will have a devastating impact on the best Colorado healthcare system. A healthy healthcare delivery system, especially locally run, helps Colorado care for future events (COVID, population health, Chronic disease) and value-based care. This will keep Colorado one of the best states to live in now and in the future.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support caring for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a **facility fee**, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without this support, we are eliminating our means to pay a competitive wage. With rising costs of care, the facilities fees are critical to our ability to attract and retain staff. Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I recently moved to this state because I believe in the Colorado way of life. There is a freedom of expression and self-accountability that permeates this land. We know you care about the people and don't want unnecessary laws that will hurt the people of this great state. Healthcare is expensive and complex, this potential change is not the answer. Let's find a path to value-based risk that cares for the patients and health delivery organizations in a balanced approach.

This is why I am asking you to oppose this bill. Please support healthcare workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patient's access to care across the state.

Keith Jankuski
402-871-8902

Thanks,

Keith Jankuski, PT, MBA
Chief Operating Officer

UCHealth Medical Group
2695 Rocky Mountain Avenue, Suite 110
Loveland, CO 80538
O 970.624.4422
F 970.624.4459
M 402.871.8902

Keith.Jankuski@uchealth.org
uchealth.org

The logo for UCHealth, featuring the word "uchealth" in a lowercase, serif font with a thin red underline.

From: toddgregory3@me.com <toddgregory3@me.com>
Sent: Tuesday, March 14, 2023 11:18 PM
To: leslie.herod.house@state.co.us; info@leslieformayor.com
Cc: Kollman, Jennifer <Jennifer.Kollman@uchealth.org>
Subject: Danger to Colorado Healthcare

USE CAUTION: External Message

Dear Representative Herod,

My name is Todd Gregory. I am a retired Naval officer and anesthesiologist. I served with your brother Marcus at the Naval Medical Center Portsmouth and now care for patients at UC Health hospitals in Colorado Springs where I have cared for your family members.

I am writing to draw your attention to a piece of legislation, HB23-1215, that is threatening the care of Colorado patients, especially the underserved patient population. This bill is scheduled to be heard by the House Health and Insurance Committee on Friday, March 17, 2023. While perhaps initially a well intentioned attempt to increase transparency in medical billing, it will in effect place in jeopardy the healthcare infrastructure investments, community health investment, and care for underserved patients in Colorado.

HB23-1215 seeks to prohibit facility fees for hospital based outpatient billing. Providing clinic care to patients takes a village. Our village includes nurses, housekeepers, nursing assistants, security officers, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, information technology staff, and a host of others. Hospital based clinics are required to bill patients separately for a professional fee which solely covers the care provided by the doctor or advanced practice providers and for a facility fee which covers all other personnel involved in the care, the equipment used to treat and the facility costs itself.

This bill would prohibit hospitals and clinics from billing for the care provided by our medical support staff. The loss of this revenue would put at risk the hospital based clinic care provided to millions of underserved, uninsured, and Medicaid patients who depend on us to maintain their health and safety. Working and taking call in the busiest emergency department in Colorado I see day in and day out a population not only at risk, but in crisis. If we do not have the resources to provide care, support, and restore the health of our patients with the most need I worry that we will doom them to a fate similar to those I witnessed in more disadvantaged countries while serving with our armed forces.

I implore you to review HB23-1215 and draw the attention of your colleagues to the disastrous effects this would have on the health of Colorado. Please vote NO on HB23-1215.

I have cc'd Dr. Jennifer Kollman, the Sr. Medical Director of Anesthesia, UC Health, South Region, who will be testifying before the House Health and Insurance Committee this week and can provide you with further information should you have any questions or concerns. I will also be available for any further discussions on this matter. Thank you for your attention.

Regards,

Todd Gregory, M.D.
Anesthesiologist, UC Health, Colorado Springs
CDR MC USN RET

From: [Denton, Christina J](#)
To: [Taylor, Chantell](#)
Subject: RE: committee members and templates
Date: Wednesday, March 8, 2023 1:32:41 PM
Attachments: [image002.png](#)

Chantell, I would like to go to the Capitol on 3/17 if appropriate. Kathy Deanda may want to join as well if she is available. I have emailed my Rep and Senator and I am working on some data/info related to our Virtual Health work for good measure. I am generally appalled at this potential legislation.

Thanks!

Christy

From: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Sent: Tuesday, March 07, 2023 1:12 PM
To: Denton, Christina J <Christina.Denton@uchealth.org>
Subject: RE: committee members and templates

Hi Christina – thank you!!

Thank you for your interest in speaking out about [HB23-1215](#), a concerning bill introduced in the state legislature that would limit clinics' and hospitals' ability to be reimbursed for outpatient services. Of note, the proposed legislation:

- Prohibits hospitals from billing for care provided at all off-campus locations;
- Prohibits hospitals from billing for care provided through telehealth; and
- Allows HCPF to prohibit wide variety of payments for outpatient care on-campus.

This bill is **scheduled to be heard in the House Health & Insurance committee on Friday, March 17**, and your advocacy in advance of that meeting will help educate legislators about the potentially catastrophic impacts of this misguided legislation.

1. Below and attached you will find some key points to help you write and personalize an email to your legislators. With the bill scheduled for hearing next Friday, we are focusing on the 11 members of the House Health & Insurance committee and the two House sponsors of the bill, Representative Emily Sirota (emily.sirota.house@coleg.gov) and Representative Andrew Boesenecker (andrew.boesenecker.house@coleg.gov). **Contact information for the committee members is included below.**
2. If you would also like to contact your state Senator and Representative, visit the state legislative website linked [here](#) and plug in your home address to find their names and contact information.
3. Please share a copy of your email with me once sent and also share any responses you may receive.
4. **Please also let me know if you are also interested in testifying** on the bill next Friday to tell your story in person.

Key Talking Points on HB 23-1215

- **What is a “facility fee”** – A “facility fee” is better described as “payment for outpatient care.”

This fee pays for everything other than the doctor – the nurses, the technicians, environmental services staff, medical records, the technology and procedure equipment, and more.

- **The bill will have catastrophic consequences** – Half of Colorado’s hospitals are operating with unsustainable finances (and not all are rural). This bill would cut \$9 billion more from hospitals and health systems, making 96% of hospitals financially unsustainable.
- **The bill disrupts gains in patient care** – Colorado has invested heavily in an integrated model of care and is starting to see the benefits of that, with lower per capita hospital costs, and patients getting care at the right time and right place.
- **The bill threatens access and adds expense** – This could include all outpatient care, including on-campus and off-campus locations, and charges not labeled as a “facility fee.” Removing all payment for outpatient care beyond the doctor will force locations to close and will result in more emergency department usage and inpatient care, driving up health care costs for everyone.

Key points for you to personalize and use in your email:

Dear Senator XXX and Representative XXX,

1. Share who you are – especially if you work in an outpatient clinic. “I am a [cardiology or oncology etc. nurse or certified nursing assistant or patient access representative or pharmacists, etc.]
2. Share your dedication/commitment to patients – “I am passionate about taking care of patients because...
3. Share the importance of the facility fee to you – “The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you’re taking away our ability to care for our patients and support our families... -or, if you don’t work in a provider-based clinic, share what the facility fee means to other nurses and staff: “Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician – the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and many others.
4. Briefly note the potential impact: Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need.
5. End on request for them to oppose the bill: “Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

House Health & Insurance Committee Members:

Lindsey Daugherty (D – Arvada) Committee Chair, lindsey.daugherty.house@coleg.gov

Chris Kennedy (D – Lakewood) Speaker Pro Tem, Committee Vice Chair,
chris.kennedy.house@coleg.gov

Kyle Brown (D – Boulder/Broomfield), kyle.brown.house@coleg.gov

Lorena Garcia (D – Adams/Jefferson), lorena.garcia.house@coleg.gov

Sheila Lieder (D – Lakewood), sheila.lieder.house@coleg.gov

Karen McCormick (D – Longmont), karen.mccormick.house@coleg.gov

David Ortiz (D – Littleton), david.ortiz.house@coleg.gov

Brianna Titone (D – Arvada), brianna.titone.house@coleg.gov

Matt Soper (R – Delta) Ranking Minority Member, matthew.soper.house@coleg.gov

Anthony Hartsook (R – Parker/Douglas), anthony.hartsook.house@coleg.gov

Ron Weinberg (R – Loveland), ron.weinberg.house@coleg.gov

If you have any questions or need assistance writing your letter, please do not hesitate to reach back out. And don't forget to send us copies of your letters and let us know if you'd be interested in testifying. Thank you so much for your engagement!

Chantell

From: Denton, Christina J <Christina.Denton@uchealth.org>

Sent: Tuesday, March 7, 2023 12:05 PM

To: Taylor, Chantell <Chantell.Taylor@uchealth.org>

Subject: committee members and templates

Hi Chantell,

If you share the info on the committee members and the template communications, I would like to reach out and also share this info with my team members.

Thanks,

Christy

Christina Denton, RN, MSN

Nurse Manager, Virtual Health Operations

UCHealth System

2450 S. Peoria St. Aurora, CO 80014

☎ 303.752.5005

Christina.Denton@uchealth.org

uchealth.org



From: Jankuski, Keith <Keith.Jankuski@uchealth.org>
Sent: Monday, March 13, 2023 7:09 AM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FYI

FYI, I have sent in a few of these communications, you asked that we share: I sent this through my gmail account

Dear Members of the House Health & Insurance Committee and my State Senator and Representatives,

I'm writing to you as a constituent of Senate District 23 and House District 64 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the UCHealth Medical Group COO and in my role I operate the OP facilities across the state, we ensure patient access for the growing population. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. It's my strong belief we will need to reduce or limit our OP access and this will impact our current workforce. This will have a devastating impact on the best Colorado healthcare system. A healthy healthcare delivery system, especially locally run, helps Colorado care for future events (COVID, population health, Chronic disease) and value-based care. This will keep Colorado one of the best states to live in now and in the future.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support caring for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a **facility fee**, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without this support, we are eliminating our means to pay a competitive wage. With rising costs of care, the facilities fees are critical to our ability to attract and retain staff. Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I recently moved to this state because I believe in the Colorado way of life. There is a freedom of expression and self-accountability that permeates this land. We know you care about the people and don't want unnecessary laws that will hurt the people of this great state. Healthcare is expensive and complex, this potential change is not the answer. Let's find a path to value-based risk that cares for the patients and health delivery organizations in a balanced approach.

This is why I am asking you to oppose this bill. Please support healthcare workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patient's access to care across the state.

Keith Jankuski
402-871-8902

Thanks,

Keith Jankuski, PT, MBA
Chief Operating Officer

UCHealth Medical Group
2695 Rocky Mountain Avenue, Suite 110
Loveland, CO 80538
O 970.624.4422
F 970.624.4459
M 402.871.8902

Keith.Jankuski@uchealth.org
uchealth.org

The logo for UCHealth, featuring the word "uchealth" in a lowercase, sans-serif font. The letters are dark red, and there is a thin red underline beneath the entire word.

On Tue, Mar 14, 2023 at 9:10 AM Cooper, Daniel <Daniel.Cooper@uchealth.org> wrote:

Dear Senator Barbara Kirkmeyer and Representative Mike Lynch,

My name is Dan Cooper. I have been a nurse since July of 2013. I started out working in what is called Float Pool at Medical Center of the Rockies in Loveland, CO. I eventually wanted to become a Critical Care RN so I applied to the Cardiac ICU where I finally was hired, after multiple attempts, in July of 2016. I was a staff nurse until April of 2021 when I then stepped into the Nurse Manager role and have since remained. My journey in my career has been amazing! I have loved the interactions with my patients and their families and am grateful that I have had the opportunity to help patients and their families through potentially the worst time of their lives. Nursing is not an easy field to be in at times because of the many emotions and situations that may occur. However, as a nurse I feel that if I can take on whatever ever emotion or situation that comes, I can then help my patients and their families through them.

One of the struggles that I have had lately is seeing the effects of outside influences and parties dictating things within healthcare. This includes politicizing everything that is going on in healthcare instead of concentrating on the patients that need care and the staff that are needed in order to provide. The COVID-19 Pandemic was a prime example of this. There was a roller coaster of emotions and difficulties that nurses, and all healthcare workers had to face during the pandemic. First, was the fear of not only losing your patients on a regular basis but also the fear of contracting the disease yourself. If getting COVID yourself wasn't enough, there was also the fear of bringing it home to your family. We had our 4th child in the middle of the pandemic and the thought of our newborn son having to fight COVID as a newborn was not a good feeling. Thankfully that did not happen. Next was the public opinion of nursing during the pandemic. At one point, the title of "heroes" was used to describe nurses and healthcare workers. Then once the vaccine became available, that title seemed to diminish and we were then looked at much differently. One day I was getting a breakfast burrito before heading into work. I had my scrubs on that day and the individual in front of me eventually noticed. I noticed that he had looked at me weird and once he had enough time to arrange his thoughts, he blasted me and blamed me for how hospitals were taking care, or rather not taking care, of patients who did not get vaccinated. I tried to calm him down and explain that I don't make those decisions nor do I necessarily agree but he continued to belittle me in restaurant as he waited for his food to be delivered to him. The term "hero" seemed to quickly turn to villain. After all the political issues and strife revolving around COVID-19 and vaccinations, mind you with nurses and healthcare workers in the wake of all of it, we then had to start piecing things back together and to take care of patients like we used to. This was difficult and still is. We lost so much staff during this time that we had to hire less experienced nurses and staff in order to fill the gaps. This has led to lots and lots of training as well as growing a whole new culture for our team. We are still trying to build and train and be better so that our patients get what they deserve, which is the best possible care that we can provide.

With all that said, we are again witnessing outside influences and parties who are again looking to determine the direction of nursing and healthcare and politicizing the care of patients. The term “facility fee” to me is very shortsighted. The facility fee is the source of revenue to pay for everything outside of the physician providing the care. The ability to keep the lights on, the equipment that the physicians use to diagnose or to treat, the supplies needed to perform procedures and to treat, and the employees who staff these clinics are all under this “facility fee”. What is also included in this “facility fee” is the ability to provide telehealth for individuals who are unable to come into facilities and to provide the ability to observe a patient’s vital signs while at home. This reduces the burden on hospitals that are at or above capacity and also gives piece of mind to our patients who are being monitored. The employees who staff these clinics include: medical assistants, social work, housekeeping, pharmacy staff, case managers, security, behavioral health staff, and nursing. These jobs are vital for the care and treatment of patients in our community. I feel the actual name does not help explain fully what it is actually for, but regardless of how it is named, the fact remains that this pays for “heroes”. The outpatient clinic staff were reallocated to the hospitals and other roles in order to help with the massive patient surge that swept out hospitals. By taking away this fee, you are taking away the jobs of many nurses and healthcare workers who saw you through one of this country’s darkest times. These outpatient facilities are integral in providing preventative care which reduces healthcare costs and prevents over-capacity in emergency rooms and inpatient facilities. This also puts a burden on a healthcare system that is non-profit and provides more than the required community benefit back into the community it serves. By taking this fee away, the harm to the community will be devastating.

I hope that I have helped to provide you with information that will help you to see that this bill needs to be opposed. Please oppose this bill that will have devastating effects to Colorado. Vote No on HB23-1215.

Your fellow Coloradoan,

Dan Cooper RN, BSN

From: [David Book](#)
To: emily.sirota.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:35:06 PM

USE CAUTION:
External
Message

Dear Representative Sirota,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UCHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-

1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

For what it is worth, I am a registered Democrat and my values and desires for a better and more equitable society align closely with yours. I understand that the costs of healthcare in the United States are far beyond the standard of our global counterparts. Further, I appreciate the burden that health care costs place on the members of our communities can be heavy. I see it every day. I agree that transparency is necessary and right. However, I fear that this bill does not move us closer to resolution of the problems we face, and instead will lead to less access to care for those who need it most and reduced services - especially in wellness, preventative care, and urgent and emergency services - especially in those areas of Colorado already struggling to provide. It will lead to regional secondary and tertiary care centers being overwhelmed, and these centers will not be able to employ enough nurses, medical assistants, CNA's, respiratory therapists, physical therapists, occupational therapists, social workers, environmental service staff, radiology techs, lab techs, food service employees, etc. to meet the needs of our families, friends, and neighbors. Coloradans deserve better than to have their healthcare systems hobbled and forced into failure by this bill.

This is why I am asking you to retract this bill. Please support health care workers like me and my teammates in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

Office:

595 Chapel Hills Drive, Suite 240

Colorado Springs, CO 80920

P: 719-364-4120

F: 719-364-4121

Home:

19780 Indian Summer Lane

Monument, CO 80132

P: 719-322-6425

From: Johnson, Lauren (Sr. Dir Marketing) <Lauren.Johnson2@uchealth.org>

Date: Friday, March 10, 2023 at 10:04 AM

To: james.coleman.senate@coleg.gov <james.coleman.senate@coleg.gov>, jennifer.bacon.house@coleg.gov <jennifer.bacon.house@coleg.gov>

Subject: Please Note No HB23-1215

Dear Senator James Coleman and Representative Jennifer Bacon,

My name is Lauren Johnson, and I work in data and service line strategy at UHealth to build relationships with our patients and improve their experience. I am your constituent and voted for both of you. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

From: [David Book](#)
To: andrew.boesenecker.house@coleg.gov
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:33:46 PM

USE CAUTION:
External
Message

Dear Representative Boesenecker,

I'm writing to you as a constituent of Senate District 9 and House District 20 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an ENT physician and surgeon with UCHealth Medical Group, and in my role I provide care to the people of Colorado Springs and southern Colorado for a broad range of medical disorders impacting health, well-being, and quality-of-life. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I do perform some of my duties in the hospital setting, the majority of my job takes place in the outpatient ambulatory setting and relies upon our offices in order to care for our patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Without our medical assistants, patient access representatives, and office administrators, we simply could not provide necessary services.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. A large percentage of rural Colorado hospitals and health systems rely upon facility fees in order to remain solvent. They cannot provide services to their communities with hospital charges and professional fees alone. I am very concerned that this bill would lead to closures of medical facilities, including hospitals, emergency departments, urgent care clinics, and most importantly primary care clinics across large parts of Colorado – regions that are already underserved and consistently struggle with resources. Coloradans in these areas would lose the ability to access basic health care resources.

As you know, UCHealth is a non-for-profit health care system. In our organization, any and all revenues beyond operating expenses are re-invested in research, expanded service-lines, facility and equipment maintenance and upgrades, as well as endeavors to expand access to providers and both basic and advanced services in local communities across the state. HB23-

1215 would severely limit or eliminate the ability of the largest health care system in the state to provide these benefits to the people of Colorado.

On a personal note, I am concerned about my ability to support patient care should this bill proceed. The ability for me and my partners to provide the level of care that our communities deserve relies upon much more than just the physician and advanced practice provider time we spend with our patients. Just in my clinic alone, we and our patients depend upon the extensive and time-consuming services provided by our medical assistants, patient access representatives, and administrators. We depend upon equipment, supplies, information technology infrastructure, and many other people and materials. All of the people in our office are members of our TEAM. They are necessary in order to be able to provide care to our communities. They are my colleagues and friends, and I fear that passage of this bill would lead to them losing their jobs.

For what it is worth, I am a registered Democrat and my values and desires for a better and more equitable society align closely with yours. I understand that the costs of healthcare in the United States are far beyond the standard of our global counterparts. Further, I appreciate the burden that health care costs place on the members of our communities can be heavy. I see it every day. I agree that transparency is necessary and right. However, I fear that this bill does not move us closer to resolution of the problems we face, and instead will lead to less access to care for those who need it most and reduced services - especially in wellness, preventative care, and urgent and emergency services - especially in those areas of Colorado already struggling to provide. It will lead to regional secondary and tertiary care centers being overwhelmed, and these centers will not be able to employ enough nurses, medical assistants, CNA's, respiratory therapists, physical therapists, occupational therapists, social workers, environmental service staff, radiology techs, lab techs, food service employees, etc. to meet the needs of our families, friends, and neighbors. Coloradans deserve better than to have their healthcare systems hobbled and forced into failure by this bill.

This is why I am asking you to retract this bill. Please support health care workers like me and my teammates in Colorado. Please support the health and safety of the people in your constituency. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Very respectfully,

David T. Book, MD

Medical Practice Leader and ENT South State Section Chief

Department of Otolaryngology – Head and Neck Surgery

UCHealth Medical Group – South State

Office:

595 Chapel Hills Drive, Suite 240

Colorado Springs, CO 80920

P: 719-364-4120

F: 719-364-4121

Home:

19780 Indian Summer Lane

Monument, CO 80132

P: 719-322-6425

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: andrew.boesenecker.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:56:25 AM

Dear Representative Andrew Boesenecker:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: ron.weinberg.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:30:55 AM

Dear Representative Ron Weinberg:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

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Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: emily.sirota.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:56:56 AM
Attachments: [image001.png](#)

Dear Representative Emily Sirota:

My name is Lauren Johnson, and I work in data and service line strategy at UCHHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

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I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street

From: Jennifer Kollman <jkollman@gmail.com>

Sent: Tuesday, March 14, 2023 2:13 PM

To: marc.snyder.house@coleg.gov; chris.kennedy.house@coleg.gov;
kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov;
karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov;
brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov;
anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov;
andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov

Subject: HB23-1215

I am a physician in Colorado Springs and I oppose HB23-1215 for several reasons:

1. Our ED's are already overrun. We hold 20-30 patients in our ED at one hospital each day waiting for floor beds. If the freestanding ED's become insolvent and shut, then 40,000 visits a year will have to be somehow absorbed into the hospital. This includes Urgent Care facilities as well, where patients can get level-appropriate care for non-emergent issues. We are already woefully behind on building new facilities/beds to care for our rapidly growing population and this would further hamstring us, causing us to use a triage system of care similar to that during the early Covid pandemic.
2. Our sickening and aging population requires more resources. Nurse navigators that help cancer, stroke, cardiac, and renal patients organize their care are very necessary. Pharmacists who not only monitor drugs, but help patients find ways to get affordable chemotherapy and infusion medicines are crucial. Mental Health professionals are a big part of adjuvant care for many, many types of patients. Providing these resources is expensive.
3. Treating patients outside of a traditional hospital model is LESS EXPENSIVE than treating them as inpatients. Period.

4. We need to provide good living wages and benefits to everyone in our system. That includes receptionists, environmental workers, supply chain workers, techs, etc. These are good jobs for good people.

4. We already struggle to care for the growing number of patients in our region. We are finding new ways to keep them at home with home-care and monitoring, treating them outside of the hospital setting. This bill would set that back considerably. Many people just would not get the care they need.

Please vote NO on HB 23-1215. Hospital Systems can do better, but this is not the way.

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From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: matthew.soper.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:29:10 AM

Dear Representative Matthew Soper:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

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I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

I sent a similar one to the committee.

----- Forwarded Message -----

From: Janelle Laughlin <janelle.laughlin@yahoo.com>

To: andrew.boesenecker.house@coleg.gov <andrew.boesenecker.house@coleg.gov>;
emily.sirota.house@coleg.gov <emily.sirota.house@coleg.gov>

Sent: Thursday, March 9, 2023 at 02:23:00 PM MST

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 17 and House District 11 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am an attending physician providing outpatient and in patient Rheumatology services at the Longmont Clinic. I have been practicing in this community for 16 year. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. I work for UHealth and not all services and clinics charge a facility fee. In fact I offer outpatient infusion services without these fees attached. What you may not realize it that in order to take care of our community close to home we need the entire team at the hospital to support our outpatient practices. Our goal is always to keep costs to a minimum but when we need higher level services, we need a fully staffed safe and functioning hospital at all times.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

Longs Peak hospital in Longmont has grown tremendously over the past several years responding to the needs of the community. If this bill passes, I don't know how we will manage taking care of the exploding population here.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to

better understand why this bill would be devastating to patients' access to care across the state.

Warmly,
Janelle Laughlin MD FACR
janelle.laughlin@yahoo.com
720-340-0364 (cell)

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: lorena.garcia.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:24:28 AM

Dear Representative Lorena Garcia:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street

From: [Johnson, Lauren \(Sr. Dir Marketing\)](mailto:anthony.hartsook.house@coleg.gov)
To: anthony.hartsook.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:30:22 AM

Dear Representative Anthony Hartsook:

My name is Lauren Johnson, and I work in data and service line strategy at UCHHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

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I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: david.ortiz.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:27:20 AM

Dear Representative David Ortiz:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

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I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: kyle.brown.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:23:30 AM

Dear Representative Kyle Brown:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

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Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: chris.kennedy.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:22:29 AM

Dear Representative Chris Kennedy:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

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Best,

Lauren Johnson
5929 Boston Street

From: [Johnson, Lauren \(Sr. Dir Marketing\)](mailto:Johnson, Lauren (Sr. Dir Marketing)@colorado.gov)
To: brianna.titone.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:28:18 AM

Dear Representative Brianna Titone:

My name is Lauren Johnson, and I work in data and service line strategy at UCHHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

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Best,

Lauren Johnson
5929 Boston Street

From: [Johnson, Lauren \(Sr. Dir Marketing\)](mailto:Johnson, Lauren (Sr. Dir Marketing))
To: lindsey.daugherty.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:20:28 AM

Dear Representative Lindsey Daugherty:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street
Denver, CO 80238

From: May, Allison

Sent: Wednesday, March 8, 2023 9:58 AM

To: chris.kolker.senate@coleg.gov; david.ortiz.house@coleg.gov

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Kolker and Representative Ortiz,

I'm writing to you as a constituent of Senate District 16 and House District 38 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics. The facility fee pays for me and I am urging you to oppose this bill.

My name is Alli May. I work at the Health Literacy Specialist for the Health Literacy Team at UCHealth University of Colorado Hospital. In simple terms, our team works to ensure we are communicating to our patients in a way that is clear and easy to understand. Health information is complex, and this poses a serious threat to our patients and families. We can see dangerous and devastating patient outcomes when patients have a difficult time trying to understand health information. Often times, health care providers use a lot of medical jargon, acronyms and hard-to-understand terms. In my work, I teach staff how to write and speak in plain language. When we communicate in plain language, we ensure we're providing equitable care. Our team ensures we're meeting patients where they're. A patient should not have to struggle to understand health information because of their background, language spoken, ethnicity, etc. People with lower health literacy levels tend to have higher mortality rates, have higher use of the emergency room, and tend to have multiple health problems. This compounds everything about caring effectively for them as providers and for themselves.

The facility fee helps support the work my team does—working towards equitable care and providing access to clear health information. Being a patient myself trying to navigate a new diagnosis of a rare form of genetic diabetes, I know first-hand what it's like to be on the receiving end of complex health information. The outpatient care I received through diabetes education from staff covered under the facility fee ensured I could take the necessary steps towards managing my new diagnosis. I met with nurses, medical assistants, diabetes educators, dieticians and others to navigate my care. I worry how this bill will limit access to health information for patients just like myself.

The next time you're in a clinic for a doctor's visit, please pay attention to all the people outside of the provider that you see (and many that you might not see). Who would you say is the least important to your care? Which jobs are not needed? The social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, and behavioral health staff are all examples of people who are supported by the facility fee. Each one plays a valuable role in the care you get.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state. **Vote no on HB23-1215.**

From: [Julianna Kluemper](mailto:Julianna.Kluemper@legis.ga.gov)
To: andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov
Subject: Concerns about effects from HB23-1215 Limits on Hospital Facility Fees
Date: Wednesday, March 8, 2023 9:32:57 AM

USE CAUTION:
External
Message

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 19 and House District 24 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a clinical pharmacist and in my role I offer patients a resource they can talk to about their medication concerns, whether it be side effects, drug interactions, optimizing therapy effectiveness, reducing the number of medications they take, or improving safety and monitoring of their medications. In my role, I talk to patients every day who are confused and worried and after my conversation with them, they are reassured that they can safely take their medications.

I recently talked with a patient who was experiencing new constipation symptoms for months. He talked with his provider about the symptoms and they recommended managing with over-the-counter laxatives. The patient could not help but wonder about the underlying cause of his symptoms so his provider referred him to me. In talking with the patient, within a matter of minutes we were able to find out one of his new antiarrhythmic medications was the culprit. Since he needed this medication therapy, we reached out to his cardiologist to find an alternative option and he was able to safely switch that same week without needing to be seen for another visit.

I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. As a clinical pharmacist, the facility fee helps to fund my coworkers and I. Clinical pharmacists are not recognized as providers and we are not able to bill for our services or time. The facility fee allows my employer to hire additional resources like me and is one of the only reimbursement methods that covers the care we provide for patients. While the aforementioned patient did not pay a facility fee to see me or his primary care provider, these funds as a whole do still fund my position and the work I and countless others are able to do.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I am concerned that if this bill proceeds, it would jeopardize my position and ability to support patient care in the future.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Thank you,

Julianna Kluemper

Dear Senator Moreno and Representative Michaelson-Jenet,

My name is Monique McCollum. I am the manager for the Health Literacy team at the UCHealth University of Colorado Hospital. You may ask yourself what this team does. In short, we help patients by making sure the information they get is simple and understandable. We know that health information is complicated, and people make mistakes with their health trying to understand what they have been told to do. Doctors and nurses can use a lot of medical jargon when they talk to patients and families. My job is to teach people how to write and speak in plain language. I spend a huge amount of my time trying to make information easier to understand for all of us. Starting with plain language helps improve health equity. We can provide information in simple language and then tailor to meet the needs of the patient. This may be in a different language or in large print. We want all to understand regardless of their education or income.

I am passionate about this. I know even educated people need plain language when it comes to their health and the health of their loved ones. I know this from personal experience. I was recently diagnosed with breast cancer. My thoughts would freeze on one fact shared by my doctor, and I would miss the rest of the conversation. Imagine how difficult this is for patients who don't have any background in medicine. Many don't even know that they missed information and may think the visit went well. The stress and anxiety of a life-altering diagnosis is overwhelming. The last thing we want to do is read complicated information about what to do next or how to take this medicine that can provide a potential cure.

We know that someone's health literacy level contributes to their health outcomes. People with lower health literacy levels tend to have higher mortality rates, have higher use of the emergency room, and tend to have multiple health problems. This compounds everything about caring effectively for them as providers and for themselves.

The problem with having a job like I do is that my team does not generate any revenue. I may spend 6 to 8 hours rewriting complicated instructions for a patient, and we receive no reimbursement for this.

I rely on revenue such as the facility fee to pay for my salary and these resources for patients. I love what I do and want to have every opportunity to edit the medical information you get from your provider. If you take away the facility fees, people in my non-revenue generating positions will be in danger of losing their jobs.

The next time you're in a clinic for a doctor's visit, please pay attention to all the people outside of the provider that you see (and many that you might not see). Who would you say is the least important to your care? Which jobs are not needed? The social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, and behavioral health staff are all examples of people who are supported by the facility fee. Each one plays a valuable role in the care you get.

Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. These provider-based clinics are often the only ones that will see people with complex care that have Medicaid. How do I know this? I have special needs children that must be seen by specialists. I'm grateful for their care and the staff they have. Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients, including my own children, will lose access to the health care they need.

Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. **Vote no on HB23-1215.** I and my children beg you to do this.

Thank you for consideration into this urgent matter.

From: McCarthy, James <James.McCarthy@uchealth.org>

Sent: Wednesday, March 15, 2023 2:05 PM

To: lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov;
kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov;
karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov;
matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov;
ron.weinberg.house@coleg.gov; emily.sirota.house@coleg.gov; andrew.boesenecker.house@coleg.gov

Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Esteemed Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 02 and House District 02 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a reconstructive surgeon and hand surgeon, and in my role, I have the privilege of caring for a broad range of patients with the goal of repairing that which cancer has taken away, putting limbs back on which trauma has removed, and advancing the limits microsurgery for the betterment of our citizens. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Indeed, the primary reason I elected to join UCHHealth was because I am able to care for patients independent of their insurance status; my initial move to Colorado was to join a private group practice which was forced me to care for only select group of patients who could afford healthcare.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access

to the care they need if hospitals can no longer keep those clinics open and adequately staffed. *As an individual who cares for Spanish speaking patients in their native tongue, I recognize their plight in a nuanced and personal level. This is what extraordinary looks like to me. Many of these patients are marginalized for various reasons. I am greatly concerned that the ramifications of this bill will further marginalize this exceedingly vulnerable population.*

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Respectfully yours,

James Edward McCarthy, MD
Hand & Reconstructive Surgery

UCHealth Medical Group
2500 Rocky Mountain Ave
South Medical Building
3rd Floor Suite 330
Loveland, CO 80538
Office: 970.203.7110
Fax: 970.203.7098

Mobile: 970.413.4480

uchealth.org

uchealth

Official Health Care Partner



----- Forwarded message -----

From: **Kate McDaniel** <katem7030@gmail.com>

Date: Fri, Mar 10, 2023 at 4:15 PM

Subject: Vote no on HB23-1215

To: <james.coleman.senate@coleg.gov>, <leslie.herod.house@coleg.gov>

Senator James Coleman and Representative Leslie Herod,

I am writing to share my opposition of HB23-1215. Not only does the passing of this bill have the potential to negatively affect my employment, and therefore the well-being of me, my husband and two children, but I am also a patient who has deeply benefitted from the care UHealth has provided and the clinic I receive care from would likely close if the bill passes. I also encourage you to consider that removal of the organization's ability to charge a facility fee will drastically impact the way in which health care will be delivered in Colorado and to whom. Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I consider myself lucky to have UHealth's expert care available to me. In 2016, my mom was diagnosed with stage 4 ovarian cancer. As a result of her diagnosis, we discovered she had the BRCA 2 gene. It was advised that we (her children) get tested as well, and sure enough, I have it too. At the time, my gynecologist was not with UHealth. She had delivered both my babies, so I loved her, but I was totally freaked out about what my recent finding meant for my long term health. When I asked her how many BRCA patients she had experience with, she said only a few, so clearly she didn't have the experience I desired to navigate the situation. I had worked professionally with Dr. Jamie Arruda when she was a provider in our UCH OB/GYN clinic at Anschutz. Her daughter is in my son's class at Park Hill Elementary, so I started to see her at school events, and learned that she had moved over to the UHealth Cancer Center and was now practicing gynecologic oncology. I reached out to her immediately and learned that she has extensive experience working with BRCA patients. She was an expert and just what I wanted. Dr. Arruda and the UHealth team have guided me through several preventative measures I took to try and reduce my risk of getting breast and ovarian cancer. I received my mammograms and breast MRIs at UHealth's Lone Tree facility where I encountered kind, caring and compassionate individuals who are committed to their jobs. The care and compassion I received from the entire team including nurses, front desk staff, pharmacists and more, was critical to helping me determine which solutions I should approach, and when, based on what was happening in my life with my mom and young children. UHealth helped me take my health into my own hands. I still see my UHealth docs regularly for visits. Passing of this bill would change my ability to access the very best care that is critical to my well-being.

Lowering the cost of health care is important, and I support exploring ways to do this. Passing of this bill is not the best way to go about it. Please consider the horrible implications and vote no.

Thank you!

Kate McDaniel
2229 Hudson
Denver, CO 80207

From: Menges, Hannah <Hannah.Menges@uchealth.org>

Sent: Tuesday, March 7, 2023 4:39 PM

To: lisa.cutter.senate@coleg.gov; andrew.boesenecker.house@coleg.gov;
kyle.mullica.senate@coleg.gov; emily.sirota.house@coleg.gov; larry.liston.senate@coleg.gov;
scott.bottoms.house@coleg.gov

Subject: Concerned registered nurse about HB23-1215 Limits on Hospital Facility Fees

Dear Senators Liston, Mullica, Cutter and Representatives Bottoms, Sirota, and Boesenecker,

I'm writing to you as a constituent of Senate District 10 and House District 15 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, medical assistants, financial counselors and so many others who care for patients in clinics.

I am a registered nurse of 16 years and currently working as a clinical director. In my role I develop innovative ways for our patients to navigate the UCHealth system whether through our digital platforms or valuable people resources while also looking for enhancements and efficiencies in patient access to our care delivery systems across the Front Range of CO. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. I am concerned about the financial impact to UCHealth and our ability to maintain the employment status of non-physicians and advanced practice providers. I am incredibly proud of the bold ways UCHealth maintained employment status throughout the COVID-19 pandemic and the intentional focus towards the well-being of staff and their families'. The impact of this bill challenges the exceptional care UCHealth provides to the communities we serve which includes myself, my friends and my family. Please ensure you have accurate information as you consider your vote on this bill.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, medical assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses, medical assistants and dedicated staff members. The impact of passing this bill equates to roughly 10,000 UCHealth employees facing unemployment as there is no longer a revenue source to support their paychecks. This terrifies me to think about needing healthcare for myself, my family or my friends and facing the inability to obtain the wellness, urgent, emergent or lifesaving care I need if hospitals can no longer keep those clinics open and adequately staffed.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need. This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need


to better understand why this bill would be devastating to patients' access to care across the state.

Please oppose this misguided and dangerous bill. This policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Thank you for reconsidering your vote on HB23-1215,

Hannah Menges MHA, BSN, RN-BC (she, her, hers)
Clinical Director

UCHealth Patient Access and Navigation
O 719.365.2045

 [Chat with me on Teams](#)
Hannah.menges@uchealth.org
uchealth.org

Executive Administrative Support:
D'Anne Goldstein
Danne.goldstein@uchealth.org

 Proudly vaccinated.



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From: [Katie Markley](#)
To: [Taylor, Chantell](#)
Subject: Fw: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Tuesday, March 7, 2023 3:19:08 PM

USE CAUTION:
External
Message

----- Forwarded Message -----

From: Katie Markley <markleymd@yahoo.com>
To: lisa.cutter.senate@coleg.gov <lisa.cutter.senate@coleg.gov>;
andrew.boesenecker.house@coleg.gov <andrew.boesenecker.house@coleg.gov>
Sent: Tuesday, March 7, 2023 at 03:00:24 PM MST
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Lisa Cutter and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 4 and House District 25 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Family Medicine Physician and the Senior Medical Director of Informatics at UCHHealth. In my role I care for patients at Hilltop Family Medicine and I assist our outpatient practices to deliver high quality and compassionate care. I am also a patient and a Colorado native. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to high quality and compassionate care. As a patient I can see why there is confusion around facility fees and I think we as Coloradans need to help patients understand, however HB23-1215 will cause harm to patients and that is irresponsible and dangerous.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the physician or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. This will mean that I will not be able to have a dedicated team help to deliver care. I can't do it all, no physician can. When we lose staff we see a direct impact to patient care.

We were lucky to have amazing staff during the pandemic who crossed trained to cover the Covid surge and work as a team to care for Coloradans. Colorado has one of the lowest Covid mortality rates because of the team of people providing care. Could you imagine how many more deaths there would have been if there were no facility fees therefore

significantly reduced staff? I am truly at a loss for how any senator and representative could so easily forget the pandemic and how our amazing hospitals and clinics provided excellent care. Do you remember howling at 8pm every night for the hospital workers? That was not just for physicians and advanced practicing providers. That was for the entire team of health care workers who risked their lives to provide care. because of the facility fees. How could you have forgotten that?

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

I understand that you both sponsored this bill. I know that we can achieve transparency to patients and help to decrease the confusion in another way without sacrificing patient care as this bill will do. This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Dr. Helen Markley

Letter sent to: Senator Kirkmeyer, House Representative Armagost, Senator Marchman and House Representative Weinberg

Dear Senator Kirkmeyer and House Representative Armagost,

I am a Medical Assistant who works in an outpatient clinic at UHealth's Medical Center of the Rockies in Loveland, CO. I love my job. I commit every day to provide the best possible care to my patients. Unfortunately, my ability to care for my patients and support my family is being seriously threatened by HB23-1215. My job is only made possible by facility fees. Essentially; I am a facility fee. The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families.

As your constituent, I want to share my concern about HB23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me. **I am writing today to implore you to oppose HB23-1215.** HB23-1215 threatens not only my livelihood, but the livelihoods of >96,000 healthcare workers within Colorado. Additionally, this bill threatens the health and safety of ALL Coloradans who seek medical care in freestanding healthcare facilities. If HB23-1215 passes, the consequences would be catastrophic for Colorado's healthcare system and our communities.

Patients typically receive two bills at provider-based clinics – a professional fee and a facility fee. The professional fee only pays for the time the doctor or advanced practice provider spends with you. The facility fee pays for all other support staff and resources required for your care. Providers cannot effectively treat patients without support staff.

The facility fee pays for:

- **Nurses**
- **Nursing assistants**
- **Medical Assistants**
- **Behavioral health therapists**
- **Social workers**
- **Care managers**
- **Dieticians**
- **Lab technicians and phlebotomists**
- **Pharmacists**
- **Housekeeping and environmental services staff**
- **Security guards**
- **Front desk and check-in staff**
- **Drugs and supplies**
- **Medical equipment (e.g., blood pressure machines)**
- **Integrated electronic medical record**
- **Furniture (e.g., exam tables, waiting room chairs)**
- **Maintenance of buildings**

- **Utilities**

HB23-1215 would prohibit facility fees for many of our outpatient clinics and imaging centers. This would leave virtually no reimbursement for care from our nurses and other dedicated essential staff members. Many clinics would be unable to support staff members, and would be at risk of closing, diminishing patients' access to the health care they need. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close which will harm all of Colorado. Please – oppose this bill, and support health care workers like me.

Thank you for your time and consideration.

Ashleigh Molinario, BS, NCMA

Medical Assistant

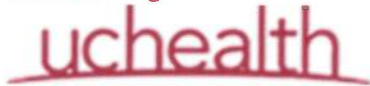
Greeley Hospital | Medical Center of the Rockies | Poudre Valley Hospital

IMPACT CLINIC

C (970) 324-6480

Ashleigh.Molinario@uchealth.org

uchealth.org

The logo for uchealth, featuring the word "uchealth" in a lowercase, red, sans-serif font. The letters "u", "c", and "h" are connected, and the "e" and "a" are also connected. The "l" is separate. The "t" is also connected to the "h". The logo is underlined with a red line.

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: karen.mccormick.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:26:32 AM

Dear Representative Karen McCormick:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street

February 27, 2023

Dear Senator Fields and Representative Ricks,

I'm writing to you as a constituent of Senate District 28 and House District 40 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, social workers, case managers, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a licensed clinical social worker with the University of Colorado Hospital outpatient orthopedics clinic. I serve patients who were involved in orthopedic traumas, as well as with limb threatening conditions engaging in limb salvage or post-amputation. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care.

My work within the orthopedic trauma and limb salvage programs requires a multidisciplinary approach. These patients are incredibly complex and multifaceted, often facing limb threatening conditions that necessitate more attention from a variety of specialties. The facility fee pays for me and my coworkers such as nurses, case managers, smoking cessation specialists, athletic trainers, medical assistants, etc. as we are not involved in directly billing patients.

A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by the dedicated people on my team, including myself.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Warmly,



Kristine McGuire, LCSW
18983 E. Dickenson Drive
Aurora, CO 80013
K9mcguire@gmail.com
(720) 800-3751

From: [Bonnie Nowak](#)
To: [Taylor, Chantell](#)
Subject: Fw: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:22:27 PM

USE CAUTION:
External
Message

----- Forwarded Message -----

From: Bonnie Nowak <bonnie.nowak@yahoo.com>
To: lindsey.daugherty.house@coleg.gov <lindsey.daugherty.house@coleg.gov>; chris.kennedy.house@coleg.gov <chris.kennedy.house@coleg.gov>; kyle.brown.house@coleg.gov <kyle.brown.house@coleg.gov>; lorena.garcia.house@coleg.gov <lorena.garcia.house@coleg.gov>; sheila.lieder.house@coleg.gov <sheila.lieder.house@coleg.gov>; karen.mccormick.house@coleg.gov <karen.mccormick.house@coleg.gov>; david.ortiz.house@coleg.gov <david.ortiz.house@coleg.gov>; brianna.titone.house@coleg.gov <brianna.titone.house@coleg.gov>; matthew.soper.house@coleg.gov <matthew.soper.house@coleg.gov>; anthony.hartsook.house@coleg.gov <anthony.hartsook.house@coleg.gov>; ron.weinberg.house@coleg.gov <ron.weinberg.house@coleg.gov>
Sent: Thursday, March 9, 2023 at 05:18:54 PM MST
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 23 and House District 52 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Primary Care Physician and in my role I provide primary care to patients in the Fort Collins area. I am essentially a Geriatrician and take care mostly for the elderly and vulnerable. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for my office to provide a Nurse Care Manager and Social Worker to help manage complex care cases and provide high quality health care. It is the only reimbursement that covers the care we (as a team) provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why

this bill would be devastating to patients' access to care across the state.

Sincerely,

Dr. Bonnie Nowak
UCH Internal Medicine- Prospect
1106 E Prospect Rd.
Fort Collins, CO 80528

----- Original message -----

From: "Pope, Brandon" <Brandon.Pope@uchealth.org>

Date: 3/8/23 8:21 AM (GMT-07:00)

To: andrew.boesenecker.house@coleg.gov, emily.sirota.house@coleg.gov

Cc: rod.bockenfeld.house@coleg.gov, tom.sullivan.senate@coleg.gov,
lindsey.daugherty.house@coleg.gov, chris.kennedy.house@coleg.gov, kyle.brown.house@coleg.gov,
lorena.garcia.house@coleg.gov, sheila.lieder.house@coleg.gov, karen.mccormick.house@coleg.gov,
david.ortiz.house@coleg.gov, brianna.titone.house@coleg.gov, matthew.soper.house@coleg.gov,
anthony.hartsook.house@coleg.gov, ron.weinberg.house@coleg.gov

Subject: Significant Concerns about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 27 and House District 56 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a practicing neurologist, and, in my role, I see primarily hospital-based patients with strokes, seizure disorders, brain injury, and autoimmune disorders nervous system and well as general outpatient neurological consultations. I am also the medical practice leader for the Sterling Ranch Neurology Clinic as well as the Medical Director of Medical and Surgical Specialties in the Metro Denver region. Therefore, I am responsible for a large number of not only physicians but also their staff. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I can bill professionally for my services, I rely on facility fees to pay for my co-workers in the clinics (ambulatory). It is the only reimbursement that covers the care they provide for patients, and these clinics could not operate without that care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is **solely** for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. This would leave nothing to cover my coworkers. We will

be unable to provide care in many of these setting going forward due to our inability to pay for the staff and equipment needed to run the clinics and hospital-based services. While in the short term, this may appear like a cost saving measure, the long-term ramification of facility closures will limit healthcare access to Coloradans and lead to higher utilization of inpatient and emergency services, driving up healthcare costs in Colorado.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me and my co-workers in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Brandon Pope, MD, MBA

Neurologist – UCHealth Medical Group

From: [Bonnie Nowak](#)
To: [Taylor, Chantell](#)
Subject: Fw: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 5:22:06 PM

USE CAUTION:
External
Message

----- Forwarded Message -----

From: Bonnie Nowak <bonnie.nowak@yahoo.com>
To: andrew.boesenecker.house@coleg.gov <andrew.boesenecker.house@coleg.gov>;
emily.sirota.house@coleg.gov <emily.sirota.house@coleg.gov>
Sent: Thursday, March 9, 2023 at 05:21:18 PM MST
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 23 and House District 52 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Primary Care Physician and in my role I provide primary care to patients in the Fort Collins area. I am essentially a Geriatrician and take care mostly for the elderly and vulnerable. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for my office to provide a Nurse Care Manager and Social Worker to help manage complex care cases and provide high quality health care. It is the only reimbursement that covers the care we (as a team) provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Dr. Bonnie Nowak
UCH Internal Medicine- Prospect
1106 E Prospect Rd.
Fort Collins, CO 80528

From: [Johnson, Lauren \(Sr. Dir Marketing\)](#)
To: sheila.lieder.house@coleg.gov
Subject: Vote no on HB23-1215
Date: Friday, March 10, 2023 10:25:26 AM

Dear Representative Sheila Lieder:

My name is Lauren Johnson, and I work in data and service line strategy at UCHealth to build relationships with our patients and improve their experience. I am a Democrat. I am angry, shocked, and heartbroken over the utter lack of understanding of healthcare operations and disregard for healthcare workers and our commitment to Colorado's people.

The facility fee pays for me and my peers who have given blood, sweat, and tears to the people of this state, especially over the last few years. We have given when we have nothing to give. During COVID, while working long days to ensure patients were being cared for and safe, we planned mass vaccination clinics at an enormous personal sacrifice in a matter of days. We volunteered to welcome 10,000 for COVID-19 vaccinations in freezing winter temperatures. We were honored to be called to duty and are honored to work in healthcare, where we get to serve our community.

The facility fee pays for people who have put themselves in harm's way and put themselves second to anyone who needs care. The facility fee pays for the type of people you want your family to benefit from when you are sick, in need, and in your darkest hour. We care for a large number of Medicaid patients who would lose access to care because of this bill. Without this fee, clinics will be unable to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. This directly decreases the access we have worked so hard to build. This bill would prohibit the only fee that covers our nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team, and many others who support care for each patient.

The facility fee would be financially devastating for me and my family. It would end my career in healthcare and my pursuit of a master's degree in healthcare leadership, where I am furthering my education to improve care and decrease costs for the communities in Colorado we are fortunate to serve. I am ready to dedicate the rest of my professional life to improving care and am devastated that this career path could disintegrate in one sweep. The passage of this bill would make the healthcare industry unsustainable and my role obsolete.

I beg you. Please oppose this misguided and dangerous bill. This bad policy will harm our wonderful patients, and dedicated healthcare workers like me across our state. Vote no on HB23-1215.

Best,

Lauren Johnson
5929 Boston Street

----- Original message -----

From: "Pope, Brandon" <Brandon.Pope@uchealth.org>

Date: 3/8/23 8:21 AM (GMT-07:00)

To: andrew.boesenecker.house@coleg.gov, emily.sirota.house@coleg.gov

Cc: rod.bockenfeld.house@coleg.gov, tom.sullivan.senate@coleg.gov,
lindsey.daugherty.house@coleg.gov, chris.kennedy.house@coleg.gov, kyle.brown.house@coleg.gov,
lorena.garcia.house@coleg.gov, sheila.lieder.house@coleg.gov, karen.mccormick.house@coleg.gov,
david.ortiz.house@coleg.gov, brianna.titone.house@coleg.gov, matthew.soper.house@coleg.gov,
anthony.hartsook.house@coleg.gov, ron.weinberg.house@coleg.gov

Subject: Significant Concerns about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 27 and House District 56 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a practicing neurologist, and, in my role, I see primarily hospital-based patients with strokes, seizure disorders, brain injury, and autoimmune disorders nervous system and well as general outpatient neurological consultations. I am also the medical practice leader for the Sterling Ranch Neurology Clinic as well as the Medical Director of Medical and Surgical Specialties in the Metro Denver region. Therefore, I am responsible for a large number of not only physicians but also their staff. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. While I can bill professionally for my services, I rely on facility feeds to pay for my co-workers in the clinics (ambulatory). It is the only reimbursement that covers the care they provide for patients, and these clinics could not operate without that care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is **solely** for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. This would leave nothing to cover my coworkers. We will

be unable to provide care in many of these setting going forward due to our inability to pay for the staff and equipment needed to run the clinics and hospital-based services. While in the short term, this may appear like a cost saving measure, the long-term ramification of facility closures will limit healthcare access to Coloradans and lead to higher utilization of inpatient and emergency services, driving up healthcare costs in Colorado.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me and my co-workers in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Brandon Pope, MD, MBA

Neurologist – UCHealth Medical Group

From: Christie Reimer <christiereimer@gmail.com>
Sent: Monday, March 13, 2023 7:44 PM
To: andrew.boesenecker.house@coleg.gov
Cc: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: HB23-1215 opposition

USE CAUTION: External Message

Dear Representative Andrew Boesenecker,

Last week was hard. Four different patients whom I have been seeing for many years transitioned to hospice care. These conversations were difficult, filled with tears, and yet it felt like the best next step for each of them for different reasons. I know these patients and their families well, and I am thankful that our team has been able to provide what I think has been the best care to them. I'm writing to you, however, with anxiety about the potential threat of HB23-1215 to our healthcare system and to this high-value care that we have worked so hard to achieve. As a primary care internal medicine physician in Fort Collins, Colorado I am worried for myself as a citizen and for my patients.

Although we do not bill facility fees for work done in my clinic, I am supported by UCHHealth's system infrastructure. As you know it is nearly unsustainable to practice primary care at the top of our scope in independent practices; instead these days we need to lean our systems to support us and our interdisciplinary peers. We currently work in highly functional teams that include nursing staff, care managers, behavioral health specialists, medical assistants, and others. I so appreciate everyone's individual roles.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. Although it feels counterintuitive, decreased access to high-functioning primary care actually increases the total cost of care.

This is why I am asking you to oppose this bill. Please support healthcare in Colorado. I agree with you that healthcare costs are too high, but this very large cut in funding from places where things are working well may be catastrophic. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state, and I've included Chantell Taylor on this email as a resource. Thank you for considering.

Christina Reimer, MD MACP
Internal Medicine Physician
Snow Mesa Internal Medicine

From: [Taylor, Chantell](mailto:Taylor.Chantell)
To: [Hixson, Christina](mailto:Hixson.Christina)
Subject: FW: Concern with HB 23-1215
Date: Tuesday, March 14, 2023 11:20:18 AM

From: Randle, Michael <Michael.Randle@uchealth.org>
Sent: Tuesday, March 14, 2023 9:48 AM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Cc: Jankuski, Keith <Keith.Jankuski@uchealth.org>; Schwartz, Steve <Steve.Schwartz@uchealth.org>; Bajaj, Jenny <Jenny.Bajaj@uchealth.org>; DeLine, Kimberly <Kimberly.DeLine@uchealth.org>; Markley, Katie <Katie.Markley@uchealth.org>
Subject: FW: Concern with HB 23-1215

FYI
Thanks

Michael T. Randle, MD, FACP
President/Chief Executive Officer

UCHealth Medical Group
2695 Rocky Mountain Avenue, Suite 110
Loveland, CO 80538

○ 970.624.4448 (toll bypass: 192-44448)
F 970.624-4459
michael.randle@uchealth.org
uchealth.org

From: Randle, Michael <Michael.Randle@uchealth.org>
Sent: Tuesday, March 14, 2023 9:46 AM
To: lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov;
kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov;
karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov;
matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov;
ron.weinberg.house@coleg.gov
Cc: andrew.boesenecker.house@coleg.gov; emily.sirota.house@coleg.gov; Randle, Michael <Michael.Randle@uchealth.org>
Subject: Concern with HB 23-1215

Dear Honorable House Members,

I wanted to take this opportunity to let you know about my concerns of the impact HB 23-1215 would have on healthcare in our state. I understand the motive behind the Bill is to decrease healthcare costs. Unfortunately, this will have the opposite effect.

UCHealth has worked very hard to be an excellent and dependable partner for our communities in healthcare. I believe we stepped up during the COVID pandemic as no one else did in our state. Compared to state market share- we exceeded the numbers of folks we cared for in the hospital with COVID, we helped vaccinate more in our state than any other system and we helped our rural healthcare partners in accepting and caring for their patients in our hospitals as no one else did. We care for more Medicaid patients than anyone else in the state- caring for over 670,000 Medicaid patients last year. We help support the only academic medical center in the state. The research and teaching that comes out of the CU School of Medicine helps our in-state cancer death rates to be impressively better than national averages- allowing our citizens to get great care without having to leave Colorado. The SOM also is helping to train and educate our future physicians. The national projections indicate we will have a significant shortage of physicians going forward. The UCHealth Medical Group that I represent has grown due to demand. Independent physicians have come to us as they are unable to keep up with the business side of medicine in trying to run their practices. When they join us, they are able to focus on caring for patients- not how to pay the bills and keep up with the ever-changing business of medicine. In our group- we pay our physicians based upon the work they do and are “payer agnostic”. That is, we pay a physician the same whether they are seeing a patient with Medicaid, Medicare or private insurance. We are working very hard to improve our access to care and through our work within our clinically integrated network are constantly looking at ways to improve quality, patient satisfaction and cost of care.

In order to meet our communities’ demands for access and quality care, we must have an operational margin to expand, provide the support staff needed, support innovations to improve care- and remain competitive nationally in recruiting excellent providers to our state. For the current Fiscal Year, our operating margin is 3.3% which is well within national norms.

If HB 23-1215 goes through- even in a very limited version- not only does our operating margin disappear, but we will be several hundred millions of dollars in the red. We will not be able to continue our “business as usual”. The results will be a significant decrease in our behavioral health clinics, cancer care, medical specialty care, surgical care and the related support services. Access to care will erode significantly, with a resultant spike in care through the Emergency room- which ultimately, will drive up the cost of care.

Our state already has a high level of suicide and homelessness- and the unintentional consequences of this Bill will only make these problems worse.

Once the consequences are known, business and community leaders will be extremely concerned and many will consider living elsewhere- where such drastic measures have not changed the outlook for the future in such a negative way.

I would be happy to visit with you more if that would be helpful and appreciate the chance to share my concerns with you. In the meantime, I ask that you not support this Bill.

Sincerely,

Mike Randle

Dear House Health & Insurance Committee Members,

As your constituent, I want to share my concern about HB23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me. I am a Medical Assistant who works in an outpatient clinic at UHealth's Medical Center of the Rockies in Loveland, CO. I love my job. I commit every day to provide the best possible care to my patients. My job is only made possible by facility fees. The facility fee is the only thing that supports me, my coworkers, and the patient care we provide. Patients typically receive two bills at provider-based clinics – a professional fee and a facility fee. The professional fee only pays for the time the doctor or advanced practice provider spends with the patient. The facility fee covers everyone else involved in the patient's care, plus the medical supplies and the facility itself. There are many additional people behind the scenes that make providing quality healthcare possible. These essential support staff include, but are not limited to, nurses, social workers, medical assistants, pharmacists, housekeeping and environmental services, administrative clerks, and technicians. Providers cannot effectively treat patients without these support staff and resources. Essentially, I am a facility fee. Unfortunately, my ability to care for my patients and support my family is being seriously threatened by HB23-1215. If you take away the facility fee, you're taking away our ability to care for our patients and support our families.

I am writing today to implore you to oppose HB23-1215. HB23-1215 threatens not only my livelihood, but the livelihoods of >96,000 healthcare workers within Colorado. Removing all payment for outpatient care beyond the doctor will force locations to close and will result in more emergency department usage and inpatient care, driving up health care costs for everyone. This bill would cut \$9 billion from hospitals and health systems, making 96% of hospitals financially unsustainable. Additionally, this bill threatens the health and safety of ALL Coloradans who seek medical care in freestanding healthcare facilities. HB23-1215 will be especially detrimental to our lower-income population, individuals who are uninsured, and those that are reliant upon Medicaid. If HB23-1215 passes, the consequences would be catastrophic for Colorado's healthcare system and our communities.

As healthcare workers, we are dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close. HB23-1215 would prohibit facility fees for many of our outpatient clinics and imaging centers. This would leave virtually no reimbursement for care from our nurses and other dedicated essential staff members. Ultimately, this will diminish patients' access to the health care they need. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Thank you for your time and consideration.

Ashleigh Molinario, BS, NCMA

Medical Assistant

Greeley Hospital | Medical Center of the Rockies | Poudre Valley Hospital

IMPACT CLINIC

C (970) 324-6480

Ashleigh.Molinario@uchealth.org

From: Michelle Sanger <michelle.sanger@gmail.com>

Subject: HB23-1215

Date: March 9, 2023 at 8:23:04 PM MST

To: andrew.boesenecker.house@coleg.gov, emily.sirota.house@coleg.gov,
lindsey.daugherty.house@coleg.gov, chris.kennedy.house@coleg.gov,
kyle.brown.house@coleg.gov, lorena.garcia.house@coleg.gov,
sheila.lieder.house@coleg.gov, karen.mccormick.house@coleg.gov,
david.ortiz.house@coleg.gov, brianna.titone.house@coleg.gov,
matthew.soper.house@coleg.gov, anthony.hartsook.house@coleg.gov,
ron.weinberg.house@coleg.gov, paul.lundeen.senate@coleg.gov,
don.wilson.house@coleg.gov

Dear esteemed members of the Colorado House Health and Insurance Committee,

I am reaching out to you in regards to HB23-1215 and the potential impact it could have on our ability to provide medical care in the state of Colorado. My name is Michelle Sanger and I am a Physician Assistant working in an outpatient Neurosurgery clinic for UCHealth in Colorado Springs, CO. Our clinic serves patients from a variety of socioeconomic backgrounds to include Medicare or Medicaid insured. After retiring from the Air Force, I interviewed with some for-profit practices before ultimately joining this practice primarily because I was not comfortable with profit directing patient care. At UCHealth we focus on what is best and most appropriate for the patient to guide our care. Our team works extremely hard to provide care for all patients regardless of their insurer.

The proposed HB23-1215 threatens our ability to continue supporting our outpatient medical practice and providing the much needed Neurosurgery care to the residents of Colorado. The facility fee we are currently charging allows us to maintain our nurses and medical assistants and numerous technical and administrative staff essential to the daily operation of our clinic. The airline industry is often used as a comparison when looking at patient safety and provides a relevant point of reference for this case as well. Could we realistically expect the airline industry to function if we only paid the pilots?

The providers in our surgical specialty work both in the hospital and outpatient clinics to include 24-hour trauma operations. Therefore, a provider is not always present during clinic hours. Our nurses and support staff are able to appropriately triage the numerous patient calls ensuring the needs of our patient are being met. The support staff spend countless hours obtaining the necessary test results and other records to have available when the patient sees the provider. These man hours happen outside of the billed patient visit and are crucial for providing comprehensive patient care. These are just a few of many possible examples of the vital functions that are made possible by the facility fee charged under current billing practices.

Provider recruitment and retention presents an ongoing challenge for Colorado. I often have patients complain that they had to wait many months to be seen as there are not enough appointments available. Our practice has been unable to fill both Physician and Physician Assistant/Nurse Practitioner slots for over a year. The primary feedback received from the declining offers is that accept positions elsewhere with higher salary. States with much lower cost of living are paying providers more than we are making in Colorado. If the proposed HB23-1215 reasoning is for clinics to survive simply off the provider fee and in turn pay our overworked and often burnt our providers less, this would inevitably lead to a mass provider exodus and in turn a new health care crisis for Colorado.

Our outpatient Neurosurgery clinic serves all adult residents of Colorado in their time of need and the loss of our clinic would be detrimental to our state. We are just one clinic, but our mission and services are seen in outpatient clinics throughout the state. The proposed bill puts us all at risk. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote NO on HB23-1215.

Respectfully,

Michelle Sanger, PA-C

From: [Sarles, Katie](#)
To: [Taylor, Chantell](#)
Subject: Fw: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Friday, March 3, 2023 10:26:18 AM
Attachments: [Outlook-tr1l0rif.png](#)
[Outlook-3qiwfedf.png](#)

My letter is below.

Katie Sarles, BSN, RN-BC
Permanent Charge RN

Medical Center of the Rockies

Trauma Surgical
2500 Rocky Mountain Ave.
Loveland, CO 80538
O 970-624-4100
F 970-624-4190
katie.sarles@uchealth.org
uchealth.org



From: Sarles, Katie
Sent: Friday, March 3, 2023 10:20 AM
To: barbara.kirkmeyer.senate@coleg.gov <barbara.kirkmeyer.senate@coleg.gov>;
mike.lynch.house@coleg.gov <mike.lynch.house@coleg.gov>
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Senator Kirkmeyer and Representative Lynch,

I am writing to you as a constituent of Senate District 23 and House District 65 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Charge Nurse, and in my role, I care for trauma and acute care surgical patients at Medical Center of the Rockies, a Level 1 Trauma Center in Loveland. I am writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. I care for trauma patients who usually require many follow up appointments during their recovery post hospital admission. I also care for many surgical oncology patients who require surgery as just one of the many steps in their fight against cancer. These patients usually attend an estimated 100 visits after their cancer diagnosis. I am deeply concerned that these patients would lose vital access to their local infusion center for their chemo and other oncology treatments, should this bill pass. It could require our Northern Colorado oncology patients having to travel to Denver to receive their treatment. Eliminating the facility fee could devastate families financially, related to having to travel further and take more time off work, as well as prevent patients from making their appointments or even getting appointments in a timely manner. Importantly, the facility fee pays for me and my coworkers. It is the only reimbursement that covers the exceptional care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists,

environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Our goal is to be proactive and provide preventative care via clinics. If clinics need to close because of this bill, patients will lose access to their providers and place even more strain on our emergency departments. There would be nothing to cover me and my coworkers, therefore these facilities would need to close. Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am genuinely concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. This is even more concerning due to the exponential population growth that Colorado has been experiencing.

I am asking you to oppose this bill. Please support health care workers like me in Colorado. I am happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Katie Sarles, BSN, RN-BC

Permanent Charge RN

Medical Center of the Rockies

Trauma Surgical

2500 Rocky Mountain Ave.

Loveland, CO 80538

☎ 970-624-4100

☎ 970-624-4190

katie.sarles@uchealth.org

uchealth.org



Hixson, Christina

From: Billy Smith <wtsiii@gmail.com>
Sent: Friday, March 17, 2023 10:52 AM
To: Hixson, Christina
Subject: Fwd: HB23-1215

USE CAUTION: External Message

Begin forwarded message:

From: Bill Smith <wtsiii@gmail.com>
Date: March 8, 2023 at 12:31:07 PM MST
To: Kevin.vanwinkle.senate@coleg.gov
Subject: HB23-1215

Dear Sen. Van Winkle-

I'm writing as a member of your district to express my family's extreme concern over House Bill 23-1215. I'm aware it's not yet with the state senate, and I have also e-mailed Rep. Bob Marshall with these same concerns.

While I believe everyone can acknowledge the health care system in our country and state needs work, a bill like this that piecemeals something so specific as a (misleadingly-named) "facility fee" is short-sighted, irresponsible, and what I can only describe as 100% politically-driven. This bill does absolutely nothing to address the challenges that need to be solved through collaboration with our medical community in our state. This bill will not improve or save lives- it will only restrict access even more, affecting those who need ease of access the most.

I urge you to speak out against this bill and if eventually needed, vote NO. It will cause significant harm to our community and directly negatively impact countless people in our district, including those who work alongside doctors to provide care to people like me and my family.

Bill, Jordan and Weston Smith
Highlands Ranch, CO

From: Smith, Peter
Sent: Tuesday, March 7, 2023 10:41 AM
To: karen.mccormick.house@coleg.gov
Subject:

Dear Representative McCormick,

I am an Internal Medicine physician in Loveland. I am also the Medical Director for primary care in the Northern region for UC Health. This area is all the clinics in Longmont, Firestone, Loveland, Greeley, Fort Collins and Windsor. I have been here 23 years and watched the area grow a tremendous amount. I am very sensitive to the need to bring down health care costs, but I have major concerns about HB23-1215. Our current number of health care providers is struggling to meet the needs of the community. We are aggressively recruiting for additional providers, but since there is a shortage of primary care providers nationwide, it has been very difficult to attract providers and provide them with the support staff to help the patients. If HB23-1215 passes, the reduction in revenue to the UC Health system will reduce UC Health's ability to hire and support more primary care providers, which affects access to care, which leads to more unnecessary costly emergency room visits.

Primary care health providers offer some of the most cost effective, high quality care in the health system. We try to keep people healthy. We try to keep people out of the hospital. Impairing our ability to compete with every other system in the country trying to hire primary care providers will impact both the access to care and the cost of care in Northern Colorado.

Thanks for considering this. I am able to give more details if you wish.

Sincerely,
Peter Smith

Peter C. Smith, M.D.
Medical Director for Primary Care Northern Region
UC Health Orchards Internal Medicine
221 E 29th Street
Loveland, CO 80538
Cell: 970 744-8065
Office: 970 624-2814

From: Smith, Peter
Sent: Tuesday, March 7, 2023 10:33 AM
To: ron.weinberg.house@coleg.gov
Subject: HB23-1215

Dear Representative Weinberg,

I am an Internal Medicine physician in Loveland. I have been here 23 years and watched the Loveland area grow a tremendous amount. I am very sensitive to the need to bring down health care costs, but I have major concerns about HB23-1215. Our current number of health care providers is struggling to meet the needs of the community. We are aggressively recruiting for additional providers, but since there is a shortage of primary care providers nationwide, it has been very difficult to attract providers and provide them with the support staff to help the patients. If HB23-1215 passes, the reduction in revenue to the UC Health system will reduce UC Health's ability to hire more primary care providers, which affects access to care, which leads to more emergency room visits, which will drive up costs.

Primary care health providers offer some of the most cost effective, high quality care in the health system. We try to keep people healthy. We try to keep people out of the hospital. Impairing our ability to compete with every other system in the country trying to hire primary care providers will both impact the access to care and the cost of care in Loveland.

Thanks for considering this. I am able to give more details if you wish.

Sincerely,
Peter Smith

Peter C. Smith, M.D.
Medical Director for Primary Care Northern Region
UC Health Orchards Internal Medicine
221 E 29th Street
Loveland, CO 80538
Cell: 970 744-8065
Office: 970 624-2814

Date: February 28, 2023

Dear Representative Emily Sirota,

I have a simple message for you: the facility fee pays for me and my team. As a team of Oncology Support Services (social workers, nutritionists, front desk, financial navigators, tobacco treatment specials and genetic counselors) the facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families.

As your constituent, I want to share my concern about HB23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me.

This bill would prohibit the only fee that covers the nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and many others who support care for each patient.

My coworkers and I take care of large numbers of patients with Medicaid or who are uninsured, and the unintended consequences of this bill would have a disproportionate impact on these patients.

Please – oppose this bill, and support health care workers like me. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close which will harm all of Colorado.

Sincerely,

Karen Valentine
Manager Oncology Support Services
UCHealth-Memorial Hospital
719.365.5108
karen.valentine@uchealth.org

Date: February 28, 2023

Dear Senator Kyle Mullica and Senator Lisa Cutter,

I have a simple message for you: the facility fee pays for me and my team. As a team of Oncology Support Services (social workers, nutritionists, front desk, financial navigators, tobacco treatment specials and genetic counselors) the facility fee is the only thing that supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families.

As your constituent, I want to share my concern about HB23-1215, a bill that would limit clinics' and hospitals' ability to be reimbursed for outpatient services provided by health care workers like me.

This bill would prohibit the only fee that covers the nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, IT team and many others who support care for each patient.

My coworkers and I take care of large numbers of patients with Medicaid or who are uninsured, and the unintended consequences of this bill would have a disproportionate impact on these patients.

Please – oppose this bill, and support health care workers like me. We're dedicated to the patients we care for, but with no reimbursement for us, our clinics will be forced to close which will harm all of Colorado.

Sincerely,

Karen Valentine
Manager Oncology Support Services
UCHealth-Memorial Hospital
719.365.5108
karen.valentine@uchealth.org

Concern about HB23-1215 Limits on Hospital Facility Fees

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you about HB23-1215, a bill you are sponsoring that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am Physician specializing in Physical Medicine & Rehabilitation and in my role I care for patients with disabilities, those who have had life changing events like a stroke, traumatic brain injury, spinal cord injury, cerebral palsy or amputation. I care for patients in the outpatient setting full-time. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. The facility fees pays for me and my coworkers—It is the only reimbursement that covers the care we provide for patients. The patients I care for are complex and often require adaptations to walking, modifications to their home, extensive rehabilitative therapy, procedures like botulinum toxin or baclofen pumps to help prevent contractures and medication management. In order to coordinate this care, I need a support team to ensure there is insurance authorizations and processes in place to support these patients.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed. This is especially troublesome with the new Federal Mandate that limits the age of patients that can be seen at a children's hospital. I have patients who are born with devastating conditions like brain bleeds, cerebral palsy, spina bifida and neurological disorders. They are no longer able to be seen at children's and have no other access to a PM&R doctor who can manage their special needs. I have patients drive several hours just to see me in the office and most of these patients are covered by Medicaid. Taking away this access could lead to severe complications and even the death of these patients.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover me and my coworkers. This would greatly affect the care we deliver to patients.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

I THINK YOU CAN DELETE THE FOLLOWING TEMPLATE LANGUAGE

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

Melissa Strike

Date: February 28,2023

Dear Senator Paul Lundeen and Representative Rose Pugliese

I'm writing to you as a constituent of Senate District 9 and House District 14 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am the Manager of Oncology Support Services and in my role my team and I provide social work, genetic counseling, nutrition, financial navigation and nicotine treatment to individuals with a cancer diagnosis. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Facility fees pay for myself and my team to care for individuals fighting a cancer diagnosis. This is the only reimbursement that covers the care that we provide.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. There would be nothing to cover me and my team of highly dedicated, and compassionate professionals.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

On a personal note, I am concerned about my ability to support patient care should this bill proceed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Karen Valentine
Manager Oncology Support Services
UCHealth-Memorial Hospital
719.365.5108
Karen.Valentine@uchealth.org

“I am an Emergency Department RN, with 20 years of experience in healthcare. I am active on the board for the North Central Region Healthcare Coalition and volunteer at the Emergency Operations Center in Boulder County. I am very dedicated to collaborations that will improve the health and well-being of Coloradans, as well as the hard work of preparation, mitigation, response and recovery for disasters that may strike our state.

I want to discuss our lessons learned from the migrant sheltering response. We can build on cooperative lessons learned from that and infrastructure and partnerships newly developed from the COVID response so that our state can quickly mobilize, communicate and respond effectively with an all-hazards approach to any crisis in the state. This response would put serving the healthcare needs of the people of Colorado first, with a shared resource burden among the private sector, hospital systems, public health, university partners, etc. We already have a very strong network of hospital Emergency Managers, and government Emergency Operators who can quickly communicate and respond—we just need a structure to harness us all together. We have the resources already, we just need to connect the dots.

I am worried about how HB 23-1215 fits in this because I’m wondering if this kind of bill which takes a large amount of outpatient funding from healthcare facilities would impact our ability to respond alongside community partners. The community of hospital Emergency managers are so willing to work together after COVID and share resource burdens but there might not be enough resources if this passes. I would be very interested in learning how the planned cost savings for Coloradans from this bill can still translate to resource availability for Coloradans in hazard preparedness.”

Please let me know if you have any questions.
I am definitely willing to assist however I can.

Thank you,
Tasha

From: [Westenburg, Heather](#)
To: [lindsey.daugherty.house@coleg.gov](#); [chris.kennedy.house@coleg.gov](#); [kyle.brown.house@coleg.gov](#); [lorena.garcia.house@coleg.gov](#); [sheila.lieder.house@coleg.gov](#); [karen.mccormick.house@coleg.gov](#); [david.ortiz.house@coleg.gov](#); [brianna.titone.house@coleg.gov](#); [matthew.soper.house@coleg.gov](#); [anthony.hartsook.house@coleg.gov](#); [ron.weinberg.house@coleg.gov](#)
Cc: [Taylor, Chantell](#)
Subject: HB23-1215 opposition
Date: Thursday, March 9, 2023 7:31:03 AM

Dear committee members,

I am a cardiology nurse practitioner working at University of Colorado Health Memorial hospital in Colorado Springs. I have been in the nursing profession for over 20 years. I have worked as a nurse for Memorial Hospital prior to my current role. I am committed to providing excellent service to our Colorado population and strive to improve people's health. I have become aware of this proposed bill that would void the "Facility Fee". The facility fee is crucial as it supports me, my coworkers, and the patient care we provide. If you take away the facility fee, you're taking away our ability to care for our patients and support our families. Provider-based clinics are essential to patients, and importantly, they tend to provide care for a large number of lower-income patients and those with Medicaid. The facility fee is the only fee that covers the large care team outside of the physician – the social workers, nurses, security officers, registration team, housekeeping, pharmacists, case managers, behavioral health staff and many others. Without this fee, clinics will not be able to support their staff members and will be forced to close. Hundreds of thousands – maybe more - of patients will lose access to the health care they need. Please oppose this misguided and dangerous bill. This bad policy will harm patients across our state along with health care workers like me. Vote no on HB23-1215.

Respectfully,

Heather Westenburg ACNP-BC, AACC
UCHealth Heart Clinic- Memorial

From: [Taylor, Chantell](#)
To: [Hixson, Christina](#)
Subject: FW: HB-1215
Date: Thursday, March 9, 2023 2:19:45 PM

Can you please add these folks to the employee engagement roster when I send? Thank you!

From: Julie Dunn <duliej@gmail.com>
Sent: Thursday, March 9, 2023 1:48 PM
To: Taylor, Chantell <Chantell.Taylor@uchealth.org>
Subject: FW: HB-1215

USE CAUTION: External Message

Below is the letter I sent to each committee member. I also sent this to the bill sponsors. I will let you know if I hear any replies.

Julie Dunn

*Diversity is a fact
Inclusion is a choice
Mary Parker Follett
(1868-1933)*

Sent from [Mail](#) for Windows

From: [Julie Dunn](#)
Sent: Thursday, March 9, 2023 1:43 PM
To: ron.weinberg.house@coleg.gov
Subject: HB-1215

Dear Representative Weinberg,

I'm writing to you as a constituent of Senate District 14 and House District 53 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Trauma and Acute Care Surgeon at UCH Medical Center of the Rockies and take care of patients with complex injuries and surgical conditions. I'm writing to you in my personal capacity in strong opposition to this bill – it will assuredly impact patient access to care. Daily, my office staff provides supportive care to my patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider

spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. Furthermore, while I am otherwise encumbered taking care of critically injured and ill patients, those who have successfully returned home need continued support – wound care, assurance about medications, advice about daily living activities, to name a just a few.

The care we provide can be confusing to the lay public and many of their needs are very complex. I love spending time with patients and assuring I meet their medical and educational needs – it takes a village to care for our patients. I am absolutely reliant on clinic staff to provide effective and safe care. If we lose this ancillary support, all patients will suffer, access to care will decline, and patients will be put at risk.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Julie Dunn, MD, MS, FACS

Fort Collins

*Diversity is a fact
Inclusion is a choice
Mary Parker Follett
(1868-1933)*

Sent from [Mail](#) for Windows

From: [eks.pollock](#)
To: [Taylor, Chantell](#)
Subject: Fwd: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Thursday, March 9, 2023 8:46:16 AM

USE CAUTION:
External
Message

I sent this letter (with appropriate salutatory changes) to the sponsors, committee members, and my personal rep/senator.

I am not interested in testifying.

Thank you!

Eks Wye Pollock, MD
Northern Colorado Cardiology
UCHealth

----- Forwarded message -----

From: Eks Pollock <eks.pollock@gmail.com>
Date: Thu, Mar 9, 2023 at 8:41 AM
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
To: <andrew.boesenecker.house@coleg.gov>, <emily.sirota.house@coleg.gov>

Dear Representative Emily Sirota and Representative Andrew Boesenecker,

I'm writing to you as a constituent of Senate District 14 and House District 52 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Cardiologist and in my role I take care of a large number of both suburban and rural patients in Northern Colorado in both the inpatient and outpatient setting. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members. I am not able to provide care to my patients without the help of all of our staff members in the clinic. They provide follow up appointments, schedule tests, and help triage incoming messages from our patients.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to

the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Eks Wye Pollock, IV, MD

Hixson, Christina

From: eric stevens <ericestevens@yahoo.com>
Sent: Thursday, March 9, 2023 7:01 AM
To: Taylor, Chantell
Subject: Fw: HB23-1215

USE CAUTION: External Message

----- Forwarded Message -----

From: eric stevens <ericestevens@yahoo.com>
To: andrew.boesenecker.house@coleg.gov <andrew.boesenecker.house@coleg.gov>
Cc: emily.sirota.house@coleg.gov <emily.sirota.house@coleg.gov>
Sent: Thursday, March 9, 2023, 07:00:07 AM MST
Subject: HB23-1215

Dear Representative Sirota and Representative Boesenecker.

I'm writing to you as a constituent of Senate District 14 and House District 52 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by nurses, housekeepers, nursing assistants, and many others who support care for patients in clinics. Representative Boesenecker, I supported your campaign even though my House District is adjacent to yours.

I am a pulmonologist/critical care doctor and I have been caring for patients in Colorado since 1990, first in Denver and Aurora and now in Northern Colorado since 2001. I write to you in strong opposition to this bill because it will severely damage patient access to medical care which in term will erode health care outcomes in Colorado.

I trained as an economist prior to getting my MD and I am well aware of the problems with health care expenses but the consequences of this bill, however well intentioned it may be, would be very destructive of something we in Colorado are proud of: the quality of our health care, and better access to health care than in many other states. I speak not only as a provider but as a consumer of health care in Colorado, and family health issues have made me very appreciative of Colorado's commitment to wide access to health care for Coloradans.

As a reminder: when a patient visits a provider in the clinic a large team of people is involved in supporting that visit: nurses, receptionists, phlebotomists and many others. Additionally, there is much other infrastructure required in order to provide care. Hospital based clinics must bill separately for the provider component (the professional component) and the facility fee. The professional component does not cover these other costs.

Eliminating the ability to be reimbursed for the facility fee will have a devastating impact on delivery of care on Colorado, not just in rural but in urban areas. Half of Colorado's hospitals are already operating with unstable finances and cutting \$9 billion more from hospitals and health systems will have devastating consequences. It is naive to think otherwise.

Hospital based clinics serve millions of patients each year including large numbers of Medicaid patients. In my clinic we see many uninsured patients as well. My employer, UC Health, admirably

views this as part of its mission, but eliminating the facility fee would inevitably change that, eliminating my ability to see these patients. You must consider that loss of access to health care for these patients will be a likely consequence of this bill.

This is why I am asking you to oppose this bill. Please support health care providers like me in Colorado. I'm happy to answer any questions or explain further why I believe this bill would be devastating to patients' access to care across the state. I consider myself a progressive and generally supportive of efforts to address health care costs and inequities but I believe this proposed bill will cause vastly more harm than good.

Sincerely,
Eric E Stevens, MD
UC Health Pulmonology, Loveland -Fort Collins

From: mwasserm_2000
To: lindsey.daugherty.house@coleg.gov; chris.kennedy.house@coleg.gov; kyle.brown.house@coleg.gov; lorena.garcia.house@coleg.gov; sheila.lieder.house@coleg.gov; karen.mccormick.house@coleg.gov; david.ortiz.house@coleg.gov; brianna.titone.house@coleg.gov; matthew.soper.house@coleg.gov; anthony.hartsook.house@coleg.gov; ron.weinberg.house@coleg.gov
Cc: kevin.vanwinkle.senate@coleg.gov; bob.marshall.house@coleg.gov
Subject: HB23-1215 (Limits on Hospital Facility Fees)
Date: Wednesday, March 8, 2023 9:12:42 PM

USE CAUTION:
External
Message

Dear Representative Marshall and Senator Van Winkle:

I'm writing to you as a constituent of Senate District 30 and House District 43 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a general neurologist in Douglas County and in my role I take care of outpatients suffering from brain, spinal cord, and nerve diseases. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care: nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team, and many others support care for each patient. An outpatient clinic like mine is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself. This bill would prohibit hospitals and clinics from billing for the care being provided by our nurses and dedicated staff members.

Hospital-based clinics serve millions of people each year including large numbers of Medicaid and uninsured patients. I am very concerned those patients may lose access to the care they need if hospitals can no longer keep those clinics open and adequately staffed.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,

Marc Wasserman, MD
UC-Health Sterling Ranch Neurology
8155 Piney River Avenue, Suite 100
Littleton, CO 80125
(303) 265-3390

From: [Michael Weinreich](#)
Subject: Concern about HB23-1215 Limits on Hospital Facility Fees
Date: Wednesday, March 8, 2023 10:04:33 PM

USE CAUTION:
External
Message

Dear Members of the House Health & Insurance Committee,

I'm writing to you as a constituent of Senate District 14 and House District 52 about HB23-1215, a bill that would limit hospitals' ability to be reimbursed for outpatient services provided by our dedicated nurses, housekeepers, nursing assistants, and so many others who care for patients in clinics.

I am a Cardiologist at UC Health in Fort Collins and in my role I work with patients on a daily basis in both the inpatient and outpatient setting. Our office provides high quality care to patients with a variety of conditions ranging from atrial fibrillation, heart failure, and heart attack victims. I'm writing to you in my personal capacity in strong opposition to this bill because I am concerned it will adversely impact patient access to care. Importantly, the facility fee pays for me and my coworkers. It is the only reimbursement that covers the care we provide for patients.

As you may know, when a patient visits a doctor in a clinic, a large team of people is involved in the patient's care. Nurses, nursing assistants, security officers, front desk receptionists, patient access representatives, social workers, phlebotomists, pharmacists, environmental services staff, our IT team and many others support care for each patient. A hospital-based clinic is required to send separate bills to patients for the care they receive – a professional fee, which is solely for the time the doctor or advanced practice provider spends with the patient, and a so-called facility fee, which covers everyone else involved in the patient's care, plus the equipment and the facility itself.

I completed all of my training in the New York City region and after fellowship I fell in love with Colorado. The people, culture, mountains and sense of community all impressed me. Colorado was certainly a remarkable place to live, work and raise my family of three children. Compared to New York, the health systems here function on a high level and the quality of care is certainly reflected by the support and importance that our community places on the role of health. Without the support from you, I am not sure that high quality of care can be continued and I fear that Colorado would no longer be a viable place to work in health care.

This is why I am asking you to oppose this bill. Please support health care workers like me in Colorado. I'm happy to answer any questions or provide any information you might need to better understand why this bill would be devastating to patients' access to care across the state.

Sincerely,
Michael Weinreich, MD, MPH
Interventional Cardiology
UC Health

Cell: 845-527-8825



March 9, 2023

Re: Opposition to HB23-1215 Limits on Hospital Facility Fees

To the House of Representatives Health and Insurance Committee,

As the President of the Colorado Organization of Nurse Leaders (CONL), I am writing to you on behalf of our membership in strong opposition to HB23-1215, a bill that would limit hospitals' ability to be reimbursed for delivering patient care in outpatient care settings.

CONL acts as the voice of nursing leadership in the State of Colorado to address issues on nursing and healthcare and is an affiliated local chapter of the American Organization of Nursing Leadership.

With nearly 100 members representing professional nurse leaders in a variety of roles and settings, we strive to shape and drive legislative and public policy pertaining to nursing and healthcare issues in our state. As such, it is critical that you hear from our organization of the catastrophic impacts HB23-1215 would have for our Colorado communities.

As nurses, we are dedicated to providing patient-centered care where the patient's identified goals are the focus of our care delivery model. Honoring patients' wishes, treatment plans, and desired outcomes take precedence when determining the best course of action. In doing so, we have learned the importance for patients to feel safe, heard and respected when seeking healthcare. Patients want to know that they are in the best possible hands at the most vulnerable time in their lives.

Ensuring patients feel safe, and that their wishes are the driver behind each decision, means that we honor how and where they access care. By committing to providing care in settings close to home, with experienced and trusted nursing professionals, demonstrates that we are honoring their desire to obtain high-quality care in a more timely, convenient, and cost-effective manner. Expanding access to excellent care in clinic locations also helps decrease the overall cost of health care in our state. Addressing chronic conditions and providing preventive care can help patients avoid more expensive emergency departments and hospitalizations while improving their overall health.

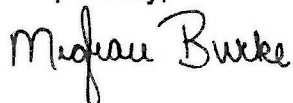
We believe more education is needed around facility fees and the people they cover. Many people, including some proponents of this bill, do not understand that in hospital-based clinics, they are the only fee that supports the patient's broad care team outside their provider. Importantly – community-based clinics do charge for facility fees. They are just allowed to combine those fees into a single, global bill to reimburse both the provider and the clinic staff. In hospital-based clinics, those fees are required to be separate.

Eliminating facility fees would force clinics across the state to close their doors. Nurses would no longer be able to provide exceptional care to patients in their local communities. Patients would be left with only one option of accessing care through the emergency room, leading them to delay care, thereby only exacerbating their medical condition. Nurses are still navigating the hardships and challenges of worsening patient outcomes as the result of patients delaying care during the pandemic. No one would consider this as the optimal care delivery model for our state.

As you consider your position on HB23-1215, I implore you to think as a nurse. Put the patient's goals, desires, wishes, and hopes at the center of your decision. Ask yourself, if you had the option to access high quality, affordable healthcare *in your local community*, with trusted professionals who are laser focused on partnering with you to help you achieve the best possible outcome, would that be a priority? I dare say the answer would be yes –and that is why we ask you to oppose HB23-1215.

I am available to answer any questions you may have and want to once again reiterate that CONL is in strong opposition to HB23-1215. Our priority is to improve access to healthcare in our state, not diminish it.

Respectfully,



Meghan Burke, MSN, RN, CPN, NEA-BC
President, [Colorado Organization of Nurse Leaders](#)
Contact: president@coloradonurseleaders.org

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB23-1215 be amended as follows:

- 1 Amend printed bill, page 3, line 8, after "SERVICES" insert "THAT IS:".
- 2 Page 3, strike line 9.
- 3 Page 3, strike line 14 and substitute "SERVICES.".
- 4 Page 4, strike lines 6 through 9.
- 5 Reletter succeeding paragraphs accordingly.
- 6 Page 4, strike lines 26 and 27 and substitute:
 - 7 "(2) **Limitations on charges.** (a) ON AND AFTER JULY 1, 2024, A
 - 8 HEALTH-CARE PROVIDER OR".
- 9 Page 5, line 1, after "FEE" insert "THAT IS NOT COVERED IN FULL BY A
- 10 PATIENT'S INSURANCE, REGARDLESS OF PAYER TYPE, FOR:
 - 11 (I) PREVENTIVE HEALTH-CARE SERVICES, AS DESCRIBED IN
 - 12 SECTION 10-16-104, THAT ARE PROVIDED IN AN OUTPATIENT SETTING;
 - 13 (II) HEALTH-CARE SERVICES PROVIDED THROUGH TELEHEALTH; OR
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 - 15 SETTING, AS DESCRIBED IN 3 CCR 702-4, RULE 4-2-72.".
- 16 Page 5, strike lines 2 through 4 and substitute:
 - 17 "(b) THIS".
- 18 Page 5, lines 7 and 8, strike "ON A HOSPITAL'S MAIN CAMPUS;" and
- 19 substitute "IN AN INPATIENT SETTING;".
- 20 Page 5, strike lines 13 through 27.
- 21 Page 6, strike lines 1 and 2.
- 22 Renumber succeeding subsection accordingly.
- 23 Page 8, line 13, strike "(1)(n)." and substitute "(1)(m).".
- 24 Page 8, line 21, strike "(2), (3), OR (4)." and substitute "(2) OR (3).".

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