A BILL FOR AN ACT

Concerning a requirement that a freestanding emergency department inform a person who is seeking medical treatment about the health care options that are available to the person.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill requires a freestanding emergency department (FSED), whether operated by a hospital at a separate, off-campus location or operating independently of a hospital system, to provide any individual
that enters the FSED seeking treatment a written statement of patient's rights, which an FSED staff member or health care provider must explain orally and which must indicate that:

! The FSED will screen and treat the individual regardless of ability to pay;

! The individual has a right to ask questions about treatment options and costs and to receive prompt and reasonable responses;

! The individual has a right to reject treatment;

! The FSED encourages the individual to defer questions until after being screened for an emergency medical condition; and

! The facility is an emergency medical facility that treats emergency medical conditions, and, for FSEDs that do not include an urgent care clinic on site, that the facility is not an urgent care center or primary care provider.

Additionally, a FSED must post a sign specifying:

! Whether the facility accepts patients enrolled in medicaid, medicare, the children's basic health plan, or TRICARE;

! The particular health insurance plans in which the FSED is a participating provider or that the FSED is not a participating provider in any plan networks; and

! The price listed on the FSED's chargemaster or other fee schedule for the 25 most common health care services it provides.

After conducting an initial screening and determining that a patient does not have an emergency medical condition, the FSED must provide the patient a written disclosure that includes the information posted on the sign, as well as the following:

! The price listed on the FSED's chargemaster or other fee schedule for the facility fees associated with the 25 most common health care services the FSED provides;

! A statement specifying that the price listed on the chargemaster or fee schedule for any given health care service is the maximum charge that any patient will be billed and that the actual charge for a health care service may be lower based on health insurance benefits and the availability of discounts and financial assistance;

! A statement urging a person covered by health insurance to contact his or her health insurer for information about his or her financial responsibility and a person who is uninsured to contact the FSED's financial services office to discuss payment options and the availability of financial assistance prior to receiving nonemergency health care services;
Information about the facility fees that the FSED charges; and

The FSED's website address where the disclosure may be located.

The FSED must also post the information in the written disclosure on its website and update the written and web-based disclosure at least once every 6 months. Additionally, the FSED must provide all information in a clear and understandable manner and in languages appropriate to the communities and patients it serves.

The state board of health is authorized to adopt rules to implement and enforce the requirements of the bill.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly hereby finds and declares that:

(a) Colorado struggles to control the cost of health care, which is consistent with national trends;

(b) The cost of health care benefits, including health insurance policies and monthly premiums, is directly related to the costs of health care services, products, and medications used by Colorado residents to maintain their health, whether addressing acute health needs or managing chronic health conditions;

(c) The costs of receiving health care services for treating a specific condition vary significantly based on the setting or facility at which the health care services are delivered to the patient;

(d) Emergency departments, including freestanding emergency departments, which are often referred to as "FSEDs", have been widely recognized as the most expensive setting for receiving nonemergency health care services, and evidence shows that utilization of FSEDs for nonemergency health care services significantly drives up health care costs for Colorado residents;
(e) Data from the all payer claims database indicate that seven of
the top ten reasons for visiting a FSED were for nonemergency services;
(f) FSEDs have proliferated, primarily along the Front Range,
with thirty-seven FSEDs in operation in 2016, and Colorado is one of the
top three states in terms of the number of FSEDs operating in the state;
(g) Colorado health care providers, facilities, and insurers have a
shared responsibility to inform and educate Colorado health care
consumers regarding their health care options and costs associated with
those options so that consumers can make informed health care decisions
regarding where they choose to receive their health care, what the costs
will be, and the costs for which they will be responsible;
(h) While initially introduced in Colorado as facilities necessary
to address critical health care coverage gaps existing across diverse
geographic regions, particularly rural regions, FSEDs are increasingly
located in more suburban and urban areas with adequate access to health
care facilities;
(i) Significant differences also exist in terms of the costs patients
incur for receiving nonemergency health care services at FSEDs
compared to receiving similar care at urgent care centers or a primary care
physician's office;
(j) FSED facility fees significantly increase patients' costs
compared to costs associated with receiving nonemergency care at an
urgent care center or primary care physician's office;
(k) The price of hospital facility fees rose eighty-nine percent
between 2009 and 2015, twice as much as the price of outpatient health
care and four times as much as overall health care spending; and
(l) The intent of this bill is to:
(I) Require transparency and disclosure to consumers by FSEDs or off-campus emergency departments for the purpose of helping health care consumers make informed decisions; and

(II) Authorize the Colorado department of public health and environment to oversee and enforce a comprehensive set of consumer protections through the implementation of transparency and disclosure measures.

SECTION 2. In Colorado Revised Statutes, add 25-3-118 as follows:

25-3-118. Freestanding emergency departments - required notices - disclosures - rules - definitions. (1) (a) (I) A FREESTANDING EMERGENCY DEPARTMENT SHALL GIVE TO EVERY INDIVIDUAL SEEKING TREATMENT AT THE FACILITY A WRITTEN NOTICE CONTAINING THE FOLLOWING STATEMENTS IMMEDIATELY UPON REGISTRATION:

STATEMENT OF PATIENT'S RIGHTS

WE WILL SCREEN AND TREAT YOU REGARDLESS OF YOUR ABILITY TO PAY.

YOU HAVE A RIGHT TO ASK QUESTIONS REGARDING YOUR TREATMENT OPTIONS AND COSTS.

YOU HAVE A RIGHT TO RECEIVE PROMPT AND REASONABLE RESPONSES TO QUESTIONS AND REQUESTS.

YOU HAVE A RIGHT TO REJECT TREATMENT.

HOWEVER, WE ENCOURAGE YOU TO DEFER YOUR QUESTIONS UNTIL AFTER WE SCREEN YOU FOR AN EMERGENCY MEDICAL CONDITION.

THIS IS AN EMERGENCY MEDICAL FACILITY THAT TREATS EMERGENCY MEDICAL CONDITIONS.
(II) (A) IF THE FREESTANDING EMERGENCY DEPARTMENT DOES
NOT HAVE OR INCLUDE WITHIN ITS FACILITY AN URGENT CARE CENTER OR
CLINIC, THE FREESTANDING EMERGENCY DEPARTMENT SHALL INCLUDE
THE FOLLOWING STATEMENT IN THE NOTICE REQUIRED BY SUBSECTION
(1)(a)(I) OF THIS SECTION:
THIS IS NOT AN URGENT CARE CENTER OR PRIMARY CARE
PROVIDER.

(B) IF THE FREESTANDING EMERGENCY DEPARTMENT HAS OR
INCLUDES WITHIN ITS FACILITY AN URGENT CARE CENTER OR CLINIC, THE
FREESTANDING EMERGENCY DEPARTMENT SHALL INCLUDE THE
FOLLOWING STATEMENT IN THE NOTICE REQUIRED BY SUBSECTION (1)(a)(I)
OF THIS SECTION:
THIS FACILITY ALSO CONTAINS AN URGENT CARE CENTER
THAT OPERATES FROM (INSERT TIME URGENT CARE CENTER
OPENS) TO (INSERT TIME URGENT CARE CENTER CLOSES)
AND PROVIDES PRIMARY CARE SERVICES (AND INSERT, IF
APPLICABLE, THAT THE URGENT CARE CENTER OFFERS
PRIMARY CARE SERVICES BY APPOINTMENT).

(III) IF THE INDIVIDUAL SEEKING TREATMENT IS A MINOR WHO IS
ACCOMPANIED BY AN ADULT, THE FREESTANDING EMERGENCY
DEPARTMENT SHALL PROVIDE THE WRITTEN NOTICE REQUIRED BY THIS
SUBSECTION (1)(a) TO THE ACCOMPANYING ADULT.

(b) IN ADDITION TO GIVING AN INDIVIDUAL THE WRITTEN NOTICE
REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION, A FREESTANDING
EMERGENCY DEPARTMENT STAFF MEMBER OR HEALTH CARE PROVIDER
SHALL PROVIDE THE INFORMATION SPECIFIED IN SUBSECTION (1)(a) OF
THIS SECTION TO THE INDIVIDUAL ORALLY.
(2) (a) A FREESTANDING EMERGENCY DEPARTMENT SHALL POST A
SIGN THAT IS PLAINLY VISIBLE IN THE AREA WITHIN THE FACILITY WHERE
AN INDIVIDUAL SEEKING CARE REGISTERS OR CHECKS IN AND THAT:

(I) SPECIFIES WHETHER THE FREESTANDING EMERGENCY
DEPARTMENT ACCEPTS PATIENTS WHO ARE ENROLLED IN THE STATE
MEDICAL ASSISTANCE PROGRAM UNDER ARTICLES 4, 5, AND 6 OF TITLE
25.5, MEDICARE, AS AUTHORIZED IN TITLE XVIII OF THE FEDERAL "SOCIAL
SECURITY ACT", AS AMENDED, THE CHILDREN'S BASIC HEALTH PLAN
ESTABLISHED UNDER ARTICLE 8 OF TITLE 25.5, OR A HEALTH PLAN
AUTHORIZED UNDER 10 U.S.C. SEC. 1071 ET SEQ.

(II) (A) LISTS THE SPECIFIC HEALTH BENEFIT PLANS IN WHICH THE
FREESTANDING EMERGENCY DEPARTMENT IS A PARTICIPATING PROVIDER
IN THE HEALTH BENEFIT PLANS' PROVIDER NETWORKS AND STATES THAT
THE PLANS COVER EMERGENCY AND NONEMERGENCY HEALTH CARE
SERVICES THAT COULD BE PROVIDED AT THE FREESTANDING EMERGENCY
DEPARTMENT; OR

(B) STATES THAT THE FREESTANDING EMERGENCY DEPARTMENT
IS NOT A PARTICIPATING PROVIDER IN ANY HEALTH BENEFIT PLAN
PROVIDER NETWORK; AND

(III) SPECIFIES THE CHARGEMASTER OR FEE SCHEDULE PRICE FOR
THE TWENTY-FIVE MOST COMMON HEALTH CARE SERVICES PROVIDED BY
THE FREESTANDING EMERGENCY DEPARTMENT.

(b) UNLESS THE INFORMATION IS UNCHANGED, THE FREESTANDING
EMERGENCY DEPARTMENT SHALL UPDATE THE INFORMATION CONTAINED
IN THE SIGN POSTED PURSUANT TO THIS SUBSECTION (2) EVERY SIX
MONTHS AND SHALL INCLUDE THE DATE OF THE MOST RECENT UPDATE ON
THE SIGN.
(3)(a) After performing an appropriate medical screening examination and determining that a patient does not have an emergent medical condition, the freestanding emergency department shall provide to the patient a written disclosure containing:

(I) The information specified in subsection (2)(a) of this section;

(II) The facility fees, as listed on the freestanding emergency department’s chargemaster or fee schedule, that the freestanding emergency department charges that are attributable to the twenty-five most common health care services specified in accordance with subsection (2)(a)(III) of this section;

(III) A statement specifying that the price listed on the freestanding emergency department’s chargemaster or fee schedule for any given health care service is the maximum charge that any patient will be billed for the service and that the actual charge for any health care service rendered may be lower depending on applicable health insurance benefits and the availability of discounts or financial assistance;

(IV) The following statement or a statement containing substantially similar information:

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular nonemergency health care service provided at this
FREESTANDING EMERGENCY DEPARTMENT. IF YOU ARE NOT
COVERED BY HEALTH INSURANCE, YOU ARE STRONGLY
ENCOURAGED TO CONTACT (INSERT NAME AND TELEPHONE
NUMBER FOR OFFICE RESPONSIBLE FOR FINANCIAL
SERVICES) TO DISCUSS PAYMENT OPTIONS AND THE
AVAILABILITY OF FINANCIAL ASSISTANCE PRIOR TO
RECEIVING A NONEMERGENCY HEALTH CARE SERVICE FROM
THIS FREESTANDING EMERGENCY DEPARTMENT.

(V) INFORMATION ABOUT THE FACILITY FEES THAT THE
FREESTANDING EMERGENCY DEPARTMENT CHARGES, INDICATING THE
RANGE OF FACILITY FEES BASED ON THE LEVEL OF CARE THAT MAY BE
PROVIDED BY THE FREESTANDING EMERGENCY DEPARTMENT; AND

(VI) THE FREESTANDING EMERGENCY DEPARTMENT'S WEBSITE
ADDRESS WHERE THE INFORMATION CONTAINED IN THE DISCLOSURE
REQUIRED BY THIS SUBSECTION (3) MAY BE FOUND.

(b) A FREESTANDING EMERGENCY DEPARTMENT SHALL UPDATE
THE INFORMATION CONTAINED IN THE WRITTEN DISCLOSURE REQUIRED BY
THIS SUBSECTION (3) AT LEAST ONCE EVERY SIX MONTHS.

(4) A FREESTANDING EMERGENCY DEPARTMENT SHALL POST THE
DISCLOSURE REQUIRED BY SUBSECTION (3) OF THIS SECTION ON ITS
WEBSITE AND UPDATE THE DISCLOSURE POSTED ON ITS WEBSITE AT LEAST
ONCE EVERY SIX MONTHS.

(5) A FREESTANDING EMERGENCY DEPARTMENT SHALL PROVIDE
THE INFORMATION REQUIRED BY THIS SECTION IN A CLEAR AND
UNDERSTANDABLE MANNER AND IN LANGUAGES APPROPRIATE TO THE
COMMUNITIES AND PATIENTS THE FREESTANDING EMERGENCY
DEPARTMENT SERVES.
(6) Nothing in this section affects or otherwise limits a hospital's or other health facility's obligations under section 6-20-101 or article 49 of this title 25.

(7) The state board of health may adopt rules as necessary to implement and enforce this section.

(8) As used in this section:

(a) "Chargemaster or fee schedule", which is often referred to as "charge description master" or "CDM", means a uniform schedule of charges represented by a health facility as the facility's gross billed charge, or maximum charge that any patient will be billed, for a given health care service, regardless of payer and before any discounts or negotiations are applied.

(b) "Freestanding emergency department" means a health facility that receives individuals and provides emergency services, is licensed by the department pursuant to section 25-3-101, and is either:

(I) Owned or operated by, or affiliated with, a hospital or hospital system and is located more than two hundred fifty yards from the main campus of the hospital; or

(II) Independent from and not operated by or affiliated with a hospital or hospital system and is not attached to or situated within two hundred fifty yards of, or contained within, a hospital.

SECTION 3. Act subject to petition - effective date. This act takes effect January 1, 2019; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this
act or an item, section, or part of this act within the ninety-day period
after final adjournment of the general assembly, then the act, item,
section, or part will not take effect unless approved by the people at the
general election to be held in November 2018 and, in such case, will take
effect on January 1, 2019, or on the date of the official declaration of the
vote thereon by the governor, whichever is later.