

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 19-0102.01 Shelby Ross x4510

HOUSE BILL 19-1001

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House Committees
Health & Insurance

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A BILL FOR AN ACT

101 **CONCERNING HOSPITAL TRANSPARENCY MEASURES REQUIRED TO**
102 **ANALYZE THE EFFICACY OF HOSPITAL DELIVERY SYSTEM**
103 **REFORM INCENTIVE PAYMENTS.**

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 the department of health care policy and financing (department), in consultation with the Colorado healthcare affordability and sustainability enterprise board, to develop and prepare an annual report detailing uncompensated hospital costs and the different categories of expenditures made by hospitals in the state (hospital

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

SENATE
3rd Reading Unamended
March 14, 2019

SENATE
Amended 2nd Reading
March 13, 2019

HOUSE
3rd Reading Unamended
January 31, 2019

HOUSE
Amended 2nd Reading
January 29, 2019

expenditure report). In compiling the hospital expenditure report, the department shall use publicly available data sources whenever possible. Each hospital in the state is required to make available to the department certain information, including:

- ! Hospital cost reports submitted to the federal centers for medicare and medicaid services;
 - ! Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals;
 - ! The total amount of unreimbursed care;
 - ! The gross patient service revenue;
 - ! Any property, plant, equipment, and accumulated depreciation;
 - ! All operating expenses;
 - ! Staffing information;
 - ! The total number of available beds and licensed beds;
 - ! The total number of inpatient surgeries;
 - ! The total number of births and newborn patient days;
 - ! The total number of admissions from the emergency department; and
 - ! Other gross charges categorized by primary care provider.
- The hospital expenditure report must include, but not be limited to:
- ! A description of the methods of analysis and definitions of report components by payer group;
 - ! Uncompensated care costs by payer group; and
 - ! The percentage that different categories of expenses contribute to overall expenses of hospitals.

The department is required to submit the hospital expenditure report to the governor, specified committees of the general assembly, and the medical services board in the department. The department is also directed to post the hospital expenditure report on the department's website.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-4-402.4, **add**
3 **(7)(e.5)** as follows:

4 **25.5-4-402.4. Hospitals - healthcare affordability and**
5 **sustainability fee - legislative declaration - Colorado healthcare**

1 **affordability and sustainability enterprise - federal waiver - fund**
2 **created - rules - reports. (7) Colorado healthcare affordability and**
3 **sustainability enterprise board. (e.5) THE ENTERPRISE BOARD SHALL**
4 **CALCULATE THE ESTIMATES DESCRIBED IN SUBSECTION (7)(e)(V) OF THIS**
5 **SECTION BY USING APPROPRIATE INFORMATION PROVIDED TO THE STATE**
6 **DEPARTMENT BY HOSPITALS AND ANY STATE DEPARTMENT ANALYSIS OF**
7 **THAT INFORMATION.**

8 **SECTION 2.** In Colorado Revised Statutes, **add 25.5-4-402.8** as
9 **follows:**

10 **25.5-4-402.8. Hospital expenditure report - definitions. (1) As**
11 **USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:**

12 **(a) "ACQUIRED" MEANS THE PURCHASE BY A HOSPITAL, OR ENTITY**
13 **THAT IS OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH**
14 **THE HOSPITAL, OF ALL OR SUBSTANTIALLY ALL OF AN ORGANIZATION**
15 **SUBJECT TO SUBSECTION (1)(b)(I) OR (1)(b)(II) OF THIS SECTION THROUGH**
16 **AN ASSET, EQUITY, OR SIMILAR PURCHASE AGREEMENT THAT IS A SINGLE**
17 **TRANSACTION OR SERIES OF TRANSACTIONS.**

18 **(b) "AFFILIATED" OR "AFFILIATE" MEANS THERE IS A**
19 **CONTRACTUAL RELATIONSHIP BETWEEN A HOSPITAL OR AN ENTITY THAT**
20 **IS OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE**
21 **HOSPITAL WHERE THE CONTRACTUAL RELATIONSHIP ENABLES THE**
22 **HOSPITAL OR AN ENTITY THAT IS OWNED BY OR UNDER COMMON**
23 **OWNERSHIP AND CONTROL WITH THE HOSPITAL TO EXERCISE CONTROL**
24 **OVER ONE OF THE FOLLOWING ENTITIES:**

25 **(I) ANOTHER HOSPITAL;**

26 **(II) AN ENTITY OWNED BY OR UNDER COMMON OWNERSHIP AND**
27 **CONTROL WITH ANOTHER HOSPITAL; OR**

1 (III) A PHYSICIAN GROUP PRACTICE.

2 (c) "CONTROL" MEANS THE POSSESSION, DIRECT OR INDIRECT, OF
3 THE POWER TO DIRECT OR CAUSE THE DIRECTION OF MANAGEMENT AND
4 POLICIES OF AN AFFILIATE, WHETHER THROUGH THE OWNERSHIP OF EQUITY
5 OR MEMBERSHIP, BY CONTRACT OR OTHERWISE.

6 (d) "MAJOR PAYER GROUP" INCLUDES COMMERCIAL INSURERS,
7 MEDICARE, MEDICAID, INDIVIDUALS WHO SELF-PAY, A FINANCIAL
8 ASSISTANCE PLAN, AND THE "COLORADO INDIGENT CARE PROGRAM",
9 ESTABLISHED IN PART 1 OF ARTICLE 3 OF THIS TITLE 25.5.

10 (2) (a) THE STATE DEPARTMENT SHALL ANNUALLY PREPARE A
11 WRITTEN HOSPITAL EXPENDITURE REPORT DETAILING UNCOMPENSATED
12 HOSPITAL COSTS AND THE DIFFERENT CATEGORIES OF EXPENDITURES, BY
13 MAJOR PAYER GROUP, MADE BY HOSPITALS IN THE STATE. THE STATE
14 DEPARTMENT SHALL CONSULT WITH THE COLORADO HEALTHCARE
15 AFFORDABILITY AND SUSTAINABILITY ENTERPRISE BOARD, CREATED
16 PURSUANT TO SECTION 25.5-4-402.4 (7) AND REFERRED TO IN THIS
17 SECTION AS THE "ENTERPRISE BOARD", IN DEVELOPING THE HOSPITAL
18 EXPENDITURE REPORT. THE STATE DEPARTMENT MAY SHARE ANY
19 INFORMATION IT RECEIVES FROM HOSPITALS WITH THE ENTERPRISE BOARD.
20 THE STATE DEPARTMENT MAY INCLUDE INFORMATION IT RECEIVES FROM
21 HOSPITALS IN ACCORDANCE WITH SUBSECTION (2)(b) OF THIS SECTION AND
22 THAT IS NOT OTHERWISE PUBLICLY AVAILABLE IN THE EXPENDITURE
23 REPORT AND SHARE SUCH INFORMATION WITH THE ENTERPRISE BOARD;
24 EXCEPT THAT INFORMATION THE STATE DEPARTMENT RECEIVES FROM
25 HOSPITALS IN ACCORDANCE WITH SUBSECTION (2)(b)(III)(N) OF THIS
26 SECTION IS CONFIDENTIAL, PROPRIETARY, CONTAINS TRADE SECRETS, AND
27 IS NOT A PUBLIC RECORD PURSUANT TO PART 2 OF ARTICLE 72 OF TITLE 24.

1 THE STATE DEPARTMENT SHALL NOT INCLUDE IN THE EXPENDITURE
2 REPORT, SHARE WITH THE ENTERPRISE BOARD, OR OTHERWISE PUBLISH OR
3 DISTRIBUTE INFORMATION DERIVED FROM REPORTS PURSUANT TO
4 SUBSECTION (2)(b)(III)(N) OF THIS SECTION, ALTHOUGH THE STATE
5 DEPARTMENT MAY SHARE THIS INFORMATION IF SUCH INFORMATION HAS
6 BEEN DE-IDENTIFIED AND AGGREGATED IN A MANNER TO PREVENT
7 IDENTIFICATION OF THE TRANSACTION PRICE OF ANY INDIVIDUAL
8 ACQUISITION OR AFFILIATION. A HOSPITAL SHALL NOT BE IN VIOLATION OF
9 THIS SECTION IF THE HOSPITAL MAKES A GOOD FAITH EFFORT TO COMPLY
10 WITH THE REPORTING REQUIREMENTS OF THIS SECTION.

11 (b) EXCEPT AS PROVIDED IN SUBSECTION (2)(c) OF THIS SECTION,
12 EACH HOSPITAL LICENSED PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25,
13 OR CERTIFIED PURSUANT TO SECTION 25-1.5-103 (1)(a)(II), SHALL MAKE
14 INFORMATION AVAILABLE TO THE STATE DEPARTMENT FOR PURPOSES OF
15 PREPARING THE ANNUAL HOSPITAL EXPENDITURE REPORT. THE STATE
16 BOARD SHALL ESTABLISH THE FORMAT OF THE INFORMATION PROVIDED BY
17 EACH HOSPITAL ON AN ANNUAL BASIS. THE FIRST SUBMISSION BY EACH
18 HOSPITAL MUST INCLUDE THE INFORMATION DESCRIBED IN SUBSECTIONS
19 (2)(b)(I) AND (2)(b)(II) OF THIS SECTION FOR FISCAL YEARS 2011-12
20 THROUGH 2018-19 AND THE INFORMATION DESCRIBED IN SUBSECTION
21 (2)(b)(III) OF THIS SECTION FOR THOSE FISCAL YEARS IF SUCH
22 INFORMATION IS AVAILABLE. FOR EACH SUBSEQUENT SUBMISSION, EACH
23 HOSPITAL SHALL PROVIDE THE FOLLOWING INFORMATION TO THE STATE
24 DEPARTMENT:

25 (I) THE HOSPITAL COST REPORT SUBMITTED TO THE FEDERAL
26 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PURSUANT TO 42
27 CFR 413.20, INCLUDING A COPY OF THE FINAL FORMS AND WORKSHEETS

1 SUBMITTED TO CMS AS PART OF THE HOSPITAL COST REPORT;

2 (II) (A) AN ANNUAL AUDITED FINANCIAL STATEMENT PREPARED
3 IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
4 EACH HOSPITAL SHALL SUBMIT THE STATEMENT WITHIN ONE HUNDRED
5 TWENTY DAYS AFTER THE END OF ITS FISCAL YEAR UNLESS THE STATE
6 DEPARTMENT GRANTS AN EXTENSION IN WRITING IN ADVANCE OF THAT
7 DATE.

8 (B) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION
9 (2)(b)(II)(A) OF THIS SECTION, IF A HOSPITAL IS OPERATING WITHIN A
10 HEALTH SYSTEM OR OTHER CORPORATE STRUCTURE, AND IS NORMALLY
11 INCLUDED IN THAT HEALTH SYSTEM OR OTHER CORPORATE STRUCTURE'S
12 FINANCIAL STATEMENT, THE HOSPITAL MAY SUBMIT THE HEALTH SYSTEM
13 OR OTHER CORPORATE STRUCTURE'S FINANCIAL STATEMENT IF THE
14 STATEMENT SEPARATELY IDENTIFIES THE FINANCIAL INFORMATION FOR
15 EACH OF THE HEALTH SYSTEM OR OTHER CORPORATE STRUCTURE'S
16 LICENSED HOSPITALS OPERATING IN THIS STATE.

17 (C) IN LIEU OF AN AUDITED FINANCIAL STATEMENT, EACH
18 HOSPITAL OPERATING WITHIN A HEALTH SYSTEM OR OTHER CORPORATE
19 STRUCTURE THAT DOES NOT PRODUCE AN ANNUAL AUDITED FINANCIAL
20 STATEMENT SPECIFIC TO EACH INDIVIDUAL HOSPITAL, BUT INSTEAD
21 PRODUCES CONSOLIDATED FINANCIAL STATEMENTS, SHALL SUBMIT A
22 RECONCILIATION OF THE CONSOLIDATED FINANCIAL STATEMENT AND
23 HOSPITAL-SPECIFIC REVENUE AND EXPENSES REPORTED ON THE MEDICARE
24 COST REPORT PURSUANT TO THE FEDERAL CENTERS FOR MEDICARE AND
25 MEDICAID SERVICES PROVIDER REIMBURSEMENT MANUAL FORM 339.

26 (III) A REPORT THAT CONTAINS THE FOLLOWING INFORMATION:

27 (A) THE TOTAL NUMBER OF AVAILABLE BEDS AND LICENSED BEDS;

1 (B) INPATIENT STATISTICS IN TOTAL AND BY MAJOR PAYER GROUP
2 AND BY CARE SETTING, INCLUDING BUT NOT LIMITED TO INPATIENT
3 DISCHARGES AND PATIENT DAYS;

4 (C) OTHER INPATIENT STATISTICS, INCLUDING BUT NOT LIMITED TO
5 THE NUMBER OF INPATIENT SURGERIES, NUMBER OF BIRTHS, NUMBER OF
6 NEWBORN PATIENT DAYS, NUMBER OF ADMISSIONS FROM THE
7 HOSPITAL-BASED EMERGENCY DEPARTMENT, AND NUMBER OF ADMISSIONS
8 FROM FREE-STANDING EMERGENCY DEPARTMENTS;

9 (D) OUTPATIENT STATISTICS IN TOTAL AND BY TYPE OF VISIT,
10 INCLUDING BUT NOT LIMITED TO HOSPITAL-BASED EMERGENCY
11 DEPARTMENT VISITS, FREE-STANDING EMERGENCY DEPARTMENT VISITS,
12 AMBULATORY SURGERY VISITS, HOME HEALTH VISITS, AND ALL OTHER
13 OUTPATIENT VISITS;

14 (E) GROSS CHARGES IN TOTAL, BY MAJOR PAYER GROUP, AND BY
15 CARE SETTING, INCLUDING BUT NOT LIMITED TO INPATIENT CARE AND
16 OUTPATIENT CARE;

17 (F) CONTRACTUAL ALLOWANCES IN TOTAL AND BY MAJOR PAYER
18 GROUP;

19 (G) BAD DEBT WRITE-OFFS IN TOTAL AND BY MAJOR PAYER GROUP;

20 (H) CHARITY WRITE-OFFS IN TOTAL AND BY MAJOR PAYER GROUP;

21 (I) OPERATING EXPENSES IN TOTAL AND BY EXPENSE
22 CLASSIFICATION, INCLUDING BUT NOT LIMITED TO NON-PHYSICIAN
23 PAYROLL EXPENSES AND ASSOCIATED HOURS, PHYSICIAN PAYROLL
24 EXPENSES AND ASSOCIATED HOURS, TOTAL PAYROLL EXPENSES AND
25 ASSOCIATED HOURS, CONTRACT LABOR EXPENSES AND ASSOCIATED
26 HOURS, EMPLOYEE BENEFITS EXPENSES, BUSINESS DEVELOPMENT,
27 MARKETING AND ADVERTISING EXPENSES, SUPPLY EXPENSES,

1 DEPRECIATION EXPENSES, INTEREST EXPENSES, AND ALL OTHER
2 OPERATING EXPENSES;

3 (J) OTHER OPERATING REVENUE, OPERATING MARGIN,
4 NON-OPERATING GAINS AND LOSSES, AND TOTAL MARGIN;

5 (K) A BALANCE SHEET, INCLUDING BUT NOT LIMITED TO DETAILS
6 FOR CURRENT ASSETS, RESTRICTED ASSETS, LONG-TERM ASSETS, OTHER
7 ASSETS, CURRENT LIABILITIES, LONG-TERM DEBT, OTHER LIABILITIES, AND
8 EQUITY OR NET ASSETS;

9 (L) STAFFING INFORMATION, INCLUDING BUT NOT LIMITED TO
10 FULL-TIME EQUIVALENTS, STAFF TURNOVER, AND STAFF VACANCY RATES;

11 (M) A ROLL FORWARD OF PROPERTY, PLANT, AND EQUIPMENT
12 ACCOUNTS BY ASSET TYPE FROM THE BEGINNING TO THE END OF THE
13 REPORTING PERIOD BY ASSET CATEGORY, INCLUDING BUT NOT LIMITED TO
14 PURCHASES, OTHER ACQUISITIONS, SALES, DISPOSALS, AND OTHER
15 CHANGES; AND

16 (N) THE NAMES AND TRANSACTION PRICE OF ACQUIRED
17 HOSPITALS, AFFILIATED HOSPITALS, NEWLY CONSTRUCTED HOSPITALS,
18 AND REHABILITATED HOSPITALS; THE NAMES AND TRANSACTION PRICE OF
19 ACQUIRED OR AFFILIATED PHYSICIAN GROUP PRACTICES; AND THE NUMBER
20 AND TRANSACTION PRICE OF INDIVIDUAL PHYSICIAN PRACTICES ACQUIRED.

21 (c) THE STATE DEPARTMENT MAY EXEMPT FROM THE REPORTING
22 REQUIREMENTS DESCRIBED IN SUBSECTION (2)(b) OF THIS SECTION
23 CERTAIN TYPES OF HOSPITALS, INCLUDING BUT NOT LIMITED TO:

24 (I) PSYCHIATRIC HOSPITALS, AS LICENSED BY THE DEPARTMENT OF
25 PUBLIC HEALTH AND ENVIRONMENT;

26 (II) HOSPITALS THAT ARE LICENSED AS GENERAL HOSPITALS AND
27 CERTIFIED AS LONG-TERM CARE HOSPITALS BY THE DEPARTMENT OF

1 PUBLIC HEALTH AND ENVIRONMENT;

2 (III) CRITICAL ACCESS HOSPITALS THAT ARE LICENSED AS GENERAL
3 HOSPITALS AND ARE CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH
4 AND ENVIRONMENT PURSUANT TO 42 CFR 485 (f);

5 (IV) INPATIENT REHABILITATION FACILITIES; AND

6 (V) HOSPITALS SPECIFIED FOR EXEMPTION UNDER 42 CFR 433.68
7 (e).

8 (d) PRIOR TO DEVELOPING THE FIRST ANNUAL HOSPITAL
9 EXPENDITURE REPORT, THE STATE DEPARTMENT SHALL CONSULT WITH THE
10 ENTERPRISE BOARD REGARDING THE DEVELOPMENT OF THE REPORT. THE
11 STATE DEPARTMENT SHALL STRIVE FOR CONSISTENCY IN REPORTING THE
12 COMPONENTS IN EACH ANNUAL REPORT WITH THOSE IN THE REPORT OF THE
13 ENTERPRISE BOARD REQUIRED PURSUANT TO SECTION 25.5-4-402.4 (7)(e).

14 (e) PRIOR TO ISSUING THE HOSPITAL EXPENDITURE REPORT, THE
15 STATE DEPARTMENT SHALL PROVIDE ANY HOSPITAL REFERENCED IN THE
16 HOSPITAL EXPENDITURE REPORT A COPY OF THE REPORT. EACH HOSPITAL
17 SHALL HAVE A MINIMUM OF FIFTEEN DAYS TO REVIEW THE HOSPITAL
18 EXPENDITURE REPORT AND ANY UNDERLYING DATA AND SUBMIT
19 CORRECTIONS OR CLARIFICATIONS TO THE STATE DEPARTMENT.

20 (f) THE STATE DEPARTMENT SHALL PROVIDE A STATEWIDE
21 HOSPITAL ASSOCIATION ANY INFORMATION RECEIVED PURSUANT TO THIS
22 SECTION IN A MACHINE-READABLE FORMAT AT NO COST TO THE
23 ASSOCIATION.

24 (3) THE HOSPITAL EXPENDITURE REPORT MUST INCLUDE, BUT NOT
25 BE LIMITED TO:

26 (a) A DESCRIPTION OF THE METHODS OF ANALYSIS AND
27 DEFINITIONS OF REPORT COMPONENTS;

1 (b) UNCOMPENSATED CARE COSTS BY MAJOR PAYER GROUP; AND

2 (c) THE PERCENTAGE THAT EACH OF THE FOLLOWING CATEGORIES

3 CONTRIBUTES TO OVERALL EXPENSES OF HOSPITALS:

4 (I) DELIVERY OF INPATIENT HEALTH CARE AND SERVICES BY
5 MAJOR PAYER GROUP;

6 (II) DELIVERY OF OUTPATIENT HEALTH CARE AND SERVICES BY
7 MAJOR PAYER GROUP AND SITE LOCATION;

8 (III) ADMINISTRATIVE COSTS;

9 (IV) CAPITAL CONSTRUCTION COSTS AND ASSOCIATED BOND
10 LIABILITIES;

11 (V) MAINTENANCE;

12 (VI) CAPITAL EXPENDITURES;

13 (VII) PERSONNEL SERVICES;

14 (VIII) UNCOMPENSATED CARE BY MAJOR PAYER GROUP; AND

15 (IX) OTHER EXPENDITURE CATEGORIES, AS DETERMINED BY THE
16 STATE DEPARTMENT.

17 (4) (a) ON OR BEFORE JANUARY 15, 2020, AND ON OR BEFORE
18 JANUARY 15 EACH YEAR THEREAFTER, THE STATE DEPARTMENT SHALL
19 SUBMIT THE ANNUAL HOSPITAL EXPENDITURE REPORT TO:

20 (I) THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE
21 OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEE;

22 (II) THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
23 SENATE, OR ANY SUCCESSOR COMMITTEE;

24 (III) THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY;

25 (IV) THE GOVERNOR; AND

26 (V) THE STATE BOARD.

27 (b) THE STATE DEPARTMENT MAY REQUEST THAT THE ENTERPRISE

1 BOARD COMBINE THE HOSPITAL EXPENDITURE REPORT DESCRIBED IN THIS
2 SECTION WITH THE REPORT OF THE ENTERPRISE BOARD SPECIFIED IN
3 SECTION 25.5-4-402.4 (7)(e), SO LONG AS THE SPECIFIC REQUIREMENTS OF
4 THIS SECTION ARE FULFILLED, AND SO LONG AS THE ENTERPRISE BOARD
5 AGREES TO THE REQUEST. THE STATE DEPARTMENT SHALL POST THE
6 ANNUAL REPORT ON ITS WEBSITE BY JANUARY 15 OF EACH YEAR.

7 (c) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REPORT
8 REQUIRED IN THIS SECTION CONTINUES INDEFINITELY.

9 (5) THE STATE DEPARTMENT, IN CONSULTATION WITH THE
10 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND THE DIVISION OF
11 INSURANCE, SHALL REVIEW THE HOSPITAL REPORT CARD, CREATED
12 PURSUANT TO SECTION 25-3-703, AND THE HOSPITAL CHARGE REPORT,
13 CREATED PURSUANT TO SECTION 25-3-705, AND MAKE
14 RECOMMENDATIONS TO THE GENERAL ASSEMBLY BY NOVEMBER 1, 2019.
15 THE RECOMMENDATIONS MUST IDENTIFY ANY STRUCTURAL OR
16 SUBSTANTIVE CHANGES THAT SHOULD BE MADE TO THE HOSPITAL REPORT
17 CARD OR HOSPITAL CHARGE REPORT TO INCREASE THE VALUE OF THOSE
18 REPORTS, INCLUDING A CONSIDERATION OF WHETHER THE HOSPITAL
19 REPORT CARD OR HOSPITAL CHARGE REPORT STILL PROVIDES VALUE TO
20 CONSUMERS AND POLICYMAKERS.

21 **SECTION 3. Act subject to petition - effective date.** This act
22 takes effect at 12:01 a.m. on the day following the expiration of the
23 ninety-day period after final adjournment of the general assembly (August
24 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
25 referendum petition is filed pursuant to section 1 (3) of article V of the
26 state constitution against this act or an item, section, or part of this act
27 within such period, then the act, item, section, or part will not take effect

1 unless approved by the people at the general election to be held in
2 November 2020 and, in such case, will take effect on the date of the
3 official declaration of the vote thereon by the governor.