

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

INTRODUCED

LLS NO. 19-0613.01 Richard Sweetman x4333

HOUSE BILL 19-1320

HOUSE SPONSORSHIP

Kennedy and Lontine,

SENATE SPONSORSHIP

(None),

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING REQUIRING CERTAIN HEALTH CARE PROVIDERS TO BE**
102 **ACCOUNTABLE TO THEIR COMMUNITIES.**

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 department of health care policy and financing (department) has divided the state into 7 regions and associated each region with a regional accountable entity for the purpose of administering the "Colorado Medical Assistance Act". In each region, the bill establishes a 15-member hospital community accountability board (board).

The bill requires each nonprofit hospital, in consultation with its

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.

board, to complete an annual community health needs assessment and an annual community benefit implementation plan. Each nonprofit hospital must report to the department concerning its community health needs assessment, community benefit implementation plan, and community benefit activities in the preceding year, and the department is required to submit an annual summary report to subject matter committees of the general assembly. For-profit hospitals are encouraged to report in like fashion.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 7 to article
3 1 of title 25.5 as follows:

4 **PART 7**

5 **HEALTH CARE PROVIDERS' ACCOUNTABILITY**
6 **TO COMMUNITIES**

7 **25.5-1-701. Definitions - repeal.** AS USED IN THIS PART 7, UNLESS
8 THE CONTEXT OTHERWISE REQUIRES:

9 (1) (a) "BAD DEBT" MEANS THE UNPAID ACCOUNTS OF ANY
10 INDIVIDUAL WHO HAS RECEIVED MEDICAL CARE OR WHO IS FINANCIALLY
11 RESPONSIBLE FOR THE COST OF CARE RENDERED TO ANOTHER INDIVIDUAL
12 AND FOR WHICH CARE A HOSPITAL EXPECTED TO RECEIVE PAYMENT.

13 (b) "BAD DEBT" DOES NOT INCLUDE CHARITY CARE OR PAYMENT
14 SHORTFALLS.

15 (2) (a) "CHARITY CARE" MEANS PHYSICAL OR BEHAVIORAL HEALTH
16 CARE SERVICES THAT A HOSPITAL PROVIDES AS A RESULT OF ITS POLICY TO
17 PROVIDE HEALTH CARE SERVICES:

18 (I) TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL CRITERIA; AND

19 (II) FREE OF CHARGE OR FOR PARTIAL PAYMENT ONLY, EXCLUDING
20 CONTRACTUAL ALLOWANCES FOR OTHERWISE INSURED PATIENTS.

21 (b) "CHARITY CARE" DOES NOT INCLUDE:

1 (I) HEALTH CARE SERVICES RENDERED PURSUANT TO ARTICLE 3 OF
2 THIS TITLE 25.5;

3 (II) SERVICES FOR WHICH PAYMENT IS NOT RECEIVED AND
4 CLASSIFIED AS BAD DEBT;

5 (III) SERVICES FOR WHICH PAYMENT IS RECEIVED FROM ANY
6 GOVERNMENT-SUBSIDIZED HEALTH CARE PROGRAM.

7 (3) "COMMUNITY" MEANS THE COMMUNITY THAT A HOSPITAL HAS
8 DEFINED AS THE COMMUNITY THAT IT SERVES PURSUANT TO 26 CFR
9 1.501(r)-3 (b)(3).

10 (4)(a) "COMMUNITY BENEFIT ACTIVITIES" MEANS UNREIMBURSED
11 GOODS, SERVICES, AND RESOURCES PROVIDED BY A HOSPITAL TO ITS
12 COMMUNITY TO ADDRESS COMMUNITY-IDENTIFIED HEALTH NEEDS.
13 COMMUNITY BENEFIT ACTIVITIES FALL INTO THE FOLLOWING CATEGORIES:

14 (I) HEALTH CARE SERVICES, WHICH INCLUDE UNREIMBURSED
15 PORTIONS OF CHARITY CARE; FUNDING OR IN-KIND CONTRIBUTIONS THAT
16 SUPPORT PHYSICAL, ORAL, OR BEHAVIORAL HEALTH SERVICES PROVIDED
17 BY OTHER ORGANIZATIONS IN THE COMMUNITY; RESEARCH AND
18 RESIDENCY TRAINING THAT ADDRESS COMMUNITY-IDENTIFIED HEALTH
19 NEEDS; AND UNREIMBURSED CARE TRANSITION SERVICES AND SUPPORT
20 FOR PERSONS WITH DISABILITIES;

21 (II) PROGRAMS DESIGNED TO ADDRESS INDIVIDUAL HEALTH
22 BEHAVIORS OR RISK FACTORS, INCLUDING ADDICTION PREVENTION AND
23 TREATMENT PROGRAMS, SUICIDE PREVENTION PROGRAMS, PROGRAMS TO
24 PREVENT TOBACCO USE, AND NUTRITION EDUCATION PROGRAMS;

25 (III) PROGRAMS THAT SPECIFICALLY ADDRESS UNDERLYING
26 SOCIAL DETERMINANTS OF HEALTH, INCLUDING FUNDING OR IN-KIND
27 SUPPORT OF JOB TRAINING PROGRAMS; EARLY CHILDHOOD AND

1 ELEMENTARY, MIDDLE, JUNIOR HIGH, AND HIGH SCHOOL EDUCATION;
2 PROGRAMS THAT INCREASE ACCESS TO NUTRITIOUS FOOD AND SAFE AND
3 AFFORDABLE HOUSING; AND COMMUNITY-BUILDING ACTIVITIES THAT
4 AFFECT HEALTH IN THE COMMUNITY; AND

5 (IV)(A) PROGRAMS THAT ARE INTENDED TO ACHIEVE OBJECTIVES
6 OF THE STATE DEPARTMENT'S HOSPITAL TRANSFORMATION PROGRAM,
7 WHICH OBJECTIVES RELATE TO VALUE-BASED CARE.

8 (B) THIS SUBSECTION (4)(a)(IV) IS REPEALED, EFFECTIVE JULY 1,
9 2021.

10 (b) "COMMUNITY BENEFIT ACTIVITIES" DOES NOT INCLUDE:

11 (I) BAD DEBT;

12 (II) PAYMENT SHORTFALLS;

13 (III) RESEARCH AND RESIDENCY TRAINING THAT DO NOT ADDRESS
14 COMMUNITY-IDENTIFIED HEALTH NEEDS; OR

15 (IV) DONATIONS OR COMMUNITY SERVICE EXPENDITURES THAT DO
16 NOT ADDRESS COMMUNITY-IDENTIFIED HEALTH NEEDS.

17 (5) "COMMUNITY BENEFIT ACTIVITIES REPORT" MEANS A REPORT
18 SUBMITTED BY A HOSPITAL TO THE STATE DEPARTMENT PURSUANT TO
19 SECTION 25.5-1-703 (3).

20 (6) "COMMUNITY BENEFIT IMPLEMENTATION PLAN" MEANS A
21 HOSPITAL'S PLAN FOR PROVIDING COMMUNITY BENEFIT ACTIVITIES TO ITS
22 COMMUNITY, WHICH PLAN SATISFIES THE REQUIREMENTS OF AN
23 IMPLEMENTATION STRATEGY, AS SET FORTH IN 26 CFR 1.501(r)-3 (c).

24 (7) "COMMUNITY BOARD" MEANS A HOSPITAL COMMUNITY
25 ACCOUNTABILITY BOARD CREATED PURSUANT TO SECTION 25.5-1-702.

26 (8) "COMMUNITY HEALTH NEEDS ASSESSMENT" MEANS A
27 COMMUNITY HEALTH NEEDS ASSESSMENT THAT SATISFIES THE

1 REQUIREMENTS OF 26 CFR 1.501(r)-3.

2 (9) "COMMUNITY-IDENTIFIED HEALTH NEEDS" MEANS HEALTH
3 NEEDS OF A COMMUNITY THAT ARE IDENTIFIED IN A COMMUNITY HEALTH
4 NEEDS ASSESSMENT OR OTHERWISE IDENTIFIED BY THE COMMUNITY OR BY
5 A LOCAL PUBLIC HEALTH AGENCY.

6 (10) "FOR-PROFIT HOSPITAL" MEANS A HOSPITAL THAT IS NOT A
7 NONPROFIT HOSPITAL.

8 (11) "HEALTH DISPARITY" MEANS A DIFFERENCE IN HEALTH
9 OUTCOMES BETWEEN A COMMUNITY POPULATION AS A WHOLE AND
10 SUBGROUPS OF THE COMMUNITY POPULATION, WHICH SUBGROUPS ARE
11 DEFINED BY SOCIOECONOMIC STATUS, RACE, ETHNICITY, SEX, GENDER
12 IDENTITY, SEXUAL ORIENTATION, OR DISABILITY.

13 (12) (a) "HOSPITAL" MEANS A PUBLICLY OR PRIVATELY OWNED
14 FACILITY THAT IS LICENSED AS A GENERAL HOSPITAL PURSUANT TO PART
15 1 OF ARTICLE 3 OF TITLE 25.

16 (b) "HOSPITAL" DOES NOT INCLUDE:

17 (I) A PSYCHIATRIC HOSPITAL LICENSED AS SUCH BY THE
18 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

19 (II) A HOSPITAL THAT IS LICENSED AS A GENERAL HOSPITAL AND
20 CERTIFIED AS A LONG-TERM CARE HOSPITAL BY THE DEPARTMENT OF
21 PUBLIC HEALTH AND ENVIRONMENT;

22 (III) A CRITICAL ACCESS HOSPITAL THAT IS LICENSED AS A
23 GENERAL HOSPITAL AND CERTIFIED BY THE DEPARTMENT OF PUBLIC
24 HEALTH AND ENVIRONMENT PURSUANT TO 42 CFR 485 SUBPART F;

25 (IV) AN INPATIENT REHABILITATION FACILITY; OR

26 (V) A HOSPITAL SPECIFIED FOR EXEMPTION UNDER 42 CFR 433.68

27 (e).

1 (13) "HOSPITAL ORGANIZATION" MEANS AN ORGANIZATION THAT
2 OPERATES ONE OR MORE HOSPITALS.

3 (14) (a) "NONPROFIT HOSPITAL" MEANS A HOSPITAL THAT IS
4 EXEMPT FROM PAYING PROPERTY TAXES OR OTHER STATE OR LOCAL TAXES
5 DUE TO ITS NONPROFIT STATUS.

6 (b) "NONPROFIT HOSPITAL" DOES NOT INCLUDE:

7 (I) A PSYCHIATRIC HOSPITAL LICENSED AS SUCH BY THE
8 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

9 (II) A HOSPITAL THAT IS LICENSED AS A GENERAL HOSPITAL AND
10 CERTIFIED AS A LONG-TERM CARE HOSPITAL BY THE DEPARTMENT OF
11 PUBLIC HEALTH AND ENVIRONMENT;

12 (III) A CRITICAL ACCESS HOSPITAL THAT IS LICENSED AS A
13 GENERAL HOSPITAL AND CERTIFIED BY THE DEPARTMENT OF PUBLIC
14 HEALTH AND ENVIRONMENT PURSUANT TO 42 CFR 485 SUBPART F;

15 (IV) AN INPATIENT REHABILITATION FACILITY; OR

16 (V) A HOSPITAL SPECIFIED FOR EXEMPTION UNDER 42 CFR 433.68

17 (e).

18 (15) "PAYMENT SHORTFALL" MEANS THE UNREIMBURSED COST OF
19 PROVIDING SERVICES TO A PERSON PARTICIPATING IN ANY
20 GOVERNMENT-SUBSIDIZED HEALTH CARE PROGRAM.

21 (16) "REGIONAL ACCOUNTABLE ENTITY" MEANS AN ENTITY THAT
22 CONTRACTS WITH THE STATE DEPARTMENT AS A REGIONAL ACCOUNTABLE
23 ENTITY FOR THE PURPOSE OF ADMINISTERING THE STATEWIDE MANAGED
24 CARE SYSTEM IN A SPECIFIC REGION OF THE STATE.

25 (17) "TARGET POPULATION" MEANS A POPULATION THAT IS
26 IDENTIFIED IN A HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT OR
27 COMMUNITY BENEFIT IMPLEMENTATION PLAN AS BEING HARMED BY

1 HEALTH DISPARITIES OR BY FINANCIAL OR GEOGRAPHICAL BARRIERS TO
2 CARE.

3 **25.5-1-702. Hospital community accountability boards -**
4 **powers and duties - rules - repeal.** (1) IN EACH REGION OF THE STATE
5 FOR WHICH THE STATE DEPARTMENT HAS ESTABLISHED A REGIONAL
6 ACCOUNTABLE ENTITY, THERE IS ESTABLISHED A HOSPITAL COMMUNITY
7 ACCOUNTABILITY BOARD THAT INCLUDES THE FOLLOWING MEMBERS,
8 EACH OF WHOM SHALL RESIDE IN OR WORK FULL-TIME IN THE REGION:

9 (a) A LOCAL PUBLIC HEALTH OFFICIAL REPRESENTING A STATEWIDE
10 ORGANIZATION OF LOCAL PUBLIC HEALTH OFFICIALS, TO BE APPOINTED BY
11 THE EXECUTIVE DIRECTOR. THE MEMBER APPOINTED PURSUANT TO THIS
12 SUBSECTION (1)(a) SHALL ACT AS CHAIR OF THE COMMUNITY BOARD.

13 (b) A PERSON REPRESENTING THE STATE DEPARTMENT, TO BE
14 APPOINTED BY THE EXECUTIVE DIRECTOR;

15 (c) A PERSON REPRESENTING THE DEPARTMENT OF PUBLIC HEALTH
16 AND ENVIRONMENT, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR OF
17 THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

18 (d) A PERSON REPRESENTING THE DEPARTMENT OF HUMAN
19 SERVICES, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE
20 DEPARTMENT OF HUMAN SERVICES;

21 (e) A PERSON REPRESENTING A STATEWIDE ORGANIZATION OF
22 CHAMBERS OF COMMERCE, TO BE APPOINTED BY THE EXECUTIVE
23 DIRECTOR;

24 (f) A PERSON WHO HAS PROFESSIONAL EXPERIENCE WITH
25 ECONOMIC DEVELOPMENT, TO BE APPOINTED BY THE EXECUTIVE
26 DIRECTOR;

27 (g) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF

1 HEALTH CARE CONSUMERS OR A LOCAL ORGANIZATION OF HEALTH CARE
2 CONSUMERS, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR;

3 (h) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF
4 EDUCATION EXECUTIVES, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR;

5 (i) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF
6 COUNTY COMMISSIONERS, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR;

7 (j) A PERSON WHO IS REPRESENTS THE REGIONAL ACCOUNTABLE
8 ENTITY FOR WHICH THE COMMUNITY BOARD IS CREATED, TO BE APPOINTED
9 BY THE EXECUTIVE DIRECTOR;

10 (k) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF
11 COMMUNITY HEALTH CENTERS, A LOCAL COMMUNITY HEALTH CENTER, OR
12 A CERTIFIED RURAL HEALTH CLINIC OR PRIMARY CARE CLINIC LOCATED IN
13 A COUNTY THAT HAS BEEN DESIGNATED BY THE FEDERAL OFFICE OF
14 MANAGEMENT AND BUDGET AS A RURAL OR FRONTIER COUNTY, TO BE
15 APPOINTED BY THE EXECUTIVE DIRECTOR;

16 (l) A PERSON WHO REPRESENTS THE COLORADO COMMISSION ON
17 HIGHER EDUCATION, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR; AND

18 (m) THREE PERSONS WHO RESIDE IN THE REGION, ARE NOT
19 MEDICAL PROFESSIONALS OR HOSPITAL EMPLOYEES, AND HAVE
20 PARTICIPATED IN THE ESTABLISHMENT OF A COMMUNITY HEALTH NEEDS
21 ASSESSMENT, ONE OF WHOM TO BE APPOINTED BY THE GOVERNOR, ONE OF
22 WHOM TO BE APPOINTED BY THE PRESIDENT OF THE SENATE, AND ONE OF
23 WHOM TO BE APPOINTED BY THE SPEAKER OF THE HOUSE OF
24 REPRESENTATIVES.

25 (2) (a) EACH APPOINTING AUTHORITY DESCRIBED IN SUBSECTION
26 (1) OF THIS SECTION SHALL APPOINT THE INITIAL MEMBERS OF EACH
27 COMMUNITY BOARD ON OR BEFORE JANUARY 1, 2020.

1 (b) THIS SUBSECTION (2) IS REPEALED, EFFECTIVE JULY 1, 2020.

2 (3) EACH BOARD MEMBER SERVES AT THE PLEASURE OF THE
3 PERSON WHO APPOINTED THE MEMBER, AND EACH MEMBER MAY SERVE AN
4 UNLIMITED NUMBER OF CONSECUTIVE OR NONCONSECUTIVE TERMS. EACH
5 MEMBER'S TERM OF APPOINTMENT IS FOUR YEARS; EXCEPT THAT EACH OF
6 THE INITIAL MEMBERS APPOINTED TO EACH COMMUNITY BOARD PURSUANT
7 TO SUBSECTIONS (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), AND (1)(f) OF THIS
8 SECTION ON OR BEFORE JULY 1, 2020, SHALL SERVE A TERM OF TWO
9 YEARS, AND THEREAFTER EACH SUCH MEMBER'S TERM OF APPOINTMENT
10 IS FOUR YEARS.

11 (4) EACH COMMUNITY BOARD CREATED PURSUANT TO THIS
12 SECTION SHALL MEET AT LEAST ONCE EACH YEAR, ON OR BEFORE A DATE
13 TO BE DETERMINED BY RULES PROMULGATED BY THE STATE BOARD, TO
14 REVIEW THE COMMUNITY BENEFIT ACTIVITIES REPORT OF EACH HOSPITAL
15 IN THE REGION, WHICH REPORT IS SUBMITTED TO THE COMMUNITY BOARD
16 PURSUANT TO SECTION 25.5-1-703 (3).

17 (5) EACH COMMUNITY BOARD SHALL REVIEW THE COMMUNITY
18 BENEFIT ACTIVITIES REPORT SUBMITTED BY EACH HOSPITAL IN THE
19 COMMUNITY BOARD'S REGION PURSUANT TO SECTION 25.5-1-703 (3).

20 (6) A COMMUNITY BOARD MAY OFFER RECOMMENDATIONS TO
21 ENSURE THAT A HOSPITAL'S COMMUNITY BENEFIT IMPLEMENTATION PLAN
22 ADDRESSES COMMUNITY-IDENTIFIED HEALTH NEEDS.

23 (7) THE STATE DEPARTMENT SHALL REIMBURSE THE MEMBERS OF
24 EACH COMMUNITY BOARD FOR ALL ACTUAL AND NECESSARY TRAVEL
25 EXPENSES INCURRED FOR VEHICLE TRAVEL WHILE ATTENDING TO BOARD
26 BUSINESS. FOR THE PURPOSE OF THIS SUBSECTION (7), THE STATE
27 DEPARTMENT SHALL USE A MILEAGE RATE THAT DOES NOT EXCEED THOSE

1 AUTHORIZED FOR THE EXECUTIVE DEPARTMENT PURSUANT TO SECTION
2 24-9-104.

3 (8) THE STATE DEPARTMENT SHALL PROVIDE STAFF ASSISTANCE TO
4 EACH COMMUNITY BOARD.

5 **25.5-1-703. Hospitals - community health needs assessments**
6 **- community benefit implementation plans - reports.** (1) ON OR

7 BEFORE A DATE TO BE DETERMINED BY RULES PROMULGATED BY THE
8 STATE BOARD, AND ON OR BEFORE SUCH DATE EVERY THREE YEARS
9 THEREAFTER, EACH NONPROFIT HOSPITAL SHALL, AND EACH FOR-PROFIT
10 HOSPITAL MAY, COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT.

11 (2) ON OR BEFORE A DATE TO BE DETERMINED BY RULES
12 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE
13 EACH YEAR THEREAFTER, EACH NONPROFIT HOSPITAL SHALL, AND EACH
14 FOR-PROFIT HOSPITAL MAY, COMPLETE A COMMUNITY BENEFIT
15 IMPLEMENTATION PLAN THAT ADDRESSES THE NEEDS DESCRIBED BY THE
16 HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT.

17 (3) (a) ON OR BEFORE A DATE TO BE DETERMINED BY RULES
18 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE
19 EACH YEAR THEREAFTER, EACH NONPROFIT HOSPITAL SHALL, AND EACH
20 FOR-PROFIT HOSPITAL MAY, PREPARE AND SUBMIT TO THE STATE
21 DEPARTMENT AND TO THE HOSPITAL'S COMMUNITY BOARD A COMMUNITY
22 BENEFIT ACTIVITIES REPORT. THE REPORT MUST INCLUDE:

23 (I) THE HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS
24 ASSESSMENT COMPLETED PURSUANT TO SUBSECTION (1) OF THIS SECTION;

25 (II) THE HOSPITAL'S COMMUNITY BENEFIT IMPLEMENTATION PLAN
26 FOR THE COMING YEAR COMPLETED PURSUANT TO SUBSECTION (2) OF THIS
27 SECTION; AND

1 (III) A DESCRIPTION OF THE HOSPITAL'S COMMUNITY BENEFIT
2 ACTIVITIES DURING THE PRECEDING YEAR, INCLUDING:

3 (A) A LIST OF SUCH ACTIVITIES, WHICH LIST CATEGORIZES THE
4 ACTIVITIES AS DESCRIBED IN SECTION 25.5-1-701 (4)(a);

5 (B) THE TOTAL CASH VALUE OF EACH COMMUNITY BENEFIT
6 ACTIVITY AND THE TOTAL CASH VALUE OF ALL COMMUNITY BENEFIT
7 ACTIVITIES, INCLUDING AN INDICATION OF SUCH TOTAL CASH VALUE AS A
8 PERCENTAGE OF THE HOSPITAL'S TOTAL NET OPERATING REVENUE;

9 (C) AN EVALUATION OF THE HOSPITAL'S COMMUNITY BENEFIT
10 IMPLEMENTATION PLAN FOR THE PRECEDING YEAR, INCLUDING A
11 DESCRIPTION OF THE HOSPITAL'S PROGRESS TOWARD MEETING ITS
12 SHORT-TERM AND LONG-TERM GOALS; AND

13 (D) THE TOTAL CASH VALUE OF EACH FEDERAL, STATE, AND LOCAL
14 TAX EXEMPTION RECEIVED BY THE HOSPITAL.

15 (b) IN ADDITION TO THE INFORMATION DESCRIBED IN SUBSECTION
16 (3)(a) OF THIS SECTION, A NONPROFIT HOSPITAL SHALL, AND A FOR-PROFIT
17 HOSPITAL MAY, INCLUDE THE FOLLOWING INFORMATION IN ITS
18 COMMUNITY BENEFIT ACTIVITIES REPORT:

19 (I) THE TOTAL CASH VALUE OF THE PAYMENT SHORTFALL RELATED
20 TO PATIENTS OF THE HOSPITAL FOR WHOM THE HOSPITAL RECEIVES
21 REIMBURSEMENT PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE
22 ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5;

23 (II) UNREIMBURSED INVESTMENTS IN RESIDENCY TRAINING THAT
24 DO NOT SATISFY THE CRITERIA SET FORTH IN SECTION 25.5-1-701 (4)(a)(I).

25 (4) TO FACILITATE THE SUBMISSION OF THE REPORTS DESCRIBED
26 IN SUBSECTION (3) OF THIS SECTION, THE STATE DEPARTMENT SHALL
27 DEVELOP AND PROVIDE A WEBSITE AT WHICH EACH NONPROFIT HOSPITAL

1 SHALL, AND EACH FOR-PROFIT HOSPITAL MAY, SUBMIT REPORTS. THE
2 STATE DEPARTMENT SHALL ENSURE THAT THE WEBSITE AND THE REPORTS
3 REMAIN AVAILABLE TO THE PUBLIC.

4 (5) NOTWITHSTANDING SECTION 24-1-136(11), ON SEPTEMBER 1,
5 2020, AND ON OR BEFORE SEPTEMBER 1 EACH YEAR THEREAFTER, THE
6 STATE DEPARTMENT SHALL SUBMIT TO THE HEALTH AND HUMAN SERVICES
7 COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE COMMITTEE
8 OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCEEDING COMMITTEES,
9 A REPORT THAT SUMMARIZES THE COMMUNITY BENEFIT ACTIVITIES OF
10 NONPROFIT HOSPITALS AND OTHER REPORTING HOSPITALS DURING THE
11 PRECEDING YEAR, AS SUCH INFORMATION HAS BEEN REPORTED TO THE
12 STATE DEPARTMENT PURSUANT TO SUBSECTION (3) OF THIS SECTION. THE
13 REPORT MUST INDICATE:

14 (a) THE AMOUNT OF COMMUNITY BENEFIT ACTIVITY SPENDING BY
15 EACH HOSPITAL, INCLUDING:

16 (I) THE TOTAL CASH VALUE OF COMMUNITY BENEFIT ACTIVITIES
17 PROVIDED BY THE HOSPITAL, INCLUDING AN INDICATION OF SUCH TOTAL
18 CASH VALUE AS A PERCENTAGE OF THE HOSPITAL'S TOTAL NET OPERATING
19 REVENUE;

20 (II) THE TOTAL CASH VALUE OF EACH HOSPITAL'S COMMUNITY
21 BENEFIT ACTIVITY SPENDING IN THE SUBCATEGORIES DESCRIBED IN
22 SECTION 25.5-1-701 (4)(a);

23 (b) THE TOTAL CASH VALUE OF EACH FEDERAL, STATE, AND LOCAL
24 TAX EXEMPTION FOR WHICH EACH HOSPITAL QUALIFIES;

25 (c) A SUMMARY OF EACH HOSPITAL'S COMMUNITY BENEFIT
26 ACTIVITIES THAT HAVE BEEN EFFECTIVE IN IMPROVING COMMUNITY
27 HEALTH OUTCOMES;

1 (d) ANY INFORMATION REPORTED BY A HOSPITAL PURSUANT TO
2 SUBSECTION (3)(b) OF THIS SECTION; AND

3 (e) ANY LEGISLATIVE RECOMMENDATIONS THE STATE
4 DEPARTMENT HAS FOR THE GENERAL ASSEMBLY.

5 **SECTION 2. Act subject to petition - effective date.** This act
6 takes effect at 12:01 a.m. on the day following the expiration of the
7 ninety-day period after final adjournment of the general assembly (August
8 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
9 referendum petition is filed pursuant to section 1 (3) of article V of the
10 state constitution against this act or an item, section, or part of this act
11 within such period, then the act, item, section, or part will not take effect
12 unless approved by the people at the general election to be held in
13 November 2020 and, in such case, will take effect on the date of the
14 official declaration of the vote thereon by the governor.