

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 23-0849.01 Chelsea Princell x4335

**HOUSE BILL 23-1243**

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Public & Behavioral Health & Human Services

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**A BILL FOR AN ACT**

101 **CONCERNING CHANGES TO THE HOSPITAL COMMUNITY BENEFIT.**

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**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 makes changes to the hospital community benefit and imposes certain requirements on the public presentation of each hospital's community implementation plan. The bill requires each hospital to:

- Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year;
- Submit a report that details who attended the public meeting, the topics discussed at the meeting, and any

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

- decisions made as a result of the discussion;
- Make the report available to the public; and
- Complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital.

The bill requires the state board to promulgate rules governing the accessibility standards for the public meetings and to implement best practices to ensure public engagement from a diverse range of populations.

The bill requires the department of health care policy and financing (state department) to:

- Include in its annual report a summary of the estimated federal and state tax exemptions made by each hospital;
- Establish a minimum annual community investment target based on certain calculation standards; and
- Set requirements for compliance, and allows the state department to take remedial action if a hospital fails to comply with the hospital community benefit requirements.

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

2           **SECTION 1. Legislative declaration.** (1) The general assembly  
 3 finds and declares that:

4           (a) Colorado's nonprofit hospitals are exempt from local and state  
 5 sales and property taxes and are exempt from state and federal income  
 6 taxes. In addition to tax exemptions, a hospital's nonprofit status allows  
 7 the hospital to benefit from tax-exempt bond financing and to receive  
 8 charitable contributions that are tax-deductible to the donors. These tax  
 9 exemptions save Colorado's nonprofit hospitals millions of dollars of tax  
 10 liability each year.


11           (b) Colorado's largest urban and system-affiliated nonprofit  
 12 hospitals realize profits after community benefit spending, and these  
 13 profits incur no taxes;

14           (c) The tax exemption policies provide significant financial

1 benefits to nonprofit hospitals. In exchange for the tax exemptions,  
2 nonprofit hospitals assume a social obligation to provide community  
3 benefits of public interest.

4 (d) To meet the social obligation, nonprofit hospitals must be  
5 transparent about their community benefit spending and must be held  
6 accountable to their communities. Nonprofit hospitals must ensure that  
7 their community benefit spending meets the needs expressed by  
8 community members.

9 (2) Therefore, the general assembly hereby finds and declares that  
10 detailed, consistent, and public reporting of Colorado's nonprofit  
11 hospitals' community benefit spending is necessary for all communities  
12 served by hospitals to understand the breadth and amount of hospital  
13 community benefit spending and the impact that spending has on the  
14 health of Coloradans.

15   
16 **SECTION 2.** In Colorado Revised Statutes, 25.5-1-702, **amend**  
17 (1), (2), and (3); and **add** (2.5), (2.7), (2.8), (4), (5), (6), and (7) as  
18 follows:

19 **25.5-1-702. Hospitals - public community meeting requirement**  
20 **- rules.** (1) At least once each year, each REPORTING hospital shall  
21 convene a public meeting to seek feedback regarding the REPORTING  
22 hospital's community benefit activities during the previous year and the  
23 REPORTING hospital's community benefit implementation plan for the  
24 following year.

25 (2) (a) Each REPORTING hospital shall invite, at a minimum,  
26 representatives from the following entities to participate in the meeting  
27 described in subsection (1) of this section, if any such entities operate in

- 1 the REPORTING hospital's community:
- 2 (I) Local public health agencies;
- 3 (II) Local chambers of commerce and economic development
- 4 organizations;
- 5 (III) Local health-care consumer organizations;
- 6 (IV) School districts;
- 7 (V) County governments;
- 8 (VI) City and town governments;
- 9 (VII) Community health centers;
- 10 (VIII) Certified rural health clinics or primary care clinics located
- 11 in a county that has been designated by the federal office of management
- 12 and budget as a rural or frontier county;
- 13 (IX) Area agencies on aging; and
- 14 (X) Health-care consumer advocacy organizations.
- 15 (XI) A MEMBER OF THE TRIBAL COUNCIL OR THEIR DESIGNEE FOR
- 16 A HOSPITAL WHOSE COMMUNITY INCLUDES ONE OF COLORADO'S
- 17 LAND-BASED TRIBES;
- 18 (XII) A MEMBER FROM THE URBAN INDIAN ORGANIZATION FOR A
- 19 HOSPITAL WHOSE COMMUNITY INCLUDES A FEDERALLY DESIGNATED
- 20 URBAN INDIAN HEALTH CENTER OR URBAN INDIAN ORGANIZATION; AND
- 21 (XIII) A MEMBER FROM AN INSTITUTION OF HIGHER LEARNING FOR
- 22 A HOSPITAL WHOSE COMMUNITY INCLUDES SUCH INSTITUTIONS.
- 23 (b) In addition to the entities described in subsection (2)(a) of this
- 24 section, each REPORTING hospital shall invite, at a minimum,
- 25 representatives from the following state agencies to participate in the
- 26 meeting described in subsection (1) of this section:
- 27 (I) The state department;

1 (II) The department of public health and environment;  
2 (III) The department of human services;  
3 (IV) The Colorado commission on higher education; and  
4 (V) The office of saving people money on healthcare in the  
5 lieutenant governor's office.

6 (c) In addition to the entities described in subsections (2)(a) and  
7 (2)(b) of this section, each REPORTING hospital shall invite the general  
8 public to the annual meeting described in subsection (1) of this section.  
9 The REPORTING hospital shall issue such invitation in an advertisement  
10 placed in any major newspaper published in the REPORTING hospital's  
11 community, POSTED ON THE REPORTING HOSPITAL'S PUBLIC WEBSITE AND  
12 SOCIAL MEDIA ACCOUNTS OR OTHER ONLINE PRESENCE, DISTRIBUTED  
13 THROUGH THE REPORTING HOSPITAL'S ELECTRONIC NEWSLETTER OR EMAIL  
14 LISTS, AND DISTRIBUTED BY ANY OTHER MEANS THROUGH WHICH THE  
15 REPORTING HOSPITAL REGULARLY COMMUNICATES WITH THE COMMUNITY  
16 IT SERVES. THE INVITATION MUST BE PUBLISHED AT LEAST THIRTY DAYS  
17 PRIOR TO THE SCHEDULED MEETING.

18 (2.5) WHEN PRESENTING THE PROPOSED COMMUNITY BENEFIT  
19 IMPLEMENTATION PLAN DESCRIBED IN SUBSECTION (1) OF THIS SECTION,  
20 THE REPORTING HOSPITAL MUST:

21 (a) PRESENT PRIORITY AREAS IDENTIFIED IN THE REPORTING  
22 HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AND  
23 ANY OTHER COMMUNITY BENEFIT INVESTMENT OPTION RECOMMENDED BY  
24 THE REPORTING HOSPITAL. EACH PRIORITY RECOMMENDATION PRESENTED  
25 MUST CLEARLY IDENTIFY THE SOURCE OF THE RECOMMENDATION.

26 (b) SOLICIT PUBLIC INPUT AND COMMUNITY APPROVAL FOR ANY  
27 ADDITIONAL COMMUNITY BENEFIT INVESTMENT PRIORITY; AND

1 (c) REVIEW AND INCORPORATE THE PUBLIC FEEDBACK RECEIVED  
2 BEFORE THE REPORTING HOSPITAL FINALIZES ITS ANNUAL COMMUNITY  
3 BENEFIT IMPLEMENTATION PLAN. ■ ■ ■

4 (2.7) A REPORTING HOSPITAL MAY ONLY ADD COMMUNITY BENEFIT  
5 PRIORITIES TO THE REPORTING HOSPITAL'S IMPLEMENTATION PLAN IF THE  
6 COMMUNITY BENEFIT PRIORITIES RECEIVED COMMUNITY APPROVAL  
7 PURSUANT TO SUBSECTION (2.5) OF THIS SECTION. THE REPORTING  
8 HOSPITAL MUST INDICATE THAT THE IMPLEMENTED COMMUNITY BENEFIT  
9 PRIORITIES ARE A RESULT OF REPORTING HOSPITAL RECOMMENDATIONS  
10 AND NOT FROM COMMUNITY FEEDBACK.

11 (2.8) THE STATE BOARD SHALL PROMULGATE RULES TO DEFINE  
12 TERMS AND ESTABLISH SPECIFIC PROCESSES REGARDING THE  
13 REQUIREMENTS FOR HOSPITALS TO SOLICIT PUBLIC INPUT, REVIEW AND  
14 INCORPORATE PUBLIC INPUT, AND RECEIVE COMMUNITY APPROVAL  
15 PURSUANT TO SUBSECTIONS (2.5) AND (2.7) OF THIS SECTION.

16 (3) To satisfy the requirements of this section, a REPORTING  
17 hospital may convene a joint public meeting with one or more other  
18 REPORTING hospitals that share some or all of the hospital's community.

19 (4) FOR EACH PUBLIC MEETING AND COMMUNITY HEALTH NEEDS  
20 ASSESSMENT COMMUNITY ENGAGEMENT MEETING HELD, EACH REPORTING  
21 HOSPITAL SHALL SUBMIT A REPORT TO THE STATE DEPARTMENT AND MAKE  
22 THE REPORT AVAILABLE TO COMMUNITY MEMBERS BY MAKING THE  
23 REPORT PUBLICLY AVAILABLE ON THE REPORTING HOSPITAL'S WEBSITE.  
24 THE REPORT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING:

- 25 (a) MEETING MINUTES;
- 26 (b) A LIST OF THE MEETING ATTENDEES;
- 27 (c) THE CONTENT OF THE MEETING DISCUSSION, INCLUDING ANY

1 COMMUNITY BENEFIT PRIORITIES DISCUSSED AND THE DECISIONS MADE  
2 REGARDING THOSE DISCUSSED COMMUNITY BENEFIT PRIORITIES;

3 (d) COMMUNITY FEEDBACK RECEIVED AND HOW THE HOSPITAL  
4 PLANS TO INCORPORATE THE FEEDBACK INTO THE REPORTING HOSPITAL'S  
5 COMMUNITY BENEFIT IMPLEMENTATION PLAN; AND

6 (e) ANY DATA COLLECTED FROM ATTENDEES, SUCH AS DATA  
7 CONCERNING RACE, ETHNICITY, OR INCOME.

8 (5) THE STATE DEPARTMENT MUST CONDUCT A STAKEHOLDER  
9 MEETING WITH CONSUMER ADVOCATES, COMMUNITY ORGANIZERS,  
10 COMMUNITY ORGANIZATIONS, AND HOSPITAL REPRESENTATIVES TO  
11 IDENTIFY AND DEVELOP, AT A MINIMUM, BEST PRACTICES TO ENSURE  
12 LOW-INCOME RESIDENTS, RESIDENTS OF COLOR, PEOPLE WITH SERIOUS  
13 MENTAL ILLNESS, PEOPLE WITH DISABILITIES, AND OTHER POPULATIONS  
14 EXPERIENCING DISPROPORTIONATE HEALTH OUTCOMES IN LOCAL  
15 COMMUNITIES ARE MEANINGFULLY ENGAGED AND TO ENSURE THEIR INPUT  
16 IS INCORPORATED INTO THE DATA USED TO IDENTIFY COMMUNITY  
17 PRIORITIES FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND  
18 COMMUNITY BENEFIT IMPLEMENTATION PLAN. THIS STAKEHOLDER  
19 ENGAGEMENT MUST ALSO INCLUDE BEST PRACTICES FOR HOSPITALS TO  
20 COLLABORATE WITH LOCAL PUBLIC HEALTH AGENCIES AND COMMUNITY  
21 ORGANIZATIONS TO REDUCE REDUNDANT COMMUNITY NEEDS  
22 ASSESSMENTS.

23 (6) THE STATE BOARD SHALL PROMULGATE RULES TO ESTABLISH  
24 ACCOMMODATION STANDARDS FOR THE ANNUAL COMMUNITY BENEFIT  
25 PUBLIC MEETINGS AND COMMUNITY HEALTH NEEDS ASSESSMENT THAT  
26 INCLUDE LANGUAGE ACCESSIBILITY, ADEQUATE ADVANCED PUBLIC  
27 NOTICE, AND ANY OTHER TYPE OF ACCESSIBILITY MEASURES DEEMED

1 NECESSARY BY THE STATE BOARD, AND TO IMPLEMENT THE BEST  
2 PRACTICES IDENTIFIED AND DEVELOPED PURSUANT TO SUBSECTION (5) OF  
3 THIS SECTION.

4 (7) THE STATE BOARD SHALL PROMULGATE ANY ADDITIONAL  
5 RULES THAT MAY BE NECESSARY FOR CONDUCTING THE ANNUAL  
6 COMMUNITY BENEFIT PUBLIC MEETINGS DESCRIBED IN THIS SECTION.

7 **SECTION 3.** In Colorado Revised Statutes, 25.5-1-703, **amend**  
8 (2), (3)(d)(I)(C), (3)(d)(I)(D), (5)(a), (7)(b), and (7)(c); and **add** (3.5) and  
9 (7)(d) as follows:

10 **25.5-1-703. Hospitals - community health needs assessments**  
11 **- community benefit implementation plans - reports - rules.** (2) On or  
12 before a date to be determined by rules promulgated by the state board,  
13 and on or before such date each year thereafter, each reporting hospital  
14 shall complete a community benefit implementation plan that:

15 (a) Addresses the needs described by the reporting hospital's  
16 community health needs assessment;

17 (b) INCLUDES AN EXPLANATION OF THE COMMUNITY SERVED BY  
18 THE HOSPITAL FACILITY; AND

19 (c) DESCRIBES HOW THE COMMUNITY WAS DETERMINED PURSUANT  
20 TO 26 C.F.R. 1.501(r) 3(b).

21 (3) On or before a date to be determined by rules promulgated by  
22 the state board, and on or before such date each year thereafter, each  
23 reporting hospital shall prepare and submit to the state department a  
24 report on certain community benefits, costs, and shortfalls. The report  
25 must include:

26 (d) A description of certain spending and investments made by the  
27 reporting hospital during the preceding year, including:



1 (I) A list of the investments made by the reporting hospital that  
2 were included in part I, part II, and part III of schedule H of the reporting  
3 hospital's form 990. For each such investment, the reporting hospital  
4 shall:

5 (C) For any investment that addressed a community-identified  
6 health need, identify any of the following categories, which may be  
7 further defined by rules promulgated by the state board, that are  
8 applicable: ~~Free or discounted health-care services, programs that address~~  
9 ~~health behaviors or risks, programs that address the social determinants~~  
10 ~~of health, and such other categories as may be defined in rules~~  
11 ~~promulgated by the state board; and~~ FREE OR DISCOUNTED HEALTH-CARE  
12 SERVICES; BEHAVIORAL HEALTH; COMMUNITY-BASED HEALTH CARE;  
13 SOCIAL DETERMINANTS OF HEALTH SPENDING, INCLUDING SPENDING TO  
14 ADDRESS INDIVIDUALS' NEEDS, SUCH AS HOUSING, FOOD,  
15 TRANSPORTATION, INTERPERSONAL VIOLENCE, EDUCATION, AND JOB  
16 OPPORTUNITIES; AND PROVIDER RECRUITMENT, EDUCATION, AND  
17 RESEARCH AND TRAINING. IN IDENTIFYING THESE CATEGORIES, THE  
18 REPORTING HOSPITAL SHALL DISTINGUISH DIRECT OR CASH EXPENDITURES  
19 FROM IN-KIND CONTRIBUTIONS.

20 (D) For any investment that addressed a community-identified  
21 health need, ~~describe available evidence that shows how the investment~~  
22 ~~improves community health outcomes~~ PROVIDE EVIDENCE SHOWING HOW  
23 THE INVESTMENT IMPROVES COMMUNITY HEALTH OUTCOMES AND HOW  
24 THE INVESTMENT DIRECTLY CORRESPONDS TO COMMUNITY-IDENTIFIED  
25 NEEDS.

26 (3.5) ON OR BEFORE A DATE TO BE DETERMINED BY RULES  
27 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE

1 EVERY THREE YEARS THEREAFTER, THE STATE DEPARTMENT SHALL  
2 REVIEW EACH REPORTING HOSPITAL'S COMMUNITY HEALTH NEEDS  
3 ASSESSMENT AND EACH REPORTING HOSPITAL'S ANNUAL COMMUNITY  
4 BENEFIT IMPLEMENTATION PLAN TO IDENTIFY THE HIGHEST PRIORITY  
5 AREAS AS REPORTED BY COMMUNITIES AS COMPARED TO THE REPORTING  
6 HOSPITAL'S REPORTED SPENDING. THE STATE DEPARTMENT SHALL INCLUDE  
7 SUCH INFORMATION IN THE REPORT DESCRIBED IN SUBSECTION (7) OF THIS  
8 SECTION.

9 (5) (a) The state board shall promulgate rules ~~establishing~~  
10 ~~reporting~~ THAT ESTABLISH:

11 (I) REPORTING requirements for reporting hospitals that are not  
12 required to complete schedule H of the form 990. The rules must promote  
13 uniformity with the requirements set forth in subsection (3) of this  
14 section; AND

15 (II) REQUIREMENTS FOR THE EVIDENCE-BASED SUPPORTING  
16 DOCUMENTATION THAT IS REQUIRED PURSUANT TO SUBSECTION  
17 (3)(d)(I)(D) OF THIS SECTION.

18 (7) As part of the report authorized in section 25.5-4-402.8, the  
19 state department shall include a summary of the reports submitted to the  
20 state department pursuant to subsection (3) of this section during the  
21 preceding year. The summary must include:

22 (b) A summary of the reporting hospitals' investments that have  
23 been effective in improving community health outcomes; ~~and~~

24 (c) Any legislative recommendations the state department has for  
25 the general assembly; AND

26 (d) THE ESTIMATED FEDERAL, STATE, AND LOCAL TAX EXEMPTION  
27 RECEIVED BY EACH HOSPITAL, WHICH MUST BE CALCULATED BY THE

1 OFFICE OF THE STATE AUDITOR.

2 [REDACTED]

3 SECTION 4. In Colorado Revised Statutes, add 25.5-1-704 as  
4 follows:

5 25.5-1-704. Hospital community investment compliance -

6 rules. (1) (a) If THE STATE DEPARTMENT FINDS THAT A REPORTING  
7 HOSPITAL IS NOT IN [REDACTED] COMPLIANCE WITH THE COMMUNITY BENEFIT  
8 REQUIREMENTS OF THIS PART 7, THE STATE DEPARTMENT SHALL NOTIFY  
9 THE REPORTING HOSPITAL OF ITS NONCOMPLIANCE AND IDENTIFY THE  
10 INFORMATION THAT NEEDS TO BE PROVIDED. IF A REPORTING HOSPITAL  
11 DOES NOT COMPLY, THE STATE DEPARTMENT SHALL REQUIRE THE  
12 REPORTING HOSPITAL TO SUBMIT TO THE STATE DEPARTMENT A  
13 CORRECTIVE ACTION PLAN WITHIN ONE HUNDRED AND TWENTY DAYS FOR  
14 APPROVAL BY THE STATE DEPARTMENT. [REDACTED]

15 (b) If NONCOMPLIANCE CONTINUES OR A REPORTING HOSPITAL  
16 FAILS TO SUBMIT A CORRECTIVE ACTION PLAN, [REDACTED] OR IF THE STATE  
17 DEPARTMENT DETERMINES A HOSPITAL'S NONCOMPLIANCE WITH THIS  
18 SECTION IS KNOWING OR WILLFUL OR A REPEATED PATTERN OF  
19 NONCOMPLIANCE EXISTS, THE STATE DEPARTMENT SHALL CONSIDER THE  
20 SIZE OF THE HOSPITAL AND THE SERIOUSNESS OF THE VIOLATION IN  
21 SETTING A FINE AMOUNT. [REDACTED] FOR A REPORTING HOSPITAL OWNED BY OR  
22 AFFILIATED WITH A HOSPITAL SYSTEM COMPRISED OF THREE OR MORE  
23 HOSPITALS, THE FINE MUST BE NOT MORE THAN TWENTY THOUSAND  
24 DOLLARS PER WEEK PER VIOLATION. FOR ALL OTHER REPORTING  
25 HOSPITALS, THE FINE MUST BE NOT MORE THAN FIVE THOUSAND DOLLARS  
26 PER WEEK PER VIOLATION.

27 (2) REPORTING HOSPITALS SHALL EXPEND THE AMOUNT FINED

1 PURSUANT TO SUBSECTION (1)(b) OF THIS SECTION ON COMMUNITY  
2 BENEFIT INVESTMENT PRIORITIES DESCRIBED IN THE HOSPITAL'S CURRENT  
3 COMMUNITY BENEFIT IMPLEMENTATION PLAN WITHIN ONE YEAR AFTER  
4 THE FINE IS IMPOSED. EACH REPORTING HOSPITAL SHALL REPORT ON HOW  
5 THE MONEY COLLECTED THROUGH FINES IS EXPENDED IN THE REPORTING  
6 HOSPITAL'S ANNUAL REPORT TO THE STATE DEPARTMENT PURSUANT TO  
7 SECTION 25.5-1-703.

8 (3) THE STATE BOARD SHALL PROMULGATE ANY RULES NECESSARY  
9 FOR THE IMPLEMENTATION OF THIS SECTION.

10 **SECTION 5. Safety clause.** The general assembly hereby finds,  
11 determines, and declares that this act is necessary for the immediate  
12 preservation of the public peace, health, or safety.