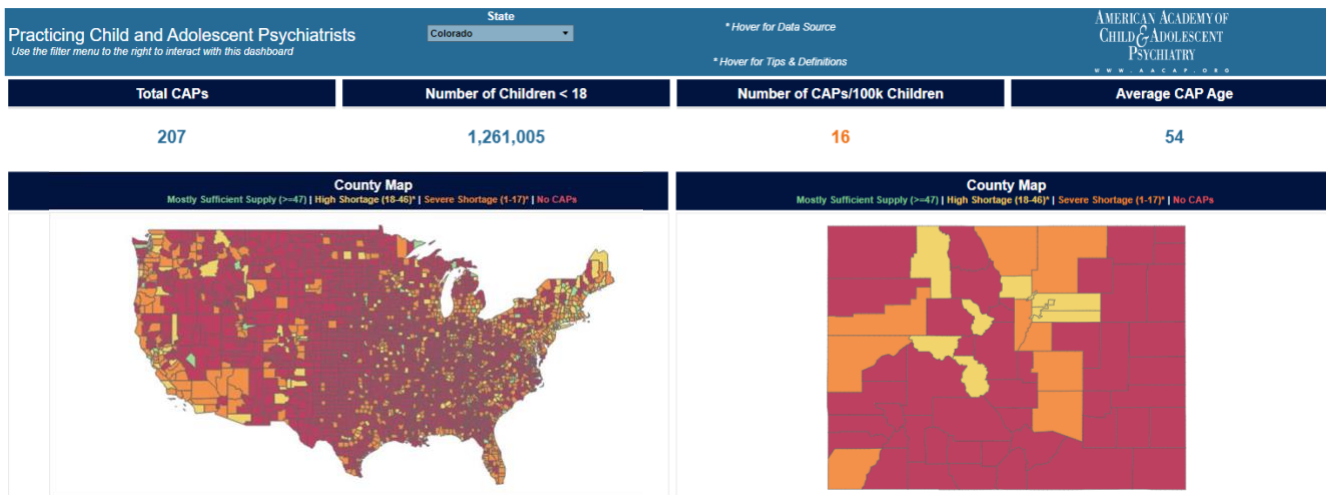


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Particularly as a child and adolescent psychiatrist there is an importance of training the next generation of pediatric mental health providers given the lack of access to high quality care for people across the country. This lack of access was noted prior to COVID and has been worsening since due to the inability of us to keep up with training the next generation of providers. This bill would further impact the children and families of Colorado in a manner that is unconscionable. Below is a map of the # of child and adolescent psychiatrists by state and county which is available at this [website](#) maintained by the American Academy of Child and Adolescent Psychiatry.

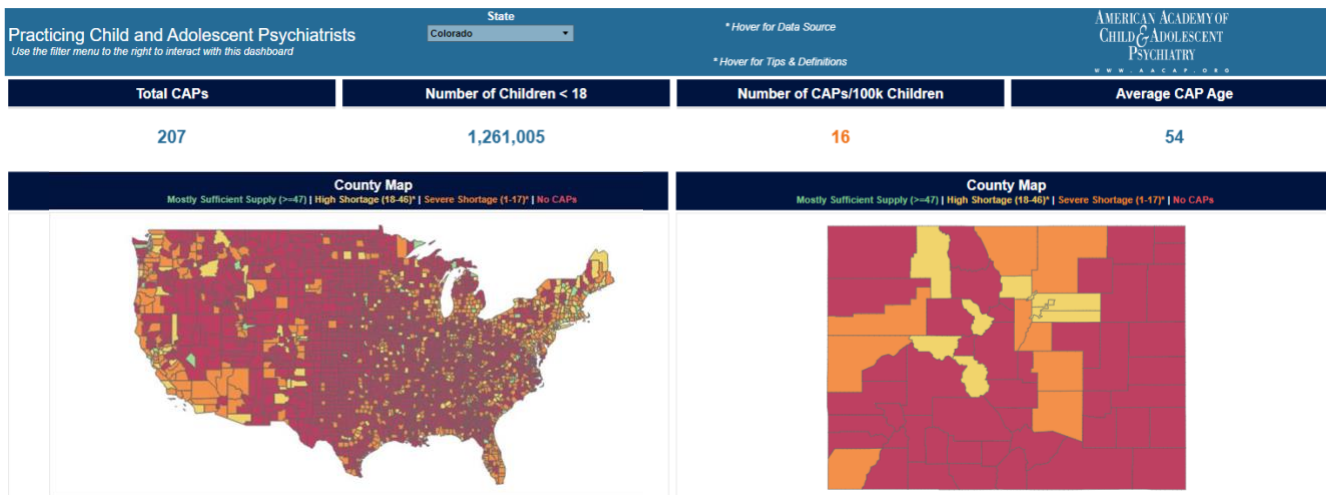


Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials. While there are very real challenges of healthcare affordability in Colorado, HB23- 1243 is not the answer, and I urge you to vote no.

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House Public & Behavioral Health & Human Services

03/29/2023 01:30 PM

HB23-1243 Hospital Community Benefit

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Stephanie Vetter Against themselves	<p>Passing this bill would divert millions of dollars away from the University of Colorado School of Medicine without any proposed plan to fund the deficit that will surely occur.</p> <p>Currently hospital support for research and training is considered a "community benefit". This would go away if HB23-1234 is passed. HB23-1243 would quite literally end many programs across the School of Medicine within the University of Colorado.</p> <p>I'm sure it goes without saying that continued access to outpatient faculty and trainees is critical to the University of Colorado Campus, our community and the entire state of Colorado. In addition to patients - their families, colleagues and communities would be gravely impacted.</p>
Melissa Sinclair Against themselves	<p>As an employee of the University of Colorado School of Medicine (SOM) this bill will drastically cut the funding the school receives to support education, research, and community mission areas. The SOM already receives one of the lowest state budget appropriations in the country and we are subsidized heavily by our hospital partners. The passage of this bill would limit our hospital partners' ability and interest in continuing this support. Loss of this support would reduce the number of trainees the SOM is able to support, in addition to the innovative and life changing research performed at the campus. I would imagine the campus reducing in considerable size which would put many talented individuals out of work, not to mention the region could lose a major "draw" to those out of state seeking partnership with a SOM. Please vote no on HB23-1243!</p>
Emmaly Perks Against themselves	<p>Dear Legislators,</p> <p>I am writing to you today to strongly oppose the proposed legislation that would redefine how hospital community benefit funds can be used. As an employee of the University of Colorado's School of Medicine, I am acutely aware of the numerous important services that community benefits funds 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 hospitals' authority to use these funds as they see fit will all but destroy our education and research missions. 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 themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation. While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as “community benefit” our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training. In actuality, allowing research and training to be supported as a community benefit allows us to train providers who are invested in giving back to our community. I've had the privilege of working with countless medical students, social work interns, and psychology trainees who are interested in continuing to serve the community here after their training.</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials. While there are very real challenges of healthcare affordability in Colorado, HB23-1243 is not the answer, and I urge you to vote no.</p>
<p>Randal Pyers Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as “community benefit” our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training.</p>

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<p>Amy Dreier Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as “community benefit” our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training. Decreasing access to care nearly guarantees to hurt the most vulnerable Coloradoans, including already minoritized populations.</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials.</p> <p>While there are very real challenges of healthcare affordability in Colorado, HB23- 1243 is not the answer, and I urge you to vote no.</p>
<p>Jessica Hawks Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as “community benefit” our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training.</p>

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<p>Mandy Holland Against University of Colorado Medicine</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado's medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as "community benefit" our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training.</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials.</p> <p>While there are very real challenges of healthcare affordability in Colorado, HB23-1243 is not the answer, and I urge you to vote no.</p>
<p>Chelsea Hansen Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado's medical training programs. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>At the Anschutz Medical Campus, we use these funds to train the next generation of doctors and providers. Many come here just for our programs and environment. Supporting research and training missions is how we get new, intelligent doctors and have breakthroughs in medical advancement. Without those, less providers will come to Colorado for our training, and even less will move here for careers.</p>

	<p>We already have a healthcare worker and doctor shortage in the state - why would we pass a bill that makes that even less?</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials. Clinical trials and research lead to medical advancement that helps patients and the citizens of Colorado in the long term. It's also likely many of us who work in the research and training space would be laid off - potentially thousands just from the CU medical system.</p> <p>While healthcare does need to be more affordable, HB23-1243 is not the answer and would cause even more problems and shortages in providers. It would also effect many of us in the state who work in healthcare by triggering layoffs in an industry that's already short staffed. I urge you to please vote no on this bill.</p>
<p>Kristin Owens Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado's medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as "community benefit" our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training.</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials.</p> <p>While there are very real challenges of healthcare affordability in Colorado, HB23-1243 is not the answer, and I urge you to vote no.</p>
<p>Haley Huffman Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado's medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p>

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<p>Lily Luo Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no</p>

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<p>Shaleeta Flagg Against themselves</p>	<p>Passing HB23-1243 would divert millions of dollars away from Colorado’s medical training programs without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.</p> <p>While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as “community benefit” our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions. There is already a lack of medical providers across the state of Colorado and passing this bill would only create a larger deficit by limiting access to world-class training.</p> <p>Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from participation in clinical trials.</p>

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Elicia Bunch
HB23-1243 Hospital Community Benefit
Testimony in OPPOSITION
House Public & Behavioral Health & Human Services Committee
Madame Chair, Representative Michaelson-Jenet
March 24, 2023

Madame Chair and members of the committee - thank you for the opportunity to share my written testimony.

My name is Elicia Bunch, and I am vice president of behavioral health at UHealth. I am submitting this written testimony to share my concerns with HB23-1243. As introduced, the bill would put at risk the investments nonprofit hospitals make in charity care, life-saving research, and workforce training and recruitment – all critical investments that benefit the communities we serve.

In October 2019, UHealth announced a \$150M investment to make behavioral health more accessible to patients. Since 2019, UHealth has expanded behavioral health patient capacity in our communities by **more than 400%** by integrating behavioral health services into communities we serve, including co-responder programs which pair a behavioral health professional with a law enforcement officer, launching virtual behavioral health services and expanding overall community outpatient clinic capacity. In order to expand access to care, UHealth has made a tremendous investment in developing the behavioral health workforce.

These are the programs and services that are funded in part through community benefit dollars. As introduced, this bill would significantly narrow the definition of what qualifies as a community benefit, compromising these investments in behavioral health services and the recruitment, training, and development of professionals to deliver care.

Behavioral health needs have grown exponentially in Colorado and are over-taxing systems of care. The demand for mental health services has increased and continues to rise, with some estimates that anxiety and depression symptoms are as much as 3 times the rate seen a few years ago. At the same time, staffing, treatment, and bed capacity are not keeping up with demand. Several organizations have determined that the behavioral health workforce is in a state and national crisis, with insufficient behavioral health professionals and services to meet the demand for care.

Mental Health America recently published the 2022 national adult mental health ranking with states ranked based on volume of adults with mental health conditions and their access to care. **Colorado ranked last in the nation based on high rates of adults with behavioral health conditions and unmet needs.** Adding this to the fact that nearly half of Coloradans live in Mental Health Professional Shortage Areas, it is critical that we prioritize building a professional behavioral health workforce.

Now, more than ever, UHealth's investment in a comprehensive strategy to meet the behavioral health professional workforce needs of Coloradans is critical. Workforce development is necessary to support the vision of delivering high quality, evidence based

behavioral health services to Coloradans through the development of new services to support patients and families within healing environments. UHealth recognizes that behavioral health conditions are highly prevalent within the medical healthcare system and has a vision for integrating whole person, trauma informed care into the care environment, treating behavioral health as essential medical care, removing barriers and reducing stigma for patients and their families. This will not happen without a sufficient workforce to deliver these critical services.

As introduced, this bill would have unintended consequences, compromising investments in Colorado's behavioral health workforce. Without sufficient workforce development resources and programs, Coloradans will not receive life-saving behavioral health services when and where they are desperately needed. With behavioral health services, professionals, and resources already insufficient to meet the needs of Coloradans, cuts to this funding will be devastating. For the future of Coloradans, I urge you to oppose this bill or amend it to protect nonprofit hospitals' critical community benefit investments in free and discounted care, research, training and provider recruitment.

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To whom it may concern regarding HB-1243 (Hospital Community Benefit),

My name is David Poticha, I am a CO licensed and practicing attorney working for a small non-profit company, CPC Clinical Research and Community Health, that delivers clinical trial management services as well as rural community healthcare education across Colorado. I am a Colorado native, a former scientist (trained and graduate educated at CU Health Sciences Center) and have worked all 22 years of my legal career in the biotech, medical and health sciences industries in Colorado. I was born on the Anschutz campus when it was an Army base, my father was a physician and volunteer faculty member at CU School of Medicine, and I worked for 9 years previously on the Anschutz campus watching Children's, University Hospital (UCH), and now the VA all get built.

I say all that solely as background, because I come to you today not as a lawyer wanting to lobby about this bill, not as a nearly lifelong Democrat who believes we are only as strong as our weakest links, but as a concerned son of a UCH patient. My mother has spent the last 8 years of her life battling a constellation of eye diseases, but they remained undiagnosed and improperly treated until I convinced her to go the Lion's Eye Institute at UCH 3 years ago. There, for the first time in 5 years, a diagnosis was made of a very rare auto-immune disease in her eye, a disease so rare that only 10-15 patients a year in the U.S. present with it.

The **ONLY** reason this diagnosis was made was because of the outstanding medical expertise found at UCH. The doctors there are among the very best in the world, and that hospital and campus help to put Colorado in a great light nationally for the healthcare services we provide our citizens, which is buttressed immensely by UCH's commitment to research. Sadly, my mother has progressed in her illnesses and new ones have emerged, and we have struggled with getting her the same level of care ever since COVID and the Great Resignation. UCH is overwhelmed, their staff are struggling to keep up, and while the brilliant people are all still being brilliant, delivering the kind of healthcare they are all so used to delivering is becoming more and more difficult.

The LAST thing that this overburdened system needs is another layer of oversight and control with the State placing another straw on the camel's nearly broken back. What Colorado needs to be doing now is shoring up this wonderful center and trying to improve healthcare delivery around the State. Introducing greater State oversight into how these hospitals define their business and community benefits, going against the recommendations of the IRS and making Colorado among the most restrictive States on these matters will hurt and not help our hospitals across the State, and most especially where significant investment is being made in healthcare research. Doing so will take money away from those very high-level research activities and will deter new business from coming to Colorado. This impact will be true across the State, but again most significantly at centers investing in research.

I therefore implore this committee to reconsider the fundamental nature of this bill. Please carefully consider the impact this (and all other) bill(s) will have on not just UCH but the State's wonderful healthcare system as a whole. Consider the reputation of the State to those who want to bring their talent and business here. What are the real goals here? Shouldn't we be focusing almost exclusively on better delivery of healthcare by creating more incentives for healthcare businesses to be here, not making it less attractive and negatively impacting patient care? We are talking about facilities in a battle for survival yet still doing all they can to help the people of Colorado stay healthy. From where I sit, this bill, as well as the other bill regarding facility fees, are not accomplishing these patient centric goals.

I hope that my one small voice will give you pause to at least think about the global impacts this and related bills could have on Colorado's ability to retain and attract healthcare talent and industry, to advance medicine, and most importantly, to help Colorado's sick and injured like my mother. Let's make Colorado a place healthcare and research focused companies want to come, a State that delivers the best healthcare in the world to those with rare diseases, not a place that screams of government oversight and micromanagement.

Thank you for your time.

David Poticha, J.D., M.S.

March 29, 2023

To: Members of the Colorado State Public & Behavioral Health & Human Services Committee
Re: HB 23 - 1243 Hospital Community Benefit; Hearing March 29, 2023 at 1:30 p.m.

Topic: Concerns for the language of the bill and opposition to certain elements therein.

Testimony: Submitted by Michael Salem, MD, President & CEO, National Jewish Health.

Greetings to Representative Amabile and Members of the Committee,

As you may know, National Jewish Health was founded in Colorado in 1899, as a nonprofit hospital to meet the needs of patients who had an incurable respiratory illness known at the time as consumption and later would be identified as tuberculosis. People came from around the state and across the country for help, and we provided care free of charge. We also turned our attention to research, to seek a cure and better understand the disease.

Fast forward nearly 125 years, National Jewish Health continues to be dedicated to innovative care, research and education for respiratory, heart, immune and related disorders. In fact, we were again called upon for another incurable disease, this time COVID-19. Without hesitation, we turned our attention to care for patients with acute and long COVID, as well as to research to find treatments and gaining knowledge on how to fight this disease. Today, still working as a nonprofit, we continue to draw patients from around Colorado and across the nation as we contribute to our communities with care, research and education. We are proud to call Colorado home.

Issues and Challenges in HB 23-1243

We now offer testimony regarding HB 23-1243 regarding Community Benefits. First, we fully appreciate the amendments to the initial draft of this bill. In its original form, we had to oppose the bill as it threatened our ability to operate and carry on the work we have been doing for more than 100 years. We operate on thin margins and reinvest any profits back into the organization especially to support research, care and special programs for the community. We thank you for the amendments; however, even with those in place, we still respectfully request further consideration of the language of the bill.

Specifically, the areas that add duplication to reporting, call for community approval of community benefit requirements, and attempt to specify how to demonstrate outcomes are problematic. We ask that you relook at the details around requirements for each of these areas. As currently written, the path to compliance in these areas is difficult and adds unnecessary administrative burden and complexity without adding value to the actual community benefit process or outcomes.

Colorado nonprofit hospitals already hold annual community meetings to seek input, deliver an annual report on those meetings and provide an overview of the yearly community benefit contributions – a report which already duplicates a three-year federal requirement for a very similar report. Looking for ways to align the reporting without the duplication would enable greater attention to the report and less redundancy.

We hate seeing the bureaucracy of the process defeat the purpose of the report. Equally concerning is that the cost of the process will take away from the true community investment that we are trying to deliver.

Some specifics to consider:

- **Community Feedback/Implementation Plan.** The current bill summary suggests that hospitals should “Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year.” This point is further discussed within the bill on page 4 in line 3. We are currently required to produce an implementation plan every three years (to meet federal requirements), and we are not sure that the intent is to increase that to require a new plan every year. An annual plan would add one more burden rather than using the rules already in place to provide a progress update, which is what we are currently doing. Further, a new plan yearly does not support longer-term focus on meaningful community investment.

Why this is important can be seen in some of the amazing community benefit programs at National Jewish Health, including our Morgridge Academy, a school on our campus for children with chronic illnesses. This K – 8 school, the only one of its kind in the nation, is free to students and provides elementary and middle school education for 60 to 90 students every year. More than 80% of the students come from families with financial challenges. In addition to traditional education, the school teaches students and their families how to manage their illness, a key life skill. Kids with chronic illnesses from all over the Denver metro area attend the school. National Jewish Health invests in the school every year as well as directing some fundraising efforts for more support. This is an example of a community project that spans and shows results over many years and is uniquely possible due to the long-term investment and focus from National Jewish Health.

We urge you to clarify the language and not begin another tract with another implementation plan requirement.

- **Community Approvals.** The bill calls for hospitals to solicit community input for community benefit priorities, including through a community meeting (which is held each year). The bill then goes on to require “community approval” for any change in priorities. We are not certain exactly what is being suggested or what would constitute “approval.” We have a broad governing body in our volunteer Board of Directors who meet regularly, and among their responsibilities, approve our three-year community benefit implementation plan, review our Community Health Needs Assessments yearly, and regularly consider our ongoing commitments to community benefit.

We are not aware of any other mechanism that would or could guide and grant approval and are concerned that creating a whole new structure would be detrimental to our functioning.

We feel this language around approvals should be dropped from the bill and continue approvals as a duty of the board.

- **Experts to guide solutions.** In addition, we must continue to recognize that hospitals – particularly those like National Jewish Health with a combined care-research-education mission – have considerable expertise, including an understanding of the importance of health care data. That expertise should bear weight in determining what, where and how community benefits are delivered. The bill calls for “community-identified needs” to drive investment (as in pg. 8 and 9 of the current version of the bill), but frequently it is the expertise of the organization that can really make the impact.

For example, we have expertise in treating asthma in children. We have taken this expertise out into all corners of the state through our asthma tool-kit program. This program was developed by a doctor who saw the need, understood the data, and worked with others to develop an approach that could be leveraged to the benefit of children, teachers and families in communities across the state. We do not want the bureaucracy of the legislation to get in the way of the innovation of solutions found in tapping this unique, data-driven expertise.

We also have evidence-based research underway leading a citizen-science air quality project in several Denver neighborhoods to help residents understand and reduce their exposure to air pollution. These types of programs come about from listening to the community, defining information gaps and then going after better understanding that can then lead to solutions.

We urge you to continue the flexibility to have the hospital experts focus and define appropriate programs and solutions to leverage the input received from the community.

Timing. Finally, we ask that this bill, whatever its final form, not take effect until next year. We are already well into the current year and marking the bill with the proposed “Safety Clause” is problematic. Pivoting at this time to encompass new rules and interpret new language, would be a substantial risk and quite frankly, hardly achievable. Our 2023 reports, whatever form they might now take, are currently due at the end of June, just a few short months away.

National Jewish Health is an organization born out of meeting community health care needs and has maintained an ongoing commitment to finding solutions to critical illnesses. We continue to be dedicated to that goal and encourage you to reconsider the language and intent of this bill so as to avoid creating roadblocks to fulfilling our mission and your goals.

Respectfully,

Michael Salem, M.D.
President & CEO

Dear Legislators:

I strongly oppose passing HB23-1243. It would divert millions of dollars away from Colorado's medical training programs, including mental health, without any proposed plan to fund the deficit that would surely occur. As your constituent, I respectfully ask you to vote no on this legislation.

While this may seem obvious, the only way more providers can move into their field of practice is through training. If supporting research and training missions were to no longer count as "community benefit" our hospital partners would be forced to support other programs that qualify, thus shrinking their overall support to academic training missions.

I am particularly concerned about its effect on the training of mental health providers. I am a clinical psychologist providing direct mental health services to children and families but also oversee the training of psychologists and other mental health providers. 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. It would severely limit our ability to continue our highly regarded training programs here at the University of Colorado Department of Psychiatry.

Continued support for research and training is critical to healthcare across the entire state of Colorado. We need more well-trained providers practicing in Colorado and the best way to ensure that this happens is to keep our training programs strong. A strong research agenda is critical to patients throughout Colorado who benefit from the development and implementation of evidence based mental health treatment.

While there are very real challenges of healthcare affordability in Colorado, HB23-1243 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

March 29, 2023

Madame Chair and members of the committee - thank you for the opportunity to provide this written testimony. My name is Neill Epperson, and I am the Chair of Psychiatry at the University of Colorado Anschutz Medical Campus. Today, I would like to express my concerns about HB23-1243 as it was introduced, specifically with respect to its devastating impact on education and training, research, and faculty/staff recruitment. It is my hope that the current amendments under consideration are accepted in their broadest form to include training, recruitment, and research as part of community benefit.

Our hospital partners here at the Anschutz Medical Campus, the University of Colorado Hospital and Children's Hospital Colorado support our training programs through their community benefits giving. In fact, 194 residency slots across a range of specialties are covered by UCH and 77 residency slots are covered by CHCO. Roughly 50% of residents and fellows trained at on our campus remain in Colorado to practice. Just think, what if the state lost the capacity to retain over 100 physicians each year? What would healthcare look like in Colorado?

Equally important, are our hospital partners commitment to recruit the best and the brightest faculty who through research and innovation, create new knowledge to benefit all Coloradans. One example is our Colorado Pediatric Psychiatry Consultation and Access Program, better known as CoPCAPP. Without hospital resources to recruit and support Dr. Sandra Fritch our state would not have CoPCAPP, which now covers more than 500K youth and is currently so successful that it has been written into our state budget. Because of her faculty position in the Department of Psychiatry and the CU School of Medicine, Dr. Fritch was able to apply for a federal grant that funded the first few years of CoPCAPP. These start-up funds enabled her to demonstrate the success of the CoPPCAP model which supports pediatricians to provide mental healthcare with a child and adolescent psychiatrist as backup in more severe cases.

Finally, research is not limited to laboratory studies with mice or cells in a petri dish, it happens in the community as we create, test, and refine programs such as CoPPCAP, benefitting Coloradans in real-time! Our hospital partners provide direct funding for research through their support of the School of Medicine and to individual departments directly. In the Dept of Psychiatry alone, research supported by UCH ranges from the bench to the bedside allowing us to discover the causes of psychiatric and substance use disorders in addition to the ability to create novel interventions. Hospital support enables us to partner with industry to bring the most up-to-date technologies to the practice of psychiatry and mental healthcare, directly benefitting patients.

I could give numerous other examples of how both UCH and CHCO support psychiatric and behavioral healthcare more generally through their community benefit dollars. In fact, one of the reasons that I chose to become Chair at the University of Colorado Department of Psychiatry is that our closest hospital partners are clearly supporting mental healthcare of youth, adults and families to a degree that is unique in my experience. I was a faculty member at Yale University for 18 years and the University of Pennsylvania for 9 years and I have given talks at many academic medical centers across the United States. I can attest that UCH and CHCO place far more emphasis on mental healthcare. They commit millions of dollars in support each year to a range of community facing mental health initiatives in addition to their extensive support for training, recruitment and research. They have and will continue to be incredible partners in improving the mental health landscape of Colorado!

Again, I ask you to please consider the devastating impact of HB23-1243 on the health of Colorado if training, recruitment, and research were not considered as part of our not-for-profit hospital partners' contributions to community benefit! Thank you for your time and attention.

Sincerely,

C. Neill Epperson, M.D.

C. Neill Epperson, MD

Robert Freedman Endowed Professor and Chair | Department of Psychiatry

Professor | Department of Family Medicine

Executive Director | Helen and Arthur E. Johnson Depression Center

University of Colorado School of Medicine | CU Anschutz Medical Campus

Stephanie Williams
HB23-1243 Hospital Community Benefit
Testimony in OPPOSITION
House Public & Behavioral Health & Human Services Committee
Madame Chair, Representative Michaelson-Jenet
March 24, 2023

Madame Chair and members of the committee - thank you for the opportunity to share written testimony with you.

My name is Stephanie Williams, and I am the program supervisor for UCHHealth co-responders in northern Colorado. Today I'd like to discuss my concerns with HB23-1243. As introduced, the bill would put at risk the investments nonprofit hospitals make in charity care, life-saving research, and workforce training and recruitment – all critical investments that benefit the communities we serve.

I understand there are amendments that would remove language in the bill that narrows the definition of community benefit and imposes a minimum threshold of spending on community health needs. I'm here today to ask you to support those amendments and share with you what is at risk if the bill is passed as introduced.

I work as a co-responder, meaning I am the behavioral health provider who responds with officers when my fellow community members are experiencing some of their darkest and most crucial moments. What happens in a behavioral health crisis significantly influences the trajectory of their life, and others, often for years to come. Co-response is a service UCHHealth offers at no charge because it is the right thing to do, especially in a society in which healthcare resources and funding have already been cut back, necessitating community benefit programs such as coresponse in which the primary goal is to divert people from inappropriate care and/or incarceration to more appropriate levels and types of care, often on an outpatient basis.

One community member immediately came to mind when I read about this bill. His name is Dallas and he struggled with addiction and homelessness for decades that led to near daily, if not more than daily, rides to the emergency department. The coresponse team at Fort Collins Police Services was able to work with community partners to fill the existing gaps caused by past healthcare cuts to not only help him get sober, but also secure stable housing. He's now a peer support to others with similar struggles, and those of us around him get to enjoy him for who he really is – an articulate, funny, caring member of the Fort Collins community. To support a bill that further marginalizes already vulnerable community members like Dallas under the guise of providing them "better care" is prevarication at best and deadly at worst.

This work is personal for me - I have family members with mental health and substance use needs the already underfunded healthcare system failed. I've lost three family members in the last three years to suicide. The system failed them as a result of lack of resources, lack of access to resources, and lack of support in connecting to appropriate resources. I'm not willing to lose another family member – or member of my community – to legislation that puts funding before families, politics before patients, or edicts before ethics.

Colorado nonprofit hospitals have demonstrated time and again that they are committed to doing their fair share.

This bill must be amended to include Medicaid shortfall, research, training, physician recruitment and behavioral health services in the definition of community benefits. If these categories are not included, hospitals will be forced to shift support away from these essential services.

As introduced, House Bill 23-1243 will force cuts to programs serving the most vulnerable populations and investments in workforce/research/training. Medicaid patients will lose access to the care they need. Innovative research will be cut. Fewer training options will be available for healthcare workers. Fewer nationally recognized physicians and researchers will be recruiting to come to our state.

I urge you to oppose the bill unless amended.

Thank you for consideration,
Stephanie Williams

Stephanie Williams
HB23-1243 Hospital Community Benefit
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