

HB1001\_L.001

## HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.HB19-1001 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and  
2 substitute:

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

5 **25.5-4-402.4. Hospitals - healthcare affordability and**  
6 **sustainability fee - legislative declaration - Colorado healthcare**  
7 **affordability and sustainability enterprise - federal waiver - fund**  
8 **created - rules - reports. (7) Colorado healthcare affordability and**  
9 **sustainability enterprise board.** (e.5) THE ENTERPRISE BOARD SHALL  
10 CALCULATE THE ESTIMATES DESCRIBED IN SUBSECTION (7)(e)(V) OF THIS  
11 SECTION BY USING APPROPRIATE INFORMATION PROVIDED TO THE STATE  
12 DEPARTMENT BY HOSPITALS AND ANY STATE DEPARTMENT ANALYSIS OF  
13 THAT INFORMATION.

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

16 **25.5-4-402.8. Hospital expenditure report.** (1) (a) THE STATE  
17 DEPARTMENT SHALL ANNUALLY PREPARE A WRITTEN HOSPITAL  
18 EXPENDITURE REPORT DETAILING UNCOMPENSATED HOSPITAL COSTS AND  
19 THE DIFFERENT CATEGORIES OF EXPENDITURES, BY MAJOR PAYER GROUP,  
20 MADE BY HOSPITALS IN THE STATE. THE STATE DEPARTMENT SHALL  
21 CONSULT WITH THE COLORADO HEALTHCARE AFFORDABILITY AND  
22 SUSTAINABILITY ENTERPRISE BOARD, CREATED PURSUANT TO SECTION  
23 25.5-4-402.4 (7) AND REFERRED TO IN THIS SECTION AS THE "ENTERPRISE  
24 BOARD", IN DEVELOPING THE HOSPITAL EXPENDITURE REPORT. THE STATE  
25 DEPARTMENT MAY SHARE ANY INFORMATION IT RECEIVES FROM  
26 HOSPITALS WITH THE ENTERPRISE BOARD. IN COMPILING THE HOSPITAL  
27 EXPENDITURE REPORT, THE STATE DEPARTMENT SHALL USE PUBLICLY  
28 AVAILABLE DATA SOURCES WHENEVER POSSIBLE.

29 (b) EXCEPT AS PROVIDED IN SUBSECTION (1)(c) OF THIS SECTION,  
30 EACH HOSPITAL IN THE STATE SHALL MAKE INFORMATION AVAILABLE TO  
31 THE STATE DEPARTMENT FOR PURPOSES OF PREPARING THE ANNUAL  
32 HOSPITAL EXPENDITURE REPORT. THE STATE BOARD SHALL ESTABLISH THE  
33 FORMAT AND FREQUENCY OF THE INFORMATION PROVIDED BY EACH  
34 HOSPITAL. THE FIRST SUBMISSION BY EACH HOSPITAL MUST INCLUDE  
35 INFORMATION FOR FISCAL YEARS 2012 THROUGH 2018. SPECIFICALLY, IN  
36 THE FIRST AND SUBSEQUENT SUBMISSIONS, EACH HOSPITAL SHALL  
37 PROVIDE THE FOLLOWING INFORMATION TO THE STATE DEPARTMENT:

38 (I) THE HOSPITAL COST REPORT SUBMITTED TO THE FEDERAL  
39 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PURSUANT TO 42  
40 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 (1)(b)(II)(A) OF THIS SECTION, IF A HOSPITAL IS PART OF A CONSOLIDATED  
10 OR COMBINED GROUP AND IS NORMALLY INCLUDED IN THAT GROUP'S  
11 FINANCIAL STATEMENT, THE HOSPITAL MAY SUBMIT THE CONSOLIDATED  
12 OR COMBINED STATEMENT IF THE GROUP'S STATEMENT SEPARATELY  
13 IDENTIFIES THE FINANCIAL INFORMATION FOR EACH OF THE GROUP'S  
14 LICENSED HOSPITALS OPERATING IN THIS STATE. FOR EACH HOSPITAL  
15 OPERATING IN THIS STATE AND FOR EACH ADDITIONAL OPERATING UNIT  
16 THAT ACCOUNTS FOR FIVE PERCENT OR MORE OF THE CONSOLIDATED OR  
17 COMBINED GROUP'S GROSS REVENUES, THE STATEMENT MUST INCLUDE  
18 FINANCIAL BALANCES AND INFORMATION FOR THAT UNIT, INCLUDING A  
19 BALANCE SHEET, AN INCOME STATEMENT OR STATEMENT OF OPERATIONS,  
20 A STATEMENT OF CHANGES IN EQUITY OR NET ASSETS, AND A STATEMENT  
21 OF CASH FLOWS.

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

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

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

27 (C) OTHER INPATIENT STATISTICS, INCLUDING BUT NOT LIMITED TO  
28 THE NUMBER OF INPATIENT SURGERIES, NUMBER OF BIRTHS, NUMBER OF  
29 NEWBORN PATIENT DAYS, NUMBER OF ADMISSIONS FROM THE  
30 HOSPITAL-BASED EMERGENCY DEPARTMENT, AND NUMBER OF ADMISSIONS  
31 FROM FREE-STANDING EMERGENCY DEPARTMENTS;

32 (D) OUTPATIENT STATISTICS IN TOTAL AND BY TYPE OF VISIT,  
33 INCLUDING BUT NOT LIMITED TO HOSPITAL-BASED EMERGENCY  
34 DEPARTMENT VISITS, FREE-STANDING EMERGENCY DEPARTMENT VISITS,  
35 AMBULATORY SURGERY VISITS, HOME HEALTH VISITS, AND ALL OTHER  
36 OUTPATIENT VISITS;

37 (E) GROSS CHARGES IN TOTAL, BY MAJOR PAYER GROUP, AND BY  
38 CARE SETTING, INCLUDING BUT NOT LIMITED TO INPATIENT CARE AND  
39 OUTPATIENT CARE;

40 (F) CONTRACTUAL ALLOWANCES IN TOTAL AND BY MAJOR PAYER  
41 GROUP;

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

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

1 (I) OPERATING EXPENSES IN TOTAL AND BY EXPENSE  
2 CLASSIFICATION, INCLUDING BUT NOT LIMITED TO NON-PHYSICIAN  
3 PAYROLL EXPENSES AND ASSOCIATED HOURS, PHYSICIAN PAYROLL  
4 EXPENSES AND ASSOCIATED HOURS, TOTAL PAYROLL EXPENSES AND  
5 ASSOCIATED HOURS, CONTRACT LABOR EXPENSES AND ASSOCIATED  
6 HOURS, EMPLOYEE BENEFITS EXPENSES, BUSINESS DEVELOPMENT,  
7 MARKETING AND ADVERTISING EXPENSES, SUPPLY EXPENSES,  
8 DEPRECIATION EXPENSES, INTEREST EXPENSES, AND ALL OTHER  
9 OPERATING EXPENSES;

10 (J) OTHER OPERATING REVENUE, OPERATING MARGIN,  
11 NON-OPERATING GAINS AND LOSSES, AND TOTAL MARGIN;

12 (K) A BALANCE SHEET, INCLUDING BUT NOT LIMITED TO DETAILS  
13 FOR CURRENT ASSETS, RESTRICTED ASSETS, LONG-TERM ASSETS, OTHER  
14 ASSETS, CURRENT LIABILITIES, LONG-TERM DEBT, OTHER LIABILITIES, AND  
15 EQUITY OR NET ASSETS;

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

18 (M) A ROLL FORWARD OF PROPERTY, PLANT, AND EQUIPMENT  
19 ACCOUNTS BY ASSET TYPE FROM THE BEGINNING TO THE END OF THE  
20 REPORTING PERIOD BY ASSET CATEGORY, INCLUDING BUT NOT LIMITED TO  
21 PURCHASES, OTHER ACQUISITIONS, SALES, DISPOSALS, AND OTHER  
22 CHANGES;

23 (N) ACQUISITIONS, AFFILIATION AGREEMENTS AND CONTRACTUAL  
24 ARRANGEMENTS WITH PHYSICIAN GROUPS, HOSPITALS, AND OTHER  
25 PROVIDERS; AND

26 (O) TO THE EXTENT SIMILAR INFORMATION IS REPORTED IN THE  
27 MEDICARE COST REPORT, AUDITED FINANCIAL STATEMENTS OR OTHER  
28 INFORMATION RESULTS IN DIFFERING AMOUNTS, AND AN EXPLANATION  
29 FOR THOSE DIFFERENCES.

30 (c) THE STATE DEPARTMENT MAY EXEMPT FREE-STANDING  
31 PSYCHIATRIC HOSPITALS, HOSPITALS THAT ARE LICENSED AS GENERAL  
32 HOSPITALS AND CERTIFIED LONG-TERM CARE HOSPITALS BY THE STATE  
33 DEPARTMENT, AND INPATIENT REHABILITATION FACILITIES FROM THE  
34 REPORTING REQUIREMENTS DESCRIBED IN SUBSECTION (1)(b) OF THIS  
35 SECTION.

36 (d) PRIOR TO DEVELOPING THE FIRST ANNUAL HOSPITAL  
37 EXPENDITURE REPORT, THE STATE DEPARTMENT SHALL CONSULT WITH THE  
38 ENTERPRISE BOARD REGARDING THE DEVELOPMENT OF THE REPORT. THE  
39 STATE DEPARTMENT SHALL STRIVE FOR CONSISTENCY IN REPORTING THE  
40 COMPONENTS IN EACH ANNUAL REPORT WITH THOSE IN THE REPORT OF THE  
41 ENTERPRISE BOARD REQUIRED PURSUANT TO SECTION 25.5-4-402.4 (7)(e).

42 (2) THE HOSPITAL EXPENDITURE REPORT MUST INCLUDE, BUT NOT  
43 BE LIMITED TO:

- 1 (a) A DESCRIPTION OF THE METHODS OF ANALYSIS AND
- 2 DEFINITIONS OF REPORT COMPONENTS;
- 3 (b) UNCOMPENSATED CARE COSTS BY MAJOR PAYER GROUP; AND
- 4 (c) THE PERCENTAGE THAT EACH OF THE FOLLOWING CATEGORIES
- 5 CONTRIBUTES TO OVERALL EXPENSES OF HOSPITALS:
- 6 (I) DELIVERY OF INPATIENT HEALTH CARE AND SERVICES BY
- 7 MAJOR PAYER GROUP;
- 8 (II) DELIVERY OF OUTPATIENT HEALTH CARE AND SERVICES BY
- 9 MAJOR PAYER GROUP AND SITE LOCATION;
- 10 (III) ADMINISTRATIVE COSTS;
- 11 (IV) CAPITAL CONSTRUCTION COSTS AND ASSOCIATED BOND
- 12 LIABILITIES;
- 13 (V) MAINTENANCE;
- 14 (VI) CAPITAL EXPENDITURES;
- 15 (VII) PERSONNEL SERVICES;
- 16 (VIII) UNCOMPENSATED CARE BY MAJOR PAYER GROUP; AND
- 17 (IX) OTHER EXPENDITURE CATEGORIES, AS DETERMINED BY THE
- 18 STATE DEPARTMENT.

19 (3) (a) ON OR BEFORE JANUARY 15, 2020, AND ON OR BEFORE

20 JANUARY 15 EACH YEAR THEREAFTER, THE STATE DEPARTMENT SHALL

21 SUBMIT THE ANNUAL HOSPITAL EXPENDITURE REPORT TO:

- 22 (I) THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE
- 23 OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEE;
- 24 (II) THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
- 25 SENATE, OR ANY SUCCESSOR COMMITTEE;
- 26 (III) THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY;
- 27 (IV) THE GOVERNOR; AND
- 28 (V) THE STATE BOARD.

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

30 BOARD COMBINE THE HOSPITAL EXPENDITURE REPORT DESCRIBED IN THIS

31 SECTION WITH THE REPORT OF THE ENTERPRISE BOARD SPECIFIED IN

32 SECTION 25.5-4-402.4 (7)(e), SO LONG AS THE SPECIFIC REQUIREMENTS OF

33 THIS SECTION ARE FULFILLED, AND SO LONG AS THE ENTERPRISE BOARD

34 AGREES TO THE REQUEST. THE STATE DEPARTMENT SHALL POST THE

35 ANNUAL REPORT ON ITS WEBSITE BY JANUARY 15 OF EACH YEAR.

36 (c) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REPORT

37 REQUIRED IN THIS SECTION CONTINUES INDEFINITELY.

38 **SECTION 3. Act subject to petition - effective date.** This act

39 takes effect at 12:01 a.m. on the day following the expiration of the

40 ninety-day period after final adjournment of the general assembly (August

41 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a

42 referendum petition is filed pursuant to section 1 (3) of article V of the

43 state constitution against this act or an item, section, or part of this act

1 within such period, then the act, item, section, or part will not take effect  
2 unless approved by the people at the general election to be held in  
3 November 2020 and, in such case, will take effect on the date of the  
4 official declaration of the vote thereon by the governor."

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