

## CHA Concerns with Current Amendments as Drafted for SB 18-146

### L002:

Page 1, Lines 5-7 "THIS IS NOT A COMPLETE STATEMENT OF PATIENT'S RIGHTS. YOU WILL RECEIVE A MORE COMPREHENSIVE STATEMENT OF PATIENT'S RIGHTS UPON ADMISSION."

*Emergency services are offered on an outpatient basis. Patients are not admitted to the Emergency Department. Because the existing patient's rights disclosure is provided to patients at the earliest possible time—generally during the registration process—as written, this would require us to provide both patient's rights disclosures at the same time.*

### L003:

Page 1, Line 39, Page 2 Line 1-2: (III) SPECIFIES THE CHARGEMASTER OR FEE SCHEDULE PRICE FOR THE TWENTY-FIVE MOST COMMON HEALTH CARE SERVICES PROVIDED BY THE FREESTANDING EMERGENCY DEPARTMENT;"

*This requirement directly contradicts the requirements of SB 17-065 setting up multiple reporting requirements for these facilities that will only lead to greater consumer confusion.*

#### Suggested Amendment:

"SPECIFIES THE PRICES FOR THE TWENTY-FIVE MOST USED OUT-PATIENT CPT CODES OR HEALTH CARE SERVICES PROCEDURE CODES USED FOR BILLING OR, IF THOSE CODES ARE NOT USED, THE CODES UNDER ANOTHER CODING SYSTEM FOR OUT-PATIENT HEALTH CARE SERVICES COMMONLY USED BY THE FACILITY AND ACCEPTED AS A NATIONAL STANDARD FOR BILLING AS REQUIRED BY 25-49-104;"

## CHA Outstanding Concerns with SB 18-146 as Drafted:

- Page 8, Lines 1-5 "AFTER PERFORMING AN APPROPRIATE MEDICAL SCREENING EXAMINATION AND DETERMINING THAT A PATIENT DOES NOT HAVE AN EMERGENT MEDICAL CONDITION, THE FREESTANDING EMERGENCY DEPARTMENT SHALL PROVIDE TO THE PATIENT A WRITTEN DISCLOSURE CONTAINING:"

*As written, the bill assumes that no one presenting to an FSED has an emergent medical condition. To be compliant with EMTALA, stabilizing treatment must be provided for individuals presenting to the emergency department with an emergency medical condition prior to providing the information contained within the written disclosure.*

#### Suggested Amendment:

Page 8, Line 2 insert after "AND" "PROVIDING STABILIZING TREATMENT THAT RESOLVES THE EMERGENCY MEDICAL CONDITION OR"

- Page 8, Lines 8-13 “THE FACILITY FEES, AS LISTED ON THE FREESTANDING EMERGENCY DEPARTMENT'S CHARGEMASTER OR FEE SCHEDULE, THAT THE FREESTANDING EMERGENCY DEPARTMENT CHARGES THAT ARE ATTRIBUTABLE TO THE TWENTY-FIVE MOST COMMON HEALTH CARE SERVICES SPECIFIED IN ACCORDANCE WITH SUBSECTION (2)(a)(II) OF THIS SECTION;”

*Facility fees are based upon the Medical Screening Examination and resulting treatment for the individual. Every case is different, so there is no way to attribute a particular fee to a health care service.*

Suggested Amendment:  
Strike Page 8, Lines 8-13.

- Page 8, Lines 14-20 “(III) A STATEMENT SPECIFYING THAT THE PRICE LISTED ON THE FREESTANDING EMERGENCY DEPARTMENT'S CHARGEMASTER OR FEE SCHEDULE FOR ANY GIVEN HEALTH CARE SERVICE IS THE MAXIMUM CHARGE THAT ANY PATIENT WILL BE BILLED FOR THE SERVICE AND THAT THE ACTUAL CHARGE FOR ANY HEALTH CARE SERVICE RENDERED MAY BE LOWER DEPENDING ON APPLICABLE HEALTH INSURANCE BENEFITS AND THE AVAILABILITY OF DISCOUNTS OR FINANCIAL ASSISTANCE;”

*CHA would request that this section be amended to reflect suggested change to align with SB 17-065.*

Suggested Amendments:

Page 8, Lines 14-17 strike “PRICE LISTED ON THE FREESTANDING EMERGENCY DEPARTMENT'S CHARGEMASTER OR FEE SCHEDULE FOR ANY GIVEN HEALTH CARE SERVICE IS THE MAXIMUM CHARGE THAT ANY PATIENT WILL BE BILLED FOR THE SERVICE AND THAT THE”

Page 8, Line 19 insert “HIGHER OR” before “lower”

- Page 10, Lines 7-13 “(a) "CHARGEMASTER OR FEE SCHEDULE", WHICH IS OFTEN REFERRED TO AS "CHARGE DESCRIPTION MASTER" OR "CDM", MEANS A UNIFORM SCHEDULE OF CHARGES REPRESENTED BY A HEALTH FACILITY AS THE FACILITY'S GROSS BILLED CHARGE, OR MAXIMUM CHARGE THAT ANY PATIENT WILL BE BILLED, FOR A GIVEN HEALTH CARE SERVICE, REGARDLESS OF PAYER AND BEFORE ANY DISCOUNTS OR NEGOTIATIONS ARE APPLIED.”

*CHA would request that this section be deleted to reflect suggested change to align with SB 17-065.*

Suggested Amendment:

Page 10, Lines 7-13 strike “(a) "CHARGEMASTER OR FEE SCHEDULE", WHICH IS OFTEN REFERRED TO AS "CHARGE DESCRIPTION MASTER" OR "CDM", MEANS A UNIFORM SCHEDULE OF CHARGES REPRESENTED BY A HEALTH FACILITY AS THE FACILITY'S GROSS BILLED CHARGE, OR MAXIMUM CHARGE THAT ANY PATIENT WILL BE BILLED, FOR A GIVEN HEALTH CARE SERVICE, REGARDLESS OF PAYER AND BEFORE ANY DISCOUNTS OR NEGOTIATIONS ARE APPLIED.”