

HB1320\_L.004

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB19-1320 be amended as follows:

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

3 "SECTION 1. In Colorado Revised Statutes, **add** part 7 to article  
4 1 of title 25.5 as follows:

5 PART 7

6 HEALTH CARE PROVIDERS' ACCOUNTABILITY

7 TO COMMUNITIES

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

10 (1) "COMMUNITY" MEANS THE COMMUNITY THAT A HOSPITAL HAS  
11 DEFINED AS THE COMMUNITY THAT IT SERVES PURSUANT TO 26 CFR  
12 1.501(r)-3 (b)(3).

13 (2) "COMMUNITY BENEFIT ACTIVITIES REPORT" MEANS A REPORT  
14 SUBMITTED BY A HOSPITAL TO THE STATE DEPARTMENT PURSUANT TO  
15 SECTION 25.5-1-703 (3).

16 (3) "COMMUNITY BENEFIT IMPLEMENTATION PLAN" MEANS A PLAN  
17 THAT SATISFIES THE REQUIREMENTS OF AN IMPLEMENTATION STRATEGY,  
18 AS SET FORTH IN 26 CFR 1.501(r)-3 (c).

19 (4) "COMMUNITY BOARD" MEANS A HOSPITAL COMMUNITY  
20 ACCOUNTABILITY BOARD CREATED PURSUANT TO SECTION 25.5-1-702.

21 (5) "COMMUNITY HEALTH NEEDS ASSESSMENT" MEANS A  
22 COMMUNITY HEALTH NEEDS ASSESSMENT THAT SATISFIES THE  
23 REQUIREMENTS OF 26 CFR 1.501(r)-3.

24 (6) "COMMUNITY-IDENTIFIED HEALTH NEED" MEANS A HEALTH  
25 NEED OF A COMMUNITY THAT IS IDENTIFIED IN A COMMUNITY HEALTH  
26 NEEDS ASSESSMENT.

27 (7) "REGIONAL ACCOUNTABLE ENTITY" MEANS AN ENTITY THAT  
28 CONTRACTS WITH THE STATE DEPARTMENT AS A REGIONAL ACCOUNTABLE  
29 ENTITY FOR THE PURPOSE OF ADMINISTERING THE STATEWIDE MANAGED  
30 CARE SYSTEM IN A SPECIFIC REGION OF THE STATE.

31 (8) (a) "REPORTING HOSPITAL" MEANS A HOSPITAL THAT IS  
32 LICENSED AS A GENERAL HOSPITAL PURSUANT TO PART 1 OF ARTICLE 3 OF  
33 TITLE 25 OR THAT IS CERTIFIED PURSUANT TO SECTION 25-1.5-103  
34 (1)(a)(II) AND REGISTERED WITH THE DEPARTMENT OF PUBLIC HEALTH  
35 AND ENVIRONMENT AS A NONPROFIT HOSPITAL.

36 (b) NOTWITHSTANDING SUBSECTION (8)(a) OF THIS SECTION,  
37 "REPORTING HOSPITAL" DOES NOT INCLUDE A HOSPITAL THAT IS LICENSED  
38 AS A GENERAL HOSPITAL WITH THE DEPARTMENT OF PUBLIC HEALTH AND  
39 ENVIRONMENT AND THAT IS:

40 (I) NOT CERTIFIED AS A NONPROFIT HOSPITAL;

1 (II) FEDERALLY CERTIFIED, OR UNDERGOING SUCH CERTIFICATION,  
2 AS A LONG-TERM HOSPITAL; OR

3 (III) FEDERALLY CERTIFIED, OR UNDERGOING SUCH  
4 CERTIFICATION, AS A CRITICAL-ACCESS HOSPITAL PURSUANT TO 42 CFR  
5 485 SUBPART F.

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

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

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

19 (c) A PERSON REPRESENTING THE DEPARTMENT OF PUBLIC HEALTH  
20 AND ENVIRONMENT, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR OF  
21 THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

22 (d) A PERSON REPRESENTING THE DEPARTMENT OF HUMAN  
23 SERVICES, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE  
24 DEPARTMENT OF HUMAN SERVICES;

25 (e) A PERSON REPRESENTING A STATEWIDE ORGANIZATION OF  
26 CHAMBERS OF COMMERCE, TO BE APPOINTED BY THE EXECUTIVE  
27 DIRECTOR;

28 (f) A PERSON WHO HAS PROFESSIONAL EXPERIENCE WITH  
29 ECONOMIC DEVELOPMENT, TO BE APPOINTED BY THE EXECUTIVE  
30 DIRECTOR;

31 (g) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF  
32 HEALTH CARE CONSUMERS OR A LOCAL ORGANIZATION OF HEALTH CARE  
33 CONSUMERS, TO BE APPOINTED BY THE EXECUTIVE DIRECTOR;

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

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

38 (j) A PERSON WHO REPRESENTS THE REGIONAL ACCOUNTABLE  
39 ENTITY FOR THE REGION IN WHICH THE COMMUNITY BOARD IS CREATED,  
40 TO BE APPOINTED BY THE EXECUTIVE DIRECTOR;

41 (k) A PERSON WHO REPRESENTS A STATEWIDE ORGANIZATION OF  
42 COMMUNITY HEALTH CENTERS, A LOCAL COMMUNITY HEALTH CENTER, OR  
43 A CERTIFIED RURAL HEALTH CLINIC OR PRIMARY CARE CLINIC LOCATED IN

1 A COUNTY THAT HAS BEEN DESIGNATED BY THE FEDERAL OFFICE OF  
2 MANAGEMENT AND BUDGET AS A RURAL OR FRONTIER COUNTY, TO BE  
3 APPOINTED BY THE EXECUTIVE DIRECTOR;

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

6 (m) A PERSON WHO REPRESENTS AN AREA AGENCY ON AGING, TO  
7 BE APPOINTED BY THE EXECUTIVE DIRECTOR; AND

8 (n) THREE PERSONS WHO RESIDE IN THE REGION, ARE NOT MEDICAL  
9 PROFESSIONALS OR HOSPITAL EMPLOYEES, AND HAVE PARTICIPATED IN  
10 THE ESTABLISHMENT OF A COMMUNITY HEALTH NEEDS ASSESSMENT, ONE  
11 OF WHOM TO BE APPOINTED BY THE GOVERNOR, ONE OF WHOM TO BE  
12 APPOINTED BY THE PRESIDENT OF THE SENATE, AND ONE OF WHOM TO BE  
13 APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES.

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

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

18 (3) EACH BOARD MEMBER SERVES AT THE PLEASURE OF THE  
19 PERSON WHO APPOINTED THE MEMBER, AND EACH MEMBER MAY SERVE AN  
20 UNLIMITED NUMBER OF CONSECUTIVE OR NONCONSECUTIVE TERMS. EACH  
21 MEMBER'S TERM OF APPOINTMENT IS FOUR YEARS; EXCEPT THAT EACH OF  
22 THE INITIAL MEMBERS APPOINTED TO EACH COMMUNITY BOARD PURSUANT  
23 TO SUBSECTIONS (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), AND (1)(f) OF THIS  
24 SECTION ON OR BEFORE JULY 1, 2020, SHALL SERVE A TERM OF TWO  
25 YEARS, AND THEREAFTER EACH SUCH MEMBER'S TERM OF APPOINTMENT  
26 IS FOUR YEARS.

27 (4) EACH COMMUNITY BOARD CREATED PURSUANT TO THIS  
28 SECTION SHALL MEET AT LEAST ONCE EACH YEAR, ON OR BEFORE A DATE  
29 TO BE DETERMINED BY RULES PROMULGATED BY THE STATE BOARD, TO  
30 REVIEW THE COMMUNITY BENEFIT ACTIVITIES REPORT OF EACH REPORTING  
31 HOSPITAL IN THE REGION, WHICH REPORT IS SUBMITTED TO THE  
32 COMMUNITY BOARD PURSUANT TO SECTION 25.5-1-703 (3).

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

36 (6) A COMMUNITY BOARD MAY OFFER RECOMMENDATIONS TO  
37 ENSURE THAT A REPORTING HOSPITAL'S COMMUNITY BENEFIT  
38 IMPLEMENTATION PLAN ADDRESSES COMMUNITY-IDENTIFIED HEALTH  
39 NEEDS AND TO IDENTIFY OPPORTUNITIES FOR COLLABORATION BETWEEN  
40 REPORTING HOSPITALS OR BETWEEN A REPORTING HOSPITAL AND A LOCAL  
41 PUBLIC HEALTH DEPARTMENT OR COMMUNITY-BASED ORGANIZATION.

42 (7) THE STATE DEPARTMENT SHALL REIMBURSE THE MEMBERS OF  
43 EACH COMMUNITY BOARD FOR ALL ACTUAL AND NECESSARY TRAVEL

1 EXPENSES INCURRED FOR VEHICLE TRAVEL WHILE ATTENDING TO  
2 COMMUNITY BOARD BUSINESS. FOR THE PURPOSE OF THIS SUBSECTION (7),  
3 THE STATE DEPARTMENT SHALL USE A MILEAGE RATE THAT DOES NOT  
4 EXCEED THOSE AUTHORIZED FOR THE EXECUTIVE DEPARTMENT PURSUANT  
5 TO SECTION 24-9-104.

6 (8) THE STATE DEPARTMENT SHALL PROVIDE STAFF ASSISTANCE TO  
7 EACH COMMUNITY BOARD.

8 **25.5-1-703. Hospitals - community health needs assessments**  
9 **- community benefit implementation plans - reports - rules.** (1) ON  
10 OR BEFORE A DATE TO BE DETERMINED BY RULES PROMULGATED BY THE  
11 STATE BOARD, AND ON OR BEFORE SUCH DATE EVERY THREE YEARS  
12 THEREAFTER, EACH REPORTING HOSPITAL SHALL COMPLETE A COMMUNITY  
13 HEALTH NEEDS ASSESSMENT.

14 (2) ON OR BEFORE A DATE TO BE DETERMINED BY RULES  
15 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE  
16 EACH YEAR THEREAFTER, EACH REPORTING HOSPITAL SHALL COMPLETE A  
17 COMMUNITY BENEFIT IMPLEMENTATION PLAN THAT ADDRESSES THE NEEDS  
18 DESCRIBED BY THE REPORTING HOSPITAL'S COMMUNITY HEALTH NEEDS  
19 ASSESSMENT.

20 (3) ON OR BEFORE A DATE TO BE DETERMINED BY RULES  
21 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE  
22 EACH YEAR THEREAFTER, EACH REPORTING HOSPITAL SHALL PREPARE AND  
23 SUBMIT TO THE STATE DEPARTMENT AND TO THE REPORTING HOSPITAL'S  
24 COMMUNITY BOARD A COMMUNITY BENEFIT ACTIVITIES REPORT. THE  
25 REPORT MUST INCLUDE:

26 (a) THE REPORTING HOSPITAL'S MOST RECENT COMMUNITY HEALTH  
27 NEEDS ASSESSMENT COMPLETED PURSUANT TO SUBSECTION (1) OF THIS  
28 SECTION;

29 (b) THE REPORTING HOSPITAL'S COMMUNITY BENEFIT  
30 IMPLEMENTATION PLAN FOR THE COMING YEAR COMPLETED PURSUANT TO  
31 SUBSECTION (2) OF THIS SECTION;

32 (c) A COPY OF THE REPORTING HOSPITAL'S MOST RECENT FORM 990  
33 SUBMITTED TO THE FEDERAL INTERNAL REVENUE SERVICE; AND

34 (d) A DESCRIPTION OF CERTAIN SPENDING AND INVESTMENTS  
35 MADE BY THE REPORTING HOSPITAL DURING THE PRECEDING YEAR,  
36 INCLUDING:

37 (I) A LIST OF THE INVESTMENTS MADE BY THE REPORTING  
38 HOSPITAL THAT WERE INCLUDED IN PART I AND PART II OF SCHEDULE H OF  
39 THE REPORTING HOSPITAL'S FORM 990 AND THAT ADDRESSED A  
40 COMMUNITY-IDENTIFIED HEALTH NEED. FOR EACH SUCH INVESTMENT, THE  
41 REPORTING HOSPITAL SHALL:

42 (A) INDICATE THE COST OF THE INVESTMENT;

43 (B) IDENTIFY WHETHER THE INVESTMENT CONSTITUTES SPENDING

1 ON FREE OR DISCOUNTED HEALTH CARE SERVICES, ON A PROGRAM THAT  
2 ADDRESSES HEALTH BEHAVIORS OR RISK, OR ON A PROGRAM THAT  
3 ADDRESSES THE SOCIAL DETERMINANTS OF HEALTH, AS SUCH CATEGORIES  
4 ARE DEFINED IN RULES PROMULGATED BY THE STATE BOARD; AND  
5 (C) DESCRIBE AVAILABLE EVIDENCE THAT SHOWS HOW THE  
6 INVESTMENT IMPROVES COMMUNITY HEALTH OUTCOMES.  
7 (II) THE REPORTING HOSPITAL'S TOTAL EXPENSES INCLUDED IN  
8 LINE 18 OF SECTION 1 OF THE FORM 990 SUBMITTED BY THE REPORTING  
9 HOSPITAL OR BY THE REPORTING HOSPITAL'S OWNERSHIP ENTITY;  
10 (III) THE REPORTING HOSPITAL'S REVENUE LESS EXPENSES  
11 INCLUDED IN LINE 19 OF SECTION 1 OF THE FORM 990 SUBMITTED BY THE  
12 REPORTING HOSPITAL OR BY THE REPORTING HOSPITAL'S OWNERSHIP  
13 ENTITY; AND  
14 (IV) A LIST OF INVESTMENTS MADE BY THE REPORTING HOSPITAL  
15 THAT WERE INCLUDED IN PART I AND PART II OF SCHEDULE H OF THE  
16 REPORTING HOSPITAL'S FORM 990 AND THAT DID NOT ADDRESS A  
17 COMMUNITY-IDENTIFIED HEALTH NEED. FOR EACH SUCH INVESTMENT, THE  
18 REPORTING HOSPITAL SHALL INDICATE THE COST OF THE INVESTMENT.  
19 (4) A REPORTING HOSPITAL THAT PREPARES AND SUBMITS A  
20 COMMUNITY BENEFIT ACTIVITIES REPORT PURSUANT TO SUBSECTION (3)  
21 OF THIS SECTION SHALL POST THE REPORT TO THE REPORTING HOSPITAL'S  
22 PUBLIC WEBSITE.  
23 (5) (a) THE STATE BOARD SHALL PROMULGATE RULES  
24 ESTABLISHING REPORTING REQUIREMENTS FOR REPORTING HOSPITALS  
25 THAT ARE NOT REQUIRED TO COMPLETE SCHEDULE H OF THE FORM 990.  
26 THE RULES MUST PROMOTE UNIFORMITY WITH THE REQUIREMENTS SET  
27 FORTH IN SUBSECTION (3) OF THIS SECTION.  
28 (b) A HOSPITAL DESCRIBED IN SECTION 25.5-1-701 (8)(b) MAY  
29 SUBMIT A COMMUNITY BENEFIT ACTIVITIES REPORT THAT IS CONSISTENT  
30 WITH THIS SECTION.  
31 (6) TO FACILITATE THE SUBMISSION OF THE REPORTS DESCRIBED  
32 IN SUBSECTION (3) OF THIS SECTION, THE STATE DEPARTMENT SHALL  
33 DEVELOP AND PROVIDE A WEBSITE AT WHICH EACH REPORTING HOSPITAL  
34 SHALL SUBMIT THE REPORTS. THE STATE DEPARTMENT SHALL ENSURE  
35 THAT THE WEBSITE AND THE REPORTS REMAIN AVAILABLE TO THE PUBLIC.  
36 (7) AS PART OF THE REPORT AUTHORIZED IN SECTION 25.5-4-402.8,  
37 THE STATE DEPARTMENT SHALL INCLUDE A SUMMARY OF THE COMMUNITY  
38 BENEFIT ACTIVITIES REPORTS SUBMITTED TO THE STATE DEPARTMENT  
39 PURSUANT TO SUBSECTION (3) OF THIS SECTION DURING THE PRECEDING  
40 YEAR. THE SUMMARY MUST INCLUDE:  
41 (a) THE AMOUNT THAT EACH REPORTING HOSPITAL INVESTED IN:  
42 (I) FREE OR REDUCED-COST HEALTH CARE SERVICES THAT  
43 ADDRESSED COMMUNITY-IDENTIFIED HEALTH NEEDS;

1 (II) PROGRAMS THAT ADDRESSED HEALTH BEHAVIORS OR RISKS;  
2 (III) PROGRAMS THAT ADDRESSED SOCIAL DETERMINANTS OF  
3 HEALTH; AND  
4 (IV) ALL SERVICES AND PROGRAMS THAT ADDRESSED  
5 COMMUNITY-IDENTIFIED HEALTH NEEDS;  
6 (b) A SUMMARY OF THE REPORTING HOSPITALS' INVESTMENTS  
7 THAT HAVE BEEN EFFECTIVE IN IMPROVING COMMUNITY HEALTH  
8 OUTCOMES; AND  
9 (c) ANY LEGISLATIVE RECOMMENDATIONS THE STATE  
10 DEPARTMENT HAS FOR THE GENERAL ASSEMBLY.  
11 (8) THE STATE DEPARTMENT SHALL POST THE REPORTS COMPLETED  
12 PURSUANT TO SUBSECTION (7) OF THIS SECTION TO A PUBLIC WEB PAGE  
13 THAT THE STATE DEPARTMENT CREATES FOR THIS SOLE PURPOSE.  
14 **SECTION 2. Act subject to petition - effective date.** This act  
15 takes effect at 12:01 a.m. on the day following the expiration of the  
16 ninety-day period after final adjournment of the general assembly (August  
17 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a  
18 referendum petition is filed pursuant to section 1 (3) of article V of the  
19 state constitution against this act or an item, section, or part of this act  
20 within such period, then the act, item, section, or part will not take effect  
21 unless approved by the people at the general election to be held in  
22 November 2020 and, in such case, will take effect on the date of the  
23 official declaration of the vote thereon by the governor."

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