

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

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 23-0404.01 Brita Darling x2241

HOUSE BILL 23-1215

HOUSE SPONSORSHIP

Sirota and Boesenecker,

SENATE SPONSORSHIP

Mullica and Cutter,

House Committees

Health & Insurance
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING LIMITATIONS ON HOSPITAL FACILITY FEES, AND, IN**
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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 defines "health-care provider" as a person that is licensed or otherwise authorized in this state to furnish a health-care service, which includes a hospital and other providers and health facilities.

The bill prohibits a health-care provider (provider) affiliated with or owned by a hospital or health system from charging a facility fee for health-care services furnished by the provider for:

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.

HOUSE
Amended 2nd Reading
April 17, 2023

- Outpatient services provided at an off-campus location or through telehealth; or
- Certain outpatient, diagnostic, or imaging services identified by the medical services board as services that may be provided safely, reliably, and effectively in nonhospital settings.

The bill:

- Requires a provider that charges a facility fee to provide notice to a patient that the provider charges the fee and to use a standardized bill that includes itemized charges identifying the facility fee, as well as other information;
- Requires the administrator of the all-payer health claims database to prepare an annual report of the number and amount of facility fees by payer, codes with the highest total paid amounts and highest volume, and other information; and
- Makes it a deceptive trade practice to charge, bill, or collect a facility fee when doing so is prohibited.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 6-20-102 as
 3 follows:

4 **6-20-102. Limits on facility fees - rules - definitions.**

5 (1) **Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT
 6 OTHERWISE REQUIRES:

7 (a) "AFFILIATED WITH" MEANS:

8 (I) EMPLOYED BY A HOSPITAL OR HEALTH SYSTEM; OR

9 (II) UNDER A PROFESSIONAL SERVICES AGREEMENT, FACULTY
 10 AGREEMENT, OR MANAGEMENT AGREEMENT WITH A HOSPITAL OR HEALTH
 11 SYSTEM THAT PERMITS THE HOSPITAL OR HEALTH SYSTEM TO BILL ON
 12 BEHALF OF THE AFFILIATED ENTITY.

13 (b) "CAMPUS" MEANS:

14 (I) A HOSPITAL'S MAIN BUILDINGS;

15 (II) THE PHYSICAL AREA IMMEDIATELY ADJACENT TO A HOSPITAL'S

1 MAIN BUILDINGS AND STRUCTURES OWNED BY THE HOSPITAL THAT ARE
2 NOT STRICTLY CONTIGUOUS TO THE MAIN BUILDINGS BUT ARE LOCATED
3 WITHIN TWO HUNDRED FIFTY YARDS OF THE MAIN BUILDINGS; OR

4 (III) ANY OTHER AREA THAT THE FEDERAL CENTERS FOR
5 MEDICARE AND MEDICAID SERVICES IN THE UNITED STATES DEPARTMENT
6 OF HEALTH AND HUMAN SERVICES HAS DETERMINED, ON AN
7 INDIVIDUAL-CASE BASIS, TO BE PART OF A HOSPITAL'S CAMPUS.

8 (c) "CRITICAL ACCESS HOSPITAL" MEANS A HOSPITAL THAT IS
9 FEDERALLY CERTIFIED OR UNDERGOING FEDERAL CERTIFICATION AS A
10 CRITICAL ACCESS HOSPITAL PURSUANT TO 42 CFR 485, SUBPART F.

11 (d) "FACILITY FEE" MEANS ANY FEE A HOSPITAL OR HEALTH
12 SYSTEM CHARGES OR BILLS FOR OUTPATIENT HOSPITAL SERVICES THAT IS:

13 ■
14 (I) INTENDED TO COMPENSATE THE HOSPITAL OR HEALTH SYSTEM
15 FOR ITS OPERATIONAL EXPENSES; AND

16 (II) SEPARATE AND DISTINCT FROM A PROFESSIONAL FEE CHARGED
17 OR BILLED BY A HEALTH-CARE PROVIDER FOR PROFESSIONAL MEDICAL
18 SERVICES.

19 (e) "FREESTANDING EMERGENCY DEPARTMENT" MEANS A HEALTH
20 FACILITY AS DEFINED IN AND REQUIRED TO BE LICENSED UNDER SECTION
21 25-1.5-114.

22 (f) "HEALTH-CARE PROVIDER" MEANS ANY PERSON, INCLUDING A
23 HEALTH FACILITY, THAT IS LICENSED OR OTHERWISE AUTHORIZED IN THIS
24 STATE TO FURNISH A HEALTH-CARE SERVICE.

25 (g) "HEALTH-CARE SERVICE" HAS THE MEANING SET FORTH IN
26 SECTION 10-16-102 (33).

27 (h) "HEALTH FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED

1 PURSUANT TO SECTION 25-1.5-103 OR ESTABLISHED PURSUANT TO PART
2 5 OF ARTICLE 21 OF TITLE 23 OR ARTICLE 29 OF TITLE 25.

3 (i) "HEALTH SYSTEM" HAS THE MEANING SET FORTH IN SECTION
4 10-16-1303 (9).

5 (j) "HOSPITAL" MEANS A HOSPITAL CURRENTLY LICENSED OR
6 CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
7 PURSUANT TO THE DEPARTMENT'S AUTHORITY UNDER SECTION 25-1.5-103
8 (1)(a) OR ESTABLISHED PURSUANT TO PART 5 OF ARTICLE 21 OF TITLE 23
9 OR ARTICLE 29 OF TITLE 25.

10 [REDACTED]
11 (k) "MEDICARE" MEANS THE "HEALTH INSURANCE FOR THE AGED
12 ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT", AS
13 AMENDED BY THE SOCIAL SECURITY AMENDMENTS OF 1965, AND AS LATER
14 AMENDED.

15 (l) "OFF-CAMPUS LOCATION" HAS THE MEANING SET FORTH IN
16 SECTION 25-3-118.

17 (m) "OWNED BY" MEANS OWNED BY A HOSPITAL OR HEALTH
18 SYSTEM WHEN BILLED UNDER THE HOSPITAL'S TAX IDENTIFICATION
19 NUMBER.

20 (n) "PAYER TYPE" MEANS COMMERCIAL INSURERS; MEDICARE; THE
21 MEDICAL ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO ARTICLES 4
22 TO 6 OF TITLE 25.5; INDIVIDUALS WHO SELF-PAY; A FINANCIAL ASSISTANCE
23 PLAN; OR THE "COLORADO INDIGENT CARE PROGRAM", ESTABLISHED IN
24 PART 1 OF ARTICLE 3 OF TITLE 25.5.

25 (o) "SOLE COMMUNITY HOSPITAL" HAS THE MEANING SET FORTH
26 IN 42 CFR 412.92.

27 (p) "TELEHEALTH" HAS THE MEANING SET FORTH IN SECTION

1 10-16-123 (4)(e).

2 (2) **Limitations on charges.** (a) ON AND AFTER JULY 1, 2024, A
3 HEALTH-CARE PROVIDER OR HEALTH SYSTEM SHALL NOT CHARGE, BILL, OR
4 COLLECT A FACILITY FEE THAT IS NOT COVERED IN FULL BY A PATIENT'S
5 INSURANCE, REGARDLESS OF PAYER TYPE, FOR:

6 (I) PREVENTIVE HEALTH-CARE SERVICES, AS DESCRIBED IN
7 SECTION 10-16-104, THAT ARE PROVIDED IN AN OUTPATIENT SETTING; OR

8 (II) HEALTH-CARE SERVICES PROVIDED THROUGH TELEHEALTH.

9 (b) THIS SUBSECTION (2) DOES NOT PROHIBIT A HEALTH-CARE
10 PROVIDER FROM CHARGING A FACILITY FEE FOR:

11 (I) HEALTH-CARE SERVICES PROVIDED IN AN INPATIENT SETTING;

12 (II) HEALTH-CARE SERVICES PROVIDED AT A HEALTH FACILITY
13 THAT INCLUDES A LICENSED HOSPITAL EMERGENCY DEPARTMENT; OR

14 (III) EMERGENCY SERVICES PROVIDED AT A LICENSED
15 FREESTANDING EMERGENCY DEPARTMENT.

16

17 (3) **Transparency.** (a) ON AND AFTER JULY 1, 2024, A
18 HEALTH-CARE PROVIDER AFFILIATED WITH OR OWNED BY A HOSPITAL OR
19 HEALTH SYSTEM THAT CHARGES A FACILITY FEE SHALL:

20 (I) (A) PROVIDE NOTICE IN PLAIN LANGUAGE TO PATIENTS THAT A
21 FACILITY FEE MAY BE CHARGED, INDICATE IN THE NOTICE THE AMOUNT OF
22 THE FACILITY FEE, AND REQUIRE THE HEALTH-CARE PROVIDER TO PROVIDE
23 THE NOTICE TO A PATIENT AT THE TIME AN APPOINTMENT IS SCHEDULED
24 AND AGAIN AT THE TIME THE HEALTH-CARE SERVICES ARE RENDERED; AND

25 (B) POST A SIGN, IN ENGLISH AND SPANISH AND THAT IS PLAINLY
26 VISIBLE AND LOCATED IN THE AREA WITHIN THE HEALTH FACILITY WHERE
27 AN INDIVIDUAL SEEKING CARE REGISTERS OR CHECKS IN, THAT STATES

1 THAT THE PATIENT MAY BE CHARGED A FACILITY FEE IN ADDITION TO THE
2 COST OF THE HEALTH-CARE SERVICE. THE SIGN MUST ALSO INCLUDE A
3 LOCATION WITHIN THE HEALTH FACILITY WHERE A PATIENT MAY INQUIRE
4 ABOUT FACILITY FEES AND AN ONLINE LOCATION WHERE INFORMATION
5 ABOUT FACILITY FEES MAY BE FOUND.

6 (II) PROVIDE TO A PATIENT A STANDARDIZED BILL THAT:

7 (A) INCLUDES ITEMIZED CHARGES FOR EACH HEALTH-CARE
8 SERVICE;

9 (B) SPECIFICALLY IDENTIFIES ANY FACILITY FEE;

10 (C) IDENTIFIES SPECIFIC CHARGES THAT HAVE BEEN BILLED TO
11 INSURANCE OR OTHER PAYER TYPES FOR HEALTH-CARE SERVICES; AND

12 (D) INCLUDES CONTACT INFORMATION FOR FILING AN APPEAL WITH
13 THE HEALTH-CARE PROVIDER TO CONTEST CHARGES.

14 (b) THE HEALTH-CARE PROVIDER SHALL PROVIDE THE REQUIRED
15 NOTICE AND STANDARDIZED BILL IN A CLEAR MANNER AND, TO THE
16 EXTENT PRACTICABLE, IN THE PATIENT'S PREFERRED LANGUAGE.

17 (c) (I) A HEALTH FACILITY THAT IS NEWLY AFFILIATED WITH OR
18 OWNED BY A HOSPITAL OR HEALTH SYSTEM ON OR AFTER JULY 1, 2024,
19 SHALL PROVIDE WRITTEN NOTICE TO EACH PATIENT RECEIVING SERVICES
20 WITHIN THE TWELVE-MONTH PERIOD IMMEDIATELY PRECEDING THE
21 AFFILIATION OR CHANGE OF OWNERSHIP THAT THE HEALTH FACILITY IS
22 PART OF A HOSPITAL OR HEALTH SYSTEM. THE NOTICE MUST INCLUDE:

23 (A) THE NAME, BUSINESS ADDRESS, AND PHONE NUMBER OF THE
24 HOSPITAL OR HEALTH SYSTEM THAT IS THE PURCHASER OF THE HEALTH
25 FACILITY OR WITH WHOM HEALTH FACILITY IS AFFILIATED;

26 (B) A STATEMENT THAT THE HEALTH FACILITY BILLS, OR IS LIKELY
27 TO BILL, PATIENTS A FACILITY FEE THAT MAY BE IN ADDITION TO AND

1 SEPARATE FROM ANY PROFESSIONAL FEE BILLED BY A HEALTH-CARE
2 PROVIDER AT THE HEALTH FACILITY; AND

3 (C) A STATEMENT THAT, PRIOR TO SEEKING SERVICES AT THE
4 HEALTH FACILITY, A PATIENT COVERED BY A HEALTH INSURANCE POLICY
5 OR HEALTH BENEFIT PLAN SHOULD CONTACT THE PATIENT'S HEALTH
6 INSURER FOR ADDITIONAL INFORMATION REGARDING THE HEALTH
7 FACILITY'S FACILITY FEES, INCLUDING THE PATIENT'S POTENTIAL
8 FINANCIAL LIABILITY, IF ANY, FOR THE FACILITY FEES.

9 (II) A HOSPITAL, HEALTH SYSTEM, OR HEALTH FACILITY SHALL NOT
10 COLLECT A FACILITY FEE FOR HEALTH-CARE SERVICES PROVIDED BY A
11 HEALTH-CARE PROVIDER AFFILIATED WITH OR OWNED BY A HOSPITAL OR
12 HEALTH SYSTEM THAT IS SUBJECT TO ANY PROVISIONS OF THIS SECTION
13 FROM THE DATE OF THE TRANSACTION UNTIL AT LEAST THIRTY DAYS
14 AFTER THE WRITTEN NOTICE REQUIRED PURSUANT TO THIS SUBSECTION
15 (3)(c)(I) IS MAILED TO THE PATIENT.

16 (4) SUBSECTION (2) OF THIS SECTION DOES NOT APPLY TO A
17 CRITICAL ACCESS HOSPITAL, A SOLE COMMUNITY HOSPITAL IN A RURAL OR
18 FRONTIER AREA, OR A COMMUNITY CLINIC AFFILIATED WITH A SOLE
19 COMMUNITY HOSPITAL IN A RURAL OR FRONTIER AREA.

20 (5) SUBSECTION (2) OF THIS SECTION DOES NOT APPLY TO A
21 HOSPITAL ESTABLISHED PURSUANT TO ARTICLE 29 OF TITLE 25.

22 **SECTION 2.** In Colorado Revised Statutes, 25.5-1-204, **add**
23 (3)(d) as follows:

24 **25.5-1-204. Advisory committee to oversee the all-payer health**
25 **claims database - creation - members - duties - legislative declaration**
26 **- rules - report - definitions.** (3) (d) (I) BEGINNING IN THE 2024-25
27 STATE FISCAL YEAR, AND ANNUALLY THEREAFTER, SUBJECT TO AVAILABLE

1 APPROPRIATIONS AND AVAILABILITY OF DATA AT THE TIME OF REPORTING,
2 THE ADMINISTRATOR SHALL PROVIDE A REPORT THAT AGGREGATES THE
3 FOLLOWING DATA FROM THE COLORADO ALL-PAYER HEALTH CLAIMS
4 DATABASE AND OTHER SOURCES FOR ALL PAYERS THAT REIMBURSE
5 FACILITY FEES:

6 (A) THE NUMBER OF PATIENT VISITS FOR WHICH FACILITY FEES
7 WERE CHARGED;

8 (B) THE TOTAL ALLOWED AMOUNTS COLLECTED IN FACILITY FEES;

9 (C) THE TOP TEN MOST FREQUENT CPT CODES AND THE TOP TEN
10 CPT CODES WITH THE HIGHEST TOTAL ALLOWED AMOUNTS FROM FACILITY
11 FEES; AND

12 (D) MEDIAN ALLOWED AMOUNTS, TWENTY-FIFTH AND
13 SEVENTY-FIFTH PERCENTILE ALLOWED AMOUNTS, AND THE PERCENTAGE
14 OF CLAIMS AND VOLUME OF CLAIMS WITH NO ALLOWED AMOUNTS.

15 (II) TO FACILITATE REPORTING PURSUANT TO THIS SUBSECTION
16 (3)(d), THE ADMINISTRATOR SHALL:

17 (A) IDENTIFY PAYER DATA SOURCES THAT ARE AFFILIATED WITH
18 OR OWNED BY A HOSPITAL; AND

19 (B) IDENTIFY FACILITY FEES BY LOCATION, OR, IF NOT
20 PRACTICABLE, BY FACILITY TYPE INDICATED ON THE PROFESSIONAL FEE
21 OUTPATIENT CLAIM.

22 (III) AS USED IN THIS SUBSECTION (3)(d), UNLESS THE CONTEXT
23 OTHERWISE REQUIRES:

24 (A) "AFFILIATED WITH" HAS THE MEANING SET FORTH IN SECTION
25 6-20-102 (1)(a).

26 (B) "CPT CODE" HAS THE MEANING SET FORTH IN SECTION
27 25.5-1-204.7 (1)(d).

1 (C) "FACILITY FEE" HAS THE MEANING SET FORTH IN SECTION
2 6-20-102 (1)(d).

3 (D) "HOSPITAL" HAS THE MEANING SET FORTH IN SECTION
4 6-20-102 (1)(j).

5 (E) "OWNED BY" HAS THE MEANING SET FORTH IN SECTION
6 6-20-102 (1)(m).

7 **SECTION 3.** In Colorado Revised Statutes, 6-1-105, **add**
8 (1)(uuu) as follows:

9 **6-1-105. Unfair or deceptive trade practices.** (1) A person
10 engages in a deceptive trade practice when, in the course of the person's
11 business, vocation, or occupation, the person:

12 (uuu) CHARGES, BILLS, OR COLLECTS A FACILITY FEE OR FAILS TO
13 COMPLY WITH OTHER PROVISIONS RELATING TO FACILITY FEES IN
14 VIOLATION OF SECTION 6-20-102 (2) OR (3).

15 **SECTION 4.** In Colorado Revised Statutes, **add 25.5-4-216** as
16 follows:

17 **25.5-4-216. Report on impact of hospital facility fees in**
18 **Colorado - definitions.** (1) AS USED IN THIS SECTION:

19 (a) "AFFILIATED WITH" HAS THE MEANING SET FORTH IN SECTION
20 6-20-102 (1)(a).

21 (b) "CPT CODE" HAS THE MEANING SET FORTH IN SECTION
22 25.5-1-204.7 (1)(d).

23 (c) "FACILITY FEE" HAS THE MEANING SET FORTH IN SECTION
24 6-20-102 (1)(c).

25 (d) "HEALTH-CARE PROVIDER" HAS THE MEANING SET FORTH IN
26 SECTION 6-20-102 (1)(e).

27 (e) "HEALTH SYSTEM" HAS THE MEANING SET FORTH IN SECTION

1 10-16-1303 (9).

2 (f) "HOSPITAL" HAS THE MEANING SET FORTH IN SECTION 6-20-102
3 (1)(i).

4 (g) "OWNED BY" HAS THE MEANING SET FORTH IN SECTION
5 6-20-102 (1)(n).

6 (2) ON OR BEFORE DECEMBER 1, 2023, THE STATE DEPARTMENT
7 SHALL ISSUE A REPORT DETAILING THE IMPACT OF FACILITY FEES ON THE
8 COLORADO HEALTH-CARE SYSTEM, INCLUDING THE IMPACT ON
9 CONSUMERS, HEALTH-CARE PROVIDERS, AND HOSPITALS. IN DEVELOPING
10 THE REPORT, THE STATE DEPARTMENT SHALL CONTRACT WITH AN
11 INDEPENDENT THIRD PARTY TO CONDUCT ACTUARIAL RESEARCH OR
12 ECONOMIC MODELING TO IDENTIFY AND EVALUATE THE IMPACT OF
13 FACILITY FEES.

14 (3) THE REPORT SHALL INCLUDE:

15 (a) DATA FROM PLAN YEARS 2017 THROUGH 2022 FROM THE
16 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE AND OTHER SOURCES
17 FOR ALL PAYERS THAT REIMBURSE FACILITY FEES, INCLUDING, BUT NOT
18 LIMITED TO:

19 (I) THE NUMBER OF PATIENT VISITS FOR WHICH FACILITY FEES
20 WERE CHARGED;

21 (II) THE TOTAL ALLOWED AMOUNTS COLLECTED IN FACILITY FEES;

22 (III) THE TOP TEN MOST FREQUENT CPT CODES AND THE TOP TEN
23 CPT CODES WITH THE HIGHEST TOTAL ALLOWED AMOUNTS FROM FACILITY
24 FEES; AND

25 (IV) MEDIAN ALLOWED AMOUNTS, TWENTY-FIFTH AND
26 SEVENTY-FIFTH PERCENTILE ALLOWED AMOUNTS, AND THE PERCENTAGE
27 OF CLAIMS AND VOLUME OF CLAIMS WITH NO ALLOWED AMOUNTS;

1 (b) AN ANALYSIS OF THE IMPACT OF FACILITY FEES ON:
2 (I) PATIENT COST SHARING AND ANY VARIATION BASED ON PAYER
3 TYPE;
4 (II) EMPLOYERS;
5 (III) THE COST OF HEALTH-CARE SERVICES RENDERED BY
6 INDEPENDENT HEALTH-CARE PROVIDERS;
7 (IV) THE COST OF HEALTH-CARE SERVICES RENDERED BY
8 HEALTH-CARE PROVIDERS AFFILIATED WITH OR OWNED BY A HOSPITAL OR
9 HEALTH SYSTEM, INCLUDING HEALTH-CARE PROVIDERS AFFILIATED WITH
10 OR OWNED BY AN ACADEMIC MEDICAL CENTER;
11 (V) HEALTH INSURANCE PREMIUMS; AND
12 (VI) VERTICAL INTEGRATION AND CONSOLIDATION BY HEALTH
13 SYSTEMS AND PRIVATE EQUITY FIRMS;
14 (c) A DESCRIPTION OF THE WAY IN WHICH HEALTH-CARE
15 PROVIDERS MAY BE PAID OR REIMBURSED BY MEDICARE AND COMMERCIAL
16 HEALTH INSURANCE CARRIERS FOR OUTPATIENT HEALTH-CARE SERVICES
17 WITH OR WITHOUT FACILITY FEES:
18 (I) AT ON-CAMPUS LOCATIONS;
19 (II) AT OFF-CAMPUS LOCATIONS BY HEALTH-CARE PROVIDERS
20 AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM; OR
21 (III) AT OFF-CAMPUS LOCATIONS BY INDEPENDENT HEALTH-CARE
22 PROVIDERS NOT AFFILIATED WITH OR OWNED BY A HOSPITAL SYSTEM; AND
23 (d) CONSIDERATIONS OF WHETHER ADDITIONAL MEASURES MAY
24 BE TAKEN TO ENSURE CONSUMER AFFORDABILITY, PROMOTE COMPETITION,
25 AND PREVENT ADVERSE IMPACTS OF HEALTH-CARE CONSOLIDATION ON
26 INDEPENDENT HEALTH-CARE PROVIDERS AND HEALTH-CARE CONSUMERS.
27 THE DEPARTMENT OF LAW MAY ALSO MAKE POLICY RECOMMENDATIONS

1 RELATED TO FACILITY FEES.

2 (4) IN DEVELOPING THE REPORT, THE STATE DEPARTMENT SHALL
3 CONSULT WITH, AT A MINIMUM, THE FOLLOWING STAKEHOLDERS:

4 (a) HEALTH-CARE CONSUMERS AND CONSUMER ADVOCATES;

5 (b) HOSPITALS AND HEALTH SYSTEMS;

6 (c) HEALTH-CARE PROVIDERS AFFILIATED WITH OR OWNED BY A
7 HOSPITAL OR HEALTH SYSTEM; AND

8 (d) INDEPENDENT HEALTH-CARE PROVIDERS NOT AFFILIATED WITH
9 OR OWNED BY A HOSPITAL OR HEALTH SYSTEM.

10 (5) THE STATE DEPARTMENT MAY INCLUDE IN THE REPORT
11 INFORMATION FROM THE STATE DEPARTMENT, THE DEPARTMENT OF LAW,
12 STAKEHOLDERS, PUBLICLY AVAILABLE DATA SOURCES, AND HOSPITALS
13 AND HEALTH SYSTEMS IN ACCORDANCE WITH SUBSECTION (3) OF THIS
14 SECTION; EXCEPT THAT ANY INFORMATION THE STATE DEPARTMENT
15 RECEIVES THAT IS PROPRIETARY OR CONTAINS TRADE SECRETS MAY NOT
16 BE MADE PUBLIC.

17 (4) (a) THE STATE DEPARTMENT SHALL WORK WITH THE
18 ALL-PAYER CLAIMS DATABASE TO IDENTIFY DATA, INCLUDING DATA FROM
19 THE HOSPITAL EXPENDITURE REPORT, AS DESCRIBED IN SECTION
20 25.5-4-402.8, THAT MAY BE USED TO UNDERSTAND FACILITY FEES.

21 (b) EACH HOSPITAL LICENSED PURSUANT TO PART 1 OF ARTICLE 3
22 OF TITLE 25, OR CERTIFIED PURSUANT TO SECTION 25-1.5-103 (1)(a)(II),
23 SHALL MAKE INFORMATION AVAILABLE TO THE STATE DEPARTMENT FOR
24 PURPOSES OF PREPARING THE REPORT; EXCEPT THAT THE STATE
25 DEPARTMENT SHALL NOT REQUIRE A HOSPITAL OR HEALTH SYSTEM TO
26 RESHARE INFORMATION ALREADY RECEIVED BY THE STATE DEPARTMENT.

27 (c) IF NECESSARY TO FULFILL THE REPORTING REQUIREMENTS OF

1 THIS SECTION, THE ATTORNEY GENERAL MAY ISSUE A CIVIL INVESTIGATIVE
2 DEMAND REQUIRING A STATE DEPARTMENT, CARRIER AS DEFINED IN
3 SECTION 10-16-102 (8), HOSPITAL, HEALTH SYSTEM, OR HEALTH-CARE
4 PROVIDER TO FURNISH MATERIALS, ANSWERS, DATA, OR OTHER RELEVANT
5 INFORMATION.

6 (d) A PERSON OR BUSINESS SHALL NOT BE COMPELLED TO PROVIDE
7 TRADE SECRETS, AS DEFINED IN SECTION 7-74-102(4).

8 **SECTION 5. Appropriation - adjustments to 2023 long bill.**

9 (1) To implement this act, appropriations made in the annual general
10 appropriation act for the 2023-24 state fiscal year to the department of
11 health care policy and financing are adjusted as follows:

12 (a) The general fund appropriation for use by the executive
13 director's office for personal services is increased by \$18,326; and

14 (b) The general fund appropriation for use by the executive
15 director's office for operating expenses is increased by \$337.

16 (2) For the 2023-24 state fiscal year, the general assembly
17 anticipates that federal funds received by the department of health care
18 policy and financing will decrease by \$18,663 to implement this act,
19 which amount is subject to the "(I)" notation as defined in the annual
20 general appropriation act for the same fiscal year. The appropriation in
21 subsection (1) of this section is based on the assumption that the federal
22 funds received by the department will decrease as follows:

23 (a) \$18,326 for personal services; and

24 (b) \$337 for operating expenses.

25 (3) For the 2023-24 state fiscal year, \$622,356 is appropriated to
26 the department of health care policy and financing for use by the
27 executive director's office. This appropriation is from the general fund.

1 To implement this act, the office may use this appropriation for general
2 professional services and special projects.

3 **SECTION 6. Safety clause.** The general assembly hereby finds,
4 determines, and declares that this act is necessary for the immediate
5 preservation of the public peace, health, or safety.