First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 23-0468.03 Brita Darling x2241 **SENATE BILL 23-298**

SENATE SPONSORSHIP

Gardner and Roberts,

HOUSE SPONSORSHIP

McCormick and Bockenfeld,

Senate Committees
Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 CONCERNING ALLOWING CERTAIN PUBLIC HOSPITALS TO IMPROVE
102 ACCESS TO HEALTH CARE THROUGH COLLABORATION, AND, IN
103 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 permits a hospital that has fewer than 50 beds and is a county public hospital, a hospital formed by a health service district, or a hospital affiliated with either such hospital (hospital) to enter into collaborative agreements to engage in activities that may be characterized as anticompetitive or result in displacement of competition, such as

agreements to provide ancillary or specialty services, joint purchasing, shared services, consulting, and collaboration efforts with payers.

The bill exempts collaborating hospitals from state antitrust laws and provides immunity from federal antitrust laws under the state action doctrine for approved collaborative activity.

Prior to entering into a collaborative agreement, the hospitals must submit the proposed collaborative agreement (proposal) to the department of health care policy and financing (department) and to the attorney general. If the department determines that the collaborative agreement will result in cost savings or other efficiencies that will improve or expand the delivery of health-care services in rural and frontier communities, the department must refer the proposal to the attorney general.

The attorney general must review each proposal that is referred by the department and determine, within a specified time, that the benefits are not outweighed by any anticompetitive harm that may result from the agreement. The department or the attorney general may request additional information concerning a proposal within 60 days after its original submission. If additional information is requested, the department and attorney general have an additional 45 days to review the proposal.

If the department and the attorney general make a favorable determination, the proposal is approved and the hospitals may enter into a collaborative agreement. If neither the department nor the attorney general respond within the time frames set forth in the bill, the collaborative proposal is deemed approved.

The department or the attorney general may review a collaborative agreement annually to ensure the outcomes related to the collaborative agreement are consistent with statute.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 9 to article
3 1 of title 25.5 as follows:

4 PART 9
5 HOSPITAL COLLABORATION AGREEMENTS

6 **25.5-1-901. Hospital collaborative agreements - reviews of**
7 **proposed collaborative agreements - immunity - legislative**
8 **declaration - definitions - rules.** (1) THE GENERAL ASSEMBLY FINDS AND

1 DECLARES THAT:

2 (a) (I) FRONTIER AND RURAL HOSPITALS CONTINUE TO STRUGGLE
3 TO DELIVER HIGH-QUALITY, ACCESSIBLE, LOW-COST CARE DUE TO THE
4 RISING COSTS OF MEDICATIONS, SUPPLIES, MEDICAL EQUIPMENT, AND
5 CONTRACT LABOR;

6 (II) FRONTIER AND RURAL HOSPITALS ARE LARGELY INDEPENDENT,
7 GOVERNMENTAL FACILITIES THAT ARE GOVERNED BY LOCAL COMMUNITY
8 BOARDS;

9 (III) FRONTIER AND RURAL HOSPITALS ARE GENERALLY
10 SEPARATED BY LARGE DISTANCES AND ARE CHALLENGED BY THE NEED TO
11 PROVIDE ESSENTIAL SERVICES TO LOCAL COMMUNITIES DUE TO THE
12 SPARSE POPULATION IN RURAL AREAS;

13 (IV) FRONTIER AND RURAL HOSPITALS ARE INCREASINGLY
14 CHALLENGED BY COMPLEX REQUIREMENTS IMPOSED BY GOVERNMENT AND
15 PRIVATE PAYERS THAT DISPROPORTIONATELY NEGATIVELY IMPACT THESE
16 PROVIDERS AND UNNECESSARILY DRIVE-UP ADMINISTRATIVE COSTS; AND
17

18 (V) IN CASES WHERE BOTH THE DEPARTMENT OF HEALTH CARE
19 POLICY AND FINANCING AND THE ATTORNEY GENERAL APPROVE
20 COLLABORATIVE ARRANGEMENTS, IT IS THE GENERAL ASSEMBLY'S INTENT
21 TO PROVIDE PROTECTION TO FRONTIER AND RURAL HOSPITALS FROM
22 CERTAIN ANTITRUST SCRUTINY THAT IMPEDES FRONTIER AND RURAL
23 HOSPITALS FROM WORKING COLLABORATIVELY TO IMPROVE QUALITY,
24 INCREASE ACCESS, AND REDUCE COSTS OF CARE TO THE COMMUNITIES
25 THEY SERVE;

26 (b) (I) FORTY-SEVEN OF COLORADO'S SIXTY-FOUR COUNTIES
27 INCLUDE RURAL AND FRONTIER COMMUNITIES YET CONTAIN ONLY TWELVE
28 PERCENT OF COLORADO'S POPULATION;

1 (II) THIRTY-TWO COUNTIES ARE SERVED BY CRITICAL ACCESS
2 HOSPITALS THAT HAVE TWENTY-FIVE OR FEWER BEDS AND ARE
3 GENERALLY LOCATED MORE THAN THIRTY-FIVE MILES FROM THE NEXT
4 CLOSEST HOSPITAL; ELEVEN COUNTIES LACK ANY HOSPITAL;
5 (III) THE SCARCITY OF NEARBY HOSPITALS CAUSES MANY
6 RESIDENTS TO STRUGGLE TO FIND QUALITY, AFFORDABLE HEALTH CARE
7 NEAR THEIR HOMES;
8 (IV) FURTHER, MANY RESIDENTS IN COLORADO'S RURAL AND
9 FRONTIER COMMUNITIES FOREGO PREVENTIVE AND BEHAVIORAL HEALTH
10 CARE AND LACK COMPREHENSIVE OR SPECIALIZED CARE OR CHOICE IN
11 HEALTH-CARE SERVICES, AND TWENTY-FOUR COUNTIES IN COLORADO ARE
12 CONSIDERED MATERNAL CARE "DESERTS";
13 (V) WHERE HOSPITALS DO EXIST IN RURAL AND FRONTIER AREAS,
14 THOSE HOSPITALS RECEIVE LOW REIMBURSEMENT RATES DUE TO A
15 PREPONDERANCE OF GOVERNMENT PAYERS AND DECLINING LOCAL TAX
16 DOLLARS, WHICH RESULTS IN A REDUCED AMOUNT OF MONEY AVAILABLE
17 TO INVEST IN EXPANDING OR UPGRADING FACILITIES OR TO PURCHASE
18 NECESSARY, NEW, OR INNOVATIVE MEDICAL SUPPLIES, EQUIPMENT, OR
19 TECHNOLOGY;
20 (VI) MANY HOSPITALS IN RURAL AND FRONTIER COMMUNITIES
21 HAVE DIFFICULTY RECRUITING AND RETAINING QUALIFIED HEALTH-CARE
22 PROFESSIONALS AND MAKING AVAILABLE NEEDED SERVICES; AND
23 (VII) COUNTY PUBLIC HOSPITALS, HEALTH SERVICE DISTRICTS,
24 AND HOSPITAL AFFILIATES PERFORM ESSENTIAL PUBLIC FUNCTIONS ON
25 BEHALF OF THE STATE;
26 (c) AS PART OF THE GOVERNMENT'S INTEREST IN PROVIDING
27 NEEDED HEALTH-CARE SERVICES IN COLORADO'S RURAL AND FRONTIER
28 COMMUNITIES, IT IS IMPORTANT FOR THE GOVERNMENT TO SUPPORT

1 EFFORTS TO FIND COLLABORATIVE, INNOVATIVE SOLUTIONS TO THE MANY
2 PROBLEMS CONFRONTING RURAL HEALTH CARE, INCLUDING
3 COLLABORATIVE OR COORDINATED ACTIVITIES THAT OFFER THE
4 OPPORTUNITY TO EXPAND HEALTH-CARE OPTIONS THROUGH JOINT
5 PURCHASING AND STAFFING, SHARED SERVICES, AND JOINT ACQUISITION
6 OF NEW AND EXPENSIVE DIAGNOSTIC AND TREATMENT SOLUTIONS;
7 (d) IT IS THE GENERAL ASSEMBLY'S INTENT TO EXEMPT FROM
8 STATE ANTITRUST LAWS, AND TO PROVIDE STATE ACTION IMMUNITY FROM
9 FEDERAL ANTITRUST LAWS FOR CERTAIN ACTIVITIES THAT MIGHT BE
10 CHARACTERIZED AS ANTICOMPETITIVE OR THAT MIGHT RESULT IN THE
11 DISPLACEMENT OF COMPETITION IN THE PROVISION OF HOSPITAL,
12 PHYSICIAN, OR OTHER HEALTH-CARE-RELATED SERVICES OR
13 ADMINISTRATIVE OR GENERAL BUSINESS SERVICES; AND
14 (e) IN ORDER TO PROMOTE IMPROVED QUALITY OF, INCREASE
15 ACCESS TO, AND REDUCE COSTS OF HEALTH-CARE SERVICES IN RURAL AND
16 FRONTIER COMMUNITIES THROUGH COLLABORATIVE AGREEMENTS
17 AUTHORIZED BY THIS SECTION, THE GENERAL ASSEMBLY FURTHER
18 INTENDS TO PROVIDE A SYSTEM OF REVIEW OF RELEVANT COLLABORATIVE
19 AGREEMENTS BY THE DEPARTMENT OF HEALTH CARE POLICY AND
20 FINANCING AND THE ATTORNEY GENERAL TO ENSURE THAT ANY
21 POTENTIAL BENEFITS OF SUCH COLLABORATIVE AGREEMENTS ARE NOT
22 OUTWEIGHED BY THE HARM TO COMPETITION IN RURAL AND FRONTIER
23 COMMUNITIES.
24 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
25 REQUIRES:
26 (a) "COLLABORATIVE AGREEMENT" MEANS AN AGREEMENT OR
27 SIMILAR ARRANGEMENT BETWEEN TWO OR MORE HOSPITALS OR HOSPITAL
28 AFFILIATES THAT COMPLIES WITH THE REQUIREMENTS SET FORTH IN THIS

1 SECTION.

2 (b) "COUNTY PUBLIC HOSPITAL" MEANS A PUBLIC HOSPITAL
3 ESTABLISHED PURSUANT TO SECTION 25-3-301.

4 (c) "HEALTH SERVICE DISTRICT" HAS THE SAME MEANING AS SET
5 FORTH IN SECTION 32-1-103 (9).

6 (d) "HOSPITAL" MEANS A FACILITY WITH FEWER THAN FIFTY BEDS
7 THAT IS:

8 (I) A COUNTY PUBLIC HOSPITAL;

9 (II) A HOSPITAL ESTABLISHED, MAINTAINED, OR OPERATED
10 DIRECTLY OR INDIRECTLY BY A HEALTH SERVICE DISTRICT; OR

11 (III) A HOSPITAL AFFILIATE.

12 (e) "HOSPITAL AFFILIATE" MEANS AN AFFILIATE OF A COUNTY
13 PUBLIC HOSPITAL OR HEALTH SERVICE DISTRICT THAT IS UNDER THE SOLE
14 CONTROL OF THE COUNTY PUBLIC HOSPITAL OR HEALTH SERVICE DISTRICT.

15 (3) EXCEPT AS PROVIDED IN SUBSECTION (4) OF THIS SECTION, AND
16 SUBJECT TO THE REQUIREMENTS IN SUBSECTIONS (5) AND (6) OF THIS
17 SECTION, A HOSPITAL IS AUTHORIZED TO ENTER INTO COLLABORATIVE
18 AGREEMENTS WITH ONE OR MORE HOSPITALS OR HOSPITAL AFFILIATES TO
19 ENGAGE IN THE FOLLOWING ACTIVITIES:

20 (a) ANCILLARY CLINICAL SERVICES, ACQUISITION OF EQUIPMENT,
21 CLINIC MANAGEMENT, OR HEALTH-CARE PROVIDER RECRUITMENT;

22 (b) JOINT PURCHASING OR LEASING ARRANGEMENTS, INCLUDING
23 THE JOINT PURCHASING OR LEASING OF:

24 (I) MEDICAL AND GENERAL SUPPLIES;

25 (II) MEDICAL AND GENERAL EQUIPMENT;

26 (III) PHARMACEUTICALS; OR

27 (IV) TEMPORARY STAFFING THROUGH A STAFFING AGENCY;

28 (c) CONSULTING SERVICES WITH A FOCUS ON PUBLIC HEALTH IN

1 RURAL OR FRONTIER COMMUNITIES AND NON-HOSPITAL-SPECIFIC
2 INNOVATIONS IN HEALTH-CARE DELIVERY IN THOSE COMMUNITIES;
3 (d) PURCHASING JOINT PROFESSIONAL, GENERAL LIABILITY, OR
4 PROPERTY INSURANCE;
5 (e) SHARING BACK-OFFICE SERVICES, SUCH AS SHARING A BUSINESS
6 OFFICE, ACCOUNTING AND FINANCE SERVICES, HUMAN RESOURCES, AND
7 RISK MANAGEMENT AND COMPLIANCE SERVICES, BUT NOT INCLUDING
8 SHARING SERVICE CHARGING EXPENSES OR RATES AMONG HOSPITALS;
9 (f) SHARING DATA SERVICES, INCLUDING SHARED SERVICES FOR
10 ELECTRONIC HEALTH RECORDS AND DATA EXTRACTION AND ANALYSIS
11 SERVICES, CHARGE MANAGEMENT, AND POPULATION HEALTH ANALYSIS;
12 AND
13 (g) NEGOTIATING WITH HEALTH INSURANCE OR GOVERNMENT
14 PAYERS, WHICH NEGOTIATIONS ARE LIMITED TO:
15 (I) SHARED CARE PROTOCOLS INTENDED TO IMPROVE PATIENT
16 MANAGEMENT AND OUTCOMES, INCLUDING IMPLEMENTATION OF
17 EVIDENCE-BASED PROTOCOLS, CLINICAL PATHWAYS, AND RECOGNIZED
18 BEST PRACTICES IN THE CARE AND TREATMENT OF PATIENTS, INCLUDING
19 CLINICAL THERAPIES, NUTRITION, EXERCISE, DIAGNOSTIC TESTING, AND
20 MEDICATION MANAGEMENT;
21 (II) COLLABORATIVE EFFORTS WITH PAYERS TO PROMOTE
22 APPROPRIATE AND ESSENTIAL SERVICES TO BE PROVIDED IN THE LOCAL
23 COMMUNITY;
24 (III) MANAGEMENT OF PRIOR AUTHORIZATION REQUESTS; AND
25 (IV) ANALYSIS OF AGGREGATE DATA TO COMPARE COSTS OF
26 PROCEDURES AND TO ANALYZE PATIENT OUTCOMES.
27 (4) NOTWITHSTANDING ANY COLLABORATIVE AGREEMENTS
28 AUTHORIZED UNDER SUBSECTION (3) OF THIS SECTION, THE IMMUNITY AND

1 PROTECTIONS GRANTED TO HOSPITALS AND HOSPITAL AFFILIATES
2 ENTERING INTO SUCH COLLABORATIVE AGREEMENTS PURSUANT TO THIS
3 SECTION DOES NOT EXTEND TO COLLABORATIVE AGREEMENTS WITH
4 ANOTHER HOSPITAL OR HOSPITAL AFFILIATE THAT HAVE THE EFFECT OF:
5 (a) SETTING REIMBURSEMENT RATES OR OTHER COMPENSATION
6 FROM ANY COMMERCIAL SELF-INSURED OR COMMERCIAL HEALTH
7 INSURANCE OR GOVERNMENT PAYER;
8 (b) DIVIDING OR ALLOCATING AMONG HOSPITALS OR HOSPITAL
9 AFFILIATES SPECIFIC MARKETS FOR THE DELIVERY OF ANY GENERAL ACUTE
10 CARE OR SPECIALTY LINES OF HEALTH-CARE SERVICES; OR
11 (c) NEGOTIATING OR AGREEING TO COMPENSATION UNDER
12 HEALTH-CARE STAFFING ARRANGEMENTS FOR HOSPITAL EMPLOYEES THAT
13 RESULTS IN A REDUCTION OF WAGES OF HOSPITAL STAFF, WHETHER
14 EMPLOYED BY THE HOSPITAL, A STAFFING AGENCY, OR OTHER EMPLOYER.
15 (5) PRIOR TO ENGAGING IN ANY JOINT ACTIVITY DESCRIBED BY A
16 PROPOSED COLLABORATIVE AGREEMENT EXECUTED PURSUANT TO
17 SUBSECTION (3) OF THIS SECTION, THE HOSPITALS OR HOSPITAL AFFILIATES
18 SHALL JOINTLY SUBMIT THE PROPOSED COLLABORATIVE AGREEMENT TO
19 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, PURSUANT TO
20 RULES WHICH MAY BE PROMULGATED FOR THE SUBMISSION AND REVIEW
21 OF PROPOSALS BY THE DEPARTMENT OF HEALTH CARE POLICY AND
22 FINANCING. THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
23 MAY REQUEST ADDITIONAL INFORMATION NECESSARY FOR THE
24 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO REVIEW THE
25 PROPOSAL.
26 (6) WITHIN FIFTEEN DAYS AFTER RECEIPT OF A PROPOSED
27 COLLABORATIVE AGREEMENT AND THE RECEIPT OF ADDITIONAL
28 INFORMATION REQUESTED BY THE DEPARTMENT OF HEALTH CARE POLICY

1 AND FINANCING, IF THE DEPARTMENT OF HEALTH CARE POLICY AND
2 FINANCING CONCLUDES THAT A PROPOSED COLLABORATIVE ACTIVITY WILL
3 RESULT IN COST SAVINGS OR OTHER EFFICIENCIES THAT WILL IMPROVE OR
4 EXPAND THE DELIVERY OF HEALTH-CARE SERVICES IN RURAL AND
5 FRONTIER COMMUNITIES IN COLORADO, THE DEPARTMENT OF HEALTH
6 CARE POLICY AND FINANCING SHALL REFER THE PROPOSAL TO THE
7 ATTORNEY GENERAL TO DETERMINE, PURSUANT TO RULES WHICH MAY BE
8 PROMULGATED FOR SUCH PURPOSE, THAT THE BENEFITS OF THE
9 COLLABORATIVE ACTIVITY ARE NOT OUTWEIGHED BY ANY
10 ANTICOMPETITIVE HARM THAT MAY ARISE FROM THE COLLABORATIVE
11 ACTIVITY.
12 (7) WITHIN FORTY-FIVE DAYS AFTER RECEIVING A ___ REFERRAL
13 AND REVIEW FROM THE DEPARTMENT OF HEALTH CARE POLICY AND
14 FINANCING, THE ATTORNEY GENERAL SHALL REVIEW THE PROPOSED
15 COLLABORATIVE AGREEMENT AND EITHER APPROVE OR DENY THE
16 PROPOSED COLLABORATIVE AGREEMENT OR REQUEST ADDITIONAL
17 INFORMATION RELATED TO THE PROPOSAL. IF A REQUEST FOR ADDITIONAL
18 INFORMATION IS MADE, THE ATTORNEY GENERAL HAS AN ADDITIONAL
19 FORTY-FIVE DAYS TO COMPLETE THE REVIEW FOLLOWING RECEIPT OF THE
20 REQUESTED INFORMATION.
21 (8) (a) A COLLABORATIVE AGREEMENT IS APPROVED IF:
22 (I) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
23 CONCLUDES THAT THE PROPOSED COLLABORATIVE AGREEMENT WILL
24 RESULT IN IMPROVED QUALITY, INCREASED ACCESS OR COST SAVINGS, OR
25 OTHER EFFICIENCIES THAT WILL IMPROVE OR EXPAND THE DELIVERY OF
26 HEALTH-CARE SERVICES IN RURAL AND FRONTIER COMMUNITIES IN
27 COLORADO; AND
28 (II) THE ATTORNEY GENERAL CONCLUDES THAT THE BENEFITS

1 IDENTIFIED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
2 ARE OUTWEIGHED BY ANY COMPETITIVE CONCERNS IDENTIFIED BY THE
3 ATTORNEY GENERAL OR THE ATTORNEY GENERAL DOES NOT RESPOND
4 WITHIN THE TIME FRAMES SPECIFIED IN SUBSECTION (7) OF THIS SECTION.
5
6 (b) (I) EXCEPT AS PROVIDED IN SUBSECTION (8)(b)(III) OF THIS
7 SECTION, IF A PROPOSED COLLABORATIVE AGREEMENT IS DENIED, THE
8 HOSPITALS OR HOSPITAL AFFILIATES MAY REQUEST RECONSIDERATION BY
9 RESUBMITTING THE PROPOSED AGREEMENT TO THE ATTORNEY GENERAL
10 WITHIN THIRTY DAYS AFTER THE DENIAL ALONG WITH ADDITIONAL
11 MATERIALS, INFORMATION, OR OTHER EVIDENCE THAT WAS NOT
12 PREVIOUSLY SUBMITTED RELATING TO THE DETERMINATION OF THE
13 BENEFITS OR ANTICOMPETITIVE HARM ASSOCIATED WITH THE PROPOSED
14 COLLABORATIVE AGREEMENT.
15 (II) THE ATTORNEY GENERAL HAS FORTY-FIVE DAYS FROM THE
16 DATE OF THE REQUEST TO RECONSIDER THE DENIAL AND MAY CONSULT
17 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR THE
18 DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES
19 AS PART OF THE RECONSIDERATION. THE PROPOSED COLLABORATIVE
20 AGREEMENT IS NOT DEEMED APPROVED IF THE ATTORNEY GENERAL FAILS
21 TO RESPOND WITHIN THE FORTY-FIVE DAY RECONSIDERATION PERIOD.
22 (III) A REQUEST FOR RECONSIDERATION OF A PROPOSED
23 COLLABORATIVE AGREEMENT MAY BE MADE ONLY ONCE WITHIN THE
24 THIRTY DAY PERIOD FOLLOWING THE DENIAL OF THE PROPOSED
25 COLLABORATIVE AGREEMENT. THE ATTORNEY GENERAL'S DECISION ON A
26 PROPOSED COLLABORATIVE AGREEMENT THAT IS NOT SUBMITTED FOR
27 RECONSIDERATION WITHIN THIRTY DAYS OR THAT IS DENIED UPON
28 RECONSIDERATION IS FINAL AND NON-APPEALABLE.

1 (c) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR
2 THE ATTORNEY GENERAL MAY REVIEW A COLLABORATIVE AGREEMENT
3 ANNUALLY TO ENSURE THE OUTCOMES RELATED TO THE COLLABORATIVE
4 AGREEMENT ARE CONSISTENT WITH THIS SECTION.
5 **SECTION 2.** In Colorado Revised Statutes, **add** 25-3-304.5 as
6 follows:
7 **25-3-304.5. Hospital collaborative agreements - additional**
8 **powers.** IN ADDITION TO THE POWERS SPECIFIED IN SECTION 25-3-304, THE
9 BOARD OF TRUSTEES OF A COUNTY PUBLIC HOSPITAL MAY ENTER INTO A
10 COLLABORATIVE AGREEMENT WITH ANOTHER COUNTY PUBLIC HOSPITAL,
11 HEALTH SERVICE DISTRICT, OR HOSPITAL AFFILIATE IN ACCORDANCE WITH
12 SECTION 25.5-1-901.
13 **SECTION 3.** In Colorado Revised Statutes, 32-1-1003, **add**
14 (1)(c.5) as follows:
15 **32-1-1003. Health service districts - additional powers.** (1) In
16 addition to the powers specified in section 32-1-1001, the board of any
17 health service district has any or all of the following powers for and on
18 behalf of such district:
19 (c.5) TO ENTER INTO A COLLABORATIVE AGREEMENT WITH
20 ANOTHER HEALTH SERVICE DISTRICT, COUNTY PUBLIC HOSPITAL, OR
21 HOSPITAL AFFILIATE IN ACCORDANCE WITH SECTION 25.5-1-901.
22 **SECTION 4. Appropriation.** (1) For the 2023-24 state fiscal
23 year, $30,260 is appropriated to the department of health care policy and
24 financing for use by the executive director's office. This appropriation is
25 from the healthcare affordability and sustainability fee cash fund created
26 in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office
27 may use this appropriation as follows:
28 (a) $26,385 for personal services, which amount is based on an

1 assumption that the office will require an additional 0.8 FTE; and
2 (b) $3,875 for operating expenses.
3 (2) For the 2023-24 state fiscal year, the general assembly
4 anticipates that the department of health care policy and financing will
5 receive $30,259 in federal funds to implement this act, which amount is
6 subject to the "(I)" notation as defined in the annual general appropriation
7 act for the same fiscal year. The appropriation in subsection (1) of this
8 section is based on the assumption that the department will receive this
9 amount of federal funds to be used as follows:
10 (a) $26,384 for personal services; and
11 (b) $3,875 for operating expenses.
12 **SECTION 5. Act subject to petition - effective date.** This act
13 takes effect at 12:01 a.m. on the day following the expiration of the
14 ninety-day period after final adjournment of the general assembly; except
15 that, if a referendum petition is filed pursuant to section 1 (3) of article V
16 of the state constitution against this act or an item, section, or part of this
17 act within such period, then the act, item, section, or part will not take
18 effect unless approved by the people at the general election to be held in
19 November 2024 and, in such case, will take effect on the date of the
20 official declaration of the vote thereon by the governor.