

HB1215\_L.017

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB23-1215 be amended as follows:

1 Amend reengrossed bill, page 5, line 7, strike "10-16-104," and substitute  
2 "10-16-104 (18),".

3 Page 7, strike lines 22 through 27.

4 Strike page 8.

5 Page 9, strike lines 1 through 6.

6 Renumber succeeding sections accordingly.

7 Page 9, line 18, strike "**definitions.**" and substitute "**definitions - steering**  
8 **committee - repeal.**".

9 Page 9, after line 20 insert:

10 "(b) "CAMPUS" HAS THE SAME MEANING SET FORTH IN SECTION  
11 6-20-102 (1)(b).".

12 Reletter succeeding paragraphs accordingly.

13 Page 9, line 24, strike "(1)(c)." and substitute "(1)(d).".

14 Page 9, line 25, strike "(1)(e)." and substitute "(1)(f).".

15 Page 10, line 3, strike "(1)(i)." and substitute "(1)(j).".

16 Page 10, line 5, strike "(1)(n)." and substitute "(1)(m).".

17 Page 10, after line 5 insert:

18 "(h) "PAYER TYPE" HAS THE MEANING SET FORTH IN SECTION  
19 6-20-102 (1)(n).

20 (i) "STEERING COMMITTEE" MEANS THE STEERING COMMITTEE  
21 CREATED IN SUBSECTION (2) OF THIS SECTION.".

22 Page 10, strike lines 6 through 27 and substitute:

23 "(2) THERE IS CREATED IN THE STATE DEPARTMENT A STEERING  
24 COMMITTEE TO RESEARCH AND REPORT ON THE IMPACT OF OUTPATIENT  
25 FACILITY FEES. THE STEERING COMMITTEE CONSISTS OF THE FOLLOWING

1 SEVEN MEMBERS APPOINTED BY THE GOVERNOR WITH RELEVANT  
2 EXPERTISE IN HEALTH-CARE BILLING AND PAYMENT POLICY:

3 (a) TWO MEMBERS REPRESENTING HEALTH-CARE CONSUMERS,  
4 WITH AT LEAST ONE OF THE MEMBERS REPRESENTING A HEALTH-CARE  
5 CONSUMER ADVOCACY ORGANIZATION;

6 (b) ONE MEMBER REPRESENTING A HEALTH-CARE PAYER;

7 (c) ONE MEMBER REPRESENTING HEALTH-CARE PROVIDERS NOT  
8 AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM OR WHO  
9 HAS INDEPENDENT PHYSICIAN BILLING EXPERTISE;

10 (d) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
11 HOSPITALS;

12 (e) ONE MEMBER REPRESENTING A RURAL, CRITICAL ACCESS OR  
13 INDEPENDENT HOSPITAL; AND

14 (f) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
15 CARE POLICY AND FINANCING, OR THE EXECUTIVE DIRECTOR'S DESIGNEE.

16 (3) (a) THE STEERING COMMITTEE SHALL FACILITATE THE  
17 DEVELOPMENT OF A REPORT DETAILING THE IMPACT OF OUTPATIENT  
18 FACILITY FEES ON THE COLORADO HEALTH-CARE SYSTEM, INCLUDING THE  
19 IMPACT ON CONSUMERS, EMPLOYERS, HEALTH-CARE PROVIDERS, AND  
20 HOSPITALS. IN DEVELOPING VARIOUS ASPECTS OF THE REPORT REQUIRED  
21 IN THIS SECTION, THE STEERING COMMITTEE SHALL WORK WITH  
22 INDEPENDENT THIRD PARTIES TO CONDUCT RELATED RESEARCH AND  
23 ANALYSIS NECESSARY TO IDENTIFY AND EVALUATE THE IMPACT OF  
24 OUTPATIENT FACILITY FEES.

25 (b) THE STEERING COMMITTEE SHALL PREPARE A PRELIMINARY  
26 VERSION OF THE REPORT ON OR BEFORE AUGUST 1, 2024, UNLESS MORE  
27 TIME IS REQUIRED, AND A FINAL REPORT PREPARED ON OR BEFORE  
28 OCTOBER 1, 2024, THAT MUST BE SUBMITTED TO THE DIVISION OF  
29 INSURANCE AND THE HOUSE OF REPRESENTATIVES HEALTH AND  
30 INSURANCE COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES  
31 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

32 (4) (a) FOR PURPOSES OF DEVELOPING THE REPORT, THE STEERING  
33 COMMITTEE, WITH ADMINISTRATIVE SUPPORT FROM THE STATE  
34 DEPARTMENT, MAY:

35 (I) SELECT THIRD-PARTY CONTRACTORS TO ASSIST IN  
36 RESEARCHING AND CREATING THE REPORT, WITH AN APPROPRIATION MADE  
37 TO THE STATE DEPARTMENT FOR SUCH PURPOSE;

38 (II) DEVELOP THE FORMAT, SCOPE, AND TEMPLATES FOR REQUESTS  
39 FOR INFORMATION;

40 (III) REVIEW DRAFTS, PROVIDE FEEDBACK, AND FINALIZE THE  
41 REPORT;

42 (IV) ANSWER TECHNICAL QUESTIONS FROM THIRD-PARTY  
43 CONTRACTORS; AND

44 (V) CONSULT WITH EXTERNAL STAKEHOLDERS.

45 (b) THE STEERING COMMITTEE, STATE DEPARTMENT, AND ANY

1 THIRD-PARTY CONTRACTORS ENGAGED IN THE DEVELOPMENT OF THE  
2 REPORT ARE ENCOURAGED TO USE BOTH PRIMARY AND SECONDARY  
3 SOURCES AND RESEARCH, WHERE POSSIBLE, AND, TO THE EXTENT  
4 FEASIBLE, ENSURE THE REPORT IS WELL-INFORMED BY THE PERSPECTIVES  
5 OF DIVERSE STAKEHOLDERS. THE STEERING COMMITTEE SHALL WORK  
6 ONLY WITH THIRD-PARTY CONTRACTORS THAT ARE ALREADY APPROVED  
7 AS ONE OF THE STATE'S PREFERRED VENDORS.

8 (c) TO THE EXTENT PRACTICABLE, EVALUATION AND ANALYSIS  
9 PERFORMED FOR THE REPORT MUST ATTEMPT TO LEVERAGE  
10 COLORADO-SPECIFIC DATA SOURCES AND PUBLICLY AVAILABLE NATIONAL  
11 DATA AND RESEARCH.

12 (5) THE REPORT MUST IDENTIFY AND EVALUATE:

13 (a) PAYER REIMBURSEMENT AND PAYMENT POLICIES FOR  
14 OUTPATIENT FACILITY FEES ACROSS PAYER TYPES, INCLUDING INSIGHTS,  
15 WHERE AVAILABLE, INTO CHANGES OVER TIME, AS WELL AS PROVIDER  
16 BILLING GUIDELINES AND PRACTICES FOR OUTPATIENT FACILITY FEES  
17 ACROSS PROVIDER TYPES, INCLUDING INSIGHTS, WHERE AVAILABLE, INTO  
18 CHANGES MADE OVER TIME;

19 (b) PAYMENTS FOR OUTPATIENT FACILITY FEES, INCLUDING  
20 INSIGHTS INTO THE ASSOCIATED CARE ACROSS PAYER TYPES;

21 (c) COVERAGE AND COST-SHARING PROVISIONS FOR OUTPATIENT  
22 CARE SERVICES ASSOCIATED WITH FACILITY FEES ACROSS PAYERS AND  
23 PAYER TYPES;

24 (d) DENIED FACILITY FEE CLAIMS BY PAYER TYPE AND PROVIDER  
25 TYPE;

26 (e) THE IMPACT OF FACILITY FEES AND PAYER COVERAGE POLICIES  
27 ON CONSUMERS, SMALL AND LARGE EMPLOYERS, AND THE MEDICAL  
28 ASSISTANCE PROGRAM;

29 (f) THE IMPACT OF FACILITY FEES AND PAYER COVERAGE POLICIES  
30 ON THE CHARGES FOR HEALTH-CARE SERVICES RENDERED BY  
31 INDEPENDENT HEALTH-CARE PROVIDERS, INCLUDING A COMPARISON OF  
32 PROFESSIONAL FEE CHARGES AND FACILITY FEE CHARGES; AND

33 (g) THE CHARGES FOR HEALTH-CARE SERVICES RENDERED BY  
34 HEALTH-CARE PROVIDERS AFFILIATED WITH OR OWNED BY A HOSPITAL OR  
35 HEALTH SYSTEM, INCLUDING HEALTH-CARE PROVIDERS AFFILIATED WITH  
36 OR OWNED BY AN ACADEMIC MEDICAL CENTER, AND INCLUDING A  
37 COMPARISON OF PROFESSIONAL FEE AND FACILITY FEE CHARGES.

38 (6) THE REPORT MUST INCLUDE AN ANALYSIS OF:

39 (a) DATA FROM THE COLORADO ALL-PAYER HEALTH CLAIMS  
40 DATABASE INCLUDING, AT A MINIMUM:

41 (I) THE NUMBER OF PATIENT VISITS FOR WHICH FACILITY FEES  
42 WERE CHARGED, INCLUDING, TO THE EXTENT POSSIBLE, A BREAKDOWN OF  
43 WHICH VISITS WERE IN-NETWORK AND WHICH WERE OUT-OF-NETWORK;

44 (II) TO THE EXTENT POSSIBLE, THE NUMBER OF PATIENT VISITS FOR  
45 WHICH THE FACILITY FEES WERE CHARGED OUT-OF-NETWORK AND THE

1 PROFESSIONAL FEES WERE CHARGED IN-NETWORK FOR THE SAME  
2 OUTPATIENT SERVICE;

3 (III) THE TOTAL ALLOWED FACILITY FEE AMOUNTS BILLED AND  
4 DENIED;

5 (IV) THE TOP TEN MOST FREQUENT CPT CODES, REVENUE CODES,  
6 OR COMBINATION THEREOF, AT THE STEERING COMMITTEE'S DISCRETION,  
7 FOR WHICH FACILITY FEES WERE CHARGED;

8 (V) THE TOP TEN CPT CODES, REVENUE CODES, OR COMBINATION  
9 THEREOF, AT THE STEERING COMMITTEE'S DISCRETION, WITH THE HIGHEST  
10 TOTAL ALLOWED AMOUNTS FROM FACILITY FEES;

11 (VI) THE TOP TEN CPT CODES, REVENUE CODES, OR COMBINATION  
12 THEREOF, AT THE STEERING COMMITTEE'S DISCRETION, FOR WHICH  
13 FACILITY FEES ARE CHARGED WITH THE HIGHEST MEMBER COST SHARING;  
14 AND

15 (VII) THE TOTAL NUMBER OF FACILITY FEE CLAIM DENIALS, BY  
16 SITE OF SERVICE;

17 (b) DATA FROM HOSPITALS AND HEALTH SYSTEMS, WHICH DATA  
18 SHALL BE PROVIDED TO THE STATE DEPARTMENT, INCLUDING:

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

21 (II) THE TOTAL REVENUE COLLECTED IN FACILITY FEES;

22 (III) A DESCRIPTION OF THE MOST FREQUENT HEALTH-CARE  
23 SERVICES FOR WHICH FACILITY FEES WERE CHARGED AND NET REVENUE  
24 RECEIVED FOR EACH SUCH SERVICE; AND

25 (IV) A DESCRIPTION OF HEALTH-CARE SERVICES THAT GENERATED  
26 THE GREATEST AMOUNT OF GROSS FACILITY FEE REVENUE AND NET  
27 REVENUE RECEIVED FOR EACH SUCH SERVICE; AND

28 (V) DATA FROM OFF-CAMPUS HEALTH-CARE PROVIDERS THAT ARE  
29 AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM,  
30 INCLUDING:

31 (A) HISTORIC AND CURRENT BUSINESS NAMES AND ADDRESSES;

32 (B) HISTORIC AND CURRENT TAX IDENTIFICATION NUMBERS AND  
33 NATIONAL PROVIDER IDENTIFIERS;

34 (C) HEALTH-CARE PROVIDER ACQUISITION OR AFFILIATION DATE;

35 (D) FACILITY FEE BILLING POLICIES, INCLUDING WHETHER ANY  
36 CHANGES WERE MADE TO SUCH POLICIES BEFORE OR AFTER THE  
37 ACQUISITION OR AFFILIATION DATE; AND

38 (E) THE TOP TEN CPT CODES, REVENUE CODES, OR COMBINATION  
39 THEREOF, AT THE STATE DEPARTMENT'S DISCRETION, FOR WHICH A  
40 FACILITY FEE IS BILLED AND THE PROFESSIONAL FEE AMOUNT FOR THE  
41 SAME SERVICE;

42 (c) DATA FROM THE STATE DEPARTMENT, THE DIVISION OF  
43 INSURANCE, AND COMMERCIAL PAYERS, INCLUDING:

44 (I) THE PAYMENT POLICY EACH PAYER USES FOR PAYMENT OF  
45 FACILITY FEES FOR NETWORK PRODUCTS, INCLUDING ANY CHANGES THAT

1 WERE MADE TO SUCH POLICIES WITHIN THE LAST FIVE YEARS;

2 (II) A LIST OF COMMON PROCEDURES ASSOCIATED WITH FACILITY  
3 FEES;

4 (III) EACH PAYER'S NETWORK PRODUCT NAMES;

5 (IV) PAID AGGREGATE FACILITY FEE BILLINGS FROM OUTPATIENT  
6 PROVIDERS AND THE ASSOCIATED NUMBER OF FACILITY FEE CLAIMS,  
7 BROKEN DOWN BY HOSPITAL OR HEALTH SYSTEM; AND

8 (V) A DESCRIPTION OF THE ESTIMATED IMPACT OF FACILITY FEES  
9 ON PREMIUM RATES, OUT-OF-NETWORK CLAIMS, MEMBER COST SHARING,  
10 AND EMPLOYER COSTS;

11 (d) DATA FROM INDEPENDENT HEALTH-CARE PROVIDERS THAT ARE  
12 NOT AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM,  
13 INCLUDING:

14 (I) HISTORIC AND CURRENT BUSINESS NAMES AND ADDRESSES;

15 (II) HISTORIC AND CURRENT TAX IDENTIFICATION NUMBERS AND  
16 NATIONAL PROVIDER IDENTIFIERS;

17 (III) FACILITY FEE BILLING POLICIES, INCLUDING WHETHER ANY  
18 CHANGES WERE MADE TO SUCH POLICIES IN THE PAST FIVE YEARS; AND

19 (IV) WHERE APPLICABLE, THE TOP TEN CPT CODES, REVENUE  
20 CODES, OR COMBINATION THEREOF, AT THE STEERING COMMITTEE'S  
21 DISCRETION, FOR WHICH A FACILITY FEE IS BILLED AND THE PROFESSIONAL  
22 FEE AMOUNT FOR THE SAME SERVICE;

23 (e) THE IMPACT OF FACILITY FEES AND PAYER COVERAGE POLICIES  
24 ON THE COLORADO HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
25 ENTERPRISE, CREATED IN SECTION 25.5-4-402.4, AND THE MEDICAID  
26 EXPANSION;

27 (f) THE IMPACT OF FACILITY FEES ON ACCESS TO CARE, INCLUDING  
28 SPECIALTY CARE, PRIMARY CARE, AND BEHAVIORAL HEALTH CARE;  
29 INTEGRATED CARE SYSTEMS; HEALTH EQUITY; AND THE HEALTH-CARE  
30 WORKFORCE; AND

31 (g) A DESCRIPTION OF THE WAY IN WHICH HEALTH-CARE  
32 PROVIDERS MAY BE PAID OR REIMBURSED BY PAYERS FOR OUTPATIENT  
33 HEALTH-CARE SERVICES, WITH OR WITHOUT FACILITY FEES, THAT  
34 EXPLORES ANY LEGAL AND HISTORICAL REASONS FOR SPLIT BILLING  
35 BETWEEN PROFESSIONAL AND FACILITY FEES AT:

36 (I) ON-CAMPUS LOCATIONS;

37 (II) OFF-CAMPUS LOCATIONS BY HEALTH-CARE PROVIDERS  
38 AFFILIATED WITH OR OWNED BY A HOSPITAL OR HEALTH SYSTEM; AND

39 (III) LOCATIONS BY INDEPENDENT HEALTH-CARE PROVIDERS NOT  
40 AFFILIATED WITH OR OWNED BY A HOSPITAL SYSTEM.

41 (7) TO THE EXTENT FEASIBLE, DATA ANALYZED FOR PURPOSES OF  
42 SUBSECTION (6) OF THIS SECTION MUST BE SOURCED FROM 2014 THROUGH  
43 2022, AS DETERMINED BY THE STEERING COMMITTEE AND THIRD-PARTY  
44 CONTRACTORS, AND SHALL BE DISAGGREGATED BY:

45 (a) YEAR;

- 1 (b) HOSPITAL OR HEALTH SYSTEM, WHERE APPLICABLE;  
2 (c) TYPE OF SERVICE;  
3 (d) FACILITY SITE TYPE, INCLUDING ON OR OFF CAMPUS; AND  
4 (e) PAYER.  
5 (8) THE STEERING COMMITTEE MAY INCLUDE IN THE REPORT  
6 INFORMATION RECEIVED IN ACCORDANCE WITH THIS SECTION; EXCEPT  
7 THAT THE STEERING COMMITTEE, STATE DEPARTMENT, AND THIRD-PARTY  
8 CONTRACTORS SHALL NOT MAKE PUBLIC ANY INFORMATION THEY RECEIVE  
9 THAT IS PROPRIETARY, CONTAINS TRADE SECRETS, OR IS OTHERWISE  
10 PROTECTED BY LAW AS CONFIDENTIAL.  
11 (9) THE DATA DESCRIBED IN THIS SECTION MUST BE SOUGHT IN A  
12 FORM AND MANNER DETERMINED BY THE STEERING COMMITTEE, STATE  
13 DEPARTMENT, OR THIRD-PARTY CONTRACTORS TO FACILITATE SUBMISSION  
14 OF INFORMATION. THE STEERING COMMITTEE SHALL SEEK TO EXHAUST  
15 EXISTING DATA SOURCES BEFORE MAKING ADDITIONAL REQUESTS FOR  
16 INFORMATION AND SUCH REQUESTS SHALL BE MADE ONLY ONCE FOR THE  
17 PURPOSE OF THE STUDY. THE REPORT MUST INCLUDE A DESCRIPTION OF  
18 WHICH ENTITIES WERE CONTACTED FOR INFORMATION AND THE OUTCOME  
19 OF EACH REQUEST.  
20 (10) A STATEWIDE ASSOCIATION OF HOSPITALS MAY ALSO PROVIDE  
21 DATA SPECIFIED IN SUBSECTION (6)(b) OF THIS SECTION TO THE STEERING  
22 COMMITTEE.  
23 (11) THIS SECTION IS REPEALED, EFFECTIVE JANUARY 1, 2025."

24 Strike pages 11 and 12.

25 Page 13, strike lines 1 through 7.

\*\* \*\* \*\* \*\* \*\*