CHA Template:
CDPHE Form to Request Alternate Baseline Staffed Bed Number
Pursuant to HB 22-1401

Background

HB 22-1401 requires hospitals to maintain certain inpatient bed capacity. It also requires hospitals to report baseline capacity in a form and manner established by CDPHE. On Aug. 5, 2022, CDPHE provided an online form to hospitals for the purpose of hospitals reporting a staffed-bed baseline different than the one calculated by CDPHE based on EMResource data submitted Jan. through June 2022.

The following language may be used, at hospitals' discretion, to complete narrative portions of the CDPHE-authorized form.

CDPHE Form Outline

- Hospital Name:
- Facility ID Number:
- Your Name:
- Your Email Address:
- Please submit your alternate baseline staffed-bed capacity number:
- Please submit your rationale and reasoning for the alternate baseline staffed-bed capacity being requested:
  - **Erroneous Data Submissions in EMResource Resulted in Calculation Errors**
    - *[If applicable, detail any missing data, submission errors, or other anomalies in the data self-reported into EMResource that has a material effect on the calculation of the mean for the period of Jan. 1 through Jun. 30, 2022.]*
  - **The State's Previous Requirements for Hospitals and Health Systems to Increase Surge Capacity Artificially Inflated the Facility's Routine Operations**
    - In November 2020, the Polis Administration issued an Executive Order mandating hospitals expand inpatient capacity 50 percent over existing levels. It is important to note that existing capacity at that time was already greater than pre-COVID capacity. As the health system continues to transition from pandemic to endemic COVID, using a pandemic-era baseline will result in unnecessary inflation of inpatient bed capacity.
  - **The State's Previous Emergency Rules Under the Public Health Emergency Facilitated Unconventional Staffing to Support COVID-Related Surge Capacity that is not Replicable or Sustainable in the Long Term**
    - During the height of the Winter 2021-22 COVID surge, the State activated a number of Executive and Public Health Orders designed to maximize capacity within and among health facilities, as well as expedite throughput and improve efficiencies, providing hospitals with flexibilities that are no longer available. As examples, Crisis Standards of Care for hospital staffing were activated Nov. 2021 through Feb. 2022; the Combined Hospital Transfer Center was fully activated Nov. 2021 through Mar. 2022; numerous state and federal agency waivers were in place to lesson regulatory and reporting burdens to maximize availability of clinical time dedicated to patient

care. These supports were critical, as reflected in 25-3-128(6)(b), C.R.S., but are not fully quantifiable in terms of how they resulted in increased staffed bed capacity.

- **Decreasing Demand and Increasing Cost Has Resulted in a Downward Trend in Staffed Bed Capacity From Start of Baseline Measurement Period, Such That Historical Counts Cannot Reasonably be Maintained**
  - While the crest of the Winter 2021-22 COVID surge occurred the week of January 18 at 1,676 hospitalized COVID patients, the number of COVID hospitalizations has not exceeded 325 since the beginning of March 2022 and bottomed out at 77 patients in April. This 21*x* variance in demand underscores the futility of maintaining an arbitrary number of staffed beds. The prediction uncertainties in the state's own COVID forecasting model further support this argument: What proportion of the population will get COVID in Winter 2022-23? How many will require hospitalization? While the intent of HB 22-1401 is to ensure sufficient hospital bed capacity in the event of future pandemic surges, it also artificially inflates the number of beds hospitals must maintain on an ongoing and permanent basis, which – with decreased workforce availability and increasing costs – may impact hospitals' ability to provide other types of outpatient and community-based care, harming the health of patients and communities.