



April 17, 2023

Members of the Colorado General Assembly

We, the undersigned hospital CEOs – despite having our hospitals “carved out” of HB 23-1215 – remain opposed to this bill. We share your goal of ensuring that Coloradans have access to affordable health care, but this bill does not accomplish that and would in fact do serious damage to our system.

This legislation, despite its narrowing, is dangerous to Colorado patients as it threatens access to care for rural residents who need higher levels of care. We have worked alongside legislators for a number of years to migrate patients, when safe to do so, to the outpatient setting for care. Patients prefer this as it is typically more convenient, more comfortable, and almost always more cost effective.

Colorado depends on a statewide system of care to ensure patients in both urban and rural settings can obtain world-class treatment without leaving the state. Patients receive primary and preventive care close to home and can access more advanced specialized care at larger medical centers (often called referral centers) typically located in population centers. These referral centers invest significantly in specialized prevention and care and all that it takes to provide. This hub-and-spoke model is more efficient and cost effective than replicating expensive care in every hospital.

In 2022, nearly 300,000 patients sought outpatient care in an urban hospital-owned outpatient center. The vast majority of these visits were for some type of cancer diagnosis, monitoring or care, followed closely by mental health and substance abuse treatment.

While we appreciate legislators’ efforts to address the shortcomings of this proposed policy by “carving out” certain types of vulnerable hospitals from the facility fee prohibition, **as organizations that have already been exempted from the bill’s application, we continue to stridently oppose the bill.** While our own facilities may no longer be impacted, our communities’ abilities to access care at other hospitals – often for services we do not provide – will be put in jeopardy, and that is unacceptable.

CHA has offered constructive input into the potential dimensions of a study. Until any study is completed, **it is premature to adopt any facility fee prohibition.** It is also counterintuitive to carve out large swaths of hospitals because the underlying policy is flawed and not ready for prime time.

Thank you as always for your thoughtful attention to vital public health issues. Hospitals continue to prioritize our patients in the face of ongoing workforce shortages, inflationary pressures, mounting losses, and growing demands for our services and outreach.

Respectfully,



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Dave Ressler
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