

# How Facility Fees Support Telehealth

A telehealth appointment is far more than just a visit with your doctor. In fact, many telehealth visits do not involve a doctor at all.



Lactation consultants provide virtual visits with new moms.



Pharmacists discuss medication questions via telehealth.



Case managers and social workers help patients – often connecting them with housing, food and other services – via telehealth.



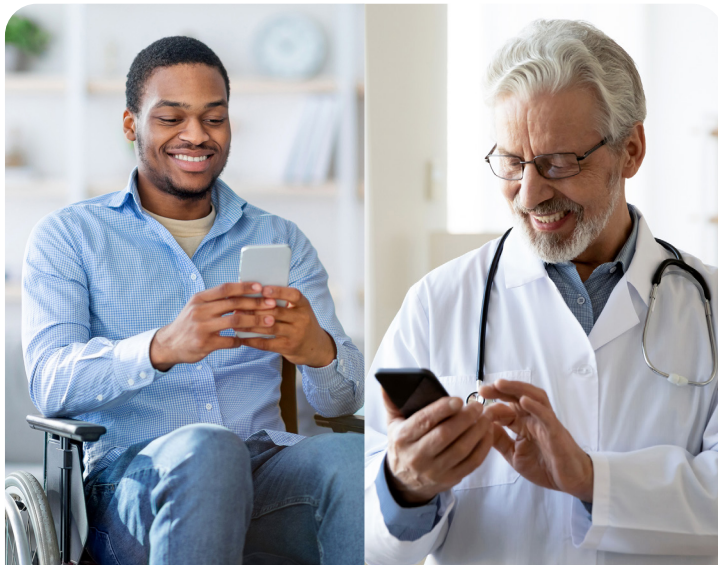
Dietitians provide virtual consultations to help patients, like those suffering from chronic illnesses, to get the substance they need.



Registered nurses care for patients and answer their questions.



Mental health check in, substance abuse check in, depression or anxiety screen/appointment.



Telehealth is an essential lifeline to specialty care access for rural Coloradans and others with difficulties accessing in-person care (e.g., individuals with disabilities).



And of course – even for a standard physician visit – nurses, IT staff and many others are assisting patients, getting their medical histories, troubleshooting their technology, and more.

For questions, contact Joshua Ewing, CHA vice president, government affairs, at [Joshua.Ewing@cha.com](mailto:Joshua.Ewing@cha.com) or 720.635.3493.



GUEST COLUMN:

# Facility fee ban would be catastrophic

Damian McCabe | March 2023 | Updated March 2023

*The Denver Gazette*

UCHealth provided almost 300,000 health care visits to military members, veterans and their families in Colorado last year.

I know this because I am the director of military affairs for UCHealth, as well as a proud veteran. After 24 years in military service, I retired from Fort Carson and receive health care through UCHealth. The DOD and the VA contract with providers like UCHealth so military members can receive care in our communities.

As a 100% disabled veteran, I have access to UCHealth for all my health care needs, including primary care, rehabilitation, medical imaging, testing and most recently, expert virtual care for COVID-19.

HB 23-1215, being considered by the Colorado Legislature, proposes eliminating the facility fees that help fund this network.

According to the sponsors, eliminating facility fees will solve health care cost challenges, but have they considered the cost to patients?

Facility fees pay for all the health care and support staff who work in these clinics – nurses, registration staff, social workers, housekeeping and more.

Banning facility fees will have a catastrophic impact and many clinics may have to close.

This is not a solution to rising health care costs; it's a recipe for more inequity and a reversal of health care gains we have made.

The VA and DOD cannot meet the needs of Colorado veterans alone. Hospital partners are essential to creating and sustaining access to services. Where would we go when the clinics in our communities close?

Ultimately, this bill will degrade access for the more than 73,000 military members, veterans and their families who were served by UCHealth last year.

We have dedicated years of service and sacrifice for our country and continue to serve after retirement.

This bill threatens health care and reverses gains Colorado made in creating outpatient access that benefits all of us.

Without specialized outpatient clinics, who will be there for veterans, their families and all Coloradans?

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*Damian McCabe, LCSW, lieutenant colonel (U.S. Army Ret.), served 24 years in the military and joined UCHealth as a behavioral health clinician, specializing in veteran patients with post-traumatic stress disorder and substance use disorders. He is currently the director of behavioral health – military affairs and the interim director of behavioral health for UCHealth's southern region. He leads UCHealth's pilot program focused on reducing veteran suicides.*

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