



# 2024 Legislative Session Preview

Dec. 11, 2023



# Today's Presenters



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# Today's Agenda



- Environmental Scan
- Special Session
- 2024 Legislative Session
- Elevating the Hospital Voice Through Grassroots Champions
- New CHA Resources

## Questions?

*Please type your questions into the chat at anytime throughout the presentation*

**Visit [www.cha.com](http://www.cha.com)**

*Today's slides, as well as in-depth issue briefs, our annual legislative report, and other helpful resources are all available*

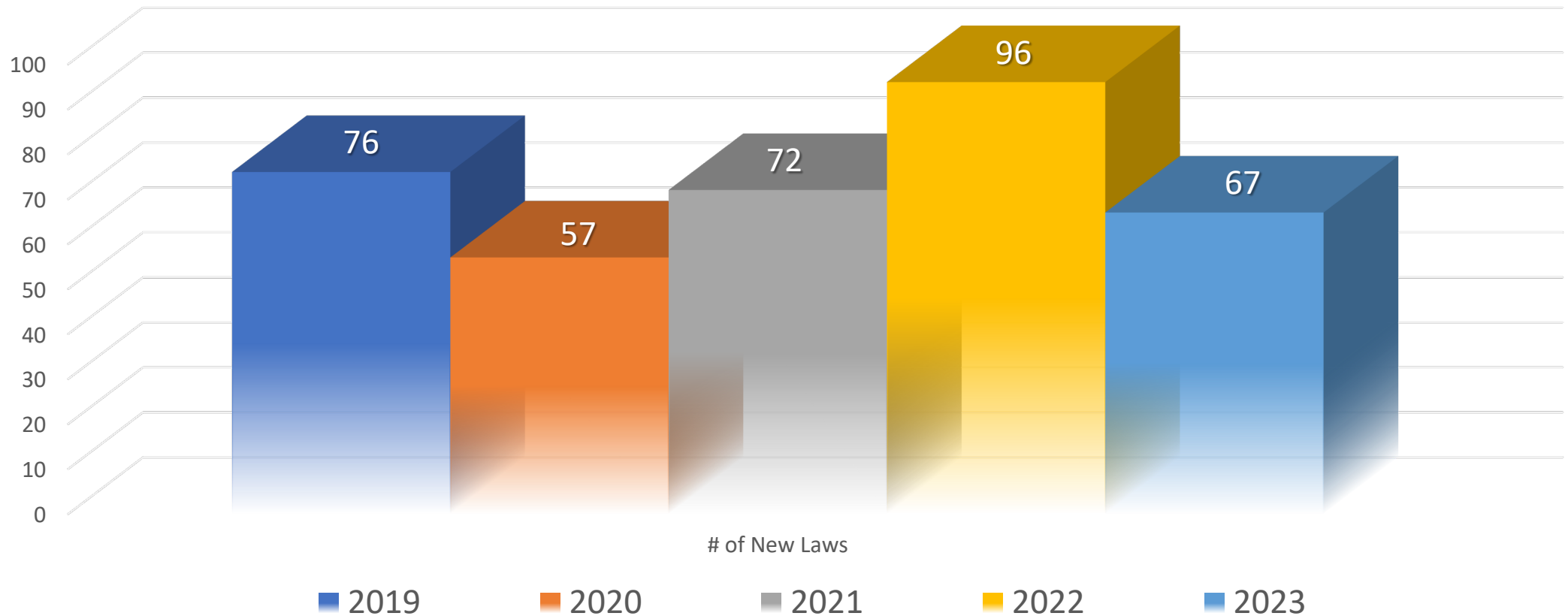
# Environmental Scan

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# Significant Legislative Actions

NEW LAWS IMPACTING HOSPITALS SINCE GOV. POLIS AND DEMS TOOK CONTROL



**368 New Laws in 5 Years**



# Changes in the State Legislature



## STATE HOUSE



Speaker of the House  
Julie McCluskie  
(D-Dillon)



Majority Leader  
Monica Duran  
(D-Wheat Ridge)



Minority Leader  
Mike Lynch  
(R-Wellington)

### Notable changes

Rep. Manny Rutinel replaces State House Rep. Dafna Michaelson Jenet in HD-32

Rep. Tim Hernandez replaces Rep. Serena Gonzales-Gutierrez, who was elected Denver City Council Member At-Large. (HD-4)

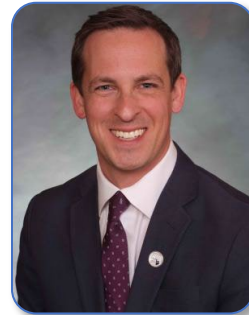
### Looking ahead

Reps. Amabile, Daugherty, Kipp, Snyder, Weissman running for Senate

At least 15 seats being vacated after next session

**2024 Primary Races to watch: HD-4, HD-6, HD-8, HD-30**

## STATE SENATE



Senate President  
Steve Fenberg  
(D-Boulder)



Majority Leader  
Robert Rodriguez  
(D-Denver)



Minority Leader  
Paul Lundeen  
(R-Monument)

### Notable changes

Sen. Robert Rodriguez joins leadership as Majority Leader following Dominick Moreno's resignation

Rep. Dafna Michaelson Jenet elected by vacancy committee to fill Majority Leader Dominick Moreno's Senate seat. (SD-21)

### Looking ahead

Sens. Fenberg, Fields, Gardner, Priola, Smallwood, Ginal, Zenzinger all term-limited

At least 7 seats being vacated

**2024 Primary Races to watch: SD-19, SD-28**

# Special Session

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# 2023 Special Session



Following the failure of Proposition HH, Gov. Polis called a special session to address residential property taxes for 2023. Bills were enacted taking the following actions:

Addressing Colorado's rising property tax burden for 2023 tax year

Backfilling local governments, schools, and special districts for lost 2023 tax revenue

Determining how the 2023 TABOR tax refunds could be distributed back to taxpayers

Helping renters through rental assistance in the 22-23 fiscal year

Adjusting the Earned Income Tax Credit in the 22-23 fiscal year

Creating a process to review and make recommendations on long-term property tax relief





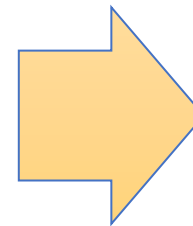
# CHA Takes Action to Protect Rural Health Care



## Senate Bill 23B-001

- Reduces the valuation for the assessment of all residential property the bill
- Directs nearly \$300 million to local governments and special districts to ensure that the impact of the reduction in property taxes would be minimized
- Adjusts how current law distributes the backfill of state money and delayed the deadlines associated with the new property tax valuations

**CHA amended the bill (L.031)** on second reading ensuring that rural hospitals, clinics, and ambulance districts are shielded from property tax cuts



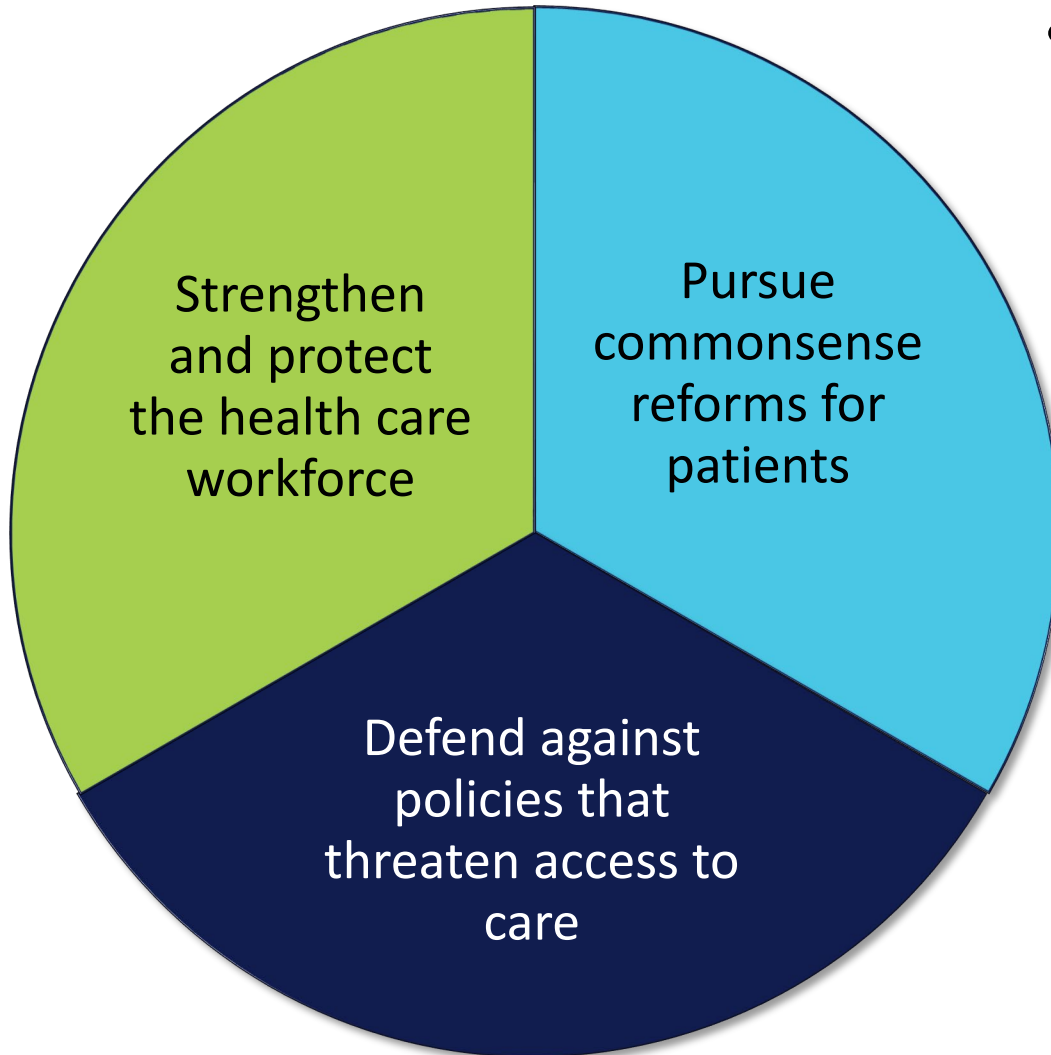
**CHA's amendment ensures rural health care access** is protected as policymakers work to mitigate the anticipated increase in residential property tax rates

# 2024 Legislative Session

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# CHA 2024 Legislative Agenda



- In 2024, CHA will pursue proactive legislative efforts along with our partners to:
  - Prevent violence against health care workers
  - Grow the health care worker pipeline
  - Reduce unintended operational burdens within the hospital discounted care statute
  - Reform prior authorization practices that serve as a barrier to patients receiving timely health care services
  - Keep health care costs low by maintaining a balanced medical liability environment in Colorado



# 2024 Budget Priorities

- Provider rate increases to keep pace with rising costs
- Prevent devastating cuts and attempts to take from the CHASE Fee
- IMD 30-day funding
- Rural sustainability
- Increased emergency preparedness funding
- Rural mobile crisis/secure transportation gap funding
- Fully-fund SB 22-172 rural workforce pipeline program
- Support for statewide Office of Public Guardianship expansion
- CDPHE health facilities funding





# What Else We're Hearing

Youth Mental Health

Substance Use Disorder

Housing

Childcare

Property Taxes

Staffing Mandates

Single Payer

Maternal Health

???



# 2024 Dates of Interest



General Assembly convenes	Jan. 10
Presidential Primary Election	March 5
Last day to submit ballot measures for Nov. ballot	April 5
General Assembly adjourns	May 8
State Office Primary Election	June 25
2024 General Election Day	Nov. 4

**Only 30 days until the start of the 2024 Legislative Session**

# Elevating the Hospital Voice Through Grassroots Champions

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# Why Grassroots?



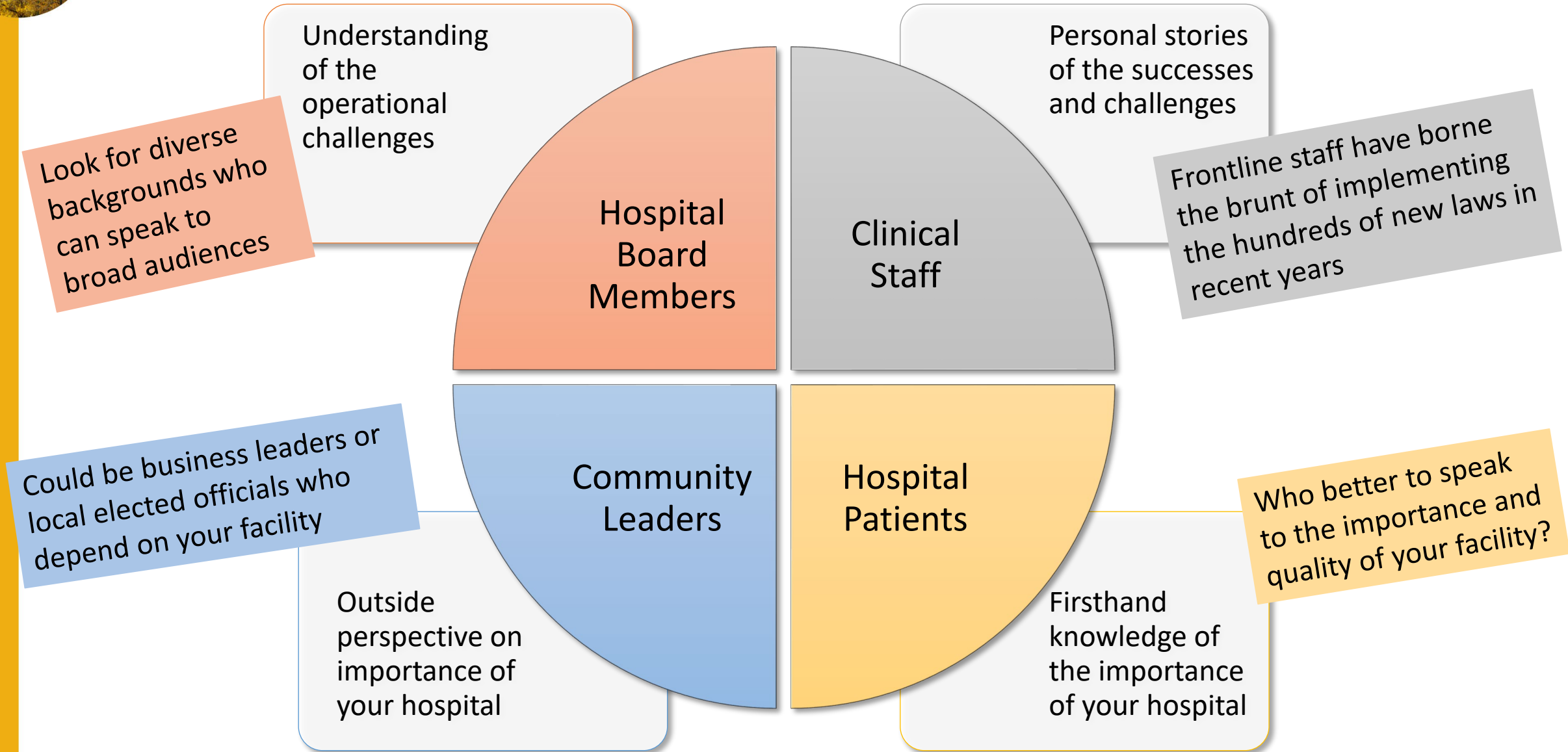
## GRASSROOTS

- Volume of new laws and regulations
- The narrative being told about hospitals is too often negative, and being told by those with political motives (e.g., advocacy groups being funded by outside organizations)
- CHA and hospital leaders are important voices, but for policymakers, hearing from a multitude of voices is important





# Building a Grassroots Network





# How Will Grassroots Champions Be Engaged?

**CHA will put out a call to hospital leadership**

- e.g., We're looking for examples of health care workers experiencing threats and violence

**Hospital leadership will inform their Grassroots Champions of the need and ways to plug in**

- e.g., CHA is looking for emails to legislators via the CHA website for anyone who wishes to tell their story

**CHA and hospital leadership will follow up and thank those who've engaged**

- e.g., Email updates on bill actions and personalized notes of thanks



# Key Considerations

## Hospital Board members

- These are individuals with a fiduciary responsibility to your hospital and are often the most motivated to act
- Often have existing relationships with policymakers

## Clinical staff

- Advocacy must be done as private citizens and never tied to employment
- Want to do what's best for their patients
- Most trusted voices according to polling

## Hospital patients

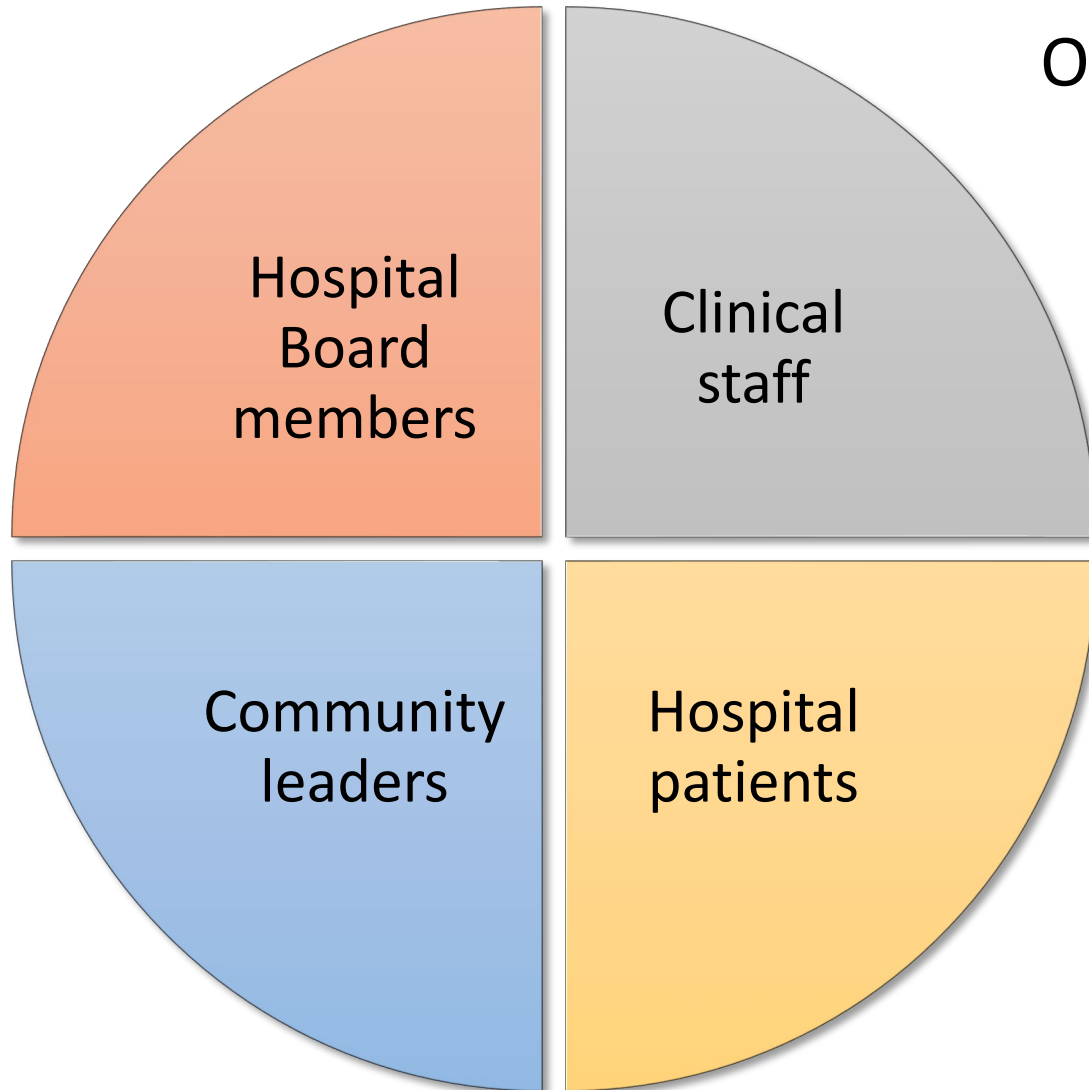
- Powerful stories bring a human element to challenging political issues
- Most difficult to identify and maintain

## Community leaders

- Great opportunity to find voices completely removed from the hospital
- Can discuss impacts beyond clinical care



# Building a Grassroots Network



## Our Ask for 2024:

- Hospital leaders identify three individuals in each of the four categories willing to tell your story
- Keep them apprised of policy developments and opportunities to engage on a voluntary basis through CHA
- Consider hosting policymakers to hear directly from your grassroots champions about the important role your hospital plays in the community

# New CHA Resources

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# New Ways to Keep Up With Legislative Actions



Directly from CHA website, members will be able to:

- Get bill summary and text
- See recent actions, votes and committee reports
- Read amendments and any fiscal analyses
- See social media activity related to bill
- Contact their legislators with one click


# New Bill Tracking Platform



## 2023 CHA Bill Report

1-50 of 75


1 2 Next

 CO 2023A HB 23-1002



Last Action




Epinephrine Auto-injectors

 Governor Signed  
executive • Jun 07, 2023

Adeline Ewing Low Priority Monitor

Latest Version

 Signed Act (06/07/2023)

 Javier Mabrey  Iman Jodeh  Dylan Roberts

Track Bill

 CO 2023A HB 23-1005



Last Action

New Energy Improvement Program Changes

 Governor Signed  
executive • Mar 08, 2023



# New Online Issue Resources




- New “Issues” website section with pages on specific issues with the latest information
- Highlight priority advocacy issues for hospitals and health systems
- Fact sheets for priority issues
- Links to additional resources




# New Website Resources

**Issues**

Priority Issues




Workplace Violence




Hospital Discounted Care


Other Issues




Behavioral Health




Colorado Option




Community Benefit



Facility Fees



Hospitals 101



Holding Insurers Accountable

New Issues Landing Page (accessible from homepage navigation bar)

## Sample Issues page (Hospital Discounted Care)

### Updating Colorado's Hospital Discounted Care Law

**What You Need to Know:**

House Bill 21-1198 – **Health-care Billing Requirements For Indigent Patients** – known as Hospital Discounted Care (HDC), expanded and made several changes to Colorado's hospital charity care statute. The law established new requirements for how hospitals screen, bill, and collect payments from low-income patients. The rules cover any medically necessary service provided in acute care and critical access hospitals, as well as freestanding emergency departments.

Rarely, if ever, does every aspect of a new law or program work perfectly right from the start, and this law is no exception. While well intentioned, since implementing the law, Colorado hospitals have identified a number of issues that have made the law operationally inefficient and created undue financial burden for hospitals. Hospitals and health systems in Colorado hope to address the following through legislation in the 2024 session:

- 1. Medicaid:** Patients who are eligible for Medicaid, but not enrolled, do not have an expedited pathway to gain access to coverage or a requirement to apply.
- 2. Administrative burden:** Facilities are still required to complete all of the screening and administrative steps even when they cover more generous amounts than the minimum required by law.
- 3. Physician reporting:** The statutory language mandates only reporting from hospitals despite there being a significant physician billing element to HDC. This places hospitals in an inappropriate middleman role.
- 4. Inconsistent billing caps:** Hospitals and providers can bill for services as a percent of gross monthly income for 36 payments. Facilities are allowed to bill up to 4%, and physicians can bill up to 2% (consistent with the HDC fee schedule). However, the statutory language does not effectively recognize instances where the hospital bills on behalf of an employed physician.
- 5. Scope of hospital services:** The language applies to all services under the hospital's license, which inappropriately includes many services outside of the scope of HDC.
- 6. Insured patients:** HDC applies to insured patients who request to be screened. This incentivizes carriers to shift plan offerings to less comprehensive coverage and encourage enrollees to seek HDC.
- 7. Colorado residency:** The language requires facilities to screen all patients despite Colorado residents not being eligible for HDC.



#### Support Colorado Hospitals

Join HCPF and CHA in supporting a bill seeking to "fix" the unintended consequences of the original bill

[Click Here](#)

# New Fact Sheets



Patients deserve a safe place to receive care, and health care workers deserve a safe place to deliver it. Hospitals continually adopt strategies to address the concerning rise of physical and verbal assault against staff, but they cannot solve the problem alone.

#### What You Need to Know:

Violence against health care workers continues to rise, with assaults against those in the profession reaching an all-time high in 2021, according to the most recent [survey](#) from the International Association for Healthcare Security and Safety (IAHSS) Foundation.



This startling trend is causing experienced staff to leave the field, and it is deterring future workers from pursuing a health care career at a time when Colorado is [projected](#) to be short 10,000 nurses and 54,000 health care ancillary staff members by 2026.

Health care workers need the support of legislators and their communities to ensure that violence is mitigated so patients can be treated in an environment of comfort and healing.

#### How Hospitals Are Addressing Violence:

The safety of their patients and staff is the highest priority for every Colorado hospital. All hospitals have violence prevention programs and are required to have worker training programs as a condition of their accreditation. Safety efforts underway include:







<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9206999/>  
<sup>2</sup> <https://www.ormanager.com/briefs/2022-statistics-on-healthcare-workplace-violence/>  
<sup>3</sup> <https://www.securitymagazine.com/articles/97590-92-of-healthcare-workers-experienced-workplace-violence-in-april-2022>

**CONTACT:**  
 Joshua Ewing, CHA vice president of government affairs,  
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Our patients rely upon a functional and collaborative relationship between providers (clinicians and hospitals) and third-party payers (health insurance companies) to ensure that they can receive essential health care services in a timely manner. Health insurance companies are making it harder all the time for hospitals to be paid for care that is necessary, and in many cases, that was already authorized and provided to patients. This adds significant delays and unnecessary costs to the health care system.

#### What Hospitals Are Seeing

-  In a survey of CHA member hospitals and health systems, more than 90 percent of respondents said **carrier issues** are **significant** and **getting worse**.
-  Hospitals invest **intensive resources** to manage health insurer requirements, diverting staff and time away from patient care. Colorado hospitals report findings similar to a national study by the American Hospital Association (AHA), which found that 95 percent of hospitals report increases in staff time seeking prior authorization approval.
-  Additional requirements add **unnecessary cost** to the system. In the AHA survey, 84 percent of hospitals said the cost of complying with insurer policies is increasing.
-  Health insurance companies are **not paying** when services are provided to patients. In a CHA survey, hospitals reported that 15 percent of all first claims are denied, and 57 percent of initial claims denials that are appealed are ultimately overturned.

#### What Colorado Hospital Leaders Are Saying

*“It is difficult to follow each carrier’s policies as there are many and each are different.”*

*“This is crippling and actually adds cost to the health care system by requiring facilities to hire so many staff to combat the continued nonpayment for services rendered.”*

Getting timely treatment doesn't have to be this hard. We can simplify the process for both patients and providers through commonsense reforms to the prior authorization processes used by insurance companies.

**CONTACT:**  
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 at [Joshua.Ewing@cha.com](mailto:Joshua.Ewing@cha.com) for more information.





# New Data Dashboard



- Interactive web-based tool that provides comprehensive information to legislators and other stakeholders about the impact of hospitals operating in their community.
- Aims to raise awareness about the health care-related social determinants affecting the communities being served by these hospitals
- User can filter the data by:
  - Hospital (hospital page only)
  - County
  - Congressional District
  - House and House and Senate seats

# Hospital Page

This page displays the following data:

- Hospital clinical utilization from CHA
- Economic benefit data from the AHA Economic report analysis
- Community benefit data from 2021 cost reports
- SDoH data from the HCPF Community benefit report

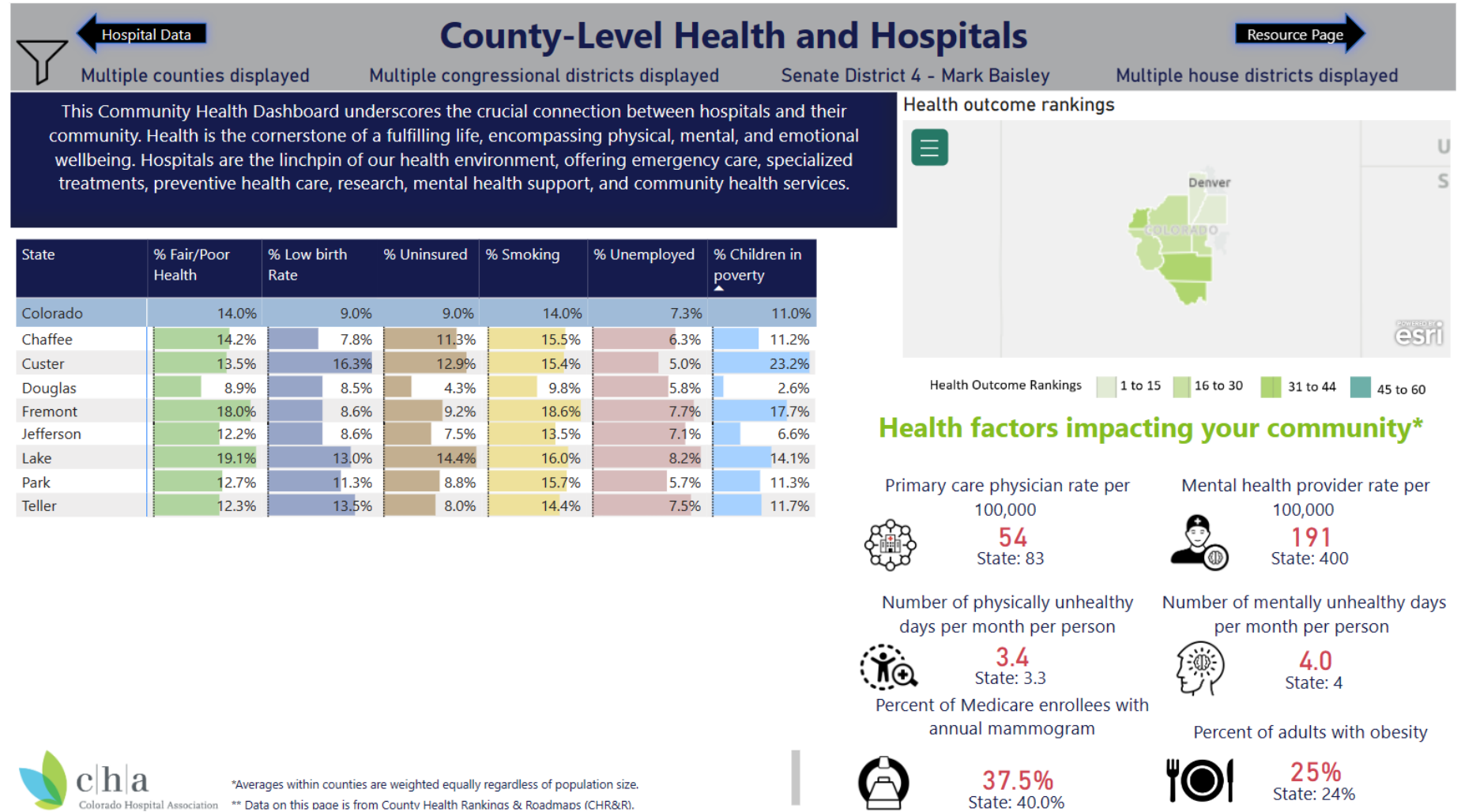
User can filter the data by:

- Hospital (hospital page only)
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# Community Health Page

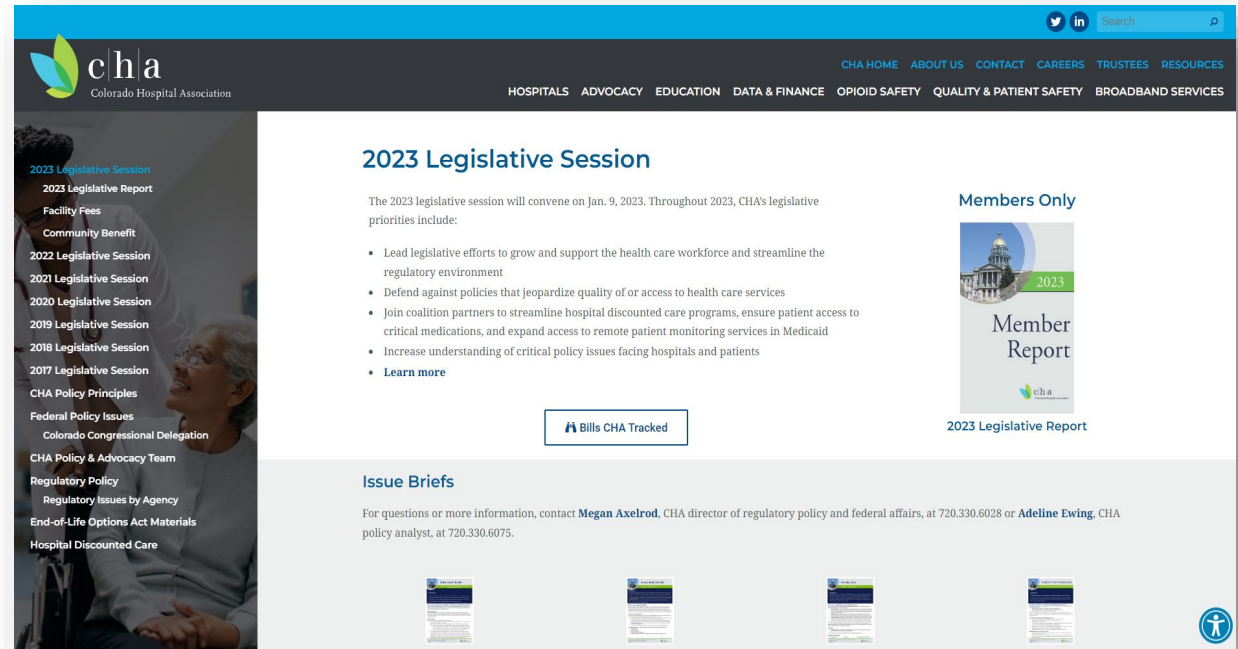
- This page displays health-related data by county or elected representative from the publicly available County Health Rankings program.
- User can filter the data by:
  - County
  - Congressional District
  - House and House and Senate seats



# ADDITIONAL RESOURCES

- ✓ 2023 Member Advocacy Report
- ✓ Annual Legislative Report
- ✓ CHA Regulatory Issue Briefs are available at [www.cha.com](http://www.cha.com).

*Please let us know if you'd like to be added to the monthly CHA Regulatory Update newsletter and call.*



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Questions?