



Notes

HB23-1215 Hospital Facility Fee Steering Committee Meeting

Tuesday, August 27, 2024

4:00 - 5:00 p.m.

Participants [register for Zoom](#) meeting

Resources:

- [Draft Hospital Facility Fee Preliminary Report](#)
- Visit [Hospital Facility Fee Steering Committee | Colorado Department of Health Care Policy & Financing](#) August 27 banner for links to slides and video
- [Video recording](#) of today's meeting

1. Agenda, shared purpose, and commitments (5 minutes)

- a. Introduce steering committee members to the public
 - i. Isabel Cruz, Policy Director, Colorado Consumer Health Initiative
 - ii. Diane Kruse, Health Care Consumer (unable to attend today)
 - iii. Dr. Omar Mubarak, Managing Partner, Vascular Institute of the Rockies
 - iv. Dan Rieber, Chief Financial Officer, UHealth
 - v. Bettina Schneider, Chief Financial Officer, Colorado Department of Health Care Policy and Financing (HCPF)
 - vi. Kevin Stansbury, Chief Executive Officer, Lincoln Health
 - vii. Karlee Tebbutt, Regional Director, America's Health Insurance Plans
- b. Facilitator recaps the shared purpose, boundaries, [open meeting law](#), and shared commitments
 - i. Reviewed path to October 1 (see slide 3)





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1. Bettina shared that the Department was directed to provide an administrative report, so they are providing guidance and reviewing for quality control, ensuring statutory requirements are addressed, accessibility standards are met, etc. If they have changes or edits, they will return to this Steering Committee for review. Expect it ready by September 10. However, the department only has 1 person who performs accessibility reviews.
 - ii. Question: What if we cannot reach an agreement today? What are we allowed to submit?
 - iii. Question: I thought we agreed on the edits other than the conclusion and appendices, but did we not?
 - iv. Question: Our ability to live with a preliminary document that will be sent to the General Assembly- will we have the flexibility to change language in the preliminary draft?
 - v. Question: From a process perspective, is today's conversation tailored to what we've already agreed upon and reflected in this report? Answer: Yes. There are some areas that the support team was tasked to edit.
 - vi. Question: Can we redact or pull items to agree on submitting the preliminary report?

2. Review the clean report and arrive at a consensus on the outstanding edits

- a. Facilitator shares the clean report with proposed edits for review
- b. Steering committee priority areas of discussion:
 - i. Dan: I have approximately 8-10 areas he wants to discuss across various sections, and he does not think it is a huge time to review.
 - ii. Isabel: Health care workforce reflect independent physicians.
 - iii. Karlee: Workforce and Health Equity





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- iv. Kevin: Health Equity, CHASE fee section, and comment on rural and critical access hospitals and page 35 health care workforce question.
- v. Bettina: No sticking points for me.
- vi. Dr. Mubarak: Health Equity
- c. Steering Committee discussion of priority areas
 - i. Health Equity, page 35
 1. Kevin: Why was the independent rural hospitals deleted from this area? Facilitator: We did not carve out the independent rural perspective; all hospitals were combined.
 - a. **ACTION ITEM:** Add the payer to the list. (DONE)
 2. Dan: We did not review the research as a committee, so concluding seems like a leap.
 - a. Isabel: I reviewed the sources, and they are reliable. I feel comfortable with how this section is described.
 - b. Bettina: I reviewed the sources and agreed with Isabel.
 3. Kevin: Is there a way to soften the language? This is some of the research available. Otherwise, I agree with Dan. Also, the rural hospital access perspective is not cited here.
 - a. Bettina: The perspectives are in the report as written in the Appendices.
 4. Kevin: I read this as the committee's conclusion. It states that it will increase the cost of care, but I don't think that is always the case. I've seen the data on rural environments, and maintaining access is one reason.
 - a. Bettina: **Kevin, if you can submit the JAMA article,** we can include it in the final report.
 5. Dr. Mubarak: I am OK with how this section is written.
 - ii. Health Care Workforce
 1. Isabel: I think we should add some of the language back in about the independent provider





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- perspective. If we couch it as one or two perspectives, I would agree with that being submitted.
2. Karlee: I agree with Isabel and want to hear from Dr. Mubarak.
 3. Dr. Mubarak: I agree with how it was written and did not want to strike that language.
 4. Nancy: There does not appear to be substantive research on this issue, but if the steering committee has good resources they would like to put forth, please send those to the Department (hcpf_facilityfee@state.co.us).
 5. Dr. Mubarak: Agrees.
 6. Dan: Can we note that the committee continues looking for additional research?
 7. Isabel: I think we say this was reviewed from the perspective of an independent physician, and we will come back with research.
 8. Dr. Mubarak: I agree.
 9. Kevin: If there is dissatisfaction or frustration, we also need to include examples of success stories.
 10. Facilitator: Would you be OK with keeping the independent physician out for the preliminary report and revisiting it at the September meeting?
 - a. The Steering Committee can live with this.
 11. Dan: Health Equity, I know we moved on from this, but I don't think the report should conclude that vertical integration impacts the quality of care. I would like to see conclusive data that supports that. I would like to see the impact on the quality of care stricken. I don't think the supporting documents arrive at that conclusion or at least state what the study shows. We can acknowledge the increase in pricing vs. adverse impact.
 - a. The report states: adherence on Black, Asian, Hispanic, and Native American...health





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- equity worsened. It looks like the report conflated the two.
- b. Agreement to keep in if it is quoted accurately as stated in the referenced report.
12. Dan: We touched on 3 - 4 items, but I have several more I want to discuss before I am comfortable moving forward with submission. Also, I am unable to stay past 5:00 p.m.
13. Dan: Page 7, “create according to federal regulations, an incentive to shift...” is a policy conclusion from 2000 and is inconsistent with what else we are using, so I would like to strike this.
- i. This was discussed and is from the Federal Register preamble to the rule.
 - b. Kevin: This was in the Federal Register, which is an opinion, not the federal regulations.
 - c. Karlee: Suggested looking at the MedPac reports and citing those.
 - d. Adjusted language to clarify the preamble from the federal registration.
14. Kevin: the requirement to establish a critical access hospital is generally correct, but it is not conclusive that it is always 35 miles in the September version.
15. Kevin, I ask that the drafters remove bias from the report.
- a. Nancy, the two items you raise that we’ve revised today were done in good faith.

3. Public comment 4:40 - 4:50 p.m. (10 minutes)

- a. Time is divided equally between the people who ask to speak
 - i. None
- b. Written comments are also welcome at hcpf_facilityfee@state.co.us





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4. Request a vote to approve the preliminary draft report without appendices for submission to the General Assembly on September 3 (10 minutes)

- Motion by Isabel: “Send the preliminary report as discussed to the General Assembly, in accordance with the requirements of 1215.”
- Seconded by Bettina Schneider
- Roll call Vote: Y=Yes to send, N=No to send
 - a. Isabel Cruz, Y
 - b. Diane Kruse, Absent
 - c. Dr. Omar Mubarak, Y (with the caveat to revisit independent provider where we discussed)
 - d. Dan Rieber, Y (with concerns that we are submitting a report with stuff we may change and that is somewhat incomplete)
 - e. Bettina Schneider, Y
 - f. Kevin Stansbury, Y (reluctantly but some contextual statement that there are disagreements that need to be resolved and it is an incomplete report)
 - g. Karlee Tebbutt, Y

The motion, “Send the preliminary report as discussed to the General Assembly, in accordance with the requirements of 1215,” passed with a vote of 6 in favor and one member absent.

ACTION REQUEST for STEERING COMMITTEE: Submit your comments, edits, and additional source material you want cited by the requested deadlines so those can be incorporated for review in time for the meeting.

5. Next steps (5 minutes) - see slide 13

- a. Next meeting is scheduled for September 10, from 4:00 - 6:00 p.m., to review the proposed edits to the report appendices
 - September 10, [register for Zoom](#)
- b. Please visit: [Hospital Facility Fee Steering Committee | Colorado Department of Health Care Policy & Financing](#)





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