



Legislative  
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**FINAL  
FISCAL NOTE**

**Drafting Number:** LLS 18-0633      **Date:** September 24, 2018  
**Prime Sponsors:** Sen. Kefalas; Smallwood      **Bill Status:** Signed into Law  
 Rep. Sias; Singer      **Fiscal Analyst:** Bill Zepernick | 303-866-4777  
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**Bill Topic:** FREESTANDING EMERGENCY DEPTS REQUIRED CONSUMER NOTICES

**Summary of Fiscal Impact:**

<input checked="" type="checkbox"/> State Revenue	<input type="checkbox"/> TABOR Refund
<input checked="" type="checkbox"/> State Expenditure	<input type="checkbox"/> Local Government
<input type="checkbox"/> State Transfer	<input type="checkbox"/> Statutory Public Entity

This bill requires freestanding emergency departments to provide certain notices to patients seeking care about prices and services. This bill will increase state expenditures and potentially state revenue from fees on an ongoing basis.

**Appropriation Summary:** For FY 2018-19, this bill requires and includes an appropriation of \$34,725 to the Colorado Department of Public Health and Environment.

**Fiscal Note Status:** The fiscal note reflects the enacted bill.

**Table 1  
State Fiscal Impacts Under HB 18-146**

		FY 2018-19	FY 2019-20
<b>Revenue</b>	Cash Funds	up to \$50,000	up to \$30,000
	<b>Total</b>	<b>up to \$50,000</b>	<b>up to \$30,000</b>
<b>Expenditures</b>	Cash Funds	\$34,725	\$20,550
	Centrally Appropriated	\$15,974	\$9,512
	<b>Total</b>	<b>\$50,699</b>	<b>\$30,062</b>
	<b>Total FTE</b>	<b>0.5 FTE</b>	<b>0.3 FTE</b>
<b>Transfers</b>		-	-

## **Summary of Legislation**

This bill requires freestanding emergency departments (FSED) to provide certain written and oral disclosures to a patient before and after screening for an emergency condition. The State Board of Health may promulgate rules to implement and enforce these disclosure requirements. The bill defines the types of facilities that qualify as FSED, and exempts currently licensed community clinics from the bill's disclosure requirements if they serve a rural community or ski area, as defined by the state board.

Prior to screening a patient, the FSED must provide a written statement to patients that lists the patient's rights, which FSED staff must also explain orally to the patient. This written statement must indicate that:

- the patient is at an emergency medical facility that treats emergency medical conditions;
- the FSED will screen and treat the individual regardless of their ability to pay;
- the individual has a right to ask questions about treatment options and costs and to receive a prompt and reasonable response;
- the individual has a right to reject treatment;
- the FSED encourages the individual to defer questions until after being screened for an emergency medical condition; and
- a more complete statement of patient information or rights will be provided after the completion of a medical screening examination that indicates that there is not an emergency condition, or once the patient's emergency medical condition is stabilized.

In addition, the statement above must list whether or not the facility has an associated urgent care or primary care clinic within its facility, and the hours of operations for those facilities if they are present. The FSED must also post a sign that is visible in the registration or screening area that states that the facility is an emergency medical facility that treats emergency medical conditions, and that indicates whether or not an urgent care or primary care facility is co-located within the FSED facility.

If an FSED determines that a patient does not have an emergency condition after the initial screening, it must provide an additional written disclosure that:

- specifies whether it accepts patients who are enrolled in Medicaid, the Children's Basic Health Plan, Medicare, or a Tricare plan;
- lists the specific health insurance provider networks and carriers with which the FSED participates or states that it is not a participating provider in any health insurance provider network;
- states that the FSED or the physician providing services there may not be a participating provider in their health insurance provider network, and that providers at the FSED may bill separately from the facility itself;
- lists the chargemaster or fee schedule price for the twenty-five most common health care services provided by the FSED;
- states that the listed fees are maximum charge that any patient will be billed and that the actual charge may be lower based on health insurance benefits, discounts, and financial assistance;
- includes a statement urging a person covered by a health insurance plan to contact his or her insurer about his or her financial responsibility and for a person without health insurance to contact the FSED's financial services office to discuss payment options and availability of assistance before receiving treatment; and
- provides information on facility fees that the FSED charges.

The written disclosure must also be posted on the FSED website and updated at least once every six months. The disclosure must be available in languages appropriate to the communities served by the FSED.

**State Revenue**

This bill may increase fee revenue to the Health Facilities General Licensure Cash Fund in the Colorado Department of Public Health and Environment (CDPHE) by up to \$50,000 in FY 2018-19 and up to \$30,000 in FY 2019-20 to cover the costs under this bill. The CDPHE sets fees on licensed health facilities in rule in order to cover the direct and indirect cost of regulation. It is assumed that any fee increase on a per facility basis, across all regulated health facilities, will be minimal and has not been estimated. For reference, the Health Facilities General Licensure Cash Fund is projected to have a beginning fund balance of \$283,270 and revenue and expenditures of approximately \$2.0 million in FY 2018-19.

**TABOR Refund**

The bill may increase state revenue subject to TABOR by \$50,000 in FY 2018-19 and up to \$30,000 in FY 2019-20. State revenue is not currently expected to exceed the TABOR limit in either year and no refund is required. Therefore, the bill is not expected to impact TABOR refunds in these years. However, refunds in future years when the state next collects a TABOR surplus will be increased.

**State Expenditures**

The bill increases costs in the CDPHE by \$50,699 and 0.5 FTE in FY 2018-19 and by \$30,062 and 0.3 FTE in FY 2019-20 and future years. These costs, which are paid from the Health Facilities General Licensure Cash Fund, are summarized in Table 2 and discussed below.

**Table 2  
Expenditures Under SB 18-146**

	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>Department of Public Health and Environment</b>		
Personal Services	\$34,250	\$20,550
Operating Expenses	\$475	-
Centrally Appropriated Costs	\$15,974	\$9,512
FTE – Personal Services	0.5 FTE	0.3 FTE
<b>Total Cost</b>	<b>\$50,699</b>	<b>\$30,062</b>
<b>Total FTE</b>	<b>0.5 FTE</b>	<b>0.3 FTE</b>

*\* Centrally appropriated costs are not included in the bill's appropriation.*

**Personal services.** The CDPHE will require 0.5 FTE in FY 2018-19 for staff to develop rules for disclosures and to conduct outreach with FSED. In FY 2019-20 and future years, 0.3 FTE is required to address consumer complaints regarding disclosures. Costs for this staff are shown in Table 2 above.

**Centrally appropriated costs.** Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance, supplemental employee retirement payments, and indirect cost recoveries, are estimated to be \$15,974 in FY 2018-19 and \$9,512 in FY 2019-20.

**Effective Date**

The bill was signed into law by the Governor on April 25, 2018, and it takes effect January 1, 2019, assuming no referendum petition is filed.

**State Appropriations**

For FY 2018-19, the bill requires and includes an appropriation of \$34,725 to the CDPHE from the Health Facilities General Licensure Cash Fund and an allocation of 0.5 FTE.

**State and Local Government Contacts**

Health Care Policy and Financing  
Information Technology  
Public Health and Environment

Higher Education  
Law