



AMEND HB 23-1226 to Balance Burden and Value



CHA has long supported efforts to help patients make informed decisions about their health care, including about the cost, and help policymakers make informed decisions about public policy with timely, accurate, and reliable information.

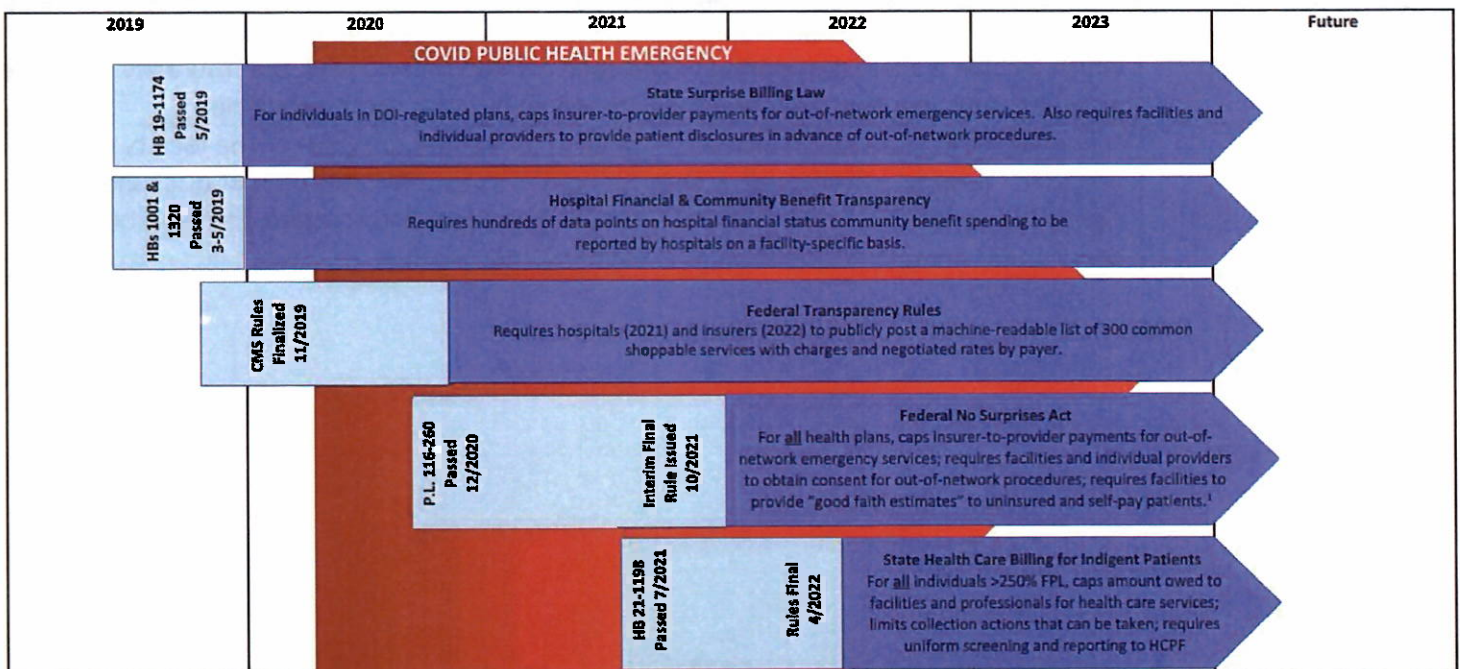
Colorado hospitals complete extensive annual reporting for the federal government (e.g., Medicare Cost Reports) and the Department of Health Care Policy & Financing (HCPF), which issues a number of standing reports available on their [Hospital Reports Hub](#).

We ask the committee to amend HB 23-1226 to create a better balance between regulatory burden and high-value information, including:

- Reject potential amendments seeking to create **quarterly** reporting burdens and unprecedented levels of sensitive information on executive compensation.
- Allow hospitals the latitude to adjust to rapidly changing “industry standards” for patient-friendly billing.
- Ensure new end-of-year reporting requirements do not duplicate information already available.
- Align penalties with those for other administrative violations overseen by HCPF (e.g., HB 21-1198).
- Eliminate redundancies with existing law and ensure protection of trade secrets.

As introduced, HB 23-1226 will add extensive reporting requirements, create new burdens that force hospitals to put paperwork over patients, increase costs, and come at a time when hospitals have already implemented five new transparency and affordability measures over the last five years.

TRANSPARENCY & AFFORDABILITY LAWS WITH DIRECT AND SIGNIFICANT HOSPITAL IMPACTS



¹ The NSA contemplates good faith estimates for all patients; however, CMS has not released rules for insured patients to-date.



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More helpful to consumers than reports that sit on a shelf is the extensive information they receive before, during, and after their care. **HB 1226 adds additional benefits for consumers by requiring industry standard billing whenever a bill is sent to a patient.** For reference, here are current requirements:

Before a patient receives scheduled care, they receive...	
Cost estimates	<ul style="list-style-type: none"> • For previously scheduled care, patients are entitled to advanced estimates for expected services. • Patients are entitled to appeal charges if the estimate and cost differ by over \$400. • Additionally, all patients in Colorado continue to be entitled to a cost estimate upon request.
Access to hospital price information	Hospitals are currently held to strict transparency standards by the state and federal governments, which require hospitals to provide clear, accessible pricing information.
During care, patients receive...	
The Patient's Bill of Rights	This document includes extensive information regarding billing, appeals procedures, and hospital contact numbers. Under the Patient's Bill of Rights, patients are entitled to request information on their providers, request an itemized bill, and file an appeal.
Information Concerning Discounted Care Rights	Hospitals are required to post and inform patients of their rights to either be screened (applies to uninsured/ self-pay) or request to be screened (applies to insured) for financial assistance.
Following care, patients receive:	
Explanation of Benefits (from their insurer)	Following care, insurers provide patients with a detailed explanation of benefits (EOB), which include a short description of the care the patient received, the insurance coverage amounts, and an explanation for costs for which patients are responsible.
A bill for services	Following care, patients receive a bill for services rendered by either the facility or provider. Hospital bills include a description of services, a reiteration of discounted care rights, the associated costs, hospital financial assistance information, the hospital billing department contact information, and payment information.