

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 23-0849.01 Chelsea Princell x4335

HOUSE BILL 23-1243

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A BILL FOR AN ACT

101 **CONCERNING CHANGES TO THE HOSPITAL COMMUNITY BENEFIT, AND,**
102 **IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill makes changes to the hospital community benefit and imposes certain requirements on the public presentation of each hospital's community implementation plan. The bill requires each hospital to:

- Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year;

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.*

SENATE
Amended 2nd Reading
April 28, 2023

HOUSE
3rd Reading Unamended
April 11, 2023

HOUSE
Amended 2nd Reading
April 10, 2023

- Submit a report that details who attended the public meeting, the topics discussed at the meeting, and any decisions made as a result of the discussion;
- Make the report available to the public; and
- Complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital.

The bill requires the state board to promulgate rules governing the accessibility standards for the public meetings and to implement best practices to ensure public engagement from a diverse range of populations.

The bill requires the department of health care policy and financing (state department) to:

- Include in its annual report a summary of the estimated federal and state tax exemptions made by each hospital;
- Establish a minimum annual community investment target based on certain calculation standards; and
- Set requirements for compliance, and allows the state department to take remedial action if a hospital fails to comply with the hospital community benefit requirements.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:


4 (a) Colorado's nonprofit hospitals are exempt from local and state
5 sales and property taxes and are exempt from state and federal income
6 taxes. In addition to tax exemptions, a hospital's nonprofit status allows
7 the hospital to benefit from tax-exempt bond financing and to receive
8 charitable contributions that are tax-deductible to the donors. These tax
9 exemptions save Colorado's nonprofit hospitals millions of dollars of tax
10 liability each year.

11 (b) Colorado's largest urban and system-affiliated nonprofit
12 hospitals realize profits after community benefit spending, and these
13 profits incur no taxes;

1 (c) The tax exemption policies provide significant financial
2 benefits to nonprofit hospitals. In exchange for the tax exemptions,
3 nonprofit hospitals assume a social obligation to provide community
4 benefits of public interest.

5 (d) To meet the social obligation, nonprofit hospitals must be
6 transparent about their community benefit spending and must be held
7 accountable to their communities. Nonprofit hospitals must ensure that
8 their community benefit spending meets the needs expressed by
9 community members.

10 (2) Therefore, the general assembly hereby finds and declares that
11 detailed, consistent, and public reporting of Colorado's nonprofit
12 hospitals' community benefit spending is necessary for all communities
13 served by hospitals to understand the breadth and amount of hospital
14 community benefit spending and the impact that spending has on the
15 health of Coloradans.

16 
17 **SECTION 2.** In Colorado Revised Statutes, 25.5-1-702, **amend**
18 (1), (2), and (3); and **add** (2.5), (2.7), (2.8), (4), (5), (6), and (7) as
19 follows:

20 **25.5-1-702. Hospitals - public community meeting requirement**
21 **- rules.** (1) At least once each year, each REPORTING hospital shall
22 convene a public meeting to seek feedback regarding the REPORTING
23 hospital's community benefit activities during the previous year and the
24 REPORTING hospital's community benefit implementation plan for the
25 following year. **THE PRESENTATION OF THE COMMUNITY BENEFIT**
26 **ACTIVITIES FOR THE PREVIOUS YEAR MUST INCLUDE THE REPORTING**
27 **HOSPITAL'S DISCRETE COMMUNITY BENEFIT ACTIVITIES, THE AMOUNT**

1 FUNDED FOR EACH ACTIVITY, AND A DESCRIPTION OF HOW THE ACTIVITIES
2 AND FUNDING AMOUNTS ALIGN WITH THE COMMUNITY'S IDENTIFIED
3 PRIORITIES.

4 (2) (a) Each REPORTING hospital shall invite, at a minimum,
5 representatives from the following entities to participate in the meeting
6 described in subsection (1) of this section, if any such entities operate in
7 the REPORTING hospital's community:

8 (I) Local public health agencies;

9 (II) Local chambers of commerce and economic development
10 organizations;

11 (III) Local health-care consumer organizations;

12 (IV) School districts;

13 (V) County governments;

14 (VI) City and town governments;

15 (VII) Community health centers;

16 (VIII) Certified rural health clinics or primary care clinics located
17 in a county that has been designated by the federal office of management
18 and budget as a rural or frontier county;

19 (IX) Area agencies on aging; and

20 (X) Health-care consumer advocacy organizations.

21 (XI) A MEMBER OF THE TRIBAL COUNCIL OR THEIR DESIGNEE FOR
22 A HOSPITAL WHOSE COMMUNITY INCLUDES ONE OF COLORADO'S
23 LAND-BASED TRIBES;

24 (XII) A MEMBER FROM THE URBAN INDIAN ORGANIZATION FOR A
25 HOSPITAL WHOSE COMMUNITY INCLUDES A FEDERALLY DESIGNATED
26 URBAN INDIAN HEALTH CENTER OR URBAN INDIAN ORGANIZATION; AND

27 (XIII) A MEMBER FROM AN INSTITUTION OF HIGHER LEARNING FOR

1 **A HOSPITAL WHOSE COMMUNITY INCLUDES SUCH INSTITUTIONS.**

2 (b) In addition to the entities described in subsection (2)(a) of this
3 section, each REPORTING hospital shall invite, at a minimum,
4 representatives from the following state agencies to participate in the
5 meeting described in subsection (1) of this section:

- 6 (I) The state department;
- 7 (II) The department of public health and environment;
- 8 (III) The department of human services;
- 9 (IV) The Colorado commission on higher education; and
- 10 (V) The office of saving people money on healthcare in the
11 lieutenant governor's office.

12 (c) In addition to the entities described in subsections (2)(a) and
13 (2)(b) of this section, each REPORTING hospital shall invite the general
14 public to the annual meeting described in subsection (1) of this section.
15 The REPORTING hospital shall issue such invitation in an advertisement
16 placed in any major newspaper published in the REPORTING hospital's
17 **community, POSTED ON THE REPORTING HOSPITAL'S PUBLIC WEBSITE AND**
18 **SOCIAL MEDIA ACCOUNTS OR OTHER ONLINE PRESENCE, DISTRIBUTED**
19 **THROUGH THE REPORTING HOSPITAL'S ELECTRONIC NEWSLETTER OR EMAIL**
20 **LISTS, AND DISTRIBUTED BY ANY OTHER MEANS THROUGH WHICH THE**
21 **REPORTING HOSPITAL REGULARLY COMMUNICATES WITH THE COMMUNITY**
22 **IT SERVES. THE INVITATION MUST BE PUBLISHED AT LEAST THIRTY DAYS**
23 **PRIOR TO THE SCHEDULED MEETING.**

24 (2.5) WHEN PRESENTING THE PROPOSED COMMUNITY BENEFIT
25 IMPLEMENTATION PLAN DESCRIBED IN SUBSECTION (1) OF THIS SECTION,
26 THE REPORTING HOSPITAL MUST:

- 27 (a) PRESENT PRIORITY AREAS IDENTIFIED IN THE REPORTING

1 HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AND
2 ANY OTHER COMMUNITY BENEFIT INVESTMENT OPTION RECOMMENDED BY
3 THE REPORTING HOSPITAL. EACH PRIORITY RECOMMENDATION PRESENTED
4 MUST CLEARLY IDENTIFY THE SOURCE OF THE RECOMMENDATION.

5 (b) SOLICIT PUBLIC INPUT FOR ANY ADDITIONAL COMMUNITY
6 BENEFIT INVESTMENT PRIORITY; AND

7 (c) REVIEW AND INCORPORATE THE PUBLIC FEEDBACK RECEIVED
8 BEFORE THE REPORTING HOSPITAL FINALIZES ITS ANNUAL COMMUNITY
9 BENEFIT IMPLEMENTATION PLAN.

10 (2.7) A REPORTING HOSPITAL MAY ONLY ADD COMMUNITY BENEFIT
11 PRIORITIES TO THE REPORTING HOSPITAL'S IMPLEMENTATION PLAN IF THE
12 COMMUNITY BENEFIT PRIORITIES WERE PRESENTED AT THE ANNUAL
13 MEETING AND THE PUBLIC WAS PROVIDED AN OPPORTUNITY TO PROVIDE
14 FEEDBACK. THE REPORTING HOSPITAL MUST INDICATE THAT THE
15 IMPLEMENTED COMMUNITY BENEFIT PRIORITIES ARE A RESULT OF
16 REPORTING HOSPITAL RECOMMENDATIONS AND NOT FROM COMMUNITY
17 FEEDBACK.

18 (2.8) THE STATE BOARD SHALL PROMULGATE RULES TO DEFINE
19 TERMS AND ESTABLISH SPECIFIC PROCESSES REGARDING THE
20 REQUIREMENTS FOR REPORTING HOSPITALS TO SOLICIT, REVIEW, AND
21 INCORPORATE PUBLIC INPUT PURSUANT TO SUBSECTIONS (2.5) AND (2.7)
22 OF THIS SECTION.

23 (3) To satisfy the requirements of this section, a REPORTING
24 hospital may convene a joint public meeting with one or more other
25 REPORTING hospitals that share some or all of the hospital's community.

26 (4) FOR EACH PUBLIC MEETING AND COMMUNITY HEALTH NEEDS
27 ASSESSMENT COMMUNITY ENGAGEMENT MEETING HELD, EACH REPORTING

1 HOSPITAL SHALL SUBMIT A REPORT TO THE STATE DEPARTMENT AND MAKE
2 THE REPORT AVAILABLE TO COMMUNITY MEMBERS BY MAKING THE
3 REPORT PUBLICLY AVAILABLE ON THE REPORTING HOSPITAL'S WEBSITE.

4 THE REPORT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING:

5 (a) MEETING MINUTES;

6 (b) A LIST OF THE MEETING ATTENDEES;

7 (c) THE CONTENT OF THE MEETING DISCUSSION, INCLUDING ANY
8 COMMUNITY BENEFIT PRIORITIES DISCUSSED AND THE DECISIONS MADE
9 REGARDING THOSE DISCUSSED COMMUNITY BENEFIT PRIORITIES;

10 (d) COMMUNITY FEEDBACK RECEIVED AND HOW THE HOSPITAL
11 PLANS TO INCORPORATE THE FEEDBACK INTO THE REPORTING HOSPITAL'S
12 COMMUNITY BENEFIT IMPLEMENTATION PLAN; AND

13 (e) ANY DATA COLLECTED FROM ATTENDEES, SUCH AS DATA
14 CONCERNING RACE, ETHNICITY, OR INCOME.

15 (5) THE STATE DEPARTMENT MUST CONDUCT A STAKEHOLDER
16 MEETING WITH CONSUMER ADVOCATES, COMMUNITY ORGANIZERS,
17 COMMUNITY ORGANIZATIONS, AND HOSPITAL REPRESENTATIVES TO
18 IDENTIFY AND DEVELOP, AT A MINIMUM, BEST PRACTICES TO ENSURE
19 LOW-INCOME RESIDENTS, RESIDENTS OF COLOR, PEOPLE WITH SERIOUS
20 MENTAL ILLNESS, PEOPLE WITH DISABILITIES, AND OTHER POPULATIONS
21 EXPERIENCING DISPROPORTIONATE HEALTH OUTCOMES IN LOCAL
22 COMMUNITIES ARE MEANINGFULLY ENGAGED AND TO ENSURE THEIR INPUT
23 IS INCORPORATED INTO THE DATA USED TO IDENTIFY COMMUNITY
24 PRIORITIES FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND
25 COMMUNITY BENEFIT IMPLEMENTATION PLAN. THIS STAKEHOLDER
26 ENGAGEMENT MUST ALSO INCLUDE BEST PRACTICES FOR HOSPITALS TO
27 COLLABORATE WITH LOCAL PUBLIC HEALTH AGENCIES AND COMMUNITY

1 ORGANIZATIONS TO REDUCE REDUNDANT COMMUNITY NEEDS
2 ASSESSMENTS.

3 (6) THE STATE BOARD SHALL PROMULGATE RULES TO ESTABLISH
4 ACCOMMODATION STANDARDS FOR THE ANNUAL COMMUNITY BENEFIT
5 PUBLIC MEETINGS AND COMMUNITY HEALTH NEEDS ASSESSMENT THAT
6 INCLUDE LANGUAGE ACCESSIBILITY, ADEQUATE ADVANCED PUBLIC
7 NOTICE, AND ANY OTHER TYPE OF ACCESSIBILITY MEASURES DEEMED
8 NECESSARY BY THE STATE BOARD, AND TO IMPLEMENT THE BEST
9 PRACTICES IDENTIFIED AND DEVELOPED PURSUANT TO SUBSECTION (5) OF
10 THIS SECTION.

11 (7) THE STATE BOARD SHALL PROMULGATE ANY ADDITIONAL
12 RULES THAT MAY BE NECESSARY FOR CONDUCTING THE ANNUAL
13 COMMUNITY BENEFIT PUBLIC MEETINGS DESCRIBED IN THIS SECTION.

14 **SECTION 3.** In Colorado Revised Statutes, 25.5-1-703, **amend**
15 (2), (3)(d)(I)(C), (3)(d)(I)(D), (5)(a), (7)(b), and (7)(c); and **add** (3.5) and
16 (7)(d) as follows:

17 **25.5-1-703. Hospitals - community health needs assessments**
18 **- community benefit implementation plans - reports - rules.** (2) On or
19 before a date to be determined by rules promulgated by the state board,
20 and on or before such date each year thereafter, each reporting hospital
21 shall complete a community benefit implementation plan that:

22 (a) Addresses the needs described by the reporting hospital's
23 community health needs assessment;

24 (b) INCLUDES AN EXPLANATION OF THE COMMUNITY SERVED BY
25 THE HOSPITAL FACILITY; AND

26 (c) DESCRIBES HOW THE COMMUNITY WAS DETERMINED PURSUANT
27 TO 26 C.F.R. 1.501(r) 3(b).

1 (3) On or before a date to be determined by rules promulgated by
2 the state board, and on or before such date each year thereafter, each
3 reporting hospital shall prepare and submit to the state department a
4 report on certain community benefits, costs, and shortfalls. The report
5 must include:

6 (d) A description of certain spending and investments made by the
7 reporting hospital during the preceding year, including:

8 (I) A list of the investments made by the reporting hospital that
9 were included in part I, part II, and part III of schedule H of the reporting
10 hospital's form 990. For each such investment, the reporting hospital
11 shall:

12 (C) For any investment that addressed a community-identified
13 health need, identify any of the following categories, which may be
14 further defined by rules promulgated by the state board, that are
15 applicable: ~~Free or discounted health-care services, programs that address~~
16 ~~health behaviors or risks, programs that address the social determinants~~
17 ~~of health, and such other categories as may be defined in rules~~
18 ~~promulgated by the state board; and~~ FREE OR DISCOUNTED HEALTH-CARE
19 SERVICES; BEHAVIORAL HEALTH; COMMUNITY-BASED HEALTH CARE;
20 SOCIAL DETERMINANTS OF HEALTH SPENDING, INCLUDING SPENDING TO
21 ADDRESS INDIVIDUALS' NEEDS, SUCH AS HOUSING, FOOD,
22 TRANSPORTATION, INTERPERSONAL VIOLENCE, EDUCATION, AND JOB
23 OPPORTUNITIES; AND PROVIDER RECRUITMENT, EDUCATION, AND
24 RESEARCH AND TRAINING. IN IDENTIFYING THESE CATEGORIES, THE
25 REPORTING HOSPITAL SHALL DISTINGUISH DIRECT OR CASH EXPENDITURES
26 FROM IN-KIND CONTRIBUTIONS.

27 (D) For any investment that addressed a community-identified

1 health need, ~~describe available evidence that shows how the investment~~
2 ~~improves community health outcomes~~ PROVIDE EVIDENCE SHOWING HOW
3 THE INVESTMENT IMPROVES COMMUNITY HEALTH OUTCOMES AND HOW
4 THE INVESTMENT DIRECTLY CORRESPONDS TO COMMUNITY-IDENTIFIED
5 NEEDS.

6 (3.5) ON OR BEFORE A DATE TO BE DETERMINED BY RULES
7 PROMULGATED BY THE STATE BOARD, AND ON OR BEFORE SUCH DATE
8 EVERY THREE YEARS THEREAFTER, THE STATE DEPARTMENT SHALL
9 REVIEW EACH REPORTING HOSPITAL'S COMMUNITY HEALTH NEEDS
10 ASSESSMENT AND EACH REPORTING HOSPITAL'S ANNUAL COMMUNITY
11 BENEFIT IMPLEMENTATION PLAN TO IDENTIFY THE HIGHEST PRIORITY
12 AREAS AS REPORTED BY COMMUNITIES AS COMPARED TO THE REPORTING
13 HOSPITAL'S REPORTED SPENDING. THE STATE DEPARTMENT SHALL INCLUDE
14 SUCH INFORMATION IN THE REPORT DESCRIBED IN SUBSECTION (7) OF THIS
15 SECTION.

16 (5) (a) The state board shall promulgate rules ~~establishing~~
17 ~~reporting~~ THAT ESTABLISH:

18 (I) REPORTING requirements for reporting hospitals that are not
19 required to complete schedule H of the form 990. The rules must promote
20 uniformity with the requirements set forth in subsection (3) of this
21 section; AND

22 (II) REQUIREMENTS FOR THE EVIDENCE-BASED SUPPORTING
23 DOCUMENTATION THAT IS REQUIRED PURSUANT TO SUBSECTION
24 (3)(d)(I)(D) OF THIS SECTION.

25 (7) As part of the report authorized in section 25.5-4-402.8, the
26 state department shall include a summary of the reports submitted to the
27 state department pursuant to subsection (3) of this section during the

1 preceding year. The summary must include:

2 (b) A summary of the reporting hospitals' investments that have
3 been effective in improving community health outcomes; and

4 (c) Any legislative recommendations the state department has for
5 the general assembly; AND

6 (d) THE ESTIMATED FEDERAL AND STATE INCOME TAX EXEMPTIONS
7 AND THE PROPERTY TAX EXEMPTIONS RECEIVED BY EACH HOSPITAL,
8 WHICH SHALL BE CALCULATED BY THE DEPARTMENT OF REVENUE.

9 [REDACTED]

10 **SECTION 4.** In Colorado Revised Statutes, **add 25.5-1-704** as
11 follows:

12 **25.5-1-704. Hospital community investment compliance -**
13 **rules.** (1) (a) IF THE STATE DEPARTMENT FINDS THAT A REPORTING
14 HOSPITAL IS NOT IN [REDACTED] COMPLIANCE WITH THE COMMUNITY BENEFIT
15 REQUIREMENTS OF THIS PART 7, THE STATE DEPARTMENT SHALL NOTIFY
16 THE REPORTING HOSPITAL OF ITS NONCOMPLIANCE AND IDENTIFY THE
17 INFORMATION THAT NEEDS TO BE PROVIDED. IF A REPORTING HOSPITAL
18 DOES NOT COMPLY, THE STATE DEPARTMENT SHALL REQUIRE THE
19 REPORTING HOSPITAL TO SUBMIT TO THE STATE DEPARTMENT A
20 CORRECTIVE ACTION PLAN WITHIN ONE HUNDRED AND TWENTY DAYS FOR
21 APPROVAL BY THE STATE DEPARTMENT. [REDACTED]

22 (b) IF NONCOMPLIANCE CONTINUES OR A REPORTING HOSPITAL
23 FAILS TO SUBMIT A CORRECTIVE ACTION PLAN, [REDACTED] OR IF THE STATE
24 DEPARTMENT DETERMINES A HOSPITAL'S NONCOMPLIANCE WITH THIS
25 SECTION IS KNOWING OR WILLFUL OR A REPEATED PATTERN OF
26 NONCOMPLIANCE EXISTS, THE STATE DEPARTMENT SHALL CONSIDER THE
27 SIZE OF THE HOSPITAL AND THE SERIOUSNESS OF THE VIOLATION IN

1 SETTING A FINE AMOUNT. FOR A REPORTING HOSPITAL OWNED BY OR
2 AFFILIATED WITH A HOSPITAL SYSTEM COMPRISED OF THREE OR MORE
3 HOSPITALS, THE FINE MUST BE NOT MORE THAN TWENTY THOUSAND
4 DOLLARS PER WEEK PER VIOLATION. FOR ALL OTHER REPORTING
5 HOSPITALS, THE FINE MUST BE NOT MORE THAN FIVE THOUSAND DOLLARS
6 PER WEEK PER VIOLATION.

7 (2) REPORTING HOSPITALS SHALL EXPEND THE AMOUNT FINED
8 PURSUANT TO SUBSECTION (1)(b) OF THIS SECTION ON COMMUNITY
9 BENEFIT INVESTMENT PRIORITIES DESCRIBED IN THE HOSPITAL'S CURRENT
10 COMMUNITY BENEFIT IMPLEMENTATION PLAN WITHIN ONE YEAR AFTER
11 THE FINE IS IMPOSED. EACH REPORTING HOSPITAL SHALL REPORT ON HOW
12 THE MONEY COLLECTED THROUGH FINES IS EXPENDED IN THE REPORTING
13 HOSPITAL'S ANNUAL REPORT TO THE STATE DEPARTMENT PURSUANT TO
14 SECTION 25.5-1-703.

15 (3) THE STATE BOARD SHALL PROMULGATE ANY RULES NECESSARY
16 FOR THE IMPLEMENTATION OF THIS SECTION.

17 **SECTION 5. Appropriation.** (1) For the 2023-24 state fiscal
18 year, \$50,000 is appropriated to the department of health care policy and
19 financing for use by the executive director's office. This appropriation is
20 from the healthcare affordability and sustainability fee cash fund created
21 in section 25.5-4-402.4 (5)(a). To implement this act, the office may use
22 this appropriation for transfer to the department of revenue.

23 (2) For the 2023-24 state fiscal year, the general assembly
24 anticipates that the department of health care policy and financing will
25 receive \$50,000 in federal funds for transfer to the department of revenue
26 to implement this act. The appropriation in subsection (1) of this section
27 is based on the assumption that the department of health care policy and

1 financing will receive this amount of federal funds, which is subject to the
2 "(I)" notation as defined in the annual general appropriation act for the
3 same fiscal year.

4 (3) For the 2023-24 state fiscal year, \$100,000 is appropriated to
5 the department of revenue. This appropriation is from reappropriated
6 funds received from the department of health care policy and financing
7 under subsections (1) and (2) of this section and is based on an
8 assumption that the department of revenue will require an additional 1.0
9 FTE. To implement this act, the department of revenue may use this
10 appropriation for personal services.

11 **SECTION 6. Act subject to petition - effective date.** This act
12 takes effect at 12:01 a.m. on the day following the expiration of the
13 ninety-day period after final adjournment of the general assembly; except
14 that, if a referendum petition is filed pursuant to section 1 (3) of article V
15 of the state constitution against this act or an item, section, or part of this
16 act within such period, then the act, item, section, or part will not take
17 effect unless approved by the people at the general election to be held in
18 November 2024 and, in such case, will take effect on the date of the
19 official declaration of the vote thereon by the governor.