

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 22-0572.01 Kristen Forrestal x4217

HOUSE BILL 22-1401

HOUSE SPONSORSHIP

Mullica, Amabile, Bennett, Caraveo, Duran, Esgar, Herod, Hooton, Jodeh, Lindsay, Lontine, Ortiz, Sirota, Valdez A.

SENATE SPONSORSHIP

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House Committees

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A BILL FOR AN ACT

101 **CONCERNING THE PREPAREDNESS OF HEALTH FACILITIES TO MEET**
102 **PATIENT NEEDS, AND, IN CONNECTION THEREWITH, MAKING AN**
103 **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 requires every hospital to establish, by September 1, 2022, a nurse staffing committee pursuant to rules promulgated by the state board of health, either by creating a new committee or assigning the nurse staffing functions to an existing hospital staffing committee. The nurse staffing committee is required to create, implement, and evaluate a nurse

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

HOUSE
3rd Reading Unamended
May 5, 2022

HOUSE
Amended 2nd Reading
May 4, 2022

staffing plan and to receive, track, and resolve complaints and receive feedback from direct-care nurses and other staff.

The bill requires a hospital to:

- Submit the nurse staffing plan to the department of public health and environment (department) on an annual basis;
- Post the nurse staffing plan on the hospital's website;
- Evaluate the nurse staffing plan on a quarterly basis and, based on complaints and recommendations of patients and staff, revise the nurse staffing plan accordingly; and
- Prepare a quarterly report containing the details of the evaluation.

The bill prohibits a hospital from assigning direct-care providers to a nursing unit or clinical area of a hospital unless the providers are properly trained in the unit or area assigned.

On or before September 1, 2022, in a form and manner determined by rules promulgated by the state board of health, each hospital is required to report:

- The baseline number of beds the hospital is able to staff; and
- The hospital's current bed capacity.

If the hospital's ability to meet staffed-bed capacity falls below 80% of the required baseline in a specified period, the hospital is required to notify the department and submit a plan to meet that requirement.

The bill requires the department to notify a hospital if the hospital's number of staffed beds exceeds 80% of a hospital's total licensed beds and fine the hospital if the hospital does not take corrective action.

Each hospital is required to update its emergency plan at least annually and as often as necessary, as circumstances warrant.

The bill authorizes the department to fine a hospital up to \$10,000 per day for the hospital's failure to:

- Meet the required staffed-bed capacity;
- Include the amount of necessary vaccines for administration in its annual emergency plan and have the vaccines available at each of its facilities; and
- Include the necessary testing capabilities available at each of its facilities.

The bill grants rule-making authority to the department and to the state board of health.

The bill requires the department to report certain data to its committee of reference as part of its presentation at the hearing held pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act".

The bill requires the office of saving people money on health care in the office of the lieutenant governor to study:

- The level of preparedness of health facilities to respond to

- post-viral illness resulting from the COVID-19 virus;
- The effects of post-viral illness resulting from the COVID-19 virus on the mental, behavioral, and physical health and the financial security of the people of Colorado; and
- The effects of the COVID-19 pandemic on the cost of health care in Colorado and on the resiliency of Colorado's public health system.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25-3-128 and
3 25-3-129 as follows:

4 **25-3-128. Hospitals - nurses, nurse aides, and EMS providers**
5 **- staffing requirements - enforcement - waiver - rules - definitions.**

6 (1) AS USED IN THIS SECTION:

7 (a) "**CLINICAL STAFF NURSE**" MEANS A PRACTICAL   NURSE OR
8 REGISTERED PROFESSIONAL NURSE LICENSED PURSUANT TO ARTICLE 255
9 OF TITLE 12 WHO PROVIDES DIRECT CARE TO PATIENTS.

10 

11 (b) "**EMS PROVIDER**" MEANS AN INDIVIDUAL WHO HOLDS A VALID
12 CERTIFICATE OR LICENSE ISSUED BY THE DEPARTMENT AS PROVIDED IN
13 ARTICLE 3.5 OF THIS TITLE 25.

14 (c) "**NURSE AIDE**" MEANS A PERSON CERTIFIED PURSUANT TO
15 ARTICLE 255 OF TITLE 12 TO PRACTICE AS A NURSE AIDE WHO PROVIDES
16 DIRECT CARE TO PATIENTS OR WHO WORKS IN AN AUXILIARY CAPACITY
17 UNDER THE SUPERVISION OF A REGISTERED NURSE.

18 (d) "**STAFFING PLAN**" MEANS THE **MASTER NURSE STAFFING PLAN**
19 DEVELOPED FOR A HOSPITAL PURSUANT TO SUBSECTION (2)(b) OF THIS
20 SECTION.

21 (2) (a) ON OR BEFORE SEPTEMBER 1, 2022, EACH HOSPITAL SHALL

1 ESTABLISH A NURSE STAFFING COMMITTEE PURSUANT TO RULES
2 PROMULGATED BY THE STATE BOARD OF HEALTH, EITHER BY CREATING A
3 NEW COMMITTEE OR ASSIGNING THE NURSE STAFFING FUNCTIONS TO AN
4 EXISTING HOSPITAL STAFFING COMMITTEE. THE NURSE STAFFING
5 COMMITTEE MUST HAVE AT LEAST SIXTY PERCENT OR GREATER
6 PARTICIPATION BY CLINICAL STAFF NURSES, IN ADDITION TO AUXILIARY
7 PERSONNEL AND NURSE MANAGERS. THE NURSE STAFFING COMMITTEE
8 MUST INCLUDE A DESIGNATED LEADER OF WORKPLACE VIOLENCE
9 PREVENTION AND REDUCTION EFFORTS.

10 (b) THE NURSE STAFFING COMMITTEE:

11 (I) SHALL ANNUALLY DEVELOP AND OVERSEE A MASTER NURSE
12 STAFFING PLAN FOR THE HOSPITAL THAT:

13 (A) IS VOTED ON AND RECOMMENDED BY AT LEAST SIXTY PERCENT
14 OF THE NURSE STAFFING COMMITTEE;

15 (B) INCLUDES MINIMUM STAFFING REQUIREMENTS ALIGNED
16 WITH NATIONALLY RECOGNIZED CLINICAL STANDARDS AND GUIDELINES
17 FOR EACH INPATIENT UNIT AND EMERGENCY DEPARTMENT;

18 (C) INCLUDES STRATEGIES THAT PROMOTE THE HEALTH, SAFETY,
19 AND WELFARE OF THE HOSPITAL'S EMPLOYEES AND PATIENTS;

20 (D) INCLUDES GUIDANCE AND A PROCESS FOR REDUCING
21 NURSE-TO-PATIENT ASSIGNMENTS TO ALIGN WITH THE DEMAND BASED ON
22 PATIENT ACUITY; AND

23 (E) MAY INCLUDE INNOVATIVE STAFFING MODELS;

24 (II) (A) SHALL SUBMIT THE RECOMMENDED STAFFING PLAN TO THE
25 HOSPITAL'S SENIOR NURSE EXECUTIVE AND THE HOSPITAL'S GOVERNING
26 BODY FOR APPROVAL. IF THE FINAL PLAN APPROVED BY THE HOSPITAL
27 CHANGES MATERIALLY FROM THE RECOMMENDATIONS PUT FORTH BY THE

1 STAFFING COMMITTEE, THE SENIOR NURSE EXECUTIVE SHALL PROVIDE THE
2 NURSE STAFFING COMMITTEE WITH AN EXPLANATION FOR THE CHANGES.

3 (B) IF, AFTER RECEIVING THE EXPLANATION REFERENCED IN
4 SUBSECTION (2)(b)(II)(A) OF THIS SECTION, THE STAFFING COMMITTEE
5 BELIEVES THE FINAL PLAN DOES NOT MEET NURSE STAFFING STANDARDS
6 ESTABLISHED IN RULES PROMULGATED BY THE STATE BOARD OF HEALTH,
7 THE STAFFING COMMITTEE, WITH A VOTE OF SIXTY PERCENT OR MORE OF
8 THE MEMBERS, MAY REQUEST THE DEPARTMENT REVIEW THE FINAL
9 ADOPTED STAFFING PLAN FOR COMPLIANCE WITH RULES PROMULGATED BY
10 THE STATE BOARD OF HEALTH.

11 (III) MAY PUBLISH A REPORT THAT IS RESPONSIVE TO THE
12 CHANGES MADE TO THE RECOMMENDED PLAN PURSUANT TO SUBSECTION
13 (2)(b)(II) OF THIS SECTION, IF ANY;

14 [REDACTED]

15 (IV) SHALL DESCRIBE IN WRITING THE PROCESS FOR RECEIVING,
16 TRACKING, AND RESOLVING COMPLAINTS AND RECEIVING FEEDBACK ON
17 THE STAFFING PLAN FROM CLINICAL STAFF NURSES AND OTHER STAFF; AND

18 (V) SHALL MAKE THE COMPLAINT AND FEEDBACK PROCESS
19 AVAILABLE TO ALL [REDACTED] PROVIDERS, INCLUDING CLINICAL STAFF NURSES, [REDACTED]
20 NURSE AIDES, AND EMS PROVIDERS.

21 (c) THE DEPARTMENT IS AUTHORIZED TO AND SHALL ENTER,
22 SURVEY, AND INVESTIGATE EACH HOSPITAL AS NECESSARY TO ENSURE
23 COMPLIANCE WITH THE NURSING STAFFING STANDARDS ESTABLISHED IN
24 RULES PROMULGATED BY THE STATE BOARD OF HEALTH.

25 (3) A HOSPITAL SHALL:

26 (a) SUBMIT THE FINAL, APPROVED NURSE STAFFING PLAN TO THE
27 DEPARTMENT ON AN ANNUAL BASIS;

3 (c) PROVIDE THE RELEVANT UNIT-BASED STAFFING PLAN TO:

4 (I) EACH APPLICANT FOR A NURSING POSITION ON A GIVEN UNIT

5 UPON AN OFFER OF EMPLOYMENT; AND

6 (II) A PATIENT UPON REQUEST;

7 (d) PREPARE AN ANNUAL REPORT CON-

8 EVALUATION REQUIRED IN SUBSECTION (2)(c) OF THIS SECTION AND
9 SUBMIT THE REPORT TO THE DEPARTMENT, IN A FORM AND MANNER
10 DETERMINED BY RULES PROMULGATED BY THE STATE BOARD OF HEALTH.

11 (4) A HOSPITAL SHALL NOT ASSIGN A CLINICAL STAFF NURSE,
12 NURSE AIDE, OR EMS PROVIDER TO A HOSPITAL UNIT UNLESS, CONSISTENT
13 WITH THE CONDITIONS OF PARTICIPATION ADOPTED FOR FEDERAL
14 MEDICARE AND MEDICAID PROGRAMS, HOSPITAL PERSONNEL RECORDS
15 INCLUDE DOCUMENTATION THAT THE TRAINING AND DEMONSTRATION OF
16 COMPETENCY WERE SUCCESSFULLY COMPLETED DURING ORIENTATION
17 AND ON A PERIODIC BASIS CONSISTENT WITH HOSPITAL POLICIES.

23 (I) SEASONAL OR OTHER ANTICIPATED VARIANCES IN STAFFED-BED
24 CAPACITY; AND

25 (II) ANTICIPATED FACTORS IMPACTING STAFFED-BED CAPACITY.

26 (b) IN PROMULGATING RULES PURSUANT TO SUBSECTION (5)(a) OF
27 THIS SECTION, THE STATE BOARD OF HEALTH SHALL:

1 (I) USE THE DATA PROVIDED TO THE DEPARTMENT BY EACH
2 HOSPITAL THROUGHOUT THE COVID-19 PANDEMIC THROUGH AN
3 INTERNET-BASED RESOURCE MANAGEMENT AND COMMUNICATION TOOL
4 DEVELOPED FOR AND COMMONLY USED BY HOSPITALS;

5 (II) DETERMINE THE NUMBER OF SEASONAL VARIATIONS
6 ALLOWABLE WITH REGARD TO SUBSECTION (5)(a)(I) OF THIS SECTION WITH
7 A MINIMUM OF TWO AND A MAXIMUM OF FOUR ALLOWABLE VARIANCES;
8 AND

9 (III) DEFINE "STAFFED-BED CAPACITY" FOR THE PURPOSES OF THIS
10 SECTION.

11 (c) ON OR BEFORE SEPTEMBER 1, 2022, AS DETERMINED BY RULES
12 PROMULGATED BY THE STATE BOARD OF HEALTH, IF A HOSPITAL'S ABILITY
13 TO MEET STAFFED-BED CAPACITY FALLS BELOW EIGHTY PERCENT OF THE
14 HOSPITAL'S REPORTED BASELINE FOR NOT LESS THAN SEVEN AND NOT
15 MORE THAN FOURTEEN CONSECUTIVE DAYS, THE HOSPITAL SHALL NOTIFY
16 THE DEPARTMENT AND SUBMIT:

20 (II) A REQUEST FOR A WAIVER DUE TO A HARDSHIP, WHICH
21 REQUEST ARTICULATES WHY THE HOSPITAL IS UNABLE TO MEET THE
22 REQUIRED STAFFED-BED CAPACITY IF:

23 (A) THE HOSPITAL'S CURRENT STAFFED-BED CAPACITY FALLS
24 BELOW EIGHTY PERCENT OF THE HOSPITAL'S REPORTED BASELINE FOR NOT

(B) THE HOSPITAL'S CURRENT STAFFED BED CAPACITY TURE ATENS

1 PUBLIC HEALTH.

2 (d) THE DEPARTMENT MAY IMPOSE FINES, NOT TO EXCEED ONE
3 THOUSAND DOLLARS PER DAY, FOR A HOSPITAL'S FAILURE TO:

4 (I) MEET THE REPORTED STAFFED-BED CAPACITY OF EIGHTY
5 PERCENT OR MORE OF THE HOSPITAL'S REPORTED BASELINE; OR

6 (II) ACCURATELY REPORT A HOSPITAL'S BASELINE STAFFED-BED
7 CAPACITY.

8 (6) EACH HOSPITAL WITH MORE THAN TWENTY-FIVE BEDS SHALL
9 ARTICULATE IN ITS EMERGENCY PLAN A DEMONSTRATED ABILITY TO
10 EXPAND THE HOSPITAL'S STAFFED-BED CAPACITY UP TO ONE HUNDRED
11 TWENTY-FIVE PERCENT OF THE HOSPITAL'S BASELINE STAFFED-BED
12 CAPACITY AND INTENSIVE CARE UNIT CAPACITY WITHIN FOURTEEN DAYS
13 AFTER:

14 (a) A STATEWIDE PUBLIC HEALTH EMERGENCY IS DECLARED OR
15 THE HOSPITAL IS NOTIFIED BY THE DEPARTMENT THAT SURGE CAPACITY IS
16 NEEDED; AND

17 (b) THE STATE HAS USED ALL AVAILABLE AUTHORITY TO EXPEDITE
18 WORKFORCE AVAILABILITY AND MAXIMIZE HOSPITAL THROUGHPUT AND
19 CAPACITY, SUCH AS:

20 (I) LICENSING OR CERTIFICATION FLEXIBILITY FOR HEALTH
21 FACILITIES;

22 (II) REDUCING REQUIREMENTS FOR LICENSING, CREDENTIALING,
23 AND THE RECEIPT OF STAFF PRIVILEGES;

24 (III) WAIVING SCOPE OF PRACTICE LIMITATIONS; AND

25 (IV) WAIVING STATE-REGULATED PAYER PROVISIONS THAT
26 CREATE BARRIERS TO TIMELY PATIENT DISCHARGE.

27 (7) EACH HOSPITAL SHALL UPDATE ITS EMERGENCY PLAN AT LEAST

1 ANNUALLY AND AS OFTEN AS NECESSARY, AS CIRCUMSTANCES WARRANT.
2 THE EMERGENCY PLAN MUST INCLUDE THE ACTIONS THE HOSPITAL WILL
3 TAKE TO MAXIMIZE STAFFED-BED CAPACITY AND APPROPRIATE
4 UTILIZATION OF HOSPITAL BEDS TO THE EXTENT NECESSARY FOR A PUBLIC
5 HEALTH EMERGENCY AND THROUGH THE FOLLOWING ACTIVITIES:

6 (a) CROSS-TRAINING, JUST-IN-TIME TRAINING, AND
7 REDEPLOYMENT OF STAFF;

8 (b) SUPPORTING ALL HOSPITAL FACILITIES, INCLUDING
9 HOSPITAL-OWNED FACILITIES, TO PROVIDE ANY NECESSARY, AVAILABLE,
10 AND APPROPRIATE PREVENTIVE CARE, VACCINE ADMINISTRATION,
11 DIAGNOSTIC TESTING, AND THERAPEUTICS;

12 (c) MAXIMIZING HOSPITAL THROUGHPUT BY DISCHARGING
13 PATIENTS TO SKILLED NURSING, POST-ACUTE, AND OTHER STEP-DOWN
14 FACILITIES; AND

15 (d) REDUCING THE NUMBER OF SCHEDULED PROCEDURES IN THE
16 HOSPITAL.

17 (8) BEGINNING SEPTEMBER 1, 2022, THE DEPARTMENT MAY FINE
18 A HOSPITAL AN AMOUNT NOT TO EXCEED TEN THOUSAND DOLLARS PER
19 DAY FOR THE FAILURE TO:

20 (a) ACHIEVE THE REQUIRED STAFFED-BED CAPACITY DESCRIBED IN
21 SUBSECTION (6) OF THIS SECTION WITHIN FOURTEEN DAYS AFTER A
22 DECLARED STATEWIDE PUBLIC HEALTH EMERGENCY OR OTHER
23 NOTIFICATION BY THE DEPARTMENT THAT SURGE CAPACITY IS NEEDED;

24 (b) INCLUDE THE AMOUNT OF NECESSARY VACCINES FOR
25 ADMINISTRATION IN ITS ANNUAL EMERGENCY PLAN AND HAVE THE
26 VACCINES ~~AVAILABLE, TO THE EXTENT THAT THE VACCINES ARE~~
27 ~~AVAILABLE~~, AT EACH OF ITS HOSPITAL FACILITIES AND HOSPITAL-OWNED

1 PRIMARY CARE SITES DURING AND OUTSIDE OF THE PUBLIC HEALTH
2 EMERGENCY, AS DETERMINED BY RULES PROMULGATED BY THE
3 DEPARTMENT; AND

4 (c) INCLUDE THE NECESSARY TESTING CAPABILITIES AVAILABLE IN
5 ITS ANNUAL EMERGENCY PLAN AND AT EACH OF ITS HOSPITAL FACILITIES
6 AND HOSPITAL-OWNED PRIMARY CARE SITES DURING AND OUTSIDE OF A
7 PUBLIC HEALTH EMERGENCY, TO THE EXTENT THAT THE TESTING IS
8 AVAILABLE, AS DETERMINED BY RULES PROMULGATED BY THE
9 DEPARTMENT.

10 (9) FOR THE PURPOSES OF THIS SECTION, THE DEPARTMENT SHALL
11 ENTER, SURVEY, AND INVESTIGATE EACH HOSPITAL:

12 (a) AS DEEMED NECESSARY BY THE DEPARTMENT;
13 (b) FOR PURPOSES OF INFECTION CONTROL AND EMERGENCY
14 PREPAREDNESS; AND
15 (c) TO ENSURE COMPLIANCE WITH THIS SECTION.

16 (10) THE DEPARTMENT SHALL ANNUALLY REPORT ON THE
17 INFORMATION CONTAINED IN THE QUARTERLY REPORT DESCRIBED IN
18 SUBSECTION (3)(d) OF THIS SECTION AS A PART OF ITS PRESENTATION TO
19 ITS COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO SECTION
20 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,
21 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT".

22 (11) THE DEPARTMENT MAY PROMULGATE RULES TO REQUIRE
23 HEALTH FACILITIES LICENSED PURSUANT TO SECTION 25-1.5-103 TO
24 DEVELOP AND IMPLEMENT INFECTION PREVENTION PLANS THAT ALIGN
25 WITH NATIONAL BEST PRACTICES AND STANDARDS AND THAT ARE
26 RESPONSIVE TO COVID-19 AND OTHER COMMUNICABLE DISEASES. THE
27 REQUIREMENTS MAY INCLUDE TESTING, VACCINATION, AND TREATMENT

1 IN ACCORDANCE WITH APPLICABLE STATE LAWS, RULES, AND EXECUTIVE
2 ORDERS.

3 (12) THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES AS
4 NECESSARY TO IMPLEMENT THIS SECTION.

5 **25-3-129. Office of saving people money on health care - study**
6 **- report.** (1) THE OFFICE OF SAVING PEOPLE MONEY ON HEALTH CARE IN
7 THE LIEUTENANT GOVERNOR'S OFFICE SHALL STUDY:

8 (a) THE LEVEL OF PREPAREDNESS OF HEALTH FACILITIES LICENSED
9 PURSUANT TO SECTION 25-1.5-103 TO RESPOND TO POST-VIRAL ILLNESS
10 RESULTING FROM THE COVID-19 VIRUS;

11 (b) THE EFFECTS OF POST-VIRAL ILLNESS RESULTING FROM THE
12 COVID-19 VIRUS ON THE MENTAL, BEHAVIORAL, AND PHYSICAL HEALTH
13 AND THE FINANCIAL SECURITY OF THE PEOPLE OF COLORADO; AND

14 (c) THE EFFECTS OF THE COVID-19 PANDEMIC ON THE COST OF
15 HEALTH CARE IN COLORADO AND ON THE ABILITY OF COLORADO'S PUBLIC
16 HEALTH SYSTEM TO RESPOND TO EMERGENCIES.

17 (2) **ON OR BEFORE JANUARY 1, 2023, AND ON OR BEFORE JANUARY**
18 **1 EACH YEAR THEREAFTER, THE OFFICE OF SAVING PEOPLE MONEY ON**
19 **HEALTH CARE SHALL REPORT ITS FINDINGS TO THE GOVERNOR.**

20 (3) **THE OFFICE OF SAVING PEOPLE MONEY ON HEALTH CARE SHALL**
21 **COORDINATE, MONITOR, AND SUPPORT THE EFFORTS TO IMPROVE THE**
22 **AFFORDABILITY OF HEALTH CARE, HEALTH OUTCOMES, AND PUBLIC**
23 **HEALTH READINESS IN STATE PROGRAMS AND DEPARTMENTS.**

24 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-103, **amend**
25 (1)(a)(I)(C) as follows:

26 **25-1.5-103. Health facilities - powers and duties of department**
27 **- limitations on rules promulgated by department - definitions.**

1 (1) The department has, in addition to all other powers and duties
2 imposed upon it by law, the powers and duties provided in this section as
3 follows:

4 (a) (I) (C) The department shall extend the survey cycle or
5 conduct a tiered inspection or survey of a health facility licensed for at
6 least three years and against which no enforcement activity has been
7 taken, no patterns of deficient practices exist, as documented in the
8 inspection and survey reports issued by the department, and no
9 substantiated complaint resulting in the discovery of significant
10 deficiencies that may negatively affect the life, health, or safety of
11 consumers of the health facility has been received within the three years
12 prior to the date of the inspection. The department may expand the scope
13 of the inspection or survey to an extended or full survey if the department
14 finds deficient practice during the tiered inspection or survey. The
15 department, by rule, shall establish a schedule for an extended survey
16 cycle or a tiered inspection or survey system designed, at a minimum, to:
17 Reduce the time needed for and costs of licensure inspections for both the
18 department and the licensed health facility; reduce the number, frequency,
19 and duration of on-site inspections; reduce the scope of data and
20 information that health facilities are required to submit or provide to the
21 department in connection with the licensure inspection; reduce the
22 amount and scope of duplicative data, reports, and information required
23 to complete the licensure inspection; and be based on a sample of the
24 facility size. Nothing in this ~~sub-subparagraph (C)~~ SUBSECTION
25 (1)(a)(I)(C) limits the ability of the department to conduct a periodic
26 inspection or survey that is required to meet its obligations as a state
27 survey agency on behalf of the FEDERAL centers for medicare and

1 medicaid services or the department of health care policy and financing
2 to assure that the health facility meets the requirements for participation
3 in the medicare and medicaid programs OR LIMITS THE ABILITY OF THE
4 DEPARTMENT TO ENTER, SURVEY, AND INVESTIGATE HOSPITALS PURSUANT
5 TO SECTION 25-3-128.

6 **SECTION 3.** In Colorado Revised Statutes, 25-3-102.1, **amend**
7 (1)(b)(II) as follows:

8 **25-3-102.1. Deemed status for certain facilities.** (1) (b) (II) If
9 the standards for national accreditation are less stringent than the state's
10 licensure standards for a particular health facility, the department of
11 public health and environment may conduct a survey that focuses on the
12 more stringent state standards. Beginning one year after the department
13 first grants deemed status to a health facility pursuant to this ~~paragraph~~
14 ~~(b)~~ SUBSECTION (1)(b), the department may conduct validation surveys,
15 based on a valid sample methodology, of up to ten percent of the total
16 number of accredited health facilities in the industry. ~~excluding hospitals~~.
17 If the department conducts a validation survey of a health facility, the
18 validation survey is in lieu of a licensing renewal survey that the health
19 facility would have undergone if the health facility did not have deemed
20 status pursuant to this ~~paragraph~~ ~~(b)~~ SUBSECTION (1)(b).
21 NOTWITHSTANDING ANY OTHER LAW TO THE CONTRARY, THE
22 DEPARTMENT MAY ENTER, SURVEY, AND INVESTIGATE HOSPITALS
23 PURSUANT TO SECTION 25-3-128.

24 **SECTION 4.** In Colorado Revised Statutes, 25-3-105, **amend**
25 (1)(a)(I)(B) and (1)(a)(I)(C) as follows:

26 **25-3-105. License - fee - rules - penalty - repeal.**
27 (1) (a) (I) (B) On or after June 4, 2012, the state board of health may

1 increase the amount of any fee on the schedule of fees established
2 pursuant to subsection (1)(a)(I)(A) of this section that is in effect on June
3 4, 2012, by an amount not to exceed the annual percentage change in the
4 United States department of labor, bureau of labor statistics, consumer
5 price index for Denver-Aurora-Lakewood for all urban consumers and all
6 goods, or its applicable predecessor or successor index. Nothing in this
7 subsection (1)(a)(I)(B) limits the ability of the state board of health to
8 reduce the amount of any fee on the schedule of fees in effect on such
9 date or to modify fees as necessary to comply with section 24-75-402.

10 NOTWITHSTANDING THE REQUIREMENTS OF THIS SUBSECTION (1)(a)(I)(B),
11 THE STATE BOARD OF HEALTH MAY ASSESS FEES NECESSARY TO COVER
12 THE COSTS ASSOCIATED WITH THE SURVEYS CONDUCTED PURSUANT TO
13 SECTION 25-3-128.

14 (C) The department of public health and environment shall
15 institute, by rule, a performance incentive system for licensed health
16 facilities under which a licensed health facility would be eligible for a
17 reduction in its license renewal fee if: The department's on-site
18 licensure inspection demonstrates that the health facility has no
19 significant deficiencies that have negatively affected the life, safety, or
20 health of its consumers; the licensed health facility has fully and timely
21 cooperated with the department during the on-site inspection; the
22 department has found no documented actual or potential harm to
23 consumers; and, in the case where any significant deficiencies are found
24 that do not negatively affect the life, safety, or health of consumers, the
25 licensed health facility has submitted, and the department has accepted,
26 a plan of correction and the health facility has corrected the deficient
27 practice, as verified by the department, within the period required by the

1 department. NOTWITHSTANDING THE REQUIREMENTS OF THIS SUBSECTION
2 (1)(a)(I)(C), ANY FEES ASSOCIATED WITH THE SURVEYS AND
3 INVESTIGATIONS OF HOSPITALS AUTHORIZED BY SECTION 25-3-128 ARE
4 NOT SUBJECT TO A REDUCTION BASED ON THE PERFORMANCE INCENTIVE
5 SYSTEM.

6 **SECTION 5.** In Colorado Revised Statutes, **repeal** 25-3-702.

7 **SECTION 6.** In Colorado Revised Statutes, 25-3-703, **amend** (1)
8 as follows:

9 **25-3-703. Hospital report card - rules - exemption.** (1)(a) The
10 executive director shall approve a Colorado hospital report card
11 consisting of public disclosure of data assembled pursuant to this part 7.
12 At a minimum, the data shall be made available on an internet website in
13 a manner that allows consumers to conduct an interactive search that
14 allows them to view and compare the information for specific hospitals.

15 The website ~~shall~~ **MUST** include:

16 (I) CLINICAL OUTCOMES MEASURES FROM GENERAL AND PUBLIC
17 HOSPITALS LICENSED PURSUANT TO SECTION 25-1.5-103; AND

18 (II) Such additional information as is determined necessary to
19 ensure that the website enhances informed decision making among
20 consumers and health-care purchasers, which ~~shall~~ **MUST** include, at a
21 minimum, appropriate guidance on how to use the data and an
22 explanation of why the data may vary from hospital to hospital. ~~The data~~
23 ~~specified in this subsection (1) shall be released on or before November~~
24 ~~30, 2007.~~

25 (b) WHEN MAKING A DETERMINATION AS TO WHAT DATA TO
26 REPORT AS REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION, EACH
27 EXECUTIVE DIRECTOR SHALL CONSIDER:

1 (I) INCLUSION OF DATA ON ALL PATIENTS REGARDLESS OF THE
2 PAYER SOURCE FOR COLORADO HOSPITALS AND OTHER INFORMATION
3 THAT MAY BE REQUIRED FOR EITHER INDIVIDUAL OR GROUP PURCHASERS
4 TO ASSESS THE VALUE OF THE PRODUCT;

5 (II) USE OF STANDARDIZED CLINICAL OUTCOMES MEASURES
6 RECOGNIZED BY NATIONAL ORGANIZATIONS THAT ESTABLISH STANDARDS
7 TO MEASURE THE PERFORMANCE OF HEALTH-CARE PROVIDERS;

8 (III) DATA THAT IS SEVERITY AND ACUITY ADJUSTED USING
9 STATISTICAL METHODS THAT SHOW VARIATION IN REPORTED OUTCOMES,
10 WHERE APPLICABLE, AND DATA THAT HAS PASSED STANDARD EDITS;

11 (IV) REPORTING THE RESULTS WITH SEPARATE DOCUMENTS
12 CONTAINING THE TECHNICAL SPECIFICATION AND MEASURES:

13 (V) STANDARDIZATION IN REPORTING; AND

14 (VI) DISCLOSURE OF THE METHODOLOGY OF REPORTING.

17 25-3-703. E

18 STATE BOARD OF HEALTH SHALL PROMULGATE RULES THAT ESTABLISH
19 NURSING-SENSITIVE QUALITY MEASURES BASED UPON A NATIONALLY
20 RECOGNIZED STANDARD AND REVISE THE RULES AS NECESSARY EVERY
21 THREE YEARS TO BE INCLUDED IN THE HOSPITAL REPORT CARD. THE
22 NURSING-SENSITIVE QUALITY MEASURES MUST INCLUDE AT A MINIMUM:

23 (a) SKILL MIX;

24 (b) THE NURSING HOURS PER PATIENT PER DAY;

25 (c) VOLUNTARY TURNOVER;

26 (d) PATIENT FALLS PREVALENCE RATE;

27 (e) PATIENT FALLS WITH INJURY; AND

1 (f) RECORDED INCIDENCES OF VIOLENCE AGAINST STAFF AND
2 CONTRACTED STAFF.

3 (4) HOSPITALS WITH FEWER THAN ONE HUNDRED BEDS ARE
4 EXEMPT FROM THE REQUIREMENTS OF THIS SECTION.

5 **SECTION 8.** In Colorado Revised Statutes, 25-3-705, amend (1)
6 as follows:

7 **25-3-705. Health-care charge transparency - hospital charge**
8 **report.** (1) The commissioner of insurance shall work with the duly
9 constituted association of hospitals selected by the executive director
10 pursuant to section 25-3-702 for assistance in carrying out the purposes
11 of this section.

24 **SECTION 10. Safety clause.** The general assembly hereby
25 finds, determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety.