

SENATE COMMITTEE OF REFERENCE REPORT

| | |
|-----------------------|-------------------|
| | February 23, 2012 |
| Chairman of Committee | Date |

Committee on Health and Human Services.

After consideration on the merits, the Committee recommends the following:

SB12-134 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute:

3 "SECTION 1. In Colorado Revised Statutes, **add** 25-3-112 as
4 follows:

5 **25-3-112. Hospitals - charges for the uninsured - collections**
6 **protection - charity care information.** (1) EACH HOSPITAL SHALL MAKE
7 INFORMATION AVAILABLE TO EACH PATIENT ABOUT THE HOSPITAL'S
8 FINANCIAL ASSISTANCE, CHARITY CARE, AND PAYMENT PLAN POLICIES.
9 EACH HOSPITAL SHALL COMMUNICATE THIS INFORMATION IN A CLEAR AND
10 UNDERSTANDABLE MANNER AND IN LANGUAGES APPROPRIATE TO THE
11 COMMUNITIES AND PATIENTS THE HOSPITAL SERVES. THE HOSPITAL SHALL:

12 (a) POST THE INFORMATION CONSPICUOUSLY ON ITS WEB SITE;
13 (b) MAKE THE INFORMATION AVAILABLE IN PATIENT WAITING
14 AREAS;
15 (c) MAKE THE INFORMATION AVAILABLE TO EACH PATIENT, WHEN
16 POSSIBLE, BEFORE THE PATIENT'S DISCHARGE FROM THE HOSPITAL; AND
17 (d) INCLUDE THE INFORMATION IN EACH PATIENT'S BILLING
18 STATEMENT.

19 (2) (a) WHEN POSSIBLE, EACH HOSPITAL SHALL OFFER TO SCREEN
20 EACH UNINSURED PATIENT FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE AS
21 DESCRIBED BY THIS SUBSECTION (2). EACH HOSPITAL SHALL OFFER
22 FINANCIAL ASSISTANCE FOR QUALIFIED PATIENTS ON A
23 COMMUNITY-SPECIFIC BASIS. IN DETERMINING ELIGIBILITY FOR FINANCIAL

1 ASSISTANCE, EACH HOSPITAL SHALL TAKE INTO CONSIDERATION FEDERAL,
2 STATE, AND LOCAL GOVERNMENT REQUIREMENTS.

3 (b) FOR PURPOSES OF THIS SECTION, A QUALIFIED PATIENT IS AN
4 INDIVIDUAL:

5 (I) WHO IS UNINSURED;

6 (II) WHOSE ANNUAL FAMILY INCOME IS NOT MORE THAN TWO
7 HUNDRED FIFTY PERCENT OF THE FEDERAL POVERTY GUIDELINES; AND

8 (III) WHO DOES NOT QUALIFY FOR THE "COLORADO INDIGENT
9 CARE PROGRAM" ESTABLISHED IN PART 1 OF ARTICLE 3 OF TITLE 25.5,
10 C.R.S.

11 (3) HOSPITALS SHALL LIMIT THE AMOUNTS CHARGED FOR
12 EMERGENCY OR OTHER MEDICALLY NECESSARY CARE PROVIDED TO
13 INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL
14 ASSISTANCE POLICY DESCRIBED IN SUBSECTION (2) OF THIS SECTION TO
15 NOT MORE THAN THE LOWEST NEGOTIATED RATE FROM A PRIVATE PAYER.

16 (4) BEFORE INITIATING COLLECTION PROCEEDINGS, A HOSPITAL
17 SHALL:

18 (a) OFFER A QUALIFIED PATIENT A REASONABLE PAYMENT PLAN;
19 AND

20 (b) ALLOW FOR AT LEAST THIRTY DAYS PAST THE DUE DATE OF
21 ANY SCHEDULED PAYMENT THAT IS NOT PAID IN FULL. A HOSPITAL MUST
22 ALLOW THE THIRTY-DAY PERIOD ONLY FOR THE FIRST LATE PAYMENT.

23 (5) NOTHING IN THIS SECTION LIMITS OR AFFECTS A HOSPITAL'S
24 RIGHT TO PURSUE THE COLLECTION OF PERSONAL INJURY, BODILY INJURY,
25 LIABILITY, UNINSURED, UNDERINSURED, MEDICAL PAYMENT
26 REHABILITATION, DISABILITY, HOMEOWNER'S, BUSINESS OWNER'S,
27 WORKERS' COMPENSATION, OR FAULT-BASED INSURANCE.

28 (6) FOR THE PURPOSES OF THIS SECTION, "HOSPITAL" MEANS A
29 HOSPITAL LICENSED OR CERTIFIED PURSUANT TO SECTION 25-3-101 (1).

30 **SECTION 2. Act subject to petition - effective date.** This act
31 takes effect at 12:01 a.m. on the day following the expiration of the
32 ninety-day period after final adjournment of the general assembly (August
33 8, 2012, if adjournment sine die is on May 9, 2012); except that, if a
34 referendum petition is filed pursuant to section 1 (3) of article V of the
35 state constitution against this act or an item, section, or part of this act
36 within such period, then the act, item, section, or part will not take effect
37 unless approved by the people at the general election to be held in
38 November 2012 and, in such case, will take effect on the date of the
39 official declaration of the vote thereon by the governor."

** *** ** *** **