

Second Regular Session
Sixty-eighth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 12-0520.01 Christy Chase x2008

HOUSE BILL 12-1294

HOUSE SPONSORSHIP

Liston, Todd, Acree, Gardner B., Kerr J., Massey, Miklosi, Murray, Priola, Ramirez, Soper,
Swalm, Swerdfeger, Szabo

SENATE SPONSORSHIP

Tochtrop, Boyd, Mitchell, Neville, White

House Committees

Economic and Business Development
Health and Environment

Senate Committees

Business, Labor and Technology
Appropriations

A BILL FOR AN ACT

101 **CONCERNING MODIFICATIONS TO THE SYSTEM OF REGULATION OF**
102 **HEALTH FACILITIES CURRENTLY REGULATED BY THE**
103 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AND, IN**
104 **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://www.leg.state.co.us/billsummaries>.)

Under current law, the department of public health and environment (CDPHE) licenses and establishes, and enforces standards

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

HOUSE
3rd Reading Unamended
April 18, 2012

HOUSE
Amended 2nd Reading
April 17, 2012

for the operation of, health facilities in the state, including rehabilitation centers, community mental health centers, acute treatment units, facilities for persons with developmental disabilities, nursing care facilities, hospice care, assisted living residences, and home care agencies. CDPHE conducts periodic, announced and unannounced inspections of licensed facilities to ensure compliance with the standards it develops. The state board of health (board) is required to establish by rule a schedule of fees to be assessed against health facilities that is sufficient to meet CDPHE's direct and indirect costs in regulating health facilities.

Additionally, under current law, both CDPHE and the department of human services (DHS) jointly regulate community residential homes for persons with developmental disabilities.

Section 1 of the bill declares that the legislative intent of the bill is to eliminate duplication and unnecessary government oversight in the regulation of health facilities in Colorado.

Sections 2, 3, 4, and 12 eliminate CDPHE's authority to license and develop standards for the operation of community residential homes, shifting oversight of these homes solely to DHS. Additionally, if home care agency personal care services, which are otherwise regulated by CDPHE, are provided by a service agency that delivers services and supports to persons with developmental disabilities, DHS is tasked with inspecting those services in conjunction and simultaneously with its inspection of the community residential home. DHS is directed to institute an abbreviated, periodic inspection system for community residential homes and a performance incentive system to reduce license renewal fees for community residential homes for which no significant deficiencies that negatively affect the life, health, and safety of their consumers have been found by DHS.

Sections 2, 3, and 4 also:

- ! Require CDPHE to develop an abbreviated, periodic inspection system, which it must use for health facilities that have been licensed for at least 3 years and have not been subject to any enforcement activity or substantiated complaints resulting in the discovery of significant deficiencies that negatively affect the life, health, or safety of consumers of the facilities within the prior 3 years;
- ! Restrict the ability of CDPHE, when considering a license application or a request to approve new construction or remodel of a health facility, to impose standards for construction that are more stringent than, or do not comply with, applicable national, state, and local building and fire codes;
- ! With regard to the dual responsibilities of CDPHE and DHS over community mental health centers and acute treatment units, require the departments to consider

changes in health care policy and practice that incorporate integrated health care services;

- ! Limit CDPHE's licensure authority over community clinics to those community clinics that: Provide health care services on an ambulatory basis; are not licensed as an on-campus department or service of a hospital or listed as an off-campus location under a hospital's license; and either operate inpatient beds or provide emergency services at the facility. CDPHE retains authority to license prison clinics regulated by the department of corrections.
- ! Require CDPHE to determine an applicant's fitness to conduct and maintain a health facility based solely on specific fitness information or documentation submitted by the applicant or obtained by CDPHE through its own review or investigation of the applicant; and
- ! Eliminate the ability of CDPHE to conduct a fitness review of a new owner of a facility unless the transfer of ownership results in a transfer of at least 50% of direct or indirect ownership interest in the facility or business to one or more new owners.

Under **sections 5 and 12**, a licensed health facility, program of all-inclusive care for the elderly (PACE) provider, or community residential home that applies to renew its license may submit evidence of its accreditation by a nationally recognized accrediting body or regulation pursuant to a 3-way agreement between the PACE provider, the centers for medicare and medicaid services (CMS), and the department of health care policy and financing (HCPF), as applicable, in which case CDPHE or, for purposes of community residential homes, DHS is to deem that accreditation, regulation, or certification as satisfaction of the state licensing requirements. CDPHE or DHS, as applicable, is permitted to request additional information from a facility if the state's standards for licensure of that type of facility are more stringent than the applicable standards for accreditation, regulation, or certification.

Sections 6 and 7 prohibit the board from increasing provisional or full license fees above the levels set in rules as of the effective date of the sections. The board retains the ability to lower the fee amounts. Section 7 further requires CDPHE to develop a performance incentive system to provide a reduction in license renewal fees for health facilities that have no significant deficiencies that negatively affect the life, health, or safety of consumers of the facility.

Section 8 establishes the health care industry facility advisory council (advisory council) in CDPHE to advise the department and the board on matters related to state licensure of health care facilities. The purpose of the advisory council is to:

- ! Advise CDPHE and the board on proposed standards for

- the operation of licensed health care facilities;
- ! Review and make recommendations to CDPHE and the board on proposed new or amended rules regarding health care facility licensure;
- ! Review and make recommendations to CDPHE and the board regarding modifications to licensing fees;
- ! Review and make recommendations concerning CDPHE guidelines, policies, and procedures for licensure; and
- ! Seek advice and counsel from outside experts when it deems necessary.

CDPHE and the board are required to accept and take the advisory council's recommendations into consideration before taking action on any of the matters on which the advisory council submits recommendations. Under **section 9**, the advisory council is subject to sunset review by the department of regulatory agencies and repeal on September 1, 2022, unless continued by the general assembly.

Section 10 clarifies that home care placement agencies are not licensed or certified by CDPHE and prohibits home care placement agencies from making such a claim. Noncompliance with this prohibition subjects a home care placement agency to a civil penalty imposed by CDPHE.

For purposes of board rules pertaining to the regulation of home care agencies, **section 11** requires the board to establish different requirements that are appropriate based on the type of facility or provider delivering the services to the home care consumer and prohibits the board from requiring PACE providers to submit information that is redundant or inconsistent with the federal requirements the PACE provider is subject to pursuant to its 3-way agreement with CMS and HCPF.

Section 13 prohibits an appropriation of state funds to implement the bill.

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

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

4 (a) In his state of the state address to the general assembly in
5 2011, the governor spoke of his goal that government should be effective,
6 efficient, and elegant;

7 (b) The purpose of this measure is to facilitate that goal by
8 eliminating duplication and unnecessary government oversight and

1 regulation of health facilities in the state;

2 (c) While state regulation and oversight of health facilities that
3 house or care for patients is needed to protect patients from abuse or
4 avoidable accidents, overly burdensome regulations and unrestrained
5 licensure and fees diminish the viability of businesses and the
6 productivity of caregivers;

7 (d) When regulation is onerous and superfluous, providers waste
8 resources and a client's quality of care is diminished. Eliminating and
9 reducing regulation provides vitality to businesses and an opportunity to
10 deliver an even higher quality of care.

11 (e) The regulatory system that governs health facilities needs to
12 reward providers that have commendable records of patient service and
13 protection and offer relief from the burdens and costs associated with
14 wasteful state regulation;

15 (f) Overly burdensome and inefficient regulation can result in
16 fewer private sector jobs and can lower the quality of care as vital
17 resources are diverted to red tape and paperwork. Savings to the state and
18 to health facilities are likely if inefficient and ineffective regulation is
19 reduced.

20 (g) If initiatives to reduce such regulation are adopted:

21 (I) Health facilities will be able to better apply their resources,
22 produce needed jobs, provide better health care, and stimulate the
23 economy in these difficult times; and

24 (II) The state will save costs and be able to divert those savings to
25 other critical areas.

26 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-103, **amend**
27 (1) (a) (I), (1) (c), and (2) (a.5) introductory portion; and **add** (1) (a) (III)

1 and (2) (b.5) as follows:

2 **25-1.5-103. Health facilities - powers and duties of department**

3 **- limitations on rules promulgated by department.** (1) The department

4 has, in addition to all other powers and duties imposed upon it by law, the
5 powers and duties provided in this section as follows:

6 (a) (I) (A) To annually license and to establish and enforce
7 standards for the operation of general hospitals, hospital units as defined
8 in section 25-3-101 (2), psychiatric hospitals, community clinics,
9 rehabilitation ~~centers~~ HOSPITALS, convalescent centers, community mental
10 health centers, acute treatment units, facilities for persons with
11 developmental disabilities, ~~habilitation centers for brain-damaged~~
12 ~~children, chiropractic centers and hospitals, maternity hospitals, nursing~~
13 ~~care facilities, the pilot project rehabilitative nursing facility, hospice~~
14 ~~care, assisted living~~ residences, dialysis treatment clinics, ambulatory
15 surgical centers, birthing centers, home care agencies, and other facilities
16 of a like nature, except those wholly owned and operated by any
17 governmental unit or agency.

18 (B) In establishing and enforcing such standards and in addition
19 to the required announced inspections, the department shall, within
20 available appropriations, make additional inspections without prior notice
21 to the HEALTH facility, SUBJECT TO SUB-SUBPARAGRAPH (C) OF THIS
22 SUBPARAGRAPH (I). Such inspections shall be made only during the hours
23 of 7 a.m. to 7 p.m.

24 (C) THE DEPARTMENT SHALL ~~EXTEND THE SURVEY CYCLE OR~~
25 ~~CONDUCT A TIERED~~ INSPECTION OR SURVEY OF A HEALTH FACILITY
26 LICENSED FOR AT LEAST THREE YEARS AND AGAINST WHICH NO
27 ENFORCEMENT ACTIVITY HAS BEEN ~~TAKEN, NO PATTERNS OF DEFICIENT~~

1 PRACTICES EXIST, AS DOCUMENTED IN THE INSPECTION AND SURVEY
2 REPORTS ISSUED BY THE DEPARTMENT, AND NO SUBSTANTIATED
3 COMPLAINT RESULTING IN THE DISCOVERY OF SIGNIFICANT DEFICIENCIES
4 THAT MAY NEGATIVELY AFFECT THE LIFE, HEALTH, OR SAFETY OF
5 CONSUMERS OF THE HEALTH FACILITY HAS BEEN RECEIVED WITHIN THE
6 THREE YEARS PRIOR TO THE DATE OF THE INSPECTION. THE DEPARTMENT
7 MAY EXPAND THE SCOPE OF THE INSPECTION OR SURVEY TO AN EXTENDED
8 OR FULL SURVEY IF THE DEPARTMENT FINDS DEFICIENT PRACTICE DURING
9 THE TIERED INSPECTION OR SURVEY. THE DEPARTMENT, BY RULE, SHALL
10 ESTABLISH A SCHEDULE FOR AN EXTENDED SURVEY CYCLE OR A TIERED
11 INSPECTION OR SURVEY SYSTEM DESIGNED, AT A MINIMUM, TO: REDUCE
12 THE TIME NEEDED FOR AND COSTS OF LICENSURE INSPECTIONS FOR BOTH
13 THE DEPARTMENT AND THE LICENSED HEALTH FACILITY; REDUCE THE
14 NUMBER, FREQUENCY, AND DURATION OF ON-SITE INSPECTIONS; REDUCE
15 THE SCOPE OF DATA AND INFORMATION THAT HEALTH FACILITIES ARE
16 REQUIRED TO SUBMIT OR PROVIDE TO THE DEPARTMENT IN CONNECTION
17 WITH THE LICENSURE INSPECTION; REDUCE THE AMOUNT AND SCOPE OF
18 DUPLICATIVE DATA, REPORTS, AND INFORMATION REQUIRED TO COMPLETE
19 THE LICENSURE INSPECTION; AND BE BASED ON A SAMPLE OF THE FACILITY
20 SIZE. NOTHING IN THIS SUB-SUBPARAGRAPH (C) LIMITS THE ABILITY OF
21 THE DEPARTMENT TO CONDUCT A PERIODIC INSPECTION OR SURVEY THAT
22 IS REQUIRED TO MEET ITS OBLIGATIONS AS A STATE SURVEY AGENCY ON
23 BEHALF OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES OR THE
24 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO ASSURE THAT
25 THE HEALTH FACILITY MEETS THE REQUIREMENTS FOR PARTICIPATION IN
26 THE MEDICARE AND MEDICAID PROGRAMS.

27 (D) IN CONNECTION WITH THE RENEWAL OF LICENSES ISSUED

1 PURSUANT TO THIS SUBPARAGRAPH (I), THE DEPARTMENT SHALL
2 INSTITUTE A PERFORMANCE INCENTIVE SYSTEM PURSUANT TO SECTION
3 25-3-105 (1) (a) (I) (C).

4 (E) THE DEPARTMENT SHALL NOT CITE AS A DEFICIENCY IN A
5 REPORT ■ ■ RESULTING FROM A SURVEY OR INSPECTION OF A LICENSED
6 HEALTH FACILITY ANY DEFICIENCY FROM AN ISOLATED EVENT IDENTIFIED
7 BY THE DEPARTMENT THAT CAN BE EFFECTIVELY ■ REMEDIED DURING
8 THE SURVEY OR INSPECTION OF THE HEALTH FACILITY, UNLESS THE
9 DEFICIENCY CAUSED HARM OR A POTENTIAL FOR HARM, CREATED A LIFE-
10 OR LIMB-THREATENING EMERGENCY, OR WAS DUE TO ABUSE OR NEGLIGENCE.

11 (F) SECTIONS 24-4-104, C.R.S., AND 25-3-102 GOVERN the
12 issuance, suspension, renewal, revocation, annulment, or modification of
13 licenses. ~~shall be governed by the provisions of section 24-4-104, C.R.S.,~~
14 ~~and section 25-3-102, and~~ All licenses ~~shall bear~~ ISSUED BY THE
15 DEPARTMENT MUST CONTAIN the date of issue and cover a twelve-month
16 period. Nothing contained in this paragraph (a) ~~shall be construed to~~
17 ~~prevent~~ PREVENTS the department from adopting and enforcing, with
18 respect to projects for which federal assistance has been obtained or ~~shall~~
19 ~~be~~ IS requested, ~~such~~ higher standards as may be required by applicable
20 federal laws or regulations of federal agencies responsible for the
21 administration of ~~such~~ APPLICABLE federal laws.

22 (III) WHEN REVIEWING A LICENSE APPLICATION OR A REQUEST FOR
23 APPROVAL OF A NEWLY CONSTRUCTED OR REMODELED HEALTH FACILITY
24 LISTED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (a), THE DEPARTMENT
25 SHALL NOT IMPOSE STANDARDS FOR CONSTRUCTION THAT ARE MORE
26 STRINGENT THAN, OR DO NOT COMPLY WITH, NATIONAL, STATE, AND
27 LOCAL BUILDING AND FIRE CODES APPLICABLE TO THE LOCATION AND

1 HEALTH FACILITY.

2 (c) (I) To establish and enforce standards for licensure of
3 community mental health centers and acute treatment units.

4 (II) The department of public health and environment ~~shall have~~
5 ~~the~~ HAS primary responsibility for the licensure of ~~such facilities~~
6 COMMUNITY MENTAL HEALTH CENTERS AND ACUTE TREATMENTS UNITS.
7 The department of human services ~~shall have~~ HAS primary responsibility
8 for program approval AT THESE FACILITIES. IN PERFORMING THEIR
9 RESPECTIVE RESPONSIBILITIES PURSUANT TO THIS SUBPARAGRAPH (II),
10 BOTH DEPARTMENTS SHALL TAKE INTO ACCOUNT CHANGES IN HEALTH
11 CARE POLICY AND PRACTICE INCORPORATING THE CONCEPT AND PRACTICE
12 OF INTEGRATION OF SERVICES AND THE DEVELOPMENT OF A SYSTEM THAT
13 COMMINGLES AND INTEGRATES HEALTH CARE SERVICES.

14 (2) For purposes of this section, unless the context otherwise
15 requires:

16 (a.5) "Community clinic" HAS THE SAME MEANING AS SET FORTH
17 IN SECTION 25-3-101 AND does not include:

18 (b.5) "ENFORCEMENT ACTIVITY" MEANS THE IMPOSITION OF
19 REMEDIES SUCH AS CIVIL MONEY PENALTIES; APPOINTMENT OF A RECEIVER
20 OR TEMPORARY MANAGER; CONDITIONAL LICENSURE; SUSPENSION OR
21 REVOCATION OF A LICENSE; A DIRECTED PLAN OF CORRECTION;
22 INTERMEDIATE RESTRICTIONS OR CONDITIONS, INCLUDING RETAINING A
23 CONSULTANT, DEPARTMENT MONITORING, OR PROVIDING ADDITIONAL
24 TRAINING TO EMPLOYEES, OWNERS, OR OPERATORS; OR ANY OTHER
25 REMEDY PROVIDED BY STATE OR FEDERAL LAW OR AS AUTHORIZED BY
26 FEDERAL SURVEY, CERTIFICATION, AND ENFORCEMENT REGULATIONS AND
27 AGREEMENTS FOR VIOLATIONS OF FEDERAL OR STATE LAW.

1 **SECTION 3.** In Colorado Revised Statutes, 25-3-101, **amend** (1)
2 and (2) (a); and **add** (4) as follows:

3 **25-3-101. Hospitals - health facilities - licensed - definitions.**

4 (1) It is unlawful for any person, partnership, association, or corporation
5 to open, conduct, or maintain any general hospital, hospital unit,
6 psychiatric hospital, community clinic, rehabilitation ~~center~~ HOSPITAL,
7 convalescent center, community mental health center, acute treatment
8 unit, facility for persons with developmental disabilities, ~~habilitation~~
9 ~~center for children with brain damage, chiropractic center and hospital,~~
10 ~~maternity hospital,~~ AS DEFINED IN SECTION 25-1.5-103 (2) (c), nursing care
11 facility, ~~pilot project rehabilitative nursing facility,~~ hospice care, assisted
12 living residence, except an assisted living residence shall be assessed a
13 license fee as set forth in section 25-27-107, dialysis treatment clinic,
14 ambulatory surgical center, birthing center, home care agency, or other
15 facility of a like nature, except those wholly owned and operated by any
16 governmental unit or agency, without first having obtained a license
17 ~~therefor~~ from the department of public health and environment.

18 (2) As used in this section, unless the context otherwise requires:

19 (a) (I) "COMMUNITY CLINIC" MEANS A HEALTH CARE FACILITY
20 THAT PROVIDES HEALTH CARE SERVICES ON AN AMBULATORY BASIS, IS
21 NEITHER LICENSED AS AN ON-CAMPUS DEPARTMENT OR SERVICE OF A
22 HOSPITAL NOR LISTED AS AN OFF-CAMPUS LOCATION UNDER A HOSPITAL'S
23 LICENSE, AND MEETS AT LEAST ONE OF THE FOLLOWING CRITERIA:

24 (A) OPERATES INPATIENT BEDS AT THE FACILITY FOR THE
25 PROVISION OF EXTENDED OBSERVATION AND OTHER RELATED SERVICES
26 FOR NOT MORE THAN SEVENTY-TWO HOURS;

27 (B) PROVIDES EMERGENCY SERVICES AT THE FACILITY; OR

1 (C) IS NOT OTHERWISE SUBJECT TO HEALTH FACILITY LICENSURE
2 UNDER THIS SECTION OR SECTION 25-1.5-103 BUT OPTS TO OBTAIN
3 LICENSURE AS A COMMUNITY CLINIC IN ORDER TO RECEIVE PRIVATE
4 DONATIONS, GRANTS, GOVERNMENT FUNDS, OR OTHER PUBLIC OR PRIVATE
5 REIMBURSEMENT FOR SERVICES RENDERED.

6 (II) "COMMUNITY CLINIC" INCLUDES A PRISON CLINIC OPERATED
7 BY THE DEPARTMENT OF CORRECTIONS.

8 (III) "Community clinic" does not include:

9 (⊕) (A) A federally qualified health center, as defined in section
10 1861 (aa) (4) of the federal "Social Security Act", 42 U.S.C. sec. 1395x
11 (aa) (4);

12 (⊕) (B) A rural health clinic, as defined in section 1861 (aa) (2)
13 of the federal "Social Security Act", 42 U.S.C. sec. 1395x (aa) (2);

14 (C) A FACILITY THAT FUNCTIONS ONLY AS AN OFFICE FOR THE
15 PRACTICE OF MEDICINE OR THE DELIVERY OF PRIMARY CARE SERVICES BY
16 OTHER LICENSED OR CERTIFIED PRACTITIONERS.

17 (4) A HEALTH CARE FACILITY IS NOT REQUIRED TO BE LICENSED AS
18 A COMMUNITY CLINIC SOLELY DUE TO THE FACILITY'S OWNERSHIP STATUS,
19 CORPORATE STRUCTURE, OR ENGAGEMENT OF OUTSIDE VENDORS TO
20 PERFORM NONCLINICAL MANAGEMENT SERVICES. THIS SECTION PERMITS
21 REGULATION OF A PHYSICIAN'S OFFICE ONLY TO THE EXTENT THE OFFICE
22 IS A COMMUNITY CLINIC AS DEFINED IN THIS SECTION.

23 **SECTION 4.** In Colorado Revised Statutes, 25-3-102, **amend** (1)
24 as follows:

25 **25-3-102. License - application - issuance.** (1) (a) An
26 ~~application~~ APPLICANT for a license described in section 25-3-101 shall
27 ~~be made~~ APPLY to the department of public health and environment

1 annually upon such form and in such manner as prescribed by the
2 department; except that a community residential home shall make
3 application for a license pursuant to section 27-10.5-109, C.R.S.

4 (b) The department has authority to administer oaths, subpoena
5 witnesses or documents, and take testimony in all matters relating to
6 issuing, denying, limiting, suspending, or revoking ~~such~~ A license.

7 (c) The department shall issue licenses to applicants furnishing
8 satisfactory evidence of fitness to conduct and maintain a HEALTH facility
9 described in section 25-3-101 in accordance with ~~the provisions of this~~
10 part 1 and the rules ~~and regulations~~ adopted by ~~such~~ THE department. THE
11 DEPARTMENT SHALL NOT REQUIRE, AS SATISFACTORY EVIDENCE OF
12 FITNESS, EVIDENCE AS TO WHETHER AN APPLICANT HAS PROVIDED SELF
13 DECLARATIONS, AFFIDAVITS, OR OTHER ATTESTATIONS AS TO ITS GENERAL
14 COMPLIANCE WITH STATUTORY OR REGULATORY LICENSING
15 REQUIREMENTS. THE DEPARTMENT SHALL DETERMINE AN APPLICANT'S
16 FITNESS SOLELY BASED ON THE SPECIFIC FITNESS INFORMATION OR
17 DOCUMENTATION SUBMITTED BY THE APPLICANT UPON THE DEPARTMENT'S
18 REQUEST OR AS OTHERWISE ACQUIRED BY THE DEPARTMENT THROUGH ITS
19 OWN REVIEW OR INVESTIGATION OF THE APPLICANT. ~~THE DEPARTMENT~~
20 ~~MAY REQUIRE THE APPLICANT TO ATTEST TO THE ACCURACY OF THE~~
21 ~~INFORMATION PROVIDED AS LONG AS THE ATTESTATION DOES NOT~~
22 ~~REQUIRE THE APPLICANT'S AFFIRMATION OF ITS GENERAL COMPLIANCE~~
23 ~~WITH STATUTORY OR REGULATORY LICENSING REQUIREMENTS.~~

24 (d) The license shall be signed by the president and attested by the
25 secretary of the state board of health and have the STATE BOARD'S seal
26 ~~thereof~~ affixed ~~thereto~~. ~~Such~~ TO THE LICENSE. THE license expires one
27 year from the date of issuance.

1 (e) (I) FOR A CHANGE OF OWNERSHIP, THE DEPARTMENT SHALL
2 CONDUCT A FITNESS REVIEW OF A NEW OWNER BASED UPON INFORMATION
3 COMPILED WITHIN THE FIVE YEARS PRECEDING THE DATE OF THE
4 APPLICATION; EXCEPT THAT THE NEW OWNER SHALL DISCLOSE WHETHER,
5 WITHIN THE TEN YEARS PRECEDING THE DATE OF AN APPLICATION, THE
6 NEW OWNER:

7 (A) HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR
8 INVOLVING MORAL TURPITUDE; ==

9 (B) HAD A STATE LICENSE OR FEDERAL CERTIFICATION DENIED,
10 REVOKED, OR SUSPENDED BY ANOTHER JURISDICTION;

11 (C) HAD A CIVIL JUDGMENT OR CRIMINAL CONVICTION AGAINST
12 THE NEW OWNER IN A CASE BROUGHT BY THE FEDERAL, STATE, OR LOCAL
13 AUTHORITIES THAT RESULTED FROM THE OPERATION, MANAGEMENT, OR
14 OWNERSHIP OF A HEALTH FACILITY OR OTHER ENTITY RELATED TO
15 SUBSTANDARD PATIENT CARE OR HEALTH CARE FRAUD.

16 (II) THE NEW OWNER SHALL PROVIDE THE INFORMATION SPECIFIED
17 IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (e) TO THE DEPARTMENT
18 REGARDLESS OF WHETHER ACTION HAS BEEN STAYED DURING A JUDICIAL
19 APPEAL OR OTHERWISE SETTLED BETWEEN THE PARTIES.

20 (III) THE DEPARTMENT MAY REVIEW AN EXISTING OWNER OF A
21 LICENSED HEALTH FACILITY OR ENTITY ONLY WHEN THE DEPARTMENT HAS
22 NEW INFORMATION NOT PREVIOUSLY AVAILABLE OR DISCLOSED THAT
23 BEARS ON THE FITNESS OF THE EXISTING OWNER TO OPERATE OR MAINTAIN
24 A LICENSED HEALTH FACILITY OR ENTITY.

25 (IV) A CONVERSION OF THE HEALTH FACILITY'S OR ENTITY'S LEGAL
26 STRUCTURE, OR THE LEGAL STRUCTURE OF AN ENTITY THAT HAS A DIRECT
27 OR INDIRECT OWNERSHIP INTEREST IN THE HEALTH FACILITY OR ENTITY,

1 IS NOT A CHANGE OF OWNERSHIP UNLESS THE CONVERSION ALSO INCLUDES
2 A TRANSFER OF AT LEAST FIFTY PERCENT OF THE LICENSED FACILITY'S
3 DIRECT OR INDIRECT OWNERSHIP INTEREST TO ONE OR MORE NEW OWNERS.

4 **SECTION 5.** In Colorado Revised Statutes, **amend 25-3-102.1**
5 as follows:

6 **25-3-102.1. Deemed status for certain facilities.** (1) (a) In the
7 licensing of an ambulatory surgical center following the issuance of initial
8 licensure by the department OF PUBLIC HEALTH AND ENVIRONMENT, the
9 voluntary submission of satisfactory evidence that the applicant is
10 accredited by the joint commission, the American association for
11 accreditation of ambulatory surgery facilities, inc., the accreditation
12 association for ambulatory health care, the American osteopathic
13 association, or any successor entities shall be deemed to meet certain
14 requirements for license renewal so long as the standards for accreditation
15 applied by the accrediting organization are at least as stringent as the
16 licensure requirements otherwise specified by the department.

17 (b) (I) IN THE APPLICATION FOR THE RENEWAL OF A LICENSE
18 FOR A HEALTH FACILITY DESCRIBED IN SECTION 25-3-101, OTHER THAN AN
19 AMBULATORY SURGICAL CENTER, THE DEPARTMENT OF PUBLIC HEALTH
20 AND ENVIRONMENT SHALL DEEM HEALTH FACILITIES THAT ARE
21 CURRENTLY ACCREDITED BY AN ACCREDITING ORGANIZATION
22 RECOGNIZED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
23 SERVICES AS SATISFYING THE REQUIREMENTS FOR RENEWAL OF THE
24 LICENSE.

25 (II) IF THE STANDARDS FOR NATIONAL ACCREDITATION ARE LESS
26 STRINGENT THAN THE STATE'S LICENSURE STANDARDS FOR A PARTICULAR
27 HEALTH FACILITY, THE DEPARTMENT OF PUBLIC HEALTH AND

1 ENVIRONMENT MAY CONDUCT A SURVEY THAT FOCUSES ON THE MORE
2 STRINGENT STATE STANDARDS. BEGINNING ONE YEAR AFTER THE
3 DEPARTMENT FIRST GRANTS DEEMED STATUS TO A HEALTH FACILITY
4 PURSUANT TO THIS PARAGRAPH (b), THE DEPARTMENT MAY CONDUCT
5 VALIDATION SURVEYS, BASED ON A VALID SAMPLE METHODOLOGY, OF UP
6 TO TEN PERCENT OF THE TOTAL NUMBER OF ACCREDITED HEALTH
7 FACILITIES IN THE INDUSTRY, EXCLUDING HOSPITALS. IF THE DEPARTMENT
8 CONDUCTS A VALIDATION SURVEY OF A HEALTH FACILITY, THE
9 VALIDATION SURVEY IS IN LIEU OF A LICENSING RENEWAL SURVEY THAT
10 THE HEALTH FACILITY WOULD HAVE UNDERGONE IF THE HEALTH FACILITY
11 DID NOT HAVE DEEMED STATUS PURSUANT TO THIS PARAGRAPH (b).

12 (III) IF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
13 TAKES AN ENFORCEMENT ACTIVITY, AS DEFINED IN SECTION 25-1.5-103 (2)
14 (b.5), AGAINST A HEALTH FACILITY TO WHICH IT HAS GRANTED DEEMED
15 STATUS PURSUANT TO THIS PARAGRAPH (b), THE DEPARTMENT MAY
16 REVOKE THE HEALTH FACILITY'S DEEMED STATUS.

17 (c) Upon submission of a completed application for license
18 renewal, the department OF PUBLIC HEALTH AND ENVIRONMENT shall
19 accept proof of the accreditation in lieu of licensing inspections or other
20 requirements. Nothing in this section shall be construed to exempt
21 EXEMPTS an accredited ambulatory surgical center HEALTH FACILITY from
22 inspections or from other forms of oversight by the department as
23 necessary to ensure public health and safety.

24 (2) In determining fees otherwise payable by an ambulatory
25 surgical center A HEALTH FACILITY for license renewal, the department OF
26 PUBLIC HEALTH AND ENVIRONMENT shall give due consideration to
27 efficiencies and savings generated in connection with the deemed status

1 process in subsection (1) of this section and shall specifically provide an
2 appropriate credit or reduced fee to ~~an ambulatory surgical center~~ A
3 HEALTH FACILITY that achieves license renewal through deemed status.

4 **SECTION 6.** In Colorado Revised Statutes, 25-3-103, **amend** (1)
5 (a); and **add** (1) (c) as follows:

6 **25-3-103. License denial or revocation - provisional license -**
7 **rules.** (1) (a) The department of public health and environment may deny
8 an application for a new or renewal license under this part 1 or revoke a
9 license if the applicant or licensee has not satisfied the requirements of
10 this part 1 or part 6 of this article and the rules of the department or the
11 state board of health. If a license is denied or revoked, the department
12 may grant the applicant or licensee a provisional license upon payment of
13 a fee established by the state board of health by rule, SUBJECT TO THE
14 LIMITATIONS IN PARAGRAPH (c) OF THIS SUBSECTION (1). The provisional
15 license ~~shall be~~ IS valid for no longer than ninety days and may be issued
16 to allow the applicant or licensee time to comply with the requirements
17 for a regular license. A second provisional license may be issued if the
18 department determines it is necessary to effect compliance. The second
19 provisional license ~~shall~~ MUST be issued for the same duration as the first
20 provisional license upon payment of the fee established by the state board
21 of health by rule, SUBJECT TO THE LIMITATIONS IN PARAGRAPH (c) OF THIS
22 SUBSECTION (1). No further provisional licenses may be issued for the
23 then current year after the second issuance.

24 (c) ON OR AFTER THE EFFECTIVE DATE OF THIS PARAGRAPH (c),
25 THE STATE BOARD OF HEALTH MAY INCREASE THE AMOUNT OF A
26 PROVISIONAL LICENSE FEE ESTABLISHED PURSUANT TO PARAGRAPH (a) OF
27 THIS SUBSECTION (1) THAT IS IN EFFECT ON THE EFFECTIVE DATE OF THIS

1 PARAGRAPH (c) BY AN AMOUNT NOT TO EXCEED THE ANNUAL
2 PERCENTAGE CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR,
3 BUREAU OF LABOR STATISTICS, CONSUMER PRICE INDEX FOR
4 DENVER-BOULDER-GREELEY FOR ALL URBAN CONSUMERS, ALL GOODS, OR
5 ITS SUCCESSOR INDEX. NOTHING IN THIS PARAGRAPH (c) LIMITS THE
6 ABILITY OF THE STATE BOARD OF HEALTH TO REDUCE THE AMOUNT OF A
7 PROVISIONAL LICENSE FEE IN EFFECT ON SUCH DATE OR TO MODIFY FEES
8 IN ACCORDANCE WITH PARAGRAPH (b) OF THIS SUBSECTION (1) AS
9 NECESSARY TO COMPLY WITH SECTION 24-75-402, C.R.S.

10 **SECTION 7.** In Colorado Revised Statutes, 25-3-105, **amend** (1)
11 (a) (I) and (2) as follows:

12 **25-3-105. License - fee - rules - penalty.** (1) (a) (I) (A) SUBJECT
13 TO THE LIMITATIONS IN SUB-SUBPARAGRAPH (B) OF THIS SUBPARAGRAPH
14 (I), the state board of health shall establish a schedule of fees, which ~~shall~~
15 MUST be set at a level sufficient to meet the direct and indirect costs of
16 administration and enforcement of this article, as appropriated by the
17 general assembly for each fiscal year, less any moneys appropriated for
18 the same fiscal year by the general assembly from any other source to
19 meet such costs. The fee schedule ~~shall~~ MUST also ensure that the reserve
20 balance in the health facilities general licensure cash fund created in
21 section 25-3-103.1 (1) is consistent with the limits specified in section
22 24-75-402 (3), C.R.S., and ~~shall~~ MUST be modified, as necessary, to
23 comply with said limits. The state board shall establish and modify, as
24 necessary, the fee schedule by rules adopted in accordance with article 4
25 of title 24, C.R.S. Except as specified in subparagraph (II) of this
26 paragraph (a), the department OF PUBLIC HEALTH AND ENVIRONMENT may
27 assess fees in accordance with the fee schedule established by the state

1 board against health facilities licensed by the department. All fees
2 collected pursuant to the fee schedule ~~shall~~ MUST be deposited in the
3 health facilities general licensure cash fund created in section 25-3-103.1
4 (1) and ~~shall be~~ ARE subject to appropriation by the general assembly in
5 accordance with section 25-3-103.1 (2).

6 (B) ON OR AFTER THE EFFECTIVE DATE OF THIS
7 SUB-SUBPARAGRAPH (B), THE STATE BOARD OF HEALTH MAY INCREASE
8 THE AMOUNT OF ANY FEE ON THE SCHEDULE OF FEES ESTABLISHED
9 PURSUANT TO SUB-SUBPARAGRAPH (A) OF THIS SUBPARAGRAPH (I) THAT
10 IS IN EFFECT ON THE EFFECTIVE DATE OF THIS SUB-SUBPARAGRAPH (B), BY
11 AN AMOUNT NOT TO EXCEED THE ANNUAL PERCENTAGE CHANGE IN THE
12 UNITED STATES DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS,
13 CONSUMER PRICE INDEX FOR DENVER-BOULDER-GREELEY FOR ALL URBAN
14 CONSUMERS, ALL GOODS, OR ITS SUCCESSOR INDEX. NOTHING IN THIS
15 SUB-SUBPARAGRAPH (B) LIMITS THE ABILITY OF THE STATE BOARD OF
16 HEALTH TO REDUCE THE AMOUNT OF ANY FEE ON THE SCHEDULE OF FEES
17 IN EFFECT ON SUCH DATE OR TO MODIFY FEES AS NECESSARY TO COMPLY
18 WITH SECTION 24-75-402, C.R.S.

19 (C) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
20 SHALL INSTITUTE, BY RULE, A PERFORMANCE INCENTIVE SYSTEM FOR
21 LICENSED HEALTH FACILITIES UNDER WHICH A LICENSED HEALTH FACILITY
22 WOULD BE ELIGIBLE FOR A ■ REDUCTION IN ITS LICENSE RENEWAL FEE IF:
23 THE DEPARTMENT'S ON-SITE RELICENSURE INSPECTION DEMONSTRATES
24 THAT THE HEALTH FACILITY HAS NO SIGNIFICANT DEFICIENCIES THAT HAVE
25 NEGATIVELY AFFECTED THE LIFE, SAFETY, OR HEALTH OF ITS CONSUMERS;
26 THE LICENSED HEALTH FACILITY HAS FULLY AND TIMELY COOPERATED
27 WITH THE DEPARTMENT DURING THE ON-SITE INSPECTION; THE

1 DEPARTMENT HAS FOUND NO DOCUMENTED ACTUAL OR POTENTIAL HARM
2 TO CONSUMERS; AND, IN THE CASE WHERE ANY SIGNIFICANT DEFICIENCIES
3 ARE FOUND THAT DO NOT NEGATIVELY AFFECT THE LIFE, SAFETY, OR
4 HEALTH OF CONSUMERS, THE LICENSED HEALTH FACILITY HAS SUBMITTED,
5 AND THE DEPARTMENT HAS ACCEPTED, A PLAN OF CORRECTION AND THE
6 HEALTH FACILITY HAS CORRECTED THE DEFICIENT PRACTICE, AS VERIFIED
7 BY THE DEPARTMENT, WITHIN THE PERIOD REQUIRED BY THE DEPARTMENT.

8 (2) The department of public health and environment shall
9 maintain a full, true, and accurate ~~cost~~ ACCOUNTING OF THE COSTS of
10 providing services under this article, including indirect costs, AND, AT
11 LEAST ANNUALLY, SHALL PROVIDE A DETAILED COST ACCOUNTING REPORT
12 TO THE HEALTH CARE FACILITY STAKEHOLDER FORUM CREATED IN
13 SECTION 25-3-112. The department of ~~public health and environment~~ shall
14 regularly evaluate and update its cost-accounting methods.

15 **SECTION 8.** In Colorado Revised Statutes, **add** 25-3-112 as
16 follows:

17 **25-3-112. Health care facility stakeholder forum -**
18 **creation - membership - duties.** (1) THERE IS HEREBY CREATED IN THE
19 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT THE HEALTH CARE
20 FACILITY STAKEHOLDER FORUM, REFERRED TO IN THIS SECTION AS THE
21 "STAKEHOLDER FORUM". THE STAKEHOLDER FORUM MUST CONSIST OF
22 REPRESENTATIVES FROM VARIOUS TYPES OF PROVIDER FACILITIES
23 LICENSED BY THE DEPARTMENT, CONSUMERS, CONSUMER ADVOCATES,
24 OMBUDSMEN, AND OTHER INTERESTED PARTIES. THE DEPARTMENT SHALL
25 MEET AT LEAST FOUR TIMES EACH YEAR WITH THE STAKEHOLDER FORUM
26 TO DISCUSS AND TAKE INTO CONSIDERATION THE CONCERNS AND ISSUES
27 OF INTEREST TO THE FORUM MEMBERS AND OTHER ATTENDEES REGARDING

1 THE DEVELOPMENT AND IMPLEMENTATION OF RULES AND OTHER MATTERS
2 THAT AFFECT ALL HEALTH CARE FACILITIES LICENSED BY THE
3 DEPARTMENT.

4 (2) THE MEMBERS OF THE STAKEHOLDER FORUM SERVE ON A
5 VOLUNTARY BASIS WITHOUT COMPENSATION AND ARE RESPONSIBLE FOR
6 NOTICING, STAFFING, RECORDING, AND REPORTING THE NOTES FROM THE
7 STAKEHOLDER FORUM MEETINGS. THE DEPARTMENT SHALL CONSIDER THE
8 ATTENDANCE OF ITS REPRESENTATIVES AT MEETINGS WITH THE
9 STAKEHOLDER FORUM TO BE WITHIN THE NORMAL COURSE OF BUSINESS,
10 WITH NO ADDITIONAL APPROPRIATION TO OR RESOURCES FROM THE
11 DEPARTMENT REQUIRED.

12 (3) THE STAKEHOLDER FORUM AND THE DEPARTMENT SHALL
13 WORK TO COORDINATE WITH, AND SHALL NOT DUPLICATE THE WORK BEING
14 DONE BY, ESTABLISHED OR STATUTORILY AUTHORIZED ADVISORY
15 COMMITTEES OR WORKING GROUPS ON ISSUES RELATED TO THE
16 DEVELOPMENT AND IMPLEMENTATION OF RULES.

17 (4) FOR PURPOSES OF SECTION 24-4-103 (2), C.R.S., AS AMENDED
18 BY HOUSE BILL 12-1008, ENACTED IN 2012, THE DEPARTMENT MAY USE
19 THE STAKEHOLDER FORUM DESCRIBED IN THIS SECTION, WHEN
20 APPROPRIATE, TO SERVE AS THE REPRESENTATIVE GROUP FOR THE
21 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

22 **SECTION 9.** In Colorado Revised Statutes, 25-3-602, **amend** (4)
23 (a) (IV) as follows:

24 **25-3-602. Health facility reports - repeal.** (4) (a) The executive
25 director of the department shall appoint an advisory committee. The
26 advisory committee shall consist of:

27 (IV) Four infection control practitioners AS FOLLOWS:

- 1 (A) One from a stand-alone ambulatory surgical center; and
- 2 (B) Three registered nurses who are HEALTH CARE PROFESSIONALS
- 3 certified by the certification board of infection control and epidemiology,
- 4 INC., OR ITS SUCCESSOR;

5 **SECTION 10.** In Colorado Revised Statutes, 25-27.5-103,
6 **amend** (2) as follows:

7 **25-27.5-103. License required - civil and criminal penalties.**

8 (2) (a) On or after June 1, 2009, any home care placement agency shall
9 notify the department in writing that it provides referrals for skilled home
10 health services or personal care services and shall annually update such
11 notice. The department shall maintain a list of all home care placement
12 agencies and shall make the list accessible to the public. A HOME CARE
13 PLACEMENT AGENCY IS NOT LICENSED OR CERTIFIED BY THE DEPARTMENT
14 AND SHALL NOT CLAIM OR ASSERT THAT THE DEPARTMENT LICENSES OR
15 CERTIFIES THE HOME CARE PLACEMENT AGENCY.

16 (b) A person who violates this section may be subject to a civil
17 penalty assessed by the department that is not less than five hundred
18 dollars per year or more than one thousand dollars per year for failure to
19 register with the department OR FOR CLAIMING TO BE LICENSED OR
20 CERTIFIED BY THE DEPARTMENT. The department shall assess, enforce,
21 and collect the penalty in accordance with article 4 of title 24, C.R.S. Any
22 moneys collected shall be deposited in the home care agency cash fund
23 created in section 25-27.5-105.

24 **SECTION 11.** In Colorado Revised Statutes, 25-27.5-104,
25 **amend** (1) introductory portion as follows:

26 **25-27.5-104. Minimum standards for home care agencies -**
27 **rules - advisory committee.** (1) ~~On or before May 1, 2009;~~ The state

1 board shall promulgate rules pursuant to section 24-4-103, C.R.S.,
2 providing minimum standards for the operation of home care agencies
3 within the state of Colorado. In promulgating these rules, the state board
4 shall ~~consider the~~ ESTABLISH different requirements appropriate to the
5 various types of skilled home health and personal care services, including
6 differentiating requirements for providers that are substantially funded
7 through medicare and medicaid reimbursement, providers for the program
8 of all-inclusive care for the elderly established in section 25.5-5-412,
9 C.R.S., providers that are already licensed under this title, and providers
10 that are solely or substantially privately funded. This differentiation ~~may~~
11 SHALL consider the requirements already imposed by other federal and
12 state regulatory agencies, SHALL REQUIRE THE DEPARTMENT OF HEALTH
13 CARE POLICY AND FINANCING AND THE DEPARTMENT OF PUBLIC HEALTH
14 AND ENVIRONMENT TO WORK JOINTLY TO RESOLVE DIFFERING
15 REQUIREMENTS, AND SHALL ONLY REGULATE A PROVIDER FOR THE
16 PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY CONSISTENT WITH
17 THE FEDERAL REQUIREMENTS ESTABLISHED FOR THE PROVIDER PURSUANT
18 TO A THREE-WAY AGREEMENT BETWEEN THE PROVIDER, THE CENTERS OF
19 MEDICARE AND MEDICAID SERVICES, AND THE DEPARTMENT OF HEALTH
20 CARE POLICY AND FINANCING; EXCEPT THAT THE DEPARTMENT MAY
21 REQUIRE ADDITIONAL INFORMATION FROM THE PROVIDER WITH REGARD
22 TO REPORTING INSTANCES OF ABUSE. Such rules ~~shall~~ MUST include ~~but~~
23 ~~need not be limited to~~, the following:

24 **SECTION 12.** In Colorado Revised Statutes, 27-10.5-109,
25 **amend** (2) and (3) as follows:

26 **27-10.5-109. Community residential home - licenses - rules.**
27 (2) (a) The department of public health and environment and the

1 department of human services shall implement a system of joint licensure
2 and certification of community residential homes. Independent residential
3 support services provided by the department of human services do not
4 require licensure by the department of public health and environment.

5 (b) BY DECEMBER 31, 2012, THE DEPARTMENT OF PUBLIC
6 HEALTH AND ENVIRONMENT, THE DEPARTMENT OF HEALTH CARE POLICY
7 AND FINANCING, AND THE DEPARTMENT OF HUMAN SERVICES SHALL
8 DEVELOP AN IMPLEMENTATION PLAN, IN CONSULTATION WITH INDUSTRY
9 REPRESENTATIVES, TO RESOLVE DIFFERING REQUIREMENTS AND TO
10 ELIMINATE OBSOLETE, REDUNDANT RULES AND REPORTING, MONITORING,
11 COMPLIANCE, AUDITING CERTIFICATION, LICENSING, AND WORK PROCESSES
12 PERTAINING TO THE REGULATION OF COMMUNITY RESIDENTIAL HOMES
13 PURSUANT TO THIS SECTION. THE DEPARTMENTS SHALL STUDY THE
14 FEASIBILITY OF IMPLEMENTING A SINGLE, CONSOLIDATED SURVEY AND
15 METHODS FOR CONDUCTING SURVEYS SIMULTANEOUSLY. THE
16 DEPARTMENTS SHALL REPORT THEIR PROGRESS IN MEETING THE
17 REQUIREMENTS OF THIS PARAGRAPH (b) TO THEIR RESPECTIVE
18 COMMITTEES OF REFERENCE WHEN MAKING THEIR DEPARTMENTAL
19 PRESENTATIONS AS REQUIRED BY PART 2 OF ARTICLE 7 OF TITLE 2, C.R.S.
20 THE DEPARTMENTS SHALL SEND COPIES OF THE REPORT TO THE HEALTH
21 CARE FACILITY STAKEHOLDER FORUM CREATED IN SECTION 25-3-112,
22 C.R.S.

23 (3) (a) The department of public health and environment and the
24 department of human services shall develop standards for the licensure
25 and certification of community residential homes. ~~Such~~ THE standards
26 shall include health, life, and fire safety, as well as standards to ensure the
27 effective delivery of services and supports to residents; except that any

1 community residential home must comply with local codes. These

2

3 (b) (I) THE DEPARTMENT OF HUMAN SERVICES OR THE STATE
4 BOARD OF HEALTH, AS APPROPRIATE, SHALL ADOPT THE standards ~~shall,~~
5 ~~as appropriate, be adopted in~~ BY rule by the department of human services
6 ~~or the state board of health~~ and shall specify the responsibilities of
7 each department in the program. Surveys undertaken to ensure
8 compliance with these standards shall, as appropriate, be undertaken as
9 joint surveys by the departments.

10 (II) IF A SERVICE AGENCY OPERATES A COMMUNITY RESIDENTIAL
11 HOME AND PROVIDES PERSONAL CARE SERVICES, AS DEFINED IN SECTION
12 25-27.5-102, C.R.S., THE DEPARTMENT OF PUBLIC HEALTH AND
13 ENVIRONMENT OR THE DEPARTMENT OF HUMAN SERVICES, AS
14 APPROPRIATE, IS RESPONSIBLE FOR SURVEYING THOSE SERVICES PROVIDED
15 BY THE SERVICE AGENCY, WHICH SURVEY SHALL BE CONDUCTED
16 SIMULTANEOUSLY WITH THE SURVEY OF THE COMMUNITY RESIDENTIAL
17 HOME.

18

19

20 **SECTION 13. Appropriation.** In addition to any other
21 appropriation, there is hereby appropriated, out of any moneys in the
22 health facilities general licensure cash fund created in section 25-3-103.1
23 (1), Colorado Revised Statutes, not otherwise appropriated, to the
24 department of public health and environment, for the fiscal year
25 beginning July 1, 2012, the sum of \$183,730 and 2.4 FTE, or so much
26 thereof as may be necessary, for allocation to the health facilities and
27 emergency services division for expenses in the health facilities general

1 licensure program related to the implementation of this act.

2 **SECTION 14. Effective date.** This act takes effect upon passage;
3 except that section 25-3-112 (4), Colorado Revised Statutes, as enacted
4 in section 8 of this act, takes effect only if House Bill 12-1008 becomes
5 law and takes effect on the effective date of this act or of House Bill
6 12-1008, whichever is later.

7 **SECTION 15. Safety clause.** The general assembly hereby finds,
8 determines, and declares that this act is necessary for the immediate
9 preservation of the public peace, health, and safety.