

CATASTROPHIC FOR OUR CARE

SAY NO TO HB23-1215

BACKGROUND

HB23-1215 would prohibit hospital-owned outpatient clinics from collecting “facility fees.” The problem? Those fees pay for everyone involved in your care other than your doctor – nurses, nurse assistants, security officers, housekeeping staff, pharmacists, social workers and others in addition to the clinic itself.

This bill is catastrophic for patient care in that it:

- + Forces hundreds of outpatient clinics out of business
- + Severely limits access to care and increases costs for everyone
- + Slashes care for Medicaid/Medicare recipients, seniors, kids, at-risk communities
- + Cuts tens of thousands of nursing, health care jobs

CATASTROPHIC FOR THE HEALTH CARE INDUSTRY

- + **Slashes \$9 billion a year** from budgets of hospital-owned outpatient clinics across Colorado
- + **Forces nearly 200 outpatient clinics to close** or slash services — pushing patients from integrated, preventative care to costlier in-patient and emergency room treatments
- + **Drives up health care costs**, and the cost of insurance, for all of us
- + **Promises job losses** for tens of thousands of nurses, technicians, and other staffers — many of whom are already grappling with high housing costs and high cost-of-living
- + **Threatens financial viability** of 96% of hospitals in the state — particularly those in rural areas or that serve at-risk populations

BY THE NUMBERS

\$9 BILLION

Lost revenue to Colorado outpatient clinics operated by hospitals

~200

Clinics in Colorado that would be forced to close or cut services

50,000

No. of outpatient clinic employees — other than doctors — whose jobs are at risk

CATASTROPHIC FOR PATIENTS IN COLORADO

- + **Reduces health care access across Colorado** — particularly for low-income residents, underserved populations, seniors, and rural communities
- + **Increases wait times** for care significantly
- + **Closes outpatient clinics** that provide cancer, mental health, and pediatric care, among others, as well as preventative care
- + **Forces more people to seek inpatient care** and emergency treatments, driving up health care costs for everyone
- + **Drastically cuts care options for seniors** and those with Medicare/Medicaid coverage, who make up sizeable patient populations at outpatient clinics
- + **Reduces access to mental and behavioral health care**, which would mean increased substance use disorders, and likely increased homelessness
- + **Threatens the expansion of Medicaid** that has provided health coverage to nearly 670,000 Coloradans under the Affordable Care Act

FACILITY FEES ARE PATIENT-CARE FEES

As hospitals focus more on “whole person care” and keeping people healthy and out of the hospital, many no longer operate outpatient clinics. Those include:

- + Emergency department
- + Outpatient surgery center
- + Specialty clinics and care (e.g., cancer centers)
- + Diagnostic imaging center
- + Physician offices



Patients who receive outpatient care are charged in two ways:

- + Professional fees, for the doctor and/or physician's assistant
- + Facility fees, for everyone and everything else

4 THINGS TO KNOW...

1. Facility fees pay for patient care staff and support the variety of other staff and services needed to provide world-class care.
2. Facility fees in outpatient clinics have supported the shift to preventative care prioritized by policymakers.
3. To ensure they can cover costs and be available to care for patients 24/7, hospitals charge facility fees that support routine operations and fill gaps from a fragmented payment system.
4. Hospitals are held to strict transparency standards, which include the public posting of facility fees.