

1 **1. MEMBERSHIP**

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3 The membership of the Colorado Society of Anesthesiologists (CSA) currently consists of:

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Active	726
Affiliate	8
Educational	24
Retired	82
<u>Resident</u>	<u>44</u>
TOTAL	884 (an increase of 63 or 8%)

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12 **2. RESULTS OF COMPONENT SOCIETY ELECTIONS**

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14 The current officers of the Colorado Society of Anesthesiologists include:

15

President	Daniel J. Janik, M.D.
President-Elect	Joy L. Hawkins, M.D.
Secretary	Melissa Brooks Peterson, M.D.
Treasurer	William E. Moss, M.D.
Immediate Past President	Murray S. Willis, M.D.

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22 **3. GOVERNMENTAL AND LEGISLATIVE EVENTS**

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24 **3.1** Out of Network Billing: Colorado leads the nation in its approach to the out of network
25 billing issue but the health plans and some members of the legislature remain on the
26 attack against the current structure. In the 1990s, the Colorado Division of Insurance
27 (CDOI) adopted regulations, with CSA support, that holds patients harmless and health
28 plans liable, for charges in excess of the contractual benefits of each person's health
29 insurance.

30
31 In 2006, insurers successfully sued to overturn the Division of Insurance regulations
32 holding them liable for out of network billing. The CSA worked with CDOI and other
33 medical organizations to pass new legislation reinstating the framework that existed prior
34 to the lawsuit, namely that insurers were to pay the billed charges in excess of the normal
35 in-network amounts that patients would pay.

36
37 In 2016, legislation was introduced to change the status quo despite having nothing more
38 than a couple of patient complaints and anecdotal evidence from the health plans of a
39 problem. While the physician legislator that introduced the bill is sympathetic to outright
40 caps on out of network charges, she instead introduced a bill that would require an
41 extensive disclosure process at the initiation of treatment. The bill would have also
42 required an extensive and complicated notification process to patients at the time they
43 were billed for services. During testimony it was learned that a review of the situation
44 by CDOI found fewer than 10 consumer complaints on this issue in the prior two years.
45 Through the efforts of Bridget A. Bailey, D.O., who also serves as CSA PAC chair, the
46 bill was defeated in state Senate committee.

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48 CSA has consistently maintained its stance that prior to any changes to existing Colorado
49 law, insurers need to produce accurate information on the size and breadth of their

1 physician networks and comprehensive data on just how big a problem out of network
2 billing has become. In over 20 years of working on this issue in Colorado, the health
3 plans have never produced such information.

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5 CSA is sympathetic to those patients whose health care insurance falls outside of the
6 state-regulated insurance market and who may be liable to large balance bills. CSA also
7 is aware of several abusive situations where the surgeon or medical specialist owner of
8 an ambulatory facility refers patients to the facility knowing in advance that some or all
9 of the bills will be out of network. We stand ready to work with insurers and the state
10 Division of Insurance to expose these unacceptable situations to the public.

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12 **3.2** Amendment 69, ColoradoCare, the Single Payer Ballot Issue: The nation will be
13 watching Amendment 69 on this fall's Colorado ballot. The change to the Colorado
14 Constitution will establish a non-governmental "business cooperative" that will replace
15 all current commercial insurance, Medicaid, and Worker's Comp in the state.
16 ColoradoCare will become secondary insurance to Medicare.

17
18 The program will be funded by about \$25 billion (equivalent to the current state budget)
19 in new payroll taxes through the state Department of Revenue. It will be administered
20 by an elected Board drawn from the state's Congressional Districts. Amendment 69 is
21 currently trailing in the polls but likely stands a better chance this year than any year in
22 recent memory. (See Section 4. below.) Additional information on the initiative can be
23 found at <http://www.coloradocare.org/?nosplash=true> .

24
25 **3.3** Colorado Medicaid "fraud" investigations: In March of 2016, the Denver Post reported
26 on the \$3 million settlement of "fraud" investigations involving Medicaid payments to
27 several Colorado anesthesia groups. Initially, Colorado Medicaid and the state Attorney
28 General's office were reluctant to share information but through personal contact with
29 the Chief Deputy Attorney General it was revealed that the billing problems were not
30 deliberate and resulted from problems in the coding of medical direction and billing for
31 labor epidurals. Society leadership will meet with Medicaid to develop a member
32 communication that can be used to check each group's billing and documentation process
33 for Medicaid services. In a sign of good faith, the Attorney General's office removed its
34 press release on the settlement from the Attorney General's StopFraudColorado web site.

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36 **3.4** Registration of surgical techs and assistants underwent Sunset Review in 2016. Due to
37 several recent high profile drug diversion occurrences, which resulted in significant
38 patient harm through contamination, CSA supported having the state process include
39 criminal background checks. Through the personal efforts of many CSA members, these
40 checks were included in the legislation that was passed and signed by the governor.

41 42 **4. SOCIO-ECONOMIC TRENDS**

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44 Colorado's economy remains strong although not without problems. While in an enviable
45 economic condition, Colorado could be the cautionary tale for the rest of the country by way of
46 example over the interesting political disagreements filling the public space at the present time. As
47 describe by Gov. Hickenlooper during the Democratic National Convention, Colorado has the
48 second strongest economy in the country. Yet this does not prevent the continuing attacks by the
49 governor and some members of the legislature on one of the primary reasons for that strength, the

1 Taxpayer Bill of Rights (TABOR) enacted in 1992. TABOR limits annual state government
2 revenue increases to inflation plus population growth, unless changed by public vote.

3
4 In the last few years the political attacks on TABOR have become more sophisticated. Proponents
5 of increased state government spending have found novel ways to exclude revenue from the
6 TABOR formula. Now fully 60% of state revenue is designated as TABOR-exempt.

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8 In 2016 an attempt was made to exempt the biggest increase in state revenue in the past six years.
9 In 2009, the Colorado Hospital Association, working with progressive health policy advisors in the
10 governor's office, passed and established the largest hospital provider tax in the country. In this
11 system, a self-imposed tax is assessed on the hospitals in the state, this pool of money is then
12 matched by federal taxpayers, and these new dollars are then used to increase hospital Medicaid
13 payment rates and to fund a small number of additional enrollees in the Medicaid program. Despite
14 being "taxed", Colorado hospitals actually receive a windfall of hundreds of millions of dollars per
15 year from the program. None of these new dollars directly benefit physicians, in fact, it has been
16 shown that as state Medicaid spending increases, the overall economic burden on the state increases
17 even more, since for other than hospitals, the Medicaid program requires transfers through indirect
18 means from other portions of the economy to pay for these new services.

19
20 The revenue from the hospital provider tax counts as revenue under the TABOR provisions. The
21 governor and some Democratic legislators recognized that permissible state revenue under TABOR
22 could be increased by \$700 million per year by calling the hospital tax something other than it
23 really is. In recent years some state programs and services have been spun off into state
24 "enterprises" which then become exempt from the TABOR formula. The governor proposed that
25 the hospital provider tax could do the same, although even he could not clearly articulate what the
26 new enterprise might be.

27
28 In 2016 the Republican-controlled Senate blocked the move to create this new "enterprise" for this
29 year. But this will not be the end of the issue and we can expect to see another move next year to
30 weaken TABOR, undermine the credibility of government, and ultimately weaken the state
31 economy.

32 33 **5. MEDICO-LEGAL TRENDS**

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35 The medical-legal environment in Colorado was quiet in 2016, with stable medical malpractice
36 premiums.

37 38 **6. ACTIONS OF STATE/LOCAL MEDICAL SOCIETIES RELATING TO** 39 **ANESTHESIOLOGY**

- 40
41 **6.1** Colorado's success as a venue for anesthesiology scientific meetings: The Colorado
42 Society of Anesthesiologists has formed a successful partnership with the annual
43 Anesthesia Symposium held at the Broadmoor resort in Colorado Springs each spring. I
44 would like to recognize former CSA Board Member J. Michael Hall, M.D. for his many
45 years of excellent service to the anesthesiology community in organizing one of the most
46 successful and longstanding anesthesia conferences in the country. All ASA members
47 are invited to attend and registration for the Apr. 22-23, 2017 meeting at the Broadmoor
48 can be found at www.csa-online.org later this year.
49

FROM: Colorado Society of Anesthesiologists
SUBJECT: Annual Report
DATE: October 26, 2016

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1 Similarly, the University of Colorado continues its successful CRASH (Colorado Review
2 of Anesthesia for Surgicenters and Hospitals) meeting held each winter in Vail, a world
3 class ski resort. Leadership of this meeting has transitioned from long-time meeting
4 organizer and host Rita Agarwal, M.D to Lawrence I. Schwartz, M.D. Information on
5 the 2017 meeting to be held Feb. 26 to Mar. 3 can be found at:
6 <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/Anesthesiology/crash/Pages/crashindex.aspx>.
7
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9 The Society for Pediatric Anesthesia held its very successful annual meeting at the
10 Broadmoor in the spring of 2016 with over 800 registrants in attendance.
11

- 12 **6.2** Cooperation with other medical societies: The Colorado Society of Anesthesiologists
13 worked with and received strong support from the Colorado Chapter of the American
14 College of Emergency Medicine on the out of network billing issue. ACEP, the
15 radiological society, and the Colorado Medical Society issued statements in support of
16 the ASA position on the VA APRN issue.
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18 **7. POLITICAL ADVOCACY AND ASAPAC PARTICIPATION**

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20 Under the tireless leadership of CSA President Daniel J. Janik, M.D., an Air Force Academy
21 graduate and former Air Force physician, Colorado's participation on the VA APRN regulation
22 change was among the best in the nation.
23

24 As it has on many issues of importance to anesthesiologists in Colorado, the Colorado Hospital
25 Association continued its political assault on patient safety and physician-led health care teams by
26 issuing a letter *in support* of the proposed VA regulations. The hospital association, which was the
27 primary force behind the attempted 2003 and partial 2010 opt-outs in Colorado, made note of that
28 effort as well as its encouragements to use Federal Trade Commission power to remove scope of
29 practice rules in its letter to the VA. (Letter attached as 606-1.1)
30

31 Colorado ASAPAC participation lags previous performance somewhat year to date at 15.8%.
32 Leadership is committed to exceeding last year's participation rate of 24.2% by the close of the
33 PAC year on Sept. 30. In terms of good news, the average contribution per donor is up about 20%
34 compared to last year and the residents of the Department of Anesthesiology at the University of
35 Colorado School of Medicine continue their multi-year streak of 100% participation.
36

37 **8. ACTIVITIES ALIGNED TO ASA STRATEGIC PLAN**

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39 Through the promotion of patient safety and excellence in clinical care, in advocacy, and
40 in education, the Colorado Society of Anesthesiologists continues its longstanding
41 alignment with the ASA Strategic Plan.
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RANDALL M. CLARK, M.D., Director



July 25, 2016

Acting Secretary Sloan D. Gibson
Director, Regulations Management (02REG)
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1068
Washington, DC 20420

RE: ***RIN: 2900-AP44-Proposed Rule - Advanced Practice Registered Nurses (81 Fed.Reg.33155, May 25, 2016***

Dear Acting Secretary Sloan:

On behalf of the 101 member hospitals and health systems, which includes the VA hospital located in Colorado, Colorado Hospital Association (CHA) fully supports the adoption of the proposed regulatory change concerning APRNs. CHA supports APRNs ability to practice to the full scope of their education, training and certification, without the clinical supervision or mandatory collaboration of physicians. Currently APRNs have full practice authority in Colorado, additionally Colorado has a waiver of the CMS requirements for supervision of CRNAs in rural hospitals.

CHA agrees that standardization of APRN full practice authority, would help to both ensure a consistent continuum of health care across VHA and maximize staff capabilities. This policy change could increase veteran access to needed VA health care, particularly in Colorado's medically-underserved areas, as well as decreasing the amount of time veterans spend waiting for patient appointments.

The proposal to remove scope-of-practice barriers is supported by the recommendations of the National Academy of Medicine (formerly known as the Institute of Medicine), the National Governors Association, the Federal Trade Commission, as well as the AARP and many other national organizations and businesses.

APRNs offer the VA the opportunity to respond to the need for timely, accessible and quality of care required -- and frankly deserved -- by our nation's veterans when they are allowed to practice to the full scope of their education, training and experience.

Thank you for the opportunity to comment of these proposed regulatory changes to the VHA policy regarding the scope of practice of APRNs. If you need further information, please contact Gail Finley at gail.finley@cha.com.

Sincerely,

A black rectangular box redacting the signature of Steven J. Summer.

Steven J. Summer
President and CEO