1. MEMBERSHIP

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

- Active: 726
- Affiliate: 8
- Educational: 24
- Retired: 82
- Resident: 44

**TOTAL: 884 (an increase of 63 or 8%)**

2. RESULTS OF COMPONENT SOCIETY ELECTIONS

The current officers of the Colorado Society of Anesthesiologists include:

- 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.

3. GOVERNMENTAL AND LEGISLATIVE EVENTS

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

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

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

CSA has consistently maintained its stance that prior to any changes to existing Colorado law, insurers need to produce accurate information on the size and breadth of their
physician networks and comprehensive data on just how big a problem out of network billing has become. In over 20 years of working on this issue in Colorado, the health plans have never produced such information.

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

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

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

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

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

4. SOCIO-ECONOMIC TRENDS

Colorado’s economy remains strong although not without problems. While in an enviable economic condition, Colorado could be the cautionary tale for the rest of the country by way of example over the interesting political disagreements filling the public space at the present time. As describe by Gov. Hickenlooper during the Democratic National Convention, Colorado has the second strongest economy in the country. Yet this does not prevent the continuing attacks by the governor and some members of the legislature on one of the primary reasons for that strength, the
Taxpayer Bill of Rights (TABOR) enacted in 1992. TABOR limits annual state government revenue increases to inflation plus population growth, unless changed by public vote.

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

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

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

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

5. MEDICO-LEGAL TRENDS

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

6. ACTIONS OF STATE/LOCAL MEDICAL SOCIETIES RELATING TO ANESTHESIOLOGY

6.1 Colorado’s success as a venue for anesthesia scientific meetings: The Colorado Society of Anesthesiologists has formed a successful partnership with the annual Anesthesia Symposium held at the Broadmoor resort in Colorado Springs each spring. I would like to recognize former CSA Board Member J. Michael Hall, M.D. for his many years of excellent service to the anesthesia community in organizing one of the most successful and longstanding anesthesia conferences in the country. All ASA members are invited to attend and registration for the Apr. 22-23, 2017 meeting at the Broadmoor can be found at www.csa-online.org later this year.
Similarly, the University of Colorado continues its successful CRASH (Colorado Review of Anesthesia for Surgicenters and Hospitals) meeting held each winter in Vail, a world class ski resort. Leadership of this meeting has transitioned from long-time meeting organizer and host Rita Agarwal, M.D to Lawrence I. Schwartz, M.D. Information on the 2017 meeting to be held Feb. 26 to Mar. 3 can be found at: http://www.ucdenver.edu/academics/colleges/medicalschool/departments/Anesthesiology/crash/Pages/crashindex.aspx.

The Society for Pediatric Anesthesia held its very successful annual meeting at the Broadmoor in the spring of 2016 with over 800 registrants in attendance.

6.2 Cooperation with other medical societies: The Colorado Society of Anesthesiologists worked with and received strong support from the Colorado Chapter of the American College of Emergency Medicine on the out of network billing issue. ACEP, the radiological society, and the Colorado Medical Society issued statements in support of the ASA position on the VA APRN issue.

7. POLITICAL ADVOCACY AND ASAPAC PARTICIPATION

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

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

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

8. ACTIVITIES ALIGNED TO ASA STRATEGIC PLAN

Through the promotion of patient safety and excellence in clinical care, in advocacy, and in education, the Colorado Society of Anesthesiologists continues its longstanding alignment with the ASA Strategic Plan.

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


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,

Steven J. Summer
President and CEO