



COLORADO
Department of Public
Health & Environment

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To: Members of the State Board of Health

From: Laurie Schoder, Policy Analyst, Health Facilities and Emergency Medical Services Division

Through: D. Randy Kuykendall, MLS; Director *DRK*

Date: January 17, 2018

Subject: Proposed Repeal of 6 CCR 1011-1, Standards for Hospitals and Health Facilities, with a Request for the Rulemaking Hearing to occur on March 21, 2017

The Division is proposing to repeal an irrelevant and unnecessary section to its regulations regarding standards for hospitals and health facilities. The section was reviewed in July of 2017 as part of the Division's ongoing regulatory efficient review policy.

6 CCR 1011-1 is divided into 16 separate chapters, beginning with Chapter 2 which addresses general licensure standards and applies to all licensed health facilities. The remaining chapters address the requirements for specific types of health facilities such as hospitals or nursing care facilities. This section that the Division seeks to repeal may have been introductory language to the various chapters at a prior time, but is now unnecessary as each of the individual chapters contains the exact same language regarding the process to obtain copies of the regulations and any material incorporated by reference. Therefore, the Division requests that the Board schedule a hearing to consider repeal of the section.

**STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY**

For Repeal of 6 CCR 1011-1, Standards for Hospitals and Health Facilities
January 17, 2018

Basis and Purpose:

This section of rule was reviewed in 2017, pursuant to Executive Order D2012-002, Section 24-4-103.3, C.R.S. and the Department's Regulatory Efficiency Review policy. At that time it was found to be both irrelevant and unnecessary because it exists in isolation and because each of the 16 chapters of 6 CCR 1011-1, contain the same language regarding the process for obtaining copies of the regulations and any material incorporated by reference. Therefore, the Division is proposing repeal of this section of rule.

This rule is repealed pursuant to the following statutes:

Section 25-1.5-103, C.R.S., (2017)

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

Yes
 No

Is this rulemaking due to a federal statutory or regulatory change?

Yes
 No

Does this rule incorporate materials by reference?

Yes
 No

Does this rule create or modify fines or fees?

Yes
 No

Does the proposed rule create (or increase) a state mandate on local government?

No. This rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed. Though the rule does not contain a state mandate, the rule may apply to a local government if the local government has opted to perform an activity, or local government may be engaged as a stakeholder because the rule is important to other local government activities.

No. This rulemaking reduces or eliminates a state mandate on local government.

Yes. This rule includes a new state mandate or increases the level of service required to comply with an existing state mandate, and local government will not be reimbursed for the costs associated with the new mandate or increase in service.

The state mandate is categorized as:

- Necessitated by federal law, state law, or a court order
- Caused by the State's participation in an optional federal program
- Imposed by the sole discretion of a Department
- Other: _____

Has an elected official or other representatives of local governments disagreed with this categorization of the mandate? Yes No

If yes, please explain why there is disagreement in the categorization.

Please elaborate as to why a rule that contains a state mandate on local government is necessary.

REGULATORY ANALYSIS

For Repeal of 6 CCR 1011-1, Standards for Hospitals and Health Facilities
January 17, 2018

1. A description of the classes of persons who will be affected by the rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the rule.

The current rule does not affect any classes of persons and, likewise, its repeal will not affect any classes of persons.

- A. Identify each group of individuals/entities that rely on the rule to maintain their own businesses, agencies or operation, and the size of the group: N/A
- B. Identify each group of individuals/entities interested in the outcomes the rule and those identified in #1.A achieve, and if applicable, the size of the group: N/A
- C. Identify each group of individuals/Entities that benefit from, may be harmed by or at-risk because of the rule, and if applicable, the size of the group: N/A

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected class of persons.

Repeal of the rule will not affect any classes of persons, therefore there are no quantitative or qualitative impacts to describe.

- A. For those that rely on the rule to maintain their own businesses, agencies or operations: N/A
- B. For those that are affected by or interested in the outcomes the rule and those identified in #1.A achieve. N/A
- C. For those that benefit from, are harmed by or are at risk because of the rule, the services provided by individuals identified in #1.A, and if applicable, the stakeholders or partners identified in #1.B. N/A

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs associated with repeal of the rule and no effect on state revenues.

- A. Anticipated CDPHE personal services, operating costs or other expenditures: N/A
Anticipated CDPHE Revenues: N/A
- B. Anticipated personal services, operating costs or other expenditures by another state agency: N/A
Anticipated Revenues for another state agency: N/A

4. **A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

Check mark all that apply:

- Inaction is not an option because the statute requires rules be promulgated.
- The proposed revisions are necessary to comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- The proposed revisions appropriately maintain alignment with other states or national standards.
- The proposed revisions implement a Regulatory Efficiency Review (rule review) result, or improve public and environmental health practice.
- The proposed revisions implement stakeholder feedback.
- The proposed revisions advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities Goal 2, Increase Efficiency, Effectiveness and Elegance Goal 3, Improve Employee Engagement Goal 4, Promote health equity and environmental justice Goal 5, Prepare and respond to emerging issues, and Comply with statutory mandates and funding obligations
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Strategies to support these goals:

- Substance Abuse (Goal 1)
 - Mental Health (Goal 1, 2, 3 and 4)
 - Obesity (Goal 1)
 - Immunization (Goal 1)
 - Air Quality (Goal 1)
 - Water Quality (Goal 1)
 - Data collection and dissemination (Goal 1, 2, 3, 4 and 5)
 - Implements quality improvement or a quality improvement project (Goal 1, 2, 3 and 5)
 - Employee Engagement (career growth, recognition, worksite wellness) (Goal 1, 2 and 3)
 - Incorporate health equity and environmental justice into decision-making (Goal 1, 3 and 4)
 - Establish infrastructure to detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, and 5)
- Other favorable and unfavorable consequences of inaction:
- -
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5. **A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for repealing an obsolete rule. The specific repeal proposed in this rulemaking was developed pursuant to Executive Order D2012-002, Section 24-4-103.3, C.R.S. and the Department's Regulatory Efficiency Review policy. The benefits, risks and costs of this proposed repeal were compared to the costs and benefits of other options. The proposed repeal provides the most benefit for the least amount of cost, are the minimum necessary or are the most feasible manner to achieve compliance with statute.

6. Alternative rules or alternatives to rulemaking considered and why rejected.

Please see response #4 and 5.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The repeal request is based upon a Regulatory Efficiency Review and internal processes designed to increase efficiency, effectiveness and elegance.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1011-1, Standards for Hospitals and Health Facilities

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

In early January, the Division will invite all HFEMS licensees and stakeholders to provide input and participate in the development of the proposed repeal. Given that the repeal eliminates duplicative language that resides in a CCR volume that is not commonly accessed by stakeholders, minimal feedback is anticipated.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address.

The Department does not anticipate that it will encounter any major factual or policy issues.

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Health Facilities and Emergency Medical Services Division**

3 **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4 **6 CCR 1011-1 REPEALED**

5 *[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

6 **Adopted by the Board of Health on _____ . Repeal effective on _____ .**

7 _____

8 ~~Copies of these regulations may be obtained at cost by contacting:~~

9 ~~Division Director~~
10 ~~Colorado Department of Public Health and Environment~~
11 ~~Health Facilities Division~~
12 ~~4300 Cherry Creek Drive South~~
13 ~~Denver, Colorado 80222-1530~~
14 ~~Main switchboard: (303) 692-2800~~

15 ~~These chapters of regulation incorporate by reference (as indicated within) material originally published~~
16 ~~elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced~~
17 ~~material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of~~
18 ~~Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be~~
19 ~~available for public inspection during regular business hours at:~~

20 ~~Division Director~~
21 ~~Colorado Department of Public Health and Environment~~
22 ~~Health Facilities Division~~
23 ~~4300 Cherry Creek Drive South~~
24 ~~Denver, Colorado 80222-1530~~
25 ~~Main switchboard: (303) 692-2800~~

26 ~~Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any~~
27 ~~material that has been incorporated by reference after July 1, 1994 may be examined in any state~~
28 ~~publications depository library. Copies of the incorporated materials have been sent to the state~~
29 ~~publications depository and distribution center, and are available for interlibrary loan.~~

30 _____

31 **Editor's Notes**

32 6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are
33 located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on
34 the rule's current version page. To view versions effective on or after 05/01/2009, select the desired
35 chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

36 **History**

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