

Second Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 10-0523.01 Kristen Forrestal

HOUSE BILL 10-1330

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A BILL FOR AN ACT

101 CONCERNING THE CREATION OF AN ADVISORY COMMITTEE TO MAKE
102 RECOMMENDATIONS REGARDING THE CREATION OF A
103 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE FOR THE
104 PURPOSE OF TRANSPARENT PUBLIC REPORTING OF HEALTH CARE
105 INFORMATION.

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>.)

The bill requires the executive director of the department of health

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.

SENATE
Am ended 2nd Reading
April 27, 2010

HOUSE
3rd Reading Unam ended
March 9, 2010

HOUSE
Am ended 2nd Reading
March 8, 2010

care policy and financing (executive director) to appoint an advisory committee to make recommendations regarding the creation of a Colorado all-payer health claims database for the purpose of transparent public reporting of health care information. The executive director is required to appoint an administrator to create the database. The administrator, in consultation with the advisory committee, shall create the database if sufficient gifts, grants, and donations are received on or before January 1, 2012, to pay for the creation and maintenance of the database. The executive director shall promulgate rules to create and maintain the database. The data shall be made available to the public, state agencies, and private entities consistent with privacy laws. The advisory committee is scheduled to sunset July 1, 2016.

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

2 **SECTION 1.** Part 2 of article 1 of title 25.5, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25.5-1-204. Advisory committee to establish an all-payer**
6 **health claims database - creation - members - duties - creation of**
7 **all-payer health claims database - rules - repeal.** (1) (a) WITHIN
8 FORTY-FIVE BUSINESS DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION,
9 THE EXECUTIVE DIRECTOR SHALL APPOINT AN ADVISORY COMMITTEE TO
10 MAKE RECOMMENDATIONS REGARDING THE CREATION OF THE
11 FRAMEWORK AND IMPLEMENTATION PLAN FOR A COLORADO ALL-PAYER
12 CLAIMS DATABASE FOR THE PURPOSE OF FACILITATING THE REPORTING OF
13 HEALTH CARE AND HEALTH QUALITY DATA THAT RESULTS IN
14 TRANSPARENT AND PUBLIC REPORTING OF SAFETY, QUALITY, COST, AND
15 EFFICIENCY INFORMATION AT ALL LEVELS OF HEALTH CARE. THE
16 EXECUTIVE DIRECTOR SHALL APPOINT AN ADMINISTRATOR OF THE
17 **DATABASE.**

18 (b) THE EXECUTIVE DIRECTOR SHALL APPOINT THE MEMBERS OF
19 THE ADVISORY COMMITTEE, CONSISTING OF THE FOLLOWING MEMBERS:

1 (I) A MEMBER OF ACADEMIA WITH EXPERIENCE IN HEALTH CARE
2 DATA AND COST EFFICIENCY RESEARCH;

3 (II) A REPRESENTATIVE OF A STATEWIDE ASSOCIATION OF
4 HOSPITALS;

5 (III) A REPRESENTATIVE OF AN INTEGRATED MULTI-SPECIALTY
6 ORGANIZATION;

7 (IV) A REPRESENTATIVE OF PHYSICIANS AND SURGEONS;

8 (V) A REPRESENTATIVE OF SMALL EMPLOYERS THAT PURCHASE
9 GROUP HEALTH INSURANCE FOR EMPLOYEES, WHICH REPRESENTATIVE IS
10 NOT A SUPPLIER OR BROKER OF HEALTH INSURANCE;

11 (VI) A REPRESENTATIVE OF LARGE EMPLOYERS THAT PURCHASE
12 HEALTH INSURANCE FOR EMPLOYEES, WHICH REPRESENTATIVE IS NOT A
13 SUPPLIER OR BROKER OF HEALTH INSURANCE;

14 (VII) A REPRESENTATIVE OF SELF-INSURED EMPLOYERS, WHICH
15 REPRESENTATIVE IS NOT A SUPPLIER OR BROKER OF HEALTH INSURANCE;

16 (VIII) A REPRESENTATIVE OF AN ORGANIZATION THAT PROCESSES
17 INSURANCE CLAIMS OR CERTAIN ASPECTS OF EMPLOYEE BENEFIT PLANS
18 FOR A SEPARATE ENTITY;

19 (IX) A REPRESENTATIVE OF A NONPROFIT ORGANIZATION THAT
20 DEMONSTRATES EXPERIENCE WORKING WITH EMPLOYERS TO ENHANCE
21 VALUE AND AFFORDABILITY IN HEALTH INSURANCE;

22 (X) A PERSON WITH A DEMONSTRATED RECORD OF ADVOCATING
23 HEALTH CARE PRIVACY ISSUES ON BEHALF OF CONSUMERS;

24 (XI) A PERSON WITH A DEMONSTRATED RECORD OF ADVOCATING
25 HEALTH CARE ISSUES ON BEHALF OF CONSUMERS;

26 (XII) TWO REPRESENTATIVES OF HEALTH INSURERS, ONE WHO
27 REPRESENTS NONPROFIT INSURERS AND ONE WHO REPRESENTS FOR-PROFIT

1 INSURERS;

2 (XIII) A REPRESENTATIVE OF DENTAL INSURERS;

3 (XIV) A REPRESENTATIVE FROM A COMMUNITY MENTAL HEALTH

4 CENTER THAT HAS EXPERIENCE IN BEHAVIORAL HEALTH DATA

5 COLLECTION;

6 (XV) A REPRESENTATIVE OF PHARMACISTS OR AN AFFILIATE

7 SOCIETY;

8 (XVI) A REPRESENTATIVE OF PHARMACY BENEFIT MANAGERS; ==

9 (XVII) TWO REPRESENTATIVES OF NONPROFIT ORGANIZATIONS

10 THAT FACILITATE HEALTH INFORMATION EXCHANGE TO IMPROVE HEALTH

11 CARE FOR ALL COLORADANS; AND

12 (XVIII) A REPRESENTATIVE FROM AN AMBULATORY SURGICAL

13 FACILITY OR AN ASSOCIATION THAT REPRESENTS AMBULATORY SURGERY

14 CENTERS.

15 (c) THE FOLLOWING PERSONS SHALL SERVE AS EX OFFICIO

16 MEMBERS OF THE ADVISORY COMMITTEE:

17 (I) THE EXECUTIVE DIRECTOR OR HIS OR HER DESIGNEE;

18 (II) A REPRESENTATIVE OF THE DEPARTMENT OF PERSONNEL AND

19 ADMINISTRATION;

20 (III) THE COMMISSIONER OF INSURANCE OR HIS OR HER DESIGNEE;

21

22 (IV) THE DIRECTOR OF THE OFFICE OF INFORMATION TECHNOLOGY

23 OR HIS OR HER DESIGNEE; AND

24 (V) TWO MEMBERS OF THE GENERAL ASSEMBLY, ONE FROM THE

25 MAJORITY PARTY AND ONE FROM THE MINORITY PARTY.

26 (d) WHEN MAKING APPOINTMENTS TO THE ADVISORY COMMITTEE,

27 THE EXECUTIVE DIRECTOR SHALL INCLUDE AT LEAST TWO MEMBERS WHO

1 RESIDE IN A RURAL COMMUNITY WITH A POPULATION OF LESS THAN FIFTY
2 THOUSAND OR WHO REPRESENT RURAL INTERESTS.

3 (e) (I) THIS SUBSECTION (1) IS REPEALED, EFFECTIVE JULY 1, 2013.

4 (II) PRIOR TO THE REPEAL OF THIS SUBSECTION (1), THE ADVISORY
5 COMMITTEE SHALL BE REVIEWED AS PROVIDED FOR IN SECTION 2-3-1203,
6 C.R.S.

7 (2) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS
8 TO THE ADMINISTRATOR REGARDING THE DATABASE THAT:

9 (a) INCLUDE SPECIFIC STRATEGIES TO MEASURE AND COLLECT
10 DATA RELATED TO HEALTH CARE SAFETY AND QUALITY, UTILIZATION,
11 HEALTH OUTCOMES, AND COST;

12 (b) FOCUS ON DATA ELEMENTS THAT FOSTER QUALITY
13 IMPROVEMENT AND PEER GROUP COMPARISONS;

14 (c) FACILITATE VALUE-BASED, COST-EFFECTIVE PURCHASING OF
15 HEALTH CARE SERVICES BY PUBLIC AND PRIVATE PURCHASERS AND
16 CONSUMERS;

17 (d) RESULT IN USABLE AND COMPARABLE INFORMATION THAT
18 ALLOWS PUBLIC AND PRIVATE HEALTH CARE PURCHASERS, CONSUMERS,
19 AND DATA ANALYSTS TO IDENTIFY AND COMPARE HEALTH PLANS, HEALTH
20 INSURERS, HEALTH CARE FACILITIES, AND HEALTH CARE PROVIDERS
21 REGARDING THE PROVISION OF SAFE, COST-EFFECTIVE, HIGH-QUALITY
22 HEALTH CARE SERVICES;

23 (e) USE AND BUILD UPON EXISTING DATA COLLECTION STANDARDS
24 AND METHODS TO ESTABLISH AND MAINTAIN THE DATABASE IN A
25 COST-EFFECTIVE AND EFFICIENT MANNER;

26 (f) ARE DESIGNED TO MEASURE THE FOLLOWING PERFORMANCE
27 DOMAINS: SAFETY, TIMELINESS, EFFECTIVENESS, EFFICIENCY, EQUITY,

1 AND PATIENT-CENTEREDNESS;

2 (g) INCORPORATE AND UTILIZE CLAIMS, ELIGIBILITY, AND OTHER
3 PUBLICLY AVAILABLE DATA TO THE EXTENT IT IS THE MOST
4 COST-EFFECTIVE METHOD OF COLLECTING DATA TO MINIMIZE THE COST
5 AND ADMINISTRATIVE BURDEN ON DATA SOURCES;

6 (h) INCLUDE RECOMMENDATIONS ABOUT WHETHER TO INCLUDE
7 DATA ON THE UNINSURED;

8 (i) DISCUSS THE HARMONIZATION OF A COLORADO DATABASE
9 WITH OTHER STATES', REGIONS', AND FEDERAL EFFORTS CONCERNING
10 ALL-PAYER CLAIMS DATABASES;

11 (j) DISCUSS THE HARMONIZATION OF A COLORADO DATABASE
12 WITH FEDERAL LEGISLATION CONCERNING AN ALL-PAYER CLAIMS
13 DATABASE;

14 (k) DISCUSS A LIMIT ON THE NUMBER OF TIMES THE
15 ADMINISTRATOR MAY REQUIRE SUBMISSION OF THE REQUIRED DATA
16 ELEMENTS;

17 (l) DISCUSS A LIMIT ON THE NUMBER OF TIMES THE
18 ADMINISTRATOR MAY CHANGE THE REQUIRED DATA ELEMENTS FOR
19 SUBMISSION IN A CALENDAR YEAR CONSIDERING ADMINISTRATIVE COSTS,
20 RESOURCES, AND TIME REQUIRED TO FULFILL THE REQUESTS; AND

21 (m) DISCUSS COMPLIANCE WITH THE "HEALTH INSURANCE
22 PORTABILITY AND ACCOUNTABILITY ACT OF 1996, PUB. L. 104-191, AS
23 AMENDED, AND OTHER PROPRIETARY INFORMATION RELATED TO
24 COLLECTION AND RELEASE OF DATA.

25 (3) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS
26 TO THE EXECUTIVE DIRECTOR TO DETERMINE HOW THE ONGOING
27 OVERSIGHT OF THE OPERATIONS OF THE ALL-PAYER HEALTH CLAIMS

1 DATABASE SHOULD FUNCTION, INCLUDING WHERE THE DATABASE SHOULD
2 BE HOUSED.

3 (4) THE ADMINISTRATOR SHALL SEEK FUNDING FOR THE CREATION
4 OF THE ALL-PAYER HEALTH CLAIMS DATABASE AND DEVELOP A PLAN FOR
5 THE FINANCIAL STABILITY OF THE DATABASE. ON OR BEFORE MARCH 1,
6 2011, THE ADMINISTRATOR SHALL REPORT TO THE GOVERNOR AND THE
7 GENERAL ASSEMBLY ON THE STATUS OF THE FUNDING EFFORT AND ON THE
8 STATUS OF THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE. THE
9 REPORT SHALL INCLUDE THE FINAL DATA ELEMENTS RECOMMENDED BY
10 THE ADVISORY COMMITTEE, THE FINAL PROVISIONS CONTEMPLATED TO
11 COMPLY WITH THE "HEALTH INSURANCE PORTABILITY AND
12 ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, AND ANY
13 OTHER FINAL RECOMMENDATIONS THAT ARE READY AT THE TIME OF THE
14 REPORT. IF SUFFICIENT FUNDING IS RECEIVED THROUGH GIFTS, GRANTS,
15 AND DONATIONS ON OR BEFORE JANUARY 1, 2012, AS DETERMINED BY THE
16 EXECUTIVE DIRECTOR, THE ADMINISTRATOR SHALL, IN CONSULTATION
17 WITH THE ADVISORY COMMITTEE, CREATE THE COLORADO ALL-PAYER
18 CLAIMS DATABASE. THE COLORADO ALL-PAYER CLAIMS DATABASE SHALL
19 BE OPERATIONAL NO LATER THAN JANUARY 1, 2013.

20 (5) IF SUFFICIENT FUNDING IS RECEIVED, THE EXECUTIVE DIRECTOR
21 SHALL DIRECT THE ADMINISTRATOR TO CREATE THE DATABASE AND THE
22 ADMINISTRATOR SHALL:

23 (a) DETERMINE THE DATA TO BE COLLECTED FROM PAYERS AND
24 THE METHOD OF COLLECTION, INCLUDING MANDATORY AND VOLUNTARY
25 REPORTING OF HEALTH CARE AND HEALTH QUALITY DATA. IF THE
26 ADMINISTRATOR REQUIRES MANDATORY REPORTING, COVERCOLORADO,
27 CREATED IN PART 5 OF ARTICLE 8 OF TITLE 10, C.R.S., SHALL BE INCLUDED

1 IN THE MANDATORY REPORTING REQUIREMENTS.

2 (b) SEEK TO ESTABLISH AGREEMENTS FOR VOLUNTARY REPORTING
3 OF HEALTH CARE CLAIMS DATA FROM HEALTH CARE PAYERS THAT ARE NOT
4 SUBJECT TO MANDATORY REPORTING REQUIREMENTS IN ORDER TO ENSURE
5 AVAILABILITY OF THE MOST COMPREHENSIVE AND SYSTEMWIDE DATA ON
6 HEALTH CARE COSTS AND QUALITY;

7 (c) SEEK TO ESTABLISH AGREEMENTS OR REQUESTS WITH THE
8 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO OBTAIN
9 MEDICARE HEALTH CLAIMS DATA;

10 (d) DETERMINE THE MEASURES NECESSARY TO IMPLEMENT THE
11 REPORTING REQUIREMENTS IN A MANNER THAT IS COST-EFFECTIVE AND
12 REASONABLE FOR DATA SOURCES AND TIMELY, RELEVANT, AND RELIABLE
13 FOR CONSUMERS, PUBLIC AND PRIVATE PURCHASERS, PROVIDERS, AND
14 POLICYMAKERS;

15 (e) DETERMINE THE REPORTS AND DATA TO BE MADE AVAILABLE
16 TO THE PUBLIC WITH RECOMMENDATIONS FROM THE ADVISORY
17 COMMITTEE IN ORDER TO ACCOMPLISH THE PURPOSES OF THIS SECTION,
18 INCLUDING CONDUCTING STUDIES AND REPORTING THE RESULTS OF THE
19 STUDIES;

20 (f) COLLECT, AGGREGATE, DISTRIBUTE, AND PUBLICLY REPORT
21 PERFORMANCE DATA ON QUALITY, HEALTH OUTCOMES, HEALTH
22 DISPARITIES, COST, UTILIZATION, AND PRICING IN A MANNER ACCESSIBLE
23 FOR CONSUMERS, PUBLIC AND PRIVATE PURCHASERS, PROVIDERS, AND
24 POLICYMAKERS;

25 (g) PROTECT PATIENT PRIVACY IN COMPLIANCE WITH STATE AND
26 FEDERAL MEDICAL PRIVACY LAWS WHILE PRESERVING THE ABILITY TO
27 ANALYZE DATA AND SHARE WITH PROVIDERS AND PAYERS TO ENSURE

1 ACCURACY PRIOR TO THE PUBLIC RELEASE OF INFORMATION;

2 (h) REPORT TO THE GOVERNOR AND THE GENERAL ASSEMBLY ON
3 OR BEFORE MARCH 1 OF EACH YEAR ON THE STATUS OF IMPLEMENTING
4 THE DATABASE AND ANY RECOMMENDATIONS FOR STATUTORY OR
5 REGULATORY CHANGES, WITH INPUT FROM THE ADVISORY COMMITTEE OR
6 ITS SUCCESSOR GOVERNANCE ENTITY, THAT WOULD ADVANCE THE
7 PURPOSES OF THIS SECTION;

8 (i) PROVIDE LEADERSHIP AND COORDINATION OF PUBLIC AND
9 PRIVATE HEALTH CARE QUALITY AND PERFORMANCE MEASUREMENTS TO
10 ENSURE EFFICIENCY, COST-EFFECTIVENESS, TRANSPARENCY, AND
11 INFORMED CHOICE BY CONSUMERS AND PUBLIC AND PRIVATE PURCHASERS.

12 (6) THE ADMINISTRATOR, WITH INPUT FROM THE ADVISORY
13 COMMITTEE:

14 (a) SHALL INCORPORATE AND UTILIZE PUBLICLY AVAILABLE DATA
15 OTHER THAN ADMINISTRATIVE CLAIMS DATA IF NECESSARY TO MEASURE
16 AND ANALYZE A SIGNIFICANT HEALTH CARE QUALITY, SAFETY, OR COST
17 ISSUE THAT CANNOT BE ADEQUATELY MEASURED WITH ADMINISTRATIVE
18 CLAIMS DATA ALONE;

19 (b) SHALL REQUIRE PAYER DATA SOURCES TO SUBMIT DATA
20 NECESSARY TO IMPLEMENT THE ALL-PAYER CLAIMS DATABASE;

21 (c) SHALL DETERMINE THE DATA ELEMENTS TO BE COLLECTED, THE
22 REPORTING FORMATS FOR DATA SUBMITTED, AND THE USE AND REPORTING
23 OF ANY DATA SUBMITTED. DATA COLLECTION SHALL ALIGN WITH
24 NATIONAL, REGIONAL, AND OTHER UNIFORM ALL-PAYER CLAIMS
25 DATABASES' STANDARDS WHERE POSSIBLE.

26 (d) MAY AUDIT THE ACCURACY OF ALL DATA SUBMITTED;

27 (e) MAY CONTRACT WITH THIRD PARTIES TO COLLECT AND PROCESS

1 THE HEALTH CARE DATA COLLECTED PURSUANT TO THIS SECTION. THE
2 CONTRACT SHALL PROHIBIT THE COLLECTION OF UNENCRYPTED SOCIAL
3 SECURITY NUMBERS AND THE USE OF THE DATA FOR ANY PURPOSE OTHER
4 THAN THOSE SPECIFICALLY AUTHORIZED BY THE CONTRACT. THE
5 CONTRACT SHALL REQUIRE THE THIRD PARTY TO TRANSMIT THE DATA
6 COLLECTED AND PROCESSED UNDER THE CONTRACT TO THE
7 ADMINISTRATOR OR OTHER DESIGNATED ENTITY.

8 (f) MAY SHARE DATA REGIONALLY OR HELP DEVELOP A
9 MULTI-STATE EFFORT IF RECOMMENDED BY THE ADVISORY COMMITTEE.

10 (7) THE ALL-PAYER HEALTH CLAIMS DATABASE SHALL:

11 (a) BE AVAILABLE TO THE PUBLIC WHEN DISCLOSED IN A FORM AND
12 MANNER THAT ENSURES THE PRIVACY AND SECURITY OF PERSONAL HEALTH
13 INFORMATION AS REQUIRED BY STATE AND FEDERAL LAW, AS A RESOURCE
14 TO INSURERS, CONSUMERS, EMPLOYERS, PROVIDERS, PURCHASERS OF
15 HEALTH CARE, AND STATE AGENCIES TO ALLOW FOR CONTINUOUS REVIEW
16 OF HEALTH CARE UTILIZATION, EXPENDITURES, AND QUALITY AND SAFETY
17 PERFORMANCE IN COLORADO;

18 (b) BE AVAILABLE TO STATE AGENCIES AND PRIVATE ENTITIES IN
19 COLORADO ENGAGED IN EFFORTS TO IMPROVE HEALTH CARE, SUBJECT TO
20 RULES PROMULGATED BY THE EXECUTIVE DIRECTOR;

21 (c) BE PRESENTED TO ALLOW FOR COMPARISONS OF GEOGRAPHIC,
22 DEMOGRAPHIC, AND ECONOMIC FACTORS AND INSTITUTIONAL SIZE;

23 (d) PRESENT DATA IN A CONSUMER-FRIENDLY MANNER.

24 (8) THE COLLECTION, STORAGE, AND RELEASE OF HEALTH CARE
25 DATA AND OTHER INFORMATION PURSUANT TO THIS SECTION IS SUBJECT TO
26 THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY
27 ACT OF 1996", PUB.L. 104-191, AS AMENDED.

1 (9) THE EXECUTIVE DIRECTOR SHALL PROMULGATE RULES AS
2 NECESSARY TO IMPLEMENT THIS SECTION, WHICH RULES SHALL INCLUDE
3 THE ASSESSMENT OF A FINE FOR A PAYER REQUIRED TO SUBMIT DATA THAT
4 DOES NOT COMPLY WITH THIS SECTION. ANY FINES COLLECTED SHALL BE
5 DEPOSITED IN THE ALL-PAYER HEALTH CLAIMS DATABASE CASH FUND,
6 WHICH IS HEREBY CREATED IN THE STATE TREASURY. THE MONEYS IN THE
7 FUND SHALL BE APPROPRIATED TO THE DEPARTMENT OF HEALTH CARE
8 POLICY AND FINANCING FOR THE PURPOSE OF MAINTAINING THE ALL-PAYER
9 HEALTH CLAIMS DATABASE. THE MONEYS IN THE FUND SHALL REMAIN IN
10 THE FUND AND NOT REVERT TO THE GENERAL FUND OR ANY OTHER FUND
11 AT THE END OF ANY FISCAL YEAR.

12 (10) THIS SECTION IS REPEALED, JANUARY 1, 2012, UNLESS THE
13 EXECUTIVE DIRECTOR NOTIFIES THE REVISOR OF STATUTES ON OR BEFORE
14 SUCH DATE THAT SUFFICIENT FUNDING TO CREATE THE DATABASE, AS
15 DETERMINED BY THE EXECUTIVE DIRECTOR, ADVISORY COMMITTEE, AND
16 ADMINISTRATOR, HAS BEEN RECEIVED THROUGH GIFTS, GRANTS, AND
17 DONATIONS.

18 (11) IF AT ANY TIME, THERE IS NOT SUFFICIENT FUNDING TO
19 FINANCE THE ONGOING OPERATIONS OF THE DATABASE, THE DATABASE
20 SHALL CEASE OPERATING AND THE ADVISORY COMMITTEE AND
21 ADMINISTRATOR SHALL NO LONGER HAVE THE DUTY TO CARRY OUT THE
22 FUNCTIONS REQUIRED PURSUANT TO THIS SECTION. IF THE DATABASE
23 CEASES TO OPERATE, THE DATA SUBMITTED SHALL BE DESTROYED OR
24 RETURNED TO ITS ORIGINAL SOURCE.

25 **SECTION 2.** 2-3-1203 (3) (z), Colorado Revised Statutes, is
26 amended BY THE ADDITION OF A NEW SUBPARAGRAPH to read:

27 **2-3-1203. Sunset review of advisory committees.** (3) The

1 following dates are the dates for which the statutory authorization for the
2 designated advisory committees is scheduled for repeal:

3 (z) July 1, 2013:

4 (VI) THE ADVISORY COMMITTEE TO ESTABLISH AN ALL-PAYER
5 HEALTH CLAIMS DATABASE CREATED IN SECTION 25.5-1-204 (1), C.R.S.

6 **SECTION 3. Act subject to petition - effective date.** This act
7 shall take effect at 12:01 a.m. on the day following the expiration of the
8 ninety-day period after final adjournment of the general assembly (August
9 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a
10 referendum petition is filed pursuant to section 1 (3) of article V of the
11 state constitution against this act or an item, section, or part of this act
12 within such period, then the act, item, section, or part shall not take effect
13 unless approved by the people at the general election to be held in
14 November 2010 and shall take effect on the date of the official declaration
15 of the vote thereon by the governor.