

Second Regular Session  
Sixty-seventh General Assembly  
STATE OF COLORADO

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 10-0523.01 Kristen Forrestal

**HOUSE BILL 10-1330**

**HOUSE SPONSORSHIP**

**Kefalas and Kagan**, Apuan, Court, Fischer, Gagliardi, Levy, Miklosi, Pace, Primavera,  
Rice, Riesberg, Solano, Tyler, Vigil

**SENATE SPONSORSHIP**

**Morse**,

**House Committees**

Health and Human Services

**Senate Committees**

Health and Human Services

Appropriations

**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.*

HOUSE  
3rd Reading Unamended  
March 9, 2010

HOUSE  
Amended 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.

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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 AND

10 (XVII) TWO REPRESENTATIVES OF NONPROFIT ORGANIZATIONS

11 THAT FACILITATE HEALTH INFORMATION EXCHANGE TO IMPROVE HEALTH

12 CARE FOR ALL COLORADANS.

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

14 MEMBERS OF THE ADVISORY COMMITTEE:

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

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

17 ADMINISTRATION;

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

19

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

21 OR HIS OR HER DESIGNEE; AND

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

23 MAJORITY PARTY AND ONE FROM THE MINORITY PARTY.

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

25 THE EXECUTIVE DIRECTOR SHALL INCLUDE AT LEAST TWO MEMBERS WHO

26 RESIDE IN A RURAL COMMUNITY WITH A POPULATION OF LESS THAN FIFTY

27 THOUSAND OR WHO REPRESENT RURAL INTERESTS.

1 (e) (I) THIS SUBSECTION (1) IS REPEALED, EFFECTIVE JULY 1, 2013.

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

5 (2) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS  
6 TO THE ADMINISTRATOR REGARDING THE DATABASE THAT:

7 (a) INCLUDE SPECIFIC STRATEGIES TO MEASURE AND COLLECT  
8 DATA RELATED TO HEALTH CARE SAFETY AND QUALITY, UTILIZATION,  
9 HEALTH OUTCOMES, AND COST TO CONSUMERS, PAYERS, PROVIDERS, AND  
10 PURCHASERS;

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

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

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

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

25 (f) ARE DESIGNED TO MEASURE THE FOLLOWING PERFORMANCE  
26 DOMAINS: SAFETY, TIMELINESS, EFFECTIVENESS, EFFICIENCY, EQUITY,  
27 AND PATIENT-CENTEREDNESS;

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

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

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

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

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

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

20 (3) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS  
21 TO THE EXECUTIVE DIRECTOR TO DETERMINE HOW THE ONGOING  
22 OVERSIGHT OF THE OPERATIONS OF THE ALL-PAYER HEALTH CLAIMS  
23 DATABASE SHOULD FUNCTION, INCLUDING WHERE THE DATABASE SHOULD  
24 BE HOUSED.

25 (4) THE ADMINISTRATOR SHALL SEEK FUNDING FOR THE CREATION  
26 OF THE ALL-PAYER HEALTH CLAIMS DATABASE AND DEVELOP A PLAN FOR  
27 THE FINANCIAL STABILITY OF THE DATABASE. ON OR BEFORE MARCH 1,

1 2011, THE ADMINISTRATOR SHALL REPORT TO THE GOVERNOR AND THE  
2 GENERAL ASSEMBLY ON THE STATUS OF THE FUNDING EFFORT AND ON THE  
3 STATUS OF THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE. IF  
4 SUFFICIENT FUNDING IS RECEIVED THROUGH GIFTS, GRANTS, AND  
5 DONATIONS ON OR BEFORE JANUARY 1, 2012, AS DETERMINED BY THE  
6 EXECUTIVE DIRECTOR, THE ADMINISTRATOR SHALL, IN CONSULTATION  
7 WITH THE ADVISORY COMMITTEE, CREATE THE COLORADO ALL-PAYER  
8 CLAIMS DATABASE. THE COLORADO ALL-PAYER CLAIMS DATABASE SHALL  
9 BE OPERATIONAL NO LATER THAN JANUARY 1, 2013.

10 (5) IF SUFFICIENT FUNDING IS RECEIVED, THE EXECUTIVE DIRECTOR  
11 SHALL DIRECT THE ADMINISTRATOR TO CREATE THE DATABASE AND THE  
12 ADMINISTRATOR SHALL:

13 (a) DETERMINE THE DATA TO BE COLLECTED FROM PAYERS AND  
14 THE METHOD OF COLLECTION, INCLUDING MANDATORY AND VOLUNTARY  
15 REPORTING OF HEALTH CARE AND HEALTH QUALITY DATA. IF THE  
16 ADMINISTRATOR REQUIRES MANDATORY REPORTING, COVERCOLORADO,  
17 CREATED IN PART 5 OF ARTICLE 8 OF TITLE 10, C.R.S., SHALL BE INCLUDED  
18 IN THE MANDATORY REPORTING REQUIREMENTS.

19 (b) SEEK TO ESTABLISH AGREEMENTS FOR VOLUNTARY REPORTING  
20 OF HEALTH CARE CLAIMS DATA FROM HEALTH CARE PAYERS THAT ARE NOT  
21 SUBJECT TO MANDATORY REPORTING REQUIREMENTS IN ORDER TO ENSURE  
22 AVAILABILITY OF THE MOST COMPREHENSIVE AND SYSTEMWIDE DATA ON  
23 HEALTH CARE COSTS AND QUALITY;

24 (c) SEEK TO ESTABLISH AGREEMENTS OR REQUESTS WITH THE  
25 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO OBTAIN  
26 MEDICARE HEALTH CLAIMS DATA;

27 (d) DETERMINE THE MEASURES NECESSARY TO IMPLEMENT THE

1 REPORTING REQUIREMENTS IN A MANNER THAT IS COST-EFFECTIVE AND  
2 REASONABLE FOR DATA SOURCES AND TIMELY, RELEVANT, AND RELIABLE  
3 FOR CONSUMERS, PUBLIC AND PRIVATE PURCHASERS, PROVIDERS, AND  
4 POLICYMAKERS;

5 (e) DETERMINE THE REPORTS AND DATA TO BE MADE AVAILABLE  
6 TO THE PUBLIC WITH RECOMMENDATIONS FROM THE ADVISORY  
7 COMMITTEE IN ORDER TO ACCOMPLISH THE PURPOSES OF THIS SECTION,  
8 INCLUDING CONDUCTING STUDIES AND REPORTING THE RESULTS OF THE  
9 STUDIES;

10 (f) COLLECT, AGGREGATE, DISTRIBUTE, AND PUBLICLY REPORT  
11 PERFORMANCE DATA ON QUALITY, HEALTH OUTCOMES, HEALTH  
12 DISPARITIES, COST, UTILIZATION, AND PRICING IN A MANNER ACCESSIBLE  
13 FOR CONSUMERS, PUBLIC AND PRIVATE PURCHASERS, PROVIDERS, AND  
14 POLICYMAKERS;

15 (g) PROTECT PATIENT PRIVACY IN COMPLIANCE WITH STATE AND  
16 FEDERAL MEDICAL PRIVACY LAWS WHILE PRESERVING THE ABILITY TO  
17 ANALYZE DATA AND SHARE WITH PROVIDERS AND PAYERS TO ENSURE  
18 ACCURACY PRIOR TO THE PUBLIC RELEASE OF INFORMATION;

19 (h) REPORT TO THE GOVERNOR AND THE GENERAL ASSEMBLY ON  
20 OR BEFORE MARCH 1 OF EACH YEAR ON THE STATUS OF IMPLEMENTING  
21 THE DATABASE AND ANY RECOMMENDATIONS FOR STATUTORY OR  
22 REGULATORY CHANGES, WITH INPUT FROM THE ADVISORY COMMITTEE OR  
23 ITS SUCCESSOR GOVERNANCE ENTITY, THAT WOULD ADVANCE THE  
24 PURPOSES OF THIS SECTION;

25 (i) PROVIDE LEADERSHIP AND COORDINATION OF PUBLIC AND  
26 PRIVATE HEALTH CARE QUALITY AND PERFORMANCE MEASUREMENTS TO  
27 ENSURE EFFICIENCY, COST-EFFECTIVENESS, TRANSPARENCY, AND



1 INFORMED CHOICE BY CONSUMERS AND PUBLIC AND PRIVATE PURCHASERS.

2 (6) THE ADMINISTRATOR, WITH INPUT FROM THE ADVISORY  
3 COMMITTEE:

4 (a) SHALL INCORPORATE AND UTILIZE PUBLICLY AVAILABLE DATA  
5 OTHER THAN ADMINISTRATIVE CLAIMS DATA IF NECESSARY TO MEASURE  
6 AND ANALYZE A SIGNIFICANT HEALTH CARE QUALITY, SAFETY, OR COST  
7 ISSUE THAT CANNOT BE ADEQUATELY MEASURED WITH ADMINISTRATIVE  
8 CLAIMS DATA ALONE;

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

11 (c) SHALL DETERMINE THE DATA ELEMENTS TO BE COLLECTED, THE  
12 REPORTING FORMATS FOR DATA SUBMITTED, AND THE USE AND REPORTING  
13 OF ANY DATA SUBMITTED. DATA COLLECTION SHALL ALIGN WITH  
14 NATIONAL, REGIONAL, AND OTHER UNIFORM ALL-PAYER CLAIMS  
15 DATABASES' STANDARDS WHERE POSSIBLE.

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

17 (e) MAY CONTRACT WITH THIRD PARTIES TO COLLECT AND PROCESS  
18 THE HEALTH CARE DATA COLLECTED PURSUANT TO THIS SECTION. THE  
19 CONTRACT SHALL PROHIBIT THE COLLECTION OF UNENCRYPTED SOCIAL  
20 SECURITY NUMBERS AND THE USE OF THE DATA FOR ANY PURPOSE OTHER  
21 THAN THOSE SPECIFICALLY AUTHORIZED BY THE CONTRACT. THE  
22 CONTRACT SHALL REQUIRE THE THIRD PARTY TO TRANSMIT THE DATA  
23 COLLECTED AND PROCESSED UNDER THE CONTRACT TO THE  
24 ADMINISTRATOR OR OTHER DESIGNATED ENTITY.

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

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

1 (a) BE AVAILABLE TO THE PUBLIC WHEN DISCLOSED IN A FORM AND  
2 MANNER THAT ENSURES THE PRIVACY AND SECURITY OF PERSONAL HEALTH  
3 INFORMATION AS REQUIRED BY STATE AND FEDERAL LAW, AS A RESOURCE  
4 TO INSURERS, CONSUMERS, EMPLOYERS, PROVIDERS, PURCHASERS OF  
5 HEALTH CARE, AND STATE AGENCIES TO ALLOW FOR CONTINUOUS REVIEW  
6 OF HEALTH CARE UTILIZATION, EXPENDITURES, AND QUALITY AND SAFETY  
7 PERFORMANCE IN COLORADO;

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

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

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

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

18 (9) THE EXECUTIVE DIRECTOR SHALL PROMULGATE RULES AS  
19 NECESSARY TO IMPLEMENT THIS SECTION, WHICH RULES SHALL INCLUDE  
20 THE ASSESSMENT OF A FINE FOR A PAYER REQUIRED TO SUBMIT DATA THAT  
21 DOES NOT COMPLY WITH THIS SECTION. ANY FINES COLLECTED SHALL BE  
22 DEPOSITED IN THE ALL-PAYER HEALTH CLAIMS DATABASE CASH FUND,  
23 WHICH IS HEREBY CREATED IN THE STATE TREASURY. THE MONEYS IN THE  
24 FUND SHALL BE APPROPRIATED TO THE DEPARTMENT OF HEALTH CARE  
25 POLICY AND FINANCING FOR THE PURPOSE OF MAINTAINING THE ALL-PAYER  
26 HEALTH CLAIMS DATABASE. THE MONEYS IN THE FUND SHALL REMAIN IN  
27 THE FUND AND NOT REVERT TO THE GENERAL FUND OR ANY OTHER FUND

1 AT THE END OF ANY FISCAL YEAR.

2 (10) THIS SECTION IS REPEALED, JANUARY 1, 2012, UNLESS THE  
3 EXECUTIVE DIRECTOR NOTIFIES THE REVISOR OF STATUTES ON OR BEFORE  
4 SUCH DATE THAT SUFFICIENT FUNDING TO CREATE THE DATABASE, AS  
5 DETERMINED BY THE EXECUTIVE DIRECTOR, ADVISORY COMMITTEE, AND  
6 ADMINISTRATOR, HAS BEEN RECEIVED THROUGH GIFTS, GRANTS, AND  
7 DONATIONS.

8 (11) IF AT ANY TIME, THERE IS NOT SUFFICIENT FUNDING TO  
9 FINANCE THE ONGOING OPERATIONS OF THE DATABASE, THE DATABASE  
10 SHALL CEASE OPERATING AND THE ADVISORY COMMITTEE AND  
11 ADMINISTRATOR SHALL NO LONGER HAVE THE DUTY TO CARRY OUT THE  
12 FUNCTIONS REQUIRED PURSUANT TO THIS SECTION. IF THE DATABASE  
13 CEASES TO OPERATE, THE DATA SUBMITTED SHALL BE DESTROYED OR  
14 RETURNED TO ITS ORIGINAL SOURCE.

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

17 **2-3-1203. Sunset review of advisory committees.** (3) The  
18 following dates are the dates for which the statutory authorization for the  
19 designated advisory committees is scheduled for repeal:

20 (z) July 1, 2013:

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

23 **SECTION 3. Act subject to petition - effective date.** This act  
24 shall take effect at 12:01 a.m. on the day following the expiration of the  
25 ninety-day period after final adjournment of the general assembly (August  
26 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a  
27 referendum petition is filed pursuant to section 1 (3) of article V of the

1 state constitution against this act or an item, section, or part of this act  
2 within such period, then the act, item, section, or part shall not take effect  
3 unless approved by the people at the general election to be held in  
4 November 2010 and shall take effect on the date of the official declaration  
5 of the vote thereon by the governor.