



Colorado  
Legislative  
Council  
Staff

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MEMORANDUM

July 9, 2009

**TO:** Members of the Health Care Task Force

**FROM:** Elizabeth Burger, Senior Analyst, 303-866-6272  
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**SUBJECT:** Overview of the Health Care Task Force

This memorandum provides the 2009 membership of the Health Care Task Force, charge of the task force, legislation from the 2008 task force, bill limits, and request deadlines applicable to the task force.

**Membership for 2009**

Senator Betty Boyd  
Chair  
Senator Joyce Foster  
Senator Gail Schwartz  
Senator Kevin Lundberg  
Senator Ted Harvey

Representative Jerry Frangas  
Vice-Chair  
Representative Beth McCann  
Representative Dennis Apuan  
Representative Jim Kerr  
Representative Tom Massey

**Meeting Dates**

The task force is scheduled to meet on the following dates during the 2009 interim. Each meeting is tentatively scheduled from 9:00 a.m. to 4:00 p.m.:

Thursday, July 9, 2009 - SCR 356  
Monday, August 10, 2009 - HCR 112  
Tuesday, August 11, 2009 - HCR 112  
Monday, August 31, 2009 - HCR 112  
Monday, October 19, 2009 - HCR 112

**Task Force Details and Charge**

The Health Care Task Force is required to meet a minimum of four times annually.

Members serve without compensation, but may be reimbursed for expenses. Among the items the task force may study pursuant to the statutory charge of the committee<sup>1</sup> are:

- health care issues that may affect health insurance;
- emerging trends in Colorado health care and their impacts on consumers, including, but not limited to:
  - ▶ changes in relationships among health care providers, patients, and payors;
  - ▶ restrictions in health care options available to consumers;
  - ▶ professional liability issues arising from such restrictions;
  - ▶ medical and patient record confidentiality;
  - ▶ health care work force requirements; and
  - ▶ home care in the continuum of care;
- the ability of consumers to obtain and keep adequate, affordable health insurance coverage, including coverage for catastrophic illnesses;
- the effect of managed care on the ability of consumers to obtain timely access to quality care;
- the effect of recent shifts in the way health care is delivered and paid for;
- the operation of the program for the medically indigent in order to give guidance and direction to the Department of Health Care Policy and Financing in the development and operation of such program;
- future trends for health care coverage rates for employees and employers;
- costs and benefits of providing preventive care and early treatment for people with chronic illnesses who may eventually need long-term care;
- rural health care issues;
- options for addressing needs of the uninsured population;
- network adequacy and the adequacy of access to providers;
- reimbursement processes for health care services by third-party payors and cooperation between providers and carriers;
- certificates of need;
- increased access to health care through the use of appropriate communication

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<sup>1</sup> Section 10-16-221, C.R.S.

technologies, including the use of telemedicine; and

- the establishment of a new system to reimburse emergency responders and trauma care providers for unreimbursed costs.

Two additional charges items of study were added to the Health Care Task Force's charge during the 2009 legislative session. House Bill 09-1102 requires the Health Care Task Force to study the portability of health insurance after a policyholder has been separated from employment. House Bill 09-1224 requires the Health Care Task Force to examine issues raised by the introduced version of the bill. The introduced version of House Bill 09-1224 prohibited health insurance carriers from varying the rates of individual health insurance policies based on the gender of the individual insured.

***Legislation that came out of the 2008 task force.*** Some of the issues the task force focused on in 2008 were health information technology, mental health care, oral health care, recommendations from the Vulnerable Populations Task Force, health care professionals, and health facility reporting requirements. As a result, several pieces of legislation were introduced including:

- Report Hospital Infection Rates Criteria (House Bill 09-1025), which was signed into law;
- Electronic Prescriptions in Medicaid (House Bill 09-1073), which was signed into law;
- Colorado Indigent Care Accountability Board (House Bill 09-1028), which was postponed indefinitely;
- Add Adult Dental to Medicaid and CHP+ (Senate Bill 09-009), which was postponed indefinitely;
- Behavioral Health Commission Creation (Senate Bill 09-011), which was postponed indefinitely; and
- Peer Review Health Care Providers (Senate Bill 09-012), which was postponed indefinitely.

### **Committee Recommendations to Legislative Council**

***Bill limits.*** The task force may recommend no more than eight bills to the Legislative Council, unless the Executive Committee of the Legislative Council approves a greater number. Bills approved by the Legislative Council do not count against a member's five bill limit for the regular legislative session.<sup>2</sup>

***Legislative Council review.*** The Legislative Council is tentatively set to review interim committee recommendations on November 13, 2009. Bills not approved by Legislative Council may be introduced into the regular session, but such bills will count against a member's five bill limit. Interim committee bills must have prime sponsors prior to consideration by the Legislative Council.<sup>3</sup> Bill sponsors do not need to be members of the Health Care Task Force.

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<sup>1</sup> Joint Rule 24 (b) (1) (D)

<sup>2</sup> Joint Rule 24 (b) (1) (E)

***Requirements for bill drafts.*** Requests for bill drafts must be made no later than the Monday, August 31, 2009, meeting of the task force to allow sufficient time for drafting and final consideration by the members. Final proposed legislation must be approved at the Monday, October 19, 2009, meeting of the task force in order to be considered at the November 13, 2009, meeting of the Legislative Council.