

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 14-0632.01 Christy Chase x2008

SENATE BILL 14-187

SENATE SPONSORSHIP

Aguilar and Roberts,

HOUSE SPONSORSHIP

Stephens and Schafer,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING CREATION OF THE COLORADO COMMISSION ON**
102 **AFFORDABLE HEALTH CARE TO ANALYZE HEALTH CARE COSTS**
103 **IN COLORADO.**

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 creates the Colorado commission on affordable health care and tasks the commission with studying and making recommendations regarding health care costs, focusing on evidence-based cost controls and access and quality of care. The governor and legislative leadership from

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.

both houses and parties are to appoint the 12-member commission, assuring representation from across the state and by individuals with expertise in various subject areas, including health care administration, financing, delivery, and consumption. Additionally, the commissioner of insurance, the executive directors of the departments of public health and environment, human services, and health care policy and financing, and an administrator from the all-payer health claims database serve as ex officio, nonvoting members of the commission.

The commission is to make recommendations regarding legislative and regulatory modifications that could make health care affordable while improving access and quality of health care.

The commission may hire staff to facilitate its work and may request the office of legislative legal services to provide staff to attend commission meetings and provide support for the commission's activities.

The commission is authorized to accept gifts, grants, and donations to fund the commission's duties. Additionally, for the 2014-15 fiscal year, the general assembly is to appropriate \$400,000 to the commission.

The commission is repealed on July 1, 2017.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 45 to title
3 25 as follows:

4 **ARTICLE 45**

5 **Colorado Commission on Affordable Health Care**

6 **25-45-101. Legislative declaration.** (1) THE GENERAL ASSEMBLY
7 FINDS AND DECLARES THAT:

8 (a) ENSURING ACCESS TO QUALITY AFFORDABLE HEALTH CARE IS
9 OF PARAMOUNT CONCERN TO THE CITIZENS OF COLORADO;

10 (b) IMPROVING THE AFFORDABILITY OF HEALTH CARE INVOLVES A
11 COMPREHENSIVE EXAMINATION OF AND RECOMMENDATIONS REGARDING
12 THE MAJOR AND FUNDAMENTAL DRIVERS OF HEALTH CARE COSTS;

13 (c) CURRENT COMMITMENTS OF THE DEPARTMENT OF HEALTH
14 CARE POLICY AND FINANCING REQUIRE THE EXPENDITURE OF A
15 SIGNIFICANT PERCENTAGE OF THE ANNUAL STATE BUDGET ON HEALTH

1 CARE;

2 (d) INCREASED COSTS OF HEALTH CARE WILL REQUIRE THAT AN
3 EVEN GREATER PERCENTAGE OF THE STATE BUDGET BE DEDICATED TO
4 HEALTH CARE COSTS, CONSTRAINING THE PRIVATE SECTOR BY
5 RESTRICTING AVAILABLE DOLLARS FOR INFRASTRUCTURE IMPROVEMENT
6 AND EXPANSION AND HAMPERING COLORADO'S ECONOMIC
7 COMPETITIVENESS;

8 (e) FACTORS THAT MAY CONTRIBUTE TO ESCALATING HEALTH
9 CARE COSTS INCLUDE:

10 (I) PAYMENTS THAT REWARD VOLUME OF SERVICES RATHER THAN
11 OUTCOMES;

12 (II) LACK OF TRANSPARENT INFORMATION ABOUT PRICES;

13 (III) INSUFFICIENT TYPE AND DISTRIBUTION OF PROVIDERS;

14 (IV) TYPE, QUALITY, AND DISTRIBUTION OF PROVIDERS;

15 (V) HIGH AND REDUNDANT ADMINISTRATIVE COSTS;

16 (VI) POOR QUALITY OF CARE;

17 (VII) INEFFICIENT DELIVERY OF CARE;

18 (VIII) PATIENT NONCOMPLIANCE;

19 (IX) LIFESTYLE;

20 (X) POPULATION DEMOGRAPHICS;

21 (XI) LACK OF COMPETITION;

22 (XII) FRAUD, WASTE, AND ABUSE; AND

23 (XIII) MISSED PREVENTION OPPORTUNITIES;

24 (f) PRIVATE SECTOR INITIATIVES ALREADY EXIST TO ANALYZE
25 COSTS AND IMPROVE QUALITY OF HEALTH CARE IN COLORADO, BUT THEY
26 LACK THE VISIBILITY AND EMPHASIS THAT A LEGISLATIVE CHARGE WILL
27 PROVIDE;

1 (g) IT IS IN THE BEST INTERESTS OF THE PUBLIC THAT THE GENERAL
2 ASSEMBLY REQUIRE A COMPREHENSIVE, EVIDENCE-BASED ANALYSIS OF
3 THE MAJOR COST DRIVERS IN HEALTH CARE AND THE EFFECTIVENESS OF
4 STRATEGIES FOR CONTROLLING EXPENDITURES, INCLUDING:

5 (I) PREVENTION PROGRAMS;

6 (II) ACCESS TO HEALTH CARE PROVIDERS;

7 (III) NEW APPROACHES TO DELIVERING AND PAYING FOR HEALTH
8 CARE;

9 (IV) WAYS TO IMPROVE HEALTH INDUSTRY LAWS AND REDUCE
10 UNNECESSARY OR REDUNDANT REGULATIONS;

11 (V) THE EFFECTIVENESS OF INSURANCE LAWS; AND

12 (VI) OTHER POLICIES AND MARKET INITIATIVES TO MAKE HEALTH
13 CARE MORE AFFORDABLE WHILE IMPROVING PATIENT CARE; AND

14 (h) THEREFORE, THE GENERAL ASSEMBLY IS ENACTING THIS
15 ARTICLE TO FORM A COMMISSION OF EXPERTS IN HEALTH CARE
16 ADMINISTRATION, FINANCING, DELIVERY AND CONSUMPTION, AND OTHER
17 PERTINENT DISCIPLINES TO ENGAGE IN ANALYSIS OF HEALTH CARE COSTS
18 IN THIS STATE AND MAKE RECOMMENDATIONS FOR ACTION TO THE
19 GOVERNOR, THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
20 OR ITS SUCCESSOR COMMITTEE, AND THE HOUSE OF REPRESENTATIVES
21 COMMITTEE ON HEALTH, INSURANCE, AND ENVIRONMENT AND PUBLIC
22 HEALTH CARE AND HUMAN SERVICES OR THEIR SUCCESSOR COMMITTEES.

23 **25-45-102. Definitions.** AS USED IN THIS ARTICLE:

24 (1) "COMMISSION" MEANS THE COLORADO COMMISSION ON
25 AFFORDABLE HEALTH CARE ESTABLISHED UNDER SECTION 25-45-103.

26 (2) "FUND" MEANS THE COLORADO COMMISSION ON AFFORDABLE
27 HEALTH CARE CASH FUND CREATED IN SECTION 25-45-105.

1 (3) "HIPAA" MEANS THE FEDERAL "HEALTH INSURANCE
2 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB. L. 104-191, AS
3 AMENDED.

4 (4) "HIPAA COVERED ENTITY" MEANS AN ENTITY DEFINED AS A
5 "COVERED ENTITY" UNDER HIPAA.

6 (5) "HITECH ACT" MEANS THE FEDERAL "HEALTH INFORMATION
7 TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT", PUB. L.
8 111-5, AS AMENDED.

9 (6) "MEDICAID PROGRAM" MEANS THE PROGRAM ESTABLISHED
10 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLE 4 TO 6 OF
11 TITLE 25.5, C.R.S.

12 **25-45-103. Colorado commission on affordable health care -**
13 **creation - membership - operation.** (1) THERE IS HEREBY CREATED THE
14 COLORADO COMMISSION ON AFFORDABLE HEALTH CARE, WHICH HAS THE
15 POWERS AND DUTIES SPECIFIED IN THIS ARTICLE.

16 (2) (a) THE COMMISSION CONSISTS OF:

17 (I) TWELVE VOTING MEMBERS AS FOLLOWS:

18 (A) ONE PERSON REPRESENTING HOSPITALS, RECOMMENDED BY A
19 STATEWIDE ASSOCIATION OF HOSPITALS;

20 (B) TWO HEALTH CARE PROVIDERS WHO ARE NOT EMPLOYED BY
21 A HOSPITAL, ONLY ONE OF WHOM IS A PHYSICIAN. THE PHYSICIAN MUST BE
22 RECOMMENDED BY A STATEWIDE SOCIETY OR ASSOCIATION WHOSE
23 MEMBERSHIP INCLUDES AT LEAST ONE-THIRD OF THE DOCTORS OF
24 MEDICINE OR OSTEOPATHY LICENSED IN THE STATE.

25 (C) TWO REPRESENTATIVES FROM ORGANIZATIONS REPRESENTING
26 CONSUMERS, AT LEAST ONE OF WHOM UNDERSTANDS CONSUMERS WITH
27 CHRONIC MEDICAL CONDITIONS;

1 (D) ONE INDIVIDUAL REPRESENTING SMALL COLORADO
2 BUSINESSES AND ONE INDIVIDUAL REPRESENTING SELF-INSURED LARGE
3 COLORADO BUSINESSES, NEITHER OF WHOM IS OR REPRESENTS A PAYER,
4 HEALTH CARE PROVIDER, OR HEALTH CARE FACILITY;

5 (E) ONE HEALTH CARE ECONOMIST;

6 (F) ONE REPRESENTATIVE OF CARRIERS OFFERING HEALTH PLANS
7 IN THIS STATE;

8 (G) ONE REPRESENTATIVE OF LICENSED HEALTH INSURANCE
9 PRODUCERS;

10 (H) ONE PERSON WITH EXPERTISE IN HEALTH CARE PAYMENT AND
11 DELIVERY; AND

12 (I) ONE PERSON WITH EXPERTISE IN PUBLIC HEALTH AND THE
13 PROVISION OF HEALTH CARE TO POPULATIONS WITH LOW INCOMES AND
14 SIGNIFICANT HEALTH CARE NEEDS; AND

15 (II) FIVE NONVOTING, EX OFFICIO MEMBERS AS FOLLOWS:

16 (A) THE COMMISSIONER OF INSURANCE;

17 (B) THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF PUBLIC
18 HEALTH AND ENVIRONMENT, HUMAN SERVICES, AND HEALTH CARE POLICY
19 AND FINANCING OR THEIR DESIGNEES; AND

20 (C) A REPRESENTATIVE OF THE ALL-PAYER HEALTH CLAIMS
21 DATABASE ESTABLISHED UNDER SECTION 25.5-1-204, C.R.S.

22 (b) THE GOVERNOR SHALL APPOINT FOUR OF THE VOTING MEMBERS
23 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION
24 (2) TO THE COMMISSION. THE PRESIDENT AND MINORITY LEADER OF THE
25 SENATE AND THE SPEAKER AND MINORITY LEADER OF THE HOUSE OF
26 REPRESENTATIVES EACH SHALL APPOINT TWO OF THE VOTING MEMBERS
27 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION

1 (2) TO THE COMMISSION, NONE OF WHOM MAY BE CURRENT MEMBERS OF
2 THE GENERAL ASSEMBLY. THE GOVERNOR SHALL COORDINATE
3 APPOINTMENTS WITH THE PRESIDENT, SPEAKER, AND MINORITY LEADERS
4 TO ENSURE REPRESENTATION AS SPECIFIED IN SUBPARAGRAPH (I) OF
5 PARAGRAPH (a) OF THIS SUBSECTION (2) AND, TO THE EXTENT POSSIBLE,
6 FROM RURAL AND URBAN REGIONS OF THE STATE AND FROM AT LEAST
7 THREE DIFFERENT CONGRESSIONAL DISTRICTS IN THE STATE. NOT MORE
8 THAN SIX OF THE TWELVE VOTING MEMBERS MAY BE FROM THE SAME
9 POLITICAL PARTY.

10 (c) THE APPOINTING AUTHORITIES SHALL NAME THE INITIAL
11 MEMBERS TO THE COMMISSION BY JULY 7, 2014. MEMBERS OF THE
12 COMMISSION MAY BE REMOVED BY THEIR RESPECTIVE APPOINTING
13 AUTHORITIES FOR CAUSE. IF A VACANCY OCCURS ON THE COMMISSION, THE
14 APPOINTING AUTHORITY FOR THE MEMBER WHOSE POSITION IS VACATED
15 SHALL APPOINT A MEMBER TO FILL THE VACANT POSITION.

16 (d) THE COMMISSION SHALL SELECT A CHAIR AND VICE-CHAIR OF
17 THE COMMISSION FROM ITS MEMBERSHIP.

18 (3) MEMBERS OF THE COMMISSION SERVE WITHOUT
19 COMPENSATION BUT MAY BE REIMBURSED FOR THEIR ACTUAL AND
20 NECESSARY TRAVEL EXPENSES INCURRED IN THE PERFORMANCE OF THEIR
21 OFFICIAL DUTIES.

22 (4) THE COMMISSION MAY ESTABLISH BYLAWS AS APPROPRIATE
23 FOR ITS EFFECTIVE OPERATION.

24 (5) THE CHAIR OF THE COMMISSION SHALL ESTABLISH A SCHEDULE
25 FOR COMMISSION MEETINGS. THE COMMISSION SHALL MEET AT LEAST
26 ONCE A MONTH ON AVERAGE.

27 (6) MEMBERS OF THE COMMISSION, STAFF, AND CONSULTANTS ARE

1 NOT LIABLE FOR AN ACT OR OMISSION IN THEIR OFFICIAL CAPACITY
2 PERFORMED IN GOOD FAITH IN ACCORDANCE WITH THIS ARTICLE.

3 (7) (a) THE COMMISSION IS EXEMPT FROM THE "PROCUREMENT
4 CODE", ARTICLES 101 TO 112 OF TITLE 24, C.R.S.

5 (b) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS
6 PARAGRAPH (b), THE COMMISSION IS SUBJECT TO THE OPEN MEETINGS
7 LAW, PART 4 OF ARTICLE 6 OF TITLE 24, C.R.S., AND THE "COLORADO
8 OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24, C.R.S.

9 (II) MEMBERS OF THE COMMISSION MAY CONVENE IN GROUPS OF
10 NO MORE THAN FIVE MEMBERS FOR THE FOLLOWING PURPOSES WITHOUT
11 COMPLYING WITH THE OPEN MEETINGS LAW AS LONG AS NO FORMAL
12 ACTION IS TAKEN AT THE MEETING:

13 (A) TO GATHER AND UNDERSTAND DATA; OR

14 (B) TO ORGANIZE AND PLAN FOR THE BUSINESS OF THE
15 COMMISSION.

16 **25-45-104. Duties of commission - mission - staffing - report.**

17 (1) THE MISSION OF THE COMMISSION IS TO ENSURE THAT COLORADANS
18 HAVE ACCESS TO AFFORDABLE HEALTH CARE IN COLORADO. THE
19 COMMISSION SHALL FOCUS ITS RECOMMENDATIONS ON EVIDENCE-BASED
20 COST CONTROL, ACCESS, AND QUALITY IMPROVEMENT INITIATIVES AND
21 THE COST-EFFECTIVE EXPENDITURE OF LIMITED STATE MONEYS TO
22 IMPROVE THE HEALTH OF THE STATE'S POPULATION.

23 (2) THE COMMISSION HAS THE FOLLOWING POWERS AND DUTIES:

24 (a) TO IDENTIFY, EXAMINE, AND REPORT ON THE PRINCIPAL
25 HEALTH CARE COST DRIVERS FOR COLORADO BUSINESSES AND THEIR
26 EMPLOYEES, INDIVIDUALS WHO PURCHASE THEIR OWN HEALTH
27 INSURANCE, COLORADO'S MEDICAID PROGRAM, AND THE UNINSURED

1 BASED ON DATA-DRIVEN, EVIDENCE-BASED ANALYSES;

2 (b) TO CONDUCT EMPIRICAL ANALYSIS OF AND COLLECT DATA ON
3 EVIDENCE-BASED INITIATIVES DESIGNED TO REDUCE HEALTH CARE COSTS
4 WHILE MAINTAINING OR IMPROVING ACCESS TO AND QUALITY OF CARE;

5 (c) TO ANALYZE THE IMPACT OF INCREASED AVAILABILITY OF
6 INFORMATION ON HEALTH CARE PRICING, COST, AND QUALITY ON
7 PROVIDER, PAYER, PURCHASER, AND CONSUMER BEHAVIOR;

8 (d) TO ANALYZE THE IMPACT THAT OUT-OF-POCKET COSTS AND
9 HIGH DEDUCTIBLE HEALTH PLANS HAVE ON PATIENT SPENDING,
10 UNCOMPENSATED CARE, OUTCOMES, AND ACCESS TO CARE;

11 (e) TO EXAMINE ACCESS TO CARE AND ITS IMPACT ON HEALTH
12 CARE COSTS, INCLUDING THE ADEQUACY, COMPOSITION, AND
13 DISTRIBUTION OF COLORADO'S HEALTH CARE WORKFORCE;

14 (f) TO REVIEW REPORTS AND STUDIES FOR POTENTIAL
15 IMPLEMENTATION, INCLUDING REPORTS, STUDIES, WORK, AND RESOURCES
16 COMPILED BY COLORADO ORGANIZATIONS, OUT-OF-STATE
17 ORGANIZATIONS, THE FORMER BLUE RIBBON COMMISSION FOR HEALTH
18 CARE REFORM ESTABLISHED PURSUANT TO SENATE BILL 06-208, ENACTED
19 IN 2006, THE ACCOUNTABLE CARE COLLABORATIVE PROGRAM IN THE
20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE COLORADO
21 FOUNDATION FOR MEDICAL CARE OR ITS SUCCESSOR ENTITY, AND
22 COLORADO'S STATE HEALTH INNOVATION PLAN DEVELOPED THROUGH THE
23 STATE INNOVATION MODEL PROJECT;

24 (g) TO COLLECT DATA, INCLUDING RATE REVIEW PROCESS DATA,
25 FROM THE DIVISION OF INSURANCE AND PAYMENT INFORMATION FROM THE
26 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, FOR WHICH THE
27 COMMISSION SHALL PAY THE DIVISION'S AND DEPARTMENT'S DATA

1 GATHERING COSTS IF THE DATA ARE NOT ALREADY AVAILABLE IN AN
2 ACCESSIBLE FORMAT;

3 (h) TO REVIEW THE IMPACT A GROWING MEDICAID POPULATION
4 HAS ON HEALTH CARE COSTS, ACCESS TO CARE, AND COMMERCIAL
5 INSURANCE;

6 (i) TO REVIEW THE FOLLOWING, AS PUBLICLY AVAILABLE AND
7 SUBJECT TO PAYMENT OF COSTS FOR GATHERING INFORMATION AS
8 NECESSARY:

9 (I) PRICING TRANSPARENCY;

10 (II) ADEQUACY, COMPOSITION, AND DISTRIBUTION OF PHYSICIAN
11 AND HEALTH CARE NETWORKS;

12 (III) DRUG FORMULARIES;

13 (IV) COINSURANCE, COPAYMENTS, AND DEDUCTIBLES; AND

14 (V) HEALTH PLAN AVAILABILITY;

15 (j) TO WORK WITH OTHER COLORADO BOARDS, TASK FORCES,
16 COMMISSIONS, OR OTHER ENTITIES OR ORGANIZATIONS THAT STUDY OR
17 ADDRESS HEALTH CARE COSTS, ACCESS, AND QUALITY TO ENSURE THAT
18 THE COMMISSION'S EFFORTS ARE FULLY INTEGRATED AND COORDINATED
19 WITH ONGOING COST CONTAINMENT AND PAYMENT REFORM EFFORTS;

20 (k) TO ENTER INTO BUSINESS ASSOCIATE AGREEMENTS WITH
21 HIPAA COVERED ENTITIES;

22 (l) TO MAKE RECOMMENDATIONS ABOUT OTHER PUBLIC OR
23 PRIVATE ENTITIES THAT SHOULD CONTINUE TO STUDY HEALTH CARE COST
24 DRIVERS IN COLORADO; AND

25 (m) ANY OTHER POWERS OR DUTIES NECESSARY TO FULFILL ITS
26 MISSION.

27 (3) RECOMMENDATIONS OF THE COMMISSION FOR PRIVATE SECTOR

1 ACTIONS, MARKET-BASED INITIATIVES, AND POLICY INTERVENTIONS THAT
2 CAN CONTROL COSTS WHILE MAINTAINING ACCESS TO AND QUALITY OF
3 HEALTH CARE MUST BE CENTERED ON EVIDENCE-BASED ANALYSIS AND
4 DATA. THE COMMISSION SHALL PRIORITIZE AREAS FOR ACTION BASED ON
5 THE POTENTIAL IMPACT ON HEALTH CARE COSTS, ACCESS, AND QUALITY.

6 (4) (a) THE COMMISSION SHALL CREATE ADVISORY COMMITTEES
7 THAT FOCUS ON SPECIFIC SUBJECT MATTERS AND MAKE
8 RECOMMENDATIONS TO THE FULL COMMISSION. THE CHAIR OF THE
9 COMMISSION SHALL APPOINT MEMBERS OF THE COMMISSION TO SERVE ON
10 ADVISORY COMMITTEES AND SHALL APPOINT A COMMISSION MEMBER AS
11 CHAIR OF EACH ADVISORY COMMITTEE FORMED PURSUANT TO THIS
12 SUBSECTION (4).

13 (b) THE CHAIR OF AN ADVISORY COMMITTEE SHALL SELECT
14 INTERESTED MEMBERS OF THE COMMUNITY WHO ARE NOT MEMBERS OF
15 THE COMMISSION TO SERVE ON THE ADVISORY COMMITTEE HE OR SHE
16 CHAIRS. WHEN APPOINTING NONCOMMISSION MEMBERS TO AN ADVISORY
17 COMMITTEE, THE CHAIR OF THE ADVISORY COMMITTEE SHALL ENSURE
18 REPRESENTATION FROM BROAD AND DIVERSE INTERESTS. NONCOMMISSION
19 MEMBERS OF AN ADVISORY COMMITTEE SERVE WITHOUT COMPENSATION
20 OR REIMBURSEMENT OF EXPENSES.

21 (5) THE COMMISSION MAY RESPOND TO INQUIRIES REFERRED BY
22 MEMBERS OF THE GENERAL ASSEMBLY, THE GOVERNOR, BUSINESSES, OR
23 CONSUMERS, AS RESOURCES ALLOW.

24 (6) (a) UPON THE REQUEST OF THE COMMISSION, THE OFFICE OF
25 LEGISLATIVE LEGAL SERVICES, CREATED IN SECTION 2-3-501, C.R.S.,
26 SHALL PROVIDE STAFF TO ATTEND MEETINGS OF THE COMMISSION AND
27 PROVIDE SUPPORT FOR THE ACTIVITIES AND DUTIES OF THE COMMISSION

1 AND ITS ADVISORY COMMITTEES.

2 (b) THE COMMISSION MAY HIRE STAFF TO FACILITATE ITS WORK,
3 INCLUDING AN ADMINISTRATOR AND OTHER STAFF AS NECESSARY TO
4 COLLECT EVIDENCE-BASED RESEARCH, ANALYSIS, AND MODELING TO
5 INFORM THE COMMISSION ABOUT COST DRIVERS AND COST CONTAINMENT
6 APPROACHES.

7 (c) AS FUNDS ALLOW, THE COMMISSION MAY ALSO CONTRACT
8 WITH:

9 (I) NONPARTISAN, INDEPENDENT CONTRACTORS TO PROVIDE
10 RESOURCES FOR DATA COLLECTION, RESEARCH, ANALYSIS, AND
11 PUBLICATION OF THE COMMISSION'S FINDINGS AND REPORTS; AND

12 (II) HEALTH CARE COST EXPERTS TO ADVISE THE COMMISSION.

13 (d) THE ADMINISTRATOR OF THE ALL-PAYER HEALTH CLAIMS
14 DATABASE ESTABLISHED UNDER SECTION 25.5-1-204, C.R.S., SHALL MAKE
15 CLAIMS DATA AVAILABLE TO THE COMMISSION IN ACCORDANCE WITH
16 APPLICABLE STATE AND FEDERAL LAWS, WHICH DATA MAY INCLUDE
17 CUSTOM REPORTS, DE-IDENTIFIED AND LIMITED DATA SETS, AND OTHER
18 DATA THE COMMISSION MAY REQUIRE. THE COMMISSION MAY PROVIDE
19 THE DATA FROM THE ALL-PAYER HEALTH CLAIMS DATABASE TO THE
20 COMMISSION'S STAFF AND THIRD-PARTY INDEPENDENT CONTRACTORS TO
21 ENABLE THEM TO PERFORM ANALYSES TO SUPPORT THE COMMISSION IN
22 PERFORMING ITS DUTIES. RELEASE AND SUBSEQUENT USE OF DATA FROM
23 THE ALL-PAYER HEALTH CLAIMS DATABASE, AS WELL AS ANY OTHER
24 PERSONAL HEALTH INFORMATION THE COMMISSION OBTAINS, AND
25 ANALYSES OF THAT DATA MUST BE CONDUCTED:

26 (I) IN COMPLIANCE WITH HIPAA, THE HITECH ACT, AND
27 ANTITRUST COMPLIANCE CRITERIA DEVELOPED AND INTERPRETED JOINTLY

1 BY THE UNITED STATES DEPARTMENT OF JUSTICE AND THE FEDERAL
2 TRADE COMMISSION; AND

3 (II) UNDER THE TERMS OF A HIPAA-COMPLIANT DATA USE
4 AGREEMENT.

5 (7) IN ADDITION TO ITS REGULAR MEETINGS, THE COMMISSION
6 SHALL HOLD PUBLIC HEARINGS TO SOLICIT INPUT ON HEALTH COST
7 DRIVERS AND WAYS TO CONTROL HEALTH CARE COSTS. THE COMMISSION
8 SHALL ACCEPT WRITTEN AND ORAL TESTIMONY AND SHALL CONDUCT AT
9 LEAST ONE PUBLIC HEARING IN EACH CONGRESSIONAL DISTRICT IN THE
10 STATE.

11 (8)(a) BY NOVEMBER 15, 2015, AND BY NOVEMBER 15, 2016, THE
12 COMMISSION SHALL PREPARE AND SUBMIT AN ANNUAL REPORT ON ITS
13 FINDINGS AND RECOMMENDATIONS, EACH OF WHICH FINDINGS AND
14 RECOMMENDATIONS MAY BE INCLUDED IN THE REPORT ONLY IF APPROVED
15 BY AT LEAST TWO-THIRDS OF THE VOTING MEMBERS OF THE COMMISSION,
16 TO THE GOVERNOR, THE HEALTH AND HUMAN SERVICES COMMITTEE OF
17 THE SENATE OR ITS SUCCESSOR COMMITTEE, AND THE HEALTH,
18 INSURANCE, AND ENVIRONMENT AND THE PUBLIC HEALTH CARE AND
19 HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES OR
20 THEIR SUCCESSOR COMMITTEES. THE LEGISLATIVE COMMITTEES SHALL
21 CONSIDER THE COMMISSION'S RECOMMENDATIONS FOR LEGISLATION, AND
22 THE GOVERNOR SHALL CONSIDER THE COMMISSION'S RECOMMENDATIONS
23 FOR REGULATORY ACTION. THE COMMISSION SHALL PRESENT ITS REPORT
24 TO THE LEGISLATIVE COMMITTEES DURING THE COMMITTEES' HEARINGS
25 HELD UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE,
26 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2
27 OF ARTICLE 7 OF TITLE 2, C.R.S.

1 (b) WITH REGARD TO ANY LEGISLATIVE RECOMMENDATIONS
2 CONTAINED IN ITS REPORT, THE COMMISSION SHALL SPECIFY THE LAWS
3 THAT NEED TO BE CREATED, AMENDED, OR REPEALED TO ENSURE THAT
4 HEALTH CARE REMAINS AFFORDABLE AND ACCESSIBLE IN COLORADO. THE
5 COMMISSION SHALL ONLY SUBMIT TO THE GENERAL ASSEMBLY
6 LEGISLATIVE RECOMMENDATIONS THAT RECEIVED APPROVAL OF AT LEAST
7 TWO-THIRDS OF THE VOTING MEMBERS OF THE COMMISSION.

8 (c) THE COMMISSION SHALL SUBMIT A FINAL REPORT TO THE
9 GOVERNOR AND THE COMMITTEES SPECIFIED IN PARAGRAPH (a) OF THIS
10 SUBSECTION (8) BY JUNE 30, 2017, DETAILING THE WORK OF THE
11 COMMISSION AND THE FINAL OUTCOME OF ITS EFFORTS.

12 (9) NOTHING IN THIS SECTION, NOR IN ANY RECOMMENDATIONS OF
13 THE COMMISSION, ALTERS THE DEPARTMENT OF HEALTH CARE POLICY AND
14 FINANCING'S FINAL POLICY DECISION-MAKING AUTHORITY, PURSUANT TO
15 FEDERAL REGULATIONS, FOR THE MEDICAID PROGRAM AND THE
16 CHILDREN'S BASIC HEALTH PLAN ESTABLISHED UNDER THE "CHILDREN'S
17 BASIC HEALTH PLAN ACT", ARTICLE 8 OF TITLE 25.5, C.R.S.

18 **25-45-105. Colorado commission on affordable health care**
19 **cash fund - creation - funding sources - use of fund.** (1) (a) THERE IS
20 HEREBY CREATED THE COLORADO COMMISSION ON AFFORDABLE HEALTH
21 CARE CASH FUND. THE FUND CONSISTS OF MONEYS APPROPRIATED BY THE
22 GENERAL ASSEMBLY TO THE FUND AND ANY GIFTS, GRANTS, OR
23 DONATIONS FROM PRIVATE OR PUBLIC SOURCES MADE TO THE COMMISSION
24 FOR THE PURPOSES OF THIS ARTICLE.

25 (b) MONEYS IN THE FUND ARE CONTINUOUSLY APPROPRIATED TO
26 THE COMMISSION FOR THE PURPOSES OF THIS ARTICLE. THE STATE
27 TREASURER SHALL CREDIT TO THE FUND ALL INTEREST AND INCOME

1 DERIVED FROM THE INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND.
2 ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND
3 AT THE END OF ANY FISCAL YEAR REMAIN IN THE FUND AND MUST NOT BE
4 CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

5 (c) THE COMMISSION MAY SOLICIT AND ACCEPT GIFTS, GRANTS, OR
6 DONATIONS, INCLUDING IN-KIND DONATIONS, FROM ANY SOURCE FOR THE
7 PURPOSES OF THIS ARTICLE.

8 (d) FOR THE 2014-15 FISCAL YEAR, THE GENERAL ASSEMBLY
9 SHALL APPROPRIATE FOUR HUNDRED THOUSAND DOLLARS TO THE FUND.

10 (2) THE COMMISSION MAY USE MONEYS IN THE FUND FOR THE
11 IMPLEMENTATION OF THIS ARTICLE AND IN FURTHERANCE OF THE
12 COMMISSION'S MISSION, INCLUDING:

13 (a) TO COMPENSATE THE COMMISSION'S STAFF AND INDEPENDENT
14 CONTRACTORS;

15 (b) TO PAY THE COSTS OF OBTAINING DATA AND ANALYSES FROM
16 ORGANIZATIONS AND ENTITIES, INCLUDING THE ALL-PAYER HEALTH
17 CLAIMS DATABASE; AND

18 (c) PAYING THE COMMISSION MEMBERS' NECESSARY EXPENSES IN
19 PERFORMING THEIR DUTIES.

20 **25-45-106. Repeal.** THIS ARTICLE IS REPEALED, EFFECTIVE JULY
21 1, 2017, UNLESS THE GENERAL ASSEMBLY, ACTING BY BILL, EXTENDS THE
22 ARTICLE BEYOND THAT DATE.

23 **SECTION 2. Safety clause.** The general assembly hereby finds,
24 determines, and declares that this act is necessary for the immediate
25 preservation of the public peace, health, and safety.