

First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 13-0157.01 Kristen Forrestal x4217

SENATE BILL 13-149

SENATE SPONSORSHIP

Kefalas,

HOUSE SPONSORSHIP

Kagan,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING THE REPEAL OF THE ADVISORY COMMITTEE TO
102 ESTABLISH AN ALL-PAYER HEALTH CLAIMS DATABASE.

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>.)

Sunset Process - Senate Health and Human Services Committee. In 2010, the general assembly created an advisory committee to establish an all-payer health claims database. The bill repeals the advisory committee.

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.

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

2 **SECTION 1.** In Colorado Revised Statutes, 2-3-1203, **repeal** (3)
3 (z) (VII) as follows:

4 **2-3-1203. Sunset review of advisory committees.** (3) The
5 following dates are the dates for which the statutory authorization for the
6 designated advisory committees is scheduled for repeal:

7 (z) July 1, 2013:

8 (VII) ~~The advisory committee to establish an all-payer health~~
9 ~~claims database created in section 25.5-1-204 (1), C.R.S.;~~

10 **SECTION 2.** In Colorado Revised Statutes, 25.5-1-204, **amend**
11 (4); and **repeal** (1), (2), and (3) as follows:

12 **25.5-1-204. Creation of an all-payer health claims database -**
13 **members - duties - rules - repeal.** (1) (a) ~~Within forty-five business~~
14 ~~days after August 11, 2010, the executive director shall appoint an~~
15 ~~advisory committee to make recommendations regarding the creation of~~
16 ~~the framework and implementation plan for a Colorado all-payer claims~~
17 ~~database for the purpose of facilitating the reporting of health care and~~
18 ~~health quality data that results in transparent and public reporting of~~
19 ~~safety, quality, cost, and efficiency information at all levels of health care.~~
20 ~~The executive director shall appoint an administrator of the database.~~

21 (b) ~~The executive director shall appoint the members of the~~
22 ~~advisory committee, consisting of the following members:~~

23 (I) ~~A member of academia with experience in health care data and~~
24 ~~cost efficiency research;~~

25 (II) ~~A representative of a statewide association of hospitals;~~

26 (III) ~~A representative of an integrated multi-specialty~~

- 1 organization;
- 2 ~~(IV) A representative of physicians and surgeons;~~
- 3 ~~(V) A representative of small employers that purchase group~~
4 ~~health insurance for employees, which representative is not a supplier or~~
5 ~~broker of health insurance;~~
- 6 ~~(VI) A representative of large employers that purchase health~~
7 ~~insurance for employees, which representative is not a supplier or broker~~
8 ~~of health insurance;~~
- 9 ~~(VII) A representative of self-insured employers, which~~
10 ~~representative is not a supplier or broker of health insurance;~~
- 11 ~~(VIII) A representative of an organization that processes insurance~~
12 ~~claims or certain aspects of employee benefit plans for a separate entity;~~
- 13 ~~(IX) A representative of a nonprofit organization that~~
14 ~~demonstrates experience working with employers to enhance value and~~
15 ~~affordability in health insurance;~~
- 16 ~~(X) A person with a demonstrated record of advocating health~~
17 ~~care privacy issues on behalf of consumers;~~
- 18 ~~(XI) A person with a demonstrated record of advocating health~~
19 ~~care issues on behalf of consumers;~~
- 20 ~~(XII) Two representatives of health insurers, one who represents~~
21 ~~nonprofit insurers and one who represents for-profit insurers;~~
- 22 ~~(XIII) A representative of dental insurers;~~
- 23 ~~(XIV) A representative from a community mental health center~~
24 ~~that has experience in behavioral health data collection;~~
- 25 ~~(XV) A representative of pharmacists or an affiliate society;~~
- 26 ~~(XVI) A representative of pharmacy benefit managers; and~~
- 27 ~~(XVII) Two representatives of nonprofit organizations that~~

1 facilitate health information exchange to improve health care for all
2 Coloradans:

3 (c) The following persons shall serve as ex officio members of the
4 advisory committee:

5 (I) The executive director or his or her designee;

6 (H) A representative of the department of personnel and
7 administration;

8 (HH) The commissioner of insurance or his or her designee;

9 (IV) The director of the office of information technology or his or
10 her designee; and

11 (V) Two members of the general assembly, one from the majority
12 party and one from the minority party.

13 (d) When making appointments to the advisory committee, the
14 executive director shall include at least two members who reside in a rural
15 community with a population of less than fifty thousand or who represent
16 rural interests:

17 (e) (I) This subsection (1) is repealed, effective July 1, 2013.

18 (H) Prior to the repeal of this subsection (1), the advisory
19 committee shall be reviewed as provided for in section 2-3-1203, C.R.S.

20 (2) The advisory committee shall make recommendations to the
21 administrator regarding the database that:

22 (a) Include specific strategies to measure and collect data related
23 to health care safety and quality, utilization, health outcomes, and cost;

24 (b) Focus on data elements that foster quality improvement and
25 peer group comparisons;

26 (c) Facilitate value-based, cost-effective purchasing of health care
27 services by public and private purchasers and consumers;

1 ~~(d) Result in usable and comparable information that allows~~
2 ~~public and private health care purchasers, consumers, and data analysts~~
3 ~~to identify and compare health plans, health insurers, health care~~
4 ~~facilities, and health care providers regarding the provision of safe,~~
5 ~~cost-effective, high-quality health care services;~~

6 ~~(e) Use and build upon existing data collection standards and~~
7 ~~methods to establish and maintain the database in a cost-effective and~~
8 ~~efficient manner;~~

9 ~~(f) Are designed to measure the following performance domains:~~
10 ~~Safety, timeliness, effectiveness, efficiency, equity, and~~
11 ~~patient-centeredness;~~

12 ~~(g) Incorporate and utilize claims, eligibility, and other publicly~~
13 ~~available data to the extent it is the most cost-effective method of~~
14 ~~collecting data to minimize the cost and administrative burden on data~~
15 ~~sources;~~

16 ~~(h) Include recommendations about whether to include data on the~~
17 ~~uninsured;~~

18 ~~(i) Discuss the harmonization of a Colorado database with other~~
19 ~~states', regions', and federal efforts concerning all-payer claims databases;~~

20 ~~(j) Discuss the harmonization of a Colorado database with federal~~
21 ~~legislation concerning an all-payer claims database;~~

22 ~~(k) Discuss a limit on the number of times the administrator may~~
23 ~~require submission of the required data elements;~~

24 ~~(l) Discuss a limit on the number of times the administrator may~~
25 ~~change the required data elements for submission in a calendar year~~
26 ~~considering administrative costs, resources, and time required to fulfill~~
27 ~~the requests; and~~

1 ~~(m) Discuss compliance with the "Health Insurance Portability~~
2 ~~and Accountability Act of 1996", Pub.L. 104-191, as amended, and other~~
3 ~~proprietary information related to collection and release of data.~~

4 ~~(3) The advisory committee shall make recommendations to the~~
5 ~~executive director to determine how the ongoing oversight of the~~
6 ~~operations of the all-payer health claims database should function,~~
7 ~~including where the database should be housed.~~

8 (4) The administrator shall seek funding for the creation of the
9 all-payer health claims database and develop a plan for the financial
10 stability of the database. ~~On or before March 1, 2011, the administrator~~
11 ~~shall report to the governor and the general assembly on the status of the~~
12 ~~funding effort and on the status of the recommendations of the advisory~~
13 ~~committee. The report shall include the final data elements recommended~~
14 ~~by the advisory committee, the final provisions contemplated to comply~~
15 ~~with the "Health Insurance Portability and Accountability Act of 1996",~~
16 ~~Pub.L. 104-191, as amended, and any other final recommendations that~~
17 ~~are ready at the time of the report. If sufficient funding is received~~
18 ~~through gifts, grants, and donations on or before January 1, 2012, as~~
19 ~~determined by the executive director, the administrator shall, in~~
20 ~~consultation with the advisory committee, create the Colorado all-payer~~
21 ~~claims database. The Colorado all-payer claims database shall be~~
22 ~~operational no later than January 1, 2013.~~

23 **SECTION 3. 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.