

First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

REREVISED

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

LLS NO. 13-0157.01 Kristen Forrestal x4217

SENATE BILL 13-149

SENATE SPONSORSHIP

Kefalas,

HOUSE SPONSORSHIP

Kagan,

Senate Committees

Health & Human Services
Appropriations

House Committees

Public Health Care & Human Services

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.*

HOUSE
3rd Reading Unamended
March 28, 2013

HOUSE
Amended 2nd Reading
March 27, 2013

SENATE
3rd Reading Unamended
March 6, 2013

SENATE
Amended 2nd Reading
March 5, 2013

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

2 **SECTION 1. In Colorado Revised Statutes, 25.5-1-204, repeal**
3 **and reenact, with amendments, (1), (2), and (3) as follows:**

4 **25.5-1-204. Advisory committee to oversee the all-payer health**
5 **claims database - legislative declaration - creation - members - duties.**

6 (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT AN
7 ADVISORY COMMITTEE FOR THE ALL-PAYER HEALTH CLAIMS DATABASE
8 WOULD SUPPORT THE DATABASE IN ITS ESTABLISHED MISSION OF
9 FACILITATING THE REPORTING OF HEALTH CARE AND HEALTH QUALITY
10 DATA THAT RESULTS IN TRANSPARENT AND PUBLIC REPORTING OF SAFETY,
11 QUALITY, COST, AND EFFICIENCY INFORMATION; AND ANALYSIS OF HEALTH
12 CARE SPENDING AND UTILIZATION PATTERNS FOR PURPOSES THAT IMPROVE
13 THE POPULATION'S HEALTH, IMPROVE THE CARE EXPERIENCE, AND
14 CONTROL COSTS.

15 (2) (a) NO LATER THAN AUGUST 1, 2013, THE EXECUTIVE DIRECTOR
16 SHALL APPOINT AN ADVISORY COMMITTEE TO OVERSEE THE COLORADO
17 ALL-PAYER HEALTH CLAIMS DATABASE. THE ADVISORY COMMITTEE SHALL
18 INCLUDE THE FOLLOWING MEMBERS:

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

21 (II) A REPRESENTATIVE OF:

22 (A) A STATEWIDE ASSOCIATION OF HOSPITALS;

23 (B) AN INTEGRATED MULTI-SPECIALTY ORGANIZATION;

24 (C) PHYSICIANS AND SURGEONS;

25 (D) AN ORGANIZATION THAT PROCESSES INSURANCE CLAIMS OR
26 CERTAIN ASPECTS OF EMPLOYEE BENEFIT PLANS FOR A SEPARATE ENTITY;

1 (E) A NONPROFIT ORGANIZATION WHO DEMONSTRATES EXPERIENCE
2 WORKING WITH EMPLOYERS TO ENHANCE VALUE AND AFFORDABILITY IN
3 HEALTH INSURANCE;

4 (F) DENTAL INSURERS;

5 (G) PHARMACISTS OR AN AFFILIATE SOCIETY;

6 (H) PHARMACY BENEFIT MANAGERS;

7 (I) A STATEWIDE ASSOCIATION OF AMBULATORY SURGICAL
8 CENTERS;

9 (III) A REPRESENTATIVE, WHO IS NOT A SUPPLIER OR BROKER OF
10 HEALTH INSURANCE, OF:

11 (A) SMALL EMPLOYERS THAT PURCHASE GROUP HEALTH
12 INSURANCE FOR EMPLOYEES;

13 (B) LARGE EMPLOYERS THAT PURCHASE HEALTH INSURANCE FOR
14 EMPLOYEES;

15 (C) SELF-INSURED EMPLOYERS;

16 (IV) A REPRESENTATIVE FROM A COMMUNITY MENTAL HEALTH
17 CENTER WHO HAS EXPERIENCE IN BEHAVIORAL HEALTH DATA COLLECTION;

18 (V) THREE REPRESENTATIVES WITH A DEMONSTRATED RECORD OF
19 ADVOCATING HEALTH CARE ISSUES ON BEHALF OF CONSUMERS;

20 (VI) TWO REPRESENTATIVES OF HEALTH INSURERS, ONE WHO
21 REPRESENTS NONPROFIT INSURERS AND ONE WHO REPRESENTS FOR-PROFIT
22 INSURERS;

23 (VII) TWO REPRESENTATIVES OF NONPROFIT ORGANIZATIONS THAT
24 FACILITATE HEALTH INFORMATION EXCHANGE TO IMPROVE HEALTH CARE
25 FOR ALL COLORADANS;

26 (VIII) THE EXECUTIVE DIRECTOR OR HIS OR HER DESIGNEE,
27 SERVING AS AN EX OFFICIO MEMBER;

1 (IX) THE COMMISSIONER OF INSURANCE OR HIS OR HER DESIGNEE,
2 SERVING AS AN EX OFFICIO MEMBER;

3 (X) A REPRESENTATIVE OF THE DEPARTMENT OF PERSONNEL AND
4 ADMINISTRATION, SERVING AS AN EX OFFICIO MEMBER;

5 (XI) THE DIRECTOR OF THE OFFICE OF INFORMATION AND
6 TECHNOLOGY OR HIS OR HER DESIGNEE, SERVING AS AN EX OFFICIO
7 MEMBER; AND

8 (XII) TWO MEMBERS OF THE GENERAL ASSEMBLY, ONE APPOINTED
9 BY THE MAJORITY LEADER OF THE SENATE AND ONE APPOINTED BY THE
10 MAJORITY LEADER OF THE HOUSE OF REPRESENTATIVES; EXCEPT THAT, IF
11 THE MAJORITY LEADERS ARE FROM THE SAME POLITICAL PARTY, THE
12 MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES SHALL APPOINT THE
13 SECOND MEMBER. THE TWO MEMBERS OF THE GENERAL ASSEMBLY SHALL
14 SERVE AS EX-OFFICIO MEMBERS.

15 (b) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS
16 TO THE EXECUTIVE DIRECTOR AND THE COLORADO ALL-PAYER HEALTH
17 CLAIMS DATABASE ADMINISTRATOR RELATED TO THE COLORADO
18 ALL-PAYER HEALTH CLAIMS DATABASE. THE RECOMMENDATIONS INCLUDE
19 THE FOLLOWING:

20 (I) PROCEDURES FOR THE COLLECTION, RETENTION, USE, AND
21 DISCLOSURE OF DATA FROM THE COLORADO ALL-PAYER HEALTH CLAIMS
22 DATABASE, INCLUDING PROCEDURES AND SAFEGUARDS TO PROTECT THE
23 PRIVACY, INTEGRITY, CONFIDENTIALITY, AND AVAILABILITY OF ANY DATA;

24 (II) GUIDELINES FOR CHARGING FOR CUSTOM REPORTS FROM THE
25 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE;

26 (III) PROCEDURES TO ENSURE COMPLIANCE WITH THE "HEALTH
27 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.

1 104-191, AS AMENDED, AND IMPLEMENTING FEDERAL REGULATIONS;

2 (IV) PROCEDURES TO ENSURE COMPLIANCE WITH OTHER STATE
3 AND FEDERAL PRIVACY LAWS; AND

4 (V) PROCEDURES FOR DATA CONFIDENTIALITY AND DATA DISPOSAL
5 IF THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE CEASES TO
6 EXIST.

7 (3) (a) THE ADMINISTRATOR SHALL PREPARE AND FILE ANNUAL
8 REPORTS TO THE LEGISLATURE BY MARCH 1 OF EACH YEAR. THE ANNUAL
9 REPORT MUST CONTAIN:

10 (I) THE USES OF THE DATA IN THE ALL-PAYER HEALTH CLAIMS
11 DATABASE;

12 (II) PUBLIC STUDIES PRODUCED BY THE ADMINISTRATOR;

13 (III) THE COST OF ADMINISTERING THE COLORADO ALL-PAYER
14 HEALTH CLAIMS DATABASE, THE SOURCES OF THE FUNDING, AND THE
15 TOTAL REVENUE TAKEN IN BY THE DATABASE;

16 (IV) THE RECIPIENTS OF THE DATA, THE PURPOSES FOR THE DATA
17 REQUESTS, AND WHETHER A FEE WAS CHARGED FOR THE DATA;

18 (V) A FEE SCHEDULE DISPLAYING THE FEES FOR PROVIDING
19 CUSTOM DATA REPORTS FROM THE COLORADO ALL-PAYER HEALTH CLAIMS
20 DATABASE.

21 (b) THE EXECUTIVE DIRECTOR SHALL REQUIRE AN EVALUATION OF
22 THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE INITIATIVE EVERY
23 FIVE YEARS BEGINNING IN 2018, TO ENSURE THAT THE DATABASE
24 ACCOMPLISHES THE GOALS OF THIS SECTION. THE REPORT MUST CONTAIN
25 METRICS THAT DOCUMENT AND DEMONSTRATE THE ACHIEVEMENTS OR
26 CHALLENGES OF THE PROGRAM GOALS.

27 **SECTION 2.** In Colorado Revised Statutes, 2-3-1203, **repeal** (3)

1 (z) (VII) as follows:

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

5 (z) July 1, 2013:

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

8 **SECTION 3. Effective date.** This act takes effect July 1, 2013.

9 **SECTION 4. Safety clause.** The general assembly hereby finds,
10 determines, and declares that this act is necessary for the immediate
11 preservation of the public peace, health, and safety.