

Second Regular Session  
Sixty-ninth General Assembly  
STATE OF COLORADO

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 14-0632.01 Christy Chase x2008

**SENATE BILL 14-187**

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**SENATE SPONSORSHIP**

**Aguilar and Roberts,**

**HOUSE SPONSORSHIP**

**Stephens and Schafer,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**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, AND, IN CONNECTION THEREWITH, MAKING AN**  
104 **APPROPRIATION.**

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**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

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.*

SENATE  
Amended 2nd Reading  
April 24, 2014



1       SIGNIFICANT PERCENTAGE OF THE ANNUAL STATE BUDGET ON HEALTH  
2       CARE;

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

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

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

13               (II) REGULATIONS THAT IMPAIR RATHER THAN PROMOTE  
14       CREATIVE, LOCALLY-DEVELOPED SOLUTIONS TO CONTROLLING HEALTH  
15       CARE COSTS;

16               (III) LACK OF TRANSPARENT INFORMATION ABOUT PRICES;

17               (IV) INSUFFICIENT TYPE AND DISTRIBUTION OF PROVIDERS;

18               (V) TYPE, QUALITY, AND DISTRIBUTION OF PROVIDERS;

19               (VI) HIGH AND REDUNDANT ADMINISTRATIVE COSTS;

20               (VII) POOR QUALITY OF CARE;

21               (VIII) INEFFICIENT DELIVERY OF CARE;

22               (IX) PATIENT NONCOMPLIANCE;

23               (X) LIFESTYLE;

24               (XI) POPULATION DEMOGRAPHICS;

25               (XII) LACK OF COMPETITION OR SUPPRESSED COMPETITION DUE TO  
26       GOVERNMENT REGULATIONS;

27               (XIII) COST IMPLICATIONS OF ESSENTIAL HEALTH BENEFITS

1     REQUIREMENTS IMPOSED BY FEDERAL LAW AND REGULATIONS:  
2             (XIV) FRAUD, WASTE, AND ABUSE; AND  
3             (XV) MISSED PREVENTION OPPORTUNITIES;  
4             (f) PRIVATE SECTOR INITIATIVES THAT CONTROL HEALTH CARE  
5     COSTS AND IMPROVE QUALITY OF CARE SHOULD BE ENCOURAGED AND  
6     PROMOTED;  
7             (g) PRIVATE SECTOR INITIATIVES ALREADY EXIST TO ANALYZE  
8     COSTS AND IMPROVE QUALITY OF HEALTH CARE IN COLORADO, BUT THEY  
9     LACK THE VISIBILITY AND EMPHASIS THAT A LEGISLATIVE CHARGE WILL  
10    PROVIDE;  
11            (h) IT IS IN THE BEST INTERESTS OF THE PUBLIC THAT THE GENERAL  
12    ASSEMBLY REQUIRE A COMPREHENSIVE, EVIDENCE-BASED ANALYSIS OF  
13    THE MAJOR COST DRIVERS IN HEALTH CARE AND THE EFFECTIVENESS OF  
14    STRATEGIES FOR CONTROLLING EXPENDITURES, INCLUDING:  
15            (I) PREVENTION PROGRAMS;  
16            (II) ACCESS TO HEALTH CARE PROVIDERS;  
17            (III) NEW APPROACHES TO DELIVERING AND PAYING FOR HEALTH  
18    CARE;  
19            (IV) THE REDUCTION OF UNNECESSARY OR REDUNDANT  
20    REGULATIONS;  
21            (V) THE EFFECTIVENESS OF INSURANCE LAWS; AND  
22            (VI) OTHER POLICIES AND MARKET INITIATIVES TO MAKE HEALTH  
23    CARE MORE AFFORDABLE WHILE IMPROVING PATIENT CARE; AND  
24            (i) THEREFORE, THE GENERAL ASSEMBLY IS ENACTING THIS  
25    ARTICLE TO FORM A COMMISSION OF EXPERTS IN HEALTH CARE  
26    ADMINISTRATION, FINANCING, DELIVERY AND CONSUMPTION, AND OTHER  
27    PERTINENT DISCIPLINES TO ENGAGE IN ANALYSIS OF HEALTH CARE COSTS

1 IN THIS STATE AND MAKE RECOMMENDATIONS FOR ACTION TO THE  
2 GOVERNOR, THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
3 OR ITS SUCCESSOR COMMITTEE, AND THE HOUSE OF REPRESENTATIVES  
4 COMMITTEE ON HEALTH, INSURANCE, AND ENVIRONMENT AND PUBLIC  
5 HEALTH CARE AND HUMAN SERVICES OR THEIR SUCCESSOR COMMITTEES.

6 **25-45-102. Definitions.** AS USED IN THIS ARTICLE:

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

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

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

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

16 (5) "HITECH ACT" MEANS THE FEDERAL "HEALTH INFORMATION  
17 TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT", PUB. L.  
18 111-5, AS AMENDED.

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

22 **25-45-103. Colorado commission on affordable health care -**  
23 **creation - membership - operation.** (1) THERE IS HEREBY CREATED THE  
24 COLORADO COMMISSION ON AFFORDABLE HEALTH CARE, WHICH HAS THE  
25 POWERS AND DUTIES SPECIFIED IN THIS ARTICLE.

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

27 (I) TWELVE VOTING MEMBERS AS FOLLOWS:

1 (A) ONE PERSON REPRESENTING HOSPITALS, RECOMMENDED BY A  
2 STATEWIDE ASSOCIATION OF HOSPITALS;

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

8 (C) TWO REPRESENTATIVES FROM ORGANIZATIONS REPRESENTING  
9 CONSUMERS, AT LEAST ONE OF WHOM UNDERSTANDS CONSUMERS WITH  
10 CHRONIC MEDICAL CONDITIONS;

11 (D) ONE INDIVIDUAL REPRESENTING SMALL COLORADO  
12 BUSINESSES AND ONE INDIVIDUAL REPRESENTING SELF-INSURED LARGE  
13 COLORADO BUSINESSES, NEITHER OF WHOM IS OR REPRESENTS A CARRIER,  
14 HEALTH CARE PROVIDER, OR HEALTH CARE FACILITY AND ONE OF WHOM  
15 HAS DEMONSTRATED SUCCESS INNOVATING MARKET-ORIENTED SOLUTIONS  
16 TO CONTROL HEALTH CARE COSTS AND IMPROVE QUALITY OF CARE;

17 (E) ONE HEALTH CARE ECONOMIST;

18 (F) ONE REPRESENTATIVE OF CARRIERS OFFERING HEALTH PLANS  
19 IN THIS STATE;

20 (G) ONE REPRESENTATIVE OF LICENSED HEALTH INSURANCE  
21 PRODUCERS;

22 (H) ONE PERSON WITH EXPERTISE IN HEALTH CARE PAYMENT AND  
23 DELIVERY; AND

24 (I) ONE PERSON WITH EXPERTISE IN PUBLIC HEALTH AND THE  
25 PROVISION OF HEALTH CARE TO POPULATIONS WITH LOW INCOMES AND  
26 SIGNIFICANT HEALTH CARE NEEDS; AND

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

1 (A) THE COMMISSIONER OF INSURANCE;

2 (B) THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF PUBLIC  
3 HEALTH AND ENVIRONMENT, HUMAN SERVICES, AND HEALTH CARE POLICY  
4 AND FINANCING OR THEIR DESIGNEES; AND

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

7 (b) THE GOVERNOR SHALL APPOINT FOUR OF THE VOTING MEMBERS  
8 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION  
9 (2) TO THE COMMISSION. THE PRESIDENT AND MINORITY LEADER OF THE  
10 SENATE AND THE SPEAKER AND MINORITY LEADER OF THE HOUSE OF  
11 REPRESENTATIVES EACH SHALL APPOINT TWO OF THE VOTING MEMBERS  
12 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION  
13 (2) TO THE COMMISSION, NONE OF WHOM MAY BE CURRENT MEMBERS OF  
14 THE GENERAL ASSEMBLY. THE GOVERNOR SHALL COORDINATE  
15 APPOINTMENTS WITH THE PRESIDENT, SPEAKER, AND MINORITY LEADERS  
16 TO ENSURE:

17 (I) REPRESENTATION AS SPECIFIED IN SUBPARAGRAPH (I) OF  
18 PARAGRAPH (a) OF THIS SUBSECTION (2);

19 (II) AT LEAST ONE APPOINTMENT FROM A RURAL REGION OF THE  
20 STATE; AND

21 (III) REPRESENTATION FROM AT LEAST THREE DIFFERENT  
22 CONGRESSIONAL DISTRICTS IN THE STATE. NOT MORE THAN SIX OF THE  
23 TWELVE VOTING MEMBERS MAY BE FROM THE SAME POLITICAL PARTY,  
24 AND THE APPOINTING AUTHORITIES SHALL ENSURE THAT THE STATE'S TWO  
25 MAJOR POLITICAL PARTIES HAVE AN EQUAL NUMBER OF MEMBERS ON THE  
26 COMMISSION.

27 (c) THE APPOINTING AUTHORITIES SHALL NAME THE INITIAL

1 MEMBERS TO THE COMMISSION BY JULY 7, 2014. MEMBERS OF THE  
2 COMMISSION MAY BE REMOVED BY THEIR RESPECTIVE APPOINTING  
3 AUTHORITIES FOR CAUSE. IF A VACANCY OCCURS ON THE COMMISSION, THE  
4 APPOINTING AUTHORITY FOR THE MEMBER WHOSE POSITION IS VACATED  
5 SHALL APPOINT A MEMBER TO FILL THE VACANT POSITION.

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

8 (3) MEMBERS OF THE COMMISSION SERVE WITHOUT  
9 COMPENSATION BUT MAY BE REIMBURSED FOR THEIR ACTUAL AND  
10 NECESSARY TRAVEL EXPENSES INCURRED IN THE PERFORMANCE OF THEIR  
11 OFFICIAL DUTIES.

12 (4) THE COMMISSION MAY ESTABLISH BYLAWS AS APPROPRIATE  
13 FOR ITS EFFECTIVE OPERATION.

14 (5) THE CHAIR OF THE COMMISSION SHALL ESTABLISH A SCHEDULE  
15 FOR COMMISSION MEETINGS. THE COMMISSION SHALL MEET AT LEAST  
16 ONCE A MONTH ON AVERAGE.

17 (6) MEMBERS OF THE COMMISSION, STAFF, AND CONSULTANTS ARE  
18 NOT LIABLE FOR AN ACT OR OMISSION IN THEIR OFFICIAL CAPACITY  
19 PERFORMED IN GOOD FAITH IN ACCORDANCE WITH THIS ARTICLE.

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

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

26 (II) MEMBERS OF THE COMMISSION MAY CONVENE IN GROUPS OF  
27 NO MORE THAN FIVE MEMBERS FOR THE FOLLOWING PURPOSES WITHOUT



1 COMPLYING WITH THE OPEN MEETINGS LAW AS LONG AS NO FORMAL  
2 ACTION IS TAKEN AT THE MEETING:

3 (A) TO GATHER AND UNDERSTAND DATA; OR

4 (B) TO ORGANIZE AND PLAN FOR THE BUSINESS OF THE  
5 COMMISSION.

6 **25-45-104. Duties of commission - mission - staffing - report.**

7 (1) THE MISSION OF THE COMMISSION IS TO ENSURE THAT COLORADANS  
8 HAVE ACCESS TO AFFORDABLE HEALTH CARE IN COLORADO. THE  
9 COMMISSION SHALL FOCUS ITS RECOMMENDATIONS ON EVIDENCE-BASED  
10 COST CONTROL, ACCESS, AND QUALITY IMPROVEMENT INITIATIVES AND  
11 THE COST-EFFECTIVE EXPENDITURE OF LIMITED STATE MONEYS TO  
12 IMPROVE THE HEALTH OF THE STATE'S POPULATION.

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

14 (a) TO IDENTIFY, EXAMINE, AND REPORT ON THE PRINCIPAL  
15 HEALTH CARE COST DRIVERS FOR COLORADO BUSINESSES AND THEIR  
16 EMPLOYEES, INDIVIDUALS WHO PURCHASE THEIR OWN HEALTH  
17 INSURANCE, COLORADO'S MEDICAID PROGRAM, AND THE UNINSURED  
18 BASED ON DATA-DRIVEN, EVIDENCE-BASED ANALYSES;

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

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

25 (d) TO REVIEW, ANALYZE, AND SEEK PUBLIC INPUT ON STATE  
26 REGULATIONS IMPACTING DELIVERY AND PAYMENT SYSTEM INNOVATIONS;

27 (e) TO ANALYZE THE IMPACT THAT OUT-OF-POCKET COSTS AND

1 HIGH DEDUCTIBLE HEALTH PLANS HAVE ON PATIENT SPENDING,  
2 UNCOMPENSATED CARE, OUTCOMES, AND ACCESS TO CARE;

3 (f) TO EXAMINE ACCESS TO CARE AND ITS IMPACT ON HEALTH  
4 CARE COSTS, INCLUDING THE ADEQUACY, COMPOSITION, AND  
5 DISTRIBUTION OF COLORADO'S HEALTH CARE WORKFORCE;

6 (g) TO REVIEW REPORTS AND STUDIES FOR POTENTIAL  
7 IMPLEMENTATION, INCLUDING REPORTS, STUDIES, WORK, AND RESOURCES  
8 COMPILED BY COLORADO ORGANIZATIONS, OUT-OF-STATE  
9 ORGANIZATIONS, THE FORMER BLUE RIBBON COMMISSION FOR HEALTH  
10 CARE REFORM ESTABLISHED PURSUANT TO SENATE BILL 06-208, ENACTED  
11 IN 2006, THE ACCOUNTABLE CARE COLLABORATIVE PROGRAM IN THE  
12 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE COLORADO  
13 FOUNDATION FOR MEDICAL CARE OR ITS SUCCESSOR ENTITY, AND  
14 COLORADO'S STATE HEALTH INNOVATION PLAN DEVELOPED THROUGH THE  
15 STATE INNOVATION MODEL PROJECT;

16 (h) TO REPORT ON THE OUTCOMES OF THE IMPLEMENTATION OF  
17 RECOMMENDATIONS OF THE FORMER BLUE RIBBON COMMISSION FOR  
18 HEALTH CARE REFORM ESTABLISHED PURSUANT TO SENATE BILL 06-208,  
19 ENACTED IN 2006, AND THE IMPACT OF IMPLEMENTATION OF THE  
20 RECOMMENDATIONS ON HEALTH CARE COSTS, ACCESS TO CARE, AND  
21 QUALITY OF CARE;

22 (i) TO COLLECT DATA, INCLUDING RATE REVIEW PROCESS DATA,  
23 FROM THE DIVISION OF INSURANCE AND PAYMENT INFORMATION FROM THE  
24 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, FOR WHICH THE  
25 COMMISSION SHALL PAY THE DIVISION'S AND DEPARTMENT'S DATA  
26 GATHERING COSTS IF THE DATA ARE NOT ALREADY AVAILABLE IN AN  
27 ACCESSIBLE FORMAT;

1           (j) TO REVIEW THE IMPACT OF MEDICAID EXPANSION ON HEALTH  
2 CARE COSTS, ACCESS TO CARE, AND COMMERCIAL INSURANCE;

3           (k) TO EVALUATE THE IMPACT OF A GLOBAL MEDICAID WAIVER ON  
4 HEALTH CARE COSTS, ACCESS TO CARE, AND QUALITY OF CARE;

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

8           (I) PRICING TRANSPARENCY;

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

11           (III) DRUG FORMULARIES;

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

13           (V) HEALTH PLAN AVAILABILITY;

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

19           (n) TO ENTER INTO BUSINESS ASSOCIATE AGREEMENTS WITH  
20 HIPAA COVERED ENTITIES;

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

24           (p) TO MAKE RECOMMENDATIONS TO THE COLORADO  
25 CONGRESSIONAL DELEGATION ABOUT CHANGES IN FEDERAL LAW THAT  
26 MAY BE NEEDED TO MAKE HEALTH CARE AFFORDABLE IN COLORADO; AND

27           (q) ANY OTHER POWERS OR DUTIES NECESSARY TO FULFILL ITS

1 MISSION.

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

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

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

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

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27 (6) (a) THE COMMISSION MAY HIRE STAFF TO FACILITATE ITS

1 WORK, INCLUDING AN ADMINISTRATOR AND OTHER STAFF AS NECESSARY  
2 TO COLLECT EVIDENCE-BASED RESEARCH, ANALYSIS, AND MODELING TO  
3 INFORM THE COMMISSION ABOUT COST DRIVERS AND COST CONTAINMENT  
4 APPROACHES.

5 (b) AS FUNDS ALLOW, THE COMMISSION MAY ALSO CONTRACT  
6 WITH:

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

10 (II) HEALTH CARE COST EXPERTS WITH DEMONSTRATED  
11 EXPERIENCE CONTROLLING HEALTH CARE COSTS THROUGH  
12 MARKET-ORIENTED APPROACHES TO ADVISE THE COMMISSION.

13 (c) 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. Appropriation.** In addition to any other  
24 appropriation, for the fiscal year beginning July 1, 2014, there is hereby  
25 appropriated, out of any moneys in the general fund not otherwise  
26 appropriated, to the department of public health and environment, for  
27 allocation to the Colorado commission on affordable health care cash



1 fund created in section 25-45-105, Colorado Revised Statutes, the sum  
2 of \$400,000, to be used for purposes consistent with the creation of the  
3 fund.

4 **SECTION 3. Safety clause.** The general assembly hereby finds,  
5 determines, and declares that this act is necessary for the immediate  
6 preservation of the public peace, health, and safety.