

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

REENGROSSED

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

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

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 3rd Reading
April 25, 2014

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

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

19 (V) HIGH AND REDUNDANT ADMINISTRATIVE COSTS;

20 (VI) POOR QUALITY OF CARE;

21 (VII) INEFFICIENT DELIVERY OF CARE;

22 (VIII) PATIENT NONCOMPLIANCE;

23 (IX) LIFESTYLE;

24 (X) POPULATION DEMOGRAPHICS;

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

27 (XII) COST IMPLICATIONS OF ESSENTIAL HEALTH BENEFITS

1 REQUIREMENTS IMPOSED BY FEDERAL LAW AND REGULATIONS:
2 (XIII) FRAUD, WASTE, AND ABUSE; AND
3 (XIV) 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) (I) THE GOVERNOR SHALL APPOINT FOUR OF THE VOTING
8 MEMBERS DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS
9 SUBSECTION (2) TO THE COMMISSION. THE PRESIDENT AND MINORITY
10 LEADER OF THE SENATE AND THE SPEAKER AND MINORITY LEADER OF THE
11 HOUSE OF REPRESENTATIVES EACH SHALL APPOINT TWO OF THE VOTING
12 MEMBERS DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS
13 SUBSECTION (2) TO THE COMMISSION, NONE OF WHOM MAY BE CURRENT
14 MEMBERS OF THE GENERAL ASSEMBLY. THE GOVERNOR SHALL
15 COORDINATE APPOINTMENTS WITH THE PRESIDENT, SPEAKER, AND
16 MINORITY LEADERS TO ENSURE:

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

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

21 (C) REPRESENTATION FROM AT LEAST THREE DIFFERENT
22 CONGRESSIONAL DISTRICTS IN THE STATE.

23 (II) NOT MORE THAN SIX OF THE TWELVE VOTING MEMBERS MAY
24 BE FROM THE SAME POLITICAL PARTY, AND THE APPOINTING AUTHORITIES
25 SHALL ENSURE THAT THE STATE'S TWO MAJOR POLITICAL PARTIES HAVE AN
26 EQUAL NUMBER OF MEMBERS ON THE 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;

27 (q) ANY OTHER AUTHORITY NECESSARY TO PERFORM ITS

1 ADMINISTRATIVE DUTIES; AND

2 (r) ANY OTHER DUTIES NECESSARY TO FULFILL ITS MISSION.

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

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

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

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

27

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

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

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

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

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

27 (I) IN COMPLIANCE WITH HIPAA, THE HITECH ACT, AND

1 ANTITRUST COMPLIANCE CRITERIA DEVELOPED AND INTERPRETED JOINTLY
2 BY THE UNITED STATES DEPARTMENT OF JUSTICE AND THE FEDERAL
3 TRADE COMMISSION; AND

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

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

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

1 OF ARTICLE 7 OF TITLE 2, C.R.S.

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

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

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

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

26 (b) MONEYS IN THE FUND ARE CONTINUOUSLY APPROPRIATED TO
27 THE COMMISSION FOR THE PURPOSES OF THIS ARTICLE. THE STATE

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

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

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

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

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

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

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

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

24 **SECTION 2. Appropriation.** In addition to any other
25 appropriation, for the fiscal year beginning July 1, 2014, there is hereby
26 appropriated, out of any moneys in the general fund not otherwise
27 appropriated, to the department of public health and environment, for

1 allocation to the Colorado commission on affordable health care cash
2 fund created in section 25-45-105, Colorado Revised Statutes, the sum
3 of \$400,000, to be used for purposes consistent with the creation of the
4 fund.

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