

Second Regular Session  
Sixty-fifth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 06-0891.01 Kristen Forrestal

SENATE BILL 06-208

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SENATE SPONSORSHIP

Hanna,

HOUSE SPONSORSHIP

Larson,

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Senate Committees

Health and Human Services

House Committees

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A BILL FOR AN ACT

101 CONCERNING THE CREATION OF THE HEALTH CARE REFORM  
102 COMMITTEE FOR THE PURPOSE OF STUDYING HEALTH CARE  
103 REFORM ISSUES.

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Bill Summary

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

Creates the health care reform committee (committee) for the purpose of studying comprehensive state health care reform and universal health care coverage. Authorizes the appointment of 4 legislative members, 11 nonlegislative members, and 2 ex officio members to the committee. Requires legislative council staff to be available to assist the committee. Directs the general assembly to treat, as it deems necessary,

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.*

the legislative recommendations made by the committee as legislation made by an interim committee. Repeals the committee, effective July 1, 2010.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds and declares that:

4 (a) Health care is the largest single industry in the United States,  
5 comprising multiple public and private interests, and these interests often  
6 have conflicting goals and values;

7 (b) Americans currently spend exorbitant amounts on health care,  
8 and our complex health care system diverts too many dollars away from  
9 the direct provision of services and into administrative and transactional  
10 costs;

11 (c) The stakeholders in the health care system engage in intensive  
12 discussions about their interests but have not assembled formally to  
13 consider much-needed, comprehensive reform of the health care system;

14 (d) Solutions to problems with the health care system will require  
15 a balancing of many private and public interests, such as consumer  
16 choice, market diversity and competition, assured access to health care,  
17 cost containment, assured safety, and quality of health care;

18 (e) The existing models for comprehensive health care reform  
19 tend to be artificially polarized between the ideological extremes of  
20 wholly unregulated markets, on the one hand, and intrusive government  
21 control, on the other;

22 (f) Previous discussions of health care reform have been  
23 dominated by policy experts and special interests, who have thus far  
24 insufficiently involved the citizens who pay for and are dependent on the

1 health care system itself;

2 (g) Health policy dialogues too often do not include enough  
3 political leaders and do not adequately consider the political process  
4 essential to bringing about the systemic reforms needed to lower and  
5 contain costs; and

6 (h) State government action is needed to initiate health care  
7 reform that results in accessible and affordable health care for all.

8 (2) It is therefore the intent of the general assembly to establish a  
9 committee for comprehensive state health care reform, which shall  
10 provide to the general assembly recommendations regarding improving  
11 the health care system.

12 **SECTION 2.** Part 1 of article 16 of title 10, Colorado Revised  
13 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
14 read:

15 **10-16-131. Health care reform committee - repeal.**

16 (1) (a) THERE IS HEREBY ESTABLISHED THE HEALTH CARE REFORM  
17 COMMITTEE, REFERRED TO IN THIS SECTION AS THE "COMMITTEE", FOR THE  
18 PURPOSE OF STUDYING COMPREHENSIVE STATE HEALTH CARE REFORM.

19 (b) THE MEMBERS OF THE COMMITTEE SHALL BE APPOINTED AS  
20 FOLLOWS:

21 (I) TWO MEMBERS OF THE COLORADO STATE SENATE, ONE  
22 APPOINTED BY THE PRESIDENT OF THE SENATE AND ONE APPOINTED BY THE  
23 MINORITY LEADER OF THE SENATE;

24 (II) TWO MEMBERS OF THE COLORADO STATE HOUSE OF  
25 REPRESENTATIVES, ONE APPOINTED BY THE SPEAKER OF THE HOUSE OF  
26 REPRESENTATIVES AND ONE APPOINTED BY THE MINORITY LEADER OF THE  
27 HOUSE OF REPRESENTATIVES;

1 (III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
2 CARE POLICY AND FINANCING OR HIS OR HER DESIGNEE, TO SERVE AS AN  
3 EX OFFICIO MEMBER;

4 (IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC  
5 HEALTH AND ENVIRONMENT OR HIS OR HER DESIGNEE, TO SERVE AS AN EX  
6 OFFICIO MEMBER;

7 (V) A REPRESENTATIVE OF THE HOSPITAL INDUSTRY TO BE  
8 APPOINTED BY THE COLORADO HOSPITAL ASSOCIATION;

9 (VI) TWO PHYSICIANS APPOINTED BY THE COLORADO MEDICAL  
10 SOCIETY;

11 (VII) TWO NURSES APPOINTED BY THE COLORADO NURSES  
12 ASSOCIATION;

13 (VIII) ONE PHARMACIST APPOINTED BY THE COLORADO  
14 PHARMACY ASSOCIATION;

15 (IX) A REPRESENTATIVE OF THE INSURANCE INDUSTRY TO BE  
16 APPOINTED BY THE COMMISSIONER;

17 (X) TWO BUSINESSPEOPLE, ONE APPOINTED BY A RURAL CHAMBER  
18 OF COMMERCE AND ONE APPOINTED BY A METRO CHAMBER OF COMMERCE;  
19 AND

20 (XI) TWO CITIZEN MEMBERS APPOINTED BY THE GOVERNOR.

21 (c) THE CHAIRPERSON OF THE COMMITTEE SHALL BE CHOSEN BY A  
22 MAJORITY VOTE OF THE MEMBERS OF THE COMMITTEE.

23 (2) (a) THE MEMBERS OF THE COMMITTEE SHALL MEET DURING A  
24 PERIOD OF TWENTY-FOUR MONTHS, BEGINNING NO LATER THAN JANUARY  
25 1, 2007, TO PRESENT AND DISCUSS VARIOUS TOPICS CONCERNING  
26 COMPREHENSIVE HEALTH CARE REFORM THAT CLEARLY ADDRESS THE  
27 TOPICS OF UNIVERSAL HEALTH CARE ACCESS, UNIVERSAL HEALTH CARE

1 COVERAGE, EFFECTIVE COST CONTAINMENT, CONSUMER AND  
2 PROFESSIONAL CHOICES, QUALITY CONTROL, AND MARKET DIVERSITY.

3 (b) THE COMMITTEE SHALL CONSIDER HEALTH CARE REFORM  
4 PLANS TO BE PRESENTED TO THE COMMITTEE BY PROFESSIONAL GROUPS  
5 AND CITIZENS. TO MINIMIZE DUPLICATION OF EFFORT AND RESOURCES,  
6 THE COMMITTEE SHALL COORDINATE ITS WORK WITH ALL OTHER  
7 HEALTH-CARE-RELATED INTERIM COMMITTEES, TASK FORCES, OR OTHER  
8 LEGISLATIVELY CREATED ENTITIES IN OPERATION DURING THE  
9 COMMITTEE'S TERM. AFTER CONSIDERATION OF REFORM PLANS, THE  
10 COMMITTEE SHALL DETERMINE LEGISLATIVE RECOMMENDATIONS TO BE  
11 MADE TO THE GENERAL ASSEMBLY.

12 (c) THE COMMITTEE SHALL MAKE SUCH RECOMMENDATIONS AS IT  
13 DEEMS NECESSARY TO THE GENERAL ASSEMBLY CONCERNING MATTERS  
14 STUDIED UNDER THIS SECTION. LEGISLATION RECOMMENDED BY THE  
15 COMMITTEE SHALL BE TREATED AS LEGISLATION RECOMMENDED BY AN  
16 INTERIM LEGISLATIVE COMMITTEE FOR PURPOSES OF ANY INTRODUCTION  
17 DEADLINES OR BILL LIMITATIONS IMPOSED BY THE JOINT RULES OF THE  
18 GENERAL ASSEMBLY.

19 (3) (a) THE MEMBERS OF THE COMMITTEE SHALL RECEIVE  
20 COMPENSATION FOR REASONABLE AND ACTUAL EXPENSES RELATED TO  
21 CARRYING OUT THEIR DUTIES FOR THE COMMITTEE. ALL EXPENDITURES  
22 INCURRED IN THE CONDUCT OF THE ACTIVITIES OF THE COMMITTEE UNDER  
23 THIS SECTION SHALL BE SUBJECT TO APPROVAL BY THE LEGISLATIVE  
24 COUNCIL AND PAID BY VOUCHERS AND WARRANTS DRAWN AS PROVIDED  
25 BY LAW FROM FUNDS ALLOCATED TO THE LEGISLATIVE COUNCIL FOR  
26 LEGISLATIVE STUDIES FROM APPROPRIATIONS MADE BY THE GENERAL  
27 ASSEMBLY.

1           (b) THE STAFF OF THE LEGISLATIVE COUNCIL SHALL BE MADE  
2 AVAILABLE TO ASSIST THE COMMITTEE IN CARRYING OUT ITS DUTIES  
3 UNDER THIS SECTION.

4           (4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

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.