

Second Regular Session  
Sixty-fifth General Assembly  
STATE OF COLORADO

**REREVISED**

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

LLS NO. 06-0891.01 Kristen Forrestal

**SENATE BILL 06-208**

**SENATE SPONSORSHIP**

**Hanna,**

**HOUSE SPONSORSHIP**

**Larson,**

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**Senate Committees**

Health and Human Services  
Appropriations

**House Committees**

Health and Human Services  
Appropriations

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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, AND MAKING TRANSFERS OF FUNDS THEREFOR.**

**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.*

HOUSE  
3rd Reading Unamended  
May 2, 2006

HOUSE  
Amended 2nd Reading  
May 1, 2006

SENATE  
3rd Reading Unamended  
March 21, 2006

SENATE  
Amended 2nd Reading  
March 20, 2006

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 competing 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 cost-effective, evidence-based health care costs;

10 (c) Solutions to problems with the health care system will require  
11 a balancing of many private and public interests;

12 (d) The existing models for comprehensive health care reform  
13 tend to be polarized between the ideological extremes of wholly  
14 unregulated markets, on the one hand, and intrusive government control,  
15 on the other;

16 (e) Previous discussions of health care reform have not  
17 sufficiently involved the citizens who pay for and are dependent on the  
18 health care system itself; and

19 (f) Health care policy dialogues too often do not include enough  
20 community and business leaders and do not adequately consider the  
21 political process essential to bringing about the systemic reforms needed  
22 to lower and contain costs.

23 (2) It is therefore the intent of the general assembly to establish a  
24 blue ribbon commission for comprehensive state health care reform,

1 which shall provide to the general assembly specific recommendations  
2 regarding improving the health care system that shall be considered by the  
3 general assembly.

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

7 **10-16-131. Health care reform project - blue ribbon**  
8 **commission for health care reform - repeal.** (1) THIS SECTION SHALL  
9 BE KNOWN AND SHALL BE CITED AS "THE ACCESS TO AFFORDABLE  
10 HEALTH CARE ACT".

11 (2) THERE IS HEREBY ESTABLISHED THE BLUE RIBBON COMMISSION  
12 FOR HEALTH CARE REFORM, HEREINAFTER REFERRED TO AS THE  
13 COMMISSION, FOR THE PURPOSE OF STUDYING AND ESTABLISHING HEALTH  
14 CARE REFORM MODELS TO EXPAND HEALTH CARE COVERAGE AND TO  
15 DECREASE HEALTH CARE COSTS FOR COLORADO RESIDENTS. THE  
16 COMMISSION SHALL BE AUTHORIZED TO EXAMINE OPTIONS FOR EXPANDING  
17 AFFORDABLE HEALTH COVERAGE FOR ALL COLORADO RESIDENTS IN BOTH  
18 THE PUBLIC AND PRIVATE SECTOR MARKETS, WITH SPECIAL ATTENTION  
19 GIVEN TO THE UNINSURED, UNDERINSURED, AND THOSE AT RISK OF  
20 FINANCIAL HARDSHIP DUE TO MEDICAL EXPENSES. THE COMMISSION  
21 SHALL HAVE THE AUTHORITY TO ESTABLISH SPECIAL PURPOSE  
22 SUBCOMMITTEES WITH NONVOTING MEMBERS TO EVALUATE AND  
23 CONSIDER HEALTH CARE ISSUES AS IT DEEMS NECESSARY TO FULFILL ITS  
24 GOALS AND OBJECTIVES, INCLUDING ISSUES OF ACCESS, COST, VALUE, AND  
25 PERSONAL HEALTH RESPONSIBILITY, AND MAY ESTABLISH BYLAWS,  
26 POLICIES, AND PROCEDURES NECESSARY TO MEET ITS OBJECTIVES.

27 (3) (a) THE COMMISSION SHALL CONSIST OF TWENTY-FOUR

1 MEMBERS AS FOLLOWS:

2 (I) EIGHT MEMBERS WHO REPRESENT CONSUMERS. CONSUMER  
3 REPRESENTATIVES SHALL INCLUDE PERSONS WITH SIGNIFICANT HEALTH  
4 CARE RISKS, PERSONS WITH HIGH INSURANCE PREMIUMS, PERSONS WHO  
5 ARE UNINSURED AND UNDERINSURED, RESIDENTS OF RURAL AREAS,  
6 MEMBERS OF RACIAL AND ETHNIC MINORITY GROUPS, SENIOR CITIZENS,  
7 PERSONS FROM FAITH COMMUNITIES, DISABLED PERSONS INVOLVED IN  
8 HEALTH CARE ISSUES, REPRESENTATIVES OF THE MENTAL HEALTH  
9 COMMUNITY, AND PERSONS WHO USE OR MAY USE TELEHEALTH OR  
10 REMOTE HOME MONITORING SYSTEMS.

11 (II) EIGHT MEMBERS WHO REPRESENT HEALTH INSURANCE  
12 PURCHASERS. HEALTH INSURANCE PURCHASERS SHALL INCLUDE  
13 PURCHASERS OF INDIVIDUAL AND GROUP HEALTH INSURANCE, MEMBERS  
14 OF LARGE AND SMALL EMPLOYER HEALTH COALITIONS, AND RURAL AND  
15 URBAN CHAMBERS OF COMMERCE. A REPRESENTATIVE OF PURCHASERS  
16 SHALL NOT BE A HEALTH CARE PROVIDER.

17 (III) EIGHT MEMBERS WHO REPRESENT EXPERTS AND BUSINESS  
18 LEADERS. EXPERTS AND BUSINESS LEADERS SHALL INCLUDE EXPERTS IN  
19 THE FIELD OF HEALTH CARE AND HEALTH INSURANCE, INCLUDING LOCAL  
20 GOVERNMENT AND STATE GOVERNMENT OFFICIALS AND NONPROFIT  
21 ORGANIZATIONS; EXPERTS IN THE FIELD OF DEVELOPMENTAL DISABILITIES;  
22 HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS, NURSES, MENTAL  
23 HEALTH PROFESSIONALS, DRUG AND ALCOHOL ABUSE COUNSELORS, AND  
24 HOSPITALS; AND MEMBERS OF THE INSURANCE INDUSTRY.

25 (b) THE COMMISSION SHALL BE APPOINTED AS FOLLOWS:

26 (I) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, THE  
27 PRESIDENT OF THE SENATE, AND THE GOVERNOR SHALL EACH APPOINT

1 TWO MEMBERS WHO REPRESENT CONSUMERS, TWO MEMBERS WHO  
2 REPRESENT HEALTH INSURANCE PURCHASERS, AND TWO MEMBERS WHO  
3 REPRESENT EXPERTS AND BUSINESS LEADERS.

4 (II) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES  
5 AND THE MINORITY LEADER OF THE SENATE SHALL EACH APPOINT ONE  
6 MEMBER WHO REPRESENTS CONSUMERS, ONE MEMBER WHO REPRESENTS  
7 HEALTH INSURANCE PURCHASERS, AND ONE MEMBER WHO REPRESENTS  
8 EXPERTS AND BUSINESS LEADERS.

9 (c) IF THERE IS A VACANCY ON THE COMMISSION FOR ANY REASON,  
10 A NEW MEMBER SHALL BE APPOINTED BY THE ORIGINAL APPOINTING  
11 AUTHORITY FROM THE APPROPRIATE REPRESENTATIVE GROUP. IF THE  
12 APPOINTING AUTHORITY FAILS TO MAKE ANY REQUIRED APPOINTMENTS  
13 WITHIN THIRTY DAYS AFTER THE VACANCY, THE SPEAKER OF THE HOUSE  
14 OF REPRESENTATIVES SHALL APPOINT THE NEW MEMBER OR MEMBERS.

15 (d) THE COMMISSION SHALL:

16 (I) WITH TECHNICAL ASSISTANCE AND GUIDANCE FROM THE  
17 PROJECT ADMINISTRATOR, WORK IN A NONPARTISAN MANNER TO EXAMINE  
18 HEALTH CARE COVERAGE AND REFORM MODELS DESIGNED TO ENSURE  
19 ACCESS TO AFFORDABLE COVERAGE FOR ALL COLORADO RESIDENTS, AND  
20 SELECT FROM THREE TO FIVE SPECIFIC HEALTH CARE COVERAGE REFORM  
21 PROPOSALS TO MEET THE NEEDS OF THE RESIDENTS OF COLORADO;

22 (II) MEET AS NECESSARY TO OVERSEE THE PROCESS OF SOLICITING  
23 REFORM CONCEPT PAPERS AND DETAILED PROPOSALS FROM INTERESTED  
24 PARTIES;

25 (III) SELECT THE TOP PROPOSALS FOR DETAILED TECHNICAL  
26 ANALYSIS BY AN INDEPENDENT CONSULTANT;

27 (IV) HOLD STATEWIDE INFORMATIONAL MEETINGS AT LEAST ONCE

1 IN EACH CONGRESSIONAL DISTRICT FOR THE PURPOSE OF RECEIVING PUBLIC  
2 COMMENTS; AND

3 (V) PRESENT A FINAL REPORT TO THE GENERAL ASSEMBLY ON OR  
4 BEFORE NOVEMBER 30, 2007, INCLUDING AN UNBIASED ECONOMIC  
5 ANALYSIS, FEASIBILITY, AND TECHNICAL ASSESSMENT OF THE FAVORABLE  
6 AND UNFAVORABLE CONSIDERATIONS AND OF THE VARIOUS REFORM  
7 OPTIONS, AND SPECIFIC RECOMMENDATIONS, THAT SHALL BE CONSIDERED  
8 BY THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
9 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES.

10 (4) (a) THE COMMISSION SHALL BE ADMINISTERED BY A  
11 NONPARTISAN PROJECT ADMINISTRATOR. THE PROJECT ADMINISTRATOR  
12 SHALL BE APPOINTED JOINTLY BY THE SPEAKER OF THE HOUSE OF  
13 REPRESENTATIVES AND THE PRESIDENT OF THE SENATE FOR THE PURPOSE  
14 OF MANAGING THE WORK OF THE COMMISSION. THE PROJECT  
15 ADMINISTRATOR SHALL BE A COLORADO-BASED, NONPARTISAN  
16 INDIVIDUAL OR ORGANIZATION WITH EXPERTISE IN HEALTH CARE POLICY,  
17 DATA COLLECTION AND ANALYSIS, REPORT GENERATION, ORGANIZING  
18 PUBLIC MEETINGS, AND MANAGING PROJECT BUDGETS AND PROCESSES.  
19 THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE PRESIDENT OF  
20 THE SENATE SHALL APPOINT A PROJECT COORDINATOR WHO SHALL BE  
21 RESPONSIBLE FOR THE COORDINATION AND DELIVERY OF THE FINAL  
22 REPORT PRESENTED TO THE GENERAL ASSEMBLY PURSUANT TO  
23 SUBPARAGRAPH (V) OF PARAGRAPH (d) OF SUBSECTION (3) OF THIS  
24 SECTION; COORDINATION OF PROJECT OBJECTIVES, TIMELINES, AND  
25 REGULAR LIAISON ACTIVITIES BETWEEN THE PROJECT ADMINISTRATOR,  
26 THE GENERAL ASSEMBLY, AND INTERESTED PERSONS; AND FOR PROVIDING  
27 INFORMATION TO THE GENERAL PUBLIC REGARDING THE HEALTH CARE

1 REFORM EFFORTS OUTLINED IN THIS SECTION.

2 (b) THE PROJECT ADMINISTRATOR SHALL ORGANIZE A PROCESS TO  
3 IDENTIFY INSURANCE REFORM PROPOSALS GENERATED APPLICABLE TO  
4 COLORADO FROM INTERESTED PARTIES. THE PROCESS SHALL INCLUDE,  
5 BUT NOT BE LIMITED TO, THE FOLLOWING:

6 (I) THE PROJECT ADMINISTRATOR SHALL INVITE INTERESTED  
7 INDIVIDUALS OR ORGANIZATIONS TO SUBMIT PROPOSALS ACCORDING TO  
8 CONTENT CRITERIA DEVELOPED BY THE PROJECT ADMINISTRATOR THAT  
9 DESCRIBE METHODS FOR EXPANDING HEALTH CARE COVERAGE AND  
10 RELATED REFORM CONCEPTS.

11 (II) THE PROJECT ADMINISTRATOR SHALL SUBMIT ACCEPTABLE  
12 PROPOSALS AS DETERMINED BY THE ADMINISTRATOR TO THE COMMISSION  
13 FOR DISCUSSION AND THE ULTIMATE SELECTION OF THREE TO FIVE  
14 FAVORABLE PROPOSALS.

15 (III) THE COMMISSION SHALL SUBMIT FROM THREE TO FIVE OF THE  
16 PROPOSALS DEEMED MOST FAVORED BY THE COMMISSION TO AN  
17 INDEPENDENT CONSULTING FIRM SELECTED BY THE COMMISSION FOR  
18 TECHNICAL COMPARATIVE ANALYSIS OF COST IMPACTS, UTILIZATION,  
19 DESIGN, AND OTHER AREAS.

20 (IV) ON OR BEFORE NOVEMBER 30, 2007, THE COMMISSION SHALL  
21 PRESENT THE FINAL REPORT REQUIRED PURSUANT TO SUBPARAGRAPH (V)  
22 OF PARAGRAPH (d) OF SUBSECTION (3) OF THIS SECTION TO THE GENERAL  
23 ASSEMBLY, WHICH SHALL INCLUDE SUMMARIES OF THE PROPOSALS AND  
24 THE RESULTS OF THE TECHNICAL ANALYSIS.

25 (5) (a) THERE IS HEREBY CREATED IN THE STATE TREASURY THE  
26 HEALTH CARE REFORM CASH FUND. THE FUND SHALL CONSIST OF MONEYS  
27 APPROPRIATED OR APPROPRIATED BY THE GENERAL ASSEMBLY TO THE

1 FUND AND GIFTS, GRANTS, AND DONATIONS FROM DONORS WHO SHALL  
2 REMAIN ANONYMOUS TO THE PROJECT ADMINISTRATOR AND THE MEMBERS  
3 OF THE COMMISSION. THE MONEYS IN THE HEALTH CARE REFORM CASH  
4 FUND AND ALL INTEREST EARNED ON MONEYS IN THE FUND SHALL NOT BE  
5 CREDITED OR TRANSFERRED TO THE GENERAL FUND AT THE END OF ANY  
6 FISCAL YEAR.

7 (b) ON JUNE 30, 2006, ONE HUNDRED THOUSAND DOLLARS FROM  
8 THE GENERAL FUND SHALL BE APPROPRIATED TO AND BECOME PART OF  
9 THE HEALTH CARE REFORM CASH FUND. SUCH GENERAL FUND  
10 APPROPRIATION SHALL BE FROM MONEYS MADE AVAILABLE BY REDUCING  
11 THE FISCAL YEAR 2005-06 GENERAL FUND APPROPRIATION TO THE  
12 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, INDIGENT CARE  
13 PROGRAM IN THE CHILDREN'S HOSPITAL, CLINIC BASED INDIGENT CARE.  
14 ON JULY 1, 2006, THE GENERAL ASSEMBLY SHALL APPROPRIATE FIFTY  
15 THOUSAND DOLLARS FROM THE CASH FUND TO THE COMMISSION. AFTER  
16 THE COMMISSION HAS CERTIFIED TO THE STATE CONTROLLER THAT THE  
17 COMMISSION HAS RECEIVED AT LEAST FIFTY THOUSAND DOLLARS FROM  
18 GIFTS, GRANTS, AND DONATIONS FOR THE PURPOSES OF CARRYING OUT THE  
19 PROVISIONS OF THIS SECTION, AN ADDITIONAL FIFTY THOUSAND DOLLARS  
20 SHALL BE APPROPRIATED TO THE COMMISSION.

21 (c) THE MONEY IN THE HEALTH CARE REFORM CASH FUND SHALL  
22 BE USED FOR THE DEVELOPMENT OF THE THREE TO FIVE PROPOSALS; FOR  
23 TECHNICAL COSTS AND A FEASIBILITY STUDY; TO FUND THE PROJECT  
24 ADMINISTRATOR AND PROJECT COORDINATOR POSITIONS; TO COVER COSTS  
25 OF STATEWIDE HEARINGS; TO PAY THE MEMBERS OF THE COMMISSION  
26 REASONABLE AND NECESSARY EXPENSES, INCLUDING A PER DIEM AMOUNT  
27 SET BY THE COMMISSION NOT TO EXCEED ONE HUNDRED DOLLARS PER

1 MEETING, TRAVEL EXPENSES, AND OUT-OF-POCKET EXPENSES RELATED TO  
2 THE DUTIES OF THE MEMBER; AND FOR ANY OTHER EXPENSES NECESSARY  
3 TO CARRY OUT THE PROVISIONS OF THIS SECTION.

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

5 **SECTION 3.** Part V (4) and the affected totals of section 2 of  
6 chapter 354, Session Laws of Colorado 2005, as amended by section 1 of  
7 House Bill 06-1217 and section 6 of House Bill 06-1385, enacted at the  
8 Second Regular Session of the Sixty-fifth General Assembly, are  
9 amended to read:

10 Section 2. **Appropriation.**

APPROPRIATION FROM

ITEM & SUBTOTAL	\$	TOTAL	\$	GENERAL FUND	\$	GENERAL FUND EXEMPT	\$	CASH FUNDS	\$	CASH FUNDS EXEMPT	\$	FEDERAL FUNDS
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**PART V  
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

**(4) INDIGENT CARE PROGRAM**

1												
2												
3												
4												
5	Safety Net Provider											
6	Payments <sup>43</sup>	281,007,750		9,432,484(M)			131,071,391 <sup>a</sup>				140,503,875	
7	The Children's Hospital,											
8	Clinic Based Indigent Care	36,244,576		<del>18,122,288(M)</del>								18,122,288
9		36,044,576		18,022,288(M)								18,022,288
10	Pediatric Speciality											
11	Hospital	5,452,134		2,726,067(M)								2,726,067
12	H.B. 97-1304 Children's											
13	Basic Health Plan Trust	23,342,785		2,255,000			160,256 <sup>b</sup>			20,927,529 <sup>c</sup>		
14	Children's Basic Health											
15	Plan Administration	4,181,207								1,947,089 <sup>d</sup>		2,234,118
16	Children's Basic Health											
17	Plan Premium Costs <sup>44</sup>	77,006,123								27,056,309 <sup>d</sup>		49,949,814
18	Children's Basic Health											
19	Plan Dental Benefit Costs	6,218,783								2,176,574 <sup>d</sup>		4,042,209
20	Comprehensive Primary											
21	and Preventive Care Fund	2,615,941								2,615,941 <sup>e</sup>		

APPROPRIATION FROM

ITEM & SUBTOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$
		TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	CASH FUNDS EXEMPT	FEDERAL FUNDS	

1	Comprehensive Primary									
2	and Preventive Care Grants									
3	Program	2,615,941								
4		<del>438,685,240</del>								
5		438,485,240								
6										
7							2,615,941 <sup>f</sup>			
8	<sup>a</sup> This amount represents public funds certified as representing expenditures incurred by hospitals that are eligible for federal financial participation under the Medicaid Major Teaching Hospital Program, Medicaid, and the Medicaid Disproportionate Share Payments to Hospitals Program.									
9	<sup>b</sup> This amount shall be from annual premiums paid by participating families.									
10	<sup>c</sup> This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104.5 (1) (c), C.R.S.									
11	<sup>d</sup> These amounts shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.									
12	<sup>e</sup> This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104.5 (1) (b), C.R.S.									
13	<sup>f</sup> This amount shall be from the Comprehensive Primary and Preventive Care Fund created in Section 26-4-1007, C.R.S., pursuant to Section 24-75-1104.5 (1) (b), C.R.S.									
14										
15	<b>TOTALS PART V</b>									
16	<b>(HEALTH CARE</b>									
17	<b>POLICY AND</b>									
18	<b>FINANCING)<sup>4,5</sup></b>	\$3,218,624,823	\$1,096,833,419	\$261,300,000	\$655,697	\$288,981,272 <sup>a</sup>	\$1,570,854,435			
19		\$3,218,424,823	\$1,096,733,419				\$1,570,754,435			
20										
21										
22										

<sup>a</sup> Of this amount, \$35,506,280 contains an (T) notation, and \$551,894 contains a (L) notation.

1           **SECTION 4. Appropriation.** In addition to any other  
2 appropriation, there is hereby appropriated, out of moneys in the general  
3 fund, not otherwise appropriated, to the department of regulatory  
4 agencies, division of insurance, to the health care reform cash fund,  
5 created in section 10-16-131 (5) (a), Colorado Revised Statutes, for the  
6 fiscal year beginning July 1, 2005, the sum of one hundred thousand  
7 dollars (\$100,000).

8           **SECTION 5. Appropriation.** In addition to any other  
9 appropriation, there is hereby appropriated, out of any moneys in the  
10 health care reform cash fund, created in section 10-16-131 (5) (a),  
11 Colorado Revised Statutes, not otherwise appropriated, to the department  
12 of regulatory agencies, division of insurance, for the fiscal year beginning  
13 July 1, 2006, the sum of fifty thousand dollars (\$50,000), or so much  
14 thereof as may be necessary, for the implementation of this act. This  
15 appropriation shall be used for the expenses of blue ribbon commission  
16 for health care reform created in section 10-16-131, Colorado Revised  
17 Statutes.

18           **SECTION 6. Appropriation.** In addition to any other  
19 appropriation, there is hereby appropriated, out of any moneys in the  
20 health care reform cash fund, created in section 10-16-131 (5) (a),  
21 Colorado Revised Statutes, not otherwise appropriated, to the department  
22 of regulatory agencies, division of insurance, for the fiscal year beginning  
23 July 1, 2006, the sum of one hundred thousand dollars (\$100,000), or so  
24 much thereof as may be necessary, for the implementation of this act.  
25 This appropriation shall be used for the expenses of blue ribbon  
26 commission for health care reform created in section 10-16-131, Colorado

1 Revised Statutes.

2           **SECTION 7. Effective date.** This act shall take effect upon  
3 passage, except that section 6 of this act shall only take effect if the blue  
4 ribbon commission for health care reform, created in Section 10-16-131,  
5 Colorado Revised Statutes, certifies in writing to the state controller that  
6 the commission has received at fifty thousand dollars (\$50,000) in gifts,  
7 grants, and donations for the purposes of this act. Subsequent to said  
8 receipt, the state controller shall notify the joint budget committee in  
9 writing that the state controller has received the said certification from the  
10 commission.

11           **SECTION 8. Safety clause.** The general assembly hereby finds,  
12 determines, and declares that this act is necessary for the immediate  
13 preservation of the public peace, health, and safety.