

Second Regular Session
Sixty-fifth General Assembly
STATE OF COLORADO

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 06-0891.01 Kristen Forrestal

SENATE BILL 06-208

SENATE SPONSORSHIP

Hanna,

HOUSE SPONSORSHIP

Larson,

Senate Committees

Health and Human Services
Appropriations

House Committees

Health and Human Services
Appropriations

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.*

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.

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 TRANSFERRED 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 JULY 1, 2006, FIFTY THOUSAND DOLLARS FROM THE
8 GENERAL FUND SHALL BE TRANSFERRED TO AND SHALL BECOME PART OF
9 THE HEALTH CARE REFORM CASH FUND. AFTER THE COMMISSION HAS
10 CERTIFIED TO THE STATE CONTROLLER THAT THE COMMISSION HAS
11 RECEIVED AT LEAST THREE HUNDRED THOUSAND DOLLARS FROM GIFTS,
12 GRANTS, AND DONATIONS FOR THE PURPOSE OF CARRYING OUT THE
13 PROVISIONS OF THIS SECTION, AN ADDITIONAL TWO HUNDRED FIFTY
14 THOUSAND DOLLARS SHALL BE TRANSFERRED FROM THE GENERAL FUND
15 TO THE HEALTH CARE REFORM CASH FUND.

16 (c) THE MONEY IN THE HEALTH CARE REFORM CASH FUND SHALL
17 BE USED FOR THE DEVELOPMENT OF THE THREE TO FIVE PROPOSALS; FOR
18 TECHNICAL COSTS AND A FEASIBILITY STUDY; TO FUND THE PROJECT
19 ADMINISTRATOR AND PROJECT COORDINATOR POSITIONS; TO COVER COSTS
20 OF STATEWIDE HEARINGS; TO PAY THE MEMBERS OF THE COMMISSION
21 REASONABLE AND NECESSARY EXPENSES, INCLUDING A PER DIEM AMOUNT
22 SET BY THE COMMISSION NOT TO EXCEED ONE HUNDRED DOLLARS PER
23 MEETING, TRAVEL EXPENSES, AND OUT-OF-POCKET EXPENSES RELATED TO
24 THE DUTIES OF THE MEMBER; AND FOR ANY OTHER EXPENSES NECESSARY
25 TO CARRY OUT THE PROVISIONS OF THIS SECTION.

26 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

27 **SECTION 3. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, and safety.