

HOUSE COMMITTEE OF REFERENCE REPORT

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Chairman of Committee

April 10, 2006

Date

Committee on Health and Human Services.

After consideration on the merits, the Committee recommends the following:

SB06-208 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend reengrossed bill, strike everything below the enacting clause and  
2 substitute the following:

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

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

8 (b) Americans currently spend exorbitant amounts on health care,  
9 and our complex health care system diverts too many dollars away from  
10 cost-effective, evidence-based health care costs;

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

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

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

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

5 (2) It is therefore the intent of the general assembly to establish a  
6 blue ribbon commission for comprehensive state health care reform,  
7 which shall provide to the general assembly specific recommendations  
8 regarding improving the health care system that shall be considered by the  
9 general assembly.

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

13 **10-16-131. Health care reform project - blue ribbon**  
14 **commission for health care reform - repeal.** (1) THIS SECTION SHALL  
15 BE KNOWN AND SHALL BE CITED AS "THE ACCESS TO AFFORDABLE  
16 HEALTH CARE ACT".

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

33 (3) (a) THE COMMISSION SHALL CONSIST OF TWENTY-FOUR  
34 MEMBERS AS FOLLOWS:

35 (I) EIGHT MEMBERS WHO REPRESENT CONSUMERS. CONSUMER

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

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

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

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

24 (I) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, THE  
25 PRESIDENT OF THE SENATE, AND THE GOVERNOR SHALL EACH APPOINT  
26 TWO MEMBERS WHO REPRESENT CONSUMERS, TWO MEMBERS WHO  
27 REPRESENT HEALTH INSURANCE PURCHASERS, AND TWO MEMBERS WHO  
28 REPRESENT EXPERTS AND BUSINESS LEADERS.

29 (II) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES  
30 AND THE MINORITY LEADER OF THE SENATE SHALL EACH APPOINT ONE  
31 MEMBER WHO REPRESENTS CONSUMERS, ONE MEMBER WHO REPRESENTS  
32 HEALTH INSURANCE PURCHASERS, AND ONE MEMBER WHO REPRESENTS  
33 EXPERTS AND BUSINESS LEADERS.

34 (c) IF THERE IS A VACANCY ON THE COMMISSION FOR ANY REASON,  
35 A NEW MEMBER SHALL BE APPOINTED BY THE ORIGINAL APPOINTING  
36 AUTHORITY FROM THE APPROPRIATE REPRESENTATIVE GROUP. IF THE

1 APPOINTING AUTHORITY FAILS TO MAKE ANY REQUIRED APPOINTMENTS  
2 WITHIN THIRTY DAYS AFTER THE VACANCY, THE SPEAKER OF THE HOUSE  
3 OF REPRESENTATIVES SHALL APPOINT THE NEW MEMBER OR MEMBERS.

4 (d) THE COMMISSION SHALL:

5 (I) WITH TECHNICAL ASSISTANCE AND GUIDANCE FROM THE  
6 PROJECT ADMINISTRATOR, WORK IN A NONPARTISAN MANNER TO EXAMINE  
7 HEALTH CARE COVERAGE AND REFORM MODELS DESIGNED TO ENSURE  
8 ACCESS TO AFFORDABLE COVERAGE FOR ALL COLORADO RESIDENTS, AND  
9 SELECT FROM THREE TO FIVE SPECIFIC HEALTH CARE COVERAGE REFORM  
10 PROPOSALS TO MEET THE NEEDS OF THE RESIDENTS OF COLORADO;

11 (II) MEET AS NECESSARY TO OVERSEE THE PROCESS OF SOLICITING  
12 REFORM CONCEPT PAPERS AND DETAILED PROPOSALS FROM INTERESTED  
13 PARTIES;

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

16 (IV) HOLD STATEWIDE INFORMATIONAL MEETINGS AT LEAST ONCE  
17 IN EACH CONGRESSIONAL DISTRICT FOR THE PURPOSE OF RECEIVING PUBLIC  
18 COMMENTS; AND

19 (V) PRESENT A FINAL REPORT TO THE GENERAL ASSEMBLY ON OR  
20 BEFORE NOVEMBER 30, 2007, INCLUDING AN UNBIASED ECONOMIC  
21 ANALYSIS, FEASIBILITY, AND TECHNICAL ASSESSMENT OF THE FAVORABLE  
22 AND UNFAVORABLE CONSIDERATIONS AND OF THE VARIOUS REFORM  
23 OPTIONS, AND SPECIFIC RECOMMENDATIONS, THAT SHALL BE CONSIDERED  
24 BY THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
25 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES.

26 (4) (a) THE COMMISSION SHALL BE ADMINISTERED BY A  
27 NONPARTISAN PROJECT ADMINISTRATOR. THE PROJECT ADMINISTRATOR  
28 SHALL BE APPOINTED JOINTLY BY THE SPEAKER OF THE HOUSE OF  
29 REPRESENTATIVES AND THE PRESIDENT OF THE SENATE FOR THE PURPOSE  
30 OF MANAGING THE WORK OF THE COMMISSION. THE PROJECT  
31 ADMINISTRATOR SHALL BE A COLORADO-BASED, NONPARTISAN  
32 INDIVIDUAL OR ORGANIZATION WITH EXPERTISE IN HEALTH CARE POLICY,  
33 DATA COLLECTION AND ANALYSIS, REPORT GENERATION, ORGANIZING  
34 PUBLIC MEETINGS, AND MANAGING PROJECT BUDGETS AND PROCESSES.  
35 THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE PRESIDENT OF

1 THE SENATE SHALL APPOINT A PROJECT COORDINATOR WHO SHALL BE  
2 RESPONSIBLE FOR THE COORDINATION AND DELIVERY OF THE FINAL  
3 REPORT PRESENTED TO THE GENERAL ASSEMBLY PURSUANT TO  
4 SUBPARAGRAPH (V) OF PARAGRAPH (d) OF SUBSECTION (3) OF THIS  
5 SECTION; COORDINATION OF PROJECT OBJECTIVES, TIMELINES, AND  
6 REGULAR LIAISON ACTIVITIES BETWEEN THE PROJECT ADMINISTRATOR,  
7 THE GENERAL ASSEMBLY, AND INTERESTED PERSONS; AND FOR PROVIDING  
8 INFORMATION TO THE GENERAL PUBLIC REGARDING THE HEALTH CARE  
9 REFORM EFFORTS OUTLINED IN THIS SECTION.

10 (b) THE PROJECT ADMINISTRATOR SHALL ORGANIZE A PROCESS TO  
11 IDENTIFY INSURANCE REFORM PROPOSALS GENERATED APPLICABLE TO  
12 COLORADO FROM INTERESTED PARTIES. THE PROCESS SHALL INCLUDE,  
13 BUT NOT BE LIMITED TO, THE FOLLOWING:

14 (I) THE PROJECT ADMINISTRATOR SHALL INVITE INTERESTED  
15 INDIVIDUALS OR ORGANIZATIONS TO SUBMIT PROPOSALS ACCORDING TO  
16 CONTENT CRITERIA DEVELOPED BY THE PROJECT ADMINISTRATOR THAT  
17 DESCRIBE METHODS FOR EXPANDING HEALTH CARE COVERAGE AND  
18 RELATED REFORM CONCEPTS.

19 (II) THE PROJECT ADMINISTRATOR SHALL SUBMIT ACCEPTABLE  
20 PROPOSALS AS DETERMINED BY THE ADMINISTRATOR TO THE COMMISSION  
21 FOR DISCUSSION AND THE ULTIMATE SELECTION OF THREE TO FIVE  
22 FAVORABLE PROPOSALS.

23 (III) THE COMMISSION SHALL SUBMIT FROM THREE TO FIVE OF THE  
24 PROPOSALS DEEMED MOST FAVORED BY THE COMMISSION TO AN  
25 INDEPENDENT CONSULTING FIRM SELECTED BY THE COMMISSION FOR  
26 TECHNICAL COMPARATIVE ANALYSIS OF COST IMPACTS, UTILIZATION,  
27 DESIGN, AND OTHER AREAS.

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

33 (5) (a) THERE IS HEREBY CREATED IN THE STATE TREASURY THE  
34 HEALTH CARE REFORM CASH FUND. THE FUND SHALL CONSIST OF MONEYS  
35 APPROPRIATED OR TRANSFERRED BY THE GENERAL ASSEMBLY TO THE  
36 FUND AND GIFTS, GRANTS, AND DONATIONS FROM DONORS WHO SHALL

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

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

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

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

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

29 Amend reengrossed bill, page 1, line 103, strike "AN APPROPRIATION"  
30 and substitute "TRANSFERS OF FUNDS".

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