

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

PREAMENDED

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

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.

regarding health care costs, focusing on evidence-based cost controls and access and quality of care. The governor and legislative leadership from both houses and parties are to appoint the 12-member commission, assuring representation from across the state and by individuals with expertise in various subject areas, including health care administration, financing, delivery, and consumption. Additionally, the commissioner of insurance, the executive directors of the departments of public health and environment, human services, and health care policy and financing, and an administrator from the all-payer health claims database serve as ex officio, nonvoting members of the commission.

The commission is to make recommendations regarding legislative and regulatory modifications that could make health care affordable while improving access and quality of health care.

The commission may hire staff to facilitate its work and may request the office of legislative legal services to provide staff to attend commission meetings and provide support for the commission's activities.

The commission is authorized to accept gifts, grants, and donations to fund the commission's duties. Additionally, for the 2014-15 fiscal year, the general assembly is to appropriate \$400,000 to the commission.

The commission is repealed on July 1, 2017.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 45 to title
3 25 as follows:

4 **ARTICLE 45**

5 **Colorado Commission on Affordable Health Care**

6 **25-45-101. Legislative declaration.** (1) THE GENERAL ASSEMBLY
7 FINDS AND DECLARES THAT:

8 (a) ENSURING ACCESS TO QUALITY AFFORDABLE HEALTH CARE IS
9 OF PARAMOUNT CONCERN TO THE CITIZENS OF COLORADO;

10 (b) IMPROVING THE AFFORDABILITY OF HEALTH CARE INVOLVES A
11 COMPREHENSIVE EXAMINATION OF AND RECOMMENDATIONS REGARDING
12 THE MAJOR AND FUNDAMENTAL DRIVERS OF HEALTH CARE COSTS;

13 (c) CURRENT COMMITMENTS OF THE DEPARTMENT OF HEALTH
14 CARE POLICY AND FINANCING REQUIRE THE EXPENDITURE OF A

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) LACK OF TRANSPARENT INFORMATION ABOUT PRICES;

14 (III) INSUFFICIENT TYPE AND DISTRIBUTION OF PROVIDERS;

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

16 (V) HIGH AND REDUNDANT ADMINISTRATIVE COSTS;

17 (VI) POOR QUALITY OF CARE;

18 (VII) INEFFICIENT DELIVERY OF CARE;

19 (VIII) PATIENT NONCOMPLIANCE;

20 (IX) LIFESTYLE;

21 (X) POPULATION DEMOGRAPHICS;

22 (XI) LACK OF COMPETITION;

23 (XII) FRAUD, WASTE, AND ABUSE; AND

24 (XIII) MISSED PREVENTION OPPORTUNITIES;

25 (f) PRIVATE SECTOR INITIATIVES ALREADY EXIST TO ANALYZE
26 COSTS AND IMPROVE QUALITY OF HEALTH CARE IN COLORADO, BUT THEY
27 LACK THE VISIBILITY AND EMPHASIS THAT A LEGISLATIVE CHARGE WILL

1 PROVIDE;

2 (g) IT IS IN THE BEST INTERESTS OF THE PUBLIC THAT THE GENERAL
3 ASSEMBLY REQUIRE A COMPREHENSIVE, EVIDENCE-BASED ANALYSIS OF
4 THE MAJOR COST DRIVERS IN HEALTH CARE AND THE EFFECTIVENESS OF
5 STRATEGIES FOR CONTROLLING EXPENDITURES, INCLUDING:

6 (I) PREVENTION PROGRAMS;

7 (II) ACCESS TO HEALTH CARE PROVIDERS;

8 (III) NEW APPROACHES TO DELIVERING AND PAYING FOR HEALTH
9 CARE;

10 (IV) WAYS TO IMPROVE HEALTH INDUSTRY LAWS AND REDUCE
11 UNNECESSARY OR REDUNDANT REGULATIONS;

12 (V) THE EFFECTIVENESS OF INSURANCE LAWS; AND

13 (VI) OTHER POLICIES AND MARKET INITIATIVES TO MAKE HEALTH
14 CARE MORE AFFORDABLE WHILE IMPROVING PATIENT CARE; AND

15 (h) THEREFORE, THE GENERAL ASSEMBLY IS ENACTING THIS
16 ARTICLE TO FORM A COMMISSION OF EXPERTS IN HEALTH CARE
17 ADMINISTRATION, FINANCING, DELIVERY AND CONSUMPTION, AND OTHER
18 PERTINENT DISCIPLINES TO ENGAGE IN ANALYSIS OF HEALTH CARE COSTS
19 IN THIS STATE AND MAKE RECOMMENDATIONS FOR ACTION TO THE
20 GOVERNOR, THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
21 OR ITS SUCCESSOR COMMITTEE, AND THE HOUSE OF REPRESENTATIVES
22 COMMITTEE ON HEALTH, INSURANCE, AND ENVIRONMENT AND PUBLIC
23 HEALTH CARE AND HUMAN SERVICES OR THEIR SUCCESSOR COMMITTEES.

24 **25-45-102. Definitions.** AS USED IN THIS ARTICLE:

25 (1) "COMMISSION" MEANS THE COLORADO COMMISSION ON
26 AFFORDABLE HEALTH CARE ESTABLISHED UNDER SECTION 25-45-103.

27 (2) "FUND" MEANS THE COLORADO COMMISSION ON AFFORDABLE

1 HEALTH CARE CASH FUND CREATED IN SECTION 25-45-105.

2 (3) "HIPAA" MEANS THE FEDERAL "HEALTH INSURANCE
3 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB. L. 104-191, AS
4 AMENDED.

5 (4) "HIPAA COVERED ENTITY" MEANS AN ENTITY DEFINED AS A
6 "COVERED ENTITY" UNDER HIPAA.

7 (5) "HITECH ACT" MEANS THE FEDERAL "HEALTH INFORMATION
8 TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT", PUB. L.
9 111-5, AS AMENDED.

10 (6) "MEDICAID PROGRAM" MEANS THE PROGRAM ESTABLISHED
11 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLE 4 TO 6 OF
12 TITLE 25.5, C.R.S.

13 **25-45-103. Colorado commission on affordable health care -**
14 **creation - membership - operation.** (1) THERE IS HEREBY CREATED THE
15 COLORADO COMMISSION ON AFFORDABLE HEALTH CARE, WHICH HAS THE
16 POWERS AND DUTIES SPECIFIED IN THIS ARTICLE.

17 (2) (a) THE COMMISSION CONSISTS OF:

18 (I) TWELVE VOTING MEMBERS AS FOLLOWS:

19 (A) ONE PERSON REPRESENTING HOSPITALS, RECOMMENDED BY A
20 STATEWIDE ASSOCIATION OF HOSPITALS;

21 (B) TWO HEALTH CARE PROVIDERS WHO ARE NOT EMPLOYED BY
22 A HOSPITAL, ONLY ONE OF WHOM IS A PHYSICIAN. THE PHYSICIAN MUST BE
23 RECOMMENDED BY A STATEWIDE SOCIETY OR ASSOCIATION WHOSE
24 MEMBERSHIP INCLUDES AT LEAST ONE-THIRD OF THE DOCTORS OF
25 MEDICINE OR OSTEOPATHY LICENSED IN THE STATE.

26 (C) TWO REPRESENTATIVES FROM ORGANIZATIONS REPRESENTING
27 CONSUMERS, AT LEAST ONE OF WHOM UNDERSTANDS CONSUMERS WITH

1 CHRONIC MEDICAL CONDITIONS;

2 (D) ONE INDIVIDUAL REPRESENTING SMALL COLORADO
3 BUSINESSES AND ONE INDIVIDUAL REPRESENTING SELF-INSURED LARGE
4 COLORADO BUSINESSES, NEITHER OF WHOM IS OR REPRESENTS A PAYER,
5 HEALTH CARE PROVIDER, OR HEALTH CARE FACILITY;

6 (E) ONE HEALTH CARE ECONOMIST;

7 (F) ONE REPRESENTATIVE OF CARRIERS OFFERING HEALTH PLANS
8 IN THIS STATE;

9 (G) ONE REPRESENTATIVE OF LICENSED HEALTH INSURANCE
10 PRODUCERS;

11 (H) ONE PERSON WITH EXPERTISE IN HEALTH CARE PAYMENT AND
12 DELIVERY; AND

13 (I) ONE PERSON WITH EXPERTISE IN PUBLIC HEALTH AND THE
14 PROVISION OF HEALTH CARE TO POPULATIONS WITH LOW INCOMES AND
15 SIGNIFICANT HEALTH CARE NEEDS; AND

16 (II) FIVE NONVOTING, EX OFFICIO MEMBERS AS FOLLOWS:

17 (A) THE COMMISSIONER OF INSURANCE;

18 (B) THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF PUBLIC
19 HEALTH AND ENVIRONMENT, HUMAN SERVICES, AND HEALTH CARE POLICY
20 AND FINANCING OR THEIR DESIGNEES; AND

21 (C) A REPRESENTATIVE OF THE ALL-PAYER HEALTH CLAIMS
22 DATABASE ESTABLISHED UNDER SECTION 25.5-1-204, C.R.S.

23 (b) THE GOVERNOR SHALL APPOINT FOUR OF THE VOTING MEMBERS
24 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION
25 (2) TO THE COMMISSION. THE PRESIDENT AND MINORITY LEADER OF THE
26 SENATE AND THE SPEAKER AND MINORITY LEADER OF THE HOUSE OF
27 REPRESENTATIVES EACH SHALL APPOINT TWO OF THE VOTING MEMBERS

1 DESCRIBED IN SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION
2 (2) TO THE COMMISSION, NONE OF WHOM MAY BE CURRENT MEMBERS OF
3 THE GENERAL ASSEMBLY. THE GOVERNOR SHALL COORDINATE
4 APPOINTMENTS WITH THE PRESIDENT, SPEAKER, AND MINORITY LEADERS
5 TO ENSURE REPRESENTATION AS SPECIFIED IN SUBPARAGRAPH (I) OF
6 PARAGRAPH (a) OF THIS SUBSECTION (2) AND, TO THE EXTENT POSSIBLE,
7 FROM RURAL AND URBAN REGIONS OF THE STATE AND FROM AT LEAST
8 THREE DIFFERENT CONGRESSIONAL DISTRICTS IN THE STATE. NOT MORE
9 THAN SIX OF THE TWELVE VOTING MEMBERS MAY BE FROM THE SAME
10 POLITICAL PARTY.

11 (c) THE APPOINTING AUTHORITIES SHALL NAME THE INITIAL
12 MEMBERS TO THE COMMISSION BY JULY 7, 2014. MEMBERS OF THE
13 COMMISSION MAY BE REMOVED BY THEIR RESPECTIVE APPOINTING
14 AUTHORITIES FOR CAUSE. IF A VACANCY OCCURS ON THE COMMISSION, THE
15 APPOINTING AUTHORITY FOR THE MEMBER WHOSE POSITION IS VACATED
16 SHALL APPOINT A MEMBER TO FILL THE VACANT POSITION.

17 (d) THE COMMISSION SHALL SELECT A CHAIR AND VICE-CHAIR OF
18 THE COMMISSION FROM ITS MEMBERSHIP.

19 (3) MEMBERS OF THE COMMISSION SERVE WITHOUT
20 COMPENSATION BUT MAY BE REIMBURSED FOR THEIR ACTUAL AND
21 NECESSARY TRAVEL EXPENSES INCURRED IN THE PERFORMANCE OF THEIR
22 OFFICIAL DUTIES.

23 (4) THE COMMISSION MAY ESTABLISH BYLAWS AS APPROPRIATE
24 FOR ITS EFFECTIVE OPERATION.

25 (5) THE CHAIR OF THE COMMISSION SHALL ESTABLISH A SCHEDULE
26 FOR COMMISSION MEETINGS. THE COMMISSION SHALL MEET AT LEAST
27 ONCE A MONTH ON AVERAGE.

1 (6) MEMBERS OF THE COMMISSION, STAFF, AND CONSULTANTS ARE
2 NOT LIABLE FOR AN ACT OR OMISSION IN THEIR OFFICIAL CAPACITY
3 PERFORMED IN GOOD FAITH IN ACCORDANCE WITH THIS ARTICLE.

4 (7) (a) THE COMMISSION IS EXEMPT FROM THE "PROCUREMENT
5 CODE", ARTICLES 101 TO 112 OF TITLE 24, C.R.S.

6 (b) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS
7 PARAGRAPH (b), THE COMMISSION IS SUBJECT TO THE OPEN MEETINGS
8 LAW, PART 4 OF ARTICLE 6 OF TITLE 24, C.R.S., AND THE "COLORADO
9 OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24, C.R.S.

10 (II) MEMBERS OF THE COMMISSION MAY CONVENE IN GROUPS OF
11 NO MORE THAN FIVE MEMBERS FOR THE FOLLOWING PURPOSES WITHOUT
12 COMPLYING WITH THE OPEN MEETINGS LAW AS LONG AS NO FORMAL
13 ACTION IS TAKEN AT THE MEETING:

14 (A) TO GATHER AND UNDERSTAND DATA; OR

15 (B) TO ORGANIZE AND PLAN FOR THE BUSINESS OF THE
16 COMMISSION.

17 **25-45-104. Duties of commission - mission - staffing - report.**

18 (1) THE MISSION OF THE COMMISSION IS TO ENSURE THAT COLORADANS
19 HAVE ACCESS TO AFFORDABLE HEALTH CARE IN COLORADO. THE
20 COMMISSION SHALL FOCUS ITS RECOMMENDATIONS ON EVIDENCE-BASED
21 COST CONTROL, ACCESS, AND QUALITY IMPROVEMENT INITIATIVES AND
22 THE COST-EFFECTIVE EXPENDITURE OF LIMITED STATE MONEYS TO
23 IMPROVE THE HEALTH OF THE STATE'S POPULATION.

24 (2) THE COMMISSION HAS THE FOLLOWING POWERS AND DUTIES:

25 (a) TO IDENTIFY, EXAMINE, AND REPORT ON THE PRINCIPAL
26 HEALTH CARE COST DRIVERS FOR COLORADO BUSINESSES AND THEIR
27 EMPLOYEES, INDIVIDUALS WHO PURCHASE THEIR OWN HEALTH

1 INSURANCE, COLORADO'S MEDICAID PROGRAM, AND THE UNINSURED
2 BASED ON DATA-DRIVEN, EVIDENCE-BASED ANALYSES;

3 (b) TO CONDUCT EMPIRICAL ANALYSIS OF AND COLLECT DATA ON
4 EVIDENCE-BASED INITIATIVES DESIGNED TO REDUCE HEALTH CARE COSTS
5 WHILE MAINTAINING OR IMPROVING ACCESS TO AND QUALITY OF CARE;

6 (c) TO ANALYZE THE IMPACT OF INCREASED AVAILABILITY OF
7 INFORMATION ON HEALTH CARE PRICING, COST, AND QUALITY ON
8 PROVIDER, PAYER, PURCHASER, AND CONSUMER BEHAVIOR;

9 (d) TO ANALYZE THE IMPACT THAT OUT-OF-POCKET COSTS AND
10 HIGH DEDUCTIBLE HEALTH PLANS HAVE ON PATIENT SPENDING,
11 UNCOMPENSATED CARE, OUTCOMES, AND ACCESS TO CARE;

12 (e) TO EXAMINE ACCESS TO CARE AND ITS IMPACT ON HEALTH
13 CARE COSTS, INCLUDING THE ADEQUACY, COMPOSITION, AND
14 DISTRIBUTION OF COLORADO'S HEALTH CARE WORKFORCE;

15 (f) TO REVIEW REPORTS AND STUDIES FOR POTENTIAL
16 IMPLEMENTATION, INCLUDING REPORTS, STUDIES, WORK, AND RESOURCES
17 COMPILED BY COLORADO ORGANIZATIONS, OUT-OF-STATE
18 ORGANIZATIONS, THE FORMER BLUE RIBBON COMMISSION FOR HEALTH
19 CARE REFORM ESTABLISHED PURSUANT TO SENATE BILL 06-208, ENACTED
20 IN 2006, THE ACCOUNTABLE CARE COLLABORATIVE PROGRAM IN THE
21 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE COLORADO
22 FOUNDATION FOR MEDICAL CARE OR ITS SUCCESSOR ENTITY, AND
23 COLORADO'S STATE HEALTH INNOVATION PLAN DEVELOPED THROUGH THE
24 STATE INNOVATION MODEL PROJECT;

25 (g) TO COLLECT DATA, INCLUDING RATE REVIEW PROCESS DATA,
26 FROM THE DIVISION OF INSURANCE AND PAYMENT INFORMATION FROM THE
27 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, FOR WHICH THE

1 COMMISSION SHALL PAY THE DIVISION'S AND DEPARTMENT'S DATA
2 GATHERING COSTS IF THE DATA ARE NOT ALREADY AVAILABLE IN AN
3 ACCESSIBLE FORMAT;

4 (h) TO REVIEW THE IMPACT A GROWING MEDICAID POPULATION
5 HAS ON HEALTH CARE COSTS, ACCESS TO CARE, AND COMMERCIAL
6 INSURANCE;

7 (i) TO REVIEW THE FOLLOWING, AS PUBLICLY AVAILABLE AND
8 SUBJECT TO PAYMENT OF COSTS FOR GATHERING INFORMATION AS
9 NECESSARY:

10 (I) PRICING TRANSPARENCY;

11 (II) ADEQUACY, COMPOSITION, AND DISTRIBUTION OF PHYSICIAN
12 AND HEALTH CARE NETWORKS;

13 (III) DRUG FORMULARIES;

14 (IV) COINSURANCE, COPAYMENTS, AND DEDUCTIBLES; AND

15 (V) HEALTH PLAN AVAILABILITY;

16 (j) TO WORK WITH OTHER COLORADO BOARDS, TASK FORCES,
17 COMMISSIONS, OR OTHER ENTITIES OR ORGANIZATIONS THAT STUDY OR
18 ADDRESS HEALTH CARE COSTS, ACCESS, AND QUALITY TO ENSURE THAT
19 THE COMMISSION'S EFFORTS ARE FULLY INTEGRATED AND COORDINATED
20 WITH ONGOING COST CONTAINMENT AND PAYMENT REFORM EFFORTS;

21 (k) TO ENTER INTO BUSINESS ASSOCIATE AGREEMENTS WITH
22 HIPAA COVERED ENTITIES;

23 (l) TO MAKE RECOMMENDATIONS ABOUT OTHER PUBLIC OR
24 PRIVATE ENTITIES THAT SHOULD CONTINUE TO STUDY HEALTH CARE COST
25 DRIVERS IN COLORADO; AND

26 (m) ANY OTHER POWERS OR DUTIES NECESSARY TO FULFILL ITS
27 MISSION.

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

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

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

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

25 ==
26 (6) (a) THE COMMISSION MAY HIRE STAFF TO FACILITATE ITS
27 WORK, INCLUDING AN ADMINISTRATOR AND OTHER STAFF AS NECESSARY

1 TO COLLECT EVIDENCE-BASED RESEARCH, ANALYSIS, AND MODELING TO
2 INFORM THE COMMISSION ABOUT COST DRIVERS AND COST CONTAINMENT
3 APPROACHES.

4 (b) AS FUNDS ALLOW, THE COMMISSION MAY ALSO CONTRACT
5 WITH:

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

9 (II) HEALTH CARE COST EXPERTS TO ADVISE THE COMMISSION.

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

23 (I) IN COMPLIANCE WITH HIPAA, THE HITECH ACT, AND
24 ANTITRUST COMPLIANCE CRITERIA DEVELOPED AND INTERPRETED JOINTLY
25 BY THE UNITED STATES DEPARTMENT OF JUSTICE AND THE FEDERAL
26 TRADE COMMISSION; AND

27 (II) UNDER THE TERMS OF A HIPAA-COMPLIANT DATA USE

1 AGREEMENT.

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

8 (8) (a) BY NOVEMBER 15, 2015, AND BY NOVEMBER 15, 2016, THE
9 COMMISSION SHALL PREPARE AND SUBMIT AN ANNUAL REPORT ON ITS
10 FINDINGS AND RECOMMENDATIONS, EACH OF WHICH FINDINGS AND
11 RECOMMENDATIONS MAY BE INCLUDED IN THE REPORT ONLY IF APPROVED
12 BY AT LEAST TWO-THIRDS OF THE VOTING MEMBERS OF THE COMMISSION,
13 TO THE GOVERNOR, THE HEALTH AND HUMAN SERVICES COMMITTEE OF
14 THE SENATE OR ITS SUCCESSOR COMMITTEE, AND THE HEALTH,
15 INSURANCE, AND ENVIRONMENT AND THE PUBLIC HEALTH CARE AND
16 HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES OR
17 THEIR SUCCESSOR COMMITTEES. THE LEGISLATIVE COMMITTEES SHALL
18 CONSIDER THE COMMISSION'S RECOMMENDATIONS FOR LEGISLATION, AND
19 THE GOVERNOR SHALL CONSIDER THE COMMISSION'S RECOMMENDATIONS
20 FOR REGULATORY ACTION. THE COMMISSION SHALL PRESENT ITS REPORT
21 TO THE LEGISLATIVE COMMITTEES DURING THE COMMITTEES' HEARINGS
22 HELD UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE,
23 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2
24 OF ARTICLE 7 OF TITLE 2, C.R.S.

25 (b) WITH REGARD TO ANY LEGISLATIVE RECOMMENDATIONS
26 CONTAINED IN ITS REPORT, THE COMMISSION SHALL SPECIFY THE LAWS
27 THAT NEED TO BE CREATED, AMENDED, OR REPEALED TO ENSURE THAT

1 HEALTH CARE REMAINS AFFORDABLE AND ACCESSIBLE IN COLORADO. THE
2 COMMISSION SHALL ONLY SUBMIT TO THE GENERAL ASSEMBLY
3 LEGISLATIVE RECOMMENDATIONS THAT RECEIVED APPROVAL OF AT LEAST
4 TWO-THIRDS OF THE VOTING MEMBERS OF THE COMMISSION.

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

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

15 **25-45-105. Colorado commission on affordable health care**
16 **cash fund - creation - funding sources - use of fund.** (1) (a) THERE IS
17 HEREBY CREATED THE COLORADO COMMISSION ON AFFORDABLE HEALTH
18 CARE CASH FUND. THE FUND CONSISTS OF MONEYS APPROPRIATED BY THE
19 GENERAL ASSEMBLY TO THE FUND AND ANY GIFTS, GRANTS, OR
20 DONATIONS FROM PRIVATE OR PUBLIC SOURCES MADE TO THE COMMISSION
21 FOR THE PURPOSES OF THIS ARTICLE.

22 (b) MONEYS IN THE FUND ARE CONTINUOUSLY APPROPRIATED TO
23 THE COMMISSION FOR THE PURPOSES OF THIS ARTICLE. THE STATE
24 TREASURER SHALL CREDIT TO THE FUND ALL INTEREST AND INCOME
25 DERIVED FROM THE INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND.
26 ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND
27 AT THE END OF ANY FISCAL YEAR REMAIN IN THE FUND AND MUST NOT BE

1 CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

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

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

7 (2) THE COMMISSION MAY USE MONEYS IN THE FUND FOR THE
8 IMPLEMENTATION OF THIS ARTICLE AND IN FURTHERANCE OF THE
9 COMMISSION'S MISSION, INCLUDING:

10 (a) TO COMPENSATE THE COMMISSION'S STAFF AND INDEPENDENT
11 CONTRACTORS;

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

15 (c) PAYING THE COMMISSION MEMBERS' NECESSARY EXPENSES IN
16 PERFORMING THEIR DUTIES.

17 **25-45-106. Repeal.** THIS ARTICLE IS REPEALED, EFFECTIVE JULY
18 1, 2017, UNLESS THE GENERAL ASSEMBLY, ACTING BY BILL, EXTENDS THE
19 ARTICLE BEYOND THAT DATE.

20 **SECTION 2. Appropriation.** In addition to any other
21 appropriation, for the fiscal year beginning July 1, 2014, there is hereby
22 appropriated, out of any moneys in the general fund not otherwise
23 appropriated, to the department of public health and environment, for
24 allocation to the Colorado commission on affordable health care cash
25 fund created in section 25-45-105, Colorado Revised Statutes, the sum
26 of \$400,000, to be used for purposes consistent with the creation of the
27 fund.

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