

COLORADO 1ST REGULAR SESSION OF THE 69TH GENERAL ASSEMBLY

CHAPTER 152

SENATE BILL NO. 149

2013 Colo. ALS 152; 2013 Colo. Ch. 152; 2013 Colo. SB 149

SYNOPSIS: AN ACT CONCERNING THE REPEAL OF THE ADVISORY COMMITTEE TO ESTABLISH AN ALL-PAYER HEALTH CLAIMS DATABASE.

NOTICE:

[A> Text within these symbols is added <A]

[D> Text within these symbols is deleted <D]

To view the next section, type .np* and TRANSMIT.

To view a specific section, transmit p* and the section number. E.g. p*1

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

[*1] SECTION 1. In Colorado Revised Statutes, 25.5-1-204, repeal and reenact, with amendments, (1), (2), and (3) as follows:

25.5-1-204. Advisory committee to oversee the all-payer health claims database - legislative declaration - creation - members - duties. **[A>** (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT AN ADVISORY COMMITTEE FOR THE ALL-PAYER HEALTH CLAIMS DATABASE WOULD SUPPORT THE DATABASE IN ITS ESTABLISHED MISSION OF FACILITATING THE REPORTING OF HEALTH CARE AND HEALTH QUALITY DATA THAT RESULTS IN TRANSPARENT AND PUBLIC REPORTING OF SAFETY, QUALITY, COST, AND EFFICIENCY INFORMATION; AND ANALYSIS OF HEALTH CARE SPENDING AND UTILIZATION PATTERNS FOR PURPOSES THAT IMPROVE THE POPULATION'S HEALTH, IMPROVE THE CARE EXPERIENCE, AND CONTROL COSTS. **<A]**

[A> (2) (a) NO LATER THAN AUGUST 1, 2013, THE EXECUTIVE DIRECTOR SHALL APPOINT AN ADVISORY COMMITTEE TO OVERSEE THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE. THE ADVISORY COMMITTEE SHALL INCLUDE THE FOLLOWING MEMBERS: **<A]**

[A> (I) A MEMBER OF ACADEMIA WITH EXPERIENCE IN HEALTH CARE DATA AND COST EFFICIENCY RESEARCH; **<A]**

[A> (II) A REPRESENTATIVE OF: **<A]**

[A> (A) A STATEWIDE ASSOCIATION OF HOSPITALS; <A]

[A> (B) AN INTEGRATED MULTI-SPECIALTY ORGANIZATION; <A]

[A> (C) PHYSICIANS AND SURGEONS; <A]

[A> (D) AN ORGANIZATION THAT PROCESSES INSURANCE CLAIMS OR CERTAIN ASPECTS OF EMPLOYEE BENEFIT PLANS FOR A SEPARATE ENTITY; <A]

[A> (E) A NONPROFIT ORGANIZATION WHO DEMONSTRATES EXPERIENCE WORKING WITH EMPLOYERS TO ENHANCE VALUE AND AFFORDABILITY IN HEALTH INSURANCE; <A]

[A> (F) DENTAL INSURERS; <A]

[A> (G) PHARMACISTS OR AN AFFILIATE SOCIETY; <A]

[A> (H) PHARMACY BENEFIT MANAGERS; <A]

[A> (I) A STATEWIDE ASSOCIATION OF AMBULATORY SURGICAL CENTERS; <A]

[A> (III) A REPRESENTATIVE, WHO IS NOT A SUPPLIER OR BROKER OF HEALTH INSURANCE, OF: <A]

[A> (A) SMALL EMPLOYERS THAT PURCHASE GROUP HEALTH INSURANCE FOR EMPLOYEES; <A]

[A> (B) LARGE EMPLOYERS THAT PURCHASE HEALTH INSURANCE FOR EMPLOYEES; <A]

[A> (C) SELF-INSURED EMPLOYERS; <A]

[A> (IV) A REPRESENTATIVE FROM A COMMUNITY MENTAL HEALTH CENTER WHO HAS EXPERIENCE IN BEHAVIORAL HEALTH DATA COLLECTION; <A]

[A> (V) THREE REPRESENTATIVES WITH A DEMONSTRATED RECORD OF ADVOCATING HEALTH CARE ISSUES ON BEHALF OF CONSUMERS; <A]

[A> (VI) TWO REPRESENTATIVES OF HEALTH INSURERS, ONE WHO REPRESENTS NONPROFIT INSURERS AND ONE WHO REPRESENTS FOR-PROFIT INSURERS; <A]

[A> (VII) TWO REPRESENTATIVES OF NONPROFIT ORGANIZATIONS THAT FACILITATE HEALTH INFORMATION EXCHANGE TO IMPROVE HEALTH CARE FOR ALL COLORADANS; <A]

[A> (VIII) THE EXECUTIVE DIRECTOR OR HIS OR HER DESIGNEE, SERVING AS AN EX OFFICIO MEMBER; <A]

[A> (IX) THE COMMISSIONER OF INSURANCE OR HIS OR HER DESIGNEE, SERVING AS AN EX OFFICIO MEMBER; <A]

[A> (X) A REPRESENTATIVE OF THE DEPARTMENT OF PERSONNEL AND ADMINISTRATION,

SERVING AS AN EX OFFICIO MEMBER; **<A>**

[A> (XI) THE DIRECTOR OF THE OFFICE OF INFORMATION AND TECHNOLOGY OR HIS OR HER DESIGNEE, SERVING AS AN EX OFFICIO MEMBER; AND **<A>**

[A> (XII) TWO MEMBERS OF THE GENERAL ASSEMBLY, ONE APPOINTED BY THE MAJORITY LEADER OF THE SENATE AND ONE APPOINTED BY THE MAJORITY LEADER OF THE HOUSE OF REPRESENTATIVES; EXCEPT THAT, IF THE MAJORITY LEADERS ARE FROM THE SAME POLITICAL PARTY, THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES SHALL APPOINT THE SECOND MEMBER. THE TWO MEMBERS OF THE GENERAL ASSEMBLY SHALL SERVE AS EX-OFFICIO MEMBERS. **<A>**

[A> (b) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR AND THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE ADMINISTRATOR RELATED TO THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE. THE RECOMMENDATIONS INCLUDE THE FOLLOWING: **<A>**

[A> (I) PROCEDURES FOR THE COLLECTION, RETENTION, USE, AND DISCLOSURE OF DATA FROM THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE, INCLUDING PROCEDURES AND SAFEGUARDS TO PROTECT THE PRIVACY, INTEGRITY, CONFIDENTIALITY, AND AVAILABILITY OF ANY DATA; **<A>**

[A> (II) GUIDELINES FOR CHARGING FOR CUSTOM REPORTS FROM THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE; **<A>**

[A> (III) PROCEDURES TO ENSURE COMPLIANCE WITH THE "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, AND IMPLEMENTING FEDERAL REGULATIONS; **<A>**

[A> (IV) PROCEDURES TO ENSURE COMPLIANCE WITH OTHER STATE AND FEDERAL PRIVACY LAWS; AND **<A>**

[A> (V) PROCEDURES FOR DATA CONFIDENTIALITY AND DATA DISPOSAL IF THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE CEASES TO EXIST. **<A>**

[A> (3) (a) THE ADMINISTRATOR SHALL PREPARE AND FILE ANNUAL REPORTS TO THE LEGISLATURE BY MARCH 1 OF EACH YEAR. THE ANNUAL REPORT MUST CONTAIN: **<A>**

[A> (I) THE USES OF THE DATA IN THE ALL-PAYER HEALTH CLAIMS DATABASE; **<A>**

[A> (II) PUBLIC STUDIES PRODUCED BY THE ADMINISTRATOR; **<A>**

[A> (III) THE COST OF ADMINISTERING THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE, THE SOURCES OF THE FUNDING, AND THE TOTAL REVENUE TAKEN IN BY THE DATABASE; **<A>**

[A> (IV) THE RECIPIENTS OF THE DATA, THE PURPOSES FOR THE DATA REQUESTS, AND WHETHER A FEE WAS CHARGED FOR THE DATA; **<A>**

[A> (V) A FEE SCHEDULE DISPLAYING THE FEES FOR PROVIDING CUSTOM DATA REPORTS FROM THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE. **<A]**

[A> (b) THE EXECUTIVE DIRECTOR SHALL REQUIRE AN EVALUATION OF THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE INITIATIVE EVERY FIVE YEARS BEGINNING IN 2018, TO ENSURE THAT THE DATABASE ACCOMPLISHES THE GOALS OF THIS SECTION. THE REPORT MUST CONTAIN METRICS THAT DOCUMENT AND DEMONSTRATE THE ACHIEVEMENTS OR CHALLENGES OF THE PROGRAM GOALS. **<A]**

[*2] SECTION 2. In Colorado Revised Statutes, 2-3-1203, repeal (3) (z) (VII) as follows:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates for which the statutory authorization for the designated advisory committees is scheduled for repeal:

(z) July 1, 2013:

(VII) **[D>** The advisory committee to establish an all-payer health claims database created in section 25.5-1-204 (1), C.R.S.; **<D]**

[*3] SECTION 3. Effective date. This act takes effect July 1, 2013.

[*4] SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

HISTORY:

Approved April 26, 2013