

CHAPTER 261

INSURANCE

SENATE BILL 05-227

BY SENATOR(S) Hagedorn, Bacon, Shaffer, Tochtrop, Tupa, and Williams;
also REPRESENTATIVE(S) Marshall, Berens, Boyd, Coleman, Hoppe, Madden, Paccione, Solano, and Todd.

AN ACT

CONCERNING LEGISLATIVE COMMITTEES TO STUDY THE PROVISION OF HEALTH CARE SERVICES, AND, IN CONNECTION THEREWITH, CONTINUING THE COMMISSION ON MANDATED HEALTH INSURANCE BENEFITS AND ESTABLISHING A HEALTH CARE TASK FORCE TO ADDRESS REIMBURSEMENT ISSUES, NETWORK ADEQUACY, AND OTHER HEALTH CARE ISSUES THAT MAY AFFECT HEALTH INSURANCE.

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

SECTION 1. 10-16-103.3 (9), Colorado Revised Statutes, is amended to read:

10-16-103.3. Commission on mandated health insurance benefits - cash fund - purpose - creation - duties - repeal. (9) This section is repealed, effective July 1, ~~2005~~ 2010.

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

10-16-221. Health care task force - creation - duties - repeal. (1) (a) (I) IN ORDER TO STUDY PROVIDER REIMBURSEMENT ISSUES, NETWORK ADEQUACY, AND OTHER HEALTH CARE ISSUES THAT AFFECT HEALTH INSURANCE IN THIS STATE, THERE IS HEREBY CREATED THE HEALTH CARE TASK FORCE. THE TASK FORCE SHALL CONSIST OF TEN MEMBERS OF THE GENERAL ASSEMBLY SELECTED AS FOLLOWS:

(A) FIVE MEMBERS OF THE HOUSE OF REPRESENTATIVES, THREE OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, AND TWO OF WHOM SHALL BE APPOINTED BY THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES;

(B) FIVE MEMBERS OF THE SENATE, THREE OF WHOM SHALL BE APPOINTED BY THE

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

PRESIDENT OF THE SENATE AND TWO OF WHOM SHALL BE APPOINTED BY THE MINORITY LEADER OF THE SENATE.

(II) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE PRESIDENT OF THE SENATE SHALL JOINTLY DESIGNATE ONE MEMBER OF THE TASK FORCE TO SERVE AS CHAIRPERSON OF THE TASK FORCE.

(b) THE TERM OF OFFICE OF EACH MEMBER OF THE TASK FORCE SHALL BE ONE YEAR, COMMENCING ON JULY 1, 2005. INITIAL APPOINTMENTS TO THE TASK FORCE SHALL BE MADE BY JULY 1, 2005. MEMBERS MAY SERVE FOR NO MORE THAN TWO CONSECUTIVE TERMS.

(c) THE MEMBERS OF THE TASK FORCE SHALL SERVE WITHOUT COMPENSATION BUT SHALL BE REIMBURSED FOR ALL NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES. SUCH MEMBERS SHALL RECEIVE REIMBURSEMENT FOR NO MORE THAN SIX MEETINGS IN ANY CALENDAR YEAR.

(d) THE STAFF OF THE LEGISLATIVE COUNCIL SHALL BE MADE AVAILABLE TO ASSIST THE TASK FORCE IN CARRYING OUT ITS DUTIES UNDER THIS SECTION.

(e) (I) ALL EXPENDITURES INCURRED IN THE CONDUCT OF THE ACTIVITIES OF THE TASK FORCE UNDER THIS SECTION SHALL BE SUBJECT TO APPROVAL BY THE CHAIR OF THE LEGISLATIVE COUNCIL AND PAID BY VOUCHERS AND WARRANTS DRAWN AS PROVIDED BY LAW FROM FUNDS ALLOCATED TO THE LEGISLATIVE COUNCIL FOR LEGISLATIVE STUDIES FROM APPROPRIATIONS MADE BY THE GENERAL ASSEMBLY.

(II) IN CONDUCTING THE ACTIVITIES OF THE TASK FORCE UNDER THIS SECTION, THE LEGISLATIVE COUNCIL MAY ACCEPT AND EXPEND FEDERAL FUNDS, GRANTS, GIFTS, AND DONATIONS FOR PURPOSES OF THIS SECTION.

(f) THE TASK FORCE SHALL MEET AT LEAST FOUR TIMES PER YEAR AND AS CONVENED BY THE CHAIRPERSON.

(g) THE TASK FORCE MAY CONSIDER THE APPOINTMENT OF SUBCOMMITTEES TO ASSIST IN ADVISING THE TASK FORCE. IF THE TASK FORCE CHOOSES TO APPOINT SUBCOMMITTEES, MEMBERS SHOULD BE CHOSEN FROM GROUPS SUCH AS THOSE REPRESENTING MEDICAL PROFESSIONALS, INCLUDING, BUT NOT LIMITED TO, MEDICAL DOCTORS, NURSES, DENTISTS, PHARMACISTS, ALTERNATIVE MEDICAL SPECIALISTS, AND OTHER ALLIED HEALTH PROFESSIONALS; LARGE AND SMALL EMPLOYERS; SELF-INSURED EMPLOYERS; PUBLIC AND PRIVATE FOR-PROFIT AND NONPROFIT HOSPITALS; MANAGED CARE ORGANIZATIONS; HEALTH INSURANCE CARRIERS; HEALTH MAINTENANCE ORGANIZATIONS; ORGANIZATIONS CONCERNED WITH INDIGENT CARE; ORGANIZATIONS CONCERNED WITH ELDER CARE; HEALTH CARE PROVIDERS IN THE HOME SETTING; THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; THE STATE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; THE DIVISION OF INSURANCE; ORGANIZATIONS CONCERNED WITH CARE FOR INDIVIDUALS WITH DISABILITIES; PUBLIC AND PRIVATE MENTAL HEALTH SERVICES PROVIDERS; AND THOSE CONDUCTING ADVOCACY IN THE HEALTH CARE ARENA ON BEHALF OF PATIENTS. NO TWO OF SUCH MEMBERS SHALL BE FROM THE SAME SEGMENT OF THE HEALTH CARE INDUSTRY. A MEMBER OF THE TASK FORCE SHALL BE APPOINTED TO CHAIR EACH SUBCOMMITTEE AND MEMBERS OF THE SUBCOMMITTEES SHALL NOT RECEIVE

COMPENSATION FOR THEIR SERVICES.

(2) IN CARRYING OUT ITS DUTIES AND FUNCTIONS UNDER THIS SECTION, THE TASK FORCE MAY CONSIDER, BUT NOT BE LIMITED TO:

(a) HEALTH CARE ISSUES THAT MAY AFFECT HEALTH INSURANCE;

(b) EMERGING TRENDS IN COLORADO HEALTH CARE AND THEIR IMPACTS ON CONSUMERS, INCLUDING, BUT NOT LIMITED TO:

(I) CHANGES IN RELATIONSHIPS AMONG HEALTH CARE PROVIDERS, PATIENTS, AND PAYORS;

(II) RESTRICTIONS IN HEALTH CARE OPTIONS AVAILABLE TO CONSUMERS;

(III) PROFESSIONAL LIABILITY ISSUES ARISING FROM SUCH RESTRICTIONS;

(IV) MEDICAL AND PATIENT RECORD CONFIDENTIALITY;

(V) HEALTH CARE WORK FORCE REQUIREMENTS; AND

(VI) HOME CARE IN THE CONTINUUM OF CARE;

(c) THE ABILITY OF CONSUMERS TO OBTAIN AND KEEP ADEQUATE, AFFORDABLE HEALTH INSURANCE COVERAGE, INCLUDING COVERAGE FOR CATASTROPHIC ILLNESSES;

(d) THE EFFECT OF MANAGED CARE ON THE ABILITY OF CONSUMERS TO OBTAIN TIMELY ACCESS TO QUALITY CARE;

(e) THE EFFECT OF RECENT SHIFTS IN THE WAY HEALTH CARE IS DELIVERED AND PAID FOR;

(f) THE OPERATION OF THE PROGRAM FOR THE MEDICALLY INDIGENT IN ORDER TO GIVE GUIDANCE AND DIRECTION TO THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING IN THE DEVELOPMENT AND OPERATION OF SUCH PROGRAM;

(g) FUTURE TRENDS FOR HEALTH CARE COVERAGE RATES FOR EMPLOYEES AND EMPLOYERS;

(h) COSTS AND BENEFITS OF PROVIDING PREVENTIVE CARE AND EARLY TREATMENT FOR PEOPLE WITH CHRONIC ILLNESSES WHO MAY EVENTUALLY NEED LONG-TERM CARE;

(i) RURAL HEALTH CARE ISSUES;

(j) OPTIONS FOR ADDRESSING NEEDS OF THE UNINSURED POPULATION;

(k) NETWORK ADEQUACY AND THE ADEQUACY OF ACCESS TO PROVIDERS;

(l) REIMBURSEMENT PROCESSES FOR HEALTH CARE SERVICES BY THIRD-PARTY

PAYORS AND COOPERATION BETWEEN PROVIDERS AND CARRIERS; AND

(m) CERTIFICATES OF NEED.

(3) THE TASK FORCE SHALL MAKE SUCH RECOMMENDATIONS AS IT DEEMS NECESSARY TO THE GENERAL ASSEMBLY CONCERNING MATTERS STUDIED UNDER THIS SECTION. LEGISLATION RECOMMENDED BY THE TASK FORCE SHALL BE TREATED AS LEGISLATION RECOMMENDED BY AN INTERIM LEGISLATIVE COMMITTEE FOR PURPOSES OF ANY INTRODUCTION DEADLINES OR BILL LIMITATIONS IMPOSED BY THE JOINT RULES OF THE GENERAL ASSEMBLY.

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

SECTION 3. 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.

Approved: June 2, 2005