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# State of Colorado

EXECUTIVE CHAMBERS

DENVER

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EXECUTIVE ORDER

RICHARD D. LAMM  
Governor

## COLORADO STATEWIDE HEALTH COORDINATING COUNCIL

WHEREAS, the State of Colorado is participating in a joint health planning effort with the federal government under the National Health Planning and Resources Development Act of 1974; and

WHEREAS, the National Health Planning and Resources Development Act of 1974 mandates that each participating state form a Statewide Health Coordinating Council which is primarily responsible for the coordination of the plans of the Health Systems Agencies created under the Act, approval of a State Health Plan required under the Act and additional functions contained in the Act; and

WHEREAS, the Colorado Statewide Health Coordinating Council will be one entity among several working on health issues within the State of Colorado to assure that an efficient, effective and equitable health care system is created in the State of Colorado; and

WHEREAS, the National Health Planning and Resources Development Act of 1974 mandates that the Statewide Health Coordinating Council be broadly representative of the citizens of the State of Colorado and the health interests within the State;

NOW, THEREFORE, I, Richard D. Lamm, Governor of the State of Colorado, by virtue of the authority vested in me under the laws of the State of Colorado, do hereby direct:

1. the Colorado Statewide Health Coordinating Council (hereafter known as the Council) be created pursuant to Public Law 93-641, the National Health Planning and Resources Development Act of 1974, which may consist of 20 to 25 members who shall be appointed by the Governor and one ex-officio member.
  - a. Sixty percent of the members of the Council shall be consumers.
  - b. Each Health Systems Agency shall have a minimum of four representatives and at least half of each Health Systems Agency's representatives shall be consumers. The Governor shall appoint a minimum of eight additional representatives of which a majority shall be consumers of health care who are not also providers of health care. Not less than one-third of the providers of health care who are members of the Council shall be direct providers of health care (as described in Section 1531(3)).
  - c. The Council shall, in addition to the appointed members, include, as an ex-officio member, an individual whom the Chief Medical Director of the Veteran's Administration shall have designated as a representative of Veteran's Administration Hospitals within the State.

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- d. Members of the Council will serve for terms of three years, but the initial members of the Council will serve for terms of one, two or three years for the orderly periodic turnover of one-third of the Council each year.
  - e. Members of Health Systems Agency Boards, representing Health Systems Agencies, may serve on the Council beyond their term on such Health Systems Agency Boards at the pleasure of the Health Systems Agency and in accordance with procedures established by the Health Systems Agency.
  - f. Officers and committee members will be selected only from the membership of the Council, and the size of no committee shall exceed seven persons.
  - g. Any member of the Council may be removed by the Governor for cause.
  - h. In the case of the expiration of term, removal, resignation or death of a Health Systems Agency representative to the Council, the Health Systems Agency shall submit a list of at least two nominees to the Governor composed of individuals who are in the consumer or provider category appropriate to the position being filled.
- 2. The Council shall meet at least quarterly. All business meetings of the Council, which are defined as meeting where a quorum is present and at which final votes are taken, shall be open to the public.
  - 3. The Department of Health will serve as the staff for the Council.
  - 4. The Council shall adopt bylaws which, at a minimum, shall include provisions for dealing with member conflict of interest.
  - 5. The Council shall seek to coordinate its efforts with those efforts of Colorado State agencies charged with establishing and administering the State's health policies and programs including, but not limited to: the State Board of Health; the State Board of Social Services; the Department of Regulatory Agencies; the Department of Institutions; the Health Facilities Advisory Council; and the Human Services Policy Council.
  - 6. The members of the Council shall perform the following activities delegated to them under the provisions of Public Law 93-641:
    - a. Review annually and coordinate the Health Systems Plans and Annual Implementation Plans produced by the Health Systems Agencies to assure their relevance and consistency with State health goals, needs and policies;
    - b. Prepare the State Health Plan in accordance with statewide health goals and policies in concert with the national goals contained in Public Law 93-641;
    - c. Review the budgets of the Health Systems Agencies to assure that Health Systems Agency funded activities foster both State and local health goals, needs and objectives and result in the implementation of such;
    - d. Review Health Systems Agencies' applications for grants for consistency with statewide goals, needs and policies;

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- e. Advise the State agency generally on the performance of its Public Law 93-641 required functions;
  - f. Review annually and approve or disapprove any State plan, any application and any revision of a State plan or application, submitted to the Secretary of Health, Education and Welfare as a condition to the receipt of any funds under allotments made to states under the National Health Planning and Resources Development Act, the Community Mental Health Centers Act or the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970;
  - g. Review and approve the State Medical Facilities Plan for compliance with statewide health goals, needs and policies.
7. In addition to the aforementioned federally mandated activities, during the first 12 months of its existence, the Council shall focus its planning, review and development activities on the following areas which are a major concern to the citizens of Colorado:
- a. The Rising Cost of Medical Care -- Increases in prices do not necessarily reflect increases in services or benefits. Health plans for current and proposed programs, services and facilities address this problem.
  - b. Medically Underserved Areas -- Programs must be established that provide people in underserved areas quality medical services appropriate to their needs and that assure equitable distribution of the State's health resources.
  - c. Alternative Living Environments for the Elderly -- Planning and development efforts should promote alternatives for older citizens long before life-long institutionalization. Plans should emphasize programs which permit these citizens continuing involvement in their community and independence in their private lives to the fullest extent of their abilities.

GIVEN under my hand and the  
Executive Seal of the State of  
Colorado, this twelfth day of  
October, A.D., 1982, NUNC PRO  
TUNC twenty-fourth day of  
October, A.D., 1977.



Richard D. Lamm  
Governor