

# Colorado's eHealth Commission Charter & Bylaw

~~March~~~~April~~ 2021 **May**



**OeHI**

Office of eHealth Innovation

Table of Contents

1. Document Purpose	4
2. Overview	4
3. Membership	4
3a. Meeting Schedule	5
4. Tasks and Responsibilities	5
5. Voting and Bylaws	
	1. Document Purpose
	4
	2. Overview
	4
	3. Membership
	4
	4. Meeting Schedule
	5
	5. Tasks and Responsibilities
	5
	6. eHealth Commission Chair Terms and Responsibilities
	6
	6. Voting and Bylaws
	65

## eHealth Commission Leadership



Approval changed to "Start Date"

Role	Team Member's Name	Approval Date
Director, OeHI & Ex Officio Commission Member	Carrie Paykoc	February 2020
Statewide Health IT Coordinator	Stephanie Bennett	April 2020
Medicaid Health IT Coordinator	Micah Jones	September 2016
Commission Chair	Michelle Mills	September 2016
Commission 1st Vice Chair	Jason Greer	September 2016
Commission 2nd Vice Chair	Marc Lassaax	To roll off January 2021
Commission 2nd Vice Chair	David MokLamme	To be onboarded February 2021

## Document Version

Version	Date	Author	Change Description
1.0	April 2019	OeHI	Initial Charter
2.0	June 2019	HealthTech Solutions	Clarified Electronic Voting
3.0	February 2020	HealthTech Solutions	Annual update for new eHealth Commissioners
4.0	January 2021	OeHI	Update to reflect new staff, administration goals, transition to end of HITECH, and new eHealth Commissioners
5.0	March 2021	OeHI	Updated eHealth Commission membership in appendix

## 1. Document Purpose

The purpose of this Charter is to provide an overview of the eHealth Commission's mission, historical context, membership structure, governance, and bylaws. As referenced in this document:

- "Commission" refers to the eHealth Commission created by Executive Order B 2015-008;
- "Director" refers to the individual appointed to lead the Office of eHealth Innovation; and
- The "Office" or "OeHI" refers to the Office of eHealth Innovation (OeHI)
- The "Commission" refers to the eHealth Commission
- The "Organization" collectively refers to both created by Executive Order B 2015-008.

## 2. Overview

Executive Order B 2015-008 created the Office and Commission within the Governor's Office. The role of the Commission is to provide advice and guidance to the Office on advancing Health Information Technology (IT) in Colorado. The Commission shall support the implementation of Colorado's Health IT strategy and interoperability objective by setting goals for Health IT programs and creating a process for developing common policies and technical solutions.

As needed, workgroups can be formed to focus on priority projects or topic areas. They are intended to provide input, facilitate information sharing, share expertise, generate ideas, vet feasibility of new approaches, and enable community stakeholders to participate in statewide policy decisions. The need for workgroups will be determined by a consensus of the Office and the Commission.

## 3. Membership

The Commission will be made up of no fewer than nine and no more than fifteen members appointed by the Governor, with statewide representation from urban and rural communities, and must include: (1) the Office Director, who serves as an ex officio, non-voting member; (2) the Executive Directors of the Department of Public Health and Environment, the Department of Health Care Policy and Financing, the Department of Human Services, and the Governor's Office of information Technology, or their designees, each of whom serves as an ex officio, voting member; and (3) between four and ten voting members, who are not state employees and including those with collectively have experience and knowledge in as many of the following areas; as practical:

- Primary health care delivery
- Behavioral health care delivery
- Health care facilities
- Health insurance
- Digital health-telemedicine and evolving technologies
- Non-profit Health IT-related community organizations
- Interoperability and data exchange
- Consumer advocates/ consumers/ patients/ clients

- Health care quality measures
- Health equity
- Public health
- Broadband

The Commission will include private sector and consumer representation, along with the public sector, ensuring a holistic approach to the future of Health IT in Colorado. The Commission will advise and provide recommendations to the Office in furthering Colorado's Health IT goals and provide oversight and assistance with project prioritization including oversight of project implementation. The Commission will serve as a governing board for the implementation and evolution of Colorado's Health IT Roadmap and Health IT projects focusing on stakeholder engagement and accountability.

Commissioners should expect to commit a minimum of 2.5 hours per month to attend the Commission meeting with additional time as necessary for material review, workgroup membership, and/or ad hoc meetings as appropriate. Commissioners are expected to serve as an executive sponsor/chair on at least one Health IT Roadmap workgroup during their tenure as an Commissioner. In addition, Commissioners are expected to serve as subject matter experts (SME) on workgroups and subcommittees. Time commitments for being an executive sponsor and/or SME will vary based on Commissioner availability and workgroup need.

As outlined in Executive Order B 2015-008, Commissioners serve at the pleasure of the Governor for a term of three years. Commissioners shall be focused on advancing Colorado's priorities through coordinated Health IT and digital health. Commissioner terms will expire on a rotating basis to allow for new members while at the same time maintaining continuity. From time to time, a Commissioner whose term has expired may be invited to continue serving as an ex officio, non-voting member. All members commit to working in a respectful and collaborative manner. Commissioners are expected to attend at least 80% of regular— Commission meetings. Only ~~designees from state agencies appointees or the Office Director~~ ex officio Commissioners are allowed to send a delegate as their designee.

#### **4. ~~3a. Meeting Schedule~~Meeting Schedule**

The Commission will meet monthly to further the goals and objectives of ~~the Organization~~ OeHI. The ~~Organization~~ office has the ability to adjust meeting types and frequency as needed. Workgroups will meet on a schedule determined by workgroup members and project needs.

#### **5. Tasks and Responsibilities**

The Commission is responsible for advising the State and Office on Health IT strategy. In addition, the Commission serves as the steering committee for Colorado's Health IT Roadmap, which will be used to

identify priority projects. The following principles will apply to Commissioners as part of Colorado's Health IT Roadmap efforts led by the Office:

- Provide SME for planning, design, procurement, implementation, and sustainment of solutions. This also includes providing SMEs for Colorado's Health IT workgroups and subcommittees.
- Provide regular counsel to the Office's Director on strategy to advance the Governor and Lt. Governor's Office's priorities through Colorado's Health IT Roadmap efforts.
- Provide recommendations for the implementation, sustainability, and evolution of Health IT Roadmap efforts led by the Office and other entities.
- Provide an accountability mechanism throughout the project lifecycle focusing on meeting timelines, fiscal responsibility, and satisfying the tasks to achieve Health IT goals including benefit and value realization

## 6. eHealth Commission Chair Terms and Responsibilities

The Commission must nominate and approve one Commissioner to serve as Chair. The Commission may also nominate and approve one Commissioner to serve as Vice Chair. Both the Chair and Vice Chairs are expected to support the Office in the advancement strategies and priorities of the state outlined in Colorado's Health IT Roadmap and the Governor's Dashboard.

1. The Commission Chair or Vice Chairs must meet monthly with the Office Director to set agenda for monthly Commission meetings
2. The Commission Chair or Vice Chairs must meet at least annually with the Office Director to discuss strategies to implement, evolve, and sustain Colorado's Health IT Roadmap initiatives.
3. Commission Chair terms are limited to 2 years.
4. Vice Chair terms are limited to 1 year and then transition to Chair or to 1st Vice Chair.

## 7. Voting and Bylaws

The Commission intentionally represents a diverse group of stakeholders. There must be a formal process by which decisions are made including those related to the prioritizing of projects, allocation of resources, and overall Health IT goals. The following outlines the steps in that process:

1. **QUORUM TO CONDUCT A VOTE:** At the regular all Commissioner meetings, a QUORUM shall be a majority of all voting Commissioners who are seated (*i.e.*, currently appointed to and serving a 3-year term regardless of whether present at the meeting or not) at the time a meeting is called to order, provided that at least 9 voting members Commissioners are seated as required by the executive order.
2. An item of public business may come up for a vote upon a motion and second. After any discussion on the motion, the Chair shall call a vote and a majority of the quorum is necessary to approve the item.
3. Member voting must occur either via voice voting or show of hands. During a meeting, votes can be taken from those participating in-person, by video conference, or by telephone.
4. Non-voting Commissioners (*i.e.*, the Office Director and any Commissioner whose term has



(i.e., the Office Director and any Commissioner whose term has expired but has been invited to continue serving as an ex officio such an eHealth Commission advisors from the health information and data analytic exchange organizations: CORHIO, QHN, and CCMCN, non-voting member)

expired but has been invited to continue serving as an ex officio, non-voting member) shall not vote on any motion or count toward quorum to conduct a vote on any motion.

5. Commissioners are to alert the Office Director of conflicts of interest that may come before the board for a vote. Each situation will be assessed prior to the meeting vote.
6. **EXECUTIVE SESSION** ~~votes requires supermajority or the affirmative vote of two-thirds of votes~~ of all voting Commissioners who are seated at the time a meeting is called to order, provided that at least 9 voting Commissioners are seated as required by the executive order.

## Appendix B: eHealth Commission Term Appointments and Expirations- ~~March~~April 2021

Up to 15 Members  
Up to 3 years per appointment

e HEALTH COMMISSION  
Gov

	<u>APPOINTED</u>	<u>EXPIRES</u>
Rachel Dixon, Golden (D) rep. expertise in digital health, repl. Zeigler appt	06-21-19	02-01-22
Michelle Mills, Parker (D) rep. primary health providers, reappt.	02-01-19	02-01-22
Chris Underwood, Evergreen (R) rep. HCPF designee, reappt.	02-01-19	02-01-22
David Mok-Lamme, Grand Junction (D) rep. health ins. providers, repl. Brown, appt.	02-05-20	02-01-23
Alex Pettit, Denver (U) rep. OIT designee, repl. Gottsegen, appt.	02-05-20	02-01-23
Christopher Stewart Wells, Denver (D) rep. CDPHE designee, reappt.	02-05-20	02-01-23
Perry May, Broomfield (D) rep. DHS designee, repl. Nelson, appt.	02-05-20	02-01-23
Sophia Gin, Highlands Ranch (U) rep. consumer engaged in health care, repl. Boyer, appt.	09-04-20	02-01-23
Arthur J. Davidson, Denver (D) rep. primary health care providers, repl. Wheeler, reappt.	12-11-20	02-01-24
Wesley Morgan Williams, PhD, Denver (D) rep. behavioral health, repl. Alexander, reappt.	12-11-20	02-01-24
Kaakpema Yelapaala, Denver, (D) rep. expertise interoperability and data exchange, repl. Honea, appt.	12-11-20	02-01-24
Mona Baset, Denver, (U) rep. health care facilities, repl. Moore, appt.	12-11-20	02-01-24



B 2015 008

UPDATED: 12-11-20

~~Carrie Payko~~ Office Director (Ex Officio)\*  
appointment as

\*Term coincides with

Director

Executive Director of the Department  
of Public Health and Environment (Ex Officio)\*

\*Term coincides with appointment  
as Executive Director

Executive Director of the Department  
of Health Care Policy and Financing (Ex Officio)\*

\*Term coincides with appointment  
as Executive Director

Executive Director of the Department  
of Human Services (Ex Officio)\*

\*Term coincides with appointment  
as Executive Director

Executive Director of the Governor's  
Office of Information Technology (Ex Officio)\*

\*Term coincides with appointment  
as Executive Director

# STATE OF COLORADO

## OFFICE OF THE GOVERNOR

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John W. Hickenlooper  
Governor

## **B 2015-008**

### **EXECUTIVE ORDER**

#### **Creating the Office of eHealth Innovation and the eHealth Commission**

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution, I, John W. Hickenlooper, Governor of the State of Colorado, hereby issue this Executive Order creating the Office of eHealth Innovation and the eHealth Innovation Advisory Commission, and rescinding Executive Order 008-09.

#### **I. Background, Need, and Purpose**

Health information technology ("Health IT") is revolutionizing health care in Colorado. Health IT enables patients to access their medical records electronically and allows health care providers to more effectively communicate regarding a patient's medical care. The adoption and meaningful use of Health IT and collaboration among communities and across the health care industry, has helped develop key technical services, and strengthen the quality and value of health care in the state.

Colorado is uniquely positioned to achieve significant advances in Health IT and support transformational health programs throughout the state. Already, Colorado has successfully connected dozens of hospitals, thousands of providers, and millions of patients, allowing them to exchange patient information, coordinate care, and improve patient health. With that foundation, the state is positioned to combine clinical information with other health-related information and enhance diagnostic and treatment capabilities thereby further improving the quality of care our citizens receive.

To promote the expanded use of Health IT in Colorado, the state will:

1. Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technical approaches that will enhance the state's Health IT network;
2. Promote and advance data sharing by reducing or removing barriers to effective information sharing;
3. Support health innovation and transformation by enhancing Colorado's health information infrastructure; and
4. Improve health in Colorado by promoting the meaningful use of Health IT.

The next phase of effectively leveraging Health IT resources from the public and private sectors will require a new coordinated effort that facilitates the development of best practices and innovative approaches that improve patient health.

## II. Directives and Declarations

### A. Creation of The Office of eHealth Innovation

This executive order hereby creates the Office of eHealth Innovation (the "Office") within the Governor's office. The Office shall promote and advance the secure, efficient, and effective use of health information, and help to inform, incentivize, and influence future Health IT initiatives.

Pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Office is hereby designated as Colorado's Designated Entity to participate in the programs of the Office of the National Coordinator for Health Information Technology and other Health IT programs established by certain federal agencies.

The Office shall be led by a Director to be selected by the Governor and comprised of staff necessary to carry out the Office's mission. Staff shall be supported by funding from grants or state health programs. The Director shall report to the Governor or the Governor's designee. The Department of Health Care Policy and Financing shall serve as the administrative and fiscal agent for the Office.

The Office shall evaluate the state's Health IT needs and facilitate the use of public funds to enable all Coloradans to benefit from Health IT and health information exchange efforts. The Office shall coordinate relevant public and private stakeholders and Health IT programs across

state agencies and between state and federal projects. The Office shall evaluate functions to advance Health IT systems in Colorado and create transparency and accountability. The Office will not own or operate any technical infrastructure but will define the minimum criteria for qualified organizations that will provide state-level, common technical services supporting advanced health information interoperability.

The Director, in consultation with the eHealth Commission, shall advise and recommend policy and regulatory changes that will accelerate Health IT innovation in Colorado.

**B. Creation of the eHealth Commission**

There is hereby created, under the office of the Governor, the eHealth Commission (the "Commission"), to provide advice and guidance to the Office of eHealth Innovation on advancing Health IT in Colorado. The Commission shall support the implementation of the state's Health IT strategy and interoperability objectives by setting goals for Health IT programs and creating a process for developing common policies and technical solutions.

The Commission shall establish policies and procedures it deems appropriate for conducting its meetings. The Commission shall not be subject to the State Administrative Procedures act, C.R.S 24-4-101, *et seq.*, but shall be subject to the Colorado Open Records Act, 24-72-201, *et seq.*, and the Colorado Open Meetings Law, 24-6-401, *et seq.*

The Commission shall consist of no fewer than nine and no more than 15 members, appointed by the Governor, with statewide representation from urban and rural communities. Members shall serve three year terms. The members of the Commission shall include:

1. Between four and 10 representatives, who are not state employees, that collectively have experience and knowledge of as many of the following areas as practical:
  - primary health care delivery
  - behavioral health care delivery
  - health care facilities
  - health insurance
  - non-profit, Health IT-related community organizations
  - interoperability and data exchange
  - digital health technology
  - consumer engagement in health care
  - health care quality measures
2. The Director of the Office of eHealth Innovation;

3. The Executive Director of the Department of Public Health and Environment or his or her designee;
4. The Executive Director of the Department of Health Care Policy and Financing or his or her designee;
5. The Executive Director of the Department of Human Services or his or her designee;
6. The Executive Director of the Governor's Office of Information Technology or his or her designee.

Members of the commission shall choose one representative to serve as the chair person.

The Director, with the advice of the Commission, may create work groups to advise the Commission and the Office on issues related to its mission. The Director and the Commission shall also coordinate with, and utilize the work of, other health transformation efforts.

III. Duration

Executive order 008-09 is hereby rescinded. This Executive Order shall remain in force until modified or rescinded by future Executive Order of the Governor.



GIVEN under my hand and the  
Executive Seal of the State of  
Colorado this sixth day of  
October, 2015.

A handwritten signature in black ink, appearing to read "John W. Hickenlooper".

John W. Hickenlooper  
Governor