



Advisory Task Forces

Background

In previous meetings, the Commission decided to form Advisory Task Forces for the purpose of obtaining more focused community input, and an operational structure was identified to establish task forces for: Business, Providers, Underserved Populations, and Rural Communities. This memorandum addresses the selection of Task Force members, and is designed to supplement the prior decisions of the Commission.

Selection Process for Task Force Members

The Commission will solicit names of interested individuals to sit on the four established Task Forces. This opportunity has been mentioned in prior public meetings of the Commission and a notice will be placed on the Commission's web site. Nominations will come from the Commissioners, as well as interested individuals or organizations. Commission members and the public are encouraged to solicit and nominate a broad cross-section of persons to participate in the task forces.

Only written nominations will be accepted. The attached form will be used to gather basic information on each nominee for review by the Communication & Outreach Committee. Nominations will be sent to Anita Wesley, to be logged in and recorded.

Staff will prepare a grid of all written nominations received and will present to the Communications & Outreach Committee for their review at their June 7 meeting. That Committee will review the applicants and submit a list of recommended nominees for the Commission's review and ratification at its June 19, 2007 meeting.

Timeline

May 18, 2007	Commission approves the application/nomination process
May 23 – June 4	Commission outreach efforts
June 5	Deadline for applications to be submitted to staff
June 7	Communications & Outreach Committee reviews applications, develops proposed list of Task Force participants
June 19	Commission approves Task Force members
Late June	Task Forces commence meetings
July – early fall	Task Forces meet

303 E. 17th Avenue, Suite 400, Denver, CO 80203

Phone: 1-888-776-2332 Fax: 303-837-8496

Website: www.colorado.gov/208commission E-mail: 208commission@coloradofoundation.org



Blue Ribbon Commission for Health Care Reform

Governance

The Advisory Task Forces will be led by two Co-Chairs. The Co-Chairs will be nominated by the Commission Chair, for ratification by the full Commission and will consist of one non-Commissioner and one Commissioner.

Diversity of Opinion and Membership

To the degree possible, the Commission will seek to ensure that the Task Force membership is diverse in both the perspectives represented and its membership. It is important to note that there may be strong public interest in participation on Task Forces. That interest is to be encouraged; however, with a maximum of fifteen members per Task Force, not everyone who desires to participate as a Task Force member can be selected.

Because the purpose of the task forces is for the Commission to obtain specific input from specific constituencies, each task force shall have discretion to determine how best to obtain input from the public. The public will continue to have the opportunity to provide input both through the Commission and through the Communication and Outreach Committee.

Coordinating Instructions

The Communications and Outreach Committee will draft the charge for each Task Force. The charge will be provided to the members prior to their initial meeting. It will be specific and the parameters for their deliberations will be structured so that each Task Force can complete their work in a time for their input to be of value to the Commission's deliberation.

Timeframe

Task Forces will meet from July through early fall 2007.

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TASK FORCE NOMINATION FORM

*****NOMINATION DEADLINE IS JUNE 5*****

PLEASE SUBMIT NOMINATION TO:

Blue Ribbon Commission for Health Care Reform
E-mail: 208commission@coloradofoundation.org
Fax: 303-837-8496
Mailing address: 303 E. 17th Avenue, Denver, CO 80203

Nomination submitted by: _____

Phone: _____ Email: _____

Mailing address: _____

Name of nominee: _____

Affiliation/Organization: _____

Title: _____

Phone: _____ E-mail: _____

Mailing address: _____

Preferred Task Force:

- Business
- Providers
- Rural
- Vulnerable Populations

Individuals may nominate themselves. If you are nominating someone else, please indicate here if you have notified that person of this nomination:

- Yes, the nominee knows that he/she has been suggested for Task Force participation
- No, the nominee does not know that his/her name has been submitted

REASON FOR NOMINATION (250 words or less)

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