STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

I have received a copy of the Conflicts of Interest Policy, have read and understand the Conflicts of Interest Policy, and in signing this document, I hereby agree to comply not only with the Conflicts of Interest Policy’s literal expression, but also with what I believe to be its intent.

My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

______________________________

Non

______________________________

Please write “none” if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: 

Signature:

Date: 1/11/14
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of
those interests, the specific proposals that the Commission may receive to which such
conflicts may exist, and the reasons why such interests may give rise to a potential, apparent,
or actual conflict of interest are as follows:

- Family Physician, University of CO
  Department of Family Medicine
- Chief of Family Medicine, Children's
  Hospital Colorado (Admin position)
- Past President, American Academy of Family
  Physicians

Please write “none” if applicable. Please attach additional sheets if additional space is
needed.

I also hereby certify that if any possible proposal should be considered in the future with
respect to which I have a potential, apparent, or actual conflict of interest, and which has not
been disclosed in this Statement, I will promptly disclose the circumstances to the
Commission and will comply with the Conflicts of Interest Policy in all regards with respect
to such proposal.

Printed Name: Jeffrey J. Coth MP
Signature: 
Date: 11/10/14

Note: Have submitted to CO Sec. COI online
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
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   [signature]

Please write “none” if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name:  REBECCA COBBY

Signature:  [signature]

Date:  1/05/15
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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intent.

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rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of
those interests, the specific proposals that the Commission may receive to which such
conflicts may exist, and the reasons why such interests may give rise to a potential, apparent,
or actual conflict of interest are as follows:

It could appear that I would have potential conflicts of interest due to being in the hospital
industry.

Please write "none" if applicable. Please attach additional sheets if additional space is
needed.

I also hereby certify that if any possible proposal should be considered in the future with
respect to which I have a potential, apparent, or actual conflict of interest, and which has not
been disclosed in this Statement, I will promptly disclose the circumstances to the
Commission and will comply with the Conflicts of Interest Policy in all regards with respect
to such proposal.

Printed Name: [Signature]

Signature: [Signature]

Date: 11-10-14
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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See Attached.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Please write "none" if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Stan Erkenbreck

Signature: [Signature]

Date: 13/05/14
I serve as President and CEO of Rocky Mountain Health Plans (RMHP), which is based in Grand Junction, CO. The service area for RMHP is the entire State of Colorado, but only the State of Colorado. RMHP has the following subsidiaries or related entities: Rocky Mountain Health Maintenance Organization, Rocky Mountain HealthCare Options, Rocky Mountain Health Management Corporation, CNIC Health Solutions, Leif Associates, and the Rocky Mountain Health Plans Foundation. RMHP is the controlling organization. As a 501(c)(4), the governing structure of RMHP is a 14-member Board of Directors, selected from communities throughout Colorado, and currently includes four business representatives, four physicians, three non-profit health organization representatives, two CPAs, and a former Insurance Commissioner. The organization was established in the 1970s to provide access to health care for all members of the community, and is the only health plan in Colorado that provides access for Medicaid, Medicare, Commercial, and Individual products. RMHP maintains a network of more than 8,000 physicians throughout Colorado. My compensation as the CEO of RMHP is set by the Board of Directors.

The Colorado Commission for Affordable Health Care (CCAHC) will address issues that concern the pricing, delivery, and availability of health care services. Many of those issues affect products offered by RMHP since it is active in all those areas, although it is difficult to evaluate the nature or the extent of the impact, or even whether a particular approach will ultimately result in a positive or a negative influence.

I have no ownership interest in any health organization or business that is likely to contract with CCAHC. In addition to my employment at RMHP, I am active in health delivery issues in Club 20, the Grand Junction Chamber of Commerce, the Mesa County Health Leadership Consortium, the Grand Junction Economic Partnership, and The Colorado Concern. I also serve on the Board of Directors for Connect for Health Colorado (C4HC) which administers Colorado’s Health Insurance Exchange, and addresses issues that affect the delivery of health care in the small group and individual markets, as well as Medicaid, and CHP+. In all of those organizations, I have a particular advocacy for, and focus on, community-based health systems that can be effective in both urban and non-metropolitan areas. I serve on the Board of Directors and the Policy Committee for the Alliance of Community Health Plans (ACHP), and on the Board of Directors for America’s Health Insurance Plans (AHIP). I also serve on the AHIP Foundation. I serve on the Board of Trustees for the Temple Hoyne Buell Foundation, which has a specific focus on early childhood development and education.
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

My spouse and I are both licensed health care providers in the State of CO and receive public & private payments for services rendered.

Please write “none” if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Ira Gorman
Signature: Ira Gorman
Date: 11/10/14
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

I am an economist who primarily works in the area of health care policy. I get paid for lectures, papers, and research in the area. I also receive trips to conferences, etc. from interested parties, books, and other types of in-kind compensation.

Please write "none" if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Linda Gorman

Signature: Linda Gorman

Date: 10 Jun 2014
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

I am employed by Lockton company, an insurance broker. My income comes from employee benefit brokering and consulting.

I also sit on the Board of Children's Hospital and Craig Hospital (unpaid position).

Please write “none” if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name:  William N. Lindsay

Signature:  William Lindsay

Date:  11/10/14
I have received a copy of the Conflicts of Interest Policy, have read and understand the Conflicts of Interest Policy, and in signing this document, I hereby agree to comply not only with the Conflicts of Interest Policy's literal expression, but also with what I believe to be its intent.

My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

None

Please write "none" if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Marcy Morrison
Signature: Marcy Morrison
Date: Nov. 10, 2014
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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intent.

My spouse and I may have certain financial interests or affiliated interests which may give
rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of
those interests, the specific proposals that the Commission may receive to which such
conflicts may exist, and the reasons why such interests may give rise to a potential, apparent,
or actual conflict of interest are as follows:

As President/CEO of Spanish Peaks
Healthcare Systems, and Spanish
Peaks Behavioral Health Centers,
there may be topics that benefit
or potentially harm the healthcare
agency I work for in Pueblo, CO.

Please write “none” if applicable. Please attach additional sheets if additional space is
needed.

I also hereby certify that if any possible proposal should be considered in the future with
respect to which I have a potential, apparent, or actual conflict of interest, and which has not
been disclosed in this Statement, I will promptly disclose the circumstances to the
Commission and will comply with the Conflicts of Interest Policy in all regards with respect
to such proposal.

Printed Name: Dorothy Perry, PhD
Signature: ____________________________
Date: 10 Nov 14
I have received a copy of the Conflicts of Interest Policy, have read and understand the Conflicts of Interest Policy, and in signing this document, I hereby agree to comply not only with the Conflicts of Interest Policy's literal expression, but also with what I believe to be its intent.

My spouse and I may have certain financial interests or affiliated interests which may give rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of those interests, the specific proposals that the Commission may receive to which such conflicts may exist, and the reasons why such interests may give rise to a potential, apparent, or actual conflict of interest are as follows:

FirstVitals Health & Wellness, Inc.
Worksite Wellness, Diabetes Prevention,
Diabetes management product lines.

Please write "none" if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Cindy Sovine-Miller
Signature: [Signature]
Date: 11/10/21
STATEMENT PERTAINING TO THE
COMMISSION ON AFFORDABLE HEALTH CARE
CONFLICTS OF INTEREST POLICY

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Conflicts of Interest Policy, and in signing this document, I hereby agree to comply not only
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intent.

My spouse and I may have certain financial interests or affiliated interests which may give
rise to a potential, apparent, or actual conflict of interest, as set forth below. The nature of
those interests, the specific proposals that the Commission may receive to which such
conflicts may exist, and the reasons why such interests may give rise to a potential, apparent,
or actual conflict of interest are as follows:

I am employed by the Colorado Hospital Association, and as such, I represent one-hundred hospitals
that constitute our membership. The mission of the Colorado Hospital Association is to "support
members' collaborative commitment to advance the health of their communities through affordable,
accessible, high-quality health care."

I am unaware of any other financial or affiliated interests, either my spouse or myself have, that may
conflict with the interest of the Commission on Affordable Health Care.

Please write "none" if applicable. Please attach additional sheets if additional space is
needed.

I also hereby certify that if any possible proposal should be considered in the future with
respect to which I have a potential, apparent, or actual conflict of interest, and which has not
been disclosed in this Statement, I will promptly disclose the circumstances to the
Commission and will comply with the Conflicts of Interest Policy in all regards with respect
to such proposal.

Printed Name: Christopher Tholen

Signature: ______________________________

Date: November 10, 2017
STATEMENT PERTAINING TO THE COMMISSION ON AFFORDABLE HEALTH CARE CONFLICTS OF INTEREST POLICY

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I am a private consultant through my company, Want Healthcare. From time to time, I may have clients that have interests in the deliberations and recommendations of the Commission.

Please write "none" if applicable. Please attach additional sheets if additional space is needed.

I also hereby certify that if any possible proposal should be considered in the future with respect to which I have a potential, apparent, or actual conflict of interest, and which has not been disclosed in this Statement, I will promptly disclose the circumstances to the Commission and will comply with the Conflicts of Interest Policy in all regards with respect to such proposal.

Printed Name: Jay Want, MD
Signature:  
Date: 1/2/15