Second Regular Session Seventy-third General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 22-0094.01 Alana Rosen x2606

SENATE BILL 22-189

SENATE SPONSORSHIP

Danielson and Pettersen,

HOUSE SPONSORSHIP

(None),

Senate Committees

House Committees

Health & Human Services Appropriations

	A BILL FOR AN ACT
101	CONCERNING CREATING THE COLORADO MULTIDISCIPLINARY
102	GERIATRIC PROVIDER PIPELINE PROGRAM TO SUPPORT THI
103	HEALTH CARE OF MEDICALLY COMPROMISED OLDER
104	COLORADANS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill creates the Colorado multidisciplinary geriatric provider pipeline program (program) in the university of Colorado Anschutz medical campus. The program coordinates and expands geriatric training opportunities for clinical graduate students enrolled in participating institutions of higher education who study in the health-care fields of medicine, medicine with a focus on training to be a physician assistant, dentistry, pharmacy, nursing, psychology, and social work.

The bill creates the geriatric training executive advisory committee (committee) to ensure that the training for the program is consistent and collaborative across the health-care fields of study. The committee is required to:

- Set the program's standards for training and delivery of medical care to the most frail and medically complex, costly, and compromised older Coloradans;
- Collaborate with participating institutions of higher education across Colorado to select clinical graduate students who have an interest in geriatric care to participate in the program;
- Analyze data collected by the program;
- Build relationships, collaborate, and create a multidisciplinary team that provides opportunities for clinicians to work together in teams to better understand the roles of each discipline and better place clinical graduate students for experiential training opportunities; and
- Coordinate with graduates of the program for opportunities to become trainers to future clinical graduate students once practicing in the graduate's field of study.

BY 2050, OVER ONE QUARTER OF THE POPULATION IN

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, **add** part 11 to article 3 21 of title 23 as follows: 4 **PART 11** 5 COLORADO MULTIDICIPLINARY 6 GERIATRIC PROVIDER PIPELINE PROGRAM 7 23-21-1101. Legislative declaration. (1) THE GENERAL 8 ASSEMBLY FINDS AND DECLARES THAT: 9 (a) COLORADO HAS THE SECOND FASTEST GROWING RATE OF 10 RESIDENTS OVER SIXTY-FIVE YEARS OF AGE IN THE UNITED STATES;

11

-2- 189

1	COLORADO WILL BE OVER SIXTY-FIVE YEARS OF AGE;
2	(c) THERE ARE ONLY NINETY-NINE GERIATRIC PHYSICIANS ACROSS
3	THE STATE;
4	(d) There is a severe shortage of geriatric-trained
5	CLINICIANS, PHARMACISTS, AND DENTISTS;
6	(e) THE NUMBER OF OLDER COLORADANS WILL PUT HIGH DEMANDS
7	ON THE STATE'S HEALTH-CARE SYSTEM;
8	(f) ON AVERAGE, PATIENTS TREATED BY A GERIATRIC-TRAINED
9	PHYSICIAN WERE HOSPITALIZED ONE DAY LESS THAN PATIENTS TREATED
10	BY A GENERAL PRACTITIONER;
11	(g) THE AVERAGE HOSPITAL STAY FOR ONE DAY COSTS ROUGHLY
12	TWO THOUSAND DOLLARS OR MORE; AND
13	(h) READMISSION RATES FOR ELDERLY PATIENTS RELEASED FROM
14	HOSPITALS WITH ACUTE CARE FOR ELDER UNITS WAS AT LEAST FIVE
15	PERCENT LESS COMPARED TO PATIENTS RELEASED FROM HOSPITALS
16	WITHOUT ACUTE CARE FOR ELDER UNITS.
17	(2) Therefore, the general assembly declares that by
18	BUILDING A MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM
19	TO TRAIN AND SUPPORT GRADUATE STUDENTS IN THE HEALTH-CARE FIELDS
20	OF MEDICINE, MEDICINE WITH A FOCUS ON TRAINING TO BE A PHYSICIAN
21	ASSISTANT, PHARMACY, DENTISTRY, NURSING, PSYCHOLOGY, \underline{SOCIAL}
22	WORK, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE THERAPY,
23	FUTURE CLINICIANS WILL BETTER MEET THE NEEDS OF THE MOST FRAIL
24	AND MEDICALLY COMPLEX, COSTLY, AND COMPROMISED OLDER
25	COLORADANS. COLLABORATION BETWEEN PARTICIPATING INSTITUTIONS
26	OF HIGHER EDUCATION, COMMUNITIES, AND MEDICAL PROVIDERS WILL
27	ALLOW COLORADO TO PROVIDE HIGH-QUALITY MEDICAL CARE TO THE

-3-

1	MOST FRAIL AND MEDICALLY COMPLEX, COSTLY, AND COMPROMISED
2	OLDER COLORADANS AND TO BETTER FILL THE NEED FOR GERIATRIC CARE
3	IN COMMUNITIES ACROSS THE STATE.
4	23-21-1102. Definitions. As used in this part 11, unless the
5	CONTEXT OTHERWISE REQUIRES:
6	(1) "CLINICAL GRADUATE STUDENT" MEANS A GRADUATE STUDENT
7	STUDYING AT A PARTICIPATING INSTITUTION OF HIGHER EDUCATION WHO
8	IS TRAINING AS A DOCTOR, PHYSICIAN ASSISTANT, PHARMACIST, NURSE,
9	${\tt DENTIST, PSYCHOLOGIST, \underline{SOCIALWORKER, OCCUPATIONALTHERAPIST, OR}}$
10	SPEECH-LANGUAGE THERAPIST.
11	(2) "COLORADO MULTIDISCIPLINARY GERIATRIC PROVIDER
12	PIPELINE PROGRAM" OR "PROGRAM" MEANS THE COLORADO
13	MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM CREATED IN
14	SECTION 23-21-1103.
15	(3) "Congregate care community" means a residential
16	CARE FACILITY FOR OLDER ADULTS.
17	(4) "GERIATRIC TRAINING EXECUTIVE ADVISORY COMMITTEE" OR
18	"COMMITTEE" MEANS THE GERIATRIC TRAINING EXECUTIVE ADVISORY
19	COMMITTEE CREATED IN SECTION 23-21-1104.
20	(5) "PARTICIPATING INSTITUTION OF HIGHER EDUCATION" MEANS
21	A PRIVATE INSTITUTION OF HIGHER EDUCATION OR A PUBLIC INSTITUTION
22	OF HIGHER EDUCATION PARTICIPATING IN THE COLORADO
23	MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM.
24	23-21-1103. Colorado multidisciplinary geriatric provider
25	pipeline program - created. (1) There is created the Colorado
26	MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM IN THE
27	UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS. THE PURPOSE

-4- 189

1	OF THE PROGRAM IS TO COORDINATE AND EXPAND GERIATRIC TRAINING
2	OPPORTUNITIES FOR CLINICAL GRADUATE STUDENTS FROM PARTICIPATING
3	INSTITUTIONS OF HIGHER EDUCATION WHO ARE STUDYING IN THE FIELDS
4	OF MEDICINE, MEDICINE WITH A FOCUS ON TRAINING TO BE A PHYSICIAN
5	ASSISTANT, PHARMACY, DENTISTRY, NURSING, PSYCHOLOGY, \underline{SOCIAL}
6	WORK, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE THERAPY.
7	(2) BEGINNING IN THE STATE FISCAL YEAR 2023-24, THE
8	COMMITTEE, PROGRAM CHAIR OR THE PROGRAM CHAIR'S DESIGNEE, AND
9	PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT
10	COLORADO SHALL SELECT TWO CLINICAL GRADUATE STUDENTS PER YEAR
11	FROM EACH FIELD OF STUDY DESCRIBED IN THIS SUBSECTION (2) TO
12	PARTICIPATE IN THE PROGRAM'S GERIATRIC CURRICULUM. THE
13	COMMITTEE, IN COLLABORATION WITH THE PARTICIPATING INSTITUTIONS
14	OF HIGHER EDUCATION, SHALL PLACE CLINICAL GRADUATE STUDENTS IN
15	GERIATRIC CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.
16	TWO CLINICAL GRADUATE STUDENTS FROM THE FOLLOWING FIELDS OF
17	STUDY ARE INCLUDED IN THE PROGRAM:
18	(a) MEDICINE;
19	(b) Medicine with a focus on training to be a physician
20	ASSISTANT;
21	(c) Pharmacy;
22	(d) DENTISTRY;
23	(e) Nursing;
24	(f) PSYCHOLOGY;
25	(g) Social <u>work;</u>
26	(h) OCCUPATIONAL THERAPY; AND
27	(i) Speech-language therapy.

-5-

2	FOR CLINICAL GRADUATE STUDENTS, PROFESSORS, AND COMMUNITY
3	HEALTH PROVIDERS TO REVIEW NEW PATIENT-CENTERED GERIATRIC
4	APPROACHES, INNOVATIONS, AND TECHNOLOGIES.
5	(4) The program chair, or the program chair's designee,
6	SHALL COLLABORATE WITH PARTICIPATING INSTITUTIONS OF HIGHER
7	EDUCATION, COMMUNITY HEALTH PROVIDERS, AND CONGREGATE CARE
8	COMMUNITIES TO PLACE CLINICAL GRADUATE STUDENTS IN GERIATRIC
9	CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.
10	(5) The program chair, or the program chair's designee,
11	SHALL GATHER DATA ON THE FOLLOWING:
12	(a) THE NUMBER OF CLINICAL GRADUATE STUDENTS
13	PARTICIPATING IN THE PROGRAM FROM EACH PARTICIPATING INSTITUTION
14	OF HIGHER EDUCATION;
15	(b) THE NUMBER OF CLINICAL GRADUATE STUDENTS WHO
16	GRADUATE FROM THE PROGRAM; AND
17	(c) THE SUBSEQUENT LOCATION AND JOB PLACEMENT OF PROGRAM
18	GRADUATES.
19	23-21-1104. Geriatric training executive advisory committee
20	- created - training. (1) There is created the geriatric training
21	EXECUTIVE ADVISORY COMMITTEE TO ENSURE THAT TRAINING FOR THE
22	PROGRAM IS CONSISTENT AND COLLABORATIVE ACROSS THE UNIVERSITY
23	DEPARTMENTS, PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION, AND
24	MEDICAL FIELDS. THE COMMITTEE SHALL CONSIST OF THE PROGRAM
25	CHAIR, APPOINTED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION, AND
26	MEMBERS, INCLUDING, BUT NOT LIMITED TO:
27	(a) ONE REPRESENTATIVE FROM THE SCHOOL OF MEDICINE;

 $(3) \ \ The \ program \ must \ provide \ updated \ training \ each \ year$

1

-6- 189

1	(b) ONE REPRESENTATIVE FROM THE SCHOOL OF PHARMACY;
2	(c) One representative from the school of dental
3	MEDICINE;
4	(d) ONE REPRESENTATIVE FROM A NURSING PROGRAM;
5	(e) One representative from the department of
6	PSYCHOLOGY;
7	(f) ONE REPRESENTATIVE FROM A SOCIAL WORK PROGRAM ;
8	(g) One representative from an occupational therapy
9	PROGRAM; AND
10	(h) ONE REPRESENTATIVE FROM A SPEECH-LANGUAGE THERAPY
11	PROGRAM.
12	(2) THE COMMITTEE SHALL:
13	(a) APPOINT A PROGRAM CHAIR;
14	(b) SET THE PROGRAM'S STANDARDS FOR TRAINING AND DELIVERY
15	OF MEDICAL CARE TO THE MOST FRAIL AND MEDICALLY COMPLEX, COSTLY,
16	AND COMPROMISED OLDER COLORADANS;
17	(c) COLLABORATE WITH THE PROGRAM CHAIR AND PARTICIPATING
18	INSTITUTIONS OF HIGHER EDUCATION TO SELECT CLINICAL GRADUATE
19	STUDENTS WHO HAVE AN INTEREST IN GERIATRIC CARE TO PARTICIPATE IN
20	THE PROGRAM;
21	(d) Analyze the data collected in section 23-21-1103 (5);
22	(e) BUILD RELATIONSHIPS, COLLABORATE, AND CREATE A
23	MULTIDISCIPLINARY TEAM THAT PROVIDES OPPORTUNITIES FOR CLINICIANS
24	TO WORK TOGETHER IN TEAMS TO BETTER UNDERSTAND THE ROLES OF
25	EACH DISCIPLINE AND BETTER PLACE CLINICAL GRADUATE STUDENTS FOR
26	EXPERIENTIAL TRAINING OPPORTUNITIES; AND
2.7	(f) COORDINATE WITH GRADUATES OF THE PROGRAM FOR

-7-

I	OPPORTUNITIES TO BECOME TRAINERS TO FUTURE CLINICAL GRADUATE
2	STUDENTS ONCE PRACTICING IN THE GRADUATE'S FIELD OF STUDY.
3	23-21-1105. Reporting. By July 1, 2024, and no later than
4	JULY 1 EACH YEAR THEREAFTER, A REPRESENTATIVE OF THE PROGRAM
5	SHALL SUBMIT A REPORT OF THE DATA COLLECTED IN SECTION 23-21-1103
6	(5) AND RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY CHANGES
7	TO FACILITATE THE EFFECTIVE IMPLEMENTATION OF THE PROGRAM TO THE
8	PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF
9	THE SENATE, THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
10	SENATE, OR THEIR SUCCESSOR COMMITTEES. NOTWITHSTANDING SECTION
11	24-1-136 (11)(a)(I), THE REPORTING REQUIREMENT IN THIS SECTION
12	CONTINUES INDEFINITELY.
13	SECTION 2. Act subject to petition - effective date. This act
14	takes effect at 12:01 a.m. on the day following the expiration of the
15	ninety-day period after final adjournment of the general assembly; except
16	that, if a referendum petition is filed pursuant to section 1 (3) of article V
17	of the state constitution against this act or an item, section, or part of this
18	act within such period, then the act, item, section, or part will not take
19	effect unless approved by the people at the general election to be held in
20	November 2022 and, in such case, will take effect on the date of the
21	official declaration of the vote thereon by the governor.

-8-