First Regular Session Seventy-third General Assembly STATE OF COLORADO

PREAMENDED

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

LLS NO. 21-0130.01 Christy Chase x2008

SENATE BILL 21-158

SENATE SPONSORSHIP

Danielson and Pettersen,

HOUSE SPONSORSHIP

Titone and Duran,

Senate Committees Health & Human Services

House Committees

Health & Human Services Appropriations

	A BILL FOR AN ACT
101	CONCERNING MODIFICATIONS TO THE COLORADO HEALTH SERVICE
102	CORPS PROGRAM ADMINISTERED BY THE DEPARTMENT OF
103	PUBLIC HEALTH AND ENVIRONMENT TO EXPAND THE
104	AVAILABILITY OF GERIATRIC CARE PROVIDERS IN SHORTAGE
105	AREAS IN THE STATE.

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 modifies the Colorado health service corps program administered by the primary care office (office) in the department of public health and environment, which program includes a loan repayment program, as follows:

- Allows geriatric advanced practice providers, which include advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period; and
- Requires the general assembly to annually and continuously appropriate money from the general fund to the office for the 2021-22 through the 2025-26 fiscal years to help repay loans for geriatric advanced practice providers.

Be it enacted by the General Assembly of the State of Colorado:

- **SECTION 1. Legislative declaration.** (1) The general assembly finds and determines that:
 - (a) Colorado currently has approximately 840,000 residents over 65 years of age, and that number is expected to grow to 1.2 million by 2030, a 43% increase in that population in 10 years;
 - (b) Additionally, the statewide population of residents over 75 years of age is approximately 327,000 and is expected to grow to 559,000 by 2030, a nearly 71% increase in that population in 10 years;
 - (c) Colorado is estimated to have 125,000 residents afflicted with dementia by 2030, including an estimated 25,000 residing in rural areas of the state;
 - (d) Geriatric specialists, including advanced practice providers with geriatric training or experience, provide a patient-centered, holistic approach to care and are highly trained to care for patients with dementia and their families;
 - (e) Each geriatric specialist is typically able to care for approximately 700 patients in an urban setting and fewer patients in a

-2-

rural setting;

- (f) Currently, the number of Colorado health-care providers with training in geriatrics is far short of the number of providers needed, and the number is expected to be drastically short of the 2030 projected need for geriatric-trained health-care providers;
- (g) Advanced practice providers, including advanced practice registered nurses and physician assistants, who have additional training or experience in geriatrics, are critical to address the shortage in geriatric specialists and to provide the level of care required for the state's growing aging population;
- (h) According to reliable sources such as the Colorado department of public health and environment's 2015 report, *Healthy Aging in Colorado*, rural areas of the state are woefully ill-equipped to support aging populations, with rural counties in the southern and eastern parts of the state bearing a higher proportion of the burden of inadequate resources;
- (i) Nearly 50% of Coloradans 75 years of age or older live in rural areas of the state, yet only about 10% of geriatric specialists reside in or serve rural areas;
- (j) In America, 24% of veterans live in rural areas, and those veterans are significantly older than veterans living in urban areas, are likely to have complex care needs and multiple chronic conditions, and have far less access to geriatric care than their urban counterparts;
- (k) Older adults who are healthy or have minimal health issues are inclined to live at home and age in place rather than in a nursing home or other group living situation, and medical experts advise that people age better at home;

-3-

(l) Older adults who are able to live at home instead of in a group setting are less susceptible to the spread of disease, such as COVID-19, thus prolonging their lives and avoiding lengthy hospital stays; and

(m) It is critical for the state to take specific, targeted action to increase the number of geriatric specialists providing geriatric care to the growing older adult populations in rural and other provider shortage areas of the state by allowing geriatric advanced practice providers to participate in the state's loan repayment program through which providers who commit to providing care in shortage areas of the state for specified periods receive education loan repayment assistance.

SECTION 2. In Colorado Revised Statutes, 25-1.5-501, **amend** (1) and (2) as follows:

25-1.5-501. Legislative declaration. (1) The general assembly hereby finds that there are areas of Colorado that suffer from a lack of health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, or behavioral health-care providers to serve, and a lack of nursing or other health-care professional faculty to train health-care professionals to meet, the medical and behavioral health-care needs of communities. The general assembly further finds that the state needs to implement incentives to encourage health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, and behavioral health-care providers to practice in these underserved areas and to encourage nursing faculty and other health-care professional faculty to teach health-care professionals.

(2) It is therefore the intent of the general assembly in enacting this part 5 to create a state health service corps program that uses state money, federal money, when permissible, and contributions from communities and private sources to help repay the outstanding education

-4- 158

2	PRACTICE PROVIDERS, behavioral health-care providers, candidates for
3	licensure, nursing faculty, and health-care professional faculty hold. In
4	exchange for repayment of loans incurred for the purpose of obtaining
5	education in their chosen health care, GERIATRIC CARE, and behavioral
6	health-care professions, the health-care professionals, GERIATRIC
7	ADVANCED PRACTICE PROVIDERS, behavioral health-care providers, and
8	candidates for licensure will commit to provide health care, GERIATRIC
9	CARE, or behavioral health-care services, as applicable, in communities
10	with underserved health care, GERIATRIC CARE, or behavioral health-care
11	needs throughout the state, and the nursing and health-care professional
12	faculty will commit to provide a specified period of service in a qualified
13	faculty position.
14	SECTION 3. In Colorado Revised Statutes, 25-1.5-502, amend
15	(1) and (13); and add (1.2), (4.3), (4.5), and (8.5) as follows:
16	25-1.5-502. Definitions. As used in this part 5, unless the context
17	otherwise requires:
18	(1) "Advisory council" means the Colorado health service corps
19	advisory council created pursuant to section 25-1.5-504 "ADVANCED
20	PRACTICE PROVIDER" MEANS AN ADVANCED PRACTICE REGISTERED NURSE,
21	AS DEFINED IN SECTION 12-255-104 (1), OR A PHYSICIAN ASSISTANT
22	LICENSED PURSUANT TO ARTICLE 240 OF TITLE 12.
23	(1.2) "ADVISORY COUNCIL" MEANS THE COLORADO HEALTH
24	SERVICE CORPS ADVISORY COUNCIL CREATED PURSUANT TO SECTION
25	25-1.5-504.
26	(4.3) "GERIATRIC ADVANCED PRACTICE PROVIDER" MEANS AN
27	ADVANCED PRACTICE PROVIDER WHO SATISFIES ONE OF THE FOLLOWING:

loans that many health-care professionals, GERIATRIC ADVANCED

-5- 158

1	(a) Has completed a formal postgraduate geriatrics
2	TRAINING PROGRAM;
3	(b) HAS COMPLETED:
4	(I) FORMAL GERIATRICS TRAINING WITHIN THE ADVANCED
5	PRACTICE PROVIDER TRAINING PROGRAM, WHICH INCLUDES DIDACTIC
6	TEACHING OR TRAINING ABOUT GERIATRIC SYNDROMES AND THE
7	IMPORTANCE OF PHYSICAL AND COGNITIVE FUNCTION IN THE CARE OF
8	OLDER ADULTS; AND
9	(II) POSTGRADUATE CLINICAL EXPERIENCE WITH AN EMPHASIS ON
10	TIME SPENT PROVIDING GERIATRIC CARE; OR
11	(c) Has completed geriatric track clinical experience
12	WITHIN THE ADVANCED PRACTICE PROVIDER TRAINING PROGRAM.
13	(4.5) "GERIATRIC CARE" MEANS HEALTH CARE THAT IS PROVIDED
14	TO OLDER ADULTS, INCLUDING CARE PROVIDED IN OUTPATIENT,
15	POST-ACUTE, OR HOME-BASED SETTINGS, THAT FOCUSES ON IDENTIFYING
16	AND MANAGING GERIATRIC SYNDROMES AND THE IMPORTANCE OF THE
17	OLDER ADULT'S PHYSICAL AND COGNITIVE FUNCTIONAL STATUS.
18	"GERIATRIC CARE" DOES NOT INCLUDE HOSPICE-ONLY CARE.
19	(8.5) "Older adult" means an individual who is at least
20	SIXTY-FIVE YEARS OF AGE.
21	(13) "State-designated health professional shortage area" means
22	an area of the state designated by the primary care office, in accordance
23	with state-specific methodologies established by the state board by rule
24	pursuant to section 25-1.5-404 (1)(a), as experiencing a shortage of
25	$health\text{-}care\ professionals, GERIATRIC\ ADVANCED\ PRACTICE\ PROVIDERS, or$
26	behavioral health-care providers.
27	SECTION 4. In Colorado Revised Statutes, 25-1.5-503, amend

-6- 158

I	(1)(a)(1)(B), (1)(a)(1)(C), (1)(a)(11), (1)(b), (1)(c), (2), and (6); and add
2	$(1)(a)(I)(D)$, $\underline{\hspace{1cm}}(1)(d)(IV)$, and $(5)(c)$ as follows:
3	25-1.5-503. Colorado health service corps - program - creation
4	- conditions. (1) (a) (I) The primary care office shall maintain and
5	administer, subject to available appropriations, the Colorado health
6	service corps. Subject to available appropriations, the Colorado health
7	service corps shall provide loan repayment for certain eligible:
8	(B) Nursing faculty MEMBERS or health-care professional faculty
9	members in qualified faculty positions; and
10	(C) Behavioral health-care providers and candidates for licensure
11	who provide behavioral health-care services; AND
12	(D) GERIATRIC ADVANCED PRACTICE PROVIDERS.
13	(II) Under the Colorado health service corps, subject to the
14	limitations specified in subsection (2) of this section, upon entering into
15	a loan contract the state may either:
16	(A) Make payments on the education loans of the health-care
17	professional, behavioral health-care provider, candidate for licensure,
18	GERIATRIC ADVANCED PRACTICE PROVIDER, nursing faculty member, or
19	health-care professional faculty member; or
20	(B) Agree to make an advance payment in a lump sum of all or
21	part of the principal, interest, and related expenses of the education loans
22	of health-care professionals, behavioral health-care providers, candidates
23	for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty
24	members, or health-care professional faculty members, subject to the
25	limitations specified in subsection (2) of this section.
26	

(b) Repayment of loans under the Colorado health service corps

27

-7-

may be made using money in the Colorado health service corps fund. The
primary care office is authorized to receive and expend gifts, grants, and
donations or money appropriated by the general assembly for the purpose
of implementing the Colorado health service corps. In administering the
Colorado health service corps, the primary care office shall collaborate
with appropriate partners as needed to maximize the federal money
available to the state for state loan repayment programs through the
federal department of health and human services. The selection of
health-care professionals, behavioral health-care providers, candidates for
licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty
members, and health-care professional faculty members for participation
in the Colorado health service corps is exempt from the competitive
bidding requirements of the "Procurement Code", articles 101 to 112 of
title 24.
(c) The following providers are not eligible for loan repayment
through the Colorado health service corps:

- (I) Health-care professionals who are not practicing in primary care specialties or providing primary health services; and
- (II) Behavioral health-care providers and candidates for licensure who are not providing behavioral health-care services; AND
- (III) GERIATRIC ADVANCED PRACTICE PROVIDERS WHO ARE NOT PROVIDING GERIATRIC CARE.
 - (d) (IV) As a condition of receiving a loan repayment THROUGH THE COLORADO HEALTH SERVICE CORPS, A GERIATRIC ADVANCED PRACTICE PROVIDER MUST ENTER INTO A CONTRACT PURSUANT TO WHICH THE GERIATRIC ADVANCED PRACTICE PROVIDER AGREES TO PROVIDE GERIATRIC CARE FOR AT LEAST TWO YEARS IN A COMMUNITY

-8THAT IS LOCATED IN A HEALTH PROFESSIONAL SHORTAGE AREA. THE GERIATRIC ADVANCED PRACTICE PROVIDER, THE PRIMARY CARE OFFICE, AND THE COMMUNITY EMPLOYER WITH WHICH THE GERIATRIC ADVANCED PRACTICE PROVIDER IS PRACTICING MUST BE PARTIES TO THE CONTRACT.

- (2) Subject to available appropriations, the primary care office shall annually select health-care professionals, behavioral health-care providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty members, and health-care professional members from the list provided by the advisory council pursuant to section 25-1.5-504 (5)(a) to participate in the Colorado health service corps.
- (5) (c) FOR A GERIATRIC ADVANCED PRACTICE PROVIDER APPLYING
 TO PARTICIPATE IN THE COLORADO HEALTH SERVICE CORPS, THE

 <u>ADVISORY COUNCIL SHALL DEVELOP THE CRITERIA TO BE USED, AND SHALL</u>

 <u>APPLY THOSE CRITERIA, IN SELECTING GERIATRIC ADVANCED PRACTICE</u>

 <u>PROVIDER APPLICANTS AND SHALL CONSIDER WHETHER THE APPLICANT IS</u>

 <u>WILLING TO SERVE AS A PRECEPTOR FOR ADVANCED PRACTICE PROVIDERS</u>

 AND OTHER PROVIDERS SEEKING TRAINING IN GERIATRIC CARE.
- (6) A contract for loan repayment entered into pursuant to this part 5 must not include terms that are more favorable to health-care professionals, behavioral health-care providers, or candidates for licensure, OR GERIATRIC ADVANCED PRACTICE PROVIDERS than the most favorable terms that the secretary of the federal department of health and human services is authorized to grant under the national health services corps program. In addition, each contract must include penalties for breach of contract that are at least as stringent as those available to the secretary of the federal department of health and human services. In the

-9-

1	event of a breach of contract for a loan repayment entered into pursuant
2	to this part 5, the primary care office shall enforce the contract and collect
3	any damages or other penalties owed.
4	SECTION 5. In Colorado Revised Statutes, 25-1.5-504, amend
5	(2) introductory portion, (2)(n), (2)(o), and (5)(a); and add (2)(p) as
6	follows:
7	25-1.5-504. Colorado health service corps advisory council -
8	creation - membership - duties. (2) The advisory council consists of
9	fifteen SIXTEEN members appointed by the governor as provided in this
10	subsection (2). In appointing members of the advisory council, the
11	governor shall ensure that the advisory council includes at least one
12	representative from each of the following organizations OR PRACTICE
13	AREAS:
14	(n) A membership organization representing substance use
15	disorder service providers; and
16	(o) A licensed or certified addiction counselor who has experience
17	in rural health, safety net clinics, or health equity; AND
18	(p) A PHYSICIAN WHO PROVIDES GERIATRIC CARE OR A GERIATRIC
19	ADVANCED PRACTICE PROVIDER.
20	(5) (a) The advisory council shall review applications received
21	from health-care professionals, behavioral health-care providers,
22	candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS,
23	nursing faculty members, and health-care professional faculty members
24	to participate in the Colorado health service corps. Subject to available
25	appropriations and federal requirements concerning eligibility for federal
26	loan repayment matching funds, the advisory council shall annually select
27	health-care professionals, behavioral health-care providers, candidates for

-10-

1	licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty
2	members, and health-care professional faculty members to participate in
3	the Colorado health service corps and shall forward its list of selected
4	participants to the primary care office.
5	SECTION 6. In Colorado Revised Statutes, 25-1.5-505, amend
6	(1) introductory portion, (1)(a), and (1)(d) as follows:
7	25-1.5-505. Advisory council - report. (1) On or before
8	December 1, 2011, and on or before December 1 every two years
9	thereafter, the primary care office, with assistance from the advisory
10	council, shall submit to the governor, the health and human services
11	committee of the senate, the committees on health AND insurance and
12	environment and on public AND BEHAVIORAL health care and human
13	services COMMITTEES of the house of representatives, or any successor
14	committees, a report that includes, at a minimum, the following
15	information:
16	(a) A description of the health-care professionals, behavioral
17	health-care providers, candidates for licensure, GERIATRIC ADVANCED
18	PRACTICE PROVIDERS, nursing faculty members, and health-care
19	professional faculty members participating in the Colorado health service
20	corps program and the scholarship program;
21	(d) An analysis of the effects of the Colorado health service corps
22	program and the scholarship program on addressing the health care,
23	GERIATRIC CARE, and behavioral health-care needs of communities in
24	Colorado;
25	SECTION 7. In Colorado Revised Statutes, 25-1.5-506, add (5)
26	as follows:
27	25-1.5-506. Colorado health service corps fund - created -

-11- 158

1	acceptance of grants and donations - annual appropriation from
2	marijuana tax cash fund and general fund - repeal. (5) (a) FOR THE
3	2021-22 THROUGH THE 2025-26 STATE FISCAL YEARS, THE GENERAL
4	ASSEMBLY SHALL CONTINUOUSLY APPROPRIATE THE FOLLOWING AMOUNTS
5	FROM THE GENERAL FUND TO THE FUND FOR USE IN PROVIDING LOAN
6	REPAYMENTS FOR GERIATRIC ADVANCED PRACTICE PROVIDERS:
7	(I) FOR THE 2021-22 STATE FISCAL YEAR, TWO HUNDRED
8	TWENTY-FIVE THOUSAND DOLLARS;
9	(II) FOR THE 2022-23 STATE FISCAL YEAR, FOUR HUNDRED
10	THOUSAND DOLLARS;
11	(III) FOR THE 2023-24 STATE FISCAL YEAR, FIVE HUNDRED
12	SEVENTY-FIVE THOUSAND DOLLARS;
13	(IV) For the 2024-25 state fiscal year, four hundred fifty
14	THOUSAND DOLLARS; AND
15	(V) FOR THE 2025-26 STATE FISCAL YEAR, TWO HUNDRED
16	SEVENTY-FIVE THOUSAND DOLLARS.
17	(b) This subsection (5) is repealed, effective September 30,
18	2026.
19	SECTION 8. In Colorado Revised Statutes, 25-1.5-404, amend
20	(1)(a) as follows:
21	25-1.5-404. Primary care office - powers and duties - rules.
22	(1) The primary care office has, at a minimum, the following powers and
23	duties:
24	(a) To assess the health-care PROFESSIONAL, GERIATRIC
25	ADVANCED PRACTICE PROVIDER, and behavioral health-care professional
26	needs of areas throughout the state and create and administer
27	state-designated health professional shortage areas in accordance with

-12-

state board rules adopted under this subsection (1)(a) establishing state-specific methodologies for designating areas experiencing a shortage of health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, or behavioral health-care providers. The primary care office shall coordinate with the department of health care policy and financing in developing the health professional shortage area designation methodologies and in drafting rules under this subsection (1)(a).

SECTION 9. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

-13-