

**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. 21-0126.01 Megan Waples x4348

**HOUSE BILL 21-1005**

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**HOUSE SPONSORSHIP**

**Mullica and Caraveo,**

**SENATE SPONSORSHIP**

**Garcia,**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE ESTABLISHMENT OF THE HEALTH CARE SERVICES**  
102 **RESERVE CORPS TASK FORCE.**

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**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 health care services reserve corps task force (task force) in the department of public health and environment. The purpose of the task force is to evaluate and make recommendations on the creation of a health care services reserve corps program (program), in which medical professionals could cross-train to be able to serve the state in an emergency or disaster and receive student loan relief for their

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

service.

The task force is required to consider and make findings and recommendations on issues including:

- The types of medical professionals who could participate in a health care services reserve corps program, including how to ensure an appropriate cross section of providers;
- The types of emergencies and disasters for which the program could prepare and provide assistance, and whether the program could be deployed out of state;
- Any legal or regulatory obstacles to creating such a program;
- Liability protections for professionals and facilities participating in the program;
- Whether the program could be streamlined or integrated with existing programs or procedures;
- The types and hours of training that would be required;
- How to ensure the program and cross-training are accessible to rural medical professionals;
- The costs associated with the program;
- Issues related to insurance coverage and reimbursement;
- How the health care services reserve corps would be deployed; and
- The amount, terms of, and funding for the student loan relief that participants would receive.

The task force is required to consult with medical and nursing schools in making recommendations related to the cross-training elements of the program. The task force is authorized to consult with additional stakeholders with expertise in identifying the physical and mental health needs of Coloradans or in coordinating emergency response at the local, state, or federal level to identify additional questions for future consideration by the program.

The task force is required to submit a report with its findings and recommendations to the house public health care and human services committee and the senate health and human services committee by December 1, 2023. The task force is required to meet at least once every 2 months. Task force members serve without compensation and are not eligible for reimbursement for expenses.

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

2           **SECTION 1. Legislative declaration.** (1) The general assembly  
3 hereby finds and declares that:

4           (a) Emergencies and disasters such as the COVID-19 pandemic

1 severely strain health resources in the state, placing the lives and well  
2 being of Coloradans at risk;

3 (b) There are numerous medical professionals who are technically  
4 trained to save lives, but who do not have the specific types of training  
5 necessary to step in during an emergency or disaster that involves a threat  
6 or crisis outside their specialty;

7 (c) This lack of training impairs the state's ability to respond  
8 quickly and efficiently to emergencies and disasters;

9 (d) At the same time, many medical professionals carry significant  
10 student debt from their medical training; and

11 (e) Creating a health care services reserve corps program in which  
12 medical professionals could cross-train to be able to serve their state  
13 during an emergency or disaster and receive a benefit [REDACTED] for their service  
14 may help the state respond quickly and effectively to emergencies and  
15 disasters, ensure all medical resources can be used in a crisis, and provide  
16 relief to medical professionals struggling with student debt.

17 (2) The general assembly further finds and declares that, in light  
18 of the potential benefits of such a program, it is in the interest of the state  
19 and of local communities to convene a task force to study and make  
20 recommendations on the creation of a health care services reserve corps  
21 program for the state.

22 **SECTION 2.** In Colorado Revised Statutes, **add** 25-1-131 as  
23 follows:

24 **25-1-131. Health care services reserve corps task force -**  
25 **created - powers and duties - report - repeal.** (1) THE HEALTH CARE  
26 SERVICES RESERVE CORPS TASK FORCE, REFERRED TO IN THIS SECTION AS  
27 THE "TASK FORCE", IS HEREBY CREATED IN THE DEPARTMENT.

1           (2) (a) THE TASK FORCE CONSISTS OF TWENTY VOTING MEMBERS  
2 AS FOLLOWS:

3           (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE  
4 EXECUTIVE DIRECTOR'S DESIGNEE;

5           (II) THE DIRECTOR OF THE OFFICE OF EMERGENCY MANAGEMENT  
6 CREATED IN SECTION 24-33.5-705, OR THE DIRECTOR'S DESIGNEE;

7           (III) THE DIRECTOR OF THE DIVISION OF PROFESSIONS AND  
8 OCCUPATIONS IN THE DEPARTMENT OF REGULATORY AGENCIES CREATED  
9 IN SECTION 12-20-103, OR THE DIRECTOR'S DESIGNEE;

10          (IV) THE DIRECTOR OF THE COLORADO RESILIENCY OFFICE  
11 CREATED IN SECTION 24-32-121, OR THE DIRECTOR'S DESIGNEE;

12          (V) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
13 CARE POLICY AND FINANCING CREATED IN SECTION 25.5-1-104, OR THE  
14 EXECUTIVE DIRECTOR'S DESIGNEE;

15          (VI) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S  
16 DESIGNEE; AND

17          (VII) FOURTEEN MEMBERS APPOINTED BY THE GOVERNOR, AS  
18 FOLLOWS:

19           (A) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
20 REPRESENTING PARAMEDICS;

21           (B) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
22 REPRESENTING NURSES;

23           (C) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
24 REPRESENTING PHYSICIANS;

25           (D) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
26 REPRESENTING PHYSICIAN ASSISTANTS;

27           (E) ONE MEMBER FROM A STATEWIDE ORGANIZATION

- 1 REPRESENTING HOSPITALS;
- 2 (F) ONE MEMBER WITH EXPERIENCE TEACHING NURSES,  
3 PHYSICIANS, OR PARAMEDICS;
- 4 (G) ONE MEMBER WITH EXPERIENCE MANAGING A HEALTH CARE  
5 CLINIC;
- 6 (H) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
7 REPRESENTING THE HEALTH INSURANCE INDUSTRY;
- 8 (I) ONE MEMBER WHO CURRENTLY WORKS IN RURAL HEALTH CARE  
9 IN THE STATE;
- 10 (J) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
11 REPRESENTING LOCAL PUBLIC HEALTH OFFICIALS;
- 12 (K) ONE MEMBER FROM A COMMUNITY ADVOCACY  
13 ORGANIZATION;
- 14 (L) ONE MEMBER WITH EXPERIENCE ADMINISTERING STUDENT  
15 LOAN RELIEF TO MEDICAL PROFESSIONALS;
- 16 (M) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
17 REPRESENTING PLAINTIFFS' ATTORNEYS; AND
- 18 (N) ONE MEMBER WHO REPRESENTS AN ENTITY THAT PROVIDES  
19 MEDICAL MALPRACTICE INSURANCE.
- 20 (b) THE GOVERNOR SHALL MAKE APPOINTMENTS NO LATER THAN  
21 OCTOBER 1, 2021. EACH APPOINTED MEMBER SERVES AT THE PLEASURE  
22 OF THE GOVERNOR. THE TERM OF THE APPOINTMENT IS FOR THE DURATION  
23 OF THE TASK FORCE. THE GOVERNOR SHALL FILL ANY VACANCIES SUBJECT  
24 TO THE SAME QUALIFICATIONS AS THE INITIAL APPOINTMENT.
- 25 (3) EACH MEMBER OF THE TASK FORCE SERVES WITHOUT  
26 COMPENSATION. A MEMBER IS NOT ENTITLED TO REIMBURSEMENT FOR  
27 ANY EXPENSES ASSOCIATED WITH SERVING ON THE TASK FORCE.

1           (4) THE TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM  
2 AMONG ITS MEMBERS. THE CHAIR AND VICE-CHAIR SHALL SERVE FOR THE  
3 DURATION OF THE TASK FORCE.

4           (5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE  
5 EXECUTIVE DIRECTOR'S DESIGNEE, SHALL CONVENE THE FIRST MEETING OF  
6 THE TASK FORCE NO LATER THAN NOVEMBER 1, 2021. THE TASK FORCE  
7 SHALL MEET AT LEAST ONCE EVERY TWO MONTHS UNTIL THE TASK FORCE  
8 SUBMITS ITS FINAL REPORT AS REQUIRED BY SUBSECTION (9)(a) OF THIS  
9 SECTION. THE CHAIR MAY CALL SUCH ADDITIONAL MEETINGS AS ARE  
10 NECESSARY FOR THE TASK FORCE TO FULFILL ITS DUTIES. THE TASK FORCE  
11 SHALL ESTABLISH PROCEDURES TO ALLOW MEMBERS OF THE TASK FORCE  
12 TO PARTICIPATE IN MEETINGS REMOTELY.

13           (6) THE PURPOSE OF THE TASK FORCE IS TO EVALUATE AND MAKE  
14 RECOMMENDATIONS ON THE CREATION OF A COLORADO HEALTH CARE  
15 SERVICES RESERVE CORPS PROGRAM, REFERRED TO IN THIS SECTION AS THE  
16 "PROGRAM", IN WHICH MEDICAL PROFESSIONALS COULD BE  
17 CROSS-TRAINED TO SERVE IN EMERGENCIES AND DISASTERS IN THE STATE  
18 AND RECEIVE A BENEFIT ■■■ FOR THEIR SERVICE IN THE PROGRAM. THE  
19 TASK FORCE SHALL, AT A MINIMUM, CONSIDER AND MAKE FINDINGS AND  
20 RECOMMENDATIONS ON THE FOLLOWING ISSUES:

21           (a) THE TYPES OF MEDICAL PROFESSIONALS WHO COULD APPLY FOR  
22 OR BE INVOLVED WITH THE PROGRAM;

23           (b) THE TYPES OF EMERGENCIES FOR WHICH THE PROGRAM COULD  
24 PREPARE AND PROVIDE ASSISTANCE, AND THE SKILL SETS THAT WOULD BE  
25 REQUIRED. THE TASK FORCE SHALL CONSIDER EMERGENCIES INCLUDING,  
26 BUT NOT LIMITED TO, FLOODS, FIRES, EXTREME WEATHER CONDITIONS  
27 THAT CUT OFF ACCESS TO COMMUNITIES, AND OUTBREAKS OF INFECTIOUS

1 DISEASE;

2 (c) ANY LEGAL OR REGULATORY BARRIERS TO THE CREATION OR  
3 IMPLEMENTATION OF THE PROGRAM, INCLUDING LICENSING  
4 REQUIREMENTS, POTENTIAL CIVIL LIABILITY, AND SCOPE OF PRACTICE  
5 CONCERNS, AND WHAT CHANGES MAY BE NECESSARY TO ALLOW THE  
6 PROGRAM TO FUNCTION;

7 (d) HOW THE PROGRAM COULD BE STREAMLINED OR INTEGRATED  
8 WITH SIMILAR PROGRAMS, PROCEDURES, OR STANDARDS CURRENTLY IN  
9 PLACE IN THE DEPARTMENT, INCLUDING BUT NOT LIMITED TO THE MEDICAL  
10 RESERVE CORPS;

11 (e) THE NAME FOR THE PROGRAM AND HOW TO DIFFERENTIATE THE  
12 PROGRAM FROM OTHER EXISTING SIMILAR PROGRAMS;

13 (f) THE TYPES OF TRAINING AND THE NUMBER OF HOURS OF  
14 CROSS-TRAINING THAT WOULD BE REQUIRED FOR THE PROGRAM, AND HOW  
15 THE TRAINING WOULD BE PROVIDED;

16 (g) HOW OFTEN CROSS-TRAINING WOULD BE REQUIRED IN ORDER  
17 TO MAINTAIN THE DESIRED SKILL SETS AND KNOWLEDGE AMONG  
18 PARTICIPANTS;

19 (h) HOW TO DESIGN THE CROSS-TRAINING OPTIONS TO ENSURE  
20 THAT THEY ACCOUNT FOR THE GEOGRAPHIC LOCATION OF PARTICIPANTS  
21 AND THAT THE PROGRAM AND CROSS-TRAINING OPTIONS ARE ACCESSIBLE  
22 TO RURAL MEDICAL PROFESSIONALS;

23 (i) THE OVERALL SIZE OF THE PROGRAM AND THE NUMBER OF  
24 DIFFERENT TYPES OF PROVIDERS NEEDED FOR THE PROGRAM;

25 (j) HOW TO ENSURE THAT PARTICIPANTS IN THE PROGRAM ARE  
26 ENROLLED FROM A CROSS SECTION OF COMMUNITIES AND HEALTH CARE  
27 SETTINGS AND FACILITIES SUCH THAT DEPLOYMENT OF THE HEALTH CARE

1 SERVICES RESERVE CORPS WOULD NOT CREATE SHORTAGES IN SPECIFIC  
2 COMMUNITIES, SETTINGS, OR FACILITIES OR HAVE OTHER UNINTENDED  
3 CONSEQUENCES;

4 (k) HOW LONG MEDICAL PROFESSIONALS WOULD SERVE IN THE  
5 PROGRAM;

6 (l) UNDER WHAT CIRCUMSTANCES THE HEALTH CARE SERVICES  
7 RESERVE CORPS WOULD BE DEPLOYED, AND HOW THE DEPLOYMENT  
8 WOULD BE COORDINATED BY STATE OR LOCAL AGENCIES;

9 (m) WHETHER THE HEALTH CARE SERVICES RESERVE CORPS COULD  
10 BE DEPLOYED TO ASSIST IN EMERGENCIES OUTSIDE THE STATE;

11 (n) THE RECORD-KEEPING AND CERTIFICATION REQUIREMENTS  
12 NECESSARY TO IMPLEMENT THE PROGRAM;

13 (o) THE VARIOUS COSTS OF THE PROGRAM, INCLUDING BUT NOT  
14 LIMITED TO A PRELIMINARY COST ASSESSMENT FOR THE SET-UP AND  
15 ONGOING IMPLEMENTATION OF THE PROGRAM, INCLUDING HOW TO PAY  
16 FOR THE NECESSARY CROSS-TRAINING AND THE COMPENSATION AND  
17 RATES OF PAY FOR PARTICIPATING MEDICAL PROFESSIONALS DURING  
18 DEPLOYMENTS;

19 (p) ANY CONSIDERATIONS RELATED TO INSURANCE COVERAGE,  
20 INCLUDING REIMBURSEMENTS FOR SERVICES PROVIDED BY PROGRAM  
21 PARTICIPANTS, ISSUES RELATED TO OUT-OF-NETWORK PROVIDERS OR  
22 SERVICES, AND OTHER ISSUES THAT MAY ARISE RELATED TO THE  
23 PROGRAM;

24 (q) LIABILITY PROTECTIONS FOR PROFESSIONALS AND FACILITIES  
25 PARTICIPATING IN THE PROGRAM;

26 (r) CONSUMER PROTECTIONS FOR PATIENTS BEING TREATED BY  
27 PARTICIPANTS IN THE PROGRAM; AND



1           (s) THE TYPE OF BENEFIT THAT COULD BE OFFERED TO  
2 PARTICIPANTS, INCLUDING:

3           (I) HOW THE BENEFIT WOULD BE FUNDED;

4           (II) THE TERMS AND AMOUNTS OF THE BENEFIT THAT WOULD BE  
5 OFFERED;

6           (III) WHETHER THERE ARE COMMUNITIES OR POPULATIONS WHO  
7 MAY BENEFIT MORE FROM THE BENEFIT OFFERED WHO SHOULD RECEIVE  
8 PRIORITY FOR ENROLLING IN THE PROGRAM; AND

9           (IV) HOW TO MARKET THE PROGRAM TO MEDICAL PROFESSIONALS  
10 AND STUDENTS.

11           (7) (a) THE TASK FORCE SHALL CONSULT WITH MEDICAL AND  
12 NURSING SCHOOLS WHEN CONSIDERING AND MAKING RECOMMENDATIONS  
13 ON FACTORS RELATED TO CROSS-TRAINING IN ACCORDANCE WITH  
14 SUBSECTION (6) OF THIS SECTION.

15           (b) THE TASK FORCE MAY CONSULT WITH ADDITIONAL  
16 STAKEHOLDERS TO IDENTIFY, AS PART OF ITS FINAL RECOMMENDATIONS,  
17 ADDITIONAL QUESTIONS THE PROGRAM MAY CONSIDER IN THE FUTURE,  
18 INCLUDING STAKEHOLDERS WHO HAVE EXPERIENCE OR EXPERTISE IN:

19           (I) ADDRESSING THE PHYSICAL AND MENTAL HEALTH NEEDS OF  
20 COLORADO RESIDENTS; OR

21           (II) COORDINATING EMERGENCY RESPONSE AT THE LOCAL, STATE,  
22 OR FEDERAL LEVEL.

23           (8) THE DEPARTMENT SHALL PROVIDE OFFICE SPACE, EQUIPMENT,  
24 AND STAFF SERVICES AS MAY BE NECESSARY TO IMPLEMENT THIS SECTION.  
25 THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR  
26 DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS  
27 SECTION.

1           (9) (a) ON OR BEFORE DECEMBER 1, 2023, THE TASK FORCE SHALL  
2           SUBMIT ITS REPORT, INCLUDING ITS FINDINGS AND RECOMMENDATIONS ON  
3           THE ISSUES IDENTIFIED IN SUBSECTION (6) OF THIS SECTION, TO THE PUBLIC  
4           HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF  
5           REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF  
6           THE SENATE, OR ANY SUCCESSOR COMMITTEES.

7           (b) THE DEPARTMENT SHALL PROVIDE A BRIEFING ON THE TASK  
8           FORCE'S ACTIVITIES AND PROGRESS AT THE LEGISLATIVE HEARING  
9           CONDUCTED IN ACCORDANCE WITH SECTION 2-7-203 IN JANUARY 2023.

10          (10) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.

11          **SECTION 3. Safety clause.** The general assembly hereby finds,  
12          determines, and declares that this act is necessary for the immediate  
13          preservation of the public peace, health, or safety.