

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 23-0005.01 Alana Rosen x2606

SENATE BILL 23-031

SENATE SPONSORSHIP

Danielson and Cutter,

HOUSE SPONSORSHIP

(None),

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING IMPROVING OLDER COLORADANS' ACCESS TO TRAINED**
102 **GERIATRIC SPECIALIST HEALTH-CARE PROVIDERS.**

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 health-care provider access training program (program) to improve the health care of medically complex, costly, compromised, and vulnerable older Coloradans. The university of Colorado Anschutz medical campus shall develop, implement, and administer the program. The program may be offered to Colorado institutions of higher education with clinical health

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.*

professions graduate degree programs. The program coordinates and expands geriatric training opportunities for clinical health professions graduate students (students) enrolled in participating Colorado institutions of higher education (participating institutions) across Colorado studying to become advanced practice providers; dentists; nurses; occupational therapists; pharmacists; physicians, including medical doctors and doctors of osteopathy; physical therapists; psychologists; social workers; and speech-language therapists. Students who successfully complete the program are awarded certificates and issued letters authorizing those students to become trainers for the program in clinics across the state.

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

- Appoint a program chair;
- Set the program's standards for training and delivery of multidisciplinary medical care to medically complex, costly, compromised, and vulnerable older Coloradans;
- Establish requirements for the program;
- Identify and invite institutions of higher education that offer appropriate clinical health professions graduate degree programs to become participating institutions;
- Collaborate with participating institutions of higher education across Colorado to enhance recruitment of students to enter a field specific to geriatrics and select students with an interest in geriatric care to participate in the program;
- Assist with updating the program's curricula;
- Analyze data collected by the program;
- Build a multidisciplinary network of trained geriatric clinicians to collaborate and provide opportunities for clinicians to work together to better understand the roles of each health-care discipline in urban, rural, and underserved communities when caring for older Coloradans;
- Improve placement of students in experiential clinical training opportunities, prioritizing rural and underserved communities;
- Coordinate with graduates of the program to become geriatric trainers for future students; and
- Increase the number of clinical training sites across Colorado, specifically in rural and underserved communities.

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

1 **SECTION 1.** In Colorado Revised Statutes, **add** part 11 to article
2 21 of title 23 as follows:

3 PART 11
4 COLORADO MULTIDISCIPLINARY
5 HEALTH-CARE PROVIDER ACCESS
6 TRAINING PROGRAM

7 **23-21-1101. Legislative declaration.** (1) THE GENERAL
8 ASSEMBLY FINDS AND DECLARES THAT:

9 (a) OVER THE PAST DECADE, COLORADO HAS HAD THE
10 SECOND-FASTEST-GROWING RATE OF RESIDENTS OVER SIXTY-FIVE YEARS
11 OF AGE IN THE UNITED STATES, GROWING AT ROUGHLY FIFTY-ONE
12 PERCENT;

13 (b) CURRENTLY, TWENTY-ONE PERCENT OF THE POPULATION IN
14 COLORADO IS OVER SIXTY-FIVE YEARS OF AGE;

15 (c) BY 2030, COLORADO WILL HAVE MORE RESIDENTS OVER
16 SIXTY-FIVE YEARS OF AGE THAN RESIDENTS UNDER EIGHTEEN YEARS OF
17 AGE;

18 (d) THERE ARE ONLY NINETY-SIX PHYSICIANS TRAINED IN
19 GERIATRICS ACROSS THE STATE, AND TWO HUNDRED EIGHTY-NINE
20 PHYSICIANS TRAINED IN GERIATRICS ARE NEEDED BY 2050 TO SERVE TEN
21 PERCENT OF COLORADANS OVER SIXTY-FIVE YEARS OF AGE;

22 (e) ONLY TWENTY-THREE PERCENT OF DENTAL SCHOOLS ACROSS
23 THE UNITED STATES OFFER CLINICAL TRAINING SPECIFIC TO DENTAL CARE
24 FOR OLDER ADULTS;

25 (f) THERE IS A SEVERE SHORTAGE IN THE UNITED STATES OF
26 GERIATRIC-TRAINED CLINICIANS ACROSS ALL HEALTH-CARE DISCIPLINES;

27 (g) THE NUMBER OF OLDER COLORADANS PLACES HIGH RESOURCE

1 DEMANDS ON THE STATE'S HEALTH-CARE SYSTEM;

2 (h) DURING A HEALTH-CARE STUDY CONDUCTED BETWEEN 1993
3 AND 1997, OLDER PATIENTS WHO WERE ADMITTED TO THE HOSPITAL WERE
4 PLACED EITHER IN AN ACUTE CARE FOR ELDERS UNIT OR A USUAL-CARE
5 CONTROL UNIT. ON AVERAGE, THE LENGTH OF STAY FOR OLDER PATIENTS
6 TREATED BY A GERIATRIC-TRAINED INTERDISCIPLINARY TEAM, INCLUDING
7 GERIATRICIANS, ADVANCED PRACTICE NURSES, SOCIAL WORKERS,
8 PHARMACISTS, AND PHYSICAL THERAPISTS, WAS SIGNIFICANTLY SHORTER,
9 AT JUST OVER SIX DAYS PER PATIENT FOR THOSE RECEIVING CARE IN THE
10 ACUTE CARE FOR ELDERS UNIT VERSUS JUST OVER SEVEN DAYS PER
11 PATIENT FOR THOSE IN THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE
12 IN CARE PRODUCED LOWER TOTAL INPATIENT COSTS FROM NINE THOUSAND
13 FOUR HUNDRED SEVENTY-SEVEN DOLLARS PER PATIENT FOR THOSE
14 PATIENTS IN THE ACUTE CARE FOR ELDERS UNIT VERSUS TEN THOUSAND
15 FOUR HUNDRED FIFTY-ONE DOLLARS PER PATIENT FOR THOSE PATIENTS IN
16 THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE IN CARE FOR THOSE
17 PATIENTS IN THE ACUTE CARE FOR ELDERS UNIT MAINTAINED PATIENTS'
18 FUNCTIONAL ABILITIES AND DID NOT INCREASE HOSPITAL READMISSION
19 RATES.

20 (i) THE STUDY DESCRIBED IN SUBSECTION (1)(h) OF THIS SECTION
21 RESULTED IN FIFTY-EIGHT FEWER DAYS OF HOSPITALIZATION FOR EVERY
22 ONE HUNDRED PATIENTS ADMITTED TO THE ACUTE CARE FOR ELDERS UNIT
23 VERSUS THE USUAL-CARE CONTROL UNIT. OVER THE COURSE OF THE
24 STUDY, THIS RESULTED IN SAVINGS OF NINETY-SEVEN THOUSAND FOUR
25 HUNDRED DOLLARS FOR EVERY ONE HUNDRED PATIENTS ADMITTED TO THE
26 ACUTE CARE FOR ELDERS UNIT VERSUS THE USUAL-CARE CONTROL UNIT.

27 (j) HOSPITAL READMISSION RATES FOR PATIENTS RELEASED FROM

1 HOSPITALS WITH ACUTE CARE FOR ELDERLY UNITS WERE NEARLY TEN
2 PERCENT LESS COMPARED TO READMISSION RATES FOR PATIENTS
3 RELEASED FROM HOSPITALS WITHOUT ACUTE CARE FOR ELDERLY UNITS;

4 (k) COLORADO ACCOUNTS FOR TWELVE PERCENT OF THE NATIONAL
5 MEDICARE BUDGET AS MEASURED BY MEDICARE PART A OR PART B
6 PROGRAM PAYMENTS. PAYMENTS FROM THE MEDICARE PROGRAM FOR
7 COLORADO EQUAL FOUR BILLION FIVE HUNDRED EIGHTY MILLION FOUR
8 THOUSAND FIVE HUNDRED NINE DOLLARS, WHICH COVERS FIVE HUNDRED
9 TWENTY-EIGHT THOUSAND MEDICARE ENROLLEES.

10 (l) MEDICAID COVERS ONE IN FIVE AMERICANS AND ACCOUNTS
11 FOR SEVENTEEN PERCENT OF THE NATIONAL HEALTH EXPENDITURES.
12 MEDICAID SPENDING GROWTH IS EXPECTED TO BE A SUBSTANTIAL
13 CONTRIBUTOR TO NATIONAL HEALTH SPENDING INCREASES OVER THE
14 NEXT TEN YEARS, PRIMARILY DUE TO A POPULATION OF OLDER ADULTS
15 WHO ARE ENROLLING IN MEDICAID WITH LONG-TERM SERVICES AND
16 SUPPORTS AND HEALTH-CARE NEEDS.

17 (2) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT BY
18 ESTABLISHING A MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS
19 TRAINING PROGRAM TO TRAIN AND SUPPORT CLINICAL HEALTH
20 PROFESSIONS GRADUATE STUDENTS IN ADVANCED PRACTICE PROVIDER
21 PROGRAMS; DENTISTRY; MEDICINE, INCLUDING OSTEOPATHIC MEDICINE;
22 NURSING; OCCUPATIONAL THERAPY; PHARMACY; PHYSICAL THERAPY;
23 PSYCHOLOGY; SOCIAL WORK; AND SPEECH-LANGUAGE THERAPY, FUTURE
24 CLINICIANS TRAINED SPECIFICALLY IN GERIATRICS WILL BETTER MEET THE
25 NEEDS OF MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND
26 VULNERABLE OLDER COLORADANS. THE MULTIDISCIPLINARY
27 HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM IS CORE TO THE

1 FUTURE EXPANSION OF MULTIDISCIPLINARY GERIATRIC PRACTICES AMONG
2 EACH HEALTH-CARE DISCIPLINE. MEETING THE NEEDS OF COLORADO'S
3 OLDER ADULTS WILL SAVE THE STATE MILLIONS OF DOLLARS IN
4 HEALTH-CARE COSTS EACH YEAR. THE GENERAL ASSEMBLY FURTHER
5 DECLARES THAT COLLABORATION BETWEEN PARTICIPATING INSTITUTIONS
6 OF HIGHER EDUCATION, COMMUNITIES, AND HEALTH-CARE PROVIDERS
7 WILL ALLOW COLORADO TO PROVIDE THE HIGHEST STANDARD MEDICAL
8 CARE TO MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND VULNERABLE
9 OLDER COLORADANS AND TO BETTER FILL THE PRESENT AND FUTURE NEED
10 FOR GERIATRIC CARE IN URBAN, RURAL, AND UNDERSERVED COMMUNITIES
11 ACROSS THE STATE.

12 **23-21-1102. Definitions.** AS USED IN THIS PART 11, UNLESS THE
13 CONTEXT OTHERWISE REQUIRES:

14 (1) "CLINICAL HEALTH PROFESSIONS GRADUATE DEGREE
15 PROGRAM" MEANS A PROGRAM OF STUDY THAT PREPARES GRADUATE
16 STUDENTS TO BECOME HEALTH-CARE PROFESSIONALS.

17 (2) "CLINICAL HEALTH PROFESSIONS GRADUATE STUDENT" OR
18 "STUDENT" MEANS A CLINICAL HEALTH PROFESSIONS GRADUATE STUDENT
19 STUDYING AT A PARTICIPATING INSTITUTION OF HIGHER EDUCATION WHO
20 IS TRAINING AS AN ADVANCED PRACTICE PROVIDER; DENTIST; NURSE;
21 OCCUPATIONAL THERAPIST; PHARMACIST; PHYSICAL THERAPIST;
22 PHYSICIAN, INCLUDING A MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY;
23 PSYCHOLOGIST; SOCIAL WORKER; OR SPEECH-LANGUAGE THERAPIST.

24 (3) "COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER
25 ACCESS TRAINING PROGRAM" OR "PROGRAM" MEANS THE COLORADO
26 MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM
27 CREATED IN SECTION 23-21-1103.

1 (4) "COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER
2 ACCESS TRAINING PROGRAM ADVISORY COMMITTEE" OR "COMMITTEE"
3 MEANS THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER
4 ACCESS TRAINING PROGRAM ADVISORY COMMITTEE CREATED IN SECTION
5 23-21-1104.

6 (5) "PARTICIPATING COLORADO INSTITUTION OF HIGHER
7 EDUCATION" MEANS A PRIVATE OR PUBLIC INSTITUTION OF HIGHER
8 EDUCATION THAT OFFERS CLINICAL HEALTH PROFESSIONS GRADUATE
9 DEGREE PROGRAMS AND PARTICIPATES IN THE COLORADO
10 MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM.

11 **23-21-1103. Colorado multidisciplinary health-care provider**
12 **access training program - created.** (1) THERE IS CREATED THE
13 COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS
14 TRAINING PROGRAM LOCATED AT THE UNIVERSITY OF COLORADO
15 ANSCHUTZ MEDICAL CAMPUS. THE PURPOSE OF THE PROGRAM IS TO
16 DEVELOP, IMPLEMENT, AND ADMINISTER GERIATRIC TRAINING
17 OPPORTUNITIES THAT WILL ATTRACT CLINICAL HEALTH PROFESSIONS
18 GRADUATE STUDENTS FROM PARTICIPATING COLORADO INSTITUTIONS OF
19 HIGHER EDUCATION WHO ARE STUDYING IN THE GRADUATE FIELDS OF
20 ADVANCED PRACTICE PROVIDER PROGRAMS; DENTISTRY; MEDICINE,
21 INCLUDING OSTEOPATHIC MEDICINE; NURSING; OCCUPATIONAL THERAPY;
22 PHARMACY; PHYSICAL THERAPY; PSYCHOLOGY; SOCIAL WORK; OR
23 SPEECH-LANGUAGE THERAPY TO GERIATRIC TRAINING OPPORTUNITIES.

24 (2) (a) BEGINNING IN STATE FISCAL YEAR 2024-25, THE
25 COMMITTEE, PROGRAM CHAIR APPOINTED PURSUANT TO SECTION
26 23-21-1104 (2)(a), OR THE PROGRAM CHAIR'S DESIGNEE, AND
27 PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT

1 COLORADO SHALL SELECT TWO CLINICAL HEALTH PROFESSIONS GRADUATE
2 STUDENTS PER YEAR FROM EACH FIELD OF STUDY DESCRIBED IN
3 SUBSECTION (2)(b) OF THIS SECTION TO PARTICIPATE IN THE PROGRAM'S
4 GERIATRIC CLINICAL TRAINING OPPORTUNITIES. THE COMMITTEE, IN
5 COLLABORATION WITH THE PARTICIPATING INSTITUTIONS OF HIGHER
6 EDUCATION, SHALL PLACE STUDENTS IN GERIATRIC CLINICAL SETTINGS FOR
7 HANDS-ON EXPERIENTIAL TRAINING. THE COMMITTEE SHALL CREATE A
8 ROTATION SCHEDULE TO ALLOW STUDENTS ENROLLED IN PARTICIPATING
9 INSTITUTIONS OF HIGHER EDUCATION THAT OFFER THE SAME CLINICAL
10 HEALTH PROFESSIONS GRADUATE DEGREE PROGRAMS TO PARTICIPATE IN
11 THE PROGRAM'S CLINICAL TRAINING OPPORTUNITIES.

12 (b) TWO STUDENTS FROM EACH OF THE FOLLOWING FIELDS OF
13 STUDY ARE INCLUDED IN THE PROGRAM:

14 (I) ADVANCED PRACTICE PROVIDER PROGRAMS;

15 (II) DENTISTRY;

16 (III) MEDICINE;

17 (IV) NURSING;

18 (V) OCCUPATIONAL THERAPY;

19 (VI) OSTEOPATHIC MEDICINE;

20 (VII) PHARMACY;

21 (VIII) PHYSICAL THERAPY;

22 (IX) PSYCHOLOGY;

23 (X) SOCIAL WORK; AND

24 (XI) SPEECH-LANGUAGE THERAPY.

25 (3) THE PROGRAM IS ENCOURAGED TO PROVIDE UPDATED TRAINING
26 EACH YEAR FOR STUDENTS, GERIATRIC-TRAINED FACULTY, AND
27 HEALTH-CARE PROVIDERS TO REVIEW NEW PATIENT-CENTERED GERIATRIC

1 APPROACHES, INNOVATIONS, TECHNOLOGIES, NEW CLINICAL HEALTH-CARE
2 PROCESSES TO CARE FOR OLDER ADULTS, TEAM TRAINING EXERCISES, AND
3 LEADERSHIP TRAINING.

4 (4) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,
5 SHALL COLLABORATE WITH PARTICIPATING INSTITUTIONS OF HIGHER
6 EDUCATION AND HEALTH-CARE PROVIDERS TO PLACE STUDENTS IN
7 GERIATRIC CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.

8 (5) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,
9 SHALL AWARD A CERTIFICATE TO A STUDENT WHO SUCCESSFULLY
10 COMPLETES THE PROGRAM. THE PROGRAM CHAIR, OR THE PROGRAM
11 CHAIR'S DESIGNEE, SHALL ISSUE A LETTER TO A STUDENT WHO
12 SUCCESSFULLY COMPLETES THE PROGRAM AUTHORIZING THE STUDENT TO
13 BECOME A TRAINER FOR THE PROGRAM IN A CLINIC IN THE STATE.

14 (6) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,
15 SHALL GATHER DATA ON THE FOLLOWING:

16 (a) THE NUMBER OF STUDENTS PARTICIPATING IN THE PROGRAM
17 FROM EACH PARTICIPATING INSTITUTION OF HIGHER EDUCATION;

18 (b) THE NUMBER OF STUDENTS WHO SUCCESSFULLY COMPLETE THE
19 PROGRAM;

20 (c) THE SUBSEQUENT LOCATIONS AND JOB PLACEMENTS OF
21 PROGRAM GRADUATES;

22 (d) THE NUMBER OF PROGRAM GRADUATES WHO BECOME
23 TRAINERS; AND

24 (e) THE DESCRIPTION OF FACILITIES WHERE PROGRAM GRADUATES
25 BECOME TRAINERS.

26 **23-21-1104. Colorado multidisciplinary health-care provider**
27 **access training program advisory committee - created - training.**

1 (1) (a) THERE IS CREATED THE COLORADO MULTIDISCIPLINARY
2 HEALTH-CARE ACCESS TRAINING PROGRAM ADVISORY COMMITTEE TO
3 ENSURE THAT TRAINING FOR THE PROGRAM IS CONSISTENT AND
4 COLLABORATIVE ACROSS UNIVERSITY DEPARTMENTS, PARTICIPATING
5 INSTITUTIONS OF HIGHER EDUCATION, AND HEALTH-CARE COMMUNITIES.

6 (b) ON OR BEFORE JULY 1, 2023, THE COMMITTEE SHALL CONVENE
7 AND CONSIST OF THE PROGRAM CHAIR APPOINTED PURSUANT TO
8 SUBSECTION (2)(a) OF THIS SECTION AND MEMBERS INCLUDING BUT NOT
9 LIMITED TO ONE REPRESENTATIVE FROM:

10 (I) AN ADVANCED PRACTICE PROVIDER PROGRAM;

11 (II) A DEPARTMENT OF PSYCHOLOGY;

12 (III) A NURSING PROGRAM;

13 (IV) AN OCCUPATIONAL THERAPY PROGRAM;

14 (V) A PHYSICAL THERAPY PROGRAM;

15 (VI) A SCHOOL OF DENTAL MEDICINE;

16 (VII) A SCHOOL OF MEDICINE;

17 (VIII) A SCHOOL OF OSTEOPATHIC MEDICINE;

18 (IX) A SCHOOL OF PHARMACY;

19 (X) A SOCIAL WORK PROGRAM; AND

20 (XI) A SPEECH-LANGUAGE THERAPY PROGRAM.

21 (2) (a) ON OR BEFORE DECEMBER 1, 2023, THE COMMITTEE SHALL:

22 (I) APPOINT A PROGRAM CHAIR;

23 (II) SET THE PROGRAM'S STANDARDS FOR TRAINING AND DELIVERY
24 OF MEDICAL CARE TO MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND
25 VULNERABLE OLDER COLORADANS;

26 (III) ESTABLISH THE REQUIREMENTS FOR THE PROGRAM; AND

27 (IV) IDENTIFY AND INVITE PRIVATE OR PUBLIC INSTITUTIONS OF

1 HIGHER EDUCATION THAT OFFER APPROPRIATE CLINICAL HEALTH
2 PROFESSIONS GRADUATE DEGREE PROGRAMS TO BECOME PARTICIPATING
3 INSTITUTIONS OF HIGHER EDUCATION.

4 (b) IN ADDITION TO THE DUTIES SET FORTH IN SUBSECTION (2)(a)
5 OF THIS SECTION, THE COMMITTEE SHALL:

6 (I) COLLABORATE WITH THE PROGRAM CHAIR, OR THE PROGRAM
7 CHAIR'S DESIGNEE, AND PARTICIPATING INSTITUTIONS OF HIGHER
8 EDUCATION TO SELECT STUDENTS WHO HAVE AN INTEREST IN GERIATRIC
9 CARE TO PARTICIPATE IN THE PROGRAM;

10 (II) ANALYZE THE DATA COLLECTED IN SECTION 23-21-1103 (6);

11 (III) BUILD A MULTIDISCIPLINARY NETWORK OF TRAINED
12 GERIATRIC CLINICIANS TO COLLABORATE AND PROVIDE OPPORTUNITIES
13 FOR CLINICIANS TO WORK TOGETHER TO BETTER UNDERSTAND THE ROLES
14 OF EACH HEALTH-CARE DISCIPLINE IN URBAN, RURAL, AND UNDERSERVED
15 COMMUNITIES WHEN TREATING OLDER COLORADANS;

16 (IV) IMPROVE PLACEMENT OF CLINICAL GRADUATE STUDENTS IN
17 EXPERIENTIAL CLINICAL TRAINING OPPORTUNITIES, PRIORITIZING RURAL
18 AND UNDERSERVED COMMUNITIES;

19 (V) COORDINATE WITH GRADUATES OF THE PROGRAM TO BECOME
20 TRAINERS FOR FUTURE STUDENTS; AND

21 (VI) INCREASE THE NUMBER OF CLINICAL TRAINING SITES ACROSS
22 COLORADO, SPECIFICALLY IN RURAL AND UNDERSERVED COMMUNITIES.

23 **23-21-1105. Reporting.** (1) BY JULY 1, 2025, AND NO LATER
24 THAN JULY 1 EACH YEAR THEREAFTER, A REPRESENTATIVE OF THE
25 PROGRAM SHALL SUBMIT A REPORT CONTAINING THE DATA COLLECTED
26 PURSUANT TO SECTION 23-21-1103 (6) AND RECOMMENDATIONS FOR
27 LEGISLATIVE OR REGULATORY CHANGES TO FACILITATE EFFECTIVE

1 IMPLEMENTATION OF THE PROGRAM TO THE HEALTH AND HUMAN SERVICES
2 COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE COMMITTEE OF
3 THE HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.

4 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
5 REPORTING REQUIREMENT IN THIS SECTION CONTINUES INDEFINITELY.

6 **SECTION 2.** In Colorado Revised Statutes, 23-18-308, **add**
7 (1)(k) as follows:

8 **23-18-308. Fee-for-service contracts - limited purpose - repeal.**

9 (1) Subject to available appropriations, the department shall enter into
10 fee-for-service contracts for the following purposes:

11 (k) THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER
12 ACCESS TRAINING PROGRAM CREATED IN SECTION 23-21-1103.

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