

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



SENATE BILL 23-031

BY SENATOR(S) Danielson and Cutter, Buckner, Exum, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Marchman, Priola, Sullivan, Winter F., Zenzinger;
also REPRESENTATIVE(S) Titone and Lindsay, Amabile, Bird, Boesenecker, Brown, Dickson, Duran, English, Epps, Froelich, Garcia, Hamrick, Herod, Jodeh, Joseph, Kipp, Lieder, Lukens, Mabrey, Martinez, Mauro, McLachlan, Michaelson Jenet, Ortiz, Ricks, Snyder, Story, Velasco, Willford, Young, McCluskie.

CONCERNING IMPROVING OLDER COLORADANS' ACCESS TO TRAINED GERIATRIC SPECIALIST HEALTH-CARE PROVIDERS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

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

PART 11
COLORADO MULTIDISCIPLINARY
HEALTH-CARE PROVIDER ACCESS
TRAINING PROGRAM

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

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

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

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

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

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

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

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

(g) THE NUMBER OF OLDER COLORADANS PLACES HIGH RESOURCE DEMANDS ON THE STATE'S HEALTH-CARE SYSTEM;

(h) DURING A HEALTH-CARE STUDY CONDUCTED BETWEEN 1993 AND 1997, OLDER PATIENTS WHO WERE ADMITTED TO THE HOSPITAL WERE PLACED EITHER IN AN ACUTE CARE FOR ELDERLY UNIT OR A USUAL-CARE CONTROL UNIT. ON AVERAGE, THE LENGTH OF STAY FOR OLDER PATIENTS TREATED BY A GERIATRIC-TRAINED INTERDISCIPLINARY TEAM, INCLUDING GERIATRICIANS, ADVANCED PRACTICE NURSES, SOCIAL WORKERS, PHARMACISTS, AND PHYSICAL THERAPISTS, WAS SIGNIFICANTLY SHORTER, AT JUST OVER SIX DAYS PER PATIENT FOR THOSE RECEIVING CARE IN THE ACUTE CARE FOR ELDERLY UNIT VERSUS JUST OVER SEVEN DAYS PER PATIENT FOR THOSE IN THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE IN CARE PRODUCED LOWER TOTAL INPATIENT COSTS FROM NINE THOUSAND FOUR HUNDRED SEVENTY-SEVEN DOLLARS PER PATIENT FOR THOSE PATIENTS IN

THE ACUTE CARE FOR ELDERLY UNIT VERSUS TEN THOUSAND FOUR HUNDRED FIFTY-ONE DOLLARS PER PATIENT FOR THOSE PATIENTS IN THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE IN CARE FOR THOSE PATIENTS IN THE ACUTE CARE FOR ELDERLY UNIT MAINTAINED PATIENTS' FUNCTIONAL ABILITIES AND DID NOT INCREASE HOSPITAL READMISSION RATES.

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

(j) HOSPITAL READMISSION RATES FOR PATIENTS RELEASED FROM HOSPITALS WITH ACUTE CARE FOR ELDERLY UNITS WERE NEARLY TEN PERCENT LESS COMPARED TO READMISSION RATES FOR PATIENTS RELEASED FROM HOSPITALS WITHOUT ACUTE CARE FOR ELDERLY UNITS;

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

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

(2) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT BY ESTABLISHING A MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM TO TRAIN AND SUPPORT CLINICAL HEALTH PROFESSIONS GRADUATE STUDENTS IN ADVANCED PRACTICE PROVIDER PROGRAMS; DENTISTRY; MEDICINE, INCLUDING OSTEOPATHIC MEDICINE; NURSING; OCCUPATIONAL THERAPY; PHARMACY; PHYSICAL THERAPY; PSYCHOLOGY;

SOCIAL WORK; AND SPEECH-LANGUAGE THERAPY, FUTURE CLINICIANS TRAINED SPECIFICALLY IN GERIATRICS WILL BETTER MEET THE NEEDS OF MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND VULNERABLE OLDER COLORADANS. THE MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM IS CORE TO THE FUTURE EXPANSION OF MULTIDISCIPLINARY GERIATRIC PRACTICES AMONG EACH HEALTH-CARE DISCIPLINE. MEETING THE NEEDS OF COLORADO'S OLDER ADULTS WILL SAVE THE STATE MILLIONS OF DOLLARS IN HEALTH-CARE COSTS EACH YEAR. THE GENERAL ASSEMBLY FURTHER DECLARES THAT COLLABORATION BETWEEN PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION, COMMUNITIES, AND HEALTH-CARE PROVIDERS WILL ALLOW COLORADO TO PROVIDE THE HIGHEST STANDARD MEDICAL CARE TO MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND VULNERABLE OLDER COLORADANS AND TO BETTER FILL THE PRESENT AND FUTURE NEED FOR GERIATRIC CARE IN URBAN, RURAL, AND UNDERSERVED COMMUNITIES ACROSS THE STATE.

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

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

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

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

(4) "COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM ADVISORY COMMITTEE" OR "COMMITTEE" MEANS THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM ADVISORY COMMITTEE CREATED IN SECTION

23-21-1104.

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

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

(2) (a) BEGINNING IN STATE FISCAL YEAR 2024-25, THE COMMITTEE, PROGRAM CHAIR APPOINTED PURSUANT TO SECTION 23-21-1104 (2)(a), OR THE PROGRAM CHAIR'S DESIGNEE, AND PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT COLORADO SHALL SELECT TWO CLINICAL HEALTH PROFESSIONS GRADUATE STUDENTS PER YEAR FROM EACH FIELD OF STUDY DESCRIBED IN SUBSECTION (2)(b) OF THIS SECTION TO PARTICIPATE IN THE PROGRAM'S GERIATRIC CLINICAL TRAINING OPPORTUNITIES. THE COMMITTEE, IN COLLABORATION WITH THE PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION, SHALL PLACE STUDENTS IN GERIATRIC CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING. THE COMMITTEE SHALL CREATE A ROTATION SCHEDULE TO ALLOW STUDENTS ENROLLED IN PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THAT OFFER THE SAME CLINICAL HEALTH PROFESSIONS GRADUATE DEGREE PROGRAMS TO PARTICIPATE IN THE PROGRAM'S CLINICAL TRAINING OPPORTUNITIES.

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

- (I) ADVANCED PRACTICE PROVIDER PROGRAMS;
- (II) DENTISTRY;
- (III) MEDICINE;
- (IV) NURSING;
- (V) OCCUPATIONAL THERAPY;
- (VI) OSTEOPATHIC MEDICINE;
- (VII) PHARMACY;
- (VIII) PHYSICAL THERAPY;
- (IX) PSYCHOLOGY;
- (X) SOCIAL WORK; AND
- (XI) SPEECH-LANGUAGE THERAPY.

(3) THE PROGRAM IS ENCOURAGED TO PROVIDE UPDATED TRAINING EACH YEAR FOR STUDENTS, GERIATRIC-TRAINED FACULTY, AND HEALTH-CARE PROVIDERS TO REVIEW NEW PATIENT-CENTERED GERIATRIC APPROACHES, INNOVATIONS, TECHNOLOGIES, NEW CLINICAL HEALTH-CARE PROCESSES TO CARE FOR OLDER ADULTS, TEAM TRAINING EXERCISES, AND LEADERSHIP TRAINING.

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

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

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

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

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

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

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

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

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

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

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

(I) AN ADVANCED PRACTICE PROVIDER PROGRAM;

(II) A DEPARTMENT OF PSYCHOLOGY;

(III) A NURSING PROGRAM;

(IV) AN OCCUPATIONAL THERAPY PROGRAM;

(V) A PHYSICAL THERAPY PROGRAM;

- (VI) A SCHOOL OF DENTAL MEDICINE;
- (VII) A SCHOOL OF MEDICINE;
- (VIII) A SCHOOL OF OSTEOPATHIC MEDICINE;
- (IX) A SCHOOL OF PHARMACY;
- (X) A SOCIAL WORK PROGRAM; AND
- (XI) A SPEECH-LANGUAGE THERAPY PROGRAM.

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

(I) APPOINT A PROGRAM CHAIR;

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

(III) ESTABLISH THE REQUIREMENTS FOR THE PROGRAM; AND

(IV) IDENTIFY AND INVITE PRIVATE OR PUBLIC INSTITUTIONS OF HIGHER EDUCATION THAT OFFER APPROPRIATE CLINICAL HEALTH PROFESSIONS GRADUATE DEGREE PROGRAMS TO BECOME PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION.

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

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

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

(III) 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 TREATING OLDER COLORADANS;

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

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

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

23-21-1105. Reporting. (1) BY JULY 1, 2025, AND NO LATER THAN JULY 1 EACH YEAR THEREAFTER, A REPRESENTATIVE OF THE PROGRAM SHALL SUBMIT A REPORT CONTAINING THE DATA COLLECTED PURSUANT TO SECTION 23-21-1103 (6) AND RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY CHANGES TO FACILITATE EFFECTIVE IMPLEMENTATION OF THE PROGRAM TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.

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

SECTION 2. In Colorado Revised Statutes, 23-3.3-103, **add** (16) as follows:

23-3.3-103. Annual appropriations - repeal. (16) THE PROVISIONS OF SUBSECTION (1) OF THIS SECTION CONCERNING APPROPRIATIONS FOR STUDENT FINANCIAL ASSISTANCE PURSUANT TO THIS ARTICLE 3.3 DO NOT APPLY TO APPROPRIATIONS MADE PURSUANT TO PART 11 OF ARTICLE 21 OF THIS TITLE 23 FOR THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM.

SECTION 3. In Colorado Revised Statutes, 23-18-308, **add** (1)(1) as follows:

23-18-308. Fee-for-service contracts - limited purpose - repeal. (1) Subject to available appropriations, the department shall enter into

fee-for-service contracts for the following purposes:

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

SECTION 4. Appropriation. (1) For the 2023-24 state fiscal year, \$784,269 is appropriated to the department of higher education. This appropriation is from the general fund. To implement this act, the department may use this appropriation for the college opportunity fund program to be used for limited purpose fee-for-service contracts with state institutions.

(2) For the 2023-24 state fiscal year, \$784,269 is appropriated to the department of higher education. This appropriation is from reappropriated funds received from the limited purpose fee-for-service contracts with state institutions under subsection (1) of this section. To implement this act, the department may use this appropriation for the regents of the university of Colorado.

SECTION 5. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Steve Fenberg
PRESIDENT OF
THE SENATE

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____

(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO