

CHAPTER 427

HEALTH AND ENVIRONMENT

SENATE BILL 21-158

BY SENATOR(S) Danielson and Pettersen, Buckner, Donovan, Fields, Ginal, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Rankin, Rodriguez, Story, Winter, Zenzinger;
 also REPRESENTATIVE(S) Titone and Duran, Amabile, Bacon, Bernett, Bird, Boesenecker, Caraveo, Cutter, Esgar, Exum, Froelich, Gonzales-Gutierrez, Herod, Hooton, Jackson, Jodeh, Kipp, Lontine, McCluskie, Michaelson Jenet, Mullica, Ortiz, Roberts, Sirota, Valdez A., Valdez D., Young.

AN ACT

CONCERNING MODIFICATIONS TO THE COLORADO HEALTH SERVICE CORPS PROGRAM ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO EXPAND THE AVAILABILITY OF GERIATRIC CARE PROVIDERS IN SHORTAGE AREAS IN THE STATE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

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.

patients in an urban setting and fewer patients in a 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;

(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 loans that many health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, behavioral health-care providers, candidates for licensure, nursing faculty, and health-care professional faculty hold. In exchange for repayment of loans incurred for the purpose of obtaining education in their chosen health care, GERIATRIC CARE, and behavioral health-care professions, the health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, behavioral health-care providers, and candidates for licensure will commit to provide health care, GERIATRIC CARE, or behavioral health-care services, as applicable, in communities with underserved health care, GERIATRIC CARE, or behavioral health-care needs throughout the state, and the nursing and health-care professional faculty will commit to provide a specified period of service in a qualified faculty position.

SECTION 3. In Colorado Revised Statutes, 25-1.5-502, **amend** (1) and (13); and **add** (1.2), (4.3), (4.5), and (8.5) as follows:

25-1.5-502. Definitions. As used in this part 5, unless the context otherwise requires:

(1) ~~"Advisory council" means the Colorado health service corps advisory council created pursuant to section 25-1.5-504~~ "ADVANCED PRACTICE PROVIDER" MEANS AN ADVANCED PRACTICE REGISTERED NURSE, AS DEFINED IN SECTION 12-255-104 (1), OR A PHYSICIAN ASSISTANT LICENSED PURSUANT TO ARTICLE 240 OF TITLE 12.

(1.2) "ADVISORY COUNCIL" MEANS THE COLORADO HEALTH SERVICE CORPS ADVISORY COUNCIL CREATED PURSUANT TO SECTION 25-1.5-504.

(4.3) "GERIATRIC ADVANCED PRACTICE PROVIDER" MEANS AN ADVANCED PRACTICE PROVIDER WHO SATISFIES ONE OF THE FOLLOWING:

(a) HAS COMPLETED A FORMAL POSTGRADUATE GERIATRICS TRAINING PROGRAM;

(b) HAS COMPLETED:

(I) FORMAL GERIATRICS TRAINING WITHIN THE ADVANCED PRACTICE PROVIDER TRAINING PROGRAM, WHICH INCLUDES DIDACTIC TEACHING OR TRAINING ABOUT GERIATRIC SYNDROMES AND THE IMPORTANCE OF PHYSICAL AND COGNITIVE FUNCTION IN THE CARE OF OLDER ADULTS; AND

(II) POSTGRADUATE CLINICAL EXPERIENCE WITH AN EMPHASIS ON TIME SPENT PROVIDING GERIATRIC CARE; OR

(c) HAS COMPLETED GERIATRIC TRACK CLINICAL EXPERIENCE WITHIN THE ADVANCED PRACTICE PROVIDER TRAINING PROGRAM.

(4.5) "GERIATRIC CARE" MEANS HEALTH CARE THAT IS PROVIDED TO OLDER ADULTS, INCLUDING CARE PROVIDED IN OUTPATIENT, POST-ACUTE, OR HOME-BASED SETTINGS, THAT FOCUSES ON IDENTIFYING AND MANAGING GERIATRIC SYNDROMES AND THE IMPORTANCE OF THE OLDER ADULT'S PHYSICAL AND COGNITIVE FUNCTIONAL STATUS. "GERIATRIC CARE" DOES NOT INCLUDE HOSPICE-ONLY CARE.

(8.5) "OLDER ADULT" MEANS AN INDIVIDUAL WHO IS AT LEAST SIXTY-FIVE YEARS OF AGE.

(13) "State-designated health professional shortage area" means an area of the state designated by the primary care office, in accordance with state-specific methodologies established by the state board by rule pursuant to section 25-1.5-404 (1)(a), as experiencing a shortage of health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, or behavioral health-care providers.

SECTION 4. In Colorado Revised Statutes, 25-1.5-503, **amend** (1)(a)(I)(B), (1)(a)(I)(C), (1)(a)(II), (1)(b), (1)(c), (2), and (6); and **add** (1)(a)(I)(D), (1)(d)(IV), and (5)(c) as follows:

25-1.5-503. Colorado health service corps - program - creation - conditions.
(1) (a) (I) The primary care office shall maintain and administer, subject to available appropriations, the Colorado health service corps. Subject to available appropriations, the Colorado health service corps shall provide loan repayment for certain eligible:

(B) Nursing faculty MEMBERS or health-care professional faculty members in qualified faculty positions; ~~and~~

(C) Behavioral health-care providers and candidates for licensure who provide behavioral health-care services; AND

(D) GERIATRIC ADVANCED PRACTICE PROVIDERS.

(II) Under the Colorado health service corps, subject to the limitations specified in subsection (2) of this section, upon entering into a loan contract the state may either:

(A) Make payments on the education loans of the health-care professional, behavioral health-care provider, candidate for licensure, GERIATRIC ADVANCED PRACTICE PROVIDER, nursing faculty member, or health-care professional faculty member; or

(B) Agree to make an advance payment in a lump sum of all or part of the principal, interest, and related expenses of the education loans of health-care professionals, behavioral health-care providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty members, or health-care professional faculty members, subject to the limitations specified in subsection (2) of this section.

(b) Repayment of loans under the Colorado health service corps 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 THAT 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 ADVISORY COUNCIL SHALL DEVELOP THE CRITERIA TO BE USED, AND SHALL APPLY THOSE CRITERIA, IN SELECTING GERIATRIC ADVANCED PRACTICE PROVIDER APPLICANTS AND SHALL CONSIDER WHETHER THE APPLICANT IS WILLING TO SERVE AS A PRECEPTOR FOR ADVANCED PRACTICE PROVIDERS 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 event of a breach of contract for a loan repayment entered into pursuant to this part 5, the primary care office shall enforce the contract and collect any damages or other penalties owed.

SECTION 5. In Colorado Revised Statutes, 25-1.5-504, **amend** (2) introductory portion, (2)(n), (2)(o), and (5)(a); and **add** (2)(p) as follows:

25-1.5-504. Colorado health service corps advisory council - creation - membership - duties. (2) The advisory council consists of ~~fifteen~~ SIXTEEN members appointed by the governor as provided in this subsection (2). In appointing members of the advisory council, the governor shall ensure that the advisory council includes at least one representative from each of the following organizations OR PRACTICE AREAS:

(n) A membership organization representing substance use disorder service providers; **and**

(o) A licensed or certified addiction counselor who has experience in rural health, safety net clinics, or health equity; **AND**

(p) A PHYSICIAN WHO PROVIDES GERIATRIC CARE OR A GERIATRIC ADVANCED PRACTICE PROVIDER.

(5) (a) The advisory council shall review applications received from health-care professionals, behavioral health-care providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty members, and health-care professional faculty members to participate in the Colorado health service corps. Subject to available appropriations and federal requirements concerning eligibility for federal loan repayment matching funds, the advisory council shall annually select health-care professionals, behavioral health-care providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty members, and health-care professional faculty members to participate in the Colorado health service corps and shall forward its list of selected participants to the primary care office.

SECTION 6. In Colorado Revised Statutes, 25-1.5-505, **amend** (1) introductory portion, (1)(a), and (1)(d) as follows:

25-1.5-505. Advisory council - report. (1) On or before December 1, 2011, and on or before December 1 every two years thereafter, the primary care office, with assistance from the advisory council, shall submit to the governor, the health and human services committee of the senate, the ~~committees on~~ health AND insurance ~~and environment~~ and ~~on~~ public AND BEHAVIORAL health care and human services COMMITTEES of the house of representatives, or any successor committees, a report that includes, at a minimum, the following information:

(a) A description of the health-care professionals, behavioral health-care

providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty members, and health-care professional faculty members participating in the Colorado health service corps program and the scholarship program;

(d) An analysis of the effects of the Colorado health service corps program and the scholarship program on addressing the health care, GERIATRIC CARE, and behavioral health-care needs of communities in Colorado;

SECTION 7. In Colorado Revised Statutes, 25-1.5-404, **amend** (1)(a) as follows:

25-1.5-404. Primary care office - powers and duties - rules. (1) The primary care office has, at a minimum, the following powers and duties:

(a) To assess the health-care PROFESSIONAL, GERIATRIC ADVANCED PRACTICE PROVIDER, and behavioral health-care professional needs of areas throughout the state and create and administer state-designated health professional shortage areas in accordance with 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 8. Appropriation. For the 2021-22 state fiscal year, \$400,000 is appropriated to the Colorado health service corps fund created in section 25-1.5-506 (1), C.R.S. This appropriation is from the general fund. The department of public health and environment is responsible for the accounting related to this appropriation.

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.

Approved: July 6, 2021