

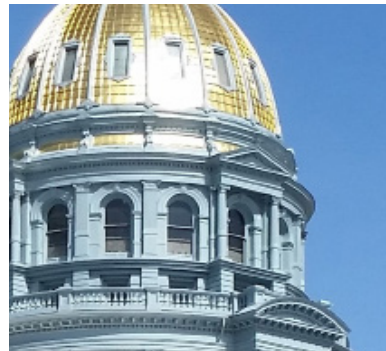
# 2021

Report to the Colorado General Assembly

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## Statewide Health Review Committee



Prepared by Legislative Council Staff  
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# **Statewide Health Care Review Committee**

## **Members of the Committee**

Representative Susan Lontine, Chair  
Senator Rhonda Fields, Vice-Chair

Representative Karen McCormick	Senator Joann Ginal
Representative Dafna Michaelson Jenet	Senator Jim Smallwood
Representative Rod Pelton	
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***December 2021***

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*This report is also available online at:*

<http://leg.colorado.gov/committees/statewide-health-care-review-committee/2021-regular-session>

## **Committee Charge**

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Pursuant to Section 10-16-221, Colorado Revised Statutes, the Statewide Health Care Review Committee was created to study health care issues across the state. The committee is authorized to meet two times during each interim, unless additional meetings are authorized by the Executive Committee of the Legislative Council. The two meetings may incorporate field trips. The committee is charged with studying health care issues that affect Colorado residents throughout the state, including the following:

- emerging trends in Colorado health care and their effects on consumers, providers, and payers;
- the ability of consumers to obtain and keep adequate, affordable health insurance coverage;
- the effect of changes in the way health care is delivered and paid for;
- trends in health care coverage rates for individuals, employees, and employers and in reimbursement rates for health care services;
- access to and availability of federal funds and waivers of federal law;
- innovations in health care and health care coverage;
- health care issues that arise in or are unique to rural areas of the state;
- access to timely and quality health care and emergency and nonemergency medical transportation;
- options for addressing the needs of uninsured and underinsured populations;
- issues related to the health care workforce, including network adequacy and the adequacy of access to providers; and
- any other health care issue affecting Colorado residents that the committee deems necessary to study.

The committee cannot recommend legislation.

## **Committee Activities**

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The committee held two meetings during the 2021 interim. Briefings and presentations were made by a number of state agencies and health-related organizations on a wide range of health care topics. Topics discussed, include:

- COVID-19;
- health disparities and equity;
- telehealth;
- community paramedic programs; and
- health care workforce shortages and employer needs.

Agencies and organizations that presented to the committee include:

- the following state agencies: Colorado Department of Public Health and Environment (CDPHE), Department of Health Care Policy and Financing (HCPF), Colorado Department of Regulatory Agencies(DORA), Colorado Workforce Development Council, and the Office of e-Health Innovation;

- the following professional organizations: Colorado Medical Society (CMS), Colorado Nurses Association (CNA), Colorado Hospital Association (CHA), and Colorado Association of Local Public Health Officials (CALPHO);
- the following institutions of higher education: University of Colorado School of Medicine, Colorado School of Public Health, and the Colorado Community College System;
- Asian Pacific Development Center;
- Center for Health Progress;
- Center for Improving Value in Health Care (CIVHC);
- Colorado Center for Nursing Excellence;
- Colorado Children’s Campaign;
- Colorado Consumer Health Initiative (CCHI);
- Colorado Health Foundation;
- Colorado Health Institute (CHI);
- Colorado Rural Health Center;
- Eagle County Paramedic Services and the Ute Pass Regional Health Service District;
- The Colorado Trust; and
- Trailhead Institute.

The following sections discuss the committee’s activities during the 2021 interim.

## **COVID – 19 and Public Health**

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The state epidemiologist, staff from CDPHE, and a representative from CALPHO presented to the committee on the current status of the COVID-19 pandemic in Colorado and issues facing the public health system as a result of the pandemic. These presenters discussed current vaccination rates by county, the increase in hospitalization rates due to the recent surge of the Delta variant, and the mortality rate for unvaccinated individuals who have COVID-19. CDPHE representatives told the committee that as of October 19, 2021, hospitalization rates due to COVID-19 infections were at the highest rate since December 2020, which impacts the availability of Intensive Care Unit beds for all patients. CDPHE staff also spoke about the department’s partnerships with health care providers and community organizations to distribute vaccines in communities with high rates of COVID-19 infections.

Representatives from local public health agencies discussed the importance of a highly skilled and trained public health workforce that provides evidence-informed programs and services addressing community health needs and encourages healthy behaviors. They suggested that public health entities establish programs to prevent and treat burnout of the public health workforce and create state and local programs that support employment pathways to recruit, hire, and retain public health practitioners with cross-cutting skill sets. The public health representatives also emphasized the need to consider regional resource sharing among local health agencies and modernizing public health information systems to gain better health data to inform public health initiatives.

## **Long-Term Impact of COVID-19 on Health Care Workforce**

Representatives from the CMS, CNA, and CHA presented to the committee on the impact that the COVID-19 pandemic has had on health care providers and hospitals. They discussed the high volume of patients currently being treated throughout the health care system due to patients with high acuity delaying care during the pandemic and the recent increase in patients with COVID-19 infections.

These representatives also expressed concern about the erosion of patient trust in health care providers, the increase in hostile encounters between patients and health care providers, and the high rate of burnout among health care providers that has occurred during the pandemic. The committee learned that one-third of Colorado's hospitals anticipate staffing shortages and that many metro hospitals recently moved to emergency department diversion due to increased caseloads.

## **Health Care Workforce Shortages**

The committee heard a number of presentations from various entities about health care workforce shortages and various ways the shortages are being addressed.

**State agencies.** The committee heard presentations from CDPHE, the Colorado Workforce Development Council, and DORA. Representatives from CDPHE provided information on the department's role in the collection of workforce data. The representatives discussed the barriers that public health agencies face when hiring and retaining staff, including the mental health toll of working in public health, low salaries, and lack of advancement in opportunity. The representatives discussed the steps that can be taken by the state to support the public health system. Additionally, the CDPHE representatives provided information on the practice incentives for workforce shortage areas and the Colorado Health Service Corps Program, which provides educational loan repayment for primary care providers working in designated health professional shortage areas. One of the representatives discussed how the program is working to build diversity in the program by reaching out to students earlier in their education and the challenges to offering scholarships instead of loan repayment.

A representative from the Colorado Workforce Development Council presented on health care workforce shortages and employer needs, as well as industry projections for health care providers. A representative from DORA presented the timeline for issuing provider licenses and streamlining the licensure process. The DORA representative also discussed the actions DORA took to reduce licensing barriers for health care workers during the COVID-19 pandemic, including emergency licensure, suspending educational requirements, and expanding scope of practice. The panelists provided information about: the number of emergency health care provider licenses issued by DORA; the Colorado Health Service Corps' lack of diverse applicants and ideas for increasing diversity in the education pool; wages for Certified Nursing Assistants; programs in CDPHE that provide supports to medical professional that are not covered by the Health Service Corps; health care provider burnout and the need to focus on developing resiliency tools; and the additional workload placed on the public health community during the pandemic.

Additionally, the committee heard a presentation from HCPF on the workforce needs for direct care health care workers, such as home health aides and nursing aides, as well as the need to expand cross-agency collaboration, recruit new individuals into the field, build career advancement opportunities, and improve retention. The presenter discussed the Direct Care Workforce Collaborative, which is working to stabilize the direct care workforce, and the American Rescue Plan Act funding that is supporting direct care workforce initiatives, including increasing payments to providers and workers, addressing data infrastructure, and further developing a centralized job hub.

**Educational partners.** Representatives from various educational providers in the state provided presentations to the committee on how they are helping to address workforce shortages. A representative from the Colorado Center for Nursing Excellence discussed the role of the organization in helping to develop the health care workforce and the need for health care workforce data, as well as a new grant program focusing on rural health care nursing residency and a geriatric workforce program. The presenter highlighted the virtual dementia tour that the organization uses as a training tool, as well as other training models such as the advanced practice registered nurse rural grow your own program and training programs for preceptors and clinical training.

A representative from the University of Colorado School of Medicine highlighted the need in rural areas of the state and discussed the University of Colorado's School of Medicine Rural Program. The representative reviewed elements of the program's curriculum, which includes rural ethics, community engagement, and public health. He stated that the program has had 191 graduates from 2009 to 2021, and 57 are in practice in rural Colorado. The representative discussed how the model could be expanded to other professions, such as dentistry and physical therapy.

A representative from the Colorado Community College System presented to the committee on the Colorado Healthcare Experiential Pathways to Success (CO-HELPS) Program, which currently has 12 career pathways established. The presentation included information about how the program is funded through federal grants and investment from the business community and how the program helps address careers with high turnover. The representative discussed how the funding stream supports apprenticeships through wage funding and the support services that are provided to students, such as transportation, child care, and uniforms.

A representative from the Colorado School of Public Health discussed the programs the school offers. The presenter discussed a decline in the public health workforce prior to the pandemic and how it was exacerbated by the COVID-19 pandemic, as well as how the school assembled a team to carry out epidemic modeling, collaborating with CDPHE and the Governor's Office. The presenter also discussed a new certificate program in rural public health that is based at the school's University of Northern Colorado campus in Greeley.

**Community partners.** The committee heard presentations from the Trailhead Institute, Colorado Rural Health Center, and the Colorado Health Foundation about addressing health care workforce shortages. The representative from the Trailhead Institute discussed the recent threats to public health officials, along with the burnout and turnover in the public health field. The representative discussed recent increases in the Colorado School of Public Health applications, the enactment of House Bill 21-1107, and the work of contact tracers during the pandemic. House Bill 21-1107 creates protections for certain public health workers. The representative reviewed the specialized and

strategic skills needed in public health, and provided recommendations to the committee about clearly defining and understanding the public health workforce and the need for data collection. The representative discussed developing a skills-based workforce and investing in skills development through pre-apprenticeship and apprenticeship programs, as well as developing a surge workforce for public health, investing in the system as a whole, and the need for a common public health workforce development agenda.

The representative from the Colorado Rural Health Center discussed workforce barriers and opportunities in rural health, as well as the center's role in workforce development, including the Colorado Provider Recruitment and Retention Program. The representative reviewed recent legislation that addresses rural health, including the Rural and Frontier Preceptor Tax Credit, and discussed recruitment and retention barriers, including housing challenges, the impact of high salaries for traveling nurses, the need for primary care training, and lessening options for obstetrics practice opportunities. The representative discussed issues related to burnout, lack of diversity in rural areas, and employment needs for a rural provider's spouse or significant other. The representative reviewed some solutions to rural workforce and retention issues, including the Community Apgar Program, and the state-funded locums support program operating in New Mexico that helps provide temporary personnel in rural areas.

The representative from the Colorado Health Foundation provided an overview of the foundation and how it is working to increase the primary health care workforce. The representative discussed the need for community ties, connectedness with providers, continuity in care, and cultural responsiveness. The representative discussed the foundation's focus on primary care and the continuum of care, as well as its funding for loan repayment programs that is expanded beyond physicians. The presenter also discussed supporting "grow your own" programs in rural areas of the state.

## **Health Equity**

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The committee heard presentations from a variety of organizations and agencies about health equity and disparities in the state.

**Colorado Health Institute (CHI).** Representatives from CHI presented data and research on missed care during the COVID-19 pandemic. The committee learned that the volume of visits to Front Range health care providers dropped 25 percent during the COVID-19 pandemic in 2020. These missed visits led to missed diagnoses, untreated health conditions, and the exacerbation of inequities. CHI representatives suggested that a concerted effort is needed to reconnect patients with services by having providers proactively reach out to patients with chronic illnesses, increasing resources for behavioral health services, and encouraging patients with new or worsening physical symptoms to seek medical advice.

**Office of Health Equity.** A representative from the Office of Health Equity in CDPHE spoke about health disparities in Colorado and CDPHE's approach to addressing health inequities and solutions to barriers that prevent health equity. The committee learned about mortality rates for people of color,



the underlying conditions found in populations with the greatest health disparities, access to care for various populations, and discrimination in the health care system.

**Asian Pacific Development Center.** A representative from the Asian Pacific Development Center presented on health equities and health challenges within the Asian American Pacific Islander community. The committee learned that this community is a socioeconomically diverse community that includes people from over 40 different ethnicities. The representative noted that a number of Asian Americans live in poverty and discussed the challenges of collecting useful data from this community to help inform public policy.

**The Colorado Trust.** A representative of the Colorado Trust presented on a recent Colorado Trust report about the LGBTQIA+ community members' perceptions of living in Southwestern and Western Colorado. The committee learned about the diverse backgrounds of people in the LGBTQIA+ community and the difficulty members of the community have finding employment and acquiring health insurance. The representative discussed members of the LGBTQIA+ community delaying preventative health care, the rates of depression and suicide in the community, report findings of related to provider training, and trends in health care access in other regions of the state. Additional information was provided on the challenges youth face with bullying and the indigenous community faces with racism. The recommendations from the report related to training for government agencies, modeling inclusion, providing tools to law enforcement, and increasing access to shelter services were discussed.

The Colorado Trust report can be found here:

<https://www.coloradotrust.org/wp-content/uploads/2021/10/LGBTQIA-report-2021-English-vFinal.pdf>

**Colorado Consumer Health Initiative.** Colorado Consumer Health Initiative (CCHI) presented on advancing health equity from the consumer perspective and discussed the uninsured rates of different populations, the root causes of health inequity, and CCHI's efforts to create a consumer-centered approach to health equity. The committee learned about the barriers to advancing consumer-centered health equity, including the complexity of the health care system; the lack of resources for culturally and linguistically responsive outreach, implementation, and services; and the lack of consistent data to understand systems and problems.

**Colorado Children's Campaign and Center for Health Progress.** Representatives from the Colorado Children's Campaign and the Center for Health Progress presented on health equity and children. They discussed the difference between health equity and health equality and the impact of health inequity on families and children. They highlighted statistics for maternal mortality for black and indigenous women and discussed the disparity in children's health insurance coverage for children of color and immigrant children. The committee learned about the Coalition of Immigrant Health and community engagement on policy matters.

The *Diverse Colorado Voices* report referenced during this presentation can be found here:

[https://www.claytonearlylearning.org/file\\_download/inline/76f77680-9b25-4a49-b44f-bbcd6f52ad77](https://www.claytonearlylearning.org/file_download/inline/76f77680-9b25-4a49-b44f-bbcd6f52ad77)

## Telehealth

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The committee heard presentations from several organizations and agencies about telehealth in the state.

**Colorado Rural Health Center.** A representative from the Colorado Rural Health Center presented to the committee on the use of telehealth in rural areas. The presentation included discussion about the efforts of rural providers to use telehealth prior to the pandemic; the cost of providing telehealth services; the use of telehealth services by Medicaid specialty and behavioral health providers; workflow changes; patient access to electronic devices; and provider and patient hesitance to utilize telemedicine, as well as the advantages of using telehealth in rural areas. Information was presented on innovations in telemedicine, such as remote patient monitoring (RPM) and cooperation with state agencies. The Colorado Rural Health Center representative discussed ways the General Assembly can help rural areas of the state with telehealth access, including maintaining reimbursement parity for telehealth services.

**Department of Health Care Policy and Financing (HCPF).** A representative from HCPF presented on the department's efforts to support the use of telemedicine. The presentation included discussion about telehealth utilization rates, the ways HCPF expanded telehealth during the COVID-19 pandemic, and the policy changes that allowed rural health centers to bill for separate health care encounters. The HCPF representative discussed payment parity for telehealth service and how telehealth reduces disparities in primary care no-show rates for medically complex patients and increases access for those patients. The presentation included information about HCPF's telehealth policy goals, including HCPF's commitment to developing a comprehensive telehealth policy that:

- improves access to high-quality services;
- promotes health equity;
- integrates with medical homes and neighborhoods;
- encourages innovation through aligned payment policy; and
- ensures value for the taxpayers.

**Office of e-Health Innovation (OeHI).** Representatives from OeHI presented to the committee on the office's role related to health information technology. The presenters discussed the efforts to develop Colorado's Health IT Roadmap and support for telehealth, focus on health equity, and virtual health and information sharing. The presentation included discussion of the 2021 Strategy of the E-Health Commission, reimbursement for health care services provided through telehealth, and funding to improve access to broadband for rural clinics and provide rural patients with access to the tools to participate in telehealth services. The OeHi representatives discussed establishing policies that maintain payment parity, simplify contracting, and continue Medicaid payments for e-consults and telepsychiatry.

**Center for Improving Value in Health Care (CIVHC).** Representatives from CIVHC presented on the organization's efforts to track the use of telehealth and explained that the purpose of collecting and analyzing this data is to understand how telehealth services are impacting the health care system before, during, and after the COVID-19 pandemic. The representatives spoke about the increase in

the utilization of telehealth services between 2019 and 2020, including the increase in telehealth visits for behavioral health services.

## **Community Paramedic Programs**

Representatives from the Eagle County Paramedic Services and the Ute Pass Regional Health Service District presented to the committee on community paramedic programs. Community paramedic programs allow an individual who has a current EMS provider certificate (paramedic level) issued by the CDPHE to receive an endorsement to perform an expanded set of medical acts in a licensed community integrated health care service. The committee heard about program services and how they provide cost savings. The presentation focused on the following topics:

- the cost of care, comparing the cost for community paramedic agencies and the cost for emergency rooms;
- how the programs are able to provide services during the COVID-19 pandemic and how the programs were the only at-home care for many COVID-19 patients during the initial phases of the pandemic;
- the behavioral health interventions provided by community paramedics in the field, including mental health assessments and help to de-escalate situations involving persons in a mental health crisis and to provide safe transport to patients for additional evaluation;
- information about the medication-assisted treatment offered through the paramedic programs; and
- various funding mechanisms to support the programs, including the need for paramedic programs to receive recognition as approved providers of medical services beyond the current definition of transport so they can bill insurance for the services they provide.

## Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

<https://leg.colorado.gov/content/committees>

### Meeting Date and Topics Discussed

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October 19, 2021

- ◆ COVID-19 situational awareness and future implications for public health in Colorado
- ◆ The long-term impact of COVID-19 on Colorado's health care workforce and the broader system
- ◆ Moving forward in a world with COVID-19
- ◆ COVID-19 and health disparities
- ◆ Health disparities and equity – state perspective
- ◆ Asian Pacific Development Center presentation on health equity
- ◆ Resilient and resourceful: LGBTQIA+ community member perceptions of living in southwest and west Colorado
- ◆ Advancing health equity from the consumer perspective
- ◆ Health equity and children

November 3, 2021

- ◆ Telehealth – innovation, outcomes, and challenges
- ◆ Community paramedic programs
- ◆ Setting the stage – health care workforce shortages and employer needs
- ◆ Health care workforce pipeline initiatives, expanding the workforce, and developing solutions