

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

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

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, AND, IN CONNECTION THEREWITH,**  
103 **MAKING AN APPROPRIATION.**

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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

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.*

HOUSE  
Amended 2nd Reading  
May 13, 2021

in an emergency or disaster and receive student loan relief for their 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:

1 (a) Emergencies and disasters such as the COVID-19 pandemic  
2 severely strain health resources in the state, placing the lives and well  
3 being of Coloradans at risk;

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

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

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

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

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

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

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

1 THE "TASK FORCE", IS HEREBY CREATED IN THE DEPARTMENT.

2 (2) (a) THE TASK FORCE CONSISTS OF AT LEAST TEN AND NO MORE  
3 THAN ELEVEN VOTING MEMBERS AS FOLLOWS:

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

6 (II) NINE MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR OF  
7 THE DEPARTMENT, AS FOLLOWS:

8 (A) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
9 REPRESENTING PARAMEDICS;

10 (B) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
11 REPRESENTING NURSES;


12 (C) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
13 REPRESENTING PHYSICIANS;

14 (D) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
15 REPRESENTING PHYSICIAN ASSISTANTS;

16 (E) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
17 REPRESENTING HOSPITALS;

18   
19 (F) ONE MEMBER WITH EXPERIENCE MANAGING A HEALTH CARE  
20 CLINIC;

21 (G) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
22 REPRESENTING THE HEALTH INSURANCE INDUSTRY;

23   
24 (H) ONE MEMBER FROM A STATEWIDE ORGANIZATION  
25 REPRESENTING LOCAL PUBLIC HEALTH OFFICIALS;

26   
27 (I) ONE MEMBER FROM A STATEWIDE ORGANIZATION

1 REPRESENTING PLAINTIFF'S ATTORNEYS; AND

2 (III) ONE ADDITIONAL MEMBER WHO MAY BE APPOINTED BY THE  
3 EXECUTIVE DIRECTOR OF THE DEPARTMENT, IN THE EXECUTIVE DIRECTOR'S  
4 DISCRETION.

5 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL MAKE  
6 APPOINTMENTS NO LATER THAN DECEMBER 1, 2021. EACH APPOINTED  
7 MEMBER SERVES AT THE PLEASURE OF THE EXECUTIVE DIRECTOR OF THE  
8 DEPARTMENT. THE TERM OF THE APPOINTMENT IS FOR THE DURATION OF  
9 THE TASK FORCE. THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL  
10 FILL ANY VACANCIES SUBJECT TO THE SAME QUALIFICATIONS AS THE  
11 INITIAL APPOINTMENT.

12 (c) AT LEAST ONE MEMBER APPOINTED PURSUANT TO SUBSECTION  
13 (2)(a)(II)(E), (2)(a)(II)(F), OR (2)(a)(II)(H) OF THIS SECTION MUST  
14 REPRESENT RURAL COLORADO.

15 (3) EACH MEMBER OF THE TASK FORCE SERVES WITHOUT  
16 COMPENSATION. A MEMBER IS NOT ENTITLED TO REIMBURSEMENT FOR  
17 ANY EXPENSES ASSOCIATED WITH SERVING ON THE TASK FORCE.

18 (4) THE TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM  
19 AMONG ITS MEMBERS. THE CHAIR AND VICE-CHAIR SHALL SERVE FOR THE  
20 DURATION OF THE TASK FORCE.

21 (5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE  
22 EXECUTIVE DIRECTOR'S DESIGNEE, SHALL CONVENE THE FIRST MEETING OF  
23 THE TASK FORCE NO LATER THAN JANUARY 1, 2022. THE TASK FORCE  
24 SHALL MEET AT LEAST ONCE EVERY TWO MONTHS UNTIL THE TASK FORCE  
25 SUBMITS ITS FINAL REPORT AS REQUIRED BY SUBSECTION (9) OF THIS  
26 SECTION. THE CHAIR MAY CALL SUCH ADDITIONAL MEETINGS AS ARE  
27 NECESSARY FOR THE TASK FORCE TO FULFILL ITS DUTIES. THE TASK FORCE

1 SHALL ESTABLISH PROCEDURES TO ALLOW MEMBERS OF THE TASK FORCE  
2 TO PARTICIPATE IN MEETINGS REMOTELY.

3 (6) THE PURPOSE OF THE TASK FORCE IS TO EVALUATE AND MAKE  
4 RECOMMENDATIONS ON THE CREATION OF A COLORADO HEALTH CARE  
5 SERVICES RESERVE CORPS PROGRAM, REFERRED TO IN THIS SECTION AS THE  
6 "PROGRAM", IN WHICH MEDICAL PROFESSIONALS COULD BE  
7 CROSS-TRAINED TO SERVE IN EMERGENCIES AND DISASTERS IN THE STATE  
8 AND RECEIVE A BENEFIT [REDACTED] FOR THEIR SERVICE IN THE PROGRAM. THE  
9 TASK FORCE SHALL, AT A MINIMUM, CONSIDER AND MAKE FINDINGS AND  
10 RECOMMENDATIONS ON THE FOLLOWING ISSUES:

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

13 (b) THE TYPES OF EMERGENCIES FOR WHICH THE PROGRAM COULD  
14 PREPARE AND PROVIDE ASSISTANCE, AND THE SKILL SETS THAT WOULD BE  
15 REQUIRED. THE TASK FORCE SHALL CONSIDER EMERGENCIES INCLUDING,  
16 BUT NOT LIMITED TO, FLOODS, FIRES, EXTREME WEATHER CONDITIONS  
17 THAT CUT OFF ACCESS TO COMMUNITIES, AND OUTBREAKS OF INFECTIOUS  
18 DISEASE;

19 (c) ANY LEGAL OR REGULATORY BARRIERS TO THE CREATION OR  
20 IMPLEMENTATION OF THE PROGRAM, INCLUDING LICENSING  
21 REQUIREMENTS, POTENTIAL CIVIL LIABILITY, AND SCOPE OF PRACTICE  
22 CONCERNS, AND WHAT CHANGES MAY BE NECESSARY TO ALLOW THE  
23 PROGRAM TO FUNCTION;

24 (d) HOW THE PROGRAM COULD BE STREAMLINED OR INTEGRATED  
25 WITH SIMILAR PROGRAMS, PROCEDURES, OR STANDARDS CURRENTLY IN  
26 PLACE IN THE DEPARTMENT, INCLUDING BUT NOT LIMITED TO THE MEDICAL  
27 RESERVE CORPS;

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

3 (f) THE TYPES OF TRAINING AND THE NUMBER OF HOURS OF  
4 CROSS-TRAINING THAT WOULD BE REQUIRED FOR THE PROGRAM, AND HOW  
5 THE TRAINING WOULD BE PROVIDED;

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

9 (h) HOW TO DESIGN THE CROSS-TRAINING OPTIONS TO ENSURE  
10 THAT THEY ACCOUNT FOR THE GEOGRAPHIC LOCATION OF PARTICIPANTS  
11 AND THAT THE PROGRAM AND CROSS-TRAINING OPTIONS ARE ACCESSIBLE  
12 TO RURAL MEDICAL PROFESSIONALS;

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

15 (j) HOW TO ENSURE THAT PARTICIPANTS IN THE PROGRAM ARE  
16 ENROLLED FROM A CROSS SECTION OF COMMUNITIES AND HEALTH CARE  
17 SETTINGS AND FACILITIES SUCH THAT DEPLOYMENT OF THE HEALTH CARE  
18 SERVICES RESERVE CORPS WOULD NOT CREATE SHORTAGES IN SPECIFIC  
19 COMMUNITIES, SETTINGS, OR FACILITIES OR HAVE OTHER UNINTENDED  
20 CONSEQUENCES;

21 (k) HOW LONG MEDICAL PROFESSIONALS WOULD SERVE IN THE  
22 PROGRAM;

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

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

1 (n) THE RECORD-KEEPING AND CERTIFICATION REQUIREMENTS  
2 NECESSARY TO IMPLEMENT THE PROGRAM;

3 (o) THE VARIOUS COSTS OF THE PROGRAM, INCLUDING BUT NOT  
4 LIMITED TO A PRELIMINARY COST ASSESSMENT FOR THE SET-UP AND  
5 ONGOING IMPLEMENTATION OF THE PROGRAM, INCLUDING HOW TO PAY  
6 FOR THE NECESSARY CROSS-TRAINING AND THE COMPENSATION AND  
7 RATES OF PAY FOR PARTICIPATING MEDICAL PROFESSIONALS DURING  
8 DEPLOYMENTS;

9 (p) ANY CONSIDERATIONS RELATED TO INSURANCE COVERAGE,  
10 INCLUDING REIMBURSEMENTS FOR SERVICES PROVIDED BY PROGRAM  
11 PARTICIPANTS, ISSUES RELATED TO OUT-OF-NETWORK PROVIDERS OR  
12 SERVICES, AND OTHER ISSUES THAT MAY ARISE RELATED TO THE  
13 PROGRAM;

14 (q) LIABILITY PROTECTIONS FOR PROFESSIONALS AND FACILITIES  
15 PARTICIPATING IN THE PROGRAM;

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

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

20 (I) HOW THE BENEFIT WOULD BE FUNDED;

21 (II) THE TERMS AND AMOUNTS OF THE BENEFIT THAT WOULD BE  
22 OFFERED;

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

26 (IV) HOW TO MARKET THE PROGRAM TO MEDICAL PROFESSIONALS  
27 AND STUDENTS.



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

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

9           (I) ADDRESSING THE PHYSICAL AND MENTAL HEALTH NEEDS OF  
10 COLORADO RESIDENTS; OR

11           (II) COORDINATING EMERGENCY RESPONSE AT THE LOCAL, STATE,  
12 OR FEDERAL LEVEL.

13           (c) THE TASK FORCE SHALL CONSULT WITH ADDITIONAL  
14 STAKEHOLDERS AS NECESSARY TO ADDRESS ALL ADDITIONAL QUESTIONS  
15 NECESSARY TO FINALIZE ITS RECOMMENDATIONS FOR THE PROGRAM,  
16 INCLUDING BUT NOT LIMITED TO:

17           (I) DISASTER RESPONSE EXPERTS;

18           (II) AFFECTED STATE AGENCIES; AND

19           (III) ENTITIES WITH EXPERTISE IN MEDICAL MALPRACTICE  
20 INSURANCE.

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

26           (b) THE DEPARTMENT MAY CONTRACT WITH AN OUTSIDE  
27 CONSULTANT TO PROVIDE STAFF SUPPORT, MANAGE THE ACTIVITIES OF

1 THE TASK FORCE, AND ASSIST THE TASK FORCE IN FULFILLING ITS DUTIES  
2 AND FUNCTIONS PURSUANT TO THE SECTION. IN COORDINATION WITH THE  
3 TASK FORCE, THE CONSULTANT MAY GATHER DATA, CONDUCT  
4 INTERVIEWS, PRESENT INFORMATION, AND MANAGE THE DEVELOPMENT OF  
5 THE FINAL RECOMMENDATIONS OF THE TASK FORCE.

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

12  
13 (10) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.

14 **SECTION 3. Appropriation.** For the 2021-22 state fiscal year,  
15 \$130,505 is appropriated to the department of public health and  
16 environment for use by the office of emergency preparedness and  
17 response. This appropriation is from the general fund and is based on an  
18 assumption that the office will require an additional 1.8 FTE. To  
19 implement this act, the office may use this appropriation for the  
20 emergency preparedness and response program.

21 **SECTION 4. Safety clause.** The general assembly hereby finds,  
22 determines, and declares that this act is necessary for the immediate  
23 preservation of the public peace, health, or safety.