

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0126.01 Megan Waples x4348

HOUSE BILL 21-1005

HOUSE SPONSORSHIP

Mullica and Caraveo,

SENATE SPONSORSHIP

Garcia,

House Committees

Health & Insurance
Appropriations

Senate Committees

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.**

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.

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.

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 TWENTY VOTING MEMBERS
3 AS FOLLOWS:

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

6 (II) THE DIRECTOR OF THE OFFICE OF EMERGENCY MANAGEMENT
7 CREATED IN SECTION 24-33.5-705, OR THE DIRECTOR'S DESIGNEE;

8 (III) THE DIRECTOR OF THE DIVISION OF PROFESSIONS AND
9 OCCUPATIONS IN THE DEPARTMENT OF REGULATORY AGENCIES CREATED
10 IN SECTION 12-20-103, OR THE DIRECTOR'S DESIGNEE;

11 (IV) THE DIRECTOR OF THE COLORADO RESILIENCY OFFICE
12 CREATED IN SECTION 24-32-121, OR THE DIRECTOR'S DESIGNEE;

13 (V) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
14 CARE POLICY AND FINANCING CREATED IN SECTION 25.5-1-104, OR THE
15 EXECUTIVE DIRECTOR'S DESIGNEE;

16 (VI) THE COMMISSIONER OF INSURANCE, OR THE COMMISSIONER'S
17 DESIGNEE; AND

18 (VII) FOURTEEN MEMBERS APPOINTED BY THE GOVERNOR, AS
19 FOLLOWS:

20 (A) ONE MEMBER FROM A STATEWIDE ORGANIZATION
21 REPRESENTING PARAMEDICS;

22 (B) ONE MEMBER FROM A STATEWIDE ORGANIZATION
23 REPRESENTING NURSES;

24 (C) ONE MEMBER FROM A STATEWIDE ORGANIZATION
25 REPRESENTING PHYSICIANS;

26 (D) ONE MEMBER FROM A STATEWIDE ORGANIZATION
27 REPRESENTING PHYSICIAN ASSISTANTS;

1 (E) ONE MEMBER FROM A STATEWIDE ORGANIZATION
2 REPRESENTING HOSPITALS;

3 (F) ONE MEMBER WITH EXPERIENCE TEACHING NURSES,
4 PHYSICIANS, OR PARAMEDICS;

5 (G) ONE MEMBER WITH EXPERIENCE MANAGING A HEALTH CARE
6 CLINIC;

7 (H) ONE MEMBER FROM A STATEWIDE ORGANIZATION
8 REPRESENTING THE HEALTH INSURANCE INDUSTRY;

9 (I) ONE MEMBER WHO CURRENTLY WORKS IN RURAL HEALTH CARE
10 IN THE STATE;

11 (J) ONE MEMBER FROM A STATEWIDE ORGANIZATION
12 REPRESENTING LOCAL PUBLIC HEALTH OFFICIALS;

13 (K) ONE MEMBER FROM A COMMUNITY ADVOCACY
14 ORGANIZATION;

15 (L) ONE MEMBER WITH EXPERIENCE ADMINISTERING STUDENT
16 LOAN RELIEF TO MEDICAL PROFESSIONALS;

17 (M) ONE MEMBER FROM A STATEWIDE ORGANIZATION
18 REPRESENTING PLAINTIFFS' ATTORNEYS; AND

19 (N) ONE MEMBER WHO REPRESENTS AN ENTITY THAT PROVIDES
20 MEDICAL MALPRACTICE INSURANCE.

21 (b) THE GOVERNOR SHALL MAKE APPOINTMENTS NO LATER THAN
22 OCTOBER 1, 2021. EACH APPOINTED MEMBER SERVES AT THE PLEASURE
23 OF THE GOVERNOR. THE TERM OF THE APPOINTMENT IS FOR THE DURATION
24 OF THE TASK FORCE. THE GOVERNOR SHALL FILL ANY VACANCIES SUBJECT
25 TO THE SAME QUALIFICATIONS AS THE INITIAL APPOINTMENT.

26 (3) EACH MEMBER OF THE TASK FORCE SERVES WITHOUT
27 COMPENSATION. A MEMBER IS NOT ENTITLED TO REIMBURSEMENT FOR

1 ANY EXPENSES ASSOCIATED WITH SERVING ON THE TASK FORCE.

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

5 (5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE
6 EXECUTIVE DIRECTOR'S DESIGNEE, SHALL CONVENE THE FIRST MEETING OF
7 THE TASK FORCE NO LATER THAN NOVEMBER 1, 2021. THE TASK FORCE
8 SHALL MEET AT LEAST ONCE EVERY TWO MONTHS UNTIL THE TASK FORCE
9 SUBMITS ITS FINAL REPORT AS REQUIRED BY SUBSECTION (9)(a) OF THIS
10 SECTION. THE CHAIR MAY CALL SUCH ADDITIONAL MEETINGS AS ARE
11 NECESSARY FOR THE TASK FORCE TO FULFILL ITS DUTIES. THE TASK FORCE
12 SHALL ESTABLISH PROCEDURES TO ALLOW MEMBERS OF THE TASK FORCE
13 TO PARTICIPATE IN MEETINGS REMOTELY.

14 (6) THE PURPOSE OF THE TASK FORCE IS TO EVALUATE AND MAKE
15 RECOMMENDATIONS ON THE CREATION OF A COLORADO HEALTH CARE
16 SERVICES RESERVE CORPS PROGRAM, REFERRED TO IN THIS SECTION AS THE
17 "PROGRAM", IN WHICH MEDICAL PROFESSIONALS COULD BE
18 CROSS-TRAINED TO SERVE IN EMERGENCIES AND DISASTERS IN THE STATE
19 AND RECEIVE A BENEFIT ■■■ FOR THEIR SERVICE IN THE PROGRAM. THE
20 TASK FORCE SHALL, AT A MINIMUM, CONSIDER AND MAKE FINDINGS AND
21 RECOMMENDATIONS ON THE FOLLOWING ISSUES:

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

24 (b) THE TYPES OF EMERGENCIES FOR WHICH THE PROGRAM COULD
25 PREPARE AND PROVIDE ASSISTANCE, AND THE SKILL SETS THAT WOULD BE
26 REQUIRED. THE TASK FORCE SHALL CONSIDER EMERGENCIES INCLUDING,
27 BUT NOT LIMITED TO, FLOODS, FIRES, EXTREME WEATHER CONDITIONS

1 THAT CUT OFF ACCESS TO COMMUNITIES, AND OUTBREAKS OF INFECTIOUS
2 DISEASE;

3 (c) ANY LEGAL OR REGULATORY BARRIERS TO THE CREATION OR
4 IMPLEMENTATION OF THE PROGRAM, INCLUDING LICENSING
5 REQUIREMENTS, POTENTIAL CIVIL LIABILITY, AND SCOPE OF PRACTICE
6 CONCERNS, AND WHAT CHANGES MAY BE NECESSARY TO ALLOW THE
7 PROGRAM TO FUNCTION;

8 (d) HOW THE PROGRAM COULD BE STREAMLINED OR INTEGRATED
9 WITH SIMILAR PROGRAMS, PROCEDURES, OR STANDARDS CURRENTLY IN
10 PLACE IN THE DEPARTMENT, INCLUDING BUT NOT LIMITED TO THE MEDICAL
11 RESERVE CORPS;

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

14 (f) THE TYPES OF TRAINING AND THE NUMBER OF HOURS OF
15 CROSS-TRAINING THAT WOULD BE REQUIRED FOR THE PROGRAM, AND HOW
16 THE TRAINING WOULD BE PROVIDED;

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

20 (h) HOW TO DESIGN THE CROSS-TRAINING OPTIONS TO ENSURE
21 THAT THEY ACCOUNT FOR THE GEOGRAPHIC LOCATION OF PARTICIPANTS
22 AND THAT THE PROGRAM AND CROSS-TRAINING OPTIONS ARE ACCESSIBLE
23 TO RURAL MEDICAL PROFESSIONALS;

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

26 (j) HOW TO ENSURE THAT PARTICIPANTS IN THE PROGRAM ARE
27 ENROLLED FROM A CROSS SECTION OF COMMUNITIES AND HEALTH CARE

1 SETTINGS AND FACILITIES SUCH THAT DEPLOYMENT OF THE HEALTH CARE
2 SERVICES RESERVE CORPS WOULD NOT CREATE SHORTAGES IN SPECIFIC
3 COMMUNITIES, SETTINGS, OR FACILITIES OR HAVE OTHER UNINTENDED
4 CONSEQUENCES;

5 (k) HOW LONG MEDICAL PROFESSIONALS WOULD SERVE IN THE
6 PROGRAM;

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

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

12 (n) THE RECORD-KEEPING AND CERTIFICATION REQUIREMENTS
13 NECESSARY TO IMPLEMENT THE PROGRAM;

14 (o) THE VARIOUS COSTS OF THE PROGRAM, INCLUDING BUT NOT
15 LIMITED TO A PRELIMINARY COST ASSESSMENT FOR THE SET-UP AND
16 ONGOING IMPLEMENTATION OF THE PROGRAM, INCLUDING HOW TO PAY
17 FOR THE NECESSARY CROSS-TRAINING AND THE COMPENSATION AND
18 RATES OF PAY FOR PARTICIPATING MEDICAL PROFESSIONALS DURING
19 DEPLOYMENTS;

20 (p) ANY CONSIDERATIONS RELATED TO INSURANCE COVERAGE,
21 INCLUDING REIMBURSEMENTS FOR SERVICES PROVIDED BY PROGRAM
22 PARTICIPANTS, ISSUES RELATED TO OUT-OF-NETWORK PROVIDERS OR
23 SERVICES, AND OTHER ISSUES THAT MAY ARISE RELATED TO THE
24 PROGRAM;

25 (q) LIABILITY PROTECTIONS FOR PROFESSIONALS AND FACILITIES
26 PARTICIPATING IN THE PROGRAM;

27 (r) CONSUMER PROTECTIONS FOR PATIENTS BEING TREATED BY

1 PARTICIPANTS IN THE PROGRAM; AND

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

4 (I) HOW THE BENEFIT WOULD BE FUNDED;

5 (II) THE TERMS AND AMOUNTS OF THE BENEFIT THAT WOULD BE
6 OFFERED;

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

10 (IV) HOW TO MARKET THE PROGRAM TO MEDICAL PROFESSIONALS
11 AND STUDENTS.

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

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

20 (I) ADDRESSING THE PHYSICAL AND MENTAL HEALTH NEEDS OF
21 COLORADO RESIDENTS; OR

22 (II) COORDINATING EMERGENCY RESPONSE AT THE LOCAL, STATE,
23 OR FEDERAL LEVEL.

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

1 SECTION.

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

8 (b) THE DEPARTMENT SHALL PROVIDE A BRIEFING ON THE TASK
9 FORCE'S ACTIVITIES AND PROGRESS AT THE LEGISLATIVE HEARING
10 CONDUCTED IN ACCORDANCE WITH SECTION 2-7-203 IN JANUARY 2023.

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

12 **SECTION 3. Appropriation.** For the 2021-22 state fiscal year,
13 \$130,505 is appropriated to the department of public health and
14 environment for use by the office of emergency preparedness and
15 response. This appropriation is from the general fund and is based on an
16 assumption that the office will require an additional 1.8 FTE. To
17 implement this act, the office may use this appropriation for the
18 emergency preparedness and response program.

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