

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0130.01 Christy Chase x2008

SENATE BILL 21-158

SENATE SPONSORSHIP

Danielson and Pettersen,

HOUSE SPONSORSHIP

Titone and Duran,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING MODIFICATIONS TO THE COLORADO HEALTH SERVICE
102 CORPS PROGRAM ADMINISTERED BY THE DEPARTMENT OF
103 PUBLIC HEALTH AND ENVIRONMENT TO EXPAND THE
104 AVAILABILITY OF GERIATRIC CARE PROVIDERS IN SHORTAGE
105 AREAS IN THE STATE.

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 modifies the Colorado health service corps program administered by the primary care office (office) in the department of

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.

public health and environment, which program includes a loan repayment program, as follows:

- Allows geriatric advanced practice providers, which include advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period; and
- Requires the general assembly to annually and continuously appropriate money from the general fund to the office for the 2021-22 through the 2025-26 fiscal years to help repay loans for geriatric advanced practice providers.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and determines that:

4 (a) Colorado currently has approximately 840,000 residents over
5 65 years of age, and that number is expected to grow to 1.2 million by
6 2030, a 43% increase in that population in 10 years;

7 (b) Additionally, the statewide population of residents over 75
8 years of age is approximately 327,000 and is expected to grow to 559,000
9 by 2030, a nearly 71% increase in that population in 10 years;

10 (c) Colorado is estimated to have 125,000 residents afflicted with
11 dementia by 2030, including an estimated 25,000 residing in rural areas
12 of the state;

13 (d) Geriatric specialists, including advanced practice providers
14 with geriatric training or experience, provide a patient-centered, holistic
15 approach to care and are highly trained to care for patients with dementia
16 and their families;

17 (e) Each geriatric specialist is typically able to care for
18 approximately 700 patients in an urban setting and fewer patients in a

1 rural setting;

2 (f) Currently, the number of Colorado health-care providers with
3 training in geriatrics is far short of the number of providers needed, and
4 the number is expected to be drastically short of the 2030 projected need
5 for geriatric-trained health-care providers;

6 (g) Advanced practice providers, including advanced practice
7 registered nurses and physician assistants, who have additional training
8 or experience in geriatrics, are critical to address the shortage in geriatric
9 specialists and to provide the level of care required for the state's growing
10 aging population;

11 (h) According to reliable sources such as the Colorado department
12 of public health and environment's 2015 report, *Healthy Aging in*
13 *Colorado*, rural areas of the state are woefully ill-equipped to support
14 aging populations, with rural counties in the southern and eastern parts of
15 the state bearing a higher proportion of the burden of inadequate
16 resources;

17 (i) Nearly 50% of Coloradans 75 years of age or older live in rural
18 areas of the state, yet only about 10% of geriatric specialists reside in or
19 serve rural areas;

20 (j) In America, 24% of veterans live in rural areas, and those
21 veterans are significantly older than veterans living in urban areas, are
22 likely to have complex care needs and multiple chronic conditions, and
23 have far less access to geriatric care than their urban counterparts;

24 (k) Older adults who are healthy or have minimal health issues are
25 inclined to live at home and age in place rather than in a nursing home or
26 other group living situation, and medical experts advise that people age
27 better at home;

1 (l) Older adults who are able to live at home instead of in a group
2 setting are less susceptible to the spread of disease, such as COVID-19,
3 thus prolonging their lives and avoiding lengthy hospital stays; and

4 (m) It is critical for the state to take specific, targeted action to
5 increase the number of geriatric specialists providing geriatric care to the
6 growing older adult populations in rural and other provider shortage areas
7 of the state by allowing geriatric advanced practice providers to
8 participate in the state's loan repayment program through which providers
9 who commit to providing care in shortage areas of the state for specified
10 periods receive education loan repayment assistance.

11 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-501, **amend**
12 (1) and (2) as follows:

13 **25-1.5-501. Legislative declaration.** (1) The general assembly
14 hereby finds that there are areas of Colorado that suffer from a lack of
15 health-care professionals, GERIATRIC ADVANCED PRACTICE PROVIDERS, or
16 behavioral health-care providers to serve, and a lack of nursing or other
17 health-care professional faculty to train health-care professionals to meet,
18 the medical and behavioral health-care needs of communities. The
19 general assembly further finds that the state needs to implement
20 incentives to encourage health-care professionals, GERIATRIC ADVANCED
21 PRACTICE PROVIDERS, and behavioral health-care providers to practice in
22 these underserved areas and to encourage nursing faculty and other
23 health-care professional faculty to teach health-care professionals.

24 (2) It is therefore the intent of the general assembly in enacting
25 this part 5 to create a state health service corps program that uses state
26 money, federal money, when permissible, and contributions from
27 communities and private sources to help repay the outstanding education

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

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

16 **25-1.5-502. Definitions.** As used in this part 5, unless the context
17 otherwise requires:

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

23 (1.2) "ADVISORY COUNCIL" MEANS THE COLORADO HEALTH
24 SERVICE CORPS ADVISORY COUNCIL CREATED PURSUANT TO SECTION
25 25-1.5-504.

26 (4.3) "GERIATRIC ADVANCED PRACTICE PROVIDER" MEANS AN
27 ADVANCED PRACTICE PROVIDER WHO SATISFIES ONE OF THE FOLLOWING:

1 (a) HAS COMPLETED A FORMAL POSTGRADUATE GERIATRICS
2 TRAINING PROGRAM CONSISTING OF:

3 (I) AT LEAST SIX MONTHS OF INTENSIVE POSTGRADUATE TEACHING
4 IN GERIATRIC SYNDROMES AND THE IMPORTANCE OF PHYSICAL AND
5 COGNITIVE FUNCTION IN THE CARE OF OLDER ADULTS; AND

6 (II) A CLINICAL GERIATRIC EXPERIENCE WITH A PRIMARY CARE
7 PANEL COMPRISED EXCLUSIVELY OF OLDER ADULTS, SEVENTY-FIVE
8 PERCENT OF WHICH CLINICAL EXPERIENCE MUST BE OBTAINED IN
9 OUTPATIENT, POST-ACUTE, OR HOME-BASED SETTINGS AND WHICH MAY
10 INCLUDE NO MORE THAN A TOTAL OF TWENTY-FIVE PERCENT OF THE
11 CLINICAL TIME IN THE INPATIENT OR HOSPICE SETTINGS;

12 (b) HAS COMPLETED:

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

18 (II) AT LEAST TWELVE MONTHS OF POSTGRADUATE CLINICAL
19 EXPERIENCE, WITH AT LEAST FIFTY PERCENT OF CLINICAL TIME SPENT
20 PROVIDING GERIATRIC CARE;

21 (c) HAS COMPLETED AT LEAST TWENTY-FOUR MONTHS OF
22 POSTGRADUATE CLINICAL EXPERIENCE, WITH AT LEAST FIFTY PERCENT OF
23 CLINICAL TIME SPENT PROVIDING GERIATRIC CARE; OR

24 (d) HAS COMPLETED GERIATRIC TRACK CLINICAL EXPERIENCE
25 WITHIN THE ADVANCED PRACTICE PROVIDER TRAINING PROGRAM, WITH AT
26 LEAST FIFTY PERCENT OF CLINICAL TRAINING TIME SPENT PROVIDING
27 GERIATRIC CARE.

1 (4.5) "GERIATRIC CARE" MEANS HEALTH CARE THAT IS PROVIDED
2 TO OLDER ADULTS, INCLUDING CARE PROVIDED IN OUTPATIENT,
3 POST-ACUTE, OR HOME-BASED SETTINGS, THAT FOCUSES ON IDENTIFYING
4 AND MANAGING GERIATRIC SYNDROMES AND THE IMPORTANCE OF THE
5 OLDER ADULT'S PHYSICAL AND COGNITIVE FUNCTIONAL STATUS.
6 "GERIATRIC CARE" DOES NOT INCLUDE HOSPICE-ONLY CARE.

7 (8.5) "OLDER ADULT" MEANS AN INDIVIDUAL WHO IS AT LEAST
8 SIXTY-FIVE YEARS OF AGE.

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

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

18 **25-1.5-503. Colorado health service corps - program - creation**
19 **- conditions.** (1) (a) (I) The primary care office shall maintain and
20 administer, subject to available appropriations, the Colorado health
21 service corps. Subject to available appropriations, the Colorado health
22 service corps shall provide loan repayment for certain eligible:

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

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

27 (D) GERIATRIC ADVANCED PRACTICE PROVIDERS.

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

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

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

14 (III)(C) IN CONSIDERATION FOR RECEIVING REPAYMENT OF ALL OR
15 PART OF A GERIATRIC ADVANCED PRACTICE PROVIDER'S EDUCATION LOAN,
16 THE GERIATRIC ADVANCED PRACTICE PROVIDER SHALL AGREE TO SPEND
17 AT LEAST FIFTY PERCENT OF THE PROVIDER'S TIME PROVIDING GERIATRIC
18 CARE IN HEALTH PROFESSIONAL SHORTAGE AREAS IN COLORADO.

19 (b) Repayment of loans under the Colorado health service corps
20 may be made using money in the Colorado health service corps fund. The
21 primary care office is authorized to receive and expend gifts, grants, and
22 donations or money appropriated by the general assembly for the purpose
23 of implementing the Colorado health service corps. In administering the
24 Colorado health service corps, the primary care office shall collaborate
25 with appropriate partners as needed to maximize the federal money
26 available to the state for state loan repayment programs through the
27 federal department of health and human services. The selection of

1 health-care professionals, behavioral health-care providers, candidates for
2 licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty
3 members, and health-care professional faculty members for participation
4 in the Colorado health service corps is exempt from the competitive
5 bidding requirements of the "Procurement Code", articles 101 to 112 of
6 title 24.

7 (c) The following providers are not eligible for loan repayment
8 through the Colorado health service corps:

9 (I) Health-care professionals who are not practicing in primary
10 care specialties or providing primary health services; ~~and~~

11 (II) Behavioral health-care providers and candidates for licensure
12 who are not providing behavioral health-care services; AND

13 (III) GERIATRIC ADVANCED PRACTICE PROVIDERS WHO ARE NOT
14 PROVIDING GERIATRIC CARE IN ACCORDANCE WITH SUBSECTION
15 (1)(a)(III)(C) OF THIS SECTION.

16 (d) (IV) AS A CONDITION OF RECEIVING A LOAN REPAYMENT
17 THROUGH THE COLORADO HEALTH SERVICE CORPS, A GERIATRIC
18 ADVANCED PRACTICE PROVIDER MUST ENTER INTO A CONTRACT PURSUANT
19 TO WHICH THE GERIATRIC ADVANCED PRACTICE PROVIDER AGREES TO
20 PROVIDE GERIATRIC CARE FOR AT LEAST TWO YEARS IN A COMMUNITY
21 THAT IS LOCATED IN A HEALTH PROFESSIONAL SHORTAGE AREA. THE
22 GERIATRIC ADVANCED PRACTICE PROVIDER, THE PRIMARY CARE OFFICE,
23 AND THE COMMUNITY EMPLOYER WITH WHICH THE GERIATRIC ADVANCED
24 PRACTICE PROVIDER IS PRACTICING MUST BE PARTIES TO THE CONTRACT.

25 (2) Subject to available appropriations, the primary care office
26 shall annually select health-care professionals, behavioral health-care
27 providers, candidates for licensure, GERIATRIC ADVANCED PRACTICE

1 PROVIDERS, nursing faculty members, and health-care professional
2 members from the list provided by the advisory council pursuant to
3 section 25-1.5-504 (5)(a) to participate in the Colorado health service
4 corps.

5 (5)(c) FOR A GERIATRIC ADVANCED PRACTICE PROVIDER APPLYING
6 TO PARTICIPATE IN THE COLORADO HEALTH SERVICE CORPS, THE
7 ADVISORY COUNCIL SHALL PRIORITIZE GERIATRIC ADVANCED PRACTICE
8 PROVIDER APPLICANTS WHO ARE:

9 (I) PROVIDING GERIATRIC CARE IN A RURAL SETTING, BUT THE
10 ADVISORY COUNCIL MAY ALSO CONSIDER APPLICANTS PROVIDING
11 GERIATRIC CARE IN AN UNDERSERVED URBAN SETTING;

12 (II) PRACTICING WITH A NONPROFIT ENTITY, BUT THE ADVISORY
13 COUNCIL MAY ALSO CONSIDER APPLICANTS WHO ARE PRACTICING WITH A
14 FOR-PROFIT ENTITY IF THERE ARE NO APPROPRIATE POSITIONS AVAILABLE
15 WITH A NONPROFIT ENTITY IN THE AREA BEING SERVED; AND

16 (III) WILLING TO SERVE AS A CLINICAL PRECEPTOR FOR ADVANCED
17 PRACTICE PROVIDERS AND OTHER PROVIDERS SEEKING TRAINING IN
18 GERIATRIC CARE.

19 (6) A contract for loan repayment entered into pursuant to this part
20 5 must not include terms that are more favorable to health-care
21 professionals, behavioral health-care providers, or candidates for
22 licensure, OR GERIATRIC ADVANCED PRACTICE PROVIDERS than the most
23 favorable terms that the secretary of the federal department of health and
24 human services is authorized to grant under the national health services
25 corps program. In addition, each contract must include penalties for
26 breach of contract that are at least as stringent as those available to the
27 secretary of the federal department of health and human services. In the

1 event of a breach of contract for a loan repayment entered into pursuant
2 to this part 5, the primary care office shall enforce the contract and collect
3 any damages or other penalties owed.

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

7 **25-1.5-504. Colorado health service corps advisory council -**
8 **creation - membership - duties.** (2) The advisory council consists of
9 ~~fifteen~~ SIXTEEN members appointed by the governor as provided in this
10 subsection (2). In appointing members of the advisory council, the
11 governor shall ensure that the advisory council includes at least one
12 representative from each of the following organizations OR PRACTICE
13 AREAS:

14 (n) A membership organization representing substance use
15 disorder service providers; ~~and~~

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

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

20 (5) (a) The advisory council shall review applications received
21 from health-care professionals, behavioral health-care providers,
22 candidates for licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS,
23 nursing faculty members, and health-care professional faculty members
24 to participate in the Colorado health service corps. Subject to available
25 appropriations and federal requirements concerning eligibility for federal
26 loan repayment matching funds, the advisory council shall annually select
27 health-care professionals, behavioral health-care providers, candidates for

1 licensure, GERIATRIC ADVANCED PRACTICE PROVIDERS, nursing faculty
2 members, and health-care professional faculty members to participate in
3 the Colorado health service corps and shall forward its list of selected
4 participants to the primary care office.

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

7 **25-1.5-505. Advisory council - report.** (1) On or before
8 December 1, 2011, and on or before December 1 every two years
9 thereafter, the primary care office, with assistance from the advisory
10 council, shall submit to the governor, the health and human services
11 committee of the senate, the ~~committees on~~ health AND insurance ~~and~~
12 ~~environment~~ and ~~on~~ public AND BEHAVIORAL health ~~care~~ and human
13 services COMMITTEES of the house of representatives, or any successor
14 committees, a report that includes, at a minimum, the following
15 information:

16 (a) A description of the health-care professionals, behavioral
17 health-care providers, candidates for licensure, GERIATRIC ADVANCED
18 PRACTICE PROVIDERS, nursing faculty members, and health-care
19 professional faculty members participating in the Colorado health service
20 corps program and the scholarship program;

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

25 **SECTION 7.** In Colorado Revised Statutes, 25-1.5-506, **add** (5)
26 as follows:

27 **25-1.5-506. Colorado health service corps fund - created -**

1 **acceptance of grants and donations - annual appropriation from**
2 **marijuana tax cash fund and general fund - repeal.** (5) (a) FOR THE
3 2021-22 THROUGH THE 2025-26 STATE FISCAL YEARS, THE GENERAL
4 ASSEMBLY SHALL CONTINUOUSLY APPROPRIATE THE FOLLOWING AMOUNTS
5 FROM THE GENERAL FUND TO THE FUND FOR USE IN PROVIDING LOAN
6 REPAYMENTS FOR GERIATRIC ADVANCED PRACTICE PROVIDERS:

7 (I) FOR THE 2021-22 STATE FISCAL YEAR, TWO HUNDRED
8 TWENTY-FIVE THOUSAND DOLLARS;

9 (II) FOR THE 2022-23 STATE FISCAL YEAR, FOUR HUNDRED
10 THOUSAND DOLLARS;

11 (III) FOR THE 2023-24 STATE FISCAL YEAR, FIVE HUNDRED
12 SEVENTY-FIVE THOUSAND DOLLARS;

13 (IV) FOR THE 2024-25 STATE FISCAL YEAR, FOUR HUNDRED FIFTY
14 THOUSAND DOLLARS; AND

15 (V) FOR THE 2025-26 STATE FISCAL YEAR, TWO HUNDRED
16 SEVENTY-FIVE THOUSAND DOLLARS.

17 (b) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE SEPTEMBER 30,
18 2026.

19 **SECTION 8.** In Colorado Revised Statutes, 25-1.5-404, **amend**
20 (1)(a) as follows:

21 **25-1.5-404. Primary care office - powers and duties - rules.**

22 (1) The primary care office has, at a minimum, the following powers and
23 duties:

24 (a) To assess the health-care PROFESSIONAL, GERIATRIC
25 ADVANCED PRACTICE PROVIDER, and behavioral health-care professional
26 needs of areas throughout the state and create and administer
27 state-designated health professional shortage areas in accordance with

1 state board rules adopted under this subsection (1)(a) establishing
2 state-specific methodologies for designating areas experiencing a
3 shortage of health-care professionals, GERIATRIC ADVANCED PRACTICE
4 PROVIDERS, or behavioral health-care providers. The primary care office
5 shall coordinate with the department of health care policy and financing
6 in developing the health professional shortage area designation
7 methodologies and in drafting rules under this subsection (1)(a).

8 **SECTION 9. Act subject to petition - effective date.** This act
9 takes effect at 12:01 a.m. on the day following the expiration of the
10 ninety-day period after final adjournment of the general assembly; except
11 that, if a referendum petition is filed pursuant to section 1 (3) of article V
12 of the state constitution against this act or an item, section, or part of this
13 act within such period, then the act, item, section, or part will not take
14 effect unless approved by the people at the general election to be held in
15 November 2022 and, in such case, will take effect on the date of the
16 official declaration of the vote thereon by the governor.