

CHAPTER 438

GOVERNMENT - STATE

HOUSE BILL 21-1005

BY REPRESENTATIVE(S) Mullica and Caraveo, Bennett, Bird, Boesenecker, Cutter, Duran, Esgar, Froelich, Herod, Hooton, Jackson, Jodeh, Kennedy, Kipp, Lontine, McCluskie, McCormick, Michaelson Jenet, Ortiz, Ricks, Roberts, Snyder, Titone, Valdez A., Woodrow, Young, Bacon, Exum, Garnett;
also SENATOR(S) Garcia, Bridges, Buckner, Danielson, Ginal, Jaquez Lewis, Pettersen, Winter.

AN ACT

**CONCERNING THE ESTABLISHMENT OF THE HEALTH CARE SERVICES RESERVE CORPS TASK FORCE,
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 hereby finds and declares that:

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

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

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

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

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

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.

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

SECTION 2. In Colorado Revised Statutes, **add** 25-1-135 as follows:

25-1-135. Health care services reserve corps task force - created - powers and duties - report - repeal. (1) THE HEALTH CARE SERVICES RESERVE CORPS TASK FORCE, REFERRED TO IN THIS SECTION AS THE "TASK FORCE", IS HEREBY CREATED IN THE DEPARTMENT.

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

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

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

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

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

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

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

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

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

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

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

(I) ONE MEMBER FROM A STATEWIDE ORGANIZATION REPRESENTING PLAINTIFF'S ATTORNEYS; AND

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

(b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL MAKE APPOINTMENTS NO LATER THAN DECEMBER 1, 2021. EACH APPOINTED MEMBER SERVES AT THE PLEASURE OF THE EXECUTIVE DIRECTOR OF THE DEPARTMENT. THE TERM OF THE

APPOINTMENT IS FOR THE DURATION OF THE TASK FORCE. THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL FILL ANY VACANCIES SUBJECT TO THE SAME QUALIFICATIONS AS THE INITIAL APPOINTMENT.

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

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

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

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

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

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

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

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

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

(e) THE NAME FOR THE PROGRAM AND HOW TO DIFFERENTIATE THE PROGRAM

FROM OTHER EXISTING SIMILAR PROGRAMS;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) HOW THE BENEFIT WOULD BE FUNDED;

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

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

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

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

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

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

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

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

(I) DISASTER RESPONSE EXPERTS;

(II) AFFECTED STATE AGENCIES; AND

(III) ENTITIES WITH EXPERTISE IN MEDICAL MALPRACTICE INSURANCE.

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

(b) THE DEPARTMENT MAY CONTRACT WITH AN OUTSIDE CONSULTANT TO PROVIDE STAFF SUPPORT, MANAGE THE ACTIVITIES OF THE TASK FORCE, AND ASSIST THE TASK FORCE IN FULFILLING ITS DUTIES AND FUNCTIONS PURSUANT TO THE SECTION. IN COORDINATION WITH THE TASK FORCE, THE CONSULTANT MAY GATHER DATA, CONDUCT INTERVIEWS, PRESENT INFORMATION, AND MANAGE THE DEVELOPMENT OF THE FINAL RECOMMENDATIONS OF THE TASK FORCE.

(9) ON OR BEFORE DECEMBER 1, 2023, THE TASK FORCE SHALL SUBMIT ITS

REPORT, INCLUDING ITS FINDINGS AND RECOMMENDATIONS ON THE ISSUES IDENTIFIED IN SUBSECTION (6) OF THIS SECTION, TO THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES.

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

SECTION 3. Appropriation. For the 2021-22 state fiscal year, \$75,118 is appropriated to the department of public health and environment for use by the office of emergency preparedness and response. This appropriation is from the general fund and is based on an assumption that the office will require an additional 0.4 FTE. To implement this act, the office may use this appropriation for the emergency preparedness and response program.

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

Approved: July 6, 2021