

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0094.01 Alana Rosen x2606

SENATE BILL 22-189

SENATE SPONSORSHIP

Danielson and Pettersen,

HOUSE SPONSORSHIP

(None),

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING CREATING THE COLORADO MULTIDISCIPLINARY
102 GERIATRIC PROVIDER PIPELINE PROGRAM TO SUPPORT THE
103 HEALTH CARE OF MEDICALLY COMPROMISED OLDER
104 COLORADANS.

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 Colorado multidisciplinary geriatric provider pipeline program (program) in the university of Colorado Anschutz medical campus. The program coordinates and expands geriatric training

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.

1 COLORADO WILL BE OVER SIXTY-FIVE YEARS OF AGE;

2 (c) THERE ARE ONLY NINETY-NINE GERIATRIC PHYSICIANS ACROSS
3 THE STATE;

4 (d) THERE IS A SEVERE SHORTAGE OF GERIATRIC-TRAINED
5 CLINICIANS, PHARMACISTS, AND DENTISTS;

6 (e) THE NUMBER OF OLDER COLORADANS WILL PUT HIGH DEMANDS
7 ON THE STATE'S HEALTH-CARE SYSTEM;

8 (f) ON AVERAGE, PATIENTS TREATED BY A GERIATRIC-TRAINED
9 PHYSICIAN WERE HOSPITALIZED ONE DAY LESS THAN PATIENTS TREATED
10 BY A GENERAL PRACTITIONER;

11 (g) THE AVERAGE HOSPITAL STAY FOR ONE DAY COSTS ROUGHLY
12 TWO THOUSAND DOLLARS OR MORE; AND

13 (h) READMISSION RATES FOR ELDERLY PATIENTS RELEASED FROM
14 HOSPITALS WITH ACUTE CARE FOR ELDER UNITS WAS AT LEAST FIVE
15 PERCENT LESS COMPARED TO PATIENTS RELEASED FROM HOSPITALS
16 WITHOUT ACUTE CARE FOR ELDER UNITS.

17 (2) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT BY
18 BUILDING A MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM
19 TO TRAIN AND SUPPORT GRADUATE STUDENTS IN THE HEALTH-CARE FIELDS
20 OF MEDICINE, MEDICINE WITH A FOCUS ON TRAINING TO BE A PHYSICIAN
21 ASSISTANT, PHARMACY, DENTISTRY, NURSING, PSYCHOLOGY, AND SOCIAL
22 WORK, FUTURE CLINICIANS WILL BETTER MEET THE NEEDS OF THE MOST
23 FRAIL AND MEDICALLY COMPLEX, COSTLY, AND COMPROMISED OLDER
24 COLORADANS. COLLABORATION BETWEEN PARTICIPATING INSTITUTIONS
25 OF HIGHER EDUCATION, COMMUNITIES, AND MEDICAL PROVIDERS WILL
26 ALLOW COLORADO TO PROVIDE HIGH-QUALITY MEDICAL CARE TO THE
27 MOST FRAIL AND MEDICALLY COMPLEX, COSTLY, AND COMPROMISED

1 OLDER COLORADANS AND TO BETTER FILL THE NEED FOR GERIATRIC CARE
2 IN COMMUNITIES ACROSS THE STATE.

3 **23-21-1102. Definitions.** AS USED IN THIS PART 11, UNLESS THE
4 CONTEXT OTHERWISE REQUIRES:

5 (1) "CLINICAL GRADUATE STUDENT" MEANS A GRADUATE STUDENT
6 STUDYING AT A PARTICIPATING INSTITUTION OF HIGHER EDUCATION WHO
7 IS TRAINING AS A DOCTOR, PHYSICIAN ASSISTANT, PHARMACIST, NURSE,
8 DENTIST, PSYCHOLOGIST, OR SOCIAL WORKER.

9 (2) "COLORADO MULTIDISCIPLINARY GERIATRIC PROVIDER
10 PIPELINE PROGRAM" OR "PROGRAM" MEANS THE COLORADO
11 MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM CREATED IN
12 SECTION 23-21-1103.

13 (3) "CONGREGATE CARE COMMUNITY" MEANS A RESIDENTIAL
14 CARE FACILITY FOR OLDER ADULTS.

15 (4) "GERIATRIC TRAINING EXECUTIVE ADVISORY COMMITTEE" OR
16 "COMMITTEE" MEANS THE GERIATRIC TRAINING EXECUTIVE ADVISORY
17 COMMITTEE CREATED IN SECTION 23-21-1104.

18 (5) "PARTICIPATING INSTITUTION OF HIGHER EDUCATION" MEANS
19 A PRIVATE INSTITUTION OF HIGHER EDUCATION OR A PUBLIC INSTITUTION
20 OF HIGHER EDUCATION PARTICIPATING IN THE COLORADO
21 MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM.

22 **23-21-1103. Colorado multidisciplinary geriatric provider**
23 **pipeline program - created.** (1) THERE IS CREATED THE COLORADO
24 MULTIDISCIPLINARY GERIATRIC PROVIDER PIPELINE PROGRAM IN THE
25 UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS. THE PURPOSE
26 OF THE PROGRAM IS TO COORDINATE AND EXPAND GERIATRIC TRAINING
27 OPPORTUNITIES FOR CLINICAL GRADUATE STUDENTS FROM PARTICIPATING

1 INSTITUTIONS OF HIGHER EDUCATION WHO ARE STUDYING IN THE FIELDS
2 OF MEDICINE, MEDICINE WITH A FOCUS ON TRAINING TO BE A PHYSICIAN
3 ASSISTANT, PHARMACY, DENTISTRY, NURSING, PSYCHOLOGY, AND SOCIAL
4 WORK.

5 (2) BEGINNING IN THE STATE FISCAL YEAR 2023-24, THE
6 COMMITTEE, PROGRAM CHAIR OR THE PROGRAM CHAIR'S DESIGNEE, AND
7 PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT
8 COLORADO SHALL SELECT TWO CLINICAL GRADUATE STUDENTS PER YEAR
9 FROM EACH FIELD OF STUDY DESCRIBED IN THIS SUBSECTION (2) TO
10 PARTICIPATE IN THE PROGRAM'S GERIATRIC CURRICULUM. THE
11 COMMITTEE, IN COLLABORATION WITH THE PARTICIPATING INSTITUTIONS
12 OF HIGHER EDUCATION, SHALL PLACE CLINICAL GRADUATE STUDENTS IN
13 GERIATRIC CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.
14 TWO CLINICAL GRADUATE STUDENTS FROM THE FOLLOWING FIELDS OF
15 STUDY ARE INCLUDED IN THE PROGRAM:

- 16 (a) MEDICINE;
- 17 (b) MEDICINE WITH A FOCUS ON TRAINING TO BE A PHYSICIAN
18 ASSISTANT;
- 19 (c) PHARMACY;
- 20 (d) DENTISTRY;
- 21 (e) NURSING;
- 22 (f) PSYCHOLOGY; AND
- 23 (g) SOCIAL WORK.

24 (3) THE PROGRAM MUST PROVIDE UPDATED TRAINING EACH YEAR
25 FOR CLINICAL GRADUATE STUDENTS, PROFESSORS, AND COMMUNITY
26 HEALTH PROVIDERS TO REVIEW NEW PATIENT-CENTERED GERIATRIC
27 APPROACHES, INNOVATIONS, AND TECHNOLOGIES.

1 (4) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,
2 SHALL COLLABORATE WITH PARTICIPATING INSTITUTIONS OF HIGHER
3 EDUCATION, COMMUNITY HEALTH PROVIDERS, AND CONGREGATE CARE
4 COMMUNITIES TO PLACE CLINICAL GRADUATE STUDENTS IN GERIATRIC
5 CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.

6 (5) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,
7 SHALL GATHER DATA ON THE FOLLOWING:

8 (a) THE NUMBER OF CLINICAL GRADUATE STUDENTS
9 PARTICIPATING IN THE PROGRAM FROM EACH PARTICIPATING INSTITUTION
10 OF HIGHER EDUCATION;

11 (b) THE NUMBER OF CLINICAL GRADUATE STUDENTS WHO
12 GRADUATE FROM THE PROGRAM; AND

13 (c) THE SUBSEQUENT LOCATION AND JOB PLACEMENT OF PROGRAM
14 GRADUATES.

15 **23-21-1104. Geriatric training executive advisory committee**

16 **- created - training.** (1) THERE IS CREATED THE GERIATRIC TRAINING
17 EXECUTIVE ADVISORY COMMITTEE TO ENSURE THAT TRAINING FOR THE
18 PROGRAM IS CONSISTENT AND COLLABORATIVE ACROSS THE UNIVERSITY
19 DEPARTMENTS, PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION, AND
20 MEDICAL FIELDS. THE COMMITTEE SHALL CONSIST OF THE PROGRAM
21 CHAIR, APPOINTED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION, AND
22 MEMBERS, INCLUDING, BUT NOT LIMITED TO:

23 (a) ONE REPRESENTATIVE FROM THE SCHOOL OF MEDICINE;

24 (b) ONE REPRESENTATIVE FROM THE SCHOOL OF PHARMACY;

25 (c) ONE REPRESENTATIVE FROM THE SCHOOL OF DENTAL
26 MEDICINE;

27 (d) ONE REPRESENTATIVE FROM A NURSING PROGRAM;

1 (e) ONE REPRESENTATIVE FROM THE DEPARTMENT OF
2 PSYCHOLOGY; AND

3 (f) ONE REPRESENTATIVE FROM A SOCIAL WORK PROGRAM.

4 (2) THE COMMITTEE SHALL:

5 (a) APPOINT A PROGRAM CHAIR;

6 (b) SET THE PROGRAM'S STANDARDS FOR TRAINING AND DELIVERY
7 OF MEDICAL CARE TO THE MOST FRAIL AND MEDICALLY COMPLEX, COSTLY,
8 AND COMPROMISED OLDER COLORADANS;

9 (c) COLLABORATE WITH THE PROGRAM CHAIR AND PARTICIPATING
10 INSTITUTIONS OF HIGHER EDUCATION TO SELECT CLINICAL GRADUATE
11 STUDENTS WHO HAVE AN INTEREST IN GERIATRIC CARE TO PARTICIPATE IN
12 THE PROGRAM;

13 (d) ANALYZE THE DATA COLLECTED IN SECTION 23-21-1103 (5);

14 (e) BUILD RELATIONSHIPS, COLLABORATE, AND CREATE A
15 MULTIDISCIPLINARY TEAM THAT PROVIDES OPPORTUNITIES FOR CLINICIANS
16 TO WORK TOGETHER IN TEAMS TO BETTER UNDERSTAND THE ROLES OF
17 EACH DISCIPLINE AND BETTER PLACE CLINICAL GRADUATE STUDENTS FOR
18 EXPERIENTIAL TRAINING OPPORTUNITIES; AND

19 (f) COORDINATE WITH GRADUATES OF THE PROGRAM FOR
20 OPPORTUNITIES TO BECOME TRAINERS TO FUTURE CLINICAL GRADUATE
21 STUDENTS ONCE PRACTICING IN THE GRADUATE'S FIELD OF STUDY.

22 **23-21-1105. Reporting.** BY JULY 1, 2024, AND NO LATER THAN
23 JULY 1 EACH YEAR THEREAFTER, A REPRESENTATIVE OF THE PROGRAM
24 SHALL SUBMIT A REPORT OF THE DATA COLLECTED IN SECTION 23-21-1103
25 (5) AND RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY CHANGES
26 TO FACILITATE THE EFFECTIVE IMPLEMENTATION OF THE PROGRAM TO THE
27 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF

1 THE SENATE, THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
2 SENATE, OR THEIR SUCCESSOR COMMITTEES. NOTWITHSTANDING SECTION
3 24-1-136 (11)(a)(I), THE REPORTING REQUIREMENT IN THIS SECTION
4 CONTINUES INDEFINITELY.

5 **SECTION 2. Act subject to petition - effective date.** This act
6 takes effect at 12:01 a.m. on the day following the expiration of the
7 ninety-day period after final adjournment of the general assembly; except
8 that, if a referendum petition is filed pursuant to section 1 (3) of article V
9 of the state constitution against this act or an item, section, or part of this
10 act within such period, then the act, item, section, or part will not take
11 effect unless approved by the people at the general election to be held in
12 November 2022 and, in such case, will take effect on the date of the
13 official declaration of the vote thereon by the governor.