First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

DRAFT
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Bill 4

LLS NO. 25-0205.01 Chelsea Princell x4335 **INTERIM COMMITTEE BILL**

American Indian Affairs Interim Study Committee

BILL TOPIC: Cultural Competency Continuing Ed Reqmnt

A BILL FOR AN ACT

CONCERNING AMERICAN INDIAN CULTURAL COMPETENCY CONTINUING EDUCATION REQUIREMENTS FOR HEALTH-CARE PROVIDERS.

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/.)

American Indian Affairs Interim Study Committee. The bill requires a physician's continued medical education (CME) credit hour requirements to include CME credit hours addressing cultural competency as it pertains to American Indians.

To determine the cultural competency CME requirements, the bill

requires the medical board to initiate a stakeholder process to determine the scope, topics covered, number of credit hours required, and frequency of the CME requirement.

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

SECTION 1. Legislative declaration. (1) The general assembly finds that:

(a) There is a cultural disconnect that prevents American Indians from seeking medical attention;

(b) Colorado American Indian people are unlikely to find a health-care provider who shares their culture and racial perspectives;

(c) With 207,787 American Indian residents in Colorado, or 3.6 percent of the Colorado population, only 1.4 percent of medical school graduates in Colorado are American Indian, and just 0.35 percent of health-care fields include providers that are American Indian;

(d) In a community survey on Colorado health access, 296,065 of respondents reported disrespectful treatment in a medical setting, most often by the acting physician;

(e) Fifteen percent of American Indians report experiences of racial discrimination when visiting a doctor or health clinic in the United States; and

(f) Twenty-three percent of American Indians in the United States avoid going to the doctor because of concerns of racial discrimination and poor treatment.

(2) Therefore, the general assembly declares that it is necessary for the health and safety of American Indians that Colorado health-care providers complete continuing education requirements addressing cultural competency as it pertains to American Indians.

SECTION 2. In Colorado Revised Statutes, 12-240-130.5, **amend** (6); and **add** (2)(a.5) and (2)(d.5) as follows:

12-240-130.5. Continuing medical education - requirement - compliance - rules - legislative declaration - definitions. (2) As used in this section, unless the context otherwise requires:

(a.5) "AMERICAN INDIAN" MEANS AN INDIVIDUAL WHO RESIDES IN COLORADO AND EITHER BELONGS TO A FEDERALLY RECOGNIZED TRIBE OR IS A MEMBER OF A COLORADO TRIBAL COMMUNITY.

(d.5) "FEDERALLY RECOGNIZED TRIBE" MEANS THE SOUTHERN UTE TRIBE, THE UTE MOUNTAIN UTE TRIBE, AND ANY OTHER TRIBE THAT IS RECOGNIZED PURSUANT TO FEDERAL LAW.

(6) As part of the CME requirement established pursuant to this section, in addition to CME programs covering topics selected by the physician, a physician's CME credit hours must include:

(a) CME credit hours that comply with section 12-30-114 and related board rules; ~~and~~

(b) CME credit hours covering a topic specified by the board by rule pursuant to subsection (7)(b) of this section; AND

(c) (I) CME CREDIT HOURS THAT ADDRESS CULTURAL COMPETENCY AS IT PERTAINS TO AMERICAN INDIANS AS DETERMINED BY THE STAKEHOLDER PROCESS CONVENED BY THE BOARD PURSUANT TO SUBSECTION (6)(c)(II) OF THIS SECTION.

(II) THE BOARD SHALL INITIATE A STAKEHOLDER PROCESS THAT CONSISTS OF MEMBERS OF THE AMERICAN INDIAN COMMUNITY AND ORGANIZATIONS FOCUSED ON AMERICAN INDIAN HEALTH ISSUES TO ADVISE THE BOARD CONCERNING THE SCOPE, TOPICS COVERED, NUMBER OF CREDIT HOURS REQUIRED, AND FREQUENCY OF THE CME

REQUIREMENT. THE CME CREDIT REQUIRED PURSUANT TO SUBSECTION (6)(c)(I) OF THIS SECTION MUST INCLUDE AT LEAST ONE CREDIT HOUR IN CULTURAL COMPETENCY AS IT PERTAINS TO AMERICAN INDIANS DURING EACH COMPLIANCE PERIOD. THE BOARD MAY CONVENE ADDITIONAL STAKEHOLDER MEETINGS TO UPDATE THE CME CREDIT HOUR REQUIREMENTS, AS NECESSARY. THE BOARD MAY INVITE THE FOLLOWING INDIVIDUALS TO PARTICIPATE IN THE STAKEHOLDER PROCESS:

(A) A REPRESENTATIVE FROM THE SOUTHERN UTE HEALTH CENTER;

(B) A REPRESENTATIVE FROM THE UTE MOUNTAIN UTE HEALTH CENTER;

(C) A REPRESENTATIVE FROM DENVER INDIAN HEALTH AND FAMILY SERVICES;

(D) A REPRESENTATIVE FROM THE DENVER INDIAN FAMILY RESOURCE CENTER;

(E) A REPRESENTATIVE FROM THE CENTERS FOR AMERICAN INDIAN AND ALASKA NATIVE HEALTH;

(F) A REPRESENTATIVE FROM THE WESTERN SLOPE NATIVE AMERICAN RESOURCE CENTER;

(G) A REPRESENTATIVE FROM THE OFFICE OF THE LIAISON FOR MISSING AND MURDERED INDIGENOUS RELATIVES;

(H) A REPRESENTATIVE FROM THE INDIAN HEALTH SERVICES WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES;

(I) THE TRIBAL LIAISON FROM THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

(J) THE TRIBAL LIAISON FROM THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; AND

(K) MEMBERS OF THE COMMUNITY IMPACTED BY THE CME REQUIREMENT IN THIS SUBSECTION (6)(c)(II), INCLUDING AMERICAN INDIAN MEDICAL AND PUBLIC HEALTH PROFESSIONALS.

(III) THE STAKEHOLDER PROCESS REQUIRED BY SUBSECTION (6)(c)(II) OF THIS SECTION MUST, AT A MINIMUM, CONSIDER THE FOLLOWING:

(A) HOW THE STRUCTURE OF THE HEALTH-CARE SYSTEM IMPACTS AMERICAN INDIANS;

(B) ISSUES RELATED TO MISREPRESENTATION AND MISCLASSIFICATION OF AMERICAN INDIANS IN HEALTH DATA;

(C) THE IMPORTANCE OF AMERICAN INDIANS' ABILITY TO ACCESS TRIBAL HEALTH-CARE DATA IN ORDER TO PROPERLY PLAN AND EXECUTE MEDICAL INTERVENTIONS;

(D) AMERICAN INDIAN CULTURAL AND SPIRITUAL PRACTICES THAT AFFECT MEDICAL ADVICE AND CARE, SUCH AS HERBAL MEDICINE, SWEAT LODGES, SUN DANCES, FASTING, AND TRANSFUSION REFUSAL;

(E) EPIGENETIC FACTORS THAT INFLUENCE AN AMERICAN INDIAN'S RESPONSE TO WESTERN MEDICINE;

(F) THE IMPORTANCE OF INTEGRATED CARE FOR AMERICAN INDIANS;

(G) CULTURAL ASSETS AS THEY RELATE TO HEALTH CARE, INCLUDING FAMILY RELATIONSHIPS AND CONNECTIONS TO NATURE;

(H) POLICIES AND CIRCUMSTANCES THAT MAY AFFECT MEDICAL DECISIONS; AND

(I) SOCIAL JUSTICE ISSUES FACED BY AMERICAN INDIANS.

SECTION 3. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate

preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.