

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

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 21-0126.01 Megan Waples x4348

HOUSE BILL 21-1005

HOUSE SPONSORSHIP

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House Committees

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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.*

SENATE
Amended 2nd Reading
June 4, 2021

HOUSE
3rd Reading Unamended
May 14, 2021

HOUSE
Amended 2nd Reading
May 13, 2021

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 AT LEAST TEN AND NO MORE
3 THAN ELEVEN VOTING MEMBERS AS FOLLOWS:

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

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

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

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

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

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

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

18 [REDACTED]
19 (F) ONE MEMBER WITH EXPERIENCE MANAGING A HEALTH CARE
20 CLINIC;

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

23 [REDACTED]
24 (H) ONE MEMBER FROM A STATEWIDE ORGANIZATION
25 REPRESENTING LOCAL PUBLIC HEALTH OFFICIALS;

26 [REDACTED]
27 (I) ONE MEMBER FROM A STATEWIDE ORGANIZATION

1 REPRESENTING PLAINTIFF'S ATTORNEYS; AND

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

5 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL MAKE
6 APPOINTMENTS NO LATER THAN DECEMBER 1, 2021. EACH APPOINTED
7 MEMBER SERVES AT THE PLEASURE OF THE EXECUTIVE DIRECTOR OF THE
8 DEPARTMENT. THE TERM OF THE APPOINTMENT IS FOR THE DURATION OF
9 THE TASK FORCE. THE EXECUTIVE DIRECTOR OF THE DEPARTMENT SHALL
10 FILL ANY VACANCIES SUBJECT TO THE SAME QUALIFICATIONS AS THE
11 INITIAL APPOINTMENT.

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

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

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

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

1 SHALL ESTABLISH PROCEDURES TO ALLOW MEMBERS OF THE TASK FORCE
2 TO PARTICIPATE IN MEETINGS REMOTELY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (I) HOW THE BENEFIT WOULD BE FUNDED;

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

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

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

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

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

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

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

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

17 (I) DISASTER RESPONSE EXPERTS;

18 (II) AFFECTED STATE AGENCIES; AND

19 (III) ENTITIES WITH EXPERTISE IN MEDICAL MALPRACTICE
20 INSURANCE.

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

26 (b) THE DEPARTMENT MAY CONTRACT WITH AN OUTSIDE
27 CONSULTANT TO PROVIDE STAFF SUPPORT, MANAGE THE ACTIVITIES OF

1 THE TASK FORCE, AND ASSIST THE TASK FORCE IN FULFILLING ITS DUTIES
2 AND FUNCTIONS PURSUANT TO THE SECTION. IN COORDINATION WITH THE
3 TASK FORCE, THE CONSULTANT MAY GATHER DATA, CONDUCT
4 INTERVIEWS, PRESENT INFORMATION, AND MANAGE THE DEVELOPMENT OF
5 THE FINAL RECOMMENDATIONS OF THE TASK FORCE.

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

12
13 (10) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.

14 **SECTION 3. Appropriation.** For the 2021-22 state fiscal year,
15 \$75,118 is appropriated to the department of public health and
16 environment for use by the office of emergency preparedness and
17 response. This appropriation is from the general fund and is based on an
18 assumption that the office will require an additional 0.4 FTE. To
19 implement this act, the office may use this appropriation for the
20 emergency preparedness and response program.

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