

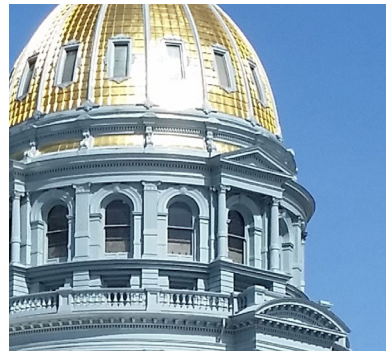
# 2022

Report to the Colorado General Assembly

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## Statewide Health Care Review Committee



Prepared by Legislative Council Staff  
Research Publication No. 778  
December 2022

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# **Statewide Health Care Review Committee**

## **Members of the Committee**

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Representative Susan Lontine, Vice-Chair

Senator Joann Ginal  
Senator Jim Smallwood

Representative Richard Holtorf  
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***December 2022***



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*This report is also available online at:*

<http://leg.colorado.gov/committees/statewide-health-care-review-committee/2022-regular-session>



## **Committee Charge**

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Pursuant to Section 10-16-221, Colorado Revised Statutes, the Statewide Health Care Review Committee was created to study health care issues across the state. The committee is authorized to meet two times during each interim, unless additional meetings are authorized by the Executive Committee of the Legislative Council. The two meetings may incorporate field trips. The committee is charged with studying health care issues that affect Colorado residents throughout the state, including the following:

- emerging trends in Colorado health care and their effects on consumers, providers, and payers;
- the ability of consumers to obtain and keep adequate, affordable health insurance coverage;
- the effect of changes in the way health care is delivered and paid for;
- trends in health care coverage rates for individuals, employees, and employers and in reimbursement rates for health care services;
- access to and availability of federal funds and waivers of federal law;
- innovations in health care and health care coverage;
- health care issues that arise in or are unique to rural areas of the state;
- access to timely and quality health care and emergency and nonemergency medical transportation;
- options for addressing the needs of uninsured and underinsured populations;
- issues related to the health care workforce, including network adequacy and the adequacy of access to providers; and
- any other health care issue affecting Colorado residents that the committee deems necessary to study.

The committee is not authorized to request legislation.

## **Committee Activities**

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The committee held one meeting and toured several health care facilities during the 2022 interim. Briefings and presentations were made by the Colorado Health Foundation, the Colorado Department of Public Health and Environment, the Colorado Department of Correction, Lincoln Health, and the Colorado Center for Nursing Excellence on the following topics:

- Pulse Poll;
- Healthy Kids Colorado survey;
- monkeypox outbreak and the state's response;
- Hepatitis C within the Colorado Department of Corrections;
- challenges in rural health care; and
- virtual dementia training.

The following sections discuss the committee's activities during the 2022 interim.

## **Pulse Poll**

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Annually, the Colorado Health Foundation (foundation) conducts the Pulse Poll, which is a public opinion survey of Coloradans on a range of issues. The survey is used to inform policy makers of the citizens' priorities. In April 2022, almost 3,000 Coloradans participated in the poll. Staff from the foundation presented to the committee on the findings of the poll and reported that the cost of living, affordable housing, and environmental concerns were the biggest concerns for the survey respondents.

The Colorado Health Foundation representative stated that concerns about the cost of living and crime have increased, while concern about COVID has fallen and the spread of new COVID variants is rated as the least serious problem facing the state. The Pulse Poll found that eastern plains residents are less concerned about health care costs and mental health, and more concerned about drug and alcohol use. The poll also found that Coloradans have increasingly postponed medical care in the last 12 months and that LGBTQ+ people, uninsured Coloradans, and people living with disabilities are among the most likely to postpone care. Coloradans cited a lack of insurance, fear of racial bias, and financial instability as reasons for postponing care.

The Colorado Health Foundation representative highlighted that mental health is another major issue facing the state. Three in five of the respondents say they experienced mental health strain in the last year and that out-of-pocket costs present the greatest challenge to accessing mental health care regardless of income or insurance type. Making treatment for addiction affordable and connecting people with others who can support them was considered a top priority by the respondents.

## **Healthy Kids Colorado Survey**

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Representatives from the Colorado Department of Public Health and Environment (CDPHE) presented on the Healthy Kids Colorado Survey. This survey is conducted in partnership with the Colorado School of Public Health (CSPH) and is meant to better understand youth health and the factors that help young people in Colorado make healthy choices. During the latest survey, over 68,000 high school students and approximately 38,500 middle school students participated in the survey, which is voluntary, confidential, and anonymous. Topics covered in the survey address:

- protective factors, such as family involvement;
- health behaviors, including substance use, safety, and violence; and
- social-emotional indicators, including suicide and bullying.

The survey found an increase in the percentage of youth who experienced feelings of depression in the past year, and a decrease in the percentage of youth who currently use substances, including alcohol, marijuana, cigarettes, electronic vapor products, and prescription pain medication without a prescription. Overall, youth felt it was harder to access substances than in prior survey years and reported increased perceived risk of harm by the daily use of substances.

The CDPHE representatives discussed how the data is analyzed, including how protective and risk factors vary across demographics. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes, while protective factors are associated with a lower likelihood of negative outcomes. The CSPH found that LGBTQ+ students reported higher risk factors and lower protective risk factors when compared to their straight or cisgender peers. The CDPHE representatives discussed how data related to the intersectionality of gender identity, sexual orientation, and race and ethnicity. The representatives shared data that LGBTQ+ youth of color reported having a trusted adult at significantly lower rates compared to straight, cisgender, white students. LGBTQ+ youth of color also reported that they felt they belonged at their school at significantly lower rates compared to straight, cisgender, white students.

## **Monkeypox Outbreak and the State's Response**

CDPHE representatives presented on the recent monkeypox outbreak and how it was affecting Colorado. The outbreak began in May 2022 and as of September 6, 2022, there were a total of 250 cases reported in Colorado. The CDPHE began to heavily test for monkeypox in early July and by late August there was a reduction of positive lab reports. The CDPHE representatives also presented on the department's strategy for addressing the issue in Colorado, including mitigating spread in communities where transmission has been highest among populations most at risk, increasing provider awareness, engaging and educating high-risk communities, and increasing access to testing and vaccinations.

## **Hepatitis C Within the Colorado Department of Corrections**

A representative from the Colorado Department of Corrections (CDOC) presented on CDOC's response to treating inmates with Hepatitis C. In 2018, the CDOC finalized a settlement with the American Civil Liberties Union of Colorado to spend \$41 million over two years to treat prisoners with Hepatitis C. Since then the department has removed the requirement that inmates undergo drug or alcohol treatment as a precondition of treatment for Hepatitis C and stipulated that treatment will not be refused as a result of any disciplinary violation. The CDOC representative provided the history of Hepatitis C within the CDOC and an overview of the viral course with and without treatment. Presently the CDOC tests all inmates on entry, and intake numbers indicate that roughly 10 percent of entries test positive for the Hepatitis C antibody. This is lower than the estimated 18 percent national average. The CDOC also treats all who enter the department who qualify for treatment.

## **Challenges in Rural Health Care**

A representative from Lincoln Health, which is a rural health system located based in Hugo, presented to the committee on challenges facing rural hospitals. He discussed issues related to maintaining essential services, workforce shortages, and lack of revenue and capital. He also addressed ways the General Assembly could assist with possible solutions to the issues he identified.



**Maintaining essential services.** The representative from Lincoln Health discussed how rural health care facilities have struggled to maintain essential services such as obstetrics, senior services, oncology care, and high-end imaging. Only a small number of providers offer obstetrics care in the eastern plains, and most were more than 100 miles from one another. He noted that nursing homes were rapidly closing due to the high cost of providing care, an aging population, and insufficient reimbursement for services. The Lincoln Health representative recommended using funds from the Office of eHealth and Innovation to assist hospitals in updating their electronic health records to allow for greater connectivity and to allow hospitals to work together to care for patients locally.

**Workforce shortages.** The Lincoln Health representative discussed that the pandemic has resulted in a high number of resignations and staff shortages. He also shared that wages are increasing, making it difficult for rural hospitals to compete with urban wages. The Lincoln Health representative discussed how high school teacher shortages and low wages for community colleges instructors are leading to a lack of health occupation classes in rural communities. He stated that administrative turnover in rural hospitals is at approximately 25 percent a year and further compounds upon the workforce shortages due to a lack of leadership. The Lincoln Health representative suggested that tuition reimbursement would encourage long-term placements of rural providers. He also recommended health occupation and leadership training to alleviate the challenges impacting the workforce.

**Lack of revenue and capital.** The Lincoln Health representative noted that Medicaid changes tend to have a disproportionate impact on small, rural hospitals and that with Rural Support Fund payments ending soon, some hospitals may struggle to effectively transition. He also noted that small hospitals struggle to negotiate with insurance companies due to their smaller volumes and limited services; and that low reimbursement rates make it harder for rural hospitals to maintain a standard of care and keep facilities functioning at a high level. Two solutions the Lincoln Health representative suggested were to convert to a cost-based Medicaid reimbursement for critical access hospitals and to provide additional state grant funding.

## **Virtual Dementia Tour Demonstration**

Colorado Center for Nursing Excellence (CCNE) staff members provided an opportunity for committee members to participate in a virtual dementia tour. The tour provided a simulation of what a person who has mid-stage dementia experiences by temporarily altering the participants' physical and sensory abilities. The virtual dementia tour demonstrates what dementia feels like, how it affects the brain, and how caregivers can provide better care for those living with dementia.

After completing the tour, the committee members and legislative staff who participated in the virtual dementia tour met with CCNE staff to discuss their experiences. The committee members and CCNE staff discussed how the program is funded and provided throughout the state. As part of a federal grant, several center staff members have been trained to deliver the virtual dementia tour, which is an evidence-based product of Second Wind Dreams, a nonprofit that provides educational opportunities to eldercare caregivers and communities. The tour is provided free of cost to agencies across Colorado.

## **Tour of Denver and Aurora Health Facilities**

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**Tepeyac Community Health Center.** The committee toured the future location of Tepeyac Community Health Center (Tepeyac) in the Globeville Elyria-Swansea neighborhood that is currently under construction. Tepeyac offers a model of centralized health care services for those who are medically underserved. A majority of the clinical staff are bicultural and bilingual, and all direct-service clinic providers are proficient or fluent in both Spanish and English. Tepeyac began providing health education services in Denver in 1994, and opened a clinic in 1995. Tepeyac has since undergone moves and expansions to meet the community's growing need. The new clinic will be over three times the size of the current clinic, at more than 24,000 square feet, and will have the capacity to serve approximately 9,600 clients.

Tepeyac currently provides comprehensive primary care, prenatal and postpartum care, lab testing, radiology services, patient education and health promotion, behavioral health care and limited dental care. The new location will be offering this same slate of services, as well as comprehensive dental care, pharmacy services, and expanded services for children and those with behavioral health care needs. The committee was also able to visit Vina Apartments, a housing complex co-located with the clinic serving those with incomes in the 30 percent to 80 percent area median income range.

**Denver Health Refugee Clinic.** The committee visited the Denver Health Refugee Clinic, located at the Lowry Family Health Center, and learned about the clinic and the services offered. The Colorado Refugee Services Program and Colorado Department of Human Services partner with Denver Health to provide a health screening to newly-arrived refugee families and certain individuals seeking asylum. Among other services, the clinic:

- ensures follow-up of specific health conditions identified overseas, including tuberculosis, HIV, and mental health challenges;
- identifies and provides treatment for individuals with communicable diseases of potential public health importance; and
- identifies and provides treatment for health conditions that negatively impact an individual's ability to engage in activities important to successful resettlement, such as job placement, language training, or school attendance.

In addition, the clinic provides health education, as well as education around how to use Medicaid benefits, obtain prescription medications and schedule appointments. Patients are also provided information about available community resources. Clients receiving a screening through the Refugee Medical Screening Program are referred to a local primary care clinic for ongoing health care services.

The committee was also provided detailed information about the services that the clinic provided to the Afghan refugee population.

**Children’s Colorado Health Pavilion.** The committee toured the Children’s Colorado Health Pavilion that opened in 2019. The Health Pavilion offers outpatient primary care, specialty care, dental care, and mental health services. Through a universal psychosocial screening tool delivered to each patient, patients and families seen in the Health Pavilion who indicate unmet social needs, such as accessing regular meals or uninterrupted electricity at home, are referred to the facility’s Resource Connect.

Resource Connect is located in the Health Pavilion where a network of community health navigators and partners provide wrap-around care and support to the Health Pavilion clients. Resource Connect partners include: Adams County Workforce, A Precious Child, Energy Outreach Colorado, Healthy Roots Food Clinic, and Medical Legal Partnership. Children’s Colorado Health Pavilion staff members discussed how Resource Connect was able to continue to provide food resources during the pandemic through a partnership with Aurora Public Schools. They also discussed how the Health Pavilion and Resource Center model is being shared with other health care systems throughout the nation.

## **Tour of Greeley and Evans Health Facilities**

**North Range Behavioral Health.** North Range Behavioral Health is a nonprofit organization, established in 1971, that provides a spectrum of care for people, including children, youth, and families, who are facing mental health and substance use disorder challenges. It is a certified community behavioral health clinic that has 25 locations throughout Weld County. The committee toured two North Range Behavioral Health locations – the Littler Prevention Campus and the Crisis Campus.

*The Littler Prevention Campus.* The Littler Prevention Campus houses both the Family Connects and the Wings Programs. It was named for Representative Kathleen Littler, who was the first woman elected to serve in the General Assembly from Weld County. The committee learned about the Family Connects Programs, which include:

- early childhood mental health consultations, which provide community-based consultations, training, and support services to parents and families;
- Home Instruction for Parents of Preschool Youngsters (HIPPI), which is an early learning and literacy home-visiting program available to families with children aged two to five years old;
- Incredible Years, which is an evidence-based group support for adult caregivers that provides strategies and skills for raising children;
- outpatient therapy, which is traditional office-setting therapy for families who have children birth to age seven and includes evidence-based screenings, assessments, consultations, trauma interventions, psychoeducation, and mental health therapies;
- Parents as Teachers (PAT), which is an evidence-based, home-visitation program that provides screenings and assessments for children up to three-years old to monitor vision, hearing, health, and general development; and

- SafeCare Colorado, which is a parent-support, home-visitation program for families with children aged five and under focused on increasing children’s positive behaviors and identifying and removing common household hazards, as well as educating parents on how to respond to common childhood illnesses and injuries.

The Wings Program is an intensive family-centered treatment facility that serves pregnant women and women with children from zero to five years old. It helps women recover from substance use disorders and promotes family health and self-sufficiency with a whole-family, two-generational approach. The Wings Program provides:

- case management;
- communication and assertiveness classes;
- employment preparation;
- health and prenatal classes;
- life skills classes;
- mindfulness classes;
- parenting skills groups;
- primary pediatric care for children; and
- relationship building workshops.

The committee saw the living space for the clients in the Wings Program, as well as the common spaces. The staff explained the expectations placed on the clients with regard to chores and child-rearing. They also explained how the dietician on staff helps to provide a holistic approach to recovery by providing specific dietary options.

*Crisis Campus.* The committee toured the North Range Behavioral Health Crisis Campus that houses the Crisis Support Services, residential respite facility, and Youth and Family Intensive Services Campus. The committee learned how the three entities work together to provide services to people in need of mental health services.

The North Range Crisis Support Services includes the crisis response team, walk-in center, and mobile response, which are all part of Colorado Crisis Services. The services team provides free, immediate, and confidential help 24 hours a day, seven days a week. The Residential Respite facility is a short-term, peer-run facility for individuals in crisis. It is available to people who are referred from the crisis system; however, children and teens under 18 years of age must be accompanied by a trusted adult. A typical respite stay is three to five days. During their respite stay, clients must develop mental health goals and participate in activities. The Youth and Family Intensive Services Campus provides individual, group, family, and multi-family group therapy. The services provided include:

- case management;
- collaborative safety plans;
- crisis intervention with referrals to ongoing behavioral health care;
- development of coping skills;
- diversion of teens and young adults from inpatient stays;
- life skills training;

- mental health and substance use disorder treatment; and
- psychiatric services.

During the tour, the committee discussed the impact of gangs on youth in the community, the partnerships North Range has developed with schools in the area, and the impact COVID-19 had on providing services, especially in the residential respite facility.

**North Colorado Medical Center.** The committee toured the North Colorado Medical Center, which is part of Banner Health Hospitals, and met with members of the hospital staff. During the tour, the committee saw how the hospital uses telehealth to treat patients in both the intensive care unit, as well as in the emergency department. They discussed their experience with COVID-19 cases and how an increase in local cases indicated another surge was coming to the state. The staff discussed the workforce shortage the hospital is facing, especially the impact traveling nurses have on the hospital's budget and staff morale. They highlighted the moral injury hospital staff is facing, which may be caused by a number of factors including the pandemic, significant increased violence against health care workers, and the workforce shortages.

According to information provided by the North Colorado Medical Center staff, the average hourly rate for core medical-surgical registered nurses in Colorado is about \$40, compared to almost \$90 per hour for traveling medical-surgical registered nurses. They discussed the efforts they have made to address the nursing workforce shortage, including offering apprenticeships; career development support and mentor programs; collaboration with school districts, colleges, and universities; the Nurse Residency Program; and the Wellness in Nursing Program. The staff highlighted the recent successes they have had with the New Nurse Experience Program, which provides a collaborative learning environment for recent nursing graduates to refine their nursing skills, enhance their knowledge, and transition from a new graduate to a fully competent, professional nurse. The committee and staff discussed ways to address the impact traveling nurses have on workforce and health care providers' budgets.

Additionally, the North Colorado Medical Center staff discussed issues related to public guardianship. They said that patients often wait 120 days in the hospital for guardianship after being medically cleared. They explained that patients awaiting guardianships often average \$1,000 in costs per day, which would be avoidable costs if a guardian was available. They staff stated that these costs are not reimbursable, and must be absorbed by the hospital. The committee engaged with the staff on ways to help address issues related to public guardianship.

**Sunrise Monfort Family Health Clinic.** The committee met with staff members of the Sunrise Monfort Family Health Clinic in Evans and toured the clinic. Sunrise Community Health is a federally qualified health center serving northern Colorado from 11 clinic sites in Greeley, Evans, and Loveland. The clinics provide medical, dental, behavioral health, vision, and pharmacy services.

Mitzi Moran, Chief Executive Officer, of Sunrise Community Health discussed the Health Care Cost Analysis Task Force created by House Bill 19-1176. She served as chair of the task force, which was charged with hiring a contract analyst to provide a detailed analysis of the following health care financing systems:

- the current Colorado health care financing system;
- a multi-payer universal health care system in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly and privately funded and also paid for by employer and employee contributions; and
- a publicly financed and privately delivered universal health care system that directly compensates providers.

The task force worked with the Colorado School of Public Health to conduct the analysis. The task force also solicited public feedback. The final report of the task force was issued on September 1, 2021, and can be found here: <https://bit.ly/3RkUx16>. Ms. Moran encouraged to committee to review the report and use the modeling created by the Colorado School of Public Health in future policy making decisions.

The staff members of Sunrise Community Health and North Range Behavioral Health discussed the partnership they have formed. Specifically, they highlighted how the partnership helps avoid competing for the same limited workforce, as well as provides continuity in care and warm hand-offs for clients. During the tour, the Sunrise Community Health staff discussed the impact COVID-19 had on the clinic. They discussed the vaccine clinics they provided to the community, as well as how some of the practices developed during the pandemic, such as drive-up prescription pick-up, benefited their clients and will probably continue for the foreseeable future.



## Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

<https://leg.colorado.gov/content/committees>

### Meeting Date and Topics Discussed

September 8, 2022

- ◆ Presentation on the Pulse Poll by the Colorado Health Foundation
- ◆ Presentation on the Healthy Kids Colorado Survey by the Colorado Department of Public Health and Environment
- ◆ Presentation on Monkeypox by the Colorado Department of Public Health and Environment
- ◆ Virtual Dementia Tour Demonstration
- ◆ Presentation on Hepatitis C Treatments in Colorado Prisons by Colorado Department of Corrections
- ◆ Presentation by Lincoln Health on challenges in rural health care
- ◆ Tepeyac Community Health Center Tour
- ◆ Denver Health Refugee Clinic Tour
- ◆ Children's Colorado Health Pavilion Tour

September 9, 2022

- ◆ North Range Behavioral Health Facilities Tour
- ◆ North Colorado Medical Center Tour
- ◆ Sunrise Monfort Family Health Clinic Tour