

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

**REREVISED**

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

LLS NO. 23-0005.01 Alana Rosen x2606

**SENATE BILL 23-031**

**SENATE SPONSORSHIP**

**Danielson and Cutter**, Buckner, Exum, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Marchman, Priola, Sullivan, Winter F., Zenzinger

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

HOUSE  
3rd Reading Unamended  
May 2, 2023

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**A BILL FOR AN ACT**

101      **CONCERNING IMPROVING OLDER COLORADANS' ACCESS TO TRAINED**  
102                    **GERIATRIC SPECIALIST HEALTH-CARE PROVIDERS, AND, IN**  
103                    **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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HOUSE  
2nd Reading Unamended  
May 1, 2023

**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>.)*

SENATE  
3rd Reading Unamended  
April 14, 2023

The bill creates the Colorado multidisciplinary health-care provider access training program (program) to improve the health care of medically complex, costly, compromised, and vulnerable older Coloradans. The university of Colorado Anschutz medical campus shall develop, implement, and administer the program. The program may be

SENATE  
Amended 2nd Reading  
April 13, 2023

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing law.*  
*Dashes through the words or numbers indicate deletions from existing law.*

offered to Colorado institutions of higher education with clinical health professions graduate degree programs. The program coordinates and expands geriatric training opportunities for clinical health professions graduate students (students) enrolled in participating Colorado institutions of higher education (participating institutions) across Colorado studying to become advanced practice providers; dentists; nurses; occupational therapists; pharmacists; physicians, including medical doctors and doctors of osteopathy; physical therapists; psychologists; social workers; and speech-language therapists. Students who successfully complete the program are awarded certificates and issued letters authorizing those students to become trainers for the program in clinics across the state.

The bill creates the Colorado multidisciplinary health-care provider access training program advisory committee (committee) to ensure that the training for the program is consistent and collaborative across the fields of study. The committee is required to:

- Appoint a program chair;
- Set the program's standards for training and delivery of multidisciplinary medical care to medically complex, costly, compromised, and vulnerable older Coloradans;
- Establish requirements for the program;
- Identify and invite institutions of higher education that offer appropriate clinical health professions graduate degree programs to become participating institutions;
- Collaborate with participating institutions of higher education across Colorado to enhance recruitment of students to enter a field specific to geriatrics and select students with an interest in geriatric care to participate in the program;
- Assist with updating the program's curricula;
- Analyze data collected by the program;
- Build a multidisciplinary network of trained geriatric clinicians to collaborate and provide opportunities for clinicians to work together to better understand the roles of each health-care discipline in urban, rural, and underserved communities when caring for older Coloradans;
- Improve placement of students in experiential clinical training opportunities, prioritizing rural and underserved communities;
- Coordinate with graduates of the program to become geriatric trainers for future students; and
- Increase the number of clinical training sites across Colorado, specifically in rural and underserved communities.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 11 to article  
3 21 of title 23 as follows:

4 **PART 11**  
5 **COLORADO MULTIDISCIPLINARY**  
6 **HEALTH-CARE PROVIDER ACCESS**  
7 **TRAINING PROGRAM**

8 **23-21-1101. Legislative declaration.** (1) THE GENERAL  
9 ASSEMBLY FINDS AND DECLARES THAT:

10 (a) OVER THE PAST DECADE, COLORADO HAS HAD THE  
11 SECOND-FASTEST-GROWING RATE OF RESIDENTS OVER SIXTY-FIVE YEARS  
12 OF AGE IN THE UNITED STATES, GROWING AT ROUGHLY FIFTY-ONE  
13 PERCENT;

14 (b) CURRENTLY, TWENTY-ONE PERCENT OF THE POPULATION IN  
15 COLORADO IS OVER SIXTY-FIVE YEARS OF AGE;

16 (c) BY 2030, COLORADO WILL HAVE MORE RESIDENTS OVER  
17 SIXTY-FIVE YEARS OF AGE THAN RESIDENTS UNDER EIGHTEEN YEARS OF  
18 AGE;

19 (d) THERE ARE ONLY NINETY-SIX PHYSICIANS TRAINED IN  
20 GERIATRICS ACROSS THE STATE, AND TWO HUNDRED EIGHTY-NINE  
21 PHYSICIANS TRAINED IN GERIATRICS ARE NEEDED BY 2050 TO SERVE TEN  
22 PERCENT OF COLORADANS OVER SIXTY-FIVE YEARS OF AGE;

23 (e) ONLY TWENTY-THREE PERCENT OF DENTAL SCHOOLS ACROSS  
24 THE UNITED STATES OFFER CLINICAL TRAINING SPECIFIC TO DENTAL CARE  
25 FOR OLDER ADULTS;

26 (f) THERE IS A SEVERE SHORTAGE IN THE UNITED STATES OF  
27 GERIATRIC-TRAINED CLINICIANS ACROSS ALL HEALTH-CARE DISCIPLINES;

1 (g) THE NUMBER OF OLDER COLORADANS PLACES HIGH RESOURCE  
2 DEMANDS ON THE STATE'S HEALTH-CARE SYSTEM;

3 (h) DURING A HEALTH-CARE STUDY CONDUCTED BETWEEN 1993  
4 AND 1997, OLDER PATIENTS WHO WERE ADMITTED TO THE HOSPITAL WERE  
5 PLACED EITHER IN AN ACUTE CARE FOR ELDERS UNIT OR A USUAL-CARE  
6 CONTROL UNIT. ON AVERAGE, THE LENGTH OF STAY FOR OLDER PATIENTS  
7 TREATED BY A GERIATRIC-TRAINED INTERDISCIPLINARY TEAM, INCLUDING  
8 GERIATRICIANS, ADVANCED PRACTICE NURSES, SOCIAL WORKERS,  
9 PHARMACISTS, AND PHYSICAL THERAPISTS, WAS SIGNIFICANTLY SHORTER,  
10 AT JUST OVER SIX DAYS PER PATIENT FOR THOSE RECEIVING CARE IN THE  
11 ACUTE CARE FOR ELDERS UNIT VERSUS JUST OVER SEVEN DAYS PER  
12 PATIENT FOR THOSE IN THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE  
13 IN CARE PRODUCED LOWER TOTAL INPATIENT COSTS FROM NINE THOUSAND  
14 FOUR HUNDRED SEVENTY-SEVEN DOLLARS PER PATIENT FOR THOSE  
15 PATIENTS IN THE ACUTE CARE FOR ELDERS UNIT VERSUS TEN THOUSAND  
16 FOUR HUNDRED FIFTY-ONE DOLLARS PER PATIENT FOR THOSE PATIENTS IN  
17 THE USUAL-CARE CONTROL UNIT. THE DIFFERENCE IN CARE FOR THOSE  
18 PATIENTS IN THE ACUTE CARE FOR ELDERS UNIT MAINTAINED PATIENTS'  
19 FUNCTIONAL ABILITIES AND DID NOT INCREASE HOSPITAL READMISSION  
20 RATES.

21 (i) THE STUDY DESCRIBED IN SUBSECTION (1)(h) OF THIS SECTION  
22 RESULTED IN FIFTY-EIGHT FEWER DAYS OF HOSPITALIZATION FOR EVERY  
23 ONE HUNDRED PATIENTS ADMITTED TO THE ACUTE CARE FOR ELDERS UNIT  
24 VERSUS THE USUAL-CARE CONTROL UNIT. OVER THE COURSE OF THE  
25 STUDY, THIS RESULTED IN SAVINGS OF NINETY-SEVEN THOUSAND FOUR  
26 HUNDRED DOLLARS FOR EVERY ONE HUNDRED PATIENTS ADMITTED TO THE  
27 ACUTE CARE FOR ELDERS UNIT VERSUS THE USUAL-CARE CONTROL UNIT.

1 (j) HOSPITAL READMISSION RATES FOR PATIENTS RELEASED FROM  
2 HOSPITALS WITH ACUTE CARE FOR ELDERLY UNITS WERE NEARLY TEN  
3 PERCENT LESS COMPARED TO READMISSION RATES FOR PATIENTS  
4 RELEASED FROM HOSPITALS WITHOUT ACUTE CARE FOR ELDERLY UNITS;

5 (k) COLORADO ACCOUNTS FOR TWELVE PERCENT OF THE NATIONAL  
6 MEDICARE BUDGET AS MEASURED BY MEDICARE PART A OR PART B  
7 PROGRAM PAYMENTS. PAYMENTS FROM THE MEDICARE PROGRAM FOR  
8 COLORADO EQUAL FOUR BILLION FIVE HUNDRED EIGHTY MILLION FOUR  
9 THOUSAND FIVE HUNDRED NINE DOLLARS, WHICH COVERS FIVE HUNDRED  
10 TWENTY-EIGHT THOUSAND MEDICARE ENROLLEES.

11 (l) MEDICAID COVERS ONE IN FIVE AMERICANS AND ACCOUNTS  
12 FOR SEVENTEEN PERCENT OF THE NATIONAL HEALTH EXPENDITURES.  
13 MEDICAID SPENDING GROWTH IS EXPECTED TO BE A SUBSTANTIAL  
14 CONTRIBUTOR TO NATIONAL HEALTH SPENDING INCREASES OVER THE  
15 NEXT TEN YEARS, PRIMARILY DUE TO A POPULATION OF OLDER ADULTS  
16 WHO ARE ENROLLING IN MEDICAID WITH LONG-TERM SERVICES AND  
17 SUPPORTS AND HEALTH-CARE NEEDS.

18 (2) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT BY  
19 ESTABLISHING A MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS  
20 TRAINING PROGRAM TO TRAIN AND SUPPORT CLINICAL HEALTH  
21 PROFESSIONS GRADUATE STUDENTS IN ADVANCED PRACTICE PROVIDER  
22 PROGRAMS; DENTISTRY; MEDICINE, INCLUDING OSTEOPATHIC MEDICINE;  
23 NURSING; OCCUPATIONAL THERAPY; PHARMACY; PHYSICAL THERAPY;  
24 PSYCHOLOGY; SOCIAL WORK; AND SPEECH-LANGUAGE THERAPY, FUTURE  
25 CLINICIANS TRAINED SPECIFICALLY IN GERIATRICS WILL BETTER MEET THE  
26 NEEDS OF MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND  
27 VULNERABLE OLDER COLORADANS. THE MULTIDISCIPLINARY

1 HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM IS CORE TO THE  
2 FUTURE EXPANSION OF MULTIDISCIPLINARY GERIATRIC PRACTICES AMONG  
3 EACH HEALTH-CARE DISCIPLINE. MEETING THE NEEDS OF COLORADO'S  
4 OLDER ADULTS WILL SAVE THE STATE MILLIONS OF DOLLARS IN  
5 HEALTH-CARE COSTS EACH YEAR. THE GENERAL ASSEMBLY FURTHER  
6 DECLARES THAT COLLABORATION BETWEEN PARTICIPATING INSTITUTIONS  
7 OF HIGHER EDUCATION, COMMUNITIES, AND HEALTH-CARE PROVIDERS  
8 WILL ALLOW COLORADO TO PROVIDE THE HIGHEST STANDARD MEDICAL  
9 CARE TO MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND VULNERABLE  
10 OLDER COLORADANS AND TO BETTER FILL THE PRESENT AND FUTURE NEED  
11 FOR GERIATRIC CARE IN URBAN, RURAL, AND UNDERSERVED COMMUNITIES  
12 ACROSS THE STATE.

13 **23-21-1102. Definitions.** AS USED IN THIS PART 11, UNLESS THE  
14 CONTEXT OTHERWISE REQUIRES:

15 (1) "CLINICAL HEALTH PROFESSIONS GRADUATE DEGREE  
16 PROGRAM" MEANS A PROGRAM OF STUDY THAT PREPARES GRADUATE  
17 STUDENTS TO BECOME HEALTH-CARE PROFESSIONALS.

18 (2) "CLINICAL HEALTH PROFESSIONS GRADUATE STUDENT" OR  
19 "STUDENT" MEANS A CLINICAL HEALTH PROFESSIONS GRADUATE STUDENT  
20 STUDYING AT A PARTICIPATING INSTITUTION OF HIGHER EDUCATION WHO  
21 IS TRAINING AS AN ADVANCED PRACTICE PROVIDER; DENTIST; NURSE;  
22 OCCUPATIONAL THERAPIST; PHARMACIST; PHYSICAL THERAPIST;  
23 PHYSICIAN, INCLUDING A MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY;  
24 PSYCHOLOGIST; SOCIAL WORKER; OR SPEECH-LANGUAGE THERAPIST.

25 (3) "COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER  
26 ACCESS TRAINING PROGRAM" OR "PROGRAM" MEANS THE COLORADO  
27 MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM

1       CREATED IN SECTION 23-21-1103.

2           (4) "COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER  
3       ACCESS TRAINING PROGRAM ADVISORY COMMITTEE" OR "COMMITTEE"  
4       MEANS THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER  
5       ACCESS TRAINING PROGRAM ADVISORY COMMITTEE CREATED IN SECTION  
6       23-21-1104.

7           (5) "PARTICIPATING COLORADO INSTITUTION OF HIGHER  
8       EDUCATION" MEANS A PRIVATE OR PUBLIC INSTITUTION OF HIGHER  
9       EDUCATION THAT OFFERS CLINICAL HEALTH PROFESSIONS GRADUATE  
10      DEGREE PROGRAMS AND PARTICIPATES IN THE COLORADO  
11      MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM.

12           **23-21-1103. Colorado multidisciplinary health-care provider**

13      **access training program - created.** (1) THERE IS CREATED THE  
14      COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS  
15      TRAINING PROGRAM LOCATED AT THE UNIVERSITY OF COLORADO  
16      ANSCHUTZ MEDICAL CAMPUS. THE PURPOSE OF THE PROGRAM IS TO  
17      DEVELOP, IMPLEMENT, AND ADMINISTER GERIATRIC TRAINING  
18      OPPORTUNITIES THAT WILL ATTRACT CLINICAL HEALTH PROFESSIONS  
19      GRADUATE STUDENTS FROM PARTICIPATING COLORADO INSTITUTIONS OF  
20      HIGHER EDUCATION WHO ARE STUDYING IN THE GRADUATE FIELDS OF  
21      ADVANCED PRACTICE PROVIDER PROGRAMS; DENTISTRY; MEDICINE,  
22      INCLUDING OSTEOPATHIC MEDICINE; NURSING; OCCUPATIONAL THERAPY;  
23      PHARMACY; PHYSICAL THERAPY; PSYCHOLOGY; SOCIAL WORK; OR  
24      SPEECH-LANGUAGE THERAPY TO GERIATRIC TRAINING OPPORTUNITIES.

25           (2) (a) BEGINNING IN STATE FISCAL YEAR 2024-25, THE  
26      COMMITTEE, PROGRAM CHAIR APPOINTED PURSUANT TO SECTION  
27      23-21-1104 (2)(a), OR THE PROGRAM CHAIR'S DESIGNEE, AND

1 PARTICIPATING INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT  
2 COLORADO SHALL SELECT TWO CLINICAL HEALTH PROFESSIONS GRADUATE  
3 STUDENTS PER YEAR FROM EACH FIELD OF STUDY DESCRIBED IN  
4 SUBSECTION (2)(b) OF THIS SECTION TO PARTICIPATE IN THE PROGRAM'S  
5 GERIATRIC CLINICAL TRAINING OPPORTUNITIES. THE COMMITTEE, IN  
6 COLLABORATION WITH THE PARTICIPATING INSTITUTIONS OF HIGHER  
7 EDUCATION, SHALL PLACE STUDENTS IN GERIATRIC CLINICAL SETTINGS FOR  
8 HANDS-ON EXPERIENTIAL TRAINING. THE COMMITTEE SHALL CREATE A  
9 ROTATION SCHEDULE TO ALLOW STUDENTS ENROLLED IN PARTICIPATING  
10 INSTITUTIONS OF HIGHER EDUCATION THAT OFFER THE SAME CLINICAL  
11 HEALTH PROFESSIONS GRADUATE DEGREE PROGRAMS TO PARTICIPATE IN  
12 THE PROGRAM'S CLINICAL TRAINING OPPORTUNITIES.

13 (b) TWO STUDENTS FROM EACH OF THE FOLLOWING FIELDS OF  
14 STUDY ARE INCLUDED IN THE PROGRAM:

15 (I) ADVANCED PRACTICE PROVIDER PROGRAMS;

16 (II) DENTISTRY;

17 (III) MEDICINE;

18 (IV) NURSING;

19 (V) OCCUPATIONAL THERAPY;

20 (VI) OSTEOPATHIC MEDICINE;

21 (VII) PHARMACY;

22 (VIII) PHYSICAL THERAPY;

23 (IX) PSYCHOLOGY;

24 (X) SOCIAL WORK; AND

25 (XI) SPEECH-LANGUAGE THERAPY.

26 (3) THE PROGRAM IS ENCOURAGED TO PROVIDE UPDATED TRAINING  
27 EACH YEAR FOR STUDENTS, GERIATRIC-TRAINED FACULTY, AND



1 HEALTH-CARE PROVIDERS TO REVIEW NEW PATIENT-CENTERED GERIATRIC  
2 APPROACHES, INNOVATIONS, TECHNOLOGIES, NEW CLINICAL HEALTH-CARE  
3 PROCESSES TO CARE FOR OLDER ADULTS, TEAM TRAINING EXERCISES, AND  
4 LEADERSHIP TRAINING.

5 (4) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,  
6 SHALL COLLABORATE WITH PARTICIPATING INSTITUTIONS OF HIGHER  
7 EDUCATION AND HEALTH-CARE PROVIDERS TO PLACE STUDENTS IN  
8 GERIATRIC CLINICAL SETTINGS FOR HANDS-ON EXPERIENTIAL TRAINING.

9 (5) THE PROGRAM CHAIR, OR THE PROGRAM CHAIR'S DESIGNEE,  
10 SHALL AWARD A CERTIFICATE TO A STUDENT WHO SUCCESSFULLY  
11 COMPLETES THE PROGRAM. THE PROGRAM CHAIR, OR THE PROGRAM  
12 CHAIR'S DESIGNEE, SHALL ISSUE A LETTER TO A STUDENT WHO  
13 SUCCESSFULLY COMPLETES THE PROGRAM AUTHORIZING THE STUDENT TO  
14 BECOME A TRAINER FOR THE PROGRAM IN A CLINIC IN THE STATE.

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

17 (a) THE NUMBER OF STUDENTS PARTICIPATING IN THE PROGRAM  
18 FROM EACH PARTICIPATING INSTITUTION OF HIGHER EDUCATION;

19 (b) THE NUMBER OF STUDENTS WHO SUCCESSFULLY COMPLETE THE  
20 PROGRAM;

21 (c) THE SUBSEQUENT LOCATIONS AND JOB PLACEMENTS OF  
22 PROGRAM GRADUATES;

23 (d) THE NUMBER OF PROGRAM GRADUATES WHO BECOME  
24 TRAINERS; AND

25 (e) THE DESCRIPTION OF FACILITIES WHERE PROGRAM GRADUATES  
26 BECOME TRAINERS.

27 **23-21-1104. Colorado multidisciplinary health-care provider**

1 **access training program advisory committee - created - training.**

2 (1) (a) THERE IS CREATED THE COLORADO MULTIDISCIPLINARY  
3 HEALTH-CARE ACCESS TRAINING PROGRAM ADVISORY COMMITTEE TO  
4 ENSURE THAT TRAINING FOR THE PROGRAM IS CONSISTENT AND  
5 COLLABORATIVE ACROSS UNIVERSITY DEPARTMENTS, PARTICIPATING  
6 INSTITUTIONS OF HIGHER EDUCATION, AND HEALTH-CARE COMMUNITIES.

7 (b) ON OR BEFORE JULY 1, 2023, THE COMMITTEE SHALL CONVENE  
8 AND CONSIST OF THE PROGRAM CHAIR APPOINTED PURSUANT TO  
9 SUBSECTION (2)(a) OF THIS SECTION AND MEMBERS INCLUDING BUT NOT  
10 LIMITED TO ONE REPRESENTATIVE FROM:

- 11 (I) AN ADVANCED PRACTICE PROVIDER PROGRAM;
- 12 (II) A DEPARTMENT OF PSYCHOLOGY;
- 13 (III) A NURSING PROGRAM;
- 14 (IV) AN OCCUPATIONAL THERAPY PROGRAM;
- 15 (V) A PHYSICAL THERAPY PROGRAM;
- 16 (VI) A SCHOOL OF DENTAL MEDICINE;
- 17 (VII) A SCHOOL OF MEDICINE;
- 18 (VIII) A SCHOOL OF OSTEOPATHIC MEDICINE;
- 19 (IX) A SCHOOL OF PHARMACY;
- 20 (X) A SOCIAL WORK PROGRAM; AND
- 21 (XI) A SPEECH-LANGUAGE THERAPY PROGRAM.

22 (2) (a) ON OR BEFORE DECEMBER 1, 2023, THE COMMITTEE SHALL:

- 23 (I) APPOINT A PROGRAM CHAIR;
- 24 (II) SET THE PROGRAM'S STANDARDS FOR TRAINING AND DELIVERY  
25 OF MEDICAL CARE TO MEDICALLY COMPLEX, COSTLY, COMPROMISED, AND  
26 VULNERABLE OLDER COLORADANS;
- 27 (III) ESTABLISH THE REQUIREMENTS FOR THE PROGRAM; AND

1 (IV) IDENTIFY AND INVITE PRIVATE OR PUBLIC INSTITUTIONS OF  
2 HIGHER EDUCATION THAT OFFER APPROPRIATE CLINICAL HEALTH  
3 PROFESSIONS GRADUATE DEGREE PROGRAMS TO BECOME PARTICIPATING  
4 INSTITUTIONS OF HIGHER EDUCATION.

5 (b) IN ADDITION TO THE DUTIES SET FORTH IN SUBSECTION (2)(a)  
6 OF THIS SECTION, THE COMMITTEE SHALL:

7 (I) COLLABORATE WITH THE PROGRAM CHAIR, OR THE PROGRAM  
8 CHAIR'S DESIGNEE, AND PARTICIPATING INSTITUTIONS OF HIGHER  
9 EDUCATION TO SELECT STUDENTS WHO HAVE AN INTEREST IN GERIATRIC  
10 CARE TO PARTICIPATE IN THE PROGRAM;

11 (II) ANALYZE THE DATA COLLECTED IN SECTION 23-21-1103 (6);

12 (III) BUILD A MULTIDISCIPLINARY NETWORK OF TRAINED  
13 GERIATRIC CLINICIANS TO COLLABORATE AND PROVIDE OPPORTUNITIES  
14 FOR CLINICIANS TO WORK TOGETHER TO BETTER UNDERSTAND THE ROLES  
15 OF EACH HEALTH-CARE DISCIPLINE IN URBAN, RURAL, AND UNDERSERVED  
16 COMMUNITIES WHEN TREATING OLDER COLORADANS;

17 (IV) IMPROVE PLACEMENT OF CLINICAL GRADUATE STUDENTS IN  
18 EXPERIENTIAL CLINICAL TRAINING OPPORTUNITIES, PRIORITIZING RURAL  
19 AND UNDERSERVED COMMUNITIES;

20 (V) COORDINATE WITH GRADUATES OF THE PROGRAM TO BECOME  
21 TRAINERS FOR FUTURE STUDENTS; AND

22 (VI) INCREASE THE NUMBER OF CLINICAL TRAINING SITES ACROSS  
23 COLORADO, SPECIFICALLY IN RURAL AND UNDERSERVED COMMUNITIES.

24 **23-21-1105. Reporting.** (1) BY JULY 1, 2025, AND NO LATER  
25 THAN JULY 1 EACH YEAR THEREAFTER, A REPRESENTATIVE OF THE  
26 PROGRAM SHALL SUBMIT A REPORT CONTAINING THE DATA COLLECTED  
27 PURSUANT TO SECTION 23-21-1103 (6) AND RECOMMENDATIONS FOR

1 LEGISLATIVE OR REGULATORY CHANGES TO FACILITATE EFFECTIVE  
2 IMPLEMENTATION OF THE PROGRAM TO THE HEALTH AND HUMAN SERVICES  
3 COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE COMMITTEE OF  
4 THE HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.

5 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE  
6 REPORTING REQUIREMENT IN THIS SECTION CONTINUES INDEFINITELY.

7 **SECTION 2.** In Colorado Revised Statutes, 23-3.3-103, **add** (12)  
8 **as follows:**

9 **23-3.3-103. Annual appropriations - repeal.** (12) THE  
10 PROVISIONS OF SUBSECTION (1) OF THIS SECTION CONCERNING  
11 APPROPRIATIONS FOR STUDENT FINANCIAL ASSISTANCE PURSUANT TO THIS  
12 ARTICLE 3.3 DO NOT APPLY TO APPROPRIATIONS MADE PURSUANT TO PART  
13 11 OF ARTICLE 21 OF THIS TITLE 23 FOR THE COLORADO  
14 MULTIDISCIPLINARY HEALTH-CARE PROVIDER ACCESS TRAINING PROGRAM.

15 **SECTION 3.** In Colorado Revised Statutes, 23-18-308, **add**  
16 (1)(k) as follows:

17 **23-18-308. Fee-for-service contracts - limited purpose - repeal.**  
18 (1) Subject to available appropriations, the department shall enter into  
19 fee-for-service contracts for the following purposes:

20 (k) THE COLORADO MULTIDISCIPLINARY HEALTH-CARE PROVIDER  
21 ACCESS TRAINING PROGRAM CREATED IN SECTION 23-21-1103.

22 **SECTION 4. Appropriation.** (1) For the 2023-24 state fiscal  
23 year, \$784,269 is appropriated to the department of higher education. This  
24 appropriation is from the general fund. To implement this act, the  
25 department may use this appropriation for the college opportunity fund  
26 program to be used for limited purpose fee-for-service contracts with  
27 state institutions.

1           (2) For the 2023-24 state fiscal year, \$784,269 is appropriated to  
2 the department of higher education. This appropriation is from  
3 reappropriated funds received from the limited purpose fee-for-service  
4 contracts with state institutions under subsection (1) of this section. To  
5 implement this act, the department may use this appropriation for the  
6 regents of the university of Colorado.

7           **SECTION 5. Safety clause.** The general assembly hereby finds,  
8 determines, and declares that this act is necessary for the immediate  
9 preservation of the public peace, health, or safety.