

PARK COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS

Resolution No. 2026-___

**A RESOLUTION ESTABLISHING THE PARK COUNTY HEALTH SERVICE
DISTRICT STUDY COMMITTEE FOR THE PURPOSE OF EVALUATING THE
VIABILITY, GOVERNANCE, AND FINANCIAL MANAGEMENT OF A
POTENTIAL HEALTH SERVICE DISTRICT**

WHEREAS, the Board of County Commissioners of Park County, Colorado (the Board), is vested with the legislative and administrative authority for the governance of Park County under the laws of the State of Colorado, including the Colorado Revised Statutes and applicable provisions of the Park County Code and any applicable county governance charter; and,

WHEREAS, Park County is a geographically large, rural and mountainous county whose residents may experience unique challenges in obtaining timely and adequate access to health services, including, without limitation, primary care, emergency medical services, behavioral and mental health services, maternal and child health services, long-term and geriatric care, preventive and public health services, substance use disorder treatment, and other health-related services; and,

WHEREAS, the Board recognizes that the adequacy, quality, availability, coordination, and affordability of health services in Park County are of critical importance to the public health, safety, and welfare of County residents, visitors, and businesses; and,

WHEREAS, there exists a need for a comprehensive, systematic, and data-informed examination of the current status of health service delivery within Park County, including, but not limited to, evaluation of existing providers and facilities, system capacity, access barriers, workforce issues, transportation and geographic constraints, integration of behavioral health and primary care, coordination with regional and state-level health systems, and alignment with applicable federal, state, and local public health mandates and funding structures; and,

WHEREAS, the Board finds that the creation of a specialized, time-limited Health Service Study Commission composed of individuals with relevant experience, expertise, and perspectives will assist the Board by gathering and analyzing information, engaging stakeholders, identifying gaps and needs, and formulating findings and

recommendations to guide the Boards future policy decisions regarding health service delivery and infrastructure in Park County; and,

WHEREAS, the Board has the authority to create advisory boards, committees, and commissions to study, evaluate, and make recommendations on matters affecting the County, including public health and health services, and to appoint the members thereof, subject to such limitations, conditions, and procedures as may be established by state law and County policy; and,

WHEREAS, the Board desires to formally establish the Park County Health Service Study Commission as an advisory and study body, to define its purpose, powers, composition, procedures, and reporting obligations, and to direct that it conducts a study and deliver a written report and recommendations to the Board within a specified period of time.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Park County, Colorado, that the following resolution is hereby adopted:

1. **Creation and Purpose of the Health Service Study Commission**

- A. **Creation.** There is hereby created and established an advisory body of Park County government to be known as the Park County Health Service Study Commission (the Commission), which shall exist and operate in accordance with this Resolution and with all other applicable provisions of federal, state, and local law.
- B. **Advisory Character.** The Commission shall be advisory in nature. The Commission shall have only those powers expressly set forth in this Resolution or necessarily implied therefrom for the performance of its study and advisory functions.

2. **Purpose.** The Commission is established for the following purposes:

- A. Conduct a comprehensive study of health services in Park County, including the availability, accessibility, adequacy, quality, coordination, and financing of such services.
- B. Identify strengths, weaknesses, gaps, and unmet needs within the current health service environment, including considerations related to rural and frontier health care delivery.
- C. Evaluate existing and potential collaborative arrangements with hospitals, clinics, mental and behavioral health providers, emergency medical

service providers, public health agencies, community-based organizations, state agencies, neighboring counties, and other relevant stakeholders.

- D. Develop findings and recommendations to assist the Board in determining whether and how to enhance, reorganize, support, or otherwise address health service needs within Park County.

3. **Scope of Study.** The Commissions study shall, at a minimum, consider:

- A. The current inventory and geographic distribution of health service providers and facilities serving Park County residents, including but not limited to:
 - i. Primary care and family medicine practices
 - ii. Hospital and inpatient services
 - iii. Emergency medical services and trauma care
 - iv. Maternal, child, and reproductive health services
 - v. Behavioral and mental health, substance use disorder, and crisis intervention services
 - vi. Long-term care, skilled nursing, rehabilitation, and home health services
 - vii. Public health services, including preventive and population health initiatives
- B. The accessibility of such services, including factors such as:
 - i. Travel distance and time
 - ii. Transportation availability
 - iii. Hours of operation
 - iv. Insurance coverage acceptance (including Medicaid, Medicare, and private insurance)
 - v. Availability of services for uninsured and underinsured populations
- C. Health workforce issues, including provider recruitment and retention, scope of practice, telehealth utilization, and reliance on visiting or itinerant providers.
- D. Demographic and epidemiologic trends affecting health service needs, including but not limited to population growth or decline, aging of the population, chronic disease prevalence, behavioral health needs, and social determinants of health.

- E. The current roles, mandates, and activities of applicable public agencies and entities, including the Park County Public Health Agency (if applicable), regional health alliances, and relevant state agencies, and the coordination among such entities.
 - F. Existing and potential funding sources and financing structures for health services including grants, intergovernmental transfers, public-private partnerships, and local revenue mechanisms permitted by law.
 - G. Legal and regulatory constraints or opportunities under federal and Colorado law impacting the provision, organization, or expansion of health services in Park County.
4. **Limitations.** The Commission shall not:
- A. Bind the County to any contractual or financial obligations.
 - B. Commit or obligate County funds.
 - C. Adopt policies or regulations on behalf of the County.
 - D. Impose requirements on private entities or individuals.

Any such actions remain solely within the authority of the Board or other authorized County officials as provided by law.

5. **Powers and Duties of the Commission**

- A. **General Powers.** In furtherance of its purpose and scope, and subject to the limitations in this Resolution, the Commission shall have the following powers:
 - i. To collect, review, and analyze data and information relevant to health services in Park County, including, where lawfully available, public reports, aggregate data, and information provided voluntarily by stakeholders.
 - ii. To solicit information, input, and perspectives from health care providers, public health agencies, community members, advocacy groups, payors, and other stakeholders, through meetings, listening sessions, surveys, or other appropriate methods.
 - iii. To consult, as appropriate, with subject-matter experts, including but not limited to public health professionals, health policy experts, economists, and legal counsel, subject to available County resources and any direction from the Board.
- B. To confer with and seek technical assistance from applicable state agencies and regional entities involved in health service planning.
- C. To form working groups or subcommittees composed of Commission members and, when appropriate, non-voting participants, in order to address particular issues within the Commissions scope, provided that

such working groups or subcommittees remain subject to applicable open meetings and public records requirements.

6. **Duties.** The Commission shall have the following duties:
- A. To develop and follow a written work plan and schedule for the conduct of its study, which may include phases such as data gathering, stakeholder engagement, analysis, and drafting of findings and recommendations.
 - B. To maintain appropriate records of its meetings, deliberations, and materials, in a manner consistent with applicable Colorado open meetings and open records laws and County policies.
 - C. To periodically brief or formally report to the Board at intervals specified by the Board or as requested by the Board, regarding interim progress, emerging issues, or preliminary findings.
 - D. To prepare and submit to the Board, within the timeframe specified in this Resolution or as subsequently amended by the Board, a written final report containing:
 - i. A description of the Commissions methodology and information sources.
 - ii. A summary of key facts, data, and findings regarding existing health services and identified gaps.
 - iii. An analysis of significant challenges, opportunities, and options for improving health service access and quality in Park County.
 - iv. Specific, prioritized recommendations for potential Board action, including, where appropriate, alternative models and ranges of potential costs and implementation considerations.

7. **Composition, Qualifications, and Appointment**

- A. **Number of Members.** The Commission shall consist of not fewer than [seven (7)] and not more than [eleven (11)] voting members. The Board may, by subsequent resolution, adjust the authorized size of the Commission within this range if it finds such adjustment to be in the best interest of the study.
- B. **Appointment Authority.** All voting members of the Commission shall be appointed by formal action of the Board. The Board may, at its discretion, solicit applications from interested persons, consult with relevant agencies and organizations, and consider recommendations from County staff or outside entities prior to making appointments.
- C. **Desired Representation.** In making appointments, the Board shall endeavor, but shall not be strictly required, to include individuals with

knowledge, experience, or demonstrated interest in one or more of the following areas:

- i. Primary or specialty medical care
- ii. Nursing or allied health professions
- iii. Mental and behavioral health services
- iv. Emergency medical services or trauma care
- v. Public health or population health
- vi. Long-term care, aging services, or disability services
- vii. Community-based health or social service organizations
- viii. Health policy, health administration, or health economics
 - a) Consumer or community advocacy regarding health access
- ix. Health-related law or regulation
- x. The Board shall also endeavor to reflect, to a reasonable extent, the geographic diversity of Park County and the diversity of its population.

8. **Eligibility Requirements.** Each voting member shall:

- A. Be at least eighteen (18) years of age at the time of appointment.
- B. Reside in or, in the judgment of the Board, have a significant professional, business, or service connection to Park County.
- C. Be willing and able to devote sufficient time to attend meetings, review materials, and participate actively in the Commissions work.

9. **Non-voting Members and Staff Support.** The Board may, in its discretion:

- A. Designate non-voting ex officio members or liaisons, including representatives of:
 - i. The Park County Public Health Agency (if applicable)
 - ii. County administration
 - iii. County emergency medical services
 - iv. Relevant state or regional agencies
- B. Direct one or more County employees to provide staff support to the Commission, including assistance with meeting logistics, recordkeeping, and research, subject to available resources and direction from the County Administrator or equivalent official.

10. **Terms of Service, Vacancies, and Removal**

- A. **Term.** Due to the study-focused and time-limited nature of the Commission, each voting member shall be appointed for a term commencing on the date of appointment and continuing until:
 - i. The earlier of:
 - ii. The dissolution of the Commission as provided in this Resolution, or
 - iii. The effective date of such members resignation or removal; or
 - iv. An earlier or later date as the Board may specify by subsequent resolution.

- 11. **Vacancies.** A vacancy on the Commission shall occur upon a member:
 - A. Death
 - B. Written resignation submitted to the Board or its designee
 - C. Removal by the Board
 - D. Loss of eligibility (as determined by the Board)
 - The Board shall endeavor to fill vacancies in a timely manner using the same or a substantially similar process as that used for initial appointments.

- 12. **Removal.** Any member of the Commission may be removed, with or without cause, by the Board at its sole discretion. Grounds that the Board may consider in determining whether removal is appropriate include, but are not limited to:
 - A. Failure to attend a significant number of meetings without good cause.
 - B. Misconduct in connection with Commission service.
 - C. Conflict of interest that cannot be adequately managed.
 - D. Behavior that undermines or damages the effective operation or reputation of the Commission or the County.

- 13. **Resignation.** A member may resign by submitting a written notice of resignation to the Board or its designee. Resignation shall be effective upon the date specified in the notice, or if no date is specified, upon receipt.

- 14. **Officers, Meetings, Quorum, and Procedures**
 - A. **Officers.** At its first meeting, or as soon thereafter as practicable, the Commission shall elect from among its voting members a chair and a vice-chair and may elect such other officers as it deems appropriate, subject to approval by the Board if the Board so requires.

- 15. **Duties of Officers.**
 - A. The chair shall:
 - i. Preside at all meetings of the Commission when present.

- ii. Coordinate with County staff regarding meeting agendas, materials, and logistics.
 - iii. Serve as the principal liaison between the Commission and the Board, absent a different designation by the Board.
 - B. The vice-chair shall perform the duties of the chair in the chair's absence or inability to act and shall perform such other duties as may be assigned by the Commission.
- 16. **Meetings.**
 - A. The Commission shall meet as often as reasonably necessary to accomplish its work, at times and places determined by the Commission in consultation with County staff and subject to Board direction.
 - B. All meetings of the Commission at which public business is discussed, or formal action may be taken shall be conducted in a manner consistent with applicable Colorado open meetings laws and any relevant County policies regarding public meetings, notice, agendas, and minutes.
- 17. **Quorum and Voting.**
 - A. A majority of the appointed and serving voting members shall constitute a quorum for the transaction of business.
 - B. Except as otherwise expressly provided by the Board, the act of a majority of the voting members present at a meeting at which a quorum is present shall be the act of the Commission.
 - C. No member may vote by proxy, and remote participation shall be governed by applicable law and County policy.
- 18. **Rules of Procedure.** Subject to the provisions of this Resolution and applicable law, the Commission may adopt such additional reasonable rules of procedure as it deems necessary for the orderly conduct of its business, which rules shall not be inconsistent with this Resolution, with any relevant Board directives, or with applicable statutes and County policies.
- 19. **Reporting Obligations and Work Product**
 - A. **Interim Updates.** The Commission shall, at a minimum, provide:
 - i. An initial briefing to the Board after the Commission has completed its organizational phase and developed a preliminary work plan.
 - ii. Periodic interim updates at such times and in such form as may be requested by the Board or as the Commission reasonably determines would assist the Board in understanding the progress and direction of the study.
- 20. **Final Report.**
 - A. The Commission shall prepare and submit to the Board a written final report (the Final Report) on or before [date certain, e.g., twelve

(12) months from the date of the Commissions first meeting], unless such deadline is extended or shortened by the Board through subsequent action.

B. The Final Report shall, at a minimum, include:

- i. A description of the Commissions membership and organization.
 - ii. A summary of its process, including key meetings, data collection efforts, and stakeholder engagement activities.
 - iii. A description of existing health services available to Park County residents, including significant strengths and successful initiatives.
 - iv. Identification of gaps, unmet needs, and systemic challenges relating to health service access and quality in Park County.
 - v. Analysis of potential strategies, models, and options for addressing the identified gaps and challenges, including, where feasible, comparative information from similarly situated jurisdictions.
 - vi. Specific, prioritized recommendations for potential Board consideration, including, where appropriate:
 - a. Recommendations regarding organizational structures or collaborations.
 - b. Recommendations regarding policy changes, partnerships, or advocacy.
 - c. General discussion of possible resource and funding implications, recognizing that detailed fiscal analysis and implementation planning are subject to future Board action.
21. **Presentation to the Board.** The Commission shall, through the chair or other designated members, present its Final Report to the Board at a duly noticed public meeting, at which time Commission members may respond to questions from the Board and, if requested, provide clarifications regarding the Commission’s findings and recommendations.
22. **Ownership of Work Product.** All reports, memoranda, data compilations, and other materials prepared by or for the Commission in the course of its official work shall be considered County records and shall be maintained and managed in accordance with County policy and applicable public records laws.
23. **Staff Support, Resources, and Coordination**

- A. **Staff Support.** Subject to budgetary constraints and administrative priorities, the County Administrator or equivalent official may assign staff to:
 - i. Assist the Commission with scheduling, public notice, and meeting arrangements.
 - ii. Prepare and maintain agendas, minutes, and other records.
 - iii. Assist with basic data collection and research as directed by the Commission and approved by the County Administrator or designee.
 - B. **Legal Counsel.** The County Attorney or designee shall serve as legal counsel to the Commission, providing advice and assistance to the extent consistent with the County Attorneys duties to the Board and the County.
 - C. **Budget and Expenses.** The Commission shall not incur any expense or obligate any County funds except as authorized in advance by the Board or its designee. If the Board allocates funds for Commission expenses, such expenditure shall be made in accordance with applicable County financial policies and procedures.
 - D. **Coordination with Existing Entities.** The Commission shall coordinate, to an appropriate extent:
 - i. With any existing County boards, committees, or commissions whose responsibilities overlap with the subject matter of the Commissions study.
 - ii. With the Park County Public Health Agency or equivalent, to avoid duplication of effort and to leverage existing data and plans.
 - iii. With regional and state entities, as may be appropriate, to ensure that the Commissions work aligns with broader health planning efforts.
24. **Compliance with Law and Ethics**
- A. **Open Meetings and Records.** The Commission shall conduct its meetings and maintain its records in compliance with all applicable Colorado open meetings and open records laws and any corresponding County ordinances or policies.
 - B. **Conflicts of Interest.**
 - i. Members of the Commission shall perform their duties in a manner consistent with applicable conflict-of-interest laws and ethical standards governing County appointees.
 - ii. To the extent required by law or County policy, members shall disclose any actual or potential conflicts of interest and shall recuse themselves from deliberations or decisions where appropriate.
 - C. **Use of Information.** Commission members shall use confidential or non-public information obtained in the course of their service solely for the performance of their official duties and not for personal or third-party gain.

25. **Duration, Dissolution, and Extension**

- A. **Intended Duration.** The Commission is established as a time-limited study body. Unless the Board takes action to extend or otherwise modify the Commissions term, the Commission shall automatically dissolve and cease to exist upon the earlier of:
 - B. The Boards formal acceptance of the Commissions Final Report and a determination by the Board that the Commissions work is complete; or
 - C. A specified date, e.g., six (6) months (recommended by Atty Evans from the date of the Commissions first meeting], unless such date is extended by resolution of the Board.
- D. **Extension or Modification.** The Board may, in its discretion, by subsequent resolution:
 - i. Extend the duration of the Commission.
 - ii. Modify the Commissions scope of study, membership, or other provisions of this Resolution, provided that any such modification is consistent with applicable law.
 - iii. **Transition of Work.** Upon dissolution of the Commission, all records of the Commission shall be transferred to custody of the County in accordance with County policy. The Board may:
 - a) Refer the Commission’s recommendations to other County bodies or staff for further analysis, implementation planning, or ongoing oversight.
 - b) Consider whether to establish a successor advisory entity or standing body, if the Board determines that ongoing advisory input regarding health services is desirable.

26. **Severability and Interpretation**

- A. **Severability.** If any provision of this Resolution or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Resolution which can be given effect without the invalid provision or application, and to this end the provisions of this Resolution are declared to be severable.
- B. **Construction.** This Resolution shall be construed in a manner consistent with applicable law and County authority. No provision herein shall be interpreted as diminishing the ultimate authority of the Board over County policy, finances, or operations.

27. **Effective Date**

- A. **Effective Date.** This Resolution shall take effect immediately upon its adoption by the Board of County Commissioners of Park County, Colorado, unless a different effective date is expressly stated by the Board at the time of adoption.

ADOPTED AND APPROVED this ____ day of _____, 2026, by the Board of County Commissioners of Park County, Colorado.

BOARD OF COUNTY COMMISSIONERS OF PARK COUNTY, COLORADO

Chair, David B. Wissel

Commissioner, Amy Mitchell

Commissioner, Jason Gemmer

Attest:

Clerk and Recorder, Milena Kassel