consumer-friendly language, and fulfills the intent of this section. The division shall also ensure that the hyperlink from the division's website to the website is easily accessible.

(6) There shall be no liability on the association of hospitals or a cause of action against the association or its agents, employees, or directors or authorized designees of the commissioner for actions taken or omitted in the performance of duties pursuant to this section.

(7) Repealed.

(8) For purposes of this section:

(a) "Charge" means the amount that a hospital expects to charge for an inpatient diagnostic-related group. A charge that is required to be reported to the public shall be the mean charge for all cases of the diagnostic-related group occurring in the calendar year prior to the release of the hospital charge report.

(b) "Diagnostic-related group" means the classification assigned to an inpatient hospital service claim based on the patient's age and sex, the principal and secondary diagnoses, the procedures performed, and the discharge status.

(c) "Website" means a website established by the association of hospitals that links to the website created pursuant to section 25-3-703.

Source: L. 2008: Entire section added, p. 1262, § 3, effective May 27. **L. 2011:** (7) repealed, (HB 11-1303), ch. 264, p. 1165, § 60, effective August 10.

Cross references: In 2008, this section was added by the "Health Care Transparency Act". For the short title and legislative declaration, see sections 1 and 2 of chapter 294, Session Laws of Colorado 2008.

ARTICLE 3.5

Emergency Medical and Trauma Services

Cross references: For exemption from civil liability of persons acting as volunteer members of rescue units, see § 13-21-108.

PART 1

GENERAL AND ADMINISTRATIVE

25-3.5-101. Short title. This article shall be known and may be cited as the "Colorado Emergency Medical and Trauma Services Act".

Source: L. 77: Entire article added, p. 1278, § 2, effective January 1, 1978. **L. 2000:** Entire section amended, p. 525, § 1, effective July 1.

25-3.5-102. Legislative declaration. (1) The general assembly hereby declares that it is in the public interest to provide available, coordinated, and quality emergency medical and trauma services to the people of this state. It is the intent of the general assembly in enacting this article to establish an emergency medical and trauma services system, consisting of at least

treatment, transportation, communication, and documentation subsystems, designed to prevent premature mortality and to reduce the morbidity that arises from critical injuries, exposure to poisonous substances, and illnesses.

(2) To effect this end, the general assembly finds it necessary that the department of public health and environment assist, when requested by local government entities, in planning and implementing any one of such subsystems so that it meets local and regional needs and requirements and that the department coordinate local systems so that they interface with an overall state system providing maximally effective emergency medical and trauma systems.

(3) The general assembly further finds that the provision of adequate emergency medical and trauma services on highways in all areas of the state is a matter of statewide concern and requires state financial assistance and support.

Source: L. 77: Entire article added, p. 1278, § 2, effective January 1, 1978. **L. 83:** (1) amended, p. 1055, § 2, effective July 1. **L. 89:** (3) added, p. 1148, § 1, effective July 1. **L. 94:** (2) amended, p. 2757, § 417, effective July 1. **L. 2000:** Entire section amended, p. 525, § 2, effective July 1.

Cross references: For the legislative declaration contained in the 1994 act amending subsection (2), see section 1 of chapter 345, Session Laws of Colorado 1994.

25-3.5-103. Definitions. As used in this article 3.5, unless the context otherwise requires:

(1) "Air ambulance" means a fixed-wing or rotor-wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.

(1.3) "Air ambulance service" means any public or private entity that uses an air ambulance to transport patients to a medical facility.

(1.5) "Ambulance" means any privately or publicly owned ground vehicle:

(a) Especially constructed or modified and equipped, intended to be used, and maintained or operated by an ambulance service for the transportation, upon the streets and highways in this state, of individuals who are sick, injured, or otherwise incapacitated or helpless; and

(b) That is required to be licensed pursuant to part 3 of this article.

(2) (Deleted by amendment, L. 2005, p. 1330, § 1, effective July 1, 2005.)

(3) "Ambulance service" means the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged. The person so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.

(3.3) "Behavioral health" has the same meaning as set forth in section 25-27.6-102 (4).

(3.5) "Board" means the state board of health created pursuant to section 25-1-103.

(4) "Board of county commissioners" includes the governing body of any city and county.

(4.3) "Community integrated health-care service" means the provision of certain out-of-hospital medical services, as determined by rule, that a community paramedic may provide.

(4.5) "Community paramedic" means an emergency medical service provider who obtains an endorsement in community paramedicine pursuant to section 25-3.5-206.

(5) "Department" means the department of public health and environment.

(6) "Director" means the executive director of the department of public health and environment.

(7) "Emergency" means any actual or self-perceived event which threatens life, limb, or well-being of an individual in such a manner that a need for immediate medical care is created.

(7.5) "Emergency medical practice advisory council" or "advisory council" means the emergency medical practice advisory council created in section 25-3.5-206.

(8) "Emergency medical service provider" means an individual who holds a valid emergency medical service provider certificate or license issued by the department as provided in this article 3.5.

(8.1) "Emergency medical services facility" means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined in section 25-3-101, freestanding emergency departments as defined in section 25-1.5-114, psychiatric hospitals, community clinics, community mental health centers, and acute treatment units.

(8.3) "EMS agency patient care database" means the department's database containing records required to be submitted in accordance with section 25-3.5-501.

(8.5) "Health information organization network" means an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.

(8.6) "Justifiable medical emergency" means an underlying medical, traumatic, or psychiatric condition posing an immediate safety risk to the individual, emergency medical service provider, or public. Excited delirium, any subsequent term for excited delirium, or any acute psychiatric diagnosis not recognized in the most recent edition of the diagnostic and statistical manual of mental disorders is not a justifiable medical emergency.

(8.8) "Medical direction" includes, but is not limited to, the following:

(a) Approval of the medical components of treatment protocols and appropriate prearrival instructions;

(b) Routine review of program performance and maintenance of active involvement in quality improvement activities, including access to dispatch tapes as necessary for the evaluation of procedures;

(c) Authority to recommend appropriate changes to protocols for the improvement of patient care; and

(d) Provision of oversight for the ongoing education, training, and quality assurance for providers of emergency care.

(9) "Patient" means any individual who is sick, injured, or otherwise incapacitated or helpless.

(10) "Permit" means the authorization issued by the governing body of a local government with respect to an ambulance used or to be used to provide ambulance service in this state.

(10.3) "Prehospital setting" means one of the following settings in which an emergency medical service provider performs patient care, which care is subject to medical direction by a medical director:

(a) At the site of an emergency;

(b) During emergency transport; or

(c) During interfacility transport.

(10.6) "Refresher course program" means a program establishing a course of instruction designed to keep emergency medical service providers abreast of developments or new techniques in their profession, which course includes an examination administered at any time during or following the course to facilitate continuing evaluation of emergency medical service providers.

(10.8) "Registered emergency medical responder" means an individual who has successfully completed the training and examination requirements for emergency medical responders, who provides assistance to the injured or ill until more highly trained and qualified personnel arrive, and who is registered with the department pursuant to part 11 of this article.

(11) "Rescue unit" means any organized group chartered by this state as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.

(11.4) (a) "Secure transportation" or "secure transportation services" means urgent transportation services provided to individuals experiencing a behavioral health crisis.

(b) Secure transportation includes:

(I) For an individual being transported pursuant to section 27-65-103 or 27-65-105 (1), transportation from the community to a facility designated by the executive director of the department of human services for treatment and evaluation pursuant to article 65 of title 27;

(II) For an individual in need of services pursuant to articles 81 and 82 of title 27, transportation from any location to an approved treatment facility, as described in section 27-81-106, or a walk-in crisis center that is operating as part of the behavioral health crisis response system;

(III) For an individual who is receiving transportation across levels of care or to a higher level of care, transportation between any of the following types of facilities:

(A) An emergency medical services facility;

(B) A facility designated by the executive director of the department of human services for treatment and evaluation pursuant to article 65 of title 27;

(C) An approved treatment facility, as described in section 27-81-106;

(D) A walk-in crisis center that is operating as part of the behavioral health crisis response system; or

(E) A behavioral health entity licensed pursuant to section 25-27.6-106 with a current twenty-four-hour endorsement.

(c) "Secure transportation" does not include urgent transportation services provided by law enforcement or personnel employed by or contracted with a law enforcement agency to individuals experiencing a behavioral health crisis; except that any member of a co-responder team who is not law enforcement or personnel employed by or contracted with a law enforcement agency and who holds a valid license for secure transportation by the county in which the secure transportation originates, in a vehicle with a valid permit issued by the county in which the secure transportation originates, and which meets the minimum requirements for secure transportation established by rule pursuant to section 25-3.5-311 may provide urgent secure transportation services.

(11.5) "Service agency" means a fixed-base or mobile prehospital provider of emergency medical services that employs emergency medical service providers to render medical care to patients.

(12) "Volunteer emergency medical service provider" means an emergency medical service provider who does not receive direct remuneration for the performance of emergency medical services.

Source: L. 77: Entire article added, p. 1279, § 2, effective January 1, 1978. **L. 80:** (1) and (3) amended, p. 633, § 1, effective April 8. **L. 84:** (10.6) added, p. 763, § 1, effective July 1. **L. 87:** (12) added, p. 1126, § 1, effective July 1. **L. 94:** (5) and (6) amended, p. 2757, § 418, effective July 1. **L. 2000:** (3.5) and (11.5) added, p. 526, § 3, effective July 1. **L. 2005:** (1) and (2) amended and (1.5) added, p. 1330, § 1, effective July 1. **L. 2010:** (7.5) added, (HB 10-1260), ch. 403, p. 1944, § 6, effective July 1. **L. 2012:** (8), (10.6), (11.5), and (12) amended, (HB 12-1059), ch. 271, p. 1437, § 20, effective July 1. **L. 2016:** (1.3) added, (HB 16-1280), ch. 206, p. 736, § 1, effective June 1; (4.3) and (4.5) added, (SB 16-069), ch. 260, p. 1062, § 1, effective June 8; (10.8) added, (HB 16-1034), ch. 324, p. 1310, § 1, effective August 10. **L. 2018:** IP amended and (8.3) and (8.5) added, (HB 18-1032), ch. 63, p. 612, § 1, effective August 8. **L. 2019:** (8) amended, (SB 19-242), ch. 396, p. 3518, § 1, effective May 31; (8.8) added, (SB 19-052), ch. 122, p. 527, § 1, effective August 2. **L. 2021:** (3.3), (8.1), and (11.4) added, (HB 21-1085), ch. 355, p. 2308, § 1, effective June 27; (8.6), and (10.3) added, (HB 21-1251), ch. 450, p. 2957, § 1, effective July 6;

Editor's note: Subsection (8.8) is similar to § 25-3.5-203 (5) as it existed prior to 2019.

Cross references: For the legislative declaration contained in the 1994 act amending subsections (5) and (6), see section 1 of chapter 345, Session Laws of Colorado 1994.

25-3.5-104. Emergency medical and trauma services advisory council - creation - duties. (1) (a) There is hereby created, in the department of public health and environment, a state emergency medical and trauma services advisory council, referred to in this article as the "council", to be composed of thirty-two members, of whom twenty-five shall be appointed by the governor no later than January 1, 2001, and at least one of whom shall be from each of the regional emergency medical and trauma advisory council planning areas established in section 25-3.5-704. The other seven members shall be ex officio, nonvoting members. Not more than thirteen of the appointed members of the council shall be members of the same political party. A

majority of the members shall constitute a quorum. The membership of the council shall reflect, as equally as possible, representation of urban and rural members.

(b) The appointed members of the council shall be from the following categories:

(I) A fire chief of a service that provides prehospital care in an urban area;

(II) A fire chief of a service that provides prehospital care in a rural area;

(III) An administrative representative of an urban trauma center;

(IV) An administrative representative of a rural trauma center;

(V) A licensed physician who is a prehospital medical director;

(VI) A board-certified physician certified in pediatrics or a pediatric subspecialty;

(VII) A board-certified emergency physician;

(VIII) A flight nurse of an emergency medical service air team or unit;

(IX) An officer or crew member of a volunteer organization who provides prehospital care;

(X) An officer or employee of a public provider of prehospital care;

(XI) An officer or employee of a private provider of prehospital care;

(XII) A representative of a government provider of prehospital care;

(XIII) Three county commissioners or council members from a city and county, two of whom shall represent rural counties and one of whom shall represent an urban county or city and county;

(XIV) A board-certified surgeon providing trauma care at a level I trauma center;

(XV) A board-certified surgeon providing trauma care at a level II trauma center;

(XVI) A board-certified surgeon providing trauma care at a level III trauma center;

(XVII) A board-certified neurosurgeon involved in providing trauma care at a level I or II trauma center;

(XVIII) A trauma nurse coordinator;

(XIX) A registered nurse involved in rural emergency medical and trauma services care;

(XX) A regional council chair;

(XXI) A county emergency manager; and

(XXII) Two representatives of the general public, one from a rural area and one from an urban area.

(c) Ex officio, nonvoting members of the council shall include members from the following categories:

(I) A representative of the state coroners' association, as selected by the association;

(II) The director of the state board for community colleges and occupational education or the director's designee;

(III) The manager of the telecommunication services of the Colorado information technology services in the department of personnel, general support services, or the manager's designee;

(IV) The executive director of the department of public health and environment or the director's designee;

(V) The director of the office of transportation safety in the department of transportation or the director's designee;

(VI) A representative from the state sheriffs' association; and

(VII) A representative from the Colorado state patrol.

(2) Members of the council shall serve for terms of three years each; except that, of the members first appointed, eight shall be appointed for terms of one year, nine shall be appointed for terms of two years, and eight shall be appointed for terms of three years. Members of the council shall be reimbursed for actual and necessary expenses incurred in the actual performance of their duties. All vouchers for expenditures shall be subject to approval by the director. A vacancy shall be filled by appointment by the governor for the remainder of the unexpired term. Any appointed member who has two consecutive unexcused absences from meetings of the council shall be deemed to have vacated the membership, and the governor shall fill such vacancy as provided in this subsection (2).

(3) The council shall meet at least quarterly at the call of the chairperson or at the request of any seven members. At the first meeting after the appointment of new members, the members shall elect a chairperson who shall serve for a term of one year.

(4) The council shall:

(a) Advise the department on all matters relating to emergency medical and trauma services programs;

(b) Make recommendations concerning the development and implementation of statewide emergency medical and trauma services;

(c) Identify and make recommendations concerning statewide emergency medical and trauma service needs;

(d) Review and approve new rules and modifications to rules existing prior to July 1, 2000, prior to the adoption of such rules or modifications by the state board of health;

(e) Review and make recommendations concerning guidelines and standards for the delivery of emergency medical and trauma services, including:

(I) Establishing a list of minimum equipment requirements for ambulance vehicles operated by an ambulance service licensed in this state and making recommendations on the process used by counties in the licensure of ambulance services;

(II) Developing curricula for the training of emergency medical personnel;

(III) Making recommendations on the verification process used by the department to determine facility eligibility to receive trauma center designation; and

(IV) Making recommendations regarding the process used by the department to identify accrediting organizations for air ambulance licensing;

(f) Seek advice and counsel, up to and including the establishment of special ad hoc committees with other individuals, groups, organizations, or associations, when in the judgment of the council such is advisable to obtain necessary expertise for the purpose of meeting the council's responsibilities under this article. The council is authorized to establish special committees for the functions described in this paragraph (f).

(g) Review and make recommendations to the department regarding the amount, allocation, and expenditure of funds for the development, implementation, and maintenance of the statewide emergency medical and trauma system.

Source: L. 77: Entire article added, p. 1280, § 2, effective January 1, 1978. **L. 82:** (1) amended, p. 356, § 17, effective April 30. **L. 83:** (1) amended, p. 889, § 4, effective July 1. **L. 84:** (4)(j), (4)(k), and (5) added, p. 763, §§ 2, 3, effective July 1. **L. 85:** (1) amended, p. 881, § 1, effective July 1. **L. 86:** (6) added, p. 420, § 42, effective March 26. **L. 89:** (1) amended and (6) repealed, pp. 1146, 1147, §§ 2, 3, effective April 6. **L. 91:** (1) amended, p. 1068, § 40, effective

July 1. **L. 92:** (1) amended, p. 1043, § 9, effective March 12. **L. 94:** (1) amended, p. 2757, § 419, effective July 1. **L. 95:** (1), (2), (3), IP(4), (4)(f), (4)(g), and (5) amended, p. 1350, § 2, effective July 1. **L. 2000:** Entire section R&RE, p. 526, § 4, effective January 1, 2001. **L. 2016:** (4)(e) amended, (HB 16-1280), ch. 206, p. 736, § 2, effective June 1.

Cross references: For the legislative declaration contained in the 1994 act amending subsection (1), see section 1 of chapter 345, Session Laws of Colorado 1994.

25-3.5-104.3. State trauma advisory council - duties. (Repealed)

Source: L. 95: Entire section added, p. 1347, § 1, effective July 1. **L. 96:** (1)(c)(IV) amended, p. 1541, § 128, effective June 1. **L. 2000:** Entire section repealed, p. 547, § 26, effective January 1, 2001.

25-3.5-104.5. Joint advisory council - duties. (Repealed)

Source: L. 95: Entire section added, p. 1347, § 1, effective July 1. **L. 2000:** Entire section repealed, p. 547, § 26, effective January 1, 2001.

25-3.5-105. Rules and regulations. All rules and regulations adopted pursuant to the provisions of this article shall be adopted in accordance with the provisions of article 4 of title 24, C.R.S.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978.

25-3.5-106. Local standards - uninterrupted service. (1) Nothing in this article shall be construed to prevent a municipality or special district from adopting standards more stringent than those provided in this article.

(2) In no event shall the providing of service to sick or injured persons be interrupted, between point of origin and point of destination, when an ambulance run traverses one or more jurisdictions whose adopted standards are more stringent than those adopted in the jurisdiction where such ambulance run originates.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978.

25-3.5-107. Religious exception. Nothing in this article or the rules and regulations adopted pursuant to this article shall be construed to authorize any medical treatment or transportation to any hospital or other emergency care center of an adult who objects thereto on religious grounds and signs a written waiver to that effect.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978.

PART 2

TREATMENT SUBSYSTEM

25-3.5-201. Training programs. (1) The department shall design and establish specialized curricula for personnel who respond routinely to emergencies. The board of county commissioners may select from the various curricula available those courses meeting the minimum requirements established by said board.

(2) The department shall distribute the curricula and teaching aids to training institutions and hospitals upon request from a recognized training group or hospital. If a county is unable to arrange for necessary training programs, the department shall arrange a training program within the immediate vicinity of the agency requesting the program. The department shall issue emergency medical service provider certificates or licenses in accordance with section 25-3.5-203 (1) and may issue certificates of successful course completion to those individuals who successfully complete other emergency medical services training programs of the department. The programs may provide for the training of emergency medical dispatchers, emergency medical services instructors, emergency medical services coordinators, and other personnel who provide emergency medical services. The receipt of the certificate of course completion is not deemed state licensure, approval, or a determination of competency.

(3) The department shall consider including in the department's training curriculum for personnel who respond routinely to emergencies the training curriculum concerning interactions with persons with disabilities recommended by the commission on improving first responder interactions with persons with disabilities pursuant to section 24-31-1004.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978. **L. 92:** (2) amended, p. 1143, § 1, effective May 29. **L. 2010:** (1) amended, (HB 10-1260), ch. 403, p. 1944, § 7, effective July 1. **L. 2012:** (2) amended, (HB 12-1059), ch. 271, p. 1428, § 2, effective July 1. **L. 2019:** (2) amended, (SB 19-242), ch. 396, p. 3528, § 15, effective May 31. **L. 2021:** (3) added, (HB 21-1122), ch. 405, p. 2691, § 6, effective June 30.

25-3.5-202. Personnel - basic requirements. Emergency medical service providers employed or utilized in connection with an ambulance service shall meet the qualifications established, by resolution, by the board of county commissioners of the county in which the ambulance is based in order to be certified or licensed. For ambulance drivers, the minimum requirements include the possession of a valid driver's license and other requirements established by the board by rule under section 25-3.5-308. For any person responsible for providing direct emergency medical care and treatment to patients transported in an ambulance, the minimum requirement is possession of an emergency medical service provider certificate or license issued by the department. In the case of an emergency in an ambulance service area where no person possessing the qualifications required by this section is present or available to respond to a call for the emergency transportation of patients by ambulance, any person may operate the ambulance to transport any sick, injured, or otherwise incapacitated or helpless person in order to stabilize the medical condition of the person pending the availability of medical care.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978. **L. 78:** Entire section amended, p. 409, § 1, effective April 4. **L. 79:** Entire section amended, p. 1011, § 1, effective July 1. **L. 84:** Entire section amended, p. 764, § 4, effective July 1. **L. 2000:** Entire section amended, p. 529, § 5, effective July 1. **L. 2012:** Entire section amended, (HB 12-1059),

ch. 271, p. 1428, § 3, effective July 1. **L. 2019:** Entire section amended, (SB 19-242), ch. 396, p. 3528, § 16, effective May 31.

25-3.5-203. Emergency medical service providers - licensure - renewal of license - duties of department - rules - criminal history record checks - definitions.

(1) (a) Repealed.

(a.5) The executive director or chief medical officer shall regulate the acts emergency medical service providers are authorized to perform subject to the medical direction of a licensed physician. The executive director or chief medical officer, after considering the advice and recommendations of the advisory council, shall adopt and revise rules, as necessary, regarding the regulation of emergency medical service providers and their duties and functions.

(b) The department shall certify and license emergency medical service providers. The board shall adopt rules for the certification and licensure of emergency medical service providers. The rules must include the following:

(I) A statement that a certificate or license is valid for a period of three years after the date of issuance;

(II) A statement that the certificate or license is renewable at its expiration upon the certificate holder's or licensee's satisfactory completion of the training requirements established pursuant to subsection (2) of this section;

(III) Provisions governing the use of results of national and state criminal history record checks by the department to determine the action to take on a certification or license application pursuant to subsection (4) of this section. Notwithstanding section 24-5-101, provisions governing the use of criminal history record check results must allow the department to consider whether the applicant has been convicted of a felony or misdemeanor involving moral turpitude and the pertinent circumstances connected with the conviction and to make a determination whether the conviction disqualifies the applicant from certification or licensure.

(IV) Disciplinary sanctions, which must include provisions for the denial, revocation, and suspension of certificates and licenses and the suspension and probation of certificate holders and licensees;

(V) An appeals process pursuant to sections 24-4-104 and 24-4-105 that is applicable to department decisions in connection with certifications and licenses and sanctions;

(VI) Pursuant to subsection (1)(b.5) of this section, rules regarding the conversion of an emergency medical service provider's valid certification to a license upon the emergency medical service provider's demonstration to the satisfaction of the department that the emergency medical service provider has completed a four-year bachelor's degree program from an accredited college or university in a field related to the health sciences or an equivalent field, as determined by the board by rule; and

(VII) A statement that an emergency medical service provider may practice in a clinical setting, as defined in section 25-3.5-207 (1)(a), subject to the requirements of section 25-3.5-207 and rules adopted by the board.

(b.5) (I) On or after January 1, 2021, an individual in this state who holds a valid emergency medical service provider certificate issued by the department may apply for a license issued by the department pursuant to this section. The department may issue a license to a certificate holder who has completed a four-year bachelor's degree program from an accredited

college or university in a field related to the health sciences or an equivalent field, as determined by the board by rule.

(II) The conversion of an emergency medical service provider's certification to licensure pursuant to this subsection (1)(b.5) does not:

(A) Affect any prior discipline, limitation, or condition imposed by the department on an emergency medical service provider;

(B) Limit the department's authority over any certificate holder; or

(C) Affect any pending investigation or administrative proceeding.

(c) (I) The department may issue a provisional certification or license to an applicant for certification or licensure as an emergency medical service provider who requests issuance of a provisional certification or license and who pays any fee authorized under rules adopted by the board. A provisional certification or license is valid for not more than ninety days.

(II) The department shall not issue a provisional certification or license unless the applicant satisfies the requirements for certification or licensure in accordance with this section and rules adopted by the board under this subsection (1). If the department finds that an emergency medical service provider that has received a provisional certification or license has violated any requirements for certification or licensure, the department may impose disciplinary sanctions under subsection (1)(b)(IV) of this section.

(III) The department may issue a provisional certification or license to an applicant whose fingerprint-based criminal history record check has not yet been completed. The department shall require the applicant to submit to a name-based criminal history record check prior to issuing a provisional certification or license.

(IV) The board shall adopt rules as necessary to implement this subsection (1)(c), including rules establishing a fee for provisional certification or licensure. The department shall deposit any fee collected for a provisional certification or license in the emergency medical services account created in section 25-3.5-603.

(d) (I) The department shall exempt certified or licensed emergency medical service providers who have been called to federally funded active duty for more than one hundred twenty days to serve in a war, emergency, or contingency from the payment of certification or license fees and from continuing education or professional competency requirements of this article 3.5 for a renewal date during the service or the six months after the completion of service.

(II) Upon presentation of satisfactory evidence by an applicant for certification or license renewal, the department may accept continuing medical education, training, or service completed by an individual as a member of the armed forces or reserves of the United States, the National Guard of any state, the military reserves of any state, or the naval militia of any state toward the qualifications to renew the individual's certification or license.

(III) (A) A veteran, active military service member, or member of the National Guard and reserves separating from an active duty tour or the spouse of a veteran or member may apply for certification or licensure under this article 3.5 while stationed or residing within this state. The veteran, member, or spouse is exempt from the initial certification or licensure requirements in this article 3.5, except for those in subsection (4) of this section, if the veteran, member, or spouse holds a current, valid, and unrestricted certification from the National Registry of Emergency Medical Technicians (NREMT) at or above the level of state certification being sought.

(B) The department shall expedite the processing of a certification or license application submitted by a veteran, active military service member, or member of the National Guard and reserves separating from an active duty tour or the spouse of a veteran or member.

(IV) The board shall promulgate rules to implement this subsection (1)(d), including the criteria and evidence for acceptable continuing medical education and training or service.

(2) The council shall advise the department and the board in establishing the training requirements for certificate or license renewal, which training requirements must include a classroom component requiring at least thirty-six and not more than fifty classroom hours.

(3) Repealed.

(4) (a) The department shall require a certification or licensure applicant to submit to a federal bureau of investigation fingerprint-based national criminal history record check from the Colorado bureau of investigation to investigate the applicant for an emergency medical service provider certificate or license. The department may acquire a name-based criminal history record check for a certificate or license applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.

(b) Each emergency medical service provider certification or licensure applicant required under this subsection (4) to submit to a federal bureau of investigation fingerprint-based national criminal history record check shall obtain a complete set of fingerprints taken by a local law enforcement agency, another entity designated by the department, or any third party approved by the Colorado bureau of investigation. If an approved third party takes the applicant's fingerprints, the fingerprints may be electronically captured using Colorado bureau of investigation-approved livescan equipment. Third-party vendors shall not keep the applicant's information for more than thirty days unless requested to do so by the applicant. The approved third party or government entity shall transmit the fingerprints to the Colorado bureau of investigation, which shall in turn forward them to the federal bureau of investigation for a national criminal history record check. The department or other authorized government entity is the authorized agency to receive and disseminate information regarding the result of a national criminal history record check. Each entity handling the national criminal history record check shall comply with Pub.L. 92-544, as amended. Each government entity acting as the authorized recipient of the result of a national criminal history record check shall forward the result of the initial national criminal history record check and any subsequent notification of activity on the record to the department to determine the individual's eligibility for initial certification or licensure or certification or licensure renewal.

(c) to (e) (Deleted by amendment, L. 2019.)

(f) If an applicant for certification or licensure renewal has lived in Colorado for:

(I) More than three years at the time of certification or licensure renewal and submitted to a federal bureau of investigation fingerprint-based national criminal history record check at the time of initial certification or licensure or at the time of a previous renewal of certification or licensure, the applicant is not required to submit to a subsequent fingerprint-based criminal history record check; or

(II) Three years or less at the time of certification or licensure renewal and submitted to a federal bureau of investigation fingerprint-based national criminal history record check at the time of initial certification or licensure or a previous renewal of certification or licensure, the applicant shall submit to another federal bureau of investigation fingerprint-based national criminal history record check from the Colorado bureau of investigation; except that the

department may acquire a state name-based criminal history record check for an applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.

(g) When the results of a fingerprint-based criminal history record check of a person performed pursuant to this subsection (4) reveal a record of arrest without a disposition, the department, government entity, or private, not-for-profit, or for-profit organization that required the fingerprint-based criminal history record check shall require that person to submit to a name-based criminal history record check, as defined in section 22-2-119.3 (6)(d).

(4.5) (a) As used in this subsection (4.5), unless the context otherwise requires:

(I) "Cat" means a small, domesticated feline animal that is kept as a pet. "Cat" does not include a nondomesticated wild animal.

(II) "Dog" means any canine animal owned for domestic, companionship, service, therapeutic, or assistance purposes.

(III) "Emergency medical service provider" means an emergency medical service provider that is certified or licensed by the department of public health and environment, created under section 25-1-102.

(IV) "Employer" means an entity or organization that employs or enlists the services of an emergency medical service provider, regardless of whether the provider is paid or is a volunteer. The employer may be a public, private, for-profit, or nonprofit organization or entity; or a special district.

(V) "Preveterinary emergency care" means the immediate medical stabilization of a dog or cat by an emergency medical service provider, in an emergency to which the emergency medical service provider is responding, through means including oxygen, fluids, medications, or bandaging, with the intent of enabling the dog or cat to be treated by a veterinarian. "Preveterinary emergency care" does not include care provided in response to an emergency call made solely for the purpose of tending to an injured dog or cat, unless a person's life could be in danger attempting to save the life of a dog or cat.

(b) Notwithstanding any other provision of law, an emergency medical service provider may provide preveterinary emergency care to dogs and cats to the extent the provider has received commensurate training and is authorized by the employer to provide the care. Requirements governing the circumstances under which emergency medical service providers may provide preveterinary emergency care to dogs and cats may be specified in the employer's policies governing the provision of care.

(c) Notwithstanding any other provision of law, nothing in this subsection (4.5) imposes upon an emergency medical service provider any obligation to provide care to a dog or cat, or to provide care to a dog or cat before a person.

(5) Repealed.

Source: L. 77: Entire article added, p. 1281, § 2, effective January 1, 1978. **L. 84:** Entire section amended, p. 764, § 5, effective July 1. **L. 85:** (1) amended, p. 524, § 16, effective July 1. **L. 87:** (1) amended and (3) added, p. 1126, § 2, effective July 1. **L. 89:** (1) amended and (3) repealed, p. 1152, §§ 3, 5, effective July 1. **L. 94:** (1) amended, p. 2758, § 420, effective July 1. **L. 2000:** (1) amended and (4) and (5) added, p. 529, § 6, effective July 1. **L. 2001:** (1), (2), and (4) amended, p. 1144, § 1, effective June 5. **L. 2003:** (1)(b)(III) and (4) amended, p. 1662, § 1, effective May 14. **L. 2007:** (4)(a), (4)(b), (4)(c)(I), (4)(d)(I), and (4)(e) amended, p. 637, § 1,

effective April 26. **L. 2009:** (1)(c) added, (HB 09-1275), ch. 278, p. 1244, § 1, effective May 19. **L. 2010:** (1)(a) amended and (1)(a.5) added, (HB 10-1260), ch. 403, p. 1944, § 8, effective July 1. **L. 2012:** (1)(a.5), IP(1)(b), (1)(c)(I), (1)(c)(II), (4)(a), (4)(b)(I), and (4)(c)(I)(A) amended and (1)(d) added, (HB 12-1059), ch. 271, p. 1428, § 4, effective July 1. **L. 2014:** (4.5) added, (SB 14-039), ch. 45, p. 219, § 2, effective August 6. **L. 2015:** (1)(d)(III) amended, (HB 15-1015), ch. 171, p. 539, § 2, effective August 5. **L. 2017:** (4)(b)(I) amended, (SB 17-189), ch. 149, p. 504, § 13, effective August 9. **L. 2019:** (4)(g) added, (HB 19-1166), ch. 125, p. 553, § 37, effective April 18; (1)(b), (1)(c), (1)(d), (2), and (4) amended and (1)(b.5) added, (SB 19-242), ch. 396, p. 3518, § 2, effective May 31; (1)(b)(IV) and (1)(b)(V) amended, (1)(b)(VII) added, and (5) repealed, (SB 19-052), ch. 122, pp. 528, 530, §§ 2, 6, effective August 2.

Editor's note: (1) Subsection (1)(a)(II) provided for the repeal of subsection (1)(a), effective January 1, 2011. (See L. 2010, p. 1944.)

(2) Amendments to subsection (1)(b) by SB 19-052 and SB 19-242 were harmonized.

(3) Subsection (5) was repealed and relocated to § 25-3.5-103 (8.8) in 2019.

(4) Subsection (1)(b)(VII) was numbered as (1)(b)(VI) in SB 19-052 but has been renumbered on revision for ease of location.

(5) Subsection (4)(g) was numbered as (4)(f) in HB 19-1166 but has been renumbered on revision for ease of location.

Cross references: For the legislative declaration contained in the 1994 act amending subsection (1), see section 1 of chapter 345, Session Laws of Colorado 1994. For the legislative declaration in SB 14-039, see section 1 of chapter 45, Session Laws of Colorado 2014.

25-3.5-203.5. Community paramedic endorsement - rules. (1) On or before January 1, 2018, the board shall adopt rules in accordance with article 4 of title 24, C.R.S., for community paramedics including standards for:

(a) The department's issuance of an endorsement in community paramedicine to an emergency medical service provider;

(b) Verifying an emergency medical service provider's competency to be endorsed as a community paramedic. The standards must include a requirement that the emergency medical service provider has obtained from an accredited paramedic training center or an accredited college or university a certificate of completion for a course in community paramedicine with competency verified by a passing score on an examination offered nationally and recognized in Colorado for certifying competency to serve as a community paramedic.

(c) Continuing competency to maintain a community paramedic endorsement.

(2) Rules adopted under this section supersede any rules of the Colorado medical board regarding the matters set forth in this part 2.

Source: L. 2016: Entire section added, (SB 16-069), ch. 260, p. 1062, § 2, effective June 8.

25-3.5-204. Emergency medical services for children. (1) The department is authorized to establish a program to improve the quality of emergency care to pediatric patients

throughout the state, including a component to address public awareness of pediatric emergencies and injury prevention.

(2) The department is authorized to receive contributions, grants, donations, or funds from any public or private entity to be expended for the program authorized pursuant to this section.

Source: L. 95: Entire section added, p. 1361, §4, effective July 1.

25-3.5-205. Emergency medical service providers - investigation - discipline. (1) (a) The department may administer oaths, take affirmations of witnesses, and issue subpoenas to compel the attendance of witnesses and the production of all relevant records and documents to investigate alleged misconduct by certified or licensed emergency medical service providers.

(b) Upon failure of a witness to comply with a subpoena, the department may apply to a district court for an order requiring the person to appear before the department or an administrative law judge, to produce the relevant records or documents, or to give testimony or evidence touching the matter under investigation or in question. When seeking an order, the department shall apply to the district court of the county in which the subpoenaed person resides or conducts business. The court may punish such failure as a contempt of court.

(2) An emergency medical service provider, the medical supervisor of an emergency medical service provider in a clinical setting, as those terms are defined in section 25-3.5-207 (1), the employer of an emergency medical service provider, a medical director, and a physician providing medical direction of an emergency medical service provider shall report to the department any misconduct that is known or reasonably believed by the person to have occurred.

(3) A person acting as a witness or consultant to the department, a witness testifying, and a person or employer who reports misconduct to the department under this section shall be immune from liability in any civil action brought for acts occurring while testifying, producing evidence, or reporting misconduct under this section if such individual or employer was acting in good faith and with a reasonable belief of the facts. A person or employer participating in good faith in an investigation or an administrative proceeding pursuant to this section shall be immune from any civil or criminal liability that may result from such participation.

(4) All records, documents, testimony, or evidence obtained under this section shall remain confidential except to the extent necessary to support the administrative action taken by the department, to refer the matter to another regulatory agency, or to refer the matter to a law enforcement agency for criminal prosecution.

(5) For the purposes of this section:

(a) "Medical director" means a physician who provides medical direction to certified or licensed emergency medical service providers consistent with the rules adopted by the director or chief medical officer, as applicable, under section 25-3.5-206.

(b) "Misconduct" means an activity meeting the good cause for disciplinary sanctions standard, as defined by the board.

Source: L. 2005: Entire section added, p. 875, § 1, effective August 8. **L. 2010:** (5)(a) amended, (HB 10-1260), ch. 403, p. 1945, § 9, effective July 1. **L. 2012:** (1)(a), (2), and (5)(a) amended, (HB 12-1059), ch. 271, p. 1430, § 5, effective July 1. **L. 2019:** (1)(a) and (5)(a) amended, (SB 19-242), ch. 396, p. 3529, § 17, effective May 31; (2) and (5)(a) amended, (SB

19-052), ch. 122, p. 528, § 3, effective August 2. **L. 2020:** (5)(a) amended, (HB 20-1402), ch. 216, p. 1053, § 52, effective June 30.

Editor's note: Subsection (5)(a) was amended in SB 19-242. Those amendments were superseded by the amendment of subsection (5)(a) in SB 19-052, effective August 2, 2019.

25-3.5-206. Emergency medical practice advisory council - creation - powers and duties - emergency medical service provider scope of practice - definitions - rules. (1) There is hereby created within the department, as a **type 2** entity under the direction of the director, the emergency medical practice advisory council, referred to in this part 2 as the "advisory council". The advisory council is responsible for advising the department regarding the appropriate scope of practice for emergency medical service providers certified or licensed under section 25-3.5-203.

(2) (a) The advisory council consists of the following thirteen members:

(I) Eight voting members appointed by the governor as follows:

(A) Two physicians licensed in good standing in Colorado who are actively serving as emergency medical service medical directors and are practicing in rural or frontier counties;

(B) Two physicians licensed in good standing in Colorado who are actively serving as emergency medical service medical directors and are practicing in urban counties;

(C) One physician licensed in good standing in Colorado who is actively serving as an emergency medical service medical director in any area of the state;

(D) One emergency medical service provider certified or licensed at an advanced life support level who is actively involved in the provision of emergency medical services;

(E) One emergency medical service provider certified or licensed at a basic life support level who is actively involved in the provision of emergency medical services; and

(F) One emergency medical service provider certified or licensed at any level who is actively involved in the provision of emergency medical services;

(II) One voting member who, as of July 1, 2010, is a member of the state emergency medical and trauma services advisory council, appointed by the executive director of the department;

(III) Two nonvoting ex officio members appointed by the executive director of the department.

(IV) One voting member who is a clinical psychiatrist licensed in good standing in Colorado, recommended by a statewide association of psychiatrists, and appointed by the governor; and

(V) One voting member who is an anesthesiologist licensed in good standing in Colorado, recommended by a statewide association of anesthesiologists, and appointed by the governor.

(b) Members of the advisory council shall serve four-year terms; except that, of the members initially appointed to the advisory council by the governor, four members shall serve three-year terms. A vacancy on the advisory council shall be filled by appointment by the appointing authority for that vacant position for the remainder of the unexpired term. Members serve at the pleasure of the appointing authority and continue in office until the member's successor is appointed.

(c) Members of the advisory council shall serve without compensation but shall be reimbursed from the emergency medical services account, created in section 25-3.5-603, for their actual and necessary travel expenses incurred in the performance of their duties under this article.

(d) The advisory council shall elect a chair and vice-chair from its members.

(e) The advisory council shall meet at least quarterly and more frequently as necessary to fulfill its obligations.

(f) The department shall provide staff support to the advisory council.

(g) As used in this subsection (2), "licensed in good standing" means that the physician holds a current, valid license to practice medicine in Colorado that is not subject to any restrictions.

(3) The advisory council shall provide general technical expertise on matters related to the provision of patient care by emergency medical service providers and shall advise or make recommendations to the department in the following areas:

(a) The acts and medications that emergency medical service providers at each level of certification or licensure are authorized to perform or administer under the direction of a physician medical director. The advisory council shall submit a report to the house of representatives health and insurance committee and the senate health and human services committee, or any successor committees, any time the advisory council advises or recommends authorizing the administration of any new chemical restraint, as defined in section 26-20-102 (2). The report must include the advisory council's reasoning for such advisement or recommendation.

(b) Requests for waivers to the scope of practice rules adopted pursuant to this section and section 25-3.5-203 (1)(a.5);

(c) Modifications to emergency medical service provider certification or licensure levels and capabilities; and

(d) Criteria for physicians to serve as emergency medical service medical directors.

(4) (a) The director or, if the director is not a physician, the chief medical officer shall adopt rules in accordance with article 4 of title 24 concerning the scope of practice of emergency medical service providers. The rules must include the following:

(I) Allowable acts for each level of emergency medical service provider certification or licensure and the medications that a certificate holder or licensee at each level of emergency medical service provider certification or licensure can administer;

(II) Defining the physician medical direction required for appropriate oversight of an emergency medical service provider by an emergency medical services medical director;

(III) Criteria for requests to waive the scope of practice rules in a prehospital setting and the conditions for the waivers;

(IV) Minimum standards for physicians to be emergency medical services medical directors; and

(V) (A) Standards for the issuance by the department of a critical care endorsement for emergency medical service providers. An emergency medical service provider with a critical care endorsement is authorized to perform the tasks and procedures specified by rule. The endorsement is valid as long as the emergency medical service provider maintains certification or licensure by the department.

(B) The director or, if the director is not a physician, the chief medical officer, shall adopt rules implementing this subparagraph (V) by August 1, 2014.

(a.5) (I) The director or, if the director is not a physician, the chief medical officer shall adopt rules in accordance with article 4 of title 24 concerning the scope of practice of a community paramedic. An emergency medical service provider's endorsement as a community paramedic, issued pursuant to the rules adopted under section 25-3.5-203.5, is valid for as long as the emergency medical service provider maintains the emergency medical service provider's certification or licensure by the department.

(II) The rules must establish the tasks and procedures that an emergency medical service provider with a community paramedic endorsement is authorized to perform in addition to an emergency medical service provider's scope of practice, including:

(A) An initial assessment of the patient and any subsequent assessments, as needed;

(B) Medical interventions;

(C) Care coordination;

(D) Resource navigation;

(E) Patient education;

(F) Inventory, compliance, and administration of medications; and

(G) Gathering of laboratory and diagnostic data.

(b) Rules adopted pursuant to this subsection (4) supersede any rules of the Colorado medical board regarding the matters set forth in this subsection (4).

(5) As used in this section:

(a) "Interfacility transport" has the meaning set forth in section 25-3.5-207 (1)(c).

(b) Repealed.

(c) "Scope of practice" has the meaning set forth in section 25-3.5-207 (1)(f).

Source: L. 2010: Entire section added, (HB 10-1260), ch. 403, p. 1945, § 10, effective July 1. **L. 2012:** (1), IP(2)(a), (2)(a)(I)(D), (2)(a)(I)(E), (2)(a)(I)(F), IP(3), (3)(a), (3)(c), IP(4)(a), (4)(a)(I), and (4)(a)(II) amended, (HB 12-1059), ch. 271, p. 1431, § 6, effective July 1. **L. 2013:** IP(4)(a), (4)(a)(III), and (4)(a)(IV) amended and (4)(a)(V) added, (HB 13-1063), ch. 14, p. 37, § 1, effective March 8. **L. 2016:** (4)(a.5) added, (SB 16-069), ch. 260, p. 1063, § 3, effective June 8. **L. 2019:** (1), IP(2)(a), (2)(a)(I)(D), (2)(a)(I)(E), (2)(a)(I)(F), (3)(a), (3)(c), IP(4)(a), (4)(a)(I), (4)(a)(V)(A), and (4)(a.5)(I) amended, (SB 19-242), ch. 396, p. 3523, § 3, effective May 31; IP(4)(a), (4)(a)(III), and (4)(a.5)(I) amended and (5) added, (SB 19-052), ch. 122, p. 528, § 4, effective August 2. **L. 2021:** IP(2)(a), (2)(a)(II), and (3)(a) amended, (2)(a)(IV) and (2)(a)(V) added, and (5)(b) repealed, (HB 21-1251), ch. 450, pp. 2963, 2964, §§ 7, 9, effective July 6.

Editor's note: Amendments to subsections IP(4)(a) and (4)(a.5)(I) by SB 19-052 and SB 19-242 were harmonized.

25-3.5-207. Ability of certified or licensed emergency medical service providers to work in clinical settings - restrictions - definitions - rules. (1) As used in this section, unless the context otherwise requires:

(a) "Clinical setting" means a health facility licensed or certified by the department pursuant to section 25-1.5-103 (1)(a).

(b) "In-scope tasks and procedures" means tasks and procedures performed by an emergency medical service provider within the emergency medical service provider's scope of practice.

(c) "Interfacility transport" means the movement of a patient from one licensed health-care facility to another licensed health-care facility.

(d) "Medical supervision" means the oversight, guidance, and instructions that a medical supervisor provides to an emergency medical service provider.

(e) "Medical supervisor" means a Colorado-licensed physician, physician assistant, advanced practice nurse, or registered nurse.

(f) "Scope of practice" means the tasks, medications, and procedures that an emergency medical service provider is authorized to perform or administer in accordance with sections 25-3.5-203 and 25-3.5-206 and rules promulgated pursuant to those sections.

(2) In accordance with the limitations contained in this article 3.5, an emergency medical service provider may work in a clinical setting subject to the following conditions:

(a) The emergency medical service provider may perform only tasks and procedures that are within the emergency medical service provider's applicable scope of practice;

(b) The emergency medical service provider shall perform in-scope tasks and procedures pursuant to orders or instructions from, and under the medical supervision of, a medical supervisor;

(c) Medical supervision must be provided by a medical supervisor who is immediately available and physically present at the clinical setting where the care is being delivered to provide oversight, guidance, or instruction to the emergency medical service provider during the emergency medical service provider's performance of in-scope tasks and procedures;

(d) The medical supervisor of the emergency medical service provider must be licensed in good standing; and

(e) Each clinical setting at which an emergency medical service provider performs in-scope tasks and procedures pursuant to this section shall, in collaboration with its medical staff, establish operating policies and procedures that ensure that emergency medical service providers perform tasks and procedures and administer medications within their scope of practice.

(3) Nothing in this section alters the authority of a physician or registered nurse in a clinical setting to delegate acts, including the administration of medications, that are outside of an emergency medical service provider's scope of practice pursuant to section 12-240-107 or 12-255-131, as appropriate.

(4) The board may promulgate rules as necessary to implement this section.

Source: L. 2019: Entire section added, (SB 19-052), ch. 122, p. 529, § 5, effective August 2.

25-3.5-208. Emergency medical service providers' peer health assistance program - fund - rules. (1) As a condition of initial certification or licensure and certification or licensure renewal, every applicant shall pay to the department, at the time of application, two dollars and fifty-five cents. This amount may be adjusted on January 1, 2021, and annually thereafter by the board to reflect:

(a) Changes in the United States department of labor, bureau of labor statistics, consumer price index for Denver-Aurora-Lakewood, or its successor index; and

(b) Overall utilization of the program.

(2) The fee imposed pursuant to subsection (1) of this section is to support designated providers the department selects to provide assistance to emergency medical service providers needing help in dealing with physical, emotional, or psychological conditions that may be detrimental to their ability to provide emergency medical services.

(3) The department shall deposit the fees collected pursuant to this section in the emergency medical services peer assistance fund, referred to in this section as the "fund", which is hereby created in the state treasury. Money in the fund is not subject to annual appropriation by the general assembly. The state treasurer shall credit all interest and income derived from the deposit and investment of money in the fund to the fund. The department may seek, accept, and expend gifts, grants, or donations from private or public sources for the purposes of this section.

(4) The department shall select one or more peer health assistance programs as designated providers. To be eligible for designation by the department, a peer health assistance program must:

(a) Provide for the education of emergency medical service providers with respect to the recognition and prevention of physical, emotional, and psychological conditions and provide for intervention when necessary or under circumstances that the department may establish by rule;

(b) Offer assistance to an emergency medical service provider in identifying physical, emotional, or psychological conditions;

(c) Evaluate the extent of physical, emotional, or psychological conditions and refer the emergency medical service provider for appropriate treatment;

(d) Monitor the status of an emergency medical service provider who has been referred for treatment;

(e) Provide counseling and support for the emergency medical service provider and for the family of any emergency medical service provider referred for treatment;

(f) Agree to receive referrals from the department; and

(g) Agree to make services available to all certified and licensed emergency medical service providers.

(5) The department may select an entity to administer the emergency medical service providers peer health assistance program. The administering entity must be a nonprofit private foundation that is qualified under section 501 (c)(3) of the federal "Internal Revenue Code of 1986", as amended, and is dedicated to providing support for charitable, benevolent, educational, and scientific purposes that are related to medicine, medical education, medical research and science, and other medical charitable purposes.

(6) The administering entity shall:

(a) Distribute the money collected from the department, less expenses, to an approved designated provider, as directed by the department;

(b) Provide an annual accounting to the department of all amounts collected, expenses incurred, and amounts disbursed; and

(c) Post a surety performance bond in an amount specified by the department to secure performance under the requirements of this section. The administering entity may recover the actual administrative costs incurred in performing its duties under this section in an amount not to exceed ten percent of the total amount collected.

(7) (a) Any certificate holder or licensee who does not have access to an employee assistance program may apply to the department for participation in a qualified peer health assistance program. In order to be eligible for participation, a certificate holder or licensee shall:

(I) Acknowledge the existence or the potential existence of a physical, psychological, or emotional condition; excessive alcohol or drug use; or a substance use disorder, as defined in section 27-81-102;

(II) After a full explanation of the operation and requirements of the peer health assistance program, agree to voluntarily participate in the program and agree in writing to participate in the program of the peer health assistance organization designated by the department.

(b) (I) Any certificate holder or licensee may self-refer to the qualified peer health assistance program selected by the department. If a certificate holder or licensee who self-refers in accordance with this subsection (7)(b) has access to an employee assistance program, the certificate holder or licensee shall cover the cost of the program.

(II) A certificate holder or licensee who self-refers and is accepted into a qualified peer health assistance program shall affirm that, to the best of their knowledge, information, and belief, they know of no instance in which they have violated this article 3.5 or the rules of the board, except in instances affected by the certificate holder's or licensee's physical, psychological, or emotional condition.

(8) All documents, records, or reports generated in the provision of services to a certificate holder or licensee who is attending a qualified peer health assistance program are confidential and not subject to subpoena and shall not be used as evidence in any proceeding other than disciplinary action by the department. The documents, records, and reports are not public records for purposes of section 24-72-203.

(9) Notwithstanding the provisions of this section, the department may summarily suspend the certification of any certificate holder or the license of any licensee who is referred to a peer health assistance program by the department and who fails to attend or to complete the program. If a certificate holder or licensee objects to the suspension, the certificate holder or licensee may submit a written request to the department for the formal hearing on the suspension within two days after receiving notice of the suspension and the department shall grant the request. In the hearing, the certificate holder or licensee shall have the burden of proving that the certificate holder's certification or licensee's license should not be suspended. The hearing shall be conducted in accordance with section 24-4-105.

(10) Nothing in this section creates any liability on the department or the state of Colorado for the actions of the department in making grants to peer assistance programs, and no civil action may be brought or maintained against the department or the state for an injury alleged to have been the result of the activities of any state-funded peer assistance program or the result of an act or omission of an emergency medical service provider participating in or referred by a state-funded peer assistance program. However, the state remains liable under the "Colorado Governmental Immunity Act", article 10 of title 24, if an injury alleged to have been the result of an act or omission of an emergency medical service provider participating in or referred by a state-funded peer assistance program occurred while the emergency medical service provider was performing duties as an employee of the state.

(11) The department may promulgate rules necessary to implement this section.

Source: L. 2019: Entire section added, (SB 19-065), ch. 174, p. 2008, § 1, effective August 2. **L. 2020:** (7)(a)(I) amended, (SB 20-007), ch. 286, p. 1415, § 49, effective July 13; IP(1), (4)(g), IP(7)(a), (7)(b), (8), and (9) amended, (HB 20-1036), ch. 72, p. 304, § 2, effective September 14.

Cross references: For the legislative declaration in HB 20-1036, see section 1 of chapter 72, Session Laws of Colorado 2020.

25-3.5-209. Use of ketamine in prehospital setting when peace officer is present - definition. (1) (a) When a peace officer is present at the scene of an emergency, an emergency medical service provider authorized to administer ketamine in a prehospital setting shall only administer ketamine if the provider has:

(I) Weighed the individual to ensure accurate dosage. If the emergency medical service provider is unable to weigh the individual, the emergency medical service provider shall, prior to the administration of ketamine:

(A) Estimate the individual's weight, and at least two personnel who are trained in weight assessments must agree with the weight assessment; and

(B) Attempt to obtain a verbal order from the emergency medical service provider's medical director or their designee, unless there is a verifiable reason the emergency medical service provider cannot obtain a verbal order.

(II) Training in the administration of ketamine, including training to ensure appropriate dosage based on the weight of the individual;

(III) Training in advanced airway support techniques;

(IV) Equipment available to manage respiratory depression; and

(V) Equipment available to immediately monitor the vital signs of the individual receiving ketamine and the ability to respond to any adverse reactions.

(b) The medical director of an agency that has a waiver to administer ketamine shall develop any necessary training for emergency medical service providers pursuant to this subsection (1).

(2) An emergency medical service provider who administers ketamine shall:

(a) Provide urgent transport to the individual receiving ketamine; and

(b) Record any complications arising out of such administration, including but not limited to apnea, laryngospasm, hypoxia, hypertension, hypotension, seizure, and cardiac arrest.

(3) Absent a justifiable medical emergency, an emergency medical service provider shall not administer ketamine in a prehospital setting to subdue, sedate, or chemically incapacitate an individual for alleged or suspected criminal, delinquent, or suspicious conduct.

(4) If an emergency medical service provider does not comply with the provisions of this section, such noncompliance is considered misconduct, as defined in section 25-3.5-205 (5)(b).

Source: L. 2021: Entire section added, (HB 21-1251), ch. 450, p. 2958, § 2, effective July 6.

25-3.5-210. Report on statewide use of ketamine. Beginning January 1, 2022, and each January 1 thereafter, the department shall submit a report on the statewide use of ketamine by emergency medical service providers and any complications that arise out of such use to the

house of representatives judiciary committee, the house of representatives public and behavioral health and human services committee, the senate health and human services committee, and the senate judiciary committee, or their successor committees. The department shall make the report publicly available on the department's website.

Source: L. 2021: Entire section added, (HB 21-1251), ch. 450, p. 2964, § 8, effective July 6.

PART 3

TRANSPORTATION SUBSYSTEM

25-3.5-301. License required - exceptions. (1) After January 1, 1978, no person shall provide ambulance service publicly or privately in this state unless that person holds a valid license to do so issued by the board of county commissioners of the county in which the ambulance service is based, except as provided in subsection (5) of this section. Licenses, permits, and renewals thereof, issued under this part 3, shall require the payment of fees in amounts to be determined by the board to reflect the direct and indirect costs incurred by the department in implementing such licensure, but the board may waive payment of such fees for ambulance services operated by municipalities or special districts.

(2) (a) (I) Each ambulance operated by an ambulance service shall be issued a permit and, in order to be approved, shall bear evidence that its equipment meets or is equivalent to the minimum requirements set forth in the minimum equipment list established by the council and approved by the state board of health. The board of county commissioners of any county may impose by resolution additional requirements for ambulances based in such county.

(II) Repealed.

(a.1) Repealed.

(b) The council shall make available to the board of county commissioners guidelines for ambulance design criteria for use in developing standards for vehicle replacement.

(3) No patient shall be transported in an ambulance in this state after January 1, 1978, unless there are two or more individuals, including the driver, present and authorized to operate said ambulance except under unusual conditions when only one authorized person is available.

(4) (Deleted by amendment, L. 2002, p. 696, § 1, effective May 29, 2002.)

(5) The provisions of subsections (1) to (3) of this section shall not apply to the following:

(a) The exceptional emergency use of a privately or publicly owned vehicle, including search and rescue unit vehicles, or aircraft not ordinarily used in the formal act of transporting patients;

(b) A vehicle rendering services as an ambulance in case of a major catastrophe or emergency when ambulances with permits based in the localities of the catastrophe or emergency are insufficient to render the services required;

(c) Ambulances based outside this state which are transporting a patient in Colorado;

(d) Vehicles used or designed for the scheduled transportation of convalescent patients, individuals with disabilities, or persons who would not be expected to require skilled treatment or care while in the vehicle;

(e) Vehicles used solely for the transportation of intoxicated persons or persons incapacitated by alcohol as defined in section 27-81-102, C.R.S., but who are not otherwise disabled or seriously injured and who would not be expected to require skilled treatment or care while in the vehicle.

Source: L. 77: Entire article added, p. 1282, § 2, effective January 1, 1978. **L. 81:** (2)(a) amended, p. 1944, § 4, effective July 1; (2)(a.1) added, p. 1951, § 18, effective July 1, 1984. **L. 84:** (2)(a)(I) amended, p. 1125, § 45, effective July 1; (2)(a)(II) and (2)(a.1) repealed, p. 1080, § 1, effective July 1; (2)(a.1)(I) amended, p. 765, § 6, effective July 1. **L. 93:** (5)(d) amended, p. 1664, § 73, effective July 1. **L. 2002:** (1) and (4) amended, p. 696, § 1, effective May 29. **L. 2010:** (5)(e) amended, (SB 10-175), ch. 188, p. 799, § 62, effective April 29.

25-3.5-302. Issuance of licenses and permits - term - requirements. (1) (a) After receipt of an original application for a license to provide ambulance service, the board of county commissioners shall review the application and the applicant's record and provide for the inspection of equipment to determine compliance with the provisions of this part 3.

(b) The board of county commissioners shall issue a license to the applicant to provide ambulance service and a permit for each ambulance used, both of which shall be valid for twelve months following the date of issue, upon a finding that the applicant's staff, vehicle, and equipment comply with the provisions of this part 3 and any other requirement established by said board.

(2) Any such license or permit, unless revoked by the board of county commissioners, may be renewed by filing an application as in the case of an original application for such license or permit. Applications for renewal shall be filed annually but not less than thirty days before the date the license or permit expires.

(3) No license or permit issued pursuant to this section shall be sold, assigned, or otherwise transferred.

Source: L. 77: Entire article added, p. 1283, § 2, effective January 1, 1978.

25-3.5-303. Vehicular liability insurance required. No ambulance shall operate in this state unless it is covered by a complying policy as defined in section 10-4-601 (2), C.R.S.

Source: L. 77: Entire article added, p. 1283, § 2, effective January 1, 1978. **L. 2006:** Entire section amended, p. 1504, § 45, effective June 1.

25-3.5-304. Suspension - revocation - hearings. (1) Upon a determination by the board of county commissioners that any person has violated or failed to comply with any provisions of this part 3, the board may temporarily suspend, for a period not to exceed thirty days, any license or permit issued pursuant to this part 3. The licensee shall receive written notice of such temporary suspension, and a hearing shall be held no later than ten days after such temporary suspension. After such hearing, the board may suspend any license or permit, issued pursuant to this part 3, for any portion of or for the remainder of its life. At the end of such period, the person whose license or permit was suspended may apply for a new license or permit as in the case of an original application.

(2) Upon a second violation or failure to comply with any provision of this part 3 by any licensee, the board of county commissioners may permanently revoke such license or permit.

Source: L. 77: Entire article added, p. 1283, § 2, effective January 1, 1978.

25-3.5-305. Alleged negligence. (1) In any legal action filed against a person who has been issued a license pursuant to this part 3 in which it is alleged that the plaintiff's injury, illness, or incapacity was exacerbated or that he was otherwise injured by the negligence of the licensee, an act of negligence shall not be presumed based on the fact of the allegation.

(2) In the event a judgment is entered against any such licensee, he shall, within thirty days thereof, file a copy of the findings of fact, conclusions of law, and order in such case with the clerk and recorder of the county issuing the license. Said board shall take note of such judgment for purposes of investigation and appropriate action if a violation of this part 3 is present. Any and all complaints received directly by said board shall be subject to review.

Source: L. 77: Entire article added, p. 1283, § 2, effective January 1, 1978.

25-3.5-306. Violation - penalty. [*Editor's note: This version of this section is effective until March 1, 2022.***]** Any person who violates any provision of this part 3 commits a class 3 misdemeanor and shall be punished as provided in section 18-1.3-501, C.R.S.

25-3.5-306. Violation - penalty. [*Editor's note: This version of this section is effective March 1, 2022.***]** Any person who violates any provision of this part 3 commits a petty offense and shall be punished as provided in section 18-1.3-503.

Source: L. 77: Entire article added, p. 1284, § 2, effective January 1, 1978. **L. 2002:** Entire section amended, p. 1536, § 264, effective October 1. **L. 2021:** Entire section amended, (SB 21-271), ch. 462, p. 3233, § 447, effective March 1, 2022.

Editor's note: Section 803(2) of chapter 462 (SB 21-271), Session Laws of Colorado 2021, provides that the act changing this section applies to offenses committed on or after March 1, 2022.

Cross references: For the legislative declaration contained in the 2002 act amending this section, see section 1 of chapter 318, Session Laws of Colorado 2002.

25-3.5-307. Licensure of fixed-wing and rotor-wing air ambulances - cash fund created - rules. (1) (a) Except as provided in paragraph (b) of this subsection (1), prior to beginning air ambulance operations in this state, an air ambulance service must be licensed by the department. Except as otherwise provided in paragraph (d) of this subsection (1), compliance with rules promulgated by the board or successful completion of an accreditation process through an accrediting organization approved by the department as having standards equivalent to or exceeding the standards established in rules of the board is required for full licensure and renewal of such license by the department for an air ambulance service.

(b) (I) Upon a showing of exigent circumstances, as defined by the board, the department may authorize an unlicensed air ambulance service to provide a particular transport.

(II) The department may recognize the license issued by another jurisdiction for an air ambulance service that makes a limited number of flights per calendar year into or out of Colorado, and the department shall impose an annual fee upon an air ambulance service whose license is so recognized. The department may rescind such recognition, without refunding or prorating the fee, if rescission is necessary to protect public health and safety.

(b.5) The board shall allow the department to grant a waiver of a rule adopted by the board if the applicant for the waiver satisfactorily demonstrates:

(I) (A) The waiver will not adversely affect the health and safety of patients; and

(B) In the particular situation, the requirement serves no beneficial public purpose; or

(II) Circumstances indicate that the public benefit of waiving the requirement outweighs the public benefit to be gained by strictly adhering to the requirement.

(c) In addition to its rule-making authority granted under section 25-3.5-307.5, the board shall promulgate rules specifying minimum licensure requirements and standards for air ambulance services necessary to ensure public health and safety, including governing the issuance of initial and renewal licenses, conditional licenses, provisional licenses, and other necessary licenses; establishing reasonable fees for licensure and for on-site inspections, investigations, changes of ownership, and other activities related to licensure; defining exigent circumstances for purposes of the exception in subparagraph (I) of paragraph (b) of this subsection (1); and specifying the procedure and grounds for the suspension, revocation, or denial of a license. The rules must include the process used to investigate complaints against an air ambulance service and procedures for data collection and reporting to the department by an air ambulance service; except that complaints that are related to the requirements of an accrediting organization approved by the department in accordance with paragraph (a) of this subsection (1) may be referred to the organization for investigation if the department determines that referral is appropriate. The department shall consider the results of such investigations in making licensure decisions concerning air ambulance services.

(d) The department may issue a provisional license to an applicant for an initial license to operate an air ambulance service if the applicant is temporarily unable to conform to all the minimum standards required under this article and rules of the board; except that a license shall not be issued to an applicant if the operation of the applicant's air ambulance service will adversely affect patient care or the health, safety, and welfare of the public. As a condition of obtaining a provisional license, the applicant must demonstrate to the department that the applicant is making its best efforts to achieve compliance with applicable standards. The department may issue the applicant a second provisional license for the same duration and shall charge the same fee as for the first provisional license, but the department shall not issue a third or subsequent provisional license to the applicant.

(2) (a) The board shall establish the amount of the licensure fee to reflect the direct and indirect costs incurred by the department in implementing such licensure. The department shall transmit all fees collected pursuant to this section to the state treasurer who shall credit the same to the fixed-wing and rotary-wing ambulances cash fund, which fund is hereby created in the state treasury.

(b) Any interest derived from the deposit and investment of moneys in the fixed-wing and rotary-wing ambulances cash fund shall be credited to such fund. Any unexpended or

unencumbered moneys remaining in such fund at the end of any fiscal year shall remain in the fund and shall not revert or be transferred to the general fund or any other fund of the state. Moneys in such fund shall be subject to annual appropriation by the general assembly to the department for the costs incurred by the department in implementing this section.

Source: L. 2002: Entire section added, p. 697, § 2, effective May 29. **L. 2005:** (1) amended, p. 1331, § 2, effective July 1. **L. 2007:** (1) amended, p. 380, § 1, effective April 2. **L. 2016:** (1) amended, (HB 16-1280), ch. 206, p. 737, § 3, effective June 1.

25-3.5-307.5. Standards for air ambulance services - rules - civil penalties - disciplinary actions. (1) The board shall promulgate rules in accordance with section 24-4-103, C.R.S., to establish minimum standards for an air ambulance service. The rules must include minimum requirements or standards for:

(a) Approval of an accrediting organization;

(b) Recognizing another jurisdiction's license, including a restriction on the number of allowable flights per year in Colorado under that license, a fee for such recognition, and a process to rescind the recognition upon a showing of good cause;

(c) Malpractice and liability insurance for injuries to persons, in amounts determined by the board, and workers' compensation coverage as required by Colorado law;

(d) Medical crew qualifications and training;

(e) Qualifications, training, and roles and responsibilities for a medical director for an air ambulance service;

(f) Communication equipment, reporting capabilities, patient safety, and crew safety and staffing;

(g) Medical equipment in an air ambulance;

(h) Data collection and submission, including reporting requirements as determined by the department;

(i) Maintaining program quality; and

(j) Management of patient and medical staff safety with regard to clinical staffing and shift time.

(2) Rules promulgated by the board must not include activities preempted by the federal aviation administration or 49 U.S.C. sec. 41713.

(3) **Civil penalties.** An air ambulance operator, service, or provider or other person who violates this section, section 25-3.5-307, or a rule of the board promulgated pursuant to this part 3 or who operates without a current and valid license is subject to a civil penalty of up to five thousand dollars per violation or for each day of a continuing violation. The department shall assess and collect these penalties. Before collecting a penalty, the department shall provide the alleged violator with notice and the opportunity for a hearing in accordance with the "State Administrative Procedure Act", article 4 of title 24, C.R.S., and all applicable rules of the board. The department shall transmit all penalties collected pursuant to this section to the state treasurer, who shall credit them to the general fund.

(4) **Disciplinary actions.** For violation of any provision of this section, section 25-3.5-307, or a rule of the board promulgated pursuant to this part 3 or for operating without a license, the department may take any one or more of the following actions:

(a) Deny, suspend, or revoke a license issued pursuant to this part 3;

(b) Impose a civil penalty as provided in subsection (3) of this section;

(c) Issue a cease-and-desist order if the department has determined that a violation has occurred and immediate enforcement is deemed necessary. The cease-and-desist order must set forth the provisions alleged to have been violated, the facts alleged to have constituted the violation, and the requirement that all violations cease forthwith.

(d) Summarily suspend a license issued pursuant to this part 3 in accordance with article 4 of title 24, C.R.S.

(5) Repealed.

Source: L. 2016: Entire section added, (HB 16-1280), ch. 206, p. 738, § 4, effective June 1. **L. 2017:** (2) amended, (SB 17-294), ch. 264, p. 1406, § 81, effective May 25.

Editor's note: Subsection (5)(b) provided for the repeal of subsection (5), effective July 1, 2018. (See L. 2016, p. 738.)

25-3.5-308. Rules. (1) The board shall adopt rules establishing the minimum requirements for ground ambulance service licensing, including but not limited to:

(a) Minimum equipment to be carried on an ambulance pursuant to section 25-3.5-104;

(b) Staffing requirements for ambulances as required in section 25-3.5-104;

(c) Medical oversight and quality improvement of ambulance services pursuant to section 25-3.5-704 (2)(h);

(d) The process used to investigate complaints against an ambulance service; and

(e) Data collection and reporting to the department by an ambulance service.

Source: L. 2002: Entire section added, p. 697, § 2, effective May 29. **L. 2005:** IP(1) amended, p. 1331, § 3, effective July 1.

25-3.5-309. Secure transportation - license required - fees - exceptions. (1) (a) After January 1, 2023, an entity shall not provide public or private secure transportation services, as defined in section 25-3.5-103 (11.4), in this state unless that entity holds a valid license issued by the board of county commissioners of the county in which the secure transportation service is based; except that entities described in subsection (2) of this section may provide secure transportation services.

(b) Licenses, permits, and renewals issued pursuant to this section and section 25-3.5-310 require a fee in an amount to be determined by the board of county commissioners of the county in which the secure transportation service is based to reflect the direct and indirect costs incurred by the county in implementing licenses for secure transportation.

(2) Ambulance agencies, transportation services provided by the office of behavioral health within the state department of human services, emergency service patrols established pursuant to section 27-81-115, and law enforcement may provide secure transportation services to an individual in need of urgent behavioral health care.

(3) An ambulance agency is eligible to receive reimbursement pursuant to section 25.5-5-328 and is exempt from additional licensing requirements if the agency meets the requirements for secure transportation as established by rule pursuant to section 25-3.5-311.

(4) Each vehicle operated by a secure transportation licensee must be issued a separate permit by the board of county commissioners of the county in which the secure transportation service is based upon positive review pursuant to section 25-3.5-310.

Source: L. 2021: Entire section added, (HB 21-1085), ch. 355, p. 2309, § 2, effective June 27.

25-3.5-310. Secure transportation - issuance of licenses and permits - term - requirements. (1) (a) After receipt of an original application for a license to provide public or private secure transportation services, the board of county commissioners of the county in which the secure transportation service is based shall review the application, the applicant's record, and the applicant's equipment, as well as the applicant's training and operating procedures. In order to be approved for a license, the applicant must provide evidence that the applicant's equipment and training and operating procedures meet or exceed the minimum requirements established by the state board of health pursuant to section 25-3.5-311. The board of county commissioners of any county may impose, by resolution, additional requirements for secure transportation that is based in that county.

(b) If an applicant is approved pursuant to subsection (1)(a) of this section, the board of county commissioners of the county in which the secure transportation service is based shall issue a license, valid for three years, to the applicant to provide secure transportation services. The board of county commissioners of the county in which the secure transportation service is based shall also issue a permit, valid for twelve months after the date of issuance, for each vehicle used by the licensee if the vehicles and equipment meet or exceed the minimum requirements established by the state board of health pursuant to section 25-3.5-311.

(2) Any license or permit issued pursuant to this section, unless revoked by the board of county commissioners of the county in which the secure transportation service is based, may be renewed by filing an application, as applicable for an original license or permit. Applications for permit renewal must be filed annually, but not less than thirty days before the date the permit expires.

(3) A licensee or permit holder shall not sell, assign, or otherwise transfer a license or permit issued pursuant to this section.

Source: L. 2021: Entire section added, (HB 21-1085), ch. 355, p. 2310, § 2, effective June 27.

25-3.5-311. Secure transportation - rules. (1) On or before July 1, 2022, the state board of health shall adopt rules establishing the minimum requirements for secure transportation services licensing, including but not limited to:

(a) Staffing requirements for vehicles;

(b) Staff training requirements, including verbal de-escalation and trauma-informed care, as well as cultural competencies related to supporting persons with physical or cognitive disabilities;

(c) Operating procedures, including circumstances when individual physical restraint is allowed;

(d) Quality improvement and the process used to investigate complaints against a licensee;

(e) Data collection and reporting on utilization to the department by a licensee;

(f) Minimum clinical and medical standards and procedures;

(g) The circumstances under which an individual may be transported; and

(h) Criteria for pickup and drop-off.

Source: L. 2021: Entire section added, (HB 21-1085), ch. 355, p. 2311, § 2, effective June 27.

25-3.5-312. Funding. The department is authorized to seek, accept, and expend gifts, grants, and donations from public or private sources for the purpose of facilitating the rule-making process set forth in section 25-3.5-311.

Source: L. 2021: Entire section added, (HB 21-1085), ch. 355, p. 2311, § 2, effective June 27.

25-3.5-313. Reporting. The department shall annually make publicly available the data collected from secure transportation providers.

Source: L. 2021: Entire section added, (HB 21-1085), ch. 355, p. 2311, § 2, effective June 27.

PART 4

TELECOMMUNICATIONS SUBSYSTEM

25-3.5-401. Responsibility for coordination. (1) The telecommunications subsystem shall be used to maintain effective interface with the other components of the system, which shall include but not be limited to the following:

(a) To dispatch the ambulance;

(b) To maintain contact while en route to the scene of the emergency;

(c) To provide for triage at the scene of the emergency;

(d) To provide for treatment while en route to the primary emergency care center;

(e) To arrange for transfer to advanced emergency care centers.

(2) (a) The department of personnel, in consultation with the office of information technology created in the office of the governor, shall coordinate the telecommunications subsystem with the existing state telecommunications network to the extent possible.

(b) Repealed.

Source: L. 77: Entire article added, p. 1284, § 2, effective January 1, 1978. **L. 81:** IP(1) amended, p. 2028, § 29, effective June 7; (2)(b) repealed, p. 2028, § 31, effective July 14. **L. 83:** (2)(a) amended, p. 889, § 5, effective July 1. **L. 84:** IP(1) amended, p. 1121, § 26, effective June 7. **L. 95:** (2)(a) amended, p. 663, § 96, effective July 1. **L. 2001:** (2)(a) amended, p. 125, § 6, effective March 23. **L. 2006:** (2)(a) amended, p. 1736, § 25, effective June 6.

Cross references: (1) For provisions concerning telecommunications coordination within state government and the state telecommunications network, see part 5 of article 37.5 of title 24.

(2) For the legislative declaration contained in the 1995 act amending subsection (2)(a), see section 112 of chapter 167, Session Laws of Colorado 1995.

25-3.5-402. Local government participation. The department of personnel shall consult with local government entities to ensure that provision is made for their entry into the statewide telecommunications subsystem and that their present resources are being fully utilized.

Source: L. 77: Entire article added, p. 1284, § 2, effective January 1, 1978. **L. 83:** Entire section amended, p. 889, § 6, effective July 1. **L. 96:** Entire section amended, p. 1541, § 129, effective June 1.

25-3.5-403. Poison information center - state funding. (Repealed)

Source: L. 83: Entire section added, p. 1056, § 3, effective July 1. **L. 94:** Entire section amended, p. 1665, § 2, effective July 1.

Editor's note: Subsection (3) provided for the repeal of this section, effective July 1, 1995. (See L. 94, p. 1665.)

PART 5

DOCUMENTATION SUBSYSTEM

25-3.5-501. Records - ambulance services to report - access to patient information. (1) Each ambulance service shall prepare and transmit copies of uniform and standardized records, as specified by regulation adopted by the department, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in said system at all levels.

(2) The record forms adopted by the department may distinguish between rural ambulance service and urban ambulance service and between mobile intensive care units and basic ambulance service.

(3) The department shall make individualized patient information from its EMS agency patient care database available to health information organization networks for uses allowed under the federal "Health Insurance Portability and Accountability Act of 1996", as amended, Pub.L. 104-191. The department shall contract with health information organization networks regarding accessing patient information and limiting the use of information to purposes allowed under the "Health Insurance Portability and Accountability Act of 1996", as amended.

Source: L. 77: Entire article added, p. 1284, § 2, effective January 1, 1978. **L. 78:** Entire section amended, p. 270, § 84, effective May 23. **L. 2018:** (3) added, (HB 18-1032), ch. 63, p. 612, § 2, effective August 8.

25-3.5-502. Forms and reports. The department shall provide the necessary forms and copies of quarterly statistical report forms for local and state evaluation of ambulance service unless specifically exempted by the board of county commissioners of a particular county for that county.

Source: L. 77: Entire article added, p. 1285, § 2, effective January 1, 1978. **L. 78:** Entire section amended, p. 271, § 85, effective May 23.

PART 6

LOCAL EMERGENCY MEDICAL SERVICES

25-3.5-601. Legislative declaration. (1) The general assembly recognizes that an efficient and reliable statewide emergency medical and trauma network would serve not only to promote the health, safety, and welfare of Colorado residents, but would also, by increasing safety throughout the state, indirectly serve to facilitate tourism and economic development in the state.

(2) The general assembly also finds that accident victims are often transported over state highways and that an improved response to accidents through an efficient and reliable statewide emergency medical and trauma network impacts both directly and indirectly on the maintenance and supervision of the public highways of this state.

(3) Therefore, it is the purpose of this part 6 to enhance emergency medical and trauma services statewide by financially assisting local emergency medical and trauma service providers who operate or wish to operate in the counties in their efforts to improve the quality and effectiveness of local emergency medical and trauma services, including emergency medical and trauma equipment and communications, and by supporting the overall coordination of such efforts by the department.

Source: L. 89: Entire part added, p. 1148, § 2, effective July 1. **L. 94:** (3) amended, p. 2758, § 421, effective July 1. **L. 2000:** Entire section amended, p. 532, § 10, effective July 1.

Cross references: For the legislative declaration contained in the 1994 act amending subsection (3), see section 1 of chapter 345, Session Laws of Colorado 1994.

25-3.5-602. Definitions. As used in this part 6, unless the context otherwise requires:

(1) "Council" means the state emergency medical and trauma services advisory council created in section 25-3.5-104.

(2) "Department" means the department of public health and environment.

(3) "EMTS" means emergency medical and trauma services.

(4) "Local emergency medical and trauma service providers" includes, but is not limited to, local governing boards, training centers, hospitals, special districts, and other private and public service providers that have as their purpose the provision of emergency medical and trauma services.

Source: L. 89: Entire part added, p. 1149, § 2, effective July 1. **L. 94:** (2) amended, p. 2758, § 422, effective July 1. **L. 2000:** (1), (3), and (4) amended, p. 532, § 11, effective July 1.

Cross references: For the legislative declaration contained in the 1994 act amending subsection (2), see section 1 of chapter 345, Session Laws of Colorado 1994.

25-3.5-603. Emergency medical services account - creation - allocation of funds. (1) (a) There is hereby created a special account within the highway users tax fund established under section 43-4-201, to be known as the emergency medical services account, which consists of all money transferred into the account in accordance with section 42-3-304 (21), fees collected under section 25-3.5-203 for provisional certifications or licenses of emergency medical service providers, and fees collected under section 25-3.5-1103 for provisional registration of emergency medical responders.

(b) All moneys in and state FTE funded by the emergency medical services account shall be subject to annual appropriation by the general assembly.

(c) At the end of any fiscal year, all unexpended and unencumbered moneys in the emergency medical services account shall remain therein and shall not be credited or transferred to the general fund or any other fund. Any interest earned on the investment or deposit of moneys in the account shall also remain in the account and shall not be credited to the general fund.

(2) (Deleted by amendment, L. 2005, p. 280, § 13, effective August 8, 2005.)

(3) The general assembly shall appropriate money in the emergency medical services account:

(a) (I) To the department for distribution as grants to local emergency medical and trauma service providers pursuant to the emergency medical and trauma services (EMTS) grant program set forth in section 25-3.5-604.

(II) Of the amount appropriated under subparagraph (I) of this paragraph (a) for grants:

(A) One hundred thousand dollars shall remain in the account for unexpected emergencies that arise after the deadline for grant applications has passed. The department and the council shall promulgate any rules necessary to define the expenditures of such emergency funds.

(B) The department shall award a minimum of one hundred fifty thousand dollars to offset the training costs of emergency medical service providers, emergency medical dispatchers, emergency medical services instructors, emergency medical services coordinators, and other personnel who provide emergency medical services. Of said one hundred fifty thousand dollars, no less than eighty percent shall be used in the training of emergency medical service providers.

(b) (I) To the department for distribution for each Colorado county within a RETAC no less than fifteen thousand dollars and seventy-five thousand dollars to each RETAC, in accordance with section 25-3.5-605 for planning and, to the extent possible, coordination of emergency medical and trauma services in the county and between counties when such coordination would provide for better service geographically. In the event that a RETAC is composed of less than five counties as of July 1, 2002, the council shall recommend that for each Colorado county within such RETAC, the RETAC shall receive fifteen thousand dollars in accordance with section 25-3.5-605 for planning and, to the extent possible, coordination of emergency medical and trauma services in the county and between counties when such

coordination would provide for better service geographically. Any RETAC may apply for additional moneys and may receive such moneys if the request is approved by the council, so long as the moneys are used in accordance with section 25-3.5-605 for planning and, to the extent possible, coordination of emergency medical and trauma services in the county and between counties when such coordination would provide for better service geographically.

(II) A county may request to the council that the county's representative fifteen thousand dollars be divided between two different RETACs pursuant to section 25-3.5-704 (2)(c)(IV)(B).

(c) To the direct and indirect costs of planning, developing, implementing, maintaining, and improving the statewide emergency medical and trauma services system. These costs include:

(I) Providing technical assistance and support to local governments, local emergency medical and trauma service providers, and RETACs operating a statewide data collection system, coordinating local and state programs, providing assistance in selection and purchasing of medical and communication equipment, administering the EMTS grant program, establishing and maintaining scope of practice for certified or licensed emergency medical service providers, and administering a registration program for emergency medical responders; and

(II) The costs of the department of revenue in collecting the additional motor vehicle registration fee pursuant to section 42-3-304 (21), C.R.S.

Source: L. 89: Entire part added, p. 1149, § 2, effective July 1. **L. 92:** Entire section amended, p. 1143, § 2, effective May 29. **L. 94:** (1)(a) and (2)(c)(III) amended, p. 2559, § 61, effective January 1, 1995. **L. 2000:** IP(2), (2)(a)(I), (2)(a)(II)(A), (2)(b), IP(2)(c), (2)(c)(I), and (2)(c)(II) amended and (3) added, p. 533, § 12, effective July 1. **L. 2005:** (1)(a) and (3)(c)(II) amended, p. 1183, § 33, effective August 8; (1)(b) and (2) amended, p. 280, § 13, effective August 8. **L. 2009:** (1)(a) amended, (HB 09-1275), ch. 278, p. 1245, § 2, effective May 19. **L. 2010:** (3)(c)(I) amended, (HB 10-1260), ch. 403, p. 1947, § 11, effective July 1. **L. 2012:** (1)(a), IP(3), IP(3)(a)(II), (3)(a)(II)(B), IP(3)(c), and (3)(c)(I) amended, (HB 12-1059), ch. 271, p. 1437, § 21, effective July 1. **L. 2016:** (1)(a) and (3)(c)(I) amended, (HB 16-1034), ch. 324, p. 1310, § 2, effective August 10. **L. 2019:** (1)(a), IP(3), and (3)(c)(I) amended, (SB 19-242), ch. 396, p. 3529, § 18, effective May 31.

Editor's note: Subsection (3) was originally enacted as subsection (2.5) in Senate Bill 00-180 but was renumbered on revision for ease of location.

25-3.5-604. EMTS grant program - EMS account - role of council and department - rules - awards. (1) (a) The council shall make recommendations to the department concerning the application for and distribution of moneys from the EMS account for the development, maintenance, and improvement of emergency medical and trauma services in Colorado and for the establishment of priorities for emergency medical and trauma services grants.

(b) Any rules that relate to the distribution of grants shall provide that awards shall be made on the basis of a substantiated need and that priority shall be given to those applicants that have underdeveloped or aged emergency medical and trauma services equipment or systems.

(c) The department, upon recommendations from the council, shall allocate moneys pursuant to section 25-3.5-603.

(2) (a) Applications for grants shall be made to the department commencing January, 2001, and each January thereafter, except as otherwise provided in section 25-3.5-603 (3).

(b) The department shall review each application and make awards in accordance with the rules promulgated pursuant to subsection (1) of this section.

(c) Grants awarded under this section shall require local matching funds, unless such requirement is waived by the council upon demonstration that local sources of matching funds are not available.

(3) Grants shall be awarded July 1 of each year.

(4) The council shall review the adequacy of funding for each RETAC for the period beginning July 1, 2002. The review shall be completed by December 31, 2005. The council may recommend any necessary changes to the department as a result of the review conducted pursuant to this subsection (4).

Source: L. 89: Entire part added, p. 1150, § 2, effective July 1. **L. 92:** Entire section amended, p. 1145, § 3, effective May 29. **L. 2000:** (1), (2)(a), and (2)(b) amended and (4) added, p. 535, § 13, effective July 1.

Editor's note: "EMS account" referenced in subsection (1) refers to the "emergency medical services account" created in § 25-3.5-603.

25-3.5-605. Improvement of county emergency medical and trauma services - eligibility for county funding - manner of distributing funds. (1) Moneys in the emergency medical services account shall be apportioned pursuant to subsection (2.5) of this section.

(2) In order to qualify for money under this section, a county must:

(a) Comply with all provisions of part 3 of this article regarding the inspection and licensing of ambulances that are based in the county;

(b) Require all licensed ambulance services to utilize the statewide emergency medical and trauma services uniform prehospital care reporting system operated by the department;

(c) Repealed.

(d) Ensure that all money received under this section is expended on developing and updating the emergency medical and trauma services plan and other emergency medical and trauma services needs of the county such as:

(I) Training and certification or licensure of emergency medical service providers;

(II) Assisting local emergency medical and trauma providers in applying for grants under section 25-3.5-604;

(III) Improving the emergency medical and trauma services system on a county wide or regional basis and implementing the county emergency medical and trauma services plan;

(e) Repealed.

(2.5) (a) On or before October 1, 2003, and on or before October 1 each year thereafter, each RETAC shall submit to the council an annual financial report that details the expenditure of moneys received. Such report shall be in a format specified by the council and the department. In instances where the council finds such report inadequate, the RETAC shall resubmit the report to the council by December 1 of the same year.

(b) On or before July 1, 2003, and on or before July 1 each odd-numbered year thereafter, each RETAC shall submit to the council a biennial plan that details the RETAC's

EMTS plan and any revisions pursuant to section 25-3.5-704 (2)(c)(I)(B). If the RETAC includes a county that has been divided geographically pursuant to section 25-3.5-704 (2)(c)(IV), the plan shall include an evaluation of such division. Such plan shall be in a format specified by the council and the department. In instances where the council finds such plan inadequate, the RETAC shall resubmit the plan to the council by September 14 of the same year.

(c) On or before October 15, 2003, and on or before October 15 each odd-numbered year thereafter, the council shall submit to the department a plan for all RETACs in the state. On or before November 1, 2003, and on or before November 1 each odd-numbered year thereafter, the department, in consultation with the council, shall approve a plan for all RETACs in the state.

(3) Funds distributed to counties and RETACs pursuant to this section shall be used in planning the improvement of existing county emergency medical and trauma service programs and shall not be used to supplant moneys already allocated by the county for emergency medical and trauma services.

(4) (a) Failure to comply with the requirements of subsection (2) of this section shall render a county ineligible to receive moneys from the emergency medical services account until the following January.

(b) At the end of any fiscal year, moneys which are not distributed to a county shall remain in the emergency medical services account until the following January.

Source: L. 89: Entire part added, p. 1151, § 2, effective July 1. **L. 92:** Entire section amended, p. 1145, § 4, effective May 29. **L. 2002:** (1), (2), and (3) amended and (2.5) added, p. 697, § 3, effective May 29. **L. 2005:** (1) amended, p. 281, § 14, effective August 8. **L. 2012:** IP(2), IP(2)(d), and (2)(d)(1) amended, (HB 12-1059), ch. 271, p. 1438, § 22, effective July 1. **L. 2019:** IP(2), IP(2)(d), and (2)(d)(I) amended, (SB 19-242), ch. 396, p. 3530, § 19, effective May 31.

Editor's note: Subsection (2)(c)(II) provided for the repeal of subsection (2)(c) and subsection (2)(e)(II) provided for the repeal of subsection (2)(e), effective October 1, 2002. (See L. 2002, p. 697.)

25-3.5-606. Annual report. No later than January 1, 1991, and prior to November 1 of each year thereafter, the department, in cooperation with the council, shall submit a report to the health, environment, welfare, and institutions committees and the joint budget committee of the general assembly on the moneys credited to the emergency medical services account and on the expenditure of such moneys during the preceding fiscal year. Such report shall contain a listing of the grant recipients, proposed projects, and a statement of the short-term and long-term planning goals of the department and the council to further implement the provisions of this part 6.

Source: L. 89: Entire part added, p. 1152, § 2, effective July 1. **L. 92:** Entire section amended, p. § 1147, § 5, effective May 29. **L. 2000:** Entire section amended, p. 537, § 15, effective July 1; entire section amended, p. 461, § 3, effective August 2.

Editor's note: Amendments to this section by Senate Bill 00-180 and House Bill 00-1297 were harmonized.

25-3.5-607. Repeal of part. (Repealed)

Source: L. 89: Entire part added, p. 1152, § 2, effective July 1. **L. 92:** Entire section amended, p. 1147, § 6, effective May 29. **L. 96:** Entire section repealed, p. 170, § 1, effective April 8.

PART 7

STATEWIDE TRAUMA SYSTEM

Editor's note: This part 7 was repealed and reenacted in 1994 and was subsequently repealed and reenacted in 1995, resulting in the addition, relocation, and elimination of sections as well as subject matter. For amendments to this part 7 prior to 1995, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume.

25-3.5-701. Short title. This part 7 shall be known and may be cited as the "Statewide Trauma Care System Act".

Source: L. 95: Entire part R&RE, p. 1351, § 3, effective July 1.

25-3.5-702. Legislative declaration. (1) The general assembly hereby finds and declares that trauma is the greatest single cause of death and disability in Colorado for persons under the age of forty-five years and that trauma care is a unique type of emergency medical service.

(2) The general assembly further finds that a trauma system task force made up of various emergency health and trauma care entities submitted a report to the general assembly in 1993 indicating a compelling need to develop and implement a statewide trauma care system in order to assure that appropriate resources are available to trauma victims from the point of injury through rehabilitative care. In addition, a statewide system is essential to provide Colorado residents and visitors with a greater probability of surviving a life-threatening injury and to reduce trauma-related morbidity and mortality in this state.

(3) The general assembly, therefore, declares that it is necessary to enact legislation directing the board of health to adopt rules that govern the implementation and oversight of the trauma care system. The general assembly further declares that to ensure the availability and coordination of resources necessary to provide essential care, it is necessary to enact legislation that directs the department of public health and environment to collaborate with existing agencies and organizations, including governing bodies for counties and cities and counties, in implementing and monitoring a statewide trauma care system.

Source: L. 95: Entire part R&RE, p. 1351, § 3, effective July 1.

25-3.5-703. Definitions. As used in this article, unless the context otherwise requires:

(1) (Deleted by amendment, L. 2000, p. 537, § 16, effective July 1, 2000.)

(2) "Board" means the state board of health.

(3) Repealed.

(3.5) "Council" means the state emergency medical and trauma services advisory council created by section 25-3.5-104.

(4) "Designation" means the process undertaken by the department to assign a status to a health-care facility based on the level of trauma services the facility is capable of and committed to providing to injured persons. Facilities may be designated at one of the following levels:

(a) Nondesignated, which is for facilities that do not meet the criteria required for level I to V facilities, but that receive and are accountable for injured persons, which accountability includes having a transfer agreement to transfer persons to level I to V facilities as determined by rules promulgated by the board;

(a.5) Level V, which is for basic trauma care in rural areas, including resuscitation, stabilization, and arrangement for the transfer of all patients with potentially life- or limb-threatening injuries, consistent with triage and transport protocols as recommended by the council and adopted by the board. Level V facilities shall transfer patients within their own region or to a higher level facility in another region, as described in paragraphs (c), (d), and (e) of this subsection (4).

(b) Level IV, which is for basic trauma care, including resuscitation, stabilization, and arrangement for appropriate transfer of persons requiring a higher level of care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the council and adopted by the board. These facilities must transfer appropriate patients to a higher level facility within their own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this subsection (4).

(c) Level III, which is for general trauma care, including resuscitation, stabilization, and assessment of injured persons, and either the provision of care for the injured person or arrangement for appropriate transfer based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the council and adopted by the board. The facilities must transfer appropriate patients to a higher level facility within its own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this subsection (4).

(d) Level II, which is for major trauma care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the council and adopted by the board. This type of facility may serve as a resource for lower level facilities when a level I facility, as described in paragraph (e) of this subsection (4), is not available within its region, but it is not a facility required to conduct research or provide comprehensive services through subspecialty units such as, but not limited to, burn units, spinal cord injury centers, eye trauma centers, and reimplantation centers.

(e) Level I, which is for comprehensive trauma care, including the acute management of the most severely injured patients, which is a facility that may serve as the ultimate resource for lower level facilities or as the key resource facility for a trauma area and which is a facility that provides education in trauma-related areas for health-care professionals and performs trauma research;

(f) Regional pediatric trauma center, which is a facility that provides comprehensive pediatric trauma care, including acute management of the most severely injured pediatric trauma

patients, and is a facility that may serve as an ultimate resource for lower level facilities on pediatric trauma care, and which is a facility that performs pediatric trauma research and provides pediatric trauma education for health-care professionals. No facility shall be deemed a regional pediatric trauma center unless the facility predominately serves children and is a facility where at least eighty-five percent of hospital admissions are for individuals who are under eighteen years of age. A separate administrative unit within a general hospital or hospital system shall not be deemed a regional pediatric trauma center.

(5) (Deleted by amendment, L. 2000, p. 537, § 16, effective July 1, 2000.)

(6) "Interfacility transfer" means the movement of a trauma victim from one facility to another.

(6.5) "Key resource facility" means a level I or level II certified trauma facility that provides consultation and technical assistance to a RETAC, as such term is defined in subsection (6.8) of this section, regarding education, quality, training, communication, and other trauma issues described in this part 7 that relate to the development of the statewide trauma care system.

(6.8) "Regional emergency medical and trauma services advisory council" or "RETAC" means the representative body appointed by the governing bodies of counties or cities and counties for the purpose of providing recommendations concerning regional area emergency medical and trauma service plans for such counties or cities and counties.

(7) Repealed.

(8) "Statewide trauma registry" means a statewide database of information concerning injured persons and licensed facilities receiving injured persons, which information is used to evaluate and improve the quality of patient management and care and the quality of trauma education, research, and injury prevention programs. The database integrates medical and trauma systems information related to patient diagnosis and provision of care. Such information includes epidemiologic and demographic information.

(9) "Trauma" means an injury or wound to a living person caused by the application of an external force or by violence. Trauma includes any serious life-threatening or limb-threatening situations.

(10) "Trauma care system" means an organized approach to providing quality and coordinated care to trauma victims throughout the state on a twenty-four-hour per day basis by transporting a trauma victim to the appropriate trauma designated facility.

(11) "Trauma transport protocols" means written standards adopted by the board that address the use of appropriate resources to move trauma victims from one level of care to another on a continuum of care.

(12) "Triage" means the assessment and classification of an injured person in order to determine the severity of trauma injury and to prioritize care for the injured person.

(13) "Verification process" means a procedure to evaluate a facility's compliance with trauma care standards established by the board and to make recommendations to the department concerning the designation of a facility.

Source: L. 95: Entire part R&RE, p. 1352, § 3, effective July 1. **L. 99:** (4) amended, p. 412, § 1, effective April 22. **L. 2000:** (1), (4)(a), (4)(b), (4)(c), (4)(d), (4)(f), (5), and (6.5) amended and (3.5), (4)(a.5), and (6.8) added, pp. 537, 538, §§ 16, 17, effective July 1; (3) and (7) repealed, p. 547, § 26, effective January 1, 2001.

25-3.5-704. Statewide emergency medical and trauma care system - development and implementation - duties of department - rules. (1) The department shall develop, implement, and monitor a statewide emergency medical and trauma care system in accordance with the provisions of this part 7 and with rules adopted by the board. Pursuant to section 24-50-504 (2), the department may contract with any public or private entity in performing any of its duties concerning education, the statewide trauma registry, and the verification process as set forth in this part 7.

(2) The board shall adopt rules for the statewide emergency medical and trauma care system, including but not limited to the following:

(a) **Minimum services in rendering patient care.** These rules ensure the appropriate access through designated centers to the following minimum services:

(I) Prehospital care;

(II) Hospital care;

(III) Rehabilitative care;

(IV) Injury prevention;

(V) Disaster medical care;

(VI) Education and research; and

(VII) Trauma communications.

(b) **Transport protocols.** The board shall set forth trauma transport protocols in these rules, which include but are not limited to a requirement that a facility that receives an injured person provide the appropriate available care, which may include stabilizing an injured person before transferring that person to the appropriate facility based on the person's injury. These rules ensure that when the most appropriate trauma facility for an injured person is not easily accessible in an area, that person will be transferred as soon as medically feasible to the nearest appropriate facility, which may be in or out of the state. These rules shall conform with applicable federal law governing the transfer of patients.

(c) **Regional emergency medical and trauma advisory councils - plans established - process.** (I) These rules provide for the implementation of regional emergency medical and trauma system plans that describe methods for providing the appropriate service and care to persons who are ill or injured in areas included under a regional emergency medical and trauma system plan. In these rules, the board shall specify that:

(A) The governing body of each county or city and county throughout the state shall establish a regional emergency medical and trauma advisory council (RETAC) with the governing body of four or more other counties, or with the governing body of a city and county, to form a multicounty RETAC. The number of members on a RETAC shall be defined by the participating counties. Membership shall reflect, as equally as possible, representation between hospital and prehospital providers and from each participating county and city and county. There shall be at least one member from each participating county and city and county in the RETAC. Each county within a RETAC shall be located in reasonable geographic proximity to the other counties and city and counties within the same RETAC. In establishing a RETAC, the governing body shall obtain input from health-care facilities and providers within the area to be served by the RETAC. If the governing body for a county or city and county fails to establish a RETAC by July 1, 2002, two counties with a combined population of at least seven hundred fifty thousand residents may apply to the council for establishment of a RETAC of fewer than four counties. The council shall conduct a hearing with all counties that may be affected by the establishment

of a RETAC with fewer than four counties before deciding whether to grant such application. The decision on such an application shall be completed within sixty days after the date of application. For all other counties that do not qualify as a two-county RETAC and that have not established a RETAC by July 1, 2002, the council shall designate an established RETAC to serve as the county's or city and county's RETAC.

(B) No later than July 1, 2003, each RETAC with approval from the governing bodies for a multicounty RETAC shall submit a regional emergency medical and trauma system plan to the council for approval by the department. If the governing body for a county or city and county fails to submit a plan, if a county or city and county is not included in a multicounty plan, or, if a multicounty plan is not approved pursuant to a procedure established by the board for approving plans, the department shall design a plan for the county, city and county, or multicounty area.

(II) In addition to any issues the board requires to be addressed, every regional emergency medical and trauma system plan shall address the following issues:

(A) The provision of minimum services and care at the most appropriate facilities in response to the following factors: Facility-established triage and transport plans; interfacility transfer agreements; geographical barriers; population density; emergency medical services and trauma care resources; and accessibility to designated facilities;

(B) The level of commitment of counties and city and counties under a regional emergency medical and trauma system plan to cooperate in the development and implementation of a statewide communications system and the statewide emergency medical and trauma care system;

(C) The methods for ensuring facility and county or city and county adherence to the regional emergency medical and trauma system plan, compliance with board rules and procedures, and commitment to the continuing quality improvement system described in paragraph (h) of this subsection (2);

(D) A description of public information, education, and prevention programs to be provided for the area;

(E) A description of the functions that will be contracted services; and

(F) The identification of regional emergency medical and trauma system needs through the use of a needs assessment instrument developed by the department; except that the use of such instrument shall be subject to approval by the counties and city and counties included in a RETAC.

(III) The board shall specify in regional emergency medical and trauma system plan rules the time frames for approving regional emergency medical and trauma system plans and for resubmitting plans, as well as the number of times the plans may be resubmitted by a governing body before the department designs a plan for a multicounty area. The department shall provide technical assistance to any RETAC for preparation, implementation, and modification, as necessary, of regional emergency medical and trauma system plans.

(IV) (A) A county may request that the county be included in two separate RETACs because of geographical concerns. The council shall review and approve any request that a county be divided prior to inclusion within two separate RETACs if the county demonstrates such a division will not adversely impact the emergency medical and trauma needs for the county, that such a division is beneficial to both RETACs, and that such division does not create a RETAC with fewer than five contiguous counties, except for RETACs that contain two

counties with a combined population of at least seven hundred fifty thousand residents pursuant to sub-subparagraph (A) of subparagraph (I) of this paragraph (c).

(B) A county that is included in two separate RETACs may request that the council allocate any portion of the fifteen thousand dollars received by a RETAC, pursuant to section 25-3.5-603, between the two separate RETACs.

(d) **Designation of facilities.** The designation rules shall provide that every facility in this state required to be licensed in accordance with article 3 of this title and that receives ambulance patients shall participate in the statewide emergency medical and trauma care system. Each such facility shall submit an application to the department requesting designation as a specific level trauma facility or requesting nondesignation status. A facility that is given nondesignated status shall not represent that it is a designated facility, as prohibited in section 25-3.5-707. The board shall include provisions for the following:

(I) The criteria to be applied for designating and periodically reviewing facilities based on level of care capability providing trauma care. In establishing such criteria, the board shall take into consideration recognized national standards including, but not limited to, standards on trauma resources for optimal care of the injured patient adopted by the American college of surgeons' committee and the guidelines for trauma care systems adopted by the American college of emergency physicians.

(II) A verification process;

(III) The length of a designation period;

(IV) The process for evaluating, reviewing, and designating facilities, including an ongoing periodic review process for designated facilities, which process shall take into account the national standards referenced in subparagraph (I) of this paragraph (d). Each facility shall be subject to review in accordance with rules adopted pursuant to this paragraph (d). In the event a certified facility seeks to be designated at a different level or seeks nondesignation status, the facility shall comply with the board's procedures for initial designation.

(V) Disciplinary sanctions, which shall be limited to the revocation of a designation, temporary suspension while the facility takes remedial steps to correct the cause of the discipline, redesignation, or assignment of nondesignation status to a facility;

(VI) A designation fee established in accordance with section 25-3.5-705; and

(VII) An appeals process concerning department decisions in connection with evaluations, reviews, designations, and sanctions.

(e) **Communications system.** (I) The communications system rules shall require that a regional emergency medical and trauma system plan ensure citizen access to emergency medical and trauma services through the 911 telephone system or its local equivalent and that the plan include adequate provisions for:

(A) Public safety dispatch to ambulance service and for efficient communication from ambulance to ambulance and from ambulance to a designated facility;

(B) Efficient communications among the trauma facilities and between trauma facilities and other medical care facilities;

(C) Efficient communications among service agencies to coordinate prehospital, day-to-day, and disaster activities; and

(D) Efficient communications among counties and RETACs to coordinate prehospital, day-to-day, and disaster activities.

(II) In addition, the board shall require that a regional emergency medical and trauma system plan identify the key resource facilities for the area. The key resource facilities shall assist the RETAC in resolving trauma care issues that arise in the area and in coordinating patient destination and interfacility transfer policies to assure that patients are transferred to the appropriate facility for treatment in or outside of the area.

(f) **Statewide trauma registry.** (I) The registry rules shall require the department to establish and oversee the operation of a statewide trauma registry. The rules shall allow for the provision of technical assistance and training to designated facilities within the various trauma areas in connection with requirements to collect, compile, and maintain information for the statewide central registry. Each licensed facility, clinic, or prehospital provider that provides any service or care to or for persons with trauma injury in this state shall collect the information described in this subparagraph (I) about any such person who is admitted to a hospital as an inpatient or transferred from one facility to another or who dies from trauma injury. The facility, clinic, or prehospital provider shall submit the following information to the registry:

(A) Admission and readmission information;

(B) Number of trauma deaths;

(C) Number and types of transfers to and from the facility or the provider; and

(D) Injury cause, type, and severity.

(II) In addition to the information described in subparagraph (I) of this paragraph (f), facilities designated as level I, II, or III shall provide such additional information as may be required by board rules.

(III) The registry rules shall include provisions concerning access to information in the registry that does not identify patients or physicians. Any data maintained in the registry that identifies patients or physicians shall be strictly confidential and shall not be admissible in any civil or criminal proceeding.

(g) **Public information, education, and injury prevention.** The department and county, district, and municipal public health agencies may operate injury prevention programs, but the public information, education, and injury prevention rules shall require the department and county, district, and municipal public health agencies to consult with the state and regional emergency medical and trauma advisory councils in developing and implementing area and state-based injury prevention and public information and education programs including, but not limited to, a pediatric injury prevention and public awareness component. In addition, the rules shall require that regional emergency medical and trauma system plans include a description of public information and education programs to be provided for the area.

(h) (I) **Continuing quality improvement system (CQI).** These rules require the department to oversee a continuing quality improvement system for the statewide emergency medical and trauma care system. The board shall specify the methods and periods for assessing the quality of regional emergency medical and trauma systems and the statewide emergency medical and trauma care system. These rules must include the following requirements:

(A) That RETACs assess periodically the quality of their respective regional emergency medical and trauma system plans and that the state assess periodically the quality of the statewide emergency medical and trauma care system to determine whether positive results under regional emergency medical and trauma system plans and the statewide emergency medical and trauma care system can be demonstrated;

(B) That all facilities comply with the trauma registry rules;

(C) That reports concerning regional emergency medical and trauma system plans include results for the emergency medical and trauma area, identification of problems under the regional emergency medical and trauma system plan, and recommendations for resolving problems under the plan. In preparing these reports, the RETACs shall obtain input from facilities, counties included under the regional emergency medical and trauma system plan, and service agencies.

(D) That the names of patients or information that identifies individual patients shall be kept confidential and shall not be publicly disclosed without the patient's consent;

(E) That the department be allowed access to prehospital, hospital, and coroner records of emergency medical and trauma patients to assess the continuing quality improvement system for the area and state-based injury prevention and public information and education programs pursuant to subsection (2)(g) of this section. All information provided to the department shall be confidential pursuant to this subsection (2)(h). To the greatest extent possible, patient-identifying information shall not be gathered. If patient-identifying information is necessary, the department shall keep such information strictly confidential, and such information may only be released outside of the department upon written authorization of the patient. The department shall prepare an annual report that includes an evaluation of the statewide emergency medical and trauma services system. Such report shall be distributed to all designated trauma centers, ambulance services, and service agencies.

(F) That nothing in this subsection (2)(h)(I) prohibits the department from providing information to health information organization networks from its EMS agency patient care database including access to individualized patient information in accordance with section 25-3.5-501 (3).

(II) Data or information related to the identification of individual patient's, provider's, or facility's care outcomes collected as a result of the continuing quality improvement system and records or reports collected or compiled as a result of the continuing quality improvement system are confidential and are exempt from the open records law in part 2 of article 72 of title 24. Data, information, records, or reports are not subject to subpoena or discovery and are not admissible in any civil action, except pursuant to a court order that provides for the protection of sensitive information about interested parties. Nothing in this subsection (2)(h)(II):

(A) Precludes the patient or the patient's representative from obtaining the patient's medical records as provided in section 25-1-801;

(B) Shall be construed to allow access to confidential professional review committee records or reviews conducted under part 2 of article 30 of title 12; or

(C) Prohibits the department from providing information to health information organization networks from its EMS agency patient care database including individualized patient information in accordance with section 25-3.5-501 (3).

(III) That reports concerning regional emergency medical and trauma system plans include results for the emergency medical and trauma area, identification of problems under the regional emergency medical and trauma system plan, and recommendations for resolving problems under the plan. In preparing these reports, the RETACs shall obtain input from facilities, counties included under the regional emergency medical and trauma system plan, and service agencies.

(i) **Trauma care for pediatric patients.** The trauma care for pediatric patient rules shall provide for the improvement of the quality of care for pediatric patients.

(3) The board shall adopt rules that take into consideration recognized national standards for emergency medical and trauma care systems, such as the standards on trauma resources for optimal care of the injured patient adopted by the American college of surgeons' committee on trauma and the guidelines for emergency medical and trauma care systems adopted by the American college of emergency physicians and the American academy of pediatrics.

(4) The board shall adopt and the department shall use only cost-efficient administrative procedures and forms for the statewide emergency medical and trauma care system.

(5) In adopting its rules, the board shall consult with and seek advice from the council, as defined in section 25-3.5-703 (3.5), where appropriate, and from any other appropriate agency. In addition, the board shall obtain input from appropriate health-care agencies, institutions, facilities, and providers at the national, state, and local levels and from counties and city and counties.

Source: L. 95: Entire part R&RE, p. 1354, § 3, effective July 1. **L. 96:** (1) amended, p. 1471, § 19, effective June 1. **L. 99:** IP(2) and (2)(h) amended, p. 413, § 2, effective April 22. **L. 2002:** (1), IP(2), (2)(c), IP(2)(d), (2)(d)(IV), (2)(d)(V), (2)(e), (2)(f)(III), (2)(g), IP(2)(h)(I), (2)(h)(I)(A), (2)(h)(I)(C), (2)(h)(III), (3), (4), and (5) amended and (2)(h)(I)(E) added, p. 699, § 4, effective May 29. **L. 2003:** (2)(d)(I) and (2)(d)(IV) amended, p. 2057, § 1, effective May 22; (2)(h)(I)(E) amended, p. 2007, § 85, effective May 22. **L. 2004:** (1) amended, p. 1693, § 27, effective July 1, 2005. **L. 2005:** IP(2)(d) amended, p. 281, § 15, effective August 8. **L. 2007:** (2)(h)(I)(E) amended, p. 2041, § 66, effective June 1. **L. 2010:** (2)(g) amended, (HB 10-1422), ch. 419, p. 2092, § 88, effective August 11. **L. 2017:** IP(2)(h)(I) and (2)(h)(I)(E) amended, (SB 17-056), ch. 33, p. 93, § 5, effective March 16. **L. 2018:** (2)(h)(I)(F) added and (2)(h)(II) amended, (HB 18-1032), ch. 63, p. 613, § 3, effective August 8. **L. 2019:** (1) amended, (SB 19-044), ch. 38, p. 131, § 2, effective August 2; (2)(h)(II)(B) amended, (HB 19-1172), ch. 136, p. 1701, § 153, effective October 1.

Cross references: For the legislative declaration in SB 19-044, see section 1 of chapter 38, Session Laws of Colorado 2019.

25-3.5-705. Creation of fee - creation of trauma system cash fund. (1) The board is authorized, by rule, to establish a schedule of fees based on the direct and indirect costs incurred in designating facilities. In addition, the department is authorized to collect the appropriate fee on the schedule. The board may adjust fees in amounts necessary to cover such costs. The fees collected pursuant to this section shall be deposited in the trauma system cash fund created by subsection (2) of this section.

(2) There is hereby created in the state treasury a statewide trauma care system cash fund. All moneys in the fund shall be subject to appropriation by the general assembly for allocation to the department to administer the trauma system. Any moneys in the fund not appropriated shall remain in the fund and shall not be transferred or revert to the general fund at the end of any fiscal year. All interest derived from the deposit and investment of moneys in the fund shall remain in the fund.

Source: L. 95: Entire part R&RE, p. 1359, § 3, effective July 1.

25-3.5-706. Immunity from liability. The department, the board, the council as defined in section 25-3.5-703 (3.5), a RETAC as defined in section 25-3.5-703 (6.8), the emergency medical practice advisory council created in section 25-3.5-206, key resource facilities, any other public or private entity acting on behalf of or under contract with the department, and counties and cities and counties shall be immune from civil and criminal liability and from regulatory sanction for acting in compliance with the provisions of this part 7. Nothing in this section shall be construed as providing any immunity to such entities or any other person in connection with the provision of medical treatment, care, or services that are governed by the medical malpractice statutes, article 64 of title 13, C.R.S.

Source: L. 95: Entire part R&RE, p. 1360, § 3, effective July 1. **L. 2000:** Entire section amended, p. 545, § 19, effective July 1. **L. 2010:** Entire section amended, (HB 10-1260), ch. 403, p. 1948, § 12, effective July 1.

25-3.5-707. False representation as trauma facility - penalty. (1) No facility, or agent or employee of a facility, shall represent that the facility functions as a level I, II, III, IV, or V trauma facility unless the facility possesses a valid certificate of designation issued pursuant to section 25-3.5-704 (2)(d). In addition, no facility, provider, or person shall violate any rule adopted by the board.

(2) Any facility, provider, or person who violates the provisions of subsection (1) of this section is subject to a civil penalty, which the board shall establish by rule, but which shall not exceed five hundred dollars. The penalty shall be assessed and collected by the department. Before a fee is collected, a facility, provider, or person shall be provided an opportunity for review of the assessed penalty. The procedures for review shall be in accordance with the "State Administrative Procedure Act", article 4 of title 24, C.R.S., and board rules. Any penalty collected pursuant to this section shall be transmitted to the state treasurer, who shall credit the same to the statewide trauma care system cash fund created in section 25-3.5-705.

Source: L. 95: Entire part R&RE, p. 1360, § 3, effective July 1. **L. 2000:** (1) amended, p. 545, § 20, effective July 1.

25-3.5-708. Financing for statewide trauma system. (1) The implementation of the statewide trauma system shall be subject to the availability of:

(a) Federal transportation highway safety seed moneys that the department of transportation transfers to the department of public health and environment pursuant to an intergovernmental agreement between the two agencies;

(b) Moneys from the emergency medical services account within the highway users tax fund that are unexpended portions of state administrative funds that may be allocated pursuant to section 25-3.5-603 (2)(c). Nothing in this paragraph (b) shall be construed to authorize moneys that may be allocated pursuant to section 25-3.5-603 (2)(a)(I) or (2)(b) to be used for the financing of the administration of the statewide trauma system.

(c) Moneys from the statewide trauma care system cash fund created in section 25-3.5-705.

(2) In addition to any funds available pursuant to subsection (1) of this section, the executive director of the department of public health and environment is hereby authorized to

accept any grants, donations, gifts, or contributions from any other private or public entity for the purpose of implementing this part 7.

Source: L. 95: Entire part R&RE, p. 1360, § 3, effective July 1.

25-3.5-709. Annual report. No later than January 1, 1999, and prior to November 1 of each year thereafter, the department, in cooperation with the council, as defined in section 25-3.5-703 (3.5), shall submit a report to the health, environment, welfare, and institutions committees and the joint budget committee of the general assembly on the quality of the statewide emergency medical and trauma care system. Such report shall include an evaluation of each component of the statewide emergency medical and trauma care system and any recommendation for legislation concerning the statewide emergency medical and trauma care system or any component thereof.

Source: L. 95: Entire part R&RE, p. 1361, § 3, effective July 1. **L. 2000:** Entire section amended, p. 545, § 21, effective July 1; entire section amended, p. 462, § 4, effective August 2.

Editor's note: Amendments to this section by Senate Bill 00-180 and House Bill 00-1297 were harmonized.

PART 8

TOBACCO EDUCATION, PREVENTION, AND CESSATION PROGRAMS

25-3.5-801. Short title. This part 8 shall be known and may be cited as the "Tobacco Education, Prevention, and Cessation Act".

Source: L. 2000: Entire part added, p. 613, § 13, effective May 18.

25-3.5-802. Legislative declaration. (1) The general assembly hereby finds that:

(a) The use of all types of tobacco products, including smokeless tobacco, results in a high incidence of addiction, disease, illness, and death;

(b) Persons who begin using and become addicted to tobacco products in their youth often face a lifetime of struggle and recurring illness in coping with and attempting to overcome addiction to tobacco products;

(c) Experimentation with tobacco products by youth is often a first step toward more serious drug experimentation and creates a greater likelihood that the youth who experiment with tobacco will at some point be addicted to even more harmful substances;

(d) Implementation of aggressive tobacco and substance abuse prevention, education, and cessation programs for school-age children is necessary to assist young people in avoiding and ending tobacco use;

(e) School districts, schools, and other entities that provide tobacco and substance abuse prevention, education, and cessation programs for school-age children should reach out to