To: Members of the State Board of Health

From: Peter Myers, Interim EMTS Branch Chief, Health Facilities and Emergency Medical Services Division

Through: Elaine McManis, RN, Division Director, Health Facilities and Emergency Medical Services Division

Date: December 20, 2023

Subject: Rulemaking Hearing concerning 6 CCR 1015-3, CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND AMBULANCE SERVICES

The Health Facilities and Emergency Medical Services Division (HFEMSD) is proposing amendments to the existing ground ambulance services rules, which will set new rules implementing changes required by Senate Bill 22-225. Senate Bill 22-225 transferred the authority to license ground ambulances from the counties to the Colorado Department of Public Health and Environment ("the department").

Colorado began regulating emergency medical services, including ground ambulances, in 1978. The authorizing statutes set minimal requirements. The board of county commissioners in each county had the ability to issue annual ground ambulance licenses and permits to an ambulance service based in the county. The state's role in ground ambulance regulation was minimal.

Over the next forty-five years, changes were made to the statutes that gave the department an increasing role in emergency medical services. The Board of Health was given authority in 2002 to adopt minimum rules that counties had to follow in their regulation of ambulance services. These rules govern several aspects of ground ambulance licensing including minimum equipment, staffing, medical oversight and quality improvement, the investigation of complaints, and data collection and reporting. Additionally, new laws that expanded the scope of practice for emergency medical service providers and the settings in which they could operate were adopted. However, the authority to license ambulance services and permit ambulances remained with local governments. Adoption of Senate Bill 22-225 changed the department's role in this area.

The new ground ambulance licensing rules reflect this philosophical and legislative shift in Colorado's regulation of ground ambulance services. Over the course of the stakeholder engagement process, stakeholders and the department agreed that instead of prescriptive rules, the proposed rules should be policy-driven. The concept of "policy-driven" regulations is not new in the world of healthcare system oversight and regulation since the provision of health care is a highly localized endeavor. Both healthcare needs and service availability differ significantly between urban populations and rural/frontier areas and are seriously impacted by geography, weather, and resource availability.

With these factors in mind, the department has worked with stakeholders to ensure that the draft requirements allow sufficient flexibility while maintaining industry safety standards. The proposed rules were developed to take into account the diversity of pre-hospital care delivery systems across Colorado and allow for agency-driven policies to address many requirements in rule. However, certain minimum standards for patient care and safety,

vehicle safety, crew safety, and patient transport are quite specific as these are universally in the interest of public health and welfare.

These locally-driven policies will be part of the ground ambulance licensing application and will be reviewed by qualified department staff/experts to assure adherence to acceptable standards of patient care. Conversely, the ambulance service's performance will be reviewed and evaluated to both the specific requirements of the regulations and adherence to all policies of the agency itself.

Finally, it is important to recognize that the successful delivery of pre-hospital care is dependent on the entire system of care delivery, including quality assurance, data tracking, education and skill proficiency of providers, in addition to whatever specific equipment, devices, and supplies are required to ensure the safety of patients and providers at all times.

Throughout this document, any new language from the request for hearing has been highlighted.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to 6 CCR 1015-3, Chapter Four,
Rules Pertaining to Licensure of Ground Ambulance Services

Basis and Purpose.

I. OVERVIEW

This proposed rulemaking is the result of the latest iteration of legislation concerning ground ambulance service licensure and operation in Colorado. The Colorado General Assembly initially promulgated statutes mandating the regulation of ground ambulance services in 1977, effective in 1978. There, the legislature gave counties the authority to issue licenses to ground ambulance services and permits to the service's ambulances. A state advisory council was established and charged with, among other things, advising the department "on all matters relating to emergency medical services programs," making recommendations "concerning . . . standards for the delivery of emergency medical services" and approving the rules . . . prior to their promulgation by the department."

In 2002, the General Assembly shifted certain restricted ground ambulance regulatory responsibilities to the State Board of Health ("BOH" or "Board"). Specifically, the 2002 legislation required the BOH to promulgate rules establishing minimum requirements for counties to impose on ground ambulance services concerning equipment and staffing, medical oversight and quality improvement, the investigation process for complaints against an ambulance service, and data collection and reporting. *See* Section 25-3.5-308, C.R.S. (eff. 5/29/02, repealed eff. 7/1/24). The State Emergency Medical and Trauma Services Advisory Council ("SEMTAC") is authorized to review and approve new and modified rules and regulations pertaining to ground ambulance services prior to their adoption by the BOH. *See* Section 25-3.5-104(4)(d), C.R.S.

Boards of county commissioners retained ambulance licensing and permitting responsibilities until 2022 when the General Assembly enacted Senate Bill 22-225. In its Legislative Declaration, the General Assembly acknowledged that "[g]round ambulance is the only component of Colorado's emergency medical system that is not subject to statewide standardization and regulation, which statewide standardization and regulation would provide medical and operational benefits and consumer protections."[1] It concludes that, "[t]he lack of statewide standardization and regulation for ground ambulance services inhibits consumer protections and investigations and adjudication of consumer complaints because the department lacks the authority to investigate and adjudicate any complaints related to ground ambulance; . . ."[2]

Senate Bill 22-225 furthers the General Assembly's intent to strengthen "medical and operational benefits and consumer protections" in Colorado by creating a new standardized statewide regulatory scheme for ground ambulance services.[3] Under this framework, the department is the designated licensing authority for all ground ambulance services operating in Colorado, which entails, among other things, the issuance of ambulance service state licenses and individual ambulance permits, as well as the responsibility to inspect ambulance

[1] Section 25-3.5-102 (4)(f), C.R.S
[2] Section 25-3.5-102 (4)(g), C.R.S.
[3] Sections 25-3.5-315 (1), C.R.S

services for compliance and to enforce noncompliance with the proposed minimum standards contained in these rules. Counties and cities-and-counties no longer possess any licensing or permitting role under SB 22-225. However, they do possess the significant right to require a state-licensed ambulance service that "operates on a regular basis" in its jurisdiction to obtain an "authorization to operate" from the local authority before the service can conduct business in the jurisdiction.

These proposed rules are offered to ensure State Board of Health's statutory obligation to adopt minimum regulatory requirements for the operation of ground ambulance services by January 1, 2024. Pursuant to Section 25-3.5-315, C.R.S., they establish the following statutory minimum standards for operation of ground ambulance services in Colorado:

- Minimum equipment to be carried on an ambulance;
- Staffing requirements for ambulances;
- Medical oversight and quality assurance of ambulance services;
- The issuance of licenses;
- The process used to investigate complaints against an ambulance service;
- Data collection and reporting to the department by an ambulance service;
- Inspection of ambulance services by the department or the department's designated representative;
- Minimum education, training, and experience standards for the administrator of an ambulance service;
- The amount of general liability insurance coverage that an ambulance service shall maintain in accordance with section 25-3.5-314 (3)(b) and the manner in which an ambulance service shall demonstrate proof of insurance to the department. The board may establish by rule that an ambulance service may obtain a surety bond in lieu of liability insurance coverage;
- Qualifications, training, and roles and responsibilities for a medical director of an ambulance service;
- Communication equipment, reporting capabilities, patient safety, and safety and staffing of crew members;
- Management of patient safety with regard to minimum clinical staffing;
- Administrative and operational standards for governance, patient records and record retention, personnel, and policies and procedures;
- Mandatory incident reporting to the department, including specifying the acts or events that trigger mandatory reporting;
- Fees for ambulance service applications and licenses, if deemed necessary to cover the department's direct and indirect costs in implementing and administering this program;
- Requirements for motor vehicle liability insurance, as required by section 10-4-619. C.R.S.;
- Vehicle standards to ensure minimum safety standards;
- Criteria for waivers to the rules; and
- Any other rules as necessary to implement this program.

These proposed rules are the result of a collaborative effort between the department, a focused Task Force, interested stakeholders, and subject matter experts that took place over the past fourteen months. The department, through the Health Facilities and Emergency

Medical Services Division, initiated the engagement process by requesting the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) to convene a stakeholder task force to assist with the development of draft ground ambulance licensing rules. Membership of the task force consisted of representation of a number of different stakeholder groups from the EMS community that were recommended by SEMTAC to the department.

The Task Force was specifically comprised of four members of the SEMTAC; one Regional Emergency Medical and Trauma Service Advisory Council (RETAC) coordinator; one member of the Emergency Medical Services Association of Colorado (EMSAC); one representative each from a rural/frontier ambulance service, private ambulance service, and urban ambulance service; one member representing rural/frontier and rural special district ambulance services; two emergency medical service physician medical directors; and two members representing special district ambulance services. All the meetings were open to the public and well attended.

The first Ground Ambulance Licensing Task Force ("GALTF" or "Task Force") meeting convened on September 27, 2022. A total of thirteen (13) Task Force meetings were held, the last of which occurred at the end of August 2023.

Given the breadth of the subject areas the rules were required to address, the department also convened three subgroups of ground ambulance subject matter experts, each of which considered a discrete topic or topics. The Equipment and Staffing/Personnel subgroup held a total of seven meetings with division staff. At each meeting, its members reviewed, discussed, and suggested recommendations to the proposed equipment and staffing/personnel rules. The Medical Directors subgroup met once with division staff to review, discuss, and suggest recommendations to the proposed section of the rules concerning Medical Directors, and it subsequently reviewed the revised rules for content. The Local Authorities subgroup consisting of county, city-and-county, municipality, and special districts personnel also met once with division staff to review, discuss, and suggest recommendations to early proposed rules addressing local authorizations to operate.

In addition, the department initiated communications with the Center for Medicare and Medicaid Services (CMS) to seek information concerning its billing and reimbursement requirements for ground ambulance services. This information was necessary to ensure that the proposed state licensing, equipment, and staffing rules align with CMS regulations. The department also sought the expertise of the Colorado 9-1-1 Task Force when considering the reliability and safety of various ground ambulance communications systems before adopting its communications rule.

II. CONSIDERATIONS UNDERLYING PROPOSED RULES

As noted, SB 22-225 was expressly enacted to rectify the lack of uniform ground ambulance regulation in Colorado. Compliance with this law will necessarily require all ground ambulance services to adapt to a new statewide regulatory framework. Moreover, some ground ambulance services that currently operate in counties with scant regulation will be subjected to meaningful regulation for the first time. Not surprisingly, the rulemaking process revealed that many ground ambulance services view the State's new regulatory authority as an unwanted interference with their business. This conflict, while predictable given the historical lack of uniform regulation, is unavoidable given the statutory mandate imposing State regulation of the industry.

SB 22-225 also acknowledges that some parts of Colorado are fully-served by ground ambulance services while other parts operate with scarce ground ambulance EMS resources. The department recognizes that, while it may be initially challenging for some ground ambulance services to adapt to and comply with a new set of uniform regulations, this transition may be more difficult for those ground ambulance services in areas of Colorado that operate with extremely limited resources.

With these facts in mind, the department has pursued two primary goals while carrying out its statutory mandate.

First, it sought to fulfill the purpose and mandate of SB 22-225 by crafting rules that impose reasonable standardized regulations upon all Colorado ground ambulance services that are licensed to operate in the state. The department gauged reasonableness against/by the following factors:

- The foundational centerpiece of these rules, the law enacted in SB 22-225. This law expressly mandates certain roles, responsibilities, and processes, including some requirements, such as rules concerning mandatory incident reporting, that are new and may be objectionable to some stakeholders. These statutory mandates cannot be avoided.

  On the other hand, the law's language is silent on some issues. For example, the statute provides that the department may charge fees adequate to operate its licensure program, but does not state whether counties and cities-and-counties can charge ground ambulance services fees for the issuance of authorizations to operate in their jurisdictions.

  Moreover, the law is ambiguous in other places. For instance, Section 25-3.5-314(5)(a)(II), C.R.S. states "[a]n ambulance service shall not operate in a county or a city-and-county unless the ambulance service has obtained authorization to operate from the county or the city-and-county," while Section 25-3.5-314(5)(b)(III), C.R.S., allows counties and cities-and-counties to "opt out" of issuing authorizations to operate. This language cannot be reconciled.

  Nevertheless, staff worked diligently to remain within the scope of the law. The law does allow for "[a]ny other rules as necessary to implement this part 3." See Section 25-3.5-315 (1)(s), C.R.S. Staff only relied on this provision where it directly affected the clarity of other required rules or was directly linked to patient safety.

- Patient safety. This factor was the "filter" for all discussions concerning the content of reasonable standardized rules. Draft regulations were considered in light of whether they supported patient safety. Regulations that are directly tied to patient safety were prioritized for inclusion while those that merely contribute to sound organization structure were re-evaluated for inclusion. The safety of the ambulance service staff members was also a relevant and important discussion point.

- Sound organizational infrastructure. Rather than have every ground ambulance service look the same, the department's goal was to facilitate the ability of every ambulance service to deliver safe, consistent care within the scope of the services they are licensed to provide. This includes contingency planning for unusual circumstances, and also includes some basic organizational controls to ensure that even the smallest of

agencies has a sound business process in place - a process that is not dependent on any one person or reliant solely on institutional memory.

- Efficiency. As noted elsewhere, the department worked diligently with stakeholders and subject matter experts to create the least onerous and burdensome set of uniform ground ambulance service rules that meet the law's requirements and satisfy the legislature's intent to protect the public and patient safety while also providing medical and operational benefits. Again, it is foreseeable that some small and volunteer agencies in rural and frontier areas will struggle to meet all of these new requirements given their paucity of resources. In the long run, the department will work with the EMS System Sustainability Task Force, which was also established by SB 22-225, and other similar bodies to recommend pathways for these agencies to secure additional funding to carry out their emergency medical services. In the meantime, the department will work with any licensed ground ambulance service in need of assistance with compliance issues and will, if appropriate, refer them to the division's waiver process. Apart from these anticipated challenges, the department views the proposed rules as satisfying its statutory mandate for regulation in the least restrictive manner to stakeholders.

The department recognizes that these new state regulations may be a source of anxiety for some in the ground ambulance community. The department also acknowledges that this initial set of rules will evolve over time, after ground ambulance services and the department have gained some experience with their operational aspects.

The Task Force members, stakeholders, SEMTAC members, RETAC coordinators, and department staff worked to reach a middle ground in the level of detail in this initial set of proposed regulations by considering the factors mentioned above. The department is confident that the proposed standardized regulations are reasonable and take into consideration not only the obligation to provide reliably safe patient care, but also the reality that Colorado ground ambulance services are structurally diverse, operate within a variety of communities, and provide life-saving services under circumstances where resources are in short supply.

The department's second goal was to consider the myriad circumstances of Colorado's many ground ambulance services—large, medium, and small; urban, rural, and frontier; well-funded, low resource, and volunteer—when drafting these rules. After hearing the stakeholders' requests, the department has incorporated flexibility into the rules so that licensed ground ambulance services can provide competent and safe emergency medical services in different environments and conditions while remaining compliant with these regulations.

- The department heard the request of ground ambulance service stakeholders to replace certain outdated rules with required policies and procedures.

  - ❖ One recurring theme in these rules is the use of service-defined policy and procedures instead of the creation of a list of regulations on any given topic. Stakeholders requested this approach to rule because it allows for flexibility in implementation and acknowledges the vast differences between the structure of EMS in urban, suburban, rural, and frontier areas.

    For example, almost all stakeholders disliked the existing equipment rules that require every ambulance to carry specific, itemized pieces of equipment. They

explained that some of the currently-required equipment is either outdated or unnecessary and requires them to expend precious resources to comply with the equipment list. The stakeholders requested the department eliminate the lengthy equipment list from rule and, instead, require each ambulance to carry every piece of medical equipment necessary to perform every medical procedure set forth in the ground ambulance service's medical protocols.

The department mainly acquiesced to this request. Section 13 of these rules, therefore, requires licensed ambulances to carry certain minimum equipment for purposes of communicating and assessing, treating, and restraining patients. Most, but not all, of these mandated minimum equipment requirements are tied to the service's medical protocols. Thus, by rule, the service must: 1) operate pursuant to medical protocols that have been approved by the service medical director; 2) develop and implement policies that clearly document equipment requirements for each permitted ambulance per medical protocol, including the minimum equipment requirements as set forth in these rules; and 3) equip the ambulances with sufficient medical equipment and supplies as provided in these rules to provide care consistent with the ambulance service's medical protocols and appropriate patient care standards for the ages and sizes of the population served.

This policy-driven approach applies to many topics. To ease the burden on ground ambulance services, the department, RETACs, and many other stakeholders have committed to working collaboratively on developing policy templates that will be available to ambulance services. The templates will assist ambulance services by guiding the discussion on how to best meet the requirements in rule while acknowledging the variability and the realities of 200+ ambulance services in public, private, hospital-based, non-profit, and special district settings.

- Another example is that these rules propose that the department issue generic individual ambulance permits rather than ALS or BLS permits that denote the level of service an ambulance can provide (*i.e.*, ALS for advanced life support services and BLS for basic life support services). The purpose of this rule is to give ground ambulance services the ability to use their permitted operating and reserve ambulances to provide whatever level of service the circumstances require, so long as the ambulance is properly staffed and equipped in compliance with these rules to render those services. This flexibility gives ground ambulance services the ability to adapt to fluctuating needs, circumstances, and conditions when providing EMS.

Finally, it is important to note that the new legislative framework includes a regulatory component that is separate from and in addition to state licensure. See Section 25-3.5-314(5), C.R.S. That is, the law invests counties and cities-and-counties with the discretionary authority to control which state-licensed ambulance services may operate on a regular basis within their jurisdictions through their issuance of "local authorizations to operate."

State regulation is not impacted by this separate additional component. Every ambulance service that applies for and receives a local authorization to operate in a county or city-and - county must be state-licensed pursuant to these rules. And, while counties and cities-and - counties may impose local regulations that *exceed* the minimum standards found in these

rules, they cannot deviate from these minimum standards to impose less stringent regulations.

County and city-and-county regulation is impacted by these proposed rules in one important respect, however. Pursuant to Section 25-3.5-314(5)(a)(1), the Board of Health must define the term "operate on a regular basis" in these regulations. The definition's uniform application is critical because state-licensed ambulance services need not apply to counties and cities-and-counties for an authorization to operate unless they intend to "operate on a regular basis" in the jurisdiction.

Discussed elsewhere are the competing factors that were raised and discussed by Task Force members, stakeholders, and staff when arriving at this term's definition. Relevant to note here, though, is that the department was careful to stay in the state licensure lane when drafting these rules. Apart from its statutory duty to define "operate on a regular basis," the rules address authorization to operate *processes*, as set forth in statute. Therefore, the department has constructed this proposed set of ground ambulance regulations to operate in tandem with the local authorizations to operate mechanism, should counties or cities-and-counties decide to implement them.

Following the October 18, 2023 request for hearing in front of the Board of Health, the department continued to receive feedback from interested stakeholders through an online Google form until November 27. Additionally, SEMTAC opted not to vote on the proposed rules presented to the Board of Health in October, and had a special meeting on November 8, 2023. At this special meeting, SEMTAC voted to recommend that the department adopt different language as relates to Section 9 - Mandatory Incident Reporting Requirements for Licensees and Section 14 – Administrative and Operational Standards for Governance, Patient Records and Records Retention, Personnel, and Policies and Procedure. The department continued to review all comments received, including SEMTACs recommendations, and presented modified language in these two sections to SEMTAC at a second special meeting held on December 6. At this meeting, SEMTAC voted to accept the proposed rules, with modifications to Section 3, Section 9, and Section 14. Due to the timing of the special meeting and the Board's hearing on December 20, the department committed to SEMTAC that the department would review the modifications and would offer any changes the department agrees with to the Board for consideration as friendly amendments at the hearing.

In conclusion, these proposed statutorily-mandated rules are the product of a year-long discussion and negotiation between the department and stakeholders. As the result of extensive dialogue and negotiation between all participating relevant parties, the department has incorporated multiple significant stakeholder suggestions into these rules. Certain stakeholder requests would have infringed on SB 22-225's statutory mandate or on patient care and public health and safety interests. In those cases, such as in the mandatory incident reporting rule section, the department followed its mandate in the law and incorporated stakeholder recommendations as appropriate. Taken as a whole, this proposed ruleset fulfills the mandate set forth in SB 22-225, is enforceable, protects the public health and welfare of Colorado citizens and out-of-state visitors, and allows Colorado-licensed ground ambulance services to operate in a safe environment in this state.

III. SUMMARY OF PROPOSED RULES

SECTION 1 – PURPOSE AND SCOPE

Identifies the laws that provide the statutory authority for the rules and sets an effective date for the rules of July 1, 2024.

SECTION 2 – DEFINITIONS
Provides definitions of terms that are used in the proposed rules. Most of the terms are defined in statute but a number of them are new. The new definitions are needed based on the new state licensing scheme. At the stakeholders' request, the rules include 'guidelines' in the definition of "medical protocols."

Section 25-3.5-314(5)(a)(I), C.R.S. requires an ambulance service "**seeking to operate on a regular basis**, as defined by the board by rule" "to file an intent to operate with the local licensing authority." (emphasis added). The rules define what is considered "operating on a regular basis," and the definition is primarily based on an affirmative action taken by an ambulance service in the county or city-and-county, such as having a fixed operational base in the county. See Sections 2.22 and 16.2.

"Local licensing authority" is defined in statute[4] as the local governmental entity that can issue authorizations to operate. Senate Bill 22-225 explicitly transferred the ground ambulance service **licensing and permitting** functions from local governments to the department. In an effort to avoid confusion, the rule definitions refer to the entity that issues authorizations as the "local **authorizing** authority."

SECTION 3 – DEPARTMENT ISSUANCE OF LICENSES AND AMBULANCE PERMITS
States when a license or ambulance permit is required, the process for issuing new licenses, and renewing licenses and ambulance permits. Contains a "grandfather clause" which allows an ambulance service that holds a valid county or city-and-county issued license as of June 30, 2024, to receive an initial state license and state permit for each ambulance used. The state license and permits will remain valid for up to 2 years, allowing the department to develop an inspection schedule for all licensed services within that two-year period.

SECTION 4 – FEES (RESERVED)

SECTION 5 – COMPLAINTS
Identifies the rule provisions and circumstances under which the department can investigate a complaint and the required notifications following the investigation.

SECTION 6 – PLANS OF CORRECTION
Sets forth the elements and process for plans of correction. This section provides licensees the opportunity to correct violations voluntarily and without being subject to an enforcement action.

SECTION 7 – LICENSE CONDITIONS AND RESTRICTIONS
This section allows the department to place an intermediate restriction or condition on the license of an ambulance service. The goal of these remedies is to bring the service back into compliance with the rules. The remedies include directing the ambulance service to provide a plan for correction that addresses the identified concern; provide additional training to staff; or have periodic monitoring by the department.

[4] Section 25-3.5-103(3.1), C.R.S.

SECTION 8 – DENIAL, REVOCATION, SUSPENSION, OR SUMMARY SUSPENSION OF LICENSES AND VEHICLE PERMITS, AND CIVIL PENALTIES
Identifies the different types of actions the department may take for serious violations and the required administrative processes.

SECTION 9 – MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES
Describes the circumstances or events that licensed ambulance services must report to the department on an expedited time frame. The purpose of this section is to implement system improvements that reduce the frequency of incidents, mitigate their effects, and possibly prevent the occurrence of incidents altogether. After the Task Force approved the proposed rules, the department and SEMTAC received multiple letters suggesting changes to this section. At its November 8th meeting, SEMTAC voted to recommend that the department adopt language that had been submitted from the Emergency Medical Services Association of Colorado, the National Association of EMS Physicians Colorado Chapter, the Colorado Chapter of the American College of Emergency Physicians, Colorado Medical Society, Plains to Peaks Regional Medical Direction Committee, and the Southern & Southeastern Colorado Medical Direction Committee. The department reviewed the suggestions and determined that it would be appropriate to divide reportable incidents into two reporting timeframes, including a seven day and a ninety day reporting requirement. The purpose of the longer ninety day reporting is to allow for the ambulance service's quality assurance program to take place in order to determine whether a mandatory reportable incident has occurred. Incidents reportable within seven days are related to administrative actions, such as a final agency action against the service from any federal or state entity, civil or criminal convictions, EMS provider termination, the untimely separation of a medical director, and any action taken against the medical director's ability to practice. Incidents reportable within ninety days include, but are not limited to: physical or sexual assault, or abuse of a patient by a member of the ambulance service; unauthorized appropriation or possession of medications, supplies, equipment, money, or personal items; patient death or injury not ordinarily expected as a result of the patient's condition; and administration of an adulterated or contaminated drug, device, or biological.

At the December 6th special meeting, SEMTAC voted to adopt Section 9, but with a modification in language to clarify that suicide or attempted suicide would only be reportable if it occurred during the provision of patient care and would not ordinarily be expected as a result of the patient's condition. The department has not presented these modifications in the attached proposed rules.

SECTION 10 – DATA COLLECTION AND REPORTING REQUIREMENTS
Adds provisions requiring the ambulance service to submit patient care data to the department within 48 hours of the ambulance service going back into service so that it is available and accessible to the receiving facility. The rules in this section mirror existing regulations for ambulance services set forth in a different set of EMS regulations.[5] For facilities that cannot access the patient care report (PCR) from the state EMS data repository, the ambulance service must have a policy to ensure that the PCR is available within 48 hours from when the ambulance returned to service. Allows the department to require corrections and resubmission of the data if the department determines there are errors in the submitted data.

SECTION 11 – MEDICAL OVERSIGHT AND QUALITY ASSURANCE PROGRAMS

[5] See, 6 CCR 1015-3, Chapter Three.

Establishes the minimum medical director requirements, which are identical to existing medical director requirements for ambulance services set forth in a different set of EMS regulations.[6] Additionally, as also set forth in existing EMS regulations, requires the medical director to establish a quality assurance program.

SECTION 12 – MINIMUM STAFFING REQUIREMENTS, PATIENT SAFETY, AND SAFETY AND STAFFING OF CREW MEMBERS

Sets the minimum number of staff required on an ambulance; mandates the necessary licenses or certifications for the ambulance staff and the vehicle driver[7]; and limits EMS providers to practicing within their scope of practice.

SECTION 13 – MINIMUM EQUIPMENT REQUIREMENTS

Deletes prior lists of required equipment. Substitutes policy-based and/or medical protocol-driven ambulance equipment requirements for all licensed ambulance services' permitted ambulances as follows: 1) assessing and treating patients; 2) supporting ground ambulance operations; 3) vehicle safety; and 4) personal protection and restraint. Requires Advanced Life Support, Critical Care, and Specialized Services to have additional equipment to provide such services.

SECTION 14 – ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE, PATIENT RECORDS AND RECORD RETENTION, PERSONNEL, AND POLICIES AND PROCEDURES

Since the Task Force's approval of the proposed rules, the department and SEMTAC have received multiple letters suggesting changes to this section. At the November 8th meeting, SEMTAC voted to recommend that the department adopt language that had been submitted from the Emergency Medical Services Association of Colorado, the National Association of EMS Physicians Colorado Chapter, the Colorado Chapter of the American College of Emergency Physicians, Colorado Medical Society, Plains to Peaks Regional Medical Direction Committee, the Southern & Southeastern Colorado Medical Direction Committee, Denver Metro EMS Medical Directors, Foothills & Mile High RETAC RMD Program, Southeast Colorado Regional Emergency Medical and Trauma Advisory Council, Foothills Regional Emergency Medical and Trauma Advisory Council, Mile High Regional Emergency Medical Trauma Advisory Council. Following a review of the suggestions, the department determined that it was appropriate to allow services an additional year in which to implement some policies and procedures, rather than require immediate implementation of all on July 1, 2024. Additionally, SEMTAC's proposed language eliminated certain policies, such as a policy on patient's rights. In response, the department agreed to eliminate some policies, but explicitly placed consumer protection policy items into rule, rather than requiring agencies to create policies on those items. The revised Section 14 requires ambulance services to have policies and procedures concerning: 1) EMS personnel and vehicle operator standards; 2) administrator qualifications and responsibilities; 3) records retention for patients; 4) facility and patient access to records; 5) vehicle and equipment maintenance; 6) complaint investigation; and 7) decommissioning of ambulances.

At the December 6th special meeting, SEMTAC voted to approve the language of Section 14, but with a modification that the section would go into effect until July 1, 2026.The department has not presented this modification in the attached proposed rules.

---

[6] See, 6 CCR 1015-3, Chapter Two.

[7] There are additional requirements for vehicle drivers in Section 14.2.2D of these rules. An ambulance service driver must be at least 18 years old; possess a currently valid driver's license with appropriate vehicle endorsements for the vehicle class; and have successfully completed an Emergency Vehicle Operator Course or its equivalent.

SECTION 15 – CRITERIA FOR ADMINISTRATIVE WAIVERS TO RULES
Explains administrative waiver process, including criteria for granting waiver requests, waiver denial process and appeals of department action.

SECTION 16 – COUNTY AND CITY-AND-COUNTY AUTHORIZATION TO OPERATE
Describes conditions under which an authorization to operate is or is not required. Defines "operate on a regular basis." Authorizes a temporary authorization to operate under certain conditions. Describes the process for a county or city-and-county to opt out of issuing local authorizations to operate. Outlines the conditions or limitations a county or city-and-county may impose on an ambulance service through ordinance, resolution, memorandum of understanding, contract, or other such agreement.

SECTION 17 - INCORPORATION BY REFERENCE
Identifies standards that an ambulance service is expected to comply with by referencing materials published elsewhere, e.g. the Code of Federal Regulations, without repeating the language of the federal rule in these rules. This practice is allowed under Colorado Administrative Procedures Act, Section 24-4-103(12.5), C.R.S

The proposed rules were developed in collaboration with stakeholders over the course of a year before being presented to the SEMTAC for a recommendation of approval to bring before the Board of Health.

Specific Statutory Authority.

Statutes that require or authorize rulemaking: These rules are promulgated pursuant to Section 25-3.5-315, C.R.S.

Other relevant statutes: Section 25-3.5-301(3), C.R.S., Section 25-3.5-305, C.R.S., Section 25-3.5-306, Section 25-3.5-314, C.R.S., Section 25-3.5-315, C.R.S., Section 25-3.5-317, C.R.S., and Section 25-3.5-318, C.R.S.

Is this rulemaking due to a change in state statute?

__X___ Yes, the bill number is SB 22-225. Rules are _ authorized _X__ required.
______ No

Does this rulemaking include proposed rule language that incorporates materials by reference?

____X_ Yes ___ URL
______ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

______ Yes
___X__ No

Does the proposed rule language create (or increase) a state mandate on local government?

______ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;

- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

_X___ Yes.

This rule includes a new state mandate or increases the level of service required to comply with an existing state mandate, and local governments will not be reimbursed for the costs associated with the new mandate or increase in service.

The state mandate is categorized as:

___ Necessitated by federal law, state law, or a court order
___ Caused by the State's participation in an optional federal program
___ Imposed by the sole discretion of a Department
_X__ Other: SB 22-225 allows for counties or cities-and-counties to "authorize" ambulance services to operate within their jurisdiction. Counties or cities-and-counties may also opt-out of such authorization and rely on state licensure and permitting only. If a county or city-and-county chooses to authorize ambulance services, it will need to create a process for such authorization to take place.

Has an elected official or other representatives of local governments disagreed with this categorization of the mandate? ___Yes __X_No. If "yes," please explain why there is disagreement in the categorization.

Please elaborate as to why a rule that contains a state mandate on local government is necessary.

Counties or city-and-counties are impacted in two ways by SB 22-225. Any ambulance service that is operated by the county or city-and-county will be subject to state licensure and permitting to the same degree as any private ambulance service. Additionally, SB 22-225 creates an opportunity, but not a requirement, for a county or a city-and-county to authorize ambulance services that operate on a regular basis within its jurisdiction. Counties or cities-and-counties that determine that such authorizations are not necessary for ambulance agencies to operate within their jurisdiction must notify the department on or after July 1, 2024, and every year thereafter, in a form and manner determined by the department.

REGULATORY ANALYSIS
for Amendments to 6 CCR 1015-3, Chapter Four,
Rules Pertaining to Licensure of Ground Ambulance Services

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Ground ambulance services operating in Colorado	206	C, CLG (for county-operated services)
Air ambulance services, licensed or recognized in Colorado, that own a ground transportation ambulance component	3	C
Air ambulance services, licensed or recognized in Colorado, that contract with a separate ground transportation ambulance component	Unknown/ or no data available	S
Other emergency medical service (EMS) agencies (for example, non-transport and search and rescue)	Unknown/ or no data available	S
Colorado-certified or -licensed EMS providers	20,844	C
Colorado fire departments that provide EMS	309	C
Physician medical directors for Colorado ground ambulance services	101	C
Local authorities, including counties, cities-and-counties that opt-in and issue local authorizations to operate or opt-out of issuing them.	All 64 counties will either opt-in or opt-out of issuing local authoriza-tions	CLG if they issue authorizations to operate they must follow statute/rules re: operate on a regular basis and verifying state licensure; CLG if they opt out because they must notify dept per rule

Special districts that provide ground ambulance services	≅ 10	Arguably both are also S because they don't apply or implement the rest of the rule but are interested in its application
Healthcare facilities	85 design-ated trauma facilities 38 non-designate d trauma facilities	C S B
Additionally, consumers/persons utilizing ambulance services will be affected by these rules. —Colorado citizens	5.8 million[8]	
—Out-of-state tourists and consumers	90 million person-trips[9]	

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

C = individuals/entities that implement or apply the rule.
CLG = local governments that must implement the rule in order to remain in compliance with the law. (Please delete the "CLG" category when local government is not involved in implementing or applying the rule.)
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

[8] (US Census Bureau (2023, July 27); https://www.census.gov/quickfacts/fact/table/CO/PST045222)
[9] (2022 Longwoods Travel USA Colorado Report; https://oedit.colorado.gov/tourism-research)

Economic outcomes
Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any department measures taken to reduce or eliminate these costs, any financial benefits.

Limitations to the following discussion:

At the time of passage of SB22-225, it was not possible to calculate the fiscal impact of the legislation. Final program costs depend on the stakeholder process and the promulgated rules. The Senate Bill 225 task force report identifies the annual cost of the State's Ground Ambulance Program at between $1 million and $1.3 million once the Program is fully operational. However, through FY 2023-24 and FY 2024-25, the Program will operate with minimal staffing until resource needs are finalized and funding is authorized. Funding for the program will be considered through the upcoming budget and legislative processes.

The Ground Ambulance Licensing Task Force spent considerable time discussing the potential fiscal impact of state licensure. However there was not consensus on the funding and resources needed to operate the State's program. Most of the discussion revolved around two concepts: the potential for an ambulance service application fee (a fee to apply to be licensed by the state) and per vehicle inspection or permitting fees. There was discussion about how these fees could be calibrated based on the size of the ambulance service as measured in number of ambulances or number of transports or number of calls, etc. The Task Force understood that there are many unknowns in the current funding equation and finally settled on a recommendation to the department that no more than 20% of the cost of the state-level program be borne by the ambulance services through either the application fee, a per vehicle fee, or some combination thereof.

This current draft does NOT propose any fees; thus, the economic impacts discussed below reflect that fact and only discuss the economic impact of other proposed rules. In the future, if there are fees proposed, those fees would require a separate public rule-making process with much different information in this economic outcomes section.

Fees - Affected Parties - C, CLG: There will be similar economic outcomes for ground ambulance services (C) who are not local governments (CLG), as the draft rules will apply equally regardless of how the ambulance service is incorporated. The economic outcome regarding state issuance of licenses and permits is largely cost neutral or actually advantageous to all customers in the current draft. Since there are no proposed application fees and no per vehicle inspection or permitting fees, many ambulance services will actually benefit financially from the removal of county application and permitting fees, which currently range from $0 - $2,000, and per vehicle fees, which currently range from $0 - $200 per year, based on self-reports from 20 of 64 Colorado counties. In addition, some counties require annual vehicle inspections from outside vendors, which is another potential cost savings based on these rules. Under SB-22-225, the department is solely responsible for ambulance vehicle inspections, which will result in the imposition of uniform costs versus the variable costs currently imposed by different counties. These uniform costs will be identified, with stakeholder input, at a later date.

<u>Biannual licenses and permits - Affected Parties - C, CLG</u>: The department proposes to issue state licenses and permits in a two-year cycle, rather than on an annual basis. Therefore, ground ambulance services that apply for initial and renewal licenses and permits will only pay the department the associated fees once every two years if and when fees are incorporated into rule.

<u>Fingerprint-based criminal history record - Affected Parties - C, CLG:</u> There is an additional cost built in for each ambulance service. The following is excerpted from the Final Fiscal Note: "In addition, the bill increases state cash fund revenue from fingerprint-based criminal history background checks to the CBI Identification Unit Cash Fund in the Department of Public Safety by $8,888 in FY 2023-24. It is assumed that there will be 225 checks conducted in the year that licensing begins. To the extent that new ambulance operators seek licensure, fingerprint-based criminal history check revenue will increase minimally in future years. The current fee for fingerprint-based criminal history record checks is $39.50, which includes $11.25 for a Federal Bureau of Investigation (FBI) fingerprint based check, which is passed on to that federal agency. The federal portion of this fee is excluded from the state TABOR limit, meaning $6,356 is subject to TABOR."

<u>Communication Equipment Costs - Affected Parties-C, CLG:</u> The stakeholders had differing views on the communications equipment ambulance services should be required to carry on ambulances. In fact, this particular issue was discussed over several meetings and consensus could not be achieved. The existing rules require "two-way communications in good working order that will enable clear voice communications between ambulance personnel and the ambulance service's dispatch, medical control facility or the medical control physician, receiving facilities, and mutual aid agencies." The stakeholders agreed that two-way communications are critical but were divided on the necessity, and concomitant expense, of a rule requiring the use of a two-way radio.

The department learned that some ambulance services meet the existing requirement solely through use of a cell phone. One group of stakeholders argued that it is imperative that ambulance services have a two-way radio on the ambulance. These stakeholders provided examples of situations in which the lack of radios on some ambulances during the Marshall Fire caused confusion, with some ambulance services self-dispatching to respond to the fire and being unable to coordinate with the other resources on scene since the cellular network was down.

In contrast, ambulance services that do not respond to 911 calls and only perform interfacility transfers argued that cell phone service has worked sufficiently for them, especially since they generally do not respond to emergency calls or mass casualty incidents. They pointed out that radios can be very expensive and that having to purchase one would be a financial hardship. Additionally, some ambulance services have instituted new technology, such as digital software communication programs, in lieu of standard radios.

Due to the impasse, the department reached out to communication experts in the state and subsequently consulted with a third party organization, the Colorado 9-1-1 Task Force, which provided the department with a position statement. The Colorado 9-1-1 Task Force expressed its belief that "all ambulances operating within the State of Colorado should be equipped with at least one radio, capable of accessing all state Mutual Aid Channels (MAC) and their designated region Public Safety Answering Point (PSAP) Emergency Medical Services (EMS) channels." The Colorado 9-1-1 Task Force listed compelling reasons for its position, including that all ambulance services bear the responsibility to act as emergency vehicles when the

need arises, regardless of their primary purpose; that although cell phones have become prevalent, their reliability cannot be guaranteed during critical situations; that Colorado has areas where cell phone coverage does not exist, and during major events, cellular networks can go down entirely or quickly become overwhelmed; and that if cell phone service is unavailable, ambulances without a radio would be unable to inform hospitals of their imminent arrival with critically ill or injured patients, since all hospitals are equipped with Digital Trunked Radio (DTR) systems.

Consequently, the department concluded that public and patient safety requires ambulance services to utilize a two-way radio as well as have a redundant form of communication, such as a wireless phone. Additionally, the department committed to assisting ambulance services with applying for grant funds from the department's EMTS provider grants program. Finally, the department inserted a grace period of two years (until July 1, 2026) into the rule to allow those services that do not have radios time to potentially find funding and come into compliance with the rule.

Minimum Equipment List Costs - Affected Parties - C, CLG: The Task Force and its work groups spent considerable time debating the benefits and/or potential drawbacks of detailed equipment lists as part of the rules. The group reached consensus that the most efficient and flexible way to address these issues would be to have a short list of types of equipment with which every licensed ambulance must be equipped, for example, "ventilation and airway equipment." The details of the equipment lists are left to agency policy based on the staffing, medical protocols, and preferences of the service and its medical director. Additional minimum types of equipment are listed for ALS, critical care, and ambulances offering specialized services.

There are a few exceptions to this approach, for example, specific communication equipment is required (see discussion above) as is safety equipment like a fire extinguisher, child safety restraints, and receptacles for biohazardous waste.

This "type of equipment" approach has the added benefit of being a more cost-effective way to equip ambulances than naming specific pieces of equipment which regularly change due to improved technology or based on medical protocols. In addition, this approach maximizes the flexibility of staffing and equipping ambulances, allowing for any ambulance to flex up (provided all appropriate staff and equipment are available) to meet increased demand in the case of a disaster or large-scale event. Nothing in these rules should make it more expensive to equip an ambulance than it already is, and the flexibility built in may help services look for ways to contain costs by standardizing equipment, bulk purchasing, etc.

EMS Provider Licensure/Certification Status - Affected Parties - C, CLG: There will be some economic impact from the new requirement that every service, whether C or CLG, check the licensure/certification status of each EMS provider prior to hire and then annually thereafter. This process can be conducted relatively quickly through no-cost databases; however, the process, if not already in service policy, will take some amount of employee or volunteer time to carry out. Obviously, the impact is smallest on those services with the fewest providers.

There will be some minimal additional economic impact for rules which now set minimum standards for different job classifications, such as an Emergency Vehicle Operations Course is required for vehicle operators, but this training can be obtained for free from several reliable online sources. These rules were drafted with the economic impact in mind and with the

recognition that low-cost or free resources would make compliance more attainable for all services.

Local Authorizations to Operate - Affected Parties - C, CLG: Counties may decide to issue county-level authorizations for ambulance services wishing to transport patients regularly (as defined in these rules). If counties choose to charge for the authorization process (SB 22-225 is silent on this issue), these rules will have an economic impact on ambulance services, not directly, but through the county. Since these processes are not yet developed, there is no way to estimate the economic outcome for customers based on these rules.

Policy-Driven Approach - Affected Parties - C, CLG: As discussed elsewhere, the proposed rules take a policy-centric approach to regulation, allowing for the differences between rural/urban, large/small, governmental/non-profit/for-profit services. For services without many written policies, this will result in an additional workload during the initial two years of the state-regulated system. The department and stakeholder groups are committed to cooperating in creating policy templates to reduce the burden, particularly on small agencies. The department staff will also be involved in technical assistance on how to meet these rules. It is impossible to estimate the additional time (and thus the economic impact) required to meet these obligations which will now be in rule as every service will experience this differently.

Colorado Ground Ambulance Service Transition Costs - Affected Parties - C, CLG: As noted previously, ground ambulance services have always been regulated by counties. The degree of regulation varies among jurisdictions; consequently, while all services are required to become compliant with these new state rules, some services will have to transition from operating pursuant to little or no regulation to operating in compliance with these new rules. It is impossible to estimate the number of personnel hours it will take each agency in the state to become familiar with and operationalize these regulations. Each service will incur these costs independently.

Local Government Impact from Final Fiscal Note - Affected Parties - CLG : Starting in FY 2024-25, workload will decrease in counties and city-and-counties related to ambulance licensing. Ongoing workload will include approval of ambulance service provider requests to operate and to ensure those operators are licensed with the state. Costs may increase for local governments that choose to enact additional requirements as allowed by the bill.

Please describe any anticipated financial costs or benefits to these individuals/entities.

S: No economic interest.

B: Individuals using ambulance services are the beneficiaries of these new rules. If ambulance services experience a negative economic outcome based on these proposed rules, there is a real possibility that some of these additional costs would be passed along to the people who use the services. Conversely, ambulance services are unlikely to pass along any cost savings to the beneficiaries as most services are not profitable and collect only a fraction of billed charges. In addition, any positive economic outcome would be small and difficult to quantify.

Non-economic outcomes

Summarize the anticipated favorable and unfavorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Ambulance Permitting - Affected Parties - C, CLG, B: Colorado law has historically required ground ambulance services and their ambulances to be licensed and permitted by county commissioners. *See* Section 25-3.5-301, C.R.S. However, the passage of SB 22-225 has resulted in a significant legal and philosophical shift in Colorado's regulation of ground ambulance services. This shift allows Colorado to join the other 48 states in the country (excluding California, which utilizes a regional network) that also require state-level ground ambulance licensing and permitting. The legislature has expressly declared that its establishment of statewide standards is intended to result in medical and operational benefits and consumer protections. One of these benefits and protections can be seen in Section 3.7 of this rule, Ambulance Permit Process.

Currently, the board's rule requires county commissioners to issue ambulance basic life support (BLS) or ambulance advanced life support (ALS) permits to ground ambulances depending upon "the level of service that could be provided by that ambulance and appropriate staff." 6 CCR 1015-3, Chapter Four, Section 3.4.2.B. After discussing whether to carry over the existing BLS/ALS level of care permitting rule into this proposed rule, stakeholders and the department concluded that ground ambulance services and consumers alike will benefit if the department issues generic ambulance permits that do not restrict the level of care provided.

As referenced in the Statement of Basis and Purpose, a permit level limits services to providing one level of care when, in fact, ambulances can be adapted to provide either level of care as long as they meet the minimum equipment and provider/staffing rule requirements in these regulations and are in compliance with the service's policies and procedures. Consequently, the department and stakeholders reached consensus that, for each operating and reserve ambulance, a ground ambulance service must apply for and receive a generic permit and operate each permitted ambulance subject to the minimum equipment, vehicle manufacturing, and staffing requirements as set forth in these rules.

The proposed rules also require generically-permitted ambulances that operate at a higher ALS or specialty level of service to meet the minimum equipment and staffing requirements for those higher levels of care, as set forth in these regulations and in the service's policies and procedures. This approach ensures that ALS and specialty services practices are uniform statewide.

This standardization of the permitting process constitutes a non-economic benefit that gives Category C and CLG stakeholders the flexibility to equip and staff their ambulances as their community resources allow and as level of care circumstances dictate. It also benefits Category B stakeholders and heightens consumer protection by ensuring that every state-permitted ground ambulance is uniformly equipped and staffed pursuant to the minimum standards required by the level of service provided. Additionally, EMS providers may benefit from the standardization because, in a mass casualty event, the EMS provider could have confidence that any available ambulance, including one that is operated by a different service, would have the necessary equipment to care for injured patients. The permitting regulations therefore promote the General Assembly's intent to provide medical and operational benefits and consumer protections.

<u>Policy driven approaches - Affected Parties - C, CLG</u>: The previous permitting section demonstrates several non-economic outcomes from a policy-driven approach. However, there are many other potential non-economic outcomes that result from the policy-driven approach that the department has adopted throughout the rule set for customers, stakeholders, and beneficiaries. For example, this packet discusses in detail the flexibility that the equipment and administrative and operational policy-driven rules confer upon stakeholders. This enables urban, rural, and frontier EMS services to meet the minimum level of state-standardized emergency medical services to patients as required by these rules, while giving them the flexibility to provide safe patient care as resources allow.

<u>Mandatory Incident Reporting - Affected Parties - C, CLG, B:</u> For the first time, licensed ground ambulance services must report to the department all defined serious incidents that occur during transport and patient care. The stakeholders, particularly ground ambulance service medical directors, objected to implementation of this rule, reasoning that their internal peer review and quality assurance processes address these incidents.

The department repeatedly explained to the stakeholders that ground ambulance service medical director processes are distinct from mandatory incident reporting and serve different goals. In the case of mandatory incident reporting, ground ambulance services, the department, and the ultimate consumer of ground ambulance services, will receive several important non-economic benefits from mandatory incident reporting that result when the department can identify systemic deficiencies.

As described above, at SEMTAC's special meeting on December 6, the department and SEMTAC came to consensus on revisions to Section 9 and SEMTAC made a motion to adopt a revised Section 9 with one minor amendment.

Each of these purposes constitutes a non-economic benefit to ground ambulance services and to their ultimate consumers, Colorado citizens and out-of-state visitors.

<u>Transfer of Care - Affected Parties - S, B:</u> Hospitals and patients will benefit from an entirely new requirement intended to facilitate and improve the continuum of care for a patient. The proposed rules require that ambulance services have a policy concerning the transfer of care of a patient such that EMS providers must give the receiving facility staff, at minimum, a verbal report concerning the details of the patient assessment and care provided to the patient. The verbal report will be followed by submission of the entire set of patient care data required in the rules.

<u>Two-way radio - Affected Parties - C, CLG, S, B:</u> As discussed above, after July 1, 2026, all ambulances in Colorado will have two-way voice radio communication as well as a redundant form of communication. Effective communication is essential in emergency situations and mass casualty incidents, and all parties will benefit from the better coordinated response that occurs when standardized telecommunication equipment is utilized by all services.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The resources needed for this program are still under evaluation. The EMS Sustainability Task Force report identifies estimated costs of $1 million to $1.3 million to fully operate the Ground Ambulance Program. Determining the scope of the ambulance service in Colorado since it has not been regulated at a state level in the past depends on a variety of factors. At

this time the costs are being evaluated, but they will continue to evolve over the next year as the Program begins to take shape.

A. Anticipated personal services, operating costs or other expenditures by another state agency:

N/a

Anticipated Revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

SB 22-225 mandates adoption of rules that establish minimum standards for the operation of ground ambulance services in Colorado. Therefore, inaction is not an option.

Along with the costs and benefits discussed above, the proposed revisions:

_X__ Comply with a statutory mandate to promulgate rules.
_X__ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
_X__ Maintain alignment with other states or national standards.
___ Implement a Regulatory Efficiency Review (rule review) result
_X__ Improve public and environmental health practice.
_X__ Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023. ___ Contributes to the blueprint for pollution reduction ___ Reduces carbon dioxide from transportation ___ Reduces methane emissions from oil and gas industry ___ Reduces carbon dioxide emissions from electricity sector
2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023. ___ Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry. ___ Supports local agencies and COGCC in oil and gas regulations. ___ Reduces VOC and NOx emissions from non-oil and gas contributors
3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.

___ Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes.
___ Increases physical activity by promoting local and state policies to improve active transportation and access to recreation.
___ Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.

4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.

___ Ensures access to breastfeeding-friendly environments.

5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.

___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.
___ Performs targeted programming to increase immunization rates.
___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).

6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.

___ Creates a roadmap to address suicide in Colorado.
___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate.
___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries.
___ Saves healthcare costs by reducing reliance on emergency departments and connects to responsive community-based resources.

7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.

___ Conducts a gap assessment.
___ Updates existing plans to address identified gaps.
___ Develops and conducts various exercises to close gaps.

8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.

___ Uses an assessment tool to measure competency for CDPHE's response to an

outbreak or environmental incident. ___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. ___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.
9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023. ___ Implements the CDPHE Digital Transformation Plan. ___ Optimizes processes prior to digitizing them. ___ Improves data dissemination and interoperability methods and timeliness.
10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023. ___ Reduces emissions from employee commuting ___ Reduces emissions from CDPHE operations
11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023. ___ Used a budget equity assessment

___ Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

N/A

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when, as here, it is the only statutorily-allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking were developed in conjunction with stakeholders. The benefits, risks and costs of these proposed revisions were compared to the costs and benefits of other options. The proposed revisions provide the most benefit for the least amount of cost, are the minimum necessary or are the most feasible manner to achieve compliance with statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The initiation of a newly state-regulated ambulance service licensing and ambulance permitting process has required the drafting of new and extensive regulations. These draft rules provide a uniform basis for what has previously been a county-level process with very different requirements based on the county. The initiation of this new state process

caused significant discussion, disagreement, and debate both within the department and in the public stakeholder process. Below is a summary of some of the most significant controversial issues encountered in the rule drafting process, along with the decisions made and the rationale for those decisions.

6.1 Mandatory Incident Reporting

SB 22-225 requires the Board of Health to adopt rules regarding “mandatory incident reporting to the department, including specifying the acts or events that trigger mandatory reporting.” Section 25-3.5-315(1)(n), C.R.S. The department learned during the stakeholder process that mandatory incident reporting is not only a completely new requirement for all Colorado ground ambulance services, but it is also a novel concept nationwide. Because ground ambulance stakeholders are unfamiliar with mandatory incident reporting, they considered the requirement to be an interference with their business. Moreover, many medical directors view the requirement as an encroachment upon their quality assurance (“QA”) processes. And, most stakeholders initially viewed mandatory reporting requirements as a means to a punitive end.

The department engaged in extensive discussions with the stakeholders over three Task Force meetings about this statutory requirement. Additional feedback was received on this matter from SEMTAC. At its November 8th special meeting, SEMTAC declined to approve the department’s proposed language in this section and voted to recommend that the department adopt language that had been submitted from the Emergency Medical Services Association of Colorado, the National Association of EMS Physicians Colorado Chapter, the Colorado Chapter of the American College of Emergency Physicians, Colorado Medical Society, Plains to Peaks Regional Medical Direction Committee, and the Southern & Southeastern Colorado Medical Direction Committee. The department reviewed the suggestions and determined that it would be appropriate to divide reportable incidents into two reporting timeframes, including a seven day and ninety day reporting requirement. The purpose of the ninety day reporting requirement is to allow for the impacted ambulance service’s own quality assurance program to take place in order to determine whether a mandatory reportable incident has occurred. Reportable incidents within seven days are related to administrative actions, such as a final agency action against the service from any federal or state entity, civil or criminal convictions, EMS provider termination, the untimely separation of a medical director, and any action taken against the medical director’s ability to practice. Reportable incidents within ninety days include, but are not limited to: physical or sexual assault, or abuse of a patient by a member of the ambulance service; unauthorized appropriation or possession of medications, supplies, equipment, money, or personal items; patient death or injury not ordinarily expected as a result of the patient’s condition; and administration of an adulterated or contaminated drug, device, or biological.

At the December 6th special meeting, SEMTAC voted to approve the department proposed Section 9, with a modification to clarify that a suicide or attempted suicide would only be reportable if it occurred during the provision of patient care and would not ordinarily be expected as a result of the patient’s condition.

6.2 Telecommunications Equipment

As noted above in *r*esponse # 2 of RA, telecommunications changes created cost concerns for stakeholders.

6.3 Authorization to operate/operate on a regular basis

SB 22-225 grants counties and cities-and-counties the authority to determine how ground ambulance services are provided within their jurisdictions. Specifically, they may issue a "local authorization to operate" to all ground ambulance services that seek to "operate on a regular basis" in their jurisdiction. Under this scheme, ground ambulance services must apply for and obtain a local authorization to operate from the county or city-and-county before they may do business within that jurisdiction.

However, the law requires that the Board of Health define "operate on a regular basis" in rule. The law is silent as to how "operate on a regular basis" should be defined. The definition is critical because it establishes the criteria a ground ambulance service must meet to be considered to operate on a regular basis which, in turn, requires the service to receive a local authorization to operate from a jurisdiction.

The department, during discussions with the Task Force, sought to strike a balance between competing interests when formulating the definition. It knew it could not unduly infringe upon the local operating authority's legally-protected interest in selecting ground ambulance services to operate within its jurisdiction. It also knew that the definition must be written broadly enough to allow unauthorized out-of-jurisdiction ambulance services to provide infrequent EMS services when necessary for patient safety purposes.

To accommodate the flexibility required for patient safety purposes, the department originally incorporated an "exigent circumstances" provision into the definition. It would have allowed unauthorized ground ambulance services to operate in a jurisdiction sparingly for various reasons, but only on the condition that locally-authorized ambulances were unavailable to provide transport. Many stakeholders objected that the exigent circumstances provision would allow unauthorized services to usurp locally authorized ambulance transports. Therefore, the department eliminated the exigent circumstances provision but retained the concept by gaining consensus for what is now codified in 16.2.2.B. That provision states that ambulance services that initiate transports where no locally-authorized ground ambulance services are available are not considered to be "operating on a regular basis"; therefore, they do not need to seek an authorization to operate from the county or city-and-county. This rule protects consumer rights, recognizing that a patient's care should never be delayed due to waiting for a local authorization when ambulance services are close and available.

Stakeholders also expressed concern over that part of the "operate on a regular basis" definition that states: 1) an ambulance service is deemed to "operate on a regular basis" in a jurisdiction if it initiates patient transport within a jurisdiction twelve (12) or more times in any year, but that 2) an ambulance service is *not* considered to "operate on a regular basis" if it initiates a patient transport eleven or fewer times a year. The department followed precedent from the department's Air Ambulance rules when including the twelve transport volume threshold in rule, but acknowledged that the number was otherwise arbitrary and could be modified for good reason.

At the Task Force meetings, some stakeholders expressed concern that eleven allowable unauthorized transports is too many and will take business away from locally authorized agencies. Other stakeholders—mostly rural—took the opposite view and argued that they should be allowed to make more than twelve unauthorized transports into jurisdictions in which they do not regularly operate. As an example, rural ground ambulance agencies contend that they are required to travel to another jurisdiction to pick up patients from their

communities because ambulance services located in the jurisdiction in which the patient was treated refuse to transport the patient back home.

After numerous discussions, the stakeholders were unable to formulate reasoned support for a higher or lower number of transports that would not disproportionately affect another stakeholder faction. Therefore, the department and stakeholders agreed to keep the threshold number at twelve (12) transports for purposes of establishing when ground ambulance agencies are considered to operate on a regular basis in a jurisdiction.

6.4 Staffing of ambulance services by medical personnel other than EMS providers

SB 22-225 contains no staffing requirements for ambulance services, and existing law specifies that for the person providing care and treatment in the patient care compartment of an ambulance, the minimum requirement is possession of an EMS provider license or certificate. Section 25-3.5-202, C.R.S. This statute continues with the provision, that "[I]n 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." The only other mention of staffing of an ambulance is in existing county EMS law, and it states, "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." Section 25-3.5-301(3), C.R.S.

Based on these statutory provisions, the department has always interpreted the law as requiring at least one licensed or certified EMS provider to be in the patient care compartment with the patient. This interpretation is codified in department guidance issued in 2016, titled Nurses on Ground Ambulances. The guidance document explains that while an RN would not meet the minimum license or certification requirement without an EMT or other EMS provider license or certification, the nurse could augment the minimum staffing of an ambulance or be part of the crew if therapies beyond the scope of practice of the EMS providers were necessary.

Besides the explicit law on this point, the rationale for requiring an EMS provider is that:

"providing care in the back of a moving vehicle is something for which EMS providers are specifically trained, and a nurse in this situation would have to be aware of the risks and challenges inherent in the EMS environment. Further, scope of practice for EMS providers is determined by the department, while scope of practice for nurses is determined by the Colorado Board of Nursing. A nurse providing patient care in an ambulance would have to be clear about their role and which scope of practice to follow. The department's primary concern is to support local decision making in a manner that is safe for both patients and responders. Adequate training and appropriate medical oversight are important for all ambulance personnel; they would be particularly so in the scenario outlined above." Nurses on Ground Ambulances (2016).

During the stakeholder process, the department learned that the practice of placing a nurse in the patient care compartment *in lieu of* an EMS provider occurs frequently because some ambulance services, especially those in rural areas or those staffed by a high number of

volunteers, do not have enough staff to place an EMS provider in the patient care compartment. Many stakeholders requested the department draft a rule to authorize this practice of using medical providers that are higher trained, albeit perhaps not in emergency medicine, in place of EMS providers to care for the patient, at least in exigent circumstances. Other stakeholders, especially EMS medical directors, expressed grave concern with this practice due to the specific training and equipment used in emergency care that other medical personnel would not have. Those stakeholders would only be comfortable with such a rule if the other medical person is credentialed by the ambulance service's medical director, trained on the equipment, and approved by the service for the particular transport. After much discussion, the department opted to not add rules on this matter and to simply cite to the statutory provisions.

The department's decision to maintain the status quo was primarily based on the law's explicit language. The department believes that the explicit language in the laws does not allow the department to propose a rule that would authorize other medical personnel to provide care in the patient care compartment by themselves, without an EMS provider also being present. Furthermore, since a change to these laws requires legislative action, the department intends to recommend that the EMS System Sustainability Task Force, which was also created by SB 22-225, explore this important issue. In the meantime, the department expressed that in leaving the status quo, under an unusual circumstance in which no EMS provider was available, it would not find fault with an ambulance service that utilized a flight nurse for example, to provide necessary care to a patient.

6.5 Statutory Gaps

The General Assembly enacted Title 25, Article 3.5 of the Colorado Revised Statutes, the "Colorado Emergency Medical and Trauma Services Act," in 1978. Although it has been amended extensively throughout the years, both the department and the stakeholders recognized during the rulemaking process that several of its provisions are outdated as to current practices. It may warrant a complete repeal and re-enactment by the legislature.

The General Assembly has also recognized the need for a statutory update by enacting Sections 25-3.5-108(1)(a) and 25-3.5-102(1)(h), C.R.S. These provisions establish the EMS System Sustainability Task Force ("225 Task Force") to perform a "comprehensive assessment of the emergency medical services system, along with recommendations for modernizing and sustaining the emergency medical services system, . . ."

The following two statutory gaps or outdated language were repeatedly raised by stakeholders:

A) "Prehospital setting" and "interfacility transport" definitions

Application of current statutory definitions limits the department's regulation of ground ambulance services and their provision of patient care to three restricted settings. Article 3.5 was originally drafted to limit the setting to EMS providers working for ambulance services, aka prehospital. Thus, prehospital setting is defined as: 1) site of an emergency, 2) during emergency transport, or 3) during interfacility transport. Section 25-3.5-103(10.3), C.R.S. "Interfacility transport" is defined to mean "the movement of a patient from one licensed health-care facility to another licensed health-care facility." Sections 25-3.5-207(1)(c) & 206(5)(a), C.R.S. Subsequent legislation authorized EMS providers to work in clinical settings and Community Integrated Healthcare Service (CIHCS) agencies.

Some stakeholders believe that prehospital setting does not include event or standby ambulances, like those that are stationed at sports arenas, marathons, or bike races. It is arguable that if the event ambulance MAY transport a patient from the event, that would be considered “at the site of the emergency.” The prehospital setting definition should be amended to clarify this issue.

The department also learned that ground ambulance services and EMS providers currently and routinely provide non-emergent transport to patients who require transport to or from a location that is not a licensed health-care facility, for example, to or from home. Ground ambulance services provide a high volume of these kinds of transports. However, the department cannot regulate these ground ambulance service transports under the current iteration of statute, which limits its regulatory jurisdiction to ground ambulance service transports that fall within the definition of “prehospital setting” and, by extension, “interfacility transports.”

B) Personnel/Staffing Requirements

The stakeholder meetings on ambulance service staffing requirements identified statutory ambiguity concerning the provision of care by personnel other than EMS providers, especially when an EMS provider is not available in the patient care compartment of the ambulance. Some stakeholders feel very strongly that other medical personnel should be allowed to provide care to a patient, even without an EMS provider in attendance. In many rural areas, sometimes a nurse is the only available person to be in the patient compartment with the patient. Other stakeholders are concerned that allowing other medical personnel to provide care without an EMS provider alongside is a slippery slope with concerning consequences. For a more thorough analysis of the issue, please see the response to Question 6, Item 4 in this Regulatory Analysis document.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Data from a variety of sources was used to inform both issue analysis and rule-drafting. Much of the data listed here was also presented in some form to stakeholders during the public process. Data sources reviewed and considered included:

- Statutes and regulations from numerous other states to see how other states had handled similar issues and particularly how other states share local and state authority over ambulance service licensing and vehicle permitting.
- Self-reported information and data from Colorado counties regarding current county minimum standards for licensing and permitting as well as fees collected. This involved collecting the county resolutions and regulations currently in effect.
- Standards and guidance from the National Highway Traffic Safety Administration used in the development of requirements for vehicle standards.
- Current incident reporting standards for licensed Colorado healthcare facilities.
- Current rules regarding minimum equipment requirements for ground ambulances.
- Existing rules and standards for patient care data collection.

- The National EMS Information System standards for guidance on data collection, amended PCR reporting requirements, and record retention.
- The EMS Data Repository for reports on number of calls/transports per ambulance service per year in Colorado.
- The Colorado Business Code for a definition of owner and operator to cover various business models and structures.
- Center for Medicare and Medicaid Services (CMS) for information concerning its billing and reimbursement requirements for ground ambulance services.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1015-3, Chapter Four,
Rules Pertaining to Licensure of Ground Ambulance Services

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:
The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Notice of the opportunity to participate in the stakeholder process related to this rule update was provided to over 850 individual contacts in advance of each meeting, including the following:

- State Emergency Medical and Trauma Services Advisory Council members, as created in Section 25-3.5-104, C.R.S.
- Emergency Medical Practice Advisory Council members, as created in Section 25-3.5-206 C.R.S.
- All individuals expressing interest in being included in the stakeholder process, as gathered through the interested parties link in the public google folder for the stakeholder process.

Task force Members

Name	Organization/Agency	Representing on Task Force
Richard Cornelius	Roaring Fork Fire Rescue	Chair, SEMTAC
Addy Marantino	Northwest RETAC	Vice Chair, RETAC
Riley Frazee	Department of Homeland Security and Emergency Management	Emergency Management
Scott Sholes	Durango Fire Protection District/ EMSAC	EMSAC
Glenn Burket	Medical Director for: Central Orchard Mesa Fire Protection District, Clifton Fire Protection District, Colorado Mesa University, De Beque Fire Protection District, East Orchard Mesa Fire Protection District, Gateway-Unaweep Fire Protection District, Glade Park Fire Protection District, Grand Junction Fire Department, Lands End Fire Protection District, Lower Valley Fire Protection District, Mesa County Fire Authority, Palisade Fire Department ,Plateau Valley Fire Protection District, St. Mary's Hospital EMS Outreach	EMS Medical Directors

Matt Angelidis	Medical Director for: American Medical Response - El Paso County, Big Sandy Fire Protection District, Cheyenne County Ambulance Service, Cimarron Hills Fire Protection District, Coach Ambulance Service, Colorado Springs Fire Department, Community Ambulance Service, Inc. Ellicott Fire Protection District, Hugo Fire Protection District, Hugo Volunteer Fire & Ambulance Service, Karval Fire Protection District, Kit Carson County Ambulance Service, Limon Ambulance Service, Limon Area Fire Protection District, UCHealth, Metro One Ambulance Service	EMS Medical Directors
Tom Anderson	American Medical Response	Private Ambulance Services
Jeff Schanhals	Northeast Colorado RETAC	Rural/ Frontier Ambulance Services
James Woodworth	Denver Health and Hospital Authority	SEMTAC
Sean Wood	Clear Creek County Commissioner	SEMTAC
Kathleen Adelgais	Project Director, Colorado EMS for Children Pediatric physician, Children's Hospital	SEMTAC
Kirby Clock	Delta County Ambulance District	Special District Ambulance Service
Darrick Garcia	Alamosa EMS	Special District Ambulance Service
Gary Bryskiewicz	Denver Health and Hospital Authority	Urban Ambulance Services

The following individuals attended at least one meeting as a part of the stakeholder process:

Name	Organization/Agency
Ralph Vickrey	Action Care Ambulance
Dave Baldwin	Adams County Fire Protection District
Eric Schultz	Adams County Fire Protection District
Unidentified	Ambulnz CO LLC
Brittany Buss	American Medical Response
Elizabeth Steadman	American Medical Response
Jim Buchanan	American Medical Response
Robert Good	American Medical Response

Megan Vizenam	Apex Paramedics
Anthony Zarrella	Arapahoe County Sheriff's Office/ Office of Emergency Management
Andy Higgins	Arvada Fire Protection District
Dave Mitchell	Arvada Fire Protection District
Lawrence Buckman	AsteriEMS, LLC
John Spano	Bent County Ambulance Service
Jean Sykes	Bent County Commissioner
Ryan Singer	Boulder County Sheriff's Office
Katie VanHoosen	Broomfield County Public Health and Environment
Ginger-Anne Flynn	Calhan Fire Protection District
Sarah Weatherred	Central Mountains RETAC
Zac Mesick	City of Fountain Fire Department
Ryan Hansen	City of Greeley
Kristina Takahashi	City of Westminster Fire Department
Rebecca Mayer	City of Wray Ambulance
Steven Rydquist	City of Wray Ambulance
Keriann Josh	City of Yuma Ambulance Service
Aaron Crawley	Clear Creek EMS
Bryon Monseu	Clear Creek EMS
Charles Balke	Clifton Fire Protection District
Steph Giebeig	Colorado College Emergency Medical Services
Meghan Morrissey	Colorado Department of Health Care Policy and Financing
Shaunette Duncan	Colorado Department of Health Care Policy and Financing
Jim Webber	Colorado Springs Fire Department
Paul Miller	Cimarron Hills Fire Department
Sean Caffrey	Crested Butte Fire Protection District
Barry Keene	Custer County EMS
Justine Beach	Custer County EMS
Kris Stewart	Delta Office of Emergency Management

Daniel Garner	DocGo
Keith Keesling	Dolores County Search and Rescue
Anne Walton	Douglas Office of Emergency Management
Troy Cowden	Edison Fire
Troy	El Paso County
Rodney Green	EMS Unlimited
Stephanie	EMS Unlimited
Dave Montesi	Evergreen Fire Rescue EMS
Ethan Ruterbories	Falck Rocky Mountain
Rebecca Carter	Falck Rocky Mountain
Shannin Wetzel	Falck Rocky Mountain
Jon Webb	Falcon Fire Protection District
Lance Schneider	Federal Heights Fire
Linda Underbrink	Foothills RETAC
Thomas Candlin	Foothills RETAC
Douglas Prunk	Frederick Area Fire Protection District
Galen Daugherty	Gateway Unaweep Fire Department
Audrey Jennings	Grand County EMS
Austin Wingate	Grand County EMS
Chris Angermuller	Grand Junction Fire Department
Gustave Hendricks	Grand Junction Fire Department
Lonnie L. Knudsen	High Plains Regional EMS
Buffy Witt	Hinsdale County EMS
Derrick Akemon	Holyoke EMS
Jimmie Bailey	Holyoke EMS
Tera Miller	Holyoke EMS
Jeani Frickey Saito	Intermountain Healthcare
Anjanette Hawkins	Jefferson County Public Health
Jennifer Whittington	Jefferson County Public Health

Heather Morris	Kit Carson County Health Services District
Jeremy Burkhart	Lamar Fire and Emergency Medical Services
Steve Keefer	Las Animas Bent County Fire Protection District
Michael A. Ragulsky	Legacy EMS
Harold Smith	Lincoln Community Hospital
Ken Stroud	Lincoln County Office of Emergency Management
Matthew Sammond	Littleton Fire Rescue and South Metro Fire Rescue
Shawn Stark	Louisville Fire Protection District
Robert Frakes	Lutheran Medical Center Prehospital Services
Peter Zick	Lyons Fire Department
Jeremy DeWall	Medical Director for: Bent County Ambulance Service, Cripple Creek - Victor Gold Mine Rescue, Cripple Creek Fire Department, Crowley County Ambulance, Crystal Park Metropolitan District, Custer County Ambulance, Custer County Search and Rescue, Inc., Divide Fire Protection District, Florissant Fire Protection District, Florissant Fossil Beds National Monument, Fowler Rural Fire Protection Dist., Green Mountain Falls-Chipita Park Fire Protection District, Hasty McClave Ambulance, Holly Fire and Ambulance Service, Huerfano County Search and Rescue, Kim Area Volunteer Fire Department, Kiowa County Ambulance Service, La Junta Rural Ambulance Service, Lake George Fire Protection District Lamar Community College, Lamar Fire and Emergency Medical Services, Manitou Springs Fire Department, Mountain Communities Fire Protection District, Mueller State Park, Nighthawk Ranch EMS, Otero Junior College, Pikes Peak State College Rocky Ford Emergency Services, Sanborn Western Camps, Southeast Colorado Hospital Ambulance Service, Southern Park County Fire Protection District, Southwest Teller County EMS, Trinidad Ambulance District, Ute Pass Regional Health Services District, Victor Fire Department, Walsh Ambulance Service, Wet Mountain Fire Protection District, Woodland Park Police Department
Angela Wright	Medical Director for: Ambulnz Colorado, Byers Fire Rescue, City of Wray Ambulance, Guardian Flight, Morgan Community College, Strasburg Fire Protection District, UCHealth LifeLine, UCHealth MEDIC Prehospital Education
Grant Hurley	Medical Director for San Luis Valley RETAC
Justin Doubrava	Memorial Hospital at Craig
Chris Rowland	Mesa County EMS

Dani Kloepper	Middle Park Health
Shirley Terry	Mile-High RETAC
Todd Wheeler	Moffat County Emergency Management
Scott Hawkins	Montrose County Office of Emergency Management
Theodore "Tad" Rowan	Montrose Fire Protection District
Unidentified	Monument Fire District
Travis Freeman	Morgan County Ambulance
Paul Johnson	Mountain View Fire
Mark Daugherty	North Metro Fire Rescue District
Leah Buff	North Suburban Medical Center
Alexander Fairfield	Northglenn Ambulance
Cathleen Teter	Northglenn Ambulance
Melissa Wartman	Northglenn Ambulance
Scott Fitzgerald	Olathe Fire Protection District - Emergency Medical Services Division
Connie Cook	Pagosa Springs Emergency Medical Services
Kim Schallenberger	Plains to Peaks RETAC
Lucas Robinson	Platte Canyon Fire Protection District
Matt Concialdi	Platteville-Gilcrest Fire Protection District
Autumn Whittaker	Pueblo Department of Public Health and Environment
Joshua Johnson	Pueblo Sheriff's Department
Drew Hoehn	Red, White, and Blue Fire
Jim Keating	Red, White, and Blue Fire
Jim Levi	Red, White, and Blue Fire
Andy Hartless	Rocky Ford Fire Department and Emergency Service
Josh Fief	Rocky Ford Fire Department and Emergency Service
Jason Banner	Rocky Mountain Mobile Medical
Mark Ritz	Rocky Mountain Mobile Medical
Yolanda Amezcua	Rose Medical Center
Julie Ramstetter	San Luis Valley Health

Reyna	San Luis Valley RETAC
Brandon Chambers	Southern Colorado & Southeast Colorado RETACs
Cherilyn Wittler	Southeast Colorado Hospital
Scott Anderson	Southwest Health
Terri Foechterle	Southwest RETAC
Jeremiah Grantham	St. Vincent Hospital Ambulance Service
Jonathan Burk	St. Vincent Hospital Ambulance Service
John Hall	Summit Fire and EMS
Jordan Ourada	Swedish Medical Center
Bradley Blackwell	Telluride Fire Protection District
Shane Baird	Telluride Fire Protection District
Lisa Floyd	The Medical Center of Aurora
Sarah Myers	The Medical Center of Aurora
Jeffery Force	The Memorial Hospital
Jesseb Cavender	The Memorial Hospital
James Robinson	Thompson Valley Emergency Medical Services
Shain Vick	Thompson Valley Emergency Medical Services
Holly Marquardt	Thornton Fire Department
Russell Richardson, Jr.	Thornton Fire Department
David DeTray	Trinidad Ambulance District
Brett Preston	UCHealth EMS
Gregory Harding	UCHealth EMS
Jeff Force	UCHealth EMS
Bruce Evans	Upper Pine River Fire Protection District
Alexander Walsh	Ute Pass Regional Health Services District
Timothy Dienst	Ute Pass Regional Health Services District
Melody Builder	West Custer County Hospital District
Lisa Ward	Western Eagle County Ambulance District Community Paramedics
Daniel Barela	Western RETAC

Adriane	
Alexis	
Anna Mendez	
Annie D.	
Barb	
Brad Smith	
Caroline Joy	
Gabriel	
Garrett	
Gene Dreher	
Illa	
Jacob	
Jason Stuerman	
Jean Martin	
Jesse	
John	
Katerine	
Kevin Hende	
Kristina	
Lucas	
Marilyn Johnson	
PM	
R Tyree	
Rebecca Beights	
Rick Inken	
T. Williams	
Tina Porter	
Vee Edstrom	
William	

In addition to the participants listed above there were 17 non identifiable participants

Thirteen stakeholder meetings were held between September 2022 and August 2023 in the form of a SEMTAC Task Force, the "Ground Ambulance Licensing Task Force." Participation was open to the public and available via a Zoom online platform with an in person option. Prior to each meeting, a public link to the Google meeting folder, which contained the signed law, a stakeholder information letter, meeting agendas, draft rules, a stakeholder comment form, and all material being shared at the meetings, was available. The Task Force consisted of 14 SEMTAC-approved members, and meetings averaged around 65 member and nonmember participants. Stakeholders had the opportunity to share comments during the meetings in the chat or raise their hand to share. Outside of the meetings, public comment was encouraged through a Google comment form found on the department website and through direct email to department staff.

In addition to the large monthly Task Force meetings, a series of subject matter expert research group meetings were conducted. These groups helped generate key topics and concerns to focus on while drafting rule language, which were then taken to the Task Force for discussion and decision. The groups were composed of identified subject matter experts and people that requested to take part in the groups. One of these groups focused on equipment and staffing requirements to help generate ideas on Sections 12- Minimum Staffing Requirements, Patient Safety, and Safety and Staffing of Crew Members and Section 13- Minimum Equipment Requirements. This group met seven times for two hours each. A Medical Director research group was held to generate ideas on Section 11- Medical Oversight and Quality Assurance Programs. This group met one time for two hours with email follow up. A Local Governance subject matter expert research group was held to help generate ideas for Section 16- Country and City-and-County Authorization to Operate. This group met one time for two hours with email follow up.

Following the October 20, 2023 request for hearing, the department continued to work with stakeholders and receive comments. The designated Google form was active until November 27th to receive comments. SEMTAC held two special meetings on November 8th and December 6th to further discuss the rules. Prior to each of these meetings, the Department made edits to the proposed language in response to comments received. Notice of these special meetings was provided to over 800 SEMTAC interested parties, and included links to the updated language.

At the December 6th meeting, SEMTAC voted to approve the department proposed rules, with modifications in Section 3, Section 9, and Section 14. The biggest proposed modification was to delay all of Section 14 until July 1, 2026. SEMTAC requested a corresponding change to Section 3.5.1 to indicate this delayed effective date. In Section 9, SEMTAC requested clarity as to when a suicide or attempted suicide of a patient would be reportable. Due to the closeness in time to the special meeting and the Board of Health's hearing, the department is not presenting any of the modifications put forth by SEMTAC. The department has committed to SEMTAC that the department will review the modifications and offer any friendly amendments to the Board that the department agrees to at the rulemaking hearing.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was

provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

___ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

_X_ Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

Stakeholders and the department encountered many factual and policy issues while working on this extensive rule set. Consensus was achieved on the majority of issues; however, the department had to make final decisions in a few areas where the stakeholders were very divided. The following list provides a summary, by section, of issues that arose during the rulemaking.

Section 2 - Definitions

At the stakeholders' request, the rules include 'guidelines' in the definition of "medical protocols."

Section 3 - Department Issuance of Licenses and Ambulance Permits

1. *See* Response to Regulatory Analysis # 2 on Ambulance Permitting

2. The topic of ambulance branding came up in two settings. The first was a lengthy discussion over several meetings regarding the exterior marking or branding of an ambulance. The department proposed uniform branding to visually distinguish ambulances from other vehicles, since some look like vans. There was no agreement with stakeholders on this issue; thus, the final decision was to require only that the name of the ambulance service be clearly displayed on the vehicle. No other markings are addressed in these rules.

Section 5 - Complaints

The department's proposed rules required ambulance services to submit to the department any complaints related to patient/medical care within seven days of receipt. The department could then make an inquiry about the complaint and, if necessary, open an investigation. Stakeholders were opposed to this process, specifically objecting to a department review before the ambulance service could conduct quality assurance on the matter. The stakeholders and the department were able to reach the following compromise:

1) consumers/patients can make complaints about an ambulance service to the ambulance service itself or to the department, and the department maintains broad oversight to investigate complaints about the service, as well as the EMS providers for good cause as provided in 6 CCR 1015-3, Chapter One; and

2) the department removed the draft rule that set out a formal process requiring ambulance services to notify the department about patient/medical care complaints.

The rule now requires ambulance services to have a policy and procedure for its internal complaint investigation process. The rules specify the components the policy must include.

Section 6 - Plans of Correction, Section 7 - License Conditions and Restrictions, and Section 8 - Denial, Revocation, Suspension, or Summary Suspension of Licenses and Vehicle Permits, and Civil Penalties

Sections 6-8 contain administrative process rules mandated by SB 22-225. Because the language is statutory, the department was unable to amend the rule language that tracks the statute. Nonetheless, stakeholders expressed discomfort with these processes, since they are entirely new to most of them. All state agencies that issue licenses are bound to follow the state Administrative Procedure Act, Section 24-4-101, *et seq*., C.R.S., so as to provide license holders due process in administrative proceedings where an agency is proposing to take a disciplinary action against a license holder. Stakeholders objected to terms such as “plans of correction,” and “intermediate restrictions,” asserting that nomenclature is common in health facility regulation, but not in the EMS industry.

The department described the mandatory requirements in these rules and also explained how some of these processes are actually beneficial to the ambulance services. For example, the voluntary plan of correction process rules in Section 6 provide an ambulance service with an opportunity to correct a rule violation without the institution of administrative action. If the department identifies that an ambulance service is out of compliance with one of the rules, it may allow the ambulance service to submit a plan of correction, detailing the manner and time frames in which the ambulance service expects to remedy the violation or come back into compliance. If the ambulance service follows the plan, the department takes no action on its license.

Section 9 - Mandatory Incident Reporting — The differences between the Task Force and the department are outlined thoroughly in the response to Regulatory Analysis #6.1. Ultimately, the department determined that it could not adopt the totality of the language recommended by stakeholders and SEMTAC and remain true to the department’s mission and regulatory duty. However, the department has adopted SEMTAC recommended language that does not conflict with those principles. Where the department could proceed with the SEMTAC recommended language, it has done so in the proposed rule set. At the December 8th special meeting, SEMTAC voted to approve the language in Section 9, with additional clarity regarding when a patient suicide or attempted suicide would need to be reported.

Section 10 - Data Collection and Reporting Requirements

Ambulance services are already required to report patient care data to the department within forty-eight (48) hours from the time the unit goes back into service so that the data is available and accessible to the facility to whom the patient was taken. These regulations are detailed in 6 CCR 1015-3, Chapter Three. Some healthcare facilities can access patient care data from the department’s EMS data repository, but some are unable to. A new regulation that received significant discussion requires that the ambulance service have a policy to ensure that the PCR is available within 48 hours from when the ambulance returned to service for facilities that cannot access the data through the EMS data repository. While this is seen as an inconvenience for ambulance services, the case was made that it is extremely

important for facilities to be aware of what happened with patients so that they can use that information in their quality processes.

Section 11 - Medical Oversight And Quality Assurance Program

1. Medical Director Role: The role of the EMS Service Medical Director is already established in rule 6 CCR 1015-3, Chapter Two – Rules Pertaining to EMS Practice and Medical Director Oversight. Thus the ground ambulance licensing rules largely cross reference the aforementioned rules rather than duplicating them in this chapter. In only a few instances is the medical director role tied directly to the ambulance licensing process. These include the role of the medical director in: the quality assurance program (Sections 2 and 11), the approval of medical protocols (Sections 2 and 13), the essential role of the medical director (Sections 5, 11, and 14), credentialing of providers, and oversight of scope of practice (Section 14). One additional new rule requires the reporting of the unexpected or untimely separation of the medical director from the ambulance service.

2. The terms “continuous quality improvement (CQI),” and “quality assurance” are used interchangeably in the EMS industry and other chapters of the department’s regulations to refer to the required program used by EMS medical directors to assure the continuing competency of the performance of ambulance service EMS providers. A “CQI program shall include, but not be limited to: appropriate protocols and standing orders and provision for medical care audits, observation, critiques, continuing medical education, and direct supervisory communications.” 6 CCR 1015-3, Chapter Two, 5.1.4. No change was made to these proposed rules on the requirements for a CQI program, so the rules simply make a cross-reference to compliance with the Chapter Two rules. However, stakeholders pointed out that the various terms for this program cause confusion. Because SB 22-225 specifically contains the term “quality assurance,” that term was chosen as the appropriate name for the program and defined as such in the proposed rules.

Section 12 - Minimum Staffing Requirements, Patient Safety, and Safety and Staffing of crew members

1. To begin the discussions on these topics, the department proposed the generally accepted patterns of staffing an ambulance based on the level of service the ambulance and personnel are providing, since current EMS laws only mandate that “[f]or 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.” Section 25-3.5-202, C.R.S.

So, as an example, for an ambulance providing only basic life support services (BLS), the minimum requirements are an EMS provider, licensed or certified as at least an Emergency Medical Technician (EMT) and a vehicle operator. For an ambulance providing advanced life support services (ALS), the department proposed a rule that the ambulance must be staffed by an advanced level EMS provider, such as an Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician - Intermediate (EMT-I), or Paramedic and a vehicle operator.

Although some stakeholders appreciated the explicit listing of the required personnel, the majority of stakeholders objected to it, stating that the proposed rules limited the flexibility

they needed to staff their ambulances, especially in jurisdictions with insufficient numbers of advanced level providers. In considering these objections, the department recalled the earlier consensus to issue only one type of permit because ambulance services may convert a BLS ambulance to an ALS one by transferring ALS equipment and staff to the BLS ambulance if needed for a particular response. Thus, the stakeholders did not want new rules that would alter the flexibility in current practices, especially in rural areas. For this reason, and based upon the decision the department made on the next matter (# 2), the department agreed to the majority's request to put into the staffing rules only what is required by existing law.

2. See Regulatory Analysis, section 6, number 4 on the use of other medical personnel providing care and treatment in the patient care compartment of an ambulance.

3. SB 22-225 requires the Board adopt rules on the safety of patients and of ambulance crew members. Although many stakeholders acknowledged the stress and fatigue associated with responding to emergencies, they differed on the extent to which the department should mandate practices around these safety concerns. Consensus was reached for a rule requiring the ambulance service to have a policy that sets forth the service's staffing pattern and addresses patient safety and crew safety, including fatigue, education, and training to mitigate fatigue and risks.

Section 13 - Minimum Equipment Requirements

As discussed earlier, stakeholders were largely opposed to the development of rules detailing the minimum equipment that must be stocked in each ambulance. There were several reasons for this, including the fact that "state-of-the-art" equipment changes constantly. Any detailed list in rule runs the risk of being outdated as soon as it is published.

Another major objection to equipment lists in rule is that detailed lists would be unwieldy given the variability in the level of care that ambulance services provide. Different lists would need to be developed for BLS, ALS, waivered acts, specialty ambulances, etc. The group came to consensus that a policy-based approach would allow for flexibility based on services offered, medical protocols, waivered acts, and changes in technology. Meanwhile, requirements in rule still provide the structure for development of the policies and detail the minimum types of equipment which must be available (equipment for pediatric patients; safety, communications, hemorrhage control, and ventilation equipment, etc.). Additional policy requirements are enacted for ambulance services providing ALS, critical care, or specialized services.

Minimum equipment for specialized ambulance services: Some ambulance services provide specialized care including stroke care or specially equipped vehicles for children or bariatric patients. Various stakeholders disagreed about whether vehicles providing specialty services should also be required to have at least the same minimum equipment as that required for BLS services. The majority of stakeholders felt that it was important for all vehicles to be equipped to offer the minimum services expected in a BLS vehicle, and this was adopted into the draft rule. This allows for flexibility to deal with other incidents encountered in the provision of care. For example, a vehicle providing specialty pediatric services may also encounter adult victims at the scene of a car crash.

Section 14 - Administrative and Operational Standards for Governance, Patient Records and Record Retention, Personnel, and Policies and Procedures

1. Patient Rights: There was some disagreement over the wording of some proposed patient rights and the number of items first included in the list. The majority of stakeholders agreed that the reduced list and the refined language includes the most important concepts promoting safe and equitable treatment of all patients.

2. Minimum Qualifications for the Administrator: In preparation for the first draft, department staff looked to the law which requires that rules must address the “Minimum education, training, and experience standards for the administrator of an ambulance service…” Staff researched requirements for administrators in licensed facilities in the state and requirements in other similar programs and developed a draft list of requirements. Stakeholders reacted negatively to the draft and vociferously objected to the imposition of requirements that set out detailed educational or training requirements.

In response to objections, but considering the minimum requirements in the law, staff and stakeholders developed a short list of requirements for the administrator. This list requires only that the administrator be qualified by education, knowledge, and experience to provide daily oversight to the service and that the administrator have at least two (2) years of experience with one (1) year of supervisory experience. As the stakeholders felt that these standards continued to be excessive, the draft was revised to require only one (1) year of experience with the second year of experience and potentially the supervisory experience being attained during the first year on the job. Following the November 8th special meeting, the department further modified these qualifications to require a high school diploma or equivalent; six months of experience, and a showing that the applicant has not been excluded from participation in Medicare, Medicaid, or state health care programs. At the December 6th meeting, SEMTAC voted on the Section 14 language, where the minimum qualifications for the administrator lives in the proposed rule set, with a delayed effective date of July 1, 2026. The department has not presented this modification in the rules as proposed here.

There were also significant objections to the proposed list of duties and responsibilities for administrators. The department revised the initial list to reflect only the administrator's responsibilities as they pertain to interaction with the department and with the ground ambulance licensing process. The department removed all requirements that pertained only to sound organizational infrastructure.

3. Employee Vetting: Task Force meetings included several robust discussions on the topic of employee background checks/employee vetting. Owners and operators of ambulance services are required per statute to submit to fingerprint-based criminal history record checks. No other roles (administrator, drivers, other staff, or volunteers) are mentioned in the law regarding background checks. Separately, EMS providers are required to have fingerprint-based criminal history record checks to become licensed or certified in Colorado; however, the results of these background checks cannot be shared with ambulance services or made public.

Thus any administrator who is not also an “owner or operator” of an ambulance service as well as all other staff and volunteers are not required by law to submit to a criminal history record check. The department brought up its concerns about the potential for: misuse of personally identifying health information (identity theft), at-risk individuals to be exploited or abused, or fiscal fraud by bad actors with access to financial information.

Since there is no authority for requiring a fingerprint-based criminal history record check, the department proposed a name-based background check on all administrators, employees, contractors, and volunteers. This was universally denounced as costly, onerous, and ineffective. To address these concerns, the draft was revised to require that ambulance services develop and implement a policy to address employee vetting which would limit the vetting process to new (after July 1, 2024) employees, contractors, and volunteers who: a) provide medical services; b) may access or review PHI; c) may access or review fiscal information; or d) may come into contact with or have any responsibilities involving controlled substances. The process for EMS providers is simplified further to include only a check in public databases to ensure that the provider's license or certification has not been suspended, revoked, or expired.

The process for all administrators and for any new employee/contractor/volunteer who meets one of the criteria (a-d above) but is not an EMS provider is to conduct a background check (per the agency's policy). Any results from a background check that reveal a conviction of a violent, fraudulent, or abusive nature must be handled in accordance with the service's employee vetting policy. This was a significant compromise with the stakeholder community, yet it does set a minimum threshold, if an imperfect one, for vetting new employees.

Following the November 8th special meeting, the department further revised the proposed rules to limit employee vetting requirements to EMS providers who would be engaged in patient care.

4. Continuity of Care: The proposal regarding the development of a policy by ambulance services on the transition of care for patients moving from EMS to the receiving facility was met with some resistance. However, after discussion, there was general agreement that this is an important topic and that a policy should include, at a minimum, a verbal report containing the details of the assessment and the care provided to the patient while under the care of EMS providers.

5. Decommissioning of Ambulances: The second time ambulance branding was discussed was in the context of the decommissioning of ambulances. There was consensus on the issue of removal of markings, branding, and distinguishing features during the decommissioning of ambulances. To prevent the fraudulent use of vehicles being retired as ambulances or as training vehicles for EMS providers, the Task Force agreed that all branding and markings indicating the vehicle is used as an ambulance, all red and blue lighting, and all sirens and public address systems should be removed from the vehicle being decommissioned.

6. Timeline for developing and implementing policies: The language proposed by the Emergency Medical Services Association of Colorado, the National Association of EMS Physicians Colorado Chapter, the Colorado Chapter of the American College of Emergency Physicians, Colorado Medical Society, Plains to Peaks Regional Medical Direction Committee, and the Southern & Southeastern Colorado Medical Direction Committee, and adopted by SEMTAC at the December 6th special meeting included pushing the development and implementation of policies to July 1, 2026. This would be a full two years from the statutory effective date of rules by July 1, 2024. The department determined that this delayed implementation could negatively impact patient safety and consumer protection. However, the department recognizes that it will take time to create policies, especially for smaller agencies that may not currently have many policies in place. The proposed rules delay the required implementation date for less critical policies until July 1, 2025. At the December 6th

special meeting, SEMTAC again reiterated its position that July 1, 2026 was the necessary timeline.

Section 15 - Criteria for Waivers to Rules

SB 22-225 authorizes the department to grant waivers of the ground ambulance licensing rules to a ground ambulance service. During the discussion of "waivers," stakeholders expressed some confusion since the term has been used to describe both the process of waiving scope of practice rules for EMS providers as applied for by the medical director, and the process of applying for the waiver of licensing requirements described in these rules. The use of the term in this chapter has been clarified with the addition of the term "administrative waiver" to address the waiver of ambulance service licensing requirements not related to EMS provider scope of practice.

Section 16 - County and City-and-County Authorization to Operate

SB 22-225 grants counties and cities-and-counties the authority to determine how ground ambulance services are provided within their jurisdictions. Specifically, they may issue a "local authorization to operate" to ground ambulance services that seek to "operate on a regular basis" in their jurisdiction. Under this scheme, ground ambulance services must apply for and obtain a local authorization to operate from the county or city-and-county before they may do business within that jurisdiction.

The law also vests counties and cities-and-counties with the authority to enact ordinances and resolutions that allow them to 1) institute ground ambulance regulations that exceed the "floor" set out by these rules, 2) limit the number of authorized ambulance services that can operate in the jurisdiction; 3) prescribe ambulance service areas; and 4) authorize the local licensing authority to contract with ambulance services.

However, the law requires the Board of Health to define "operate on a regular basis" in rule. The law is silent as to how "operate on a regular basis" should be defined. The definition is critical because it establishes the criteria a ground ambulance service must meet to be considered to operate on a regular basis which, in turn, requires the service to receive a local authorization to operate from a jurisdiction.

The department, during discussions with the Task Force, sought to strike a balance between competing interests when formulating the definition. The department knew it could not unduly infringe upon the local operating authority's legally-protected interest in selecting ground ambulance services to operate within its jurisdiction. It also knew that the definition must be written broadly enough to allow unauthorized out-of-jurisdiction ambulance services to provide infrequent EMS services when necessary for patient safety purposes.

To accommodate the flexibility required for patient safety purposes, the department originally incorporated an "exigent circumstances" provision into the definition. It would have allowed unauthorized ground ambulance services to operate in a jurisdiction sparingly for various reasons, but only on the condition that locally-authorized ambulances were unavailable to provide transport. Many stakeholders objected that the exigent circumstances provision would allow unauthorized services to usurp locally authorized ambulance transports. Therefore, the department eliminated the exigent circumstances provision but retained the concept by gaining consensus for what is now codified in 16.2.2.B. That provision states that ambulance services that initiate transports where no locally-authorized ground ambulance

services are available are not considered to be "operating on a regular basis" and, therefore, do not need to seek an authorization to operate from the county or city-and-county. This rule protects consumer rights, recognizing that a patient's care should never be delayed when ambulance services are close and available but for a local authorization.

Stakeholders also expressed concern over that part of the "operate on a regular basis" definition that states: 1) an ambulance service is deemed to "operate on a regular basis" in a jurisdiction if it initiates patient transport within a jurisdiction twelve (12) or more times in any year, but that 2) an ambulance service is *not* considered to "operate on a regular basis" if it initiates a patient transport eleven (11) or fewer times a year. The department followed precedent from the Air Ambulance rules when including the twelve (12) transport volume threshold in rule, but acknowledged that the number was otherwise arbitrary and could be modified for good reason.

At the Task Force meetings, some stakeholders expressed concern that eleven (11) allowable unauthorized transports is too many and will take business away from locally authorized agencies. Other stakeholders—mostly rural—took the opposite view and argued that they should be allowed to make more than twelve (12) unauthorized transports into jurisdictions in which they do not regularly operate. As an example, rural ground ambulance agencies contend that they are required to travel to another jurisdiction to pick up patients from their communities because ambulance services located in the jurisdiction in which the patient was treated refuse to transport the patient back home.

After numerous discussions, the stakeholders were unable to formulate reasoned support for a higher or lower number of transports that would not disproportionately affect another stakeholder faction. Therefore, the department and stakeholders agreed to keep the threshold number at twelve (12) transports for purposes of establishing when ground ambulance agencies are considered to operate on a regular basis in a jurisdiction.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	**Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.**
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.		Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	**Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.**		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
	Other:____________________________ ___________________________________		Other:____________________________ ___________________________________

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION
EMERGENCY MEDICAL SERVICES 6 CCR 1015-3

CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND AMBULANCE SERVICES
ADOPTED BY THE BOARD OF HEALTH ON ~~NOVEMBER 21, 2018.~~ EFFECTIVE ~~JANUARY 14, 2019~~ JULY 1, 2024.

INDEX

SECTION 1 – PURPOSE AND SCOPE

SECTION 2 – DEFINITIONS

SECTION 3 – DEPARTMENT ISSUANCE OF LICENSES AND AMBULANCE PERMITS

SECTION 4 – FEES (RESERVED)

SECTION 5 – COMPLAINTS

SECTION 6 – PLANS OF CORRECTION

SECTION 7 – LICENSE CONDITIONS AND RESTRICTIONS

SECTION 8 – DENIAL, REVOCATION, SUSPENSION, OR SUMMARY SUSPENSION OF LICENSES AND VEHICLE PERMITS, AND CIVIL PENALTIES

SECTION 9 – MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES

SECTION 10 – DATA COLLECTION AND REPORTING REQUIREMENTS

SECTION 11 – MEDICAL OVERSIGHT AND QUALITY ASSURANCE PROGRAMS

SECTION 12 – MINIMUM STAFFING REQUIREMENTS, PATIENT SAFETY, AND SAFETY AND STAFFING OF CREW MEMBERS

SECTION 13 – MINIMUM EQUIPMENT REQUIREMENTS

SECTION 14 – ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE, PATIENT RECORDS AND RECORD RETENTION, PERSONNEL, AND POLICIES AND PROCEDURES

SECTION 15 – CRITERIA FOR WAIVERS TO RULES

SECTION 16 – COUNTY AND CITY-AND-COUNTY AUTHORIZATION TO OPERATE

SECTION 17 - INCORPORATION BY REFERENCE

22 **SECTION 1 – PURPOSE AND SCOPE**

23 1.1 THESE RULES ARE PROMULGATED PURSUANT TO § 25-3.5-308, C.R.S. THEY ARE CONSISTENT WITH §§
24 25-3.5-301(3), 302, AND 304,305, 306, 314, 315, 317, AND 318, C.R.S. EACH COUNTY MAY ADOPT
25 RULES THAT EXCEED THESE RULES ADOPTED HEREIN

26 1.2 THESE RULES WILL BECOME EFFECTIVE ON JULY 1, 2024.

27 **SECTION 2 – DEFINITIONS**

28 2.1 ADMINISTRATOR: FOR PURPOSES OF THESE RULES, THE TERM "ADMINISTRATOR" MEANS A PERSON WHO
29 THE AMBULANCE SERVICE IDENTIFIES TO OPERATE THE AMBULANCE SERVICE AND DESIGNATES TO BE
30 RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS OF A LICENSED AMBULANCE SERVICE.

31 2.12 ADVANCED LIFE SUPPORT (ALS): MEANS THE PROVISION OF CARE BY EMS PROVIDERS WHO ARE
32 LICENSED OR CERTIFIED AS AN ADVANCED EMT, EMT-INTERMEDIATE OR PARAMEDIC BY THE
33 DEPARTMENT IN AN AMBULANCE THAT IS STAFFED AND EQUIPPED WITH APPROPRIATE OVERSIGHT TO
34 PROVIDE ALS SERVICES PURSUANT TO SECTIONS 12 AND 13 OF THESE RULES.

35 2.3 AMBULANCE: ANY PUBLIC OR PRIVATELY OWNED LICENSED GROUND VEHICLE ESPECIALLY CONSTRUCTED
36 OR MODIFIED AND EQUIPPED, INTENDED TO BE USED AND MAINTAINED OR OPERATED BY, AMBULANCE
37 SERVICES FOR THE TRANSPORTATION, UPON THE STREETS AND HIGHWAYS OF THIS STATE, OF
38 INDIVIDUALS WHO ARE SICK, INJURED, OR OTHERWISE INCAPACITATED OR HELPLESS.

39 2.2 AMBULANCE-ADVANCED LIFE SUPPORT: A TYPE OF PERMIT ISSUED BY A COUNTY TO AN AMBULANCE
40 STAFFED AND EQUIPPED IN ACCORDANCE WITH SECTIONS 9 OF THESE RULES AND OPERATED BY AN
41 AMBULANCE SERVICE AUTHORIZING THE VEHICLE TO BE USED TO PROVIDE AMBULANCE SERVICE LIMITED
42 TO THE SCOPE OF PRACTICE OF THE ADVANCED EMERGENCY MEDICAL TECHNICIAN, EMERGENCY
43 MEDICAL TECHNICIAN-INTERMEDIATE OR PARAMEDIC AS DEFINED IN THE EMS PRACTICE AND MEDICAL
44 DIRECTOR OVERSIGHT RULES AT 6 CCR 1015-3, CHAPTER TWO.

45 2.3 AMBULANCE-BASIC LIFE SUPPORT: A TYPE OF PERMIT ISSUED BY A COUNTY TO AN AMBULANCE
46 EQUIPPED IN ACCORDANCE WITH SECTION 9 OF THESE RULES AND AUTHORIZED TO BE USED TO PROVIDE
47 AMBULANCE SERVICE LIMITED TO THE SCOPE OF PRACTICE OF THE EMERGENCY MEDICAL TECHNICIAN AS
48 DEFINED IN THE EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT RULES AT 6 CCR 1015-3, CHAPTER
49 TWO

50 2.4 AMBULANCE SERVICE: THE FURNISHING, OPERATING, CONDUCTING, MAINTAINING, ADVERTISING, OR
51 OTHERWISE ENGAGING IN OR PROFESSING TO BE ENGAGED IN THE TRANSPORTATION OF PATIENTS BY
52 AMBULANCE. TAKEN IN CONTEXT, IT ALSO MEANS THE PERSON SO ENGAGED OR PROFESSING TO BE SO
53 ENGAGED. THE VEHICLES USED FOR THE EMERGENCY TRANSPORTATION OF PERSONS INJURED AT A MINE
54 ARE EXCLUDED FROM THIS DEFINITION WHEN THE PERSONNEL UTILIZED IN THE OPERATION OF SAID
55 VEHICLES ARE SUBJECT TO THE MANDATORY SAFETY STANDARDS OF THE FEDERAL MINE SAFETY AND
56 HEALTH ADMINISTRATION, OR ITS SUCCESSOR AGENCY.

57 2.5 AMBULANCE SERVICE LICENSE: A LEGAL DOCUMENT ISSUED TO AN AMBULANCE SERVICE BY A COUNTY
58 THE DEPARTMENT IN WHICH THE AMBULANCE IS BASED AS EVIDENCE TO AN THAT THE APPLICANT THAT
59 MEETS THE REQUIREMENTS FOR LICENSURE TO OPERATE AN AMBULANCE SERVICE AS DEFINED BY
60 COUNTY RESOLUTION OR THESE REGULATION RULES.

61 2.6 AUTHORIZATION TO OPERATE OR AUTHORIZED TO OPERATE AS SET FORTH IN SECTION 16 OF THESE
62 RULES: A LOCAL AUTHORIZING AUTHORITY'S APPROVAL OF OR ACT OF APPROVING AN AMBULANCE
63 SERVICE TO OPERATE WITHIN THE JURISDICTION OF THE LOCAL AUTHORIZING AUTHORITY. LICENSED
64 AMBULANCE SERVICES ARE AUTHORIZED TO OPERATE IN A COUNTY OR CITY-AND-COUNTY IF THE LOCAL

65 AUTHORIZING AUTHORITY OPTS OUT OF PARTICIPATING IN THE ISSUANCE OF AUTHORIZATIONS TO
66 OPERATE AN AMBULANCE SERVICE.

67 2.6 BASED: AN AMBULANCE SERVICE HEADQUARTERED, HAVING A SUBSTATION, OFFICE, AMBULANCE POST,
68 SERVICE AREA OR OTHER PERMANENT LOCATION IN A COUNTY

69 2.7 BASIC LIFE SUPPORT (BLS): MEANS THE PROVISION OF CARE BY EMS PROVIDERS WHO ARE LICENSED
70 OR CERTIFIED AS AN EMERGENCY MEDICAL TECHNICIAN (EMT) BY THE DEPARTMENT IN AN AMBULANCE
71 THAT IS STAFFED AND EQUIPPED WITH APPROPRIATE OVERSIGHT TO PROVIDE BLS SERVICES PURSUANT
72 TO SECTIONS 12 AND 13 OF THESE RULES.

73 2.7 COUNTY: COUNTY OR CITY AND COUNTY GOVERNMENT WITHIN COLORADO.

74 2.8 BEHAVIORAL HEALTH: AS USED IN THESE RULES, REFERS TO AN INDIVIDUAL'S MENTAL AND EMOTIONAL
75 WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH
76 ISSUES AND DISORDERS INCLUDE SUBSTANCE USE DISORDERS, MENTAL HEALTH DISORDERS, SERIOUS
77 PSYCHOLOGICAL DISTRESS, SERIOUS MENTAL DISTURBANCE, AND SUICIDE AND RANGE FROM UNHEALTHY
78 STRESS OR SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND TREATABLE DISEASES.

79 2.9 CONTRACTOR: MEANS A WORKER, UNDER CONTRACT, WHO PROVIDES TRANSPORT, TREATMENT, OR
80 OPERATIONAL SERVICES FOR THE AMBULANCE SERVICE FOR AN HOURLY FEE OR ON A PER PROJECT
81 BASIS. FOR PURPOSES OF THESE RULES, "CONTRACTOR" DOES NOT INCLUDE EXTERNAL BUSINESS
82 ENTITIES SUCH AS CORPORATIONS, PARTNERSHIPS, AND LIMITED LIABILITY CORPORATIONS THAT
83 AMBULANCE SERVICES HIRE IN THE COURSE OF BUSINESS TO PROVIDE INDEPENDENT PROFESSIONAL
84 SERVICES.

85 2.810 DEPARTMENT: THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

86 2.11 EMS AGENCY MEDICAL DIRECTOR (HEREINAFTER REFERRED TO AS "MEDICAL DIRECTOR"): FOR
87 PURPOSES OF THESE RULES, MEANS A PHYSICIAN LICENSED IN COLORADO AND IN GOOD STANDING WHO
88 AUTHORIZES AND DIRECTS, THROUGH MEDICAL PROTOCOLS, GUIDELINES, OR STANDING ORDERS, EMS
89 PROVIDERS OF AN AMBULANCE SERVICE OR THE PERFORMANCE OF STUDENTS-IN-TRAINING ENROLLED IN
90 DEPARTMENT-RECOGNIZED EMS EDUCATION PROGRAMS, GRADUATE AEMTS, OR GRADUATE
91 PARAMEDICS, AND WHO IS SPECIFICALLY IDENTIFIED AS BEING RESPONSIBLE TO ASSURE THE
92 COMPETENCY OF THE PERFORMANCE OF THOSE ACTS BY SUCH EMS PROVIDERS AS DESCRIBED IN THE
93 PHYSICIAN'S QUALITY ASSURANCE PROGRAM.

94 2.12 EMS COMPACT: MEANS THE MULTI-STATE PRIVILEGE TO PRACTICE FOR EMS PERSONNEL ESTABLISHED
95 BY THE RECOGNITION OF EMS PERSONNEL LICENSURE INTERSTATE COMPACT (REPLICA) IN SECTION
96 24-60-3502, C.R.S.

97 2.9 EMS PROVIDER: REFERS TO ALL LEVELS OF EMERGENCY MEDICAL SERVICE PROVIDER CERTIFICATION
98 ISSUED BY THE DEPARTMENT, INCLUDING EMERGENCY MEDICAL TECHNICIAN, ADVANCED EMERGENCY
99 MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN INTERMEDIATE AND PARAMEDIC.

100 2.13 EMPLOYEE VETTING: MEANS THE REQUIRED SCREENING PROCESS, CONDUCTED BY EMPLOYERS, AS SET
101 FORTH IN SECTIONS 14.2.1(B) AND (C) OF THESE RULES, FOR A NEW HIRE OR APPLICANT.

102 2.1413 FACILITY: FOR THE PURPOSE OF THESE RULES, MEANS ANY ENTITY REQUIRED TO BE LICENSED BY THE
103 DEPARTMENT PURSUANT TO SECTION 25-1.5-103(1)(A)(I)(A), C.R.S. A FACILITY ALSO INCLUDES A
104 LICENSED BEHAVIORAL HEALTH ENTITY.

105 2.1514 INSPECTION: AN ASSESSMENT BY THE DEPARTMENT OF THE GROUND AMBULANCE SERVICE'S
106 COMPLIANCE WITH ALL APPLICABLE STATUTES AND REGULATIONS GOVERNING LICENSED AMBULANCE
107 SERVICES. AN INSPECTION MAY INCLUDE AN ONSITE INSPECTION OF THE SERVICE'S MEDICAL EQUIPMENT

AND AMBULANCES TO ASSURE COMPLIANCE WITH THESE RULES AND TO PROTECT THE PUBLIC HEALTH AND SAFETY.

2.~~16~~15 INTERFACILITY TRANSPORT: FOR PURPOSES OF THESE RULES, MEANS THE MOVEMENT OF A PATIENT FROM ONE LICENSED HEALTH-CARE FACILITY TO ANOTHER LICENSED HEALTH-CARE FACILITY.

2.~~17~~16 LICENSE APPLICATION REVIEW: UPON APPLICATION FOR INITIAL LICENSURE, LICENSURE RENEWAL, OR CHANGE OF OWNERSHIP, THE DEPARTMENT'S ASSESSMENT OF THE APPLICANT GROUND AMBULANCE SERVICE'S ABILITY TO MEET THE REQUIREMENTS FOR LICENSURE AS SET FORTH IN THESE RULES.

2.~~18~~17 LICENSEE: THE PERSON, ENTITY, OR AGENCY THAT IS GRANTED A LICENSE TO OPERATE A GROUND AMBULANCE SERVICE AND THAT BEARS LEGAL RESPONSIBILITY FOR COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS. FOR PURPOSES OF THIS CHAPTER, THE TERM LICENSEE IS SYNONYMOUS WITH THE TERM "OWNER OR OPERATOR." IF AN ENTITY IS THE LICENSEE, IT MUST PROVIDE THE DEPARTMENT WITH THE NAME OF THE EXECUTIVE IN CHARGE OF THE OVERALL MANAGEMENT OF THE LICENSEE-PRIVATE ENTITY'S SERVICE AREA(S) WHOSE ULTIMATE RESPONSIBILITY INCLUDES THE LICENSEE-PRIVATE ENTITY'S COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS.

2.~~19~~18 LOCAL LICENSING AUTHORITY: REFERRED TO AS "LOCAL AUTHORIZING AUTHORITY" IN THESE RULES, MEANS THE GOVERNING BODY OF A CITY-AND-COUNTY OR THE BOARD OF COUNTY COMMISSIONERS IN A COUNTY IN THE STATE THAT AUTHORIZES STATE-LICENSED AMBULANCE SERVICES TO OPERATE ON A REGULAR BASIS WITHIN THE JURISDICTION.

~~2.10 MEDICAL CONTINUOUS QUALITY MANAGEMENT (CQM) PROGRAM: A PROCESS CONSISTENT WITH THE EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT RULES AT 6 CCR 1015-3, CHAPTER TWO, USED TO OBJECTIVELY, SYSTEMATICALLY AND CONTINUOUSLY MONITOR, ASSESS AND IMPROVE THE QUALITY AND APPROPRIATENESS OF CARE PROVIDED BY THE MEDICAL CARE PROVIDERS OPERATING ON AN AMBULANCE SERVICE.~~

~~2.11 MEDICAL DIRECTOR: A COLORADO LICENSED PHYSICIAN WHO ESTABLISHES PROTOCOLS AND STANDING ORDERS FOR MEDICAL ACTS PERFORMED BY EMS PROVIDERS OF AN AMBULANCE SERVICE AGENCY AND WHO IS SPECIFICALLY IDENTIFIED AS BEING RESPONSIBLE TO ASSURE THE COMPETENCY OF THE PERFORMANCE OF THOSE ACTS BY SUCH EMS PROVIDERS AS DESCRIBED IN THE PHYSICIAN'S MEDICAL CQM PROGRAM.~~

2.~~20~~19 MEDICAL DIRECTION: AS USED IN THESE RULES, MEDICAL DIRECTION HAS THE SAME MEANING AS SET FORTH IN SECTION 25-3.5-103(8.8), C.R.S. AND SECTION 2.32 OF 6 CCR 1015-3, CHAPTER TWO.

2.~~21~~20 MEDICAL PROTOCOL: A WRITTEN STANDARD OR GUIDELINE FOR PATIENT MEDICAL ASSESSMENT AND MANAGEMENT, APPROVED AND AUTHORIZED BY THE AMBULANCE SERVICE'S MEDICAL DIRECTOR.

2.~~22~~21 OPERATE ON A REGULAR BASIS: A PATIENT TRANSPORT FROM A POINT ORIGINATING IN A COUNTY OR CITY-AND-COUNTY THAT SATISFIES ONE OR MORE OF THE CONDITIONS SPECIFIED IN SECTION 16.2.1.

2.~~23~~22 OWNER OR OPERATOR: MEANS THE PERSON, ENTITY, OR AGENCY IN WHOSE NAME THE LICENSE IS ISSUED. FOR THE PURPOSES OF THIS CHAPTER, AN OWNER OR OPERATOR MAY ALSO SERVE AS THE ADMINISTRATOR OF A LICENSED GROUND AMBULANCE SERVICE IF QUALIFIED, AS REQUIRED BY THESE RULES.

2.~~23~~22.1 IF THE LICENSE IS ISSUED IN THE NAME OF A PRIVATE ENTITY THAT IS OWNED BY ONE (1) OR MORE INDIVIDUALS, THE OWNER OR OPERATOR MEANS THE PERSON OR PERSONS WHO HAVE A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE PRIVATE ENTITY AND WHO BEARS LEGAL RESPONSIBILITY FOR COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS.

152 2.~~23~~22.2 IF THE LICENSE IS ISSUED IN THE NAME OF A PRIVATE ENTITY THAT IS OWNED BY DOMESTIC
153 AND/OR FOREIGN ENTITIES AS DEFINED IN SECTIONS 7-90-102(13) & (23), C.R.S., THE
154 OWNER OR OPERATOR MEANS THE EXECUTIVE IN CHARGE OF THE OVERALL MANAGEMENT OF
155 THE PRIVATE ENTITY'S SERVICE AREA(S) WHOM THE PRIVATE ENTITY HAS DESIGNATED AS
156 BEARING ULTIMATE RESPONSIBILITY FOR THE PRIVATE ENTITY'S COMPLIANCE WITH ALL
157 APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS.

158 2.~~23~~22.3 IF THE LICENSE IS ISSUED IN THE NAME OF A GOVERNMENTAL AGENCY, INCLUDING SPECIAL
159 DISTRICTS, THE OWNER OR OPERATOR MEANS THE INDIVIDUAL WHO IS APPOINTED, ELECTED,
160 OR EMPLOYED TO DIRECT AND OVERSEE THE OVERALL DAY-TO-DAY MANAGEMENT OF THE
161 AMBULANCE SERVICE AND WHO BEARS LEGAL RESPONSIBILITY FOR COMPLIANCE WITH ALL
162 APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS.

163 2.~~12~~23 PATIENT CARE REPORT: ~~A MEDICAL RECORD OF AN ENCOUNTER BETWEEN ANY PATIENT AND A PROVIDER~~
164 ~~OF MEDICAL CARE~~ FOR PURPOSES OF THESE RULES, "PATIENT CARE REPORT" IS THE DOCUMENTATION OF
165 INTERACTIONS WITH AND OF SERVICES PERFORMED FOR THE PATIENT BY, THE AMBULANCE SERVICE.
166 PATIENT CARE REPORTS INCLUDE THE DATA AS REQUIRED IN 6 CCR 1015-3, CHAPTER THREE - RULES
167 PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD
168 KEEPING.

169 2.~~13~~ 24 PERMIT: THE AUTHORIZATION ISSUED BY THE ~~GOVERNING BODY OF A LOCAL GOVERNMENT~~ DEPARTMENT
170 WITH RESPECT TO AN AMBULANCE USED OR TO BE USED TO PROVIDE AMBULANCE SERVICE IN ~~THIS~~ THE
171 STATE.

172 2.~~26~~25 PREHOSPITAL SETTING: MEANS ONE OF THE FOLLOWING SETTINGS IN WHICH AN EMERGENCY MEDICAL
173 SERVICE PROVIDER PERFORMS PATIENT CARE, WHICH CARE IS SUBJECT TO MEDICAL DIRECTION BY A
174 MEDICAL DIRECTOR:

175 2.~~26~~25.1 AT THE SITE OF AN EMERGENCY;

176 2.~~26~~25.2 DURING EMERGENCY TRANSPORT; OR

177 2.~~26~~25.3 DURING INTERFACILITY TRANSPORT.

178 2.~~27~~26 QUALITY ASSURANCE PROGRAM: FOR PURPOSES OF THESE RULES, A QUALITY ASSURANCE PROGRAM
179 MEANS A PROCESS UNDERTAKEN BY THE AMBULANCE SERVICE MEDICAL DIRECTOR CONSISTENT WITH THE
180 RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT AT 6 CCR 1015-3,
181 CHAPTER TWO, USED TO OBJECTIVELY, SYSTEMATICALLY, AND CONTINUOUSLY MONITOR, ASSESS, AND
182 IMPROVE THE QUALITY AND APPROPRIATENESS OF CARE PROVIDED BY THE EMS PROVIDERS OPERATING
183 ON AN AMBULANCE SERVICE. FOR PURPOSES OF THESE RULES, A QUALITY MANAGEMENT PROGRAM, AS
184 DEFINED IN SECTION 25-3.5-903(4), C.R.S., ALSO CONSTITUTES A QUALITY ASSURANCE PROGRAM.

185 2.~~28~~27 REGIONAL EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL (RETAC) – THE
186 REPRESENTATIVE BODY APPOINTED BY THE GOVERNING BODIES OF COUNTIES OR CITIES-AND-COUNTIES
187 FOR THE PURPOSE OF PROVIDING RECOMMENDATIONS CONCERNING REGIONAL AREA EMERGENCY
188 MEDICAL AND TRAUMA SERVICE PLANS FOR SUCH COUNTIES OR CITIES AND COUNTIES.

189 2.~~29~~28 RESCUE UNIT: MEANS ANY ORGANIZED GROUP CHARTERED BY THIS STATE AS A CORPORATION, NOT FOR
190 PROFIT, OR OTHERWISE EXISTING AS A NONPROFIT ORGANIZATION WHOSE PURPOSE IS THE SEARCH FOR
191 AND THE RESCUE OF LOST OR INJURED PERSONS AND INCLUDES, BUT IS NOT LIMITED TO, SUCH GROUPS
192 AS SEARCH AND RESCUE, MOUNTAIN RESCUE, SKI PATROLS (EITHER VOLUNTEER OR PROFESSIONAL), LAW
193 ENFORCEMENT POSSES, CIVIL DEFENSE UNITS, OR OTHER ORGANIZATIONS OF GOVERNMENTAL
194 DESIGNATION RESPONSIBLE FOR SEARCH AND RESCUE.

2.~~30~~29 RESERVE AMBULANCE: MEANS A PERMITTED AMBULANCE THAT IS NOT CURRENTLY USED BY AN AMBULANCE SERVICE TO PROVIDE PATIENT CARE, BUT IN ACCORDANCE WITH A LICENSED AMBULANCE SERVICE'S POLICIES MAY BE EQUIPPED AND STAFFED ON SHORT NOTICE TO MEET THE REQUIREMENTS IN SECTIONS 12 AND 13.

2.~~31~~30 SECURE TRANSPORTATION SERVICES: MEANS URGENT TRANSPORTATION SERVICES PROVIDED TO INDIVIDUALS EXPERIENCING A BEHAVIORAL HEALTH CRISIS AS DEFINED IN SECTION 25-3.5-103(11.4), C.R.S.

2.~~32~~31 SERVICE AREA: MEANS A GEOGRAPHICALLY DEFINED AREA IN WHICH AN AMBULANCE SERVICE HAS BEEN AUTHORIZED TO PROVIDE AMBULANCE TRANSPORT SERVICES FOR CALLS ORIGINATING THEREIN. SERVICE AREA CAN INCLUDE A MULTI-COUNTY GEOGRAPHICAL AREA AS LONG AS THE AMBULANCE SERVICE IS AUTHORIZED TO OPERATE IN EVERY COUNTY OR CITY-AND-COUNTY WITHIN THAT DEFINED GEOGRAPHICAL AREA.

2.~~33~~32 SPECIALIZED SERVICES: MEANS SERVICES OTHER THAN 911 RESPONSE, INTERFACILITY TRANSPORT, OR CRITICAL CARE SERVICES, AND MAY INCLUDE, BUT ARE NOT LIMITED TO, STROKE CARE, BARIATRIC CARE, AND PEDIATRIC CARE.

2.~~34~~33 WAIVER: A DEPARTMENT-APPROVED EXCEPTION TO THESE RULES GRANTED TO A LICENSED AMBULANCE SERVICE. THIS IS ALSO REFERRED TO AS AN ADMINISTRATIVE WAIVER IN THESE RULES.

SECTION 3 – ~~COUNTY~~ DEPARTMENT ISSUANCE OF LICENSES AND AMBULANCE PERMITS

3.1 ON AND AFTER JULY 1, 2024, A PERSON, ENTITY, OR AGENCY SHALL NOT OPERATE OR MAINTAIN AN AMBULANCE OR AMBULANCE SERVICE WITHOUT A LICENSE AND VEHICLE PERMITS ISSUED BY THE DEPARTMENT AND, IF APPLICABLE, WITHOUT AUTHORIZATION TO OPERATE FROM THE GOVERNING BODY OF A CITY-AND-COUNTY OR THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OR CITY-AND-COUNTY IN WHICH THE AMBULANCE SERVICE OPERATES OR SEEKS TO OPERATE.

3.~~1~~2 DEPARTMENT LICENSE REQUIRED

3.~~1.1~~2.1 ON AND AFTER JULY 1, 2024, AND E~~E~~XCEPT AS PROVIDED IN SECTION 3.~~2~~3 OF THESE RULES, A PERSON, ENTITY, OR AGENCY SHALL NOT OPERATE OR MAINTAIN AN ~~NO~~ AMBULANCE SERVICE, PUBLIC OR PRIVATE, ~~SHALL~~ TO TRANSPORT A SICK OR INJURED PERSON FROM ANY POINT WITHIN COLORADO TO ANY POINT WITHIN OR OUTSIDE COLORADO UNLESS THAT ~~AMBULANCE SERVICE~~ PERSON, ENTITY, OR AGENCY HOLDS A VALID LICENSE ISSUED BY THE DEPARTMENT ~~AND PERMITS ISSUED BY THE COUNTY OR COUNTIES IN WHICH THE AMBULANCE SERVICE IS BASED~~.

3.~~1~~.2.2 A PERSON, ENTITY, OR AGENCY THAT OPERATES AN AMBULANCE SERVICE WITHOUT A LICENSE ISSUED BY THE DEPARTMENT COMMITS A PETTY OFFENSE AND SHALL BE PUNISHED BY FINE OR IMPRISONMENT AS PROVIDED IN SECTION 18-1.3-503(1.5), C.R.S.~~COUNTIES MAY ENTER INTO RECIPROCAL LICENSING AND PERMITTING AGREEMENTS WITH OTHER COUNTIES AND NEIGHBORING STATES.~~

3.~~2~~3 ~~COUNTY~~ EXEMPTIONS FROM LICENSURE, ~~OR~~ PERMIT, AND AUTHORIZATION REQUIREMENTS

3.~~2~~3.1 VEHICLES USED FOR THE TRANSPORTATION OF PERSONS INJURED AT A MINE WHEN THE PERSONNEL USED ON THE VEHICLES ARE SUBJECT TO THE MANDATORY SAFETY STANDARDS OF THE FEDERAL MINE SAFETY AND HEALTH ADMINISTRATION, OR ITS SUCCESSOR AGENCY.

3.~~2~~3.2 VEHICLES USED TO EVACUATE PATIENTS FROM AREAS INACCESSIBLE TO A PERMITTED AMBULANCE. VEHICLES USED IN THIS CAPACITY MAY ONLY TRANSPORT PATIENTS TO THE CLOSEST PRACTICAL POINT OF ACCESS TO A PERMITTED AMBULANCE OR MEDICAL FACILITY.

237 3.23.3 VEHICLES, INCLUDING AMBULANCES FROM ANOTHER STATE, USED DURING MAJOR CATASTROPHE
238 OR MULTICASUALTY (DISASTER) EVENTS, RENDERING SERVICES WHEN PERMITTED AMBULANCES
239 VEHICLES RENDERING SERVICES AS AN AMBULANCE DURING A MAJOR CATASTROPHE OR
240 EMERGENCY WHEN AMBULANCES WITH AN AUTHORIZATION TO OPERATE IN THE COUNTY AND
241 CITY-AND-COUNTY IN WHICH THE MAJOR CATASTROPHE OR EMERGENCY OCCURRED OR IS
242 OCCURRING ARE INSUFFICIENT TO RENDER THE AMBULANCE SERVICES REQUIRED IN THE
243 COUNTY OR CITY-AND-COUNTY.

244 3.23.4 AN AMBULANCE SERVICE THAT DOES NOT TRANSPORT PATIENTS FROM POINTS ORIGINATING IN
245 COLORADO, OR TRANSPORTING A PATIENT ORIGINATING OUTSIDE THE BORDERS OF COLORADO.
246 AN AMBULANCE BASED OUTSIDE OF THE STATE THAT IS TRANSPORTING A PATIENT INTO THE
247 STATE.

248 3.23.5 PURSUANT TO SECTION 25-3.5-314(2)(D), C.R.S., VVEHICLES USED OR DESIGNED FOR THE
249 SCHEDULED TRANSPORTATION OF CONVALESCENT PATIENTS, INDIVIDUALS WITH DISABILITIES, OR
250 PERSONS WHO WOULD NOT BE EXPECTED TO REQUIRE SKILLED TREATMENT OR CARE WHILE IN
251 THE VEHICLE.

252 3.23.6 VEHICLES USED SOLELY FOR THE TRANSPORTATION OF INTOXICATED PERSONS OR PERSONS
253 INCAPACITATED BY ALCOHOL AS DEFINED IN §SECTION 27-81-102(11), C.R.S. BUT WHO ARE
254 NOT OTHERWISE DISABLED OR SERIOUSLY INJURED AND WHO WOULD NOT BE EXPECTED TO
255 REQUIRE SKILLED TREATMENT OR CARE WHILE IN THE VEHICLE.

256 3.2.7 AMBULANCES OPERATED BY A DEPARTMENT OR AN AGENCY OF THE FEDERAL GOVERNMENT,
257 ORIGINATING FROM A FEDERAL RESERVATION FOR THE PURPOSE OF RESPONDING TO, OR
258 TRANSPORTING PATIENTS UNDER FEDERAL RESPONSIBILITY.

259 3.3.7 THE EXCEPTIONAL EMERGENCY USE OF A PRIVATELY OR PUBLICLY OWNED VEHICLE, INCLUDING
260 SEARCH AND RESCUE UNIT VEHICLES, NOT ORDINARILY USED IN THE ACT OF TRANSPORTING
261 PATIENTS.

262 3.34 GENERAL REQUIREMENTS FOR COUNTY DEPARTMENT LICENSURE OF AMBULANCE SERVICES AND
263 PERMITTING OF AMBULANCE VEHICLES

264 3.4.1 IF ON JUNE 30, 2024, AN AMBULANCE SERVICE HAS A VALID LICENSE ISSUED BY A COUNTY OR
265 CITY-AND-COUNTY FOR EACH AMBULANCE USED, THE DEPARTMENT SHALL ISSUE AN INITIAL
266 STATE LICENSE TO THE AMBULANCE SERVICE AND INITIAL STATE PERMITS FOR EACH AMBULANCE
267 USED THAT WILL REMAIN VALID FOR UP TO TWO (2) YEARS.

268 3.4.2 FOR ALL AMBULANCE SERVICES THAT DO NOT HAVE A VALID LICENSE ISSUED BY A COUNTY OR
269 CITY-AND-COUNTY ON JUNE 30, 2024, AN OWNER OR OPERATOR MUST FILE FOR AND OBTAIN AN
270 INITIAL AMBULANCE LICENSE AND AMBULANCE PERMITS FROM THE DEPARTMENT PRIOR TO
271 BEGINNING OPERATIONS.

272 3.4.3 AN AMBULANCE SERVICE LICENSE OR AMBULANCE PERMIT MAY NOT BE ASSIGNED, SOLD OR
273 OTHERWISE TRANSFERRED.

274 3.4.4 ANY VEHICLE THAT OPERATES AS AN AMBULANCE SHALL BE PERMITTED BY THE DEPARTMENT
275 BEFORE IT CAN BE IDENTIFIED AS AN AMBULANCE. EACH AMBULANCE SHALL:

276 A) MAKE ITS PERMIT ACCESSIBLE UPON REQUEST; AND

277 B) CLEARLY DISPLAY ON THE VEHICLE THE NAME OF THE AMBULANCE SERVICE AS
278 REPORTED TO THE DEPARTMENT IN THE APPLICATION.

279 3.5 STATE LICENSING PROCESS

280 3.5.1 TO BECOME LICENSED AND MAINTAIN LICENSURE BY THE DEPARTMENT, EVERY AMBULANCE
281 SERVICE MUST COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS THAT ARE REQUIRED TO
282 OPERATE AND MAINTAIN AN AMBULANCE SERVICE IN COLORADO, AS WELL AS ALL OTHER
283 APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

284 3.3.15.2 COUNTIES SHALL ADOPT BY RESOLUTION OR REGULATIONS, AND PERIODICALLY REVIEW, A
285 PROCESS FOR LICENSURE OF AMBULANCE SERVICES. THE PROCESS SHALL INCLUDE, BUT NOT BE
286 LIMITED TO: TO OBTAIN AN INITIAL LICENSE OR TO RENEW AN EXISTING LICENSE, THE OWNER OR
287 OPERATOR OF AN AMBULANCE SERVICE (“APPLICANT”) SHALL SUBMIT TO THE DEPARTMENT:

288 A) COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS TO OPERATE AN
289 AMBULANCE SERVICE IN COLORADO.

290 BA) A COMPLETED AN APPLICATION FORM; ADOPTED BY THE COUNTY.;

291 CB) AN APPLICATION FEE, AS DEFINED IN COUNTY AS SET FORTH BY THE DEPARTMENT
292 RESOLUTION OR REGULATIONS IN SECTION 4 OF THESE RULES;

293 C) THE NAMES, OF, AND THE ADDRESSES, TELEPHONE NUMBERS, AND E-MAIL CONTACT
294 INFORMATION FOR THE MEDICAL DIRECTOR[S] OF THE SERVICES;

295 D) A COMPLETE LIST OF EQUIPMENT CARRIED ON EACH PERMITTED AMBULANCE PER
296 MEDICAL PROTOCOLS AND POLICIES;

297 DE) SUBMISSION TO THE COUNTY UPON REQUEST, OF UPON THE DEPARTMENT’S REQUEST,
298 COPIES OF THE AMBULANCE SERVICE’S WRITTEN POLICY AND PROCEDURE MANUAL,
299 OPERATIONAL OR MEDICAL PROTOCOLS OR GUIDELINES, OR OTHER DOCUMENTATION
300 THE COUNTY DEPARTMENT MAY DEEM NECESSARY;

301 EF) DEMONSTRATION BY THE APPLICANT PROOF OF MINIMUM VEHICLE INSURANCE
302 COVERAGE AS DEFINED REQUIRED BY § SECTION 10-4-609619, C.R.S. AND DEFINED
303 BY § SECTION 42-7-103 (2), C.R.S. WITH THE COUNTY’S DEPARTMENT IDENTIFIED AS
304 THE CERTIFICATE HOLDER;

305 FG) DEMONSTRATION BY THE APPLICANT OF PROOF OF ANY ADDITIONAL INSURANCE AS
306 IDENTIFIED IN COUNTY RESOLUTION OR REGULATIONS. IN MAKING A DECISION ABOUT
307 ADDITIONAL INSURANCE REQUIREMENTS AT ANY TIME IT DEEMS NECESSARY TO
308 PROMOTE THE PUBLIC HEALTH, SAFETY AND WELFARE, THE COUNTY SHALL REQUIRE A
309 MINIMUM LEVEL OF WORKER’S COMPENSATION CONSISTENT WITH THE COLORADO
310 WORKER’S COMPENSATION ACT, TITLE 8, ARTICLES 40-47, C.R.S. OF COLORADO
311 REVISED STATUTES TITLE 8, ARTICLES 40-47;

312 G) PRIOR TO BEGINNING OPERATIONS AND UPON CHANGE OF OWNERSHIP OF AN
313 AMBULANCE SERVICE, THE NEW OWNER OR OPERATOR MUST FILE FOR AND OBTAIN AN
314 AMBULANCE LICENSE AND AMBULANCE PERMIT.

315 H) PROOF OF GENERAL LIABILITY INSURANCE COVERAGE OR A SURETY BOND IN AN
316 AMOUNT NOT LESS THAN THE AMOUNT CALCULATED IN ACCORDANCE WITH SECTIONS
317 24-10-114(1)(A) AND (1)(B), C.R.S.;

318 HI) IN ORDER TO ASSURE PATIENT AND CREW SAFETY, THE COUNTY SHALL REQUIRE THAT
319 AMBULANCES BE MANUFACTURED BY AN ORGANIZATION REGISTERED WITH THE
320 NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHSTA) AS A FINAL STAGE

~~MANUFACTURER. THE COUNTY MAY ADOPT MINIMUM VEHICLE DESIGN STANDARDS FOR AMBULANCES~~. COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTION 3.7 OF THESE RULES REGARDING PERMITS;

~~I) THE COUNTY SHALL VERIFY THAT EACH AMBULANCE IS INSPECTED ANNUALLY BY QUALIFIED REPRESENTATIVES, AS DEFINED AND APPOINTED BY THE COUNTY COMMISSIONERS, TO ASSURE COMPLIANCE WITH THESE RULES. COUNTIES SHALL ENSURE THAT ALL SUCH REPRESENTATIVES DO NOT HAVE ANY DISCLOSED OR UNDISCLOSED ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WITH THE AMBULANCE SERVICE OR INSPECTION PROCESS.~~

~~J) COUNTIES SHALL VERIFY THAT ALL EQUIPMENT ON THE AMBULANCE IS PROPERLY SECURED, AND MEDICATIONS AND SUPPLIES ARE MAINTAINED AND STORED ACCORDING TO THE MANUFACTURER'S RECOMMENDATIONS AND ALL APPLICABLE REQUIREMENTS.~~

J) ITS ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, PARTNERSHIP AGREEMENT, CERTIFICATE OF LIMITED PARTNERSHIP, ARTICLES OF ASSOCIATION, STATEMENT OF REGISTRATION, OPERATING AGREEMENT, OR OTHER DOCUMENT OF SIMILAR IMPORT FILED OR RECORDED BY OR FOR AN ENTITY IN THE JURISDICTION UNDER THE LAW OF WHICH THE ENTITY IS FORMED, BY WHICH IT IS FORMED, OR BY WHICH THE ENTITY OBTAINS ITS STATUS AS AN ENTITY OR THE ENTITY OR ANY OR ALL OF ITS OWNERS OBTAIN THE ATTRIBUTE OF LIMITED LIABILITY.

~~K) A COUNTY MAY DELEGATE OR CONTRACT THE AMBULANCE INSPECTION PROCESS BUT NOT THE RESPONSIBILITY OF LICENSURE AS SET FORTH IN § 25-3.5-301, ET SEQ., C.R.S.~~

~~L) AN AMBULANCE SERVICE LICENSE OR VEHICLE PERMIT MAY NOT BE ASSIGNED, SOLD OR OTHERWISE TRANSFERRED.~~

~~3.3.2 EVERY COUNTY SHALL ESTABLISH A PROCESS BY WHICH AMBULANCE SERVICES NOT LICENSED WITHIN THE COUNTY'S JURISDICTION MAY PROVIDE TRANSPORT IN THE EVENT THAT ALL LICENSED AMBULANCE SERVICES ARE UNABLE TO MEET THE NEEDS OF THE PATIENT.~~

3.5.3 UPON RECEIPT OF ALL REQUIRED APPLICATION MATERIALS, THE DEPARTMENT SHALL REVIEW THE APPLICANT'S ABILITY TO PROVIDE AMBULANCE SERVICES.

A) THE DEPARTMENT MAY CONDUCT AN ON-SITE LICENSING INSPECTION OR OTHER APPROPRIATE REVIEW TO DETERMINE WHETHER THE AMBULANCE SERVICE AND ITS AMBULANCES AND RESERVE AMBULANCES CONFORM WITH ALL APPLICABLE STATUTES AND REGULATIONS.

B) THE DEPARTMENT SHALL CONSIDER THE INFORMATION CONTAINED IN THE AMBULANCE SERVICE'S APPLICATION AND MAY REQUEST ACCESS TO AND CONSIDER OTHER INFORMATION CONCERNING THE AMBULANCE SERVICE'S OPERATION, INCLUDING WITHOUT LIMITATION, ASPECTS RELATED TO PATIENT CARE, SUCH AS:

1) THE APPLICANT'S PREVIOUS COMPLIANCE HISTORY, IF APPLICABLE;

2) THE APPLICANT'S POLICIES AND PROCEDURES;

3) THE APPLICANT'S QUALITY ASSURANCE PROGRAM AND OTHER QUALITY ASSURANCE DOCUMENTATION AS MAY BE APPROPRIATE;

4) CREDENTIALS OF PATIENT CARE STAFF, INCLUDING A LIST OF EACH INDIVIDUAL STAFF MEMBER'S CURRENT CERTIFICATION AND/OR LICENSING CREDENTIALS AT THE TIME THE LICENSURE APPLICATION IS SUBMITTED;

5) INTERVIEWS WITH STAFF; AND

6) OTHER DOCUMENTS DEEMED APPROPRIATE BY THE DEPARTMENT.

3.5.4 THE APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO SUCH INDIVIDUAL PATIENT RECORDS AS THE DEPARTMENT REQUIRES FOR THE PERFORMANCE OF ITS LICENSING AND REGULATORY OVERSIGHT RESPONSIBILITIES.

3.5.5 THE APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO OR COPIES OF REPORTS AND INFORMATION REQUIRED BY THE DEPARTMENT FOR THE PERFORMANCE OF ITS LICENSING AND REGULATORY OVERSIGHT RESPONSIBILITIES.

3.5.6 THE DEPARTMENT SHALL NOT RELEASE TO ANY UNAUTHORIZED PERSON ANY INFORMATION DEFINED AS CONFIDENTIAL UNDER STATE LAW OR THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, CODIFIED AT 42 U.S.C. SECTION 300GG, 42 U.S.C. 1320D *ET SEQ.*, AND 29 U.S.C. SECTION 1181, *ET SEQ*.

3.5.7 AN AMBULANCE SERVICE LICENSE EXPIRES TWO (2) YEARS FROM THE DEPARTMENT'S ISSUANCE OF THE LICENSE.

3.6 FINGERPRINT-BASED BACKGROUND CHECK FOR LICENSE APPLICANT OWNER OR OPERATOR

3.6.1 WHEN SUBMITTING AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE, THE OWNER OR OPERATOR OF AN AMBULANCE SERVICE SHALL SUBMIT WITH THE LICENSE APPLICATION A COMPLETE SET OF THE OWNER'S OR OPERATOR'S FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED BACKGROUND CHECK.

3.6.2 WHEN A CURRENTLY LICENSED GROUND AMBULANCE SERVICE UNDERGOES A CHANGE OF OWNERSHIP OR CHANGE OF OPERATOR, EACH PROSPECTIVE NEW OWNER OR OPERATOR SHALL, WITHIN 10 (TEN) DAYS AFTER A CHANGE IN OWNERSHIP OR OPERATOR, SUBMIT ALONG WITH THE LICENSE APPLICATION REQUIRED IN SECTION 3.5.2 OF THESE RULES, A COMPLETE SET OF THE OWNER'S OR OPERATOR'S FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED BACKGROUND CHECK.

3.6.3 EACH OWNER OR OPERATOR OF AN AMBULANCE SERVICE IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED BACKGROUND CHECK TO THE BUREAU.

3.47 ~~LICENSURE~~ AMBULANCE PERMIT PROCESS

~~3.4.1 AMBULANCE SERVICE LICENSE. AN AMBULANCE SERVICE LICENSE SHALL BE ISSUED BY EACH COUNTY IN WHICH THE AMBULANCE SERVICE IS BASED. THE COUNTY SHALL ENSURE COMPLIANCE WITH THESE RULES AND ALL LICENSE REQUIREMENTS ESTABLISHED BY THAT COUNTY.~~

3.47.21 ~~PERMITS OF VEHICLES~~

~~A) THE COUNTY SHALL CREATE A PROCESS AND PROCEDURE FOR THE ISSUING OF PERMITS FOR EACH AMBULANCE USED BY THE AMBULANCE SERVICE.~~

402 B) THE TYPE OF PERMIT ISSUED WILL DESCRIBE THE LEVEL OF SERVICE THAT COULD BE
403 PROVIDED AT ANY TIME BY THAT AMBULANCE AND APPROPRIATE STAFF. TYPES OF
404 PERMISSIBLE PERMITS ARE LIMITED TO:

405 1) AMBULANCE BASIC LIFE SUPPORT; OR

406 2) AMBULANCE ADVANCED LIFE SUPPORT.

407 C) EACH COUNTY MAY INCLUDE IN ITS RESOLUTION OR REGULATIONS THE REQUIREMENTS
408 FOR IDENTIFICATION OF THE PERMITTED LEVEL OF SERVICE ON EACH VEHICLE ISSUED A PERMIT.
409 A LICENSED AMBULANCE SERVICE SHALL NOT OPERATE OR MAINTAIN ANY VEHICLE IT USES OR
410 INTENDS TO USE AS AN AMBULANCE OR RESERVE AMBULANCE, AS DEFINED IN THESE RULES,
411 UNLESS EACH SUCH VEHICLE HAS BEEN ISSUED A VALID PERMIT BY THE DEPARTMENT.

412 3.7.2 FOR EVERY AMBULANCE THAT A LICENSED AMBULANCE SERVICE USES OR INTENDS TO USE AS AN
413 AMBULANCE OR RESERVE AMBULANCE, THE OWNER OR OPERATOR OF AN AMBULANCE SERVICE
414 ("APPLICANT") SHALL APPLY FOR A PERMIT FROM THE DEPARTMENT ON A FORM SPECIFIED BY
415 THE DEPARTMENT. A PERMIT APPLICATION SHALL NOT BE COMPLETE UNLESS THE APPLICANT
416 PROVIDES ALL REQUESTED INFORMATION TO THE DEPARTMENT CONCERNING THE AMBULANCE[S]
417 AND/OR RESERVE AMBULANCE[S] IT SEEKS TO PERMIT, INCLUDING BUT NOT LIMITED TO:

418 A) THE VEHICLE IDENTIFICATION NUMBER OF THE AMBULANCE TO BE PERMITTED;

419 B) DOCUMENTED PROOF THAT ALL AMBULANCE SERVICE AMBULANCES ARE
420 MANUFACTURED BY A FINAL STAGE OR COMPLETED VEHICLE ORGANIZATION THAT HAS
421 SUBMITTED ALL INFORMATION TO THE NATIONAL HIGHWAY TRAFFIC SAFETY
422 ADMINISTRATION (NHTSA) AS REQUIRED BY 49 C.F.R. PART 566, 49 C.F.R. PART
423 567, AND 49 C.F.R. PART 568;

424 C) DOCUMENTED PROOF THAT ALL AMBULANCE SERVICE AMBULANCES ARE DESIGNED,
425 BUILT, AND EQUIPPED IN COMPLIANCE WITH ONE OF THE NATIONALLY RECOGNIZED
426 AMBULANCE STANDARDS, SUCH AS CAAS-GVS, TRIPLE-K, OR NFPA, AND IN
427 ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS;

428 D) DOCUMENTED PROOF THAT THE AMBULANCE IS MAINTAINED AND OPERATING IN GOOD
429 WORKING ORDER AND HAS PASSED A MECHANICAL SAFETY INSPECTION BY A QUALIFIED
430 MECHANIC PURSUANT TO THE SERVICE'S PREVENTATIVE MAINTENANCE POLICY WITHIN,
431 AT MINIMUM, THE LAST TWELVE MONTHS;

432 E) DOCUMENTED PROOF THAT THE AMBULANCE FOR WHICH THE PERMIT IS SOUGHT IS
433 AUTHORIZED BY THE COLORADO DEPARTMENT OF MOTOR VEHICLES AS AN
434 EMERGENCY VEHICLE, PURSUANT TO SECTION 42-4-108(5), C.R.S.;

435 F) THE AMBULANCE SERVICE POLICY THAT ESTABLISHES THE MINIMUM EQUIPMENT LIST
436 FOR EACH AMBULANCE THAT IT SEEKS TO PERMIT; AND

437 G) THE APPLICABLE FEE, AS SET FORTH IN SECTION 4 OF THESE RULES.

438 3.7.3. UPON THE ISSUANCE OF A PERMIT, THE LICENSED AMBULANCE SERVICE SHALL ENSURE THE
439 PERMIT IS LOCATED IN THE AMBULANCE THAT IS IDENTIFIED BY THE CORRESPONDING VEHICLE
440 IDENTIFICATION NUMBER AND IS AVAILABLE FOR INSPECTION AT ALL TIMES.

441 3.7.4 AN AMBULANCE PERMIT EXPIRES TWO (2) YEARS FROM ISSUANCE OF THE PERMIT.

442 3.7.5. A LICENSED AMBULANCE SERVICE SHALL NOTIFY THE DEPARTMENT WITHIN 30 DAYS IF THE
443 AMBULANCE SERVICE SELLS, DISPOSES OF, OR OTHERWISE PERMANENTLY REMOVES A VALIDLY-
444 PERMITTED AMBULANCE OR RESERVE AMBULANCE FROM OPERATION AS PART OF ITS
445 INVENTORY/FLEET.

446 3.7.6 ANY LICENSED AMBULANCE SERVICE THAT BUYS, LEASES, OR ACQUIRES POSSESSION OF ONE (1)
447 OR MORE AMBULANCES OR RESERVE AMBULANCES DURING ITS LICENSURE PERIOD SHALL NOT
448 OPERATE OR USE ANY SUCH AMBULANCE FOR PATIENT TRANSPORT OF ANY KIND UNTIL THE
449 SERVICE HAS APPLIED FOR AND RECEIVED A VALID PERMIT FOR EACH SUCH AMBULANCE FROM
450 THE DEPARTMENT, AS SET FORTH IN SECTION 3.7.2 OF THESE RULES.

451 A) TEMPORARY PERMITS - THE DEPARTMENT MAY ISSUE A TEMPORARY PERMIT TO AN
452 AMBULANCE SERVICE FOR ITS USE OF AN AMBULANCE OR RESERVE AMBULANCE UNDER
453 THE FOLLOWING CIRCUMSTANCES:

454 1) THE AMBULANCE SERVICE NOTIFIES THE DEPARTMENT WITHIN SEVENTY-TWO
455 (72) HOURS OF ITS UNEXPECTED AND TEMPORARY USE OF ANOTHER
456 AMBULANCE SERVICE'S COLORADO-PERMITTED AMBULANCE IN ORDER TO
457 PROVIDE COVERAGE UNDER UNFORESEEN OR UNANTICIPATED
458 CIRCUMSTANCES; OR

459 2) THE AMBULANCE SERVICE REQUESTS THE DEPARTMENT'S PERMISSION TO
460 OPERATE AN AMBULANCE THAT IS NOT FULLY EQUIPPED AS REQUIRED BY
461 THESE RULES BUT CAN ESTABLISH TO THE DEPARTMENT'S SATISFACTION THAT:

462 A) RECEIPT OF THE MISSING EQUIPMENT IS PENDING; AND

463 B) THE AMBULANCE SERVICE'S OPERATION OF THE AMBULANCE IN THE
464 INTERIM IS SAFE FOR STAFF, PATIENT CARE, AND TRANSPORTATION.

465 B) WHEN APPLYING FOR A TEMPORARY PERMIT, THE AMBULANCE SERVICE SHALL SUBMIT
466 AN APPLICATION FOR A TEMPORARY PERMIT ON FORMS SPECIFIED BY THE DEPARTMENT.
467 SUBMISSION OF THIS APPLICATION REQUIRES THE AMBULANCE SERVICE TO ATTEST
468 THAT THE AMBULANCE FOR WHICH THE TEMPORARY PERMIT IS SOUGHT COMPLIES WITH
469 SECTION 3.7.2 OF THESE RULES.

470 C) THE DEPARTMENT MAY CONDUCT AN ON-SITE INSPECTION OR OTHER APPROPRIATE
471 REVIEW TO DETERMINE WHETHER THE AMBULANCE OR RESERVE AMBULANCE FOR
472 WHICH THE AMBULANCE SERVICE SEEKS A TEMPORARY PERMIT CONFORMS WITH ALL
473 APPLICABLE STATUTES AND REGULATIONS.

474 D) ONCE ISSUED, A TEMPORARY PERMIT WILL REMAIN VALID FOR UP TO ONE HUNDRED
475 EIGHTY (180) CALENDAR DAYS WITH THE FOLLOWING CONDITIONS:

476 1) THE DEPARTMENT MAY RENEW A TEMPORARY PERMIT ONCE ONLY FOR A
477 PERIOD OF UP TO NINETY (90) CALENDAR DAYS;

478 2) THE TEMPORARY PERMIT IS NOT OTHERWISE RENEWABLE OR TRANSFERABLE;
479 AND

480 3) THE AMBULANCE SERVICE SHALL ENSURE THE TEMPORARY PERMIT IS LOCATED
481 IN THE AMBULANCE THAT IS IDENTIFIED BY THE CORRESPONDING VEHICLE
482 IDENTIFICATION NUMBER, AND IS AVAILABLE FOR INSPECTION AT ALL TIMES.

3.7.7 A PERSON, ENTITY, OR AGENCY THAT OPERATES AN AMBULANCE WITHOUT A PERMIT ISSUED BY THE DEPARTMENT IS SUBJECT TO A CIVIL PENALTY OF:

A) UP TO FIVE HUNDRED DOLLARS ($500) PER VIOLATION; OR

B) FOR EACH DAY OF A CONTINUING VIOLATION, UP TO FIVE HUNDRED DOLLARS ($500) PER DAY.

3.8 PROVISION OF SECURE TRANSPORTATION SERVICES BY LICENSED GROUND AMBULANCES THAT OPERATE AND MAINTAIN A VALIDLY PERMITTED AMBULANCE IN ACCORDANCE WITH SECTION 25-3.5-314, C.R.S. AND THESE RULES MAY PROVIDE SECURE TRANSPORTATION SERVICES TO AN INDIVIDUAL EXPERIENCING A BEHAVIORAL HEALTH CRISIS.

3.9 A LICENSED GROUND AMBULANCE SERVICE THAT PROVIDES COMMUNITY INTEGRATED HEALTH CARE SERVICES (CIHCS) IN ADDITION TO MEDICAL TRANSPORT SERVICES MUST ALSO HOLD A VALID CIHCS LICENSE FROM THE DEPARTMENT PURSUANT TO 6 C.C.R. 1011-3.

3.10 PROVISIONAL LICENSE

3.10.1 THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO AN APPLICANT FOR AN INITIAL LICENSE TO OPERATE AN AMBULANCE SERVICE IF:

A) THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL THE MINIMUM STANDARDS REQUIRED UNDER TITLE 25, ARTICLE 3.5, PART 3, AND THESE RULES;

B) THE OPERATION OF THE APPLICANT'S AMBULANCE SERVICE WILL NOT ADVERSELY AFFECT PATIENT CARE OR THE HEALTH, SAFETY, AND WELFARE OF THE PUBLIC; AND

C) THE APPLICANT AMBULANCE SERVICE DEMONSTRATES IT IS MAKING ITS BEST EFFORTS TO ACHIEVE COMPLIANCE WITH ALL THE APPLICABLE RULES.

3.10.2 A PROVISIONAL LICENSE ISSUED BY THE DEPARTMENT SHALL BE VALID FOR A PERIOD NOT TO EXCEED NINETY (90) CALENDAR DAYS, EXCEPT THAT THE DEPARTMENT MAY ISSUE A SECOND PROVISIONAL LICENSE FOR THE SAME DURATION AND SHALL CHARGE THE SAME FEE SET FORTH IN SECTION 4 OF THESE RULES AS FOR THE FIRST PROVISIONAL LICENSE. THE DEPARTMENT MAY NOT ISSUE A THIRD OR SUBSEQUENT PROVISIONAL LICENSE TO THE APPLICANT, AND IN NO EVENT SHALL A SERVICE BE PROVISIONALLY LICENSED FOR A PERIOD TO EXCEED ONE HUNDRED EIGHTY (180) CALENDAR DAYS.

3.10.3 PURSUANT TO SECTION 16 OF THESE RULES, EACH SERVICE THAT IS ISSUED A PROVISIONAL LICENSE FROM THE DEPARTMENT MUST ALSO, IF APPLICABLE, OBTAIN AN AUTHORIZATION TO OPERATE FROM THE LOCAL AUTHORIZING AUTHORITY FOR EACH COUNTY OR CITY-AND-COUNTY IN WHICH THE AMBULANCE SERVICE INTENDS TO OPERATE.

3.10.4 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE PROVISIONAL FEE(S) SET FORTH IN SECTION 4 OF THESE RULES.

~~3.5 LICENSURE PERIOD~~

~~3.5.1 THE LICENSURE PERIOD FOR ALL AMBULANCE SERVICES SHALL BE FOR 12 MONTHS.~~

3.~~6~~11 LICENSE RENEWAL AND PERMIT RENEWAL

3.~~6~~11.1 ~~COUNTIES SHALL CREATE AN ANNUAL LICENSE RENEWAL PROCESS. THE LICENSURE RENEWAL PROCESS SHALL REQUIRE THE RECEIPT OF APPLICATIONS FOR RENEWAL NO LESS THAN 30 DAYS~~

522 ~~BEFORE THE DATE OF LICENSE EXPIRATION.~~ TO RENEW AN EXISTING AMBULANCE SERVICE
523 LICENSE, PERMIT, OR BOTH, THE LICENSEE SHALL SUBMIT ITS APPLICATION FOR RENEWAL WITHIN
524 NINETY (90) CALENDAR DAYS PRECEDING THE EXPIRATION DATE, AND NO LATER THAN THIRTY
525 (30) CALENDAR DAYS PRIOR TO THE DATE OF THE AMBULANCE LICENSE AND/OR PERMIT
526 EXPIRATION. AT MINIMUM, THE LICENSEE SHALL SUBMIT:

527 A) THE APPLICABLE RENEWAL APPLICATION AND FEES, AS SET FORTH IN SECTION 4 OF
528 THESE RULES;

529 B) DOCUMENTED PROOF THAT THE AMBULANCE IS MAINTAINED AND OPERATING IN GOOD
530 WORKING ORDER AND HAS PASSED A MECHANICAL SAFETY INSPECTION BY A QUALIFIED
531 MECHANIC PURSUANT TO THE SERVICE'S PREVENTATIVE MAINTENANCE POLICY WITHIN,
532 AT MINIMUM, THE LAST TWELVE (12) MONTHS; AND

533 C) ANY FURTHER INFORMATION AS REQUIRED BY THE DEPARTMENT.

534 3.11.2 A DEPARTMENT-ISSUED AMBULANCE LICENSE AND/OR PERMIT IS NO LONGER VALID UPON THE
535 APPLICABLE EXPIRATION DATE. THE AMBULANCE SERVICE THAT HAS ALLOWED ITS LICENSE
536 AND/OR PERMIT TO EXPIRE SHALL NOT:

537 A) HOLD ITSELF OUT AS A LICENSE AND/OR PERMIT HOLDER; AND

538 B) PROVIDE AMBULANCE SERVICE OR OPERATE ANY AMBULANCE FOR ANY REASON,
539 WHETHER OR NOT FOR COMPENSATION, UNTIL SUCH TIME AS THE DEPARTMENT HAS
540 ISSUED A NEW OR RENEWED LICENSE AND/OR PERMIT.

541 3.11.3 WHEN AN AMBULANCE SERVICE LICENSEE SUBMITS AN APPLICATION TO RENEW ITS LICENSE
542 AND/OR PERMIT, THE DEPARTMENT MAY CONDUCT AN INSPECTION OF THE AMBULANCE SERVICE
543 TO ASSURE ITS COMPLIANCE WITH THESE RULES.

544 3.11.4 EXCEPT AS OTHERWISE PROVIDED IN SECTION 3.10 OF THESE RULES, THE DEPARTMENT SHALL
545 RENEW A LICENSE AND/OR PERMIT WHEN IT IS SATISFIED THAT THE REQUIREMENTS OF THESE
546 RULES HAVE BEEN MET.

547 3.11.5 IF THE LICENSEE HAS MADE A TIMELY AND SUFFICIENT APPLICATION FOR RENEWAL OF THE
548 LICENSE AND/OR PERMIT, THE EXISTING LICENSE AND/OR PERMIT SHALL NOT EXPIRE UNTIL THE
549 DEPARTMENT HAS ACTED UPON THE RENEWAL APPLICATION.

550 3.12 CHANGE OF OWNERSHIP/MANAGEMENT

551 3.12.1 WHEN A CURRENTLY LICENSED AMBULANCE SERVICE ANTICIPATES A CHANGE OF OWNERSHIP,
552 THE CURRENT LICENSEE SHALL NOTIFY THE DEPARTMENT WITHIN THE SPECIFIED TIME FRAME
553 AND THE PROSPECTIVE NEW LICENSEE SHALL SUBMIT AN APPLICATION FOR CHANGE OF
554 OWNERSHIP ALONG WITH THE REQUISITE FEES AS SET FORTH IN SECTION 4 OF THESE RULES, AS
555 APPLICABLE, AND DOCUMENTATION WITHIN THE SAME TIME FRAME. THE TIME FRAME FOR
556 SUBMITTAL OF SUCH NOTIFICATION AND DOCUMENTATION SHALL BE AT LEAST SIXTY (60)
557 CALENDAR DAYS BEFORE A CHANGE OF OWNERSHIP INVOLVING ANY AMBULANCE SERVICE.

558 A) IN CASE OF EXIGENT CIRCUMSTANCES, AN AMBULANCE SERVICE MAY REQUEST A
559 WAIVER OF THE SIXTY (60) CALENDAR DAY REQUIREMENT SET FORTH ABOVE.

560 3.12.2 IN GENERAL, THE CONVERSION OF AN AMBULANCE SERVICE'S LEGAL STRUCTURE, OR THE LEGAL
561 STRUCTURE OF AN ENTITY THAT HAS A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE
562 AMBULANCE SERVICE IS NOT A CHANGE OF OWNERSHIP UNLESS THE CONVERSION ALSO

563 INCLUDES A TRANSFER OF AT LEAST FIFTY (50) PERCENT OF THE LICENSED AMBULANCE
564 SERVICE'S DIRECT OR INDIRECT OWNERSHIP INTEREST TO ONE (1) OR MORE NEW OWNERS.

565 A) HOWEVER IF, FOR EXAMPLE, THE OWNER OF AN AMBULANCE SERVICE ENTERS INTO A
566 LEASE ARRANGEMENT OR MANAGEMENT AGREEMENT OR OTHER OPERATIONAL
567 ARRANGEMENT WHEREBY THE OWNER RETAINS NO AUTHORITY OR RESPONSIBILITY FOR
568 THE OPERATION AND MANAGEMENT OF THE AMBULANCE SERVICE, THE ACTION SHALL BE
569 CONSIDERED A CHANGE OF OWNERSHIP THAT REQUIRES A NEW LICENSE.

570 3.12.3 EACH APPLICANT FOR A CHANGE OF OWNERSHIP SHALL PROVIDE INFORMATION ON CHANGE OF
571 OWNERSHIP AS REQUESTED BY THE DEPARTMENT, INCLUDING, BUT NOT LIMITED TO THE
572 FOLLOWING:

573 A) THE LEGAL NAME OF THE ENTITY AND ALL OTHER NAMES USED BY IT TO PROVIDE
574 HEALTH CARE SERVICES.

575 1) THE APPLICANT HAS A CONTINUING DUTY TO NOTIFY THE DEPARTMENT OF ALL
576 NAME CHANGES AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE
577 EFFECTIVE DATE OF THE CHANGE.

578 B) CONTACT INFORMATION FOR THE ENTITY INCLUDING MAILING ADDRESS, TELEPHONE
579 AND FACSIMILE NUMBERS, E-MAIL ADDRESS, AND WEBSITE ADDRESS, AS APPLICABLE.

580 3.12.4 THE EXISTING LICENSEE SHALL BE RESPONSIBLE FOR CORRECTING ALL RULE VIOLATIONS AND
581 DEFICIENCIES IN ANY CURRENT PLAN OF CORRECTION BEFORE THE CHANGE OF OWNERSHIP
582 BECOMES EFFECTIVE. IN THE EVENT THAT SUCH CORRECTIONS CANNOT BE ACCOMPLISHED IN
583 THE TIME FRAME SPECIFIED, THE PROSPECTIVE LICENSEE SHALL BE RESPONSIBLE FOR ALL
584 UNCORRECTED RULE VIOLATIONS AND DEFICIENCIES INCLUDING ANY CURRENT PLAN OF
585 CORRECTION SUBMITTED BY THE PREVIOUS LICENSEE UNLESS THE PROSPECTIVE LICENSEE
586 SUBMITS A REVISED PLAN OF CORRECTION, APPROVED BY THE DEPARTMENT, BEFORE THE
587 CHANGE OF OWNERSHIP BECOMES EFFECTIVE.

588 3.12.5 IF THE DEPARTMENT ISSUES A LICENSE TO THE NEW OWNER, THE PREVIOUS OWNER SHALL
589 RETURN ITS LICENSE TO THE DEPARTMENT WITHIN FIVE (5) CALENDAR DAYS OF THE NEW
590 OWNER'S RECEIPT OF ITS LICENSE.

591 **SECTION 4 – FEES (RESERVED)**

592 **SECTION ~~4~~ 5 – COMPLAINTS**

593 ~~4.1 EACH COUNTY SHALL HAVE A WRITTEN COMPLAINT AND INVESTIGATION]ON POLICY AND PROCEDURE TO~~
594 ~~ADDRESS:~~

595 ~~4.1.1 COMPLAINTS AGAINST ANY AMBULANCE SERVICE LICENSED IN THE COUNTY.~~

596 ~~4.1.2 ALLEGATIONS OF UNLICENSED AMBULANCE SERVICES OR VEHICLES WITHOUT A VALID PERMIT~~
597 ~~OPERATING WITHIN THE COUNTY~~.

598 ~~4.2 THE POLICY SHALL INCLUDE, BUT NOT BE LIMITED TO:~~

599 ~~4.2.1 THE PROCEDURES CONCERNING COMPLAINT INTAKE, INCLUDING POSTED INFORMATION TO THE~~
600 ~~PUBLIC CONCERNING HOW TO FILE A COMPLAINT.~~

601 ~~4.2.2 THE COUNTY'S DUTY TO PROVIDE THE LICENSEE WITH A COPY OF THE COMPLAINT AT THE TIME IT~~
602 ~~IS FILED.~~

603 ~~4.2.3 COMPLAINT VALIDATION.~~

604 ~~4.2.4 THE CRITERIA FOR INITIATING AN INVESTIGATION.~~

605 ~~4.2.5 THE METHOD FOR NOTIFYING THE COMPLAINANT ABOUT THE RESOLUTION OF THE~~
606 ~~INVESTIGATION.~~

607 ~~4.2.6 THE METHOD FOR NOTIFYING THE DEPARTMENT AND MEDICAL DIRECTORS REGARDING~~
608 ~~COMPLAINTS INVOLVING EMS PROVIDERS.~~

609 ~~4.2.7 THE METHOD FOR NOTIFYING OTHER COUNTIES WITH JURISDICTION OVER AMBULANCE SERVICES,~~
610 ~~THE DEPARTMENT AND, IF APPLICABLE, THE COLORADO DEPARTMENT OF REGULATORY~~
611 ~~AGENCIES ABOUT COMPLAINTS REGARDING OTHER MEDICAL PERSONNEL ASSOCIATED WITH THE~~
612 ~~AMBULANCE SERVICE OR THE MEDICAL DIRECTOR.~~

613 ~~4.3 THE COUNTY SHALL NOTIFY THE PRIMARY MEDICAL DIRECTOR OF THE AMBULANCE SERVICE, IN WRITING,~~
614 ~~OF ANY KNOWN VIOLATION OF THE AMBULANCE LICENSING REGULATIONS BY THE AMBULANCE SERVICE OR~~
615 ~~KNOWN ALLEGED COMPLAINTS OR VIOLATIONS OF THE AMBULANCE LICENSING REGULATIONS BY~~
616 ~~INDIVIDUAL MEDICAL PROVIDERS OPERATING ON AN AMBULANCE SERVICE.~~

617 5.1 THE DEPARTMENT MAY INVESTIGATE A COMPLAINT REGARDING THE ALLEGED VIOLATION BY A LICENSED
618 AMBULANCE SERVICE OF THE PROVISIONS OF:

619 5.1.1 SECTIONS 25-3.5-301, C.R.S., *ET SEQ*.;

620 5.1.2 THESE GROUND AMBULANCE LICENSING RULES;

621 5.1.3 RULES SET FORTH IN 6 CCR 1015-3:

622 A) CHAPTER ONE – RULES PERTAINING TO EMS AND EMR EDUCATION, EMS
623 CERTIFICATION OR LICENSURE, AND EMR REGISTRATION;

624 B) CHAPTER TWO – RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR
625 OVERSIGHT; AND

626 C) CHAPTER THREE – RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND
627 INFORMATION COLLECTION AND RECORD KEEPING.

628 5.1.4 REGULATIONS SET FORTH IN 6 CCR 1015-4, CHAPTER ONE, STATE EMERGENCY MEDICAL AND
629 TRAUMA CARE SYSTEM STANDARDS AND CHAPTER FOUR, REGIONAL EMERGENCY MEDICAL
630 AND TRAUMA SERVICES ADVISORY COUNCILS.

631 5.2 THE DEPARTMENT MAY ALSO INITIATE A COMPLAINT INVESTIGATION CONCERNING ANY ACT OR EVENT
632 THAT A LICENSED AMBULANCE SERVICE MUST REPORT TO THE DEPARTMENT PURSUANT TO SECTION 9 OF
633 THESE RULES - MANDATORY INCIDENT REPORTING.

634 5.3 COMPLAINTS OR REFERRALS RELATING TO THE QUALITY AND CONDUCT OF AN AMBULANCE SERVICE MAY
635 BE MADE BY ANY PERSON OR ENTITY AND MAY BE INITIATED BY THE DEPARTMENT.

636 5.4 THE DEPARTMENT DOES NOT HAVE JURISDICTION OVER BILLING DISPUTES.

637 5.5 UPON RECEIPT OF A COMPLAINT, THE DEPARTMENT MAY MAKE INQUIRY AS TO THE VALIDITY OF SUCH
638 COMPLAINT PRIOR TO INITIATING AN INVESTIGATION. IF THE DEPARTMENT DETERMINES THAT A COMPLAINT
639 WARRANTS A MORE EXTENSIVE REVIEW, IT MAY INITIATE AN INVESTIGATION TO DETERMINE IF A VIOLATION
640 OCCURRED.

641 5.6 COMPLAINTS CONCERNING EMS MEDICAL DIRECTORS REGULATED BY THE DEPARTMENT PURSUANT TO 6
642 CCR 1015-3, CHAPTER TWO, SHALL BE REVIEWED BY THE DEPARTMENT.

643 5.7 COMPLAINTS CONCERNING MATTERS OUTSIDE OF THE DEPARTMENT'S JURISDICTION MAY BE REFERRED
644 TO THE APPROPRIATE ENTITY.

645 5.8 IF THE DEPARTMENT DETERMINES THAT THE COMPLAINT DOES NOT WARRANT FURTHER REVIEW OR
646 DETERMINES THAT THE COMPLAINT IS OUTSIDE OF THE DEPARTMENT'S AUTHORITY TO INVESTIGATE, THE
647 DEPARTMENT WILL NOTIFY THE COMPLAINANT.

648 5.9 NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM CONDUCTING A COMPLAINT INVESTIGATION
649 UNDER CIRCUMSTANCES IT DEEMS NECESSARY.

650 5.10 WHEN THE DEPARTMENT HAS COMPLETED ITS COMPLAINT INVESTIGATION, IT SHALL NOTIFY, IN WRITING,
651 THE COMPLAINANT AND THE LICENSED AMBULANCE SERVICE OF THE RESULTS OF ANY ALLEGED VIOLATION
652 OF THE RELEVANT RULES.

653 5.11 WHEN, AT THE COMPLETION OF THE DEPARTMENT'S COMPLAINT INVESTIGATION, IT DETERMINES THAT
654 ONE OR MORE VIOLATIONS OF ANY OF THE RULES SET FORTH IN SECTION 5.1 OR OF THE GOVERNING
655 STATUTES MAY RESULT IN THE INITIATION OF AN ADMINISTRATIVE ACTION OR A REFERRAL TO A LAW
656 ENFORCEMENT AGENCY OR TO OTHER REGULATORY BODIES, THE DEPARTMENT SHALL NOTIFY IN
657 WRITING:

658 5.11.1 THE PRIMARY MEDICAL DIRECTOR OF THE LICENSED AMBULANCE SERVICE OF ANY KNOWN
659 VIOLATION OF THE AMBULANCE LICENSING RULES BY THE AMBULANCE SERVICE OR KNOWN
660 VIOLATIONS OF THE AMBULANCE LICENSING RULES BY INDIVIDUAL MEDICAL PROVIDERS
661 OPERATING ON AN AMBULANCE SERVICE; AND

662 5.11.2 THE COUNTY OR CITY-AND-COUNTY IN WHICH THE COMPLAINT AROSE, AND ANY OTHER COUNTY
663 OR CITY-AND-COUNTY IN WHICH THE LICENSED AMBULANCE SERVICE IS AUTHORIZED TO
664 OPERATE.

665 SECTION 6 – PLANS OF CORRECTION

666 6.1 AFTER ANY DEPARTMENT INSPECTION OR COMPLAINT INVESTIGATION, THE DEPARTMENT MAY REQUEST A
667 PLAN OF CORRECTION FROM AN AMBULANCE SERVICE.

668 6.1.1 A PLAN OF CORRECTION SHALL BE IN THE FORMAT PRESCRIBED BY THE DEPARTMENT AND SHALL
669 INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

670 A) IDENTIFICATION OF THE PROBLEM(S) WITH THE CURRENT ACTIVITY AND WHAT THE
671 AMBULANCE SERVICE WILL DO TO CORRECT EACH DEFICIENCY;

672 B) A DESCRIPTION OF HOW THE AMBULANCE SERVICE WILL ACCOMPLISH THE CORRECTIVE
673 ACTION;

674 C) A DESCRIPTION OF HOW THE AMBULANCE SERVICE WILL MONITOR THE CORRECTIVE
675 ACTION TO ENSURE THE DEFICIENT PRACTICE IS REMEDIED AND WILL NOT RECUR; AND

676 D) A TIMELINE WITH THE EXPECTED IMPLEMENTATION AND COMPLETION DATE. THE
677 COMPLETION DATE IS THE DATE THAT THE AMBULANCE SERVICE DETERMINES IT CAN
678 ACHIEVE COMPLIANCE.

679 6.1.2 COMPLETED PLANS OF CORRECTION SHALL BE:

680 A) SUBMITTED TO THE DEPARTMENT IN THE FORM AND MANNER REQUIRED BY THE
681 DEPARTMENT;

682 B) SUBMITTED WITHIN TEN (10) CALENDAR DAYS AFTER THE DATE OF THE DEPARTMENT'S
683 DELIVERY OF THE WRITTEN NOTICE OF DEFICIENCIES TO THE AMBULANCE SERVICE,
684 UNLESS OTHERWISE REQUIRED OR APPROVED BY THE DEPARTMENT; AND

685 C) SIGNED BY THE AMBULANCE SERVICE ADMINISTRATOR.

686 6.1.3 THE DEPARTMENT HAS THE DISCRETION TO APPROVE, MODIFY, OR REJECT PLANS OF
687 CORRECTION.

688 A) IF THE PLAN OF CORRECTION IS ACCEPTED, THE DEPARTMENT SHALL NOTIFY THE
689 AMBULANCE SERVICE BY ISSUING A WRITTEN NOTICE OF ACCEPTANCE WITHIN THIRTY
690 (30) CALENDAR DAYS OF RECEIPT OF THE PLAN.

691 B) IF THE PLAN OF CORRECTION IS UNACCEPTABLE, THE DEPARTMENT SHALL NOTIFY THE
692 AMBULANCE SERVICE IN WRITING, AND THE SERVICE SHALL RE-SUBMIT A REVISED PLAN
693 OF CORRECTION TO THE DEPARTMENT WITHIN FIFTEEN (15) CALENDAR DAYS OF THE
694 DATE OF THE WRITTEN NOTICE.

695 C) IF THE AMBULANCE SERVICE FAILS TO COMPLY WITH THE REQUIREMENTS OR DEADLINES
696 FOR SUBMISSION OF A PLAN OR FAILS TO SUBMIT A REVISED PLAN OF CORRECTION, THE
697 DEPARTMENT MAY REJECT THE PLAN OF CORRECTION AND IMPOSE DISCIPLINARY
698 SANCTIONS AS SET FORTH IN SECTIONS 7 OR 8 OF THIS RULE.

699 D) IF THE AMBULANCE SERVICE FAILS TO TIMELY IMPLEMENT THE ACTIONS AGREED TO IN
700 THE PLAN OF CORRECTION, THE DEPARTMENT MAY IMPOSE DISCIPLINARY SANCTIONS AS
701 SET FORTH IN SECTIONS 7 AND 8 OF THIS RULE.

702 **SECTION 7 – LICENSE CONDITIONS AND RESTRICTIONS**

703 7.1 AFTER ANY DEPARTMENT INSPECTION OR COMPLAINT INVESTIGATION, THE DEPARTMENT MAY:

704 7.1.1 EXERCISE ITS LAWFUL AUTHORITY PURSUANT TO SECTION 25-3.5-318(4), C.R.S., TO IMPOSE
705 ONE OR MORE INTERMEDIATE RESTRICTIONS OR CONDITIONS ON A LICENSED AMBULANCE
706 SERVICE.

707 7.1.2 REQUIRE THE AMBULANCE SERVICE TO:

708 A) RETAIN A CONSULTANT TO ADDRESS CORRECTIVE MEASURES;

709 B) BE MONITORED BY THE DEPARTMENT FOR A SPECIFIC PERIOD;

710 C) PROVIDE ADDITIONAL TRAINING TO ITS EMPLOYEES, CONTRACTORS, VOLUNTEERS,
711 OWNERS, OR OPERATORS;

712 D) COMPLY WITH A DIRECTED WRITTEN PLAN TO CORRECT THE VIOLATION IN ACCORDANCE
713 WITH THE PROCEDURES ESTABLISHED PURSUANT TO THE REQUIREMENTS SET FORTH IN
714 SECTION 25-27.5-108(2)(B), C.R.S.; OR

715 E) PAY A CIVIL PENALTY OF UP TO FIVE HUNDRED DOLLARS ($500) PER VIOLATION.

716 7.1.3 THE LICENSED AMBULANCE SERVICE MAY APPEAL ANY INTERMEDIATE RESTRICTION OR
717 CONDITION, INCLUDING AFTER SUBMISSION OF AN APPROVED WRITTEN PLAN, THROUGH AN
718 INFORMAL REVIEW PROCESS AS SPECIFIED BY THE DEPARTMENT.

719 7.1.4 IF A LICENSED AMBULANCE SERVICE IS NOT SATISFIED WITH THE RESULT OF THE INFORMAL
720 REVIEW OR CHOOSES NOT TO SEEK INFORMAL REVIEW, NO INTERMEDIATE RESTRICTION OR
721 CONDITION SHALL BE IMPOSED UNTIL AFTER THE OPPORTUNITY FOR A HEARING HAS BEEN
722 AFFORDED THE LICENSED AMBULANCE SERVICE PURSUANT TO SECTION 24-4-105, C.R.S.

723 **SECTION ~~5~~8 – DENIAL, REVOCATION, ~~OR~~ SUSPENSION, OR SUMMARY SUSPENSION OF LICENSES AND VEHICLE**
724 **PERMITS, AND CIVIL PENALTIES**

725 ~~5.1 EACH COUNTY SHALL DEVELOP POLICIES AND PROCEDURES FOR THE DENIAL, SUSPENSION OR~~
726 ~~REVOCATION OF AN AMBULANCE SERVICE LICENSE OR AMBULANCE PERMIT CONSISTENT WITH §25-3.5-~~
727 ~~304, C.R.S.~~

728 8.1 THE DEPARTMENT MAY DENY THE LICENSE OF AN AMBULANCE SERVICE IF:

729 8.1.1 THE APPLICANT IS OUT OF COMPLIANCE WITH THE REQUIREMENTS OF SECTIONS 25-3.5-314-
730 318, C.R.S., OR THE REQUIREMENTS SET FORTH IN THESE RULES; OR

731 8.1.2 IF THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK OF AN OWNER OR OPERATOR
732 DEMONSTRATE THAT THE OWNER OR OPERATOR HAS BEEN CONVICTED OF A FELONY OR A
733 MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK
734 TO THE HEALTH, SAFETY, OR WELFARE OF AMBULANCE SERVICE PATIENTS.

735 8.2 THE DEPARTMENT MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE LICENSE OF AN AMBULANCE
736 SERVICE IF:

737 8.2.1 IT IS OUT OF COMPLIANCE WITH SECTION 25-3.5-301, *ET SEQ.*, C.R.S., OR THE REQUIREMENTS
738 SET FORTH IN THESE RULES; OR

739 8.2.2 THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF AN OWNER OR
740 OPERATOR DEMONSTRATE THAT THE OWNER OR OPERATOR HAS BEEN CONVICTED OF A FELONY
741 OR A MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A
742 RISK TO THE HEALTH, SAFETY, OR WELFARE OF AMBULANCE SERVICE PATIENTS.

743 8.3 THE DEPARTMENT MAY SUMMARILY SUSPEND A LICENSE BEFORE A HEARING IN ACCORDANCE WITH
744 SECTION 24-4-104(4)(A), C.R.S.

745 8.4 NOTICE OF APPEAL. THE DEPARTMENT SHALL NOTIFY THE AMBULANCE SERVICE OF:

746 8.4.1 THE RIGHT TO APPEAL THE DENIAL, REVOCATION, SUSPENSION, SUMMARY SUSPENSION, OR
747 LIMITATION; AND

748 8.4.2 THE PROCEDURE FOR APPEALING DEPARTMENTAL DENIALS, REVOCATIONS, SUSPENSIONS,
749 SUMMARY SUSPENSIONS, OR LIMITATIONS, WHICH SHALL BE CONDUCTED IN ACCORDANCE WITH
750 THE STATE ADMINISTRATIVE PROCEDURE ACT, SECTION 24-4-101, *ET SEQ.*, C.R.S.

751 8.5 EXCEPT AS PROVIDED IN SECTION 8.3 OF THESE RULES, THE DEPARTMENT SHALL CONDUCT A HEARING IN
752 ACCORDANCE WITH ARTICLE 4 OF TITLE 24 BEFORE IT TAKES FINAL ACTION TO SUSPEND, REVOKE, OR TO
753 REFUSE RENEWAL OF A LICENSE.

754 8.6 AN OWNER OR OPERATOR OF AN AMBULANCE SERVICE OR OTHER PERSON WHO VIOLATES SECTION 25-
755 3.5-301, *ET SEQ*., C.R.S., OR A PROVISION OF THESE RULES, OR WHO OPERATES WITHOUT A VALID
756 LICENSE, IS SUBJECT TO A CIVIL PENALTY ASSESSED BY THE DEPARTMENT OF:

757 8.6.1 UP TO FIVE HUNDRED DOLLARS ($500) PER VIOLATION; OR

758 8.6.2 FOR EACH DAY OF A CONTINUING VIOLATION, UP TO FIVE HUNDRED DOLLARS ($500) PER DAY.

759 8.6.3 IF THE DEPARTMENT ASSESSES CIVIL PENALTIES AGAINST A LICENSED AMBULANCE SERVICE
760 PURSUANT TO SECTION 3.7.7, SECTION 7.1, AND/OR SECTION 8.6 OF THESE RULES, THE
761 DEPARTMENT SHALL:

762 A) PROVIDE THE AMBULANCE SERVICE WITH NOTICE AND AN OPPORTUNITY FOR HEARING
763 PURSUANT TO SECTION 24-4-105, C.R.S.; AND

764 B) UPON REQUEST OF THE AMBULANCE SERVICE, THE DEPARTMENT SHALL GRANT A STAY
765 OF PAYMENT OF THE CIVIL PENALTIES UNTIL FINAL DISPOSITION OF THE INTERMEDIATE
766 RESTRICTIONS OR CONDITIONS IMPOSED.

767 **SECTION 9 – MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES**

768 9.1 MANDATORY INCIDENTS SHALL BE REPORTED TO THE DEPARTMENT AS FOLLOWS:

769 9.1.1 UPON THE AMBULANCE SERVICE'S DISCOVERY THAT ANY OF THE FOLLOWING PROCEDURAL
770 INCIDENTS HAS OCCURRED, THE AMBULANCE SERVICE ADMINISTRATOR SHALL NOTIFY THE
771 DEPARTMENT OF THE INCIDENT AS SOON AS PRACTICABLE, BUT NO LATER THAN SEVEN (7)
772 CALENDAR DAYS FOLLOWING ITS DISCOVERY, IN THE FORM AND FORMAT SPECIFIED BY THE
773 DEPARTMENT. UPON NOTIFICATION, THE DEPARTMENT MAY CONTACT THE AMBULANCE SERVICE
774 AS NEEDED.

775 A) ANY FINAL AGENCY ACTION AGAINST THE AMBULANCE SERVICE BY ANY FEDERAL OR
776 STATE ENTITY RELATED TO SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR THE
777 AMBULANCE SERVICE'S DRUG ENFORCEMENT AGENCY (DEA) LICENSE.

778 B) ANY CIVIL JUDGMENT OR CRIMINAL CONVICTION IN A CASE BROUGHT BY FEDERAL,
779 STATE, OR LOCAL AUTHORITIES THAT INVOLVES THE OPERATION, MANAGEMENT,
780 OWNERSHIP OF AN AMBULANCE SERVICE AND CONTAINS ALLEGATIONS RELATED TO
781 SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR MORAL TURPITUDE. A GUILTY
782 VERDICT, A PLEA OF GUILTY, OR A PLEA OF NOLO CONTENDERE (NO CONTEST)
783 ACCEPTED BY THE COURT IS CONSIDERED A CONVICTION.

784 C) ANY INSTANCE IN WHICH AN EMS PROVIDER IS TERMINATED OR SUSPENDED BY THE
785 AMBULANCE SERVICE BASED ON THE GOOD CAUSE RULES SET FORTH IN 6 CCR 1015-3,
786 CHAPTER ONE.

787 D) ANY SUSPENSION OR REVOCATION OF A MEDICAL DIRECTOR'S LICENSE TO PRACTICE BY
788 THE COLORADO MEDICAL BOARD.

789 E) THE UNEXPECTED OR UNTIMELY SEPARATION OF A MEDICAL DIRECTOR FROM AN
790 AMBULANCE SERVICE WHETHER VOLUNTARY OR INVOLUNTARY. ALL OTHER
791 SEPARATIONS OR TRANSITIONS MUST BE REPORTED BY THE MEDICAL DIRECTOR
792 PURSUANT TO 6 CCR 1015-3, CHAPTER TWO.

793 9.1.2 WITHIN 90 DAYS OF THE AMBULANCE SERVICE'S DISCOVERY THAT ANY OF THE INCIDENTS LISTED
794 WITHIN THIS 9.1.2 MAY HAVE OCCURRED, THE AMBULANCE SERVICE AND MEDICAL DIRECTOR
795 SHALL REVIEW THE INCIDENT THROUGH THE AMBULANCE SERVICE'S QUALITY ASSURANCE
796 PROGRAM TO DETERMINE IF THE INCIDENT IS ONE OR MORE OF THE FOLLOWING REPORTABLE
797 INCIDENTS, AND IF SO, REPORT TO THE DEPARTMENT NO LATER THAN THE END OF THE 90-DAY
798 PERIOD, CONSISTENT WITH 9.1.3 BELOW.

799 A) ANY INCIDENT DURING RESPONSE OR WHILE PROVIDING PATIENT CARE IN WHICH AN
800 EMPLOYEE, CONTRACTOR, OR VOLUNTEER OF THE AMBULANCE SERVICE KNOWINGLY:

801 1) COMMITS PHYSICAL ASSAULT AGAINST ANOTHER PERSON PURSUANT TO
802 ARTICLE 3 OF TITLE 18, C.R.S.; OR

803 2) COMMITS SEXUAL ASSAULT, PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S. AS
804 USED HERE, "SEXUAL ASSAULT" INCLUDES:

805 A) ANY IMPROPER SEXUAL CONTACT, TOUCHING, INTRUSION, OR
806 PENETRATION THAT AN AMBULANCE SERVICE EMPLOYEE,
807 CONTRACTOR, OR VOLUNTEER INFLICTS UPON ANOTHER PERSON; OR

808 B) ANY INSTANCE IN WHICH AN EMS PROVIDER, WHILE PURPORTING TO
809 OFFER A MEDICAL SERVICE, ENGAGES IN TREATMENT OR EXAMINATION
810 OF A PATIENT FOR OTHER THAN A BONA FIDE MEDICAL PURPOSE OR IN
811 A MANNER SUBSTANTIALLY INCONSISTENT WITH REASONABLE MEDICAL
812 PRACTICES.

813 B) ANY INCIDENT INVOLVING THE COMMISSION OF PATIENT ABUSE, INCLUDING THE WILLFUL
814 INFLICTION OF INJURY, UNREASONABLE CONFINEMENT, INTIMIDATION, OR PUNISHMENT,
815 WITH RESULTING PHYSICAL HARM, PAIN, OR MENTAL ANGUISH; OR PATIENT NEGLECT,
816 INCLUDING THE FAILURE TO PROVIDE GOODS AND SERVICES NECESSARY TO ATTAIN AND
817 MAINTAIN PHYSICAL AND MENTAL WELL-BEING BY THE AMBULANCE SERVICE OR ITS
818 EMPLOYEES, CONTRACTORS, OR VOLUNTEERS.

819 C) ANY UNAUTHORIZED APPROPRIATION OR POSSESSION OF MEDICATIONS, SUPPLIES,
820 EQUIPMENT, MONEY, OR PERSONAL ITEMS.

821 D) PATIENT SUICIDE OR ATTEMPTED SUICIDE THAT OCCURS DURING THE PROVISION OF
822 PATIENT CARE.

823 E) THE RESPONSE TO AN INCIDENT, OR TREATMENT OF A PATIENT, BY AN AMBULANCE
824 SERVICE'S EMPLOYEES, CONTRACTORS, OR VOLUNTEERS WHILE IMPAIRED BY THE USE
825 OF ALCOHOL OR DRUGS.

826 F) ANY INSTANCE OF CARE PROVIDED BY SOMEONE IMPERSONATING A LICENSED
827 HEALTHCARE PROVIDER, INCLUDING SOMEONE PRACTICING WITHOUT A VALID
828 CERTIFICATION, LICENSE, OR PRIVILEGE TO PRACTICE.

829 G) THE DEATH OR INJURY OF AN OCCUPANT OF AN AMBULANCE THAT IS LICENSED AND
830 PERMITTED BY THE DEPARTMENT AND IS A DIRECT RESULT OF A MOTOR VEHICLE
831 COLLISION OCCURRING DURING RESPONSE OR TRANSPORT BY THE AMBULANCE
832 SERVICE.

833 H) ADMINISTRATION OF AN ADULTERATED OR CONTAMINATED DRUG, DEVICE, OR BIOLOGIC
834 PROVIDED BY THE AMBULANCE SERVICE.

I) THE FOLLOWING INCIDENTS THAT LEAD TO INJURY, ILLNESS, OR DEATH TO A PATIENT NOT ORDINARILY EXPECTED AS A RESULT OF THE PATIENT'S CONDITION:

1) A MEDICATION ERROR OR MEDICAL ACT ERROR;

2) AN INVASIVE PROCEDURE PERFORMED ON THE WRONG SITE;

3) THE USE OR FUNCTION OF A DEVICE IN WHICH THE DEVICE IS USED IN A MANNER OTHER THAN AS INTENDED OR APPROVED BY MEDICAL DIRECTION; OR

4) THE USE OF PHYSICAL RESTRAINTS OR CHEMICAL RESTRAINTS.

9.1.3 INCIDENT REPORTING PROCESS

A) UPON DETERMINATION THROUGH THE QUALITY ASSURANCE PROGRAM THAT AN INCIDENT IS REPORTABLE PURSUANT TO SECTION 9.1.2, THE AMBULANCE SERVICE SHALL SUBMIT A REPORT TO THE DEPARTMENT NO LATER THAN NINETY (90) CALENDAR DAYS AFTER DISCOVERY OF THE POTENTIAL INCIDENT THAT:

1) DESCRIBES THE INCIDENT REVIEW;

2) IDENTIFIES WHETHER ADDITIONAL CORRECTIVE MEASURES ARE NECESSARY TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT; AND

3) SPECIFIES EACH CORRECTIVE MEASURE THAT WILL BE UNDERTAKEN TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT.

B) AN AMBULANCE SERVICE MAY REQUEST AN EXTENSION TO THE NINETY (90) CALENDAR DAY REPORT DEADLINE IN SECTION 9.1.3.A IF MORE TIME IS REQUIRED TO COMPLETE THE QUALITY ASSURANCE PROCESS. THE DEPARTMENT MAY GRANT EXTENSIONS NOT TO EXCEED A TOTAL OF NINETY (90) CALENDAR DAYS.

C) THE DEPARTMENT MAY REQUEST FURTHER SUPPLEMENTAL INFORMATION CONCERNING ANY MANDATORY REPORTING INCIDENT IF IT DETERMINES SUCH INFORMATION IS NECESSARY.

SECTION ~~6~~10 – ~~MINIMUM~~ DATA COLLECTION AND REPORTING REQUIREMENTS

10.1 ALL LICENSED AMBULANCE SERVICES SHALL MAINTAIN RECORDS THAT INCLUDE REQUIRED DATA AND INFORMATION ON PATIENT CARE FOR EACH RESPONSE THAT RESULTED IN PATIENT CONTACT.

10.1.1 TO ASSURE CONTINUITY OF PATIENT CARE, AN AMBULANCE SERVICE THAT TRANSPORTS A PATIENT TO A FACILITY SHALL:

A) PROVIDE THE PATIENT CARE DATA TO THE DEPARTMENT WITHIN FORTY-EIGHT (48) HOURS FROM THE TIME THE UNIT WENT BACK IN SERVICE AS SET FORTH IN 6 CCR 1015-3, CHAPTER THREE, THEREBY ENSURING THAT A DRAFT OR COMPLETED PATIENT CARE REPORT IS TIMELY ACCESSIBLE BY THE RECEIVING FACILITY; AND

B) FOR FACILITIES THAT CANNOT OTHERWISE ACCESS THE PATIENT CARE REPORT, DEVELOP, MAINTAIN, AND FOLLOW A POLICY AND PROCEDURE TO ENSURE THE AVAILABILITY OF THE PATIENT CARE REPORT WITHIN FORTY-EIGHT (48) HOURS FROM WHEN THE AMBULANCE WENT BACK IN SERVICE.

~~6.1~~10.2 ~~THE COUNTY~~ ALL LICENSED AMBULANCE SERVICES SHALL ~~REQUIRE THAT LICENSED AMBULANCE SERVICES~~ PROVIDE THE DEPARTMENT WITH ~~PATIENT CARE INFORMATION, INCLUDING THE MINIMUM PRE-HOSPITAL CARE DATA SET TO THE DEPARTMENT~~:

10.2.1 ALL PATIENT CARE DATA AND INFORMATION REQUIRED PURSUANT TO THE RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING AT 6 CCR 1015-3, CHAPTER THREE~~.~~;

~~6.2~~10.2.2~~THE COUNTY SHALL REQUIRE THAT EACH LICENSED AMBULANCE SERVICE COMPLETE AND SUBMIT TO THE DEPARTMENT A~~ AN ORGANIZATIONAL PROFILE PURSUANT TO THE RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING AT 6 CCR 1015-3, CHAPTER THREE; AND

10.2.3 ANY ADDITIONAL DATA AND INFORMATION AS SPECIFIED BY THE DEPARTMENT.

10.3 ALL LICENSED AMBULANCE SERVICES MUST ENSURE ACCURATE AND COMPLETE PATIENT CARE DATA ARE SUBMITTED TO THE DEPARTMENT IN THE FORM AND MANNER AS SPECIFIED BY THE DEPARTMENT. IF THE DEPARTMENT DETERMINES ERRORS EXIST IN THE SUBMITTED DATA, IT MAY REQUIRE THE LICENSED AMBULANCE SERVICE TO CORRECT AND RESUBMIT THE DATA. THE DEPARTMENT MAY CONSIDER THE LICENSED AMBULANCE SERVICE TO BE OUT OF COMPLIANCE WITH THIS RULE IF IT DOES NOT PROVIDE THE CORRECTED DATA WITHIN THE TIMEFRAME SPECIFIED BY THE DEPARTMENT.

~~6.3 UPON DEPARTMENT REQUEST, THE COUNTY SHALL VERIFY THE LIST OF LICENSED AMBULANCE SERVICES AND THE VEHICLES PERMITTED BY SUCH SERVICES TO PROVIDE EMERGENCY MEDICAL AND TRAUMA SERVICES.~~

SECTION 11 – MEDICAL OVERSIGHT AND QUALITY ASSURANCE PROGRAMS

11.1 EACH LICENSED AMBULANCE SERVICE SHALL HAVE A MINIMUM OF ONE (1) MEDICAL DIRECTOR WHO:

11.1.1 IS A PHYSICIAN;

11.1.2 IS CURRENTLY LICENSED IN COLORADO IN GOOD STANDING;

11.1.3 IMPLEMENTS AND OVERSEES A QUALITY ASSURANCE PROGRAM FOR THE AMBULANCE SERVICE; AND

11.1.4 MEETS ALL REQUIREMENTS SET FORTH IN 6 CCR 1015-3, CHAPTER TWO.

11.2 THE AMBULANCE SERVICE SHALL ENSURE THAT ITS MEDICAL DIRECTOR COMPLIES WITH ALL DUTIES AND RESPONSIBILITIES SET FORTH IN 6 CCR 1015-3, CHAPTER TWO.

11.3 AN AMBULANCE SERVICE AND THE SERVICE'S MEDICAL DIRECTOR SHALL COMPLY WITH THE REQUIREMENTS FOR A QUALITY ASSURANCE PROGRAM IN ACCORDANCE WITH THE RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT AT 6 CCR 1015-3, CHAPTER TWO.

11.3.1 IN ADDITION, LICENSED AMBULANCE SERVICES THAT IMPLEMENT A QUALITY MANAGEMENT PROGRAM UNDER MEDICAL DIRECTION PURSUANT TO SECTIONS 25-3.5-903 & 904, C.R.S., MAY CLAIM THE CONFIDENTIALITY, IMMUNITY, AND PRIVILEGE PROTECTIONS THAT ARE CONFERRED BY STATUTE. SEE SECTION 25-3.5-904 C.R.S.

11.4 THE DEPARTMENT MAY REQUEST A COPY OF THE AMBULANCE SERVICE'S OR MEDICAL DIRECTOR'S QUALITY ASSURANCE PROGRAM, WHICH MAY BE MARKED AS PROPRIETARY PURSUANT TO SECTION 3.5.3.B.3.

911 **SECTION 712 – MINIMUM STAFFING REQUIREMENTS, PATIENT SAFETY, AND SAFETY AND STAFFING OF CREW**
912 **MEMBERS**

913 12.1 MINIMUM STAFFING REQUIREMENTS

914 7.112.1.1 AT MINIMUM, THE COUNTY SHALL ESTABLISH BY RESOLUTION OR REGULATIONS A LICENSED
915 AMBULANCE SERVICE SHALL COMPLY WITH THE FOLLOWING MINIMUM AMBULANCE STAFFING
916 REQUIREMENTS:

917 7.1.1A) FOR TTHE PERSON RESPONSIBLE FOR PROVIDING DIRECT EMERGENCY MEDICAL CARE
918 AND TREATMENT TO PATIENTS TRANSPORTED IN AN AMBULANCE, SHALL HOLD A
919 CURRENT AND VALID CERTIFICATION OR LICENSE AS AN EMS PROVIDER AS DEFINED IN
920 THE RULES PERTAINING TO EMS EDUCATION, CERTIFICATION OR LICENSURE, AND
921 EMR REGISTRATION AT 6 CCR 1015-3, CHAPTER ONE., OR HAVE A VALID EMS
922 COMPACT PRIVILEGE TO PRACTICE AS AN EMS PROVIDER IN COLORADO.

923 B) EACH PATIENT TRANSPORT BY A LICENSED GROUND AMBULANCE SERVICE SHALL BE
924 STAFFED BY A MINIMUM OF ONE (1) EMERGENCY MEDICAL SERVICES (EMS) PROVIDER
925 WHO IS LICENSED OR CERTIFIED IN COLORADO, OR WHO HAS A VALID EMS COMPACT
926 PRIVILEGE TO PRACTICE AS AN EMS PROVIDER IN COLORADO, TO PROVIDE DIRECT
927 PATIENT CARE, PLUS A VEHICLE OPERATOR.

928 1) PURSUANT TO SECTION 25-3.5-301(3), C.R.S., AN EXCEPTION TO THE
929 REQUIREMENTS SET FORTH IN SECTION 12.1.1.B EXISTS SOLELY UNDER THE
930 UNUSUAL CONDITIONS WHEN ONLY A VEHICLE OPERATOR IS PRESENT TO
931 TRANSPORT THE PATIENT. UNDER THESE LIMITED CIRCUMSTANCES, OTHER
932 INDIVIDUALS WHO ARE NOT LICENSED OR CERTIFIED AS AN EMS PROVIDER
933 MAY ACCOMPANY THE PATIENT DURING TRANSPORT.

934 C) EMERGENCY MEDICAL SERVICES PROVIDERS SHALL OPERATE ONLY WITHIN THEIR
935 SCOPES OF PRACTICE AND PURSUANT TO MEDICAL PROTOCOLS, INCLUDING AN EMS
936 PROVIDER ACTING IN ACCORDANCE WITH A SCOPE OF PRACTICE WAIVER GRANTED
937 PURSUANT TO 6 CCR 1015-3, CHAPTER TWO.

938 7.1.2D) FOR TTHE VEHICLE OPERATOR AMBULANCE DRIVER, SHALL HOLD A CURRENT AND VALID
939 DRIVER'S LICENSE. AND MEET ALL CRITERIA REQUIRED BY SECTION 14.4.3.D OF THESE
940 RULES.

941 7.2 CONSISTENT WITH § 25-3.5-202, C.R.S., IN THE CASE OF AN EMERGENCY IN ANY AMBULANCE SERVICE
942 AREA WHERE NO PERSON POSSESSING THE QUALIFICATIONS REQUIRED BY THIS SECTION IS PRESENT OR
943 AVAILABLE TO RESPOND TO A CALL FOR THE EMERGENCY TREATMENT AND TRANSPORTATION OF
944 PATIENTS BY AMBULANCE, ANY PERSON MAY OPERATE SUCH AMBULANCE TO TRANSPORT ANY SICK,
945 INJURED, OR OTHERWISE INCAPACITATED OR HELPLESS PERSON IN ORDER TO STABILIZE THE MEDICAL
946 CONDITION OF SUCH PERSON.

947 1) THE SOLE EXCEPTION TO SECTION 12.1.1.D IS IN THE CASE OF AN
948 EMERGENCY IN AN AMBULANCE SERVICE AREA WHERE NO PERSON
949 POSSESSING THESE QUALIFICATIONS IS PRESENT OR AVAILABLE TO RESPOND
950 TO A CALL FOR THE EMERGENCY TRANSPORTATION OF PATIENTS BY
951 AMBULANCE. UNDER THESE CIRCUMSTANCES, ANY PERSON MAY OPERATE THE
952 AMBULANCE TO TRANSPORT ANY SICK, INJURED, OR OTHERWISE
953 INCAPACITATED OR HELPLESS PERSON IN ORDER TO STABILIZE THE MEDICAL
954 CONDITION OF THE PERSON PENDING THE AVAILABILITY OF MEDICAL CARE. SEE
955 SECTION 25-3.5-202, C.R.S.

956 12.2 PATIENT SAFETY AND SAFETY AND STAFFING OF CREW MEMBERS

957 12.2.1 EACH AMBULANCE SERVICE SHALL ESTABLISH AND IMPLEMENT A POLICY THAT SETS FORTH THE
958 SERVICE'S STAFFING PATTERN AND ADDRESSES CONSIDERATIONS SUCH AS PATIENT SAFETY AND
959 SAFETY AND STAFFING OF CREW MEMBERS, INCLUDING BUT NOT LIMITED TO:

960 A) FATIGUE OF STAFF MEMBERS, INCLUDING EDUCATION AND TRAINING TO MITIGATE
961 FATIGUE AND RISKS; AND

962 B) STAFFING PATTERNS THAT SUPPORT THE SERVICES THAT THE AMBULANCE SERVICE
963 PROVIDES.

964 **SECTION ~~9~~13 – MINIMUM EQUIPMENT REQUIREMENTS**

965 ~~9.1 COUNTIES SHALL ENSURE THAT PERMITTED AMBULANCES ARE IN COMPLIANCE WITH THE MINIMUM~~
966 ~~EQUIPMENT LIST FOR THE TYPE OF SERVICE DEFINED BY THEIR PERMITS AS DEFINED IN SECTIONS 9.2~~
967 ~~AND 9.3 OF THESE RULES.~~

968 ~~9.2 MINIMUM EQUIPMENT FOR BASIC LIFE SUPPORT AMBULANCES~~

969 ~~9.2.1 VENTILATION AND AIRWAY EQUIPMENT~~

970 ~~A) PORTABLE SUCTION UNIT, AND A HOUSE (FIXED SYSTEM) OR BACKUP SUCTION UNIT,~~
971 ~~WITH WIDE BORE TUBING, RIGID PHARYNGEAL CURVED SUCTION TIP, AND SOFT~~
972 ~~CATHETER SUCTION TIPS TO INCLUDE ADULT AND PEDIATRIC SIZES.~~

973 ~~B) BULB SYRINGE AND BBG SUCTION CATHETER.~~

974 ~~C) FIXED (HOUSE) OXYGEN AND PORTABLE OXYGEN BOTTLE, EACH WITH A VARIABLE FLOW~~
975 ~~REGULATOR.~~

976 ~~D) TRANSPARENT, NON-REBREATHER OXYGEN MASKS AND A NASAL CANNULA IN ADULT~~
977 ~~SIZES, AND TRANSPARENT, NON-REBREATHER OXYGEN MASKS IN PEDIATRIC SIZES.~~

978 ~~E). HAND OPERATED, SELF-INFLATING BAG-VALVE MASK RESUSCITATORS WITH OXYGEN~~
979 ~~RESERVOIRS AND STANDARD 15MM /21MM FITTINGS IN THE FOLLOWING SIZES:~~

980 ~~1) FOR INFANT AND NEONATE.~~

981 ~~2) FOR CHILDREN.~~

982 ~~3) FOR ADULT.~~

983 ~~4) TRANSPARENT MASKS FOR INFANTS, NEONATE PATIENTS, CHILDREN AND~~
984 ~~ADULTS.~~

985 ~~F) NASOPHARYNGEAL AIRWAYS IN ADULT SIZES 24 FR. THROUGH 32 FR.~~

986 ~~G) OROPHARYNGEAL AIRWAYS IN ADULT AND PEDIATRIC SIZES TO INCLUDE: INFANT, CHILD,~~
987 ~~SMALL ADULT, ADULT AND LARGE ADULT.~~

988 ~~9.2.2 PATIENT ASSESSMENT EQUIPMENT~~

989 ~~A) BLOOD PRESSURE CUFFS TO INCLUDE LARGE ADULT, REGULAR ADULT, CHILD AND~~
990 ~~INFANT SIZES.~~

991 ~~B) STETHOSCOPE.~~

992 ~~C) AN ILLUMINATION DEVICE CAPABLE OF APPROPRIATELY TESTING FOR PUPILLARY~~
993 ~~REACTION.~~

994 ~~D) PULSE OXIMETER WITH ADULT AND PEDIATRIC SENSORS.~~

995 ~~9.2.3 SPLINTING EQUIPMENT~~

996 ~~A) LOWER EXTREMITY TRACTION SPLINT.~~

997 ~~B) UPPER AND LOWER EXTREMITY SPLINTS.~~

998 ~~C) LONG BOARD, SCOOP STRETCHER, VACUUM MATTRESS OR EQUIVALENT WITH~~
999 ~~APPROPRIATE ACCESSORIES TO SECURE THE PATIENT FROM HEAD TO HEELS.~~

1000 ~~D) SHORT BOARD, EXTRICATION DEVICE OR EQUIVALENT, WITH THE ABILITY TO SECURE THE~~
1001 ~~PATIENT FROM HEAD TO PELVIS.~~

1002 ~~E) PEDIATRIC LONG BOARD OR ADULT LONG BOARD THAT CAN BE ADAPTED FOR PEDIATRIC~~
1003 ~~USE.~~

1004 ~~F) ADULT AND PEDIATRIC HEAD IMMOBILIZATION EQUIPMENT.~~

1005 ~~G) ADULT AND PEDIATRIC CERVICAL SPINE IMMOBILIZATION EQUIPMENT.~~

1006 ~~9.2.4 DRESSING MATERIALS~~

1007 ~~A) MULTIPLE BANDAGES AND DRESSINGS OF VARIOUS TYPES AND SIZES, INCLUDING~~
1008 ~~OCCLUSIVE DRESSINGS.~~

1009 ~~B) STERILE BURN SHEETS.~~

1010 ~~C) ADHESIVE TAPE.~~

1011 ~~D) ARTERIAL TOURNIQUET.~~

1012 ~~9.2.5 OBSTETRICAL SUPPLIES~~

1013 ~~A) OB KIT TO INCLUDE: TOWELS, 4X4 DRESSINGS, UMBILICAL TAPE OR CORD CLAMPS,~~
1014 ~~SCISSORS, BULB SYRINGE, STERILE GLOVES AND THERMAL ABSORBENT BLANKET; AND~~

1015 ~~B) NEONATE STOCKING CAP OR EQUIVALENT.~~

1016 ~~9.2.6 MISCELLANEOUS EQUIPMENT~~

1017 ~~A) HEAVY BANDAGE SCISSORS, SHEARS OR EQUIVALENT CAPABLE OF CUTTING CLOTHING,~~
1018 ~~BELTS, BOOTS, ETC.~~

1019 ~~B) AT LEAST ONE WORKING FLASHLIGHT.~~

1020 ~~C) BLANKETS.~~

1021 ~~9.2.7 COMMUNICATIONS EQUIPMENT~~

1022 ~~A) Two-way communications in good working order that will enable clear~~
1023 ~~voice communications between ambulance personnel and the:~~

1024 ~~1) Ambulance service's dispatch;~~

1025 ~~2) Medical control facility or the medical control physician;~~

1026 ~~3) Receiving facilities; and~~

1027 ~~4) Mutual aid agencies.~~

1028 ~~9.2.8 Body substance isolation (BSI) equipment properly sized to fit all personnel~~

1029 ~~A) Non-sterile disposable latex free gloves.~~

1030 ~~B) Protective eyewear.~~

1031 ~~C) Non-sterile surgical masks.~~

1032 ~~D) Sharps containers and receptacles for the appropriate disposal and~~
1033 ~~storage of medical waste and biohazards.~~

1034 ~~E) National Institute of Occupational Safety and Health (NIOSH) approved N-95~~
1035 ~~or superior particulate filtering respirator (mask), which can be of~~
1036 ~~universal size.~~

1037 ~~9.2.9 Safety equipment~~

1038 ~~A) A set of Three (3) warning reflectors.~~

1039 ~~B) One (1) ten pound (10 lb.) or two (2) five pound (5 lb.) ABC fire extinguishers,~~
1040 ~~with a minimum of one extinguisher accessible from the patient compartment~~
1041 ~~and vehicle exterior.~~

1042 ~~C) Child protective restraint system that accommodates a weight range~~
1043 ~~between five (5) and ninety-nine (99) pounds.~~

1044 ~~D) Appropriate protective restraints for patients, crew, accompanying family~~
1045 ~~members and other vehicle occupants.~~

1046 ~~E) Properly secured patient transport system (i.e. wheeled stretcher).~~

1047 ~~F) Department approved triage tags.~~

1048 ~~9.2.10 Pharmacological agents~~

1049 ~~A) Pharmacological agents and delivery devices per medical director~~
1050 ~~approval.~~

1051 ~~B) Pediatric "length based" device for sizing drug dosage calculations and~~
1052 ~~sizing equipment.~~

1053 ~~9.2.11 Pediatric reference tool~~

1054 A) ONE (1) PEDIATRIC DRUG DOSAGE CHART OR TAPE: THIS MAY INCLUDE CHARTS LISTING
1055 THE DRUG DOSAGES IN MILLILITERS PER KILOGRAM, PRE-CALCULATED DOSES BASED ON
1056 WEIGHT, OR A TAPE THAT GENERATES APPROPRIATE EQUIPMENT SIZES AND DRUG
1057 DOSES BASED ON THE PATIENT'S HEIGHT OR WEIGHT.

1058 B) VITAL SIGNS.

1059 9.3 MINIMUM EQUIPMENT REQUIREMENT FOR ADVANCED LIFE SUPPORT AMBULANCES

1060 9.3.1 ALL EQUIPMENT AND SUPPLIES LISTED IN SECTION 9.2

1061 9.3.2 VENTILATION EQUIPMENT

1062 A) ADULT AND PEDIATRIC ADVANCED AIRWAY EQUIPMENT PER MEDICAL DIRECTOR
1063 APPROVAL.

1064 B) ADULT AND PEDIATRIC MAGILL FORCEPS.

1065 C) END TIDAL CO2 MONITOR OR DETECTION DEVICE FOR DETERMINING ADVANCED AIRWAY
1066 DEVICE PLACEMENT.

1067 9.3.3 PATIENT ASSESSMENT EQUIPMENT

1068 A) PORTABLE, BATTERY OPERATED CARDIAC MONITOR-DEFIBRILLATOR WITH STRIP CHART
1069 RECORDER AND ADULT AND PEDIATRIC EKG ELECTRODES AND DEFIBRILLATION
1070 CAPABILITIES.

1071 B) ELECTRONIC BLOOD GLUCOSE MEASURING DEVICE.

1072 9.3.4 INTRAVENOUS EQUIPMENT

1073 A) ADULT AND PEDIATRIC:

1074 1) INTRAVENOUS SOLUTIONS.

1075 2) ADMINISTRATION EQUIPMENT.

1076 B) INTRAOSSEOUS:

1077 1) ACCESS DEVICE.

1078 2) ADMINISTRATION EQUIPMENT.

1079 C) ADULT AND PEDIATRIC INTRAVENOUS ARM BOARDS.

1080 9.3.5 PHARMACOLOGICAL AGENTS

1081 A) PHARMACOLOGICAL AGENTS AND DELIVERY DEVICES PER MEDICAL DIRECTOR
1082 APPROVAL.

1083 B) PEDIATRIC "LENGTH BASED" DEVICE FOR SIZING DRUG DOSAGE CALCULATIONS AND
1084 SIZING EQUIPMENT.

1085 13.1 FOR PURPOSES OF THIS SECTION 13, EVERY AMBULANCE SERVICE SHALL HAVE:

1086 13.1.1 MEDICAL PROTOCOLS THAT HAVE BEEN APPROVED BY THE SERVICE MEDICAL DIRECTOR;

1087 13.1.2 POLICIES THAT CLEARLY DOCUMENT EQUIPMENT REQUIREMENTS FOR EACH PERMITTED
1088 AMBULANCE PER MEDICAL PROTOCOL, INCLUDING THE MINIMUM EQUIPMENT REQUIREMENTS AS
1089 SET FORTH IN THESE RULES; AND

1090 13.1.3 SUFFICIENT MEDICAL EQUIPMENT AND SUPPLIES AS PROVIDED IN THESE RULES TO PROVIDE
1091 CARE CONSISTENT WITH THE AMBULANCE SERVICE'S MEDICAL PROTOCOLS AND APPROPRIATE
1092 PATIENT CARE STANDARDS FOR THE AGES AND SIZES OF THE POPULATION SERVED.

1093 13.2 MINIMUM EQUIPMENT FOR AMBULANCES

1094 13.2.1 A LICENSED AMBULANCE SERVICE SHALL REQUIRE EACH OF ITS PERMITTED AMBULANCES TO
1095 HAVE APPROPRIATE MEANS OF ASSESSING PATIENTS PURSUANT TO THE AMBULANCE SERVICE'S
1096 MEDICAL PROTOCOLS, INCLUDING, BUT NOT LIMITED TO:

1097 A) PEDIATRIC LENGTH, AGE, OR WEIGHT-BASED SYSTEM FOR DETERMINING DRUG DOSAGE
1098 CALCULATIONS AND SIZING EQUIPMENT.

1099 13.2.2 A LICENSED AMBULANCE SERVICE SHALL REQUIRE EACH OF ITS PERMITTED AMBULANCES TO
1100 HAVE APPROPRIATE MEANS OF TREATING PATIENTS PURSUANT TO THE AMBULANCE SERVICE'S
1101 MEDICAL PROTOCOLS WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1102 A) VENTILATION AND AIRWAY EQUIPMENT;

1103 B) SPLINTING OR OTHER APPROPRIATE DEVICES FOR TREATING ORTHOPEDIC AND SPINAL
1104 INJURIES;

1105 C) DRESSINGS AND OTHER APPROPRIATE MATERIALS TO ADDRESS BLEEDING AND BURNS;

1106 D) OBSTETRICAL SUPPLIES FOR FIELD DELIVERIES;

1107 E) PHARMACOLOGICAL AGENTS;

1108 F) HEMORRHAGE CONTROL EQUIPMENT, INCLUDING A COMMERCIALLY MANUFACTURED
1109 HEMORRHAGE CONTROL TOURNIQUET; AND

1110 G) MEANS OF DEFIBRILLATION CAPABLE OF DELIVERING ELECTRICAL COUNTERSHOCK.

1111 13.2.3 A LICENSED AMBULANCE SERVICE SHALL REQUIRE EACH OF ITS PERMITTED AMBULANCES TO
1112 HAVE APPROPRIATE EQUIPMENT TO SUPPORT GROUND AMBULANCE OPERATIONS, PURSUANT TO
1113 THE AMBULANCE SERVICE'S MEDICAL PROTOCOLS AND POLICIES, WHICH INCLUDES, BUT IS NOT
1114 LIMITED TO, THE FOLLOWING:

1115 A) COMMUNICATIONS EQUIPMENT:

1116 1) ON OR BEFORE JULY 1, 2026, TWO (2) DIFFERENT FORMS OF
1117 COMMUNICATIONS EQUIPMENT ON EACH PERMITTED AMBULANCE, TO INCLUDE:

1118 A) TWO-WAY VOICE RADIO COMMUNICATIONS WITH PSAP (PUBLIC
1119 SAFETY ANSWERING POINTS) IN GOOD WORKING ORDER THAT WILL
1120 ENABLE CLEAR VOICE COMMUNICATIONS BETWEEN AMBULANCE
1121 PERSONNEL AND THE:

1122 I) AMBULANCE SERVICE'S DISPATCH;

1123 II) MEDICAL CONTROL FACILITY OR THE MEDICAL CONTROL
1124 PHYSICIAN;

1125 III) RECEIVING FACILITIES; AND

1126 IV) MUTUAL AID AGENCIES; AND

1127 B) A REDUNDANT FORM OF COMMUNICATIONS EQUIPMENT, WHICH MAY
1128 INCLUDE WIRELESS TELEPHONES;

1129 B) INFECTION CONTROL EQUIPMENT AND SUPPLIES; AND

1130 C) MECHANISMS TO SECURE EQUIPMENT STORED IN THE AMBULANCE'S PATIENT
1131 COMPARTMENT.

1132 13.2.4 A LICENSED AMBULANCE SERVICE SHALL REQUIRE EACH OF ITS PERMITTED AMBULANCES TO
1133 HAVE, AT MINIMUM, VEHICLE SAFETY EQUIPMENT PERTINENT TO:

1134 A) TRAFFIC SAFETY DEVICES, INCLUDING BUT NOT LIMITED TO VESTS AND WARNING
1135 TRIANGLES;

1136 B) DAYTIME AND NIGHTTIME OPERATIONS, INCLUDING BUT NOT LIMITED TO AN OPERATING
1137 FLASHLIGHT AND INCIDENT AND SCENE LIGHTING;

1138 C) ALL WEATHER CONDITIONS, TO INCLUDE ITEMS SUCH AS TIRE CHAINS; AND

1139 D) FIRE HAZARD ABATEMENT, TO INCLUDE, AT MINIMUM, FIRE EXTINGUISHERS.

1140 13.2.5 A LICENSED AMBULANCE SERVICE SHALL REQUIRE EACH OF ITS PERMITTED AMBULANCES TO
1141 CARRY AT MINIMUM:

1142 A) APPROPRIATELY-SIZED PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR ALL ON-DUTY
1143 PERSONNEL, CONFORMING TO NATIONAL STANDARDS SUCH AS THE CENTERS FOR
1144 DISEASE CONTROL AND PREVENTION (CDC) OR THE OCCUPATIONAL SAFETY AND
1145 HEALTH ADMINISTRATION (OSHA); AND

1146 B) SHARPS CONTAINERS AND RECEPTACLES FOR THE APPROPRIATE DISPOSAL AND
1147 STORAGE OF MEDICAL WASTE AND BIOHAZARDS.

1148 13.2.6 A LICENSED AMBULANCE SERVICE SHALL REQUIRE, AT MINIMUM, THAT EACH OF ITS PERMITTED
1149 AMBULANCES BE EQUIPPED WITH THE FOLLOWING PERSONAL RESTRAINT EQUIPMENT:

1150 A) A CHILD PROTECTIVE RESTRAINT SYSTEM THAT ACCOMMODATES A WEIGHT RANGE
1151 BETWEEN FIVE (5) AND NINETY-NINE (99) POUNDS; AND

1152 B) APPROPRIATE PROTECTIVE RESTRAINTS FOR PATIENTS, CREW, ACCOMPANYING FAMILY
1153 MEMBERS, AND OTHER VEHICLE OCCUPANTS.

1154 13.3 MINIMUM EQUIPMENT FOR AMBULANCES FOR ADVANCED LIFE SUPPORT (ALS) OR CRITICAL CARE
1155 SERVICES

1156 13.3.1 IN ADDITION TO ALL EQUIPMENT REQUIRED IN SECTION 13.2, A LICENSED AMBULANCE SERVICE
1157 THAT PROVIDES ADVANCED LIFE SUPPORT OR CRITICAL CARE SERVICES SHALL ENSURE THAT
1158 EVERY PERMITTED AMBULANCE THAT OPERATES AS SUCH IS ALSO EQUIPPED WITH THE
1159 FOLLOWING MINIMUM MEDICAL AND OPERATIONAL EQUIPMENT:

1160 A) MEANS OF ASSESSING AND TREATING THE PATIENT PURSUANT TO THE AMBULANCE
1161 SERVICE'S MEDICAL PROTOCOLS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

1162 1) END-TIDAL CO_2 MONITOR OR DETECTION DEVICE;

1163 2) PORTABLE, BATTERY-OPERATED CARDIAC MONITOR-DEFIBRILLATOR;

1164 3) ADVANCED AIRWAY EQUIPMENT;

1165 4) FLUID MAINTENANCE SOLUTIONS PER MEDICAL PROTOCOL;

1166 5) MEDICATION ADMINISTRATION EQUIPMENT PER MEDICAL PROTOCOL; AND

1167 6) FOR PERMITTED AMBULANCES PROVIDING CRITICAL CARE SERVICES,
1168 APPROPRIATE EQUIPMENT TO PROVIDE SUCH SERVICES, SUBJECT TO MEDICAL
1169 PROTOCOL.

1170 13.4 MINIMUM EQUIPMENT FOR AMBULANCES PROVIDING SPECIALIZED SERVICES

1171 13.4.1 AMBULANCE SERVICES MAY CHOOSE TO PROVIDE SPECIALIZED SERVICES SUCH AS STROKE
1172 CARE, BARIATRIC CARE, AND PEDIATRIC CARE IN ADDITION TO 911 RESPONSE AND INTERFACILITY
1173 TRANSPORT SERVICES.

1174 A) FOR ALL PERMITTED AMBULANCES THAT PROVIDE SPECIALIZED SERVICES, A LICENSED
1175 AMBULANCE SERVICE SHALL ENSURE THAT EVERY SUCH AMBULANCE IS EQUIPPED WITH:

1176 1) THE MINIMUM MEDICAL AND OPERATIONAL EQUIPMENT REQUIRED IN SECTION
1177 13.2 OR 13.3, DEPENDING UPON THE LEVEL OF SERVICE (BLS OR ALS) THE
1178 AMBULANCE SERVICE PROVIDES; AND

1179 2) THE EQUIPMENT NECESSARY TO PERFORM THE SPECIFIC SPECIALIZED
1180 SERVICES PER MEDICAL PROTOCOL, AS DETERMINED BY THE AMBULANCE
1181 SERVICE MEDICAL DIRECTOR.

1182 B) THESE MINIMUM EQUIPMENT RULES APPLY TO ALL AMBULANCES THAT PROVIDE
1183 SPECIALIZED SERVICES, WHETHER THEY FURNISH SPECIALIZED SERVICES ONLY OR IN
1184 ADDITION TO 911 RESPONSE AND/OR INTERFACILITY TRANSPORT SERVICES.

1185 **SECTION 14 – ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE, PATIENT RECORDS AND**
1186 **RECORD RETENTION, PERSONNEL, AND POLICIES AND PROCEDURES**

1187 14.1 ADMINISTRATIVE AND OPERATING STANDARDS – LICENSEES SHALL MAINTAIN ADMINISTRATIVE POLICIES,
1188 PROCEDURES AND/OR OPERATING STANDARDS NECESSARY TO COMPLY WITH THESE RULES AND IN
1189 ACCORDANCE WITH ORGANIZATIONAL GOVERNANCE REQUIREMENTS.

1190 14.2 UNLESS OTHERWISE STATED HEREIN, ALL OF SECTION 14 OF THIS CHAPTER FOUR SHALL BE EFFECTIVE
1191 ON JULY 1, 2024.

1192 14.3 AMBULANCE SERVICES SHALL ENSURE PATIENTS THE FOLLOWING RIGHTS AT A MINIMUM:

1193 A) THE RIGHT OF THE PATIENT AND THEIR PROPERTY TO BE TREATED, TO THE EXTENT
1194 POSSIBLE, IN A RESPECTFUL MANNER THAT RECOGNIZES A PERSON'S DIGNITY,
1195 CULTURAL VALUES, AND RELIGIOUS BELIEFS, AND PROVIDES FOR PERSONAL PRIVACY
1196 DURING THE COURSE OF TREATMENT;

1197 B) THE RIGHT OF THE PATIENT TO BE FREE FROM DISCRIMINATION IN THE PROVISION OF
1198 SERVICES;

1199 C) THE RIGHT OF THE PATIENT TO BE FREE FROM NEGLECT; FINANCIAL EXPLOITATION; AND
1200 VERBAL, PHYSICAL, AND PSYCHOLOGICAL ABUSE;

1201 D) THE RIGHT OF THE PATIENT TO PARTICIPATE IN DECISIONS INVOLVING PATIENT CARE, TO
1202 THE EXTENT POSSIBLE;

1203 E) THE RIGHT OF THE PATIENT TO HAVE PERSONALLY IDENTIFYING HEALTH INFORMATION
1204 PROTECTED FROM UNNECESSARY DISCLOSURE;

1205 F) THE RIGHT OF THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE TO FILE A
1206 COMPLAINT WITH THE AMBULANCE SERVICE AND/OR DEPARTMENT CONCERNING
1207 SERVICES OR CARE THAT IS OR IS NOT FURNISHED, WITHOUT FEAR OF DISCRIMINATION
1208 OR RETALIATION BY THE AMBULANCE SERVICE OWNER, ADMINISTRATOR, EMS
1209 PROVIDERS, OR ANY SERVICE STAFF; AND THE RIGHT TO RECEIVE NOTIFICATION FROM
1210 THE AMBULANCE SERVICE AND/OR DEPARTMENT OF THE RESOLUTION OF THE
1211 COMPLAINT;

1212 G) THE RIGHT OF THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE TO OBTAIN
1213 MEDICAL RECORD INFORMATION;

1214 H) THE RIGHT TO RECEIVE TREATMENT ACCORDING TO A KNOWN, VALID MEDICAL OR
1215 BEHAVIORAL HEALTH ADVANCE DIRECTIVE, INCLUDING THE RIGHT TO RECEIVE
1216 TREATMENT AS DIRECTED BY A LEGALLY AUTHORIZED PERSON PURSUANT TO
1217 COLORADO REVISED STATUTES; AND

1218 I) THE RIGHT TO RECEIVE MEDICAL ASSESSMENT AND CARE DELIVERED BY THE
1219 AMBULANCE SERVICE'S EMS PROVIDERS PURSUANT TO THEIR APPROPRIATE SCOPES
1220 OF PRACTICE AND IN ACCORDANCE WITH THE NEEDS OF THE PATIENT, TO THE EXTENT
1221 POSSIBLE.

1222 14.4 PERSONNEL

1223 14.4.1 GENERAL PERSONNEL STANDARDS - AT A MINIMUM, EACH AMBULANCE SERVICE SHALL OPERATE
1224 WITH QUALIFIED PERSONNEL, INCLUDING AN ADMINISTRATOR, A MEDICAL DIRECTOR, AND EMS
1225 PROVIDERS.

1226 14.4.2 BEGINNING JULY 1, 2024, THE AMBULANCE SERVICE SHALL:

1227 A) CONDUCT A LICENSURE/CERTIFICATION CHECK ON EVERY PROSPECTIVE EMPLOYEE,
1228 CONTRACTOR, OR VOLUNTEER WHO IS A LICENSED OR CERTIFIED EMS PROVIDER IN
1229 COLORADO AND WHO WILL BE PROVIDING PATIENT CARE. AT A MINIMUM, THE
1230 AMBULANCE SERVICE MUST REVIEW THE DEPARTMENT'S "OATH-PUBLIC LOOKUP" OR
1231 SUCCESSOR DATABASE BEFORE EMPLOYMENT TO ESTABLISH THAT THE PROVIDER'S
1232 LICENSE OR CERTIFICATION HAS NOT BEEN SUSPENDED OR REVOKED AND HAS NOT
1233 EXPIRED;

1234 B) CONDUCT A LICENSURE/CERTIFICATION CHECK ON EVERY PROSPECTIVE EMPLOYEE,
1235 CONTRACTOR, OR VOLUNTEER WHO IS AN EMS PROVIDER AND WHO WILL BE PROVIDING
1236 PATIENT CARE WITH A VALID PRIVILEGE TO PRACTICE IN COLORADO PURSUANT TO THE
1237 EMS COMPACT. AT A MINIMUM, THE AMBULANCE SERVICE MUST REVIEW THE EMS
1238 COMPACT DATABASE BEFORE EMPLOYMENT TO ESTABLISH THAT THE PROVIDER'S

1239 PRIVILEGE TO PRACTICE HAS NOT BEEN SUSPENDED OR REVOKED AND HAS NOT
1240 EXPIRED;

1241 C) AFTER CONDUCTING THE INITIAL LICENSURE/CERTIFICATION CHECK ON EMS
1242 PROVIDERS, AN AMBULANCE SERVICE MUST, AT A MINIMUM, REVIEW THE DEPARTMENT'S
1243 "OATH-PUBLIC LOOKUP" OR SUCCESSOR DATABASE, OR THE EMS COMPACT FOR OUT-
1244 OF-STATE LICENSED PROVIDERS, ON AN ANNUAL BASIS THEREAFTER TO ESTABLISH
1245 THAT EVERY EMS PROVIDER WHO IS EMPLOYED BY, CONTRACTS WITH, OR
1246 VOLUNTEERS FOR THE AMBULANCE SERVICE MAINTAINS A LICENSE OR CERTIFICATION
1247 OR HAS A VALID PRIVILEGE TO PRACTICE THAT HAS NOT BEEN SUSPENDED OR REVOKED,
1248 OR THAT HAS NOT EXPIRED.

1249 14.4.3 ROLE-SPECIFIC PERSONNEL STANDARDS

1250 A) EACH AMBULANCE SERVICE SHALL HAVE AN ADMINISTRATOR WHO IS RESPONSIBLE FOR
1251 THE SERVICE'S DAY-TO-DAY BUSINESS OPERATIONS.

1252 1) ADMINISTRATOR QUALIFICATIONS. ADMINISTRATORS HIRED AFTER JULY 1,
1253 2024, SHALL:

1254 A) POSSESS A HIGH SCHOOL DIPLOMA OR EQUIVALENT;

1255 B) HAVE AT LEAST SIX (6) MONTHS OF HEALTH CARE, EMERGENCY
1256 MEDICAL SERVICE, AMBULANCE SERVICE, HEALTH SERVICE
1257 ADMINISTRATION, OR GENERAL BUSINESS EXPERIENCE; AND

1258 C) HAVE NOT BEEN EXCLUDED FROM PARTICIPATION IN MEDICARE,
1259 MEDICAID, OR STATE HEALTH CARE PROGRAMS.

1260 2) THE ADMINISTRATOR OF AN AMBULANCE SERVICE SHALL ASSUME DAILY
1261 OVERSIGHT OF THE SERVICE INCLUDING, BUT NOT LIMITED TO, SERVING AS THE
1262 AMBULANCE SERVICE CONTACT PERSON WITH THE DEPARTMENT AND
1263 MAINTAINING ONGOING COMMUNICATIONS WITH THE DEPARTMENT.

1264 B) EACH AMBULANCE SERVICE SHALL HAVE A MEDICAL DIRECTOR WHO IS RESPONSIBLE
1265 FOR MEDICAL OVERSIGHT OF THE SERVICE AND ITS EMS PROVIDERS AS PROVIDED IN
1266 SECTION 11 OF THIS CHAPTER FOUR AND 6 CCR 1015-3, CHAPTER TWO.

1267 C) ALL EMS PROVIDERS HIRED BY, CONTRACTED WITH, OR VOLUNTEERING FOR THE
1268 SERVICE TO PROVIDE PATIENT CARE SHALL:

1269 1) HAVE A CURRENT LICENSE OR CERTIFICATION FROM THE STATE OF COLORADO
1270 PURSUANT TO 6 CCR 1015-3, CHAPTER ONE, OR HAVE A VALID EQUIVALENT
1271 PRIVILEGE TO PRACTICE AS AN EMS PROVIDER UNDER THE EMS COMPACT;

1272 2) OPERATE ONLY WITHIN THE SCOPE OF PRACTICE AS OUTLINED IN 6 CCR
1273 1015-3, CHAPTER TWO - RULES PERTAINING TO EMS PRACTICE AND
1274 MEDICAL DIRECTOR OVERSIGHT, OR UNDER SCOPE OF PRACTICE WAIVERS
1275 GRANTED BY THE DEPARTMENT TO THE MEDICAL DIRECTOR; AND

1276 3) BE CREDENTIALED TO PRACTICE BY THE AMBULANCE SERVICE'S MEDICAL
1277 DIRECTOR.

1278 D) ALL VEHICLE OPERATORS HIRED BY, CONTRACTED WITH, OR VOLUNTEERING FOR THE
1279 SERVICE AFTER JULY 1, 2024, SHALL:

1280 1) BE AT LEAST EIGHTEEN (18) YEARS OF AGE;

1281 2) HAVE A CURRENTLY VALID DRIVERS' LICENSE AS SET FORTH IN SECTIONS 42-
1282 2-101 *ET SEQ.*, C.R.S., WITH APPROPRIATE ENDORSEMENTS FOR THE VEHICLE
1283 CLASS; AND

1284 3) HAVE DOCUMENTATION OF SUCCESSFUL COMPLETION OF AN EMERGENCY
1285 VEHICLE OPERATOR COURSE (EVOC) OR EQUIVALENT COURSE.

1286 14.4.4 TRAINING AND ORIENTATION

1287 A) BEGINNING JULY 1, 2025, NO EMPLOYEE, CONTRACTOR, OR VOLUNTEER SHALL
1288 PROVIDE PATIENT CARE PRIOR TO RECEIVING ORIENTATION THAT SPECIFICALLY
1289 ADDRESSES THE FOLLOWING:

1290 1) MATTERS OF CONFIDENTIALITY, SAFETY, AND APPROPRIATE BEHAVIOR;

1291 2) THE INDIVIDUAL'S SPECIFIC DUTIES AND RESPONSIBILITIES PRIOR TO ASSUMING
1292 THE ROLE;

1293 3) THE SERVICE'S POLICIES, PROCEDURES, AND APPLICABLE STATE AND FEDERAL
1294 LAWS;

1295 4) AN OVERVIEW OF STATE REGULATORY OVERSIGHT AND, IF APPLICABLE, LOCAL
1296 REQUIREMENTS THAT APPLY TO THE AMBULANCE SERVICE AND EMS
1297 PROVIDER;
1298

1299 5) REPORTING REQUIREMENTS, INCLUDING MANDATORY INCIDENT REPORTING AS
1300 SET FORTH IN SECTION 9 OF THIS CHAPTER FOUR; AND

1301 6) PATIENT RIGHTS AS FOUND IN SECTION 14.3.

1302 14.4.5 PERSONNEL RECORDS

1303 A) AMBULANCE SERVICES SHALL MAINTAIN APPROPRIATE AND CURRENT PERSONNEL FILES
1304 FOR EACH EMPLOYEE, CONTRACTOR, AND VOLUNTEER AND SHALL RETAIN THOSE FILES
1305 FOR A MINIMUM OF THREE (3) YEARS, OR LONGER IF OTHERWISE REQUIRED, FOLLOWING
1306 AN EMPLOYEE'S, CONTRACTOR'S, OR VOLUNTEER'S SEPARATION FROM SERVICE.

1307 14.5 PATIENT RECORDS AND RECORDS RETENTION

1308 14.5.1 PATIENT RECORDS - THE AMBULANCE SERVICE SHALL IMPLEMENT PROCEDURES THAT
1309 ESTABLISH PATIENT RECORDS RETENTION REQUIREMENTS IN ACCORDANCE WITH STATE AND
1310 FEDERAL REQUIREMENTS, AND AT MINIMUM, THE FOLLOWING:

1311 A) FOR PURPOSES OF THESE RULES, THE AMBULANCE SERVICE SHALL MAINTAIN ITS
1312 PATIENT CARE REPORTS FOR NO LESS THAN SEVEN (7) YEARS.

B) If any changes/corrections, deletions, or other modifications are made to any portion of a patient care report:

1) They must be distinctly identified, and

2) The ambulance service must provide a reliable means to clearly identify the original content, the modified content, and the time, date, and authorship of each modification of the record.

14.5.2 Facility Access to Records

A) To facilitate the continuum of care, an ambulance service shall ensure that ambulance service employees, contractors, or volunteers provide receiving facility medical staff, at minimum, with a verbal patient report containing the details of the assessment and care provided to the patient.

B) A verbal patient report shall be followed by submission of patient care data as set forth in Section 10.2.1.

14.5.3 Patient Access to Records

The ambulance service shall implement procedures to allow patient access to the patient's medical records. The policies must include and identify, at a minimum, the method by which the patient or their legal representative may access the patient's medical records upon request.

14.5.4 Equipment and Vehicle Records

A) The ambulance service shall:

1) Require its employees, contractors, or volunteers to conduct and record routine medical equipment and medications checks, the records of which must be maintained for a period of two (2) years;

2) Maintain all vehicle maintenance records associated with each permitted ambulance for the life of the vehicle; and

3) Develop and implement a policy no later than July 1, 2025, regarding routine and scheduled maintenance for each piece of durable medical equipment that is used in each permitted ambulance. The scheduled maintenance must conform to manufacturers' recommendations, and all equipment maintenance records shall be maintained for the life of the equipment.

B) The ambulance service shall make available to the department for inspection all records required by Section 14.5.4(A) of this Chapter Four upon the department's request.

14.5.5 Permanent Closures

With regard to any individual patient records that the ambulance service is legally obligated to maintain, each licensee that surrenders its license shall:

A) Inform the department in writing of the specific plan providing for the storage of and patient access to individual patient records within ten (10) calendar days prior to closure; and

1352 B) ENSURE THAT THE DISPOSITION OF ALL PATIENT RECORDS IS IN ACCORDANCE WITH
1353 APPLICABLE STATE AND FEDERAL LAW.

1354 14.6 POLICIES AND PROCEDURES – FOR THE CONVENIENCE OF LICENSEES, THIS SECTION CONTAINS 1) A
1355 COMPILATION OF POLICIES REQUIRED BY THESE RULES THAT ARE NOT SET FORTH IN OTHER PARTS OF
1356 THIS RULE, AND 2) A COMPILATION OF POLICIES REQUIRED BY THESE RULES THAT ARE SET FORTH IN
1357 OTHER PARTS OF THIS RULE.

1358 14.6.1 EACH AMBULANCE SERVICE SHALL DEVELOP IN WRITING AND IMPLEMENT POLICIES AND
1359 PROCEDURES FOR THE FOLLOWING MATTERS THAT ARE NOT ELSEWHERE DESCRIBED IN THESE
1360 RULES:

1361 A) DESIGNATING, IN POLICY, THE POSITION TITLE OR ORGANIZATIONAL ROLE THAT WILL
1362 SERVE AS A BACKUP ADMINISTRATOR TO ACT IN THE ADMINISTRATOR'S ABSENCE AND
1363 WHO WILL, AT MINIMUM, MAINTAIN ON-CALL AVAILABILITY AT ALL HOURS EMPLOYEES ARE
1364 PROVIDING SERVICES. THE ADMINISTRATOR RETAINS ACCOUNTABILITY FOR THE
1365 OPERATIONS OF THE AMBULANCE SERVICE DURING THE BACKUP ADMINISTRATOR'S DAY-
1366 TO-DAY SUPERVISION AND CONTROL OF THE AMBULANCE SERVICE.

1367 B) THE AMBULANCE SERVICE'S MANNER OF RESPONDING TO, INVESTIGATING, AND
1368 RESOLVING COMPLAINTS RECEIVED TO ADDRESS, AT MINIMUM, THE PROCEDURES BY
1369 AND TIMEFRAMES IN WHICH THE AMBULANCE SERVICE SHALL PROCESS:

1370 1) COMPLAINT INTAKE;

1371 2) COMPLAINT INVESTIGATION;

1372 3) FACT-FINDING AND DECISION-MAKING;

1373 4) REFERRAL OF COMPLAINTS REGARDING MEDICAL CARE TO THE QA PROGRAM;

1374 5) NOTIFICATION OF THE COMPLAINT RESOLUTION WITH THE COMPLAINANT AND
1375 THE SUBJECT OF COMPLAINT, AS APPLICABLE;

1376 6) NOTIFICATION TO OTHER ENTITIES, IF APPLICABLE; AND

1377 7) RETENTION OF COMPLAINT FILES FOR AT LEAST FOUR (4) YEARS FOLLOWING
1378 RESOLUTION OF THE COMPLAINT.

1379 C) NO LATER THAN JULY 1, 2025, THE AMBULANCE SERVICE'S POLICY FOR
1380 DECOMMISSIONING OF AMBULANCES TO PROTECT THE INTEGRITY OF THE EMS SYSTEM.
1381 THE POLICY SHALL REQUIRE THAT WHEN THE AMBULANCE SERVICE SELLS, GIFTS,
1382 DECOMMISSIONS, OR TRANSFERS OWNERSHIP OF AN AMBULANCE TO AN ENTITY OTHER
1383 THAN AN AMBULANCE SERVICE LICENSED IN COLORADO OR AN EQUIVALENT ENTITY IN
1384 ANOTHER STATE OR COUNTRY, OR TO AN EMS EDUCATIONAL PROGRAM FOR TEACHING
1385 PURPOSES, IT SHALL REMOVE OR PERMANENTLY DEFACE:

1386 1) CHARACTERISTICS OF THE VEHICLE THAT IDENTIFY IT AS AN AMBULANCE,
1387 INCLUDING, BUT NOT LIMITED TO, ALL INSTANCES OF THE WORD "AMBULANCE"
1388 (INCLUDING REVERSE PRINT), MEDIC, PARAMEDIC, EMERGENCY, STAR OF LIFE
1389 EMBLEM, AND REFLECTIVE STRIPING;

1390 2) EMERGENCY LIGHTING THAT IS RED OR BLUE IN COLOR;

1391 3) SIRENS AND PUBLIC ADDRESS SYSTEMS; AND

1392 4) OTHER CHARACTERISTICS UNIQUE TO THE AMBULANCE SERVICE.

1393 14.6.2 EACH AMBULANCE SERVICE SHALL DEVELOP IN WRITING AND IMPLEMENT THESE POLICIES AND
1394 PROCEDURES THAT ARE REFERENCED ELSEWHERE IN THIS RULE, AND SHALL MAKE THEM
1395 AVAILABLE FOR DEPARTMENT INSPECTION. AT A MINIMUM, THE POLICIES AND PROCEDURES
1396 SHALL ADDRESS:

1397 A) NO LATER THAN JULY 1, 2025, THE PREVENTATIVE MAINTENANCE POLICY FOR
1398 VEHICLES AND DURABLE MEDICAL EQUIPMENT, AND MECHANICAL SAFETY INSPECTION
1399 REQUIREMENTS, AS SET FORTH IN SECTIONS 3.5.2.D, 3.7.2.D, 3.11.1.B, AND
1400 14.5.4.A;

1401 B) THE MINIMUM EQUIPMENT REQUIREMENTS FOR EACH PERMITTED AMBULANCE AS
1402 REQUIRED BY SECTION 13, SECTIONS 3.5.2.D AND 3.7.2.F, MEDICAL PROTOCOLS,
1403 CURRENT EMERGENCY MEDICAL CARE STANDARDS, AND ANY APPLICABLE SCOPE OF
1404 PRACTICE WAIVERS;

1405 C) NO LATER THAN JULY 1, 2025, STAFF TRAINING REGARDING MANDATORY INCIDENT
1406 REPORTING AND OBLIGATION TO REPORT TO THE AMBULANCE SERVICE ADMINISTRATOR
1407 AS SET FORTH IN SECTION 9;

1408 D) THE MANNER IN WHICH THE AMBULANCE SERVICE WILL ENSURE THE AVAILABILITY OF
1409 PATIENT CARE REPORTS TO ALL FACILITIES THAT CANNOT OTHERWISE ACCESS THESE
1410 REPORTS, AS SET FORTH IN SECTION 10.1.1.B;

1411 E) THE REQUIREMENTS OF THE AMBULANCE SERVICE'S QUALITY ASSURANCE PROGRAM
1412 (QA), AS SET FORTH IN SECTION 11.3;

1413 F) THE AMBULANCE SERVICE'S STAFFING PATTERN AND SAFETY CONSIDERATIONS AS SET
1414 FORTH IN SECTION 12.2.1;

1415 G) COMMUNICATIONS EQUIPMENT THAT MEETS THE MINIMUM STANDARDS SET FORTH IN
1416 SECTION 13.2.3(A) AND (B);

1417 H) PATIENT RIGHTS AS SET FORTH IN SECTION 14.3;

1418 I) THE AMBULANCE SERVICE'S PATIENT RECORD RETENTION REQUIREMENTS IN
1419 ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS AND SECTION 14.5;

1420 J) TRANSFER OF CARE OF A PATIENT AS SET FORTH IN SECTION 14.5.2; AND

1421 K) ACCESS TO PATIENT RECORDS AS SET FORTH IN SECTION 14.5.3.

1422 **SECTION 15 – CRITERIA FOR ADMINISTRATIVE WAIVERS TO RULES**

1423 15.1 ANY AMBULANCE SERVICE MAY APPLY TO THE DEPARTMENT FOR AN ADMINISTRATIVE WAIVER TO THESE
1424 RULES BASED ON ESTABLISHED NEED. WAIVERS TO EMS PROVIDER SCOPE OF PRACTICE ARE GOVERNED
1425 BY 6 CCR 1015-3, CHAPTER TWO.

1426 15.1.1 THE DEPARTMENT MAY GRANT AN ADMINISTRATIVE WAIVER OF A RULE IF THE APPLICANT
1427 SATISFACTORILY DEMONSTRATES:

1428 A) THE PROPOSED ADMINISTRATIVE WAIVER DOES NOT ADVERSELY AFFECT THE HEALTH
1429 AND SAFETY OF A PATIENT; AND

1430 B) IN THE PARTICULAR SITUATION, THE REQUIREMENT SERVES NO BENEFICIAL PURPOSE;
1431 OR

1432 C) CIRCUMSTANCES INDICATE THAT THE PUBLIC BENEFIT OF WAIVING THE REQUIREMENT
1433 OUTWEIGHS THE PUBLIC BENEFIT TO BE GAINED BY STRICT ADHERENCE TO THE
1434 REQUIREMENT.

1435 15.1.2 ADMINISTRATIVE WAIVERS CANNOT BE GRANTED FOR ANY STATUTORY REQUIREMENT UNDER
1436 STATE OR FEDERAL LAW, OR FOR REQUIREMENTS UNDER LOCAL CODES OR ORDINANCES.

1437 15.1.3 ADMINISTRATIVE WAIVERS ARE GENERALLY GRANTED FOR A LIMITED TERM AND SHALL BE
1438 GRANTED FOR A PERIOD NO LONGER THAN THE CURRENT LICENSE AND/OR PERMIT TERM.

1439 15.2 A LICENSED AMBULANCE SERVICE MUST FULLY COMPLY WITH ALL RULES UNLESS IT HAS RECEIVED
1440 OFFICIAL WRITTEN AUTHORIZATION FROM THE DEPARTMENT GRANTING AN ADMINISTRATIVE WAIVER FOR A
1441 SPECIFIC RULE.

1442 15.3 LICENSED AMBULANCE SERVICES THAT SEEK AN ADMINISTRATIVE WAIVER SHALL SUBMIT A COMPLETED
1443 APPLICATION TO THE DEPARTMENT IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT.

1444 15.3.1 THE REQUEST FOR AN ADMINISTRATIVE WAIVER SHALL INCLUDE, BUT NOT BE LIMITED TO, THE
1445 TEXT OF OR A DESCRIPTION OF THE RULE TO BE WAIVED, AND THE JUSTIFICATION FOR THE
1446 WAIVER.

1447 15.3.2 THE DEPARTMENT MAY:

1448 A) REQUIRE THE APPLICANT TO PROVIDE ADDITIONAL INFORMATION IF THE INITIAL WAIVER
1449 REQUEST IS DETERMINED TO BE INSUFFICIENT; AND

1450 B) CONSIDER ANY OTHER INFORMATION IT DEEMS RELEVANT, INCLUDING BUT NOT LIMITED
1451 TO COMPLAINT INVESTIGATION REPORTS AND COMPLIANCE HISTORY.

1452 15.3.3 A WAIVER REQUEST SHALL NOT BE CONSIDERED COMPLETE UNTIL ALL OF THE INFORMATION
1453 REQUIRED BY THE DEPARTMENT IS SUBMITTED.

1454 15.3.4 THE COMPLETED WAIVER REQUEST SHALL BE SUBMITTED TO THE DEPARTMENT IN A TIMELY
1455 FASHION SO AS TO ENSURE COMPLIANCE WITH THESE RULES.

1456 A) WAIVER REQUESTS MAY BE SUBMITTED BY AMBULANCE SERVICE STAFF BUT SHALL
1457 INCLUDE SPECIFIC AUTHORIZATION BY THE AMBULANCE SERVICE'S ADMINISTRATOR.

1458 15.3.5 THE WAIVER REQUEST SHALL BE A MATTER OF PUBLIC RECORD AND IS SUBJECT TO DISCLOSURE
1459 REQUIREMENTS UNDER THE COLORADO OPEN RECORDS ACT (SECTION 24-72-200.1 *ET SEQ.*,
1460 C.R.S.).

1461 15.4 AFTER REVIEWING THE INITIAL WAIVER REQUEST, THE DEPARTMENT SHALL MAKE A DECISION ON THE
1462 REQUEST AND SEND NOTICE OF THAT DECISION TO THE LICENSED AMBULANCE SERVICE.

1463 15.4.1 IF THE ADMINISTRATIVE WAIVER IS GRANTED, THE DEPARTMENT WILL SPECIFY:

1464 A) THE EFFECTIVE DATE AND EXPIRATION DATE OF THE ADMINISTRATIVE WAIVER; AND

1465 B) TERMS AND CONDITIONS OF THE ADMINISTRATIVE WAIVER.

1466 15.4.2 THE DEPARTMENT MAY DENY, REVOKE, OR SUSPEND AN ADMINISTRATIVE WAIVER IF IT
1467 DETERMINES THAT:

1468 A) ITS APPROVAL OR CONTINUATION JEOPARDIZES THE HEALTH, SAFETY, AND/OR WELFARE
1469 OF PATIENTS;

1470 B) THE AMBULANCE SERVICE HAS PROVIDED FALSE OR MISLEADING INFORMATION IN THE
1471 WAIVER REQUEST;

1472 C) THE AMBULANCE SERVICE HAS FAILED TO COMPLY WITH CONDITIONS OF AN APPROVED
1473 WAIVER; OR

1474 D) A CHANGE IN FEDERAL OR STATE LAW PROHIBITS CONTINUATION OF THE WAIVER.

1475 15.5 IF THE DEPARTMENT DENIES AN ADMINISTRATIVE WAIVER REQUEST OR REVOKES OR SUSPENDS AN
1476 ADMINISTRATIVE WAIVER, IT SHALL PROVIDE THE AMBULANCE SERVICE WITH A NOTICE EXPLAINING THE
1477 BASIS FOR THE ACTION. THE NOTICE SHALL ALSO INFORM THE AMBULANCE SERVICE OF ITS RIGHT TO
1478 APPEAL AND THE PROCEDURE FOR APPEALING THE ACTION.

1479 15.6 APPEALS OF DEPARTMENTAL ACTIONS SHALL BE CONDUCTED IN ACCORDANCE WITH THE STATE
1480 ADMINISTRATIVE PROCEDURE ACT, SECTION 24-4-101, *ET SEQ.*, C.R.S.

1481 15.7 IF A RULE PERTAINING TO AN EXISTING ADMINISTRATIVE WAIVER IS AMENDED OR REPEALED OBVIATING
1482 THE NEED FOR THE WAIVER, THE ADMINISTRATIVE WAIVER SHALL EXPIRE ON THE EFFECTIVE DATE OF THE
1483 RULE CHANGE.

1484 15.8 IF AN AMBULANCE SERVICE HAS MADE A TIMELY AND SUFFICIENT REQUEST TO EXTEND AN EXISTING
1485 ADMINISTRATIVE WAIVER AND THE DEPARTMENT FAILS TO TAKE ACTION PRIOR TO THE WAIVER'S
1486 EXPIRATION DATE, THE EXISTING ADMINISTRATIVE WAIVER SHALL NOT EXPIRE UNTIL THE DEPARTMENT
1487 ACTS UPON THE REQUEST. THE DEPARTMENT, IN ITS SOLE DISCRETION, SHALL DETERMINE WHETHER THE
1488 REQUEST WAS TIMELY AND SUFFICIENT.

1489 **SECTION 16 – COUNTY AND CITY-AND-COUNTY AUTHORIZATION TO OPERATE**

1490 16.1 LOCAL AUTHORIZATION TO OPERATE

1491 16.1.1 ON AND AFTER JULY 1, 2024, A LICENSED AMBULANCE SERVICE SHALL NOT OPERATE ON A
1492 REGULAR BASIS WITHOUT A LOCAL AUTHORIZATION TO OPERATE FROM THE GOVERNING BODY OF
1493 A CITY-AND-COUNTY OR THE BOARD OF COUNTY COMMISSIONERS FOR THE COUNTY OR CITY-
1494 AND-COUNTY ("LOCAL AUTHORIZING AUTHORITY") IN WHICH THE AMBULANCE SERVICE OPERATES
1495 OR SEEKS TO OPERATE, EXCEPT AS PROVIDED BELOW:

1496 A) LICENSED AMBULANCE SERVICES THAT DO NOT OPERATE ON A REGULAR BASIS AS
1497 DEFINED IN SECTION 16.2.2 DO NOT HAVE TO OBTAIN AN AUTHORIZATION TO OPERATE.

1498 B) LICENSED AMBULANCE SERVICES DO NOT HAVE TO OBTAIN LOCAL AUTHORIZATION TO
1499 OPERATE ON A REGULAR BASIS IN COUNTIES OR CITY-AND-COUNTIES THAT HAVE OPTED
1500 OUT OF ISSUING AUTHORIZATIONS TO OPERATE IN ACCORDANCE WITH SECTION 16.7 OF
1501 THIS CHAPTER FOUR.

1502 C) LOCAL AUTHORIZATION TO OPERATE IS NOT REQUIRED FOR ANY OF THE EXEMPTIONS
1503 SET FORTH IN SECTION 3.3 OF THIS CHAPTER FOUR.

1504 16.2 OPERATE ON A REGULAR BASIS

1505 16.2.1 A LICENSED AMBULANCE SERVICE THAT INITIATES A PATIENT TRANSPORT FROM POINTS
1506 ORIGINATING IN A COUNTY OR CITY-AND-COUNTY IS DEEMED TO OPERATE ON A REGULAR BASIS
1507 WITHIN THAT JURISDICTION IF ANY OF THE FOLLOWING CONDITIONS ARE SATISFIED:

1508 A) THE AMBULANCE SERVICE ESTABLISHES A FIXED OPERATIONAL BASE IN THE
1509 JURISDICTION GOVERNED BY THE LOCAL AUTHORIZING AUTHORITY AND PROVIDES,
1510 WITHIN THAT JURISDICTION, PATIENT TRANSPORT IN A PREHOSPITAL SETTING;

1511 B) THE AMBULANCE SERVICE INITIATES OR IS EXPECTED TO INITIATE PATIENT TRANSPORT
1512 IN THE JURISDICTION GOVERNED BY THE LOCAL AUTHORIZING AUTHORITY TWELVE (12)
1513 OR MORE TIMES IN ANY CALENDAR YEAR; OR

1514 C) THE AMBULANCE SERVICE ENTERS INTO ANY CONTRACTUAL AGREEMENT,
1515 MEMORANDUM OF UNDERSTANDING, OR OTHER LEGAL INSTRUMENT FOR THE PROVISION
1516 OF AMBULANCE SERVICES:

1517 1) WITH THE LOCAL AUTHORIZING AUTHORITY;

1518 2) WITH AN ENTITY THAT HAS ENTERED INTO ANY CONTRACTUAL AGREEMENT,
1519 MEMORANDUM OF UNDERSTANDING, OR OTHER LEGAL INSTRUMENT WITH THE
1520 LOCAL AUTHORIZING AUTHORITY; OR

1521 3) WITHIN THE JURISDICTION OF THE LOCAL AUTHORIZING AUTHORITY.

1522 16.2.2 AN AMBULANCE SERVICE IS NOT CONSIDERED TO BE OPERATING ON A REGULAR BASIS AND IS
1523 NOT REQUIRED TO OBTAIN AN AUTHORIZATION TO OPERATE IN ANY OF THE FOLLOWING
1524 INSTANCES:

1525 A) AMBULANCE SERVICES THAT INITIATE, OR ARE EXPECTED TO INITIATE, A PATIENT
1526 TRANSPORT IN THE JURISDICTION GOVERNED BY THE LOCAL AUTHORIZING AUTHORITY
1527 ELEVEN (11) OR FEWER TIMES IN ANY CALENDAR YEAR;

1528 B) TRANSPORTS THAT ARE INITIATED UNDER CIRCUMSTANCES IN WHICH LOCALLY-
1529 AUTHORIZED GROUND AMBULANCE SERVICES ARE UNAVAILABLE;

1530 C) TRANSPORTS BY AN EMERGENCY RESPONDER, AS DEFINED IN SECTION 24-33.5-
1531 1235(2)(D)(I), C.R.S., THAT PROVIDES AMBULANCE SERVICES AS PART OF/IN
1532 CONJUNCTION WITH THE COLORADO COORDINATED REGIONAL MUTUAL AID SYSTEM OR
1533 THE REGIONAL AND STATEWIDE MUTUAL AID SYSTEM, PURSUANT TO SECTION 24-33.5-
1534 1235(4)(F), C.R.S.; OR

1535 D) TRANSPORTS CONDUCTED PURSUANT TO MUTUAL AID AGREEMENTS.

1536 16.3 ISSUANCE OF LOCAL AUTHORIZATION TO OPERATE

1537 16.3.1 IF, ON OR BEFORE AUGUST 1, 2024, A COUNTY OR CITY-AND-COUNTY HAS NOT IMPLEMENTED
1538 THE ISSUANCE OF AUTHORIZATION TO OPERATE AND HAS NOT OPTED OUT OF ISSUING
1539 AUTHORIZATION TO OPERATE, LICENSED AMBULANCE SERVICES OPERATING ON A REGULAR
1540 BASIS IN THOSE JURISDICTIONS SHALL BE CONSIDERED TO HAVE OBTAINED AUTHORIZATION TO
1541 OPERATE FROM THOSE JURISDICTIONS UNTIL:

1542 A) THE COUNTY OR CITY-AND-COUNTY IMPLEMENTS AN AUTHORIZATION TO OPERATE
1543 PROCESS; OR

1544 B) THE COUNTY OR CITY-AND-COUNTY OPTS OUT OF ISSUING AUTHORIZATION TO OPERATE
1545 IN ACCORDANCE WITH SECTION 16.7 BELOW.

1546 16.3.2 ANY COUNTY OR CITY-AND-COUNTY THAT REQUIRES AMBULANCE SERVICES TO RECEIVE LOCAL
1547 AUTHORIZATION TO OPERATE IN ITS JURISDICTION SHALL:

1548 A) REQUIRE EVERY APPLICANT TO SUBMIT AN APPLICATION, IN A FORM AND MANNER AS
1549 DETERMINED BY THE DEPARTMENT, TO THE COUNTY OR CITY-AND-COUNTY; AND

1550 B) NOTIFY THE DEPARTMENT AT LEAST ON AN ANNUAL BASIS, OR WITHIN THIRTY (30) DAYS
1551 OF WHEN THE COUNTY OR CITY-AND- COUNTY EITHER ISSUES OR TERMINATES AN
1552 AMBULANCE SERVICE'S LOCAL AUTHORIZATION.

1553 16.4 IF A COUNTY OR CITY-AND-COUNTY ENACTS AN ORDINANCE OR RESOLUTION GOVERNING THE LOCAL
1554 AUTHORIZATION TO OPERATE, THE ORDINANCE OR RESOLUTION MAY:

1555 16.4.1 LIMIT THE NUMBER OF AMBULANCE SERVICES THAT WILL BE AUTHORIZED TO OPERATE WITHIN
1556 THE COUNTY'S OR CITY-AND-COUNTY'S JURISDICTION;

1557 16.4.2 DETERMINE AND PRESCRIBE AMBULANCE SERVICE AREAS WITHIN THE COUNTY'S OR CITY-AND-
1558 COUNTY'S JURISDICTION;

1559 16.4.3 AUTHORIZE THE LOCAL AUTHORITY TO CONTRACT WITH AMBULANCE SERVICES; AND

1560 16.4.4 ESTABLISH OTHER NECESSARY REQUIREMENTS THAT ARE CONSISTENT WITH STATUTE AND
1561 THESE RULES.

1562 16.5 A COUNTY OR CITY-AND-COUNTY SHALL NOT IMPOSE STANDARDS THAT ARE LESS STRINGENT THAN THE
1563 MINIMUM STANDARDS SET FORTH IN THESE RULES.

1564 16.5.1 HOWEVER, A COUNTY OR CITY-AND-COUNTY MAY IMPOSE OBLIGATIONS THAT EXCEED THE
1565 MINIMUM STANDARDS SET FORTH IN THESE RULES THROUGH THE USE OF MEMORANDA OF
1566 UNDERSTANDING, CONTRACTS, OR OTHER SUCH AGREEMENTS.

1567 16.6 PURSUANT TO SECTION 25-3.5-314(5)(E), C.R.S., A LOCAL AUTHORITY THAT SUSPENDS OR REVOKES
1568 AN AMBULANCE SERVICE'S LOCAL AUTHORIZATION TO OPERATE IN ITS JURISDICTION SHALL, WITHIN
1569 THIRTY (30) DAYS OF ISSUING THE SUSPENSION OR REVOCATION:

1570 16.6.1 NOTIFY THE DEPARTMENT OF THE SUSPENSION OR REVOCATION; AND

1571 16.6.2 PROVIDE SUPPORTING DOCUMENTATION FOR THE DEPARTMENT'S REVIEW OF THE POSSIBLE
1572 EFFECT THAT THE SUSPENSION OR REVOCATION HAS ON THE AMBULANCE SERVICE'S STATE
1573 LICENSE.

1574 16.7 OPTING OUT OF LOCAL AUTHORIZATION TO OPERATE

1575 16.7.1 A COUNTY OR CITY-AND-COUNTY IS REQUIRED EITHER TO ISSUE LOCAL AUTHORIZATION TO
1576 OPERATE OR OPT-OUT OF ISSUING LOCAL AUTHORIZATION TO OPERATE.

1577 A) AFTER JULY 1, 2024, AND BEFORE JULY 1 OF ANY YEAR THEREAFTER, ANY COUNTY OR
1578 CITY-AND-COUNTY THAT OPTS OUT OF ISSUING LOCAL AUTHORIZATION TO OPERATE
1579 WITHIN ITS JURISDICTION TO AMBULANCE SERVICES SHALL NOTIFY THE DEPARTMENT

1580 WITHIN THIRTY (30) DAYS OF ITS DECISION TO OPT OUT IN A FORM AND MANNER AS
1581 DETERMINED BY THE DEPARTMENT.

1582 B) HOWEVER, A COUNTY OR CITY-AND-COUNTY THAT HAS OPTED OUT OF ISSUING LOCAL
1583 AUTHORIZATION TO OPERATE IS NOT PROHIBITED FROM DETERMINING AT A LATER DATE
1584 TO REVERSE ITS DECISION AND TO REQUIRE LICENSED GROUND AMBULANCE SERVICES
1585 THAT OPERATE ON A REGULAR BASIS IN ITS JURISDICTION TO OBTAIN LOCAL
1586 AUTHORIZATION TO OPERATE. UNDER THESE CIRCUMSTANCES, THE COUNTY OR CITY-
1587 AND-COUNTY SHALL NOTIFY THE DEPARTMENT OF ITS DECISION WITHIN THIRTY (30)
1588 DAYS.

1589 **SECTION 17 - INCORPORATION BY REFERENCE**

1590 17.1 PUBLISHED MATERIAL INCORPORATED BY REFERENCE.

1591 17.1.1 THROUGHOUT THIS CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND
1592 AMBULANCE SERVICES ("STATE GROUND AMBULANCE RULES"), FEDERAL REGULATIONS, STATE
1593 REGULATIONS, AND STANDARDS OR GUIDELINES OF OUTSIDE ORGANIZATIONS HAVE BEEN
1594 ADOPTED AND INCORPORATED BY REFERENCE. UNLESS A PRIOR VERSION OF THE
1595 INCORPORATED MATERIAL IS OTHERWISE SPECIFICALLY INDICATED, THE MATERIALS
1596 INCORPORATED BY REFERENCE HEREIN INCLUDE ONLY THOSE VERSIONS THAT WERE IN EFFECT
1597 AS OF DECEMBER 20, 2023, AND SUCH INCORPORATION DOES NOT INCLUDE LATER
1598 AMENDMENTS TO OR EDITIONS OF THE REFERENCED MATERIAL.

1599 17.1.2 MATERIALS INCORPORATED BY REFERENCE ARE AVAILABLE FOR PUBLIC INSPECTION, AND
1600 COPIES (INCLUDING CERTIFIED COPIES) CAN BE OBTAINED AT REASONABLE COST, DURING
1601 NORMAL BUSINESS HOURS FROM THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
1602 ENVIRONMENT, HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION, 4300
1603 CHERRY CREEK DRIVE SOUTH, DENVER, COLORADO 80246.

1604 17.1.3 A COPY OF THE MATERIALS INCORPORATED IN THESE STATE GROUND AMBULANCE RULES IS
1605 AVAILABLE FOR PUBLIC INSPECTION AT THE STATE PUBLICATIONS DEPOSITORY AND
1606 DISTRIBUTION CENTER OF THE COLORADO STATE LIBRARY.

1607 17.2 AVAILABILITY FROM SOURCE AGENCIES OR ORGANIZATIONS

1608 17.2.1 ALL FEDERAL AGENCY REGULATIONS INCORPORATED BY REFERENCE IN THESE RULES ARE
1609 AVAILABLE AT NO COST IN THE ONLINE EDITION OF THE CODE OF FEDERAL REGULATIONS (CFR)
1610 HOSTED BY THE U.S. GOVERNMENT PRINTING OFFICE, ONLINE AT WWW.GOVINFO.GOV.

1611 A) 49 C.F.R PART 566,

1612 B) 49 C.F.R. PART 567, AND

1613 C) 49 C.F.R. PART 568

1614 17.2.2 ALL STATE REGULATIONS INCORPORATED BY REFERENCE HEREIN ARE AVAILABLE AT NO COST IN
1615 THE ONLINE EDITION OF THE CODE OF COLORADO REGULATIONS (CCR) HOSTED BY THE
1616 COLORADO SECRETARY OF STATE'S OFFICE, ONLINE AT HEALTH FACILITIES AND EMERGENCY
1617 MEDICAL SERVICES DIVISION.

1618 17.3 INTERESTED PERSONS MAY OBTAIN CERTIFIED COPIES OF ANY NON-COPYRIGHTED MATERIAL FROM THE
1619 DEPARTMENT AT COST UPON REQUEST. INFORMATION REGARDING HOW THE INCORPORATED MATERIALS
1620 MAY BE OBTAINED OR EXAMINED IS AVAILABLE FROM THE DIVISION BY CONTACTING:

1621 EMTS BRANCH CHIEF
1622 HEALTH FACILITIES AND EMS DIVISION
1623 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
1624 4300 CHERRY CREEK DRIVE SOUTH
1625 DENVER, COLORADO 80246-1530

December 8, 2023

State Board of Health
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, EDO-A5
Denver, CO 80246-1530

Dear Board of Health:

Pursuant to Section 25-3.5-104(4)(d), C.R.S., the Department's advisory council, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) reviews and approves new rules or modifications to rules on the emergency medical and trauma services system. On December 6, 2023, at a special meeting of SEMTAC, the draft rules for 6 CCR 1015-3, Chapter Four - Rules Pertaining to Licensure of Ground Ambulance Services were reviewed and discussed. The proposed rule revisions were developed in response to Senate Bill 22-225, transferring the authority to license and regulate ground ambulance services from individual counties to the Department. SEMTAC declined to approve the entirety of the draft rules as presented by the Department, and unanimously approved the following motion:

"To approve the rules as presented in the December 6th, 2023 draft, with Section 9 as amended, with the amendment of section 3.5.1 to allow for the implementation date of section 14 to be July 1, 2026. The motion also includes a mandatory review of the rules, its successes and issues, for potential revision to begin January 2027.

And amend section 14.4.3 D 3 to read - have documentation of successful completion of an emergency vehicle operation course or department approved program."

Sincerely yours,

Timothy Dienst
Chair
State Emergency Medical and Trauma Services Advisory

An Act

SENATE BILL 22-225

BY SENATOR(S) Zenzinger and Liston, Buckner, Fields, Ginal, Gonzales, Hansen, Lee, Moreno, Rankin, Smallwood, Story;
also REPRESENTATIVE(S) Roberts and Baisley, Bird, Caraveo, Exum, Lindsay, McCluskie, Titone, Valdez D., Will.

CONCERNING EMERGENCY MEDICAL SERVICES IN THE STATE, AND, IN CONNECTION THEREWITH, CREATING AN EMERGENCY MEDICAL SERVICES SYSTEM SUSTAINABILITY TASK FORCE AND REQUIRING AMBULANCE SERVICES TO OBTAIN A STATE LICENSE FROM THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, 25-3.5-102, **add** (4) as follows:

25-3.5-102. Legislative declaration. (4) THE GENERAL ASSEMBLY ALSO FINDS THAT:

(a) COLORADO'S EMERGENCY MEDICAL SERVICES SYSTEM NOT ONLY PROVIDES INDIVIDUALS WHO ARE ILL OR INJURED EMERGENCY MEDICAL AND

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

RECOMMENDATIONS REGARDING THE STATE OF EMERGENCY MEDICAL SERVICES IN THE STATE;

(b) ON OR BEFORE SEPTEMBER 1, 2024, THE TASK FORCE SHALL SUBMIT A REPORT SUMMARIZING ITS PHASE TWO FINDINGS AND RECOMMENDATIONS REGARDING EQUITABLE ACCESS TO EMERGENCY MEDICAL SERVICES;

(c) ON OR BEFORE SEPTEMBER 1, 2025, THE TASK FORCE SHALL SUBMIT A REPORT SUMMARIZING ITS PHASE THREE FINDINGS AND RECOMMENDATIONS REGARDING WORKFORCE RECRUITING AND RETENTION CONSIDERATIONS;

(d) ON OR BEFORE SEPTEMBER 1, 2026, THE TASK FORCE SHALL SUBMIT A REPORT SUMMARIZING ITS PHASE FOUR FINDINGS AND RECOMMENDATIONS REGARDING FINANCIAL SUSTAINABILITY OF THE STATE'S EMERGENCY MEDICAL SERVICES SYSTEM; AND

(e) ON OR BEFORE JANUARY 1, 2027, THE TASK FORCE SHALL SUBMIT A FINAL REPORT SUMMARIZING ITS PHASE FIVE FINDINGS AND RECOMMENDATIONS REGARDING IMPLEMENTATION OF PREVIOUS RECOMMENDATIONS AND ITS RECOMMENDATIONS REGARDING LONG-TERM SUSTAINABILITY OF THE EMERGENCY MEDICAL SERVICES SYSTEM.

(5) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2027.

SECTION 4. In Colorado Revised Statutes, **add** 25-3.5-314, 25-3.5-315, 25-3.5-316, 25-3.5-317, and 25-3.5-318 as follows:

25-3.5-314. Ambulance service - license required - exceptions - rules - local authorization to operate - penalties - liability insurance. (1) **State license required.** ON AND AFTER JULY 1, 2024, AND EXCEPT AS PROVIDED IN SUBSECTION (2) OF THIS SECTION, A PERSON SHALL NOT OPERATE OR MAINTAIN AN AMBULANCE SERVICE WITHOUT A LICENSE ISSUED BY THE DEPARTMENT AND WITHOUT AUTHORIZATION TO OPERATE FROM THE LOCAL LICENSING AUTHORITY FOR THE COUNTY OR CITY AND COUNTY IN WHICH THE AMBULANCE SERVICE OPERATES OR SEEKS TO OPERATE.

(2) **Exceptions.** SUBSECTION (1) OF THIS SECTION DOES 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 ACT OF TRANSPORTING PATIENTS;

(b) A VEHICLE RENDERING SERVICES AS AN AMBULANCE DURING A MAJOR CATASTROPHE OR EMERGENCY WHEN AMBULANCES WITH AUTHORIZATIONS TO OPERATE IN THE COUNTY OR CITY AND COUNTY IN WHICH THE MAJOR CATASTROPHE OR EMERGENCY OCCURRED OR IS OCCURRING ARE INSUFFICIENT TO RENDER THE AMBULANCE SERVICES REQUIRED;

(c) AN AMBULANCE BASED OUTSIDE OF THE STATE THAT IS TRANSPORTING A PATIENT INTO THE STATE;

(d) A VEHICLE USED OR DESIGNED FOR THE SCHEDULED TRANSPORTATION OF CONVALESCENT PATIENTS, INDIVIDUALS WITH DISABILITIES, OR INDIVIDUALS WHO WOULD NOT BE EXPECTED TO REQUIRE SKILLED TREATMENT OR CARE WHILE IN THE VEHICLE; AND

(e) A VEHICLE USED SOLELY FOR THE TRANSPORTATION OF AN INTOXICATED PERSON, AS DEFINED IN SECTION 27-81-102 (11), WHO IS NOT OTHERWISE DISABLED OR SERIOUSLY INJURED AND WHO WOULD NOT BE EXPECTED TO REQUIRE SKILLED TREATMENT OR CARE WHILE IN THE VEHICLE.

(3) **Issuance of licenses.** (a) BEGINNING JULY 1, 2024, THE DEPARTMENT SHALL ISSUE AN INITIAL LICENSE TO AN AMBULANCE SERVICE THAT, AS OF JUNE 30, 2024, HOLDS A VALID LICENSE ISSUED BY A LOCAL JURISDICTION.

(b) AN APPLICANT FOR A LICENSE SHALL SUBMIT TO THE DEPARTMENT, IN THE FORM AND MANNER DETERMINED BY THE BOARD BY RULE, EVIDENCE THAT THE AMBULANCE SERVICE THAT IS THE SUBJECT OF THE APPLICATION, ITS EMPLOYEES, AND ANY CONTRACTORS THAT THE AMBULANCE SERVICE USES AS STAFF ARE COVERED BY GENERAL LIABILITY INSURANCE. THE BOARD, BY RULE, SHALL DETERMINE THE MINIMUM AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE REQUIRED, WHICH AMOUNT MUST NOT BE LESS THAN THE AMOUNT CALCULATED IN ACCORDANCE WITH SECTION 24-10-114 (1)(a) AND (1)(b).

(4) **Violations - penalties.** (a) A PERSON THAT OPERATES AN

AMBULANCE SERVICE WITHOUT A LICENSE ISSUED PURSUANT TO THIS PART 3 COMMITS A PETTY OFFENSE AND SHALL BE PUNISHED AS PROVIDED IN SECTION 18-1.3-503 (1.5).

(b) (I) AN OWNER OR OPERATOR OF AN AMBULANCE SERVICE OR OTHER PERSON WHO VIOLATES THIS PART 3 OR A RULE ADOPTED PURSUANT TO THIS PART 3 OR WHO OPERATES WITHOUT A VALID LICENSE IS SUBJECT TO A CIVIL PENALTY OF:

(A) UP TO FIVE HUNDRED DOLLARS PER VIOLATION; OR

(B) FOR EACH DAY OF A CONTINUING VIOLATION, UP TO FIVE HUNDRED DOLLARS PER DAY.

(II) THE DEPARTMENT SHALL ASSESS AND COLLECT THE CIVIL PENALTIES. BEFORE COLLECTING A CIVIL PENALTY, THE DEPARTMENT SHALL PROVIDE THE PERSON ALLEGED TO HAVE COMMITTED THE VIOLATION WITH NOTICE AND AN OPPORTUNITY TO BE HEARD IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24.

(III) THE DEPARTMENT SHALL TRANSMIT ALL CIVIL PENALTIES COLLECTED TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL FUND.

(5) **County or city and county authorization to operate - rules.** (a) (I) AN AMBULANCE SERVICE SEEKING TO OPERATE ON A REGULAR BASIS, AS DEFINED BY THE BOARD BY RULE, IN A COUNTY OR CITY AND COUNTY SHALL FILE AN INTENT TO OPERATE WITH THE LOCAL LICENSING AUTHORITY FOR THE COUNTY OR CITY AND COUNTY IN WHICH THE AMBULANCE SERVICE INTENDS TO OPERATE ON FORMS PROVIDED BY THE DEPARTMENT AND CONTAINING SUCH INFORMATION AS THE DEPARTMENT MAY REQUIRE.

(II) AN AMBULANCE SERVICE SHALL NOT OPERATE IN A COUNTY OR A CITY AND COUNTY UNLESS THE AMBULANCE SERVICE HAS OBTAINED AUTHORIZATION TO OPERATE FROM THE COUNTY OR THE CITY AND COUNTY.

(III) A COUNTY OR CITY AND COUNTY MAY ENACT AN ORDINANCE OR RESOLUTION GOVERNING THE AUTHORIZATION TO OPERATE AMBULANCE SERVICES WITHIN THE COUNTY OR CITY AND COUNTY. THE ORDINANCE OR RESOLUTION MAY:

(A) LIMIT THE NUMBER OF AMBULANCE SERVICES THAT WILL BE AUTHORIZED TO OPERATE WITHIN THE COUNTY'S OR CITY AND COUNTY'S JURISDICTION;

(B) DETERMINE AND PRESCRIBE AMBULANCE SERVICE AREAS WITHIN THE COUNTY'S OR CITY AND COUNTY'S JURISDICTION;

(C) AUTHORIZE THE LOCAL LICENSING AUTHORITY TO CONTRACT WITH AMBULANCE SERVICES;

(D) AUTHORIZE THE LOCAL LICENSING AUTHORITY TO ENTER INTO MEMORANDA OF UNDERSTANDING, CONTRACTS, OR OTHER SUCH AGREEMENTS TO IMPOSE OBLIGATIONS ON AMBULANCE SERVICES THAT ARE MORE STRINGENT THAN THE OBLIGATIONS IMPOSED UNDER THIS PART 3 AND RULES ADOPTED PURSUANT TO THIS PART 3; AND

(E) ESTABLISH OTHER NECESSARY REQUIREMENTS THAT ARE CONSISTENT WITH THIS PART 3 OR RULES ADOPTED PURSUANT TO THIS PART 3.

(b) (I) ON AND AFTER JULY 1, 2024, A COUNTY OR CITY AND COUNTY THAT HAS NOT OPTED OUT OF PARTICIPATING IN THE ISSUANCE OF AUTHORIZATIONS TO OPERATE PURSUANT TO SUBSECTION (5)(b)(III) OF THIS SECTION SHALL NOT GRANT AN AMBULANCE SERVICE AUTHORIZATION TO OPERATE IN THE COUNTY OR CITY AND COUNTY WITHOUT FIRST VERIFYING THAT THE AMBULANCE SERVICE HAS A VALID LICENSE ISSUED BY THE DEPARTMENT.

(II) PURSUANT TO SECTION 25-3.5-317 (2)(a), THE DEPARTMENT HAS THE SOLE RESPONSIBILITY TO CONDUCT VEHICLE INSPECTIONS OF AMBULANCE SERVICES.

(III) BEFORE JULY 1, 2024, AND BEFORE JULY 1 OF ANY YEAR THEREAFTER, A COUNTY OR CITY AND COUNTY MAY OPT OUT OF PARTICIPATING IN THE ISSUANCE OF AUTHORIZATIONS TO OPERATE AN AMBULANCE SERVICE WITHIN THE COUNTY OR CITY AND COUNTY BY NOTIFYING THE DEPARTMENT IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT. IF A COUNTY OR CITY AND COUNTY OPTS OUT OF PARTICIPATING IN THE ISSUANCE OF AUTHORIZATIONS TO OPERATE AN AMBULANCE SERVICE, AN AMBULANCE SERVICE NEED ONLY OBTAIN A STATE

LICENSE TO OPERATE IN THAT COUNTY OR CITY AND COUNTY.

(c) EXCEPT AS PROVIDED IN SUBSECTION (5)(d) OF THIS SECTION, A COUNTY OR CITY AND COUNTY SHALL NOT IMPOSE STANDARDS THAT ARE MORE OR LESS STRINGENT THAN THE MINIMUM STANDARDS THAT THE BOARD ADOPTS BY RULE PURSUANT TO SECTION 25-3.5-315.

(d) NOTHING IN THIS PART 3 PREVENTS A COUNTY OR CITY AND COUNTY FROM IMPOSING OBLIGATIONS THAT EXCEED THE MINIMUM STANDARDS THAT THE BOARD ADOPTS BY RULE PURSUANT TO SECTION 25-3.5-315 THROUGH THE USE OF MEMORANDA OF UNDERSTANDING, CONTRACTS, OR OTHER SUCH AGREEMENTS.

(e) (I) UPON A DETERMINATION BY A LOCAL LICENSING AUTHORITY THAT A PERSON HAS VIOLATED OR FAILED TO COMPLY WITH THIS PART 3, RULES ADOPTED PURSUANT TO THIS PART 3, OR AN ORDINANCE, RESOLUTION, CONTRACT, OR OTHER AGREEMENT GOVERNING THE AMBULANCE SERVICE'S AUTHORITY TO OPERATE WITHIN THE COUNTY OR CITY AND COUNTY, THE LOCAL LICENSING AUTHORITY MAY SUMMARILY SUSPEND, FOR A PERIOD NOT TO EXCEED TEN DAYS, THE AUTHORIZATION TO OPERATE ISSUED PURSUANT TO THIS SUBSECTION (5).

(II) A LOCAL LICENSING AUTHORITY SHALL PROVIDE WRITTEN NOTICE TO THE AMBULANCE SERVICE OF A TEMPORARY SUSPENSION AND SHALL HOLD A HEARING ON THE MATTER NO LATER THAN TEN DAYS AFTER ISSUANCE OF THE TEMPORARY SUSPENSION. AFTER THE HEARING, THE LOCAL LICENSING AUTHORITY MAY SUSPEND OR REVOKE THE AMBULANCE SERVICE'S AUTHORIZATION TO OPERATE. AT THE END OF ANY PERIOD OF SUSPENSION, THE PERSON WHOSE AUTHORIZATION TO OPERATE WAS SUSPENDED MAY APPLY FOR A NEW AUTHORIZATION TO OPERATE IN THE COUNTY OR CITY AND COUNTY IN THE SAME MANNER AS THE PERSON APPLIED FOR THE INITIAL AUTHORIZATION TO OPERATE.

(III) IF AN AMBULANCE SERVICE COMMITS A SECOND VIOLATION OR FAILURE TO COMPLY WITH THIS PART 3, RULES ADOPTED PURSUANT TO THIS PART 3, OR AN ORDINANCE, RESOLUTION, CONTRACT, OR OTHER AGREEMENT GOVERNING THE AMBULANCE SERVICE'S AUTHORITY TO OPERATE WITHIN THE COUNTY OR CITY AND COUNTY, THE LOCAL LICENSING AUTHORITY MAY REVOKE THE AMBULANCE SERVICE'S AUTHORIZATION TO OPERATE IN THE COUNTY OR CITY AND COUNTY.

(IV) A LOCAL LICENSING AUTHORITY THAT SUSPENDS OR REVOKES AN AMBULANCE SERVICE'S AUTHORIZATION TO OPERATE IN THE COUNTY OR CITY AND COUNTY SHALL NOTIFY THE DEPARTMENT OF THE SUSPENSION OR REVOCATION WITHIN THIRTY DAYS AFTER ISSUING THE SUSPENSION OR REVOCATION AND PROVIDE SUPPORTING DOCUMENTATION FOR THE DEPARTMENT'S REVIEW OF THE POSSIBLE EFFECT THAT THE SUSPENSION OR REVOCATION HAS ON THE AMBULANCE SERVICE'S STATE LICENSE.

25-3.5-315. Minimum standards for ambulance services - rules. (1) ON OR BEFORE JANUARY 1, 2024, THE BOARD SHALL ADOPT RULES ESTABLISHING MINIMUM STANDARDS FOR THE OPERATION OF AN AMBULANCE SERVICE WITHIN THE STATE. THE RULES MUST ADDRESS THE FOLLOWING:

(a) MINIMUM EQUIPMENT TO BE CARRIED ON AN AMBULANCE;

(b) STAFFING REQUIREMENTS FOR AMBULANCES;

(c) MEDICAL OVERSIGHT AND QUALITY ASSURANCE OF AMBULANCE SERVICES;

(d) THE ISSUANCE OF LICENSES;

(e) THE PROCESS USED TO INVESTIGATE COMPLAINTS AGAINST AN AMBULANCE SERVICE;

(f) DATA COLLECTION AND REPORTING TO THE DEPARTMENT BY AN AMBULANCE SERVICE;

(g) INSPECTION OF AMBULANCE SERVICES BY THE DEPARTMENT OR THE DEPARTMENT'S DESIGNATED REPRESENTATIVE;

(h) MINIMUM EDUCATION, TRAINING, AND EXPERIENCE STANDARDS FOR THE ADMINISTRATOR OF AN AMBULANCE SERVICE;

(i) THE AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE THAT AN AMBULANCE SERVICE SHALL MAINTAIN IN ACCORDANCE WITH SECTION 25-3.5-314 (3)(b) AND THE MANNER IN WHICH AN AMBULANCE SERVICE SHALL DEMONSTRATE PROOF OF INSURANCE TO THE DEPARTMENT. THE BOARD MAY ESTABLISH BY RULE THAT AN AMBULANCE SERVICE MAY OBTAIN

A SURETY BOND IN LIEU OF LIABILITY INSURANCE COVERAGE.

(j) QUALIFICATIONS, TRAINING, AND ROLES AND RESPONSIBILITIES FOR A MEDICAL DIRECTOR OF AN AMBULANCE SERVICE;

(k) COMMUNICATION EQUIPMENT, REPORTING CAPABILITIES, PATIENT SAFETY, AND SAFETY AND STAFFING OF CREW MEMBERS;

(l) MANAGEMENT OF PATIENT SAFETY WITH REGARD TO MINIMUM CLINICAL STAFFING;

(m) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE, PATIENT RECORDS AND RECORD RETENTION, PERSONNEL, AND POLICIES AND PROCEDURES;

(n) MANDATORY INCIDENT REPORTING TO THE DEPARTMENT, INCLUDING SPECIFYING THE ACTS OR EVENTS THAT TRIGGER MANDATORY REPORTING;

(o) FEES FOR AMBULANCE SERVICE APPLICATIONS AND LICENSES, IF DEEMED NECESSARY TO COVER THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING AND ADMINISTERING THIS PART 3;

(p) REQUIREMENTS FOR MOTOR VEHICLE LIABILITY INSURANCE, AS REQUIRED BY SECTION 10-4-619;

(q) VEHICLE STANDARDS TO ENSURE MINIMUM SAFETY STANDARDS;

(r) CRITERIA FOR WAIVERS TO THE RULES; AND

(s) ANY OTHER RULES AS NECESSARY TO IMPLEMENT THIS PART 3.

25-3.5-316. Ambulance service cash fund - created. (1) THERE IS HEREBY CREATED THE AMBULANCE SERVICES CASH FUND, REFERRED TO IN THIS SECTION AS THE "FUND". THE DEPARTMENT SHALL TRANSMIT ANY FEES COLLECTED PURSUANT TO THIS PART 3 TO THE STATE TREASURER, WHO SHALL CREDIT THE FEES TO THE FUND. THE FUND CONSISTS OF THE CREDITED FEES AND ANY MONEY THAT THE GENERAL ASSEMBLY MAY TRANSFER OR APPROPRIATE TO THE FUND.

(2) THE MONEY IN THE FUND IS SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT FOR THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING AND ADMINISTERING THIS PART 3.

(3) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE FUND TO THE FUND. ANY UNENCUMBERED OR UNEXPENDED MONEY IN THE FUND AT THE END OF A STATE FISCAL YEAR REMAINS IN THE FUND AND IS NOT TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

25-3.5-317. License - application - inspection - criminal history record check - issuance - investigation. (1) AN AMBULANCE SERVICE LICENSE EXPIRES AFTER TWO YEARS. THE DEPARTMENT SHALL DETERMINE THE FORM AND MANNER OF INITIAL AND RENEWAL LICENSE APPLICATIONS.

(2) (a) TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AMBULANCE SERVICE PATIENTS, THE DEPARTMENT SHALL INSPECT AN AMBULANCE SERVICE, INCLUDING ALL VEHICLES USED IN PROVIDING THE AMBULANCE SERVICE, IN ACCORDANCE WITH THIS PART 3 AND BOARD RULES ADOPTED BY THE BOARD PURSUANT TO THIS PART 3 AND AS THE DEPARTMENT DEEMS NECESSARY. IF THE DEPARTMENT FINDS ONE OR MORE VIOLATIONS AS A RESULT OF AN INSPECTION, THE AMBULANCE SERVICE SHALL SUBMIT TO THE DEPARTMENT IN WRITING, IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT, A PLAN DETAILING THE MEASURES THAT THE AMBULANCE SERVICE WILL TAKE TO CORRECT THE VIOLATIONS FOUND.

(b) THE DEPARTMENT SHALL KEEP CONFIDENTIAL ALL MEDICAL RECORDS AND PERSONALLY IDENTIFYING INFORMATION OBTAINED DURING AN INSPECTION OF AN AMBULANCE SERVICE.

(3) (a) (I) WHEN SUBMITTING AN APPLICATION FOR A LICENSE PURSUANT TO THIS SECTION, OR WITHIN TEN DAYS AFTER A CHANGE IN OWNER OR OPERATOR OF AN AMBULANCE SERVICE, EACH OWNER OR OPERATOR OF AN AMBULANCE SERVICE SHALL SUBMIT A COMPLETE SET OF THE OWNER'S OR OPERATOR'S FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING

FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS.

(II) EACH OWNER OR OPERATOR OF AN AMBULANCE SERVICE IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK TO THE BUREAU.

(b) THE DEPARTMENT MAY DENY A LICENSE OR RENEWAL OF A LICENSE IF THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK OF AN OWNER OR OPERATOR DEMONSTRATE THAT THE OWNER OR OPERATOR HAS BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF AMBULANCE SERVICE PATIENTS.

(c) (I) IF AN AMBULANCE SERVICE APPLYING FOR AN INITIAL LICENSE IS TEMPORARILY UNABLE TO SATISFY ALL OF THE REQUIREMENTS FOR LICENSURE, THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO THE AMBULANCE SERVICE; EXCEPT THAT THE DEPARTMENT SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN AMBULANCE SERVICE IF OPERATION OF THE AMBULANCE SERVICE WILL ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE AMBULANCE SERVICE'S PATIENTS.

(II) THE DEPARTMENT MAY REQUIRE AN AMBULANCE SERVICE APPLYING FOR A PROVISIONAL LICENSE TO DEMONSTRATE TO THE DEPARTMENT'S SATISFACTION THAT THE AMBULANCE SERVICE IS TAKING SUFFICIENT STEPS TO SATISFY ALL OF THE REQUIREMENTS FOR FULL LICENSURE. A PROVISIONAL LICENSE IS VALID FOR NINETY DAYS AND MAY BE RENEWED ONE TIME AT THE DEPARTMENT'S DISCRETION.

(4) (a) IN INVESTIGATING ALLEGED VIOLATIONS OF THIS PART 3 OR RULES ADOPTED PURSUANT TO THIS PART 3, THE DEPARTMENT MAY ADMINISTER OATHS TO, OR TAKE AFFIRMATIONS OF, WITNESSES, AND ISSUE SUBPOENAS TO COMPEL THE ATTENDANCE OF WITNESSES AND THE PRODUCTION OF ALL RELEVANT RECORDS AND DOCUMENTS.

(b) UPON THE 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 RELATED TO THE MATTER

UNDER INVESTIGATION. WHEN APPLYING FOR A DISTRICT COURT 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 A FAILURE TO COMPLY WITH A SUBPOENA ISSUED BY THE DEPARTMENT AS A CONTEMPT OF COURT.

(5) A PERSON ACTING AS A WITNESS OR CONSULTANT TO THE DEPARTMENT, A WITNESS TESTIFYING, OR A PERSON, INCLUDING AN EMPLOYER, THAT REPORTS MISCONDUCT TO THE DEPARTMENT UNDER THIS SECTION IS IMMUNE FROM LIABILITY IN ANY CIVIL ACTION BROUGHT FOR ACTS OCCURRING WHILE TESTIFYING, PRODUCING EVIDENCE, OR REPORTING MISCONDUCT UNDER THIS SECTION IF THE PERSON WAS ACTING IN GOOD FAITH AND WITH A REASONABLE BELIEF OF THE FACTS TESTIFIED TO, PRODUCED AS PART OF EVIDENCE, OR REPORTED.

(6) ALL RECORDS, DOCUMENTS, TESTIMONY, OR EVIDENCE OBTAINED PURSUANT TO THIS SECTION REMAINS CONFIDENTIAL EXCEPT TO THE EXTENT NECESSARY TO SUPPORT THE ADMINISTRATIVE ACTION TAKEN BY THE DEPARTMENT, TO REFER THE MATTER TO ANOTHER LOCAL GOVERNMENT, STATE, OR FEDERAL AGENCY WITH REGULATORY AUTHORITY, OR TO REFER THE MATTER TO A LAW ENFORCEMENT AGENCY FOR CRIMINAL PROSECUTION.

25-3.5-318. License denial, suspension, revocation, or refusal to renew. (1) IN DENYING A LICENSE APPLICATION, THE DEPARTMENT SHALL ISSUE ITS DENIAL IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24.

(2) (a) THE DEPARTMENT MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE LICENSE OF AN AMBULANCE SERVICE THAT IS OUT OF COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 3 OR RULES ADOPTED PURSUANT TO THIS PART 3. EXCEPT AS PROVIDED IN SUBSECTION (2)(b) OF THIS SECTION, BEFORE TAKING FINAL ACTION TO SUSPEND OR REVOKE A LICENSE, THE DEPARTMENT SHALL CONDUCT A HEARING ON THE MATTER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24.

(b) THE DEPARTMENT MAY SUMMARILY SUSPEND A LICENSE BEFORE A HEARING IN ACCORDANCE WITH SECTION 24-4-104 (4)(a).

(3) AFTER CONDUCTING A HEARING PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION AND IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, THE DEPARTMENT MAY REVOKE OR REFUSE TO RENEW AN AMBULANCE SERVICE

LICENSE IF AN OWNER OR OPERATOR OF THE AMBULANCE SERVICE HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE AMBULANCE SERVICE'S PATIENTS.

(4) (a) THE DEPARTMENT MAY IMPOSE INTERMEDIATE RESTRICTIONS OR CONDITIONS ON AN AMBULANCE SERVICE, WHICH RESTRICTIONS OR CONDITIONS MAY REQUIRE THE AMBULANCE SERVICE TO:

(I) RETAIN A CONSULTANT TO ADDRESS CORRECTIVE MEASURES;

(II) BE MONITORED BY THE DEPARTMENT FOR A SPECIFIC PERIOD;

(III) PROVIDE ADDITIONAL TRAINING TO ITS EMPLOYEES, CONTRACTORS, OWNERS, OR OPERATORS;

(IV) COMPLY WITH A DIRECTED WRITTEN PLAN TO CORRECT THE VIOLATION IN ACCORDANCE WITH PROCEDURES ESTABLISHED PURSUANT TO SECTION 25-27.5-108 (2)(b); OR

(V) PAY A CIVIL PENALTY OF UP TO FIVE HUNDRED DOLLARS PER VIOLATION.

(b) (I) WITH RESPECT TO ANY CIVIL PENALTIES THAT THE DEPARTMENT ASSESSES AGAINST AN AMBULANCE SERVICE PURSUANT TO SUBSECTION (4)(a)(V) OF THIS SECTION, THE DEPARTMENT, AFTER PROVIDING THE AMBULANCE SERVICE WITH NOTICE AND AN OPPORTUNITY FOR A HEARING PURSUANT TO SECTION 24-4-105, SHALL TRANSMIT ANY PENALTIES COLLECTED FROM THE AMBULANCE SERVICE TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL FUND.

(II) UPON REQUEST OF THE AMBULANCE SERVICE ASSESSED CIVIL PENALTIES PURSUANT TO THIS SUBSECTION (4), THE DEPARTMENT SHALL GRANT A STAY OF PAYMENT OF THE CIVIL PENALTIES UNTIL FINAL DISPOSITION OF THE INTERMEDIATE RESTRICTIONS OR CONDITIONS IMPOSED ON THE AMBULANCE SERVICE PURSUANT TO THIS SUBSECTION (4).

SECTION 5. In Colorado Revised Statutes, **repeal** 25-3.5-106 as follows:

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.~~

SECTION 6. In Colorado Revised Statutes, **amend** 25-3.5-202 as follows:

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~~ BY RULE 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~~ SECTION 25-3.5-315. 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.

SECTION 7. In Colorado Revised Statutes, 25-3.5-301, **repeal** (1), (2), and (5) as follows:

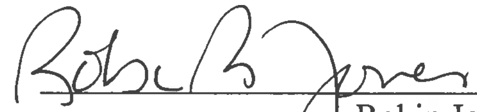
25-3.5-301. Number of individuals needed for ambulance operation - exception. (1) ~~After January 1, 1978, no person shall provide ambulance service publicly or privately in this state unless that person holds a valid license to do so issued by the board of county commissioners of the county in which the ambulance service is based, except as provided in subsection (5) of this section. Licenses, permits, and renewals thereof,~~

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Steve Fenberg
PRESIDENT OF
THE SENATE

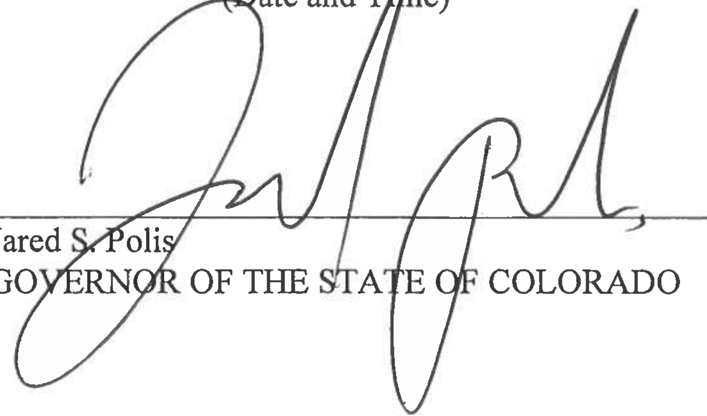
Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE



Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED June 1st at 12:50 p.m.
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO