



**To:** Members of the State Board of Health

**From:** Marschall Smith, Emergency Medical and Trauma Services Branch, Professional Standards Section Manager

**Through:** D. Randy Kuykendall, Health Facilities and Emergency Medical Services, Division Director, D.R.K.

**Date:** February 15, 2017

**Subject:** **Request for Rulemaking Hearing**  
Proposed Amendments to 6 CCR 1015-3 Emergency Medical Services Chapter 5 - Air Ambulance Licensing with a request for a rulemaking hearing to be set for April of 2017

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Air ambulance regulation is shared by federal and state authorities and determining jurisdiction can be complex. Based on statutory language prior to 2016 and the existing regulations, the only way for an air ambulance service to operate in Colorado is to obtain accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS). As one of the few private national organizations that accredit air ambulance services, the CAMTS standards cover a wide range of issues including some that fall within the federal government's purview, such as aircraft safety.

The United States Department of Transportation (U.S. DOT) oversees the Federal Aviation Administration. In April 2015, The U.S. DOT issued a guidance letter responding to a question by Congressman Rob Woodall (Georgia) stating that "wholesale requirements of CAMTS accreditation as a prerequisite for transporting patients from the State is preempted under principles of express and field preemption." Two federal laws, the Airline Deregulation Act (ADA) and the Federal Aviation Act (FAA), preempt state regulation over air ambulance services in certain areas. The ADA expressly preempts any state action having a connection with or reference to airline "rates, routes or services," even if only indirectly. The FAA preempts state regulation related to air safety. States are authorized to regulate and provide oversight as long as the regulation and oversight is primarily concerned with medical and patient care objectives.

Following the U.S. DOT guidance letter, recognizing the complexity of developing appropriate state regulations, the National Association of State EMS Officials (NASEMSO) began working on a set of model regulations for air medical transports. By September 2015, the Department had created a task force through the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) to work on creating a statutory change to align Colorado requirements with the federal law.

House Bill 16-1280 was signed into law on June 1, 2016. The legislation, which aligns federal and state law, requires rulemaking related to the medical and patient safety aspects of air medical transports. On June 16, 2016, the task force reconvened to begin working on the necessary regulatory changes. While the Department and task force worked on the creation of rules that avoid areas of preemption, NASEMSO finalized the "State Model Rules for the Regulation of Air Medical Services." Relying on the work of NASEMSO, other states' regulatory structures, and the expertise of the task force, the task force worked in a collaborative and thoughtful manner to create proposed rules that meet all of the directives set by HB 16-1280 and are within the jurisdictional limits set by federal law.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to  
6 CCR 1015-3 Emergency Medical Services, Chapter 5 - Air Ambulance Licensing

Basis and Purpose.

House Bill 16-1280 was signed into law on June 1, 2016. The legislation requires the Board of Health to promulgate rules that delineate the minimum licensure requirements for air ambulance services needed to ensure public health and safety. The proposed rules were developed collaboratively by the department and a task force consisting of representatives of affected entities created by the State Emergency Medical and Trauma Services Advisory Council.

The rules delineate the requirements for:

- issuance of initial and renewal licenses, conditional licenses, provisional licenses, and other necessary licenses;
- the approval of accrediting organizations;
- defining exigent circumstances;
- when the Department can waive the rules and authorize an unlicensed air ambulance service to provide a particular transport;
- recognizing another jurisdiction's license, including a restriction on the number of allowable flights per year in Colorado under that license, a fee for such recognition, and a process to rescind the recognition upon a showing of good cause;
- establishing reasonable fees for licensure and for on-site inspections, investigations, changes of ownership, and other activities related to licensure. (Due to the changes in the licensing structure, fees have been updated to demonstrate the additional workload the Department will now be undertaking. Fees will be lower for those agencies that are licensed through accreditation versus those that obtain licensure through a state inspection process);
- malpractice and liability insurance for injuries to persons, in amounts determined by the board, and workers' compensation coverage as required by Colorado law;
- medical crew qualifications and training;
- qualifications, training, and roles and responsibilities for a medical director for an air ambulance service;
- communication equipment, reporting capabilities, patient safety, and crew safety and staffing;
- medical equipment in an air ambulance;
- data collection and submission, including reporting requirements as determined by the department;
- maintaining program quality;
- management of patient and medical staff safety with regard to clinical staffing and shift time;
- investigating complaints against an air ambulance service and procedures for data collection and reporting to the department by an air ambulance service unless the investigation is performed by an accrediting organization approved by the department; and
- specifying the procedure and grounds for the suspension, revocation, or denial of a license.

The proposed rules do not include activities preempted by the federal aviation administration, including the federal "Airline Deregulation Act", 49 U.S.C. sec. 1301 et seq.

This rule was reviewed in 2016 pursuant to Executive Order D2012-002, Section 24-4- 103.3, C.R.S. and the Department’s Regulatory Efficiency Review policy. The efficiencies identified in the rule review have been incorporated into these proposed amendments.

The Department requests a July 1, 2017 effective date. In October 2014, the Board of Health promulgated rules that waived the fee requirements for January 1, 2015 through July 1, 2017. A July 1, 2017 effective date allows for a seamless transition from the fee waiver to the new fee structure proposed in the rule.

Specific Statutory Authority.

These rules are promulgated pursuant to the following statutes:

§ 25-3.5-307; § 25-3.5-307.5(1) and (5), C.R.S.

Is this rulemaking due to a change in state statute?

Yes, the bill number is HB 16-1280. Rules are  authorized  required.  
 No

Is this rulemaking due to a federal statutory or regulatory change?

Yes  
 No

Does this rule incorporate materials by reference?

Yes  
 No

If “Yes,” the rule needs to provide the URL of where the material is available on the internet (CDPHE website recommended) or the Division needs to provide one print or electronic copy of the incorporated material to the State Publications Library. § 24-4-103(12.5)(c), C.R.S.

Does this rule create or modify fines or fees?

Yes  
 No

REGULATORY ANALYSIS  
for Amendments to  
6 CCR 1015-3 Emergency Medical Services, Chapter 5 - Air Ambulance Licensing

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

The proposed rule changes affect air ambulance organizations that wish to operate within the state of Colorado.

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.

The proposed rules create two methods of obtaining licensure to operate in Colorado, through an accreditation by a national body approved by the Department or through a state inspection and review process. The proposed rules enable the Department to recognize air ambulance organizations that are licensed by other states and will only be flying patients from Colorado 12 times a year.

On October 15, 2014, to address an excessive uncommitted reserve in the Fixed-wing and Rotary Wing Ambulance Fund, the Board adopted a rule that waived the air ambulance licensing from January 1, 2015 through July 1, 2017. The fund is now in compliance with Section 24-75-402, C.R.S.

Prior to January 1, 2015 the fee structure was \$860 for each air ambulance service, plus \$100 for each aircraft used by the air ambulance service. Applicants, who were awaiting Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation, paid an additional \$525 to cover the Department's costs. Data from 2016 indicates that twenty-four air ambulance operators accredited with CAMTS are licensed by the Department to operate in Colorado. These air ambulance operators have 87 aircraft and about half are located in Colorado, with the remainder located in other states in the region and nationwide, but serving Colorado.

To implement HB 16-1280, a new fee structure is proposed. The fee structure has multiple tiers to recognize the multiple pathways under-which an organization can lawfully operate in Colorado. These changes may result in an increase in the number of air ambulance organizations operating within Colorado.

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 proposed fee structure covers costs related to the applicant agency and its aircrafts, inspection costs, administrative costs to recognize out-of-state licenses and changes in ownership, travel costs and minimal legal costs associated with complaints and adverse licensing. Along with current licensees maintaining licensure, the Department anticipates an additional 14-20 air ambulance operators will seek or modify their Colorado licensure each year for the next two to three years.

For licenses other than provisional or out-of-state licenses, the license is valid for two years. On-site inspections are on a three-year cycle after the initial inspection has occurred. The three-year cycle recognizes the state resources needed for a site visit and balances this cost with the need for reasonable fees so Coloradans can receive air ambulance services. The complaint process, which is relied upon by other Health Facilities

Emergency Medical Services Division programs, enables the Department to investigate and take appropriate measures to ensure public health and safety between inspections.

The Department anticipates a state revenue increase of \$177,660 in FY 2017-18 and \$114,660 in FY 2018-19. The Department will be hiring additional staff to process air ambulance licenses based on the changes made necessary under HB 16-1280. This position will be funded through application fees collected from the air ambulance organizations.

<b>Estimated Revenues</b>			
<b>Type of Revenue</b>	<b>Year 1</b>	<b>Year 2</b>	<b>2-year Total</b>
Accredited Agency Licenses	\$81,600	\$0	\$81,600
Aircraft Fees—Accredited Licensees	\$36,800	\$0	\$36,800
State Pathway Licenses	\$23,800	\$0	\$23,800
Aircraft Fees—State Pathway Licenses	\$8,400	\$0	\$8,400
Other State License Recognition	\$20,400	\$20,400	\$40,800
Aircraft Fees—Other State Recognition	\$4,600	\$4,600	\$9,200
<b>Total</b>	<b>\$175,600</b>	<b>\$25,000</b>	<b>\$200,600</b>
<b>Estimated Expenditures</b>			
<b>Type of Expenditure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>2-year Total</b>
Personnel Costs	\$72,000	\$72,000	\$144,000
Indirect Costs	\$25,000	\$25,000	\$50,000
Operating, Capital Outlay, and Legal	\$3,000	\$3,000	\$6,000
<b>Total</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$200,000</b>

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

Inaction is not an option. House Bill 16-1280 requires promulgation of rules by December 31, 2017.

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

The Department and the task force carefully studied different licensure models. The proposed rule reflects the minimum need to implement HB 16-1280 and ensure public health and safety.

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

House Bill 16-1280 requires promulgation of rules by December 31, 2017. The task force has been meeting over the course of several months to reach the current rule language.

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.

States are authorized to exercise regulatory authority and oversight over air ambulance operations to the extent State oversight is concerned primarily with medical and patient care objectives and does not stray into topics preempted by federal law, including aviation and aircraft safety, and rates, service and routes, even if only indirectly.

The Department and task force considered the Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation standards, the Airline Deregulation Act (ADA) and the Federal Aviation Act (FAA) and related federal guidance, other states' regulatory statutes, and the National Association of State EMS Officials "State Model Rules for the Regulation of Air Medical Services" and state statutes to develop the proposed rules.

The short-term and long-term consequences are compliance with federal and state law by focusing the regulations on standards that advance and protect patient care, and expanded pathways to air ambulance licensure that protect the health, safety and welfare of the public.

STAKEHOLDER COMMENTS  
for Amendments to  
6 CCR 1015-3 Emergency Medical Services, Chapter 5 - Air Ambulance Licensing

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:

The task force is comprised of the following 13 individuals:

- Jason Knudson representing the air ambulance service REACH Air Medical Services/CareConnect;
- Duane Rorie representing the air ambulance service Air Link at Medical Center of the Rockies;
- Kathy Shoemaker representing the Colorado Hospital Association, from an urban hospital;
- Karl Gills representing the Colorado Hospital Association, from a rural hospital;
- Pamela Howes representing the State Emergency Medical and Trauma Services Advisory Council (SEMTAC);
- David Dreitlein representing SEMTAC;
- Kim Schallenberger representing an urban Regional Emergency Medical and Trauma Advisory Council (RETAC);
- Marci Linton representing a rural RETAC;
- David Kearns representing the Colorado Advanced Transport Committee;
- Ray Jennings representing the Emergency Medical and Trauma Services Advisory Council (EMSAC);
- Lew Gaiter representing Colorado Counties Inc.;
- Sean Caffrey representing EMS (Emergency Medical Services) for Children; and
- Jeanne-Marie Bakehouse as the ex officio, non-voting member from the Colorado Department of Public Health and Environment

All task force meetings were open to the public and often attended by air ambulance organizations and representatives from accrediting bodies. Updates on the task force work were presented to SEMTAC on a quarterly basis on Oct. 7-8, 2015; Jan. 13-14, 2016; July 13-14, 2016; Oct. 12-13, 2016; and Jan 11-12, 2017. Additional updates were also provided to RETACS during their quarterly meetings on Dec. 9-10, 2015; March 2-3, 2016; June 1-2, 2016; Sept. 7-8, 2016; and Dec 7-8, 2016.

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 10<sup>th</sup> 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.
- 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.

The primary challenge for the Department, task force and stakeholders was understanding the scope of the federal preemption and developing rules that did not infringe upon the federal authority while ensuring the licensing structure resulted in patient care and the related medical objectives. The task force was appreciated the Department's research and reached consensus on the drafted rules.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

The proposed rule revisions create licensing structure and pathways to support air ambulance organizations operations within Colorado. Some topics that advance health equity, such as price transparency and aspects of base location, could not be addressed because these topics fall under federal jurisdiction. The rules support patient care and enable air ambulance operations in the state. The rules benefit individuals in urban communities but importantly, air ambulance services ensure individuals in rural and remote areas of the state can receive care from a facility that will meet their medical needs.





**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

*State Emergency Medical and Trauma  
Services Advisory Council*

Jan. 12, 2017

Mr. Tony Capello, President  
State Board of Health  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, EDO-A5  
Denver, CO 80246-1530

Dear Mr. Capello:

At the Jan. 12, 2017 meeting of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) of the Colorado Department of Public Health and Environment, proposed revisions to 6 C.C.R. 1015-3 Emergency Medical Services Chapter 5 - Air Ambulance, were reviewed and discussed. This rule revision creates minimum requirements for air ambulances to operate within the state of Colorado, as required by House Bill 16-1280. Additionally, the rules update the fees to demonstrate the additional workload the department will now be undertaking. A motion was made and passed to approve the proposed revisions.

Sincerely yours,

Chief Rich Martin  
Chairman



1  
2 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
3 **Health Facilities and Emergency Medical Services Division**  
4 **EMERGENCY MEDICAL SERVICES**  
5 **6 CCR 1015-3**

Adopted by the Board of Health on \_\_\_\_\_, 2017. Effective \_\_\_\_\_, 2017.

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7 **CHAPTER FIVE – RULES PERTAINING TO AIR AMBULANCE LICENSING**

8  
9 **Section 1 – Purpose**

10  
11 1.1 These rules are promulgated pursuant to Section 25-3.5-307 and 25-3.5-307.5, C.R.S.

12  
13 1.2 PURSUANT TO §25-3.5-307.5 (2), C.R.S., THESE RULES DO NOT INCLUDE ACTIVITIES  
14 PREEMPTED BY THE FEDERAL AVIATION ADMINISTRATION OR THE FEDERAL “AIRLINE  
15 DEREGULATION ACT”, 49 U.S.C. SEC. 1301 ET SEQ. THEREFORE, ANY REGULATIONS  
16 ADOPTED BY THE BOARD PURSUANT TO SECTION 25-3.5-307 AND 307.5 ESTABLISHING  
17 REASONABLE MINIMUM STANDARDS FOR LICENSING AND OPERATION OF AN AIR  
18 AMBULANCE SERVICE MUST:

19  
20 1.2.1 EXCEPT AS OTHERWISE PROVIDED IN 1.2.2, BE BASED ON THE MEDICAL  
21 ASPECTS OF THE OPERATION OF AN AIR AMBULANCE, AND

22  
23 1.2.2 NOT BE BASED ON ECONOMIC FACTORS, INCLUDING, WITHOUT LIMITATION,  
24 FACTORS RELATED TO THE PRICES, ROUTES, OR NONMEDICAL SERVICES OF  
25 AN AIR AMBULANCE.

26  
27 1.3 AN AIR AMBULANCE SERVICE MAY BE AUTHORIZED TO OPERATE IN COLORADO BY  
28 EITHER:

29  
30 A) HOLDING AN ACCREDITATION BY AN ACCREDITING ORGANIZATION  
31 APPROVED BY THE DEPARTMENT AND COMPLYING WITH SECTION 5.1;

32  
33 B) MEETING THE STANDARDS SET FORTH IN THESE RULES (SECTIONS 5.1  
34 AND 5.3); OR

35  
36 C) AN AIR AMBULANCE SERVICE MAY OBTAIN A RECOGNITION INSTEAD OF  
37 LICENSE IF IT PICKS UP PATIENTS WITHIN THE STATE OF COLORADO  
38 FOR OUT OF STATE TRANSPORT NO MORE THAN 12 TIMES PER  
39 CALENDAR YEAR AS SET FORTH IN SECTION 4.  
40

41 **Section 2- Definitions**

42  
43 2.1 Air Ambulance: A fixed-wing or rotor-wing aircraft that is equipped to provide air transportation  
44 and is specifically designed to accommodate the medical needs of individuals who are ill, injured,  
45 or otherwise mentally or physically incapacitated and who require in-flight medical supervision.  
46

47 ~~2.2 Air Ambulance License: A legal document issued by the department as evidence that an air~~  
48 ~~ambulance service meets the requirements for licensing as defined in these rules.~~  
49

50 ~~2.32.2 Air Ambulance Service OR SERVICE: Any governmental-PUBLIC or private ENTITY organization~~  
51 ~~that transports in an aircraft patient(s) who require in-flight medical supervision THAT USES AN~~  
52 AIR AMBULANCE TO TRANSPORT PATIENTS to a medical facility.

- 53  
54 2.4.2.3 Aircraft: A rotor or fixed wing vehicle.  
55  
56 ~~2.5 Commission on Accreditation of Medical Transport Systems (CAMTS): A national not for profit~~  
57 ~~organization that provides accreditation services for air medical and inter-facility transport~~  
58 ~~services.~~  
59 2.4 BASE LOCATION(S): PHYSICAL ADDRESS AND/OR LOCATION WHERE THE CREW,  
60 MEDICAL EQUIPMENT AND SUPPLIES, AND THE SERVICE'S AIR AMBULANCE(S) ARE  
61 LOCATED.  
62  
63 ~~2.6~~ 2.5 Department: The Colorado Department of Public Health and Environment.  
64 ~~2.7 Federal Aviation Regulations (FAR): Regulations promulgated by the Federal Aviation~~  
65 ~~Administration of the U.S. Department of Transportation, governing the operation of all aircraft in~~  
66 ~~the United States.~~  
67  
68 2.6 LICENSEE: THE PERSON, BUSINESS ENTITY OR AGENCY THAT IS GRANTED A LICENSE  
69 TO OPERATE AN AIR AMBULANCE SERVICE AND THAT BEARS LEGAL RESPONSIBILITY  
70 FOR COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND  
71 REGULATIONS.  
72  
73 2.7 Medical Protocol OR GUIDELINES: Written standards for patient medical assessment and  
74 management.  
75  
76 ~~2.9~~ 2.8 Patient Care Report (PCR): A medical record of an encounter between any patient and a provider  
77 of medical care.  
78  
79 ~~2.10~~ 2.9 Rescue Unit: Any organized group chartered by this state as a corporation not for profit or  
80 otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of  
81 lost or injured persons and includes, but is not limited to, such groups as search and rescue,  
82 mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil  
83 defense units, or other organizations of governmental designation responsible for search and  
84 rescue.  
85

### 86 Section 3 – Licensing

- 87  
88 3.1 Licensing Required  
89 ~~Upon the effective date of these rules, no~~ EXCEPT AS PROVIDED IN SECTIONS 3.2 , 3.3 and  
90 4.2 OF THESE RULES, NO person, agency, or entity, private or public, shall transport a sick or  
91 injured person by aircraft from any point within Colorado, to any point within or outside Colorado  
92 unless that person, agency, or entity holds a valid air ambulance license to do so that has been  
93 issued by the department. ~~except as provided in Sections 3.2 and 3.3 of these rules.~~  
94  
95 3.2 Exception from Licensing-Exigent Circumstances  
96 Upon request, the department may authorize an air ambulance service that does not hold an air  
97 ambulance license to provide a particular transport upon a showing of exigent circumstances.  
98 Exigent circumstances include but are not limited to:  
99  
100 A) A humanitarian transport as determined by the department. In determining  
101 whether to authorize a humanitarian transport, the department shall consider the  
102 following factors:  
103  
104 1) Whether the transport is provided directly or indirectly by an organization  
105 whose mission is primarily dedicated toward non-profit or charitable or  
106 community care services;  
107  
108 2) Other available options for the transport;  
109  
110 3) Whether the transport will be of no cost to the patient;  
111  
112 4) Whether the transport is subsidized by a person or entity associated with  
113 the patient;

- 114  
115 5) The qualifications of the transport personnel;  
116  
117 6) Information obtained from facilities and/or staff involved in the transport;  
118  
119 7) The air ambulance service's membership in organizations that support  
120 safe medical care;  
121  
122 8) Air ambulance service insurance coverage as applicable;  
123  
124 9) Authorization under local and federal laws to conduct operations;  
125  
126 10) Licensure in other states or by other governmental agencies;  
127  
128 11) The air ambulance service's safety record;  
129  
130 12) Whether or not the air ambulance service has been subject to  
131 disciplinary sanctions in ~~other~~ ANY jurisdictions;  
132  
133 13) The air ambulance service's prior contacts with the department, if any;  
134 and  
135  
136 14) Any other considerations deemed relevant by the department on a case-  
137 by-case basis.  
138  
139 B) A disaster or mass casualty event in Colorado that limits OR EXCEEDS the  
140 availability of licensed air ambulance services;  
141  
142 C) A need for specialized equipment not otherwise readily available through  
143 Colorado licensed air ambulance services.  
144

145 3.3 Licensing Not Required

- 146  
147 3.3.1 An air ambulance service that solely transports patients from points originating outside  
148 Colorado is not required to be licensed in Colorado.  
149  
150 3.3.2 Rescue unit aircraft that are not specifically designed to accommodate the medical needs  
151 of individuals who are ill, injured, or otherwise mentally or physically incapacitated and  
152 who require in-flight medical supervision.  
153  
154 3.3.3 AN AIR AMBULANCE OR AIR AMBULANCE SERVICE OPERATED BY AN AGENCY  
155 OF THE UNITED STATES GOVERNMENT.  
156

157 **Section 4 – Out Of State Air Ambulance Services Licensing AND OUT OF STATE LICENSE**  
158 **RECOGNITION Requirements**

- 159  
160 4.1 Air ambulance services that are based outside the state, but pick up patients in Colorado, are  
161 required to be licensed in Colorado by the department, except as provided in Sections 3.2 and  
162 3.3, ABOVE, AND 4.2, BELOW, of these rules.  
163  
164 4.2 APPLICATION FOR RECOGNITION OF OUT OF STATE LICENSE IN LIMITED  
165 CIRCUMSTANCES AND RECOGNITION PROCESS  
166  
167 4.2.1 THE DEPARTMENT MAY RECOGNIZE AN AIR AMBULANCE SERVICE LICENSE  
168 ISSUED BY ANOTHER STATE IF THAT AIR AMBULANCE SERVICE MAKES NO  
169 MORE THAN TWELVE (12) FLIGHTS PER CALENDAR YEAR TO PICK UP A  
170 PATIENT(S) IN COLORADO AND TRANSPORT THE PATIENT(S) OUT OF  
171 COLORADO.  
172  
173 4.2.2 TO RECEIVE OUT OF STATE LICENSURE RECOGNITION, THE AIR AMBULANCE  
174 SERVICE MUST:

- 175
- 176 A) NOT HAVE A BASE LOCATION IN COLORADO;
- 177
- 178 B) HOLD A CURRENT LICENSE IN GOOD STANDING WITHOUT
- 179 RESTRICTIONS OR CONDITIONS FROM THE STATE IN WHICH IT HAS A
- 180 BASE LOCATION AND SUBMIT A COPY OF THE LICENSE TO THE
- 181 DEPARTMENT; AND
- 182
- 183 C) SUBMIT A COMPLETED APPLICATION ON THE FORM REQUIRED BY THE
- 184 DEPARTMENT AND SUBMIT THE FEE AS SET FORTH IN SECTION 6 TO
- 185 THE DEPARTMENT PRIOR TO TRANSPORTING A PATIENT OUT OF
- 186 COLORADO FOR THE FIRST TIME.
- 187
- 188 4.2.3 OUT OF STATE LICENSURE RECOGNITION IS VALID FOR ONE YEAR FROM THE
- 189 DATE OF ISSUANCE UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT.
- 190
- 191 4.2.4 AN AIR AMBULANCE SERVICE THAT IS GRANTED OUT OF STATE LICENSURE
- 192 RECOGNITION SHALL SUBMIT AN ANNUAL REPORT TO THE DEPARTMENT
- 193 DETAILING THE NUMBER OF FLIGHTS, PATIENTS AND THE HEALTH CARE
- 194 FACILITIES IN COLORADO THE PATIENTS WERE TRANSPORTED FROM DURING
- 195 THE PREVIOUS YEAR, IN THE FORM AND MANNER PRESCRIBED BY THE
- 196 DEPARTMENT.
- 197
- 198 4.2.5 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR
- 199 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION AT
- 200 ANY TIME OF THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE
- 201 COMPLIANCE WITH THESE RULES AND AS NEEDED, THE DEPARTMENT MAY
- 202 CONDUCT COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE
- 203 SERVICE RECOGNIZED BY THE DEPARTMENT.
- 204
- 205 4.2.6 THE AIR AMBULANCE SERVICE SHALL IMMEDIATELY NOTIFY THE DEPARTMENT
- 206 OF ANY DISCIPLINARY OR LICENSING ACTION TAKEN AGAINST IT BY THE
- 207 LICENSING AUTHORITY IN ANY STATE.
- 208
- 209 4.2.7 IF THE DEPARTMENT DEEMS IT NECESSARY, THE DEPARTMENT MAY REQUEST
- 210 AND THE APPLICANT SHALL PROVIDE ANY OF THE INFORMATION SET FORTH IN
- 211 SECTION 5.2.
- 212
- 213 4.2.8 IF THE LICENSEE HAS MADE A TIMELY AND SUFFICIENT APPLICATION FOR
- 214 RENEWAL OF THE OUT OF STATE LICENSURE RECOGNITION, THE EXISTING
- 215 RECOGNITION SHALL NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON
- 216 THE RENEWAL APPLICATION.
- 217

218 **Section 5 – Application for COLORADO Licensing, LICENSING PROCESSES, AND BASE**

219 **LOCATIONS**

220

221 **5.1 MANDATORY REQUIREMENTS FOR ALL APPLICANTS SEEKING COLORADO LICENSURE**

222 ~~At the time of application, applicants must be in compliance with all Federal Aviation Regulations~~

223 ~~such as proof of insurance, aircraft inspection certificates, Federal Aviation Administration part 135~~

224 ~~certificate and Federal Communications Commission part 90~~

225 5.1.1 ALL APPLICANTS MUST:

- 226
- 227 A) DEMONSTRATE COMPLIANCE WITH APPLICABLE FEDERAL, STATE AND
- 228 LOCAL LAWS AND REGULATIONS TO OPERATE AN AIR AMBULANCE
- 229 SERVICE IN COLORADO, INCLUDING BUT NOT LIMITED TO, LAWS AND
- 230 REGULATIONS GOVERNING MEDICAL PERSONNEL AND EMERGENCY
- 231 MEDICAL SERVICE PROVIDERS, LICENSING AND CERTIFICATIONS, AND
- 232 PROFESSIONAL LIABILITY INSURANCE. APPLICANTS ARE NOT REQUIRED
- 233 TO PROVE COMPLIANCE WITH THOSE PROVISIONS OF FEDERAL LAW
- 234 THAT GOVERN ACTIVITIES PREEMPTED BY THE FEDERAL AVIATION ACT,

235 49 U.S.C. §40101, ET SEQ., OR THE FEDERAL "AIRLINE DEREGULATION  
236 ACT OF 1978" 49 U.S.C. § 41713(B)(1).  
237  
238 B) SUBMIT TO THE DEPARTMENT A COMPLETED APPLICATION FORM AND  
239 THE APPLICATION FEE AS SET FORTH IN SECTION 6 OF THESE RULES.  
240  
241 C) UPON REQUEST, SUBMIT TO THE DEPARTMENT COPIES OF THE AIR  
242 AMBULANCE SERVICE'S WRITTEN POLICY AND PROCEDURE MANUAL,  
243 OPERATION/MEDICAL PROTOCOLS, AND OTHER DOCUMENTATION THE  
244 DEPARTMENT MAY DEEM NECESSARY.  
245  
246 D) SUBMIT A COPY OF AIR AMBULANCE SERVICE LICENSE(S)  
247 CONCURRENTLY ISSUED AND ON FILE WITH OTHER STATES.  
248  
249 E) PROVIDE THE DEPARTMENT WITH RESULTS OF ANY INVESTIGATIONS,  
250 DISCIPLINARY ACTIONS, OR EXCLUSIONS THAT IMPACT OR HAVE THE  
251 POTENTIAL TO IMPACT THE QUALITY OF MEDICAL CARE PROVIDED TO  
252 PATIENTS AS REQUESTED BY THE DEPARTMENT.  
253  
254 F) FOR AN AIR AMBULANCE SERVICE THAT IS NOT GRANTED QUALIFIED  
255 IMMUNITY UNDER THE COLORADO GOVERNMENTAL IMMUNITY ACT,  
256 C.R.S. 24-10-101 ET SEQ., SHALL PROVIDE PROOF OF PROFESSIONAL  
257 MALPRACTICE AND LIABILITY INSURANCE FOR INJURIES TO PERSONS IN  
258 AMOUNTS OF AT LEAST \$1,000,000 FOR EACH INDIVIDUAL CLAIM AND A  
259 TOTAL OF \$3,000,000 FOR ALL CLAIMS MADE AGAINST THE AIR  
260 AMBULANCE SERVICE OR ITS MEDICAL PERSONNEL FROM AN  
261 INSURANCE COMPANY AUTHORIZED TO WRITE LIABILITY INSURANCE IN  
262 COLORADO OR THROUGH A SELF-INSURANCE PROGRAM.  
263  
264 1) THE AIR AMBULANCE SERVICE SHALL PROVIDE THE  
265 DEPARTMENT WITH A COPY OF ITS CERTIFICATE OF INSURANCE  
266 DEMONSTRATING COMPLIANCE WITH THIS SECTION OR PROOF  
267 OF FINANCIAL VIABILITY IF SELF-INSURED; AND  
268  
269 G) ANY AIR AMBULANCE SERVICE THAT IS GRANTED QUALIFIED IMMUNITY  
270 UNDER THE COLORADO GOVERNMENTAL IMMUNITY ACT, C.R.S. 24-10-  
271 101 ET SEQ, SHALL PROVIDE PROOF OF PROFESSIONAL MALPRACTICE  
272 AND LIABILITY INSURANCE COVERAGE, OR PROOF OF SELF-INSURANCE  
273 TO THE MAXIMUM EXTENT REQUIRED BY C.R.S. 24-10-114.  
274  
275 H) PROVIDE PROOF OF WORKER'S COMPENSATION COVERAGE AS  
276 REQUIRED BY COLORADO LAW.  
277  
278 I) PROVIDE A LIST OF ALL AIR AMBULANCES TO BE LICENSED AND  
279 INSPECTED FOR MEDICAL COMPLIANCE BY THE DEPARTMENT,  
280 INCLUDING TAIL NUMBER (N-NUMBER) AND DESIGNATION OF (ROTOR  
281 OR FIXED WING) CAPABILITIES.  
282  
283 J) PROVIDE A STATEMENT SIGNED AND DATED CONTEMPORANEOUSLY  
284 WITH THE APPLICATION STATING WHETHER, WITHIN THE PREVIOUS TEN  
285 (10) YEARS OF THE DATE OF APPLICATION, THE APPLICANT HAS BEEN  
286 THE SUBJECT OF, OR A PARTY TO, ONE OF MORE OF THE FOLLOWING  
287 EVENTS, REGARDLESS OF WHETHER ACTION HAS BEEN STAYED IN A  
288 JUDICIAL APPEAL OR OTHERWISE SETTLED BETWEEN THE PARTIES.  
289  
290 1) BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING  
291 MORAL TURPITUDE UNDER THE LAWS OF ANY STATE OR OF THE  
292 UNITED STATES. A GUILTY VERDICT, A PLEA OF GUILTY OR A  
293 PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE  
294 COURT IS CONSIDERED A CONVICTION.  
295

- 296 2) HAD A STATE LICENSE OR FEDERAL CERTIFICATION DENIED,  
297 REVOKED, OR SUSPENDED BY ANOTHER JURISDICTION.  
298  
299 3) HAD A CIVIL JUDGMENT OR A CRIMINAL CONVICTION IN A CASE  
300 BROUGHT BY FEDERAL, STATE OR LOCAL AUTHORITIES THAT  
301 RESULTED FROM THE OPERATION, MANAGEMENT, OR  
302 OWNERSHIP OF A HEALTH FACILITY OR OTHER ENTITY RELATED  
303 TO SUBSTANDARD PATIENT CARE OR HEALTH CARE FRAUD.  
304  
305 K) IF APPLICABLE, PROVIDE ANY STATEMENT REGARDING THE  
306 INFORMATION REQUESTED IN PARAGRAPH (J) TO INCLUDE THE  
307 FOLLOWING:  
308  
309 1) IF THE EVENT IS AN ACTION BY FEDERAL, STATE OR LOCAL  
310 AUTHORITIES; THE FULL NAME OF THE AUTHORITY, ITS  
311 JURISDICTION, THE CASE NAME, AND THE DOCKET, PROCEEDING  
312 OR CASE NUMBER BY WHICH THE EVENT IS DESIGNATED, AND A  
313 COPY OF THE CONSENT DECREE, ORDER OR DECISION.  
314  
315 2) IF THE EVENT IS A FELONY OR MISDEMEANOR CONVICTION  
316 INVOLVING MORAL TURPITUDE, THE COURT, ITS JURISDICTION,  
317 THE CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
318 MATTER OR A COPY OF THE INDICTMENT OR CHARGES, AND ANY  
319 PLEA OR VERDICT ENTERED BY THE COURT.  
320  
321 3) IF THE EVENT INVOLVES A CIVIL ACTION OR ARBITRATION  
322 PROCEEDING, THE COURT OR ARBITER, THE JURISDICTION, THE  
323 CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
324 MATTER OR A COPY OF THE COMPLAINT, AND A COPY OF THE  
325 VERDICT, THE COURT OR ARBITRATION DECISION.  
326

327 5.1.2 AIR AMBULANCE SERVICE LICENSES ARE NOT TRANSFERABLE.  
328

329 5.1.3 THE DEPARTMENT HAS THE AUTHORITY TO CONDUCT AN INSPECTION OR  
330 REINSPECTION OF THE MEDICAL ASPECTS OF THE AIR AMBULANCE SERVICE  
331 OPERATION INCLUDING EQUIPMENT AND DOCUMENTATION, AT ANY TIME IT  
332 DEEMS NECESSARY TO ENSURE COMPLIANCE WITH THESE RULES AND TO  
333 PROTECT THE PUBLIC HEALTH AND MEDICAL SAFETY.  
334

335 5.1.4 THE APPLICANT SHALL PROVIDE ACCURATE AND TRUTHFUL INFORMATION TO  
336 THE DEPARTMENT DURING INSPECTIONS, INVESTIGATIONS AND LICENSING  
337 ACTIVITIES.  
338

## 339 **5.2 MANDATORY REPORTING REQUIREMENTS FOR ALL EXISTING LICENSEES**

340  
341 5.2.1 EXCEPT FOR REQUIRING PROOF OF COMPLIANCE WITH THOSE PROVISIONS OF  
342 FEDERAL LAW THAT GOVERN ACTIVITIES PREEMPTED BY THE FEDERAL  
343 AVIATION ACT , 49 U.S.C. §40101, ET SEQ., OR THE FEDERAL "AIRLINE  
344 DEREGULATION ACT OF 1978" 49 U.S.C. § 41713(B)(1), ALL LICENSED AIR  
345 AMBULANCE SERVICES MUST NOTIFY THE DEPARTMENT:  
346

- 347 A) AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE EFFECTIVE DATE  
348 OF THE CHANGE OF ANY NAME OF THE AIR AMBULANCE SERVICE AND  
349 SUBMIT A NEW AIR AMBULANCE SERVICE APPLICATION AND  
350 APPLICABLE FEES.  
351  
352 B) AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE EFFECTIVE DATE  
353 OF ANY CHANGE OF OWNERSHIP, PURSUANT TO SECTION 5.8, THE NEW  
354 OWNER OR OPERATOR MUST FILE FOR AND OBTAIN AN AIR AMBULANCE  
355 LICENSE FROM THE DEPARTMENT PRIOR TO BEGINNING OPERATIONS.  
356

- 357 C) WITHIN FIVE (5) CALENDAR DAYS WHEN THERE HAS BEEN A REDUCTION  
358 OR LOSS OF INSURANCE COVERAGE.  
359
- 360 D) WITHIN SIXTY (60) CALENDAR DAYS OF ALL OTHER CHANGES IN  
361 INSURANCE COVERAGE.  
362
- 363 E) WITHIN SEVEN (7) CALENDAR DAYS OF KNOWING ABOUT ANY OF THE  
364 FOLLOWING EVENTS IMPACTING PATIENT MEDICAL CARE OCCURRING  
365 ON OR DURING TRANSPORT ONTO OR OFF OF AN AIR AMBULANCE,  
366 REPORT TO THE DEPARTMENT AND THE APPROVED ACCREDITATION  
367 ORGANIZATION, IF APPLICABLE:  
368
- 369 1) INVASIVE PROCEDURE PERFORMED ON THE WRONG SITE.
  - 370
  - 371 2) WRONG OTHER PROCEDURE PERFORMED ON A PATIENT.  
372
  - 373 3) UNINTENDED RETENTION OF A FOREIGN OBJECT IN A PATIENT  
374 AFTER AN INVASIVE PROCEDURE.  
375
  - 376 4) IMMEDIATELY POST PROCEDURE DEATH IN AN AMERICAN  
377 SOCIETY OF ANESTHESIOLOGISTS CLASS I PATIENT.  
378
  - 379 5) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
380 USE OF CONTAMINATED DRUGS, DEVICES, OR BIOLOGICS  
381 PROVIDED BY THE SERVICE.  
382
  - 383 6) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
384 USE OR FUNCTION OF A DEVICE IN WHICH THE DEVICE IS USED  
385 IN A MANNER OTHER THAN AS INTENDED.  
386
  - 387 7) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH  
388 INTRAVASCULAR AIR EMBOLISM.  
389
  - 390 8) RELEASE OF A PATIENT OF ANY AGE, WHO IS UNABLE TO MAKE  
391 DECISIONS, TO OTHER THAN AN AUTHORIZED PERSON.  
392
  - 393 9) PATIENT SUICIDE, ATTEMPTED SUICIDE, OR SELF-HARM THAT  
394 RESULTS IN SERIOUS INJURY.  
395
  - 396 10) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH ANY  
397 MEDICATION ERROR.  
398
  - 399 11) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH ANY  
400 UNSAFE ADMINISTRATION OF BLOOD PRODUCTS.  
401
  - 402 12) MATERNAL DEATH OR SERIOUS INJURY ASSOCIATED WITH  
403 LABOR OR DELIVERY IN A LOW-RISK PREGNANCY.  
404
  - 405 13) DEATH OR SERIOUS INJURY OF A NEONATE ASSOCIATED WITH  
406 LABOR OR DELIVERY IN A LOW-RISK PREGNANCY.  
407
  - 408 14) PATIENT DEATH OR SERIOUS INJURY RESULTING FROM FAILURE  
409 TO FOLLOW UP OR COMMUNICATE LABORATORY, PATHOLOGY,  
410 OR RADIOLOGY TEST RESULTS.  
411
  - 412 15) PATIENT OR STAFF DEATH OR SERIOUS INJURY ASSOCIATED  
413 WITH AN ELECTRIC SHOCK IN THE COURSE OF PATIENT CARE.  
414
  - 415 16) ANY INCIDENT IN WHICH SYSTEMS DESIGNATED FOR OXYGEN  
416 OR OTHER GAS TO BE DELIVERED TO A PATIENT CONTAINS NO



- 417 GAS, THE WRONG GAS, OR ARE CONTAMINATED BY TOXIC  
418 SUBSTANCES.  
419  
420 17) PATIENT OR STAFF DEATH OR SERIOUS INJURY ASSOCIATED  
421 WITH A BURN INCURRED FROM ANY SOURCE IN THE COURSE OF  
422 PATIENT CARE.  
423  
424 18) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
425 USE OF PHYSICAL RESTRAINTS DURING THE COURSE OF  
426 PATIENT CARE.  
427  
428 19) DEATH OR SERIOUS INJURY OF A PATIENT OR STAFF  
429 ASSOCIATED WITH THE INTRODUCTION OF A METALLIC OBJECT  
430 INTO THE MRI AREA.  
431  
432 20) ANY INSTANCE OF CARE ORDERED BY OR PROVIDED BY  
433 SOMEONE IMPERSONATING A LICENSED HEALTH CARE  
434 PROVIDER.  
435  
436 21) ANY INSTANCE OF ALLEGED UNLAWFUL SEXUAL BEHAVIOR ON A  
437 PATIENT OR STAFF MEMBER, AS DEFINED BY SECTION 18-3-401  
438 ET SEQ., C.R.S.  
439  
440 22) PATIENT OR STAFF DEATH OR SERIOUS INJURY RESULTING  
441 FROM A PHYSICAL ASSAULT.  
442  
443 23) APPROPRIATING OR POSSESSING WITHOUT AUTHORIZATION  
444 MEDICATIONS, SUPPLIES, EQUIPMENT, OR PERSONAL ITEMS OF  
445 A PATIENT OR EMPLOYER.  
446

### 447 **5.3 STATE LICENSING PROCESS.**

448  
449 5.3.1 WITH RESPECT TO THOSE APPLICANTS SEEKING TO ACQUIRE LICENSURE  
450 PURSUANT TO THIS SECTION, THE DEPARTMENT SHALL REVIEW THE  
451 APPLICANT'S FITNESS TO PROVIDE APPROPRIATE MEDICAL CARE AS A  
452 LICENSED AIR AMBULANCE SERVICE. THE DEPARTMENT SHALL DETERMINE BY  
453 ON-SITE INSPECTION OR OTHER APPROPRIATE INVESTIGATION THE  
454 APPLICANT'S COMPLIANCE WITH APPLICABLE STATUTES AND REGULATIONS  
455 CONCERNING THE MEDICAL ASPECTS OF THE AIR AMBULANCE SERVICE. THE  
456 DEPARTMENT SHALL CONSIDER THE INFORMATION CONTAINED IN THE AIR  
457 AMBULANCE SERVICE'S APPLICATION AND MAY REQUEST ACCESS TO AND  
458 CONSIDER OTHER INFORMATION CONCERNING THE MEDICAL ASPECTS OF THE  
459 AIR AMBULANCE SERVICE OPERATION INCLUDING, WITHOUT LIMITATION,  
460 ASPECTS RELATED TO PATIENT CARE, SUCH AS:

- 461  
462 A) WHETHER THE APPLICANT HAS LEGAL STATUS TO PROVIDE THE  
463 MEDICAL AND RELATED PATIENT CARE SERVICES FOR WHICH THE  
464 LICENSE IS SOUGHT AS CONFERRED BY ARTICLES OF INCORPORATION,  
465 STATUTE OR OTHER GOVERNMENTAL DECLARATION,  
466  
467 B) THE APPLICANT'S PREVIOUS COMPLIANCE HISTORY, INCLUDING  
468 COMPLIANCE WITH REQUIREMENTS OF OTHER STATES OR  
469 ACCREDITATION ORGANIZATIONS WHERE THE APPLICANT WAS  
470 LICENSED OR ACCREDITED WITHIN THE PREVIOUS 5 YEARS,  
471  
472 C) THE APPLICANT'S POLICIES AND PROCEDURES AS DELINEATED IN  
473 SECTION 9 OF THESE RULES,  
474  
475 D) THE APPLICANT'S QUALITY IMPROVEMENT PLANS, OTHER QUALITY  
476 IMPROVEMENT DOCUMENTATION AS MAY BE APPROPRIATE, AND  
477 ACCREDITATION REPORTS,

- 478  
479 E) CREDENTIALS OF PATIENT CARE STAFF,  
480  
481 F) INTERVIEWS WITH STAFF, AND  
482  
483 G) OTHER DOCUMENTS DEEMED APPROPRIATE BY THE DEPARTMENT.  
484  
485 5.3.2 WHERE AN AIR AMBULANCE SERVICE IS LICENSED AND SUBJECT TO  
486 INSPECTION, CERTIFICATION, OR REVIEW BY OTHER AGENCIES, STATES OR  
487 ACCREDITING ORGANIZATIONS, THE AIR AMBULANCE SERVICE SHALL  
488 PROVIDE AND/OR RELEASE TO THE DEPARTMENT, UPON REQUEST, ANY  
489 CORRESPONDENCE, REPORTS OR RECOMMENDATIONS CONCERNING THE AIR  
490 AMBULANCE SERVICE APPLICANT THAT WERE PREPARED BY SUCH  
491 ORGANIZATIONS.  
492  
493 5.3.3 THE APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO SUCH  
494 INDIVIDUAL PATIENT RECORDS AS THE DEPARTMENT REQUIRES FOR THE  
495 PERFORMANCE OF ITS LICENSING AND REGULATORY OVERSIGHT  
496 RESPONSIBILITIES.  
497  
498 5.3.4 AN APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO OR COPIES OF  
499 REPORTS AND INFORMATION REQUIRED BY THE DEPARTMENT INCLUDING, BUT  
500 NOT LIMITED TO, MEDICAL STAFFING REPORTS, STATISTICAL INFORMATION,  
501 AND SUCH OTHER RECORDS PERTAINING TO MEDICAL AND PATIENT CARE  
502 OBJECTIVES AS THE DEPARTMENT REQUIRES FOR THE PERFORMANCE OF ITS  
503 LICENSING AND REGULATORY OVERSIGHT RESPONSIBILITIES.  
504  
505 5.3.5 THE DEPARTMENT SHALL NOT RELEASE TO ANY UNAUTHORIZED PERSON ANY  
506 INFORMATION DEFINED AS CONFIDENTIAL UNDER STATE LAW OR THE HEALTH  
507 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, CODIFIED AT 42  
508 U.S.C. SECTION 300gg, 42 U.S.C. 1320d ET SEQ., and 29 U.S.C. SECTION 1181, ET  
509 SEQ.  
510  
511 5.3.6 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR  
512 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION OF  
513 THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE COMPLIANCE  
514 WITH THESE RULES, AND AS NEEDED, THE DEPARTMENT MAY CONDUCT  
515 COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE SERVICE.  
516  
517 5.3.7 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S)  
518 SET FORTH IN SECTION 6 OF THESE RULES.  
519

520 **5.4 LICENSURE THROUGH Accreditation by ORGANIZATION APPROVED BY DEPARTMENT.**

- 521  
522 5.4.1 ~~Except as provided in Section 5.3 below, applicants~~ IN ADDITION TO MEETING THE  
523 REQUIREMENTS IN 5.1, APPLICANTS that are currently accredited by CAMTSAN  
524 ORGANIZATION APPROVED BY THE DEPARTMENT PURSUANT TO SECTION 5.5  
525 may receive an air ambulance license upon completion of the documentation and  
526 PAYMENT OF fees that are required by the department. THE AIR AMBULANCE  
527 SERVICE SHALL AUTHORIZE THE ACCREDITING ORGANIZATION TO SUBMIT  
528 DIRECTLY TO THE DEPARTMENT COPIES OF ANY DOCUMENTATION WITHIN THE  
529 ACCREDITING ORGANIZATION'S CONTROL CONCERNING ITS EVALUATION OF  
530 THE AIR AMBULANCE SERVICE'S COMPLIANCE WITH THE ORGANIZATION'S  
531 STANDARDS DURING THE PREVIOUS ACCREDITATION CYCLE. SUCH  
532 DOCUMENTATION SHALL INCLUDE BUT IS NOT LIMITED TO, SURVEYS,  
533 INSPECTIONS, FINAL AUDIT REPORTS, PLANS OF CORRECTION, AND THE MOST  
534 RECENT LETTER OF ACCREDITATION SHOWING THE SERVICE HAS RECEIVED  
535 ACCREDITATION STATUS.  
536  
537 5.4.2 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR  
538 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION OF

539 THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE COMPLIANCE  
540 WITH THESE RULES AND, AS NEEDED, THE DEPARTMENT MAY CONDUCT  
541 COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE SERVICE  
542 ACCREDITED BY AN ORGANIZATION APPROVED BY THE DEPARTMENT.  
543

544 A) ANY AIR AMBULANCE SERVICE LICENSED UNDER THIS SECTION SHALL  
545 IMMEDIATELY NOTIFY THE DEPARTMENT IN THE EVENT THAT IT  
546 RECEIVES ANY NOTICE THAT ITS ACCREDITATION HAS BEEN  
547 WITHDRAWN, REVOKED, SUSPENDED OR MODIFIED, OR THAT IT IS NO  
548 LONGER ACCREDITED BY THE ACCREDITATION ORGANIZATION  
549 APPROVED BY THE DEPARTMENT.  
550

551 B) IF THE LICENSED AIR AMBULANCE SERVICE VOLUNTARILY  
552 SURRENDERS ITS ACCREDITATION, OR IS NOTIFIED BY THE  
553 ACCREDITING ORGANIZATION THAT THE SERVICE'S ACCREDITATION IS  
554 AT RISK OF BEING REVOKED, SUSPENDED, WITHDRAWN, PRELIMINARILY  
555 DENIED, DEFERRED, OR MODIFIED IN ANY WAY—SUCH AS BEING  
556 PLACED ON PROBATION, PLACED UNDER REVIEW OR UNDER SPECIAL  
557 REVIEW, OR PLACED ON-HOLD--THE LICENSED SERVICE MUST PROVIDE  
558 THE DEPARTMENT WITHIN ONE (1) BUSINESS DAY WITH INFORMATION  
559 DESCRIBING THE CIRCUMSTANCES THE ACCREDITING ORGANIZATION  
560 STATES FOR THE REASON(S) FOR THE POSSIBLE ACTION. THE  
561 DEPARTMENT MAY:

- 562 1) INITIATE APPROPRIATE ACTIONS IT DEEMS NECESSARY TO  
563 EVALUATE THE LICENSED SERVICE'S PERFORMANCE;
- 564 2) ELECT TO REVOKE OR SUMMARILY SUSPEND THE SERVICE'S  
565 COLORADO LICENSE THAT IS BASED ON THE ACCREDITATION IN  
566 SECTION 5.4; AND/OR
- 567 3) REQUIRE THE LICENSED SERVICE TO IMMEDIATELY APPLY FOR  
568 STATE LICENSURE THROUGH THE PROCESS SET FORTH IN  
569 SECTION 5.3.

570 C) IF THE LICENSED AIR AMBULANCE SERVICE'S ACCREDITATION HAS  
571 BEEN WITHDRAWN OR REVOKED, THE LICENSED SERVICE MUST  
572 PROVIDE THE DEPARTMENT WITH INFORMATION DESCRIBING THE  
573 CIRCUMSTANCES THE ACCREDITING ORGANIZATION STATES FOR THE  
574 REASON(S) FOR THE ACTION. THE SERVICE SHALL IMMEDIATELY  
575 CEASE OPERATIONS. IF THE AIR AMBULANCE SERVICE WISHES TO  
576 CONTINUE TO OPERATE IT MUST SUBMIT AN APPLICATION AND RECEIVE  
577 A STATE LICENSE AS SET FORTH IN SECTION 5.3, BEFORE IT MAY  
578 CONTINUE TO OPERATE UNDER THESE RULES AS A LICENSED AIR  
579 AMBULANCE SERVICE.  
580

- 581 1) THE DEPARTMENT MAY ALLOW THE SERVICE TO CONTINUE  
582 OPERATING UNDER A PROVISIONAL LICENSE AS DESCRIBED IN  
583 SECTION 5.6, BELOW.
- 584 2) IF THE DEPARTMENT ALLOWS THE SERVICE TO OPERATE UNDER  
585 A PROVISIONAL LICENSE, THE PROVISIONAL LICENSE PERIOD  
586 SHALL BEGIN ON THE DATE OF THE ACCREDITATION  
587 WITHDRAWAL OR REVOCATION. IN NO EVENT SHALL THE  
588 SERVICE BE ALLOWED TO OPERATE UNDER A PROVISIONAL  
589 LICENSE FOR MORE THAN ONE HUNDRED EIGHTY (180) DAYS.  
590

591 5.4.3 IF THE DEPARTMENT DEEMS IT NECESSARY, THE DEPARTMENT MAY REQUEST,  
592 AND THE APPLICANT SHALL PROVIDE, ANY OF THE INFORMATION SET FORTH IN  
593 SECTION 5.2.  
594  
595

- 600 5.4.4 THE DEPARTMENT SHALL PUBLISH A LIST OF THE ACCREDITING  
601 ORGANIZATIONS THAT IT HAS APPROVED ON ITS WEBSITE.
- 602
- 603 5.4.5 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S)  
604 SET FORTH IN SECTION 6 OF THESE RULES.
- 605
- 606 5.4.6 IF THE LICENSED AIR AMBULANCE HAS MADE A TIMELY AND SUFFICIENT  
607 APPLICATION FOR RENEWAL OF THE LICENSE, THE EXISTING LICENSE SHALL  
608 NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON THE RENEWAL  
609 APPLICATION.
- 610

611 **5.5. REQUIREMENTS FOR APPROVAL OF ACCREDITATION ORGANIZATION**

- 612
- 613 5.5.1 TO BE APPROVED BY THE DEPARTMENT AS AN ACCEPTABLE ACCREDITATION  
614 ORGANIZATION FOR THE PURPOSES OF SECTION 5.4, THE ACCREDITING  
615 ORGANIZATION MUST MEET THE FOLLOWING MINIMUM STANDARDS:  
616
- 617 A) HAS STANDARDS THAT ARE EQUIVALENT TO OR EXCEED THE  
618 STANDARDS IN THIS CHAPTER.
- 619
- 620 B) PROVIDES ACCREDITATION FOR NO MORE THAN THREE CONSECUTIVE  
621 YEARS WITHOUT AN UPDATED INSPECTION AND REACCREDITATION.
- 622
- 623 C) HAS A MULTIDISCIPLINARY BOARD OF DIRECTORS WITH MEMBERS  
624 CONSISTING OF, AT A MINIMUM, INDIVIDUALS WHO ARE MEDICAL  
625 TRANSPORT PROFESSIONALS AND RELATED HEALTH PROFESSIONALS  
626 THAT:  
627
- 628 1) SEEK INPUT AND GUIDANCE FROM NATIONAL PROFESSIONAL  
629 MEDICAL ORGANIZATIONS IN THE DEVELOPMENT OF ITS  
630 STANDARDS, AND
- 631
- 632 2) ASSURE THAT THE ORGANIZATION ALLOWS FOR  
633 MULTIDISCIPLINARY INPUT IN THE DEVELOPMENT AND  
634 IMPLEMENTATION OF ITS STANDARDS AND REVIEW PROCESSES.
- 635
- 636 D) USES TRAINED SITE-SURVEYORS WITH EXPERIENCE IN MEDICAL  
637 TRANSPORT AT THE LEVEL OF ACCREDITATION AND LICENSE.
- 638
- 639 E) ASSURES THAT AIR AMBULANCE SERVICES WITH IDENTIFIED  
640 DEFICIENCIES WILL IMPLEMENT CORRECTIVE ACTION OR  
641 IMPROVEMENT PLANS TO CORRECT ANY DEFICIENCIES.
- 642
- 643 F) HAS AN OPEN PROCESS THAT ENCOURAGES AND ACCEPTS COMMENTS  
644 ON ITS ACCREDITATION STANDARDS.
- 645
- 646 G) PROVIDES TRANSPARENCY TO THE PUBLIC ON ITS STANDARDS AND  
647 PROCEDURES.
- 648
- 649 H) MAINTAINS INSURANCE (GENERAL LIABILITY, MEDICAL PROFESSIONAL  
650 LIABILITY, DIRECTORS & OFFICERS AND TRAVEL) AND BE ABLE TO  
651 PRESENT ITS CURRENT CERTIFICATES OF INSURANCE TO THE  
652 DEPARTMENT.
- 653
- 654 I) IN ADDITION TO ITS RIGHT TO CONDUCT INDEPENDENT INSPECTIONS  
655 OF EQUIPMENT AND DOCUMENTATION PURSUANT TO SECTION 5.1.3 OF  
656 THESE RULES, ALLOWS A DEPARTMENT REPRESENTATIVE TO  
657 ACCOMPANY ACCREDITATION SURVEYORS ON SITE SURVEYS OR  
658 DURING ANY ACCREDITATION INSPECTIONS AT THE REQUEST OF THE  
DEPARTMENT.

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J) HAS A CLEAR CONFLICT OF INTEREST POLICY.

**5.6 PROVISIONAL LICENSE.**

- 5.6.1 THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO AN APPLICANT FOR AN INITIAL LICENSE TO OPERATE AN AIR AMBULANCE SERVICE IF:
- A) THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL THE MINIMUM STANDARDS REQUIRED UNDER TITLE 25, PART 3.5 AND THESE RULES;
  - B) THE OPERATION OF THE APPLICANT'S AIR AMBULANCE SERVICE WILL NOT ADVERSELY AFFECT PATIENT CARE OR THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC; AND
  - C) THE APPLICANT AIR AMBULANCE SERVICE DEMONSTRATES IT IS MAKING ITS BEST EFFORTS TO ACHIEVE COMPLIANCE WITH THE APPLICABLE RULES.
- 5.6.2 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 AS FOR THE FIRST PROVISIONAL LICENSE. IF THE LICENSEE HAS MADE A TIMELY AND SUFFICIENT APPLICATION FOR RENEWAL OF THE PROVISIONAL LICENSE, THE EXISTING LICENSE SHALL NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON THE RENEWAL APPLICATION. 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.
- 5.6.3 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S) SET FORTH IN SECTION 6 OF THESE RULES.

**5.7 CONDITIONAL LICENSE**

- 5.7.1 THE DEPARTMENT MAY IMPOSE CONDITIONS OR LIMITATIONS UPON A LICENSE PRIOR TO ISSUING AN INITIAL OR RENEWAL LICENSE OR DURING AN EXISTING LICENSE TERM. IF THE DEPARTMENT IMPOSES CONDITIONS OR LIMITATIONS ON A LICENSE, THE LICENSEE SHALL IMMEDIATELY COMPLY WITH ALL CONDITIONS OR LIMITATIONS UNTIL AND UNLESS SAID CONDITIONS ARE OVERTURNED OR STAYED ON APPEAL.
- A) IF CONDITIONS OR LIMITATIONS ARE IMPOSED AT THE SAME TIME AS AN INITIAL OR RENEWAL LICENSE, THE APPLICANT SHALL PAY THE APPLICABLE INITIAL OR RENEWAL LICENSE FEE PLUS THE CONDITIONAL FEE AS SET FORTH IN SECTION 6 OF THESE RULES. IF CONDITIONS OR LIMITATIONS ARE IMPOSED DURING THE LICENSE TERM, THE LICENSEE SHALL PAY THE CONDITIONAL FEE AND THE CONDITIONS OR LIMITATIONS SHALL RUN CONCURRENTLY WITH THE EXISTING LICENSE TERM. IF THE CONDITIONS ARE RENEWED IN WHOLE OR IN PART FOR THE NEXT LICENSE TERM, THE LICENSEE SHALL PAY THE APPLICABLE RENEWAL FEE ALONG WITH THE CONDITIONAL FEE IN EFFECT AT THE TIME OF RENEWAL.
  - B) IF THE DEPARTMENT IMPOSES CONDITIONS OR LIMITATIONS OF CONTINUING DURATION THAT REQUIRE ONLY MINIMAL ADMINISTRATIVE OVERSIGHT, IT MAY WAIVE THE CONDITIONAL FEE AFTER THE LICENSEE HAS COMPLIED WITH THE CONDITIONS OR LIMITATIONS FOR A FULL LICENSE TERM.

720  
721 5.7.2 UNLESS CONSENTED TO BY THE AIR AMBULANCE SERVICE, A LIMITATION  
722 IMPOSED PRIOR TO ISSUANCE OF AN INITIAL OR RENEWAL LICENSE SHALL BE  
723 TREATED AS A DENIAL. A MODIFICATION OF AN EXISTING LICENSE DURING ITS  
724 TERM, UNLESS CONSENTED TO BY THE AIR AMBULANCE SERVICE, SHALL BE  
725 TREATED AS A REVOCATION.

726  
727 **5.8 CHANGE OF OWNERSHIP/MANAGEMENT**

728  
729 5.8.1 WHEN A CURRENTLY LICENSED AIR AMBULANCE SERVICE ANTICIPATES A  
730 CHANGE OF OWNERSHIP, THE CURRENT LICENSEE SHALL NOTIFY THE  
731 DEPARTMENT WITHIN THE SPECIFIED TIME FRAME AND THE PROSPECTIVE  
732 NEW LICENSEE SHALL SUBMIT AN APPLICATION FOR CHANGE OF OWNERSHIP  
733 ALONG WITH THE REQUISITE FEES AND DOCUMENTATION WITHIN THE SAME  
734 TIME FRAME. THE TIME FRAME FOR SUBMITTAL OF SUCH NOTIFICATION AND  
735 DOCUMENTATION SHALL BE AT LEAST THIRTY (30) CALENDAR DAYS BEFORE A  
736 CHANGE OF OWNERSHIP INVOLVING ANY AIR AMBULANCE SERVICE.

737  
738 5.8.2 IN GENERAL, THE CONVERSION OF AN AIR AMBULANCE SERVICE'S LEGAL  
739 STRUCTURE, OR THE LEGAL STRUCTURE OF AN ENTITY THAT HAS A DIRECT OR  
740 INDIRECT OWNERSHIP INTEREST IN THE AIR AMBULANCE SERVICE IS NOT A  
741 CHANGE OF OWNERSHIP UNLESS THE CONVERSION ALSO INCLUDES A  
742 TRANSFER OF AT LEAST 50 PERCENT OF THE LICENSED AIR AMBULANCE  
743 SERVICE'S DIRECT OR INDIRECT OWNERSHIP INTEREST TO ONE OR MORE NEW  
744 OWNERS. SPECIFIC INSTANCES OF WHAT DOES OR DOES NOT CONSTITUTE A  
745 CHANGE OF OWNERSHIP ARE SET FORTH BELOW IN SECTION 5.8.3.

746  
747 5.8.3 THE DEPARTMENT SHALL CONSIDER THE FOLLOWING CRITERIA IN  
748 DETERMINING WHETHER THERE IS A CHANGE OF OWNERSHIP OF AN AIR  
749 AMBULANCE SERVICE THAT REQUIRES A NEW LICENSE:

750  
751 A) SOLE PROPRIETORS:

- 752  
753 1) THE TRANSFER OF AT LEAST 50 PERCENT OF THE OWNERSHIP  
754 INTEREST IN AN AIR AMBULANCE SERVICE FROM A SOLE  
755 PROPRIETOR TO ANOTHER INDIVIDUAL, WHETHER OR NOT THE  
756 TRANSACTION AFFECTS THE TITLE TO REAL PROPERTY, SHALL  
757 BE CONSIDERED A CHANGE OF OWNERSHIP.  
758  
759 2) CHANGE OF OWNERSHIP DOES NOT INCLUDE FORMING A  
760 CORPORATION FROM THE SOLE PROPRIETORSHIP WITH THE  
761 PROPRIETOR AS THE SOLE SHAREHOLDER.

762  
763 B) PARTNERSHIPS:

- 764  
765 1) DISSOLUTION OF THE PARTNERSHIP AND CONVERSION INTO  
766 ANY OTHER LEGAL STRUCTURE SHALL BE CONSIDERED A  
767 CHANGE OF OWNERSHIP IF THE CONVERSION ALSO INCLUDES A  
768 TRANSFER OF AT LEAST 50 PERCENT OF THE DIRECT OR  
769 INDIRECT OWNERSHIP TO ONE OR MORE NEW OWNERS.  
770  
771 2) CHANGE OF OWNERSHIP DOES NOT INCLUDE DISSOLUTION OF  
772 THE PARTNERSHIP TO FORM A CORPORATION WITH THE SAME  
773 PERSONS RETAINING THE SAME SHARES OF OWNERSHIP IN THE  
774 NEW CORPORATION.

775  
776 C) CORPORATIONS:

- 777  
778 1) CONSOLIDATION OF TWO OR MORE CORPORATIONS RESULTING  
779 IN THE CREATION OF A NEW CORPORATE ENTITY SHALL BE  
780 CONSIDERED A CHANGE OF OWNERSHIP IF THE CONSOLIDATION

781 INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
782 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
783 OWNERS.

784  
785 2) FORMATION OF A CORPORATION FROM A PARTNERSHIP, A SOLE  
786 PROPRIETORSHIP OR A LIMITED LIABILITY COMPANY SHALL BE  
787 CONSIDERED A CHANGE OF OWNERSHIP IF THE CHANGE  
788 INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
789 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
790 OWNERS.

791  
792 3) THE TRANSFER, PURCHASE OR SALE OF SHARES IN THE  
793 CORPORATION SUCH THAT AT LEAST 50 PERCENT OF THE  
794 DIRECT OR INDIRECT OWNERSHIP OF THE CORPORATION IS  
795 SHIFTED TO ONE OR MORE NEW OWNERS SHALL BE  
796 CONSIDERED A CHANGE OF OWNERSHIP.

797  
798 D) LIMITED LIABILITY COMPANIES:

799  
800 1) THE TRANSFER OF AT LEAST 50 PERCENT OF THE DIRECT OR  
801 INDIRECT OWNERSHIP INTEREST IN THE COMPANY SHALL BE  
802 CONSIDERED A CHANGE OF OWNERSHIP.

803  
804 2) THE TERMINATION OR DISSOLUTION OF THE COMPANY AND THE  
805 CONVERSION THEREOF INTO ANY OTHER ENTITY SHALL BE  
806 CONSIDERED A CHANGE OF OWNERSHIP IF THE CONVERSION  
807 ALSO INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
808 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
809 OWNERS.

810  
811 3) CHANGE OF OWNERSHIP DOES NOT INCLUDE TRANSFERS OF  
812 OWNERSHIP INTEREST BETWEEN EXISTING MEMBERS IF THE  
813 TRANSACTION DOES NOT INVOLVE THE ACQUISITION OF  
814 OWNERSHIP INTEREST BY A NEW MEMBER. FOR THE PURPOSES  
815 OF THIS SUBSECTION, "MEMBER" MEANS A PERSON OR ENTITY  
816 WITH AN OWNERSHIP INTEREST IN THE LIMITED LIABILITY  
817 COMPANY.

818  
819 5.8.4. MANAGEMENT CONTRACTS, LEASES OR OTHER OPERATIONAL  
820 ARRANGEMENTS:

821  
822 A) IF THE OWNER OF AN AIR AMBULANCE SERVICE ENTERS INTO A LEASE  
823 ARRANGEMENT OR MANAGEMENT AGREEMENT WHEREBY THE OWNER  
824 RETAINS NO AUTHORITY OR RESPONSIBILITY FOR THE OPERATION AND  
825 MANAGEMENT OF THE AIR AMBULANCE SERVICE, THE ACTION SHALL BE  
826 CONSIDERED A CHANGE OF OWNERSHIP THAT REQUIRES A NEW  
827 LICENSE.

828  
829 5.8.5 EACH APPLICANT FOR A CHANGE OF OWNERSHIP SHALL PROVIDE THE  
830 FOLLOWING INFORMATION:

831  
832 A) THE LEGAL NAME OF THE ENTITY AND ALL OTHER NAMES USED BY IT  
833 TO PROVIDE HEALTH CARE SERVICES. THE APPLICANT HAS A  
834 CONTINUING DUTY TO NOTIFY THE DEPARTMENT OF ALL NAME  
835 CHANGES AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE  
836 EFFECTIVE DATE OF THE CHANGE.

837  
838 B) CONTACT INFORMATION FOR THE ENTITY INCLUDING MAILING  
839 ADDRESS, TELEPHONE AND FACSIMILE NUMBERS, E-MAIL ADDRESS  
840 AND WEBSITE ADDRESS, AS APPLICABLE.

841

- 842 C) THE IDENTITY OF ALL PERSONS AND BUSINESS ENTITIES WITH A  
843 CONTROLLING INTEREST IN THE AIR AMBULANCE SERVICE, INCLUDING  
844 ADMINISTRATORS, DIRECTORS, MANAGERS AND MANAGEMENT  
845 CONTRACTORS.  
846
- 847 1) A NON-PROFIT CORPORATION SHALL LIST THE GOVERNING  
848 BODY AND OFFICERS.  
849
- 850 2) A FOR-PROFIT CORPORATION SHALL LIST THE NAMES OF THE  
851 OFFICERS AND STOCKHOLDERS WHO DIRECTLY OR INDIRECTLY  
852 OWN OR CONTROL FIVE PERCENT OR MORE OF THE SHARES OF  
853 THE CORPORATION.  
854
- 855 3) A SOLE PROPRIETOR SHALL INCLUDE PROOF OF LAWFUL  
856 PRESENCE IN THE UNITED STATES IN COMPLIANCE WITH  
857 SECTION 24-76.5-103(4), C.R.S.  
858
- 859 D) THE NAME, ADDRESS AND BUSINESS TELEPHONE NUMBER OF EVERY  
860 PERSON IDENTIFIED IN SECTION 5.8.5 (C) AND THE INDIVIDUAL  
861 DESIGNATED BY THE APPLICANT AS THE CHIEF EXECUTIVE OFFICER OF  
862 THE ENTITY.  
863
- 864 1) IF THE ADDRESSES AND TELEPHONE NUMBERS PROVIDED  
865 ABOVE ARE THE SAME AS THE CONTACT INFORMATION FOR THE  
866 ENTITY ITSELF, THE APPLICANT SHALL ALSO PROVIDE AN  
867 ALTERNATE ADDRESS AND TELEPHONE NUMBER FOR AT LEAST  
868 ONE INDIVIDUAL FOR USE IN THE EVENT OF AN EMERGENCY OR  
869 CLOSURE OF THE AIR AMBULANCE SERVICE.  
870
- 871 E) PROOF OF PROFESSIONAL LIABILITY INSURANCE OBTAINED AND HELD  
872 IN THE NAME OF THE LICENSE APPLICANT AS REQUIRED BY SECTION  
873 5.1.1 (F) & (G) OF THESE RULES. SUCH COVERAGE SHALL BE  
874 MAINTAINED FOR THE DURATION OF THE LICENSE TERM AND THE  
875 DEPARTMENT SHALL BE NOTIFIED OF ANY CHANGE IN THE AMOUNT,  
876 TYPE OR PROVIDER OF PROFESSIONAL LIABILITY INSURANCE  
877 COVERAGE DURING THE LICENSE TERM.  
878
- 879 F) ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION,  
880 PARTNERSHIP AGREEMENT, OR OTHER ORGANIZING DOCUMENTS  
881 REQUIRED BY THE SECRETARY OF STATE TO CONDUCT BUSINESS IN  
882 COLORADO; AND BY-LAWS OR EQUIVALENT DOCUMENTS THAT GOVERN  
883 THE RIGHTS, DUTIES AND CAPITAL CONTRIBUTIONS OF THE BUSINESS  
884 ENTITY.  
885
- 886 G) THE ADDRESS OF THE ENTITY'S PHYSICAL LOCATION AND THE NAME(S)  
887 OF THE OWNER(S) OF EACH STRUCTURE ON THE CAMPUS WHERE  
888 LICENSED SERVICES ARE PROVIDED IF DIFFERENT FROM THOSE  
889 IDENTIFIED IN PARAGRAPH (C) OF THIS SECTION.  
890
- 891 H) A COPY OF ANY MANAGEMENT AGREEMENT PERTAINING TO  
892 OPERATION OF THE ENTITY THAT SETS FORTH THE FINANCIAL AND  
893 ADMINISTRATIVE RESPONSIBILITIES OF EACH PARTY.  
894
- 895 I) IF AN APPLICANT LEASES ONE OR MORE BUILDING(S) TO OPERATE AS A  
896 LICENSED AIR AMBULANCE SERVICE, A COPY OF THE LEASE SHALL BE  
897 FILED WITH THE LICENSE APPLICATION AND SHOW CLEARLY IN ITS  
898 CONTEXT WHICH PARTY TO THE AGREEMENT IS TO BE HELD  
899 RESPONSIBLE FOR THE PHYSICAL CONDITION OF THE PROPERTY.  
900
- 901 J) A STATEMENT SIGNED AND DATED CONTEMPORANEOUSLY WITH THE  
902 APPLICATION STATING WHETHER, WITHIN THE PREVIOUS TEN (10)



903 YEARS, ANY OF THE NEW OWNERS HAVE BEEN THE SUBJECT OF, OR A  
904 PARTY TO, ONE OF MORE OF THE FOLLOWING EVENTS, REGARDLESS  
905 OF WHETHER ACTION HAS BEEN STAYED IN A JUDICIAL APPEAL OR  
906 OTHERWISE SETTLED BETWEEN THE PARTIES.

- 907
- 908 1) BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING  
909 MORAL TURPITUDE UNDER THE LAWS OF ANY STATE OR OF THE  
910 UNITED STATES. A GUILTY VERDICT, A PLEA OF GUILTY OR A  
911 PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE  
912 COURT IS CONSIDERED A CONVICTION.
  - 913
  - 914 2) HAD A STATE LICENSE OR FEDERAL CERTIFICATION DENIED,  
915 REVOKED, OR SUSPENDED BY ANOTHER JURISDICTION.
  - 916
  - 917 3) HAD A CIVIL JUDGMENT OR A CRIMINAL CONVICTION IN A CASE  
918 BROUGHT BY FEDERAL, STATE OR LOCAL AUTHORITIES THAT  
919 RESULTED FROM THE OPERATION, MANAGEMENT, OR  
920 OWNERSHIP OF A HEALTH FACILITY OR OTHER ENTITY RELATED  
921 TO SUBSTANDARD PATIENT CARE OR HEALTH CARE FRAUD.
  - 922

923 K) ANY STATEMENT REGARDING THE INFORMATION REQUESTED IN  
924 PARAGRAPH (J) SHALL INCLUDE THE FOLLOWING, IF APPLICABLE:

- 925
- 926 1) IF THE EVENT IS AN ACTION BY FEDERAL, STATE OR LOCAL  
927 AUTHORITIES; THE FULL NAME OF THE AUTHORITY, ITS  
928 JURISDICTION, THE CASE NAME, AND THE DOCKET, PROCEEDING  
929 OR CASE NUMBER BY WHICH THE EVENT IS DESIGNATED, AND A  
930 COPY OF THE CONSENT DECREE, ORDER OR DECISION.
  - 931
  - 932 2) IF THE EVENT IS A FELONY OR MISDEMEANOR CONVICTION  
933 INVOLVING MORAL TURPITUDE, THE COURT, ITS JURISDICTION,  
934 THE CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
935 MATTER OR A COPY OF THE INDICTMENT OR CHARGES, AND ANY  
936 PLEA OR VERDICT ENTERED BY THE COURT.
  - 937
  - 938 3) IF THE EVENT INVOLVES A CIVIL ACTION OR ARBITRATION  
939 PROCEEDING, THE COURT OR ARBITER, THE JURISDICTION, THE  
940 CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
941 MATTER OR A COPY OF THE COMPLAINT, AND A COPY OF THE  
942 VERDICT, THE COURT OR ARBITRATION DECISION.
  - 943

944 5.8.6 THE EXISTING LICENSEE SHALL BE RESPONSIBLE FOR CORRECTING ALL RULE  
945 VIOLATIONS AND DEFICIENCIES IN ANY CURRENT PLAN OF CORRECTION  
946 BEFORE THE CHANGE OF OWNERSHIP BECOMES EFFECTIVE. IN THE EVENT  
947 THAT SUCH CORRECTIONS CANNOT BE ACCOMPLISHED IN THE TIME FRAME  
948 SPECIFIED, THE PROSPECTIVE LICENSEE SHALL BE RESPONSIBLE FOR ALL  
949 UNCORRECTED RULE VIOLATIONS AND DEFICIENCIES INCLUDING ANY  
950 CURRENT PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS LICENSEE  
951 UNLESS THE PROSPECTIVE LICENSEE SUBMITS A REVISED PLAN OF  
952 CORRECTION, APPROVED BY THE DEPARTMENT, BEFORE THE CHANGE OF  
953 OWNERSHIP BECOMES EFFECTIVE.

954

955 5.8.7 IF THE DEPARTMENT ISSUES A LICENSE TO THE NEW OWNER, THE PREVIOUS  
956 OWNER SHALL RETURN ITS LICENSE TO THE DEPARTMENT WITHIN FIVE (5)  
957 CALENDAR DAYS OF THE NEW OWNER'S RECEIPT OF ITS LICENSE.

958

959 **5.9 BASE LOCATIONS IN COLORADO.**

960

961 5.9.1 IF AN AIR AMBULANCE SERVICE HAS A BASE LOCATED WITHIN COLORADO, THE  
962 AIR AMBULANCE SERVICE SHALL AT ALL TIMES:

963

- 964 A) MAINTAIN OR HAVE READILY AVAILABLE RECORDS OF OPERATION;
- 965
- 966 B) HAVE SECURITY MEASURES IN PLACE TO PROTECT THE AIR
- 967 AMBULANCE FROM TAMPERING AND THE UNAUTHORIZED ACCESS TO
- 968 MEDICAL EQUIPMENT AND SUPPLIES, INCLUDING PHARMACEUTICALS.
- 969 THIS WOULD INCLUDE DIRECT VISUAL MONITORING OR CLOSED
- 970 CIRCUIT TELEVISION OR THE AIR AMBULANCE MUST BE IN A SECURED
- 971 LOCATION WITH LOCKED PERIMETER FENCING OR HANGAR;
- 972
- 973 C) DISPLAY ITS COLORADO AIR AMBULANCE SERVICE LICENSE WITHIN A
- 974 BUILDING AT THE BASE LOCATION;
- 975
- 976 D) DISPLAY ITS DRUG ENFORCEMENT AGENCY REGISTRATION IN THE
- 977 BUILDING WHERE CONTROLLED SUBSTANCES, IF ANY, ARE STORED;
- 978
- 979 E) MAINTAIN A CURRENT POST-ACCIDENT INCIDENT PLAN;
- 980
- 981 F) COMPLY WITH APPLICABLE STATE AND LOCAL BUILDING AND FIRE
- 982 CODES;
- 983
- 984 G) MAINTAIN OR HAVE READILY AVAILABLE DOCUMENTATION OF THE
- 985 PROFESSIONAL CERTIFICATIONS AND/OR LICENSES AND CONTINUING
- 986 EDUCATION DOCUMENTATION FOR STAFF RESPONSIBLE FOR
- 987 PROVIDING PATIENT CARE.
- 988

989 5.9.2 AN AIR AMBULANCE SERVICE THAT HAS A BASE LOCATION IN COLORADO IS  
 990 NOT ELIGIBLE FOR OUT OF STATE LICENSURE RECOGNITION PURSUANT TO  
 991 SECTION 4 OF THESE RULES.  
 992

993 **Section 6 - Fees**

994

995 6.1 All applicants seeking air ambulance licensure by the department under these rules shall submit  
 996 the following non-refundable fees REQUIRED BY THIS SECTION 6 with each initial or renewal  
 997 licensure application:.

998

999 ~~6.1.1 \$860 for each air ambulance service, plus \$100 for each aircraft used by the air ambulance~~  
 1000 ~~service.~~

1001 ~~6.1.2 For applicants who are not CAMTS accredited, the applicant shall pay a fee of \$525 to the~~  
 1002 ~~department in addition to the fee set forth in Subsection 6.1.1 above.~~

1003 ~~6.2 From January 1, 2015 until July 1, 2017, the fees set forth in Subsection 6.1 are waived.~~

1004 6.2 LICENSING FEES.

1005

1006 6.2.1 EACH AIR AMBULANCE SERVICE SEEKING INITIAL OR RENEWAL LICENSURE  
 1007 PURSUANT TO SECTION 5.3 OR 5.4 SHALL SUBMIT A LICENSING FEE OF \$3,400  
 1008 TO THE DEPARTMENT.

1009

1010 6.2.2 ALL APPLICANTS SEEKING AN INITIAL OR RENEWAL RECOGNITION OF OUT OF  
 1011 STATE LICENSURE PURSUANT TO SECTION 4 SHALL PAY AN ANNUAL FEE OF  
 1012 \$1700 TO THE DEPARTMENT.

1013

1014 6.2.3 ALL APPLICANTS SEEKING A PROVISIONAL LICENSE PURSUANT TO SECTION 5.6  
 1015 SHALL PAY A FEE OF \$1700 TO THE DEPARTMENT. AN APPLICANT SEEKING A  
 1016 SECOND PROVISIONAL LICENSE SHALL PAY THE SAME FEE AMOUNT AS  
 1017 RENDERED FOR THE FIRST PROVISIONAL LICENSE.

1018

1019 6.2.4 ALL APPLICANTS SUBJECT TO A CONDITIONAL LICENSE PURSUANT TO 5.7 MAY  
 1020 BE ASSESSED A FEE BASED ON THE DIRECT AND INDIRECT COSTS INCURRED  
 1021 BY THE DEPARTMENT IN ADDITION TO THE REQUIRED INITIAL OR RENEWAL FEE  
 1022 IN 6.2.1 OF THESE RULES.

1023

1024 6.3 PER AIRCRAFT FEES.

- 1025  
1026 6.3.1 IN ADDITION TO LICENSING FEES SET FORTH IN 6.2.1, EACH AIR AMBULANCE  
1027 SERVICE SEEKING INITIAL OR RENEWAL LICENSURE PURSUANT TO SECTIONS  
1028 5.3 AND 5.4 OF THESE RULES SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE  
1029 DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1030  
1031 6.3.2 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.2, EACH AIR  
1032 AMBULANCE SERVICE SEEKING AN INITIAL OR RENEWAL RECOGNITION OF OUT  
1033 OF STATE LICENSURE PURSUANT TO SECTION 4 SHALL PAY A PER AIRCRAFT  
1034 FEE OF \$200 TO THE DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR  
1035 AMBULANCE SERVICE IN THE STATE.  
1036  
1037 6.3.3 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.3, EACH AIR  
1038 AMBULANCE SERVICE SEEKING AN INITIAL OR SECOND PROVISIONAL LICENSE  
1039 PURSUANT TO 5.6 SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE  
1040 DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1041  
1042 6.3.4 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.4, EACH AIR  
1043 AMBULANCE SERVICE SUBJECT TO A CONDITIONAL LICENSE PURSUANT TO  
1044 SECTION 5.7 SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE DEPARTMENT  
1045 FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1046  
1047 6.4 IN ADDITION TO THE APPLICABLE FEES SET FORTH IN 6.2 AND 6.3 OF THESE RULES,  
1048 THE DEPARTMENT SHALL ASSESS A VARIABLE ON-SITE INSPECTION FEE FOR ALL  
1049 APPLICANTS SEEKING STATE LICENSURE PURSUANT TO SECTION 5.3.  
1050  
1051 6.5 IF, AFTER OBTAINING A LICENSE, AN AIR AMBULANCE SERVICE EXPANDS ITS FLEET OF  
1052 AIRCRAFT LICENSED IN COLORADO, THE SERVICE SHALL PAY THE APPROPRIATE PER  
1053 AIRCRAFT FEE AS SET FORTH IN 6.2 FOR EVERY ADDITIONAL AIRCRAFT AT THE TIME IT  
1054 IS PLACED IN SERVICE. MOREOVER, IF THE DEPARTMENT DEEMS IT NECESSARY TO  
1055 INSPECT THE ADDITIONAL AIRCRAFT IT SHALL ASSESS UPON THE LICENSEE THE  
1056 INSPECTION FEE AS SET FORTH IN 6.4.  
1057  
1058 6.6 ANY AIR AMBULANCE SERVICE CHANGING OWNERSHIP PURSUANT TO SECTION 5.8  
1059 SHALL PAY THE DEPARTMENT A FEE OF \$3400.  
1060  
1061 6.7 ANY AIR AMBULANCE SERVICE CHANGING ITS NAME SHALL PAY THE DEPARTMENT A  
1062 FEE OF \$600.  
1063

1064 **Section 7—Licensing Process (REPEALED)**

- 1065 ~~7.1 To become licensed and maintain licensed status, an air ambulance service shall:~~  
1066 ~~7.1.1 Achieve and maintain CAMTS accreditation.~~  
1067 ~~7.1.2 Demonstrate compliance with applicable federal, state, and local laws and regulations to~~  
1068 ~~operate a business in Colorado.~~  
1069 ~~7.1.3 Submit to the department a completed application form and the required application fee.~~  
1070 ~~7.1.4 Demonstrate compliance with these rules.~~  
1071 ~~7.1.5 Upon request, submit to the department copies of the air ambulance service's written~~  
1072 ~~policy and procedure manual, operation/medical protocols, and other documentation the~~  
1073 ~~department may deem necessary.~~  
1074 ~~7.2 The department may conduct an inspection of the air ambulance service and its aircraft to assure~~  
1075 ~~compliance with these rules.~~

1076 ~~7.3 When change of ownership of an air ambulance service licensed by the department occurs, the~~  
1077 ~~new owner or operator must file for and obtain an air ambulance license from the department~~  
1078 ~~prior to beginning operations.~~  
1079

1080 **Section 7 – Licensing Period**  
1081

1082 7.1 EXCEPT AS PROVIDED IN SECTIONS 4.2.3 AND 5.6.2, A any air ambulance license issued by  
1083 the department shall be valid for a period not to exceed TWO (2) yearS.  
1084

1085 **Section 8 – Licensing RENEWAL AND RECOGNITION OF OUT OF STATE LICENSE Renewal**  
1086

1087 8.1 To renew an existing air ambulance license, the licensee shall submit a renewal application and  
1088 fees, as set by the department, no later than ~~three (3) months~~ THIRTY (30) CALENDAR DAYS  
1089 prior to the date of air ambulance license expiration.  
1090

1091 8.2 A renewal inspection may be required by the department to assure air ambulance service  
1092 compliance with these rules.  
1093

1094 8.3 EXCEPT AS OTHERWISE PROVIDED IN SECTION 5.6 OF THESE RULES, THE  
1095 DEPARTMENT SHALL RENEW A LICENSE WHEN IT IS SATISFIED THAT THE  
1096 REQUIREMENTS OF THESE RULES HAVE BEEN MET. IF THE LICENSEE HAS MADE A  
1097 TIMELY AND SUFFICIENT APPLICATION FOR RENEWAL OF THE LICENSE, THE EXISTING  
1098 LICENSE SHALL NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON THE RENEWAL  
1099 APPLICATION.  
1100

1101 8.4 IF AN AIR AMBULANCE SERVICE IS AUTHORIZED TO OPERATE IN COLORADO BECAUSE  
1102 OF THE DEPARTMENT’S RECOGNITION OF OUT OF STATE LICENSURE PURSUANT TO  
1103 SECTION 4, THE LICENSEE SHALL SUBMIT A RENEWAL APPLICATION, DOCUMENTATION  
1104 OF CURRENT OUT OF STATE LICENSURE AND FEES, AS SET FORTH IN SECTION 6, NO  
1105 LATER THAN THIRTY (30) CALENDAR DAYS PRIOR TO THE DATE OF THE COLORADO AIR  
1106 AMBULANCE RECOGNITION EXPIRATION.  
1107

1108 **Section 10 – DESIGNATION AND NUMBER OF AIR AMBULANCES (REPEALED)**

1109 ~~10.1 In order to identify the types of services to be provided, air ambulance licenses shall be issued for~~  
1110 ~~each of the following types of service.~~

1111 ~~10.1.1 Rotor wing advanced life support (RW-ALS)~~

1112 ~~10.1.2 Rotor wing critical care (RW-CC)~~

1113 ~~10.1.3 Rotor wing specialty care (RW-SG)~~

1114 ~~10.1.4 Fixed wing basic life support (FW-BLS)~~

1115 ~~10.1.5 Fixed wing advanced life support (FW-ALS)~~

1116 ~~10.1.6 Fixed wing critical care (FW-CC)~~

1117 ~~10.1.7 Fixed wing specialty care (FW-SG)~~

1118 **Section 9 – General MEDICAL Operational Requirements for Air Ambulance Services Licensed by**  
1119 **the Department**  
1120

1121 **9.1 POLICIES AND PROCEDURES**  
1122

1123 9.1.1 TO ASSESS THE ADEQUACY OF PATIENT CARE, EVERY APPLICANT OR  
1124 LICENSEE SHALL MAKE AVAILABLE FOR REFERENCE AND INSPECTION A  
1125 DETAILED MANUAL OF ITS POLICIES AND PROCEDURES. SERVICE PERSONNEL  
1126 SHALL BE FAMILIAR AND COMPLY WITH POLICIES CONTAINED WITHIN THE  
1127 MANUAL. THE MANUAL SHALL INCLUDE:

1128

- 1129 A) PROCEDURES FOR ACCEPTANCE OF REQUESTS, REFERRALS, AND/OR  
1130 DENIAL OF SERVICE FOR MEDICALLY RELATED REASONS;  
1131
- 1132 B) A WRITTEN DESCRIPTION OF THE GEOGRAPHICAL BOUNDARIES AND  
1133 FEATURES FOR THE SERVICE AREA, AND A COPY OF THE SERVICE  
1134 AREA MAP;  
1135
- 1136 C) SCHEDULED HOURS OF OPERATION;  
1137
- 1138 D) CRITERIA FOR THE MEDICAL CONDITIONS AND INDICATIONS OR  
1139 MEDICAL CONTRAINDICATIONS FOR FLIGHT;  
1140
- 1141 E) FIELD TRIAGE CRITERIA FOR ALL TRAUMA PATIENTS;  
1142
- 1143 F) MEDICAL COMMUNICATION PROCEDURES, INCLUDING BUT NOT LIMITED  
1144 TO MEDICALLY-RELATED DISPATCH PROTOCOL, CALL VERIFICATION  
1145 AND ADVISORIES TO THE REQUESTING PARTY, TO INCLUDE  
1146 PROCEDURES FOR INFORMING REQUESTING PARTY OF FLIGHT  
1147 PROCEDURES, ANTICIPATED TIME OF AIRCRAFT ARRIVAL, AND  
1148 CANCELLATION OF FLIGHT;  
1149
- 1150 G) CRITERIA REGARDING ACCEPTABLE DESTINATIONS BASED UPON  
1151 MEDICAL NEEDS OF THE PATIENT;  
1152
- 1153 H) NON-AVIATION SAFETY PROCEDURES FOR MEDICAL CREW  
1154 ASSIGNMENTS AND NOTIFICATION, INCLUDING ROSTERS OF MEDICAL  
1155 PERSONNEL;  
1156
- 1157 I) WRITTEN POLICY THAT ENSURES AIR MEDICAL PERSONNEL SHALL NOT  
1158 BE ASSIGNED OR ASSUME COCKPIT DUTIES CONCURRENT WITH  
1159 PATIENT CARE DUTIES AND RESPONSIBILITIES;  
1160
- 1161 J) WRITTEN POLICY THAT DIRECTS AIR AMBULANCE PERSONNEL TO  
1162 HONOR A PATIENT REQUEST FOR A SPECIFIC SERVICE OR DESTINATION  
1163 WHEN THE CIRCUMSTANCES WILL NOT JEOPARDIZE PATIENT SAFETY;  
1164
- 1165 K) ON-GROUND MEDICAL COMMUNICATIONS PROCEDURES;  
1166
- 1167 L) FLIGHT REFERRAL PROCEDURES;  
1168
- 1169 M) A WRITTEN PLAN THAT ADDRESSES THE ACTIONS TO BE TAKEN IN THE  
1170 EVENT OF AN EMERGENCY, DIVERSION, OR PATIENT CRISIS DURING  
1171 TRANSPORT OPERATIONS;  
1172
- 1173 N) PATIENT TRACKING PROCEDURES THAT SHALL ASSURE AIR/GROUND  
1174 POSITION REPORTS AT INTERVALS NOT TO EXCEED FIFTEEN MINUTES  
1175 INFLIGHT AND 45 MINUTES WHILE LANDED ON THE GROUND;  
1176
- 1177 O) WRITTEN PROCEDURES GOVERNING THE AIR AMBULANCE SERVICE'S  
1178 MEDICAL COMPLAINT RESOLUTION PROCESS AND PROTOCOLS. AT  
1179 MINIMUM, THE AIR AMBULANCE SERVICE SHALL DESIGNATE  
1180 PERSONNEL RESPONSIBLE FOR ITS DISPUTE RESOLUTION PROCESS  
1181 AND PROVIDE THE PROTOCOLS IT SHALL FOLLOW WHEN  
1182 INVESTIGATING, TRACKING, DOCUMENTING, REVIEWING AND  
1183 RESOLVING THE COMPLAINT. THE SERVICE'S COMPLAINT RESOLUTION  
1184 PROCEDURES SHALL EMPHASIZE RESOLUTION OF COMPLAINTS AND  
1185 PROBLEMS WITHIN A SPECIFIED PERIOD OF TIME; AND  
1186

1187 P) POLICY FOR DELINEATING METHODS FOR MAINTAINING MEDICAL  
1188 COMMUNICATIONS DURING POWER OUTAGES AND IN DISASTER  
1189 SITUATIONS.

1190  
1191 9.1.2. TO ENSURE PROPER PATIENT CARE AND THE EFFECTIVE COORDINATION OF  
1192 STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES, SERVICES THAT  
1193 RESPOND TO INCIDENT SCENES AND/OR SUPPORT DISASTER RESPONSE  
1194 SHALL PROVIDE AIRCRAFT SAFETY AND LANDING ZONE PROCEDURES IN A  
1195 WRITTEN FORMAT TO ALL FIRE, RESCUE, EMS, PUBLIC SAFETY, LAW  
1196 ENFORCEMENT AGENCIES AND MEDICAL FACILITY PERSONNEL WHO  
1197 INTERFACE WITH THE MEDICAL SERVICE THAT INCLUDES BUT IS NOT LIMITED  
1198 TO THE FOLLOWING:

1199  
1200 A) THE IDENTIFICATION, DESIGNATING AND PREPARATION OF  
1201 APPROPRIATE LANDING ZONES;

1202  
1203 B) PROVIDER SAFETY IN AND AROUND THE AIRCRAFT;

1204  
1205 C) AIR TO GROUND COMMUNICATIONS; AND

1206  
1207 D) CRASH RECOVERY PROCEDURES

1208 ~~Each air ambulance service shall work in coordination with all other air ambulance services to assure~~  
1209 ~~optimal minimal response times.~~

1210 ~~11.2 Policies for responding to requests for services shall include:~~

1211 ~~11.2.1 Consultation with the requesting party regarding how and to whom these flights will be~~  
1212 ~~referred, based on the air ambulance service's scope of service, geographical proximity,~~  
1213 ~~transport capability and type of call.~~

1214 ~~11.2.2 The closest appropriate licensed air ambulance service shall be dispatched unless a~~  
1215 ~~specific licensed air ambulance service is requested by the requesting party.~~

1216 ~~11.2.3 All air ambulance services must have a communications system in place capable of~~  
1217 ~~providing appropriate, timely referrals.~~

1218 ~~11.2.4 Factors affecting the estimated time of arrival (ETA) of air ambulance service shall be~~  
1219 ~~communicated to the calling party as soon as possible, within five (5) minutes for inter-~~  
1220 ~~facility transports and three (3) minutes for scene requests.~~

1221 ~~11.2.5 Scene requests shall be referred within three (3) minutes to the next closest, available,~~  
1222 ~~appropriate resource if the initial requested air ambulance service does not have an~~  
1223 ~~aircraft and crew immediately available.~~

1224 ~~11.2.6 Inter-facility transport requests shall be referred within five (5) minutes to the next closest,~~  
1225 ~~available, appropriate resource if the initial requested air ambulance service does not~~  
1226 ~~have an aircraft and crew immediately available.~~

1227 ~~11.2.7 Air ambulance service response policies and times shall be available to the public, upon~~  
1228 ~~request.~~

1229 ~~11.2.8 In accordance with the Rules Pertaining to Emergency Medical Services Data and~~  
1230 ~~Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three, Colorado~~  
1231 ~~licensed air ambulance services shall complete a patient care report (PCR) to include the~~  
1232 ~~minimum pre-hospital care data set for each patient that is transported. The minimum~~  
1233 ~~data elements identified by the department shall be compiled and submitted to the~~  
1234 ~~department in a format and frequency specified by the department~~  
1235

1236 9.2. Each licensed air ambulance service shall complete and submit to the department ~~an agency~~  
1237 ~~profile to provide~~ A PROFILE THAT INCLUDES information TO BE USED BY THE  
1238 DEPARTMENT TO PROVIDE EFFECTIVE COMMUNICATIONS, PLANNING AND  
1239 COORDINATION OF STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES. ~~on~~  
1240 ~~resources available for planning and coordination of statewide emergency medical and trauma~~  
1241 ~~services.~~

1242  
1243 9.2.1 ALL AIR AMBULANCE SERVICE AGENCIES LICENSED IN COLORADO SHALL  
1244 PROVIDE THE DEPARTMENT WITH THE REQUIRED DATA AND INFORMATION AS  
1245 SPECIFIED BELOW IN A FORMAT DETERMINED BY THE DEPARTMENT OR IN AN  
1246 ALTERNATE MEDIA ACCEPTABLE TO THE DEPARTMENT.

1247  
1248 9.2.2 AIR AMBULANCE SERVICE AGENCIES SHALL PROVIDE ORGANIZATIONAL  
1249 PROFILE DATA IN A MANNER DESIGNATED BY THE DEPARTMENT.

1250  
1251 9.2.3 AGENCIES SHALL UPDATE ORGANIZATIONAL PROFILE DATA WHENEVER  
1252 CHANGES OCCUR AND AT LEAST ANNUALLY.

1253  
1254 **9.3 MEDICAL TRANSPORT PLANS**

1255  
1256 9.3.1 TO ENSURE PROPER PATIENT CARE AND THE EFFECTIVE COORDINATION OF  
1257 STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES, ALL AIR  
1258 AMBULANCE SERVICES SHALL HAVE AN INTEGRATED MEDICAL TRANSPORT  
1259 PLAN FOR EACH AIR AMBULANCE LICENSED BY THE DEPARTMENT THAT  
1260 DESCRIBES THE FOLLOWING:

1261 A) BASE LOCATION

1262  
1263 B) HOURS OF OPERATION

1264 C) EMERGENCY (DISPATCH) AND NON-EMERGENCY (BUSINESS) CONTACT  
1265 INFORMATION

1266  
1267 D) DESCRIPTION OF PRIMARY AND SECONDARY SERVICE AREAS

1268 E) MEDICAL CRITERIA FOR UTILIZATION

1269 F) DESCRIPTION OF MEDICAL CAPABILITIES (INCLUDING AVAILABILITY OF  
1270 SPECIALIZED MEDICAL TRANSPORT EQUIPMENT)

1271 G) COMMUNICATIONS CAPABILITIES INCLUDING (BUT NOT LIMITED TO)  
1272 RADIO FREQUENCIES AND TALK GROUPS.

1273  
1274 H) PROCEDURES FOR COMMUNICATING WITH THE AIR MEDICAL CREW

1275 I) MUTUAL AID OR BACKUP PROCEDURES WHEN THE SERVICE IS NOT  
1276 AVAILABLE

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1281 **9.4 MEDICALLY-RELATED DISPATCH PROTOCOLS**

1282  
1283 9.4.1 WHEN AIR AMBULANCE TRANSPORT IS INDICATED, REQUESTS SHALL BE  
1284 APPROPRIATELY COORDINATED AFTER CONSULTATION WITH THE  
1285 REQUESTING PARTY. ALL AIR AMBULANCE SERVICES SHALL MAINTAIN  
1286 COMMUNICATION WITH ALL APPROPRIATE ENTITIES INVOLVED IN THE  
1287 RESPONSE, INCLUDING THE RECEIVING FACILITY.

1288  
1289  
1290 **9.5 MEDICAL COMMUNICATIONS**

1291  
1292 9.5.1 AN AIR AMBULANCE SERVICE SHALL HAVE A TWO-WAY WIRELESS  
1293 COMMUNICATIONS SYSTEM WITH RELIABLE EQUIPMENT THAT WILL ALLOW

1294 CLEAR VOICE COMMUNICATION AMONG AND BETWEEN ALL AGENCIES  
1295 NECESSARY FOR THE SAFE AND EFFECTIVE TRANSPORT AND MEDICAL CARE  
1296 OF THE PATIENT AND CREW.

1297  
1298 9.5.2 AN AIR AMBULANCE SERVICE'S TWO-WAY COMMUNICATION EQUIPMENT  
1299 SYSTEM SHALL ALLOW FOR OR HAVE:

- 1300  
1301 A) REAL-TIME PATIENT TRACKING THAT SHALL BE MAINTAINED AND  
1302 DOCUMENTED EVERY FIFTEEN (15) MINUTES INCLUDING THE TIME THE  
1303 AIR AMBULANCE RETURNS TO SERVICE FOLLOWING TRANSPORT.  
1304  
1305 B) APPROPRIATE WIRELESS COMMUNICATIONS CAPABILITIES WITH LOCAL  
1306 FIRST RESPONDERS, TO INCLUDE FIRE, RESCUE, EMERGENCY MEDICAL  
1307 SERVICES (EMS), AND LAW ENFORCEMENT AS PUBLISHED IN THE STATE  
1308 EMS TELECOMMUNICATIONS PLAN.  
1309  
1310 C) A SYSTEM OF COMMUNICATIONS, EXCLUSIVE OF THE AIR TRAFFIC  
1311 CONTROL SYSTEM, THAT MUST BE CAPABLE OF COMMUNICATIONS  
1312 WITH MEDICAL SERVICES (EMS), AND LAW ENFORCEMENT AS  
1313 PUBLISHED IN THE STATE EMS TELECOMMUNICATIONS PLAN.  
1314  
1315 D) DEDICATED TELEPHONE NUMBER FOR THE AIR AMBULANCE SERVICE  
1316 DISPATCH CENTER.  
1317  
1318 E) THE AIR AMBULANCE SERVICE COMMUNICATIONS CENTER MUST BE  
1319 STAFFED DURING ALL PHASES OF PATIENT TREATMENT AND  
1320 TRANSPORT.  
1321  
1322 F) AN EMERGENCY PLAN FOR COMMUNICATIONS DURING POWER  
1323 OUTAGES AND IN DISASTER SITUATIONS.  
1324

1325 **9.6 MEDICAL PERSONNEL**

1326  
1327 9.6.1 AT A MINIMUM AN AIR AMBULANCE SERVICE MUST HAVE THE FOLLOWING  
1328 MEDICAL PERSONNEL:

- 1329  
1330 A) AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR WHO OVERSEES THE  
1331 PRACTICE OF EMERGENCY MEDICAL SERVICES DURING PATIENT  
1332 TRANSPORT FOR A COLORADO LICENSED SERVICE MUST BE FAMILIAR  
1333 WITH COLORADO STATE MEDICAL STANDARDS, PRACTICES, AND  
1334 LICENSING REQUIREMENTS. THEREFORE, EXCEPT AS PROVIDED IN  
1335 9.6.1(B), A MEDICAL DIRECTOR MUST BE A COLORADO LICENSED  
1336 PHYSICIAN IN GOOD STANDING TO SUPERVISE THE MEDICAL CARE  
1337 PROVIDED IN AN AIR MEDICAL ENVIRONMENT. THE MEDICAL DIRECTOR  
1338 MUST ALSO:  
1339  
1340 1) BE BOARD CERTIFIED OR BOARD-ELIGIBLE IN EMS, EMERGENCY  
1341 MEDICINE, OR OTHER SPECIALTY SERVING THE PATIENT  
1342 POPULATION INVOLVED;  
1343  
1344 2) HAVE EXPERIENCE IN THE CARE OF PATIENTS CONSISTENT  
1345 WITH THE LICENSING AND MISSION PROFILE OF THE AIR  
1346 AMBULANCE SERVICE;  
1347  
1348 3) HAVE ACCESS TO MEDICAL SPECIALISTS FOR CONSULTATION  
1349 REGARDING PATIENTS WHOSE ILLNESS AND CARE NEEDS ARE  
1350 OUTSIDE THE MEDICAL DIRECTOR'S AREA OF PRACTICE;  
1351  
1352 4) HAVE A CURRENT DEA REGISTRATION; AND  
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- 5) HAVE CURRENT CREDENTIALS ACHIEVED THROUGH ACTIVE PARTICIPATION IN PATIENT CARE AND CONTINUING MEDICAL EDUCATION ACTIVITIES APPROPRIATE FOR THE ROLE OF AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR.
  - B) FOR AIR AMBULANCE SERVICES OPERATING PURSUANT TO SECTION 4 OF THESE RULES, THE MEDICAL DIRECTOR WHO IS LICENSED AND IN GOOD STANDING, WITHOUT RESTRICTIONS OR CONDITIONS, IN THE STATE IN WHICH THE SERVICE IS BASED, AND WHO IS EXEMPT FROM COLORADO LICENSURE REQUIREMENTS PURSUANT TO SECTION 12-36-106(3)(b), C.R.S., MAY SUPERVISE THE MEDICAL CARE PROVIDED TO A PATIENT IN AN AIR MEDICAL TRANSPORT THAT EITHER ORIGINATES OR TERMINATES IN COLORADO. UNDER THESE CIRCUMSTANCES THE MEDICAL DIRECTOR MUST:
    - 1) BE BOARD CERTIFIED OR BOARD-ELIGIBLE IN EMS, EMERGENCY MEDICINE, OR OTHER SPECIALTY SERVING THE PATIENT POPULATION INVOLVED;
    - 2) HAVE EXPERIENCE IN THE CARE OF PATIENTS CONSISTENT WITH THE LICENSING AND MISSION PROFILE OF THE AIR AMBULANCE SERVICE;
    - 3) HAVE ACCESS TO MEDICAL SPECIALISTS FOR CONSULTATION REGARDING FOR PATIENTS WHOSE ILLNESS AND CARE NEEDS ARE OUTSIDE THE MEDICAL DIRECTOR'S AREA OF PRACTICE;
    - 4) HAVE A CURRENT DEA REGISTRATION; AND
    - 5) HAVE CURRENT CREDENTIALS ACHIEVED THROUGH ACTIVE PARTICIPATION IN PATIENT CARE AND CME ACTIVITIES APPROPRIATE FOR THE ROLE OF AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR.
  - C) AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR WHO OVERSEES THE PRACTICE OF EMERGENCY MEDICAL SERVICES DURING TRANSPORT OF A PATIENT THAT ORIGINATES AND TERMINATES IN COLORADO MUST BE A COLORADO LICENSED PHYSICIAN IN GOOD STANDING THAT MEETS THE REQUIREMENTS SET FORTH IN 9.6.1(A).
  - D) MEDICALLY QUALIFIED COLORADO LICENSED, OR CERTIFIED, INDIVIDUALS APPROPRIATE TO THE SCOPE AND MISSION OF THE AIR AMBULANCE SERVICE, OR PROVIDERS RECOGNIZED UNDER AN INTERSTATE COMPACT OF WHICH COLORADO IS A MEMBER. ACCEPTABLE MEDICAL PERSONNEL INCLUDE, BUT ARE NOT LIMITED TO PHYSICIANS, CERTIFIED EMERGENCY MEDICAL SERVICES PROVIDERS, REGISTERED NURSES, REGISTERED NURSE PRACTITIONERS, ADVANCED PRACTICE NURSES, PHYSICIAN ASSISTANTS, RESPIRATORY THERAPISTS, OR OTHER ALLIED HEALTH PROFESSIONALS.
- 9.6.2 EACH PATIENT TRANSPORT BY A LICENSED AIR AMBULANCE SERVICE SHALL BE STAFFED BY A MINIMUM OF TWO (2) MEDICAL PERSONNEL WHO ARE LICENSED OR CERTIFIED ACCORDING TO COLORADO AND/OR PROVIDERS RECOGNIZED UNDER AN INTERSTATE COMPACT OF WHICH COLORADO IS A MEMBER WHO PROVIDE DIRECT PATIENT CARE, PLUS A VEHICLE OPERATOR.
- A) ONE OF THE MEDICAL PERSONNEL MUST BE THE PRIMARY CARE PROVIDER, WHO, AS THE TEAM LEADER WITH A HIGHER LEVEL OF LICENSE, IS ULTIMATELY RESPONSIBLE FOR THE PATIENT.

- 1414 (i) THE PRIMARY CARE PROVIDER MAY BE A LICENSED NURSE, A  
1415 RESIDENT OR STAFF PHYSICIAN, OR A PARAMEDIC.  
1416
- 1417 (ii) IF THE PRIMARY CARE PROVIDER IS A LICENSED NURSE, S/HE  
1418 MUST HAVE CEN, CCRN, CFRN OR CTRN [OR EQUIVALENT  
1419 NATIONAL CERTIFICATION] WITHIN TWO (2) YEARS OF HIRE AND  
1420 MUST HAVE PRE-HIRE EXPERIENCE IN THE MEDICATIONS AND  
1421 INTERVENTIONS LISTED NECESSARY FOR THE SERVICE'S SCOPE  
1422 OF CARE. THE LICENSED NURSE MUST ALSO HAVE THREE (3)  
1423 YEARS CRITICAL CARE EXPERIENCE, WHICH IS NO LESS THAN  
1424 4000 HOURS EXPERIENCE IN AN ICU OR AN EMERGENCY  
1425 DEPARTMENT.  
1426
- 1427 (iii) IF THE PRIMARY CARE PROVIDER IS A PARAMEDIC, S/HE MUST  
1428 HAVE PRE-HIRE EXPERIENCE IN THE MEDICATIONS AND  
1429 INTERVENTIONS LISTED NECESSARY FOR THE SERVICE'S SCOPE  
1430 OF CARE. THE PARAMEDIC MUST ALSO HAVE 3 YEARS CRITICAL  
1431 CARE EXPERIENCE, WHICH IS NO LESS THAN 4000 HOURS  
1432 EXPERIENCE IN AN ICU OR AN EMERGENCY DEPARTMENT.  
1433
- 1434 B) IF THE SECOND MEDICAL PROVIDER IS A PARAMEDIC, THEN THE  
1435 PARAMEDIC MUST HAVE A FP-C OR CCP-C, OR COLORADO CRITICAL  
1436 CARE ENDORSEMENT, OR EQUIVALANT REQUIRED WITHIN TWO (2)  
1437 YEARS OF HIRE, ALONG WITH THREE (3) YEARS (MINIMUM OF 4000  
1438 HOURS) OF ADVANCED LIFE SUPPORT EXPERIENCE.  
1439
- 1440 C) IF THE SECOND MEDICAL PROVIDER IS A REGISTERED RESPIRATORY  
1441 THERAPIST (RRT), THE RRT IS REQUIRED TO HAVE A MINIMUM OF 4000  
1442 HOURS OF EMERGENCY DEPARTMENT OR ICU EXPERIENCE.  
1443
- 1444 D) THE COMPOSITION OF THE MEDICAL TEAM MAY BE ALTERED FOR  
1445 SPECIALTY MISSIONS AND TEAMS UPON APPROVAL AND  
1446 CREDENTIALING BY THE AIR AMBULANCE SERVICE MEDICAL DIRECTOR.  
1447
- 1448 E) THE MEDICAL TEAM MUST DEMONSTRATE AFFECTIVE AND  
1449 PSYCHOMOTOR EDUCATION SUFFICIENT TO MEET THE CLINICAL NEEDS  
1450 FOR THE TYPE OF PATIENT SERVED IN AN AIR AMBULANCE MEDICAL  
1451 ENVIRONMENT WITHOUT RESTRICTIONS.  
1452
- 1453 F) MEDICAL PERSONNEL SHALL OPERATE ONLY WITHIN THEIR SCOPE OF  
1454 PRACTICE, INCLUDING AN EMERGENCY MEDICAL SERVICE PROVIDER  
1455 ACTING IN ACCORDANCE WITH A WAIVER GRANTED PURSUANT TO  
1456 CHAPTER TWO, 6 CCR 1015-3.  
1457

### 1458 9.6.3 TRAINING REQUIREMENTS

- 1459
- 1460 A) AN AIR AMBULANCE SERVICE SHALL HAVE A TRAINING AND  
1461 EDUCATIONAL PROGRAM THAT IS REQUIRED FOR ALL MEDICAL AIR  
1462 AMBULANCE PERSONNEL, INCLUDING THE MEDICAL DIRECTOR.  
1463
- 1464 B) AT A MINIMUM, THE TRAINING AND EDUCATIONAL PROGRAM SHALL  
1465 CONTAIN PROGRAM ORIENTATION, INITIAL AND RECURRENT TRAINING  
1466 WHICH IS CONSISTENT WITH THE AIR AMBULANCE SERVICE'S SCOPE OF  
1467 CARE, PATIENT POPULATION, MISSION STATEMENT AND MEDICAL  
1468 DIRECTION. THE AIR AMBULANCE SERVICE SHALL DOCUMENT THAT ITS  
1469 AIR AMBULANCE MEDICAL PERSONNEL HAVE COMPLETED TRAINING,  
1470 MET THE LEARNING OBJECTIVES AND HAVE ONGOING CLINICAL  
1471 EXPERIENCE IN THE FOLLOWING:  
1472
- 1473 1) CARE OF PATIENTS IN THE AIR MEDICAL ENVIRONMENT  
1474 INCLUDING THE IMPACT OF ALTITUDE AND OTHER STRESSORS;

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- 2) ADVANCED AIRWAY MANAGEMENT;
  - 3) APPLICABLE MEDICAL DEVICE SPECIFIC TRAINING (AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (AICD), EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), INTRA-AORTIC BALLOON PUMP (IABP), LEFT VENTRICULAR ASSIST DEVICE (LVAD), MEDICATION PUMPS, VENTILATORS, ETC.);
  - 4) CARDIOLOGY;
  - 5) MECHANICAL VENTILATION AND RESPIRATORY PHYSIOLOGY FOR ADULT, PEDIATRIC, AND NEONATAL PATIENTS AS IT RELATES TO THE MISSION STATEMENT AND SCOPE OF CARE OF THE MEDICAL TRANSPORT SERVICE SPECIFIC TO THE EQUIPMENT;
  - 6) HIGH RISK OBSTETRICAL EMERGENCIES AND OBSTETRICS CARE;
  - 7) PEDIATRICS AND NEONATAL CARE;
  - 8) EMERGENCY/CRITICAL CARE FOR ALL APPLICABLE PATIENT POPULATIONS, INCLUDING SPECIAL NEEDS POPULATIONS;
  - 9) HAZARDOUS MATERIALS RECOGNITION AND RESPONSE;
  - 10) MANAGEMENT OF DISASTER AND MASS CASUALTY EVENTS;
  - 11) INFECTION CONTROL AND PREVENTION; AND
  - 12) ETHICAL AND LEGAL ISSUES.
- C) THE AIR AMBULANCE SERVICE MEDICAL DIRECTOR SHALL HAVE FAMILIARITY IN THE FOLLOWING AREAS:
- 1) CARE OF PATIENTS IN THE AIR MEDICAL ENVIRONMENT, INCLUDING THE IMPACT OF ALTITUDE AND OTHER PATIENT STRESSORS, IN-FLIGHT ASSESSMENT AND CARE, MONITORING CAPABILITIES, AND LIMITATIONS OF THE FLIGHT ENVIRONMENT;
  - 2) HAZARDOUS MATERIALS RECOGNITION AND RESPONSE;
  - 3) MANAGEMENT OF DISASTER AND MASS CASUALTY EVENTS;
  - 4) INFECTION CONTROL AND PREVENTION;
  - 5) ADVANCED RESUSCITATION AND CARE OF ADULT, PEDIATRIC AND NEONATAL PATIENTS WITH BOTH TRAUMATIC AND NON-TRAUMATIC DIAGNOSES;
  - 6) QUALITY IMPROVEMENT THEORIES AND APPLICATIONS;
  - 7) PRINCIPLES OF ADULT LEARNING;
  - 8) CAPABILITIES AND LIMITATIONS OF CARE IN AN AIR AMBULANCE;
  - 9) APPLICABLE FEDERAL, STATE AND LOCAL LAW, RULES AND PROTOCOLS RELATED TO AIR MEDICAL SERVICES AND STATE TRAUMA RULE GUIDELINES;
  - 10) AIR MEDICAL DISPATCH AND COMMUNICATIONS; AND

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1539 9.6.4 AIR AMBULANCE SERVICE MEDICAL DIRECTOR ROLES AND RESPONSIBILITIES  
1540  
1541 A) THE AIR AMBULANCE SERVICE MEDICAL DIRECTOR ROLES AND  
1542 RESPONSIBILITIES SHALL INCLUDE:  
1543  
1544 1) RESPONSIBILITY FOR OVERSIGHT OF MEDICAL CARE PROVIDED  
1545 BY THE AIR MEDICAL SERVICE AND ENSURE COMPETENCY AND  
1546 CURRENCY OF ALL MEDICAL PERSONNEL;  
1547  
1548 2) ACTIVE ENGAGEMENT IN THE EVALUATION, CREDENTIALING,  
1549 INITIAL TRAINING AND CONTINUING EDUCATION OF ALL  
1550 PERSONNEL WHO PROVIDE PATIENT CARE;  
1551  
1552 3) DEVELOPMENT AND/OR APPROVAL OF WRITTEN PATIENT CARE  
1553 GUIDELINES (WHEN AVAILABLE), POLICIES AND PROTOCOLS  
1554 INCLUDING BUT NOT LIMITED TO THOSE ADDRESSING THE  
1555 ADVERSE IMPACT OF ALTITUDE ON PATIENT PHYSIOLOGY AND  
1556 STRESSES OF TRANSPORT; AND  
1557  
1558 4) ACTIVE ENGAGEMENT IN QUALITY MANAGEMENT, UTILIZATION  
1559 REVIEW AND PATIENT CARE AND SAFETY REVIEWS.  
1560

1561 **9.7 MEDICAL EQUIPMENT**  
1562

- 1563 9.7.1 EACH AIR AMBULANCE OPERATOR SHALL ENSURE THAT ALL MEDICAL  
1564 EQUIPMENT IS APPROPRIATE TO THE AIR MEDICAL SERVICE'S SCOPE AND  
1565 MISSION AND MAINTAINED IN WORKING ORDER ACCORDING TO THE  
1566 MANUFACTURER'S RECOMMENDATIONS. MEDICAL EQUIPMENT SHALL BE  
1567 AVAILABLE ON THE AIRCRAFT TO MEET THE LOCAL/STATE PROTOCOLS FOR  
1568 EMS PROVIDERS IN WHICH THE SERVICE INTENDS TO OPERATE AND IN LINE  
1569 WITH THE MISSION OF THE AIR AMBULANCE SERVICE.  
1570  
1571 A) REQUIRED EQUIPMENT  
1572  
1573 1) ISOLATION EQUIPMENT INCLUDING ISOLATION GOGGLES AND  
1574 MASKS OR MASK/SHIELD COMBINATION, ISOLATION GOWNS AND  
1575 ISOLATION GLOVES  
1576  
1577 2) HIGH PARTICULATE FILTER WASHES (HEPA FILTER OR N95 MASK-  
1578 ASSORTED SIZES  
1579  
1580 3) CONTAINERS (BAGS) FOR INFECTIOUS MEDICAL WASTE  
1581  
1582 4) SHARPS CONTAINER  
1583  
1584 5) DISINFECTANT/GERMICIDAL CLEANERS, WIPES OR SOLUTIONS  
1585  
1586 6) WATERLESS HAND CLEANER  
1587  
1588 7) AIRWAY EQUIPMENT, CONSISTING OF:  
1589  
1590 a. COMPLETE SET OF OROPHARYNGEAL AIRWAY DEVICES:  
1591 ADULT AND PEDIATRIC,  
1592  
1593 b. COMPLETE SET OF NASOPHARYNGEAL AIRWAY DEVICES:  
1594 ADULT, PEDIATRIC, AND INFANT

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- c. COMPLETE SET OF INTUBATION EQUIPMENT-ADULT,  
PEDIATRIC, AND INFANT
- 1599 8) SYRINGES, ASSORTED SIZES  
1600  
1601 9) MAGILL FORCEPS (ADULT AND PEDIATRIC SIZES)  
1602  
1603 10) THERMOMETER  
1604  
1605 11) INTUBATION EQUIPMENT  
1606  
1607 14) PEDIATRIC WEIGHT BASED DRUG TAPE, CHART OR WHEEL  
1608  
1609 15) WATER SOLUBLE LUBRICANT  
1610  
1611 16) END-TIDAL CO2 MONITOR  
1612  
1613 17) ADVANCED AIRWAY PROCEDURE KIT, AS APPLICABLE  
1614  
1615 18) APPROPRIATE MEDICATIONS AS DEFINED BY CLINICAL  
1616 GUIDELINES OR PER MEDICAL TREATMENT GUIDELINES.  
1617  
1618 19) ECG MONITOR/DEFIBRILLATOR AND APPROPRIATE ADULT AND  
1619 PEDIATRIC PADS, INCLUDING EXTERNAL PACEMAKER PADS  
1620 (SECURE POSITIONING OF CARDIAC MONITORS,  
1621 DEFIBRILLATORS, AND EXTERNAL PACERS SO THAT DISPLAYS  
1622 ARE VISIBLE TO MEDICAL PERSONNEL)  
1623  
1624 20) PULSE OXIMETER WITH ADULT AND PEDIATRIC PROBES  
1625  
1626 21) SPARE BATTERIES AS APPROPRIATE FOR POWERED MEDICAL  
1627 DEVICES  
1628  
1629 22) VENTILATOR AS APPROVED BY MEDICAL DIRECTOR  
1630  
1631 23) BANDAGES AND DRESSINGS  
1632  
1633 24) SUCTION EQUIPMENT INCLUDING TUBING  
1634  
1635 a. WALL MOUNTED SUCTION UNIT  
  
b. PORTABLE SUCTION UNIT POWERED OR HAND  
OPERATED  
  
1636 25) PHARYNGEAL HARD TIP SUCTION  
1637  
1638  
1639  
1640 26) SOFT TIP SUCTION CATHETER SET  
1641  
1642 a. ADULT SIZES  
1643  
  
b. PEDIATRIC SIZES  
  
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1646 27) SUCTION BAGS OR REPLACEABLE RESERVOIRS

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- 28) STERILE GLOVES
- 29) OXYGEN EQUIPMENT (OXYGEN FLOW CAPABLE OF BEING STOPPED AT THE OXYGEN SOURCE FROM INSIDE THE AIR AMBULANCE AND MEASUREMENT OF THE LITER FLOW AND QUANTITY OF OXYGEN REMAINING IS ACCESSIBLE TO AIR MEDICAL PERSONNEL WHILE IN FLIGHT)
- a. MAIN OXYGEN SOURCE
- b. WALL MOUNTED OXYGEN FLOW METER 0-15 L/MIN. MINIMUM
- i. OXYGEN EQUIPMENT SHALL BE FURNISHED CAPABLE OF ADJUSTABLE FLOW FROM 0 TO 15 LITERS PER MINUTE. MASKS AND SUPPLY TUBING FOR ADULT AND PEDIATRIC PATIENTS SHALL ALLOW ADMINISTRATION OF VARIABLE OXYGEN CONCENTRATIONS FROM 24% TO 95% FRACTION INSPIRED OXYGEN. MEDICAL OXYGEN SHALL BE PROVIDED FOR 150% OF THE SCHEDULED FLIGHT TIME BY A UNIT SECURED WITHIN THE AIR AMBULANCE.
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- 30) COMPRESSED AIR AS APPROPRIATE (EACH GAS OUTLET CLEARLY MARKED FOR IDENTIFICATION)
- 31) PORTABLE OXYGEN CYLINDER WITH PORTABLE VARIABLE FLOW REGULATOR 0-15 L/MIN. MINIMUM
- 32) BAG-VALVE-MASK WITH RESERVOIR TO PROVIDE ONE HUNDRED PER CENT OXYGEN FLOW (ADULT, PEDIATRIC AND INFANT SIZES)
- 33) OXYGEN MASKS (ADULT, PEDIATRIC AND INFANT SIZES)
- 34) NASAL CANNULAS (ADULT AND PEDIATRIC SIZES)
- 35) NEBULIZER AND APPROPRIATE CONNECTING TUBING
- 36) ADJUNCT EQUIPMENT
- a. TRAUMA SHEARS
- b. STETHOSCOPE (ADULT AND PEDIATRIC)
- c. TOURNIQUETS
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- 37) BLOOD PRESSURE CUFFS: (LARGE ADULT, ADULT, PEDIATRIC, INFANT)
- 38) PATIENT HEARING PROTECTION
- 39) ASSORTED TAPE
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- 40) EXAM GLOVES

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- 41) OBSTETRICAL KIT
  - 42) NASOGASTRIC TUBES (ADULT AND PEDIATRIC)
  - 43) PATIENT RESTRAINTS
  - 44) PEDIATRIC RESTRAINING SYSTEM
  - 45) INTRAVENOUS EQUIPMENT, INCLUDING BUT LIMITED TO:
    - a. ALCOHOL, CHLORHEXIDINE, OR BETADINE SKIN CLEANSER (PREFERABLY PREP PADS)
    - b. IV ADMINISTRATION SETS
    - c. IV INFUSION PUMP TUBING
    - d. IV CATHETERS, ASSORTED SIZES 24-14
    - e. INTRAOSSEOUS NEEDLES
    - f. IV SOLUTIONS, PER PROTOCOL
  - 46) NEEDLES, ASSORTED SIZES
  - 47) ASSOCIATED ADJUNCT EQUIPMENT
    - a. INVASIVE LINE SET-UP
    - b. PRESSURE BAGS
  - 48) ONE OR MORE COTS/STRETCHERS CAPABLE OF BEING SECURED IN THE AIRCRAFT THAT MEET THE FOLLOWING CRITERIA:
    - a. ACCOMMODATES AN ADULT OF A HEIGHT AND WEIGHT APPROPRIATE FOR THE CAPACITY OF THE AIR AMBULANCE, AND RESTRAINING DEVICES OR ADDITIONAL APPLIANCES AVAILABLE TO PROVIDE ADEQUATE RESTRAINT OF ALL PATIENTS INCLUDING THOSE UNDER 60 POUNDS OR 36 INCHES IN HEIGHT.
    - b. THE HEAD OF THE PRIMARY STRETCHER IS CAPABLE OF BEING ELEVATED UP TO 30 DEGREES. THE ELEVATING SECTION SHALL NOT INTERFERE WITH OR REQUIRE THAT THE PATIENT OR STRETCHER SECURING STRAPS AND HARDWARE BE REMOVED OR LOOSENED.
    - c. STURDY AND RIGID ENOUGH THAT IT CAN SUPPORT CARDIOPULMONARY RESUSCITATION. IF A BACKBOARD OR EQUIVALENT DEVICE IS REQUIRED TO ACHIEVE THIS, SUCH DEVICE WILL BE READILY AVAILABLE.
    - d. A PAD OR MATTRESS IMPERVIOUS TO MOISTURE AND EASILY CLEANED AND DISINFECTED ACCORDING TO

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OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
(OSHA) BLOODBORNE PATHOGEN REQUIREMENTS (29  
C.F.R § 1910.1030 2016).

e. A SUPPLY OF LINEN FOR EACH PATIENT.

49) SURVIVAL KIT FOR ALL MEDICAL CREW MEMBERS AND PATIENT

1763 **9.8**

**PATIENT COMPARTMENT**

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9.8.1 AN APPLICANT OR LICENSEE SHALL ENSURE THAT AN AIR AMBULANCE HAS  
THE FOLLOWING:

- A) A CLIMATE CONTROL SYSTEM TO PREVENT TEMPERATURE VARIATIONS THAT WOULD ADVERSELY AFFECT PATIENT CARE.
- B) AN ADEQUATE INTERIOR LIGHTING SYSTEM SO THAT PATIENT CARE CAN BE GIVEN AND THE PATIENT'S STATUS MONITORED.
- C) FOR EACH PLACE WHERE A PATIENT MAY BE POSITIONED, AT LEAST ONE ELECTRICAL POWER OUTLET OR OTHER POWER SOURCE THAT IS CAPABLE OF OPERATING ALL ELECTRICALLY POWERED MEDICAL EQUIPMENT WITHOUT COMPROMISING THE OPERATION OF ANY ELECTRICAL AIR AMBULANCE EQUIPMENT.
- D) A BACK-UP SOURCE OF ELECTRICAL POWER OR BATTERIES CAPABLE OF OPERATING ALL ELECTRICALLY POWERED LIFE-SUPPORT EQUIPMENT FOR AT LEAST ONE HOUR.
- E) AN APPROPRIATE POWER SOURCE THAT IS SUFFICIENT TO MEET THE REQUIREMENTS OF THE COMPLETE SPECIALIZED EQUIPMENT PACKAGE WITHOUT COMPROMISING THE OPERATION OF ANY ELECTRICAL AIR AMBULANCE EQUIPMENT.
- F) AN ENTRY THAT ALLOWS FOR PATIENT LOADING AND UNLOADING WITHOUT EXCESSIVE MANEUVERING AND WITHOUT COMPROMISING THE OPERATION OF MONITORING SYSTEMS, INTRAVENOUS LINES, OR MANUAL OR MECHANICAL VENTILATION.
- G) IF AN ISOLETTE IS USED DURING PATIENT TRANSPORT, AN ISOLETTE THAT IS ABLE TO BE OPENED FROM ITS SECURED IN-FLIGHT POSITION IN ORDER TO PROVIDE FULL ACCESS TO THE PATIENT.
- H) ADEQUATE ACCESS AND NECESSARY SPACE TO MAINTAIN THE PATIENT'S AIRWAY AND TO PROVIDE ADEQUATE VENTILATORY SUPPORT BY AN ATTENDANT FROM THE SECURED, SEAT-BELTED POSITION WITHIN THE AIR AMBULANCE.
- I) A CONFIGURATION THAT ALLOWS FOR RAPID EXIT OF PERSONNEL AND PATIENTS, WITHOUT OBSTRUCTION FROM STRETCHERS AND MEDICAL EQUIPMENT.
- J) AN INTERIOR THAT IS SANITARY AND IN GOOD WORKING ORDER AT ALL TIMES.
- K) APPROPRIATE STORAGE FOR MEDICATIONS THAT MAINTAINS TEMPERATURES WITHIN MANUFACTURER RECOMMENDATIONS. GLASS CONTAINERS SHALL NOT BE USED UNLESS REQUIRED BY MEDICATION SPECIFICATIONS AND PROPERLY VENTED. MEDICATIONS, FLUIDS AND



1814 CONTROLLED SUBSTANCES SHALL BE SECURELY MAINTAINED BY AIR  
1815 AMBULANCE LICENSEES IN COMPLIANCE WITH LOCAL, STATE, AND  
1816 FEDERAL DRUG LAWS.

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1818 L) SECURE POSITIONING OF CARDIAC MONITORS, DEFIBRILLATORS, AND  
1819 EXTERNAL PACERS SO THAT DISPLAYS ARE VISIBLE TO MEDICAL  
1820 PERSONNEL.  
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1822 **9.9 DATA COLLECTION AND SUBMISSION**

1823  
1824 9.9.1 ALL SERVICES SHALL HAVE A SYSTEM IN PLACE TO COLLECT, SUBMIT,  
1825 MONITOR, AND TRACK ALL FLIGHT REQUESTS THAT RESULT IN PATIENT  
1826 TRANSPORT. THIS INFORMATION SHALL BE SUBMITTED AND MADE READILY  
1827 AVAILABLE TO THE DEPARTMENT UPON REQUEST.  
1828

1829 9.9.2 COLORADO LICENSED AIR AMBULANCE SERVICES SHALL SUBMIT DATA AND  
1830 INFORMATION AS REQUIRED IN 6 CCR 1015-3, CHAPTER THREE RULES  
1831 PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION  
1832 COLLECTION AND RECORD KEEPING AND SECTION 18 OF THESE RULES, TO  
1833 THE EXTENT DATA COLLECTION AND SUBMISSION SERVE A MEDICAL OR  
1834 QUALITY IMPROVEMENT PURPOSE.  
1835

1836 **9.10 CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

1837  
1838 9.10.1 AIR AMBULANCE SERVICES SHALL ESTABLISH A QUALITY MANAGEMENT TEAM  
1839 AND A PROGRAM IMPLEMENTED BY THIS TEAM TO ASSESS AND IMPROVE THE  
1840 QUALITY AND APPROPRIATENESS OF PATIENT CARE PROVIDED BY THE AIR  
1841 AMBULANCE SERVICE. THE PROGRAM SHALL INCLUDE:  
1842

1843 A) DEVELOPMENT OF PROTOCOLS, STANDING ORDERS, TRAINING,  
1844 POLICIES, PROCEDURES.

1845  
1846 B) APPROVAL OF MEDICATIONS AND TECHNIQUES PERMITTED FOR FIELD  
1847 USE BY SERVICE PERSONNEL IN ACCORDANCE WITH REGULATIONS OF  
1848 THE DEPARTMENT.  
1849

1850 C) DIRECT OBSERVATION, FIELD INSTRUCTION, IN-SERVICE TRAINING OR  
1851 OTHER MEANS AVAILABLE TO ASSESS QUALITY OF FIELD  
1852 PERFORMANCE.  
1853

1854 9.10.2 ALL SERVICES SHALL HAVE A WRITTEN POLICY THAT OUTLINES A PROCESS TO  
1855 IDENTIFY, DOCUMENT AND ANALYZE SENTINEL EVENTS, ADVERSE MEDICAL  
1856 EVENTS OR POTENTIALLY ADVERSE EVENTS WITH SPECIFIC GOALS TO  
1857 IMPROVE PATIENT MEDICAL SAFETY AND/OR QUALITY OF PATIENT CARE.  
1858 GOALS SHALL INCLUDE THE FOLLOWING:  
1859

1860 A) REVIEW OF EVENTS SHOULD ADDRESS THE EFFECTIVENESS AND  
1861 EFFICIENCY OF THE ORGANIZATION, ITS SUPPORT SYSTEMS, AS WELL  
1862 AS THAT OF INDIVIDUALS WITHIN THE ORGANIZATION.  
1863

1864 B) WHEN A SENTINEL EVENT IS IDENTIFIED, A METHOD OF INFORMATION  
1865 GATHERING SHALL BE DEVELOPED. THIS SHALL INCLUDE OUTCOME  
1866 STUDIES, CHART REVIEW, CASE DISCUSSION, OR OTHER  
1867 METHODOLOGY.  
1868

1869 C) FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND ACTIONS SHALL BE  
1870 MADE AND RECORDED. FOLLOW-UP, IF NECESSARY, SHALL BE  
1871 DETERMINED, RECORDED, AND PERFORMED.  
1872

1873 D) TRAINING AND EDUCATION NEEDS, INDIVIDUAL PERFORMANCE  
1874 EVALUATIONS, EQUIPMENT OR RESOURCE ACQUISITION, PATIENT

1875 MEDICAL SAFETY AND RISK MANAGEMENT ISSUES ALL SHALL BE  
1876 INTEGRATED WITH THE CONTINUOUS QUALITY IMPROVEMENT  
1877 PROCESS.  
1878

1879 9.10.3 ALL SERVICES SHALL HAVE A WRITTEN POLICY OUTLINING A UTILIZATION  
1880 REVIEW PROCESS.  
1881

1882 **9.11 MEDICAL STAFF AND PATIENT SAFETY WELFARE**  
1883

1884 9.11.1. MEDICAL PERSONNEL SCHEDULING AND INDIVIDUAL WORK SCHEDULES MUST  
1885 DEMONSTRATE STRATEGIES TO MINIMIZE DUTY-TIME FATIGUE, LENGTH OF  
1886 SHIFT, NUMBER OF SHIFTS PER WEEK AND DAY-TO-NIGHT ROTATION.  
1887

1888 9.11.2 ON-SITE SHIFTS SCHEDULED FOR A PERIOD TO EXCEED TWENTY-FOUR (24)  
1889 HOURS ARE NOT ACCEPTABLE UNDER MOST CIRCUMSTANCES. THE  
1890 FOLLOWING CRITERIA MUST BE MET FOR SHIFTS SCHEDULED MORE THAN  
1891 TWELVE (12) HOURS.  
1892

1893 A) MEDICAL PERSONNEL ARE NOT REQUIRED TO ROUTINELY PERFORM  
1894 ANY DUTIES BEYOND THOSE ASSOCIATED WITH THE TRANSPORT  
1895 SERVICE.  
1896

1897 B) MEDICAL PERSONNEL ARE PROVIDED WITH ACCESS TO AND  
1898 PERMISSION FOR UNINTERRUPTED REST AFTER DAILY MEDICAL  
1899 PERSONNEL DUTIES ARE MET.  
1900

1901 C) THE PHYSICAL BASE OF OPERATIONS INCLUDES AN APPROPRIATE  
1902 PLACE FOR UNINTERRUPTED REST.  
1903

1904 D) MEDICAL PERSONNEL MUST HAVE THE RIGHT TO CALL "TIME OUT" AND  
1905 BE GRANTED A REASONABLE REST PERIOD IF THE TEAM MEMBER (OR  
1906 FELLOW TEAM MEMBER) DETERMINES THAT HE OR SHE IS UNFIT OR  
1907 UNSAFE TO CONTINUE DUTY, NO MATTER THE SHIFT LENGTH. THERE  
1908 MUST BE NO ADVERSE PERSONNEL ACTION OR UNDUE PRESSURE TO  
1909 CONTINUE IN THIS CIRCUMSTANCE.  
1910

1911 E) MANAGEMENT MUST MONITOR TRANSPORT VOLUMES AND  
1912 PERSONNEL'S USE OF A "TIME OUT" POLICY.  
1913

1914 9.11.3 SHIFTS EXTENDED OVER SEVERAL DAYS MAY BE SCHEDULED TO ADDRESS  
1915 LONG COMMUTES AT PROGRAMS WITH LOW VOLUMES. THE PROGRAM MUST  
1916 CLEARLY DEMONSTRATE AND DOCUMENT IT MEETS THE ABOVE CRITERIA FOR  
1917 SHIFTS OVER TWELVE (12) HOURS. IN ADDITION:  
1918

1919 A) A PROGRAM'S BASE AVERAGES LESS THAN ONE (1) TRANSPORT PER  
1920 DAY.  
1921

1922 B) PROVIDES AT LEAST TEN (10) HOURS OF REST IN EACH TWENTY-FOUR  
1923 (24) HOUR PERIOD.  
1924

1925 C) LOCATION OF THE BASE OR PROGRAM IS REMOTE AND ONE-WAY  
1926 COMMUTES ARE MORE THAN TWO (2) HOURS.  
1927

1928 D) FATIGUE RISK MANAGEMENT TOOLS ARE UTILIZED.  
1929

1930 9.11.4. SCHEDULING OF ON-CALL SHIFTS MUST BE EVALUATED TO ADDRESS FATIGUE  
1931 IN A WRITTEN POLICY BASED ON MONITORING OF DUTY TIMES BY MANAGERS,  
1932 QUALITY MANAGEMENT TRACKING AND FATIGUE RISK MANAGEMENT.  
1933

1934 9.11.5. PHYSICAL WELL-BEING IS PROMOTED THROUGH:  
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- A) PROTECTIVE CLOTHING AND DRESS CODE PERTINENT TO:
    - 1) MISSION PROFILE SUCH AS TURN-OUT GEAR AVAILABLE AT SCENE FOR MEDICAL PERSONNEL WHO ASSIST WITH HEAVY EXTRICATION
    - 2) SAFE OPERATIONS, WHICH SHALL INCLUDE:
      - a. BOOTS OR STURDY FOOTWEAR,
      - b. APPROPRIATE OUTERWEAR TO PROTECT THE PROVIDER FROM ADVERSE ENVIRONMENTAL CONDITIONS AND
      - c. IF MEDICAL CREWS AND VEHICLE OPERATORS RESPOND TO NIGHT SCENES, THE AMBULANCE MEDICAL CREW MEMBERS MUST WEAR HIGH VISIBILITY REFLECTIVE VESTS OR DEPARTMENT OF TRANSPORTATION-APPROVED CLOTHING THAT MEETS INDUSTRY STANDARDS.
    - 3) IN ADDITION TO THE MANDATORY REQUIREMENTS IN 9.11.5.A, SAFE OPERATIONS MAY INCLUDE:
      - a. WEARING REFLECTIVE MATERIAL OR STRIPING ON UNIFORMS FOR NIGHT OPERATIONS; AND
      - b. FLAME RETARDANT CLOTHING (STRONGLY ENCOURAGED FOR ROTORWING SERVICES ACCORDING TO A RISK ASSESSMENT)
- 9.11.6. THE AIR AMBULANCE SERVICE SHALL ESTABLISH AN INFECTION CONTROL PROTOCOL THAT COMPLIES WITH OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS, INCLUDING 29 C.F.R. § 1910.1030 2016, 29 C.F.R. § 1910.132 2016, AND 29 C.F.R. 1910.134 2016.
- 9.11.7 THE AIR AMBULANCE SERVICES SHALL HAVE AN APPROPRIATE DRESS CODE THAT ADDRESSES JEWELRY, HAIR AND OTHER PERSONAL ITEMS OF MEDICAL PERSONNEL THAT MAY INTERFERE WITH PATIENT CARE.

**Section 10 – Complaints**

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- 10.1. Complaints ~~in writing~~ relating to the quality and conduct of any air ambulance service may be made by any person or may be initiated by the department. The department may make inquiry as to the validity of such complaint prior to initiating an investigation. If the department determines that the complaint warrants a more extensive review, an investigation may be initiated. If the complaint does not warrant further review or the inquiry determines that the complaint is not within regulatory jurisdiction of the department, the department will notify the complainant of the results of the inquiry.
  - 10.2. THE DEPARTMENT DOES NOT HAVE JURISDICTION OVER BILLING DISPUTES OR ~~AIRCRAFT~~ AVIATION COMPLAINTS.
  - 10.3 EVERY LICENSED SERVICE SHALL REPORT PATIENT MEDICAL CARE COMPLAINTS TO THE DEPARTMENT WITHIN SEVEN (7) CALENDAR DAYS OF ITS RECEIPT. EVERY LICENSED SERVICE SHALL PROVIDE THE DEPARTMENT WITH ANY RESPONSE IT MAKES TO THE COMPLAINT WITHIN SEVEN (7) CALENDAR DAYS OF ITS ISSUANCE. IF THE DEPARTMENT DETERMINES THAT THE COMPLAINT WARRANTS REVIEW, IT MAY INITIATE AN INVESTIGATION.
  - 10.4 NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM CONDUCTING A COMPLAINT INVESTIGATION UNDER CIRCUMSTANCES IT DEEMS NECESSARY.

1997 10.5 The department ~~shall~~ MAY refer complaints that are related to the requirements of CAMTS or a  
1998 ~~successor~~ an accrediting organization APPROVED BY THE DEPARTMENT to THAT  
1999 ACCREDITING ORGANIZATION –CAMTS or such successor organization for investigation. The  
2000 department may forward complaints to other regulatory agencies.  
2001

2002 **SECTION 11 – PLANS OF CORRECTION.**  
2003

2004 11.1 AFTER ANY DEPARTMENT INSPECTION OR COMPLAINT INVESTIGATION, THE  
2005 DEPARTMENT MAY REQUEST A PLAN OF CORRECTION FROM AN AIR AMBULANCE  
2006 SERVICE.  
2007

2008 11.1.1 A PLAN OF CORRECTION SHALL BE IN THE FORMAT PRESCRIBED BY THE  
2009 DEPARTMENT AND SHALL INCLUDE BUT NOT BE LIMITED TO, THE FOLLOWING:  
2010

- 2011 A) IDENTIFICATION OF THE PROBLEM(S) WITH THE CURRENT ACTIVITY AND  
2012 WHAT THE AIR AMBULANCE SERVICE WILL DO TO CORRECT EACH  
2013 DEFICIENCY,  
2014
- 2015 B) A DESCRIPTION OF HOW THE AIR AMBULANCE SERVICE WILL  
2016 ACCOMPLISH THE CORRECTIVE ACTION,  
2017
- 2018 C) A DESCRIPTION OF HOW THE AIR AMBULANCE SERVICE WILL MONITOR  
2019 THE CORRECTIVE ACTION TO ENSURE THE DEFICIENT PRACTICE IS  
2020 REMEDIED AND WILL NOT RECUR, AND  
2021
- 2022 D) A TIMELINE WITH THE EXPECTED IMPLEMENTATION AND COMPLETION  
2023 DATE. THE COMPLETION DATE IS THE DATE THAT THE AIR AMBULANCE  
2024 SERVICE DEEMS IT CAN ACHIEVE COMPLIANCE.  
2025

2026 11.1.2 COMPLETED PLANS OF CORRECTION SHALL BE:  
2027

- 2028 A) SUBMITTED TO THE DEPARTMENT IN THE FORM AND MANNER  
2029 REQUIRED BY THE DEPARTMENT,  
2030
- 2031 B) SUBMITTED WITHIN TEN (10) CALENDAR DAYS AFTER THE DATE OF THE  
2032 DEPARTMENT'S MAILING OF THE WRITTEN NOTICE OF DEFICIENCIES TO  
2033 THE AIR AMBULANCE SERVICE, UNLESS OTHERWISE REQUIRED OR  
2034 APPROVED BY THE DEPARTMENT, AND  
2035
- 2036 C) SIGNED BY THE AIR AMBULANCE SERVICE PROGRAM DIRECTOR AND  
2037 MEDICAL DIRECTOR.  
2038

2039 11.1.3 THE DEPARTMENT HAS THE DISCRETION TO APPROVE, MODIFY OR REJECT  
2040 PLANS OF CORRECTION.  
2041

- 2042 A) IF THE PLAN OF CORRECTION IS ACCEPTED, THE DEPARTMENT SHALL  
2043 NOTIFY THE AIR AMBULANCE SERVICE BY ISSUING A WRITTEN NOTICE  
2044 OF ACCEPTANCE WITHIN THIRTY (30) CALENDAR DAYS OF RECEIPT OF  
2045 THE PLAN.  
2046
- 2047 B) IF THE PLAN OF CORRECTION IS UNACCEPTABLE, THE DEPARTMENT  
2048 SHALL NOTIFY THE AIR AMBULANCE SERVICE IN WRITING, AND THE  
2049 SERVICE SHALL RE-SUBMIT A REVISED PLAN OF CORRECTION TO THE  
2050 DEPARTMENT WITHIN FIFTEEN (15) CALENDAR DAYS OF THE DATE OF  
2051 THE WRITTEN NOTICE.  
2052
- 2053 C) IF THE AIR AMBULANCE SERVICE FAILS TO COMPLY WITH THE  
2054 REQUIREMENTS OR DEADLINES FOR SUBMISSION OF A PLAN OR FAILS  
2055 TO SUBMIT A REVISED PLAN OF CORRECTION, THE DEPARTMENT MAY  
2056 REJECT THE PLAN OF CORRECTION AND IMPOSE DISCIPLINARY  
2057 SANCTIONS AS SET FORTH IN SECTIONS 12 OR 13.

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- D) IF THE AIR AMBULANCE SERVICE FAILS TO TIMELY IMPLEMENT THE ACTIONS AGREED TO IN THE PLAN OF CORRECTION, THE DEPARTMENT MAY IMPOSE DISCIPLINARY SANCTIONS AS SET FORTH IN SECTIONS 12 OR 13.

**Section 12 - Denial, Revocation, Suspension, Summary Suspension, or Limitations of Air Ambulance Licenses AND OUT OF STATE LICENSE RECOGNITIONS**

- 12.1 FOR GOOD CAUSE SHOWN, THE DEPARTMENT MAY DENY, REVOKE, SUSPEND, ~~if the department proposes for good cause to deny, revoke, suspend, summarily suspend or limit,~~ OR CONDITION the license OR OUT OF STATE RECOGNITION OF AN AIR AMBULANCE SERVICE, OR IMPOSE CIVIL PENALTIES AS SET FORTH IN SECTION 13 OF THESE RULES. ~~of an air ambulance service the department shall notify the air ambulance service of its right to appeal the denial, revocation, suspension, summary suspension, or limitation, and the procedure for appealing. Appeals of departmental denials, revocations, suspensions, summary suspensions, or limitations shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.~~
- ~~13.3~~ ~~In accordance with Section 24-4-104(4) C.R.S., the department may summarily suspend an air ambulance license when the department has objective and reasonable grounds to believe and finds, upon a full investigation, that the holder of the license been guilty of deliberate and willful violation or that the public health, safety or welfare imperatively requires emergency action by the department. If the department summarily suspends a license, the department shall provide the air ambulance service with notice of such suspension in writing. The notice shall state that the air ambulance service is entitled to a prompt hearing on the matter.~~
- 12.2 Good cause for sanctions include but are not limited to:
  - 12.2.1 An applicant or licensee who fails to meet the requirements as set forth in these rules.
  - 12.2.2 An applicant or licensee who has committed fraud, misrepresentation, or deception in applying for a license OR OUT OF STATE LICENSE RECOGNITION.
  - 12.2.3 Falsifying reporting information provided to the department.
  - 12.2.4 Violating any state or federal statute, rule or regulation that would jeopardize OR MAY IMPACT the health or MEDICAL safety of a patient or the public.
  - 12.2.5 Unprofessional conduct, which hinders, delays, eliminates, or deters the provision of medical care to the patient or endangers the public.
  - 12.2.6 Failure to maintain accreditation WITHOUT OBTAINING A STATE LICENSE PURSUANT TO SECTION 5.3.
  - 12.2.7 ALTERING, REMOVING OR OBLITERATING ANY PORTION OF OR ANY OFFICIAL ENTRY ON AN APPLICATION OR OTHER DOCUMENT.
  - 12.2.8 INTERFERING WITH THE DEPARTMENT IN THE PERFORMANCE OF ITS DUTIES.
  - 12.2.9 FAILING TO REAPPLY FOR A LICENSE OR OUT OF STATE LICENSURE RECOGNITION IN A TIMELY MANNER AND IN ACCORDANCE WITH THESE RULES.
  - 12.2.10 PROVIDING PATIENT CARE THAT FAILS TO MEET ACCEPTABLE MINIMUM STANDARDS.
  - 12.2.11 BEING DISCIPLINED BY A LICENSING AUTHORITY **OR APPROVED ACCREDITATION AGENCY.**
  - 12.2.12 FAILING TO MAINTAIN CONFIDENTIALITY OF PROTECTED PATIENT INFORMATION.

2119 12.2.13 FAILING TO COMPLY WITH THE TERMS OF ANY AGREEMENT OR STIPULATION  
2120 REGARDING LICENSING OR RECOGNITION ENTERED INTO WITH THE  
2121 DEPARTMENT.  
2122

2123 12.3 IN ACCORDANCE WITH SECTION 24-4-104(4) C.R.S., THE DEPARTMENT MAY SUMMARILY  
2124 SUSPEND AN AIR AMBULANCE LICENSE OR OUT OF STATE LICENSE RECOGNITION  
2125 WHEN THE DEPARTMENT HAS OBJECTIVE AND REASONABLE GROUNDS TO BELIEVE  
2126 AND FINDS, UPON A FULL INVESTIGATION, THAT THE HOLDER OF THE LICENSE OR  
2127 RECOGNITION HAS BEEN GUILTY OF DELIBERATE AND WILLFUL VIOLATION OR THAT  
2128 THE PUBLIC HEALTH, SAFETY OR WELFARE IMPERATIVELY REQUIRES EMERGENCY  
2129 ACTION BY THE DEPARTMENT. IF THE DEPARTMENT SUMMARILY SUSPENDS A  
2130 LICENSE OR OUT OF STATE LICENSE RECOGNITION, THE DEPARTMENT SHALL  
2131 PROVIDE THE AIR AMBULANCE SERVICE WITH NOTICE OF SUCH SUSPENSION IN  
2132 WRITING. THE NOTICE SHALL STATE THAT THE AIR AMBULANCE SERVICE IS ENTITLED  
2133 TO A PROMPT HEARING ON THE MATTER.  
2134

2135 12.4 NOTICE OF APPEAL  
2136

2137 12.4.1 THE DEPARTMENT SHALL NOTIFY THE AIR AMBULANCE SERVICE OF ITS RIGHT  
2138 TO APPEAL THE DENIAL, REVOCATION, SUSPENSION, SUMMARY SUSPENSION,  
2139 OR LIMITATION, AND THE PROCEDURE FOR APPEALING. APPEALS OF  
2140 DEPARTMENTAL DENIALS, REVOCATIONS, SUSPENSIONS, SUMMARY  
2141 SUSPENSIONS, OR LIMITATIONS SHALL BE CONDUCTED IN ACCORDANCE WITH  
2142 THE STATE ADMINISTRATIVE PROCEDURE ACT, SECTION 24-4-101, ET SEQ.,  
2143 C.R.S.  
2144

## 2145 **SECTION 13 - CIVIL PENALTIES**

2146  
2147 13.1 THE DEPARTMENT MAY IMPOSE A CIVIL PENALTY OF UP TO FIVE THOUSAND DOLLARS  
2148 PER VIOLATION OR FOR EACH DAY OF A CONTINUING VIOLATION UPON AN AIR  
2149 AMBULANCE OPERATOR, SERVICE, OR PROVIDER OR OTHER PERSON WHO:

2150 13.1.1 VIOLATES SECTION 25-3.5-307 C.R.S.;

2151  
2152 13.1.2 VIOLATES SECTION 25-3.5-307.5. C.R.S.;

2153  
2154 13.1.3 VIOLATES ANY RULE OF THE BOARD; OR

2155  
2156 13.1.4 OPERATES WITHOUT A CURRENT AND VALID LICENSE.  
2157

2158  
2159 13.2 THE DEPARTMENT SHALL ASSESS AND COLLECT THESE PENALTIES.  
2160

2161 13.3 NOTICE AND HEARING. BEFORE COLLECTING A PENALTY, THE DEPARTMENT SHALL  
2162 PROVIDE THE ALLEGED VIOLATOR WITH NOTICE AND THE OPPORTUNITY FOR A  
2163 HEARING IN ACCORDANCE WITH THE "STATE ADMINISTRATIVE PROCEDURE ACT"  
2164 ARTICLE 4 OF TITLE 24, C.R.S., AND ALL APPLICABLE RULES OF THE BOARD.  
2165

## 2166 **SECTION 14. WAIVERS**

2167  
2168 14.1 THE DEPARTMENT MAY GRANT A WAIVER OF A RULE IF THE APPLICANT  
2169 SATISFACTORILY DEMONSTRATES:

2170 14.1.1 THE PROPOSED WAIVER DOES NOT ADVERSELY AFFECT THE HEALTH AND  
2171 SAFETY OF A PATIENT; AND

2172  
2173 14.1.2 IN THE PARTICULAR SITUATION, THE REQUIREMENT SERVES NO BENEFICIAL  
2174 PURPOSE; OR

2175  
2176 14.1.3 CIRCUMSTANCES INDICATE THAT THE PUBLIC BENEFIT OF WAIVING THE  
2177 REQUIREMENT OUTWEIGHS THE PUBLIC BENEFIT TO BE GAINED BY STRICT  
2178 ADHERENCE TO THE REQUIREMENT.  
2179

- 2180  
2181 14.2 TO APPLY FOR A WAIVER, THE APPLICANT MUST SUBMIT A COMPLETED APPLICATION  
2182 IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT. THE APPLICATION  
2183 SHALL CONTAIN THE FOLLOWING INFORMATION:  
2184  
2185 14.2.1 THE TEXT OR SUBSTANCE OF THE REGULATION THAT THE APPLICANT WANTS  
2186 WAIVED;  
2187  
2188 14.2.2 THE NATURE AND EXTENT OF THE RELIEF SOUGHT;  
2189  
2190 14.2.3 ANY FACTS, VIEWS AND DATA AVAILABLE TO SUPPORT THE WAIVER,  
2191 INCLUDING AN EXPLANATION OF WHY THE APPLICATION SATISFIES THE  
2192 CRITERIA SET FORTH IN SECTION 14.1.  
2193  
2194 14.3 AN APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL THE REQUIRED  
2195 INFORMATION IS SUBMITTED.  
2196  
2197 14.4 THE COMPLETED WAIVER APPLICATION SHALL BE SUBMITTED TO THE DEPARTMENT IN  
2198 A TIMELY FASHION AS SPECIFIED BY THE DEPARTMENT.  
2199  
2200 14.5 THE APPLICATION AND SUPPORTING INFORMATION SHALL BE A MATTER OF PUBLIC  
2201 RECORD AND IS SUBJECT TO DISCLOSURE UNDER THE COLORADO OPEN RECORDS  
2202 ACT (C.R.S. §24-72-200.1 *ET SEQ.*)  
2203  
2204 14.6 THE DEPARTMENT MAY ALSO CONSIDER ANY OTHER INFORMATION IT DEEMS  
2205 RELEVANT, INCLUDING BUT NOT LIMITED TO COMPLAINT INVESTIGATION REPORTS,  
2206 COMPLIANCE HISTORY, INCLUDING IN OTHER STATES, RELATED TO THE APPLICANT.  
2207  
2208 14.7 WAIVERS ARE GENERALLY GRANTED FOR A LIMITED TERM AND SHALL BE GRANTED  
2209 FOR A PERIOD NO LONGER THAN THE LICENSE TERM. WAIVERS CANNOT BE GRANTED  
2210 FOR ANY STATUTORY REQUIREMENT UNDER STATE OR FEDERAL LAW, or for  
2211 REQUIREMENTS UNDER LOCAL CODES OR ORDINANCES.  
2212

## 2213 **Section 15 – ~~General Requirements~~ Incorporation by Reference**

- 2214  
2215 15.1 These rules incorporate by reference the following materials:  
2216  
2217 15.1.1 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS,  
2218 INCLUDING 29 C.F.R. § 1910.1030 (2016), 29 C.F.R. § 1910.132 (2016), AND 29 C.F.R.  
2219 § 1910.134 (2016) ARE INCORPORATED BY REFERENCE.  
2220  
2221 15.1.2 Such incorporation does not include later amendments to or editions of the referenced  
2222 material. The Health Facilities and Emergency Medical Services Division of the Colorado  
2223 Department of Public Health and Environment maintains copies of the ~~complete~~  
2224 INCORPORATED FEDERAL REGULATIONS ~~text of the incorporated materials~~ for public  
2225 inspection during regular business hours AND 29 C.F.R. § 1910.132 (2016), AND 29  
2226 C.F.R. § 1910.134 (2016) MAY BE ACCESSED AT <https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol5/pdf/CFR-2016-title29-vol5-part1910.pdf> and 29 C.F.R. § 1910.1030  
2227 (2016) MAY BE ACCESSED AT <https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol6/pdf/CFR-2016-title29-vol6-part1910.pdf> . INTERESTED PERSONS MAY OBTAIN ,  
2228 and shall provide certified copies of any non-copyrighted material FROM THE  
2229 DEPARTMENT to the public at cost upon request. Information regarding how the  
2230 incorporated materials may be obtained or examined is available from the division by  
2231 contacting:  
2232  
2233

2234  
2235 EMTS ~~Section~~ BRANCH Chief  
2236 Health Facilities and EMS Division  
2237 Colorado Department of Public Health and Environment  
2238 4300 Cherry Creek Drive South  
2239 Denver, Colorado 80246-1530  
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2241 15.2 These materials have been submitted to the state publications depository and distribution center  
2242 and are available for interlibrary loans. The incorporated material may be examined at any state  
2243 publications depository library.  
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