



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

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: April 19, 2017

Subject: **Rulemaking Hearing**  
Proposed Amendments to 6 CCR 1015-3 Emergency Medical Services Chapter 5 - Air Ambulance Licensing for the rulemaking hearing in 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. This includes the payment for the state licensure inspection, which is an actual cost reimbursement. 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.

Estimated Revenues			
Type of Revenue	Year 1	Year 2	2-year Total
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>
Estimated Expenditures			
Type of Expenditure	Year 1	Year 2	2-year Total
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,

A handwritten signature in black ink, appearing to read 'Rich Martin'.

Chief Rich Martin  
Chairman



**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**EMERGENCY MEDICAL SERVICES**

**6 CCR 1015-3**

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

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

**Section 1 – Purpose**

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

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

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

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

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

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

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

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

**Section 2- Definitions**

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

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

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

- 48  
49 2.42.3 Aircraft: A rotor or fixed wing vehicle.  
50  
51 ~~2.5 Commission on Accreditation of Medical Transport Systems (CAMTS): A national not for profit~~  
52 ~~organization that provides accreditation services for air medical and inter-facility transport~~  
53 ~~services.~~  
54 2.4 BASE LOCATION(S): PHYSICAL ADDRESS AND/OR LOCATION WHERE THE CREW,  
55 MEDICAL EQUIPMENT AND SUPPLIES, AND THE SERVICE'S AIR AMBULANCE(S) ARE  
56 LOCATED.  
57  
58 ~~2.62.5 Department: The Colorado Department of Public Health and Environment.~~  
59 ~~2.7 Federal Aviation Regulations (FAR): Regulations promulgated by the Federal Aviation~~  
60 ~~Administration of the U.S. Department of Transportation, governing the operation of all aircraft in~~  
61 ~~the United States2.8~~  
62  
63 2.6 LICENSEE: THE PERSON, BUSINESS ENTITY OR AGENCY THAT IS GRANTED A LICENSE  
64 TO OPERATE AN AIR AMBULANCE SERVICE AND THAT BEARS LEGAL RESPONSIBILITY  
65 FOR COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND  
66 REGULATIONS.  
67  
68 2.7 Medical Protocol OR GUIDELINES: Written standards for patient medical assessment and  
69 management.  
70  
71 ~~2.92.8 Patient Care Report (PCR): A medical record of an encounter between any patient and a provider~~  
72 ~~of medical care.~~  
73  
74 ~~2.102.9 Rescue Unit: Any organized group chartered by this state as a corporation not for profit or~~  
75 ~~otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of~~  
76 ~~lost or injured persons and includes, but is not limited to, such groups as search and rescue,~~  
77 ~~mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil~~  
78 ~~defense units, or other organizations of governmental designation responsible for search and~~  
79 ~~rescue.~~  
80

### 81 Section 3 – Licensing

- 82  
83 3.1 Licensing Required  
84 ~~Upon the effective date of these rules, no~~ EXCEPT AS PROVIDED IN SECTIONS 3.2, 3.3 and  
85 4.2 OF THESE RULES, NO person, agency, or entity, private or public, shall transport a sick or  
86 injured person by aircraft from any point within Colorado, to any point within or outside Colorado  
87 unless that person, agency, or entity holds a valid air ambulance license to do so that has been  
88 issued by the department. ~~except as provided in Sections 3.2 and 3.3 of these rules.~~  
89  
90 3.2 Exception from Licensing-Exigent Circumstances  
91 Upon request, the department may authorize an air ambulance service that does not hold an air  
92 ambulance license to provide a particular transport upon a showing of exigent circumstances.  
93 Exigent circumstances include but are not limited to:  
94  
95 A) A humanitarian transport as determined by the department. In determining  
96 whether to authorize a humanitarian transport, the department shall consider the  
97 following factors:  
98  
99 1) Whether the transport is provided directly or indirectly by an organization  
100 whose mission is primarily dedicated toward non-profit or charitable or  
101 community care services;  
102  
103 2) Other available options for the transport;  
104  
105 3) Whether the transport will be of no cost to the patient;  
106  
107 4) Whether the transport is subsidized by a person or entity associated with  
108 the patient;

- 109  
110 5) The qualifications of the transport personnel;  
111  
112 6) Information obtained from facilities and/or staff involved in the transport;  
113  
114 7) The air ambulance service's membership in organizations that support  
115 safe medical care;  
116  
117 8) Air ambulance service insurance coverage as applicable;  
118  
119 9) Authorization under local and federal laws to conduct operations;  
120  
121 10) Licensure in other states or by other governmental agencies;  
122  
123 11) The air ambulance service's safety record;  
124  
125 12) Whether or not the air ambulance service has been subject to  
126 disciplinary sanctions in ~~other~~ ANY jurisdictions;  
127  
128 13) The air ambulance service's prior contacts with the department, if any;  
129 and  
130  
131 14) Any other considerations deemed relevant by the department on a case-  
132 by-case basis.  
133  
134 B) A disaster or mass casualty event in Colorado that limits OR EXCEEDS the  
135 availability of licensed air ambulance services;  
136  
137 C) A need for specialized equipment not otherwise readily available through  
138 Colorado licensed air ambulance services.  
139

### 140 3.3 Licensing Not Required

- 141  
142 3.3.1 An air ambulance service that solely transports patients from points originating outside  
143 Colorado is not required to be licensed in Colorado.  
144  
145 3.3.2 Rescue unit aircraft that are not specifically designed to accommodate the medical needs  
146 of individuals who are ill, injured, or otherwise mentally or physically incapacitated and  
147 who require in-flight medical supervision.  
148  
149 3.3.3 AN AIR AMBULANCE OR AIR AMBULANCE SERVICE OPERATED BY AN AGENCY  
150 OF THE UNITED STATES GOVERNMENT.  
151

## 152 **Section 4 – Out Of State Air Ambulance Services Licensing AND OUT OF STATE LICENSE** 153 **RECOGNITION Requirements**

- 154  
155 4.1 Air ambulance services that are based outside the state, but pick up patients in Colorado, are  
156 required to be licensed in Colorado by the department, except as provided in Sections 3.2 and  
157 3.3, ABOVE, AND 4.2, BELOW, of these rules.  
158  
159 4.2 APPLICATION FOR RECOGNITION OF OUT OF STATE LICENSE IN LIMITED  
160 CIRCUMSTANCES AND RECOGNITION PROCESS  
161  
162 4.2.1 THE DEPARTMENT MAY RECOGNIZE AN AIR AMBULANCE SERVICE LICENSE  
163 ISSUED BY ANOTHER STATE IF THAT AIR AMBULANCE SERVICE MAKES NO  
164 MORE THAN TWELVE (12) FLIGHTS PER CALENDAR YEAR TO PICK UP A  
165 PATIENT(S) IN COLORADO AND TRANSPORT THE PATIENT(S) OUT OF  
166 COLORADO.  
167  
168 4.2.2 TO RECEIVE OUT OF STATE LICENSURE RECOGNITION, THE AIR AMBULANCE  
169 SERVICE MUST:

- 170  
171 A) NOT HAVE A BASE LOCATION IN COLORADO;  
172  
173 B) HOLD A CURRENT LICENSE IN GOOD STANDING WITHOUT  
174 RESTRICTIONS OR CONDITIONS FROM THE STATE IN WHICH IT HAS A  
175 BASE LOCATION AND SUBMIT A COPY OF THE LICENSE TO THE  
176 DEPARTMENT; AND  
177  
178 C) SUBMIT A COMPLETED APPLICATION ON THE FORM REQUIRED BY THE  
179 DEPARTMENT AND SUBMIT THE FEE AS SET FORTH IN SECTION 6 TO  
180 THE DEPARTMENT PRIOR TO TRANSPORTING A PATIENT OUT OF  
181 COLORADO FOR THE FIRST TIME.  
182
- 183 4.2.3 OUT OF STATE LICENSURE RECOGNITION IS VALID FOR ONE YEAR FROM THE  
184 DATE OF ISSUANCE UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT.  
185
- 186 4.2.4 AN AIR AMBULANCE SERVICE THAT IS GRANTED OUT OF STATE LICENSURE  
187 RECOGNITION SHALL SUBMIT AN ANNUAL REPORT TO THE DEPARTMENT  
188 DETAILING THE NUMBER OF FLIGHTS, PATIENTS AND THE HEALTH CARE  
189 FACILITIES IN COLORADO THE PATIENTS WERE TRANSPORTED FROM DURING  
190 THE PREVIOUS YEAR, IN THE FORM AND MANNER PRESCRIBED BY THE  
191 DEPARTMENT.  
192
- 193 4.2.5 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR  
194 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION AT  
195 ANY TIME OF THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE  
196 COMPLIANCE WITH THESE RULES AND AS NEEDED, THE DEPARTMENT MAY  
197 CONDUCT COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE  
198 SERVICE RECOGNIZED BY THE DEPARTMENT.  
199
- 200 4.2.6 THE AIR AMBULANCE SERVICE SHALL IMMEDIATELY NOTIFY THE DEPARTMENT  
201 OF ANY DISCIPLINARY OR LICENSING ACTION TAKEN AGAINST IT BY THE  
202 LICENSING AUTHORITY IN ANY STATE.  
203
- 204 4.2.7 IF THE DEPARTMENT DEEMS IT NECESSARY, THE DEPARTMENT MAY REQUEST  
205 AND THE APPLICANT SHALL PROVIDE ANY OF THE INFORMATION SET FORTH IN  
206 SECTION 5.2.  
207
- 208 4.2.8 IF THE LICENSEE HAS MADE A TIMELY AND SUFFICIENT APPLICATION FOR  
209 RENEWAL OF THE OUT OF STATE LICENSURE RECOGNITION, THE EXISTING  
210 RECOGNITION SHALL NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON  
211 THE RENEWAL APPLICATION.  
212

## 213 **Section 5 – Application for COLORADO Licensing, LICENSING PROCESSES, AND BASE** 214 **LOCATIONS**

### 215 **5.1 MANDATORY REQUIREMENTS FOR ALL APPLICANTS SEEKING COLORADO LICENSURE** 216

217 ~~At the time of application, applicants must be in compliance with all Federal Aviation Regulations~~  
218 ~~such as proof of insurance, aircraft inspection certificates, Federal Aviation Administration part 135~~  
219 ~~certificate and Federal Communications Commission part 90~~

#### 220 5.1.1 ALL APPLICANTS MUST:

- 221  
222 A) DEMONSTRATE COMPLIANCE WITH APPLICABLE FEDERAL, STATE AND  
223 LOCAL LAWS AND REGULATIONS TO OPERATE AN AIR AMBULANCE  
224 SERVICE IN COLORADO, INCLUDING BUT NOT LIMITED TO, LAWS AND  
225 REGULATIONS GOVERNING MEDICAL PERSONNEL AND EMERGENCY  
226 MEDICAL SERVICE PROVIDERS, LICENSING AND CERTIFICATIONS, AND  
227 PROFESSIONAL LIABILITY INSURANCE. APPLICANTS ARE NOT REQUIRED  
228 TO PROVE COMPLIANCE WITH THOSE PROVISIONS OF FEDERAL LAW  
229 THAT GOVERN ACTIVITIES PREEMPTED BY THE FEDERAL AVIATION ACT,

- 230 49 U.S.C. §40101, ET SEQ., OR THE FEDERAL "AIRLINE DEREGULATION  
231 ACT OF 1978" 49 U.S.C. § 41713(B)(1).  
232
- 233 B) SUBMIT TO THE DEPARTMENT A COMPLETED APPLICATION FORM AND  
234 THE APPLICATION FEE AS SET FORTH IN SECTION 6 OF THESE RULES.  
235
- 236 C) UPON REQUEST, SUBMIT TO THE DEPARTMENT COPIES OF THE AIR  
237 AMBULANCE SERVICE'S WRITTEN POLICY AND PROCEDURE MANUAL,  
238 OPERATION/MEDICAL PROTOCOLS, AND OTHER DOCUMENTATION THE  
239 DEPARTMENT MAY DEEM NECESSARY.  
240
- 241 D) SUBMIT A COPY OF AIR AMBULANCE SERVICE LICENSE(S)  
242 CONCURRENTLY ISSUED AND ON FILE WITH OTHER STATES.  
243
- 244 E) PROVIDE THE DEPARTMENT WITH RESULTS OF ANY INVESTIGATIONS,  
245 DISCIPLINARY ACTIONS, OR EXCLUSIONS THAT IMPACT OR HAVE THE  
246 POTENTIAL TO IMPACT THE QUALITY OF MEDICAL CARE PROVIDED TO  
247 PATIENTS AS REQUESTED BY THE DEPARTMENT.  
248
- 249 F) FOR AN AIR AMBULANCE SERVICE THAT IS NOT GRANTED QUALIFIED  
250 IMMUNITY UNDER THE COLORADO GOVERNMENTAL IMMUNITY ACT,  
251 C.R.S. 24-10-101 ET SEQ., SHALL PROVIDE PROOF OF PROFESSIONAL  
252 MALPRACTICE AND LIABILITY INSURANCE FOR INJURIES TO PERSONS IN  
253 AMOUNTS OF AT LEAST \$1,000,000 FOR EACH INDIVIDUAL CLAIM AND A  
254 TOTAL OF \$3,000,000 FOR ALL CLAIMS MADE AGAINST THE AIR  
255 AMBULANCE SERVICE OR ITS MEDICAL PERSONNEL FROM AN  
256 INSURANCE COMPANY AUTHORIZED TO WRITE LIABILITY INSURANCE IN  
257 COLORADO OR THROUGH A SELF-INSURANCE PROGRAM.  
258
- 259 1) THE AIR AMBULANCE SERVICE SHALL PROVIDE THE  
260 DEPARTMENT WITH A COPY OF ITS CERTIFICATE OF INSURANCE  
261 DEMONSTRATING COMPLIANCE WITH THIS SECTION OR PROOF  
262 OF FINANCIAL VIABILITY IF SELF-INSURED; AND  
263
- 264 G) ANY AIR AMBULANCE SERVICE THAT IS GRANTED QUALIFIED IMMUNITY  
265 UNDER THE COLORADO GOVERNMENTAL IMMUNITY ACT, C.R.S. 24-10-  
266 101 ET SEQ, SHALL PROVIDE PROOF OF PROFESSIONAL MALPRACTICE  
267 AND LIABILITY INSURANCE COVERAGE, OR PROOF OF SELF-INSURANCE  
268 TO THE MAXIMUM EXTENT REQUIRED BY C.R.S. 24-10-114.  
269
- 270 H) PROVIDE PROOF OF WORKER'S COMPENSATION COVERAGE AS  
271 REQUIRED BY COLORADO LAW.  
272
- 273 I) PROVIDE A LIST OF ALL AIR AMBULANCES TO BE LICENSED AND  
274 INSPECTED FOR MEDICAL COMPLIANCE BY THE DEPARTMENT,  
275 INCLUDING TAIL NUMBER (N-NUMBER) AND DESIGNATION OF (ROTOR  
276 OR FIXED WING) CAPABILITIES.  
277
- 278 J) PROVIDE A STATEMENT SIGNED AND DATED CONTEMPORANEOUSLY  
279 WITH THE APPLICATION STATING WHETHER, WITHIN THE PREVIOUS TEN  
280 (10) YEARS OF THE DATE OF APPLICATION, THE APPLICANT HAS BEEN  
281 THE SUBJECT OF, OR A PARTY TO, ONE OF MORE OF THE FOLLOWING  
282 EVENTS, REGARDLESS OF WHETHER ACTION HAS BEEN STAYED IN A  
283 JUDICIAL APPEAL OR OTHERWISE SETTLED BETWEEN THE PARTIES.  
284
- 285 1) BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING  
286 MORAL TURPITUDE UNDER THE LAWS OF ANY STATE OR OF THE  
287 UNITED STATES. A GUILTY VERDICT, A PLEA OF GUILTY OR A  
288 PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE  
289 COURT IS CONSIDERED A CONVICTION.  
290



- 291 2) HAD A STATE LICENSE OR FEDERAL CERTIFICATION DENIED,  
292 REVOKED, OR SUSPENDED BY ANOTHER JURISDICTION.  
293
- 294 3) HAD A CIVIL JUDGMENT OR A CRIMINAL CONVICTION IN A CASE  
295 BROUGHT BY FEDERAL, STATE OR LOCAL AUTHORITIES THAT  
296 RESULTED FROM THE OPERATION, MANAGEMENT, OR  
297 OWNERSHIP OF A HEALTH FACILITY OR OTHER ENTITY RELATED  
298 TO SUBSTANDARD PATIENT CARE OR HEALTH CARE FRAUD.  
299
- 300 K) IF APPLICABLE, PROVIDE ANY STATEMENT REGARDING THE  
301 INFORMATION REQUESTED IN PARAGRAPH (J) TO INCLUDE THE  
302 FOLLOWING:  
303
- 304 1) IF THE EVENT IS AN ACTION BY FEDERAL, STATE OR LOCAL  
305 AUTHORITIES; THE FULL NAME OF THE AUTHORITY, ITS  
306 JURISDICTION, THE CASE NAME, AND THE DOCKET, PROCEEDING  
307 OR CASE NUMBER BY WHICH THE EVENT IS DESIGNATED, AND A  
308 COPY OF THE CONSENT DECREE, ORDER OR DECISION.  
309
- 310 2) IF THE EVENT IS A FELONY OR MISDEMEANOR CONVICTION  
311 INVOLVING MORAL TURPITUDE, THE COURT, ITS JURISDICTION,  
312 THE CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
313 MATTER OR A COPY OF THE INDICTMENT OR CHARGES, AND ANY  
314 PLEA OR VERDICT ENTERED BY THE COURT.  
315
- 316 3) IF THE EVENT INVOLVES A CIVIL ACTION OR ARBITRATION  
317 PROCEEDING, THE COURT OR ARBITER, THE JURISDICTION, THE  
318 CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
319 MATTER OR A COPY OF THE COMPLAINT, AND A COPY OF THE  
320 VERDICT, THE COURT OR ARBITRATION DECISION.  
321

322 5.1.2 AIR AMBULANCE SERVICE LICENSES ARE NOT TRANSFERABLE.  
323

324 5.1.3 THE DEPARTMENT HAS THE AUTHORITY TO CONDUCT AN INSPECTION OR  
325 REINSPECTION OF THE MEDICAL ASPECTS OF THE AIR AMBULANCE SERVICE  
326 OPERATION INCLUDING EQUIPMENT AND DOCUMENTATION, AT ANY TIME IT  
327 DEEMS NECESSARY TO ENSURE COMPLIANCE WITH THESE RULES AND TO  
328 PROTECT THE PUBLIC HEALTH AND MEDICAL SAFETY.  
329

330 5.1.4 THE APPLICANT SHALL PROVIDE ACCURATE AND TRUTHFUL INFORMATION TO  
331 THE DEPARTMENT DURING INSPECTIONS, INVESTIGATIONS AND LICENSING  
332 ACTIVITIES.  
333

## 334 5.2 MANDATORY REPORTING REQUIREMENTS FOR ALL EXISTING LICENSEES 335

336 5.2.1 EXCEPT FOR REQUIRING PROOF OF COMPLIANCE WITH THOSE PROVISIONS OF  
337 FEDERAL LAW THAT GOVERN ACTIVITIES PREEMPTED BY THE FEDERAL  
338 AVIATION ACT , 49 U.S.C. §40101, ET SEQ., OR THE FEDERAL "AIRLINE  
339 DEREGULATION ACT OF 1978" 49 U.S.C. § 41713(B)(1), ALL LICENSED AIR  
340 AMBULANCE SERVICES MUST NOTIFY THE DEPARTMENT:  
341

- 342 A) AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE EFFECTIVE DATE  
343 OF THE CHANGE OF ANY NAME OF THE AIR AMBULANCE SERVICE AND  
344 SUBMIT A NEW AIR AMBULANCE SERVICE APPLICATION AND  
345 APPLICABLE FEES.  
346
- 347 B) AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE EFFECTIVE DATE  
348 OF ANY CHANGE OF OWNERSHIP, PURSUANT TO SECTION 5.8, THE NEW  
349 OWNER OR OPERATOR MUST FILE FOR AND OBTAIN AN AIR AMBULANCE  
350 LICENSE FROM THE DEPARTMENT PRIOR TO BEGINNING OPERATIONS.  
351

- 352 C) WITHIN FIVE (5) CALENDAR DAYS WHEN THERE HAS BEEN A REDUCTION  
353 OR LOSS OF INSURANCE COVERAGE.  
354
- 355 D) WITHIN SIXTY (60) CALENDAR DAYS OF ALL OTHER CHANGES IN  
356 INSURANCE COVERAGE.  
357
- 358 E) WITHIN SEVEN (7) CALENDAR DAYS OF KNOWING ABOUT ANY OF THE  
359 FOLLOWING EVENTS IMPACTING PATIENT MEDICAL CARE OCCURRING  
360 ON OR DURING TRANSPORT ONTO OR OFF OF AN AIR AMBULANCE,  
361 REPORT TO THE DEPARTMENT AND THE APPROVED ACCREDITATION  
362 ORGANIZATION, IF APPLICABLE:  
363
- 364 1) INVASIVE PROCEDURE PERFORMED ON THE WRONG SITE.  
365
  - 366 2) WRONG OTHER PROCEDURE PERFORMED ON A PATIENT.  
367
  - 368 3) UNINTENDED RETENTION OF A FOREIGN OBJECT IN A PATIENT  
369 AFTER AN INVASIVE PROCEDURE.  
370
  - 371 4) IMMEDIATELY POST PROCEDURE DEATH IN AN AMERICAN  
372 SOCIETY OF ANESTHESIOLOGISTS CLASS I PATIENT.  
373
  - 374 5) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
375 USE OF CONTAMINATED DRUGS, DEVICES, OR BIOLOGICS  
376 PROVIDED BY THE SERVICE.  
377
  - 378 6) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
379 USE OR FUNCTION OF A DEVICE IN WHICH THE DEVICE IS USED  
380 IN A MANNER OTHER THAN AS INTENDED.  
381
  - 382 7) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH  
383 INTRAVASCULAR AIR EMBOLISM.  
384
  - 385 8) RELEASE OF A PATIENT OF ANY AGE, WHO IS UNABLE TO MAKE  
386 DECISIONS, TO OTHER THAN AN AUTHORIZED PERSON.  
387
  - 388 9) PATIENT SUICIDE, ATTEMPTED SUICIDE, OR SELF-HARM THAT  
389 RESULTS IN SERIOUS INJURY.  
390
  - 391 10) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH ANY  
392 MEDICATION ERROR.  
393
  - 394 11) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH ANY  
395 UNSAFE ADMINISTRATION OF BLOOD PRODUCTS.  
396
  - 397 12) MATERNAL DEATH OR SERIOUS INJURY ASSOCIATED WITH  
398 LABOR OR DELIVERY IN A LOW-RISK PREGNANCY.  
399
  - 400 13) DEATH OR SERIOUS INJURY OF A NEONATE ASSOCIATED WITH  
401 LABOR OR DELIVERY IN A LOW-RISK PREGNANCY.  
402
  - 403 14) PATIENT DEATH OR SERIOUS INJURY RESULTING FROM FAILURE  
404 TO FOLLOW UP OR COMMUNICATE LABORATORY, PATHOLOGY,  
405 OR RADIOLOGY TEST RESULTS.  
406
  - 407 15) PATIENT OR STAFF DEATH OR SERIOUS INJURY ASSOCIATED  
408 WITH AN ELECTRIC SHOCK IN THE COURSE OF PATIENT CARE.  
409
  - 410 16) ANY INCIDENT IN WHICH SYSTEMS DESIGNATED FOR OXYGEN  
411 OR OTHER GAS TO BE DELIVERED TO A PATIENT CONTAINS NO



- 412 GAS, THE WRONG GAS, OR ARE CONTAMINATED BY TOXIC  
413 SUBSTANCES.
- 414
- 415 17) PATIENT OR STAFF DEATH OR SERIOUS INJURY ASSOCIATED  
416 WITH A BURN INCURRED FROM ANY SOURCE IN THE COURSE OF  
417 PATIENT CARE.
- 418
- 419 18) PATIENT DEATH OR SERIOUS INJURY ASSOCIATED WITH THE  
420 USE OF PHYSICAL RESTRAINTS DURING THE COURSE OF  
421 PATIENT CARE.
- 422
- 423 19) DEATH OR SERIOUS INJURY OF A PATIENT OR STAFF  
424 ASSOCIATED WITH THE INTRODUCTION OF A METALLIC OBJECT  
425 INTO THE MRI AREA.
- 426
- 427 20) ANY INSTANCE OF CARE ORDERED BY OR PROVIDED BY  
428 SOMEONE IMPERSONATING A LICENSED HEALTH CARE  
429 PROVIDER.
- 430
- 431 21) ANY INSTANCE OF ALLEGED UNLAWFUL SEXUAL BEHAVIOR ON A  
432 PATIENT OR STAFF MEMBER, AS DEFINED BY SECTION 18-3-401  
433 ET SEQ., C.R.S.
- 434
- 435 22) PATIENT OR STAFF DEATH OR SERIOUS INJURY RESULTING  
436 FROM A PHYSICAL ASSAULT.
- 437
- 438 23) APPROPRIATING OR POSSESSING WITHOUT AUTHORIZATION  
439 MEDICATIONS, SUPPLIES, EQUIPMENT, OR PERSONAL ITEMS OF  
440 A PATIENT OR EMPLOYER.
- 441

### 442 5.3 STATE LICENSING PROCESS.

443

444 5.3.1 WITH RESPECT TO THOSE APPLICANTS SEEKING TO ACQUIRE LICENSURE  
445 PURSUANT TO THIS SECTION, THE DEPARTMENT SHALL REVIEW THE  
446 APPLICANT'S FITNESS TO PROVIDE APPROPRIATE MEDICAL CARE AS A  
447 LICENSED AIR AMBULANCE SERVICE. THE DEPARTMENT SHALL DETERMINE BY  
448 ON-SITE INSPECTION OR OTHER APPROPRIATE INVESTIGATION THE  
449 APPLICANT'S COMPLIANCE WITH APPLICABLE STATUTES AND REGULATIONS  
450 CONCERNING THE MEDICAL ASPECTS OF THE AIR AMBULANCE SERVICE. THE  
451 DEPARTMENT SHALL CONSIDER THE INFORMATION CONTAINED IN THE AIR  
452 AMBULANCE SERVICE'S APPLICATION AND MAY REQUEST ACCESS TO AND  
453 CONSIDER OTHER INFORMATION CONCERNING THE MEDICAL ASPECTS OF THE  
454 AIR AMBULANCE SERVICE OPERATION INCLUDING, WITHOUT LIMITATION,  
455 ASPECTS RELATED TO PATIENT CARE, SUCH AS:

456

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

- 473  
474 E) CREDENTIALS OF PATIENT CARE STAFF,  
475  
476 F) INTERVIEWS WITH STAFF, AND  
477  
478 G) OTHER DOCUMENTS DEEMED APPROPRIATE BY THE DEPARTMENT.  
479
- 480 5.3.2 WHERE AN AIR AMBULANCE SERVICE IS LICENSED AND SUBJECT TO  
481 INSPECTION, CERTIFICATION, OR REVIEW BY OTHER AGENCIES, STATES OR  
482 ACCREDITING ORGANIZATIONS, THE AIR AMBULANCE SERVICE SHALL  
483 PROVIDE AND/OR RELEASE TO THE DEPARTMENT, UPON REQUEST, ANY  
484 CORRESPONDENCE, REPORTS OR RECOMMENDATIONS CONCERNING THE AIR  
485 AMBULANCE SERVICE APPLICANT THAT WERE PREPARED BY SUCH  
486 ORGANIZATIONS.  
487
- 488 5.3.3 THE APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO SUCH  
489 INDIVIDUAL PATIENT RECORDS AS THE DEPARTMENT REQUIRES FOR THE  
490 PERFORMANCE OF ITS LICENSING AND REGULATORY OVERSIGHT  
491 RESPONSIBILITIES.  
492
- 493 5.3.4 AN APPLICANT SHALL PROVIDE, UPON REQUEST, ACCESS TO OR COPIES OF  
494 REPORTS AND INFORMATION REQUIRED BY THE DEPARTMENT INCLUDING, BUT  
495 NOT LIMITED TO, MEDICAL STAFFING REPORTS, STATISTICAL INFORMATION,  
496 AND SUCH OTHER RECORDS PERTAINING TO MEDICAL AND PATIENT CARE  
497 OBJECTIVES AS THE DEPARTMENT REQUIRES FOR THE PERFORMANCE OF ITS  
498 LICENSING AND REGULATORY OVERSIGHT RESPONSIBILITIES.  
499
- 500 5.3.5 THE DEPARTMENT SHALL NOT RELEASE TO ANY UNAUTHORIZED PERSON ANY  
501 INFORMATION DEFINED AS CONFIDENTIAL UNDER STATE LAW OR THE HEALTH  
502 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, CODIFIED AT 42  
503 U.S.C. SECTION 300gg, 42 U.S.C. 1320d ET SEQ., and 29 U.S.C. SECTION 1181, ET  
504 SEQ.  
505
- 506 5.3.6 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR  
507 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION OF  
508 THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE COMPLIANCE  
509 WITH THESE RULES, AND AS NEEDED, THE DEPARTMENT MAY CONDUCT  
510 COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE SERVICE.  
511
- 512 5.3.7 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S)  
513 SET FORTH IN SECTION 6 OF THESE RULES.  
514

515 **5.4 LICENSURE THROUGH Accreditation by ORGANIZATION APPROVED BY DEPARTMENT.**  
516

- 517 5.4.1 ~~Except as provided in Section 5.3 below, applicants~~ IN ADDITION TO MEETING THE  
518 REQUIREMENTS IN 5.1, APPLICANTS that are currently accredited by CAMTSAN  
519 ORGANIZATION APPROVED BY THE DEPARTMENT PURSUANT TO SECTION 5.5  
520 may receive an air ambulance license upon completion of the documentation and  
521 PAYMENT OF fees that are required by the department. THE AIR AMBULANCE  
522 SERVICE SHALL AUTHORIZE THE ACCREDITING ORGANIZATION TO SUBMIT  
523 DIRECTLY TO THE DEPARTMENT COPIES OF ANY DOCUMENTATION WITHIN THE  
524 ACCREDITING ORGANIZATION'S CONTROL CONCERNING ITS EVALUATION OF  
525 THE AIR AMBULANCE SERVICE'S COMPLIANCE WITH THE ORGANIZATION'S  
526 STANDARDS DURING THE PREVIOUS ACCREDITATION CYCLE. SUCH  
527 DOCUMENTATION SHALL INCLUDE BUT IS NOT LIMITED TO, SURVEYS,  
528 INSPECTIONS, FINAL AUDIT REPORTS, PLANS OF CORRECTION, AND THE MOST  
529 RECENT LETTER OF ACCREDITATION SHOWING THE SERVICE HAS RECEIVED  
530 ACCREDITATION STATUS.  
531
- 532 5.4.2 AS IT RELATES TO THE MEDICAL ASPECTS OF THE OPERATION OF AN AIR  
533 AMBULANCE SERVICE, THE DEPARTMENT MAY CONDUCT AN INSPECTION OF

534 THE AIR AMBULANCE SERVICE AND ITS AIRCRAFT TO ASSURE COMPLIANCE  
535 WITH THESE RULES AND, AS NEEDED, THE DEPARTMENT MAY CONDUCT  
536 COMPLAINT AND OTHER INVESTIGATIONS OF AN AIR AMBULANCE SERVICE  
537 ACCREDITED BY AN ORGANIZATION APPROVED BY THE DEPARTMENT.  
538

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

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

558 1) INITIATE APPROPRIATE ACTIONS IT DEEMS NECESSARY TO  
559 EVALUATE THE LICENSED SERVICE'S PERFORMANCE;  
560

561 2) ELECT TO REVOKE OR SUMMARILY SUSPEND THE SERVICE'S  
562 COLORADO LICENSE THAT IS BASED ON THE ACCREDITATION IN  
563 SECTION 5.4; AND/OR  
564

565 3) REQUIRE THE LICENSED SERVICE TO IMMEDIATELY APPLY FOR  
566 STATE LICENSURE THROUGH THE PROCESS SET FORTH IN  
567 SECTION 5.3.  
568

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

580 1) THE DEPARTMENT MAY ALLOW THE SERVICE TO CONTINUE  
581 OPERATING UNDER A PROVISIONAL LICENSE AS DESCRIBED IN  
582 SECTION 5.6, BELOW.  
583

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 5.4.4 THE DEPARTMENT SHALL PUBLISH A LIST OF THE ACCREDITING  
596 ORGANIZATIONS THAT IT HAS APPROVED ON ITS WEBSITE.  
597
- 598 5.4.5 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S)  
599 SET FORTH IN SECTION 6 OF THESE RULES.  
600
- 601 5.4.6 IF THE LICENSED AIR AMBULANCE HAS MADE A TIMELY AND SUFFICIENT  
602 APPLICATION FOR RENEWAL OF THE LICENSE, THE EXISTING LICENSE SHALL  
603 NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON THE RENEWAL  
604 APPLICATION.  
605

606 **5.5. REQUIREMENTS FOR APPROVAL OF ACCREDITATION ORGANIZATION**  
607

- 608 5.5.1 TO BE APPROVED BY THE DEPARTMENT AS AN ACCEPTABLE ACCREDITATION  
609 ORGANIZATION FOR THE PURPOSES OF SECTION 5.4, THE ACCREDITING  
610 ORGANIZATION MUST MEET THE FOLLOWING MINIMUM STANDARDS:  
611
- 612 A) HAS STANDARDS THAT ARE EQUIVALENT TO OR EXCEED THE  
613 STANDARDS IN THIS CHAPTER.  
614
- 615 B) PROVIDES ACCREDITATION FOR NO MORE THAN THREE CONSECUTIVE  
616 YEARS WITHOUT AN UPDATED INSPECTION AND REACCREDITATION.  
617
- 618 C) HAS A MULTIDISCIPLINARY BOARD OF DIRECTORS WITH MEMBERS  
619 CONSISTING OF, AT A MINIMUM, INDIVIDUALS WHO ARE MEDICAL  
620 TRANSPORT PROFESSIONALS AND RELATED HEALTH PROFESSIONALS  
621 THAT:  
622
- 623 1) SEEK INPUT AND GUIDANCE FROM NATIONAL PROFESSIONAL  
624 MEDICAL ORGANIZATIONS IN THE DEVELOPMENT OF ITS  
625 STANDARDS, AND  
626
- 627 2) ASSURE THAT THE ORGANIZATION ALLOWS FOR  
628 MULTIDISCIPLINARY INPUT IN THE DEVELOPMENT AND  
629 IMPLEMENTATION OF ITS STANDARDS AND REVIEW PROCESSES.  
630
- 631 D) USES TRAINED SITE-SURVEYORS WITH EXPERIENCE IN MEDICAL  
632 TRANSPORT AT THE LEVEL OF ACCREDITATION AND LICENSE.  
633
- 634 E) ASSURES THAT AIR AMBULANCE SERVICES WITH IDENTIFIED  
635 DEFICIENCIES WILL IMPLEMENT CORRECTIVE ACTION OR  
636 IMPROVEMENT PLANS TO CORRECT ANY DEFICIENCIES.  
637
- 638 F) HAS AN OPEN PROCESS THAT ENCOURAGES AND ACCEPTS COMMENTS  
639 ON ITS ACCREDITATION STANDARDS.  
640
- 641 G) PROVIDES TRANSPARENCY TO THE PUBLIC ON ITS STANDARDS AND  
642 PROCEDURES.  
643
- 644 H) MAINTAINS INSURANCE (GENERAL LIABILITY, MEDICAL PROFESSIONAL  
645 LIABILITY, DIRECTORS & OFFICERS AND TRAVEL) AND BE ABLE TO  
646 PRESENT ITS CURRENT CERTIFICATES OF INSURANCE TO THE  
647 DEPARTMENT.
- 648 I) IN ADDITION TO ITS RIGHT TO CONDUCT INDEPENDENT INSPECTIONS  
649 OF EQUIPMENT AND DOCUMENTATION PURSUANT TO SECTION 5.1.3 OF  
650 THESE RULES, ALLOWS A DEPARTMENT REPRESENTATIVE TO  
651 ACCOMPANY ACCREDITATION SURVEYORS ON SITE SURVEYS OR  
652 DURING ANY ACCREDITATION INSPECTIONS AT THE REQUEST OF THE  
653 DEPARTMENT.

654  
655 J) HAS A CLEAR CONFLICT OF INTEREST POLICY.  
656

657 **5.6 PROVISIONAL LICENSE.**  
658

659 5.6.1 THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO AN APPLICANT FOR  
660 AN INITIAL LICENSE TO OPERATE AN AIR AMBULANCE SERVICE IF:

- 661 A) THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL THE  
662 MINIMUM STANDARDS REQUIRED UNDER TITLE 25, PART 3.5 AND THESE  
663 RULES;  
664  
665 B) THE OPERATION OF THE APPLICANT'S AIR AMBULANCE SERVICE WILL  
666 NOT ADVERSELY AFFECT PATIENT CARE OR THE HEALTH, SAFETY AND  
667 WELFARE OF THE PUBLIC; AND  
668  
669 C) THE APPLICANT AIR AMBULANCE SERVICE DEMONSTRATES IT IS  
670 MAKING ITS BEST EFFORTS TO ACHIEVE COMPLIANCE WITH THE  
671 APPLICABLE RULES.  
672

673  
674 5.6.2 A PROVISIONAL LICENSE ISSUED BY THE DEPARTMENT SHALL BE VALID FOR A  
675 PERIOD NOT TO EXCEED NINETY (90) CALENDAR DAYS, EXCEPT THAT THE  
676 DEPARTMENT MAY ISSUE A SECOND PROVISIONAL LICENSE FOR THE SAME  
677 DURATION AND SHALL CHARGE THE SAME FEE AS FOR THE FIRST  
678 PROVISIONAL LICENSE. IF THE LICENSEE HAS MADE A TIMELY AND SUFFICIENT  
679 APPLICATION FOR RENEWAL OF THE PROVISIONAL LICENSE, THE EXISTING  
680 LICENSE SHALL NOT EXPIRE UNTIL THE DEPARTMENT HAS ACTED UPON THE  
681 RENEWAL APPLICATION. THE DEPARTMENT MAY NOT ISSUE A THIRD OR  
682 SUBSEQUENT PROVISIONAL LICENSE TO THE APPLICANT, AND IN NO EVENT  
683 SHALL A SERVICE BE PROVISIONALLY LICENSED FOR A PERIOD TO EXCEED  
684 ONE HUNDRED EIGHTY (180) CALENDAR DAYS.  
685

686 5.6.3 THE APPLICANT SHALL SUBMIT TO THE DEPARTMENT THE APPLICABLE FEE(S)  
687 SET FORTH IN SECTION 6 OF THESE RULES.  
688

689 **5.7 CONDITIONAL LICENSE**  
690

691 5.7.1 THE DEPARTMENT MAY IMPOSE CONDITIONS OR LIMITATIONS UPON A LICENSE  
692 PRIOR TO ISSUING AN INITIAL OR RENEWAL LICENSE OR DURING AN EXISTING  
693 LICENSE TERM. IF THE DEPARTMENT IMPOSES CONDITIONS OR LIMITATIONS  
694 ON A LICENSE, THE LICENSEE SHALL IMMEDIATELY COMPLY WITH ALL  
695 CONDITIONS OR LIMITATIONS UNTIL AND UNLESS SAID CONDITIONS ARE  
696 OVERTURNED OR STAYED ON APPEAL.  
697

- 698 A) IF CONDITIONS OR LIMITATIONS ARE IMPOSED AT THE SAME TIME AS AN  
699 INITIAL OR RENEWAL LICENSE, THE APPLICANT SHALL PAY THE  
700 APPLICABLE INITIAL OR RENEWAL LICENSE FEE PLUS THE CONDITIONAL  
701 FEE AS SET FORTH IN SECTION 6 OF THESE RULES. IF CONDITIONS OR  
702 LIMITATIONS ARE IMPOSED DURING THE LICENSE TERM, THE LICENSEE  
703 SHALL PAY THE CONDITIONAL FEE AND THE CONDITIONS OR  
704 LIMITATIONS SHALL RUN CONCURRENTLY WITH THE EXISTING LICENSE  
705 TERM. IF THE CONDITIONS ARE RENEWED IN WHOLE OR IN PART FOR  
706 THE NEXT LICENSE TERM, THE LICENSEE SHALL PAY THE APPLICABLE  
707 RENEWAL FEE ALONG WITH THE CONDITIONAL FEE IN EFFECT AT THE  
708 TIME OF RENEWAL.  
709

- 710 B) IF THE DEPARTMENT IMPOSES CONDITIONS OR LIMITATIONS OF  
711 CONTINUING DURATION THAT REQUIRE ONLY MINIMAL ADMINISTRATIVE  
712 OVERSIGHT, IT MAY WAIVE THE CONDITIONAL FEE AFTER THE LICENSEE  
713 HAS COMPLIED WITH THE CONDITIONS OR LIMITATIONS FOR A FULL  
714 LICENSE TERM.

715  
716 5.7.2 UNLESS CONSENTED TO BY THE AIR AMBULANCE SERVICE, A LIMITATION  
717 IMPOSED PRIOR TO ISSUANCE OF AN INITIAL OR RENEWAL LICENSE SHALL BE  
718 TREATED AS A DENIAL. A MODIFICATION OF AN EXISTING LICENSE DURING ITS  
719 TERM, UNLESS CONSENTED TO BY THE AIR AMBULANCE SERVICE, SHALL BE  
720 TREATED AS A REVOCATION.  
721

## 722 **5.8 CHANGE OF OWNERSHIP/MANAGEMENT**

723  
724 5.8.1 WHEN A CURRENTLY LICENSED AIR AMBULANCE SERVICE ANTICIPATES A  
725 CHANGE OF OWNERSHIP, THE CURRENT LICENSEE SHALL NOTIFY THE  
726 DEPARTMENT WITHIN THE SPECIFIED TIME FRAME AND THE PROSPECTIVE  
727 NEW LICENSEE SHALL SUBMIT AN APPLICATION FOR CHANGE OF OWNERSHIP  
728 ALONG WITH THE REQUISITE FEES AND DOCUMENTATION WITHIN THE SAME  
729 TIME FRAME. THE TIME FRAME FOR SUBMITTAL OF SUCH NOTIFICATION AND  
730 DOCUMENTATION SHALL BE AT LEAST THIRTY (30) CALENDAR DAYS BEFORE A  
731 CHANGE OF OWNERSHIP INVOLVING ANY AIR AMBULANCE SERVICE.  
732

733 5.8.2 IN GENERAL, THE CONVERSION OF AN AIR AMBULANCE SERVICE'S LEGAL  
734 STRUCTURE, OR THE LEGAL STRUCTURE OF AN ENTITY THAT HAS A DIRECT OR  
735 INDIRECT OWNERSHIP INTEREST IN THE AIR AMBULANCE SERVICE IS NOT A  
736 CHANGE OF OWNERSHIP UNLESS THE CONVERSION ALSO INCLUDES A  
737 TRANSFER OF AT LEAST 50 PERCENT OF THE LICENSED AIR AMBULANCE  
738 SERVICE'S DIRECT OR INDIRECT OWNERSHIP INTEREST TO ONE OR MORE NEW  
739 OWNERS. SPECIFIC INSTANCES OF WHAT DOES OR DOES NOT CONSTITUTE A  
740 CHANGE OF OWNERSHIP ARE SET FORTH BELOW IN SECTION 5.8.3.  
741

742 5.8.3 THE DEPARTMENT SHALL CONSIDER THE FOLLOWING CRITERIA IN  
743 DETERMINING WHETHER THERE IS A CHANGE OF OWNERSHIP OF AN AIR  
744 AMBULANCE SERVICE THAT REQUIRES A NEW LICENSE:  
745

746 A) SOLE PROPRIETORS:

747  
748 1) THE TRANSFER OF AT LEAST 50 PERCENT OF THE OWNERSHIP  
749 INTEREST IN AN AIR AMBULANCE SERVICE FROM A SOLE  
750 PROPRIETOR TO ANOTHER INDIVIDUAL, WHETHER OR NOT THE  
751 TRANSACTION AFFECTS THE TITLE TO REAL PROPERTY, SHALL  
752 BE CONSIDERED A CHANGE OF OWNERSHIP.  
753

754 2) CHANGE OF OWNERSHIP DOES NOT INCLUDE FORMING A  
755 CORPORATION FROM THE SOLE PROPRIETORSHIP WITH THE  
756 PROPRIETOR AS THE SOLE SHAREHOLDER.  
757

758 B) PARTNERSHIPS:

759  
760 1) DISSOLUTION OF THE PARTNERSHIP AND CONVERSION INTO  
761 ANY OTHER LEGAL STRUCTURE SHALL BE CONSIDERED A  
762 CHANGE OF OWNERSHIP IF THE CONVERSION ALSO INCLUDES A  
763 TRANSFER OF AT LEAST 50 PERCENT OF THE DIRECT OR  
764 INDIRECT OWNERSHIP TO ONE OR MORE NEW OWNERS.  
765

766 2) CHANGE OF OWNERSHIP DOES NOT INCLUDE DISSOLUTION OF  
767 THE PARTNERSHIP TO FORM A CORPORATION WITH THE SAME  
768 PERSONS RETAINING THE SAME SHARES OF OWNERSHIP IN THE  
769 NEW CORPORATION.  
770

771 C) CORPORATIONS:

772  
773 1) CONSOLIDATION OF TWO OR MORE CORPORATIONS RESULTING  
774 IN THE CREATION OF A NEW CORPORATE ENTITY SHALL BE  
775 CONSIDERED A CHANGE OF OWNERSHIP IF THE CONSOLIDATION



- 776 INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
777 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
778 OWNERS.  
779
- 780 2) FORMATION OF A CORPORATION FROM A PARTNERSHIP, A SOLE  
781 PROPRIETORSHIP OR A LIMITED LIABILITY COMPANY SHALL BE  
782 CONSIDERED A CHANGE OF OWNERSHIP IF THE CHANGE  
783 INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
784 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
785 OWNERS.  
786
- 787 3) THE TRANSFER, PURCHASE OR SALE OF SHARES IN THE  
788 CORPORATION SUCH THAT AT LEAST 50 PERCENT OF THE  
789 DIRECT OR INDIRECT OWNERSHIP OF THE CORPORATION IS  
790 SHIFTED TO ONE OR MORE NEW OWNERS SHALL BE  
791 CONSIDERED A CHANGE OF OWNERSHIP.  
792
- 793 D) LIMITED LIABILITY COMPANIES:  
794
- 795 1) THE TRANSFER OF AT LEAST 50 PERCENT OF THE DIRECT OR  
796 INDIRECT OWNERSHIP INTEREST IN THE COMPANY SHALL BE  
797 CONSIDERED A CHANGE OF OWNERSHIP.  
798
- 799 2) THE TERMINATION OR DISSOLUTION OF THE COMPANY AND THE  
800 CONVERSION THEREOF INTO ANY OTHER ENTITY SHALL BE  
801 CONSIDERED A CHANGE OF OWNERSHIP IF THE CONVERSION  
802 ALSO INCLUDES A TRANSFER OF AT LEAST 50 PERCENT OF THE  
803 DIRECT OR INDIRECT OWNERSHIP TO ONE OR MORE NEW  
804 OWNERS.  
805
- 806 3) CHANGE OF OWNERSHIP DOES NOT INCLUDE TRANSFERS OF  
807 OWNERSHIP INTEREST BETWEEN EXISTING MEMBERS IF THE  
808 TRANSACTION DOES NOT INVOLVE THE ACQUISITION OF  
809 OWNERSHIP INTEREST BY A NEW MEMBER. FOR THE PURPOSES  
810 OF THIS SUBSECTION, "MEMBER" MEANS A PERSON OR ENTITY  
811 WITH AN OWNERSHIP INTEREST IN THE LIMITED LIABILITY  
812 COMPANY.  
813
- 814 5.8.4. MANAGEMENT CONTRACTS, LEASES OR OTHER OPERATIONAL  
815 ARRANGEMENTS:  
816
- 817 A) IF THE OWNER OF AN AIR AMBULANCE SERVICE ENTERS INTO A LEASE  
818 ARRANGEMENT OR MANAGEMENT AGREEMENT WHEREBY THE OWNER  
819 RETAINS NO AUTHORITY OR RESPONSIBILITY FOR THE OPERATION AND  
820 MANAGEMENT OF THE AIR AMBULANCE SERVICE, THE ACTION SHALL BE  
821 CONSIDERED A CHANGE OF OWNERSHIP THAT REQUIRES A NEW  
822 LICENSE.  
823
- 824 5.8.5 EACH APPLICANT FOR A CHANGE OF OWNERSHIP SHALL PROVIDE THE  
825 FOLLOWING INFORMATION:  
826
- 827 A) THE LEGAL NAME OF THE ENTITY AND ALL OTHER NAMES USED BY IT  
828 TO PROVIDE HEALTH CARE SERVICES. THE APPLICANT HAS A  
829 CONTINUING DUTY TO NOTIFY THE DEPARTMENT OF ALL NAME  
830 CHANGES AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE  
831 EFFECTIVE DATE OF THE CHANGE.  
832
- 833 B) CONTACT INFORMATION FOR THE ENTITY INCLUDING MAILING  
834 ADDRESS, TELEPHONE AND FACSIMILE NUMBERS, E-MAIL ADDRESS  
835 AND WEBSITE ADDRESS, AS APPLICABLE.  
836

- 837 C) THE IDENTITY OF ALL PERSONS AND BUSINESS ENTITIES WITH A  
838 CONTROLLING INTEREST IN THE AIR AMBULANCE SERVICE, INCLUDING  
839 ADMINISTRATORS, DIRECTORS, MANAGERS AND MANAGEMENT  
840 CONTRACTORS.  
841
- 842 1) A NON-PROFIT CORPORATION SHALL LIST THE GOVERNING  
843 BODY AND OFFICERS.  
844
- 845 2) A FOR-PROFIT CORPORATION SHALL LIST THE NAMES OF THE  
846 OFFICERS AND STOCKHOLDERS WHO DIRECTLY OR INDIRECTLY  
847 OWN OR CONTROL FIVE PERCENT OR MORE OF THE SHARES OF  
848 THE CORPORATION.  
849
- 850 3) A SOLE PROPRIETOR SHALL INCLUDE PROOF OF LAWFUL  
851 PRESENCE IN THE UNITED STATES IN COMPLIANCE WITH  
852 SECTION 24-76.5-103(4), C.R.S.  
853
- 854 D) THE NAME, ADDRESS AND BUSINESS TELEPHONE NUMBER OF EVERY  
855 PERSON IDENTIFIED IN SECTION 5.8.5 (C) AND THE INDIVIDUAL  
856 DESIGNATED BY THE APPLICANT AS THE CHIEF EXECUTIVE OFFICER OF  
857 THE ENTITY.  
858
- 859 1) IF THE ADDRESSES AND TELEPHONE NUMBERS PROVIDED  
860 ABOVE ARE THE SAME AS THE CONTACT INFORMATION FOR THE  
861 ENTITY ITSELF, THE APPLICANT SHALL ALSO PROVIDE AN  
862 ALTERNATE ADDRESS AND TELEPHONE NUMBER FOR AT LEAST  
863 ONE INDIVIDUAL FOR USE IN THE EVENT OF AN EMERGENCY OR  
864 CLOSURE OF THE AIR AMBULANCE SERVICE.  
865
- 866 E) PROOF OF PROFESSIONAL LIABILITY INSURANCE OBTAINED AND HELD  
867 IN THE NAME OF THE LICENSE APPLICANT AS REQUIRED BY SECTION  
868 5.1.1 (F) & (G) OF THESE RULES. SUCH COVERAGE SHALL BE  
869 MAINTAINED FOR THE DURATION OF THE LICENSE TERM AND THE  
870 DEPARTMENT SHALL BE NOTIFIED OF ANY CHANGE IN THE AMOUNT,  
871 TYPE OR PROVIDER OF PROFESSIONAL LIABILITY INSURANCE  
872 COVERAGE DURING THE LICENSE TERM.  
873
- 874 F) ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION,  
875 PARTNERSHIP AGREEMENT, OR OTHER ORGANIZING DOCUMENTS  
876 REQUIRED BY THE SECRETARY OF STATE TO CONDUCT BUSINESS IN  
877 COLORADO; AND BY-LAWS OR EQUIVALENT DOCUMENTS THAT GOVERN  
878 THE RIGHTS, DUTIES AND CAPITAL CONTRIBUTIONS OF THE BUSINESS  
879 ENTITY.  
880
- 881 G) THE ADDRESS OF THE ENTITY'S PHYSICAL LOCATION AND THE NAME(S)  
882 OF THE OWNER(S) OF EACH STRUCTURE ON THE CAMPUS WHERE  
883 LICENSED SERVICES ARE PROVIDED IF DIFFERENT FROM THOSE  
884 IDENTIFIED IN PARAGRAPH (C) OF THIS SECTION.  
885
- 886 H) A COPY OF ANY MANAGEMENT AGREEMENT PERTAINING TO  
887 OPERATION OF THE ENTITY THAT SETS FORTH THE FINANCIAL AND  
888 ADMINISTRATIVE RESPONSIBILITIES OF EACH PARTY.  
889
- 890 I) IF AN APPLICANT LEASES ONE OR MORE BUILDING(S) TO OPERATE AS A  
891 LICENSED AIR AMBULANCE SERVICE, A COPY OF THE LEASE SHALL BE  
892 FILED WITH THE LICENSE APPLICATION AND SHOW CLEARLY IN ITS  
893 CONTEXT WHICH PARTY TO THE AGREEMENT IS TO BE HELD  
894 RESPONSIBLE FOR THE PHYSICAL CONDITION OF THE PROPERTY.  
895
- 896 J) A STATEMENT SIGNED AND DATED CONTEMPORANEOUSLY WITH THE  
897 APPLICATION STATING WHETHER, WITHIN THE PREVIOUS TEN (10)



898 YEARS, ANY OF THE NEW OWNERS HAVE BEEN THE SUBJECT OF, OR A  
899 PARTY TO, ONE OF MORE OF THE FOLLOWING EVENTS, REGARDLESS  
900 OF WHETHER ACTION HAS BEEN STAYED IN A JUDICIAL APPEAL OR  
901 OTHERWISE SETTLED BETWEEN THE PARTIES.

- 902
- 903 1) BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING  
904 MORAL TURPITUDE UNDER THE LAWS OF ANY STATE OR OF THE  
905 UNITED STATES. A GUILTY VERDICT, A PLEA OF GUILTY OR A  
906 PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE  
907 COURT IS CONSIDERED A CONVICTION.
  - 908 2) HAD A STATE LICENSE OR FEDERAL CERTIFICATION DENIED,  
909 REVOKED, OR SUSPENDED BY ANOTHER JURISDICTION.
  - 910 3) HAD A CIVIL JUDGMENT OR A CRIMINAL CONVICTION IN A CASE  
911 BROUGHT BY FEDERAL, STATE OR LOCAL AUTHORITIES THAT  
912 RESULTED FROM THE OPERATION, MANAGEMENT, OR  
913 OWNERSHIP OF A HEALTH FACILITY OR OTHER ENTITY RELATED  
914 TO SUBSTANDARD PATIENT CARE OR HEALTH CARE FRAUD.

915  
916  
917  
918 K) ANY STATEMENT REGARDING THE INFORMATION REQUESTED IN  
919 PARAGRAPH (J) SHALL INCLUDE THE FOLLOWING, IF APPLICABLE:

- 920
- 921 1) IF THE EVENT IS AN ACTION BY FEDERAL, STATE OR LOCAL  
922 AUTHORITIES; THE FULL NAME OF THE AUTHORITY, ITS  
923 JURISDICTION, THE CASE NAME, AND THE DOCKET, PROCEEDING  
924 OR CASE NUMBER BY WHICH THE EVENT IS DESIGNATED, AND A  
925 COPY OF THE CONSENT DECREE, ORDER OR DECISION.
  - 926 2) IF THE EVENT IS A FELONY OR MISDEMEANOR CONVICTION  
927 INVOLVING MORAL TURPITUDE, THE COURT, ITS JURISDICTION,  
928 THE CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
929 MATTER OR A COPY OF THE INDICTMENT OR CHARGES, AND ANY  
930 PLEA OR VERDICT ENTERED BY THE COURT.
  - 931 3) IF THE EVENT INVOLVES A CIVIL ACTION OR ARBITRATION  
932 PROCEEDING, THE COURT OR ARBITER, THE JURISDICTION, THE  
933 CASE NAME, THE CASE NUMBER, A DESCRIPTION OF THE  
934 MATTER OR A COPY OF THE COMPLAINT, AND A COPY OF THE  
935 VERDICT, THE COURT OR ARBITRATION DECISION.

936  
937  
938  
939 5.8.6 THE EXISTING LICENSEE SHALL BE RESPONSIBLE FOR CORRECTING ALL RULE  
940 VIOLATIONS AND DEFICIENCIES IN ANY CURRENT PLAN OF CORRECTION  
941 BEFORE THE CHANGE OF OWNERSHIP BECOMES EFFECTIVE. IN THE EVENT  
942 THAT SUCH CORRECTIONS CANNOT BE ACCOMPLISHED IN THE TIME FRAME  
943 SPECIFIED, THE PROSPECTIVE LICENSEE SHALL BE RESPONSIBLE FOR ALL  
944 UNCORRECTED RULE VIOLATIONS AND DEFICIENCIES INCLUDING ANY  
945 CURRENT PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS LICENSEE  
946 UNLESS THE PROSPECTIVE LICENSEE SUBMITS A REVISED PLAN OF  
947 CORRECTION, APPROVED BY THE DEPARTMENT, BEFORE THE CHANGE OF  
948 OWNERSHIP BECOMES EFFECTIVE.

949  
950 5.8.7 IF THE DEPARTMENT ISSUES A LICENSE TO THE NEW OWNER, THE PREVIOUS  
951 OWNER SHALL RETURN ITS LICENSE TO THE DEPARTMENT WITHIN FIVE (5)  
952 CALENDAR DAYS OF THE NEW OWNER'S RECEIPT OF ITS LICENSE.

953  
954 **5.9 BASE LOCATIONS IN COLORADO.**

955  
956 5.9.1 IF AN AIR AMBULANCE SERVICE HAS A BASE LOCATED WITHIN COLORADO, THE  
957 AIR AMBULANCE SERVICE SHALL AT ALL TIMES:  
958

- 959 A) MAINTAIN OR HAVE READILY AVAILABLE RECORDS OF OPERATION;  
 960  
 961 B) HAVE SECURITY MEASURES IN PLACE TO PROTECT THE AIR  
 962 AMBULANCE FROM TAMPERING AND THE UNAUTHORIZED ACCESS TO  
 963 MEDICAL EQUIPMENT AND SUPPLIES, INCLUDING PHARMACEUTICALS.  
 964 THIS WOULD INCLUDE DIRECT VISUAL MONITORING OR CLOSED  
 965 CIRCUIT TELEVISION OR THE AIR AMBULANCE MUST BE IN A SECURED  
 966 LOCATION WITH LOCKED PERIMETER FENCING OR HANGAR;  
 967  
 968 C) DISPLAY ITS COLORADO AIR AMBULANCE SERVICE LICENSE WITHIN A  
 969 BUILDING AT THE BASE LOCATION;  
 970  
 971 D) DISPLAY ITS DRUG ENFORCEMENT AGENCY REGISTRATION IN THE  
 972 BUILDING WHERE CONTROLLED SUBSTANCES, IF ANY, ARE STORED;  
 973  
 974 E) MAINTAIN A CURRENT POST-ACCIDENT INCIDENT PLAN;  
 975  
 976 F) COMPLY WITH APPLICABLE STATE AND LOCAL BUILDING AND FIRE  
 977 CODES;  
 978  
 979 G) MAINTAIN OR HAVE READILY AVAILABLE DOCUMENTATION OF THE  
 980 PROFESSIONAL CERTIFICATIONS AND/OR LICENSES AND CONTINUING  
 981 EDUCATION DOCUMENTATION FOR STAFF RESPONSIBLE FOR  
 982 PROVIDING PATIENT CARE.  
 983  
 984 5.9.2 AN AIR AMBULANCE SERVICE THAT HAS A BASE LOCATION IN COLORADO IS  
 985 NOT ELIGIBLE FOR OUT OF STATE LICENSURE RECOGNITION PURSUANT TO  
 986 SECTION 4 OF THESE RULES.  
 987

## 988 Section 6 - Fees

- 989  
 990 6.1 All applicants seeking air ambulance licensure by the department under these rules shall submit  
 991 the following non-refundable fees REQUIRED BY THIS SECTION 6 with each initial or renewal  
 992 licensure application:  
 993  
 994 ~~6.1.1 \$860 for each air ambulance service, plus \$100 for each aircraft used by the air ambulance~~  
 995 ~~service.~~  
 996 ~~6.1.2 For applicants who are not CAMTS accredited, the applicant shall pay a fee of \$525 to the~~  
 997 ~~department in addition to the fee set forth in Subsection 6.1.1 above.~~  
 998 ~~6.2 From January 1, 2015 until July 1, 2017, the fees set forth in Subsection 6.1 are waived.~~  
 999 6.2 LICENSING FEES.  
 1000  
 1001 6.2.1 EACH AIR AMBULANCE SERVICE SEEKING INITIAL OR RENEWAL LICENSURE  
 1002 PURSUANT TO SECTION 5.3 OR 5.4 SHALL SUBMIT A LICENSING FEE OF \$3,400  
 1003 TO THE DEPARTMENT.  
 1004  
 1005 6.2.2 ALL APPLICANTS SEEKING AN INITIAL OR RENEWAL RECOGNITION OF OUT OF  
 1006 STATE LICENSURE PURSUANT TO SECTION 4 SHALL PAY AN ANNUAL FEE OF  
 1007 \$1700 TO THE DEPARTMENT.  
 1008  
 1009 6.2.3 ALL APPLICANTS SEEKING A PROVISIONAL LICENSE PURSUANT TO SECTION 5.6  
 1010 SHALL PAY A FEE OF \$1700 TO THE DEPARTMENT. AN APPLICANT SEEKING A  
 1011 SECOND PROVISIONAL LICENSE SHALL PAY THE SAME FEE AMOUNT AS  
 1012 RENDERED FOR THE FIRST PROVISIONAL LICENSE.  
 1013  
 1014 6.2.4 ALL APPLICANTS SUBJECT TO A CONDITIONAL LICENSE PURSUANT TO 5.7 MAY  
 1015 BE ASSESSED A FEE BASED ON THE DIRECT AND INDIRECT COSTS INCURRED  
 1016 BY THE DEPARTMENT IN ADDITION TO THE REQUIRED INITIAL OR RENEWAL FEE  
 1017 IN 6.2.1 OF THESE RULES.  
 1018  
 1019 6.3 PER AIRCRAFT FEES.

- 1020  
1021 6.3.1 IN ADDITION TO LICENSING FEES SET FORTH IN 6.2.1, EACH AIR AMBULANCE  
1022 SERVICE SEEKING INITIAL OR RENEWAL LICENSURE PURSUANT TO SECTIONS  
1023 5.3 AND 5.4 OF THESE RULES SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE  
1024 DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1025  
1026 6.3.2 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.2, EACH AIR  
1027 AMBULANCE SERVICE SEEKING AN INITIAL OR RENEWAL RECOGNITION OF OUT  
1028 OF STATE LICENSURE PURSUANT TO SECTION 4 SHALL PAY A PER AIRCRAFT  
1029 FEE OF \$200 TO THE DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR  
1030 AMBULANCE SERVICE IN THE STATE.  
1031  
1032 6.3.3 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.3, EACH AIR  
1033 AMBULANCE SERVICE SEEKING AN INITIAL OR SECOND PROVISIONAL LICENSE  
1034 PURSUANT TO 5.6 SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE  
1035 DEPARTMENT FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1036  
1037 .6.3.4 IN ADDITION TO THE LICENSING FEES SET FORTH IN 6.2.4, EACH AIR  
1038 AMBULANCE SERVICE SUBJECT TO A CONDITIONAL LICENSE PURSUANT TO  
1039 SECTION 5.7 SHALL PAY A PER AIRCRAFT FEE OF \$400 TO THE DEPARTMENT  
1040 FOR EACH AIRCRAFT USED BY THE AIR AMBULANCE SERVICE.  
1041  
1042 6.4 IN ADDITION TO THE APPLICABLE FEES SET FORTH IN 6.2 AND 6.3 OF THESE RULES,  
1043 THE DEPARTMENT SHALL ASSESS A VARIABLE ON-SITE INSPECTION FEE FOR ALL  
1044 APPLICANTS SEEKING STATE LICENSURE PURSUANT TO SECTION 5.3.  
1045  
1046 6.5 IF, AFTER OBTAINING A LICENSE, AN AIR AMBULANCE SERVICE EXPANDS ITS FLEET OF  
1047 AIRCRAFT LICENSED IN COLORADO, THE SERVICE SHALL PAY THE APPROPRIATE PER  
1048 AIRCRAFT FEE AS SET FORTH IN 6.2 FOR EVERY ADDITIONAL AIRCRAFT AT THE TIME IT  
1049 IS PLACED IN SERVICE. MOREOVER, IF THE DEPARTMENT DEEMS IT NECESSARY TO  
1050 INSPECT THE ADDITIONAL AIRCRAFT IT SHALL ASSESS UPON THE LICENSEE THE  
1051 INSPECTION FEE AS SET FORTH IN 6.4.  
1052  
1053 6.6 ANY AIR AMBULANCE SERVICE CHANGING OWNERSHIP PURSUANT TO SECTION 5.8  
1054 SHALL PAY THE DEPARTMENT A FEE OF \$3400.  
1055  
1056 6.7 ANY AIR AMBULANCE SERVICE CHANGING ITS NAME SHALL PAY THE DEPARTMENT A  
1057 FEE OF \$600.  
1058

1059 **Section 7—Licensing Process (REPEALED)**

- 1060 ~~7.1 To become licensed and maintain licensed status, an air ambulance service shall:~~  
1061 ~~7.1.1 Achieve and maintain CAMTS accreditation.~~  
1062 ~~7.1.2 Demonstrate compliance with applicable federal, state, and local laws and regulations to~~  
1063 ~~operate a business in Colorado.~~  
1064 ~~7.1.3 Submit to the department a completed application form and the required application fee.~~  
1065 ~~7.1.4 Demonstrate compliance with these rules.~~  
1066 ~~7.1.5 Upon request, submit to the department copies of the air ambulance service's written~~  
1067 ~~policy and procedure manual, operation/medical protocols, and other documentation the~~  
1068 ~~department may deem necessary.~~  
1069 ~~7.2 The department may conduct an inspection of the air ambulance service and its aircraft to assure~~  
1070 ~~compliance with these rules.~~

1071 ~~7.3 When change of ownership of an air ambulance service licensed by the department occurs, the~~  
1072 ~~new owner or operator must file for and obtain an air ambulance license from the department~~  
1073 ~~prior to beginning operations.~~  
1074

### 1075 **Section 7 – Licensing Period**

1076  
1077 7.1 EXCEPT AS PROVIDED IN SECTIONS 4.2.3 AND 5.6.2, A-any air ambulance license issued by  
1078 the department shall be valid for a period not to exceed TWO (2) yearS.  
1079

### 1080 **Section 8 – Licensing RENEWAL AND RECOGNITION OF OUT OF STATE LICENSE Renewal**

1081  
1082 8.1 To renew an existing air ambulance license, the licensee shall submit a renewal application and  
1083 fees, as set by the department, no later than ~~three (3) months~~ THIRTY (30) CALENDAR DAYS  
1084 prior to the date of air ambulance license expiration.  
1085

1086 8.2 A renewal inspection may be required by the department to assure air ambulance service  
1087 compliance with these rules.  
1088

1089 8.3 EXCEPT AS OTHERWISE PROVIDED IN SECTION 5.6 OF THESE RULES, THE  
1090 DEPARTMENT SHALL RENEW A LICENSE WHEN IT IS SATISFIED THAT THE  
1091 REQUIREMENTS OF THESE RULES HAVE BEEN MET. IF THE LICENSEE HAS MADE A  
1092 TIMELY AND SUFFICIENT APPLICATION FOR RENEWAL OF THE LICENSE, THE EXISTING  
1093 LICENSE SHALL NOT EXPIRE UNTILTHE DEPARTMENT HAS ACTED UPON THE RENEWAL  
1094 APPLICATION.  
1095

1096 8.4 IF AN AIR AMBULANCE SERVICE IS AUTHORIZED TO OPERATE IN COLORADO BECAUSE  
1097 OF THE DEPARTMENT’S RECOGNITION OF OUT OF STATE LICENSURE PURSUANT TO  
1098 SECTION 4, THE LICENSEE SHALL SUBMIT A RENEWAL APPLICATION, DOCUMENTATION  
1099 OF CURRENT OUT OF STATE LICENSURE AND FEES, AS SET FORTH IN SECTION 6, NO  
1100 LATER THAN THIRTY (30) CALENDAR DAYS PRIOR TO THE DATE OF THE COLORADO AIR  
1101 AMBULANCE RECOGNITION EXPIRATION.  
1102

### 1103 **Section 10 – DESIGNATION AND NUMBER OF AIR AMBULANCES (REPEALED)**

1104 ~~10.1 In order to identify the types of services to be provided, air ambulance licenses shall be issued for~~  
1105 ~~each of the following types of service.~~

1106 ~~10.1.1 Rotor wing advanced life support (RW-ALS)~~

1107 ~~10.1.2 Rotor wing critical care (RW-CC)~~

1108 ~~10.1.3 Rotor wing specialty care (RW-SC)~~

1109 ~~10.1.4 Fixed wing basic life support (FW-BLS)~~

1110 ~~10.1.5 Fixed wing advanced life support (FW-ALS)~~

1111 ~~10.1.6 Fixed wing critical care (FW-CC)~~

1112 ~~10.1.7 Fixed wing specialty care (FW-SC)~~

### 1113 **Section 9 – General MEDICAL Operational Requirements for Air Ambulance Services Licensed by** 1114 **the Department**

#### 1115 **9.1 POLICIES AND PROCEDURES**

1116  
1117  
1118 9.1.1 TO ASSESS THE ADEQUACY OF PATIENT CARE, EVERY APPLICANT OR  
1119 LICENSEE SHALL MAKE AVAILABLE FOR REFERENCE AND INSPECTION A  
1120 DETAILED MANUAL OF ITS POLICIES AND PROCEDURES. SERVICE PERSONNEL  
1121 SHALL BE FAMILIAR AND COMPLY WITH POLICIES CONTAINED WITHIN THE  
1122 MANUAL. THE MANUAL SHALL INCLUDE:

- 1123
- 1124 A) PROCEDURES FOR ACCEPTANCE OF REQUESTS, REFERRALS, AND/OR  
1125 DENIAL OF SERVICE FOR MEDICALLY RELATED REASONS;  
1126
- 1127 B) A WRITTEN DESCRIPTION OF THE GEOGRAPHICAL BOUNDARIES AND  
1128 FEATURES FOR THE SERVICE AREA, AND A COPY OF THE SERVICE  
1129 AREA MAP;  
1130
- 1131 C) SCHEDULED HOURS OF OPERATION;  
1132
- 1133 D) CRITERIA FOR THE MEDICAL CONDITIONS AND INDICATIONS OR  
1134 MEDICAL CONTRAINDICATIONS FOR FLIGHT;  
1135
- 1136 E) FIELD TRIAGE CRITERIA FOR ALL TRAUMA PATIENTS;  
1137
- 1138 F) MEDICAL COMMUNICATION PROCEDURES, INCLUDING BUT NOT LIMITED  
1139 TO MEDICALLY-RELATED DISPATCH PROTOCOL, CALL VERIFICATION  
1140 AND ADVISORIES TO THE REQUESTING PARTY, TO INCLUDE  
1141 PROCEDURES FOR INFORMING REQUESTING PARTY OF FLIGHT  
1142 PROCEDURES, ANTICIPATED TIME OF AIRCRAFT ARRIVAL, AND  
1143 CANCELLATION OF FLIGHT;  
1144
- 1145 G) CRITERIA REGARDING ACCEPTABLE DESTINATIONS BASED UPON  
1146 MEDICAL NEEDS OF THE PATIENT;  
1147
- 1148 H) NON-AVIATION SAFETY PROCEDURES FOR MEDICAL CREW  
1149 ASSIGNMENTS AND NOTIFICATION, INCLUDING ROSTERS OF MEDICAL  
1150 PERSONNEL;  
1151
- 1152 I) WRITTEN POLICY THAT ENSURES AIR MEDICAL PERSONNEL SHALL NOT  
1153 BE ASSIGNED OR ASSUME COCKPIT DUTIES CONCURRENT WITH  
1154 PATIENT CARE DUTIES AND RESPONSIBILITIES;  
1155
- 1156 J) WRITTEN POLICY THAT DIRECTS AIR AMBULANCE PERSONNEL TO  
1157 HONOR A PATIENT REQUEST FOR A SPECIFIC SERVICE OR DESTINATION  
1158 WHEN THE CIRCUMSTANCES WILL NOT JEOPARDIZE PATIENT SAFETY;  
1159
- 1160 K) ON-GROUND MEDICAL COMMUNICATIONS PROCEDURES;  
1161
- 1162 L) FLIGHT REFERRAL PROCEDURES;  
1163
- 1164 M) A WRITTEN PLAN THAT ADDRESSES THE ACTIONS TO BE TAKEN IN THE  
1165 EVENT OF AN EMERGENCY, DIVERSION, OR PATIENT CRISIS DURING  
1166 TRANSPORT OPERATIONS;  
1167
- 1168 N) PATIENT TRACKING PROCEDURES THAT SHALL ASSURE AIR/GROUND  
1169 POSITION REPORTS AT INTERVALS NOT TO EXCEED FIFTEEN MINUTES  
1170 INFLIGHT AND 45 MINUTES WHILE LANDED ON THE GROUND;  
1171
- 1172 O) WRITTEN PROCEDURES GOVERNING THE AIR AMBULANCE SERVICE'S  
1173 MEDICAL COMPLAINT RESOLUTION PROCESS AND PROTOCOLS. AT  
1174 MINIMUM, THE AIR AMBULANCE SERVICE SHALL DESIGNATE  
1175 PERSONNEL RESPONSIBLE FOR ITS DISPUTE RESOLUTION PROCESS  
1176 AND PROVIDE THE PROTOCOLS IT SHALL FOLLOW WHEN  
1177 INVESTIGATING, TRACKING, DOCUMENTING, REVIEWING AND  
1178 RESOLVING THE COMPLAINT. THE SERVICE'S COMPLAINT RESOLUTION  
1179 PROCEDURES SHALL EMPHASIZE RESOLUTION OF COMPLAINTS AND  
1180 PROBLEMS WITHIN A SPECIFIED PERIOD OF TIME; AND  
1181

- 1182 P) POLICY FOR DELINEATING METHODS FOR MAINTAINING MEDICAL  
1183 COMMUNICATIONS DURING POWER OUTAGES AND IN DISASTER  
1184 SITUATIONS.  
1185
- 1186 9.1.2. TO ENSURE PROPER PATIENT CARE AND THE EFFECTIVE COORDINATION OF  
1187 STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES, SERVICES THAT  
1188 RESPOND TO INCIDENT SCENES AND/OR SUPPORT DISASTER RESPONSE  
1189 SHALL PROVIDE AIRCRAFT SAFETY AND LANDING ZONE PROCEDURES IN A  
1190 WRITTEN FORMAT TO ALL FIRE, RESCUE, EMS, PUBLIC SAFETY, LAW  
1191 ENFORCEMENT AGENCIES AND MEDICAL FACILITY PERSONNEL WHO  
1192 INTERFACE WITH THE MEDICAL SERVICE THAT INCLUDES BUT IS NOT LIMITED  
1193 TO THE FOLLOWING:  
1194
- 1195 A) THE IDENTIFICATION, DESIGNATING AND PREPARATION OF  
1196 APPROPRIATE LANDING ZONES;  
1197
- 1198 B) PROVIDER SAFETY IN AND AROUND THE AIRCRAFT;  
1199
- 1200 C) AIR TO GROUND COMMUNICATIONS; AND  
1201
- 1202 D) CRASH RECOVERY PROCEDURES

1203 ~~Each air ambulance service shall work in coordination with all other air ambulance services to assure~~  
1204 ~~optimal minimal response times.~~

1205 ~~11.2 — Policies for responding to requests for services shall include:~~

1206 ~~11.2.1 Consultation with the requesting party regarding how and to whom these flights will be~~  
1207 ~~referred, based on the air ambulance service's scope of service, geographical proximity,~~  
1208 ~~transport capability and type of call.~~

1209 ~~11.2.2 The closest appropriate licensed air ambulance service shall be dispatched unless a~~  
1210 ~~specific licensed air ambulance service is requested by the requesting party.~~

1211 ~~11.2.3 All air ambulance services must have a communications system in place capable of~~  
1212 ~~providing appropriate, timely referrals.~~

1213 ~~11.2.4 Factors affecting the estimated time of arrival (ETA) of air ambulance service shall be~~  
1214 ~~communicated to the calling party as soon as possible, within five (5) minutes for inter-~~  
1215 ~~facility transports and three (3) minutes for scene requests.~~

1216 ~~11.2.5 Scene requests shall be referred within three (3) minutes to the next closest, available,~~  
1217 ~~appropriate resource if the initial requested air ambulance service does not have an~~  
1218 ~~aircraft and crew immediately available.~~

1219 ~~11.2.6 Inter-facility transport requests shall be referred within five (5) minutes to the next closest,~~  
1220 ~~available, appropriate resource if the initial requested air ambulance service does not~~  
1221 ~~have an aircraft and crew immediately available.~~

1222 ~~11.2.7 Air ambulance service response policies and times shall be available to the public, upon~~  
1223 ~~request.~~

1224 ~~11.2.8 In accordance with the Rules Pertaining to Emergency Medical Services Data and~~  
1225 ~~Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three, Colorado~~  
1226 ~~licensed air ambulance services shall complete a patient care report (PCR) to include the~~  
1227 ~~minimum pre-hospital care data set for each patient that is transported. The minimum~~  
1228 ~~data elements identified by the department shall be compiled and submitted to the~~  
1229 ~~department in a format and frequency specified by the department~~  
1230



- 1231 9.2. Each licensed air ambulance service shall complete and submit to the department ~~an agency~~  
1232 ~~profile to provide~~ A PROFILE THAT INCLUDES information TO BE USED BY THE  
1233 DEPARTMENT TO PROVIDE EFFECTIVE COMMUNICATIONS, PLANNING AND  
1234 COORDINATION OF STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES. ~~on~~  
1235 ~~resources available for planning and coordination of statewide emergency medical and trauma~~  
1236 ~~services.~~
- 1237
- 1238 9.2.1 ALL AIR AMBULANCE SERVICE AGENCIES LICENSED IN COLORADO SHALL  
1239 PROVIDE THE DEPARTMENT WITH THE REQUIRED DATA AND INFORMATION AS  
1240 SPECIFIED BELOW IN A FORMAT DETERMINED BY THE DEPARTMENT OR IN AN  
1241 ALTERNATE MEDIA ACCEPTABLE TO THE DEPARTMENT.
- 1242
- 1243 9.2.2 AIR AMBULANCE SERVICE AGENCIES SHALL PROVIDE ORGANIZATIONAL  
1244 PROFILE DATA IN A MANNER DESIGNATED BY THE DEPARTMENT.
- 1245
- 1246 9.2.3 AGENCIES SHALL UPDATE ORGANIZATIONAL PROFILE DATA WHENEVER  
1247 CHANGES OCCUR AND AT LEAST ANNUALLY.
- 1248
- 1249 **9.3 MEDICAL TRANSPORT PLANS**
- 1250
- 1251 9.3.1 TO ENSURE PROPER PATIENT CARE AND THE EFFECTIVE COORDINATION OF  
1252 STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES, ALL AIR  
1253 AMBULANCE SERVICES SHALL HAVE AN INTEGRATED MEDICAL TRANSPORT  
1254 PLAN FOR EACH AIR AMBULANCE LICENSED BY THE DEPARTMENT THAT  
1255 DESCRIBES THE FOLLOWING:
- 1256
- 1257 A) BASE LOCATION
- 1258
- 1259 B) HOURS OF OPERATION
- 1260
- 1261 C) EMERGENCY (DISPATCH) AND NON-EMERGENCY (BUSINESS) CONTACT  
INFORMATION
- 1262
- 1263 D) DESCRIPTION OF PRIMARY AND SECONDARY SERVICE AREAS
- 1264
- 1265 E) MEDICAL CRITERIA FOR UTILIZATION
- 1266
- 1267 F) DESCRIPTION OF MEDICAL CAPABILITIES (INCLUDING AVAILABILITY OF  
1268 SPECIALIZED MEDICAL TRANSPORT EQUIPMENT)
- 1269
- 1270 G) COMMUNICATIONS CAPABILITIES INCLUDING (BUT NOT LIMITED TO)  
1271 RADIO FREQUENCIES AND TALK GROUPS.
- 1272
- 1273 H) PROCEDURES FOR COMMUNICATING WITH THE AIR MEDICAL CREW
- 1274
- 1275 I) MUTUAL AID OR BACKUP PROCEDURES WHEN THE SERVICE IS NOT  
1276 AVAILABLE
- 1277 **9.4 MEDICALLY-RELATED DISPATCH PROTOCOLS**
- 1278
- 1279 9.4.1 WHEN AIR AMBULANCE TRANSPORT IS INDICATED, REQUESTS SHALL BE  
1280 APPROPRIATELY COORDINATED AFTER CONSULTATION WITH THE  
1281 REQUESTING PARTY. ALL AIR AMBULANCE SERVICES SHALL MAINTAIN  
1282 COMMUNICATION WITH ALL APPROPRIATE ENTITIES INVOLVED IN THE  
1283 RESPONSE, INCLUDING THE RECEIVING FACILITY.
- 1284
- 1285 **9.5 MEDICAL COMMUNICATIONS**
- 1286
- 1287 9.5.1 AN AIR AMBULANCE SERVICE SHALL HAVE A TWO-WAY WIRELESS  
1288 COMMUNICATIONS SYSTEM WITH RELIABLE EQUIPMENT THAT WILL ALLOW

1289 CLEAR VOICE COMMUNICATION AMONG AND BETWEEN ALL AGENCIES  
1290 NECESSARY FOR THE SAFE AND EFFECTIVE TRANSPORT AND MEDICAL CARE  
1291 OF THE PATIENT AND CREW.

1292  
1293 9.5.2 AN AIR AMBULANCE SERVICE'S TWO-WAY COMMUNICATION EQUIPMENT  
1294 SYSTEM SHALL ALLOW FOR OR HAVE:

- 1295  
1296 A) REAL-TIME PATIENT TRACKING THAT SHALL BE MAINTAINED AND  
1297 DOCUMENTED EVERY FIFTEEN (15) MINUTES INCLUDING THE TIME THE  
1298 AIR AMBULANCE RETURNS TO SERVICE FOLLOWING TRANSPORT.  
1299  
1300 B) APPROPRIATE WIRELESS COMMUNICATIONS CAPABILITIES WITH LOCAL  
1301 FIRST RESPONDERS, TO INCLUDE FIRE, RESCUE, EMERGENCY MEDICAL  
1302 SERVICES (EMS), AND LAW ENFORCEMENT AS PUBLISHED IN THE STATE  
1303 EMS TELECOMMUNICATIONS PLAN.  
1304  
1305 C) A SYSTEM OF COMMUNICATIONS, EXCLUSIVE OF THE AIR TRAFFIC  
1306 CONTROL SYSTEM, THAT MUST BE CAPABLE OF COMMUNICATIONS  
1307 WITH MEDICAL SERVICES (EMS), AND LAW ENFORCEMENT AS  
1308 PUBLISHED IN THE STATE EMS TELECOMMUNICATIONS PLAN.  
1309  
1310 D) DEDICATED TELEPHONE NUMBER FOR THE AIR AMBULANCE SERVICE  
1311 DISPATCH CENTER.  
1312  
1313 E) THE AIR AMBULANCE SERVICE COMMUNICATIONS CENTER MUST BE  
1314 STAFFED DURING ALL PHASES OF PATIENT TREATMENT AND  
1315 TRANSPORT.  
1316  
1317 F) AN EMERGENCY PLAN FOR COMMUNICATIONS DURING POWER  
1318 OUTAGES AND IN DISASTER SITUATIONS.  
1319

1320 **9.6 MEDICAL PERSONNEL**  
1321

1322 9.6.1 AT A MINIMUM AN AIR AMBULANCE SERVICE MUST HAVE THE FOLLOWING  
1323 MEDICAL PERSONNEL:  
1324

- 1325 A) AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR WHO OVERSEES THE  
1326 PRACTICE OF EMERGENCY MEDICAL SERVICES DURING PATIENT  
1327 TRANSPORT FOR A COLORADO LICENSED SERVICE MUST BE FAMILIAR  
1328 WITH COLORADO STATE MEDICAL STANDARDS, PRACTICES, AND  
1329 LICENSING REQUIREMENTS. THEREFORE, EXCEPT AS PROVIDED IN  
1330 9.6.1(B), A MEDICAL DIRECTOR MUST BE A COLORADO LICENSED  
1331 PHYSICIAN IN GOOD STANDING TO SUPERVISE THE MEDICAL CARE  
1332 PROVIDED IN AN AIR MEDICAL ENVIRONMENT. THE MEDICAL DIRECTOR  
1333 MUST ALSO:  
1334  
1335 1) BE BOARD CERTIFIED OR BOARD-ELIGIBLE IN EMS, EMERGENCY  
1336 MEDICINE, OR OTHER SPECIALTY SERVING THE PATIENT  
1337 POPULATION INVOLVED;  
1338  
1339 2) HAVE EXPERIENCE IN THE CARE OF PATIENTS CONSISTENT  
1340 WITH THE LICENSING AND MISSION PROFILE OF THE AIR  
1341 AMBULANCE SERVICE;  
1342  
1343 3) HAVE ACCESS TO MEDICAL SPECIALISTS FOR CONSULTATION  
1344 REGARDING PATIENTS WHOSE ILLNESS AND CARE NEEDS ARE  
1345 OUTSIDE THE MEDICAL DIRECTOR'S AREA OF PRACTICE;  
1346  
1347 4) HAVE A CURRENT DEA REGISTRATION; AND  
1348



- 1349 5) HAVE CURRENT CREDENTIALS ACHIEVED THROUGH ACTIVE  
1350 PARTICIPATION IN PATIENT CARE AND CONTINUING MEDICAL  
1351 EDUCATION ACTIVITIES APPROPRIATE FOR THE ROLE OF AN AIR  
1352 AMBULANCE SERVICE MEDICAL DIRECTOR.  
1353
- 1354 B) FOR AIR AMBULANCE SERVICES OPERATING PURSUANT TO SECTION 4  
1355 OF THESE RULES, THE MEDICAL DIRECTOR WHO IS LICENSED AND IN  
1356 GOOD STANDING, WITHOUT RESTRICTIONS OR CONDITIONS, IN THE  
1357 STATE IN WHICH THE SERVICE IS BASED, AND WHO IS EXEMPT FROM  
1358 COLORADO LICENSURE REQUIREMENTS PURSUANT TO SECTION 12-36-  
1359 106(3)(b), C.R.S., MAY SUPERVISE THE MEDICAL CARE PROVIDED TO A  
1360 PATIENT IN AN AIR MEDICAL TRANSPORT THAT EITHER ORIGINATES OR  
1361 TERMINATES IN COLORADO. UNDER THESE CIRCUMSTANCES THE  
1362 MEDICAL DIRECTOR MUST:  
1363
- 1364 1) BE BOARD CERTIFIED OR BOARD-ELIGIBLE IN EMS, EMERGENCY  
1365 MEDICINE, OR OTHER SPECIALTY SERVING THE PATIENT  
1366 POPULATION INVOLVED;  
1367
- 1368 2) HAVE EXPERIENCE IN THE CARE OF PATIENTS CONSISTENT  
1369 WITH THE LICENSING AND MISSION PROFILE OF THE AIR  
1370 AMBULANCE SERVICE;  
1371
- 1372 3) HAVE ACCESS TO MEDICAL SPECIALISTS FOR CONSULTATION  
1373 REGARDING FOR PATIENTS WHOSE ILLNESS AND CARE NEEDS  
1374 ARE OUTSIDE THE MEDICAL DIRECTOR'S AREA OF PRACTICE;  
1375
- 1376 4) HAVE A CURRENT DEA REGISTRATION; AND  
1377
- 1378 5) HAVE CURRENT CREDENTIALS ACHIEVED THROUGH ACTIVE  
1379 PARTICIPATION IN PATIENT CARE AND CME ACTIVITIES  
1380 APPROPRIATE FOR THE ROLE OF AN AIR AMBULANCE SERVICE  
1381 MEDICAL DIRECTOR.  
1382
- 1383 C) AN AIR AMBULANCE SERVICE MEDICAL DIRECTOR WHO OVERSEES THE  
1384 PRACTICE OF EMERGENCY MEDICAL SERVICES DURING TRANSPORT OF  
1385 A PATIENT THAT ORIGINATES AND TERMINATES IN COLORADO MUST BE  
1386 A COLORADO LICENSED PHYSICIAN IN GOOD STANDING THAT MEETS  
1387 THE REQUIREMENTS SET FORTH IN 9.6.1(A).  
1388
- 1389 D) MEDICALLY QUALIFIED COLORADO LICENSED, OR CERTIFIED,  
1390 INDIVIDUALS APPROPRIATE TO THE SCOPE AND MISSION OF THE AIR  
1391 AMBULANCE SERVICE, OR PROVIDERS RECOGNIZED UNDER AN  
1392 INTERSTATE COMPACT OF WHICH COLORADO IS A MEMBER.  
1393 ACCEPTABLE MEDICAL PERSONNEL INCLUDE, BUT ARE NOT LIMITED TO  
1394 PHYSICIANS, CERTIFIED EMERGENCY MEDICAL SERVICES PROVIDERS,  
1395 REGISTERED NURSES, REGISTERED NURSE PRACTITIONERS,  
1396 ADVANCED PRACTICE NURSES, PHYSICIAN ASSISTANTS, RESPIRATORY  
1397 THERAPISTS, OR OTHER ALLIED HEALTH PROFESSIONALS.  
1398
- 1399 9.6.2 EACH PATIENT TRANSPORT BY A LICENSED AIR AMBULANCE SERVICE SHALL  
1400 BE STAFFED BY A MINIMUM OF TWO (2) MEDICAL PERSONNEL WHO ARE  
1401 LICENSED OR CERTIFIED ACCORDING TO COLORADO AND/OR PROVIDERS  
1402 RECOGNIZED UNDER AN INTERSTATE COMPACT OF WHICH COLORADO IS A  
1403 MEMBER WHO PROVIDE DIRECT PATIENT CARE, PLUS A VEHICLE OPERATOR.  
1404
- 1405 A) ONE OF THE MEDICAL PERSONNEL MUST BE THE PRIMARY CARE  
1406 PROVIDER, WHO, AS THE TEAM LEADER WITH A HIGHER LEVEL OF  
1407 LICENSE, IS ULTIMATELY RESPONSIBLE FOR THE PATIENT.  
1408

- 1409 (i) THE PRIMARY CARE PROVIDER MAY BE A LICENSED NURSE, A  
1410 RESIDENT OR STAFF PHYSICIAN, OR A PARAMEDIC.  
1411
- 1412 (ii) IF THE PRIMARY CARE PROVIDER IS A LICENSED NURSE, S/HE  
1413 MUST HAVE CEN, CCRN, CFRN OR CTRN [OR EQUIVALENT  
1414 NATIONAL CERTIFICATION] WITHIN TWO (2) YEARS OF HIRE AND  
1415 MUST HAVE PRE-HIRE EXPERIENCE IN THE MEDICATIONS AND  
1416 INTERVENTIONS LISTED NECESSARY FOR THE SERVICE'S SCOPE  
1417 OF CARE. THE LICENSED NURSE MUST ALSO HAVE THREE (3)  
1418 YEARS CRITICAL CARE EXPERIENCE, WHICH IS NO LESS THAN  
1419 4000 HOURS EXPERIENCE IN AN ICU OR AN EMERGENCY  
1420 DEPARTMENT.  
1421
- 1422 (iii) IF THE PRIMARY CARE PROVIDER IS A PARAMEDIC, S/HE MUST  
1423 HAVE PRE-HIRE EXPERIENCE IN THE MEDICATIONS AND  
1424 INTERVENTIONS LISTED NECESSARY FOR THE SERVICE'S SCOPE  
1425 OF CARE. THE PARAMEDIC MUST ALSO HAVE 3 YEARS CRITICAL  
1426 CARE EXPERIENCE, WHICH IS NO LESS THAN 4000 HOURS  
1427 EXPERIENCE IN AN ICU OR AN EMERGENCY DEPARTMENT.  
1428
- 1429 B) IF THE SECOND MEDICAL PROVIDER IS A PARAMEDIC, THEN THE  
1430 PARAMEDIC MUST HAVE A FP-C OR CCP-C, OR COLORADO CRITICAL  
1431 CARE ENDORSEMENT, OR EQUIVALANT REQUIRED WITHIN TWO (2)  
1432 YEARS OF HIRE, ALONG WITH THREE (3) YEARS (MINIMUM OF 4000  
1433 HOURS) OF ADVANCED LIFE SUPPORT EXPERIENCE.  
1434
- 1435 C) IF THE SECOND MEDICAL PROVIDER IS A REGISTERED RESPIRATORY  
1436 THERAPIST (RRT), THE RRT IS REQUIRED TO HAVE A MINIMUM OF 4000  
1437 HOURS OF EMERGENCY DEPARTMENT OR ICU EXPERIENCE.  
1438
- 1439 D) THE COMPOSITION OF THE MEDICAL TEAM MAY BE ALTERED FOR  
1440 SPECIALTY MISSIONS AND TEAMS UPON APPROVAL AND  
1441 CREDENTIALING BY THE AIR AMBULANCE SERVICE MEDICAL DIRECTOR.  
1442
- 1443 E) THE MEDICAL TEAM MUST DEMONSTRATE AFFECTIVE AND  
1444 PSYCHOMOTOR EDUCATION SUFFICIENT TO MEET THE CLINICAL NEEDS  
1445 FOR THE TYPE OF PATIENT SERVED IN AN AIR AMBULANCE MEDICAL  
1446 ENVIRONMENT WITHOUT RESTRICTIONS.  
1447
- 1448 F) MEDICAL PERSONNEL SHALL OPERATE ONLY WITHIN THEIR SCOPE OF  
1449 PRACTICE, INCLUDING AN EMERGENCY MEDICAL SERVICE PROVIDER  
1450 ACTING IN ACCORDANCE WITH A WAIVER GRANTED PURSUANT TO  
1451 CHAPTER TWO, 6 CCR 1015-3.  
1452

### 1453 9.6.3 TRAINING REQUIREMENTS

- 1454 A) AN AIR AMBULANCE SERVICE SHALL HAVE A TRAINING AND  
1455 EDUCATIONAL PROGRAM THAT IS REQUIRED FOR ALL MEDICAL AIR  
1456 AMBULANCE PERSONNEL, INCLUDING THE MEDICAL DIRECTOR.  
1457
- 1458 B) AT A MINIMUM, THE TRAINING AND EDUCATIONAL PROGRAM SHALL  
1459 CONTAIN PROGRAM ORIENTATION, INITIAL AND RECURRENT TRAINING  
1460 WHICH IS CONSISTENT WITH THE AIR AMBULANCE SERVICE'S SCOPE OF  
1461 CARE, PATIENT POPULATION, MISSION STATEMENT AND MEDICAL  
1462 DIRECTION. THE AIR AMBULANCE SERVICE SHALL DOCUMENT THAT ITS  
1463 AIR AMBULANCE MEDICAL PERSONNEL HAVE COMPLETED TRAINING,  
1464 MET THE LEARNING OBJECTIVES AND HAVE ONGOING CLINICAL  
1465 EXPERIENCE IN THE FOLLOWING:  
1466
- 1467 1) CARE OF PATIENTS IN THE AIR MEDICAL ENVIRONMENT  
1468 INCLUDING THE IMPACT OF ALTITUDE AND OTHER STRESSORS;  
1469

- 1470  
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1530
- 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

- 1531  
1532                   11)    ETHICAL AND LEGAL ISSUES.  
1533  
1534       9.6.4   AIR AMBULANCE SERVICE MEDICAL DIRECTOR ROLES AND RESPONSIBILITIES  
1535  
1536           A)    THE AIR AMBULANCE SERVICE MEDICAL DIRECTOR ROLES AND  
1537               RESPONSIBILITIES SHALL INCLUDE:  
1538  
1539                   1)    RESPONSIBILITY FOR OVERSIGHT OF MEDICAL CARE PROVIDED  
1540                       BY THE AIR MEDICAL SERVICE AND ENSURE COMPETENCY AND  
1541                       CURRENCY OF ALL MEDICAL PERSONNEL;  
1542  
1543                   2)    ACTIVE ENGAGEMENT IN THE EVALUATION, CREDENTIALING,  
1544                       INITIAL TRAINING AND CONTINUING EDUCATION OF ALL  
1545                       PERSONNEL WHO PROVIDE PATIENT CARE;  
1546  
1547                   3)    DEVELOPMENT AND/OR APPROVAL OF WRITTEN PATIENT CARE  
1548                       GUIDELINES (WHEN AVAILABLE), POLICIES AND PROTOCOLS  
1549                       INCLUDING BUT NOT LIMITED TO THOSE ADDRESSING THE  
1550                       ADVERSE IMPACT OF ALTITUDE ON PATIENT PHYSIOLOGY AND  
1551                       STRESSES OF TRANSPORT; AND  
1552  
1553                   4)    ACTIVE ENGAGEMENT IN QUALITY MANAGEMENT, UTILIZATION  
1554                       REVIEW AND PATIENT CARE AND SAFETY REVIEWS.  
1555

## 1556   **9.7    MEDICAL EQUIPMENT**

- 1557  
1558       9.7.1   EACH AIR AMBULANCE OPERATOR SHALL ENSURE THAT ALL MEDICAL  
1559               EQUIPMENT IS APPROPRIATE TO THE AIR MEDICAL SERVICE'S SCOPE AND  
1560               MISSION AND MAINTAINED IN WORKING ORDER ACCORDING TO THE  
1561               MANUFACTURER'S RECOMMENDATIONS. MEDICAL EQUIPMENT SHALL BE  
1562               AVAILABLE ON THE AIRCRAFT TO MEET THE LOCAL/STATE PROTOCOLS FOR  
1563               EMS PROVIDERS IN WHICH THE SERVICE INTENDS TO OPERATE AND IN LINE  
1564               WITH THE MISSION OF THE AIR AMBULANCE SERVICE.  
1565  
1566           A)    REQUIRED EQUIPMENT  
1567  
1568                   1)    ISOLATION EQUIPMENT INCLUDING ISOLATION GOGGLES AND  
1569                       MASKS OR MASK/SHIELD COMBINATION, ISOLATION GOWNS AND  
1570                       ISOLATION GLOVES  
1571  
1572                   2)    HIGH PARTICULATE FILTER WASHES (HEPA FILTER OR N95 MASK-  
1573                       ASSORTED SIZES  
1574  
1575                   3)    CONTAINERS (BAGS) FOR INFECTIOUS MEDICAL WASTE  
1576  
1577                   4)    SHARPS CONTAINER  
1578  
1579                   5)    DISINFECTANT/GERMICIDAL CLEANERS, WIPES OR SOLUTIONS  
1580  
1581                   6)    WATERLESS HAND CLEANER  
1582  
1583                   7)    AIRWAY EQUIPMENT, CONSISTING OF:  
1584  
1585                       a.    COMPLETE SET OF OROPHARYNGEAL AIRWAY DEVICES:  
1586                       ADULT AND PEDIATRIC,  
1587  
1588                       b.    COMPLETE SET OF NASOPHARYNGEAL AIRWAY DEVICES:  
1589                       ADULT, PEDIATRIC, AND INFANT

- 1590  
1591  
1592  
1593
- c. COMPLETE SET OF INTUBATION EQUIPMENT-ADULT,  
PEDIATRIC, AND INFANT
- 1594 8) SYRINGES, ASSORTED SIZES  
1595  
1596 9) MAGILL FORCEPS (ADULT AND PEDIATRIC SIZES)  
1597  
1598 10) THERMOMETER  
1599  
1600 11) INTUBATION EQUIPMENT  
1601  
1602 14) PEDIATRIC WEIGHT BASED DRUG TAPE, CHART OR WHEEL  
1603  
1604 15) WATER SOLUBLE LUBRICANT  
1605  
1606 16) END-TIDAL CO2 MONITOR  
1607  
1608 17) ADVANCED AIRWAY PROCEDURE KIT, AS APPLICABLE  
1609  
1610 18) APPROPRIATE MEDICATIONS AS DEFINED BY CLINICAL  
1611 GUIDELINES OR PER MEDICAL TREATMENT GUIDELINES.  
1612  
1613 19) ECG MONITOR/DEFIBRILLATOR AND APPROPRIATE ADULT AND  
1614 PEDIATRIC PADS, INCLUDING EXTERNAL PACEMAKER PADS  
1615 (SECURE POSITIONING OF CARDIAC MONITORS,  
1616 DEFIBRILLATORS, AND EXTERNAL PACERS SO THAT DISPLAYS  
1617 ARE VISIBLE TO MEDICAL PERSONNEL)  
1618  
1619 20) PULSE OXIMETER WITH ADULT AND PEDIATRIC PROBES  
1620  
1621 21) SPARE BATTERIES AS APPROPRIATE FOR POWERED MEDICAL  
1622 DEVICES  
1623  
1624 22) VENTILATOR AS APPROVED BY MEDICAL DIRECTOR  
1625  
1626 23) BANDAGES AND DRESSINGS  
1627  
1628 24) SUCTION EQUIPMENT INCLUDING TUBING  
1629  
1630 a. WALL MOUNTED SUCTION UNIT  
  
1631 b. PORTABLE SUCTION UNIT POWERED OR HAND  
1632 OPERATED  
1633  
1634 25) PHARYNGEAL HARD TIP SUCTION  
1635  
1636 26) SOFT TIP SUCTION CATHETER SET  
1637  
1638 a. ADULT SIZES  
  
1639 b. PEDIATRIC SIZES  
1640  
1641 27) SUCTION BAGS OR REPLACEABLE RESERVOIRS

- 1642  
1643 28) STERILE GLOVES  
1644  
1645 29) OXYGEN EQUIPMENT (OXYGEN FLOW CAPABLE OF BEING  
1646 STOPPED AT THE OXYGEN SOURCE FROM INSIDE THE AIR  
1647 AMBULANCE AND MEASUREMENT OF THE LITER FLOW AND  
1648 QUANTITY OF OXYGEN REMAINING IS ACCESSIBLE TO AIR  
1649 MEDICAL PERSONNEL WHILE IN FLIGHT)  
1650  
1651 a. MAIN OXYGEN SOURCE  
  
1652 b. WALL MOUNTED OXYGEN FLOW METER 0-15 L/MIN.  
1653 MINIMUM  
1654  
1655 i. OXYGEN EQUIPMENT SHALL BE FURNISHED CAPABLE  
1656 OF ADJUSTABLE FLOW FROM 0 TO 15 LITERS PER  
1657 MINUTE. MASKS AND SUPPLY TUBING FOR ADULT AND  
1658 PEDIATRIC PATIENTS SHALL ALLOW ADMINISTRATION  
1659 OF VARIABLE OXYGEN CONCENTRATIONS FROM 24%  
1660 TO 95% FRACTION INSPIRED OXYGEN. MEDICAL  
1661 OXYGEN SHALL BE PROVIDED FOR 150% OF THE  
1662 SCHEDULED FLIGHT TIME BY A UNIT SECURED WITHIN  
1663 THE AIR AMBULANCE.  
1664  
1665 30) COMPRESSED AIR AS APPROPRIATE (EACH GAS OUTLET  
1666 CLEARLY MARKED FOR IDENTIFICATION)  
1667  
1668 31) PORTABLE OXYGEN CYLINDER WITH PORTABLE VARIABLE FLOW  
1669 REGULATOR 0-15 L/MIN. MINIMUM  
1670  
1671 32) BAG-VALVE-MASK WITH RESERVOIR TO PROVIDE ONE HUNDRED  
1672 PER CENT OXYGEN FLOW (ADULT, PEDIATRIC AND INFANT SIZES)  
1673  
1674 33) OXYGEN MASKS (ADULT, PEDIATRIC AND INFANT SIZES)  
1675  
1676 34) NASAL CANNULAS (ADULT AND PEDIATRIC SIZES)  
1677  
1678 35) NEBULIZER AND APPROPRIATE CONNECTING TUBING  
1679  
1680 36) ADJUNCT EQUIPMENT  
1681  
1682 a. TRAUMA SHEARS  
  
1683 b. STETHOSCOPE (ADULT AND PEDIATRIC)  
1684  
1685 c. TOURNIQUETS  
1686  
1687 37) BLOOD PRESSURE CUFFS: (LARGE ADULT, ADULT, PEDIATRIC,  
1688 INFANT)  
1689  
1690 38) PATIENT HEARING PROTECTION  
1691  
1692 39) ASSORTED TAPE  
1693  
1694 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



1750 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
1751 (OSHA) BLOODBORNE PATHOGEN REQUIREMENTS (29  
1752 C.F.R § 1910.1030 2016).  
1753

1754 e. A SUPPLY OF LINEN FOR EACH PATIENT.  
1755

1756 49) SURVIVAL KIT FOR ALL MEDICAL CREW MEMBERS AND PATIENT  
1757

## 1758 9.8 PATIENT COMPARTMENT

1759  
1760 9.8.1 AN APPLICANT OR LICENSEE SHALL ENSURE THAT AN AIR AMBULANCE HAS  
1761 THE FOLLOWING:  
1762

1763 A) A CLIMATE CONTROL SYSTEM TO PREVENT TEMPERATURE VARIATIONS  
1764 THAT WOULD ADVERSELY AFFECT PATIENT CARE.  
1765

1766 B) AN ADEQUATE INTERIOR LIGHTING SYSTEM SO THAT PATIENT CARE  
1767 CAN BE GIVEN AND THE PATIENT'S STATUS MONITORED.  
1768

1769 C) FOR EACH PLACE WHERE A PATIENT MAY BE POSITIONED, AT LEAST  
1770 ONE ELECTRICAL POWER OUTLET OR OTHER POWER SOURCE THAT IS  
1771 CAPABLE OF OPERATING ALL ELECTRICALLY POWERED MEDICAL  
1772 EQUIPMENT WITHOUT COMPROMISING THE OPERATION OF ANY  
1773 ELECTRICAL AIR AMBULANCE EQUIPMENT.  
1774

1775 D) A BACK-UP SOURCE OF ELECTRICAL POWER OR BATTERIES CAPABLE  
1776 OF OPERATING ALL ELECTRICALLY POWERED LIFE-SUPPORT  
1777 EQUIPMENT FOR AT LEAST ONE HOUR.  
1778

1779 E) AN APPROPRIATE POWER SOURCE THAT IS SUFFICIENT TO MEET THE  
1780 REQUIREMENTS OF THE COMPLETE SPECIALIZED EQUIPMENT PACKAGE  
1781 WITHOUT COMPROMISING THE OPERATION OF ANY ELECTRICAL AIR  
1782 AMBULANCE EQUIPMENT.  
1783

1784 F) AN ENTRY THAT ALLOWS FOR PATIENT LOADING AND UNLOADING  
1785 WITHOUT EXCESSIVE MANEUVERING AND WITHOUT COMPROMISING  
1786 THE OPERATION OF MONITORING SYSTEMS, INTRAVENOUS LINES, OR  
1787 MANUAL OR MECHANICAL VENTILATION.  
1788

1789 G) IF AN ISOLETTE IS USED DURING PATIENT TRANSPORT, AN ISOLETTE  
1790 THAT IS ABLE TO BE OPENED FROM ITS SECURED IN-FLIGHT POSITION  
1791 IN ORDER TO PROVIDE FULL ACCESS TO THE PATIENT.  
1792

1793 H) ADEQUATE ACCESS AND NECESSARY SPACE TO MAINTAIN THE  
1794 PATIENT'S AIRWAY AND TO PROVIDE ADEQUATE VENTILATORY  
1795 SUPPORT BY AN ATTENDANT FROM THE SECURED, SEAT-BELTED  
1796 POSITION WITHIN THE AIR AMBULANCE.  
1797

1798 I) A CONFIGURATION THAT ALLOWS FOR RAPID EXIT OF PERSONNEL AND  
1799 PATIENTS, WITHOUT OBSTRUCTION FROM STRETCHERS AND MEDICAL  
1800 EQUIPMENT.  
1801

1802 J) AN INTERIOR THAT IS SANITARY AND IN GOOD WORKING ORDER AT ALL  
1803 TIMES.  
1804

1805 K) APPROPRIATE STORAGE FOR MEDICATIONS THAT MAINTAINS  
1806 TEMPERATURES WITHIN MANUFACTURER RECOMMENDATIONS. GLASS  
1807 CONTAINERS SHALL NOT BE USED UNLESS REQUIRED BY MEDICATION  
1808 SPECIFICATIONS AND PROPERLY VENTED. MEDICATIONS, FLUIDS AND



1809 CONTROLLED SUBSTANCES SHALL BE SECURELY MAINTAINED BY AIR  
1810 AMBULANCE LICENSEES IN COMPLIANCE WITH LOCAL, STATE, AND  
1811 FEDERAL DRUG LAWS.

1812  
1813 L) SECURE POSITIONING OF CARDIAC MONITORS, DEFIBRILLATORS, AND  
1814 EXTERNAL PACERS SO THAT DISPLAYS ARE VISIBLE TO MEDICAL  
1815 PERSONNEL.  
1816

## 1817 **9.9 DATA COLLECTION AND SUBMISSION**

1818  
1819 9.9.1 ALL SERVICES SHALL HAVE A SYSTEM IN PLACE TO COLLECT, SUBMIT,  
1820 MONITOR, AND TRACK ALL FLIGHT REQUESTS THAT RESULT IN PATIENT  
1821 TRANSPORT. THIS INFORMATION SHALL BE SUBMITTED AND MADE READILY  
1822 AVAILABLE TO THE DEPARTMENT UPON REQUEST.  
1823

1824 9.9.2 COLORADO LICENSED AIR AMBULANCE SERVICES SHALL SUBMIT DATA AND  
1825 INFORMATION AS REQUIRED IN 6 CCR 1015-3, CHAPTER THREE RULES  
1826 PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION  
1827 COLLECTION AND RECORD KEEPING AND SECTION 18 OF THESE RULES, TO  
1828 THE EXTENT DATA COLLECTION AND SUBMISSION SERVE A MEDICAL OR  
1829 QUALITY IMPROVEMENT PURPOSE.  
1830

## 1831 **9.10 CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

1832  
1833 9.10.1 AIR AMBULANCE SERVICES SHALL ESTABLISH A QUALITY MANAGEMENT TEAM  
1834 AND A PROGRAM IMPLEMENTED BY THIS TEAM TO ASSESS AND IMPROVE THE  
1835 QUALITY AND APPROPRIATENESS OF PATIENT CARE PROVIDED BY THE AIR  
1836 AMBULANCE SERVICE. THE PROGRAM SHALL INCLUDE:  
1837

1838 A) DEVELOPMENT OF PROTOCOLS, STANDING ORDERS, TRAINING,  
1839 POLICIES, PROCEDURES.  
1840

1841 B) APPROVAL OF MEDICATIONS AND TECHNIQUES PERMITTED FOR FIELD  
1842 USE BY SERVICE PERSONNEL IN ACCORDANCE WITH REGULATIONS OF  
1843 THE DEPARTMENT.  
1844

1845 C) DIRECT OBSERVATION, FIELD INSTRUCTION, IN-SERVICE TRAINING OR  
1846 OTHER MEANS AVAILABLE TO ASSESS QUALITY OF FIELD  
1847 PERFORMANCE.  
1848

1849 9.10.2 ALL SERVICES SHALL HAVE A WRITTEN POLICY THAT OUTLINES A PROCESS TO  
1850 IDENTIFY, DOCUMENT AND ANALYZE SENTINEL EVENTS, ADVERSE MEDICAL  
1851 EVENTS OR POTENTIALLY ADVERSE EVENTS WITH SPECIFIC GOALS TO  
1852 IMPROVE PATIENT MEDICAL SAFETY AND/OR QUALITY OF PATIENT CARE.  
1853 GOALS SHALL INCLUDE THE FOLLOWING:  
1854

1855 A) REVIEW OF EVENTS SHOULD ADDRESS THE EFFECTIVENESS AND  
1856 EFFICIENCY OF THE ORGANIZATION, ITS SUPPORT SYSTEMS, AS WELL  
1857 AS THAT OF INDIVIDUALS WITHIN THE ORGANIZATION.  
1858

1859 B) WHEN A SENTINEL EVENT IS IDENTIFIED, A METHOD OF INFORMATION  
1860 GATHERING SHALL BE DEVELOPED. THIS SHALL INCLUDE OUTCOME  
1861 STUDIES, CHART REVIEW, CASE DISCUSSION, OR OTHER  
1862 METHODOLOGY.  
1863

1864 C) FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND ACTIONS SHALL BE  
1865 MADE AND RECORDED. FOLLOW-UP, IF NECESSARY, SHALL BE  
1866 DETERMINED, RECORDED, AND PERFORMED.  
1867

1868 D) TRAINING AND EDUCATION NEEDS, INDIVIDUAL PERFORMANCE  
1869 EVALUATIONS, EQUIPMENT OR RESOURCE ACQUISITION, PATIENT

1870 MEDICAL SAFETY AND RISK MANAGEMENT ISSUES ALL SHALL BE  
1871 INTEGRATED WITH THE CONTINUOUS QUALITY IMPROVEMENT  
1872 PROCESS.  
1873

1874 9.10.3 ALL SERVICES SHALL HAVE A WRITTEN POLICY OUTLINING A UTILIZATION  
1875 REVIEW PROCESS.  
1876

1877 **9.11 MEDICAL STAFF AND PATIENT SAFETY WELFARE**  
1878

1879 9.11.1. MEDICAL PERSONNEL SCHEDULING AND INDIVIDUAL WORK SCHEDULES MUST  
1880 DEMONSTRATE STRATEGIES TO MINIMIZE DUTY-TIME FATIGUE, LENGTH OF  
1881 SHIFT, NUMBER OF SHIFTS PER WEEK AND DAY-TO-NIGHT ROTATION.  
1882

1883 9.11.2 ON-SITE SHIFTS SCHEDULED FOR A PERIOD TO EXCEED TWENTY-FOUR (24)  
1884 HOURS ARE NOT ACCEPTABLE UNDER MOST CIRCUMSTANCES. THE  
1885 FOLLOWING CRITERIA MUST BE MET FOR SHIFTS SCHEDULED MORE THAN  
1886 TWELVE (12) HOURS.  
1887

1888 A) MEDICAL PERSONNEL ARE NOT REQUIRED TO ROUTINELY PERFORM  
1889 ANY DUTIES BEYOND THOSE ASSOCIATED WITH THE TRANSPORT  
1890 SERVICE.  
1891

1892 B) MEDICAL PERSONNEL ARE PROVIDED WITH ACCESS TO AND  
1893 PERMISSION FOR UNINTERRUPTED REST AFTER DAILY MEDICAL  
1894 PERSONNEL DUTIES ARE MET.  
1895

1896 C) THE PHYSICAL BASE OF OPERATIONS INCLUDES AN APPROPRIATE  
1897 PLACE FOR UNINTERRUPTED REST.  
1898

1899 D) MEDICAL PERSONNEL MUST HAVE THE RIGHT TO CALL "TIME OUT" AND  
1900 BE GRANTED A REASONABLE REST PERIOD IF THE TEAM MEMBER (OR  
1901 FELLOW TEAM MEMBER) DETERMINES THAT HE OR SHE IS UNFIT OR  
1902 UNSAFE TO CONTINUE DUTY, NO MATTER THE SHIFT LENGTH. THERE  
1903 MUST BE NO ADVERSE PERSONNEL ACTION OR UNDUE PRESSURE TO  
1904 CONTINUE IN THIS CIRCUMSTANCE.  
1905

1906 E) MANAGEMENT MUST MONITOR TRANSPORT VOLUMES AND  
1907 PERSONNEL'S USE OF A "TIME OUT" POLICY.  
1908

1909 9.11.3 SHIFTS EXTENDED OVER SEVERAL DAYS MAY BE SCHEDULED TO ADDRESS  
1910 LONG COMMUTES AT PROGRAMS WITH LOW VOLUMES. THE PROGRAM MUST  
1911 CLEARLY DEMONSTRATE AND DOCUMENT IT MEETS THE ABOVE CRITERIA FOR  
1912 SHIFTS OVER TWELVE (12) HOURS. IN ADDITION:  
1913

1914 A) A PROGRAM'S BASE AVERAGES LESS THAN ONE (1) TRANSPORT PER  
1915 DAY.  
1916

1917 B) PROVIDES AT LEAST TEN (10) HOURS OF REST IN EACH TWENTY-FOUR  
1918 (24) HOUR PERIOD.  
1919

1920 C) LOCATION OF THE BASE OR PROGRAM IS REMOTE AND ONE-WAY  
1921 COMMUTES ARE MORE THAN TWO (2) HOURS.  
1922

1923 D) FATIGUE RISK MANAGEMENT TOOLS ARE UTILIZED.  
1924

1925 9.11.4. SCHEDULING OF ON-CALL SHIFTS MUST BE EVALUATED TO ADDRESS FATIGUE  
1926 IN A WRITTEN POLICY BASED ON MONITORING OF DUTY TIMES BY MANAGERS,  
1927 QUALITY MANAGEMENT TRACKING AND FATIGUE RISK MANAGEMENT.  
1928

1929 9.11.5. PHYSICAL WELL-BEING IS PROMOTED THROUGH:  
1930

- 1931 A) PROTECTIVE CLOTHING AND DRESS CODE PERTINENT TO:  
 1932  
 1933 1) MISSION PROFILE SUCH AS TURN-OUT GEAR AVAILABLE AT  
 1934 SCENE FOR MEDICAL PERSONNEL WHO ASSIST WITH HEAVY  
 1935 EXTRICATION  
 1936  
 1937 2) SAFE OPERATIONS, WHICH SHALL INCLUDE:  
 1938  
 1939 a. BOOTS OR STURDY FOOTWEAR,  
 1940  
 1941 b. APPROPRIATE OUTERWEAR TO PROTECT THE PROVIDER  
 1942 FROM ADVERSE ENVIRONMENTAL CONDITIONS AND  
 1943  
 1944 c. IF MEDICAL CREWS AND VEHICLE OPERATORS RESPOND  
 1945 TO NIGHT SCENES, THE AMBULANCE MEDICAL CREW  
 1946 MEMBERS MUST WEAR HIGH VISIBILITY REFLECTIVE  
 1947 VESTS OR DEPARTMENT OF TRANSPORTATION-APPROVED  
 1948 CLOTHING THAT MEETS INDUSTRY STANDARDS.  
 1949  
 1950 3) IN ADDITION TO THE MANDATORY REQUIREMENTS IN 9.11.5.A,  
 1951 SAFE OPERATIONS MAY INCLUDE:  
 1952  
 1953 a. WEARING REFLECTIVE MATERIAL OR STRIPING ON  
 1954 UNIFORMS FOR NIGHT OPERATIONS; AND  
 1955  
 1956 b. FLAME RETARDANT CLOTHING (STRONGLY ENCOURAGED  
 1957 FOR ROTORWING SERVICES ACCORDING TO A RISK  
 1958 ASSESSMENT)  
 1959  
 1960 9.11.6. THE AIR AMBULANCE SERVICE SHALL ESTABLISH AN INFECTION CONTROL  
 1961 PROTOCOL THAT COMPLIES WITH OCCUPATIONAL SAFETY AND HEALTH  
 1962 ADMINISTRATION (OSHA) STANDARDS, INCLUDING 29 C.F.R. § 1910.1030 2016, 29  
 1963 C.F.R. § 1910.132 2016, AND 29 C.F.R. 1910.134 2016.  
 1964  
 1965 9.11.7 THE AIR AMBULANCE SERVICES SHALL HAVE AN APPROPRIATE DRESS CODE  
 1966 THAT ADDRESSES JEWELRY, HAIR AND OTHER PERSONAL ITEMS OF MEDICAL  
 1967 PERSONNEL THAT MAY INTERFERE WITH PATIENT CARE.  
 1968

## 1969 Section 10 – Complaints

- 1970  
 1971 10.1. Complaints ~~in writing~~ relating to the quality and conduct of any air ambulance service may be  
 1972 made by any person or may be initiated by the department. The department may make inquiry as  
 1973 to the validity of such complaint prior to initiating an investigation. If the department determines  
 1974 that the complaint warrants a more extensive review, an investigation may be initiated. If the  
 1975 complaint does not warrant further review or the inquiry determines that the complaint is not  
 1976 within regulatory jurisdiction of the department, the department will notify the complainant of the  
 1977 results of the inquiry.  
 1978  
 1979 10.2. THE DEPARTMENT DOES NOT HAVE JURISDICTION OVER BILLING DISPUTES OR  
 1980 AIRCRAFT-AVIATION COMPLAINTS.  
 1981  
 1982 10.3 EVERY LICENSED SERVICE SHALL REPORT PATIENT MEDICAL CARE COMPLAINTS TO  
 1983 THE DEPARTMENT WITHIN SEVEN (7) CALENDAR DAYS OF ITS RECEIPT. EVERY  
 1984 LICENSED SERVICE SHALL PROVIDE THE DEPARTMENT WITH ANY RESPONSE IT  
 1985 MAKES TO THE COMPLAINT WITHIN SEVEN (7) CALENDAR DAYS OF ITS ISSUANCE. IF  
 1986 THE DEPARTMENT DETERMINES THAT THE COMPLAINT WARRANTS REVIEW, IT MAY  
 1987 INITIATE AN INVESTIGATION.  
 1988  
 1989 10.4 NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM CONDUCTING A  
 1990 COMPLAINT INVESTIGATION UNDER CIRCUMSTANCES IT DEEMS NECESSARY.  
 1991

1992 10.5 The department ~~shall~~ MAY refer complaints that are related to the requirements of CAMTS or a  
1993 ~~successor~~ an accrediting organization APPROVED BY THE DEPARTMENT to THAT  
1994 ACCREDITING ORGANIZATION –CAMTS or such successor organization for investigation. The  
1995 department may forward complaints to other regulatory agencies.  
1996

## 1997 SECTION 11 – PLANS OF CORRECTION.

- 1998
- 1999 11.1 AFTER ANY DEPARTMENT INSPECTION OR COMPLAINT INVESTIGATION, THE  
2000 DEPARTMENT MAY REQUEST A PLAN OF CORRECTION FROM AN AIR AMBULANCE  
2001 SERVICE.
- 2002
- 2003 11.1.1 A PLAN OF CORRECTION SHALL BE IN THE FORMAT PRESCRIBED BY THE  
2004 DEPARTMENT AND SHALL INCLUDE BUT NOT BE LIMITED TO, THE FOLLOWING:
- 2005
- 2006 A) IDENTIFICATION OF THE PROBLEM(S) WITH THE CURRENT ACTIVITY AND  
2007 WHAT THE AIR AMBULANCE SERVICE WILL DO TO CORRECT EACH  
2008 DEFICIENCY,
- 2009
- 2010 B) A DESCRIPTION OF HOW THE AIR AMBULANCE SERVICE WILL  
2011 ACCOMPLISH THE CORRECTIVE ACTION,
- 2012
- 2013 C) A DESCRIPTION OF HOW THE AIR AMBULANCE SERVICE WILL MONITOR  
2014 THE CORRECTIVE ACTION TO ENSURE THE DEFICIENT PRACTICE IS  
2015 REMEDIED AND WILL NOT RECUR, AND
- 2016
- 2017 D) A TIMELINE WITH THE EXPECTED IMPLEMENTATION AND COMPLETION  
2018 DATE. THE COMPLETION DATE IS THE DATE THAT THE AIR AMBULANCE  
2019 SERVICE DEEMS IT CAN ACHIEVE COMPLIANCE.  
2020
- 2021 11.1.2 COMPLETED PLANS OF CORRECTION SHALL BE:
- 2022
- 2023 A) SUBMITTED TO THE DEPARTMENT IN THE FORM AND MANNER  
2024 REQUIRED BY THE DEPARTMENT,
- 2025
- 2026 B) SUBMITTED WITHIN TEN (10) CALENDAR DAYS AFTER THE DATE OF THE  
2027 DEPARTMENT'S MAILING OF THE WRITTEN NOTICE OF DEFICIENCIES TO  
2028 THE AIR AMBULANCE SERVICE, UNLESS OTHERWISE REQUIRED OR  
2029 APPROVED BY THE DEPARTMENT, AND
- 2030
- 2031 C) SIGNED BY THE AIR AMBULANCE SERVICE PROGRAM DIRECTOR AND  
2032 MEDICAL DIRECTOR.  
2033
- 2034 11.1.3 THE DEPARTMENT HAS THE DISCRETION TO APPROVE, MODIFY OR REJECT  
2035 PLANS OF CORRECTION.
- 2036
- 2037 A) IF THE PLAN OF CORRECTION IS ACCEPTED, THE DEPARTMENT SHALL  
2038 NOTIFY THE AIR AMBULANCE SERVICE BY ISSUING A WRITTEN NOTICE  
2039 OF ACCEPTANCE WITHIN THIRTY (30) CALENDAR DAYS OF RECEIPT OF  
2040 THE PLAN.
- 2041
- 2042 B) IF THE PLAN OF CORRECTION IS UNACCEPTABLE, THE DEPARTMENT  
2043 SHALL NOTIFY THE AIR AMBULANCE SERVICE IN WRITING, AND THE  
2044 SERVICE SHALL RE-SUBMIT A REVISED PLAN OF CORRECTION TO THE  
2045 DEPARTMENT WITHIN FIFTEEN (15) CALENDAR DAYS OF THE DATE OF  
2046 THE WRITTEN NOTICE.
- 2047
- 2048 C) IF THE AIR AMBULANCE SERVICE FAILS TO COMPLY WITH THE  
2049 REQUIREMENTS OR DEADLINES FOR SUBMISSION OF A PLAN OR FAILS  
2050 TO SUBMIT A REVISED PLAN OF CORRECTION, THE DEPARTMENT MAY  
2051 REJECT THE PLAN OF CORRECTION AND IMPOSE DISCIPLINARY  
2052 SANCTIONS AS SET FORTH IN SECTIONS 12 OR 13.

2053  
 2054 D) IF THE AIR AMBULANCE SERVICE FAILS TO TIMELY IMPLEMENT THE  
 2055 ACTIONS AGREED TO IN THE PLAN OF CORRECTION, THE DEPARTMENT  
 2056 MAY IMPOSE DISCIPLINARY SANCTIONS AS SET FORTH IN SECTIONS 12  
 2057 OR 13.  
 2058

2059 **Section 12 - Denial, Revocation, Suspension, Summary Suspension, or Limitations of Air**  
 2060 **Ambulance Licenses AND OUT OF STATE LICENSE RECOGNITIONS**

2061  
 2062 12.1 FOR GOOD CAUSE SHOWN, THE DEPARTMENT MAY DENY, REVOKE, SUSPEND, ~~if the~~  
 2063 ~~department proposes for good cause to deny, revoke, suspend, summarily suspend or limit,~~ OR  
 2064 ~~CONDITION~~ the license OR OUT OF STATE RECOGNITION OF AN AIR AMBULANCE  
 2065 SERVICE, OR IMPOSE CIVIL PENALTIES AS SET FORTH IN SECTION 13 OF THESE  
 2066 RULES. ~~of an air ambulance service the department shall notify the air ambulance service of its~~  
 2067 ~~right to appeal the denial, revocation, suspension, summary suspension, or limitation, and the~~  
 2068 ~~procedure for appealing. Appeals of departmental denials, revocations, suspensions, summary~~  
 2069 ~~suspensions, or limitations shall be conducted in accordance with the State Administrative~~  
 2070 ~~Procedure Act, Section 24-4-101, et seq., C.R.S.~~  
 2071  
 2072 ~~13.3~~ ~~In accordance with Section 24-4-104(4) C.R.S., the department may summarily suspend an air~~  
 2073 ~~ambulance license when the department has objective and reasonable grounds to believe and~~  
 2074 ~~finds, upon a full investigation, that the holder of the license been guilty of deliberate and willful~~  
 2075 ~~violation or that the public health, safety or welfare imperatively requires emergency action by the~~  
 2076 ~~department. If the department summarily suspends a license, the department shall provide the air~~  
 2077 ~~ambulance service with notice of such suspension in writing. The notice shall state that the air~~  
 2078 ~~ambulance service is entitled to a prompt hearing on the matter.~~  
 2079 12.2 Good cause for sanctions include but are not limited to:  
 2080  
 2081 12.2.1 An applicant or licensee who fails to meet the requirements as set forth in these rules.  
 2082  
 2083 12.2.2 An applicant or licensee who has committed fraud, misrepresentation, or deception in  
 2084 applying for a license OR OUT OF STATE LICENSE RECOGNITION.  
 2085  
 2086 12.2.3 Falsifying reporting information provided to the department.  
 2087  
 2088 12.2.4 Violating any state or federal statute, rule or regulation that would jeopardize OR MAY  
 2089 IMPACT the health or MEDICAL safety of a patient or the public.  
 2090  
 2091 12.2.5 Unprofessional conduct, which hinders, delays, eliminates, or deters the provision of  
 2092 medical care to the patient or endangers the public.  
 2093  
 2094 12.2.6 Failure to maintain accreditation WITHOUT OBTAINING A STATE LICENSE  
 2095 PURSUANT TO SECTION 5.3.  
 2096  
 2097 12.2.7 ALTERING, REMOVING OR OBLITERATING ANY PORTION OF OR ANY OFFICIAL  
 2098 ENTRY ON AN APPLICATION OR OTHER DOCUMENT.  
 2099  
 2100 12.2.8 INTERFERING WITH THE DEPARTMENT IN THE PERFORMANCE OF ITS DUTIES.  
 2101  
 2102 12.2.9 FAILING TO REAPPLY FOR A LICENSE OR OUT OF STATE LICENSURE  
 2103 RECOGNITION IN A TIMELY MANNER AND IN ACCORDANCE WITH THESE RULES.  
 2104  
 2105 12.2.10 PROVIDING PATIENT CARE THAT FAILS TO MEET ACCEPTABLE MINIMUM  
 2106 STANDARDS.  
 2107  
 2108 12.2.11 BEING DISCIPLINED BY A LICENSING AUTHORITY OR APPROVED  
 2109 ACCREDITATION AGENCY.  
 2110  
 2111 12.2.12 FAILING TO MAINTAIN CONFIDENTIALITY OF PROTECTED PATIENT  
 2112 INFORMATION.  
 2113

- 2114 12.2.13 FAILING TO COMPLY WITH THE TERMS OF ANY AGREEMENT OR STIPULATION  
2115 REGARDING LICENSING OR RECOGNITION ENTERED INTO WITH THE  
2116 DEPARTMENT.  
2117
- 2118 12.3 IN ACCORDANCE WITH SECTION 24-4-104(4) C.R.S., THE DEPARTMENT MAY SUMMARILY  
2119 SUSPEND AN AIR AMBULANCE LICENSE OR OUT OF STATE LICENSE RECOGNITION  
2120 WHEN THE DEPARTMENT HAS OBJECTIVE AND REASONABLE GROUNDS TO BELIEVE  
2121 AND FINDS, UPON A FULL INVESTIGATION, THAT THE HOLDER OF THE LICENSE OR  
2122 RECOGNITION HAS BEEN GUILTY OF DELIBERATE AND WILLFUL VIOLATION OR THAT  
2123 THE PUBLIC HEALTH, SAFETY OR WELFARE IMPERATIVELY REQUIRES EMERGENCY  
2124 ACTION BY THE DEPARTMENT. IF THE DEPARTMENT SUMMARILY SUSPENDS A  
2125 LICENSE OR OUT OF STATE LICENSE RECOGNITION, THE DEPARTMENT SHALL  
2126 PROVIDE THE AIR AMBULANCE SERVICE WITH NOTICE OF SUCH SUSPENSION IN  
2127 WRITING. THE NOTICE SHALL STATE THAT THE AIR AMBULANCE SERVICE IS ENTITLED  
2128 TO A PROMPT HEARING ON THE MATTER.  
2129
- 2130 12.4 NOTICE OF APPEAL  
2131
- 2132 12.4.1 THE DEPARTMENT SHALL NOTIFY THE AIR AMBULANCE SERVICE OF ITS RIGHT  
2133 TO APPEAL THE DENIAL, REVOCATION, SUSPENSION, SUMMARY SUSPENSION,  
2134 OR LIMITATION, AND THE PROCEDURE FOR APPEALING. APPEALS OF  
2135 DEPARTMENTAL DENIALS, REVOCATIONS, SUSPENSIONS, SUMMARY  
2136 SUSPENSIONS, OR LIMITATIONS SHALL BE CONDUCTED IN ACCORDANCE WITH  
2137 THE STATE ADMINISTRATIVE PROCEDURE ACT, SECTION 24-4-101, ET SEQ.,  
2138 C.R.S.  
2139

### 2140 SECTION 13 - CIVIL PENALTIES

- 2141
- 2142 13.1 THE DEPARTMENT MAY IMPOSE A CIVIL PENALTY OF UP TO FIVE THOUSAND DOLLARS  
2143 PER VIOLATION OR FOR EACH DAY OF A CONTINUING VIOLATION UPON AN AIR  
2144 AMBULANCE OPERATOR, SERVICE, OR PROVIDER OR OTHER PERSON WHO:  
2145
- 2146 13.1.1 VIOLATES SECTION 25-3.5-307 C.R.S.;
- 2147
- 2148 13.1.2 VIOLATES SECTION 25-3.5-307.5. C.R.S.;
- 2149
- 2150 13.1.3 VIOLATES ANY RULE OF THE BOARD; OR
- 2151
- 2152 13.1.4 OPERATES WITHOUT A CURRENT AND VALID LICENSE.  
2153
- 2154 13.2 THE DEPARTMENT SHALL ASSESS AND COLLECT THESE PENALTIES.  
2155
- 2156 13.3 NOTICE AND HEARING. BEFORE COLLECTING A PENALTY, THE DEPARTMENT SHALL  
2157 PROVIDE THE ALLEGED VIOLATOR WITH NOTICE AND THE OPPORTUNITY FOR A  
2158 HEARING IN ACCORDANCE WITH THE "STATE ADMINISTRATIVE PROCEDURE ACT"  
2159 ARTICLE 4 OF TITLE 24, C.R.S., AND ALL APPLICABLE RULES OF THE BOARD.  
2160

### 2161 SECTION 14. WAIVERS

- 2162
- 2163 14.1 THE DEPARTMENT MAY GRANT A WAIVER OF A RULE IF THE APPLICANT  
2164 SATISFACTORILY DEMONSTRATES:  
2165
- 2166 14.1.1 THE PROPOSED WAIVER DOES NOT ADVERSELY AFFECT THE HEALTH AND  
2167 SAFETY OF A PATIENT; AND  
2168
- 2169 14.1.2 IN THE PARTICULAR SITUATION, THE REQUIREMENT SERVES NO BENEFICIAL  
2170 PURPOSE; OR  
2171
- 2172 14.1.3 CIRCUMSTANCES INDICATE THAT THE PUBLIC BENEFIT OF WAIVING THE  
2173 REQUIREMENT OUTWEIGHS THE PUBLIC BENEFIT TO BE GAINED BY STRICT  
2174 ADHERENCE TO THE REQUIREMENT.



- 2175  
2176 14.2 TO APPLY FOR A WAIVER, THE APPLICANT MUST SUBMIT A COMPLETED APPLICATION  
2177 IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT. THE APPLICATION  
2178 SHALL CONTAIN THE FOLLOWING INFORMATION:  
2179
- 2180 14.2.1 THE TEXT OR SUBSTANCE OF THE REGULATION THAT THE APPLICANT WANTS  
2181 WAIVED;  
2182
- 2183 14.2.2 THE NATURE AND EXTENT OF THE RELIEF SOUGHT;  
2184
- 2185 14.2.3 ANY FACTS, VIEWS AND DATA AVAILABLE TO SUPPORT THE WAIVER,  
2186 INCLUDING AN EXPLANATION OF WHY THE APPLICATION SATISFIES THE  
2187 CRITERIA SET FORTH IN SECTION 14.1.  
2188
- 2189 14.3 AN APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL THE REQUIRED  
2190 INFORMATION IS SUBMITTED.  
2191
- 2192 14.4 THE COMPLETED WAIVER APPLICATION SHALL BE SUBMITTED TO THE DEPARTMENT IN  
2193 A TIMELY FASHION AS SPECIFIED BY THE DEPARTMENT.  
2194
- 2195 14.5 THE APPLICATION AND SUPPORTING INFORMATION SHALL BE A MATTER OF PUBLIC  
2196 RECORD AND IS SUBJECT TO DISCLOSURE UNDER THE COLORADO OPEN RECORDS  
2197 ACT (C.R.S. §24-72-200.1 *ET SEQ.*)  
2198
- 2199 14.6 THE DEPARTMENT MAY ALSO CONSIDER ANY OTHER INFORMATION IT DEEMS  
2200 RELEVANT, INCLUDING BUT NOT LIMITED TO COMPLAINT INVESTIGATION REPORTS,  
2201 COMPLIANCE HISTORY, INCLUDING IN OTHER STATES, RELATED TO THE APPLICANT.  
2202
- 2203 14.7 WAIVERS ARE GENERALLY GRANTED FOR A LIMITED TERM AND SHALL BE GRANTED  
2204 FOR A PERIOD NO LONGER THAN THE LICENSE TERM. WAIVERS CANNOT BE GRANTED  
2205 FOR ANY STATUTORY REQUIREMENT UNDER STATE OR FEDERAL LAW, or for  
2206 REQUIREMENTS UNDER LOCAL CODES OR ORDINANCES.  
2207

### 2208 **Section 15 – ~~General Requirements~~ Incorporation by Reference**

2209

- 2210 15.1 These rules incorporate by reference the following materials:  
2211
- 2212 15.1.1 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS,  
2213 INCLUDING 29 C.F.R. § 1910.1030 (2016), 29 C.F.R. § 1910.132 (2016), AND 29 C.F.R.  
2214 § 1910.134 (2016) ARE INCORPORATED BY REFERENCE.  
2215
- 2216 15.1.2 Such incorporation does not include later amendments to or editions of the referenced  
2217 material. The Health Facilities and Emergency Medical Services Division of the Colorado  
2218 Department of Public Health and Environment maintains copies of the ~~complete~~  
2219 INCORPORATED FEDERAL REGULATIONS ~~text of the incorporated materials~~ for public  
2220 inspection during regular business hours AND 29 C.F.R. § 1910.132 (2016), AND 29  
2221 C.F.R. § 1910.134 (2016) MAY BE ACCESSED AT [https://www.gpo.gov/fdsys/pkg/CFR-](https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol5/pdf/CFR-2016-title29-vol5-part1910.pdf)  
2222 [2016-title29-vol5/pdf/CFR-2016-title29-vol5-part1910.pdf](https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol5/pdf/CFR-2016-title29-vol5-part1910.pdf) and 29 C.F.R. § 1910.1030  
2223 (2016) MAY BE ACCESSED AT [https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-](https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol6/pdf/CFR-2016-title29-vol6-part1910.pdf)  
2224 [vol6/pdf/CFR-2016-title29-vol6-part1910.pdf](https://www.gpo.gov/fdsys/pkg/CFR-2016-title29-vol6/pdf/CFR-2016-title29-vol6-part1910.pdf) . INTERESTED PERSONS MAY OBTAIN ,  
2225 ~~and shall provide~~ certified copies of any non-copyrighted material FROM THE  
2226 DEPARTMENT ~~to the public~~ at cost upon request. Information regarding how the  
2227 incorporated materials may be obtained or examined is available from the division by  
2228 contacting:  
2229

2230 EMTS ~~Section~~ BRANCH Chief  
2231 Health Facilities and EMS Division  
2232 Colorado Department of Public Health and Environment  
2233 4300 Cherry Creek Drive South  
2234 Denver, Colorado 80246-1530  
2235



2236 15.2 These materials have been submitted to the state publications depository and distribution center  
2237 and are available for interlibrary loans. The incorporated material may be examined at any state  
2238 publications depository library.  
2239  
2240