



To: Members of the State Board of Health

From: Jeanne-Marie Bakehouse, Chief, EMTS Branch

Through: Randy Kuykendall, Director, Health Facilities and Emergency Medical Services Division
DRK

Date: August 19, 2020

Subject: Request for a Rulemaking Hearing concerning 6 CCR 1015-3, Chapter One, Rules Pertaining to EMS and EMR Education, EMS Certification or Licensure, and EMR Registration

During the 2019 legislative session, three laws were passed that directly affect emergency medical services. Senate Bill 19-052 authorizes emergency medical service providers (EMS providers) to work in a clinical setting under certain safeguards. Senate Bill 19-065 establishes a peer health assistance program for EMS providers who are struggling with physical, emotional, or psychological conditions that may negatively impact their ability to provide emergency services. It also authorizes the Department to discipline an EMS provider who does not complete the peer health assistance program. Senate Bill 19-242 allows EMS providers who meet certain requirements to obtain a license rather than a certification. These proposed rules implement the provisions of Senate Bills 19-065 and 19-242 .¹

As enacted, Senate Bill 19-242 confers discretion upon all categories of EMS providers to become certified or licensed by the State. If an EMS provider chooses to become licensed, he or she must establish that they "have completed a four-year bachelor's degree program from an accredited college or university in a field related to the health sciences or an equivalent field, as determined by the Board by rule." The law that permits the choice between licensure and certification, however, does not in any way expand, contract, or distinguish the scope of practice of any classification of certified or licensed EMS provider.

The State Emergency Medical and Trauma Services Advisory Council (SEMTAC) convened a task force composed of subject matter experts in conjunction with the Division to develop rules to implement the law. The Task Force met from September 2019 to February 2020, and provided the input and guidance necessary to establish the educational and accreditation predicates necessary for EMS provider licensure. The primary purpose of this requested rulemaking is to incorporate licensure provisions that implement the legislation passed in SB 19-242. The current rules set forth the process by which each level of EMS provider must obtain an initial or renewal certification to practice in Colorado. Senate Bill 19-242 augments this regulatory process by recognizing a licensure pathway that does not impose any additional or cumbersome educational requirements upon EMS providers who wish to maintain their certification status and are not interested in becoming licensed. While the new EMS license designation does not expand the scope of practice for any EMS provider classification, the proposed rules that add the licensure pathway establish that an EMS provider must necessarily obtain a bachelor's degree from an accredited college or university in specific fields to receive a license to practice in Colorado. The proposed rule revisions are the product

¹ Ten years ago, the General Assembly established a separate line of rulemaking authority which authorized the Department's Executive Director, or if the Executive Director was not a physician, the Department's Chief Medical Officer (CMO), to promulgate rules concerning the scope of practice for EMS providers. Section 25-3.5-206(4)(a), C.R.S. The General Assembly's adoption of Senate Bill 19-052 that allows EMS providers to work within their scope of practice in clinical settings falls under that authority. The Division will submit proposed rules for the expanded clinical setting scope of practice to the Chief Medical Officer, Dr. France, for a rulemaking hearing on October 22, 2020.

of 12 months of work to incorporate the changes made in the new law.

Additionally, in accordance with SB 19-065, the proposed rules include a provision that allows the Department to take disciplinary action against an EMS provider's certificate or license if the provider fails to attend or complete a peer health assistance program that the provider has voluntarily entered into or has been referred to by the Division. The rules also incorporate the language from House Bill 19-1166, which requires EMS providers subject to a fingerprint-based criminal history record check, to submit to a name-based criminal history record check when the fingerprint-based check reveals a record of arrest but does not show a disposition in the case. Finally, the proposed rules incorporate non-substantive revisions to certain existing rule sections that will provide necessary updates to, or clarification for, the regulated EMS community.

The Division will request a January 1, 2021 effective date for these rules.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY
AUTHORITY

for Amendments to 6 CCR 1015-3, Chapter One, Rules Pertaining to EMS and EMR
Education, EMS Certification or Licensure, and EMR Registration

Basis and Purpose.

Colorado has traditionally used the term “certified” with respect to EMS providers who have met the requirements of Chapter One, 6 CCR 1015-3, concerning age, training, criminal background check, and lawful presence in the United States. Most other states refer to qualified/credentialed EMS providers as “licensed.”

SB 19-242 was signed into law by the Governor on May 31, 2019. As enacted, the signed legislation confers upon all classes of EMS providers the option to become certified or licensed by the State. Existing certified EMS providers may convert their certifications to licenses upon proof of completing “a four-year bachelor’s degree program from an accredited college or university in a field related to the health sciences or an equivalent field, as determined by the Board by rule.” Section 25-3.5-203(1)(b.5)(I), C.R.S. An individual who is applying for initial recognition as an EMS provider in Colorado may choose to do so either through certification or licensure. Those choosing licensure must meet the same requirements as those EMS providers converting from certification to licensure. The enacted legislation provides that the scope of practice, training, age, criminal history check and lawful presence requirements for the various levels of EMS providers are the same, whether certified or licensed.

The second substantive proposed rule change addresses sanctions the department can impose if an EMS provider fails to attend or complete a peer health assistance program created in SB 19-065. The legislation authorized the department to establish a peer health assistance program, through an administering entity, for EMS providers who do not have access to an employee assistance program and are suffering from a physical, psychological, or emotional condition; excessive alcohol or drug use; or an alcohol or substance abuse disorder. The proposed rules allow the Department to deny, revoke, suspend, limit, modify, or refuse to renew an EMS provider certificate or license; impose probation; or issue a letter of admonition to an EMS provider certificate or license holder if the EMS provider does not attend or fails to complete the program.

Finally, the proposed rule contains an emergency rule that the Department promulgated in response to the COVID-19 pandemic. Executive Order D 2020 0 15 and its amendments directed the Executive Director to conduct rulemaking for the purpose of instituting emergency rules necessitated by the pandemic. Current Section 5.5, “Temporary Extension for Renewal of Certification Application Procedure,” temporarily extended the time within which EMS providers may renew their expiring certificates because of their inability to complete all applicable renewal requirements due to the COVID-19 pandemic. The temporary rule became effective on April 8, 2020 and expired on August 8, 2020. At this time, the COVID-19 pandemic is no longer interfering with EMS providers’ ability to complete renewal requirements and the extension is no longer necessary. The proposed rule deletes Section 5.5.

The Division is requesting a January 1, 2021 effective date for these rules.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Sections 25-3.5-203(1)(b) and (b.5), C.R.S. (authorizes the Board to issue licensing rules and rules converting a certification to a license.)

Section 25-3.5-208 (11), C.R.S. (authorizes the department to promulgate rules to implement the peer assistance program.)

Other Relevant Statutes:

State Board of Health general authority to promulgate rules: Section 25-1-108(1)(c)(I), C.R.S. Colorado Administrative Procedures Act, Section 24-4-103, C.R.S., governing the rulemaking process.

Is this rulemaking due to a change in state statute?

Yes, the bill numbers are S.B. 19-242, S.B. 19-065, HB 19-1166. Rules are authorized X required.

No

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

Yes
URL: <https://coaemsp.org/caahep-standards-and-guidelines#1> and [CIP user site](#)

No

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

Yes

No

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

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

Yes.

This rule includes a new state mandate or increases the level of service required to comply with an existing state mandate, and local government will not be

reimbursed for the costs associated with the new mandate or increase in service.

The state mandate is categorized as:

Necessitated by federal law, state law, or a court order

Caused by the State's participation in an optional federal program

Imposed by the sole discretion of a Department

___ Other:

Has an elected official or other representatives of local governments disagreed with this categorization of the mandate? No.

REGULATORY ANALYSIS
 for Amendments to 6 CCR 1015-3, Chapter One,
 Rules Pertaining to EMS and EMR Education, EMS Certification
 or Licensure, and EMR Registration

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

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
EMS Providers	18,586 providers	C/S
Current EMS providers who hold valid Colorado certificates issued by the Department, have already satisfied the new education requirements, and wish to convert their certificates to licenses	Unknown	C/S
Current EMS providers who hold valid Colorado certificates issued by the Department, will satisfy the new education requirements while certified and, upon completion of those requirements, intend to convert their certificates to licenses	Unknown	C/S
Future EMS providers who will elect to apply for a Department-issued Colorado license after satisfying the requisite education requirements	Unknown	C/S
EMS Agencies	Approximately 200 ground ambulance agencies 34 air ambulance agencies	C/S
EMS Education Programs	214	C/S
Regional Emergency Medical and Trauma Advisory Councils (RETAC)	11	C/S/CLG

EMS Patients in Colorado	750,000 incidents documented in the EMS patient care reporting database in 2019	B

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

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

More than one category may be appropriate for some stakeholders.

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

Economic outcomes

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

C/S: Possible financial costs to EMS providers: Yes.

Licensure:

EMS providers must complete a 4-year bachelor's degree program to become eligible for a license to practice in Colorado. Therefore, current and prospective EMS providers who wish to become licensed but do not have a bachelor's degree from a 4-year program will accrue additional education costs to obtain licensure.

Peer Health Assistance:

Section 25-3.5-208(1), C.R.S., imposes a fee of \$2.55 for every initial EMS provider certification or license and certification or license renewal. Colorado currently has 18,586 certified EMS providers. There are an average of 2,020 first-time certifications or licenses and 3,729 renewals per year (certification or license renewal is required every three years), for a total of 5,749 certifications or licenses per year. The total cost to EMS providers who pay the annual fee or their employer, if the employing agency pays the fee, is approximately \$13,439 (August 2, 2019-June 30, 2020); \$14,660 (FY 2020-21); and \$14,660 (FY 2021-22).

Name-based Criminal Background Check

Persons applying for EMS provider initial certification or licensure are required to submit to an FBI national fingerprint-based criminal history record check under the current regulations. Some of these fingerprint-based record checks may reveal a record of arrest without a final disposition of the case which will require the applicant to submit to a name-based criminal history background check. The cost for a Colorado name-based criminal history check at the time of the HB 19-1166 adoption was \$6.85. The Department cannot accurately predict how many applicants will be required to submit to the name-based criminal history background check. It anticipates that few EMS providers will be impacted.

C/S: Possible [immediate] financial benefits to EMS providers who become licensed:

None presently. The law makes no distinctions concerning scope of and competence to practice between certified and licensed EMS providers. Similarly, it does not establish or confer upon licensed EMS providers higher classification levels that logically or operationally result in their receipt of higher salaries or other financial benefits as compared to their certified counterparts.

C/S: Possible financial benefits to licensed EMS providers and EMS agencies:

The fact that EMS providers will not immediately profit financially from their licensure status does not foreclose the possibility that licensed EMS providers might receive a higher salary (or other financial benefit) in the future. Likewise, it is possible that EMS agencies might benefit in some way from employing providers with four-year bachelor's degrees. At this time, however, neither the qualitative nor quantitative nature of such a benefit to the employer can be calculated. Consequently, the calculation of any possible financial benefit to EMS agencies and licensed providers is speculative.

During the stakeholder meetings, some providers opined that EMS providers must be licensed, rather than certified, for agencies to receive reimbursement from CMS for services performed. As discussed, however, Colorado's regulatory framework makes no scope or competency distinction between licensed and certified EMS providers. Consequently, CMS does not limit compensation to services provided by licensed EMS providers. It provides the same compensation for billed services that are performed by Colorado-certified or licensed EMS providers.

C/S: Possible financial benefits to EMS Education Programs:

The EMS educational experts on the Chapter One task force opined that Colorado's EMS provider licensure option will probably motivate some Colorado educational institutions to expand their curricula to include 4-year EMS bachelor's degree programs. These schools would likely benefit from increased student enrollments.

B: No anticipated financial costs or benefits to these individuals or entities.

C/S: Possible Financial Benefits to EMS Providers

Peer Health Assistance

EMS providers who do not have access to a peer health assistance program through their employer's benefits package will now have access to a peer health assistance program for less than one dollar per year.

Non-economic outcomes

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

Licensure

C: Currently, EMS providers who already have the appropriate 4-year bachelor's degree will be recognized for having successfully completed an education that

supports their career objectives and improves the status of the profession. Future EMS providers who graduate with the required degree will also have the option to become licensed in recognition of their educational achievement.

CLGs and C: EMS agencies, whether operated by governmental or private entities, may derive some benefit if there is an increase in EMS providers seeking four-year education that complements and, in some cases, bolsters the technical medical training that EMS providers must successfully complete.

S: A licensure incentive that rewards a more educated EMS workforce benefits EMS providers, EMS agencies, and the EMS profession as a whole. To the extent the EMS profession wishes to be identified more closely as a member of the allied health care professions, a four-year bachelor's degree licensure option will strengthen its position as a complementary health care profession.

B: EMS patients in Colorado may benefit from medical treatment that they receive from a more educated EMS provider workforce.

Peer Health Assistance

CLGs, C, S and B: EMS providers who do not have access to an employer provided peer health assistance program will benefit from receiving resources that will help individuals recognize, prevent, and receive assistance for emotional, physical or psychological disorders. Qualified EMS providers may receive referrals from the peer health assistance program to a variety of organizations based on the individual's situation. As a result, employers and the public will benefit from a healthy workforce that has access to care.

Name-based Criminal Background Check

CLGs, C, S and B: EMS providers, their agency employers, and the public will benefit by requiring an applicant's unknown arrest record to be satisfactorily resolved before certification or licensure is conferred. For those record checks for which a disposition is not shown, the further review required by the new law will provide more information in making a determination as to an applicant's fitness for certification or licensure.

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.

A. Anticipated CDPHE personal services, operating costs or other expenditures:

Licensure:

Implementation and enforcement of the proposed rule should be cost-neutral to the Department. The Department will not have to research or determine which four-year degrees qualify for licensure on an individual basis. The rules outline the areas of study that constitute equivalent fields that are comparable to health sciences fields and disciplines, and adopt as "fields related to the health sciences" EMS, health profession, and related programs that are identified by the U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, Classification of Instructional Programs (CIP-2020).

Peer Health Assistance Program

Pursuant to Section 25-3.5-208(9), C.R.S., the Department can summarily suspend a certification or license of an EMS provider for failure to attend or complete a peer health assistance program once an EMS provider has entered the program or has been referred by the Department. The rules provide the same and also allow the Department to take other licensing actions (revocation, denial, limitation, modification, or refusal to renew a license or certificate). The Department does not anticipate that there will be an increase in disciplinary actions because of the proposed rule.² To the extent any disciplinary actions result from the proposed rule, the Department anticipates they will be few in number. Therefore, there should not be any increased costs to the Department because of the implementation and enforcement of the rule.³

B. Anticipated CDPHE Revenues:

Licensure: N/A

Peer Health Assistance Program: N/A. All fees collected from EMS providers will be applied to the newly-created Emergency Medical Services Peer Assistance Fund.

Name-based Criminal Background Check: N/A

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

Peer Health Assistance Program:

Disciplinary actions may increase the number of cases the Office of Administrative Courts will hear for individuals failing to complete the peer health assistance program. The increase is expected to be minimal.⁴

Anticipated Revenues for another state agency:

Licensure: N/A

Peer Health Assistance Program: N/A

² The Fiscal Note for S.B. 19-065 as passed does not anticipate any increased costs for disciplinary actions.

³ In the event that the Department finds that disciplinary actions increase because of the proposed rules, it will monitor the number of additional disciplinary cases, reevaluate whether further resources are necessary to support those disciplinary cases and companion actions, and take appropriate action.

⁴ See footnotes 2 and 3, above.

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

With respect to the Peer Health Assistance Program, the General Assembly's passage of SB 19-065 mandated that the Department propose a rule that incorporates sanctions for violation of the Program. Therefore, in this case the Department did not have the option of considering the probable costs and benefits of inaction.

As discussed above, the costs of the proposed rule revisions that incorporate the licensure option involve only EMS providers, who must necessarily incur additional tuition and educational expenses to complete a 4-year bachelor's degree program before qualifying for the licensure designation. This cost to the EMS provider is possibly offset by the benefits that might accrue to licensed EMS providers, as well as to EMS agencies, EMS educational institutions, and EMS patients, as discussed above.

There are no foreseeable probable costs and benefits attaching to inaction with respect to licensure. Most significantly, those EMS providers who choose the state certification option may continue to perform the very same duties within the same scope of practice that licensed EMS providers may perform.

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

Comply with a statutory mandate to promulgate rules.

Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.

Maintain alignment with other states or national standards.

Implement a Regulatory Efficiency Review (rule review) result

Improve public and environmental health practice.

Implement stakeholder feedback.

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

- | |
|---|
| <p>1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO₂e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO₂e per year by June 30, 2020 and to 113.144 million metric tons of CO₂e by June 30, 2023.</p> |
|---|

<p>Contributes to the blueprint for pollution reduction Reduces carbon dioxide from transportation Reduces methane emissions from oil and gas industry Reduces carbon dioxide emissions from electricity sector</p>
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2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.

Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.

Supports local agencies and COGCC in oil and gas regulations.

Reduces VOC and NOx emissions from non-oil and gas contributors

3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.

Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes.

Increases physical activity by promoting local and state policies to improve active transportation and access to recreation.

Increases the reach of the National Diabetes Prevention Program and Diabetes Self- Management Education and Support by collaborating with the Department of Health Care Policy and Financing.

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

Ensures access to breastfeeding-friendly environments.

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

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

Performs targeted programming to increase immunization rates.

Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).

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

Creates a roadmap to address suicide in Colorado.

Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate.

X Decreases stigma associated with mental health and suicide, and increases help- seeking behaviors among working-age males, particularly within high-risk industries.

X Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.

<p>7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.</p> <p>Conducts a gap assessment. Updates existing plans to address identified gaps. Develops and conducts various exercises to close gaps.</p>
<p>8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.</p> <p>Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident.</p>
<p>Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.</p>
<p>9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.</p> <p>Implements the CDPHE Digital Transformation Plan. Optimizes processes prior to digitizing them. Improves data dissemination and interoperability methods and timeliness.</p>
<p>10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.</p> <p>Reduces emissions from employee commuting Reduces emissions from CDPHE operations</p>
<p>11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.</p> <p>Used a budget equity assessment</p>

XX Advance CDPHE Division-level strategic priorities.

To the extent these rules clarify and update EMS regulations, the Division's goal is to provide the regulated community a set of standards that are simple, clear, and not redundant. This rule revision significantly clarifies the requirements.

The licensure component of these rules advances the Division's goal of encouraging its regulatees to obtain higher education degrees, to recognize EMS providers who receive the additional education, and to attract proficient providers who advance and promote the regulated profession.

The Peer Health Assistance Program advances the Division's priority of assuring that all members of its regulated community have access to a qualified peer assistance program.

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

Licensure: Inaction is not an option since the licensure option is mandated by statute.

Peer Health Assistance Program: This program is mandated by statute; inaction is not an option.

Name-based Criminal History Background Check: This change is mandated by statute; inaction is not an option.

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

Licensure:

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking were developed in conjunction with stakeholders. The proposed rules are the product of the EMS Education Task Force, which met monthly from September 2019 through early March 2020. The Task Force considered several different options concerning its task of determining the coursework that is appropriately considered to be "related to health sciences or an equivalent." Similarly, it consulted EMS educators when discussing how it should define and identify accredited colleges and universities. The Task Force considered the benefits, risks and costs of these proposed revisions when compared to the costs and benefits of other options. The proposed revisions are the most feasible manner to achieve compliance with statute.

Peer Health Assistance Program:

The Division determined that it was not necessary to draft a discrete set of rules for this program because the statute is largely self-implementing. To the extent any rulemaking is necessary, proposed Section 7.2.32 adds an EMS provider's failure "to attend or complete a peer health assistance program" to the list of actions that constitute "good cause" for the Department to initiate a disciplinary action (denial, revocation, suspension, summary suspension and modification) against an EMS provider.

Name-based Criminal Background Check

There is no less costly or less intrusive applicable method that achieves the purpose and intent of this rule.

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

As noted above, the EMS Education Task Force discussed a number of different issues when drafting the proposed rules. An overarching issue that arose in almost every meeting was whether the statutory language should be broadly or restrictively interpreted.

Licensure

Five main issues emerged and occupied most of the Task Forces' discussions over the next 5 months. Those issues were: 1) how should "accredited college or university" be defined; 2) what is the definition of "bachelor's degree"; 3) what does a "degree in a field related to the health sciences" encompass; 4) what is "an equivalent field" and how many course credit hours must be completed to qualify as an equivalent field; and 5) whether the licensure applicant would be required to submit an "official" transcript from the college or university. Three of these issues involved alternate rules that the Task Force ultimately rejected, and they are discussed below. The other two issues are discussed in the Stakeholder Engagement section.

- Accreditation

With respect to what constitutes an "accredited college or university," the Task Force initially reviewed the different accreditation options of programmatic/career, regional, and national accreditation. Fairly early on, the discussion focused on regional accreditation and programmatic/career accreditation. Regionally accredited colleges are recognized by the Council for Higher Education (CHEA) and the U.S. Department of Education (USDE). Credits from those institutions are easily transferable and regionally accredited institutions are eligible to receive federal funding. Programmatic accreditation is specialized accreditation for a specific field, for example, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation of paramedic programs.

Originally the Task Force decided to adopt regional accreditation as the applicable standard because it is generally accepted and provides a series of desirable benefits (eligibility for federal funding, easily transferable credits and the imprimatur of credibility). Later on, however, the Task Force discussed whether a broader "accreditation" definition should apply to capture an appropriately wide and credible group of educational institutions from which EMS providers may graduate with the necessary degree. Ultimately, the Task Force agreed to recognize educational institutions that are accredited by a body recognized by CHEA or overseen by the USDE, as well as international programs that are recognized to be the equivalent of a four-year accredited college or university. Its adoption of this definition captures regionally accredited programs as well as appropriate programmatic and international programs.

- "Bachelor's Degree" Statutory Requirement

At the outset, the Task Force struggled with the notion of whether current certified

EMS providers who have post-graduate (masters) degrees in a field related to the health sciences might also qualify to become licensed providers under the new statutory construct. Many task force members understandably wished to construe the legislature's statutory language to include this subset of EMS providers who hold masters degrees as qualifying for licensure. However, discussion ultimately focused on the statutory language, which expressly links the licensure option to completion of a relevant four-year bachelor's degree. The Task Force agreed that the statutory language does not afford licensure to the holder of *any* completed degree and, therefore, did not pursue rulemaking relative to holders of post-graduate degrees.

- Official vs. Unofficial Transcript

The Task Force also discussed whether to require a licensure applicant to provide an official transcript of college courses taken to meet the requirements. At issue was how the applicant could adequately assure the Department that he or she had attended an accredited educational institution and completed the type of courses and received credit hours required to receive a license. During initial discussions of the issue, some members of the Task Force and staff were concerned that an applicant could create a college transcript electronically that purportedly demonstrated compliance with the licensure requirements. At that point the Task Force was in general agreement that an official transcript would provide the best assurance that the educational requirements had been met. Later on the Task Force revisited the issue upon learning about the difficulty of obtaining an official transcript (contacting college or university several years post-graduation, length of time required to get an official transcript, and possible incompatibility with the Department's electronic application system) and the costs required to obtain an "official" transcript. Based on that information, the Task Force decided that the burdens associated with requiring an official transcript outweighed the benefits and agreed that an unofficial transcript should also be accepted.

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.**

The Task Force members provided significant information concerning the national education system, including the accreditation process, credit hour calculations, equivalency information and other resources. Additionally, staff relied on the fiscal note analyses that were prepared for Senate Bills 19-65 and 19-242 and House Bill 19-1166.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1015-3, Chapter One,
Rules Pertaining to EMS and EMR Education,
EMS Certification or Licensure, and EMR Registration

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:

Organization	Representative Name and Title (if known)
EMTS on the Go (newsletter mailing list)	This weekly newsletter is emailed to a list of 1800+ constituents from the EMS and trauma systems and provides details for all public meetings hosted by the EMTS Branch. The newsletter notified recipients of all meetings for the Education Task Force concerning revisions to EMS Chapter One over the course of the stakeholder process.
State Emergency Medical and Trauma Services Advisory Council	32-member, governor appointed advisory council which MUST recommend any draft rule changes prior to presenting the proposed rules to the Board of Health. Periodic updates concerning the proposed rules were given throughout the rule revision process. The Department provided SEMTAC with the final proposed rules for Chapter One in April 2020. The

	Department received SEMTAC's vote of support in July 2020.
Education Task Force-Chapter One Revisions	Tim Dienst, Ute Pass Regional Health Service District, Chair
	Jeri Price, Denver Health Paramedic School
	Dawn Mathis, Pueblo Community College
	Danny Barela, Emergency Medical Services Association of Colorado (EMSAC)
	Kim Whitten, Pikes Peak Community College
	Christine Sines, Centura Health
	Sue Richardson, Centura Health
	Dennis Edgerly, Arapahoe Community College
	Beth Lattone, Community College of Aurora
	Jeff Force, Memorial Hospital at Colorado Springs
	Joni Briola, Penrose St. Francis Institute
	Sean Caffrey, Crested Butte Fire
	George Solomon-UCHealth EMS
	Justin Harper- Denver Health and Hospital Authority
Interested Parties	James McLaughlin,
	Jen Oese

The Education Task Force met monthly beginning in September 2019 until March 2020. The meetings were public, and participation was available via telephone and web conference. The Task Force met with a planned agenda and considered draft regulatory language. Information about each meeting was sent to the public through the weekly "EMTS on the Go". A sample notice is listed here:

Oct. 8, 1 to 4 p.m.; CDPHE, Building C, Room C1C and C1D. The meeting will be broadcast over Zoom . Teleconferencing will be available at 408-638-0968, meeting ID: 883 520 528. All meeting materials will be available here. If you have any questions please email Michael Bateman.

Agendas, draft minutes, and all other documents were posted on a google drive with public access. Task Force members and interested parties were encouraged to engage other stakeholders in the discussions and to provide verbal or written comment for consideration at the next meeting.

Additionally, the draft rule change was advertised as a discussion point at the April 2020 and July 2020 State Emergency Medical and Trauma Services Advisory Council meetings. The State Emergency Medical and Trauma Services Advisory Council voted on July 9, 2020 to recommend that

the proposed rule change be brought to the Board of Health by the Department.

Stakeholder Group Notification:

The stakeholder group was provided notice of the rulemaking hearing and a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

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

Yes. This is selected for the rulemaking to document that timely division notification occurred.

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.

As discussed in Section 6 of the Regulatory Analysis, the Task Force identified five major issues during the rule development process. Those issues were: 1) how should "accredited college or university" be defined; 2) what is the definition of "bachelor's degree;" 3) what does a "degree in a field related to the health sciences" encompass; 4) what is "an equivalent field," and how many course credit hours must be completed to qualify as an equivalent field; and 5) whether the licensure applicant would be required to submit an "official" transcript from the college or university.

While many alternatives were discussed, the Task Force's resolution of two of these issues forms the basis of these proposed rules.

- **Field Related to the Health Sciences**

Pursuant to SB 19-242, the Department may issue a license to an EMS provider who "has completed a four-year bachelor's degree program from an accredited college or university in a field related to the health sciences or an equivalent field, as determined by the Board by rule." The Task Force therefore started its deliberations by seeking to define the studies that comprise a health sciences degree. It reasoned that this first step would enable it to move onto the next step of identifying fields that relate to the health sciences.

The Task Force initially proposed that health sciences degrees should be defined by core educational content, but discussion ultimately established it was unnecessary to develop a "core content" definition. The group acknowledged that one Colorado educational institution currently awards a four-year bachelor's degree in emergency medical services, and that two more institutions plan to award that degree this coming year. Additionally, the Task Force stated that its intent, when formulating these rules, is to encourage institutions of higher education to award four-year emergency medical services bachelor's degrees. It concluded that a four year bachelor's degree in emergency medical services will, by rule, automatically

qualify as a degree “in a field related to the health sciences.”

The Task Force initially considered creating a sample list of degrees to serve as guidance to assist the Department’s determination of whether a submitted four-year bachelor’s degree qualifies as a degree in a field related to the health sciences. Some Task Force members voiced concerns that the formulation of a non-comprehensive list of qualifying degrees would unduly burden Department staff by requiring it to determine whether degrees not included on the list satisfy the statutory licensure requirement. Therefore, to identify the comprehensive list of “fields related to the Health Sciences” for purposes of licensure, the Task Force ultimately reviewed and adopted the list of health professions and related programs as identified by the U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, Classification of Instructional Programs (CIP-2020).

- “Equivalent field” and credit hours necessary to satisfy this requirement

After defining those fields that relate to the health sciences, the Task Force was next required to determine the parameters that define the “equivalent fields” that qualify for licensure. According to the General Assembly, “equivalent fields” are comparable to fields relating to the health sciences. Therefore, the EMS provider who completes a four-year bachelor’s degree from an accredited college or institution and who, as part of that degree, successfully completes a minimum number of hours in an “equivalent field” is entitled to apply for and receive a license.

One Task Force member advocated that the classification of “equivalent fields” should be narrowly defined for purposes of licensure. However, the Task Force majority viewed its role as the body designated to craft rules that promote the intent of the General Assembly to be inclusive when defining “equivalent fields” that merit licensure. The remaining Task Force members consequently approached this discussion by agreeing to view “equivalent fields” as a broad range of studies that relate to, reinforce, and positively impact the EMS field.

The Task Force began by reviewing the core content of curricula common to science- and medical-specific degrees and concluded that these degrees all require the successful completion of certain physical science courses such as chemistry, biology, physics, and mathematics. The Task Force readily agreed that an EMS provider’s successful completion of any one or more of these courses is the equivalent of core educational content necessary to obtain a degree in a field related to the health sciences. It proceeded to broaden its discussion to recognize that other educational areas (including, for example, Fire Science, Medical or Forensic Anthropology, Business/Finance, and Communications) also focus upon educational content that relates and is useful to different aspects of the Emergency Medical Services field.

Ultimately the Task Force arrived at consensus to agree that the list as codified in the proposed rule constitutes a fair representation of those educational fields that are “equivalent” to fields relating to the health sciences. An EMS provider who can demonstrate his or her successful completion of courses in any one or more of the enumerated content areas as part of a four-year bachelor’s degree qualifies for

licensure.

Having defined the equivalency fields, the Task Force tackled the question of how many semester credit hours an EMS provider must complete in one or more of those fields to qualify for licensure. Armed with the knowledge that most bachelor's degrees require the completion of 120 semester credit hours, and that most minor fields of study require 16-28 semester credit hours, the Task Force initially thought that EMS providers should have to complete a minimum of 15 to 25 semester credit hours to qualify for licensure under the equivalency construct. However, when the equivalent field list was broadened to serve the General Assembly's intent to be inclusive rather than restrictive, the Task Force unanimously agreed to increase the minimum number of semester credit hours one must complete in one or more equivalent fields to qualify for licensure. As proposed, an EMS provider must complete a minimum of 40 semester credit hours in one or more of the enumerated equivalent fields as part of the four-year bachelor's degree to receive a license.

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

These rules are designed to benefit all people who receive emergency medical services in Colorado. Consumers of Colorado emergency medical services will be served by EMS providers whose certification or licensure to practice in Colorado is conditioned upon their satisfactory completion of: (1) minimum required education and skills components, and (2) rigorous criminal background checks.

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

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

	Other: -		Other: -
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An Act

SENATE BILL 19-242

BY SENATOR(S) Garcia, Bridges, Cooke, Court, Crowder, Donovan, Fields, Gardner, Ginal, Gonzales, Hisey, Marble, Moreno, Priola, Rankin, Smallwood, Sonnenberg, Tate, Todd, Winter;
also REPRESENTATIVE(S) Kennedy, Arndt, Bird, Buckner, Buentello, Caraveo, Duran, Froelich, Galindo, Gonzales-Gutierrez, Gray, Hooton, Jaquez Lewis, Kipp, Lontine, Michaelson Jenet, Mullica, Titone, Valdez D.

CONCERNING THE CREATION OF AN EMERGENCY MEDICAL SERVICE PROVIDER LICENSE, AND, IN CONNECTION THEREWITH, SPECIFYING THAT A CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDER MAY OBTAIN A LICENSE FROM THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IF THE CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDER DEMONSTRATES TO THE DEPARTMENT THAT THE CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDER COMPLETED A FOUR-YEAR BACHELOR'S DEGREE PROGRAM.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 25-3.5-103, **amend** (8) as follows:

25-3.5-103. Definitions. As used in this article 3.5, unless the

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

context otherwise requires:

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

SECTION 2. In Colorado Revised Statutes, 25-3.5-203, **amend** (1)(b), (1)(c), (1)(d), (2), and (4); and **add** (1)(b.5) as follows:

25-3.5-203. Emergency medical service providers - licensure - renewal of license - duties of department - rules - criminal history record checks - definitions - repeal. (1) (b) The department shall certify AND LICENSE emergency medical service providers. The board shall adopt rules for the certification AND LICENSURE of emergency medical service providers. The rules must include the following:

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

(II) A statement that the certificate ~~shall be~~ OR LICENSE IS renewable at its expiration upon the certificate holder's OR LICENSEE'S satisfactory completion of the training requirements established pursuant to subsection (2) of this section;

(III) Provisions governing the use of results of national and state criminal history record checks by the department to determine the action to take on a certification OR LICENSE application pursuant to subsection (4) of this section. Notwithstanding ~~the provisions of section 24-5-101, C.R.S.;~~ ~~these provisions shall~~ GOVERNING THE USE OF CRIMINAL HISTORY RECORD CHECK RESULTS MUST allow the department to consider whether the applicant has been convicted of a felony or misdemeanor involving moral turpitude and the pertinent circumstances connected with the conviction and to make a determination whether ~~any such~~ THE conviction disqualifies the applicant from certification OR LICENSURE.

(IV) Disciplinary sanctions, which ~~shall~~ MUST include provisions for the denial, revocation, and suspension of certificates AND LICENSES and the suspension and probation of certificate holders AND LICENSEES; ~~and~~

(V) An appeals process pursuant to sections 24-4-104 and 24-4-105

~~C.R.S.~~; that is applicable to department decisions in connection with certifications AND LICENSES and sanctions; AND

(VI) PURSUANT TO SUBSECTION (1)(b.5) OF THIS SECTION, RULES REGARDING THE CONVERSION OF AN EMERGENCY MEDICAL SERVICE PROVIDER'S VALID CERTIFICATION TO A LICENSE UPON THE EMERGENCY MEDICAL SERVICE PROVIDER'S DEMONSTRATION TO THE SATISFACTION OF THE DEPARTMENT THAT THE EMERGENCY MEDICAL SERVICE PROVIDER HAS COMPLETED A FOUR-YEAR BACHELOR'S DEGREE PROGRAM FROM AN ACCREDITED COLLEGE OR UNIVERSITY IN A FIELD RELATED TO THE HEALTH SCIENCES OR AN EQUIVALENT FIELD, AS DETERMINED BY THE BOARD BY RULE.

(b.5) (I) ON OR AFTER JANUARY 1, 2021, AN INDIVIDUAL IN THIS STATE WHO HOLDS A VALID EMERGENCY MEDICAL SERVICE PROVIDER CERTIFICATE ISSUED BY THE DEPARTMENT MAY APPLY FOR A LICENSE ISSUED BY THE DEPARTMENT PURSUANT TO THIS SECTION. THE DEPARTMENT MAY ISSUE A LICENSE TO A CERTIFICATE HOLDER WHO HAS COMPLETED A FOUR-YEAR BACHELOR'S DEGREE PROGRAM FROM AN ACCREDITED COLLEGE OR UNIVERSITY IN A FIELD RELATED TO THE HEALTH SCIENCES OR AN EQUIVALENT FIELD, AS DETERMINED BY THE BOARD BY RULE.

(II) THE CONVERSION OF AN EMERGENCY MEDICAL SERVICE PROVIDER'S CERTIFICATION TO LICENSURE PURSUANT TO THIS SUBSECTION (1)(b.5) DOES NOT:

(A) AFFECT ANY PRIOR DISCIPLINE, LIMITATION, OR CONDITION IMPOSED BY THE DEPARTMENT ON AN EMERGENCY MEDICAL SERVICE PROVIDER;

(B) LIMIT THE DEPARTMENT'S AUTHORITY OVER ANY CERTIFICATE HOLDER; OR

(C) AFFECT ANY PENDING INVESTIGATION OR ADMINISTRATIVE PROCEEDING.

(c) (I) The department may issue a provisional certification OR LICENSE to an applicant for certification OR LICENSURE as an emergency medical service provider who requests issuance of a provisional certification OR LICENSE and who pays any fee authorized under rules

adopted by the board. A provisional certification OR LICENSE is valid for not more than ninety days.

(II) The department shall not issue a provisional certification OR LICENSE unless the applicant satisfies the requirements for certification OR LICENSURE in accordance with this section and rules adopted by the board under this subsection (1). If the department finds that an emergency medical service provider that has received a provisional certification OR LICENSE has violated any requirements for certification OR LICENSURE, the department may impose disciplinary sanctions under ~~subparagraph (IV) of paragraph (b) of this subsection (1)~~ SUBSECTION (1)(b)(IV) OF THIS SECTION.

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

(IV) The board shall adopt rules as necessary to implement this ~~paragraph (c)~~ SUBSECTION (1)(c), including rules establishing a fee ~~to be charged to applicants seeking a~~ FOR provisional certification OR LICENSURE. THE DEPARTMENT SHALL DEPOSIT any fee collected for a provisional certification ~~shall be deposited~~ OR LICENSE in the emergency medical services account created in section 25-3.5-603.

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

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

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

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

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

(2) The council shall advise the department and the board in establishing the training requirements for certificate OR LICENSE renewal, ~~Such~~ WHICH training requirements ~~shall consist of~~ MUST INCLUDE A CLASSROOM COMPONENT REQUIRING AT LEAST THIRTY-SIX AND not more than fifty classroom hours. ~~and not less than thirty-six classroom hours.~~

(4) (a) The department ~~may, with reasonable cause, acquire a~~ SHALL REQUIRE A CERTIFICATION OR LICENSURE APPLICANT TO SUBMIT TO A FEDERAL BUREAU OF INVESTIGATION fingerprint-based NATIONAL criminal history record check from the Colorado bureau of investigation to investigate the ~~holder of or~~ applicant for an emergency medical service provider certificate OR LICENSE. The department may acquire a name-based criminal history record check for a certificate ~~holder~~ or an LICENSE applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.

(b) ~~(f) Any government entity that employs a person as or allows a person to volunteer as an emergency medical service provider in a position requiring direct contact with patients shall require all volunteer and employed emergency medical service providers, who have lived in the state~~

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

~~(H) Notwithstanding the provisions of subparagraph (I) of this paragraph (b), the government entity may acquire a name-based criminal history record check for an individual who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.~~

~~(c) (i) (A) A government entity or private, not-for-profit, or for-profit organization that employs a person or allows a person to volunteer as an emergency medical service provider in a position requiring direct contact with patients shall require all volunteer and employed emergency medical service providers, who have lived in the state for more than three years at the time of initial certification or certification renewal, to submit to~~

~~a fingerprint-based criminal history record check by the Colorado bureau of investigation to determine eligibility for employment. The organization shall forward the result of the criminal history record check and any subsequent notification of activity on the record to the department to determine eligibility for initial certification or certification renewal.~~

~~(B) Notwithstanding the provisions of sub-subparagraph (A) of this subparagraph (I), the government entity or private, not-for-profit, or for-profit organization may acquire a name-based criminal history record check for an individual who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.~~

~~(H) Notwithstanding the provisions of subparagraph (I) of this paragraph (c), if a person submitted to a fingerprint-based criminal history record check at the time of initial certification or certification renewal, the person shall not be required to submit to a subsequent fingerprint-based criminal history record check.~~

~~(d) (I) If an applicant for initial certification or certification renewal is not employed at the time of application, the department shall require the applicant to submit to a fingerprint-based criminal history record check by the Colorado bureau of investigation, as defined in rule, by the board of health, if the applicant has lived in the state for more than three years; except that the department may acquire a state name-based criminal history record check for an applicant who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable.~~

~~(H) Notwithstanding the provisions of subparagraph (I) of this paragraph (d), if a person submitted to a fingerprint-based criminal history record check at the time of initial certification or certification renewal, the person shall not be required to submit to a subsequent fingerprint-based criminal history record check.~~

~~(e) If the applicant is not employed or is employed by a nongovernmental entity at the time of application and has lived in the state for three years or less, the department shall require the applicant to submit to a federal bureau of investigation fingerprint-based national criminal history record check; except that the department may acquire a national name-based criminal history record check for an applicant who has twice~~

~~submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable. The department shall be the authorized agency to receive and disseminate information regarding the result of any national criminal history record check. Any such national criminal history record check shall be handled in accordance with Pub.L. 92-544, as amended.~~

(f) IF AN APPLICANT FOR CERTIFICATION OR LICENSURE RENEWAL HAS LIVED IN COLORADO FOR:

(I) MORE THAN THREE YEARS AT THE TIME OF CERTIFICATION OR LICENSURE RENEWAL AND SUBMITTED TO A FEDERAL BUREAU OF INVESTIGATION FINGERPRINT-BASED NATIONAL CRIMINAL HISTORY RECORD CHECK AT THE TIME OF INITIAL CERTIFICATION OR LICENSURE OR AT THE TIME OF A PREVIOUS RENEWAL OF CERTIFICATION OR LICENSURE, THE APPLICANT IS NOT REQUIRED TO SUBMIT TO A SUBSEQUENT FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK; OR

(II) THREE YEARS OR LESS AT THE TIME OF CERTIFICATION OR LICENSURE RENEWAL AND SUBMITTED TO A FEDERAL BUREAU OF INVESTIGATION FINGERPRINT-BASED NATIONAL CRIMINAL HISTORY RECORD CHECK AT THE TIME OF INITIAL CERTIFICATION OR LICENSURE OR A PREVIOUS RENEWAL OF CERTIFICATION OR LICENSURE, THE APPLICANT SHALL SUBMIT TO ANOTHER FEDERAL BUREAU OF INVESTIGATION FINGERPRINT-BASED NATIONAL CRIMINAL HISTORY RECORD CHECK FROM THE COLORADO BUREAU OF INVESTIGATION; EXCEPT THAT THE DEPARTMENT MAY ACQUIRE A STATE NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

SECTION 3. In Colorado Revised Statutes, 25-3.5-206, **amend** (1), (2)(a) introductory portion, (2)(a)(I)(D), (2)(a)(I)(E), (2)(a)(I)(F), (3)(a), (3)(c), (4)(a) introductory portion, (4)(a)(I), (4)(a)(V)(A), and (4)(a.5)(I) as follows:

25-3.5-206. Emergency medical practice advisory council - creation - powers and duties - emergency medical service provider scope of practice - rules. (1) There is hereby created within the department, as a **type 2** entity under the direction of the ~~executive~~ director, ~~of the department~~, the emergency medical practice advisory council,

referred to in this part 2 as the "advisory council". The advisory council is responsible for advising the department regarding the appropriate scope of practice for emergency medical service providers certified OR LICENSED under section 25-3.5-203.

(2) (a) The ~~emergency medical practice~~ advisory council consists of the following eleven members:

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

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

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

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

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

(a) The acts and medications that ~~certified~~ emergency medical service providers at each level of certification OR LICENSURE are authorized to perform or administer under the direction of a physician medical director;

(c) Modifications to emergency medical service provider certification OR LICENSURE levels and capabilities; and

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

(I) Allowable acts for each level of emergency medical service

provider certification OR LICENSURE and the medications that A CERTIFICATE HOLDER OR LICENSEE AT each level of emergency medical service provider certification OR LICENSURE can administer;

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

(a.5) (I) ~~On or before January 1, 2018,~~ The director or, if the director is not a physician, the chief medical officer shall adopt rules in accordance with article 4 of title 24 ~~C.R.S.~~, concerning the scope of practice of a community paramedic. An emergency medical service provider's endorsement as a community paramedic, issued pursuant to the rules adopted under section 25-3.5-203.5, is valid for as long as the emergency medical service provider maintains ~~his or her~~ THE EMERGENCY MEDICAL SERVICE PROVIDER'S certification OR LICENSURE by the department.

SECTION 4. In Colorado Revised Statutes, 8-2-123, **amend** (1)(d) as follows:

8-2-123. Health care workers - retaliation prohibited - definitions. (1) As used in this section:

(d) "Health care worker" means any person certified, registered, or licensed pursuant to article 22, 29.5, 32, 33, 35, 36, or 37, or 38 to 43 of title 12 ~~C.R.S.~~, or certified OR LICENSED pursuant to section 25-3.5-203. ~~C.R.S.~~

SECTION 5. In Colorado Revised Statutes, 12-36-106, **amend** (3)(y) as follows:

12-36-106. Practice of medicine defined - exemptions from licensing requirements - unauthorized practice by physician assistants and anesthesiologist assistants - penalties - rules - repeal. (3) A person may engage in, and shall not be required to obtain a license or a physician training license under this article 36 with respect to, any of the following acts:

(y) The rendering of services by an emergency medical service provider certified OR LICENSED under section 25-3.5-203, ~~C.R.S.~~, if the services rendered are consistent with rules adopted by the executive director or chief medical officer, as applicable, under section 25-3.5-206, ~~C.R.S.~~, defining the duties and functions of emergency medical service providers;

SECTION 6. In Colorado Revised Statutes, 12-42.5-408, **amend** (1) as follows:

12-42.5-408. Exemption - waiver. (1) A hospital licensed or certified pursuant to section 25-1.5-103, ~~C.R.S.~~, a prescription drug outlet located within the hospital that is dispensing a controlled substance for a chart order or dispensing less than or equal to a twenty-four-hour supply of a controlled substance, and AN emergency medical ~~services personnel~~ SERVICE PROVIDER certified OR LICENSED pursuant to section 25-3.5-203 ~~C.R.S.~~, are exempt from the reporting provisions of this part 4. A hospital prescription drug outlet licensed pursuant to section 12-42.5-112 shall comply with the provisions of this part 4 for controlled substances dispensed for outpatient care that have more than a twenty-four-hour supply.

SECTION 7. In Colorado Revised Statutes, 13-21-108.2, **amend** (1) and (2)(b) as follows:

13-21-108.2. Persons rendering emergency assistance - competitive sports - exemption from civil liability. (1) (a) Except as provided in subsection (2) of this section, a person licensed as a physician, osteopath, chiropractor, nurse, physical therapist, podiatrist, dentist, or optometrist or certified OR LICENSED as an emergency medical service provider under part 2 of article 3.5 of title 25, ~~C.R.S.~~, who, in good faith and without compensation, renders emergency care or emergency assistance, including sideline or on-field care as a team health care provider, to an individual requiring emergency care or emergency assistance as a result of having engaged in a competitive sport is not liable for civil damages as a result of acts or omissions by the physician, osteopath, chiropractor, nurse, physical therapist, podiatrist, dentist, or optometrist, or person certified OR LICENSED as an emergency medical service provider under part 2 of article 3.5 of title 25. ~~C.R.S.~~

(b) The provisions of this subsection (1) apply to the rendering of

emergency care or emergency assistance to a minor even if the physician, osteopath, chiropractor, nurse, physical therapist, podiatrist, dentist, EMERGENCY MEDICAL SERVICE PROVIDER, or optometrist ~~or the person certified as an emergency service provider under part 2 of article 3.5 of title 25, C.R.S.~~, does not obtain permission from the parent or legal guardian of the minor before rendering the care or assistance; except that, if a parent or guardian refuses the rendering of emergency care, this subsection (1) does not apply.

(2) The exemption from civil liability described in subsection (1) of this section does not apply to:

(b) Acts or omissions that are outside the scope of the license held by the physician, osteopath, chiropractor, nurse, physical therapist, podiatrist, dentist, or optometrist or outside the scope of the certificate OR LICENSE held by ~~a person who is certified as an emergency medical service provider under part 2 of article 3.5 of title 25. C.R.S.~~

SECTION 8. In Colorado Revised Statutes, 15-18.6-101, **amend** the introductory portion and (3) as follows:

15-18.6-101. Definitions. As used in this ~~article~~ ARTICLE 18.6, unless the context otherwise requires:

(3) "Emergency medical service personnel" means an emergency medical service provider at any level who is certified or licensed by the department of public health and environment. "Emergency medical service personnel" includes ~~a first~~ AN EMERGENCY MEDICAL responder ~~certified REGISTERED~~ by the department of public health and environment ~~or the division of fire prevention and control in the department of public safety,~~ in accordance with ~~section 24-33.5-1205 (2)(c), C.R.S.~~ SECTION 25-3.5-1103.

SECTION 9. In Colorado Revised Statutes, 15-18.7-102, **amend** the introductory portion and (8) as follows:

15-18.7-102. Definitions. As used in this ~~article~~ ARTICLE 18.7, unless the context otherwise requires:

(8) "Emergency medical service personnel" means an emergency

medical service provider who is certified or licensed by the department of public health and environment, created and existing under section 25-1-102, ~~C.R.S., or a first~~ OR AN EMERGENCY MEDICAL responder ~~certified~~ REGISTERED by the department of public health and environment ~~or the division of fire prevention and control in the department of public safety,~~ in accordance with ~~part 12 of article 33.5 of title 24, C.R.S.~~ SECTION 25-3.5-1103.

SECTION 10. In Colorado Revised Statutes, 18-3-106, amend (4)(d) as follows:

18-3-106. Vehicular homicide. (4) (d) No person except a physician, a registered nurse, ~~a paramedic as certified in~~ AN EMERGENCY MEDICAL SERVICE PROVIDER CERTIFIED OR LICENSED UNDER part 2 of article 3.5 of title 25 ~~C.R.S., an emergency medical service provider as defined in part 1 of article 3.5 of title 25, C.R.S.;~~ WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse ~~is entitled to~~ MAY withdraw blood for the purpose of determining the ~~alcoholic~~ ALCOHOL or drug content of the blood for purposes of this section. In a trial for a violation of ~~paragraph (b) of subsection (1)~~ SUBSECTION (1)(b) of this section, testimony of a law enforcement officer that ~~he or she~~ THE OFFICER witnessed the taking of a blood specimen by a person who ~~he or she~~ THE OFFICER reasonably believed was authorized to withdraw blood specimens is sufficient evidence that the person was authorized, and testimony from the person who obtained the blood specimens concerning the person's authorization to obtain blood specimens is not a prerequisite to the admissibility of test results concerning the blood specimens obtained. ~~No~~ Civil liability ~~shall~~ DOES NOT attach to any person authorized to obtain blood, breath, saliva, or urine specimens or to any hospital, clinic, or association in or for which ~~such~~ THE specimens are obtained pursuant to this subsection (4) as a result of the act of obtaining the specimens from a person if the specimens were obtained according to the rules prescribed by the state board of health; except that ~~such provision~~ THIS SUBSECTION (4)(d) does not relieve the person from liability for negligence in obtaining any specimen sample.

SECTION 11. In Colorado Revised Statutes, 18-3-205, amend (4)(d) as follows:

18-3-205. Vehicular assault. (4) (d) No person except a physician, a registered nurse, ~~a paramedic as certified in~~ AN EMERGENCY MEDICAL SERVICE PROVIDER CERTIFIED OR LICENSED UNDER part 2 of article 3.5 of title 25 C.R.S., ~~an emergency medical service provider as defined in part 1 of article 3.5 of title 25, C.R.S.,~~ WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse ~~is entitled to~~ MAY withdraw blood to determine the ~~alcoholic~~ ALCOHOL or drug content of the blood for purposes of this section. In a trial for a violation of ~~paragraph (b) of subsection (1)~~ SUBSECTION (1)(b) of this section, testimony of a law enforcement officer that the officer witnessed the taking of a blood specimen by a person who the officer reasonably believed was authorized to withdraw blood specimens is sufficient evidence that the person was authorized, and testimony from the person who obtained the blood specimens concerning the person's authorization to obtain blood specimens is not a prerequisite to the admissibility of test results concerning the blood specimens obtained. ~~No~~ Civil liability ~~shall~~ DOES NOT attach to a person authorized to obtain blood, breath, saliva, or urine specimens or to a hospital, clinic, or association in or for which the specimens are obtained in accordance with this subsection (4) as a result of the act of obtaining the specimens from any person if the specimens were obtained according to the rules prescribed by the state board of health; except that ~~the provision~~ THIS SUBSECTION (4)(d) does not relieve the person from liability for negligence in obtaining the specimen sample.

SECTION 12. In Colorado Revised Statutes, 18-3.5-108, **amend** (5)(d) as follows:

18-3.5-108. Aggravated vehicular unlawful termination of pregnancy - definitions. (5) (d) No person except a physician, a registered nurse, an emergency medical service provider ~~as certified in part 2 of article 3.5 of title 25,~~ OR LICENSED UNDER SECTION 25-3.5-203 WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse ~~shall be entitled to~~ MAY withdraw blood for the purpose of determining the alcohol or drug content ~~therein~~ IN THE BLOOD. In any trial for a violation of subsection (1)(a) of this section, testimony of a law enforcement officer that ~~he or she~~ THE OFFICER witnessed the taking of a blood specimen by a person who ~~he or she~~ THE

OFFICER reasonably believed was authorized to withdraw blood specimens ~~shall be~~ IS sufficient evidence that the person was so authorized, and testimony from the person who obtained the blood specimens concerning the person's authorization to obtain blood specimens ~~shall~~ IS not be a prerequisite to the admissibility of test results concerning the blood specimens obtained. ~~No~~ Civil liability ~~shall~~ DOES NOT attach to any person authorized to obtain blood, breath, saliva, or urine specimens or to any hospital, clinic, or association in or for which ~~such~~ THE specimens are obtained pursuant to this subsection (5) as a result of the act of obtaining ~~such~~ THE specimens from any person if ~~such~~ THE specimens were obtained according to the rules prescribed by the state board of health; except that this subsection (5) does not relieve any such person from liability for negligence in ~~the~~ obtaining ~~of~~ any specimen sample.

SECTION 13. In Colorado Revised Statutes, 19-3-304, **amend** (2)(kk) as follows:

19-3-304. Persons required to report child abuse or neglect.

(2) Persons required to report such abuse or neglect or circumstances or conditions include any:

(kk) Emergency medical service providers, as defined in sections 25-3.5-103 (8) and 25-3.5-103 (12) and certified OR LICENSED pursuant to part 2 of article 3.5 of title 25;

SECTION 14. In Colorado Revised Statutes, 24-60-3502, **amend** section 2 H. as follows:

24-60-3502. Compact approved and ratified.

SECTION 2
DEFINITIONS

As used in this compact:

H. "License" means the authorization by a state for an individual to practice as an EMT, AEMT, or paramedic or at a level between EMT and paramedic. In Colorado, this is accomplished through certification OR LICENSURE of an emergency medical services provider pursuant to section 25-3.5-203 (1)(b). ~~C.R.S.~~

SECTION 15. In Colorado Revised Statutes, 25-3.5-201, **amend** (2) as follows:

25-3.5-201. Training programs. (2) The department shall distribute the curricula and teaching aids to training institutions and hospitals upon request from a recognized training group or hospital. If a county is unable to arrange for necessary training programs, the department shall arrange a training program within the immediate vicinity of the agency requesting the program. The department shall issue emergency medical service provider certificates OR LICENSES in accordance with section 25-3.5-203 (1) and may issue certificates of successful course completion to those individuals who successfully complete other emergency medical services training programs of the department. The programs may provide for the training of emergency medical dispatchers, emergency medical services instructors, emergency medical services coordinators, and other personnel who provide emergency medical services. The receipt of the certificate of course completion is not deemed state licensure, approval, or a determination of competency.

SECTION 16. In Colorado Revised Statutes, **amend** 25-3.5-202 as follows:

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

SECTION 17. In Colorado Revised Statutes, 25-3.5-205, **amend** (1)(a) and (5)(a) as follows:

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

(5) For the purposes of this section:

(a) "Medical director" means a physician who supervises certified OR LICENSED emergency medical service providers consistent with the rules adopted by the ~~executive~~ director or chief medical officer, as applicable, under section 25-3.5-206.

SECTION 18. In Colorado Revised Statutes, 25-3.5-603, **amend** (1)(a), (3) introductory portion, and (3)(c)(I) as follows:

25-3.5-603. Emergency medical services account - creation - allocation of funds. (1) (a) There is hereby created a special account within the highway users tax fund established under section 43-4-201, ~~C.R.S.~~, to be known as the emergency medical services account, which consists of all ~~moneys~~ MONEY transferred ~~thereto~~ INTO THE ACCOUNT in accordance with section 42-3-304 (21), ~~C.R.S.~~, fees collected under section 25-3.5-203 for provisional certifications OR LICENSES of emergency medical service providers, and fees collected under section 25-3.5-1103 for provisional registration of emergency medical responders.

(3) ~~On and after July 1, 2002;~~ The general assembly shall appropriate ~~moneys~~ MONEY in the emergency medical services account:

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

(I) Providing technical assistance and support to local governments, local emergency medical and trauma service providers, and RETACs operating a statewide data collection system, coordinating local and state

programs, providing assistance in selection and purchasing of medical and communication equipment, administering the EMTS grant program, establishing and maintaining scope of practice for certified OR LICENSED EMERGENCY medical service providers, and administering a registration program for emergency medical responders; and

SECTION 19. In Colorado Revised Statutes, 25-3.5-605, **amend** (2) introductory portion, (2)(d) introductory portion, and (2)(d)(I) as follows:

25-3.5-605. Improvement of county emergency medical and trauma services - eligibility for county funding - manner of distributing funds. (2) In order to qualify for ~~moneys~~ MONEY under this section, a county must:

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

(I) Training and certification OR LICENSURE of emergency medical service providers;

SECTION 20. In Colorado Revised Statutes, 25-3.5-903, **amend** (2) as follows:

25-3.5-903. Definitions. As used in this part 9, unless the context otherwise requires:

(2) "Prehospital medical director" or "medical director" means a licensed physician who supervises certified OR LICENSED emergency medical service providers who provide prehospital care.

SECTION 21. In Colorado Revised Statutes, 25-3.5-904, **amend** (2)(a) as follows:

25-3.5-904. Quality management programs - creation - assessments - confidentiality of information - exceptions - immunity for good-faith participants. (2) (a) Except as provided in ~~paragraph (b) of this subsection~~ (2) SUBSECTION (2)(b) or ~~subsection~~ (3) of this section,

information required to be collected and maintained, including information from the prehospital care reporting system that identifies an individual, and records, reports, and other information obtained and maintained in accordance with a quality management program established pursuant to this section are confidential and shall not be released except to the department in cases of an alleged violation of board rules pertaining to emergency medical service provider certification OR LICENSURE or except in accordance with section 25-3.5-205 (4).

SECTION 22. In Colorado Revised Statutes, 25-3.5-1101, **amend** (1)(a) as follows:

25-3.5-1101. Legislative declaration. (1) The general assembly hereby finds that:

(a) ~~The department of public health and environment~~ has responsibility for oversight of the emergency medical and trauma services system and the certification OR LICENSURE of emergency medical service providers. Emergency medical service providers are certified OR LICENSED by the department to provide treatment and transport to the sick and injured.

SECTION 23. In Colorado Revised Statutes, 25-3.5-1203, **amend** (6) as follows:

25-3.5-1203. Community assistance referral and education services programs - authorization - scope - repeal. (6) A person working directly or indirectly for a CARES program, whether as an employee or a contractor, may only provide services consistent with the requirements of subsection (3) of this section; except that nothing in this section prohibits a licensed, certified, or registered health care or mental health provider or certified OR LICENSED emergency medical service provider from acting or providing services within ~~his or her~~ THE PROVIDER'S scope of practice if necessary to respond to an emergent situation.

SECTION 24. In Colorado Revised Statutes, 33-13-108.1, **amend** (6) as follows:

33-13-108.1. Operating a vessel while under the influence. (6) The arresting officer having probable cause to believe a person has violated this section shall direct the administration of the tests in accordance

with rules prescribed by the state board of health with utmost respect for the constitutional rights, dignity, and health of the person being tested. No person except a physician, a registered nurse, ~~a paramedic~~ as AN EMERGENCY MEDICAL SERVICE PROVIDER certified in OR LICENSED UNDER part 2 of article 3.5 of title 25 C.R.S., ~~an emergency medical service provider as defined in part 1 of article 3.5 of title 25, C.R.S.~~, WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse shall withdraw blood to determine the ~~alcoholic~~ ALCOHOL or drug content of the blood for purposes of this section. ~~No Civil liability attaches~~ DOES NOT ATTACH to a person authorized to obtain blood, breath, saliva, or urine specimens or to a hospital in which the specimens are obtained as provided in subsection (4) of this section as a result of the act of obtaining the specimens from any person submitting thereto if the specimens were obtained according to the rules of the state board of health; except that this ~~provision~~ SUBSECTION (6) does not relieve the person from liability for negligence in obtaining a specimen sample.

SECTION 25. In Colorado Revised Statutes, 41-2-102, **amend** (6)(b)(II) as follows:

41-2-102. Operating an aircraft under the influence - operating an aircraft with excessive alcohol content - tests - penalties - useful public service program. (6) (b) (II) No person except a physician, a registered nurse, an emergency medical service provider, as defined in part 1 of article 3.5 of title 25 C.R.S., and as certified in OR LICENSED UNDER part 2 of article 3.5 of title 25 C.R.S., WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse shall withdraw blood to determine the ~~alcoholic~~ ALCOHOL or drug content of the blood for purposes of this section. In a trial for a violation of subsection (1) or (2) of this section, the testimony of a law enforcement officer that ~~he or she~~ THE OFFICER witnessed the taking of a blood specimen by a person who ~~he or she~~ THE OFFICER reasonably believed was authorized to withdraw a blood specimen is sufficient evidence that the person was authorized, and testimony from the person who obtained the blood specimens concerning the person's authorization to obtain blood specimens is not a prerequisite to the admissibility of test results concerning the blood specimen obtained. ~~No Civil liability attaches~~ DOES NOT ATTACH

to a person authorized to obtain blood, breath, saliva, or urine specimens or to a hospital, clinic, or association in or for which the specimens are obtained as provided in this subsection (6) as a result of the act of obtaining the specimens from any person submitting thereto if the specimens were obtained according to the rules and regulations of the state board of health; except that this provision shall SUBSECTION (6)(b)(II) DOES not relieve the person from liability for negligence in the obtaining of any specimen sample.

SECTION 26. In Colorado Revised Statutes, 42-4-1301.1, amend (6)(a) as follows:

42-4-1301.1. Expressed consent for the taking of blood, breath, urine, or saliva sample - testing - fund - rules - repeal. (6) (a) No person except a physician, a registered nurse, ~~a paramedic,~~ as AN EMERGENCY MEDICAL SERVICE PROVIDER certified in OR LICENSED UNDER part 2 of article 3.5 of title 25 C.R.S., ~~an emergency medical service provider, as defined in part 1 of article 3.5 of title 25, C.R.S.,~~ WHO IS AUTHORIZED WITHIN HIS OR HER SCOPE OF PRACTICE TO DRAW BLOOD, or a person whose normal duties include withdrawing blood samples under the supervision of a physician or registered nurse shall withdraw blood to determine the ~~alcoholic~~ ALCOHOL or drug content of the blood for purposes of this section.

SECTION 27. In Colorado Revised Statutes, 12-240-107, amend as relocated by House Bill 19-1172 (3)(w) as follows:

12-240-107. Practice of medicine defined - exemptions from licensing requirements - unauthorized practice by physician assistants and anesthesiologist assistants - penalties - definitions - rules - repeal. (3) A person may engage in, and shall not be required to obtain a license or a physician training license under this article 240 with respect to, any of the following acts:

(w) The rendering of services by an emergency medical service provider certified OR LICENSED under section 25-3.5-203 if the services rendered are consistent with rules adopted under section 25-3.5-206 defining the duties and functions of emergency medical service providers;

SECTION 28. In Colorado Revised Statutes, 12-280-408, amend as relocated by House Bill 19-1172 (1) as follows:

12-280-408. Exemption - waiver. (1) A hospital licensed or certified pursuant to section 25-1.5-103, a prescription drug outlet located within the hospital that is dispensing a controlled substance for a chart order or dispensing less than or equal to a twenty-four-hour supply of a controlled substance, and AN emergency medical ~~services personnel~~ SERVICE PROVIDER certified OR LICENSED pursuant to section 25-3.5-203 are exempt from the reporting provisions of this part 4. A hospital prescription drug outlet licensed pursuant to section 12-280-114 shall comply with the provisions of this part 4 for controlled substances dispensed for outpatient care that have more than a twenty-four-hour supply.

SECTION 29. Effective date - applicability. (1) This act takes effect upon passage; except that sections 27 and 28 of this act take effect only if House Bill 19-1172 becomes law, in which case sections 27 and 28 take effect October 1, 2019.

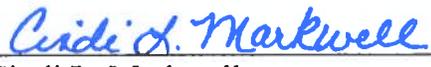
(2) This act applies to conduct occurring on or after the applicable effective date of this act.

SECTION 30. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

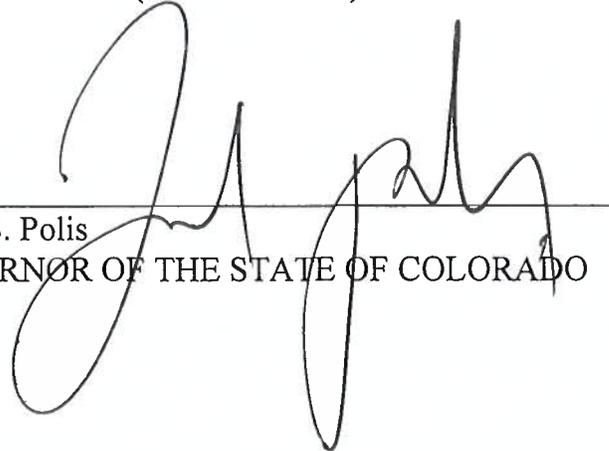

Leroy M. Garcia
PRESIDENT OF
THE SENATE


KC Becker
SPEAKER OF THE HOUSE
OF REPRESENTATIVES


Cindi L. Markwell
SECRETARY OF
THE SENATE


Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED May 31, 2019 at 2:20 p.m.
(Date and Time)


Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO

An Act

SENATE BILL 19-065

BY SENATOR(S) Garcia, Bridges, Cooke, Coram, Crowder, Danielson, Donovan, Fenberg, Gardner, Ginal, Gonzales, Priola, Rankin, Rodriguez, Story, Tate, Todd, Williams A., Winter, Woodward, Zenzinger;
also REPRESENTATIVE(S) Exum, Arndt, Bird, Buckner, Buentello, Caraveo, Coleman, Cutter, Duran, Esgar, Galindo, Gonzales-Gutierrez, Gray, Herod, Hooton, Jackson, Kipp, Liston, McCluskie, McLachlan, Melton, Michaelson Jenet, Mullica, Roberts, Singer, Sirota, Snyder, Valdez A., Valdez D., Becker.

CONCERNING THE CREATION OF A PEER HEALTH ASSISTANCE PROGRAM FOR EMERGENCY MEDICAL SERVICE PROVIDERS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add 25-3.5-208** as follows:

25-3.5-208. Emergency medical service providers' peer health assistance program - rules. (1) AS A CONDITION OF INITIAL CERTIFICATION AND CERTIFICATION RENEWAL, EVERY APPLICANT SHALL PAY TO THE DEPARTMENT, AT THE TIME OF APPLICATION, TWO DOLLARS AND FIFTY-FIVE

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

CENTS. THIS AMOUNT MAY BE ADJUSTED ON JANUARY 1, 2021, AND ANNUALLY THEREAFTER BY THE BOARD TO REFLECT:

(a) CHANGES IN THE UNITED STATES DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS, CONSUMER PRICE INDEX FOR DENVER-AURORA-LAKEWOOD, OR ITS SUCCESSOR INDEX; AND

(b) OVERALL UTILIZATION OF THE PROGRAM.

(2) THE FEE IMPOSED PURSUANT TO SUBSECTION (1) OF THIS SECTION IS TO SUPPORT DESIGNATED PROVIDERS THE DEPARTMENT SELECTS TO PROVIDE ASSISTANCE TO EMERGENCY MEDICAL SERVICE PROVIDERS NEEDING HELP IN DEALING WITH PHYSICAL, EMOTIONAL, OR PSYCHOLOGICAL CONDITIONS THAT MAY BE DETRIMENTAL TO THEIR ABILITY TO PROVIDE EMERGENCY MEDICAL SERVICES.

(3) THE DEPARTMENT SHALL DEPOSIT THE FEES COLLECTED PURSUANT TO THIS SECTION IN THE EMERGENCY MEDICAL SERVICES PEER ASSISTANCE FUND, REFERRED TO IN THIS SECTION AS THE "FUND", WHICH IS HEREBY CREATED IN THE STATE TREASURY. MONEY IN THE FUND IS NOT SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY. THE STATE TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE FUND TO THE FUND. THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS SECTION.

(4) THE DEPARTMENT SHALL SELECT ONE OR MORE PEER HEALTH ASSISTANCE PROGRAMS AS DESIGNATED PROVIDERS. TO BE ELIGIBLE FOR DESIGNATION BY THE DEPARTMENT, A PEER HEALTH ASSISTANCE PROGRAM MUST:

(a) PROVIDE FOR THE EDUCATION OF EMERGENCY MEDICAL SERVICE PROVIDERS WITH RESPECT TO THE RECOGNITION AND PREVENTION OF PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL CONDITIONS AND PROVIDE FOR INTERVENTION WHEN NECESSARY OR UNDER CIRCUMSTANCES THAT THE DEPARTMENT MAY ESTABLISH BY RULE;

(b) OFFER ASSISTANCE TO AN EMERGENCY MEDICAL SERVICE PROVIDER IN IDENTIFYING PHYSICAL, EMOTIONAL, OR PSYCHOLOGICAL

CONDITIONS;

(c) EVALUATE THE EXTENT OF PHYSICAL, EMOTIONAL, OR PSYCHOLOGICAL CONDITIONS AND REFER THE EMERGENCY MEDICAL SERVICE PROVIDER FOR APPROPRIATE TREATMENT;

(d) MONITOR THE STATUS OF AN EMERGENCY MEDICAL SERVICE PROVIDER WHO HAS BEEN REFERRED FOR TREATMENT;

(e) PROVIDE COUNSELING AND SUPPORT FOR THE EMERGENCY MEDICAL SERVICE PROVIDER AND FOR THE FAMILY OF ANY EMERGENCY MEDICAL SERVICE PROVIDER REFERRED FOR TREATMENT;

(f) AGREE TO RECEIVE REFERRALS FROM THE DEPARTMENT; AND

(g) AGREE TO MAKE SERVICES AVAILABLE TO ALL CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDERS.

(5) THE DEPARTMENT MAY SELECT AN ENTITY TO ADMINISTER THE EMERGENCY MEDICAL SERVICE PROVIDERS PEER HEALTH ASSISTANCE PROGRAM. THE ADMINISTERING ENTITY MUST BE A NONPROFIT PRIVATE FOUNDATION THAT IS QUALIFIED UNDER SECTION 501 (c)(3) OF THE FEDERAL "INTERNAL REVENUE CODE OF 1986", AS AMENDED, AND IS DEDICATED TO PROVIDING SUPPORT FOR CHARITABLE, BENEVOLENT, EDUCATIONAL, AND SCIENTIFIC PURPOSES THAT ARE RELATED TO MEDICINE, MEDICAL EDUCATION, MEDICAL RESEARCH AND SCIENCE, AND OTHER MEDICAL CHARITABLE PURPOSES.

(6) THE ADMINISTERING ENTITY SHALL:

(a) DISTRIBUTE THE MONEY COLLECTED FROM THE DEPARTMENT, LESS EXPENSES, TO AN APPROVED DESIGNATED PROVIDER, AS DIRECTED BY THE DEPARTMENT;

(b) PROVIDE AN ANNUAL ACCOUNTING TO THE DEPARTMENT OF ALL AMOUNTS COLLECTED, EXPENSES INCURRED, AND AMOUNTS DISBURSED; AND

(c) POST A SURETY PERFORMANCE BOND IN AN AMOUNT SPECIFIED BY THE DEPARTMENT TO SECURE PERFORMANCE UNDER THE REQUIREMENTS OF THIS SECTION. THE ADMINISTERING ENTITY MAY RECOVER THE ACTUAL

ADMINISTRATIVE COSTS INCURRED IN PERFORMING ITS DUTIES UNDER THIS SECTION IN AN AMOUNT NOT TO EXCEED TEN PERCENT OF THE TOTAL AMOUNT COLLECTED.

(7) (a) ANY CERTIFICATE HOLDER WHO DOES NOT HAVE ACCESS TO AN EMPLOYEE ASSISTANCE PROGRAM MAY APPLY TO THE DEPARTMENT FOR PARTICIPATION IN A QUALIFIED PEER HEALTH ASSISTANCE PROGRAM. IN ORDER TO BE ELIGIBLE FOR PARTICIPATION, A CERTIFICATE HOLDER SHALL:

(I) ACKNOWLEDGE THE EXISTENCE OR THE POTENTIAL EXISTENCE OF A PHYSICAL, PSYCHOLOGICAL, OR EMOTIONAL CONDITION; EXCESSIVE ALCOHOL OR DRUG USE; OR AN ALCOHOL USE DISORDER, AS DEFINED IN SECTION 27-81-102 (1), OR A SUBSTANCE USE DISORDER, AS DEFINED IN SECTION 27-82-102 (13.5);

(II) AFTER A FULL EXPLANATION OF THE OPERATION AND REQUIREMENTS OF THE PEER HEALTH ASSISTANCE PROGRAM, AGREE TO VOLUNTARILY PARTICIPATE IN THE PROGRAM AND AGREE IN WRITING TO PARTICIPATE IN THE PROGRAM OF THE PEER HEALTH ASSISTANCE ORGANIZATION DESIGNATED BY THE DEPARTMENT.

(b) (I) ANY CERTIFICATE HOLDER MAY SELF-REFER TO THE QUALIFIED PEER HEALTH ASSISTANCE PROGRAM SELECTED BY THE DEPARTMENT. IF A CERTIFICATE HOLDER WHO SELF-REFERS IN ACCORDANCE WITH THIS SUBSECTION (7)(b) HAS ACCESS TO AN EMPLOYEE ASSISTANCE PROGRAM, THE CERTIFICATE HOLDER SHALL COVER THE COST OF THE PROGRAM.

(II) A CERTIFICATE HOLDER WHO SELF-REFERS AND IS ACCEPTED INTO A QUALIFIED PEER HEALTH ASSISTANCE PROGRAM SHALL AFFIRM THAT, TO THE BEST OF THEIR KNOWLEDGE, INFORMATION, AND BELIEF, THEY KNOW OF NO INSTANCE IN WHICH THEY HAVE VIOLATED THIS ARTICLE 3.5 OR THE RULES OF THE BOARD, EXCEPT IN INSTANCES AFFECTED BY THE CERTIFICATE HOLDER'S PHYSICAL, PSYCHOLOGICAL, OR EMOTIONAL CONDITION.

(8) ALL DOCUMENTS, RECORDS, OR REPORTS GENERATED IN THE PROVISION OF SERVICES TO A CERTIFICATE HOLDER WHO IS ATTENDING A QUALIFIED PEER HEALTH ASSISTANCE PROGRAM ARE CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA AND SHALL NOT BE USED AS EVIDENCE IN ANY PROCEEDING OTHER THAN DISCIPLINARY ACTION BY THE DEPARTMENT. THE

DOCUMENTS, RECORDS, AND REPORTS ARE NOT PUBLIC RECORDS FOR PURPOSES OF SECTION 24-72-203.

(9) NOTWITHSTANDING THE PROVISIONS OF THIS SECTION, THE DEPARTMENT MAY SUMMARILY SUSPEND THE CERTIFICATION OF ANY CERTIFICATE HOLDER WHO IS REFERRED TO A PEER HEALTH ASSISTANCE PROGRAM BY THE DEPARTMENT AND WHO FAILS TO ATTEND OR TO COMPLETE THE PROGRAM. IF A CERTIFICATE HOLDER OBJECTS TO THE SUSPENSION, THE CERTIFICATE HOLDER MAY SUBMIT A WRITTEN REQUEST TO THE DEPARTMENT FOR THE FORMAL HEARING ON THE SUSPENSION WITHIN TWO DAYS AFTER RECEIVING NOTICE OF THE SUSPENSION AND THE DEPARTMENT SHALL GRANT THE REQUEST. IN THE HEARING, THE CERTIFICATE HOLDER SHALL HAVE THE BURDEN OF PROVING THAT THE CERTIFICATE HOLDER'S CERTIFICATION SHOULD NOT BE SUSPENDED. THE HEARING SHALL BE CONDUCTED IN ACCORDANCE WITH SECTION 24-4-105.

(10) NOTHING IN THIS SECTION CREATES ANY LIABILITY ON THE DEPARTMENT OR THE STATE OF COLORADO FOR THE ACTIONS OF THE DEPARTMENT IN MAKING GRANTS TO PEER ASSISTANCE PROGRAMS, AND NO CIVIL ACTION MAY BE BROUGHT OR MAINTAINED AGAINST THE DEPARTMENT OR THE STATE FOR AN INJURY ALLEGED TO HAVE BEEN THE RESULT OF THE ACTIVITIES OF ANY STATE-FUNDED PEER ASSISTANCE PROGRAM OR THE RESULT OF AN ACT OR OMISSION OF AN EMERGENCY MEDICAL SERVICE PROVIDER PARTICIPATING IN OR REFERRED BY A STATE-FUNDED PEER ASSISTANCE PROGRAM. HOWEVER, THE STATE REMAINS LIABLE UNDER THE "COLORADO GOVERNMENTAL IMMUNITY ACT", ARTICLE 10 OF TITLE 24, IF AN INJURY ALLEGED TO HAVE BEEN THE RESULT OF AN ACT OR OMISSION OF AN EMERGENCY MEDICAL SERVICE PROVIDER PARTICIPATING IN OR REFERRED BY A STATE-FUNDED PEER ASSISTANCE PROGRAM OCCURRED WHILE THE EMERGENCY MEDICAL SERVICE PROVIDER WAS PERFORMING DUTIES AS AN EMPLOYEE OF THE STATE.

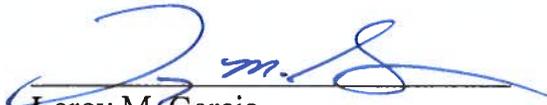
(11) THE DEPARTMENT MAY PROMULGATE RULES NECESSARY TO IMPLEMENT THIS SECTION.

SECTION 2. Appropriation. For the 2019-20 state fiscal year, \$57,242 is appropriated to the department of public health and environment for use by the health facilities and emergency medical services division. This appropriation is from the emergency medical services account within the highway users tax fund created in section 25-3.5-603 (1)(a), C.R.S., and

is based on an assumption that the division will require an additional 0.8 FTE. To implement this act, the division may use this appropriation for the peer health assistance program related to emergency medical services.

SECTION 3. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless

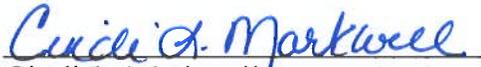
approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.



Leroy M. Garcia
PRESIDENT OF
THE SENATE



KC Becker
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

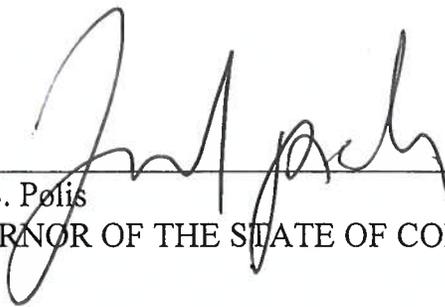


Cindi L. Markwell
SECRETARY OF
THE SENATE



Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED May 14, 2019 at 1:26 p.m.
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO

HOUSE BILL 19-1166

BY REPRESENTATIVE(S) Singer and Larson, Arndt, Buckner, Buentello, Exum, Gray, Sandridge, Snyder, Soper, Titone, Sirota; also SENATOR(S) Zenzinger, Gonzales, Lee, Tate, Williams A., Winter, Woodward.

CONCERNING NAME-BASED CRIMINAL HISTORY RECORD CHECKS, AND, IN CONNECTION THEREWITH, REQUIRING CERTAIN PERSONS AND ENTITIES TO SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD CHECK AS A CONDITION OF EMPLOYMENT, APPOINTMENT, REGISTRATION, LICENSURE, OR CERTIFICATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 37. In Colorado Revised Statutes, 25-3.5-203, add (4)(f) as follows: 25-3.5-203. Emergency medical service providers - certification - renewal of certificate - duties of department - rules - criminal history record checks - definitions.

(4) (f) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF A PERSON PERFORMED PURSUANT TO THIS SUBSECTION (4) REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE DEPARTMENT, GOVERNMENT ENTITY, OR PRIVATE, NOT-FOR-PROFIT, OR FOR-PROFIT ORGANIZATION THAT REQUIRED THE FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK SHALL REQUIRE THAT PERSON TO SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD CHECK, AS DEFINED IN SECTION 22-2-119.3 (6)(d).

SECTION 38. In Colorado Revised Statutes, 25-3.5-1103, add (5)(c) as follows: 25-3.5-1103. Registration - rules - funds. (5) (c) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF A PERSON PERFORMED PURSUANT TO THIS SUBSECTION (5) REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE DEPARTMENT SHALL REQUIRE THAT PERSON TO SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD CHECK, AS DEFINED IN SECTION 22-2-119.3 (6)(d).



COLORADO
Department of Public
Health & Environment

*State Emergency Medical and Trauma
Services Advisory Council*

July 9, 2020

Ms. Patricia Hammon, RN, President
State Board of Health
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, EDO-A5
Denver, CO 80246-1530

Dear Ms. Hammon:

At the July 9, 2020, 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 CCR 1015-3 Chapter One were reviewed and discussed. These rule revisions encompass both content and formatting, and follow an extensive stakeholder process.

A motion was made and passed to approve the proposed revisions.

Sincerely yours,

Rick Lewis, Chief
SEMTAC Vice-Chairman

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**
2 **Health Facilities and Emergency Medical Services Division**
3 **EMERGENCY MEDICAL SERVICES**

4 **6 CCR 1015-3**

5 *[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

7 **CHAPTER ONE – RULES PERTAINING TO EMS AND EMR EDUCATION, EMS CERTIFICATION OR**
8 **LICENSURE, AND EMR REGISTRATION**

9 **Chapter 1 Adopted by the Board of Health on ~~October 19, 2017~~ xxx, 2020. Effective January 1,**
10 **~~2018~~ 2021.**

11 **SECTION 1 – PURPOSE AND AUTHORITY FOR RULES**

12 1.1 These rules address the recognition process for emergency medical services (EMS) and
13 Emergency Medical Responder (EMR) education programs; the certification **OR LICENSURE**
14 process for all levels of EMS Providers; the registration process for emergency medical
15 responders; and the procedures for denial, revocation, suspension, limitation, or modification of a
16 certificate, **LICENSE**, or registration.

17 1.2 The authority for the promulgation of these rules is set forth in Section 25-3.5-101 et seq., C.R.S.

18 **SECTION 2 – DEFINITIONS**

19 2.1 All definitions that appear in Section 25-3.5-103, C.R.S., shall apply to these rules.

20
21 2.2 **“ACCREDITED COLLEGE OR UNIVERSITY” – FOR PURPOSES OF EMS PROVIDER LICENSING, A FOUR-YEAR**
22 **COLLEGE OR UNIVERSITY THAT IS ACCREDITED BY AN EDUCATIONAL ACCREDITING BODY RECOGNIZED BY**
23 **THE COUNCIL FOR HIGHER EDUCATION ACCREDITATION (CHEA) OR THE UNITED STATES DEPARTMENT**
24 **OF EDUCATION, OR IS AN INTERNATIONAL PROGRAM THAT IS RECOGNIZED TO BE THE EQUIVALENT OF A**
25 **FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY.**

26 2.23 **“Advanced Cardiac Life Support (ACLS)” - A course of instruction designed to prepare students in**
27 the practice of advanced emergency cardiac care.

28 2.34 **“Advanced Emergency Medical Technician (AEMT)”- An individual who has a current and valid**
29 AEMT certificate **OR LICENSE** issued by the Department and who is authorized to provide limited
30 acts of advanced emergency medical care in accordance with the Rules Pertaining to EMS
31 Practice and Medical Director Oversight.

32 2.45 **“Basic Cardiac Life Support (CPR)” – A course of instruction designed to prepare students in**
33 cardiopulmonary resuscitation techniques.

34 2.56 **“Board for Critical Care Transport Paramedic Certification (BCCTPC)”- a non-profit organization**
35 that develops and administers the Critical Care Paramedic Certification and Flight Paramedic
36 Certification exam.

- 37 2.67 “Certificate” – Designation as having met the requirements of Section 5 of these rules, issued to
38 an individual by the Department. Certification is equivalent to licensure for purposes of the state
39 Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 40 2.78 “Certificate Holder” – An individual who has been issued a certificate as defined ~~above~~ **IN SECTION**
41 **2.7.**
- 42 2.89 “Continuing Education” - Education required for the renewal of a certificate, **LICENSE**, or
43 registration.
- 44 2.910 “Department” - Colorado Department of Public Health and Environment.
- 45 2.4011 “Emergency Medical Practice Advisory Council (EMPAC)” – The council established pursuant to
46 Section 25-3.5-206, C.R.S. that is responsible for advising the Department regarding the
47 appropriate scope of practice for EMS Providers and for the criteria for physicians to serve as
48 EMS medical directors.
- 49 2.4412 “Emergency Medical Responder (EMR)” – An individual who has successfully completed the
50 training and examination requirements for emergency medical responders and who provides
51 assistance to the injured or ill until more highly trained and qualified personnel arrive.
- 52 2.4213 “Emergency Medical Technician (EMT)” - An individual who has a current and valid EMT
53 certificate **OR LICENSE** issued by the Department and who is authorized to provide basic
54 emergency medical care in accordance with the Rules Pertaining to EMS Practice and Medical
55 Director Oversight. ~~For the purposes of these rules, EMT includes the historic EMS Provider level~~
56 ~~of EMT-Basic (EMT-B).~~
- 57 2.4314 “Emergency Medical Technician Intermediate (EMT-I)” - An individual who has a current and valid
58 EMT-I certificate **OR LICENSE** issued by the Department and who is authorized to provide limited
59 acts of advanced emergency medical care in accordance with the Rules Pertaining to EMS
60 Practice and Medical Director Oversight. ~~For the purposes of these rules, EMT-I includes the~~
61 ~~historic EMS Provider level of EMT-Intermediate (EMT-I or EMT-I 99).~~
- 62 2.4415 “Emergency Medical Technician with IV Authorization (EMT-IV)” – An individual who has a
63 current and valid EMT certificate **OR LICENSE** issued by the Department and who has met the
64 conditions defined in the Rules Pertaining to EMS Practice and Medical Director Oversight
65 relating to IV authorization.
- 66 2.4516 “EMR Education Center” - A state-recognized provider of initial courses, EMR continuing
67 education topics and/or refresher courses that qualify graduates for the National Registry of
68 Emergency Medical Technician’s EMR certification **AND FOR STATE REGISTRATION RENEWAL.**
- 69 2.4617 “EMR Education Group” – A state-recognized provider of EMR continuing education topics and/or
70 refresher courses that qualify individuals for renewal of a national registry EMR certification **AND**
71 **FOR STATE REGISTRATION RENEWAL.**
- 72 2.4718 “EMS Education Center” - A state-recognized provider of initial courses, EMS continuing
73 education topics and/or refresher courses that qualify graduates for state and/or National Registry
74 EMS provider certification **OR LICENSURE.**
- 75 2.4819 “EMS Education Group” - A state-recognized provider of EMS continuing education topics and/or
76 refresher courses that qualify individuals for renewal of a state and/or National Registry EMS
77 provider certification **OR LICENSURE.**

- 78 2.19~~20~~ "Education Program" - A state-recognized provider of EMS and/or EMR education including a
79 recognized education group or center.
- 80 2.20~~21~~ "Education Program Standards" - Department approved minimum standards for EMS or EMR
81 education that shall be met by state-recognized EMS or EMR education programs.
- 82 2.24~~22~~ "EMS Provider" – Means an individual who holds a valid emergency medical service provider
83 certificate ~~OR LICENSE~~ issued by the Department and includes Emergency Medical Technician,
84 Advanced Emergency Medical Technician, Emergency Medical Technician Intermediate and
85 Paramedic.
- 86 2.23 "EQUIVALENT FIELD"—FOR PURPOSES OF EMS PROVIDER LICENSING, A FOUR- YEAR BACHELORS
87 DEGREE PROGRAM THAT INCLUDES A MINIMUM OF 40 COMPLETED SEMESTER CREDIT HOURS IN COURSES
88 THAT THE DEPARTMENT DETERMINES, PURSUANT TO SECTION 5.4.2, TO BE COMPARABLE TO HEALTH
89 SCIENCES FIELDS AND DISCIPLINES.
- 90 2.24 "FIELD RELATED TO THE HEALTH SCIENCES" –FOR PURPOSES OF EMS PROVIDER LICENSING, A FOUR
91 YEAR BACHELOR'S DEGREE PROGRAM IN EMERGENCY MEDICAL SERVICES OR IN HEALTH PROFESSIONS
92 AND RELATED PROGRAMS AS IDENTIFIED BY THE UNITED STATES DEPARTMENT OF EDUCATION,
93 INSTITUTE OF EDUCATION SCIENCES, NATIONAL CENTER FOR EDUCATION STATISTICS, CLASSIFICATION
94 OF INSTRUCTIONAL PROGRAMS (CIP-2020).
- 95 2.22~~25~~ "Graduate Advanced Emergency Medical Technician" – ~~AN EMT CERTIFICATE HOLDER OR LICENSEE~~
96 ~~A certificate holder~~ who has successfully completed a Department recognized AEMT education
97 course but has not yet successfully completed the AEMT certification ~~OR LICENSURE~~ requirements
98 set forth in these rules.
- 99 2.23 "~~Graduate Emergency Medical Technician Intermediate~~" – ~~AN EMT OR AN AEMT certificate holder~~
100 ~~who has successfully completed a Department recognized EMT-I education course but has not~~
101 ~~yet successfully completed the EMT-I certification requirements set forth in these rules.~~
- 102 2.24~~26~~ "Graduate Paramedic" – ~~AN EMT, AEMT OR EMT-I~~ certificate holder ~~OR LICENSEE~~ who has
103 successfully completed a Department recognized Paramedic education course but has not yet
104 successfully completed the Paramedic certification ~~OR LICENSURE~~ requirements set forth in these
105 rules.
- 106 2.25~~27~~ "Initial Course" - A course of study based on the Department approved curriculum that meets the
107 education requirements for issuance of a certificate, ~~LICENSE, OR REGISTRATION OR~~
108 ~~REGISTRATION~~ for the first time.
- 109 2.26~~28~~ "Initial Certification ~~OR LICENSURE~~" - First time application for and issuance by the Department of a
110 certificate ~~OR LICENSE~~ at any level as an EMS provider. This shall include applications received
111 from persons holding any level of EMS certification ~~OR LICENSE~~ issued by the Department who are
112 applying for either a higher or lower level certificate ~~OR LICENSE~~.
- 113 2.27~~29~~ "Initial Registration" – First time application for and issuance by the Department of a registration
114 as an EMR. This shall include applications received from persons holding any level of EMS
115 certification ~~OR LICENSE~~ issued by the Department who are applying for registration.
- 116 2.28~~30~~ "International Board of Specialty Certification (IBSC)" – A non-profit organization that develops
117 and administers a national community paramedic certification exam.
- 118 2.29~~31~~ "Letter of Admonition" - A form of disciplinary sanction that is placed in an EMS provider's or
119 EMR's file and represents an adverse action against the certificate holder, ~~REGISTRATION HOLDER,~~
120 ~~OR LICENSEE~~.

- 121 2.32 "LICENSE" - DESIGNATION AS HAVING MET THE REQUIREMENTS OF SECTION 25-3.5-203(1) (b) AND
122 (b.5), C.R.S. AND SECTION 5.4 ISSUED TO AN INDIVIDUAL BY THE DEPARTMENT.
- 123 2.33 "LICENSEE" - AN INDIVIDUAL WHO HAS BEEN ISSUED A LICENSE AS DEFINED IN SECTION 2.32.
- 124 ~~2.30~~34 "Medical Director" – For the purposes of these rules, a physician licensed in good standing who
125 authorizes and directs, through protocols and standing orders, the performance of students-in-
126 training enrolled in Department-recognized EMS or EMR education programs and/or EMS
127 certificate holders OR LICENSEES who perform medical acts, and who is specifically identified as
128 being responsible to assure the performance competency of those EMS PROVIDERS as
129 described in the physician's medical continuous quality improvement program.
- 130 ~~2.31~~35 "National Registry of Emergency Medical Technicians (NREMT)" - A national non-governmental
131 organization that certifies entry-level and ongoing competency of EMS providers and EMRs.
- 132 ~~2.32~~36 "Paramedic" - An individual who has a current and valid Paramedic certificate OR LICENSE issued
133 by the Department and who is authorized to provide acts of advanced emergency medical care in
134 accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight. For the
135 purposes of these rules, Paramedic includes the historic EMS Provider level of EMT-Paramedic
136 (EMT-P).
- 137 ~~2.33~~37 "Paramedic with Community Paramedic Endorsement (P-CP)" – An individual who has a current
138 and valid Paramedic certificate OR LICENSE issued by the Department and who has met the
139 requirements in these rules to obtain a community paramedic endorsement from the Department
140 and is authorized to provide acts in accordance with the Rules Pertaining to EMS Practice and
141 Medical Director Oversight relating to community integrated health care services, as set forth in
142 SECTIONS 25-3.5-206, C.R.S and 25-3.5-1301, et seq. C.R.S.
- 143 ~~2.34~~38 "Paramedic with Critical Care Endorsement (P-CC)" – An individual who has a current and valid
144 Paramedic certificate OR LICENSE issued by the Department and who has met the requirements in
145 these rules to obtain a critical care endorsement from the Department and is authorized to
146 provide acts in accordance with the Rules Pertaining to EMS Practice and Medical Director
147 Oversight relating to critical care, as set forth in SECTION 25-3.5-206, C.R.S.
- 148 ~~2.35~~39 "Practical Skills Examination" - A skills test conducted at the end of an initial course and prior to
149 application for national or state certification OR LICENSURE.
- 150 ~~2.36~~40 "Provisional Certification OR LICENSURE" - A certification OR LICENSE, valid for not more than 90
151 days, that may be issued by the Department to an EMS PROVIDER PROVIDER applicant seeking
152 certification OR LICENSURE.
- 153 ~~2.37~~41 "Provisional Registration" – A registration, valid for not more than 90 days, that may be issued by
154 the Department to an EMR applicant seeking registration.
- 155 ~~2.38~~42 "Refresher Course" - A course of study based on the Department approved curriculum that
156 contributes in part to the education requirements for renewal of a certificate, LICENSE or
157 registration.
- 158 ~~2.39~~43 "Registered Emergency Medical Responder (EMR)" - An individual who has successfully
159 completed the training and examination requirements for EMRs, who provides assistance to the
160 injured or ill until more highly trained and qualified personnel arrive, and who is registered with the
161 Department pursuant to sSection 6 of these rules.
- 162 ~~2.40~~44 "Rules Pertaining to EMS Practice and Medical Director Oversight" - Rules adopted by the
163 Executive Director or Chief Medical Officer of the Department upon the advice of the EMPAC that

164 establish the responsibilities of medical directors and all authorized acts of EMS certificate
 165 holders **OR LICENSEES**, located at 6 CCR 1015-3, Chapter Two.

166 2.44**45** "State Emergency Medical and Trauma Services Advisory Council (SEMTAC)" – A council
 167 created in the Department pursuant to Section 25-3.5-104, C.R.S., that advises the Department
 168 on all matters relating to emergency medical and trauma services.

169 **SECTION 3 – STATE RECOGNITION OF EDUCATION PROGRAMS**

170 ~~3.1~~ ~~Specialized Education Curricula~~

171 ~~3.1.1~~ ~~The specialized education curricula established by the Department may include, but are~~
 172 ~~not limited to, the following:~~

173 ~~A) EMR initial and refresher courses~~

174 ~~B) EMT initial and refresher courses~~

175 ~~C) Intravenous therapy (IV) and medication administration course~~

176 ~~D) AEMT initial and refresher courses~~

177 ~~E) EMT-I initial and refresher courses~~

178 ~~F) Paramedic initial and refresher courses~~

179 **3.21** Application for State Recognition as an Education Program

180 **3.21.1** The Department may grant recognition for any of the following types of education
 181 programs:

182 A) EMR education center

183 B) EMR education group

184 C) EMT education center

185 D) EMT education group

186 E) EMT IV education group

187 F) AEMT education center

188 G) AEMT education group

189 H) EMT-I education center

190 **I)** EMT-I education group

191 **J)** Paramedic education center

192 **K)** Paramedic education group

193 ~~3.2.2~~ **3.1.2** An education program recognized as an education center at any level shall also
 194 be authorized to serve as an education group at the same level(s).

- 195 ~~3.21.3~~ An education program recognized prior to the effective date of these rules shall be
 196 authorized to continue providing services at the same level(s) for the remainder of the
 197 current recognition period.
- 198 ~~3.21.4~~ EMS education programs recognized at the EMT-I level shall also be authorized to
 199 provide services at the AEMT level for the remainder of the current recognition period.
- 200 ~~3.21.5~~ Any education provider seeking to prepare graduates for EMS certification **OR LICENSURE**
 201 or EMR registration shall apply for state recognition as described in ~~SECTION 3.2.11~~
 202 **3.2.9**, below.
- 203 ~~3.21.6~~ Initial education program recognition shall be valid for a period of three (3) years from the
 204 date of the Department's written notice of recognition.
- 205 ~~3.21.7~~ Education programs shall utilize personnel who meet the qualification requirements in the
 206 Department's EMS or EMR education program standards.
- 207 ~~3.21.8~~ State-recognized EMS education programs are required to present the Rules Pertaining
 208 to EMS Practice and Medical Director Oversight at 6 CCR 1015-3, Chapter Two,
 209 including the current Colorado EMS scope of practice content as established in those
 210 rules, within every initial and refresher course.
- 211 ~~3.21.9~~ EMS education centers that provide initial education at the Paramedic level shall obtain
 212 accreditation from the Commission on Accreditation of Allied Health Education Programs
 213 (CAAHEP). The EMS education center shall provide the Department with verification that
 214 an application for accreditation has been submitted to CAAHEP prior to the EMS
 215 education center initiating a second course.
- 216 ~~3.21.10~~ EMS education centers that provide initial education at the Paramedic level shall
 217 maintain accreditation from CAAHEP. ~~Loss of CAAHEP accreditation by an EMS~~
 218 ~~education center shall result in proceedings for the revocation, suspension, limitation or~~
 219 ~~modification of state recognition as an EMS education program.~~
- 220 ~~3.21.11~~ Applicants for education program recognition shall submit the following documentation
 221 to the Department:
- 222 A) ~~a~~ completed application form provided by the Department;
- 223 B) ~~a~~ personnel roster, to include a current resume for the program director and
 224 medical director;
- 225 C) a description of the facilities to be used for course didactic, lab, and clinical
 226 instruction and a listing of all education aids and medical equipment available to
 227 the program;
- 228 D) ~~program~~ policies and procedures, which at a minimum shall address:
- 229 1) ~~admission~~ **ADMISSION** requirements;
- 230 2) ~~attendance~~ **ATTENDANCE** requirements;
- 231 3) ~~course~~ **COURSE** schedule that lists as separate elements the didactic, lab,
 232 clinical, skills and written testing criteria of the education program;
- 233 4) ~~discipline~~ **DISCIPLINE**/counseling of students;

- 234 5) ~~grievance~~ **GRIEVANCE** procedures;
- 235 6) ~~successful~~ **SUCCESSFUL** course completion requirements;
- 236 7) ~~testing~~ **TESTING** policies;
- 237 8) ~~tuition~~ **TUITION** policy statement;
- 238 9) ~~infection~~ **INFECTION** control plan;
- 239 10) ~~description~~ **DESCRIPTION** of insurance coverage for students, both health
240 and liability;
- 241 11) ~~practical~~ **PRACTICAL** skills testing policies and procedures;
- 242 12) ~~a~~ **A** continuous quality improvement plan;and
- 243 13) ~~recognition~~ **RECOGNITION** of continuing medical education provided by
244 outside parties including, but not limited to, continuing medical education
245 completed by members of the armed forces or reserves of the United
246 States or the National Guard, military reserves or naval militia of any
247 state.

248 3.21.42 ~~10~~ After receipt of the application and other documentation required by these rules, the
249 Department shall notify the applicant of recognition or denial as an education program, or
250 shall specify a site review or modification of the materials submitted by the applicant.

251 3.21.43 ~~11~~ If the Department requires a site visit, the applicant shall introduce staff, faculty, and
252 medical director, and show all documentation, equipment, supplies and facilities.

253 3.21.44 ~~12~~ Applications determined to be incomplete shall be returned to the applicant.

254 3.21.45 ~~13~~ The Department shall provide written notice of education program recognition or denial
255 of recognition to the applicant. The Department's determination shall include, but not be
256 limited to, consideration of the following factors:

- 257 A) ~~fulfillment~~ **FULFILLMENT** of all application requirements;
- 258 B) ~~demonstration~~ **DEMONSTRATION** of ability to conduct education, at the requested
259 level, in compliance with the Department's education program standards; **AND**
- 260 C) ~~demonstration~~ **DEMONSTRATION** of necessary professional staff, equipment and
261 supplies to provide the education.

262 3.21.46 ~~14~~ Denial of recognition shall be in accordance with Section 4 of these rules.

263 3.32 Education Program Recognition Renewal

264 3.2.1 Renewal of recognition shall be valid for a period of five (5) years from the date of the
265 Department's notice of recognition renewal and shall be based upon satisfactory past
266 performance and submission of an updated application form.

267 3.2.2 Additional information as specified in Section ~~3.2.14~~ **3.1.9** may be required by the
268 Department. ~~The Department may require a site review in conjunction with the renewal~~
269 ~~application.~~

270 **3.2.3 THE DEPARTMENT MAY REQUIRE A SITE REVIEW IN CONJUNCTION WITH THE RENEWAL**
 271 **APPLICATION.**

272 **3.4 Incorporation by Reference**

273 ~~3.4.1 These rules incorporate by reference the Commission on Accreditation of Allied Health~~
 274 ~~Education Programs (CAAHEP) Standards and Guidelines for the Accreditation of~~
 275 ~~Educational Programs in the Emergency Medical Services Professions as revised in~~
 276 ~~2015. Such incorporation does not include later amendments to or editions of the~~
 277 ~~referenced material. The Health Facilities and Emergency Medical Services Division of~~
 278 ~~the Department maintains copies of the incorporated material for public inspection during~~
 279 ~~regular business hours, and shall provide certified copies of any non-copyrighted material~~
 280 ~~to the public at cost upon request. Information regarding how the incorporated material~~
 281 ~~may be obtained or examined is available from the Division by contacting:~~

282 EMTS Branch Chief
 283 Health Facilities and EMS Division
 284 Colorado Department of Public Health and Environment
 285 4300 Cherry Creek Drive South
 286 Denver, CO 80246-1530

287 ~~3.4.2 The incorporated material may be obtained at no cost from the website of the Committee~~
 288 ~~on Accreditation of Education Programs for the Emergency Medical Services Professions~~
 289 ~~at <http://coaemsp.org/Documents/EMSP-April-2015-FINAL.PDF>.~~

290 **SECTION 4 – DISCIPLINARY SANCTIONS AND APPEAL PROCEDURES FOR EDUCATION PROGRAM RECOGNITION**

291 4.1 The Department, in accordance with the State Administrative Procedure Act, Section 24-4-101, et
 292 seq., C.R.S., may initiate proceedings to deny, revoke, suspend, limit or modify education
 293 program recognition for, but not limited to, the following reasons:

294 4.1.1 ~~the~~ **THE** applicant fails to meet the application requirements specified in Section 3 of
 295 these rules.

296 4.1.2 ~~the~~ **THE** applicant does not possess the necessary qualifications to conduct an education
 297 program in compliance with the Department's education program standards.

298 4.1.3 ~~the~~ **THE** applicant fails to demonstrate access to adequate clinical or internship services
 299 as required by the Department's education program standards.

300 4.1.4 ~~fraud~~ **FRAUD**, misrepresentation, or deception in applying for or securing education
 301 program recognition.

302 4.1.5 ~~failure~~ **FAILING** to conduct the education program in compliance with the Department's
 303 education program standards.

304 4.1.6 ~~failure~~ **FAILING** to notify the Department of changes in the program director or medical
 305 director.

306 4.1.7 ~~providing~~ **PROVIDING** false information to the Department with regard to successful
 307 completion of education or practical skill examination.

308 4.1.8 ~~failure~~ **FAILING** to comply with the provisions in Section 3 of these rules.

309 **4.1.9 LOSING CAAHEP ACCREDITATION BY AN EMS EDUCATION CENTER.**

310 4.2 If the Department initiates proceedings to deny, revoke, suspend, limit or modify an education
311 program recognition, the Department shall provide notice of the action to the education program
312 (or program applicant) and shall inform the program (or program applicant) of its right to appeal
313 and the procedure for appealing. Appeals of Departmental actions shall be conducted in
314 accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

315

316 SECTION 5 – EMERGENCY MEDICAL SERVICES PROVIDER CERTIFICATION OR LICENSURE

317 5.1 General Requirements

318 5.1.1 The Department may issue the following EMS Provider certifications OR LICENSES:

319 A) EMT

320 B) AEMT

321 C) EMT-I

322 D) Paramedic

323 E) Provisional 90-day certification OR LICENSE at the EMT, AEMT, EMT-I or
324 Paramedic level.

325 5.1.2 AN EMS PROVIDER MAY APPLY FOR CERTIFICATION OR LICENSURE. APPLICATION FOR DUAL
326 CERTIFICATION AND LICENSURE SHALL NOT BE PERMITTED.

327 5.1.23 No person shall hold himself or herself out as a certificate holder OR LICENSEE or offer,
328 whether or not for compensation, any services included in these rules, or authorized acts
329 permitted by the Rules Pertaining to EMS Practice and Medical Director Oversight,
330 unless that person holds a valid certificate OR LICENSE.

331 5.1.34 Certificates OR LICENSES shall be effective for a period of three (3) years after the date of
332 issuance. The date of issuance shall be determined by the date the Department approves
333 the application.

334 5.1.45 Multiple certificates OR LICENSES within the levels of EMS Provider shall not be permitted.
335 Certification OR LICENSURE at a higher level indicates that the certificate holder OR
336 LICENSEE may also provide medical care allowed at all lower levels of certification OR
337 LICENSURE.

338 5.1.56 If a certificate holder OR LICENSEE seeks a higher or lower level of certification OR
339 LICENSURE, he or she shall satisfy the requirements for initial certification OR LICENSURE at
340 the new level, except as described below.

341 A) If the higher level certificate OR LICENSE is valid and in good standing or within six
342 months of the expiration date, the applicant for a lower level certificate OR
343 LICENSE shall not be required to submit current and valid certification from the
344 NREMT at the lower level.

345 5.2 Initial Certification OR LICENSURE

346 5.2.1 Applicants for initial certification OR LICENSURE shall be no less than 18 years of age at the
347 time of application.

- 348 5.2.2 Applicants for initial certification ~~OR LICENSURE~~ shall submit to the Department a
 349 completed application provided by the Department, including the applicant's signature in
 350 a form and manner as determined by the Department, that contains the following:
- 351 A) Evidence of compliance with criminal history record check requirements:
- 352 1) The applicant ~~is not required to~~ **MUST** submit to a **FEDERAL BUREAU OF**
 353 **INVESTIGATION (FBI)** fingerprint-based **NATIONAL** criminal history record
 354 check **FROM** ~~if the applicant has lived in Colorado for more than three (3)~~
 355 ~~years at the time of application and the applicant has submitted to a~~
 356 ~~fingerprint-based criminal history record check through the Colorado~~
 357 ~~Bureau of Investigations (CBI) for a previous Colorado certification~~
 358 ~~application.~~
- 359 2) ~~If the applicant has lived in Colorado for more than three (3) years at the~~
 360 ~~time of application and has not submitted to a fingerprint based criminal~~
 361 ~~history record check as described in subparagraph 1 above, the~~
 362 ~~applicant shall submit to a fingerprint-based criminal history record check~~
 363 ~~generated by the CBI.~~
- 364 **IF THE RESULTS OF AN APPLICANT'S FINGERPRINT-BASED NATIONAL CRIMINAL**
 365 **HISTORY RECORD CHECK REVEAL A RECORD OF ARREST WITHOUT A**
 366 **DISPOSITION, THE APPLICANT MUST SUBMIT TO A NAME-BASED CRIMINAL**
 367 **HISTORY RECORD CHECK AS DEFINED IN SECTION 22-2-119.3(6)(D), C.R.S.**
- 368 3) ~~If the applicant has lived in Colorado for three (3) years or less at the~~
 369 ~~time of application, the applicant shall submit to a fingerprint based~~
 370 ~~criminal history record check generated by the Federal Bureau of~~
 371 ~~Investigations (FBI) through the CBI.~~
- 372 43) ~~If, in accordance with subparagraphs 2 or 3 above, an applicant has~~
 373 ~~twice submitted to a fingerprint-based criminal history record check and~~
 374 ~~the FBI or CBI has been unable to classify the fingerprints, then the~~
 375 ~~Department may accept a CBI and/or FBI name-based criminal history~~
 376 ~~report generated through the CBI.~~
- 377
- 378 B) Evidence of current and valid certification from the NREMT at or above the EMS
 379 Provider level being applied for.
- 380 4) ~~NREMT certification at the Emergency Medical Technician~~
 381 ~~Intermediate 1985 national standard curriculum level (NRAEMT I 85)~~
 382 ~~shall be recognized at the EMT level for the purposes of this section.~~
- 383 C) Evidence of current and valid professional level Basic Cardiac Life Support
 384 (CPR) course completion from a national or local organization approved by the
 385 Department, except as provided for in Paragraph H below.
- 386 D) In addition to paragraph C, above, ~~EMT-I and~~ Paramedic applicants shall
 387 submit evidence of current and valid Advanced Cardiac Life Support (ACLS)
 388 course completion from a national or local organization approved by the
 389 Department, except as provided in Paragraph H below.

- 390 E) In addition to paragraph C and D above, a P-CC applicant shall submit evidence
 391 of current and valid Critical Care Paramedic or Flight Paramedic certification
 392 issued by the BCCTPC.
- 393 F) In addition to paragraphs C and D above, a P-CP applicant shall submit the
 394 following additional information:
- 395 1) Current and valid community paramedicine certification issued by the
 396 IBSC.
- 397 2) Proof of completion of a course in community paramedicine from one of
 398 the following institutions:
- 399 a. an accredited paramedic training program,
- 400 b. a college accredited by an educational accrediting body, or
- 401 c. a university accredited by an educational accrediting body.
- 402 G) Evidence of lawful presence in the United States **PURSUANT TO SECTION 24-76.5-**
 403 **101, C.R.S.**
- 404 H) While stationed or residing within Colorado, all veterans, active military service
 405 members, and members of the ~~national guard~~ **NATIONAL GUARD** and reserves that
 406 are separating from an active duty tour, or the spouse of a veteran or a member,
 407 may apply for certification **OR LICENSURE** to practice in Colorado. The veteran,
 408 member, or spouse is exempt from the requirements of paragraphs C and D.
- 409 1) The Department may require evidence of military status and appropriate
 410 orders in order to determine eligibility for this exemption.
- 411 5.3 Renewal of Certification **OR LICENSURE**
- 412 5.3.1 General Requirements
- 413 A) Upon the expiration date of a Department-issued certificate **OR LICENSE**, the
 414 certificate **OR LICENSE** is no longer valid and the individual shall not hold himself
 415 or herself out as a certificate **OR LICENSE** holder, except under the circumstances
 416 specified below in paragraph F.
- 417 B) Persons who have permitted their certification **OR LICENSE** to expire:
- 418 1) **SHALL NOT, UNTIL SUCH TIME AS THE DEPARTMENT HAS ISSUED A NEW OR**
 419 **RENEWED CERTIFICATION OR LICENSE:**
- 420 i) **HOLD THEMSELVES OUT AS A CERTIFICATE HOLDER OR**
 421 **LICENSEE AFTER THE CERTIFICATION OR LICENSURE HAS EXPIRED,**
 422 **EXCEPT AS PROVIDED IN SECTION 5.3.1.A,**
- 423 ii) **OFFER OR PERFORM, WHETHER OR NOT FOR COMPENSATION, ANY**
 424 **SERVICES INCLUDED IN THESE RULES, OR**
- 425 iii) **OFFER OR PERFORM, WHETHER OR NOT FOR COMPENSATION, ANY**
 426 **AUTHORIZED ACTS PERMITTED BY THE RULES PERTAINING TO EMS**
 427 **PRACTICE AND MEDICAL DIRECTOR OVERSIGHT; AND**

- 428 ~~B)~~ 2) ~~for a period not to exceed six (6) months from the expiration date~~ M may
 429 renew their certification OR LICENSE by complying with the provisions of
 430 Section 5.3 of these rules (Renewal of Certification OR LICENSE) FOR A
 431 PERIOD NOT TO EXCEED SIX (6) MONTHS FROM THE EXPIRATION DATE; OR
- 432 ~~G)~~ 3) ~~Persons who have permitted their certification to expire for a period of~~
 433 ~~greater than six (6) months from the expiration Date shall not be eligible~~
 434 ~~for renewal, and shall~~ MUST, IF CERTIFICATION OR LICENSURE HAS EXPIRED
 435 FOR A PERIOD OF GREATER THAN SIX (6) MONTHS FROM THE EXPIRATION DATE,
 436 comply with the provisions of ~~section~~ SECTION 5.2 of these rules (Initial
 437 Certification OR LICENSURE), unless exempted pursuant to 5.3.1(~~GF~~)
 438 below.
- 439 ~~D) C)~~ All certificates OR LICENSES renewed by the Department shall be valid for three (3)
 440 years from the date of issuance.
- 441 ~~E) D)~~ Date of issuance is the date of application approval by the Department, except,
 442 for applicants successfully completing the renewal of certification OR LICENSURE
 443 requirements during the last six (6) months prior to their certificate OR LICENSE
 444 expiration date, the date of issuance shall be the expiration date of the current
 445 valid certificate OR LICENSE being renewed.
- 446 ~~F) E)~~ ~~Pursuant to Section 24-4-104(7), C.R.S., of the State Administrative Procedure~~
 447 ~~Act, if~~ If a certificate holder OR LICENSEE has made timely and sufficient application
 448 for certification OR LICENSE renewal and the Department fails to take action on the
 449 application prior to the certificate's OR LICENSE'S expiration date, the existing
 450 certification OR LICENSE shall not expire until the Department acts upon the
 451 application. The Department, in its sole discretion, shall determine whether the
 452 application was timely and sufficient.
- 453 ~~G) F)~~ Certificate holders OR LICENSEES who have been called to federally funded active
 454 duty for more than 120 days to serve in a war, emergency or contingency, shall
 455 be exempt from the requirements of Sections 5.3.2(B)(2) and (3) and 5.3.2(C)
 456 below, provided the holder's certificate OR LICENSE expired:
- 457 1) ~~during~~ DURING the service, or
- 458 2) ~~during~~ DURING the six months after the completion of service.
- 459 The Department may require appropriate documentation of service to determine
 460 eligibility for this exemption.
- 461 5.3.2 Application for Renewal of Certification OR LICENSURE
- 462 An applicant for renewal of a certification OR LICENSE shall:
- 463 A) ~~submit~~ SUBMIT to the Department a completed application form provided by the
 464 Department, including the applicant's signature in a form and manner as
 465 determined by the Department;
- 466 B) ~~submit~~ SUBMIT to the Department with a completed application form all of the
 467 following:
- 468 1) ~~evidence~~ EVIDENCE of compliance with criminal history record check
 469 requirements:

- 470 a. The applicant is not required to submit to a **A SUBSEQUENT**
 471 fingerprint-based criminal history record check if the applicant
 472 has lived in Colorado for more than three (3) years at the time of
 473 **RENEWAL** application and the applicant has submitted to a
 474 **FEDERAL BUREAU OF INVESTIGATION (FBI)** fingerprint-based
 475 **NATIONAL** criminal history record check **AT THE TIME OF INITIAL**
 476 **CERTIFICATION OR LICENSURE OR AT THE TIME OF A PREVIOUS**
 477 **RENEWAL OF CERTIFICATION OR LICENSURE**, through the Colorado
 478 Bureau of Investigations (CBI) for a previous Colorado
 479 certification application.
- 480 ~~b.~~ If the applicant has lived in Colorado for more than three (3)
 481 years at the time of application and has not submitted to a
 482 fingerprint-based criminal history record check as described in
 483 subparagraph a above, the applicant shall submit to a fingerprint-
 484 based criminal history record check generated by the CBI.
- 485 ~~b.~~ If the applicant has lived in Colorado for three (3) years or less at
 486 the time of **RENEWAL** application **AND SUBMITTED TO AN FBI**, the
 487 applicant shall submit to a fingerprint-based criminal history
 488 record check **AT THE TIME OF INITIAL CERTIFICATION OR LICENSURE**
 489 **OR A PREVIOUS RENEWAL OF CERTIFICATION OR LICENSURE, THE**
 490 **APPLICANT SHALL SUBMIT TO ANOTHER** generated by the Federal
 491 Bureau of Investigations (FBI) **FINGERPRINT-BASED NATIONAL**
 492 **CRIMINAL HISTORY RECORD CHECK FROM** through the **COLORADO**
 493 **BUREAU OF INVESTIGATION (CBI)**.
- 494 ~~c.~~ If, in accordance with subparagraphs b or e above, an applicant
 495 has twice submitted to a fingerprint-based criminal history record
 496 check and the FBI or CBI has been unable to classify the
 497 fingerprints, then the Department may accept a CBI and/or FBI
 498 name-based criminal history report generated through the CBI.
- 499 **D. IF THE RESULTS OF THE APPLICANT'S FINGERPRINT-BASED NATIONAL**
 500 **CRIMINAL HISTORY RECORD CHECK REVEAL A RECORD OF ARREST**
 501 **WITHOUT A DISPOSITION, THE APPLICANT MUST SUBMIT TO A NAME-**
 502 **BASED CRIMINAL HISTORY RECORD CHECK AS DEFINED IN SECTION**
 503 **22-2-119.3(6)(D), C.R.S.**
- 504
- 505 2) Evidence of current and valid professional level Basic Cardiac Life
 506 Support (CPR) course completion from a national or local organization
 507 approved by the Department.
- 508 3) In addition to paragraph 2 above, EMT-I and Paramedic applicants shall
 509 submit evidence of current and valid Advanced Cardiac Life Support
 510 (ACLS) course completion from a national or local organization approved
 511 by the Department.
- 512 4) In addition to paragraph 2 and 3 above, an applicant for P-CC shall
 513 submit evidence of current and valid Critical Care Paramedic or Flight
 514 Paramedic Certification issued by the BCCTPC.

- 515 5) IN ADDITION TO PARAGRAPH 2 AND 3 ABOVE, APPLICANTS FOR P-CP SHALL
 516 SUBMIT EVIDENCE OF CURRENT AND VALID COMMUNITY PARAMEDICINE
 517 CERTIFICATION ISSUED BY THE IBSC.
- 518 56) Evidence of lawful presence in the United States PURSUANT TO SECTION
 519 24-76.5-101, C.R.S.
- 520 C) complete one of the following:
- 521 1) EXCEPT FOR AN EMT-I, current and valid NREMT certification at or above
 522 the EMS Provider level being renewed. THE DEPARTMENT WILL CONTINUE
 523 TO ACCEPT EDUCATION HOURS CONSISTENT WITH PARAGRAPH 5.3.3 FOR
 524 RENEWAL OF EMT-I PROVIDERS IN THE STATE OF COLORADO
 525 NOTWITHSTANDING THE DISCONTINUANCE OF THE EMT-I EXAM BY THE
 526 NREMT.
- 527 2) ~~a~~ Appropriate level refresher course as described in Section 5.3.3
 528 conducted or approved through signature of a Department-recognized
 529 EMS education program representative and skill competency as attested
 530 to by signature of medical director or department-recognized EMS
 531 education program representative.
- 532 3) ~~the~~ THE minimum number of education hours as described in Section
 533 5.3.3 completed or approved through signature of a Department-
 534 recognized EMS education program representative and skill competency
 535 as attested to by signature of medical director or ~~d~~ Department-
 536 recognized EMS education program representative.
- 537 5.3.3 Education Requirements to Renew a Certificate OR LICENSE Without the Use of a Current
 538 and Valid NREMT Certification
- 539 A) For renewal of a certificate OR LICENSE without the use of a current and valid
 540 NREMT certification, the following education is required:
- 541 1) Education required for the renewal of an EMT or AEMT certificate OR
 542 LICENSE shall be no less than thirty-six (36) hours and shall be completed
 543 through one of the following:
- 544 a. ~~a~~ A refresher course at the EMT or AEMT level conducted or
 545 approved by a Department-recognized EMS education program
 546 plus additional continuing education topics such that the total
 547 education hours is no less than thirty-six (36) hours.
- 548 b. ~~continuing~~ CONTINUING education topics consisting of no less
 549 than thirty-six (36) hours of education that is conducted or
 550 approved through a Department-recognized EMS education
 551 program consisting of the following minimum content
 552 requirements on the EMT or AEMT level:
- 553 i) ~~one~~ ONE (1) hour of preparatory content that may include
 554 scene safety, quality improvement, health and safety of
 555 EMS providers, or medical legal concepts.
- 556 ii) ~~two~~ TWO (2) hours of obstetric patient assessment and
 557 treatment.

- 558
559
- iii) ~~two~~ **TWO** (2) hours of pediatric patient assessment and treatment.
- 560
561
- iv) ~~six~~ **SIX** (6) hours of trauma patient assessment and treatment.
- 562
- v) ~~five~~ **FIVE** (5) hours of patient assessment.
- 563
564
- vi) ~~three~~ **THREE** (3) hours of airway assessment and management.
- 565
566
- vii) ~~six~~ **SIX** (6) hours of medical/behavioral emergency patient assessment and management.
- 567
568
- viii) ~~eleven~~ **ELEVEN** (11) hours of elective content that is relevant to the practice of emergency medicine.
- 569
570
571
- 2) Education required for the renewal of an EMT-I or Paramedic certificate **OR LICENSE** shall be no less than fifty (50) hours and shall be completed through one of the following methods:
- 572
573
574
575
- a. a refresher course at the EMT-I or Paramedic level conducted or approved by a Department-recognized EMS education program plus additional continuing education topics such that the total education hours is no less than fifty (50) hours.
- 576
577
578
579
580
- b. ~~continuing~~ **CONTINUING** education topics consisting of no less than fifty (50) hours of education that is conducted or approved through a Department-recognized EMS education program consisting of the following minimum content requirements at the EMT-I or Paramedic level:
- 581
- No less than twenty-five (25) hours as described below:
- 582
583
- i) ~~eight~~ **EIGHT** (8) hours of airway, breathing, and cardiology assessment and treatment.
- 584
585
- ii) ~~four~~ **FOUR** (4) hours of medical patient assessment and treatment.
- 586
587
- iii) ~~three~~ **THREE** (3) hours of trauma patient assessment and treatment.
- 588
589
- iv) ~~four~~ **FOUR** (4) hours of obstetric patient assessment and treatment.
- 590
591
- v) ~~four~~ **FOUR** (4) hours of pediatric patient assessment and treatment.
- 592
593
594
- vi) ~~two~~ **TWO** (2) hours of operational tasks and no less than twenty-five (25) hours of elective content that is relevant to the practice of emergency medicine.

595 3) Education cannot be used in lieu of a valid and current BCCTPC Critical
 596 Care or Flight Paramedic Certification to maintain the critical care
 597 endorsement.

598 4) Education cannot be used in lieu of current and valid ~~e~~Community
 599 ~~p~~Paramedic certification issued by the IBSC.

600 5.3.4 In satisfaction of the requirements of Section 5.3.3 above, the Department may accept
 601 continuing medical education, training, or service completed by a member of the armed
 602 forces or reserves of the United States or the National Guard, military reserves or naval
 603 militia of any state, upon presentation of satisfactory evidence by the applicant for
 604 renewal of certification OR LICENSURE.

605 A) Satisfactory evidence may include but is not limited to the content of the
 606 education, method of delivery, length of program, qualifications of the instructor
 607 and method(s) used to evaluate the education provided.

608 5.4 LICENSURE

609 5.4.1 ON OR AFTER JANUARY 1, 2021, AN INDIVIDUAL APPLYING FOR AN INITIAL LICENSE OR AN
 610 INDIVIDUAL WHO CURRENTLY HOLDS A VALID COLORADO EMERGENCY MEDICAL SERVICE
 611 PROVIDER CERTIFICATE WHO WISHES TO CONVERT THE CERTIFICATE TO A LICENSE SHALL:

612 A) SUBMIT ONE TRANSCRIPT ESTABLISHING THAT THE APPLICANT HAS:

613 1) COMPLETED A FOUR-YEAR BACHELOR'S DEGREE PROGRAM FROM AN
 614 ACCREDITED COLLEGE OR UNIVERSITY IN A FIELD RELATED TO THE
 615 HEALTH SCIENCES; OR

616 2) COMPLETED A FOUR-YEAR BACHELOR'S DEGREE PROGRAM FROM AN
 617 ACCREDITED COLLEGE OR UNIVERSITY IN AN EQUIVALENT FIELD AS
 618 SET FORTH IN SECTION 5.4.2(B).

619 B) AN APPLICANT SEEKING INITIAL LICENSURE FROM THE DEPARTMENT AS AN EMERGENCY
 620 MEDICAL SERVICE PROVIDER MUST ALSO SATISFY ALL REQUIREMENTS SET FORTH IN
 621 SECTION 5.2 OF THESE RULES.

622 C) AN APPLICANT SEEKING TO CONVERT CERTIFICATION TO LICENSURE, OR WHO
 623 SUBSEQUENTLY SEEKS RENEWAL OF LICENSURE FROM THE DEPARTMENT AS AN
 624 EMERGENCY MEDICAL SERVICE PROVIDER, SHALL SATISFY ALL REQUIREMENTS SET
 625 FORTH IN SECTION 5.3 OF THESE RULES.

626 5.4.2 A LICENSURE APPLICANT WHO SEEKS TO ESTABLISH THAT A FOUR YEAR BACHELOR'S DEGREE
 627 PROGRAM IS IN A FIELD EQUIVALENT TO THE HEALTH SCIENCES, AS DEFINED IN SECTION 2.23,
 628 SHALL DEMONSTRATE THE FOLLOWING:

629 A) THE SUCCESSFUL COMPLETION OF A FOUR-YEAR BACHELOR'S DEGREE FROM
 630 AN ACCREDITED COLLEGE OR UNIVERSITY; AND

631 B) SUCCESSFUL COMPLETION OF A MINIMUM OF 40 SEMESTER CREDIT HOURS
 632 FROM ONE OR MORE OF THE FOLLOWING CONTENT AREAS, AS CONTAINED IN A
 633 SINGLE TRANSCRIPT:

634 1. CHEMISTRY;

- 635 2. BIOLOGY;
- 636 3. PHYSICS;
- 637 4. MATHEMATICS;
- 638 5. SOCIOLOGY;
- 639 6. PSYCHOLOGY;
- 640 7. PUBLIC HEALTH;
- 641 8. ANTHROPOLOGY;
- 642 9. EXERCISE SCIENCE;
- 643 10. PHILOSOPHY;
- 644 11. EDUCATION;
- 645 12. EMERGENCY MEDICAL SERVICES;
- 646 13. FIRE SCIENCE;
- 647 14. PUBLIC SAFETY;
- 648 15. BUSINESS/FINANCE; OR
- 649 16. COMMUNICATIONS.

650

651 ~~5.5 Temporary Extension for Renewal of Certification Application Procedure~~

652 ~~(A) All EMS certifications, including a paramedic with a community paramedic and/or critical~~
 653 ~~care endorsement, that expire during the period of time covered by Executive Order D~~
 654 ~~2020-015, or any later issued order that amends or extends Executive Order D 2020-015,~~
 655 ~~for which certificate holders are unable to meet the requirements of Sections 5.3 and 5.4,~~
 656 ~~shall be extended until the expiration of this emergency rule.~~

657 ~~(B) This temporary extension for renewal of a certificate shall not apply if the certificate~~
 658 ~~holder can complete all applicable requirements for renewal online. The certificate holder~~
 659 ~~must timely complete the renewal application requirements if all such requirements can~~
 660 ~~be completed online.~~

661 **5.45 Provisional Certification OR LICENSURE**

662 **5.45.1 General Requirements**

663 A) The Department may issue a provisional certification **OR LICENSE** to an applicant
 664 whose fingerprint-based criminal history record check has not been received by
 665 the Department at the time of application for certification **OR LICENSURE**.

- 666 B) To be eligible for a provisional certification **OR LICENSE**, the applicant shall, at the
 667 time of application, have satisfied all requirements in these rules for initial or
 668 renewal certification **OR LICENSURE**.
- 669 C) A provisional certification **OR LICENSE** shall be valid for not more than ninety days.
- 670 D) The Department may impose disciplinary sanctions pursuant to these rules if the
 671 Department finds that a certificate **OR LICENSE** holder who has received a
 672 provisional certification **OR LICENSE** has violated any of the certification **OR LICENSE**
 673 requirements or any of these rules.
- 674 E) Once a provisional certification **OR LICENSE** becomes invalid, an applicant may not
 675 practice or act as a certificate **OR LICENSE** holder unless an initial or renewal
 676 certification **OR LICENSE** has been issued by the Department to the applicant.

677 5.45.2 Application for Provisional Certification **OR LICENSURE**

678 An applicant for a provisional certification **OR LICENSE** shall:

- 679 A) ~~submit~~ **SUBMIT** to the Department a completed **PROVISIONAL CERTIFICATION OR**
 680 **LICENSURE** application ~~form provided by the Department~~.
- 681 ~~1) — The applicant shall request a provisional certification.~~
- 682 B) ~~submit~~ **SUBMIT** to a fingerprint-based criminal history record check as provided in
 683 Sections 5.2.2 and 5.3.2 of these rules. At the time of application, the applicant
 684 shall have already submitted the required materials to the CBI to initiate the
 685 fingerprint-based criminal history record check.
- 686 C) ~~submit~~ **SUBMIT** to the Department with a completed application form all of the
 687 following:
- 688 1) ~~a~~ **A** fee in the amount of \$23.00.
- 689 2) ~~a~~ **A** name-based criminal history record check.
- 690 a. If the applicant has lived in Colorado for more than three (3)
 691 years at the time of application, a name-based criminal history
 692 report conducted by the CBI, including any internet-based
 693 system on CBI's website, or other name-based report as
 694 determined by the Department.
- 695 b. If the applicant has lived in Colorado for three (3) years or less at
 696 the time of application, a name-based criminal history report for
 697 each state in which the applicant has lived for the past three (3)
 698 years, conducted by the respective states' bureaus of
 699 investigation or equivalent state-level law enforcement agency,
 700 or other name-based report as determined by the Department.
- 701 c. Any name-based criminal history report provided to the
 702 Department for purposes of this paragraph c shall have been
 703 obtained by the applicant not more than 90 days prior to the
 704 Department's receipt of a completed application.

705

706 **SECTION 6 – EMERGENCY MEDICAL RESPONDER REGISTRATION**

707 6.1 General Requirements

708 ~~6.1.1 An EMR certified with the Department of public safety prior to July 1, 2017 will be a~~
 709 ~~registered EMR for the remainder of his or her current certification period, after which, to~~
 710 ~~remain registered, an applicant must meet the requirements in section 6.3 below, for~~
 711 ~~renewal of registration.~~

712 6.1.21 An EMR may register with the Department on a voluntary basis by meeting registration
 713 requirements included in this section.

714 A) Registration is not required to perform as an EMR.

715 B) Registration provides recognition that an EMR has successfully completed the
 716 training from a recognized education program, passed the NREMT EMR
 717 examination, and undergone a fingerprint-based criminal history record check by
 718 the Department.

719 6.1.32 No person shall hold him or herself out as a registered EMR unless that person has
 720 registered with the Department in accordance with this section.

721 6.1.43 Registrations shall be effective for a period of three (3) years after the registration date.
 722 The registration date is the date the Department approves the application.

723 6.2 Initial Registration

724 6.2.1 Applicants for initial registration shall be no less than 16 years of age at the time of
 725 application.

726 6.2.2 Applicants for initial registration shall submit to the Department a completed application
 727 provided by the Department, including the applicant's signature in a form and manner as
 728 determined by the Department, which contains the following:

729 A) Evidence of compliance with criminal history record check requirements:

730 1) If the applicant has lived in Colorado for more than three (3) years at the
 731 time of application, the applicant is required to submit to a fingerprint-
 732 based criminal history record check generated by the CBI.

733 2) If the applicant has lived in Colorado for three (3) years or less at the
 734 time of application, the applicant shall submit to a fingerprint-based
 735 criminal history record check generated by the ~~Federal Bureau of~~
 736 ~~Investigations (FBI)~~ and processed through the CBI.

737 3) If, in accordance with subparagraphs 1 or 2 above, an applicant has
 738 twice submitted to a fingerprint-based criminal history record check and
 739 the FBI or CBI has been unable to classify the fingerprints, then the
 740 Department may accept a CBI and/or FBI name-based criminal history
 741 report generated through the CBI.

742 4) ~~IF THE RESULTS OF THE APPLICANT'S FINGERPRINT-BASED NATIONAL CRIMINAL~~
 743 ~~HISTORY RECORD CHECK REVEAL A RECORD OF ARREST WITHOUT A~~
 744 ~~DISPOSITION, THE APPLICANT MUST SUBMIT TO A NAME-BASED CRIMINAL~~
 745 ~~HISTORY RECORD CHECK AS DEFINED IN SECTION 22-2-119.3(6)(D), C.R.S.~~

- 746 B) Proof of adequate training and education with a current and valid certification
747 from the NREMT at the EMR level.
- 748 C) Evidence of current and valid professional level basic CPR course completion
749 from a national or local organization approved by the Department.
- 750 D) Evidence of lawful presence in the United States **PURSUANT TO SECTION 24-76.5-**
751 **101, C.R.S.**
- 752 6.3 Renewal Of Registration
- 753 6.3.1 General Requirements
- 754 A) Upon the expiration of an EMR registration, the registration is no longer valid and
755 the individual shall not hold him or herself out as a registered EMR.
- 756 **B) PERSONS WHO HAVE PERMITTED THEIR REGISTRATION TO EXPIRE:**
- 757 **1) MAY RENEW THEIR REGISTRATION BY COMPLYING WITH THE PROVISIONS OF**
758 **SECTION 6.3 OF THESE RULES (RENEWAL OF REGISTRATION) FOR A PERIOD**
759 **NOT TO EXCEED SIX (6) MONTHS FROM THE EXPIRATION DATE; OR**
- 760 **2) MUST, IF THE REGISTRATION HAS EXPIRED FOR A PERIOD OF GREATER THAN**
761 **SIX (6) MONTHS FROM THE EXPIRATION DATE, COMPLY WITH THE PROVISIONS**
762 **OF SECTION 6.2 OF THESE RULES (INITIAL REGISTRATION).**
- 763
- 764 ~~B) Persons who have permitted their registration to expire for a period not to exceed~~
765 ~~six (6) months from the expiration date may renew their registration by complying~~
766 ~~with the provisions of section 6.3 of these rules (renewal of registration).~~
- 767 ~~C) Persons who have permitted their registration to expire for a period of greater~~
768 ~~than six (6) months from the expiration date shall not be eligible for renewal and~~
769 ~~shall comply with the provisions of section 6.2 of these rules (initial certification).~~
- 770 ~~D~~C) All registrations renewed by the Department shall be valid for three (3) years
771 from the date of registration.
- 772 ~~E~~D) Registration date is the date of renewal application approval by the Department,
773 except, for applicants successfully completing the renewal of registration
774 requirements during the last six (6) months prior to their registration expiration
775 date, the registration date shall be the expiration date of the current valid
776 registration being renewed.
- 777 ~~F~~E) Pursuant to ~~s~~Section 24-4-104(7), C.R.S., of the ~~s~~State Administrative
778 ~~p~~Procedure Act, ~~i~~f a registered EMR has made timely and sufficient application
779 for registration renewal and the Department fails to take action on the application
780 prior to the registration's expiration date, the existing registration shall not expire
781 until the Department acts upon the application. The Department, in its sole
782 discretion, shall determine whether the application was timely and sufficient.
- 783 6.3.2 Application for Renewal Of Registration
- 784 An Applicant For Registration Renewal Shall:

- 785 A) Submit to the Department a completed application form provided by the
786 Department, including the applicant's signature in a form and manner as
787 determined by the Department;
- 788 B) Submit to the Department with a completed application form all of the following:
- 789 1) Evidence of compliance with criminal history record check requirements:
- 790 a. The applicant is not required to submit to a fingerprint-based
791 criminal history record check if the applicant has lived in
792 Colorado for more than three (3) years at the time of application
793 and the applicant has submitted to a fingerprint-based criminal
794 history record check through the ~~Colorado Bureau of~~
795 ~~Investigations (CBI)~~ for a previous Colorado EMR registration
796 application.
- 797 b. If the applicant has lived in Colorado for more than three (3)
798 years at the time of application and has not submitted to a
799 fingerprint-based criminal history record check as described in
800 subparagraph a above, the applicant shall submit to a fingerprint-
801 based criminal history record check generated by the CBI.
- 802 c. If the applicant has lived in Colorado for three (3) years or less at
803 the time of application, the applicant shall submit to a fingerprint-
804 based criminal history record check generated by the ~~Federal~~
805 ~~Bureau of Investigations (FBI)~~ through the CBI.
- 806 d. If, in accordance with subparagraphs b or c above, an applicant
807 has twice submitted to a fingerprint-based criminal history record
808 check and the FBI or CBI has been unable to classify the
809 fingerprints, then the Department may accept a CBI and/or FBI
810 name-based criminal history report generated through the CBI.
- 811 E. IF THE RESULTS OF THE APPLICANT'S FINGERPRINT-BASED NATIONAL
812 CRIMINAL HISTORY RECORD CHECK REVEAL A RECORD OF ARREST
813 WITHOUT A DISPOSITION, THE APPLICANT MUST SUBMIT TO A NAME-
814 BASED CRIMINAL HISTORY RECORD CHECK AS DEFINED IN SECTION
815 22-2-119.3(6)(d), C.R.S.
- 816 2) Evidence of current and valid professional level basic CPR course
817 completion from a national or local organization approved by the
818 Department.
- 819 3) Evidence of lawful presence in the United States **PURSUANT TO SECTION**
820 **24-76.5-101, C.R.S.**
- 821 C) Complete one of the following training requirements:
- 822 1) Current and valid NREMT certification at the EMR level.
- 823 2) Appropriate level refresher course as described in section 6.3.3
824 conducted or approved through signature of a Department-recognized
825 EMR education program representative and skill competency as attested
826 to by signature of medical director or Department-recognized EMR
827 education program representative.

828 3) The minimum number of education hours as described in ~~SECTION~~ 6.3.3
 829 completed or approved through signature of a Department-recognized
 830 EMR education program representative and skill competency as attested
 831 to by signature of medical director or Department-recognized EMR
 832 education program representative.

833 6.3.3 Education Requirement to Renew a Registration without the Use of a Current and Valid
 834 NREMT Certification

835 A) For renewal of a registration without the use of a current and valid NREMT EMR
 836 certification, the following education is required:

837 1) Education required for the renewal of an EMR registration shall be no
 838 less than twelve (12) hours and shall be completed through one of the
 839 following:

840 a. A refresher course at the EMR level conducted or approved by a
 841 Department-recognized EMR education program plus additional
 842 continuing education topics such that the total education hours is
 843 no less than twelve (12) hours.

844 b. Continuing education topics consisting of no less than twelve
 845 (12) hours of education that is conducted or approved through a
 846 Department-recognized EMR education program consisting of
 847 the following minimum content requirements:

848 i. One (1) hour of preparatory content that may include
 849 scene safety, quality improvement, health and safety of
 850 EMRs, or medical legal concepts.

851 ii. Two (2) hours of airway assessment and management

852 iii. Two (2) hours of patient assessment

853 iv. Three (3) hours of circulation topics

854 v. Three (3) hours of illness and injury topics

855 vi. One (1) hour of childbirth and pediatric topics

856 ~~6.3.4 In satisfaction of the requirements of SECTION 6.3.3 above, the Department may accept~~
 857 ~~continuing medical education, training, or service completed by a member of the armed~~
 858 ~~forces or reserves of the United States or the National Guard, military reserves or naval~~
 859 ~~militia of any state, upon presentation of satisfactory evidence by the applicant for~~
 860 ~~renewal of certification.~~

861 ~~A) Satisfactory evidence may include but is not limited to the content of the~~
 862 ~~education, method of delivery, length of program, qualifications of the instructor~~
 863 ~~and method(s) used to evaluate the education provided.~~

864 6.4 Provisional Registration

865 6.4.1 General Requirements

- 866 A) The Department may issue a provisional registration to an applicant whose
867 fingerprint-based criminal history record check has not been received by the
868 Department at the time of application for registration.
- 869 B) To be eligible for a provisional registration, the applicant shall, at the time of
870 application, have satisfied all requirements in these rules for initial or renewal
871 registration.
- 872 C) A provisional registration shall be valid for not more than ninety days.
- 873 D) The Department may impose disciplinary sanctions pursuant to these rules if the
874 Department finds that an EMR who has received a provisional registration has
875 violated any requirements for registration or any of these rules.
- 876 E) Once a provisional registration becomes invalid, an applicant may not hold him or
877 herself out as a registered EMR unless an initial or renewal registration has been
878 issued by the Department to the applicant.
- 879 6.4.2 Application for Provisional Registration
- 880 An applicant for a provisional registration shall:
- 881 A) Submit to the Department a completed **PROVISIONAL REGISTRATION** application
882 form ~~provided by the Department.~~
- 883 1) ~~The applicant shall request a provisional registration.~~
- 884 B) Submit to a fingerprint-based criminal history record check as provided in
885 ~~sections~~ **SECTIONS** 6.2.2 and 6.3.2 of these rules. At the time of application, the
886 applicant shall have already submitted the required materials to the CBI to initiate
887 the fingerprint-based criminal history record check.
- 888 C) Submit to the Department with a completed application form, **A FEE IN THE AMOUNT**
889 **OF \$23.00 AND EITHER** ~~all of the following:~~
- 890 1) ~~A fee in the amount of \$23.00.~~
- 891 2) ~~A name-based criminal history record check.~~
- 892 A. **1)** ~~If the applicant has lived in Colorado for more than three (3) years at the~~
893 ~~time of application,~~ **A** name-based criminal history report conducted by the CBI,
894 including a criminal history report from an internet-based system on CBI's
895 website, or other name-based report as determined by the Department **IF THE**
896 **APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME OF**
897 **APPLICATION; OR**
- 898 B. **2)** ~~If the applicant has lived in Colorado for three (3) years or less at the~~
899 ~~time of application,~~ **A** name-based criminal history report for each state in which
900 the applicant has lived for the past three (3) years, conducted by the respective
901 states' bureaus of investigation or equivalent state-level law enforcement agency,
902 or other name-based report as determined by the Department **IF THE APPLICANT**
903 **HAS LIVED IN COLORADO FOR THREE (3) YEARS OR LESS AT THE TIME OF APPLICATION.**

904 ~~C-D)~~ **ENSURE** Any ~~THE~~ name-based criminal history report provided to the Department
 905 for purposes of this paragraph ~~C~~ shall have been obtained by the applicant not
 906 more than 90 days prior to the Department's receipt of a completed application.

907 **SECTION 7 – DISCIPLINARY SANCTIONS AND APPEAL PROCEDURES FOR EMS PROVIDER CERTIFICATION, EMS**
 908 **PROVIDER LICENSURE, OR EMR REGISTRATION**

- 909 7.1 For good cause, the Department may deny, revoke, suspend, limit, modify, or refuse to renew an
 910 EMS provider certificate **OR LICENSE** or EMR registration, may impose probation on a ~~AN~~ **EMS**
 911 **PROVIDER** certificate **HOLDER, LICENSEE.** or registration holder, or may issue a letter of admonition
 912 in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 913 7.2 Good cause for disciplinary sanctions listed above shall include, but not be limited to:
- 914 7.2.1 ~~failure~~ **FAILING** to meet the requirements of these rules pertaining to issuance and renewal
 915 of certification, **LICENSURE**, or registration.
- 916 7.2.2 **ENGAGING IN** fraud, misrepresentation, or deception ~~in~~ **WHEN** applying for or securing
 917 certification, **LICENSURE**, or registration.
- 918 7.2.3 ~~aiding~~ **AIDING** and abetting in the procurement of certification, **LICENSURE**, or registration
 919 for any person not eligible for certification, **LICENSURE**, or registration.
- 920 7.2.4 ~~utilizing~~ **UTILIZING** NREMT certification that has been illegally obtained, suspended or
 921 revoked, to obtain a state certification, **LICENSURE**, or registration.
- 922 7.2.5 ~~unlawful~~ **UNLAWFULLY use USING**, possessing, dispensing, administering, or distributing
 923 controlled substances.
- 924 7.2.6 ~~driving~~ **DRIVING** an emergency vehicle in a reckless manner, or while under the influence
 925 of alcohol or other performance altering substances.
- 926 7.2.7 ~~responding~~ **RESPONDING** to or providing patient care while under the influence of alcohol
 927 or other performance altering substances.
- 928 7.2.8 ~~demonstrating~~ **DEMONSTRATING** a pattern of alcohol or other substance abuse.
- 929 7.2.9 ~~materially~~ **MATERIALLY** altering any Department certificate, **LICENSE**, or registration, or
 930 using and/or possessing any such altered certificate, **LICENSE**, or registration.
- 931 7.2.10 ~~having~~ **HAVING** any certificate, license, or registration related to patient care suspended or
 932 revoked in Colorado or in another state or country.
- 933 7.2.11 ~~unlawfully~~ **UNLAWFULLY** discriminating in the provision of services.
- 934 7.2.12 ~~representing~~ **REPRESENTING** qualifications at any level other than the person's current
 935 EMS Provider certification **OR LICENSURE** level.
- 936 7.2.13 ~~representing~~ **REPRESENTING** oneself to others as a certificate **OR LICENSE** holder or
 937 providing medical care without possessing a current and valid certificate **OR LICENSE**
 938 issued by the Department.
- 939 7.2.14 ~~representing~~ **REPRESENTING** oneself to others as a registered EMR without being currently
 940 registered with the Department.

- 941 7.2.15 ~~failing~~ **FAILING** to follow accepted standards of care in the management of a patient, or in
942 response to a medical emergency.
- 943 7.2.16 ~~failing~~ **FAILING** to administer medications or treatment in a responsible manner in
944 accordance with the medical director's orders or protocols.
- 945 7.2.17 ~~failing~~ **FAILING** to maintain confidentiality of patient information.
- 946 7.2.18 ~~failing~~ **FAILING** to provide the Department with the current place of residence or failing to
947 promptly notify the Department of a change in current place of residence or change of
948 name.
- 949 7.2.19 **ENGAGING IN** a pattern of behavior that demonstrates routine response to medical
950 emergencies without being under the policies and procedures of a designated emergency
951 medical response agency and/or providing patient care without medical direction when
952 required.
- 953 7.2.20 ~~performing~~ **PERFORMING** medical acts not authorized by the Rules Pertaining to EMS
954 Practice and Medical Director Oversight and in the absence of ~~any~~ other lawful
955 authorization to perform such medical acts.
- 956 7.2.21 ~~performing~~ **PERFORMING** medical acts requiring an ~~ems~~ **EMS** provider certification **OR**
957 **LICENSE** while holding only a valid EMR registration.
- 958 7.2.22 ~~failing~~ **FAILING** to provide care or discontinuing care when a duty to provide care has been
959 established.
- 960 7.2.23 ~~appropriating~~ **APPROPRIATING** or possessing without authorization medications, supplies,
961 equipment, or personal items of a patient or employer.
- 962 7.2.24 ~~falsifying~~ **FALSIFYING** entries or failing to make essential entries in a patient care report,
963 EMS or EMR education document, or medical record.
- 964 7.2.25 ~~falsifying~~ **FALSIFYING** or failing to comply with any collection or reporting required by the
965 state.
- 966 7.2.26 ~~failing~~ **FAILING** to comply with the terms of any agreement or stipulation regarding
967 certification, **LICENSURE**, or registration entered into with the Department.
- 968 7.2.27 ~~violating~~ **VIOLATING** any state or federal statute or regulation, the violation of which would
969 jeopardize the health or safety of a patient or the public.
- 970 7.2.28 **ENGAGING IN** unprofessional conduct at the scene of an emergency that hinders, delays,
971 eliminates, or deters the provision of medical care to the patient or endangers the safety
972 of the public.
- 973 7.2.29 ~~failure~~ **FAILURE** by a certificate **OR LICENSE** holder or registered EMR to report to the
974 Department any violation by another certificate **OR LICENSE** holder or registered EMR of
975 the good cause provisions of this section when the certificate **OR LICENSE** holder knows or
976 reasonably believes a violation has occurred.
- 977 7.2.30 ~~committing~~ **COMMITTING** or permitting, aiding or abetting the commission of an unlawful
978 act that substantially relates to performance of a certificate **OR LICENSE** holder or
979 registered EMR's duties and responsibilities as determined by the Department.

- 980 7.2.31 ~~committing~~ **COMMITTING** patient abuse including the willful infliction of injury, unreasonable
 981 confinement, intimidation, or punishment, with resulting physical harm, pain, or mental
 982 anguish, or patient neglect, including the failure to provide goods and services necessary
 983 to attain and maintain physical and mental well-being.
- 984 7.2.32 **WITH RESPECT TO EMS CERTIFICATE HOLDERS AND LICENSEES, FAILING TO ATTEND OR**
 985 **COMPLETE A PEER HEALTH ASSISTANCE PROGRAM AS PROVIDED IN SECTION 25-3.5 208(9),**
 986 **C.R.S.**
- 987 7.2.33 **HOLDING ONESELF OUT AS A CERTIFICATE HOLDER OR LICENSEE AFTER CERTIFICATION OR**
 988 **LICENSURE HAS EXPIRED, EXCEPT AS PROVIDED IN SECTION 5.3.1.A, INCLUDING OFFERING OR**
 989 **PERFORMING, WHETHER OR NOT FOR COMPENSATION, EITHER ANY SERVICES INCLUDED IN**
 990 **THESE RULES OR ANY AUTHORIZED ACTS PERMITTED BY THE RULES PERTAINING TO EMS**
 991 **PRACTICE AND MEDICAL DIRECTOR OVERSIGHT.**
- 992 7.3 Good cause for disciplinary sanctions also includes conviction of, or a plea of guilty, or of no
 993 contest, to a felony or misdemeanor that relates to the duties and responsibilities of a certificate,
 994 **LICENSE**, or registration holder, including patient care and public safety. For purposes of this
 995 paragraph, "conviction" includes the imposition of a deferred sentence.
- 996 7.3.1 The following crimes set forth in the Colorado Criminal Code (Title 18, C.R.S.) are
 997 considered to relate to the duties and responsibilities of a certificate **OR LICENSE** holder:
- 998 A) ~~offenses~~ **OFFENSES** under Article 3 - offenses against a person.
- 999 B) ~~offenses~~ **OFFENSES** under Article 4 - offenses against property.
- 1000 C) ~~offenses~~ **OFFENSES** under Article 5 - offenses involving fraud.
- 1001 D) ~~offenses~~ **OFFENSES** under Article 6 - offenses involving the family relations.
- 1002 E) ~~offenses~~ **OFFENSES** under Article 6.5 - wrongs to at-risk adults.
- 1003 F) ~~offenses~~ **OFFENSES** under Article 7 - offenses related to morals.
- 1004 G) ~~offenses~~ **OFFENSES** under Article 8 - offenses - governmental operations.
- 1005 H) ~~offenses~~ **OFFENSES** under Article 9 - offenses against public peace, order and
 1006 decency.
- 1007 I) ~~offenses~~ **OFFENSES** under Article 17 - Colorado Organized Crime Control Act.
- 1008 J) ~~offenses~~ **OFFENSES** under Article 18 - Uniform Controlled Substances Act of
 1009 2013.
- 1010 7.3.2 The offenses listed above are not exclusive. The Department may consider other pleas or
 1011 criminal convictions, including those from other state, federal, foreign or military
 1012 jurisdictions.
- 1013 7.3.3 In determining whether to impose disciplinary sanctions based on a plea or on a felony or
 1014 misdemeanor conviction, the Department may consider, but is not limited to, the following
 1015 information:

- 1016 A) ~~the~~ **THE** nature and seriousness of the crime including but not limited to whether
1017 the crime involved violence to or abuse of another person and whether the crime
1018 involved a minor or a person of diminished capacity;
- 1019 B) ~~the~~ **THE** relationship of the crime to the purposes of requiring a certificate,
1020 **LICENSE**, or registration;
- 1021 C) ~~the~~ **THE** relationship of the crime to the ability, capacity or fitness required to
1022 perform the duties and discharge the responsibilities of ~~AN A CERTIFIED OR~~
1023 **LICENSED** EMS Provider or registered EMR; and
- 1024 D) ~~the~~ **THE** time frame in which the crime was committed.
- 1025 7.4 Appeals
- 1026 7.4.1 If the Department denies certification, **LICENSURE**, or registration, the Department shall
1027 provide the applicant with notice of the grounds for denial and shall inform the applicant
1028 of the applicant's right to request a hearing.
- 1029 A) A request for a hearing shall be submitted to the Department in writing within
1030 sixty (60) calendar days from the date of the notice.
- 1031 ~~B) If a hearing is requested, the applicant shall file an answer within sixty (60)~~
1032 ~~calendar days from the date of the notice.~~
- 1033 ~~B~~**B**) If a request for a hearing is made, the hearing shall be conducted in accordance
1034 with the State Administrative Procedure Act, Section 24-4-101 et seq., C.R.S.
- 1035 ~~D~~**C**) If the applicant does not request a hearing in writing within sixty (60) calendar
1036 days from the date of the notice, the applicant is deemed to have waived the
1037 opportunity for a hearing.
- 1038 7.4.2 If the Department proposes disciplinary sanctions as provided in this section, the
1039 Department shall notify the certificate, **LICENSE**, or registration holder by first class mail to
1040 the last address furnished to the Department by the certificate, **LICENSE**, or registration
1041 holder. The notice shall state the alleged facts and/or conduct warranting the proposed
1042 action and state that the certificate, **LICENSE**, or registration holder may request a hearing.
- 1043 A) The certificate, **LICENSE**, or registration holder shall file a written answer within
1044 thirty (30) calendar days of the date of mailing of the notice.
- 1045 B) A request for a hearing shall be submitted to the Department in writing within
1046 thirty (30) calendar days from the date of mailing of the notice.
- 1047 C) If a request for a hearing is made, the hearing shall be conducted in accordance
1048 with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 1049 D) If the certificate, **LICENSE**, or registration holder does not request a hearing in
1050 writing within thirty (30) calendar days of the date of mailing of the notice, the
1051 certificate, **LICENSE**, or registration holder is deemed to have waived the
1052 opportunity for a hearing.
- 1053 7.4.3 If the Department summarily suspends a certificate, **LICENSE**, or registration, the
1054 Department shall provide the certificate, **LICENSE**, or registration holder notice of such in
1055 writing, which shall be sent by first class mail to the last address furnished to the

1056 Department by the certificate, **LICENSE**, or registration holder. The notice shall state that
 1057 the certificate, **LICENSE**, or registration holder is entitled to a prompt hearing on the matter.
 1058 The hearing shall be conducted in accordance with the State Administrative Procedure
 1059 Act, Section 24-4-101, et seq., C.R.S.

1060 **7.4.4** IF THE DEPARTMENT SUMMARILY SUSPENDS THE CERTIFICATION OR LICENSE OF ANY EMS
 1061 PROVIDER PURSUANT TO SECTION 25-3.5-208(9), C.R.S., AND SECTION 7.2.32 OF THESE
 1062 RULES, THE EMS PROVIDER MAY SUBMIT A WRITTEN REQUEST TO THE DEPARTMENT FOR A
 1063 FORMAL HEARING. THE WRITTEN REQUEST MUST BE SUBMITTED WITHIN TWO DAYS AFTER
 1064 RECEIVING NOTICE OF THE SUSPENSION. THE CERTIFICATE OR LICENSE HOLDER SHALL HAVE THE
 1065 BURDEN OF PROVING THAT THE CERTIFICATE OR LICENSE HOLDER'S CERTIFICATION OR
 1066 LICENSURE SHOULD NOT BE SUSPENDED. THE HEARING SHALL BE CONDUCTED IN ACCORDANCE
 1067 WITH SECTION 24-4-105, C.R.S.

1068

1069 **SECTION 8 – INCORPORATION BY REFERENCE**

1070 **8.1** THESE RULES INCORPORATE BY REFERENCE:

1071 **8.1.1** THE COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS (CAAHEP)
 1072 STANDARDS AND GUIDELINES FOR THE ACCREDITATION OF EDUCATIONAL PROGRAMS IN THE
 1073 EMERGENCY MEDICAL SERVICES PROFESSIONS AS REVISED IN 2015; AND

1074 **8.1.2** UNITED STATES DEPARTMENT OF EDUCATION, INSTITUTE OF EDUCATION SCIENCES, NATIONAL
 1075 CENTER FOR EDUCATION STATISTICS, CLASSIFICATION OF INSTRUCTIONAL PROGRAMS (CIP-
 1076 2020).

1077 **8.2** SUCH INCORPORATION DOES NOT INCLUDE LATER AMENDMENTS TO OR EDITIONS OF THE REFERENCED
 1078 MATERIAL. THE HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION OF THE DEPARTMENT
 1079 MAINTAINS COPIES OF THE INCORPORATED MATERIAL FOR PUBLIC INSPECTION DURING REGULAR
 1080 BUSINESS HOURS, AND SHALL PROVIDE CERTIFIED COPIES OF ANY NON-COPYRIGHTED MATERIAL TO THE
 1081 PUBLIC AT COST UPON REQUEST. INFORMATION REGARDING HOW THE INCORPORATED MATERIAL MAY BE
 1082 OBTAINED OR EXAMINED IS AVAILABLE FROM THE DIVISION BY CONTACTING:

1083 EMTS BRANCH CHIEF
 1084 HEALTH FACILITIES AND EMS DIVISION
 1085 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 1086 4300 CHERRY CREEK DRIVE SOUTH
 1087 DENVER, CO 80246-1530

1088 **8.3** THE INCORPORATED MATERIAL MAY BE OBTAINED AT NO COST FROM THE WEBSITES OF:

1089 **8.3.1** THE COMMITTEE ON ACCREDITATION OF EDUCATION PROGRAMS FOR THE EMERGENCY
 1090 MEDICAL SERVICES PROFESSIONS AT [HTTPS://COAEMSP.ORG/CAAHEP-STANDARDS-AND-
 1091 GUIDELINES#1](https://coaemsp.org/caahep-standards-and-guidelines#1); AND

1092 **8.3.2** UNITED STATES DEPARTMENT OF EDUCATION, INSTITUTE OF EDUCATION SCIENCES, NATIONAL
 1093 CENTER FOR EDUCATION STATISTICS, CLASSIFICATION OF INSTRUCTIONAL PROGRAMS (CIP-
 1094 2020) AT [HTTPS://NCES.ED.GOV/IPEDS/CIPCODE/CIPDETAIL.ASPX?Y=55&CIPID=88742](https://nces.ed.gov/ipeds/cipcode/cipdetail.aspx?Y=55&CIPID=88742)

1095