



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

To: Members of the State Board of Health

From: Jeanne-Marie Bakehouse, Emergency Medical and Trauma Services Branch Chief
Scott Beckley, Lead Data Analyst, Emergency Medical and Trauma Services Branch

Through: D. Randy Kuykendall, Division Director, *DRK*

Date: July 19, 2017

Subject: **Request for Rulemaking Hearing**
Proposed Amendments to 6 CCR 1015-3, Rules Pertaining to Emergency Medical Services, Chapter Three, Emergency Medical Services Data and Information Collection and Record Keeping, with a request for the rulemaking hearing to occur in September of 2017

Colorado began using the National Emergency Medical Services Information System (NEMSIS) Version 2.2.1 in 2006. NEMSIS is the national repository that stores, in a standardized manner, emergency medical services data that states collect from their emergency medical services agencies. This information is used to develop nationwide curricula, as well as for research, quality improvement and quality assurance projects, and other purposes. In 2008, a national revision process began in order to update NEMSIS. Version 3 was released in late 2011, and NEMSIS announced a transition from Version 2 to Version 3 starting in 2014. Colorado began actively working on the transition to the new version in early 2015. The national update from Version 2 to Version 3 fixes errors and adds needed elements to improve data quality. The changes in NEMSIS also allow for patient data to be collected by EMS agencies both off-line and online, allowing for automatic uploads when in internet range for quicker data availability.

The proposed rule changes will ensure Colorado continues to align with national data standards and maintains high quality, up-to-date data regarding emergency medical transports within the state. Additionally, with the new feature of automatic uploads of data via the internet, the department proposes shortening the data submission timeline for agencies from within 60 days of the end of the reporting quarter to within 60 days of patient contact.

The department had originally anticipated a January 1, 2017 implementation date to coincide with NEMSIS ceasing to accept Version 2 data after December 31, 2016. However, due to the complex nature of the work and needed technical input from a variety of subject matter expert stakeholders, the department delayed the statewide move from Version 2 to Version 3 until January 1, 2018. This allowed for the needed technical input as well as additional time to work closely with ImageTrend, the third party vendor used by the department to collect data and transmit it to NEMSIS. The department has also now worked with 35 different agencies to beta test the Version 3 software in order to help ensure that valid data is being collected in a consistent manner.

**STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY**

for Amendments to

6 CCR 1015-3, Rules Pertaining to Emergency Medical Services, Chapter Three, Emergency
Medical Services Data and Information Collection and Record Keeping

Basis and Purpose.

Colorado adopted NEMSIS Version 2.2.1 in 2006, and over the years has collected more than 4.5 million EMS agency patient care or “trip” reports. This data is used in a variety of ways on the local, state, and national level to enhance continuous quality improvement efforts and help improve emergency medical services delivery. Beginning in 2008, a national revision of NEMSIS took place to improve shortcomings of Version 2, such as insufficient data elements and value choices, and it addressed data quality issues. The result of this national effort is NEMSIS Version 3, with the current release being Version 3.4.0. Effective December 31, 2016 NEMSIS Version 2.2.1 was discontinued at the national level, while still being collected for state purposes. The department has been working over the past two years to complete the transition to Version 3.4.0. The department began with one beta test agency in 2015, and expanded the beta test to more agencies in 2016. Currently, the department has agreements in place with about 35 ambulance agencies to submit required data to the department using NEMSIS Version 3.4.0. As of May 2017, the department has received more than 100,000 EMS agency trip reports using the new Version 3, through the state’s vendor ImageTrend’s Elite Platform. Although full studies have not been completed, early assessments of the Version 3 data indicate that quality of the data is improved. Quality will continue to be improved over 2017 as the department works with NEMSIS to release an updated version of the state schematron, a rule-based validation tool that constrains the content of elements during data entry to ensure that they have the needed attributes prior to submission of the data.

Another key improvement offered by NEMSIS Version 3.4.0 is the ability for data to be submitted over mobile devices connected to the internet. When NEMSIS Version 2.2.1 was adopted, EMS trip reports were largely filled out by hand in the field and then entered into the computer at a later time. With changes in technology over the last decade, multiple ambulance agencies now have the capability to use mobile devices in the field. This has in turn created advancements in the capabilities to submit data in a more timely fashion. The department proposes changing the deadline for submission from within 60 days of the end of the reporting quarter to within 60 days of patient contact.

Other proposed rule changes update language to be more in line with current practice and reformat the rules to help improve readability.

The department is requesting a January 1, 2018 effective date for these amended rules.

Specific Statutory Authority.

These rules are promulgated pursuant to the following statutes:

Section 25-3.5-501(1), C.R.S.

Section 25-3.5-307(1) (c), C.R.S.

Section 25-3.5-308(1) (e), C.R.S.

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____; rules are ___ authorized ___ required.
___X___ No

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

_____ Yes
___X___ No

Does this rule incorporate materials by reference?

___X___ Yes
_____ No

Does this rule create or modify fines or fees?

_____ Yes
___X___ No

**REGULATORY ANALYSIS
for Amendments to**

6 CCR 1015-3, Rules Pertaining to Emergency Medical Services, Chapter Three, Emergency
Medical Services Data and Information Collection and Record Keeping

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

All licensed ground and air ambulance emergency medical service agencies that are involved in patient transport that originates within the state of Colorado are required to submit data to the department. Whether ground or air, all agencies will need to update their software to be compliant with NEMSIS Version 3.4.0 by December 31, 2017, and software vendors are already at work to meet this deadline.

Once all agencies are on NEMSIS Version 3.4.0 with its benefits of improved data quality, the data available for local, regional, statewide and national use will be of increased usefulness for continuous quality improvement studies and efforts and ultimately should result in a more efficient system. The department has been collecting data from emergency medical service agencies for over 10 years and the proposed rules expand upon the data elements that have been collected historically. For most agencies, the proposed rules will amount to a software upgrade with accompanying technical support from their vendors. For some agencies, there may be costs associated with hardware updates as well. The cost to each agency will vary according to its software vendor and the contract an individual agency has in place with the vendor.

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

The change in NEMSIS versions will affect all of the approximately 240 licensed ground or air transport emergency medical services agencies. The new software version will correct many of the shortcomings of the previous version, and should provide additional capabilities to collect quality data that can be used to improve patient care and support quality improvement projects.

The economic impact of the proposed rule change on these agencies will vary depending on the software system and version the agency is currently using. In late 2010 to early 2011, most of the 16 EMS software companies used by agencies across the state indicated that they would transition existing clients to the new Version 3 as part of their support contracts, with no additional fees. However, there may be additional hardware and staff training costs, depending on what an agency already has in place. For agencies experiencing economic hardships, there are competitive department EMTS grant funds available to help offset hardware and software costs for EMS data collection.

In late 2015, the department started working with a beta test agency to launch the new software and work through some initial glitches. Additional beta test agencies were brought on to the system in 2016, furthering the field testing and the ability to fix technical problems in advance of a full launch. As of May 2017, about 35 agencies are using the new software, and of these beta users, five are city and/or county based agencies. Initial comments from beta users has been constructive and mostly positive.

Technical fixes have continued, and much progress has been made. The anticipated release in mid-2017 of the updated state schematron, the validator tool, should continue to bolster quality data submission.

According to early adopters of the new software version in other states, the software improvements have reduced the time necessary to complete a patient record, and while each state has its own configuration, Colorado beta test agencies reported a reduction in this time as well. Because of this efficiency, submitting data within 60 days of patient contact should not have a negative economic impact on the agencies.

- 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.**

There will be no additional costs to the department or other state agencies to implement or enforce this rule revision. The department will continue to offer free training to emergency medical service agencies that use the vendor ImageTrend through funds already identified in the current 5-year contract between the department and ImageTrend. For agencies that do not use the ImageTrend platform, the cost of their training would be determined by their software vendor.

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

The national database is no longer accepting data collected through NEMSIS Version 2.2.1. The update to NEMSIS Version 3.4.0 will not only ensure that Colorado meets national standards, but also improves the quality of data received. NEMSIS Version 3.4.0 contains more data elements, more value choices, and fixes data quality issues that were identified within NEMSIS Version 2.2.1. While there will be a cost associated for agencies to upgrade their software to be compatible with NEMSIS Version 3.4.0, agencies have the option to submit EMTS grant funding requests through the department to help offset this expense. Agencies have been submitting data for about 10 years to the department, and the update from NEMSIS Version 2.2.1 to Version 3.4.0 is the next evolution in the state repository.

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

There is no less costly or less intrusive method to achieve the update from NEMSIS Version 2.2.1 to NEMSIS Version 3.4.0. The department worked with stakeholders who represented a broad spectrum of private and public emergency medical service agencies over a two-year-long process to ensure that agencies would be prepared for the update and could understand their potential costs. Additionally, agencies can submit requests through the department's EMTS grants program to help offset hardware and software expenses for EMS data collection.

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

A Data Task Force was convened in January 2015 to evaluate NEMSIS Version 3.4.0, determine whether Colorado should convert to the new version, and identify the data

elements the department should require agencies to report. Once the task force determined that Colorado should continue to meet national standards and update to Version 3.4.0, work commenced on determining which of the 585 possible data elements should be collected. It was determined that agencies need only submit up to 269 elements, depending on the complexity of the response call. A number of these 269 elements are self-populating or call dependent, so the data elements applying to an individual call may be significantly less. These 269 data elements include those defined as National Mandatory, National Required, State Recommended and State Optional by NEMSIS 3.4.0.

The Data Task Force also discussed how the upgrade to NEMSIS Version 3.4.0 could shorten the time required to submit data. The current rule requires data to be submitted by 60 days after the end of a quarter, meaning that data is often not complete for 6 months out of the year, resulting in incomplete data being used for quality improvement processes. While it is possible with Version 3.4.0 for data to be submitted in “real time” of the patient interaction, the Data Task Force and the department recognized that several areas in the state do not have adequate Wi-Fi coverage to make automatic uploads a realistic requirement. The proposed revisions allow 60 days post-patient contact for submittal of the information to accommodate the various technological and internet availability of agencies throughout the state.

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.

Currently, over 4.5 million ambulance trip reports have been reported to the department using Version 2 over the past 10 years, each with a minimum of 67 data elements that were required to be reported as part of NEMSIS Version 2.2.1. Over time, limitations to the Version 2 data set were identified. The increase to 269 data elements under NEMSIS Version 3.4.0 will improve the quality of the data, making it a more useful tool for the department and its national, regional and local partners. By limiting the required data elements to 269 out of the 585 possibilities, software vendors should be able to provide updated software in a timely and cost effective manner to the end users.

**STAKEHOLDER COMMENTS
for Amendments to**

**6 CCR 1015-3, Rules Pertaining to Emergency Medical Services, Chapter Three, Emergency
Medical Services Data and Information Collection and Record Keeping**

The following individuals and/or entities were included in the development of these proposed rules:

The 2015 Data Task Force was made up of the following individuals:

Name	Role/Area
Bill Clark	Foothills and Mile High RETAC
Roger Coit	Rural EMS provider
Brandon Chambers	Southern RETAC and Southeastern RETAC
Terri Foechterle	Western RETAC and rural transport
Jim Richardson	Hospital & STEMI
Chris Montera	EMS Chief Member
Josh Eveatt	Southeastern RETAC Coordinator
Karen Jacobson	Director, NEMSIS Technical Assistance Center
Linda Underbrink	Foothills RETAC
Joe Graw, Anne Hulsether, Kashif Khan	ImageTrend - State Software Company
John Gredig	Rural Fire & Rescue
Sean Caffery	EMSAC Board Member & EMS pediatrics
Clancy Meyers	Stroke Advisory Committee
Adam Mihlfried	EMS Software Companies
Jimmy Taylor	SEMTAC and Air Transport
Bruce Evans	SEMTAC
Ben Dengerink	Air Transport
Jeremiah Ahrens	CQI Coordinator
Amy Allen	Southwest RETAC Coordinator
Victor Janoski	Trauma
Mark Cheline	EMS Software Companies
Maria Mandt	Pediatric Hospital & Medical Director
Matthew Lindsay	EMS Provider
Ben Barnett	Zoll Products
David Kearns	Air Transport

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:

The department has been giving updates on a quarterly basis to the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) as well as to the Regional Emergency Medical and Trauma Advisory Councils (RETACs) since the Data Task Force began meeting in January 2015. Membership of SEMTAC contains representatives who will be involved in the adoption of NEMSIS Version 3.4.0, such as fire chiefs, emergency medical service providers, and county

commissioners, among others. Additionally, the department informed the RETACs in March 2016 that draft rules were ready for review. SEMTAC reviewed the proposed rule on April 13, 2017 and voted to recommend the department present the proposed rule to the Board of Health for adoption. All Data Task Force, SEMTAC and RETAC meetings are open to the public and advertised in advance.

Following the announcement to the RETACs, the department notified the greater emergency medical service provider community on May 24, 2017 via the Emergency Medical and Trauma Services Branch weekly email newsletter, *EMTS on the Go*. This newsletter is sent to more than 1,500 stakeholders and individuals, and included a link to the proposed rule changes.

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

The emergency medical services community is in agreement that the update from NEMSIS Version 2.2.1 to Version 3.4.0 will increase the value of data collected by the department and benefit the community as a whole. The major discussion point in the Data Task Force was determining what elements from the national data set should be made mandatory for reporting to the state. The Data Task Force spent the bulk of its time together coming to consensus that only up to 269 of the 585 possible elements were of significant value for the state of Colorado.

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

There is no impact on health equity or environmental justice as this is a data repository change.



COLORADO
Department of Public
Health & Environment

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

*State Emergency Medical and Trauma
Services Advisory Council*

April 13, 2017

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

Dear Mr. Cappello:

At the April 13, 2017 meeting of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) of the Colorado Department of Public Health and Environment, proposed revisions to 6 C.C.R 1015-3, Chapter 3- Emergency Medical Services Data and Information Collection and Record Keeping, were reviewed and discussed. The rule revision aligns Colorado EMS data reporting with the National Emergency Medical Services Information System (NEMSIS), by updating from NEMSIS version 2.2.1 to 3.4.0.. A motion was made and passed to approve the proposed revisions.

Sincerely yours,

Chief Richard A. Martin
Chairman



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

Emergency Medical Services

6 CCR 1015-3

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1 CHAPTER THREE – RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND 2 INFORMATION COLLECTION AND RECORD KEEPING

3 Section 1 – Purpose and Authority for Rules

4 1.1 The authority and requirement for data collection is provided in ~~C.R.S.~~ § 25-3.5-501(1), **C.R.S.**,
5 which states, "Each ambulance service shall prepare and transmit copies of uniform and
6 standardized records, as specified by regulation adopted by the department, concerning the
7 transportation and treatment of patients in order to evaluate the performance of the emergency
8 medical services system and to plan systematically for improvements in said system at all levels."

9 Additional authority for data collection and analysis is provided in ~~C.R.S.~~ § 25-3.5-307, **C.R.S.**,
10 requiring data collection and reporting by air ambulance agencies, **§ 25-3.-5-308(1)(e), C.R.S.,**
11 **requiring data collection and reporting by a ground ambulance service,** and ~~C.R.S.~~ § 25-3.5-
12 704(2)(h), **C.R.S.**, requiring the establishment of a continuous quality improvement system to
13 evaluate the statewide emergency medical and trauma services system.

14 1.2 This section consists of rules for the collection and reporting of essential data related to the
15 performance, needs and quality assessment of the statewide emergency medical and trauma
16 services system. These rules focus primarily on the data that ambulance agencies are required to
17 collect and provide to the Department. Rules regarding the collection of data by designated
18 trauma facilities can be found in 6 CCR 1015-4, Chapter 1.

19 Section 2 - Definitions

20 2.1 **"Agency" or "agencies" as used in this Chapter Three means (ground) ambulance services -**
21 **Ambulance service and air ambulance services-service.**

22 2.2 **"Air Ambulance" means a - A** fixed-wing or rotor-wing aircraft that is equipped to provide air
23 transportation and is specifically designed to accommodate the medical needs of individuals who
24 are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical
25 supervision.

26 2.3 **"Air Ambulance Service" means any - Any governmental-public or private organization-entity that**
27 **uses an air ambulance to transports in an aircraft patient(s) transport patients who require in-flight**
28 **medical supervision to a medical facility.**

29 2.4 **"Ambulance" means any - Any** privately or publicly owned ground vehicle that meets the
30 requirements of ~~C.R.S. § 25-3.5-103(1.5)-),~~ **C.R.S.**

31 2.5 **"Ambulance service" means the- The** furnishing, operating, conducting, maintaining, advertising,
32 or otherwise engaging in or professing to be engaged in the transportation of patients by
33 ambulance. Taken in context, it also means the person so engaged or professing to be so
34 engaged. The person so engaged and the vehicles used for the emergency transportation of
35 persons injured at a mine are excluded from this definition when the personnel utilized in the
36 operation of said vehicles are subject to the mandatory safety standards of the federal mine
37 safety and health administration, or its successor agency.

- 38 2.6 "Department" - The Colorado Department of Public Health and Environment.
- 39 2.7 "NEMSIS" - National Emergency Medical Services Information System
- 40 2.8 "Patient" ~~means any~~ - Any individual who is sick, injured, or otherwise incapacitated or helpless.

41 Section 3 – Reporting Requirements

42 3.1 All ambulance service agencies and air ambulance service agencies licensed in Colorado shall
43 provide the Department with the required data and information as specified in Sections 3.2 and
44 3.3 below in a format determined by the Department or in an alternate media acceptable to the
45 Department.

46 ~~3.2 The required data and information for the agency profile shall be based on the Colorado
47 Emergency Medical Services Information System (CEMSIS).~~

48 3.2 Agencies shall provide organizational profile data in a manner designated by the Department.

49 3.2.1 ~~Agency~~ Organizational profile data shall include but not be limited to information about
50 licensing, service types and level, agency contact information, agency director and
51 medical director contact information, demographics of the service area, number and
52 types of responding personnel, number of calls by response type, ~~data collection~~
53 ~~methods~~, counties served, organizational type, and number and type of vehicles.

54 ~~3.2.2 Agencies shall provide agency profile data to the Department using the CEMSIS portal
55 website.~~

56 3.2.3 Agencies shall update ~~agency~~ organizational profile data whenever changes occur and at
57 least annually.

58 3.3 The required data and information on patient care shall be based on ~~the National Emergency
59 Medical Services Information System (NEMSIS).~~ the NEMSIS EMS Data Standard published on
60 July 13, 2016, referenced below.

61 3.3.1 ~~These rules incorporate by reference the National Highway Traffic Safety Administration
62 (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, Version 2.2.1,
63 National Elements Subset, published in 2006~~

64 3.3.1 The National Highway Traffic Safety Administration (NHTSA) Office of Emergency
65 Medical Services, NEMSIS Data Dictionary NHTSA Version 3.4.0, EMS Data Standard,
66 published on July 13, 2016 (NEMSIS 3.4.0) is hereby incorporated by reference into this
67 rule. Such incorporation does not include later amendments to or editions of the
68 referenced material. The Health Facilities and Emergency Medical Services Division of
69 the Department maintains ~~copies~~ a copy of the complete text of required data elements
70 for public inspection during regular business hours, and shall provide certified copies of
71 any non-copyrighted material to the public for public inspection at
72 [http://www.nemsis.org/media/nemsis_v3/release-](http://www.nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf)
73 [3.4.0/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf](http://www.nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf), ~~cost upon~~
74 request. Information regarding how Certified copies of the incorporated materials may be
75 obtained or examined is available from the Division by contacting:

76
77 EMTS Section Branch Chief
78 Health Facilities and EMS Division
79 Colorado Department of Public Health and Environment
80 4300 Cherry Creek Drive South
81 Denver, CO 80246-1530

82 ~~These materials have been submitted to the state publications depository and distribution center and are
83 available for interlibrary loan. The incorporated material may be examined at any state
84 publications depository library.~~

- 85 3.3.2 No later than January 1, 2018, agencies shall submit patient care data to the Department
86 as defined by NEMSIS 3.4.0.
- 87 A) All elements that are identified as National Mandatory, National Required, State
88 Recommended and State Optional by NEMSIS 3.4.0 shall be reported to the
89 Department.
- 90 3.3.3 Submission of ~~the National Elements Subset~~ NEMSIS 3.4.0 data as stated above in 3.3.2
91 is required, however, ambulance services may provide additional data as outlined in the
92 complete NEMSIS-NHTSA Version 2.2.13.4.0 Data Dictionary or as suggested by the
93 Department.
- 94 3.3.24 All **transporting** agencies licensed in Colorado shall report the required data elements, as
95 stated in Section 3.3.2, on all responses that resulted in patient contact. Although not
96 required, agencies may also report the required data elements on responses that did not
97 result in patient contact or transport ~~(all calls)~~.
- 98 3.3.35 Agencies **unable to submit through the web-based data entry utility** shall obtain approval
99 from the Department prior to ~~using third party media to submit the required data.~~
100 **submitting patient care data and information in any other format.**
- 101 ~~3.3.4 Agencies shall provide the data to the Department at least quarterly based on a calendar~~
102 ~~year or on a schedule submitted to and approved by the Department. The quarterly~~
103 ~~download must be submitted to the Department within 60 days of the end of the quarter~~
104 ~~(i.e., data for EMS responses occurring in January through March must be submitted by~~
105 ~~June 1; for responses in April through June by September 1; for responses in July~~
106 ~~through September by December 1; for responses in October through December by~~
107 ~~March 1). The data may be submitted more frequently than quarterly.~~
- 108 3.3.6 Agencies shall provide the data to the Department within 60 days of patient contact.
- 109 3.4 In order to be eligible to apply for funding through the EMTS grants program, agencies shall
110 provide ~~agency~~ **organizational** profile information as described in Section 3.2 and regularly submit
111 patient care information as described in Section 3.3.2. and 3.3.6.
- 112 3.5 If an agency fails to comply with these rules, the Department may report this lack of compliance
113 to ~~the county(ies)~~ **any counties** in which the agency is licensed and/or to the agency's medical
114 director.
- 115 **Section 4 - Confidentiality of Data and Information on Patient Care**
- 116 4.1 The data and information provided to the Department in accordance with Section 3.3 of these
117 rules shall be used to conduct continuing quality improvement of the Emergency Medical and
118 Trauma System, pursuant to ~~C.R.S. § 25-3.5-704 (2)(h)(I)~~, **C.R.S.** Any data provided to the
119 department that identifies an individual patient's, provider's or facility's care outcomes or is part of
120 the patient's medical record shall be strictly confidential, whether such data are recorded on
121 paper or electronically. The confidentiality protections provided in ~~C.R.S. § 25-3.5-704 (2)(h)(II)~~,
122 **C.R.S.** apply to this data.
- 123 4.2 Any patient care data in the EMS data system that could potentially identify individual patients or
124 providers shall not be released in any form to any agency, institution, or individual, except as
125 provided in Section 4.3.
- 126 4.3 An agency may retrieve the patient care data that the agency has submitted via the Department's
127 web-based data entry utility ~~and that are stored on the Department's servers.~~
- 128 4.4 Results from any analysis of the data by the Department shall only be presented in aggregate
129 according to established Department policies.

130 4.5 The Department may establish procedures to allow access by outside agencies, institutions or
131 individuals to information in the EMS data system that does not identify patients, providers or
132 agencies. ~~These procedures are outlined in the Colorado EMS Data System Data Release Policy~~
133 ~~and other applicable Department data release policies.~~