COLORADO
Department of Public Health & Environment

To: Eric France, M.D., M.S.P.H., Chief Medical Officer, Colorado Department of Public Health and Environment

From: Donnie Woodyard, Chief, EMTS Branch *DW*

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

Date: October 20, 2021

Subject: Rulemaking Hearing by the Chief Medical Officer concerning 6 CCR 1015-3, Chapter Two, Rules Pertaining to EMS Practice and Medical Director Oversight

---

House Bill 21-1251 was passed by the Colorado Legislature and signed into law by Governor Polis in July 2021. This Act, entitled "Concerning the appropriate use of ketamine upon a person in a prehospital setting, and, in connection therewith, making an appropriation," amends several portions of Title 25, Article 3.5, Emergency Medical and Trauma Services of the Colorado Revised Statutes.

The passage of this act requires the revision of portions of 6 CCR 1015-3, Chapter Two, Rules Pertaining to EMS Practice and Medical Director Oversight. The initial change to this rule set increases the number of voting members on the Emergency Medical Practice Advisory Council from eight to ten. In addition, per language in the new statute, the rules will limit the use of the drug ketamine for certain purposes.

Pursuant to Section 25-3.5-206(4)(a), C.R.S., the Chief Medical Officer is responsible for adopting rules concerning EMS providers' scope of practice. The Division respectfully requests Chief Medical Officer France to adopt the proposed rules with a December 15, 2021, effective date.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to 6 CCR 1015-3, Chapter Two
Rules Pertaining to EMS Practice and Medical Director Oversight

Basis and Purpose.

House Bill 21-1251 was passed by the Colorado Legislature and signed into law by Governor Polis in July 2021 and adds to statute, among other things, restrictions on the use of the drug ketamine. The Department is proposing changes to the rules in 6 CCR 1015-3, Chapter Two, Rules Pertaining to EMS Practice and Medical Director Oversight to comply with the language in the above referenced statute. This rulemaking addresses two aspects of the statute:

1) The addition of two voting members to the state Emergency Medical Practice Advisory Council (one psychiatrist and one anesthesiologist).
2) The clarification that the drug ketamine may not be used in any circumstance for behavioral management and may only be used for analgesia, rapid sequence induction (RSI), and post-intubation management.

In addition to the proposed rules, the Department has already suspended all waivers that were previously issued for the use of ketamine for purposes prohibited under HB 21-1251.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

- Section 25-3.5-203(1)(a.5), C.R.S. (authorizes Chief Medical Officer to adopt rules regarding EMS provider regulation)
- Section 25-3.5-206(4)(a), C.R.S. (authorizes Chief Medical Officer to adopt rules concerning EMS provider scope of practice, medical director qualifications, defining medical direction, and criteria for granting waivers

Other relevant statutes:

- Section 25-3.5-103, (8.6) and (10.3) which provide new definitions for the terms "Justifiable Medical Emergency" and "Prehospital Setting."
- Section 25-3.5-206 (2)(a) with additions to the membership of the Emergency Medical Practice Advisory Council.
- Section 25-3.5-209, a new section regarding, "Use of ketamine in prehospital setting when peace officer is present – definition."

Is this rulemaking due to a change in state statute?

__X___ Yes, the bill number is HB 21-1251. Rules are _X__ authorized; some provisions are required.

_____ No

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

_____ Yes ___ URL

__X___ No

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

_____ Yes

__X__ No

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

__X__ 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;

REGULATORY ANALYSIS
for Amendments to 6 CCR 1015-3, Chapter Two
Rules Pertaining to EMS Practice and Medical Director Oversight

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 (as of September 2, 2021)	Relationship to the Proposed Rule Select category: C/CLG/S/B
Licensed/Certified Critical Care Paramedics	436	C
Licensed/Certified Paramedics	5015	C
Agencies with waivers allowing the use of ketamine for pain management	104	C/CLG*
Agencies with waivers allowing the use of ketamine for RSI adult/RSI pediatric	30/6	C/CLG*
Medical directors overseeing agencies with any waiver for ketamine	60	C
Prehospital patients on whom ketamine might have been used for "excited delirium or any subsequent term for excited delirium" or "to subdue, sedate, or chemically incapacitate and individual for alleged or suspected criminal, delinquent, or suspicious conduct." (Language from HB 21-1251)	Unknown	B

*This denotes entities that may include local governments. However, while some agencies are overseen or run by a local government, the impact of this rule change is the same on all agencies.

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. 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.

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/CLG: This rulemaking does not have a direct fiscal impact on those parties required to implement and apply the rule at the patient care level or an economic impact on the agencies themselves. There has been no discussion about the cost of ketamine or cost of alternative medications. In the application of this rule, it is assumed to be cost neutral as there are other medications described in the formulary for behavioral management. (*see* 6 CCR 1015-3, Chapter Two, Table B.3.)

C/CLG Medical Directors: All medical directors that previously had ketamine waivers allowing for use for "excited delirium" or any similar term have already been required to change those protocols and provide re-training for EMS providers based on the new protocols. These changes were occasioned by the change in statute, and thus there are truly no additional economic outcomes based on this regulatory change, which brings rule into clear alignment with statute.

B: This rulemaking does not have quantifiable positive or negative economic outcomes for the beneficiaries of the rule change (those prehospital patients who will not be treated with ketamine as a behavioral management tool).

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.

C/CLG: Non-economic outcomes for those required to implement the rule are likely limited to the time necessary for any re-training related to modified formulary protocols. Changes in the formulary are not uncommon and thus modification to the use of any specific medication is likely to be absorbed into the normal course of education and skills training.

B: It is hoped that the discontinuation of the use of ketamine for "excited delirium or any subsequent term for excited delirium" or "to subdue, sedate, or chemically

incapacitate and individual for alleged or suspected criminal, delinquent, or suspicious conduct." (Language from HB 21-1251) will result in public health and safety benefits. Please note that these benefits would be expected to result from the statutory change but are reinforced by the regulatory change.

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:

   N/A

   B. Anticipated CDPHE Revenues:

   N/A

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

   N/A

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

   The rule changes have little, if any, economic impact. Inaction is not an option since statute has changed and the rule changes reflect the change to statute.

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

   __ Comply with a statutory mandate to promulgate rules.
   _X 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
   __X Improve public and environmental health practice.
   __ Implement stakeholder feedback.

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

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

   ___ Contributes to the blueprint for pollution reduction
   ___ Reduces carbon dioxide from transportation
   ___ Reduces methane emissions from oil and gas industry
   ___ Reduces carbon dioxide emissions from electricity sector

2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.

___ Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.
___ Supports local agencies and COGCC in oil and gas regulations.
___ Reduces VOC and NOx emissions from non-oil and gas contributors

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

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

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

___ Ensures access to breastfeeding-friendly environments.

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

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

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

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

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

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

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

___ Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident.
___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment.
___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.

9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.

___ Implements the CDPHE Digital Transformation Plan.
___ Optimizes processes prior to digitizing them.
___ Improves data dissemination and interoperability methods and timeliness.

10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.

___ Reduces emissions from employee commuting
___ Reduces emissions from CDPHE operations

11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.

___ Used a budget equity assessment

_X__ Advance CDPHE Division-level strategic priorities.

Promulgation of these rules implements new legislation (HB 21-1251) in accordance with the Division's regulatory review policies and priorities.

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

N/A

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

   Rulemaking is proposed when 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 conjunctions with stakeholders. The proposed revisions provide the most benefit for the least amount of cost and are the most feasible manner to achieve compliance with statute.

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

   The specific revisions were developed in conjunction with and with the approval of the Emergency Medical Practice Advisory Council. This expert panel helped craft the exact language and went on to provide a recommendation for the adoption of this language. These are considered the minimum rule changes necessary to comply with statute.

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.

   There were no quantitative data used for this analysis since this change is directly responsive to a statutory change. The consequences of inaction are that state rule would be inconsistent with state statute.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1015-3, Chapter Two
Rules Pertaining to EMS Practice and Medical Director Oversight

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)
Emergency Medical Practice Advisory Council	Diana Koelliker, MD, physician serving as EMS Medical director – rural/frontier
	Shannon Sovndal, MD, physician serving as EMS medical director - urban
	Nathaniel Lenn, certified EMT involved in EMS provision
	Kevin McVaney, MD, physician serving as EMS medical director – any area of state
	Kevin Weber, MD, physician serving as EMS medical director - rural/frontier
	Dawn Mathis, EMS educator serving as SEMTAC representative
	William Dunn, certified EMT at ALS level
	Matthew Parker, certified EMT at BLS level
EMPAC Stakeholders (non-members)	Matt Angelidis, Bill Clark, Candice Moncayo, Daniel MacDougall, Jim Levi, Josh Poles, Linda Underbrink, Sarah Weatherred, Jeff Edelson, Thomas Candlin, Annie Klein, Brandon Chambers, Brittney Romero, Jeani Saito, Grace Dobbertin, James Woodworth, Jonathan Apfelbaum, Lori Jane Gliha, Melissa Daniels, Richard Cornelius, Scott Sholes, Joseph Livengood, Jeremy DeWall, Jessica Cofran, Michael Moore, Gabriel Muething, Joseph Martinez, Julie Ramstetter, Mark Falander, Shay Krier, Matthew Mogg, Bob Fager
EMTS on the Go (Weekly public notice sent to all interested parties by the EMTS Branch.)	800 +/- EMTS stakeholders

Since this rulemaking is responsive to statutory change that necessitates addition and clarification of Department rules, the stakeholder engagement period has been shorter than average. One public meeting was held on this subject. On August 9, 2021, the Emergency

Medical Practice Advisory Council (EMPAC) discussed the changes that were proposed and helped to craft clear language to implement the statutory mandates resulting from HB 21-1251. Ultimately, the EMPAC voted to approve the proposed language as indicated in the attached letter.

Stakeholder Group Notification

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

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

_XX___Yes.

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

No major factual or policy issues were encountered.

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

Overall, after considering the benefits, risks and costs, the proposed rule:
Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.		Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.		Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.

X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
X	Other:_Implements a statutory mandate eliminating the use of ketamine as a chemical restraint or behavioral control.		Other:_____ _____

COLORADO
Department of Public
Health & Environment

Emergency Medical Practice Advisory Council

Sept. 10, 2021

Eric France, MD, MSPH
Chief Medical Officer
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, EDO-A5
Denver, CO 80246-1530

Dear Dr. France:

At the August 9, 2021 meeting of the Emergency Medical Practice Advisory Council (EMPAC), the Colorado Department of Public Health and Environment proposed revisions to 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight. These rule revisions implement the provisions of House Bill 21-1251 specific to EMPAC membership and ketamine administration by EMS providers. In part, this law expands the membership of the EMPAC by two, to include one clinical psychiatrist licensed in good standing in Colorado and one anesthesiologist licensed in good standing in Colorado. Additionally, the law prohibits the administration of ketamine for excited delirium or to subdue, sedate, or chemically incapacitate an individual suspected of criminal, delinquent, or suspicious conduct. The EMPAC contributed to the development of the rule revisions specific to these provisions and voted unanimously to recommend that the chief medical officer adopt the proposed revisions.

Sincerely,

Kevin Weber MD

Kevin Weber, MD, FACEP
EMPAC Chairman

HOUSE BILL 21-1251

BY REPRESENTATIVE(S) Caraveo and Herod, Benavidez, Jackson, Jodeh, Mullica, Woodrow, Amabile, Bernett, Boesenecker, Duran, Esgar, Gonzales-Gutierrez, Hooton, Kipp, Lontine, Ortiz, Ricks, Snyder, Weissman, Exum, Michaelson Jenet, Sirota;
also SENATOR(S) Fields and Gonzales, Buckner, Coleman, Danielson, Hansen, Jaquez Lewis, Lee, Moreno, Pettersen, Story, Winter.

CONCERNING THE APPROPRIATE USE OF KETAMINE UPON A PERSON IN A PREHOSPITAL SETTING, 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, 25-3.5-103, **add** (8.6) and (10.3) as follows:

25-3.5-103. Definitions. As used in this article 3.5, unless the context otherwise requires:

(8.6) "JUSTIFIABLE MEDICAL EMERGENCY" MEANS AN UNDERLYING MEDICAL, TRAUMATIC, OR PSYCHIATRIC CONDITION POSING AN IMMEDIATE SAFETY RISK TO THE INDIVIDUAL, EMERGENCY MEDICAL SERVICE PROVIDER, OR THE PUBLIC. EXCITED DELIRIUM, ANY SUBSEQUENT TERM FOR EXCITED DELIRIUM, OR ANY ACUTE PSYCHIATRIC DIAGNOSIS NOT RECOGNIZED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS IS NOT A JUSTIFIABLE MEDICAL EMERGENCY.

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.

(10.3) "PREHOSPITAL SETTING" MEANS ONE OF THE FOLLOWING SETTINGS IN WHICH AN EMERGENCY MEDICAL SERVICE PROVIDER PERFORMS PATIENT CARE, WHICH CARE IS SUBJECT TO MEDICAL DIRECTION BY A MEDICAL DIRECTOR:

(a) AT THE SITE OF AN EMERGENCY;
(b) DURING EMERGENCY TRANSPORT; OR
(c) DURING INTERFACILITY TRANSPORT.

SECTION 2. In Colorado Revised Statutes, **add** 25-3.5-209 as follows:

25-3.5-209. Use of ketamine in prehospital setting when peace officer is present - definition. (1) (a) WHEN A PEACE OFFICER IS PRESENT AT THE SCENE OF AN EMERGENCY, AN EMERGENCY MEDICAL SERVICE PROVIDER AUTHORIZED TO ADMINISTER KETAMINE IN A PREHOSPITAL SETTING SHALL ONLY ADMINISTER KETAMINE IF THE PROVIDER HAS:

(I) WEIGHED THE INDIVIDUAL TO ENSURE ACCURATE DOSAGE. IF THE EMERGENCY MEDICAL SERVICE PROVIDER IS UNABLE TO WEIGH THE INDIVIDUAL, THE EMERGENCY MEDICAL SERVICE PROVIDER SHALL, PRIOR TO THE ADMINISTRATION OF KETAMINE:

(A) ESTIMATE THE INDIVIDUAL'S WEIGHT, AND AT LEAST TWO PERSONNEL WHO ARE TRAINED IN WEIGHT ASSESSMENTS MUST AGREE WITH THE WEIGHT ASSESSMENT; AND

(B) ATTEMPT TO OBTAIN A VERBAL ORDER FROM THE EMERGENCY MEDICAL SERVICE PROVIDER'S MEDICAL DIRECTOR OR THEIR DESIGNEE, UNLESS THERE IS A VERIFIABLE REASON THE EMERGENCY MEDICAL SERVICE PROVIDER CANNOT OBTAIN A VERBAL ORDER.

(II) TRAINING IN THE ADMINISTRATION OF KETAMINE, INCLUDING TRAINING TO ENSURE APPROPRIATE DOSAGE BASED ON THE WEIGHT OF THE INDIVIDUAL;

(III) TRAINING IN ADVANCED AIRWAY SUPPORT TECHNIQUES; AND

(IV) EQUIPMENT AVAILABLE TO MANAGE RESPIRATORY DEPRESSION

(V) EQUIPMENT AVAILABLE TO IMMEDIATELY MONITOR THE VITAL SIGNS OF THE INDIVIDUAL RECEIVING KETAMINE AND THE ABILITY TO RESPOND TO ANY ADVERSE REACTIONS.

(b) THE MEDICAL DIRECTOR OF AN AGENCY THAT HAS A WAIVER TO ADMINISTER KETAMINE SHALL DEVELOP ANY NECESSARY TRAINING FOR EMERGENCY MEDICAL SERVICE PROVIDERS PURSUANT TO THIS SUBSECTION (1).

(2) AN EMERGENCY MEDICAL SERVICE PROVIDER WHO ADMINISTERS KETAMINE SHALL:

(a) PROVIDE URGENT TRANSPORT TO THE INDIVIDUAL RECEIVING KETAMINE; AND

(b) RECORD ANY COMPLICATIONS ARISING OUT OF SUCH ADMINISTRATION, INCLUDING BUTNOTLIMITEDTOAPNEA, LARYNGOSPASM, HYPOXIA, HYPERTENSION, HYPOTENSION, SEIZURE, AND CARDIAC ARREST.

(3) ABSENT A JUSTIFIABLE MEDICAL EMERGENCY, AN EMERGENCY MEDICAL SERVICE PROVIDER SHALL NOT ADMINISTER KETAMINE IN A PREHOSPITAL SETTING TO SUBDUE, SEDATE, OR CHEMICALLY INCAPACITATE AN INDIVIDUAL FOR ALLEGED OR SUSPECTED CRIMINAL, DELINQUENT, OR SUSPICIOUS CONDUCT.

(4) IF AN EMERGENCY MEDICAL SERVICE PROVIDER DOES NOT COMPLY WITH THE PROVISIONS OF THIS SECTION, SUCH NONCOMPLIANCE IS CONSIDERED MISCONDUCT, AS DEFINED IN SECTION 25-3.5-205 (5)(b).

……

25-3.5-206. Emergency medical practice advisory council - creation - powers and duties - emergency medical service provider scope of practice - definitions - rules. (2) (a) The advisory council consists of the following ~~ele-ven~~ THIRTEEN members:

(II) One voting member who, as of July 1, 2010, is a member of the state emergency medical and trauma services advisory council, appointed by the executive director of the department; ~~and~~

(IV) ONE VOTING MEMBER WHO IS A CLINICAL PSYCHIATRIST LICENSED IN GOOD STANDING IN COLORADO, RECOMMENDED BY A STATEWIDE ASSOCIATION OF PSYCHIATRISTS, AND APPOINTED BY THE GOVERNOR; AND

(V) ONE VOTING MEMBER WHO IS AN ANESTHESIOLOGIST LICENSED IN GOOD STANDING IN COLORADO, RECOMMENDED BY A STATEWIDE ASSOCIATION OF ANESTHESIOLOGISTS, AND APPOINTED BY THE GOVERNOR.

(1) 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 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. THE ADVISORY COUNCIL SHALL SUBMIT A REPORT TO THE HOUSE OF REPRESENTATNES HEALTH AND INSURANCE COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR ANY SUCCESSOR COMMITTEES, ANY TIME THE ADVISORY COUNCIL ADVISES OR RECOMMENDS AUTHORIZING THE ADMINISTRATION OF ANY NEW CHEMICAL RESTRAINT, AS DEFINED IN SECTION 26-20-102 (2). THE REPORT MUST INCLUDE THE ADVISORY COUNCIL'S REASONING FOR SUCH ADVISEMENT OR RECOMMENDATION.

SECTION 8 In Colorado Revised Statutes, add 25-3.5-210 as follows:

25-3.5-210. Report on statewide use of ketamine. BEGINNING JANUARY 1, 2022, AND EACH JANUARY 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT ON THE STATEWIDE USE OF KETAMINE BY EMERGENCY MEDICAL SERVICE PROVIDERS AND ANY COMPLICATIONS THAT ARISE OUT OF SUCH USE TO THE HOUSE OF REPRESENTATIVES JUDICIARY COMMITTEE, THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE SENATE JUDICIARY COMMITTEE, OR THEIR SUCCESSOR COMMITTEES. THE DEPARTMENT SHALL MAKE THE REPORT PUBLICLY AVAILABLE ON THE DEPARTMENT'S WEBSITE.

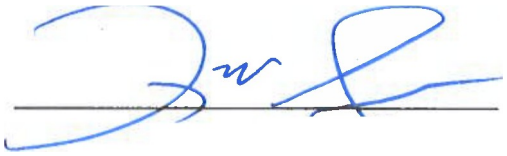
SECTION 9. In Colorado Revised Statutes, **repeal** 25-3.5-206 (5)(b).

SECTION 10. Appropriation. For the 2021-22 state fiscal year, $132,488 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 general fund and is based on an assumption that the division will require an additional 1.2 FTE. To implement this act, the division may use this appropriation for state EMS coordination, planning and certification program.

SECTION 11. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Alec Garnett
SPEAKER OF THEHOUSE
OF REPRESENTATIVES

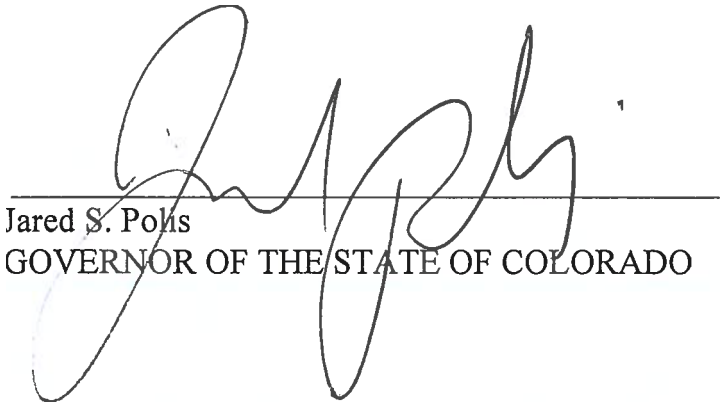
CHIEF CLERK OF
THE HOUSE
OF REPRESENTATIVES



Leroy . Garcia
PRESIDENT OF THE
SENATE

Cindi L. Markwell
SECRETARY OF THE
SENATE

APPROVED



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO

(Date and Time)

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

****

CHAPTER TWO – RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT

Chapter 2 Adopted by the Chief Medical Officer on OCTOBER 20, 2021**. Effective** DECEMBER 15, 2021**.**

SECTION 1 – Purpose and Authority for Establishing Rules

1.1 These rules define the authorized medical acts of Emergency Medical Service (EMS) providers in the settings in which they may practice: prehospital, as defined by Sections 25-3.5-206(5)(b) AND 25-3.5-209, C.R.S. and these rules; out-of-hospital, as defined by 6 CCR 1011-3 and these rules; and clinical, as defined by Section 25-3.5-207(1)(a), C.R.S and these rules.

****

SECTION 3 – Emergency Medical Practice Advisory Council

3.1 The Emergency Medical Practice Advisory Council (EMPAC), under the direction of the executive director of the Department, shall advise the Department in the areas set forth below in Section 3.8.

3.2 The EMPAC shall consist of the following ~~eleven~~ THIRTEEN members:

3.2.1 TEN~~Eight~~ voting members appointed by the governor as follows:

A) Two physicians licensed in good standing in Colorado who are actively serving as EMS agency medical directors and are practicing in rural or frontier counties;

B) Two physicians licensed in good standing in Colorado who are actively serving as EMS agency medical directors and are practicing in urban counties;

C) One physician licensed in good standing in Colorado who is actively serving as an EMS agency medical director in any area of the state;

D) One EMS provider certified or licensed at an advanced life support level who is actively involved in the provision of emergency medical services;

E) One EMS provider certified or licensed at a basic life support level who is actively involved in the provision of emergency medical services; and

F) One EMS provider certified or licensed at any level who is actively involved in the provision of emergency medical services;

G) ONE CLINICAL PSYCHIATRIST LICENSED IN GOOD STANDING IN COLORADO WHO IS RECOMMENDED BY A STATEWIDE ASSOCIATION OF PSYCHIATRISTS;

(H) ONE ANESTHESIOLOGIST LICENSED IN GOOD STANDING IN COLORADO WHO IS RECOMMENDED BY A STATEWIDE ASSOCIATION OF ANESTHESIOLOGISTS;

****

APPENDIX B

FORMULARY OF MEDICATIONS ALLOWED

****

TABLE B.3 – BEHAVIORAL MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-Psychotic – Droperidol	N	N	N	VO	Y
Anti-Psychotic – Haloperidol	N	N	N	VO	Y
Anti-Psychotic – Olanzapine	N	N	N	VO	Y
Anti-Psychotic – Ziprasidone	N	N	N	VO	Y
Benzodiazepine – Diazepam	N	N	N	Y	Y
Benzodiazepine – Lorazepam	N	N	N	Y	Y
Benzodiazepine – Midazolam	N	N	N	Y	Y
Diphenhydramine	N	N	N	VO	Y
KETAMINE (KETALAR)	N	N	N	N	N

****

Appendix F – FORMULARY OF MEDICATIONS ALLOWED

TABLE F.1 – CRITICAL CARE FORMULARY

Medications	P-CC
Acetylcysteine (Mucomyst)	Y
Antibiotics	Y
Bilvalirudin (Angiomax)	Y
Blood Products	Y
Dobutamine (Dobutamine)	Y
Esmolol (Brevibloc)	Y
Etomidate (Amidate)	Y
Fosphenytoin (Cerebyx)	Y
Ketamine (Ketalar)	Y (MAY ONLY BE USED FOR ANALGESIA, RAPID SEQUENCE INDUCTION (RSI), AND POST-INTUBATION MANAGEMENT)
Labetalol (Normodyne)	Y
Levetiracetam (Keppra)	Y
Metoprolol (Lopressor)	Y
Phenytoin (Dilantin)	Y
Propofol (Diprivan)	Y
Rocuronium (Zemuron)	Y

Succinylcholine (Anectine)	Y
tPA infusion	Y
Tranexamic acid (TXA)	Y
Vecuronium (Norcuron)	Y

46 ****