



To: Members of the State Board of Health

From: Elaine McManis, RN, Division Director, Health Facilities and Emergency Medical Services Division *E. Mc.*

Through: Peter Myers, Deputy Division Director and Interim EMTS Branch Chief, Health Facilities and Emergency Medical Services Division

Date: February 21, 2024

Subject: **Request for a Rulemaking Hearing** concerning the repeal of the “lawful presence” requirement in 6 CCR 1011-1, Chapter Two, Standards for Hospitals and Health Facilities, General Licensure Standards; 6 CCR 1011-1, Chapter Twenty-Six, Standards for Hospitals and Health Facilities, Home Care Agencies, 6 CCR 1015-3, Chapter One - Rules Pertaining to EMS and EMR Education, EMS Certification of Licensure, and EMR Registration, and 6 CCR 1015-3, Chapter Five - Rules Pertaining to Air Ambulance Licensing

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Section 24-76.5-103(4), C.R.S. previously required certain applicants for public benefits, which are defined to include professional, occupational, and commercial licenses, to provide in their licensure applications to state and local agencies proof of lawful presence in the United States. Four regulatory chapters administered by the Colorado Department of Public Health and Environment (“Department”) contain “proof of lawful presence” requirements. Those chapters are:

- 6 CCR 1011-1, Chapter Two - General Licensure Standards,
- 6 CCR 1011-1, Chapter Twenty-Six - Home Care Agencies,
- 6 CCR 1015-3, Chapter One - Rules Pertaining to EMS and EMR Education, EMS Certification or Licensure, and EMR Registration, and
- 6 CCR 1015-3, Chapter Five - Rules Pertaining to Air Ambulance Licensing

Senate Bill 21-199 repealed and reenacted this “lawful presence” requirement that had required individuals to verify their lawful presence when applying for state and local benefits, including professional licenses. Effective July 1, 2022, the new law affirmatively states that lawful presence is no longer an eligibility requirement for state or local public benefits. The Department updated its practices immediately upon the law going into effect. However, the outdated rule language remained as **remained**-present. Consequently, the four rule sets that require proof of lawful presence no longer conform to existing law and must be changed. These proposed rules are the result of the Department’s alignment of its rules with current law.

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to  
6 CCR 1011-1, Chapter Two,  
6 CCR 1011-3, Chapter Twenty-Six,  
6 CCR 1015-3, Chapter One, and  
6 CCR 1015-3, Chapter Five**

**Basis and Purpose.**

Prior to July 1, 2022, Colorado state law required state and local agencies to verify the lawful presence of certain applicants for public benefits. “Public benefits,” as defined by state and federal law, include professional, occupational, and commercial licenses.<sup>1</sup>

In conformity with that law, 6 CCR 1011-1, Chapter Two, Section 2.3.3(C)(3) requires persons or entities that seek a license to operate a health facility or agency to include in the licensure application “The identity, address, and telephone number of all persons and business entities with a controlling interest in the facility or agency, including but not limited to: . . . **‘a sole proprietor [who] shall include proof of lawful presence in the United States in compliance with section 24-76.5-103(4), C.R.S.’**”

Similarly, 6 CCR 1011-1, Chapter Twenty-Six, Section 3.8(A)(5) requires applicants for an initial or renewal home care placement agency registration to provide the Department with a complete application form that includes “The identity of all persons and business entities with a controlling interest in the home care placement agency, including . . . **‘[a] sole proprietor, [who] shall provide proof of lawful presence in the United States in compliance with Section 24-76.5-103(4), C.R.S.’**”

6 CCR 1015-3, Chapter One, Sections 5.2.2(G) and 5.3.2(B)(6) also require Emergency Medical Services (EMS) providers who apply for an initial or renewal licensure or certification to submit information to the Department that includes “**Evidence of lawful presence in the United States pursuant to Section 24-76.5-101, C.R.S.**”

Similar rule provisions apply to Emergency Medical Responder (EMR) applicants who, pursuant to 6 CCR 1015-3, Chapter One, Sections 6.2.2(D) and 6.3.2(B)(3), must supply “**Evidence of lawful presence in the United States pursuant to Section 24-76.5-101, C.R.S.**” when applying for initial or renewal EMR registration.

Finally, 6 CCR 1015-3, Chapter Five, Section 5.8.5(C)(3) requires each applicant for an air ambulance change of ownership to provide “The identity of all persons and business entities with a controlling interest in the air ambulance service, including . . . **A sole proprietor [who] shall include proof of lawful presence in the United States in compliance with section 24-76.5-103(4), C.R.S.**”

Senate Bill 21-199 repealed and reenacted all of these “lawful presence” requirements. Effective July 1, 2022, verification of a benefit applicant’s lawful presence in the United States is no longer required. Specifically, the new law affirmatively states that lawful presence is not a requirement of eligibility for any state or local public benefits. Those

<sup>1</sup> See Section 24-76.5-102, C.R.S. and 8 U.S.C. Section 1621.

benefits include licenses, certifications, and registrations administered by CDPHE, as set forth above. See Section 27-76.5-103, C.R.S.

The Department immediately modified its application operations to conform to the new law. It now seeks to strike the specific provisions within the Department's four rule sets that unlawfully require persons to provide proof of lawful presence in order to become eligible for licensure, certification, registration, or changes of ownership.

In summary, these proposed rules are the result of the Department's effort to align its rules with current law by deleting all offending "proof of lawful presence" language.

**Specific Statutory Authority.  
Statutes that require or authorize rulemaking:**

Section 24-76.5-103, C.R.S.

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**Is this rulemaking due to a change in state statute?**

Yes, the bill number is SB 21-199. Rules are \_\_\_ authorized  required.  
 No

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

Yes  URL  
 No

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

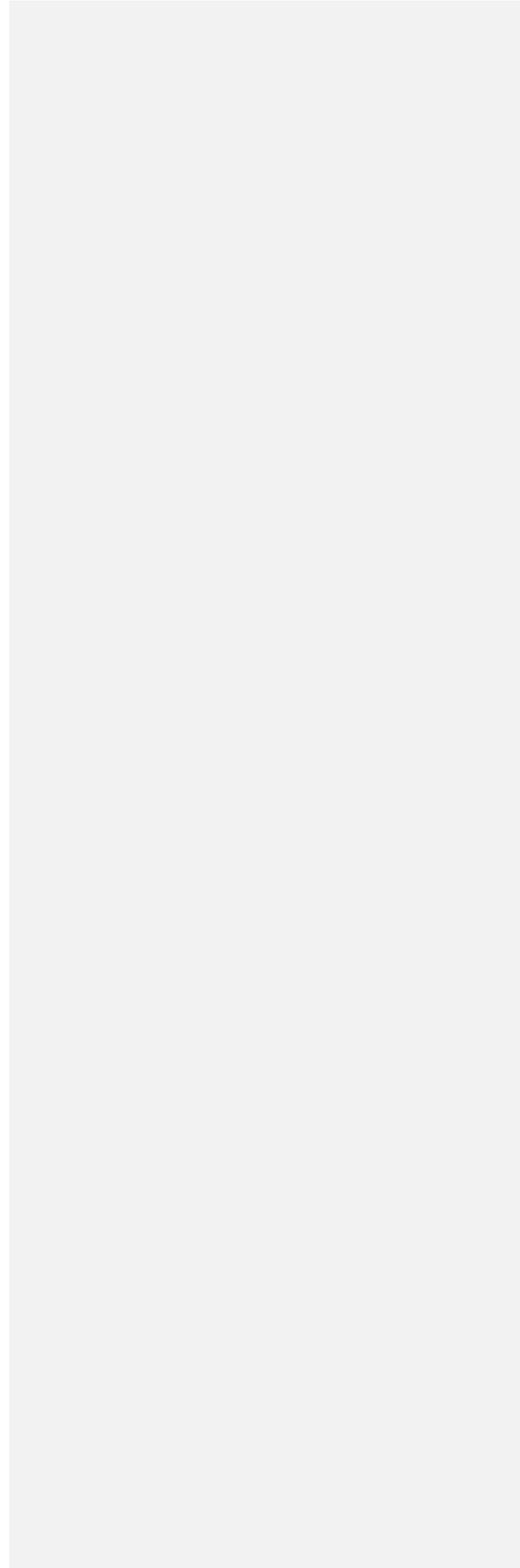
Yes  
 No

**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.



**REGULATORY ANALYSIS**  
**for Amendments to**  
**6 CCR 1011-1, Chapter Two,**  
**6 CCR 1011-3, Chapter Twenty-Six,**  
**6 CCR 1015-3, Chapter One, and**  
**6 CCR 1015-3, Chapter Five**

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.**

Limitations to the following discussion:

SB 21-199 provides that “the estimated population of undocumented immigrants is one hundred sixty-two thousand, and this represents approximately eight percent of children under sixteen years of age; . . .” The Department neither knows how many adults are included in this total estimated population of undocumented immigrants, nor how many undocumented immigrant adults may benefit from the repeal of the unlawful presence requirement in the four impacted rules.

<b>Group of persons/entities Affected by the Proposed Rule</b>	<b>Size of the Group</b>	<b>Relationship to the Proposed Rule Select category: C/CLG/S/B</b>
# of individual or sole proprietor applicants for CDPHE-HFEMS licenses, certifications, registrations, or air ambulance changes of ownership who cannot establish lawful presence in the United States	Unknown	C, B
# of sole proprietors who hold a health facility agency license	2,059	C, B
# of sole proprietors who hold a home care placement agency license	10	C, B
# of current Emergency Medical Service providers who hold Colorado EMS licenses or certificates	21,126	C, B
# of current Emergency Medical Responder registration holders	423	C, B
# of sole proprietors who have an air ambulance service license	27	C, B
	Unknown	C, B

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<p># of sole proprietors with a controlling interest in an air ambulance agency who have requested a change of ownership</p> <p>CDPHE-HFEMS, the state agency that issues health facility and home care placement licenses, air ambulance agency change of ownership approvals, and EMS and EMR licenses, certifications, and registrations</p> <p>Additionally, consumers/persons utilizing health facility, home care placement, EMS, EMR, or air ambulance services may be affected by these rules.                  –Colorado citizens                   –Out-of-state tourists and consumers</p>	<p>1</p> <p>5.8 million<sup>2</sup></p> <p>90 million person-trips<sup>3</sup></p>	<p>C</p> <p>Arguably B if these consumers are served by Colorado EMS or EMR providers, or by health facility, home care placement, or air ambulance agencies with sole proprietors who own a controlling interest in such an agency</p>
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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.
- 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

<sup>2</sup> (US Census Bureau (2023, July 27); <https://www.census.gov/quickfacts/fact/table/CO/PST045222>)

<sup>3</sup> (2022 Longwoods Travel USA Colorado Report; <https://oedit.colorado.gov/tourism-research>)

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.

Affected Parties C only -

The law eliminates an eligibility requirement, thereby reducing the Department's workload and costs to review and verify an applicant's lawful presence when processing applications for health care facility, home care placement, and EMS licenses/certifications, EMR registrations, and air ambulance change of ownership applications.

Affected Parties C, B -

By abolishing the lawful presence requirement in the four rule sets, the law ~~allowseconfers eligibility upon~~ undocumented applicants who cannot establish lawful presence in the United States to apply for certain professional licenses, certifications, registrations, and changes of ownership.

These rules will ~~also~~ improve the experience of and outcomes for the previously ~~disenfranchised and~~ ineligible populations who were barred from applying for these relevant professional ~~opportunities~~ benefits. Now that this population is eligible to apply for ~~the licensure~~ benefits that are necessary to operate a licensed health care or home care placement agency, or ~~to become employed as an EMS or EMR provider~~ certification, they ~~may~~ will become gainfully employed and operate as Colorado licensees who provide health care and emergency medical services to consumers.

Moreover, unlike other affected state benefits that may be finite in number or resources, the number of professional licenses and the like that the Department may issue to qualified applicants are not limited in number or by appropriations. Therefore, this bill will not ~~impact existing licensed or certified individuals or entities~~ decrease the amount of licensure/registration "benefits" to individuals who can verify lawful status, but will benefit persons who cannot establish lawful presence by allowing them to apply for CDPHE-administered and regulated licenses, certifications, registrations, and changes of ownership.

Please describe any anticipated financial costs or benefits to these individuals/entities.

S: N/A

Affected Parties B only: To the extent the law results in additional health care facility/home care licensees and licensed, certified, or registered EMS/EMR providers, Colorado consumers of the services provided by the impacted population will benefit from improved access to care.

#### 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.

As noted above, the law allows previously ineligible persons who cannot establish lawful presence in the United States to apply for and become licensed to operate certain health facilities, to apply for air ambulance agency changes of ownership, or to provide emergency medical services as a licensed/certified EMS provider or registered EMR responder.

The purpose of the law is to allow this population the opportunity to access state and local benefits which include licensing and certification; participate in and contribute to Colorado's economy; increase the state's workforce and reduce labor gaps; and make our communities stronger. See Section 24-76.5-101(1), C.R.S. Each of these purposes constitutes a non-economic benefit to the previously-ineligible population, to Colorado-licensed health facilities, home care placement and air ambulance agencies, and EMS and EMR providers and to their ultimate consumers, Colorado citizens and out-of-state visitors.

**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:**

There is no cost to the Department in the implementation of this rule change.

**Anticipated CDPHE Revenues:**

Unknown. The law may generate some additional licensure fees, but the Department estimates any generated revenue to be minimal.

**B. Anticipated personal services, operating costs or other expenditures by another state agency: N/A**

**C. Anticipated Revenues for 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.**

SB 21-199 mandates elimination of ~~these~~ rules that require any individual or entity to establish lawful presence in Colorado. The only option available to the department is to remove this requirement from our ~~certain~~ health facility, home care placement, air ambulance agencies, and EMS and EMR provider rules; applicants to establish lawful presence in Colorado. ~~T~~herefore, inaction is not an option.

**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):

- Goal 1, Implement public health and environmental priorities
- Goal 2, Increase Efficiency, Effectiveness and Elegance
- Goal 3, Improve Employee Engagement
- Goal 4, Promote health equity and environmental justice
- Goal 5, Prepare and respond to emerging issues, and
- Comply with statutory mandates and funding obligations

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Strategies to support these goals:

- Substance Abuse (Goal 1)
- Mental Health (Goal 1, 2, 3 and 4)
- Obesity (Goal 1)
- Immunization (Goal 1)
- Air Quality (Goal 1)
- Water Quality (Goal 1)
- Data collection and dissemination (Goal 1, 2, 3, 4, 5)
- Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
- Employee Engagement (Goal 1, 2, 3)
- Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
- Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- Advance CDPHE Division-level strategic priorities.

- ~~1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125,716 million metric tons of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 119,430 million metric tons of CO<sub>2</sub>e per year by June 30, 2020 and to 113,144 million metric tons of CO<sub>2</sub>e 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~~

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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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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.~~

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- ~~— 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 6,564 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.~~

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- ~~— 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.~~

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- ~~— Used a budget equity assessment~~

~~— Advance CDPHE Division-level strategic 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.

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Rulemaking is proposed when, as here, it is the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking are the minimum necessary to achieve compliance with statute.

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

No other alternatives were considered, removal of the language from the rule sets in questions is the only way in which alignment with state statute can be accomplished.

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 removal of this language is necessary to be in alignment with state law, and no independent data was used in the analysis.

**STAKEHOLDER ENGAGEMENT**  
for Amendments to  
6 CCR 1011-1, Chapter Two,  
6 CCR 1011-3, Chapter Twenty-Six,  
6 CCR 1015-3, Chapter One, and  
6 CCR 1015-3, Chapter Five

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

**Early Stakeholder Engagement:**

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

The mandatory statutory elimination of “lawful presence” requirements from public benefits applications impacts all statewide applicants for public benefits, as defined by law. [Such benefits include the opportunity to apply for state licensing or certification.](#) Because health facilities, home care placement agencies, air ambulance services, and EMS and EMR applicants are only a part of that broad stakeholder group, the Department did not engage in a formal stakeholder process with scheduled meetings. Instead, it notified all health facility stakeholders about the proposed rules changes through the CDPHE-HFEMS Portal Messaging system on January 10, 2024. Similarly, it notified all EMS/EMR/air ambulance stakeholders about the proposed rule changes in the EMTS ON THE GO NEWSBLAST beginning January 10, 2024.

All such notifications included a link to a Google Form that stakeholders were able to access to review and comment upon all proposed rule changes. The Department is committed to accepting stakeholder comments concerning the proposed rule changes via the Google Form through February 19, 2024.

**Stakeholder Group Notification**

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

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

Yes.

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

The proposed rule modifications are mandated by law; ~~therefore~~, the Department is proceeding with this rulemaking to conform and align its regulations with current law. Comments received via the Google form to date ~~w~~here questions seeking to clarify that there would not be ~~a~~ any change in the current licensing process.

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

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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.	X	<b>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.</b>
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	X	<b>Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.</b>
	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.	X	<b>Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.</b>
	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.
	Other: _____ _____		Other: _____ _____

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 2 – GENERAL LICENSURE STANDARDS****6 CCR 1011-1 Chapter 02**

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2 **Adopted by the Board of Health on ~~April 19, 2023~~ . Effective ~~June 14, 2023~~ .**

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4 **2.3 Initial License Application Procedure**

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6 2.3.3 Each applicant shall provide the following information:

- 7 (A) The legal name of the applicant and all other names used by it to provide services. The  
8 applicant has a continuing duty to submit a letter of intent to the Department for all name  
9 changes at least thirty (30) calendar days prior to the effective date of the change.
- 10 (1) Applicants for initial licensure shall submit a distinctive license name that does  
11 not mislead or confuse the public regarding the license or type of services to be  
12 provided.
- 13 (2) The name need not include the services to be provided. If, however, those  
14 services are included in the name, that inclusion shall not mislead or confuse the  
15 public.
- 16 (3) Duplication of an existing name is prohibited except between licensees that are  
17 affiliated through ownership or controlling interest.
- 18 (4) Each licensee shall be identified by this distinctive name on stationery, billing  
19 materials, and exterior signage that clearly identifies the licensed entity. Exterior  
20 signage shall conform to the applicable local zoning requirements.
- 21 (5) If the licensee has a “doing business as” name, it shall hold itself out to the public  
22 using such name, as it appears on the license.
- 23 (B) Contact information for the applicant shall include a mailing address, telephone number,  
24 and e-mail addresses. If applicable, the facility’s or agency’s website and facsimile  
25 number are to be provided.
- 26 (C) The identity, address, and telephone number of all persons and business entities with a  
27 controlling interest in the facility or agency, including but not limited to:
- 28 (1) A non-profit corporation shall list the governing body and officers.
- 29 (2) A for-profit corporation shall list the names of the officers and stockholders who  
30 directly or indirectly own or control five percent or more of the shares of the  
31 corporation.



**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 26 - HOME CARE AGENCIES****6 CCR 1011-1 Chapter 26**

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

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2 **Adopted by the Board of Health on ~~December 15, 2021~~ \_\_\_\_\_. Effective ~~February 14, 2022~~ \_\_\_\_\_.**

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4 **PART 3. PLACEMENT AGENCIES**

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6 3.8 Registration Procedure

7 (A) An applicant for an initial or renewal home care placement agency registration shall  
8 provide the Department with a complete application including all information and  
9 attachments specified in the application form and any additional information requested by  
10 the Department. Each application shall include, at a minimum, the following:

- 11 (1) A non-refundable annual registration fee of \$870. Registrations will be valid for  
12 one year from the date of issue.
- 13 (2) Evidence of general liability insurance coverage that covers the home care  
14 placement agency and the providers it refers to home care consumers. Such  
15 coverage shall be maintained for the duration of the license period. The minimum  
16 amount of coverage is \$100,000 per occurrence and \$300,000 aggregate.
- 17 (3) The legal name of the entity and all other names used by it to provide home care  
18 placement services. The applicant has a continuing duty to notify the Department  
19 of all name changes at least thirty (30) calendar days prior to the effective date of  
20 the change.
- 21 (4) Contact information for the entity including mailing address, telephone and  
22 facsimile numbers, e-mail address, and website address, as applicable.
- 23 (5) The identity of all persons and business entities with a controlling interest in the  
24 home care placement agency, including administrators, directors, and managers.  
25 ~~A sole proprietor shall provide proof of lawful presence in the United States in~~  
26 ~~compliance with Section 24-76.5-103(4), C.R.S.~~

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

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

2 **Chapter 1** Adopted by the Board of Health on ~~October 22, 2020~~ \_\_\_\_\_, Effective January  
3 ~~1, 2021~~ \_\_\_\_\_.

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5 **Section 5 – Emergency Medical Services Provider Certification or Licensure**

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7 5.2 Initial Certification or licensure

8 5.2.1 Applicants for initial certification or licensure shall be no less than eighteen (18) years of  
9 age at the time of application.

10 5.2.2 Applicants for initial certification or licensure shall submit to the Department a completed  
11 application provided by the Department, including the applicant's signature in a form and  
12 manner as determined by the Department, that contains the following:

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

14 1) The applicant must submit to a Federal Bureau of Investigation (FBI)  
15 fingerprint-based national criminal history record check from the  
16 Colorado Bureau of Investigations (CBI).

17 2) If the results of an applicant's fingerprint-based national criminal history  
18 record check reveal a record of arrest without a disposition, the applicant  
19 must submit to a name-based criminal history record check as defined in  
20 Section 22-2-119.3(6)(d), C.R.S.

21 3) If an applicant has twice submitted to a fingerprint-based criminal history  
22 record check and the FBI or CBI has been unable to classify the  
23 fingerprints, then the Department may accept a CBI and/or FBI name-  
24 based criminal history report generated through the CBI.

25 B) Evidence of current and valid certification from the NREMT at or above the EMS  
26 Provider level being applied for.

27 C) Evidence of current and valid professional level Basic Cardiac Life Support  
28 (CPR) course completion from a national or local organization approved by the  
29 Department, except as provided for in Paragraph H) below.

2 D) In addition to Paragraph C), above, Paramedic applicants shall submit evidence  
3 of current and valid Advanced Cardiac Life Support (ACLS) course completion  
4 from a national or local organization approved by the Department, except as  
5 provided in Paragraph H) below.

6 E) In addition to Paragraphs C) and D) above, a P-CC applicant shall submit  
7 evidence of current and valid Critical Care Paramedic or Flight Paramedic  
8 certification issued by the BCCTPC.

9 F) In additional to Paragraphs C) and D) above, a P-CP applicant shall submit the  
10 following additional information:

11 1) Current and valid Community Paramedic certification issued by the  
12 IBSC.

13 2) Proof of completion of a course in community paramedicine from one of  
14 the following institutions:

15 a) An accredited paramedic training program,

16 b) A college accredited by an educational accrediting body, or

17 c) A university accredited by an educational accrediting body.

18 ~~G) Evidence of lawful presence in the United States pursuant to Section 24-76.5-~~  
19 ~~401, C.R.S.~~

20 HG) While stationed or residing within Colorado, all veterans, active military service  
21 members, and members of the National Guard and reserves that are separating  
22 from an active duty tour, or the spouse of a veteran or a member, may apply for  
23 certification or licensure to practice in Colorado. The veteran, member, or spouse  
24 is exempt from the requirements of Paragraphs C) and D).

25 1) The Department may require evidence of military status and appropriate  
26 orders in order to determine eligibility for this exemption.

### 27 5.3 Renewal of Certification or Licensure

28 \*\*\*\*

#### 29 5.3.2 Application for Renewal of Certification or Licensure

30 An applicant for renewal of a certification or license shall:

31 A) Submit to the Department a completed application form provided by the  
32 Department, including the applicant's signature in a form and manner as  
33 determined by the Department;

34 B) Submit to the Department with a completed application form all of the following:

35 1) Evidence of compliance with criminal history record check requirements:

36 a) The applicant is not required to submit to a subsequent  
37 fingerprint-based criminal history record check if the applicant  
38 has lived in Colorado for more than three (3) years at the time of

- 2 renewal application and the applicant has submitted to a Federal  
 3 Bureau of Investigation (FBI) fingerprint-based national criminal  
 4 history record check at the time of initial certification or licensure  
 5 or at the time of a previous renewal of certification or licensure.
- 6 b) If the applicant has lived in Colorado for three (3) years or less at  
 7 the time of renewal application and submitted to an FBI  
 8 fingerprint-based criminal history record check at the time of  
 9 initial certification or licensure or a previous renewal of  
 10 certification or licensure, the applicant shall submit to another  
 11 FBI fingerprint-based national criminal history record check from  
 12 the Colorado Bureau of Investigation (CBI).
- 13 c) If, in accordance with Subparagraph b) above, an applicant has  
 14 twice submitted to a fingerprint-based criminal history record  
 15 check and the FBI or CBI has been unable to classify the  
 16 fingerprints, then the Department may accept a CBI and/or FBI  
 17 name-based criminal history report generated through the CBI.
- 18 d) If the results of the applicant's fingerprint-based national criminal  
 19 history record check reveal a record of arrest without a  
 20 disposition, the applicant must submit to a name-based criminal  
 21 history record check as defined in Section 22-2-119.3(6)(d),  
 22 C.R.S.
- 23 2) Evidence of current and valid professional level Basic Cardiac Life  
 24 Support (CPR) course completion from a national or local organization  
 25 approved by the Department.
- 26 3) In addition to Paragraph 2) above, EMT-I and Paramedic applicants shall  
 27 submit evidence of current and valid Advanced Cardiac Life Support  
 28 (ACLS) course completion from a national or local organization approved  
 29 by the Department.
- 30 4) In addition to Paragraphs 2) and 3) above, an applicant for P-CC shall  
 31 submit evidence of current and valid Critical Care Paramedic or Flight  
 32 Paramedic Certification issued by the BCCTPC.
- 33 5) In addition to Paragraphs 2) and 3) above, applicants for P-CP shall  
 34 submit evidence of current and valid Community Paramedic Certification  
 35 issued by the IBSC.
- 36 ~~6) Evidence of lawful presence in the United States pursuant to Section 24-~~  
 37 ~~76.5-101, C.R.S.~~

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## 39 Section 6 – Emergency Medical Responder Registration

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### 41 6.2 Initial Registration

- 42 6.2.1 Applicants for initial registration shall be no less than sixteen (16) years of age at the time  
 43 of application.

2 6.2.2 Applicants for initial registration shall submit to the Department a completed application  
3 provided by the Department, including the applicant's signature in a form and manner as  
4 determined by the Department, which contains the following:

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

- 6 1) If the applicant has lived in Colorado for more than three (3) years at the  
7 time of application, the applicant is required to submit to a fingerprint-  
8 based criminal history record check generated by the CBI.
- 9 2) If the applicant has lived in Colorado for three (3) years or less at the  
10 time of application, the applicant shall submit to a fingerprint-based  
11 criminal history record check generated by the FBI and processed  
12 through the CBI.
- 13 3) If, in accordance with Subparagraphs 1) or 2) above, an applicant has  
14 twice submitted to a fingerprint-based criminal history record check and  
15 the FBI or CBI has been unable to classify the fingerprints, then the  
16 Department may accept a CBI and/or FBI name-based criminal history  
17 report generated through the CBI.
- 18 4) If the results of the applicant's fingerprint-based national criminal history  
19 record check reveal a record of arrest without a disposition, the applicant  
20 must submit to a name-based criminal history record check as defined in  
21 Section 22-2-119.3(6)(d), C.R.S.

22 B) Proof of adequate training and education with a current and valid certification  
23 from the NREMT at the EMR level.

24 C) Evidence of current and valid professional level basic CPR course completion  
25 from a national or local organization approved by the Department.

26 D) ~~Evidence of lawful presence in the United States pursuant to Section 24-76.5-~~  
27 ~~404, C.R.S.~~

28 6.3 Renewal of Registration

29 \*\*\*\*

30 6.3.2 Application for Renewal of Registration

31 An Applicant For Registration Renewal Shall:

32 A) Submit to the Department a completed application form provided by the  
33 Department, including the applicant's signature in a form and manner as  
34 determined by the Department;

35 B) Submit to the Department with a completed application form all of the following:

- 36 1) Evidence of compliance with criminal history record check requirements:
- 37 a) The applicant is not required to submit to a fingerprint-based  
38 criminal history record check if the applicant has lived in  
39 Colorado for more than three (3) years at the time of application  
40 and the applicant has submitted to a fingerprint-based criminal

- 2 history record check through the CBI for a previous Colorado
- 3 EMR registration application.
- 4 b) If the applicant has lived in Colorado for more than three (3)
- 5 years at the time of application and has not submitted to a
- 6 fingerprint-based criminal history record check as described in
- 7 Subparagraph a) above, the applicant shall submit to a
- 8 fingerprint-based criminal history record check generated by the
- 9 CBI.
- 10 c) If the applicant has lived in Colorado for three (3) years or less at
- 11 the time of application, the applicant shall submit to a fingerprint-
- 12 based criminal history record check generated by the FBI
- 13 through the CBI.
- 14 d) If, in accordance with Subparagraphs b) or c) above, an
- 15 applicant has twice submitted to a fingerprint-based criminal
- 16 history record check and the FBI or CBI has been unable to
- 17 classify the fingerprints, then the Department may accept a CBI
- 18 and/or FBI name-based criminal history report generated through
- 19 the CBI.
- 20 e) If the results of the applicant's fingerprint-based national criminal
- 21 history record check reveal a record of arrest without a
- 22 disposition, the applicant must submit to a name-based criminal
- 23 history record check as defined in Section 22-2-119.3(6)(d),
- 24 C.R.S.
- 25 2) Evidence of current and valid professional level basic CPR course
- 26 completion from a national or local organization approved by the
- 27 Department.
- 28 3) ~~Evidence of lawful presence in the United States pursuant to Section 24-~~
- 29 ~~76.5-101, C.R.S.~~

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

32 \*\*\*\*

33 **Section 5 – Application for Colorado Licensing, Licensing Processes, And Base Locations**

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35 5.8 Change of Ownership/Management

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37 5.8.5 Each applicant for a change of ownership shall provide the following information:

- 38 A) The legal name of the entity and all other names used by it to provide health care
- 39 services. The applicant has a continuing duty to notify the Department of all
- 40 name changes at least thirty (30) calendar days prior to the effective date of the
- 41 change.

- 2 B) Contact information for the entity including mailing address, telephone and  
3 facsimile numbers, e-mail address and website address, as applicable.
  
- 4 C) The identity of all persons and business entities with a controlling interest in the  
5 air ambulance service, including administrators, directors, managers and  
6 management contractors.
  - 7 1) A non-profit corporation shall list the governing body and officers.
  - 8 2) A for-profit corporation shall list the names of the officers and  
9 stockholders who directly or indirectly own or control five percent or more  
10 of the shares of the corporation.
  - 11 3) ~~A sole proprietor shall include proof of lawful presence in the united~~  
12 ~~states in compliance with section 24-76.5-103(4), C.R.S.~~

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