

Second Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 08-0332.01 Christy Chase

SENATE BILL 08-011

SENATE SPONSORSHIP

Morse, and Boyd

HOUSE SPONSORSHIP

Massey, and Green

Senate Committees

Health and Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING FUNDING FOR THE PROVISION OF UNCOMPENSATED**
102 **TRAUMA CARE TO PERSONS INJURED IN MOTOR VEHICLE**
103 **ACCIDENTS IN COLORADO, AND, IN CONNECTION THEREWITH,**
104 **ESTABLISHING AN EMERGENCY RESPONDERS AND TRAUMA CARE**
105 **REIMBURSEMENT PROGRAM, INCREASING THE FEE FOR**
106 **REGISTERING A MOTOR VEHICLE TO FUND THE PROGRAM, AND**
107 **REQUIRING AUTOMOBILE INSURANCE POLICIES ISSUED IN THE**
108 **STATE TO CONTAIN EMERGENCY MEDICAL CARE COVERAGE.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

Health Care Task Force. Establishes the emergency responders and trauma care reimbursement program in the department of public health and environment (department) to reimburse emergency and trauma care providers for uncompensated care provided to patients injured in a motor vehicle accident. Allows reimbursements for uncompensated trauma care to licensed ambulances, licensed air ambulances, trauma physicians, and trauma centers that satisfy specified criteria, and prioritizes reimbursement payments first to the ambulances, second to the trauma physicians, third to level III, IV, and V trauma centers located in rural areas, and fourth to all other trauma centers.

Requires the executive director of the department to identify an entity to administer the program (program administrator). Outlines the duties of the program administrator, including:

- Starting the program by July 1, 2009;
- Reimbursing providers for uncompensated trauma care in a timely and efficient manner;
- Managing the administrative costs of the program;
- Seeking payment from other responsible parties to reimburse the emergency responders and trauma care reimbursement fund (program fund);
- Establishing criteria and qualifications that an applicant must meet to obtain reimbursement from the program fund, including a requirement that the applicant attempt to collect payment for trauma care from the trauma patient or other responsible party;
- Determining the types and amount of costs of uncompensated care for which reimbursement will be allowed and the maximum dollar amount of allowable reimbursement.

Establishes the program fund in the state treasury, consisting of moneys credited to the program fund from a \$16 fee on motor vehicle registrations and moneys recovered from responsible parties for the payment of trauma care that was reimbursed by the program fund. Caps the amount of moneys in the program fund that may be used to administer the program and requires the remainder of the program fund to be used to reimburse trauma care providers for uncompensated trauma care.

Requires the program administrator to submit an annual report to the health and human services committees of the senate and house of representatives and details the information to be included in the report.

Mandates all automobile insurance policies issued, delivered, or renewed in the state to contain emergency medical care coverage with benefits of at least \$15,000.

Increases the fee for registering a motor vehicle, other than a fleet vehicle, by \$16 and directs that the moneys from the increased fee be transferred to the program fund.

1 (7) "RURAL AREA" MEANS ANY AREA THAT IS NOT AN URBAN
2 AREA.

3 (8) "STABILIZE" MEANS, WITH RESPECT TO A MEDICAL CONDITION
4 RESULTING FROM A TRAUMA, TO PROVIDE SUCH MEDICAL TREATMENT OF
5 THE CONDITION AS MAY BE NECESSARY TO ASSURE, WITHIN REASONABLE
6 MEDICAL PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE
7 CONDITION IS LIKELY TO RESULT OR OCCUR DURING THE TRANSFER OF THE
8 INDIVIDUAL TO OR FROM A TRAUMA CENTER.

9 (9) "TRAUMA" MEANS AN INJURY OR WOUND TO A LIVING PERSON
10 CAUSED BY THE APPLICATION OF AN EXTERNAL PHYSICAL FORCE. TRAUMA
11 INCLUDES ANY EVENT THAT THREATENS LIFE, LIMB, OR THE WELL-BEING
12 OF AN INDIVIDUAL IN SUCH A MANNER THAT A PRUDENT LAY PERSON
13 WOULD BELIEVE THAT IMMEDIATE MEDICAL CARE IS NEEDED.

14 (10) "TRAUMA CARE" OR "EMERGENCY MEDICAL CARE" MEANS
15 CARE PROVIDED BY A LICENSED AMBULANCE OR AIR AMBULANCE, TRAUMA
16 PHYSICIAN, OR TRAUMA CENTER TO A TRAUMA PATIENT INJURED IN A
17 MOTOR VEHICLE ACCIDENT FROM THE TIME THE ADMINISTRATION OF CARE
18 BEGINS TO THE TIME THE PATIENT IS FULLY STABILIZED OR THROUGH THE
19 FIRST EPISODE OF CARE, NOT TO EXCEED SEVENTY-TWO HOURS AFTER THE
20 ADMINISTRATION OF CARE BEGINS. THE TERM INCLUDES A TRAUMA CARE
21 SYSTEM, TRAUMA TRANSPORT PROTOCOLS, AND TRIAGE, AS DEFINED IN
22 SECTION 25-3.5-703 (10), (11), AND (12), RESPECTIVELY.

23 (11) "TRAUMA CENTER" MEANS A HEALTH CARE FACILITY THAT IS
24 DESIGNATED BY THE DEPARTMENT AS A LEVEL I, II, III, IV, OR V FACILITY
25 OR AS A REGIONAL PEDIATRIC TRAUMA CENTER OR AN EMERGENCY
26 DEPARTMENT IN A LICENSED OR CERTIFIED HOSPITAL.

27 (12) "TRAUMA PHYSICIAN" MEANS A TRAUMA SURGEON,

1 ORTHOPEDIC SURGEON, NEUROSURGEON, INTENSIVE CARE UNIT PHYSICIAN,
2 ANESTHESIOLOGIST, OR PHYSICIAN WHO PROVIDES CARE IN A TRAUMA
3 CENTER TO A TRAUMA PATIENT INJURED IN A MOTOR VEHICLE ACCIDENT.

4 (13) "UNCOMPENSATED TRAUMA CARE" MEANS TRAUMA CARE
5 PROVIDED BY A LICENSED AMBULANCE OR AIR AMBULANCE, TRAUMA
6 PHYSICIAN, OR TRAUMA CENTER TO A TRAUMA PATIENT WHO HAS NOT
7 PAID FOR THE TRAUMA CARE AFTER DOCUMENTED ATTEMPTS BY THE
8 PROVIDER TO COLLECT PAYMENT OWED BY THE PATIENT AND WHO:

9 (a) (I) HAS COPAYMENT OR DEDUCTIBLE HEALTH INSURANCE
10 RESPONSIBILITY; OR

11 (II) DOES NOT HAVE HEALTH INSURANCE COVERAGE OR MEDICARE
12 COVERAGE OR DOES NOT HAVE ANY OR A SUFFICIENT AMOUNT OF MEDICAL
13 PAYMENTS COVERAGE UNDER AN AUTOMOBILE INSURANCE POLICY; AND

14 (b) IS NOT ELIGIBLE FOR COVERAGE UNDER THE "COLORADO
15 MEDICAL ASSISTANCE ACT", ARTICLE 4 OF TITLE 25.5, C.R.S.

16 (14) "URBAN AREA" MEANS THE COUNTIES OF ADAMS, ARAPAHOE,
17 BOULDER, DOUGLAS, EL PASO, JEFFERSON, LARIMER, PUEBLO, AND
18 WELD; THE CITY AND COUNTY OF BROOMFIELD; AND THE CITY AND
19 COUNTY OF DENVER.

20 **25-3.5-902. Emergency responders and trauma care**
21 **reimbursement program - creation - administration.** (1) THERE IS
22 HEREBY ESTABLISHED, IN THE DEPARTMENT, THE EMERGENCY
23 RESPONDERS AND TRAUMA CARE REIMBURSEMENT PROGRAM. THE
24 PURPOSE OF THE PROGRAM SHALL BE TO PROVIDE REIMBURSEMENT OF
25 UNCOMPENSATED TRAUMA CARE PROVIDED BY A LICENSED AMBULANCE
26 OR AIR AMBULANCE, TRAUMA PHYSICIAN, OR TRAUMA CENTER TO A
27 TRAUMA PATIENT INJURED IN A MOTOR VEHICLE ACCIDENT THAT OCCURS

1 WITHIN THE STATE OF COLORADO.

2 (2) (a) BY JANUARY 1, 2009, THE DIRECTOR SHALL IDENTIFY AN
3 ENTITY TO ADMINISTER THE PROGRAM, BASED ON INFORMATION
4 INDICATING WHICH ENTITY HAS THE ABILITY TO ADMINISTER THE
5 PROGRAM IN THE MOST EFFECTIVE AND EFFICIENT MANNER. THE
6 DIRECTOR SHALL TAKE INTO CONSIDERATION THE ABILITY OF THE ENTITY
7 TO:

8 (I) START THE PROGRAM NO LATER THAN JULY 1, 2009;

9 (II) ADMINISTER THE PROGRAM AND REIMBURSE PROVIDERS FOR
10 UNCOMPENSATED TRAUMA CARE IN A TIMELY AND EFFICIENT MANNER;

11 (III) MANAGE THE COSTS OF THE PROGRAM; AND

12 (IV) SEEK PAYMENT FROM OTHER RESPONSIBLE PARTIES FOR
13 COSTS REIMBURSED FROM THE FUND AND SUBROGATE TO THE RIGHTS OF
14 THE PROVIDERS WHO OBTAIN REIMBURSEMENT PAYMENTS FROM THE
15 FUND.

16 (b) USING THE INFORMATION OUTLINED IN PARAGRAPH (a) OF THIS
17 SUBSECTION (2), THE DIRECTOR MAY SELECT ONE OF THE FOLLOWING
18 ENTITIES TO ADMINISTER THE PROGRAM:

19 (I) THE STATE DEPARTMENT, DIVISION, OR AGENCY BEST ABLE TO
20 ADMINISTER THE PROGRAM;

21 (II) THE BOARD OF DIRECTORS OF A POLITICAL SUBDIVISION OF THE
22 STATE OPERATING AS A DOMESTIC MUTUAL INSURANCE COMPANY; OR

23 (III) A PRIVATE CONTRACTOR SELECTED BY THE DIRECTOR
24 PURSUANT TO A REQUEST FOR PROPOSAL PROCESS.

25 (c) ONCE THE PROGRAM ADMINISTRATOR HAS BEEN SELECTED, THE
26 DIRECTOR SHALL NOTIFY THE HEALTH AND HUMAN SERVICES COMMITTEES
27 OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR

1 COMMITTEES, OF THE DIRECTOR'S SELECTION.

2 (d) THE PROGRAM ADMINISTRATOR SHALL MAKE EVERY EFFORT TO
3 START THE PROGRAM AS SOON AS POSSIBLE AFTER THE DIRECTOR MAKES
4 HIS OR HER SELECTION PURSUANT TO THIS SUBSECTION (2), BUT IN NO
5 EVENT SHALL THE PROGRAM BE STARTED LATER THAN JULY 1, 2009.

6 (3) (a) ON AND AFTER THE DATE DETERMINED BY THE PROGRAM
7 ADMINISTRATOR, BUT NOT LATER THAN JULY 1, 2009, A LICENSED
8 AMBULANCE OR AIR AMBULANCE, TRAUMA PHYSICIAN, OR TRAUMA
9 CENTER THAT HAS PROVIDED UNCOMPENSATED TRAUMA CARE ON OR
10 AFTER JANUARY 1, 2009, MAY APPLY FOR REIMBURSEMENT FROM THE
11 FUND IN THE FORM AND MANNER REQUIRED BY THE PROGRAM
12 ADMINISTRATOR. AS PART OF THE APPLICATION FOR REIMBURSEMENT, AN
13 APPLICANT SHALL DOCUMENT THE APPLICANT'S ATTEMPTS TO COLLECT
14 PAYMENT FROM THE TRAUMA PATIENT OR ANY OTHER PERSON OR ENTITY
15 THAT MAY BE RESPONSIBLE FOR PAYMENT OF THE UNCOMPENSATED
16 TRAUMA CARE PROVIDED TO THE TRAUMA PATIENT.

17 (b) THE PROGRAM ADMINISTRATOR SHALL ESTABLISH CRITERIA
18 AND QUALIFICATIONS THAT AN APPLICANT SHALL SATISFY IN ORDER TO BE
19 ELIGIBLE FOR REIMBURSEMENT FROM THE FUND. THE CRITERIA AND
20 QUALIFICATIONS SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE
21 FOLLOWING:

22 (I) THAT THE APPLICANT HAS MADE ATTEMPTS TO COLLECT
23 PAYMENT FROM THE TRAUMA PATIENT OR OTHER RESPONSIBLE PARTY FOR
24 A PERIOD DETERMINED BY THE PROGRAM ADMINISTRATOR, NOT TO EXCEED
25 SIX MONTHS, PRIOR TO FILING A REIMBURSEMENT APPLICATION;

26 (II) THAT THE APPLICANT IS EITHER A LICENSED AMBULANCE OR
27 AIR AMBULANCE, TRAUMA PHYSICIAN, OR TRAUMA CENTER THAT HAS

1 PROVIDED UNCOMPENSATED TRAUMA CARE ON OR AFTER JANUARY 1,
2 2009, TO A TRAUMA PATIENT INJURED IN A MOTOR VEHICLE ACCIDENT
3 THAT OCCURRED WITHIN THE STATE OF COLORADO;

4 (III) THAT THE APPLICANT HAS PROVIDED DOCUMENTATION OF THE
5 TRAUMA CARE PROVIDED TO THE TRAUMA PATIENT, INCLUDING THE DATE
6 THE TRAUMA CARE WAS PROVIDED, THE NATURE AND EXTENT OF THE
7 TRAUMA CARE, THE MEDICAL NECESSITY FOR THE TRAUMA CARE, AND THE
8 REQUESTED REIMBURSEMENT FOR THE TRAUMA CARE; AND

9 (IV) THAT THE APPLICANT WILL ALLOW THE PROGRAM
10 ADMINISTRATOR TO BE SUBROGATED TO THE RIGHTS OF THE APPLICANT TO
11 ANY CLAIM FOR PAYMENT AGAINST THE TRAUMA PATIENT OR OTHER
12 PARTY RESPONSIBLE FOR PAYMENT OF THE TRAUMA CARE, AND THAT THE
13 APPLICANT WILL COOPERATE WITH THE PROGRAM ADMINISTRATOR TO
14 COLLECT THE AMOUNT PAID TO THE APPLICANT FROM ANY THIRD PARTY.

15 (c) THE PROGRAM ADMINISTRATOR SHALL DETERMINE THE TYPES
16 AND AMOUNT OF COSTS OF UNCOMPENSATED TRAUMA CARE FOR WHICH
17 APPLICANTS MAY RECEIVE REIMBURSEMENT AND THE MAXIMUM AMOUNT
18 OF ALLOWABLE REIMBURSEMENT FOR THE UNCOMPENSATED TRAUMA
19 CARE.

20 (d) (I) THE PROGRAM ADMINISTRATOR SHALL REVIEW ALL
21 APPLICATIONS FOR REIMBURSEMENT TO ENSURE COMPLIANCE WITH THE
22 CRITERIA AND QUALIFICATIONS AND SHALL PRIORITIZE APPLICATIONS AS
23 FOLLOWS:

24 (A) APPLICATIONS SUBMITTED BY LICENSED AMBULANCES OR AIR
25 AMBULANCES THAT PROVIDE UNCOMPENSATED TRAUMA CARE AT THE
26 SCENE OF OR IMMEDIATELY AFTER THE MOTOR VEHICLE ACCIDENT,
27 INCLUDING TRANSPORT TO OR FROM A TRAUMA CENTER, SHALL RECEIVE

1 FIRST PRIORITY.

2 (B) APPLICATIONS SUBMITTED BY TRAUMA PHYSICIANS THAT
3 PROVIDE UNCOMPENSATED TRAUMA CARE TO STABILIZE OR PROVIDE THE
4 FIRST EPISODE OF CARE TO THE TRAUMA PATIENT SHALL RECEIVE SECOND
5 PRIORITY.

6 (C) APPLICATIONS SUBMITTED BY TRAUMA CENTERS DESIGNATED
7 AS LEVEL III, IV, OR V PURSUANT TO SECTION 25-3.5-703 (4) THAT ARE
8 LOCATED IN A RURAL AREA OF THE STATE AND PROVIDE UNCOMPENSATED
9 TRAUMA CARE TO STABILIZE OR PROVIDE THE FIRST EPISODE OF CARE TO
10 THE TRAUMA PATIENT SHALL RECEIVE THIRD PRIORITY.

11 (D) APPLICATIONS SUBMITTED BY TRAUMA CENTERS DESIGNATED
12 AS LEVEL I, II, OR III OR AS A REGIONAL PEDIATRIC TRAUMA CENTER
13 PURSUANT TO SECTION 25-3.5-703 (4) THAT PROVIDE UNCOMPENSATED
14 TRAUMA CARE TO STABILIZE OR PROVIDE THE FIRST EPISODE OF CARE TO
15 THE TRAUMA PATIENT SHALL RECEIVE FOURTH PRIORITY.

16 (II) THE PROGRAM ADMINISTRATOR SHALL FIRST MAKE
17 REIMBURSEMENT PAYMENTS TO APPLICANTS WHO HAVE FIRST PRIORITY.
18 IF THE BALANCE IN THE FUND IS INSUFFICIENT TO FULLY REIMBURSE ALL
19 FIRST-PRIORITY APPLICANTS, THE PROGRAM ADMINISTRATOR SHALL
20 DETERMINE A MECHANISM FOR MAKING THE REIMBURSEMENT PAYMENTS
21 TO THE QUALIFIED FIRST-PRIORITY APPLICANTS IN AN EQUITABLE MANNER.

22 (III) IF THE BALANCE IN THE FUND IS SUFFICIENT TO FULLY
23 REIMBURSE ALL QUALIFIED FIRST-PRIORITY APPLICANTS, THE PROGRAM
24 ADMINISTRATOR SHALL USE THE REMAINING AVAILABLE BALANCE IN THE
25 FUND TO MAKE REIMBURSEMENT PAYMENTS TO QUALIFIED
26 SECOND-PRIORITY APPLICANTS IN THE MANNER SET FORTH IN
27 SUBPARAGRAPH (II) OF THIS PARAGRAPH (d).

1 (IV) IF THE BALANCE IN THE FUND IS SUFFICIENT TO FULLY
2 REIMBURSE ALL QUALIFIED FIRST- AND SECOND-PRIORITY APPLICANTS, THE
3 PROGRAM ADMINISTRATOR SHALL USE THE REMAINING AVAILABLE
4 BALANCE IN THE FUND TO MAKE REIMBURSEMENT PAYMENTS TO
5 QUALIFIED THIRD-PRIORITY APPLICANTS IN THE MANNER SET FORTH IN
6 SUBPARAGRAPH (II) OF THIS PARAGRAPH (d).

7 (V) IF THE BALANCE IN THE FUND IS SUFFICIENT TO FULLY
8 REIMBURSE ALL QUALIFIED FIRST-, SECOND-, AND THIRD-PRIORITY
9 APPLICANTS, THE PROGRAM ADMINISTRATOR SHALL USE THE REMAINING
10 AVAILABLE BALANCE IN THE FUND TO MAKE REIMBURSEMENT PAYMENTS
11 TO QUALIFIED FOURTH-PRIORITY APPLICANTS IN THE MANNER SET FORTH
12 IN SUBPARAGRAPH (II) OF THIS PARAGRAPH (d).

13 (e) THE PROGRAM ADMINISTRATOR SHALL MAKE REIMBURSEMENT
14 PAYMENTS FROM THE FUND TO QUALIFIED APPLICANTS AT LEAST
15 ANNUALLY OR MORE FREQUENTLY AS DETERMINED APPROPRIATE BY THE
16 PROGRAM ADMINISTRATOR. THE PROGRAM ADMINISTRATOR SHALL
17 ESTABLISH DEADLINES WITHIN WHICH APPLICANTS SHALL FILE
18 REIMBURSEMENT APPLICATIONS.

19 **25-3.5-903. Emergency responders and trauma care**
20 **reimbursement fund - creation - use.** (1) THERE IS HEREBY
21 ESTABLISHED IN THE STATE TREASURY THE EMERGENCY RESPONDERS AND
22 TRAUMA CARE REIMBURSEMENT FUND. THE FUND SHALL CONSIST OF ALL
23 MONEYS CREDITED THERETO IN ACCORDANCE WITH SECTION 42-3-304
24 (25), C.R.S., AND ANY MONEYS RECOVERED BY THE ADMINISTRATOR FROM
25 TRAUMA PATIENTS OR OTHER PARTIES RESPONSIBLE FOR THE PAYMENT OF
26 TRAUMA CARE THAT WAS REIMBURSED BY THE FUND. ALL INTEREST
27 EARNED ON THE INVESTMENT OF MONEYS IN THE FUND SHALL BE CREDITED

1 TO THE FUND. THE MONEYS IN THE FUND ARE HEREBY CONTINUOUSLY
2 APPROPRIATED FOR THE PURPOSES SET FORTH IN THIS SECTION. ANY
3 MONEYS CREDITED TO THE FUND AND UNEXPENDED AT THE END OF ANY
4 GIVEN FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL NOT REVERT
5 TO THE GENERAL FUND OR ANY OTHER FUND.

6 (2) OF THE MONEYS IN THE FUND, NOT MORE THAN THREE PERCENT
7 SHALL BE USED FOR PROGRAM ADMINISTRATIVE COSTS, INCLUDING THE
8 ADMINISTRATIVE COSTS OF THE DIVISION AND OF THE ENTITY SELECTED AS
9 THE PROGRAM ADMINISTRATOR.

10 (3) THE MONEYS REMAINING IN THE FUND AFTER THE PAYMENT OF
11 ADMINISTRATIVE COSTS SHALL BE USED TO PROVIDE REIMBURSEMENT TO
12 LICENSED AMBULANCE AND AIR AMBULANCES, TRAUMA PHYSICIANS, AND
13 TRAUMA CENTERS FOR UNCOMPENSATED TRAUMA CARE AS SPECIFIED IN
14 SECTION 25-3.5-902.

15 **25-3.5-904. Annual report.** (1) BY JANUARY 1, 2012, AND EACH
16 JANUARY 1 THEREAFTER, THE PROGRAM ADMINISTRATOR SHALL SUBMIT
17 AN ANNUAL REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES
18 OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR
19 COMMITTEES, REGARDING THE PROGRAM. THE REPORT SHALL INCLUDE
20 DETAILED INFORMATION REGARDING:

21 (a) THE TOTAL NUMBER OF REIMBURSEMENT APPLICATIONS
22 RECEIVED SINCE THE START OF THE PROGRAM AND THE NUMBER OF
23 APPLICATIONS RECEIVED EACH YEAR;

24 (b) THE NUMBER AND TYPES OF PROVIDERS WHO APPLY FOR
25 REIMBURSEMENT;

26 (c) THE TOTAL AMOUNT OF REIMBURSEMENT PAYMENTS MADE
27 SINCE THE START OF THE PROGRAM, SPECIFYING THE AMOUNTS PAID EACH

1 YEAR;

2 (d) THE RECIPIENTS OF REIMBURSEMENT PAYMENTS, INCLUDING
3 THE TYPE OF PROVIDER, THE NUMBER OF REIMBURSEMENT APPLICATIONS
4 MADE BY EACH RECIPIENT, THE AMOUNT OF EACH REIMBURSEMENT MADE
5 TO EACH RECIPIENT, AND THE TOTAL AMOUNT REQUESTED BY AND PAID TO
6 EACH RECIPIENT;

7 (e) FOR EACH YEAR SINCE THE PROGRAM STARTED, THE TOTAL
8 AMOUNT OF MONEYS CREDITED TO AND EXPENDED FROM THE FUND, THE
9 TOTAL DOLLAR AMOUNTS OF ALL PAYMENT REQUESTS, THE TOTAL DOLLAR
10 AMOUNTS EXPENDED FROM THE FUND FOR REIMBURSEMENT PAYMENTS,
11 AND THE ADMINISTRATIVE EXPENSES OF THE PROGRAM;

12 (f) ANY BALANCE REMAINING IN THE FUND AT THE END OF THE
13 FISCAL YEAR, THE AMOUNT REIMBURSED TO THE FUND THROUGH
14 SUBROGATION, AN EXPLANATION OF THE OUTSTANDING FUND BALANCE,
15 REVENUES PROJECTED TO BE DEPOSITED INTO THE FUND IN THE NEXT FIVE
16 FISCAL YEARS, AND THE ESTIMATED REIMBURSEMENT NEEDS FOR THE
17 NEXT FIVE FISCAL YEARS;

18 (g) THE TOTAL AMOUNT OF MONEYS RECOVERED BY THE
19 ADMINISTRATOR FROM TRAUMA PATIENTS OR OTHER PARTIES RESPONSIBLE
20 FOR THE PAYMENT OF TRAUMA CARE THAT WAS REIMBURSED BY THE
21 FUND, EACH YEAR SINCE THE PROGRAM STARTED;

22 (h) ANY RECOMMENDATIONS THE PROGRAM ADMINISTRATOR MAY
23 HAVE REGARDING CHANGES TO THE PROGRAM OR MODIFICATIONS TO THE
24 AMOUNT OF THE FEE COLLECTED PURSUANT TO SECTION 42-3-304 (25),
25 C.R.S.; AND

26 (i) ANY OTHER INFORMATION THE PROGRAM ADMINISTRATOR
27 DEEMS APPROPRIATE OR THAT THE HEALTH AND HUMAN SERVICES

1 COMMITTEES REQUEST.

2 **SECTION 2.** 10-4-620, Colorado Revised Statutes, is amended
3 to read:

4 **10-4-620. Required coverage - definitions.** (1) Subject to the
5 limitations and exclusions authorized by this part 6, the basic coverage
6 required for compliance with this part 6 is:

7 (a) Legal liability coverage for bodily injury or death arising out
8 of the use of the motor vehicle to a limit, exclusive of interest and costs,
9 of twenty-five thousand dollars to any one person in any one accident and
10 fifty thousand dollars to all persons in any one accident and for property
11 damage arising out of the use of the motor vehicle to a limit, exclusive of
12 interest and costs, of fifteen thousand dollars in any one accident; AND

13 (b) (I) EMERGENCY MEDICAL CARE COVERAGE FOR BODILY INJURY
14 ARISING OUT OF THE USE OF THE MOTOR VEHICLE WITH BENEFITS OF AT
15 LEAST FIFTEEN THOUSAND DOLLARS FOR ALL REASONABLE, NECESSARY,
16 AND ACCIDENT-RELATED EMERGENCY MEDICAL CARE PROVIDED TO AN
17 INJURED PERSON BY A LICENSED AMBULANCE OR AIR AMBULANCE,
18 TRAUMA PHYSICIAN, OR TRAUMA CENTER AT THE SCENE OF OR
19 IMMEDIATELY AFTER A MOTOR VEHICLE ACCIDENT. IF THE INJURED
20 PERSON FOR WHOM EMERGENCY MEDICAL CARE COVERAGE IS PAID IS
21 FOUND NOT AT FAULT IN THE ACCIDENT, THE INSURER THAT PAID THE
22 COVERAGE SHALL BE SUBROGATED TO THE RIGHTS OF THE INJURED PERSON
23 AGAINST THE AT-FAULT PERSON, TO THE EXTENT OF THE PAYMENTS MADE,
24 AFTER THE INJURED PERSON IS FULLY COMPENSATED FOR INJURIES
25 SUSTAINED IN THE ACCIDENT.

26 (II) EMERGENCY MEDICAL CARE COVERAGE SHALL BE PRIMARY TO
27 ANY HEALTH INSURANCE BENEFITS OF, OR PUBLIC HEALTH BENEFITS

1 AVAILABLE TO, A PERSON INJURED IN A MOTOR VEHICLE ACCIDENT AND
2 SHALL APPLY TO ANY COINSURANCE OR DEDUCTIBLE AMOUNT REQUIRED
3 BY THE INJURED PERSON'S HEALTH COVERAGE PLAN, AS DEFINED IN
4 SECTION 10-16-102 (22.5).

5 (III) AS USED IN THIS PARAGRAPH (b):

6 (A) "EMERGENCY MEDICAL CARE" OR "TRAUMA CARE" MEANS
7 CARE PROVIDED BY A LICENSED AMBULANCE OR AIR AMBULANCE, TRAUMA
8 PHYSICIAN, OR TRAUMA CENTER TO A TRAUMA PATIENT INJURED IN A
9 MOTOR VEHICLE ACCIDENT FROM THE TIME THE ADMINISTRATION OF CARE
10 BEGINS TO THE TIME THE PATIENT IS FULLY STABILIZED OR THROUGH THE
11 FIRST EPISODE OF CARE, NOT TO EXCEED SEVENTY-TWO HOURS AFTER THE
12 ADMINISTRATION OF CARE BEGINS. THE TERM INCLUDES A TRAUMA CARE
13 SYSTEM, TRAUMA TRANSPORT PROTOCOLS, AND TRIAGE, AS DEFINED IN
14 SECTION 25-3.5-703 (10), (11), AND (12), C.R.S., RESPECTIVELY.

15 (B) "INJURED PERSON" MEANS THE INSURED, OR A PASSENGER WHO
16 IS AUTHORIZED BY THE INSURED TO OCCUPY THE INSURED'S MOTOR
17 VEHICLE, WHO SUSTAINS BODILY INJURY ARISING OUT OF THE USE OF THE
18 INSURED'S MOTOR VEHICLE.

19 (C) "LICENSED AIR AMBULANCE" MEANS AN AIR AMBULANCE, AS
20 DEFINED IN SECTION 25-3.5-103 (1), C.R.S., THAT IS LICENSED BY THE
21 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO
22 SECTION 25-3.5-307, C.R.S.

23 (D) "LICENSED AMBULANCE" MEANS AN AMBULANCE, AS DEFINED
24 IN SECTION 25-3.5-103 (1.5), C.R.S., THAT IS LICENSED PURSUANT TO
25 SECTION 25-3.5-301, C.R.S.

26 (E) "STABILIZE" MEANS, WITH RESPECT TO A MEDICAL CONDITION
27 RESULTING FROM A TRAUMA, TO PROVIDE SUCH MEDICAL TREATMENT OF

1 THE CONDITION AS MAY BE NECESSARY TO ASSURE, WITHIN REASONABLE
2 MEDICAL PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE
3 CONDITION IS LIKELY TO RESULT OR OCCUR DURING THE TRANSFER OF THE
4 INDIVIDUAL TO OR FROM A TRAUMA CENTER.

5 (F) "TRAUMA" MEANS AN INJURY OR WOUND TO A LIVING PERSON
6 CAUSED BY THE APPLICATION OF AN EXTERNAL PHYSICAL FORCE. TRAUMA
7 INCLUDES ANY EVENT THAT THREATENS LIFE, LIMB, OR THE WELL-BEING
8 OF AN INDIVIDUAL IN SUCH A MANNER THAT A PRUDENT LAY PERSON
9 WOULD BELIEVE THAT IMMEDIATE MEDICAL CARE IS NEEDED.

10 (G) "TRAUMA CENTER" MEANS A HEALTH CARE FACILITY OR AN
11 EMERGENCY DEPARTMENT IN A LICENSED OR CERTIFIED HOSPITAL THAT IS
12 DESIGNATED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
13 AS A LEVEL I, II, III, IV, OR V FACILITY, OR A HEALTH CARE FACILITY
14 DESIGNATED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
15 AS A REGIONAL PEDIATRIC TRAUMA CENTER.

16 (H) "TRAUMA PHYSICIAN" MEANS A TRAUMA SURGEON,
17 ORTHOPEDIC SURGEON, NEUROSURGEON, INTENSIVE CARE UNIT PHYSICIAN,
18 ANESTHESIOLOGIST, OR PHYSICIAN WHO PROVIDES CARE IN A TRAUMA
19 CENTER TO A TRAUMA PATIENT INJURED IN A MOTOR VEHICLE ACCIDENT.

20 **SECTION 3.** 42-3-304, Colorado Revised Statutes, is amended
21 BY THE ADDITION OF A NEW SUBSECTION to read:

22 **42-3-304. Registration fees - passenger and passenger-mile**
23 **taxes - clean screen fund - repeal.** (25) (a) IN ORDER TO PROVIDE
24 FUNDING FOR EMERGENCY MEDICAL CARE NECESSITATED BY THE
25 OCCURRENCE OF MOTOR VEHICLE ACCIDENTS ON HIGHWAYS THROUGHOUT
26 THE STATE, IN ADDITION TO ANY OTHER FEES IMPOSED BY THIS SECTION,
27 ON AND AFTER JULY 1, 2008, THERE SHALL BE ASSESSED AN ADDITIONAL

1 FEE OF SIXTEEN DOLLARS AT THE TIME OF REGISTRATION OF ANY MOTOR
2 VEHICLE EXCEPT A FLEET VEHICLE. THE FEE SHALL BE TRANSMITTED TO
3 THE STATE TREASURER, WHO SHALL CREDIT THE SAME TO THE EMERGENCY
4 RESPONDERS AND TRAUMA CARE REIMBURSEMENT FUND CREATED IN
5 SECTION 25-3.5-903, C.R.S.

6 (b) NOTWITHSTANDING THE AMOUNT SPECIFIED FOR THE FEE IN
7 PARAGRAPH (a) OF THIS SUBSECTION (25), THE DIRECTOR BY RULE OR AS
8 OTHERWISE PROVIDED BY LAW MAY REDUCE THE AMOUNT OF THE FEE IF
9 NECESSARY PURSUANT TO SECTION 24-75-402 (3), C.R.S., TO REDUCE THE
10 UNCOMMITTED RESERVES OF THE EMERGENCY RESPONDERS AND TRAUMA
11 CARE REIMBURSEMENT FUND CREATED IN SECTION 25-3.5-903, C.R.S.
12 AFTER THE UNCOMMITTED RESERVES OF THE FUND ARE SUFFICIENTLY
13 REDUCED, THE DIRECTOR BY RULE OR AS OTHERWISE PROVIDED BY LAW
14 MAY INCREASE THE AMOUNT OF THE FEE AS PROVIDED IN SECTION
15 24-75-402 (4), C.R.S.

16 **SECTION 4. Effective date - applicability.** (1) Except as
17 provided in subsection (2) of this section, this act shall take effect upon
18 passage.

19 (2) Section 2 of this act shall take effect January 1, 2009, and shall
20 apply to automobile insurance policies issued, delivered, or renewed on
21 or after said date.

22 **SECTION 5. Safety clause.** The general assembly hereby finds,
23 determines, and declares that this act is necessary for the immediate
24 preservation of the public peace, health, and safety.