

Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 16-0391.01 Jennifer Berman x3286

SENATE BILL 16-069

SENATE SPONSORSHIP

Garcia, Newell, Donovan, Lambert, Lundberg, Guzman, Kerr, Merrifield, Ulibarri

HOUSE SPONSORSHIP

Pabon, Williams, Esgar, Hamner, Lebsock, Salazar, Young

Senate Committees

Health & Human Services
Finance
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO PROVIDE COMMUNITY-BASED**
102 **OUT-OF-HOSPITAL MEDICAL SERVICES, AND, IN CONNECTION**
103 **THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/bills summaries>.)

Community paramedics are certified emergency medical service providers who provide community-based, out-of-hospital medical services to medically underserved and medically served, yet vulnerable, populations. Under current law, community paramedics and community paramedicine agencies are not subject to regulation by any state agency.

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.

SENATE
Amended 2nd Reading
April 29, 2016

Section 1 of the bill defines the terms "community paramedic" and "community paramedicine". **Section 2** authorizes the executive director of the Colorado department of public health and environment (department) to adopt rules for the endorsement of emergency medical service providers as community paramedics.

Part 11 in **section 3** authorizes a licensed ambulance service, fire department, or fire protection district to establish a community outreach and health education program in its community. The emergency medical and trauma services advisory council (council) may establish guidelines for the development and implementation of such programs. Part 11 also requires a program operator to report annually to the council on the progress of the program.

Part 12 in section 3 authorizes the department to issue licenses to community paramedicine agencies and authorizes the state board of health to promulgate rules concerning the minimum standards for operating a community paramedicine agency. Part 12 also creates the community paramedicine agencies cash fund.

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

SECTION 1. In Colorado Revised Statutes, 25-3.5-103, **add** (4.3), (4.5), and (4.7) as follows:

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

(4.3) "COMMUNITY PARAMEDIC" MEANS AN EMERGENCY MEDICAL SERVICE PROVIDER WHO OBTAINS AN ENDORSEMENT IN COMMUNITY PARAMEDICINE PURSUANT TO SECTION 25-3.5-203.5.

(4.5) (a) "COMMUNITY INTEGRATED HEALTH CARE SERVICE" MEANS THE PROVISION OF CERTAIN OUT-OF-HOSPITAL MEDICAL SERVICES, AS DETERMINED BY RULE, THAT A COMMUNITY PARAMEDIC MAY PROVIDE.

(b) THE DIRECTOR MAY, BY RULE, FURTHER DEFINE COMMUNITY INTEGRATED HEALTH CARE SERVICE AS NECESSARY TO IMPLEMENT SECTION 25-3.5-203.5.

(4.7) "COUNCIL" MEANS THE EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL CREATED IN SECTION 25-3.5-104.

1 **SECTION 2.** In Colorado Revised Statutes, **add** 25-3.5-203.5 as
2 follows:

3 **25-3.5-203.5. Community paramedic endorsement - rules.**

4 (1) (a) (I) ON OR BEFORE JULY 1, 2017, THE DIRECTOR OR, IF THE
5 DIRECTOR IS NOT A PHYSICIAN, THE CHIEF MEDICAL OFFICER SHALL ADOPT
6 RULES IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., CONCERNING
7 THE SCOPE OF PRACTICE OF COMMUNITY INTEGRATED HEALTH CARE
8 SERVICE AND THE STANDARDS FOR THE DEPARTMENT'S ISSUANCE OF AN
9 ENDORSEMENT IN COMMUNITY INTEGRATED HEALTH CARE SERVICE TO AN
10 EMERGENCY MEDICAL SERVICE PROVIDER.

11 (II) THE RULES MUST ESTABLISH CONTINUING COMPETENCY
12 STANDARDS FOR MAINTAINING A COMMUNITY PARAMEDIC ENDORSEMENT.

13 (b) THE DEPARTMENT SHALL ISSUE A COMMUNITY PARAMEDIC
14 ENDORSEMENT TO AN EMERGENCY MEDICAL SERVICE PROVIDER WHO
15 SATISFIES THE REQUIREMENTS FOR ENDORSEMENT AS SPECIFIED IN THE
16 RULES.

17 (2) THE RULES MUST ESTABLISH:

18 (a) THE TASKS AND PROCEDURES THAT AN EMERGENCY MEDICAL
19 SERVICE PROVIDER WITH A COMMUNITY PARAMEDIC ENDORSEMENT IS
20 AUTHORIZED TO PERFORM IN ADDITION TO AN EMERGENCY MEDICAL
21 SERVICE PROVIDER'S SCOPE OF PRACTICE, INCLUDING:

22 ==

23 (I) AN INITIAL COMPREHENSIVE ASSESSMENT OF THE PATIENT AND
24 ANY SUBSEQUENT ASSESSMENTS, AS NEEDED;

25 (II) MEDICAL INTERVENTIONS;

26 (III) CARE COORDINATION;

27 (IV) RESOURCE NAVIGATION;

- 1 (a) A LICENSED AMBULANCE SERVICE;
- 2 (b) A FIRE DEPARTMENT OF A TOWN, CITY, OR CITY AND COUNTY;
- 3
- 4 (c) A FIRE PROTECTION DISTRICT ORGANIZED IN ACCORDANCE
- 5 WITH PART 3 OF ARTICLE 1 OF TITLE 32, C.R.S.;
- 6 (d) A FIRE PROTECTION OR OTHER SPECIAL DISTRICT AUTHORITY;
- 7 (e) A HEALTH CARE BUSINESS ENTITY, INCLUDING A LICENSED OR
- 8 CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION
- 9 UNDER ARTICLE 3 OF THIS TITLE; OR
- 10 (f) A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY
- 11 LICENSED PURSUANT TO PART 12 OF THIS ARTICLE.

12 (2) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND

13 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF A CARES

14 PROGRAM BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING

15 RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN

16 THE PERFORMANCE OF ACTS ON BEHALF OF THE CARES PROGRAM.

17 (3) "PROGRAM" OR "CARES PROGRAM" MEANS A COMMUNITY

18 ASSISTANCE REFERRAL AND EDUCATION SERVICES PROGRAM ESTABLISHED

19 IN ACCORDANCE WITH THIS PART 11.

20 **25-3.5-1103. Community assistance referral and education**

21 **services programs - authorization - scope.** (1) TO IMPROVE THE

22 HEALTH OF RESIDENTS WITHIN ITS JURISDICTION, PREVENT ILLNESS AND

23 INJURY, OR REDUCE THE INCIDENCE OF 911 CALLS AND HOSPITAL

24 EMERGENCY DEPARTMENT VISITS MADE FOR THE PURPOSE OF OBTAINING

25 NONEMERGENCY, NONURGENT MEDICAL CARE OR SERVICES, AN

26 AUTHORIZED ENTITY MAY ESTABLISH A COMMUNITY ASSISTANCE

27 REFERRAL AND EDUCATION SERVICES PROGRAM TO PROVIDE COMMUNITY

1 OUTREACH AND HEALTH EDUCATION TO RESIDENTS WITHIN THE
2 AUTHORIZED ENTITY'S JURISDICTION.

3 (2) SUBJECT TO MEDICAL DIRECTION, AN AUTHORIZED ENTITY
4 OPERATING A PROGRAM MAY, WITHIN THE SCOPE OF PRACTICE OF ITS
5 PRACTITIONERS:

6 (a) PROVIDE THE FOLLOWING PROGRAM SERVICES:

7 (I) COMMUNITY OUTREACH ON HEALTH ISSUES AND SERVICES;

8 (II) INJURY AND ILLNESS PREVENTION;

9 (III) PATIENT EDUCATION;

10 (IV) RESOURCE NAVIGATION;

11 (V) CARE COORDINATION;

12 (VI) MEDICATION INVENTORY;

13 (VII) HEALTH EDUCATION; AND

14 (VIII) REFERRALS FOR:

15 (A) LOW-COST MEDICATION PROGRAMS; AND

16 (B) ALTERNATIVE RESOURCES TO THE 911 SYSTEM; AND

17 (b) PARTNER WITH HOSPITALS, LICENSED HOME CARE AGENCIES,
18 OTHER MEDICAL CARE FACILITIES INCLUDING LICENSED COMMUNITY
19 INTEGRATED HEALTH CARE SERVICE AGENCIES AS DEFINED IN SECTION
20 25-3.5-1201 (1), PRIMARY CARE PROVIDERS, OTHER HEALTH CARE
21 PROFESSIONALS, OR SOCIAL SERVICES AGENCIES TO PROVIDE PROGRAM
22 SERVICES AND ENSURE NONDUPLICATION OF SERVICES.

23 (3) AN AUTHORIZED ENTITY OPERATING A PROGRAM MAY:

24 (a) HIRE OR CONTRACT WITH ONE OR MORE OF THE FOLLOWING
25 LICENSED PROFESSIONALS TO PROVIDE PROGRAM SERVICES:

26 (I) COMMUNITY PARAMEDIC, AS DEFINED IN SECTION 25-3.5-103

27 (4.3);

- 1 (II) MENTAL HEALTH PROFESSIONAL;
- 2 (III) EMERGENCY MEDICAL SERVICE PROVIDER OR PARAMEDIC;
- 3 (IV) REGISTERED NURSE;
- 4 (V) ADVANCED PRACTICE REGISTERED NURSE;
- 5 (VI) PHYSICIAN ASSISTANT;
- 6 (VII) PHYSICIAN;
- 7 (VIII) PHYSICAL THERAPIST; OR
- 8 (IX) OCCUPATIONAL THERAPIST; AND

9 (b) PROVIDE SERVICES BY DISPATCHING ONE OR MORE
10 INDIVIDUALS, ACCOMPANIED OR SUPERVISED BY A LICENSED
11 PRACTITIONER WHO IS COMPETENT TO PROVIDE SERVICES IN THE SCOPE OF
12 PRACTICE THAT MEETS THE NEEDS OF THE RESIDENT BEING SERVED.

13 (4) IN DEVELOPING A CARES PROGRAM, AN AUTHORIZED ENTITY
14 MAY EMPLOY ONE OR MORE HEALTH CARE PROFESSIONALS WHO:

- 15 (a) ARE NOT EMERGENCY MEDICAL SERVICE PROVIDERS; AND
- 16 (b) WITHIN THEIR SCOPE OF PRACTICE, MAY PROVIDE COMMUNITY
17 HEALTH ASSISTANCE, REFERRALS, AND EDUCATION.

18 (5) IF AN ENTITY OFFERS COMMUNITY OUTREACH AND HEALTH
19 EDUCATION BEFORE THE EFFECTIVE DATE OF THIS PART 11, THE ENTITY
20 MAY CONTINUE AND NEED NOT COMPLY WITH THIS PART 11.

21 (6) THE COUNCIL MAY ESTABLISH GUIDELINES FOR THE
22 DEVELOPMENT AND IMPLEMENTATION OF A PROGRAM.

23 **25-3.5-1104. Reports.** (1) (a) IF AN AUTHORIZED ENTITY
24 DEVELOPS A PROGRAM UNDER THIS ARTICLE, THE AUTHORIZED ENTITY
25 SHALL REPORT TO THE BOARD ON THE PROGRESS OF THE PROGRAM ON OR
26 BEFORE DECEMBER 31 IN THE YEAR FOLLOWING THE YEAR IN WHICH THE
27 PROGRAM COMMENCED AND ON OR BEFORE DECEMBER 31 OF EACH

1 SUBSEQUENT YEAR IN WHICH THE PROGRAM CONTINUES TO OPERATE.

2 (b) AN AUTHORIZED ENTITY'S REPORT MUST INCLUDE:

3 (I) THE NUMBER OF RESIDENTS WHO HAVE USED PROGRAM
4 SERVICES AND THE TYPES OF PROGRAM SERVICES USED;

5 (II) IF PRACTICABLE, A MEASUREMENT OF ANY REDUCTION IN THE
6 USE OF THE 911 SYSTEM FOR NONEMERGENCY, NONURGENT MEDICAL
7 ASSISTANCE BY RESIDENTS WITHIN THE AUTHORIZED ENTITY'S
8 JURISDICTION; AND

9 (III) IF PRACTICABLE, A MEASUREMENT OF ANY REDUCTION IN
10 VISITS TO THE EMERGENCY DEPARTMENT IN A HOSPITAL FOR
11 NONEMERGENCY, NONURGENT MEDICAL ASSISTANCE BY RESIDENTS
12 WITHIN THE AUTHORIZED ENTITY'S JURISDICTION.

13 (c) AN AUTHORIZED ENTITY'S REPORT PURSUANT TO THIS SECTION
14 MUST NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION
15 CONCERNING A PROGRAM CLIENT OR PROSPECTIVE CLIENT.

16 (2) ON OR BEFORE MARCH 31 OF EACH YEAR, THE BOARD SHALL
17 COMPILE ANY ANNUAL REPORTS RECEIVED FROM AUTHORIZED ENTITIES IN
18 THE PREVIOUS YEAR INTO A SINGLE REPORT CONCERNING THE EFFICACY OF
19 PROGRAMS THROUGHOUT THE STATE AND SHALL POST THE REPORT ON ITS
20 WEBSITE.

21 PART 12

22 COMMUNITY INTEGRATED

23 HEALTH CARE SERVICE AGENCIES

24 **25-3.5-1201. Definitions.** AS USED IN THIS PART 12, UNLESS THE
25 CONTEXT OTHERWISE REQUIRES:

26 (1) "COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY" OR
27 "AGENCY" MEANS A PARTNERSHIP; CORPORATION; NONPROFIT ENTITY;

1 SPECIAL DISTRICT; HEALTHCARE BUSINESS ENTITY, INCLUDING A LICENSED
2 OR CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION
3 UNDER ARTICLE 3 OF THIS TITLE; OR OTHER LEGAL ENTITY THAT MANAGES
4 AND OFFERS, DIRECTLY OR BY CONTRACT, COMMUNITY INTEGRATED
5 HEALTH CARE SERVICES.

6 (2) "MANAGER" OR "ADMINISTRATOR" MEANS ANY PERSON WHO
7 CONTROLS AND SUPERVISES OR OFFERS OR ATTEMPTS TO CONTROL AND
8 SUPERVISE THE DAY-TO-DAY OPERATIONS OF A COMMUNITY INTEGRATED
9 HEALTH CARE SERVICE AGENCY.

10 (3) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND
11 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF AN
12 AGENCY BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING
13 RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN
14 THE PERFORMANCE OF ACTS ON BEHALF OF THE AGENCY.

15 (4) "OWNER" MEANS AN OFFICER, DIRECTOR, GENERAL PARTNER,
16 LIMITED PARTNER, OR OTHER PERSON HAVING A FINANCIAL OR EQUITY
17 INTEREST OF TWENTY-FIVE PERCENT OR GREATER.

18 **25-3.5-1202. Community integrated health care service agency**
19 **license required - rules - civil and criminal penalties - liability**
20 **insurance.** (1) ON OR AFTER JANUARY 1, 2018, A PERSON SHALL NOT
21 OPERATE OR MAINTAIN A COMMUNITY INTEGRATED HEALTH CARE SERVICE
22 AGENCY UNLESS THE PERSON HAS SUBMITTED TO THE DEPARTMENT A
23 COMPLETED APPLICATION FOR LICENSURE AS A COMMUNITY INTEGRATED
24 HEALTH CARE SERVICE AGENCY. ON OR AFTER JULY 1, 2018, A PERSON
25 SHALL NOT OPERATE OR MAINTAIN AN AGENCY WITHOUT A COMMUNITY
26 INTEGRATED HEALTH CARE SERVICE AGENCY LICENSE ISSUED BY THE
27 DEPARTMENT.

1 (2) (a) A PERSON WHO VIOLATES SUBSECTION (1):

2 (I) IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION
3 THEREOF, SHALL BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY
4 DOLLARS NOR MORE THAN FIVE HUNDRED DOLLARS; AND

5 (II) MAY BE SUBJECT TO A CIVIL PENALTY ASSESSED BY THE
6 DEPARTMENT, AFTER CONDUCTING A HEARING IN ACCORDANCE WITH
7 SECTION 24-4-105, C.R.S., OF UP TO TEN THOUSAND DOLLARS FOR EACH
8 VIOLATION OF THIS SECTION. THE DEPARTMENT SHALL TRANSMIT ALL
9 FINES COLLECTED PURSUANT TO THIS SUBPARAGRAPH (II) TO THE STATE
10 TREASURER, WHO SHALL CREDIT THE MONEYS TO THE GENERAL FUND.

11 (b) AN OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY IS
12 SUBJECT TO THE PENALTIES IN THIS SUBSECTION (2) FOR ANY VIOLATION
13 OF SUBSECTION (1).

14 (3) A LICENSE APPLICANT SHALL SUBMIT TO THE DEPARTMENT, IN
15 THE MANNER DETERMINED BY THE BOARD BY RULE, PROOF THAT THE
16 AGENCY AND ANY STAFF THAT IT EMPLOYS OR CONTRACTS IS COVERED BY
17 GENERAL LIABILITY INSURANCE IN AN AMOUNT DETERMINED BY THE
18 BOARD BY RULE.

19 **25-3.5-1203. Minimum standards for community integrated**
20 **health care service agencies - rules.** (1) IN ADDITION TO THE SERVICES
21 THAT THE BOARD, BY RULE, AUTHORIZES A COMMUNITY INTEGRATED
22 HEALTH CARE SERVICE AGENCY TO PERFORM, AN AGENCY MAY PERFORM
23 ANY OF THE SERVICES THAT MAY BE PROVIDED THROUGH A CARES
24 PROGRAM PURSUANT TO SECTION 25-3.5-1103 (2) AND THE TASKS AND
25 PROCEDURES THAT A COMMUNITY PARAMEDIC IS AUTHORIZED TO
26 PERFORM WITHIN HIS OR HER SCOPE OF PRACTICE IN ACCORDANCE WITH
27 SECTION 25-3.5-203.5 (2) (a) AND RULES PROMULGATED PURSUANT TO

1 THAT SECTION. ON OR BEFORE JULY 1, 2017, THE BOARD SHALL UTILIZE
2 THE COMMUNITY PARAMEDICINE/MOBILE INTEGRATED HEALTHCARE TASK
3 FORCE REPORT, DATED OCTOBER 8, 2015, TO PROMULGATE RULES
4 PROVIDING MINIMUM STANDARDS FOR THE OPERATION OF AN AGENCY
5 WITHIN THE STATE. THE RULES MUST INCLUDE THE FOLLOWING:

6 (a) A REQUIREMENT THAT THE AGENCY HAVE MEDICAL DIRECTION;

7 (b) INSPECTION OF AGENCIES BY THE DEPARTMENT OR THE
8 DEPARTMENT'S DESIGNATED REPRESENTATIVE;

9 (c) MINIMUM EDUCATIONAL, TRAINING, AND EXPERIENCE
10 STANDARDS FOR THE ADMINISTRATOR AND STAFF OF AN AGENCY,
11 INCLUDING A REQUIREMENT THAT THE ADMINISTRATOR AND STAFF BE OF
12 GOOD MORAL CHARACTER;

13 (d) FEES FOR AGENCY APPLICATIONS AND LICENSURE BASED ON
14 THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING THIS
15 PART 12. THE DEPARTMENT SHALL TRANSMIT THE FEES TO THE STATE
16 TREASURER, WHO SHALL CREDIT THE FEES TO THE COMMUNITY
17 INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND CREATED IN
18 SECTION 25-3.5-1204.

19 (e) THE AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE
20 THAT AN AGENCY SHALL MAINTAIN AND THE MANNER IN WHICH AN
21 AGENCY SHALL DEMONSTRATE PROOF OF INSURANCE TO THE
22 DEPARTMENT. THE BOARD MAY ESTABLISH BY RULE THAT AN AGENCY
23 MAY OBTAIN A SURETY BOND IN LIEU OF LIABILITY INSURANCE COVERAGE.

24 (f) FACTORS FOR AGENCIES TO CONSIDER WHEN DETERMINING
25 WHETHER A CONVICTION OF AN OFFENSE OR A PLEA OF GUILTY OR NOLO
26 CONTENDERE TO AN OFFENSE DISQUALIFIES A PERSON FROM EMPLOYMENT
27 WITH THE AGENCY. THE BOARD MAY DETERMINE WHICH OFFENSES

1 REQUIRE CONSIDERATION OF THE FACTORS.

2

3 (g) ESTABLISHING OCCURRENCE REPORTING REQUIREMENTS
4 PURSUANT TO SECTION 25-1-124; AND

5 (h) REQUIREMENTS FOR RETAINING RECORDS, INCLUDING THE TIME
6 THAT AGENCIES MUST MAINTAIN RECORDS FOR INSPECTION BY THE
7 DEPARTMENT.

8 **25-3.5-1204. Community integrated health care service**
9 **agencies cash fund - created.** THERE IS CREATED THE COMMUNITY
10 INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND, REFERRED TO
11 IN THIS SECTION AS THE "FUND". THE DEPARTMENT SHALL TRANSMIT FEES
12 COLLECTED PURSUANT TO THIS PART 12 TO THE STATE TREASURER FOR
13 DEPOSIT IN THE FUND. THE MONEY IN THE FUND IS SUBJECT TO ANNUAL
14 APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT FOR
15 THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING AND
16 ADMINISTERING THIS PART 12. ANY UNENCUMBERED OR UNEXPENDED
17 MONEY IN THE FUND AT THE END OF A FISCAL YEAR REMAINS IN THE FUND
18 AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR
19 ANY OTHER FUND.

20 **25-3.5-1205. License - application - inspection - criminal**
21 **history records check - issuance.** (1) A COMMUNITY INTEGRATED
22 HEALTH CARE SERVICE AGENCY LICENSE EXPIRES AFTER ONE YEAR. THE
23 DEPARTMENT SHALL DETERMINE THE FORM AND MANNER OF INITIAL AND
24 RENEWAL LICENSE APPLICATIONS.

25 (2) (a) THE DEPARTMENT SHALL INSPECT AN AGENCY AS IT DEEMS
26 NECESSARY TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AGENCY
27 CONSUMERS. AN AGENCY SHALL SUBMIT IN WRITING, IN A FORM AND

1 MANNER PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE
2 MEASURES THAT THE AGENCY WILL TAKE TO CORRECT ANY VIOLATIONS
3 FOUND BY THE DEPARTMENT AS A RESULT OF AN INSPECTION.

4 (b) THE DEPARTMENT SHALL KEEP ALL MEDICAL RECORDS AND
5 PERSONALLY IDENTIFYING INFORMATION OBTAINED DURING AN
6 INSPECTION OF AN AGENCY CONFIDENTIAL. ALL RECORDS AND
7 INFORMATION OBTAINED BY THE DEPARTMENT THROUGH AN INSPECTION
8 ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204,
9 C.R.S., AND 25-1-124.

10 (3) (a) (I) (A) WITH THE SUBMISSION OF AN APPLICATION FOR A
11 LICENSE PURSUANT TO THIS SECTION, EACH OWNER, MANAGER, AND
12 ADMINISTRATOR OF AN AGENCY APPLYING FOR AN INITIAL OR RENEWAL
13 LICENSE SHALL SUBMIT A COMPLETE SET OF HIS OR HER FINGERPRINTS TO
14 THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF
15 CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED CRIMINAL
16 HISTORY RECORD CHECK UTILIZING THE RECORDS OF THE COLORADO
17 BUREAU OF INVESTIGATION AND THE FEDERAL BUREAU OF INVESTIGATION.
18 THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE
19 RESULTS OF A CRIMINAL HISTORY RECORD CHECK TO THE DEPARTMENT.

20 (B) AN OWNER, MANAGER, OR ADMINISTRATOR WHO HAS
21 PREVIOUSLY SUBMITTED FINGERPRINTS FOR STATE LICENCING PURPOSES
22 MAY REQUEST THAT THE FINGERPRINTS ON FILE BE USED.

23 (II) EACH OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY
24 IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO
25 BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED
26 CRIMINAL HISTORY RECORD CHECK TO THE BUREAU.

27 (III) THE DEPARTMENT MAY ACQUIRE A NAME-BASED CRIMINAL

1 HISTORY RECORD CHECK FOR AN OWNER, MANAGER, OR ADMINISTRATOR
2 WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY
3 RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

4 (b) THE DEPARTMENT SHALL DENY A LICENSE OR RENEWAL OF A
5 LICENSE IF THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK OF AN
6 OWNER, MANAGER, OR ADMINISTRATOR DEMONSTRATES THAT THE
7 OWNER, MANAGER, OR ADMINISTRATOR HAS BEEN CONVICTED OF A
8 FELONY OR A MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT
9 DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF
10 COMMUNITY INTEGRATED HEALTH CARE SERVICE CONSUMERS.

11 (c) IF AN AGENCY APPLYING FOR AN INITIAL LICENSE IS
12 TEMPORARILY UNABLE TO SATISFY ALL OF THE REQUIREMENTS FOR
13 LICENSURE, THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO THE
14 AGENCY; EXCEPT THAT THE DEPARTMENT SHALL NOT ISSUE A
15 PROVISIONAL LICENSE TO AN AGENCY IF OPERATION OF THE AGENCY WILL
16 ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE AGENCY'S
17 CONSUMERS. THE DEPARTMENT MAY REQUIRE AN AGENCY APPLYING FOR
18 A PROVISIONAL LICENSE TO DEMONSTRATE TO THE DEPARTMENT'S
19 SATISFACTION THAT THE AGENCY IS TAKING SUFFICIENT STEPS TO SATISFY
20 ALL OF THE REQUIREMENTS FOR FULL LICENSURE. A PROVISIONAL LICENSE
21 IS VALID FOR NINETY DAYS AND MAY BE RENEWED ONE TIME AT THE
22 DEPARTMENT'S DISCRETION.

23 **25-3.5-1206. License denial - suspension - revocation.**

24 (1) UPON DENIAL OF AN APPLICATION FOR AN INITIAL LICENSE, THE
25 DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY
26 MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE
27 APPLICATION OR, IF THE APPLICANT DESIGNATES AN EMAIL ADDRESS TO

1 WHICH NOTIFICATIONS SHOULD BE SENT, BY EMAILING THE WRITTEN
2 DENIAL TO THE APPLICANT. IF AN APPLICANT, WITHIN THIRTY DAYS AFTER
3 RECEIVING THE NOTICE OF DENIAL, PETITIONS THE DEPARTMENT TO SET A
4 DATE AND PLACE FOR A HEARING, THE DEPARTMENT SHALL GRANT THE
5 APPLICANT A HEARING TO REVIEW THE DENIAL IN ACCORDANCE WITH
6 ARTICLE 4 OF TITLE 24, C.R.S.

7 (2) IF REQUESTED, THE DEPARTMENT MAY SUSPEND, REVOKE, OR
8 REFUSE TO RENEW THE LICENSE OF A COMMUNITY INTEGRATED HEALTH
9 CARE SERVICE AGENCY THAT IS OUT OF COMPLIANCE WITH THE
10 REQUIREMENTS OF THIS PART 12 OR RULES PROMULGATED PURSUANT TO
11 THIS PART 12. BEFORE TAKING FINAL ACTION TO SUSPEND, REVOKE, OR
12 REFUSE TO RENEW A LICENSE, THE DEPARTMENT SHALL CONDUCT A
13 HEARING ON THE MATTER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24,
14 C.R.S. THE DEPARTMENT MAY IMPLEMENT A SUMMARY SUSPENSION
15 BEFORE A HEARING IN ACCORDANCE WITH SECTION 24-4-104 (4) (a),
16 C.R.S.

17 (3) AFTER CONDUCTING A HEARING ON THE MATTER IN
18 ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., THE DEPARTMENT
19 SHALL REVOKE OR REFUSE TO RENEW AN AGENCY LICENSE WHERE THE
20 OWNER, MANAGER, OR ADMINISTRATOR OF THE AGENCY HAS BEEN
21 CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT
22 THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH,
23 SAFETY, OR WELFARE OF THE AGENCY'S CONSUMERS.

24 (4) IF REQUESTED, THE DEPARTMENT MAY IMPOSE INTERMEDIATE
25 RESTRICTIONS OR CONDITIONS ON AN AGENCY THAT MAY REQUIRE THE
26 AGENCY TO:

27 (a) RETAIN A CONSULTANT TO ADDRESS CORRECTIVE MEASURES;

1 (b) BE MONITORED BY THE DEPARTMENT FOR A SPECIFIC PERIOD;

2 (c) PROVIDE ADDITIONAL TRAINING TO ITS EMPLOYEES, OWNERS,
3 MANAGERS, OR ADMINISTRATORS;

4 (d) COMPLY WITH A DIRECTED WRITTEN PLAN TO CORRECT THE
5 VIOLATION, IN ACCORDANCE WITH THE PROCEDURES ESTABLISHED UNDER
6 SECTION 25-27.5-108 (2) (b); OR

7 (e) PAY A CIVIL PENALTY, NOT TO EXCEED TEN THOUSAND
8 DOLLARS PER CALENDAR YEAR FOR ALL VIOLATIONS. THE DEPARTMENT,
9 AFTER PROVIDING THE AGENCY WITH THE OPPORTUNITY FOR A HEARING
10 IN ACCORDANCE WITH SECTION 24-4-105, C.R.S., ON ANY PENALTIES
11 ASSESSED, SHALL TRANSMIT ALL PENALTIES COLLECTED PURSUANT TO
12 THIS PARAGRAPH (e) TO THE STATE TREASURER, WHO SHALL CREDIT THE
13 MONEY TO THE GENERAL FUND. THE AGENCY MAY REQUEST, AND THE
14 DEPARTMENT SHALL GRANT, A STAY IN PAYMENT OF A CIVIL PENALTY
15 UNTIL FINAL DISPOSITION OF THE RESTRICTION OR CONDITION.

16 **25-3.5-1207. Repeal of article - review of functions. THIS PART**
17 **12 IS REPEALED, EFFECTIVE SEPTEMBER 1, 2021. BEFORE THE REPEAL, THE**
18 **DEPARTMENT'S FUNCTIONS UNDER THIS PART 12 SHALL BE REVIEWED AS**
19 **PROVIDED FOR IN SECTION 24-34-104, C.R.S.**

20 **SECTION 4. In Colorado Revised Statutes, 24-34-104, add**
21 **(52.5) (f) as follows:**

22 **24-34-104. General assembly review of regulatory agencies**
23 **and functions for termination, continuation, or reestablishment.**

24 **(52.5) The following agencies, functions, or both, terminate on**
25 **September 1, 2021:**

26 **(f) THE FUNCTIONS OF THE DEPARTMENT OF PUBLIC HEALTH AND**
27 **ENVIRONMENT REGARDING COMMUNITY INTEGRATED HEALTH CARE**

1 SERVICE AGENCIES PURSUANT TO PART 12 OF ARTICLE 3.5 OF TITLE 25,
2 C.R.S.

3 **SECTION 5. Appropriation.** (1) For the 2016-17 state fiscal
4 year, \$112,064 is appropriated to the department of public health and
5 environment. This appropriation is from the general fund. To implement
6 this act, the department may use this appropriation as follows:

7 (a) \$70,184 for use by the health facilities and emergency medical
8 services division for the state EMS coordination, planning and
9 certification program, which amount is based on an assumption that the
10 division will require an additional 1.0 FTE:

11 (b) \$38,080 for the purchase of information technology services;
12 and

13 (c) \$3,800 for the purchase of legal services.

14 (2) For the 2016-17 state fiscal year, \$38,080 is appropriated to
15 the office of the governor for use by the office of information technology.
16 This appropriation is from reappropriated funds received from the
17 department of public health and environment under paragraph (b) of
18 subsection (1) of this section. To implement this act, the office may use
19 this appropriation to provide information technology services for the
20 department of public health and environment.

21 (3) For the 2016-17 state fiscal year, \$3,800 is appropriated to the
22 department of law. This appropriation is from reappropriated funds
23 received from the department of public health and environment under
24 paragraph (c) of subsection (1) of this section. To implement this act, the
25 department of law may use this appropriation to provide legal services for
26 the department of public health and environment.

27 **SECTION 6. Safety clause.** The general assembly hereby finds,

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