

**Second Regular Session
Seventieth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

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

Health, Insurance, & Environment
Finance
Appropriations

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
3rd Reading Unamended
May 2, 2016

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) and (4.5) 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 25-3.5-206.

(4.5) "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.

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

25-3.5-203.5. Community paramedic endorsement - rules.
(1) ON OR BEFORE JANUARY 1, 2018, THE BOARD SHALL ADOPT RULES IN

1 ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., FOR COMMUNITY
2 PARAMEDICS INCLUDING STANDARDS FOR:

3 (a) THE DEPARTMENT'S ISSUANCE OF AN ENDORSEMENT IN
4 COMMUNITY PARAMEDICINE TO AN EMERGENCY MEDICAL SERVICE
5 PROVIDER;

6 (b) VERIFYING AN EMERGENCY MEDICAL SERVICE PROVIDER'S
7 COMPETENCY TO BE ENDORSED AS A COMMUNITY PARAMEDIC. THE
8 STANDARDS MUST INCLUDE A REQUIREMENT THAT THE EMERGENCY
9 MEDICAL SERVICE PROVIDER HAS OBTAINED FROM AN ACCREDITED
10 PARAMEDIC TRAINING CENTER OR AN ACCREDITED COLLEGE OR
11 UNIVERSITY A CERTIFICATE OF COMPLETION FOR A COURSE IN COMMUNITY
12 PARAMEDICINE WITH COMPETENCY VERIFIED BY A PASSING SCORE ON AN
13 EXAMINATION OFFERED NATIONALLY AND RECOGNIZED IN COLORADO FOR
14 CERTIFYING COMPETENCY TO SERVE AS A COMMUNITY PARAMEDIC; AND

15 (c) CONTINUING COMPETENCY TO MAINTAIN A COMMUNITY
16 PARAMEDIC ENDORSEMENT.

17 (2) RULES ADOPTED UNDER THIS SECTION SUPERSEDE ANY RULES
18 OF THE COLORADO MEDICAL BOARD REGARDING THE MATTERS SET FORTH
19 IN THIS PART 2.

20 **SECTION 3.** In Colorado Revised Statutes, 25-3.5-206, **add** (4)
21 (a.5) as follows:

22 **25-3.5-206. Emergency medical practice advisory council -**
23 **creation - powers and duties - emergency medical service provider**
24 **scope of practice - rules.** (4) (a.5) (I) ON OR BEFORE JANUARY 1, 2018,
25 THE DIRECTOR, OR, IF THE DIRECTOR IS NOT A PHYSICIAN, THE CHIEF
26 MEDICAL OFFICER SHALL ADOPT RULES IN ACCORDANCE WITH ARTICLE 4
27 OF TITLE 24, C.R.S., CONCERNING THE SCOPE OF PRACTICE OF A

1 COMMUNITY PARAMEDIC. AN EMERGENCY MEDICAL SERVICE PROVIDER'S
2 ENDORSEMENT AS A COMMUNITY PARAMEDIC, ISSUED PURSUANT TO THE
3 RULES ADOPTED UNDER SECTION 25-3.5-203.5, IS VALID FOR AS LONG AS
4 THE EMERGENCY MEDICAL SERVICE PROVIDER MAINTAINS HIS OR HER
5 CERTIFICATION BY THE DEPARTMENT.

6 (II) THE RULES MUST ESTABLISH THE TASKS AND PROCEDURES
7 THAT AN EMERGENCY MEDICAL SERVICE PROVIDER WITH A COMMUNITY
8 PARAMEDIC ENDORSEMENT IS AUTHORIZED TO PERFORM IN ADDITION TO
9 AN EMERGENCY MEDICAL SERVICE PROVIDER'S SCOPE OF PRACTICE,
10 INCLUDING:

11 (A) AN INITIAL ASSESSMENT OF THE PATIENT AND ANY
12 SUBSEQUENT ASSESSMENTS, AS NEEDED;

13 (B) MEDICAL INTERVENTIONS;

14 (C) CARE COORDINATION;

15 (D) RESOURCE NAVIGATION;

16 (E) PATIENT EDUCATION;

17 (F) INVENTORY, COMPLIANCE, AND ADMINISTRATION OF
18 MEDICATIONS; AND

19 (G) GATHERING OF LABORATORY AND DIAGNOSTIC DATA.

20

21 **SECTION 4.** In Colorado Revised Statutes, **add** parts 11 and 12
22 to article 3.5 of title 25 as follows:

23

PART 11

24

COMMUNITY ASSISTANCE REFERRAL AND

25

EDUCATION SERVICES (CARES) PROGRAM

26

25-3.5-1101. Short title. THE SHORT TITLE OF THIS PART 11 IS THE

27

"COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES

1 (CARES) PROGRAM ACT".

2 **25-3.5-1102. Definitions.** AS USED IN THIS PART 11, UNLESS THE
3 CONTEXT OTHERWISE REQUIRES:

4 (1) "AUTHORIZED ENTITY" MEANS:

5 (a) A LICENSED AMBULANCE SERVICE;

6 (b) A FIRE DEPARTMENT OF A TOWN, CITY, OR CITY AND COUNTY;

7

8 (c) A FIRE PROTECTION DISTRICT, AMBULANCE DISTRICT, HEALTH
9 ASSURANCE DISTRICT, HEALTH SERVICE DISTRICT, OR METROPOLITAN
10 DISTRICT, OR SPECIAL DISTRICT AUTHORITY; OR

11 (d) A HEALTH CARE BUSINESS ENTITY, INCLUDING A LICENSED OR
12 CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION
13 UNDER ARTICLE 3 OF THIS TITLE.

14 (2) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND
15 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF A CARES
16 PROGRAM BY A PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE
17 WHO IS LICENSED IN COLORADO AND IN GOOD STANDING AND WHO IS
18 IDENTIFIED AS BEING RESPONSIBLE FOR ASSURING THE COMPETENCY OF
19 THOSE INDIVIDUALS IN THE PERFORMANCE OF ACTS ON BEHALF OF THE
20 CARES PROGRAM.

21 (3) "PROGRAM" OR "CARES PROGRAM" MEANS A COMMUNITY
22 ASSISTANCE REFERRAL AND EDUCATION SERVICES PROGRAM ESTABLISHED
23 IN ACCORDANCE WITH THIS PART 11.

24 **25-3.5-1103. Community assistance referral and education**
25 **services programs - authorization - scope - repeal.** (1) TO IMPROVE
26 THE HEALTH OF RESIDENTS WITHIN ITS JURISDICTION, PREVENT ILLNESS
27 AND INJURY, OR REDUCE THE INCIDENCE OF 911 CALLS AND HOSPITAL

1 EMERGENCY DEPARTMENT VISITS MADE FOR THE PURPOSE OF OBTAINING
2 NONEMERGENCY, NONURGENT MEDICAL CARE OR SERVICES, AN
3 AUTHORIZED ENTITY MAY ESTABLISH A COMMUNITY ASSISTANCE
4 REFERRAL AND EDUCATION SERVICES PROGRAM TO PROVIDE COMMUNITY
5 OUTREACH AND HEALTH EDUCATION TO RESIDENTS WITHIN THE
6 AUTHORIZED ENTITY'S JURISDICTION.

7 (2) (a) ON OR AFTER JULY 1, 2018, AN AUTHORIZED ENTITY THAT
8 OPERATES OR PLANS TO OPERATE A CARES PROGRAM IN COLORADO
9 SHALL NOTIFY THE DEPARTMENT OF ITS CARES PROGRAM IN THE FORM
10 AND MANNER REQUIRED BY THE DEPARTMENT.

11 (b) THE DEPARTMENT SHALL MAINTAIN A LIST OF ALL AUTHORIZED
12 ENTITIES THAT OPERATE A CARES PROGRAM AND MAKE THE LIST
13 ACCESSIBLE TO THE PUBLIC.

14 (c) AN AUTHORIZED ENTITY OPERATING A CARES PROGRAM
15 SHALL NOT ASSERT THAT IT IS LICENSED OR CERTIFIED BY THE
16 DEPARTMENT.

17 (3) SUBJECT TO MEDICAL DIRECTION, AN AUTHORIZED ENTITY
18 OPERATING A PROGRAM MAY, WITHIN THE SCOPE OF PRACTICE OF ITS
19 PRACTITIONERS:

20 (a) PROVIDE THE FOLLOWING SERVICES:

21 (I) HEALTH EDUCATION AND INFORMATION AVAILABLE ON
22 RELEVANT SERVICES; AND

23 (II) REFERRALS FOR AND INFORMATION CONCERNING LOW-COST
24 MEDICATION PROGRAMS AND ALTERNATIVE RESOURCES TO THE 911
25 SYSTEM;

26 (b) TO PROVIDE SERVICES IN ACCORDANCE WITH PARAGRAPH (a)
27 OF THIS SUBSECTION (3) AND TO ENSURE NONDUPLICATION OF THE

1 SERVICES, COLLABORATE WITH APPROPRIATE COMMUNITY RESOURCES,
2 INCLUDING:

3 (I) HEALTH CARE FACILITIES LICENSED OR ISSUED A CERTIFICATE
4 OF COMPLIANCE PURSUANT TO SECTION 25-1.5-103 OR SUBJECT TO
5 REGULATION BY THE DEPARTMENT PURSUANT TO ARTICLE 1 OR 3 OF THIS
6 TITLE;

7 (II) PRIMARY CARE PROVIDERS;

8 (III) OTHER HEALTH CARE PROFESSIONALS; OR

9 (IV) SOCIAL SERVICES AGENCIES.

10 (4) (a) AN AUTHORIZED ENTITY OPERATING A CARES PROGRAM
11 SHALL NOT PROVIDE SERVICES THAT WOULD REQUIRE A LICENSE OR
12 CERTIFICATION PURSUANT TO PART 12 OF THIS ARTICLE OR ARTICLE 3 OR
13 3.5 OF THIS TITLE.

14 (b) IN THE FORM AND MANNER PRESCRIBED BY THE DEPARTMENT
15 AND BEFORE REFERRING A SERVICE OR PROVIDER TO A RECIPIENT OF A
16 CARES PROGRAM SERVICE, AN AUTHORIZED ENTITY OPERATING A
17 CARES PROGRAM SHALL DISCLOSE, AT A MINIMUM, IN WRITING, THE
18 FOLLOWING INFORMATION TO THE RECIPIENT:

19 (I) ANY RELATIONSHIP THAT THE CARES PROGRAM HAS WITH AN
20 INDIVIDUAL OR ENTITY TO WHICH IT REFERS A RECIPIENT OF CARES
21 PROGRAM SERVICE; AND

22 (II) WHETHER THE AUTHORIZED ENTITY DIRECTS, CONTROLS,
23 SCHEDULES, OR TRAINS ANY PROVIDER TO WHICH IT REFERS A RECIPIENT
24 OF CARES PROGRAM SERVICES.

25 (5) THE DEPARTMENT MAY INVESTIGATE AN AUTHORIZED ENTITY
26 AS IT DEEMS NECESSARY TO ENSURE:

27 (a) THE PROTECTION OF THE HEALTH, SAFETY, AND WELFARE OF A

1 RECIPIENT OF CARES PROGRAM SERVICES; AND

2 (b) THAT THE AUTHORIZED ENTITY IS NOT PROVIDING SERVICES
3 THROUGH ITS CARES PROGRAM THAT REQUIRE A LICENSE OR
4 CERTIFICATION PURSUANT TO PART 12 OF THIS ARTICLE OR ARTICLE 3 OR
5 3.5 OF THIS TITLE.

6 (6) A PERSON WORKING DIRECTLY OR INDIRECTLY FOR A CARES
7 PROGRAM, WHETHER AS AN EMPLOYEE OR A CONTRACTOR, MAY ONLY
8 PROVIDE SERVICES CONSISTENT WITH THE REQUIREMENTS OF SUBSECTION
9 (3) OF THIS SECTION; EXCEPT THAT NOTHING IN THIS SECTION PROHIBITS
10 A LICENSED, CERTIFIED, OR REGISTERED HEALTH CARE OR MENTAL HEALTH
11 PROVIDER OR CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDER FROM
12 ACTING OR PROVIDING SERVICES WITHIN HIS OR HER SCOPE OF PRACTICE
13 IF NECESSARY TO RESPOND TO AN EMERGENT SITUATION.

14 (7) (a) IF AN ENTITY OFFERED COMMUNITY OUTREACH AND
15 HEALTH EDUCATION BEFORE JANUARY 1, 2015, THE ENTITY MAY
16 CONTINUE AND NEED NOT COMPLY WITH THE REQUIREMENTS OF THIS PART
17 11. THE ENTITY MAY VOLUNTARILY PROVIDE REPORTS CONSISTENT WITH
18 THE REQUIREMENTS OF SECTION 25-3.5-1104.

19 (b) THIS SUBSECTION (7) IS REPEALED, EFFECTIVE JULY 1, 2021.

20

21 **25-3.5-1104. Reports.** (1) (a) IF AN AUTHORIZED ENTITY
22 DEVELOPS A PROGRAM UNDER THIS ARTICLE, THE AUTHORIZED ENTITY
23 SHALL REPORT TO THE DEPARTMENT, IN THE FORM AND MANNER
24 DETERMINED BY THE DEPARTMENT, ON THE PROGRESS OF THE PROGRAM
25 ON OR BEFORE DECEMBER 31 IN THE YEAR FOLLOWING THE YEAR IN WHICH
26 THE PROGRAM COMMENCED AND ON OR BEFORE DECEMBER 31 OF EACH
27 SUBSEQUENT YEAR IN WHICH THE PROGRAM CONTINUES TO OPERATE.

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

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

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

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

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

14 (2) ON OR BEFORE MARCH 31 OF EACH YEAR, THE DEPARTMENT
15 SHALL COMPILE ANNUAL REPORTS RECEIVED FROM AUTHORIZED
16 ENTITIES IN THE PREVIOUS YEAR INTO A SINGLE REPORT AND POST THE
17 REPORT ON ITS WEBSITE.

18 PART 12

19 COMMUNITY INTEGRATED

20 HEALTH CARE SERVICE AGENCIES

21 **25-3.5-1201. Definitions.** AS USED IN THIS PART 12, UNLESS THE
22 CONTEXT OTHERWISE REQUIRES:

23 (1) "COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY" OR
24 "AGENCY" MEANS A SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION,
25 NONPROFIT ENTITY, SPECIAL DISTRICT, GOVERNMENTAL UNIT OR AGENCY,
26 OR LICENSED OR CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO
27 REGULATION UNDER ARTICLE 1.5 OR 3 OF THIS TITLE THAT MANAGES AND

1 OFFERS, DIRECTLY OR BY CONTRACT, COMMUNITY INTEGRATED HEALTH
2 CARE SERVICES.

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

7 (3) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND
8 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF AN
9 AGENCY BY A PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE
10 WHO IS LICENSED IN COLORADO, IS IN GOOD STANDING, AND IS IDENTIFIED
11 AS BEING RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE
12 INDIVIDUALS IN THE PERFORMANCE OF ACTS ON BEHALF OF THE AGENCY;
13 EXCEPT THAT, IF THE AGENCY HIRES OR CONTRACTS WITH A COMMUNITY
14 PARAMEDIC, ONLY A LICENSED PHYSICIAN IN GOOD STANDING MAY
15 PROVIDE MEDICAL DIRECTION.

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

19 **25-3.5-1202. Community integrated health care service agency**
20 **license required - rules - civil and criminal penalties - liability**
21 **insurance.** (1) ON OR AFTER JULY 1, 2018, A PERSON SHALL NOT OPERATE
22 OR MAINTAIN A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY
23 UNLESS THE PERSON HAS SUBMITTED TO THE DEPARTMENT A COMPLETED
24 APPLICATION FOR LICENSURE AS A COMMUNITY INTEGRATED HEALTH CARE
25 SERVICE AGENCY. ON OR AFTER DECEMBER 31, 2018, A PERSON SHALL
26 NOT OPERATE OR MAINTAIN AN AGENCY WITHOUT A COMMUNITY
27 INTEGRATED HEALTH CARE SERVICE AGENCY LICENSE ISSUED BY THE

1 DEPARTMENT.

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

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

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

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

15 (3) A LICENSE APPLICANT SHALL SUBMIT TO THE DEPARTMENT, IN
16 THE MANNER DETERMINED BY THE BOARD BY RULE, PROOF THAT THE
17 AGENCY AND ANY STAFF THAT IT EMPLOYS OR CONTRACTS IS COVERED BY
18 GENERAL LIABILITY INSURANCE IN AN AMOUNT DETERMINED BY THE
19 BOARD BY RULE, BUT NOT LESS THAN THE AMOUNT CALCULATED IN
20 ACCORDANCE WITH SECTION 24-10-114 (1) (a) (I) AND (1) (b), C.R.S.

21 **25-3.5-1203. Minimum standards for community integrated**
22 **health care service agencies - rules.** (1) IN ADDITION TO THE SERVICES
23 THAT THE BOARD, BY RULE, AUTHORIZES A COMMUNITY INTEGRATED
24 HEALTH CARE SERVICE AGENCY TO PERFORM, AN AGENCY MAY PERFORM
25 ANY OF THE SERVICES THAT MAY BE PROVIDED THROUGH A CARES
26 PROGRAM PURSUANT TO SECTION 25-3.5-1103 (3) AND THE TASKS AND
27 PROCEDURES THAT A COMMUNITY PARAMEDIC IS AUTHORIZED TO

1 PERFORM WITHIN HIS OR HER SCOPE OF PRACTICE IN ACCORDANCE WITH
2 SECTION 25-3.5-206 AND RULES PROMULGATED PURSUANT TO THAT
3 SECTION. ON OR BEFORE JANUARY 1, 2018, THE BOARD SHALL
4 PROMULGATE RULES PROVIDING MINIMUM STANDARDS FOR THE
5 OPERATION OF AN AGENCY WITHIN THE STATE. THE RULES MUST INCLUDE
6 THE FOLLOWING:

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

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

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

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

20 (II) THE DEPARTMENT SHALL COLLECT FEES FROM ANY ENTITY
21 THAT APPLIES TO OPERATE A COMMUNITY INTEGRATED HEALTH CARE
22 SERVICE AGENCY, INCLUDING AN AGENCY WHOLLY OWNED AND OPERATED
23 BY A GOVERNMENTAL UNIT OR AGENCY. THE DEPARTMENT SHALL
24 TRANSMIT THE FEES TO THE STATE TREASURER WHO SHALL CREDIT THE
25 FEES TO THE COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES
26 CASH FUND CREATED IN SECTION 25-3.5-1204.

27 (e) THE AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE

1 THAT AN AGENCY SHALL MAINTAIN AND THE MANNER IN WHICH AN
2 AGENCY SHALL DEMONSTRATE PROOF OF INSURANCE TO THE
3 DEPARTMENT. THE BOARD MAY ESTABLISH BY RULE THAT AN AGENCY
4 MAY OBTAIN A SURETY BOND IN LIEU OF LIABILITY INSURANCE COVERAGE.

5 [REDACTED]

6 [REDACTED]

7 (f) ESTABLISHING OCCURRENCE REPORTING REQUIREMENTS
8 PURSUANT TO SECTION 25-1-124; [REDACTED]

9 (g) REQUIREMENTS FOR RETAINING RECORDS, INCLUDING THE TIME
10 THAT AGENCIES MUST MAINTAIN RECORDS FOR INSPECTION BY THE
11 DEPARTMENT; AND

12 (h) A REQUIREMENT THAT AGENCIES REPORT TO THE DEPARTMENT
13 ON AN ANNUAL BASIS.

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

26 **25-3.5-1205. License - application - inspection - criminal**
27 **history records check - issuance.** (1) A COMMUNITY INTEGRATED

1 HEALTH CARE SERVICE AGENCY LICENSE EXPIRES AFTER ONE YEAR. THE
2 DEPARTMENT SHALL DETERMINE THE FORM AND MANNER OF INITIAL AND
3 RENEWAL LICENSE APPLICATIONS.

4 (2) (a) THE DEPARTMENT SHALL INSPECT AN AGENCY AS IT DEEMS
5 NECESSARY TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AGENCY
6 CONSUMERS. AN AGENCY SHALL SUBMIT IN WRITING, IN A FORM AND
7 MANNER PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE
8 MEASURES THAT THE AGENCY WILL TAKE TO CORRECT ANY VIOLATIONS
9 FOUND BY THE DEPARTMENT AS A RESULT OF AN INSPECTION.

10 (b) THE DEPARTMENT SHALL KEEP ALL MEDICAL RECORDS AND
11 PERSONALLY IDENTIFYING INFORMATION OBTAINED DURING AN
12 INSPECTION OF AN AGENCY CONFIDENTIAL. ALL RECORDS AND
13 INFORMATION OBTAINED BY THE DEPARTMENT THROUGH AN INSPECTION
14 ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204,
15 C.R.S., AND 25-1-124.

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

26 [REDACTED]
27 (II) EACH OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY

1 IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO
2 BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED
3 CRIMINAL HISTORY RECORD CHECK TO THE BUREAU.

4 (III) THE DEPARTMENT MAY ACQUIRE A NAME-BASED CRIMINAL
5 HISTORY RECORD CHECK FOR AN OWNER, MANAGER, OR ADMINISTRATOR
6 WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY
7 RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

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

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

27 **25-3.5-1206. License denial - suspension - revocation.**

1 (1) UPON DENIAL OF AN APPLICATION FOR AN INITIAL LICENSE, THE
2 DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY
3 MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE
4 APPLICATION. IF AN APPLICANT, WITHIN SIXTY DAYS AFTER RECEIVING THE
5 NOTICE OF DENIAL, PETITIONS THE DEPARTMENT TO SET A DATE AND
6 PLACE FOR A HEARING, THE DEPARTMENT SHALL GRANT THE APPLICANT A
7 HEARING TO REVIEW THE DENIAL IN ACCORDANCE WITH ARTICLE 4 OF
8 TITLE 24, C.R.S.

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

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

25 (4) THE DEPARTMENT MAY IMPOSE INTERMEDIATE RESTRICTIONS
26 OR CONDITIONS ON AN AGENCY THAT MAY REQUIRE THE 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 OF UP TO TEN THOUSAND DOLLARS PER
8 VIOLATION. THE DEPARTMENT, AFTER PROVIDING THE AGENCY WITH THE
9 OPPORTUNITY FOR A HEARING IN ACCORDANCE WITH SECTION 24-4-105,
10 C.R.S., ON ANY PENALTIES ASSESSED, SHALL TRANSMIT ALL PENALTIES
11 COLLECTED PURSUANT TO THIS PARAGRAPH (e) TO THE STATE TREASURER,
12 WHO SHALL CREDIT THE MONEY TO THE GENERAL FUND. THE AGENCY MAY
13 REQUEST, AND THE DEPARTMENT SHALL GRANT, A STAY IN PAYMENT OF A
14 CIVIL PENALTY UNTIL FINAL DISPOSITION OF THE RESTRICTION OR
15 CONDITION.

16 **25-3.5-1207. Repeal of article - review of functions.** This part
17 12 is repealed, effective September 1, 2025. 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 5.** In Colorado Revised Statutes, 24-34-104, add (56)
21 (d) as follows:

22 **24-34-104. General assembly review of regulatory agencies**
23 **and functions for termination, continuation, or reestablishment.** (56)

24 The following agencies, functions, or both, terminate on September 1,
25 2025:

26 (d) 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 6. 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 7. 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.