

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

**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/billsummaries>.)*

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), (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 - repeal.** (1) TO IMPROVE  
22 THE HEALTH OF RESIDENTS WITHIN ITS JURISDICTION, PREVENT ILLNESS  
23 AND 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) (a) 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           (b) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE JULY 1, 2021.

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

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

1 PROGRAM COMMENCED AND ON OR BEFORE DECEMBER 31 OF EACH  
2 SUBSEQUENT YEAR IN WHICH THE PROGRAM CONTINUES TO OPERATE.

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

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

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

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

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

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

22 PART 12

23 COMMUNITY INTEGRATED

24 HEALTH CARE SERVICE AGENCIES

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

27 (1) "COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY" OR



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

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

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

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 JANUARY 1, 2018, A PERSON SHALL NOT  
22 OPERATE OR MAINTAIN A COMMUNITY INTEGRATED HEALTH CARE SERVICE  
23 AGENCY UNLESS THE PERSON HAS SUBMITTED TO THE DEPARTMENT A  
24 COMPLETED APPLICATION FOR LICENSURE AS A COMMUNITY INTEGRATED  
25 HEALTH CARE SERVICE AGENCY. ON OR AFTER JULY 1, 2018, A PERSON  
26 SHALL 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 (2) 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 25-3.5-203.5 (2) (a) AND RULES PROMULGATED PURSUANT TO  
3 THAT SECTION. ON OR BEFORE JULY 1, 2017, THE BOARD SHALL UTILIZE  
4 THE COMMUNITY PARAMEDICINE/MOBILE INTEGRATED HEALTHCARE TASK  
5 FORCE REPORT, DATED OCTOBER 8, 2015, TO PROMULGATE RULES  
6 PROVIDING MINIMUM STANDARDS FOR THE OPERATION OF AN AGENCY  
7 WITHIN THE STATE. THE RULES MUST INCLUDE THE FOLLOWING:

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

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

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

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

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

26 (f) FACTORS FOR AGENCIES TO CONSIDER WHEN DETERMINING  
27 WHETHER A CONVICTION OF AN OFFENSE OR A PLEA OF GUILTY OR NOLO

1       CONTENDERE TO AN OFFENSE DISQUALIFIES A PERSON FROM EMPLOYMENT  
2       WITH THE AGENCY. THE BOARD MAY DETERMINE WHICH OFFENSES  
3       REQUIRE CONSIDERATION OF THE FACTORS.

4

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

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

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

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

27       (2) (a) THE DEPARTMENT SHALL INSPECT AN AGENCY AS IT DEEMS

1 NECESSARY TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AGENCY  
2 CONSUMERS. AN AGENCY SHALL SUBMIT IN WRITING, IN A FORM AND  
3 MANNER PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE  
4 MEASURES THAT THE AGENCY WILL TAKE TO CORRECT ANY VIOLATIONS  
5 FOUND BY THE DEPARTMENT AS A RESULT OF AN INSPECTION.

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

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

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

25 (II) EACH OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY  
26 IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO  
27 BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED

1 CRIMINAL HISTORY RECORD CHECK TO THE BUREAU.

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

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

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

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

26 (1) UPON DENIAL OF AN APPLICATION FOR AN INITIAL LICENSE, THE  
27 DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY

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

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

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

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

1 AGENCY TO:

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

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

4 (c) PROVIDE ADDITIONAL TRAINING TO ITS EMPLOYEES, OWNERS,  
5 MANAGERS, OR ADMINISTRATORS;

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

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

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

22 **SECTION 4. In Colorado Revised Statutes, 24-34-104, add**  
23 **(52.5) (f) as follows:**

24 **24-34-104. General assembly review of regulatory agencies**  
25 **and functions for termination, continuation, or reestablishment.**  
26 **(52.5) The following agencies, functions, or both, terminate on**  
27 **September 1, 2021:**



1           (f) THE FUNCTIONS OF THE DEPARTMENT OF PUBLIC HEALTH AND  
2           ENVIRONMENT REGARDING COMMUNITY INTEGRATED HEALTH CARE  
3           SERVICE AGENCIES PURSUANT TO PART 12 OF ARTICLE 3.5 OF TITLE 25,  
4           C.R.S.

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

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

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

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

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

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

1 the department of public health and environment.

2           **SECTION 6. Safety clause.** The general assembly hereby finds,  
3 determines, and declares that this act is necessary for the immediate  
4 preservation of the public peace, health, and safety.