

**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, Lebsack, Salazar, Young

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO PROVIDE COMMUNITY-BASED**
102 **OUT-OF-HOSPITAL MEDICAL SERVICES.**

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.

Section 1 of the bill defines the terms "community paramedic" and

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.

"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.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25-3.5-103, **add**
3 (4.3), (4.5), and (4.7) as follows:

4 **25-3.5-103. Definitions.** As used in this article, unless the context
5 otherwise requires:

6 (4.3) "COMMUNITY PARAMEDIC" MEANS AN EMERGENCY MEDICAL
7 SERVICE PROVIDER WHO OBTAINS AN ENDORSEMENT IN COMMUNITY
8 PARAMEDICINE PURSUANT TO SECTION 25-3.5-203.5.

9 (4.5) (a) "COMMUNITY INTEGRATED HEALTH CARE SERVICE"
10 MEANS THE PROVISION OF CERTAIN OUT-OF-HOSPITAL MEDICAL SERVICES,
11 AS DETERMINED BY RULE, THAT A COMMUNITY PARAMEDIC MAY PROVIDE.

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

15 (4.7) "COUNCIL" MEANS THE EMERGENCY MEDICAL AND TRAUMA
16 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 WITHIN HIS OR HER SCOPE OF PRACTICE,
21 INCLUDING:

22 (I) ANY OF THE SERVICES THAT A COMMUNITY ASSISTANCE
23 REFERRAL AND EDUCATION SERVICES (CARES) PROGRAM MAY PROVIDE
24 PURSUANT TO SECTION 25-3.5-1103 (2);

25 (II) AN INITIAL COMPREHENSIVE ASSESSMENT OF THE PATIENT AND
26 ANY SUBSEQUENT ASSESSMENTS, AS NEEDED;

27 (III) MEDICAL INTERVENTIONS;

1 (IV) CARE COORDINATION;
2 (V) RESOURCE NAVIGATION;
3 (VI) PATIENT EDUCATION;
4 (VII) INVENTORY, COMPLIANCE, AND ADMINISTRATION OF
5 MEDICATIONS; AND

6 (VIII) GATHERING OF LABORATORY AND DIAGNOSTIC DATA; AND

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

17 (3) 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, **add** parts 11 and 12
21 to article 3.5 of title 25 as follows:

22 PART 11
23 COMMUNITY ASSISTANCE REFERRAL AND
24 EDUCATION SERVICES (CARES) PROGRAM

25 **25-3.5-1101. Short title.** THE SHORT TITLE OF THIS PART 11 IS THE
26 "COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES
27 (CARES) PROGRAM ACT".

1 **25-3.5-1102. Definitions.** AS USED IN THIS PART 11, UNLESS THE
2 CONTEXT OTHERWISE REQUIRES:

3 (1) "AUTHORIZED ENTITY" MEANS:

4 (a) A LICENSED AMBULANCE SERVICE;

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

6 =

7 (c) A FIRE PROTECTION DISTRICT ORGANIZED IN ACCORDANCE
8 WITH PART 3 OF ARTICLE 1 OF TITLE 32, C.R.S.:

9 (d) A FIRE PROTECTION OR OTHER SPECIAL DISTRICT AUTHORITY;

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

13 (f) A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY
14 LICENSED PURSUANT TO PART 12 OF THIS ARTICLE.

15 (2) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND
16 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF A CARES
17 PROGRAM BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING
18 RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN
19 THE PERFORMANCE OF ACTS ON BEHALF OF THE CARES PROGRAM.

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

23 **25-3.5-1103. Community assistance referral and education**
24 **services programs - authorization - scope.** (1) TO IMPROVE THE
25 HEALTH OF RESIDENTS WITHIN ITS JURISDICTION, PREVENT ILLNESS AND
26 INJURY, OR REDUCE THE INCIDENCE OF 911 CALLS AND HOSPITAL
27 EMERGENCY DEPARTMENT VISITS MADE FOR THE PURPOSE OF OBTAINING

1 NONEMERGENCY, NONURGENT MEDICAL CARE OR SERVICES, AN
2 AUTHORIZED ENTITY MAY ESTABLISH A COMMUNITY ASSISTANCE
3 REFERRAL AND EDUCATION SERVICES PROGRAM TO PROVIDE COMMUNITY
4 OUTREACH AND HEALTH EDUCATION TO RESIDENTS WITHIN THE
5 AUTHORIZED ENTITY'S JURISDICTION.

6 (2) SUBJECT TO MEDICAL DIRECTION, AN AUTHORIZED ENTITY
7 OPERATING A PROGRAM MAY:

8 (a) PROVIDE THE FOLLOWING PROGRAM SERVICES:

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

10 (II) HEALTH EDUCATION; AND

11 (III) REFERRALS FOR:

12 (A) LOW-COST MEDICATION PROGRAMS; AND

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

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

20 (3) AN AUTHORIZED ENTITY OPERATING A PROGRAM SHALL:

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

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

24 (4.3);

25 (II) MENTAL HEALTH PROFESSIONAL;

26 (III) REGISTERED NURSE;

27 (IV) ADVANCED PRACTICE REGISTERED NURSE;

1 (V) PHYSICIAN ASSISTANT;
2 (VI) PHYSICIAN;
3 (VII) PHYSICAL THERAPIST; OR
4 (VIII) OCCUPATIONAL THERAPIST; AND
5 (b) PROVIDE SERVICES BY DISPATCHING ONE OR MORE
6 INDIVIDUALS, ACCOMPANIED OR SUPERVISED BY A LICENSED
7 PRACTITIONER WHO IS COMPETENT TO PROVIDE SERVICES IN THE SCOPE OF
8 PRACTICE THAT MEETS THE NEEDS OF THE RESIDENT BEING SERVED.

9 (4) THE COUNCIL MAY ESTABLISH GUIDELINES FOR THE
10 DEVELOPMENT AND IMPLEMENTATION OF A PROGRAM.

11 **25-3.5-1104. Reports.** (1) (a) IF AN AUTHORIZED ENTITY
12 DEVELOPS A PROGRAM UNDER THIS ARTICLE, THE AUTHORIZED ENTITY
13 SHALL REPORT TO THE BOARD ON THE PROGRESS OF THE PROGRAM ON OR
14 BEFORE DECEMBER 31 IN THE YEAR FOLLOWING THE YEAR IN WHICH THE
15 PROGRAM COMMENCED AND ON OR BEFORE DECEMBER 31 OF EACH
16 SUBSEQUENT YEAR IN WHICH THE PROGRAM CONTINUES TO OPERATE.

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

18 (I) THE NUMBER OF RESIDENTS WHO HAVE USED PROGRAM
19 SERVICES AND THE TYPES OF PROGRAM SERVICES USED;

20 (II) IF PRACTICABLE, A MEASUREMENT OF ANY REDUCTION IN THE
21 USE OF THE 911 SYSTEM FOR NONEMERGENCY, NONURGENT MEDICAL
22 ASSISTANCE BY RESIDENTS WITHIN THE AUTHORIZED ENTITY'S
23 JURISDICTION; AND

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

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

4 (2) ON OR BEFORE MARCH 31 OF EACH YEAR, THE BOARD SHALL
5 COMPILE ANY ANNUAL REPORTS RECEIVED FROM AUTHORIZED ENTITIES IN
6 THE PREVIOUS YEAR INTO A SINGLE REPORT CONCERNING THE EFFICACY OF
7 PROGRAMS THROUGHOUT THE STATE AND SHALL POST THE REPORT ON ITS
8 WEBSITE.

9 PART 12

10 COMMUNITY INTEGRATED

11 HEALTH CARE SERVICE AGENCIES

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

14 (1) "COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY" OR
15 "AGENCY" MEANS A PARTNERSHIP; CORPORATION; NONPROFIT ENTITY;
16 SPECIAL DISTRICT; HEALTHCARE BUSINESS ENTITY, INCLUDING A LICENSED
17 OR CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION
18 UNDER ARTICLE 3 OF THIS TITLE; OR OTHER LEGAL ENTITY THAT MANAGES
19 AND OFFERS, DIRECTLY OR BY CONTRACT, COMMUNITY INTEGRATED
20 HEALTH CARE SERVICES.

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

25 (3) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND
26 DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF AN
27 AGENCY BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING

1 RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN
2 THE PERFORMANCE OF ACTS ON BEHALF OF THE AGENCY.

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

6 **25-3.5-1202. Community integrated health care service agency**
7 **license required - rules - civil and criminal penalties - liability**
8 **insurance.** (1) ON OR AFTER JANUARY 1, 2018, A PERSON SHALL NOT
9 OPERATE OR MAINTAIN A COMMUNITY INTEGRATED HEALTH CARE SERVICE
10 AGENCY UNLESS THE PERSON HAS SUBMITTED TO THE DEPARTMENT A
11 COMPLETED APPLICATION FOR LICENSURE AS A COMMUNITY INTEGRATED
12 HEALTH CARE SERVICE AGENCY. ON OR AFTER JULY 1, 2018, A PERSON
13 SHALL NOT OPERATE OR MAINTAIN AN AGENCY WITHOUT A COMMUNITY
14 INTEGRATED HEALTH CARE SERVICE AGENCY LICENSE ISSUED BY THE
15 DEPARTMENT.

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

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

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

26 (b) AN OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY IS
27 SUBJECT TO THE PENALTIES IN THIS SUBSECTION (2) FOR ANY VIOLATION

1 OF SUBSECTION (1).

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

7 **25-3.5-1203. Minimum standards for community integrated**
8 **health care service agencies - rules.** (1) IN ADDITION TO THE SERVICES
9 THAT THE BOARD, BY RULE, AUTHORIZES A COMMUNITY INTEGRATED
10 HEALTH CARE SERVICE AGENCY TO PERFORM, AN AGENCY MAY PERFORM
11 ANY OF THE SERVICES THAT MAY BE PROVIDED THROUGH A CARES
12 PROGRAM PURSUANT TO SECTION 25-3.5-1103 (2) AND THE TASKS AND
13 PROCEDURES THAT A COMMUNITY PARAMEDIC IS AUTHORIZED TO
14 PERFORM WITHIN HIS OR HER SCOPE OF PRACTICE IN ACCORDANCE WITH
15 SECTION 25-3.5-203.5 (2) (a) AND RULES PROMULGATED PURSUANT TO
16 THAT SECTION. ON OR BEFORE JULY 1, 2017, THE BOARD SHALL UTILIZE
17 THE COMMUNITY PARAMEDICINE/MOBILE INTEGRATED HEALTHCARE TASK
18 FORCE REPORT, DATED OCTOBER 8, 2015, TO PROMULGATE RULES
19 PROVIDING MINIMUM STANDARDS FOR THE OPERATION OF AN AGENCY
20 WITHIN THE STATE. THE RULES MUST INCLUDE THE FOLLOWING:

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

22 (b) INSPECTION OF AGENCIES BY THE DEPARTMENT OR THE
23 DEPARTMENT'S DESIGNATED REPRESENTATIVE;

24 (c) MINIMUM EDUCATIONAL, TRAINING, AND EXPERIENCE
25 STANDARDS FOR THE ADMINISTRATOR AND STAFF OF AN AGENCY,
26 INCLUDING A REQUIREMENT THAT THE ADMINISTRATOR AND STAFF BE OF
27 GOOD MORAL CHARACTER;

1 (d) FEES FOR AGENCY APPLICATIONS AND LICENSURE BASED ON
2 THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING THIS
3 PART 12. THE DEPARTMENT SHALL TRANSMIT THE FEES TO THE STATE
4 TREASURER, WHO SHALL CREDIT THE FEES TO THE COMMUNITY
5 INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND CREATED IN
6 SECTION 25-3.5-1204.

7 (e) THE AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE
8 THAT AN AGENCY SHALL MAINTAIN AND THE MANNER IN WHICH AN
9 AGENCY SHALL DEMONSTRATE PROOF OF INSURANCE TO THE
10 DEPARTMENT. THE BOARD MAY ESTABLISH BY RULE THAT AN AGENCY
11 MAY OBTAIN A SURETY BOND IN LIEU OF LIABILITY INSURANCE COVERAGE.

12 (f) FACTORS FOR AGENCIES TO CONSIDER WHEN DETERMINING
13 WHETHER A CONVICTION OF AN OFFENSE OR A PLEA OF GUILTY OR NOLO
14 CONTENDERE TO AN OFFENSE DISQUALIFIES A PERSON FROM EMPLOYMENT
15 WITH THE AGENCY. THE BOARD MAY DETERMINE WHICH OFFENSES
16 REQUIRE CONSIDERATION OF THE FACTORS.

17 ==
18 (g) ESTABLISHING OCCURRENCE REPORTING REQUIREMENTS
19 PURSUANT TO SECTION 25-1-124; AND

20 (h) REQUIREMENTS FOR RETAINING RECORDS, INCLUDING THE TIME
21 THAT AGENCIES MUST MAINTAIN RECORDS FOR INSPECTION BY THE
22 DEPARTMENT.

23 **25-3.5-1204. Community integrated health care service**
24 **agencies cash fund - created.** THERE IS CREATED THE COMMUNITY
25 INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND, REFERRED TO
26 IN THIS SECTION AS THE "FUND". THE DEPARTMENT SHALL TRANSMIT FEES
27 COLLECTED PURSUANT TO THIS PART 12 TO THE STATE TREASURER FOR

1 DEPOSIT IN THE FUND. THE MONEY IN THE FUND IS SUBJECT TO ANNUAL
2 APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT FOR
3 THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING AND
4 ADMINISTERING THIS PART 12. ANY UNENCUMBERED OR UNEXPENDED
5 MONEY IN THE FUND AT THE END OF A FISCAL YEAR REMAINS IN THE FUND
6 AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR
7 ANY OTHER FUND.

8 **25-3.5-1205. License - application - inspection - criminal**
9 **history records check - issuance.** (1) A COMMUNITY INTEGRATED
10 HEALTH CARE SERVICE AGENCY LICENSE EXPIRES AFTER ONE YEAR. THE
11 DEPARTMENT SHALL DETERMINE THE FORM AND MANNER OF INITIAL AND
12 RENEWAL LICENSE APPLICATIONS.

13 (2) (a) THE DEPARTMENT SHALL INSPECT AN AGENCY AS IT DEEMS
14 NECESSARY TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AGENCY
15 CONSUMERS. AN AGENCY SHALL SUBMIT IN WRITING, IN A FORM AND
16 MANNER PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE
17 MEASURES THAT THE AGENCY WILL TAKE TO CORRECT ANY VIOLATIONS
18 FOUND BY THE DEPARTMENT AS A RESULT OF AN INSPECTION.

19 (b) THE DEPARTMENT SHALL KEEP ALL MEDICAL RECORDS AND
20 PERSONALLY IDENTIFYING INFORMATION OBTAINED DURING AN
21 INSPECTION OF AN AGENCY CONFIDENTIAL. ALL RECORDS AND
22 INFORMATION OBTAINED BY THE DEPARTMENT THROUGH AN INSPECTION
23 ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204,
24 C.R.S., AND 25-1-124.

25 (3) (a) (I) (A) WITH THE SUBMISSION OF AN APPLICATION FOR A
26 LICENSE PURSUANT TO THIS SECTION, EACH OWNER, MANAGER, AND
27 ADMINISTRATOR OF AN AGENCY APPLYING FOR AN INITIAL OR RENEWAL

1 LICENSE SHALL SUBMIT A COMPLETE SET OF HIS OR HER FINGERPRINTS TO
2 THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF
3 CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED CRIMINAL
4 HISTORY RECORD CHECK UTILIZING THE RECORDS OF THE COLORADO
5 BUREAU OF INVESTIGATION AND THE FEDERAL BUREAU OF INVESTIGATION.
6 THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE
7 RESULTS OF A CRIMINAL HISTORY RECORD CHECK TO THE DEPARTMENT.

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

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

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

19 (b) THE DEPARTMENT SHALL DENY A LICENSE OR RENEWAL OF A
20 LICENSE IF THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK OF AN
21 OWNER, MANAGER, OR ADMINISTRATOR DEMONSTRATES THAT THE
22 OWNER, MANAGER, OR ADMINISTRATOR HAS BEEN CONVICTED OF A
23 FELONY OR A MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT
24 DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF
25 COMMUNITY INTEGRATED HEALTH CARE SERVICE CONSUMERS.

26 (c) IF AN AGENCY APPLYING FOR AN INITIAL LICENSE IS
27 TEMPORARILY UNABLE TO SATISFY ALL OF THE REQUIREMENTS FOR

1 LICENSURE, THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO THE
2 AGENCY; EXCEPT THAT THE DEPARTMENT SHALL NOT ISSUE A
3 PROVISIONAL LICENSE TO AN AGENCY IF OPERATION OF THE AGENCY WILL
4 ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE AGENCY'S
5 CONSUMERS. THE DEPARTMENT MAY REQUIRE AN AGENCY APPLYING FOR
6 A PROVISIONAL LICENSE TO DEMONSTRATE TO THE DEPARTMENT'S
7 SATISFACTION THAT THE AGENCY IS TAKING SUFFICIENT STEPS TO SATISFY
8 ALL OF THE REQUIREMENTS FOR FULL LICENSURE. A PROVISIONAL LICENSE
9 IS VALID FOR NINETY DAYS AND MAY BE RENEWED ONE TIME AT THE
10 DEPARTMENT'S DISCRETION.

11 **25-3.5-1206. License denial - suspension - revocation.**

12 (1) UPON DENIAL OF AN APPLICATION FOR AN INITIAL LICENSE, THE
13 DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY
14 MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE
15 APPLICATION OR, IF THE APPLICANT DESIGNATES AN EMAIL ADDRESS TO
16 WHICH NOTIFICATIONS SHOULD BE SENT, BY EMAILING THE WRITTEN
17 DENIAL TO THE APPLICANT. IF AN APPLICANT, WITHIN THIRTY DAYS AFTER
18 RECEIVING THE NOTICE OF DENIAL, PETITIONS THE DEPARTMENT TO SET A
19 DATE AND PLACE FOR A HEARING, THE DEPARTMENT SHALL GRANT THE
20 APPLICANT A HEARING TO REVIEW THE DENIAL IN ACCORDANCE WITH
21 ARTICLE 4 OF TITLE 24, C.R.S.

22 (2) IF REQUESTED, THE DEPARTMENT MAY SUSPEND, REVOKE, OR
23 REFUSE TO RENEW THE LICENSE OF A COMMUNITY INTEGRATED HEALTH
24 CARE SERVICE AGENCY THAT IS OUT OF COMPLIANCE WITH THE
25 REQUIREMENTS OF THIS PART 12 OR RULES PROMULGATED PURSUANT TO
26 THIS PART 12. BEFORE TAKING FINAL ACTION TO SUSPEND, REVOKE, OR
27 REFUSE TO RENEW A LICENSE, THE DEPARTMENT SHALL CONDUCT A

1 HEARING ON THE MATTER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24,
2 C.R.S. THE DEPARTMENT MAY IMPLEMENT A SUMMARY SUSPENSION
3 BEFORE A HEARING IN ACCORDANCE WITH SECTION 24-4-104 (4) (a),
4 C.R.S.

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

12 (4) IF REQUESTED, THE DEPARTMENT MAY IMPOSE INTERMEDIATE
13 RESTRICTIONS OR CONDITIONS ON AN AGENCY THAT MAY REQUIRE THE
14 AGENCY TO:

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

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

17 (c) PROVIDE ADDITIONAL TRAINING TO ITS EMPLOYEES, OWNERS,
18 MANAGERS, OR ADMINISTRATORS;

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

22 (e) PAY A CIVIL PENALTY, NOT TO EXCEED TEN THOUSAND
23 DOLLARS PER CALENDAR YEAR FOR ALL VIOLATIONS. THE DEPARTMENT,
24 AFTER PROVIDING THE AGENCY WITH THE OPPORTUNITY FOR A HEARING
25 IN ACCORDANCE WITH SECTION 24-4-105, C.R.S., ON ANY PENALTIES
26 ASSESSED, SHALL TRANSMIT ALL PENALTIES COLLECTED PURSUANT TO
27 THIS PARAGRAPH (e) TO THE STATE TREASURER, WHO SHALL CREDIT THE

1 MONEY TO THE GENERAL FUND. THE AGENCY MAY REQUEST, AND THE
2 DEPARTMENT SHALL GRANT, A STAY IN PAYMENT OF A CIVIL PENALTY
3 UNTIL FINAL DISPOSITION OF THE RESTRICTION OR CONDITION.

4 **25-3.5-1207. Repeal of article - review of functions.** THIS PART
5 12 IS REPEALED, EFFECTIVE SEPTEMBER 1, 2021. BEFORE THE REPEAL, THE
6 DEPARTMENT'S FUNCTIONS UNDER THIS PART 12 SHALL BE REVIEWED AS
7 PROVIDED FOR IN SECTION 24-34-104, C.R.S.

8 **SECTION 4.** In Colorado Revised Statutes, 24-34-104, **add**
9 **(52.5) (f) as follows:**

10 **24-34-104. General assembly review of regulatory agencies**
11 **and functions for termination, continuation, or reestablishment.**

12 **(52.5) The following agencies, functions, or both, terminate on**
13 **September 1, 2021:**

14 **(f) THE FUNCTIONS OF THE DEPARTMENT OF PUBLIC HEALTH AND**
15 **ENVIRONMENT REGARDING COMMUNITY INTEGRATED HEALTH CARE**
16 **SERVICE AGENCIES PURSUANT TO PART 12 OF ARTICLE 3.5 OF TITLE 25,**
17 **C.R.S.**

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