A BILL FOR AN ACT

CONCERNING THE CREATION OF A PILOT GRANT PROGRAM FOR THE USE OF NURSES IN 911 DISPATCH TO HELP DIVERT INCOMING 911 CALLS THAT DO NOT REQUIRE EMERGENCY MEDICAL SERVICE TO OTHER TYPES OF MEDICAL CARE.

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://leg.colorado.gov.)

The bill requires the division of homeland security and emergency management in the department of public safety (division), on or before January 1, 2022, to implement a pilot grant program (program) to help
finance the use of nurse intake of 911 calls, which involves nurses assisting with 911 dispatch for the purpose of diverting nonurgent 911 calls to medical care that does not require ambulance service or treatment in an emergency room. The division, after reviewing applications, shall designate 4 public safety answering points to participate in the program, one of which is located in a county with 60,000 or more residents and 3 of which are located in a county or counties with fewer than 60,000 residents. To participate in the program, the designated public safety answering points must each enter into a contract with an entity that can provide nurses who are trained and equipped to provide nurse intake of 911 calls.

On or before June 1, 2023, the division shall report to the judiciary committees in the senate and the house of representatives or their successor committees on the program.

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

SECTION 1. In Colorado Revised Statutes, add 24-33.5-1618 as follows:

24-33.5-1618. Nurse intake of 911 calls - pilot grant program - reporting - definitions - legislative declaration - repeal. (1) The General Assembly hereby finds and declares that:

(a) All citizens of Colorado deserve access to high-quality health care without having their economic security and well-being jeopardized;

(b) Increasing health-care costs continue to be a top concern for Colorado families and the state continues to explore opportunities to lower those costs;

(c) The Colorado Health Institute in its 2015 "Colorado Health Access Survey" reported that roughly forty percent of emergency department visits in Colorado occur for nonemergency reasons;

(d) The Center for Improving Value in Health Care
REPORTS THAT MORE THAN EIGHT HUNDRED MILLION DOLLARS COULD BE
SAVED EACH YEAR IN COLORADO BY TREATING NONEMERGENCY
HEALTH-CARE ISSUES THROUGH VISITS TO A DOCTOR'S OFFICE, A CLINIC,
OR AN URGENT CARE SETTING INSTEAD OF THROUGH EMERGENCY
DEPARTMENT VISITS;

(e) THE OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS
AND RESPONSE IN THE UNITED STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES DETERMINED THAT THE IMPLEMENTATION OF
INNOVATIVE PROGRAMS THAT FOCUS ON TREATING INDIVIDUALS WITH
NONEMERGENCY HEALTH-CARE NEEDS IN HEALTH-CARE SETTINGS OTHER
_THAN EMERGENCY DEPARTMENTS CAN SAVE UP TO FIVE HUNDRED SIXTY
MILLION DOLLARS IN MEDICARE COSTS;

(f) BY IMPLEMENTING A PROGRAM THAT ALLOWS EMERGENCY
MEDICAL SERVICE PROVIDERS TO ADOPT PROTOCOLS AND STRATEGIES TO
TRIAGE PATIENTS AND REDIRECT NONEMERGENCY PATIENTS TO
HEALTH-CARE SETTINGS OTHER THAN AN EMERGENCY DEPARTMENT,
COLORADO CAN LEAD THE NATION IN REDUCING HEALTH-CARE COSTS AND
UNNECESSARY UTILIZATION OF EMERGENCY DEPARTMENTS; AND

(g) PILOTING A PROGRAM THAT REIMAGINES THE EMERGENCY
MEDICAL SERVICES SYSTEM IN THIS MANNER:

(I) WILL RESULT IN ADDITIONAL HEALTH-CARE COST SAVINGS;

(II) WILL HELP REDUCE THE BURDEN ON FIRST RESPONDERS AND
EMERGENCY DEPARTMENTS BY REDIRECTING INDIVIDUALS WITH
NONEMERGENCY HEALTH-CARE NEEDS TO ALTERNATIVE HEALTH-CARE
PROVIDERS; AND

(III) IS MORE IMPORTANT THAN EVER IN LIGHT OF THE COVID-19
PANDEMIC.
(2) On or before January 1, 2022, the Division shall implement a pilot grant program to help finance and coordinate technical support for public safety answering points that apply for and are approved to participate in the pilot grant program for the operation of nurse intake of 911 calls.

(3) (a) (I) The Division shall establish:

(A) An application process for public safety answering points to apply to participate in the pilot grant program; and

(B) Program requirements, including scope of practice requirements, for the pilot grant program.

(II) To be eligible to apply, a public safety answering point must agree that, if approved to participate in the pilot grant program, the public safety answering point will:

(A) Enter into a contract with an entity that employs or contracts with nurses who are trained and equipped to provide nurse intake of 911 calls; and

(B) Utilize the grant money for the payment of costs associated with nurse intake of 911 calls and for 911 calls that do not result in the dispatch of ambulance service or treatment in an emergency room.

(b) (I) Of the public safety answering points that apply to participate in the pilot grant program pursuant to subsection (3)(a) of this section, the Division shall designate four public safety answering points to participate in the pilot grant program. Of the four public safety answering points designated to participate:

(A) One must be located within a county that has a
(B) Three must be located within a single county that has or separate counties that have a population of fewer than sixty thousand residents.

(II) Once the Division receives proof from a designated public safety answering point that it has entered into a contract with an entity described in subsection (3)(a)(II)(A) of this section, the Division shall award the public safety answering point grant money.

(c) The Division, in coordination with the Public Utilities Commission created in Section 40-2-101, the State Board of Nursing created in Section 12-255-105, the Colorado 911 Resource Center or its successor entity, and the Colorado chapter of the National Emergency Number Association or its successor entity, shall provide technical support to the designated public safety answering points regarding their operation of nurse intake of 911 calls.

(4) The Division shall require that the designated public safety answering points report on the operation of nurse intake of 911 calls, including reporting on the number of calls for which nurse intake of 911 calls was used and the disposition of those calls. On or before June 1, 2023, the Division shall publish the report on its public website and submit copies of the report to the judiciary committees in the Senate and the House of Representatives or their successor committees.

(5) As used in this section, unless the context otherwise requires:
(a) "COVID-19" means the coronavirus disease 2019 caused by the severe acute respiratory syndrome coronavirus 2, also known as SARS-CoV-2.

(b) "Emergency telephone service" means a telephone system utilizing the single three-digit number 911 for reporting police, fire, medical, or other emergency situations.

(c) "Nurse" means a registered nurse, as defined in section 12-255-104 (11); a practical nurse or licensed practical nurse, as defined in section 12-255-104 (7); or an advanced practice registered nurse, as defined in section 12-255-104 (1).

(d) "Nurse intake of 911 calls" means a public safety answering point's use of a nurse to assist 911 dispatchers in providing emergency telephone service whereby the nurse helps determine which incoming calls may be diverted to a type of medical care that does not require ambulance service or treatment in an emergency room.

(e) "Public safety answering point" means a facility equipped and staffed on a twenty-four-hour basis to receive and process 911 calls.

(6) This section is repealed, effective September 1, 2023.

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