

CHAPTER 149

HEALTH AND ENVIRONMENT

SENATE BILL 00-180

BY SENATORS Wham, Blickensderfer, Congrove, Dyer, Hernandez, Hillman, Musgrave, Phillips, Rupert, Sullivant, and Teck; also REPRESENTATIVES Young, Gotlieb, Taylor, and S. Williams.

AN ACT

CONCERNING STATE MEDICAL EMERGENCY SERVICES, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

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

SECTION 1. 25-3.5-101, Colorado Revised Statutes, is amended to read:

25-3.5-101. Short title. This article shall be known and may be cited as the "Colorado Emergency Medical AND TRAUMA Services Act".

SECTION 2. 25-3.5-102, Colorado Revised Statutes, is amended to read:

25-3.5-102. Legislative declaration. (1) The general assembly hereby declares that it is in the public interest to provide available, coordinated, and quality emergency medical AND TRAUMA services to the people of this state. It is the intent of the general assembly in enacting this article to establish an emergency medical AND TRAUMA services system, consisting of at least treatment, transportation, communication, and documentation subsystems, designed to prevent premature mortality and to reduce the morbidity that arises from critical injuries, exposure to poisonous substances, and illnesses.

(2) To effect this end, the general assembly finds it necessary that the department of public health and environment assist, when requested by local government entities, in planning and implementing any one of such subsystems so that it meets local AND REGIONAL needs and requirements and that the department coordinate local systems so that they interface with an overall state system providing maximally effective emergency medical AND TRAUMA systems.

(3) The general assembly further finds that the provision of adequate emergency

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

medical AND TRAUMA services on highways in all areas of the state is a matter of statewide concern and requires state financial assistance and support.

SECTION 3. 25-3.5-103, Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS to read:

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

(3.5) "BOARD" MEANS THE STATE BOARD OF HEALTH CREATED PURSUANT TO SECTION 25-1-103.

(11.5) "SERVICE AGENCY" MEANS A FIXED-BASE OR MOBILE PREHOSPITAL PROVIDER OF EMERGENCY MEDICAL SERVICES THAT EMPLOYS EMERGENCY MEDICAL TECHNICIANS TO RENDER MEDICAL CARE TO PATIENTS.

SECTION 4. 25-3.5-104, Colorado Revised Statutes, is REPEALED AND REENACTED, WITH AMENDMENTS, to read:

25-3.5-104. Emergency medical and trauma services advisory council - creation - duties. (1) (a) THERE IS HEREBY CREATED, IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, A STATE EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL, REFERRED TO IN THIS ARTICLE AS THE "COUNCIL", TO BE COMPOSED OF THIRTY-TWO MEMBERS, OF WHOM TWENTY-FIVE SHALL BE APPOINTED BY THE GOVERNOR NO LATER THAN JANUARY 1, 2001, AND AT LEAST ONE OF WHOM SHALL BE FROM EACH OF THE REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL PLANNING AREAS ESTABLISHED IN SECTION 25-3.5-704. THE OTHER SEVEN MEMBERS SHALL BE EX OFFICIO, NONVOTING MEMBERS. NOT MORE THAN THIRTEEN OF THE APPOINTED MEMBERS OF THE COUNCIL SHALL BE MEMBERS OF THE SAME POLITICAL PARTY. A MAJORITY OF THE MEMBERS SHALL CONSTITUTE A QUORUM. THE MEMBERSHIP OF THE COUNCIL SHALL REFLECT, AS EQUALLY AS POSSIBLE, REPRESENTATION OF URBAN AND RURAL MEMBERS.

(b) THE APPOINTED MEMBERS OF THE COUNCIL SHALL BE FROM THE FOLLOWING CATEGORIES:

(I) A FIRE CHIEF OF A SERVICE THAT PROVIDES PREHOSPITAL CARE IN AN URBAN AREA;

(II) A FIRE CHIEF OF A SERVICE THAT PROVIDES PREHOSPITAL CARE IN A RURAL AREA;

(III) AN ADMINISTRATIVE REPRESENTATIVE OF AN URBAN TRAUMA CENTER;

(IV) AN ADMINISTRATIVE REPRESENTATIVE OF A RURAL TRAUMA CENTER;

(V) A LICENSED PHYSICIAN WHO IS A PREHOSPITAL MEDICAL DIRECTOR;

(VI) A BOARD-CERTIFIED PHYSICIAN CERTIFIED IN PEDIATRICS OR A PEDIATRIC SUBSPECIALTY;

- (VII) A BOARD-CERTIFIED EMERGENCY PHYSICIAN;
 - (VIII) A FLIGHT NURSE OF AN EMERGENCY MEDICAL SERVICE AIR TEAM OR UNIT;
 - (IX) AN OFFICER OR CREW MEMBER OF A VOLUNTEER ORGANIZATION WHO PROVIDES PREHOSPITAL CARE;
 - (X) AN OFFICER OR EMPLOYEE OF A PUBLIC PROVIDER OF PREHOSPITAL CARE;
 - (XI) AN OFFICER OR EMPLOYEE OF A PRIVATE PROVIDER OF PREHOSPITAL CARE;
 - (XII) A REPRESENTATIVE OF A GOVERNMENT PROVIDER OF PREHOSPITAL CARE;
 - (XIII) THREE COUNTY COMMISSIONERS OR COUNCIL MEMBERS FROM A CITY AND COUNTY, TWO OF WHOM SHALL REPRESENT RURAL COUNTIES AND ONE OF WHOM SHALL REPRESENT AN URBAN COUNTY OR CITY AND COUNTY;
 - (XIV) A BOARD-CERTIFIED SURGEON PROVIDING TRAUMA CARE AT A LEVEL I TRAUMA CENTER;
 - (XV) A BOARD-CERTIFIED SURGEON PROVIDING TRAUMA CARE AT A LEVEL II TRAUMA CENTER;
 - (XVI) A BOARD-CERTIFIED SURGEON PROVIDING TRAUMA CARE AT A LEVEL III TRAUMA CENTER;
 - (XVII) A BOARD-CERTIFIED NEUROSURGEON INVOLVED IN PROVIDING TRAUMA CARE AT A LEVEL I OR II TRAUMA CENTER;
 - (XVIII) A TRAUMA NURSE COORDINATOR;
 - (XIX) A REGISTERED NURSE INVOLVED IN RURAL EMERGENCY MEDICAL AND TRAUMA SERVICES CARE;
 - (XX) A REGIONAL COUNCIL CHAIR;
 - (XXI) A COUNTY EMERGENCY MANAGER; AND
 - (XXII) TWO REPRESENTATIVES OF THE GENERAL PUBLIC, ONE FROM A RURAL AREA AND ONE FROM AN URBAN AREA.
- (c) EX OFFICIO, NONVOTING MEMBERS OF THE COUNCIL SHALL INCLUDE MEMBERS FROM THE FOLLOWING CATEGORIES:
- (I) A REPRESENTATIVE OF THE STATE CORONERS' ASSOCIATION, AS SELECTED BY THE ASSOCIATION;
 - (II) THE DIRECTOR OF THE STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDUCATION OR THE DIRECTOR'S DESIGNEE;
 - (III) THE MANAGER OF THE TELECOMMUNICATION SERVICES OF THE COLORADO

INFORMATION TECHNOLOGY SERVICES IN THE DEPARTMENT OF PERSONNEL, GENERAL SUPPORT SERVICES, OR THE MANAGER'S DESIGNEE;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE DIRECTOR'S DESIGNEE;

(V) THE DIRECTOR OF THE OFFICE OF TRANSPORTATION SAFETY IN THE DEPARTMENT OF TRANSPORTATION OR THE DIRECTOR'S DESIGNEE;

(VI) A REPRESENTATIVE FROM THE STATE SHERIFFS' ASSOCIATION; AND

(VII) A REPRESENTATIVE FROM THE COLORADO STATE PATROL.

(2) MEMBERS OF THE COUNCIL SHALL SERVE FOR TERMS OF THREE YEARS EACH; EXCEPT THAT, OF THE MEMBERS FIRST APPOINTED, EIGHT SHALL BE APPOINTED FOR TERMS OF ONE YEAR, NINE SHALL BE APPOINTED FOR TERMS OF TWO YEARS, AND EIGHT SHALL BE APPOINTED FOR TERMS OF THREE YEARS. MEMBERS OF THE COUNCIL SHALL BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE ACTUAL PERFORMANCE OF THEIR DUTIES. ALL VOUCHERS FOR EXPENDITURES SHALL BE SUBJECT TO APPROVAL BY THE DIRECTOR. A VACANCY SHALL BE FILLED BY APPOINTMENT BY THE GOVERNOR FOR THE REMAINDER OF THE UNEXPIRED TERM. ANY APPOINTED MEMBER WHO HAS TWO CONSECUTIVE UNEXCUSED ABSENCES FROM MEETINGS OF THE COUNCIL SHALL BE DEEMED TO HAVE VACATED THE MEMBERSHIP, AND THE GOVERNOR SHALL FILL SUCH VACANCY AS PROVIDED IN THIS SUBSECTION (2).

(3) THE COUNCIL SHALL MEET AT LEAST QUARTERLY AT THE CALL OF THE CHAIRPERSON OR AT THE REQUEST OF ANY SEVEN MEMBERS. AT THE FIRST MEETING AFTER THE APPOINTMENT OF NEW MEMBERS, THE MEMBERS SHALL ELECT A CHAIRPERSON WHO SHALL SERVE FOR A TERM OF ONE YEAR.

(4) THE COUNCIL SHALL:

(a) ADVISE THE DEPARTMENT ON ALL MATTERS RELATING TO EMERGENCY MEDICAL AND TRAUMA SERVICES PROGRAMS;

(b) MAKE RECOMMENDATIONS CONCERNING THE DEVELOPMENT AND IMPLEMENTATION OF STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES;

(c) IDENTIFY AND MAKE RECOMMENDATIONS CONCERNING STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICE NEEDS;

(d) REVIEW AND APPROVE NEW RULES AND MODIFICATIONS TO RULES EXISTING PRIOR TO JULY 1, 2000, PRIOR TO THE ADOPTION OF SUCH RULES OR MODIFICATIONS BY THE STATE BOARD OF HEALTH;

(e) REVIEW AND MAKE RECOMMENDATIONS CONCERNING GUIDELINES AND STANDARDS FOR THE DELIVERY OF EMERGENCY MEDICAL AND TRAUMA SERVICES, INCLUDING:

(I) ESTABLISHING A LIST OF MINIMUM EQUIPMENT REQUIREMENTS FOR AMBULANCE

VEHICLES OPERATED BY AN AMBULANCE SERVICE LICENSED IN THIS STATE AND MAKING RECOMMENDATIONS ON THE PROCESS USED BY COUNTIES IN THE LICENSURE OF AMBULANCE SERVICES;

(II) DEVELOPING CURRICULA FOR THE TRAINING OF EMERGENCY MEDICAL PERSONNEL; AND

(III) MAKING RECOMMENDATIONS ON THE VERIFICATION PROCESS USED BY THE DEPARTMENT TO DETERMINE FACILITY ELIGIBILITY TO RECEIVE TRAUMA CENTER DESIGNATION;

(f) SEEK ADVICE AND COUNSEL, UP TO AND INCLUDING THE ESTABLISHMENT OF SPECIAL AD HOC COMMITTEES WITH OTHER INDIVIDUALS, GROUPS, ORGANIZATIONS, OR ASSOCIATIONS, WHEN IN THE JUDGMENT OF THE COUNCIL SUCH IS ADVISABLE TO OBTAIN NECESSARY EXPERTISE FOR THE PURPOSE OF MEETING THE COUNCIL'S RESPONSIBILITIES UNDER THIS ARTICLE. THE COUNCIL IS AUTHORIZED TO ESTABLISH SPECIAL COMMITTEES FOR THE FUNCTIONS DESCRIBED IN THIS PARAGRAPH (f).

(g) REVIEW AND MAKE RECOMMENDATIONS TO THE DEPARTMENT REGARDING THE AMOUNT, ALLOCATION, AND EXPENDITURE OF FUNDS FOR THE DEVELOPMENT, IMPLEMENTATION, AND MAINTENANCE OF THE STATEWIDE EMERGENCY MEDICAL AND TRAUMA SYSTEM.

SECTION 5. 25-3.5-202, Colorado Revised Statutes, is amended to read:

25-3.5-202. Personnel - basic requirements. Emergency medical personnel employed or utilized in connection with an ambulance service shall meet the qualifications established, by resolution, by the board of county commissioners of the county in which the ambulance is based in order to be certified. For ambulance drivers, the minimum requirements shall include the possession of a valid Colorado driver's license and if possible, a current American red cross advanced first aid card, a cardiopulmonary resuscitation card, or the equivalent of either as recognized by the council and the board of county commissioners of the county in which the ambulance is based. OTHER REQUIREMENTS TO BE ESTABLISHED BY THE BOARD BY RULE PURSUANT TO SECTION 25-3.5-308; for any person responsible for providing direct emergency medical care and treatment to patients transported in an ambulance, the minimum requirement shall be a current American red cross advanced first aid card, a cardiopulmonary resuscitation card, or the equivalent of either as recognized by the council and the board of county commissioners of the county in which the ambulance is based; and, for any emergency medical technician, the minimum requirement shall be POSSESSION OF an emergency medical technician's TECHNICIAN certificate issued by the department. In the case of an emergency in any ambulance service area where no person possessing the qualifications required by this section is present or available to respond to a call for the emergency transportation of patients by ambulance, any person may operate such ambulance to transport any sick, injured, or otherwise incapacitated or helpless person in order to stabilize the medical condition of such person pending the availability of medical care.

SECTION 6. 25-3.5-203 (1), Colorado Revised Statutes, is amended, and the said 25-3.5-203 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

25-3.5-203. Emergency medical technicians - certification - renewal of certificate. (1) The duties and functions of emergency medical technicians, including the acts ~~which~~ THAT they are authorized to perform SUBJECT TO THE MEDICAL DIRECTION OF A LICENSED PHYSICIAN, shall be regulated by rules ~~and regulations~~ adopted by the Colorado state board of medical examiners. The council shall advise and make recommendations to said board concerning such rules ~~and regulations~~ before final adoption. An emergency medical technician certificate shall be issued by ~~the emergency medical services division of the department of public health and environment~~ and shall be valid for a period of three years after the date of issuance. Such certificate shall be renewable at its expiration upon the certificate holder's satisfactory completion of a refresher course established pursuant to subsection (2) of this section.

(4) THE DEPARTMENT MAY, WITH REASONABLE CAUSE, ACQUIRE A CRIMINAL HISTORY RECORD FROM THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF INVESTIGATING THE HOLDER OF OR APPLICANT FOR AN EMERGENCY MEDICAL TECHNICIAN CERTIFICATE.

(5) FOR THE PURPOSES OF THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICAL DIRECTION" INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

(a) APPROVAL OF THE MEDICAL COMPONENTS OF TREATMENT PROTOCOLS AND APPROPRIATE PREARRIVAL INSTRUCTIONS;

(b) ROUTINE REVIEW OF PROGRAM PERFORMANCE AND MAINTENANCE OF ACTIVE INVOLVEMENT IN QUALITY IMPROVEMENTS ACTIVITIES, INCLUDING ACCESS TO DISPATCH TAPES AS NECESSARY FOR THE EVALUATION OF PROCEDURES;

(c) AUTHORITY TO RECOMMEND APPROPRIATE CHANGES TO PROTOCOLS FOR THE IMPROVEMENT OF PATIENT CARE; AND

(d) PROVIDE OVERSIGHT FOR THE ONGOING EDUCATION, TRAINING, AND QUALITY ASSURANCE FOR PROVIDERS OF EMERGENCY CARE.

SECTION 7. 25-3.5-301 (1) and (4), Colorado Revised Statutes, are amended to read:

25-3.5-301. License required - exceptions. (1) After January 1, 1978, no person shall provide ambulance service publicly or privately in this state unless that person holds a valid license to do so issued by the board of county commissioners of the county in which the ambulance service is based, except as provided in subsection (5) of this section. Licenses, permits, and renewals thereof, issued under this part 3, shall require the payment of fees in amounts ~~not to exceed one hundred dollars~~, to be determined by the board, but the board may waive payment of such fees for ambulance services operated by municipalities or special districts.

(4) ~~The board of county commissioners of any county may grant a conditional license to an ambulance service if such service is not in compliance at the time of initial application pursuant to this part 3. The conditional license shall be valid for not less than thirty days nor more than ninety days. No conditional license shall be issued to an ambulance service beginning operation after January 1, 1978. Such~~

~~conditional license shall require the ambulance service to provide the board of county commissioners, within thirty days of issuance, with either a written plan of action to comply with this part 3 or evidence of compliance with this part 3.~~

SECTION 8. Part 3 of article 3.5 of title 25, Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW SECTIONS to read:

25-3.5-307. Licensure of fixed-wing and rotor-wing ambulances - cash fund created. (1) ALL FIXED-WING AND ROTOR-WING AMBULANCE SERVICES SHALL BE LICENSED BY THE DEPARTMENT. THE BOARD SHALL PROMULGATE RULES FOR THE LICENSURE REQUIREMENTS, THE REASONABLE FEE FOR LICENSURE, AND THE SUSPENSION, REVOCATION, OR DENIAL OF A LICENSE. ALL RULES SHALL BE PROMULGATED IN CONSULTATION WITH THE PROVIDERS OF FIXED-WING AND ROTOR-WING AMBULANCE SERVICES. THE BOARD SHALL COMPLETE ITS RULE-MAKING NO LATER THAN JANUARY 1, 2002.

(2) (a) FEES COLLECTED BY THE DEPARTMENT PURSUANT TO THIS SECTION SHALL COVER THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH SUCH LICENSURE AND SHALL BE TRANSMITTED TO THE STATE TREASURER WHO SHALL CREDIT THE SAME TO THE FIXED-WING AND ROTOR-WING AMBULANCES CASH FUND, WHICH FUND IS HEREBY CREATED IN THE STATE TREASURY.

(b) ANY INTEREST DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEYS IN THE FIXED-WING AND ROTOR-WING AMBULANCES CASH FUND SHALL BE CREDITED TO SUCH FUND. ANY UNEXPENDED OR UNENCUMBERED MONEYS REMAINING IN SUCH FUND AT THE END OF A FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL NOT REVERT OR BE TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND OF THE STATE.

25-3.5-308. Rules. (1) THE BOARD SHALL ADOPT RULES FOR THE MINIMUM REQUIREMENTS FOR GROUND, FIXED-WING, AND ROTOR-WING AMBULANCE SERVICE LICENSING, INCLUDING, BUT NOT LIMITED TO:

(a) MINIMUM EQUIPMENT TO BE CARRIED ON AN AMBULANCE PURSUANT TO SECTION 25-3.5-104;

(b) STAFFING REQUIREMENTS FOR AMBULANCES AS REQUIRED IN SECTION 25-3.5-104;

(c) MEDICAL OVERSIGHT AND QUALITY IMPROVEMENT OF AMBULANCE SERVICES PURSUANT TO SECTION 25-3.5-704 (2) (g);

(d) THE PROCESS USED TO INVESTIGATE COMPLAINTS AGAINST AN AMBULANCE SERVICE; AND

(e) DATA COLLECTION AND REPORTING TO THE DEPARTMENT BY AN AMBULANCE SERVICE.

SECTION 9. 25-3.5-501 (1), Colorado Revised Statutes, is amended to read:

25-3.5-501. Records. (1) Each ambulance service AGENCY THAT TRANSPORTS

PATIENTS OR INJURED PERSONS shall prepare and transmit copies of uniform and standardized records OR DATA FILES, as specified by regulation adopted by the ~~department~~ BOARD, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical AND TRAUMA services system, AS SPECIFIED IN SECTION 25-3.5-704 (2) (h) (I), and to plan systematically for improvements in said system at all levels. THE BOARD SHALL SPECIFY THE FORMAT, TIME FRAME, AND DATA ELEMENTS OF THE RECORDS AND DATA FILES THAT THE SERVICE AGENCIES SHALL SUBMIT TO THE DEPARTMENT. SUCH RECORDS AND DATA FILES SHALL BE STRICTLY CONFIDENTIAL PURSUANT TO SECTION 25-3.5-704 (2) (h) (II).

SECTION 10. 25-3.5-601, Colorado Revised Statutes, is amended to read:

25-3.5-601. Legislative declaration. (1) The general assembly recognizes that an efficient and reliable statewide emergency medical AND TRAUMA network would serve not only to promote the health, safety, and welfare of Colorado residents, but would also, by increasing safety throughout the state, indirectly serve to facilitate tourism and economic development in the state.

(2) The general assembly also finds that accident victims are often transported over state highways and that an improved response to accidents through an efficient and reliable statewide emergency medical AND TRAUMA network impacts both directly and indirectly on the maintenance and supervision of the public highways of this state.

(3) Therefore, it is the purpose of this part 6 to enhance emergency medical AND TRAUMA services statewide by financially assisting local emergency medical AND TRAUMA service providers who operate or wish to operate in the counties in their efforts to improve the quality and effectiveness of local emergency medical AND TRAUMA services, including emergency medical AND TRAUMA equipment and communications, and by supporting the overall coordination of such efforts by ~~the emergency medical services division in the department. of public health and environment.~~

SECTION 11. 25-3.5-602 (1), (3), and (4), Colorado Revised Statutes, are amended to read:

25-3.5-602. Definitions. As used in this part 6, unless the context otherwise requires:

(1) "Council" means the state advisory council on emergency medical AND TRAUMA services created in section 25-3.5-104.

(3) ~~"EMS division" means the emergency medical services division of the department.~~ "EMTS" MEANS EMERGENCY MEDICAL AND TRAUMA SERVICES.

(4) "Local emergency medical AND TRAUMA service providers" includes, but is not limited to, local governing boards, training centers, hospitals, special districts, and other private and public service providers ~~which~~ THAT have as their purpose the provision of emergency medical AND TRAUMA services.

SECTION 12. The introductory portion to 25-3.5-603 (2), 25-3.5-603 (2) (a) (I), (2) (a) (II) (A), and (2) (b), the introductory portion to 25-3.5-603 (2) (c), and 25-3.5-603 (2) (c) (I) and (2) (c) (II), Colorado Revised Statutes, are amended, and the said 25-3.5-603 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

25-3.5-603. Emergency medical services account - creation - allocation of funds. (2) FROM JULY 1, 2000, TO JUNE 30, 2002, moneys in the emergency medical services account shall be appropriated as follows:

(a) (I) At least sixty percent of the moneys appropriated shall be appropriated to the department for distribution as grants to local emergency medical AND TRAUMA service providers pursuant to the emergency medical services (~~EMS~~) (EMTS) grant program set forth in section 25-3.5-604.

(II) Of the sixty percent which is appropriated for grants:

(A) One hundred thousand dollars shall remain in the account for unexpected emergencies ~~which~~ THAT arise after the deadline for grant applications has passed. The department ~~with the assistance of the EMS division~~ and the council shall promulgate any rules ~~and regulations~~ necessary to define the expenditures of such emergency funds.

(b) At least twenty percent of the moneys appropriated shall be appropriated to the department for distribution to counties in accordance with the provisions of section 25-3.5-605 for planning and, to the extent possible, coordination of emergency medical AND TRAUMA services in the county and between counties, when it would provide for better service geographically.

(c) The remaining moneys appropriated from the emergency medical services account shall be appropriated for the direct and indirect costs of planning, developing, implementing, maintaining, and improving the statewide emergency medical AND TRAUMA services system. Such costs shall include:

(I) The actual direct and indirect costs incurred by the ~~division~~ DEPARTMENT in issuing emergency medical technician certificates and renewals pursuant to section 25-3.5-203 (1) and certificates of successful completion of a training program as provided for in section 25-3.5-201 (2);

(II) Providing technical assistance and support to local governments and local emergency medical AND TRAUMA service providers, operating a statewide data collection system, coordinating local and state programs, providing assistance in selection and purchasing of medical and communication equipment, and administering the ~~EMS~~ EMTS grant program; and

(2.5) ON AND AFTER JULY 1, 2002, MONEYS IN THE EMERGENCY MEDICAL SERVICES ACCOUNT SHALL BE APPROPRIATED:

(a) (I) TO THE DEPARTMENT FOR DISTRIBUTION AS GRANTS TO LOCAL EMERGENCY MEDICAL AND TRAUMA SERVICE PROVIDERS PURSUANT TO THE EMERGENCY MEDICAL AND TRAUMA SERVICES (EMTS) GRANT PROGRAM SET FORTH IN SECTION 25-3.5-604.

(II) OF THE AMOUNT APPROPRIATED PURSUANT TO SUBPARAGRAPH (I) OF THIS PARAGRAPH (a) FOR GRANTS:

(A) ONE HUNDRED THOUSAND DOLLARS SHALL REMAIN IN THE ACCOUNT FOR UNEXPECTED EMERGENCIES THAT ARISE AFTER THE DEADLINE FOR GRANT APPLICATIONS HAS PASSED. THE DEPARTMENT AND THE COUNCIL SHALL PROMULGATE ANY RULES NECESSARY TO DEFINE THE EXPENDITURES OF SUCH EMERGENCY FUNDS.

(B) A MINIMUM OF ONE HUNDRED FIFTY THOUSAND DOLLARS SHALL BE AWARDED TO OFFSET THE TRAINING COSTS OF EMERGENCY MEDICAL TECHNICIANS, EMERGENCY MEDICAL DISPATCHERS, EMERGENCY MEDICAL SERVICES INSTRUCTORS, EMERGENCY MEDICAL SERVICES COORDINATORS, AND OTHER PERSONNEL WHO PROVIDE EMERGENCY MEDICAL SERVICES. OF SAID ONE HUNDRED FIFTY THOUSAND DOLLARS, NO LESS THAN EIGHTY PERCENT SHALL BE USED IN THE TRAINING OF EMERGENCY MEDICAL TECHNICIANS.

(b) (I) TO THE DEPARTMENT FOR DISTRIBUTION FOR EACH COLORADO COUNTY WITHIN A RETAC NO LESS THAN FIFTEEN THOUSAND DOLLARS AND SEVENTY-FIVE THOUSAND DOLLARS TO EACH RETAC, IN ACCORDANCE WITH SECTION 25-3.5-605 FOR PLANNING AND, TO THE EXTENT POSSIBLE, COORDINATION OF EMERGENCY MEDICAL AND TRAUMA SERVICES IN THE COUNTY AND BETWEEN COUNTIES WHEN SUCH COORDINATION WOULD PROVIDE FOR BETTER SERVICE GEOGRAPHICALLY. IN THE EVENT THAT A RETAC IS COMPOSED OF LESS THAN FIVE COUNTIES AS OF JULY 1, 2002, THE COUNCIL SHALL RECOMMEND THAT FOR EACH COLORADO COUNTY WITHIN SUCH RETAC, THE RETAC SHALL RECEIVE FIFTEEN THOUSAND DOLLARS IN ACCORDANCE WITH SECTION 25-3.5-605 FOR PLANNING AND, TO THE EXTENT POSSIBLE, COORDINATION OF EMERGENCY MEDICAL AND TRAUMA SERVICES IN THE COUNTY AND BETWEEN COUNTIES WHEN SUCH COORDINATION WOULD PROVIDE FOR BETTER SERVICE GEOGRAPHICALLY. ANY RETAC MAY APPLY FOR ADDITIONAL MONEYS AND MAY RECEIVE SUCH MONEYS IF THE REQUEST IS APPROVED BY THE COUNCIL, SO LONG AS THE MONEYS ARE USED IN ACCORDANCE WITH SECTION 25-3.5-605 FOR PLANNING AND, TO THE EXTENT POSSIBLE, COORDINATION OF EMERGENCY MEDICAL AND TRAUMA SERVICES IN THE COUNTY AND BETWEEN COUNTIES WHEN SUCH COORDINATION WOULD PROVIDE FOR BETTER SERVICE GEOGRAPHICALLY.

(II) A COUNTY MAY REQUEST TO THE COUNCIL THAT THE COUNTY'S REPRESENTATIVE FIFTEEN THOUSAND DOLLARS BE DIVIDED BETWEEN TWO DIFFERENT RETACS PURSUANT TO SECTION 25-3.5-704 (2) (c) (IV) (B).

(c) TO THE DIRECT AND INDIRECT COSTS OF PLANNING, DEVELOPING, IMPLEMENTING, MAINTAINING, AND IMPROVING THE STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES SYSTEM. SUCH COSTS SHALL INCLUDE:

(I) PROVIDING TECHNICAL ASSISTANCE AND SUPPORT TO LOCAL GOVERNMENTS, LOCAL EMERGENCY MEDICAL AND TRAUMA SERVICE PROVIDERS, AND RETACS OPERATING A STATEWIDE DATA COLLECTION SYSTEM, COORDINATING LOCAL AND STATE PROGRAMS, PROVIDING ASSISTANCE IN SELECTION AND PURCHASING OF MEDICAL AND COMMUNICATION EQUIPMENT, AND ADMINISTERING THE EMTS GRANT PROGRAM; AND

(II) THE COSTS OF THE DEPARTMENT OF REVENUE IN COLLECTING THE ADDITIONAL MOTOR VEHICLE REGISTRATION FEE PURSUANT TO SECTION 42-3-134 (28), C.R.S.

SECTION 13. 25-3.5-604 (1), (2) (a), and (2) (b), Colorado Revised Statutes, are amended, and the said 25-3.5-604 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

25-3.5-604. EMTS grant program - EMS account - role of council and the department - rules - awards. (1) (a) The council shall make recommendations to the department ~~on rules and regulations~~ concerning the application for and distribution of ~~grants to local emergency medical service providers and other local, regional, or statewide EMS entities~~ MONEYS FROM THE EMS ACCOUNT for the development, maintenance, and improvement of emergency medical AND TRAUMA services in Colorado AND FOR THE ESTABLISHMENT OF PRIORITIES FOR EMERGENCY MEDICAL AND TRAUMA SERVICES GRANTS.

(b) Any rules ~~and regulations which~~ THAT relate to the distribution of grants shall provide that awards shall be made on the basis of a substantiated need and that priority shall be given to those applicants ~~which~~ THAT have underdeveloped or aged emergency medical AND TRAUMA services equipment or systems.

(c) The department, ~~with advice~~ UPON RECOMMENDATIONS from the council, ~~may establish priorities for the EMS grant program and~~ SHALL allocate moneys for the ~~purpose of implementing statewide projects to enhance improvement of all local systems~~ PURSUANT TO SECTION 25-3.5-603.

(2) (a) Applications for grants shall be made to the ~~EMS division~~ DEPARTMENT commencing January, ~~1990~~ 2001, and each January thereafter, EXCEPT AS OTHERWISE PROVIDED IN SECTION 25-3.5-603 (2.5).

(b) The ~~EMS division~~ DEPARTMENT shall review each application and make awards in accordance with the rules ~~and regulations~~ promulgated pursuant to subsection (1) of this section.

(4) THE COUNCIL SHALL REVIEW THE ADEQUACY OF FUNDING FOR EACH RETAC FOR THE PERIOD BEGINNING JULY 1, 2002. THE REVIEW SHALL BE COMPLETED BY DECEMBER 31, 2005. THE COUNCIL MAY RECOMMEND ANY NECESSARY CHANGES TO THE DEPARTMENT AS A RESULT OF THE REVIEW CONDUCTED PURSUANT TO THIS SUBSECTION (4).

SECTION 14. 25-3.5-605 (1), (2), and (3), Colorado Revised Statutes, are amended, and the said 25-3.5-605 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

25-3.5-605. Improvement of county emergency medical and trauma services - eligibility for county funding - manner of distributing funds - repeal.

(1) Beginning January 1, 1991, and each January 1 thereafter, UNTIL JULY 1, 2002, moneys in the emergency medical services account ~~which~~ THAT are appropriated for distribution to counties for planning and, to the extent possible, coordination of emergency medical AND TRAUMA services in and between the counties, shall be apportioned equally among the counties ~~which~~ THAT satisfy the criteria set forth in

subsection (2) of this section. AFTER JULY 1, 2002, MONEYS IN THE EMERGENCY MEDICAL SERVICES ACCOUNT SHALL BE APPORTIONED PURSUANT TO SUBSECTION (2) OF THIS SECTION.

(2) In order to qualify for moneys under this section, a county shall:

(a) Comply with all provisions of part 3 of this article regarding the inspection and licensing of ambulances ~~which~~ THAT are based in the county;

(b) Require all licensed ambulance services to utilize the statewide emergency medical AND TRAUMA services uniform prehospital care reporting system operated by the department;

(c) (I) Develop and maintain an emergency medical AND TRAUMA services plan ~~which~~ THAT:

~~(A)~~ (A) Identifies the existing EMS EMTS system AND deficiencies of the existing system and provides for goals and objectives and the estimated costs for improving or upgrading the existing system;

~~(B)~~ (B) Identifies ways in which emergency medical AND TRAUMA service providers can coordinate responses so that such responses are cooperative rather than duplicative;

~~(C)~~ (C) Promotes mechanisms for the efficient sharing of resources in disasters or multiple casualty incidents, such as mutual aid agreements between counties and adjacent emergency medical AND TRAUMA services entities.

(II) THIS PARAGRAPH (c) IS REPEALED, EFFECTIVE OCTOBER 1, 2001.

(d) Ensure that all moneys received pursuant to this section shall be expended on developing and updating the emergency medical AND TRAUMA services plan and other emergency medical AND TRAUMA services needs of the county such as:

(I) Training and certification of emergency medical technicians;

(II) Assisting local emergency medical AND TRAUMA providers in applying for grants under section 25-3.5-604;

(III) Improving the emergency medical AND TRAUMA services system on a county wide or regional basis and implementing the county emergency medical AND TRAUMA services plan;

(e) (I) No later than October 1 of each year, submit to the council an annual report from the board of county commissioners ~~which~~ THAT details the county's emergency medical AND TRAUMA services plan and any revisions to such plan and ~~which~~ THAT details the expenditure of moneys received. Such report and plan shall be in a format specified by the council and the EMS division DEPARTMENT. In instances where the council finds such report inadequate, the county shall resubmit the report to the council by December 1.

(II) THIS PARAGRAPH (e) IS REPEALED, EFFECTIVE OCTOBER 1, 2002.

(2.5) (a) ON AND AFTER OCTOBER 1, 2003, AND EACH OCTOBER 1 THEREAFTER, EACH RETAC SHALL SUBMIT TO THE COUNCIL AN ANNUAL FINANCIAL REPORT THAT DETAILS THE EXPENDITURE OF MONEY RECEIVED. SUCH REPORT SHALL BE IN A FORMAT SPECIFIED BY THE COUNCIL AND THE DEPARTMENT. IN INSTANCES WHERE THE COUNCIL FINDS SUCH REPORT INADEQUATE, THE RETAC SHALL RESUBMIT THE REPORT TO THE COUNCIL BY DECEMBER 1 OF THE SAME YEAR.

(b) ON AND AFTER JULY 1, 2003, AND EVERY OTHER JULY 1 THEREAFTER, EACH RETAC SHALL SUBMIT TO THE COUNCIL A BIENNIAL PLAN THAT DETAILS THE RETAC'S EMTS PLAN AND ANY REVISIONS PURSUANT TO SECTION 25-3.5-704 (2) (c) (I) (B). IF THE RETAC INCLUDES A COUNTY THAT HAS BEEN DIVIDED GEOGRAPHICALLY PURSUANT TO SECTION 25-3.5-704 (2) (c) (IV), THE PLAN SHALL INCLUDE AN EVALUATION OF SUCH DIVISION. SUCH PLAN SHALL BE IN A FORMAT SPECIFIED BY THE COUNCIL AND THE DEPARTMENT. IN INSTANCES WHERE THE COUNCIL FINDS SUCH PLAN INADEQUATE, THE RETAC SHALL RESUBMIT THE PLAN TO THE COUNCIL BY AUGUST 1 OF THE SAME YEAR.

(3) Funds distributed to counties pursuant to this section shall be used in planning the improvement of existing county EMS EMERGENCY MEDICAL AND TRAUMA SERVICE programs and shall not be used to supplant moneys already allocated by the county for emergency medical AND TRAUMA services.

SECTION 15. 25-3.5-606, Colorado Revised Statutes, is amended to read:

25-3.5-606. Annual report. No later than January 1, 1991, and prior to ~~January~~ † NOVEMBER 1 of each year thereafter, the department, in cooperation with the council, shall submit a report to the health, environment, welfare, and institutions committees and the joint budget committee of the general assembly on the moneys credited to the emergency medical services account and on the expenditure of such moneys during the preceding fiscal year. Such report shall contain a listing of the grant recipients, proposed projects, and a statement of the short-term and long-term planning goals of the department ~~the EMS division~~, and the council to further implement the provisions of this part 6.

SECTION 16. 25-3.5-703 (1), (5), and (6.5), Colorado Revised Statutes, are amended, and the said 25-3.5-703 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

25-3.5-703. Definitions. As used in this article, unless the context otherwise requires:

(1) ~~"Area trauma advisory council" or "ATAC" means the representative body appointed by the governing body of counties and cities and counties for the purpose of providing recommendations concerning area trauma plans for the counties and cities and counties throughout the state.~~

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

(5) ~~"EMS Council" means the emergency medical services council created by section 25-3.5-104.~~

(6.5) "Key resource facility" means a level I or level II certified trauma facility that provides consultation and technical assistance to ~~an ATAC~~ A RETAC, as such term is defined in subsection ~~(4)~~ (6.8) of this section, regarding education, quality, training, communication, and other trauma issues described in this part 7 that relate to the development of the statewide trauma care system.

(6.8) "REGIONAL EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL" OR "RETAC" MEANS THE REPRESENTATIVE BODY APPOINTED BY THE GOVERNING BODIES OF COUNTIES OR CITIES AND COUNTIES FOR THE PURPOSE OF PROVIDING RECOMMENDATIONS CONCERNING REGIONAL AREA EMERGENCY MEDICAL AND TRAUMA SERVICE PLANS FOR SUCH COUNTIES OR CITIES AND COUNTIES.

SECTION 17. 25-3.5-703 (4) (a), (4) (b), (4) (c), (4) (d), and (4) (f), Colorado Revised Statutes, are amended, and the said 25-3.5-703 (4) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

25-3.5-703. Definitions. As used in this article, unless the context otherwise requires:

(4) "Designation" means the process undertaken by the department to assign a status to a health care facility based on the level of trauma services the facility is capable of and committed to providing to injured persons. Facilities may be designated at one of the following levels:

(a) Nondesignated, which is for facilities that do not meet the criteria required for level I to ~~IV~~ V facilities, but that receive and are accountable for injured persons, which accountability includes having a transfer agreement to transfer persons to level I to ~~IV~~ V facilities as ~~appropriate~~ DETERMINED BY RULES PROMULGATED BY THE BOARD;

(a.5) LEVEL V, WHICH IS FOR BASIC TRAUMA CARE IN RURAL AREAS, INCLUDING RESUSCITATION, STABILIZATION, AND ARRANGEMENT FOR THE TRANSFER OF ALL PATIENTS WITH POTENTIALLY LIFE- OR LIMB-THREATENING INJURIES, CONSISTENT WITH TRIAGE AND TRANSPORT PROTOCOLS AS RECOMMENDED BY THE COUNCIL AND ADOPTED BY THE BOARD. LEVEL V FACILITIES SHALL TRANSFER PATIENTS WITHIN THEIR OWN REGION OR TO A HIGHER LEVEL FACILITY IN ANOTHER REGION, AS DESCRIBED IN PARAGRAPHS (c), (d), AND (e) OF THIS SUBSECTION (4).

(b) Level IV, which is for basic trauma care, including resuscitation, stabilization, and arrangement for appropriate transfer of persons requiring a higher level of care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the ~~statewide trauma~~ council and adopted by the board. These facilities must transfer appropriate patients to a higher level facility within their own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this subsection (4).

(c) Level III, which is for general trauma care, including resuscitation,

stabilization, and assessment of injured persons, and either the provision of care for the injured person or arrangement for appropriate transfer based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the ~~statewide trauma~~ council and adopted by the board. The facilities must transfer appropriate patients to a higher level facility within its own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this subsection (4).

(d) Level II, which is for major trauma care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the ~~statewide trauma~~ council and adopted by the board. This type of facility may serve as a resource for lower level facilities when a level I facility, as described in paragraph (e) of this subsection (4), is not available within its region, but it is not a facility required to conduct research or provide comprehensive services through subspecialty units such as, but not limited to, burn units, spinal cord injury centers, eye trauma centers, and reimplantation centers.

(f) Regional pediatric trauma center, which is a facility that provides comprehensive pediatric trauma care, including acute management of the most severely injured pediatric trauma patients, and is a facility that may serve as an ultimate resource for lower level facilities on pediatric trauma care, and which is a facility that performs pediatric trauma research and provides pediatric trauma education for health care professionals. NO FACILITY SHALL BE DEEMED A REGIONAL PEDIATRIC TRAUMA CENTER UNLESS THE FACILITY PREDOMINATELY SERVES CHILDREN AND IS A FACILITY WHERE AT LEAST EIGHTY-FIVE PERCENT OF HOSPITAL ADMISSIONS ARE FOR INDIVIDUALS WHO ARE UNDER EIGHTEEN YEARS OF AGE. A SEPARATE ADMINISTRATIVE UNIT WITHIN A GENERAL HOSPITAL OR HOSPITAL SYSTEM SHALL NOT BE DEEMED A REGIONAL PEDIATRIC TRAUMA CENTER.

SECTION 18. 25-3.5-704 (1), the introductory portion to 25-3.5-704 (2), 25-3.5-704 (2) (c), the introductory portion to 25-3.5-704 (2) (d), 25-3.5-704 (2) (d) (IV), (2) (d) (V), (2) (e), (2) (f) (III), (2) (g), the introductory portion to 25-3.5-704 (2) (h) (I), and 25-3.5-704 (2) (h) (I) (A), (2) (h) (I) (C), (2) (h) (III), (3), (4), and (5), Colorado Revised Statutes, are amended, and the said 25-3.5-704 (2) (h) (I) is further amended BY THE ADDITION OF A NEW SUB-SUBPARAGRAPH, to read:

25-3.5-704. Statewide emergency medical and trauma care system - development and implementation - duties of the department - rules adopted by board. (1) The department shall develop, implement, and monitor a statewide EMERGENCY MEDICAL AND trauma care system in accordance with the provisions of this part 7 and with rules adopted by the state board. The system shall be implemented statewide no later than July 1, 1997. In addition, the board shall cooperate with the department of personnel in adopting criteria for adequate communications systems that counties shall be required to identify in ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans in accordance with subsection (2) of this section. Pursuant to section 24-50-504 (2), C.R.S., the department may contract with any public or private entity in performing any of its duties concerning education, the statewide trauma registry, and the verification process as set forth in this part 7.

(2) The board shall adopt rules for the statewide EMERGENCY MEDICAL AND trauma care system, including but not limited to the following:

(c) **Regional emergency medical and trauma advisory councils - plans established - process.** (I) These rules provide for the implementation of ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans that describe methods for providing the appropriate service and care to persons ILL AND injured in areas included under ~~an area~~ A REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan. In these rules, the board shall specify that:

(A) ~~On or before July 1, 1997;~~ The governing body of each county or city and county throughout the state shall establish ~~an area~~ A REGIONAL EMERGENCY MEDICAL AND trauma advisory council (ATAC). ~~The governing body of a county may agree~~ (RETAC) with the governing body of ~~one~~ FOUR or more other counties, or with the governing body of a city and county, to form a multicounty ~~ATAC~~ RETAC. The number of members on ~~an ATAC~~ shall not exceed eleven, but at a minimum ~~an ATAC~~ shall consist of the following members: A surgeon involved in trauma care; a licensed physician involved in providing emergency trauma or medical services; a licensed nurse; a facility administrator; a prehospital care provider; a representative from a key resource facility for the area as such facility is described in subparagraph (H) of paragraph (c) of this subsection (2); and a representative of local government as designated by the local governing body or bodies within the area. A RETAC SHALL BE DEFINED BY THE PARTICIPATING COUNTIES. MEMBERSHIP SHALL REFLECT, AS EQUALLY AS POSSIBLE, REPRESENTATION BETWEEN HOSPITAL AND PREHOSPITAL PROVIDERS AND FROM EACH PARTICIPATING COUNTY. THERE SHALL BE AT LEAST ONE MEMBER FROM EACH PARTICIPATING COUNTY IN THE RETAC. EACH COUNTY WITHIN A RETAC SHALL BE LOCATED IN REASONABLE GEOGRAPHIC PROXIMITY TO THE OTHER COUNTIES WITHIN THE SAME RETAC. In establishing ~~an ATAC~~ A RETAC, the governing body shall obtain input from health care facilities and providers within the area to be served by the ~~ATAC~~ RETAC. If the governing body for a county or city and county fails to establish ~~an ATAC~~ A RETAC by ~~the date specified in this sub-subparagraph (A),~~ the department shall designate an established ATAC to serve as that county's or city and county's ATAC JULY 1, 2001, TWO COUNTIES WITH A COMBINED POPULATION OF AT LEAST SEVEN HUNDRED AND FIFTY THOUSAND RESIDENTS MAY APPLY TO THE COUNCIL FOR ESTABLISHMENT OF A RETAC OF LESS THAN FIVE COUNTIES. THE COUNCIL SHALL CONDUCT A HEARING WITH ALL COUNTIES THAT MAY BE AFFECTED BY THE ESTABLISHMENT OF A RETAC WITH LESS THAN FIVE COUNTIES BEFORE DECIDING WHETHER TO GRANT SUCH APPLICATION. THE DECISION ON SUCH AN APPLICATION SHALL BE COMPLETED WITHIN SIXTY DAYS AFTER THE DATE OF APPLICATION. FOR ALL OTHER COUNTIES THAT DO NOT QUALIFY AS A TWO COUNTY RETAC AND THAT HAVE NOT ESTABLISHED A RETAC BY JULY 1, 2001, THE COUNCIL SHALL DESIGNATE AN ESTABLISHED RETAC TO SERVE AS THE COUNTY'S OR CITY AND COUNTY'S RETAC.

(B) ~~On and after January 1, 1998, but~~ No later than July 1, 1998, ~~after obtaining input from its ATAC, the governing body for a single county or city and county or~~ 2003, EACH RETAC WITH APPROVAL FROM the governing bodies for a multicounty ~~ATAC~~ RETAC shall submit ~~an area~~ A REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan TO THE COUNCIL for approval by the department. If the governing body for a county or city and county fails to submit a plan, if a county or city and county is not included in a multicounty plan, or a ~~county, city and county, or~~ multicounty

plan is not approved pursuant to a procedure established by the board for approving plans, the department shall design a plan for the county, city and county, or multicounty area.

(II) In addition to any issues the board requires to be addressed, every ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan shall address the following issues:

(A) The provision of minimum services and care at the most appropriate facilities in response to the following factors: Facility-established triage and transport plans; interfacility transfer agreements; geographical barriers; population density; emergency medical services and trauma care resources; and accessibility to designated facilities;

(B) The level of commitment of counties and cities and counties under ~~an area~~ A REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan to cooperate in the development and implementation of a statewide communications system and the statewide EMERGENCY MEDICAL AND trauma care system;

(C) The methods for ensuring facility and county or city and county adherence to the ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan, compliance with board rules and procedures, and commitment to the continuing quality improvement system described in paragraph (h) of this subsection (2);

(D) A description of public information, education, and prevention programs to be provided for the area;

(E) A description of the functions that will be contracted services; and

(F) The identification of ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM needs through the use of a needs assessment instrument developed by the department; except that the use of such instrument shall be subject to approval by the ~~county or counties~~ included in ~~an ATAC~~ A RETAC.

(III) The board shall specify in ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan rules the time frames for approving ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans and for resubmitting plans, as well as the number of times ~~area trauma~~ THE plans may be resubmitted by a governing body before the department designs ~~an area trauma~~ A plan for a ~~county, city and county, or~~ multicounty area. THE DEPARTMENT SHALL PROVIDE TECHNICAL ASSISTANCE TO ANY RETAC FOR PREPARATION, IMPLEMENTATION, AND MODIFICATION, AS NECESSARY, OF REGIONAL EMERGENCY MEDICAL AND TRAUMA SYSTEM PLANS.

(IV) (A) A COUNTY MAY REQUEST THAT THE COUNTY BE INCLUDED IN TWO SEPARATE RETACS BECAUSE OF GEOGRAPHICAL CONCERNS. THE COUNCIL SHALL REVIEW AND APPROVE ANY REQUEST THAT A COUNTY BE DIVIDED PRIOR TO INCLUSION WITHIN TWO SEPARATE RETACS IF THE COUNTY DEMONSTRATES SUCH A DIVISION WILL NOT ADVERSELY IMPACT THE EMERGENCY MEDICAL AND TRAUMA NEEDS FOR THE COUNTY, THAT SUCH A DIVISION IS BENEFICIAL TO BOTH RETACS, AND THAT SUCH DIVISION DOES NOT CREATE A RETAC WITH LESS THAN FIVE CONTIGUOUS COUNTIES, EXCEPT FOR RETACS THAT CONTAIN TWO COUNTIES WITH A COMBINED

POPULATION OF AT LEAST SEVEN HUNDRED AND FIFTY THOUSAND RESIDENTS PURSUANT TO SUB-SUBPARAGRAPH (A) OF SUBPARAGRAPH (I) OF THIS PARAGRAPH (c).

(B) A COUNTY THAT IS INCLUDED IN TWO SEPARATE RETACs MAY REQUEST THAT THE COUNCIL ALLOCATE ANY PORTION OF THE FIFTEEN THOUSAND DOLLARS RECEIVED BY A RETAC, PURSUANT TO SECTION 25-3.5-603, BETWEEN THE TWO SEPARATE RETACs.

(d) **Designation of facilities.** The designation rules shall provide that on and after July 1, 1997, every facility in this state required to be licensed in accordance with article 3 of this title and that receives ambulance patients shall participate in the statewide EMERGENCY MEDICAL AND trauma care system. On or after July 1, 1997, and no later than January 1, 1998, each such facility shall submit an application to the department requesting designation as a specific level trauma facility or requesting nondesignation status. A facility that is given nondesignated status shall not represent that it is a designated facility, as prohibited in section 25-3.5-707. The board shall include provisions for the following:

(IV) The process for evaluating, reviewing, and designating facilities, including the continued review of designated facilities, ~~For the purposes of this section, a trauma center that had been certified under the system of certification and recertification through the Colorado trauma institute on or before July 1, 1997, shall continue to be designated a trauma facility at the same level so certified only for the designation period established pursuant to subparagraph (III) of this paragraph (d). After that time;~~ SITE VISITS, INVESTIGATIONS, EXAMINATIONS, REPORTS, OR MEETINGS CONDUCTED BY MEMBERS OF SITE REVIEW TEAMS PURSUANT THE PROVISIONS OF THIS SUBPARAGRAPH (IV) SHALL BE EXEMPT FROM THE PROVISIONS OF THE OPEN RECORDS LAW, ARTICLE 72 OF TITLE 24, C.R.S., REQUIRING THAT PROCEEDINGS OF THE SITE REVIEW TEAMS BE CONDUCTED PUBLICLY OR THAT THE MINUTES, RECORDS, OR PROCEEDINGS OF THE SITE REVIEW TEAMS BE OPEN TO PUBLIC INSPECTION. SUCH DATA, INFORMATION, RECORDS, OR REPORTS OF SITE REVIEW TEAMS SHALL NOT BE SUBJECT TO SUBPOENA OR DISCOVERY AND SHALL NOT BE ADMISSIBLE IN ANY CIVIL ACTION EXCEPT PURSUANT TO A COURT ORDER THAT PROVIDES FOR THE PROTECTION OF SENSITIVE INFORMATION OF INTERESTED PARTIES, INCLUDING THE DEPARTMENT, IN ANY ACTION ARISING OUT OF THE DEPARTMENT'S DESIGNATION, REVOCATION, OR SUSPENSION OF DESIGNATION STATUS OF A HOSPITAL OR HEALTH CARE FACILITY PURSUANT TO THIS SECTION. The facility shall be subject to review every three years in accordance with rules adopted pursuant to this subparagraph (IV). In the event a certified facility seeks to be designated at a different level or seeks nondesignation status, the facility shall comply with the board's procedures for initial designation.

(V) Disciplinary sanctions, which shall be limited to the revocation of a designation, ~~or~~ TEMPORARY SUSPENSION WHILE THE FACILITY TAKES REMEDIAL STEPS TO CORRECT THE CAUSE OF THE DISCIPLINE, redesignation, or assignment of nondesignation status to a facility;

(e) **Communications system.** (I) The communications system rules shall require that ~~an area~~ A REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan ensure citizen access to EMERGENCY MEDICAL AND trauma services through the 911 telephone system or its local equivalent and that the plan include adequate provisions

for:

(A) Public safety dispatch to ambulance service and for efficient communication from ambulance to ambulance AND from ambulance to a designated facility;

(B) EFFICIENT COMMUNICATIONS among the trauma facilities and between trauma facilities and other medical care facilities;

(C) EFFICIENT COMMUNICATIONS AMONG SERVICE AGENCIES TO COORDINATE PREHOSPITAL, DAY-TO-DAY, AND DISASTER ACTIVITIES; AND

(D) EFFICIENT COMMUNICATIONS AMONG COUNTIES AND RETACs TO COORDINATE PREHOSPITAL, DAY-TO-DAY, AND DISASTER ACTIVITIES.

(II) In addition, the board shall require that ~~an area trauma~~ A REGIONAL EMERGENCY MEDICAL AND TRAUMA SYSTEM plan identify the key resource facilities for the area. The key resource facilities shall assist the ~~ATAC~~ RETAC in resolving trauma care issues that arise in the area and in coordinating patient destination and interfacility transfer policies to assure that patients are transferred to the appropriate facility for treatment in or outside of the area.

(f) **Statewide trauma registry.** (III) The registry rules shall include provisions concerning access to ~~aggregate~~ information in the registry that does not identify patients or physicians. Any data maintained in the registry that identifies patients or physicians shall be strictly confidential and shall not be admissible in any civil or criminal proceeding.

(g) **Public information, education, and injury prevention.** THE DEPARTMENT AND LOCAL HEALTH DEPARTMENTS MAY OPERATE INJURY PREVENTION PROGRAMS, BUT the public information, education, and injury prevention rules shall require the department AND LOCAL HEALTH DEPARTMENTS to consult with the ~~trauma council, the EMS council, and area~~ STATE AND REGIONAL EMERGENCY MEDICAL AND trauma advisory councils in developing and implementing area and state-based injury prevention and public information and education programs including, but not limited to, a pediatric injury prevention and public awareness component. In addition, the rules shall require that ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans include a description of public information and education programs to be provided for the area.

(h) (I) **Continuing quality improvement system (CQI).** These rules require the department to oversee a continuing quality improvement system for the statewide EMERGENCY MEDICAL AND trauma care system. The board shall specify the methods and periods for assessing the quality of ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma systems and the statewide EMERGENCY MEDICAL AND trauma care system. These rules include, but are not limited to, the following requirements:

(A) That ~~ATAC's~~ RETACs assess periodically the quality of their respective ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans and that the state assess periodically the quality of the statewide EMERGENCY MEDICAL AND trauma care system to determine whether positive results under ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans and the statewide EMERGENCY MEDICAL AND

trauma care system can be demonstrated;

(C) That reports concerning ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans include results for the EMERGENCY MEDICAL AND trauma area, identification of problems under the ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan, and recommendations for resolving problems under the plan. In preparing these reports, the ~~ATAC's~~ RETACs shall obtain input from facilities, ~~and~~ counties included under the ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan, AND SERVICE AGENCIES;

(E) THAT THE DEPARTMENT BE ALLOWED ACCESS TO PREHOSPITAL, HOSPITAL, AND CORONER RECORDS OF EMERGENCY MEDICAL AND TRAUMA PATIENTS TO ASSESS THE CONTINUING QUALITY IMPROVEMENT SYSTEM OR THE AREA AND STATE-BASED INJURY PREVENTION AND PUBLIC INFORMATION AND EDUCATION PROGRAMS PURSUANT TO PARAGRAPH (g) OF THIS SUBSECTION (2). ALL INFORMATION PROVIDED TO THE DEPARTMENT SHALL BE CONFIDENTIAL PURSUANT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH (h). TO THE GREATEST EXTENT POSSIBLE, PATIENT IDENTIFYING INFORMATION SHALL NOT BE GATHERED. IF PATIENT IDENTIFYING INFORMATION IS NECESSARY, THE DEPARTMENT SHALL KEEP SUCH INFORMATION STRICTLY CONFIDENTIAL, AND SUCH INFORMATION MAY ONLY BE RELEASED OUTSIDE OF THE DEPARTMENT UPON WRITTEN AUTHORIZATION OF THE PATIENT. THE DEPARTMENT SHALL PREPARE AN ANNUAL REPORT THAT INCLUDES AN EVALUATION OF THE STATEWIDE EMERGENCY MEDICAL AND TRAUMA SERVICES SYSTEM. SUCH REPORT SHALL BE DISTRIBUTED TO ALL DESIGNATED TRAUMA CENTERS, AMBULANCE SERVICES, AND SERVICE AGENCIES AND TO THE CHAIRPERSONS OF THE COMMITTEES ON HEALTH, ENVIRONMENT, WELFARE, AND INSTITUTIONS FOR THE HOUSE OF REPRESENTATIVES AND THE SENATE.

(III) That reports concerning ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plans include results for the EMERGENCY MEDICAL AND trauma area, identification of problems under the ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan, and recommendations for resolving problems under the plan. In preparing these reports, the ~~ATACS~~ RETACs shall obtain input from facilities, ~~and~~ counties included under the ~~area~~ REGIONAL EMERGENCY MEDICAL AND trauma SYSTEM plan, AND SERVICE AGENCIES.

(3) The board shall adopt rules that take into consideration recognized national standards for EMERGENCY MEDICAL AND trauma care systems, such as the standards ~~on trauma resources for optimal care of the injured patient~~ adopted by the American college of surgeons' committee ON TRAUMA and the guidelines for EMERGENCY MEDICAL AND trauma care systems adopted by the American college of emergency physicians AND AMERICAN ACADEMY OF PEDIATRICS.

(4) The board shall adopt and the department shall use only cost-efficient administrative procedures and forms for the statewide EMERGENCY MEDICAL AND trauma care system.

(5) In adopting its rules, the board shall consult with and seek advice from the ~~trauma~~ council, ~~the EMS council~~, AS DEFINED IN SECTION 25-3.5-703 (3.5), where appropriate, ~~the joint advisory council created by section 25-3.5-104.5~~, and FROM any other appropriate agency. In addition, the board shall obtain input from appropriate

health care agencies, institutions, facilities, and providers at the national, state, and local levels and from counties and cities and counties.

SECTION 19. 25-3.5-706, Colorado Revised Statutes, is amended to read:

25-3.5-706. Immunity from liability. The department, the board, the ~~trauma council~~ ~~the EMS council, the joint advisory council, the area trauma advisory councils,~~ AS DEFINED IN SECTION 25-3.5-703 (3.5), A RETAC AS DEFINED IN SECTION 25-3.5-703 (6.8), key resource facilities, any other public or private entity acting on behalf of or under contract with the department, and counties and cities and counties shall be immune from civil and criminal liability and from regulatory sanction for acting in compliance with the provisions of this part 7. Nothing in this section shall be construed as providing any immunity to such entities or any other person in connection with the provision of medical treatment, care, or services that are governed by the medical malpractice statutes, article 64 of title 13, C.R.S.

SECTION 20. 25-3.5-707 (1), Colorado Revised Statutes, is amended to read:

25-3.5-707. False representation as trauma facility - penalty. (1) No facility, or agent or employee of a facility, shall represent that the facility functions as a level I, II, III, ~~or~~ IV, OR V trauma facility unless the facility possesses a valid certificate of designation issued pursuant to section 25-3.5-704 (2) (d). In addition, no facility, provider, or person shall violate any rule adopted by the board.

SECTION 21. 25-3.5-709, Colorado Revised Statutes, is amended to read:

25-3.5-709. Annual report. No later than January 1, 1999, and prior to ~~January~~ ~~†~~ NOVEMBER 1 of each year thereafter, the department, in cooperation with the ~~trauma council, the EMS council, and where appropriate, the joint council~~ AS DEFINED IN SECTION 25-3.5-703 (3.5), shall submit a report to the health, environment, welfare, and institutions committees and the joint budget committee of the general assembly on the quality of the statewide EMERGENCY MEDICAL AND trauma care system. Such report shall include an evaluation of each component of the statewide EMERGENCY MEDICAL AND trauma care system and any recommendation for legislation concerning the statewide EMERGENCY MEDICAL AND trauma care system or any component thereof.

SECTION 22. 18-4-412 (2) (a), Colorado Revised Statutes, is amended to read:

18-4-412. Theft of medical records or medical information - penalty. (2) As used in this section:

(a) "Medical record" means the written or graphic documentation, sound recording, or computer record of services pertaining to medical and health care which are performed at the direction of a physician or other licensed health care provider on behalf of a patient by physicians, dentists, nurses, technicians, EMERGENCY MEDICAL TECHNICIANS, PREHOSPITAL PROVIDERS, or other health care personnel. "Medical record" includes such diagnostic documentation as X rays, electrocardiograms, electroencephalograms, and other test results.

SECTION 23. 25-1-108, Colorado Revised Statutes, is amended BY THE

ADDITION OF A NEW SUBSECTION to read:

25-1-108. Powers and duties of the state board of health - report - repeal.

(4) (a) THE BOARD, IN CONSULTATION WITH THE STATE ADVISORY COUNCIL ON EMERGENCY MEDICAL SERVICES, THE STATE TRAUMA ADVISORY COUNCIL, AND THE COLORADO BUREAU OF INVESTIGATION, SHALL EVALUATE AND FORMULATE A REPORT TO CONSIDER THE IMPLEMENTATION OF CRIMINAL BACKGROUND CHECKS FOR EMERGENCY MEDICAL TECHNICIANS WHO HAVE DIRECT ACCESS TO PATIENTS. THE BOARD SHALL CONDUCT PUBLIC HEARINGS WITH ANY INTERESTED PARTY, INCLUDING, BUT NOT LIMITED TO, PUBLIC OR PRIVATE NONPROFIT, NOT-FOR-PROFIT, FOR-PROFIT, OR VOLUNTEER ORGANIZATIONS THAT FUNCTION AS RESCUE UNITS, SERVICE AGENCIES, OR AMBULANCE SERVICES THAT EMPLOY A PERSON AS OR ALLOW A PERSON TO VOLUNTEER AS AN EMERGENCY MEDICAL TECHNICIAN, WHERE THE EMERGENCY MEDICAL TECHNICIAN IS IN A POSITION THAT WOULD REQUIRE DIRECT CONTACT WITH ANY PATIENT, AS PART OF THE FORMULATION OF ANY REPORT.

(b) THE REPORT SHALL BE GIVEN TO THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, PRESIDENT OF THE SENATE, MINORITY LEADER IN THE HOUSE OF REPRESENTATIVES, MINORITY LEADER IN THE SENATE, AND CHAIRPERSONS FOR THE JUDICIARY COMMITTEES IN THE HOUSE OF REPRESENTATIVES AND THE SENATE NO LATER THAN NOVEMBER 1, 2000.

(c) THE REPORT SHALL INCLUDE LEGISLATIVE RECOMMENDATIONS FOR:

(I) IMPLEMENTING A PROGRAM TO REQUIRE THE CRIMINAL BACKGROUND CHECKS FOR EMERGENCY MEDICAL TECHNICIANS WITH DIRECT PATIENT CONTACT;

(II) DETERMINING IF PARTICULAR CRIMES SHOULD DISQUALIFY AN EMERGENCY MEDICAL TECHNICIAN FROM EMPLOYMENT OR CERTIFICATION;

(III) DETERMINING HOW CRIMINAL BACKGROUND CHECKS WOULD AFFECT THE RECRUITING OF VOLUNTEER EMERGENCY MEDICAL TECHNICIANS;

(IV) ENSURING CONFIDENTIALITY AND PROPER HANDLING OF ALL INFORMATION RELATED TO CRIMINAL BACKGROUND CHECKS; AND

(V) DETERMINING WHETHER AN EMPLOYER, EMPLOYEE, OR SOME OTHER ENTITY OR PARTY SHALL BEAR THE COST OF HAVING THE CRIMINAL BACKGROUND CHECKS PERFORMED.

(d) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE NOVEMBER 31, 2000.

SECTION 24. 24-32-2104 (8) (b) (I) (F), (8) (b) (I) (J), (8) (b) (I) (K), and (8) (b) (I) (L), Colorado Revised Statutes, as amended by House Bill 00-1077, are amended to read:

24-32-2104. The governor and disaster emergencies. (8) (b) (I) State members of the committee shall include the following:

(F) ~~A hospital infectious disease control practitioner~~ THE ATTORNEY GENERAL OR THE DESIGNEE OF THE ATTORNEY GENERAL;

- (J) The state veterinarian OF THE DEPARTMENT OF AGRICULTURE; AND
- (K) ~~A wildlife disease specialist with the division of wildlife;~~
- (L) ~~A pharmacist member of the state board of pharmacy; and~~

SECTION 25. 24-32-2104 (8) (b) (II) (F), Colorado Revised Statutes, as amended by House Bill 00-1077, is amended, and the said 24-32-2104 (8) (b) (II), as amended by House Bill 00-1077, is further amended BY THE ADDITION OF THE FOLLOWING NEW SUB-SUBPARAGRAPHS, to read:

24-32-2104. The governor and disaster emergencies. (8) (b) (II) In addition to the state members of the committee, the governor shall appoint to the committee an individual from each of the following categories:

- (F) ~~The attorney general or his or her designee.~~ A HOSPITAL INFECTION CONTROL PRACTITIONER;
- (G) A WILDLIFE DISEASE SPECIALIST WITH THE DIVISION OF WILDLIFE; AND
- (H) A PHARMACIST MEMBER OF THE STATE BOARD OF PHARMACY.

SECTION 26. Repeal. 25-3.5-104.3, 25-3.5-104.5, and 25-3.5-703 (3) and (7), Colorado Revised Statutes, are repealed.

SECTION 27. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of the moneys in the emergency medical services account in the highway users tax fund created in section 25-3.5-603, Colorado Revised Statutes, not otherwise appropriated, to the department of public health and environment, division of emergency medical services and prevention, for the fiscal year beginning July 1, 2000, the sum of fifteen thousand dollars (\$15,000), or so much thereof as may be necessary, for the implementation of this act.

SECTION 28. Effective date. (1) This act shall take effect July 1, 2000; except that:

- (a) Sections 4 and 26 of this act shall take effect January 1, 2001;
- (b) Sections 7, 8, 9, 14, and 18 of this act shall take effect July 1, 2001, provided that sufficient moneys are appropriated by the general assembly during the first regular session of the sixty-third general assembly.

SECTION 29. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 16, 2000