

CHAPTER 204

HEALTH AND ENVIRONMENT

HOUSE BILL 02-1440

BY REPRESENTATIVE(S) Young, Alexander, Berry, Clapp, Cloer, Crane, Kester, Larson, Miller, Rhodes, Rippy, Romanoff, Sanchez, Smith, Snook, Spradley, Stafford, Tochtrop, Webster, White, and Hoppe;
also SENATOR(S) Entz and Isgar.

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

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

SECTION 1. 25-3.5-301 (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 TO REFLECT THE DIRECT AND INDIRECT COSTS INCURRED BY THE DEPARTMENT IN IMPLEMENTING SUCH LICENSURE, 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.~~

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

SECTION 2. 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 rotary-wing ambulances - cash fund created. (1) ALL FIXED-WING AND ROTARY-WING AMBULANCE SERVICES SHALL BE LICENSED BY THE DEPARTMENT. THE BOARD SHALL PROMULGATE RULES SPECIFYING LICENSURE REQUIREMENTS, ESTABLISHING A REASONABLE FEE FOR LICENSURE, AND SPECIFYING THE PROCEDURE AND GROUNDS FOR THE SUSPENSION, REVOCATION, OR DENIAL OF A LICENSE. ALL RULES SHALL BE PROMULGATED IN CONSULTATION WITH THE PROVIDERS OF FIXED-WING AND ROTARY-WING AMBULANCE SERVICES. THE BOARD SHALL COMPLETE ITS RULE-MAKING NO LATER THAN JANUARY 1, 2003.

(2) (a) THE BOARD SHALL ESTABLISH THE AMOUNT OF THE LICENSURE FEE TO REFLECT THE DIRECT AND INDIRECT COSTS INCURRED BY THE DEPARTMENT IN IMPLEMENTING SUCH LICENSURE. THE DEPARTMENT SHALL TRANSMIT ALL FEES COLLECTED PURSUANT TO THIS SECTION TO THE STATE TREASURER WHO SHALL CREDIT THE SAME TO THE FIXED-WING AND ROTARY-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 ROTARY-WING AMBULANCES CASH FUND SHALL BE CREDITED TO SUCH FUND. ANY UNEXPENDED OR UNENCUMBERED MONEYS REMAINING IN SUCH FUND AT THE END OF ANY 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. MONEYS IN SUCH FUND SHALL BE SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT FOR THE COSTS INCURRED BY THE DEPARTMENT IN IMPLEMENTING THIS SECTION.

25-3.5-308. Rules. (1) THE BOARD SHALL ADOPT RULES ESTABLISHING THE MINIMUM REQUIREMENTS FOR GROUND, FIXED-WING, AND ROTARY-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) (h);

(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 3. 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 (2.5) 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, 2002.

(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 OR BEFORE OCTOBER 1, 2003, AND ON OR BEFORE OCTOBER 1 EACH YEAR THEREAFTER, EACH RETAC SHALL SUBMIT TO THE COUNCIL AN ANNUAL FINANCIAL REPORT THAT DETAILS THE EXPENDITURE OF MONEYS 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 OR BEFORE JULY 1, 2003, AND ON OR BEFORE JULY 1 EACH ODD-NUMBERED YEAR 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 SEPTEMBER 14 OF THE SAME YEAR.

(c) ON OR BEFORE OCTOBER 15, 2003, AND ON OR BEFORE OCTOBER 15 EACH ODD-NUMBERED YEAR THEREAFTER, THE COUNCIL SHALL SUBMIT TO THE DEPARTMENT A PLAN FOR ALL RETACS IN THE STATE. ON OR BEFORE NOVEMBER 1, 2003, AND ON OR BEFORE NOVEMBER 1 EACH ODD-NUMBERED YEAR THEREAFTER, THE DEPARTMENT, IN CONSULTATION WITH THE COUNCIL, SHALL APPROVE A PLAN FOR ALL RETACS IN THE STATE.

(3) Funds distributed to counties AND RETACs 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 4. 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), and (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 WHO ARE ILL OR 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 (e) 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 AND CITY AND COUNTY. THERE SHALL BE AT LEAST ONE MEMBER FROM EACH PARTICIPATING COUNTY AND CITY AND COUNTY IN THE RETAC. EACH COUNTY WITHIN A RETAC SHALL BE LOCATED IN REASONABLE GEOGRAPHIC PROXIMITY TO THE OTHER COUNTIES AND CITY AND 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, 2002, TWO COUNTIES WITH A COMBINED POPULATION OF AT LEAST SEVEN HUNDRED FIFTY THOUSAND RESIDENTS MAY APPLY TO THE COUNCIL FOR ESTABLISHMENT OF A RETAC OF FEWER THAN FOUR COUNTIES. THE COUNCIL SHALL CONDUCT A HEARING WITH ALL COUNTIES THAT MAY BE AFFECTED BY THE ESTABLISHMENT OF A RETAC WITH FEWER THAN FOUR 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, 2002,

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~~ IF A 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 AND CITY AND 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 FEWER THAN FIVE CONTIGUOUS COUNTIES, EXCEPT FOR RETACs THAT CONTAIN TWO COUNTIES WITH A COMBINED POPULATION OF AT LEAST SEVEN HUNDRED 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,~~ 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 ~~ATACs~~ 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 ~~ATACs~~ 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 FOR 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 HEALTH, ENVIRONMENT, CHILDREN AND FAMILIES COMMITTEE OF THE SENATE AND THE HEALTH, ENVIRONMENT, WELFARE, AND INSTITUTIONS COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

(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 THE 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 5. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the fixed-wing and rotor-wing ambulances cash fund not otherwise appropriated, created in section 25-3.5-307 (2) (a) Colorado Revised Statutes, to the department of public health and environment, for allocation to health promotion and disease prevention, for the fiscal year beginning July 1, 2002, the sum of eleven thousand dollars (\$11,000) and 0.2 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 6. 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 29, 2002