



Fiscal Note

Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

HB 26-1069: AVAILABILITY OF EMERGENCY MEDICAL SERVICES

Prime Sponsors:

Rep. Feret; Stewart K.
Sen. Mullica

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Fiscal note status: This revised fiscal note reflects the reengrossed bill, as amended by the Senate Health & Human Services Committee. It also reflects new information from the Department of Public Health and Environment removing rulemaking costs.

Summary Information

Overview. The bill makes several changes to the availability, scope, and reimbursement of emergency medical services in the state.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

- State Expenditures
- Local Government

Appropriations. For FY 2026-27, the bill includes the following changes in appropriations: a decrease of \$2.1 million to the Department of Health Care Policy and Financing, and an increase of \$26,353 to the Department of Public Health and Environment (CDPHE). However, as amended, the bill does not require an appropriation, as discussed in the State Appropriations section.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2026-27	Out Year FY 2027-28
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

Summary of Legislation

The bill makes several changes to the availability, scope, and reimbursement of emergency medical services (EMS) in the state.

Availability and Scope

The bill requires EMS to be available 24 hours per day, 7 days per week and expands the definition of first responder to include peace officers, firefighters, volunteer firefighters, EMS providers, and mental health professionals responding to a medical emergency.

Reimbursement

Beginning January 1, 2027, the Department of Health Care Policy and Financing (HCPF) must reimburse the following services under Medicaid:

- ground transportation to a hospital or other destination as deemed appropriate;
- treatment provided on the scene of a medical emergency that does not result in transport; and
- telemedicine evaluations used to prevent transport to a hospital.

Telemedicine services must be billed at office or outpatient rates rather than emergency department rates, and ambulance services are not required to procure telemedicine as a condition of payment

Advisory Council

The bill requires the Emergency Medical and Trauma Services Advisory Council in the Department of Public Health and Environment (CDPHE) to approve or deny recommendations on new and modified rules concerning EMS.

State Expenditures

The bill will impact costs in the Department of Health Care Policy and Financing, and will minimally increase workload in the Departments of Personnel and Administration, Public Health and Environment, and Regulatory Agencies, as discussed below.

Department of Health Care Policy and Financing

Beginning in FY 2026-27, the bill will impact Medicaid costs in the Department of Health Care Policy and Financing. Medicaid expenditures will increase to provide reimbursement for TIP services that are already occurring. At the same time, these costs may be offset from savings if additional use of TIP services replace existing higher-cost ambulance transport and hospital care. The extent to which costs are offset, or savings are incurred, will depend on the extent to which EMS providers change their behavior and protocols to use TIP services and avoid

ambulance transport. Actual costs or savings will also be affected by the number of emergency medical events, provider rates, and other factors, and will be addressed through the annual budget process.

For information purposes, the state could realize savings of approximately \$435 per emergency medical event to the extent that TIP services substitute for ambulance transport and institutional hospital services. This is based on the average reimbursement rates of \$372 for ambulance services, \$142 for institutional hospital services, and \$78.67 for TIP services. If behavior does not change as a result of the bill, Medicaid costs will increase by an estimated \$78.67 per medical event using TIP services if TIP is reimbursed but ambulance transport still occurs.

Department of Personnel and Administration

Workload may minimally increase for the Office of Administrative Courts if additional Medicaid provider disputes are filed as a result of the bill. It is assumed that any impact resulting from disputes will be minimal and absorbable within existing appropriations.

Department of Public Health and Environment

Workload in the CDPHE will minimally increase for rulemaking related to EMS scope and for the advisory council to approve or deny recommendations. This workload is expected to be minimal and no change in appropriations is required.

Department of Regulatory Agencies

Workload in the Division of Insurance will minimally increase to review complaints and address questions posed from insured individuals. Additionally, workload in the Division of Professions and Occupations will minimally increase to conduct outreach and education to medical providers and first responders. This workload can be accomplished within existing appropriations.

Local Government and Special Districts

Similar to the state, local governments and special districts that provide ambulance and emergency medical services may have a change in reimbursement under the bill.

Reimbursement from insurers for ambulance services may decrease, while reimbursement for TIP services may increase. Reduced ambulance transport may also lower costs for ambulance mileage and vehicle maintenance. The exact impact will vary by local government and special district, the manner in which they provide or contract for services, and other factors.

Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature, except that the Long Bill appropriation adjustment is effective once both the Long Bill and this bill are passed.

State Appropriations

No appropriation is required. However, the bill includes a total reduction in appropriation of \$2.1 million for FY 2026-27, as follows:

- a decrease of \$2,132,104 to the Department of Health Care Policy and Financing, of which \$548,547 is from the General Fund, \$124,822 is from the HAS Cash Fund, and \$1,458,735 is from federal funds; and
- an increase of \$26,353 General Fund to the Department of Public Health and Environment.

State and Local Government Contacts

Counties	Personnel
Health Care Policy and Financing	Public Health and Environment
Law	Regulatory Agencies
Municipalities	Special District Association