

SENATE COMMITTEE OF REFERENCE REPORT

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Chair of Committee

April 14, 2025  
Date

Committee on Judiciary.

After consideration on the merits, the Committee recommends the following:

SB25-130 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and  
2 substitute:

3 "SECTION 1. In Colorado Revised Statutes, **add** 25-3-132 as  
4 follows:

5 **25-3-132. Emergency medical condition - emergency medical**  
6 **services - transfer - discharge - nonliability - enforcement -**  
7 **definitions.** (1) **Requirements.** A FACILITY SHALL PROVIDE EMERGENCY  
8 MEDICAL SERVICES TO A PERSON WHO PRESENTS TO THE EMERGENCY  
9 DEPARTMENT WHEN THE PERSON REQUESTS OR A REQUEST IS MADE ON THE  
10 PERSON'S BEHALF FOR EMERGENCY MEDICAL SERVICES. IN THE ABSENCE  
11 OF A REQUEST, A FACILITY SHALL PROVIDE EMERGENCY MEDICAL SERVICES  
12 TO A PERSON IF A PRUDENT LAYPERSON WOULD BELIEVE, BASED ON THE  
13 PERSON'S APPEARANCE OR BEHAVIOR, THAT THE PERSON IS IN NEED OF  
14 EMERGENCY MEDICAL SERVICES.

15 (2) **Central log required.** FOR EACH PERSON WHO PRESENTS TO  
16 A FACILITY AND REQUESTS EMERGENCY MEDICAL SERVICES OR A REQUEST  
17 IS MADE ON THE PERSON'S BEHALF FOR EMERGENCY MEDICAL SERVICES,  
18 THE FACILITY SHALL INPUT INTO A CENTRAL LOG WHETHER THE PERSON  
19 REFUSED TREATMENT, WAS DENIED TREATMENT, WHETHER NO TREATMENT  
20 WAS REQUIRED, OR WHETHER THE PERSON WAS TRANSFERRED, ADMITTED  
21 AND TREATED, STABILIZED AND TRANSFERRED, OR DISCHARGED.

22 (3) **Nondiscrimination.** A FACILITY IS A PLACE OF PUBLIC  
23 ACCOMMODATION SUBJECT TO PART 6 OF ARTICLE 34 OF TITLE 24 AND  
24 SHALL NOT DENY EMERGENCY MEDICAL SERVICES OR DISCRIMINATE IN  
25 PROVIDING EMERGENCY MEDICAL SERVICES TO A PATIENT FOR A  
26 DISCRIMINATORY OR UNLAWFUL REASON AS DESCRIBED IN PART 6 OF  
27 ARTICLE 34 OF TITLE 24.

1           **(4) Provider protections.** (a) A FACILITY SHALL NOT PENALIZE  
2 OR TAKE ANY ADVERSE ACTION AGAINST A HEALTH-CARE PROVIDER FOR  
3 REFUSING TO TRANSFER A PATIENT WITH AN EMERGENCY MEDICAL  
4 CONDITION THAT HAS NOT BEEN STABILIZED.

5           (b) THIS SUBSECTION (4) DOES NOT ALTER OR LIMIT THE RIGHTS  
6 AND PROTECTIONS AFFORDED TO A PERSON PURSUANT TO SECTION  
7 24-34-402 (1).

8           **(5) Financial inquiry.** A FACILITY SHALL NOT DELAY PROVIDING  
9 EMERGENCY MEDICAL SERVICES TO A PERSON IN ORDER TO INQUIRE ABOUT  
10 THE PERSON'S ABILITY TO PAY FOR EMERGENCY MEDICAL SERVICES.

11           **(6) Appropriate transfer.** IF A PATIENT HAS RECEIVED AN  
12 APPROPRIATE MEDICAL SCREENING EXAMINATION AS DESCRIBED IN  
13 SUBSECTION (10)(c)(I)(A) OF THIS SECTION AND THE EXAMINING  
14 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
15 CONDITION EXISTS AND THE CONDITION HAS NOT BEEN STABILIZED, THE  
16 FACILITY SHALL NOT TRANSFER THE PATIENT UNLESS ALL OF THE  
17 FOLLOWING CONDITIONS ARE MET:

18           (a) THE PATIENT IS PROVIDED MEDICAL TREATMENT WITHIN THE  
19 FACILITY'S CAPACITY THAT MINIMIZES THE RISKS TO THE PATIENT'S  
20 HEALTH;

21           (b) THE RECEIVING FACILITY HAS THE SPACE AND QUALIFIED  
22 PERSONNEL AVAILABLE FOR TREATING THE PATIENT AND HAS AGREED TO  
23 ACCEPT TRANSFER OF THE PATIENT AND TO PROVIDE APPROPRIATE  
24 MEDICAL TREATMENT;

25           (c) THE TRANSFER IS EFFECTED THROUGH QUALIFIED PERSONNEL  
26 AND TRANSPORTATION EQUIPMENT, INCLUDING THE USE OF NECESSARY  
27 AND MEDICALLY APPROPRIATE LIFE SUPPORT MEASURES DURING THE  
28 TRANSFER;

29           (d) THE TRANSFERRING FACILITY SENDS ALL MEDICAL RECORDS,  
30 OR COPIES OF THE MEDICAL RECORDS, RELATED TO THE PATIENT'S  
31 EMERGENCY MEDICAL CONDITION THAT THE PATIENT PRESENTED TO THE  
32 FACILITY FOR, THAT ARE AVAILABLE AT THE TIME OF THE TRANSFER,  
33 INCLUDING MEDICAL RECORDS, OR COPIES OF THE MEDICAL RECORDS,  
34 RELATED TO OBSERVATIONS OF SIGNS AND SYMPTOMS; PRELIMINARY  
35 DIAGNOSIS; TREATMENT PROVIDED TO THE PATIENT; TEST RESULTS; THE  
36 INFORMED WRITTEN REQUEST OR CERTIFICATION PROVIDED PURSUANT TO  
37 SUBSECTION (6)(f) OF THIS SECTION, OR A COPY OF THE REQUEST OR  
38 CERTIFICATION; AND, IF RELEVANT, THE NAME AND ADDRESS OF ANY  
39 ON-CALL PHYSICIAN WHO REFUSED OR FAILED TO APPEAR AT THE FACILITY  
40 WITHIN A REASONABLE AMOUNT OF TIME TO PROVIDE THE PATIENT WITH  
41 NECESSARY STABILIZING TREATMENT;

42           (e) THE TRANSFER CONFORMS WITH APPLICABLE FACILITY  
43 STANDARDS ESTABLISHED BY THE STATE BOARD OF HEALTH, CREATED IN

1 SECTION 25-1-103, IN ACCORDANCE WITH THE DEPARTMENT'S AUTHORITY  
2 ESTABLISHED PURSUANT TO SECTION 25-1.5-103. THE FACILITY  
3 STANDARDS MUST REFLECT THE FEDERAL RULES AND REGULATIONS  
4 DESCRIBED IN 42 CFR 489.24 AND ADOPTED PURSUANT TO THE FEDERAL  
5 "EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT", 42 U.S.C.  
6 SEC. 1395DD; AND

7 (f) (I) AFTER BEING INFORMED OF THE FACILITY'S OBLIGATIONS  
8 PURSUANT TO THIS SECTION AND THE RISK OF TRANSFER, THE PATIENT OR  
9 THE PATIENT'S REPRESENTATIVE REQUESTS THE TRANSFER IN WRITING;

10 (II) A PHYSICIAN HAS SIGNED A CERTIFICATION THAT INCLUDES A  
11 SUMMARY OF THE RISKS AND BENEFITS OF TRANSFERRING THE PATIENT  
12 AND A STATEMENT THAT, BASED UPON THE INFORMATION AVAILABLE AT  
13 THE TIME OF THE TRANSFER, THE MEDICAL BENEFITS REASONABLY  
14 EXPECTED FROM THE PROVISION OF APPROPRIATE MEDICAL TREATMENT AT  
15 ANOTHER FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT  
16 FROM BEING TRANSFERRED; OR

17 (III) IF A PHYSICIAN IS NOT PHYSICALLY PRESENT IN THE FACILITY  
18 AT THE TIME A PATIENT IS TRANSFERRED, THE EXAMINING HEALTH-CARE  
19 PROVIDER HAS SIGNED A CERTIFICATION THAT INCLUDES THE  
20 INFORMATION DESCRIBED IN SUBSECTION (6)(f)(II) OF THIS SECTION AND  
21 THE PHYSICIAN, AFTER CONSULTING WITH THE EXAMINING HEALTH-CARE  
22 PROVIDER, AGREES WITH THE CERTIFICATION AND SUBSEQUENTLY  
23 COUNTERSIGNS THE CERTIFICATION.

24 (7) **Appropriate discharge.** (a) IF A PATIENT HAS RECEIVED AN  
25 APPROPRIATE MEDICAL SCREENING EXAMINATION AS DESCRIBED IN  
26 SUBSECTION (10)(c)(I)(A) OF THIS SECTION AND THE EXAMINING  
27 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
28 CONDITION EXISTS, THE FACILITY SHALL NOT DISCHARGE THE PATIENT  
29 UNLESS ALL OF THE FOLLOWING CONDITIONS ARE MET:

30 (I) THE PATIENT'S EMERGENCY MEDICAL CONDITION HAS BEEN  
31 STABILIZED; AND

32 (II) THE DISCHARGE CONFORMS WITH APPLICABLE FACILITY  
33 STANDARDS ESTABLISHED BY THE STATE BOARD OF HEALTH, CREATED IN  
34 SECTION 25-1-103, IN ACCORDANCE WITH THE DEPARTMENT'S AUTHORITY  
35 ESTABLISHED PURSUANT TO SECTION 25-1.5-103. THE FACILITY  
36 STANDARDS MUST REFLECT THE FEDERAL RULES AND REGULATIONS  
37 DESCRIBED IN 42 CFR 489.24 AND ADOPTED PURSUANT TO THE FEDERAL  
38 "EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT", 42 U.S.C.  
39 SEC. 1395DD.

40 (b) IF A PATIENT HAS NOT BEEN STABILIZED, DISCHARGING THE  
41 PATIENT IS ONLY PERMITTED IF:

42 (I) AFTER BEING INFORMED OF THE FACILITY'S OBLIGATIONS  
43 PURSUANT TO THIS SECTION AND THE RISK OF DISCHARGE, THE PATIENT OR

1 THE PATIENT'S REPRESENTATIVE REQUESTS A DISCHARGE IN WRITING; OR  
2 (II) THE FACILITY OFFERS THE PATIENT FURTHER MEDICAL  
3 EXAMINATION AND TREATMENT AND INFORMS THE PATIENT OR THE  
4 PATIENT'S REPRESENTATIVE OF THE RISKS AND BENEFITS OF THE  
5 EXAMINATION AND TREATMENT BUT THE PATIENT OR THE PATIENT'S  
6 REPRESENTATIVE DOES NOT CONSENT TO THE MEDICAL EXAMINATION AND  
7 TREATMENT. THE PATIENT'S MEDICAL RECORD MUST CONTAIN A  
8 DESCRIPTION OF THE EXAMINATION AND, IF APPLICABLE, THE TREATMENT,  
9 AND A STATEMENT THAT THE PATIENT OR THE PATIENT'S REPRESENTATIVE  
10 REFUSED. THE FACILITY SHALL TAKE ALL REASONABLE STEPS TO SECURE  
11 THE PATIENT'S WRITTEN INFORMED REFUSAL, WHICH MUST INDICATE THE  
12 PATIENT HAS BEEN INFORMED OF THE RISKS AND BENEFITS OF THE  
13 EXAMINATION AND TREATMENT, IF APPLICABLE.

14 (8) **Nonliability.** A FACILITY OR HEALTH-CARE PROVIDER DOES  
15 NOT VIOLATE THIS SECTION IF:

16 (a) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
17 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
18 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
19 HEALTH-CARE PROVIDER DETERMINES THAT NO EMERGENCY MEDICAL  
20 CONDITION EXISTS AND RECORDS THE DETERMINATION IN THE PATIENT'S  
21 MEDICAL RECORD;

22 (b) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
23 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
24 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
25 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
26 CONDITION EXISTS AND THE PATIENT IS APPROPRIATELY TRANSFERRED OR  
27 DISCHARGED PURSUANT TO SUBSECTION (6) OR (7) OF THIS SECTION; OR

28 (c) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
29 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
30 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
31 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
32 CONDITION EXISTS AND THE PATIENT IS ADMITTED IN GOOD FAITH TO THE  
33 FACILITY AS AN INPATIENT FOR FURTHER STABILIZING TREATMENT.

34 (9) **Investigation and penalty.** (a) THE DEPARTMENT MAY  
35 INVESTIGATE A FACILITY THAT NEGLIGENTLY VIOLATES THIS SECTION  
36 PURSUANT TO SECTION 25-1.5-103 (1)(a).

37 (b) (I) A PHYSICIAN WHO NEGLIGENTLY VIOLATES THIS SECTION  
38 ENGAGES IN UNPROFESSIONAL CONDUCT AND IS SUBJECT TO DISCIPLINE  
39 PURSUANT TO SECTION 12-240-121.

40 (II) THIS SUBSECTION (9)(b) APPLIES TO A PHYSICIAN WHO:

41 (A) SIGNS A CERTIFICATION PURSUANT TO SUBSECTION (6)(f)(II)  
42 OF THIS SECTION THAT STATES THE MEDICAL BENEFITS REASONABLY  
43 EXPECTED FROM APPROPRIATE MEDICAL TREATMENT AT ANOTHER

1 FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT FROM BEING  
2 TRANSFERRED IF THE PHYSICIAN KNEW OR SHOULD HAVE KNOWN THE  
3 BENEFITS DID NOT OUTWEIGH THE RISKS;  
4 (B) MISREPRESENTS A PATIENT'S CONDITION OR OTHER  
5 INFORMATION, INCLUDING A FACILITY'S OBLIGATIONS PURSUANT TO THIS  
6 SECTION; OR  
7 (C) IS THE ON-CALL PHYSICIAN AND FAILS OR REFUSES TO PRESENT  
8 TO THE FACILITY WITHIN A REASONABLE PERIOD OF TIME PURSUANT TO  
9 SUBSECTION (10)(c)(I)(B) OF THIS SECTION AFTER BEING CONTACTED.  
10 (c) IF A CIVIL MONETARY PENALTY IS IMPOSED PURSUANT TO  
11 SECTION 25-1.5-103 OR 12-240-121, THE MAXIMUM CIVIL MONETARY  
12 PENALTY AMOUNT MUST BE REDUCED BY ANY CIVIL MONETARY PENALTY  
13 IMPOSED PURSUANT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT  
14 AND ACTIVE LABOR ACT", 42 U.S.C. 1395dd (d) FOR THE SAME  
15 VIOLATION.  
16 (10) **Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT  
17 OTHERWISE REQUIRES:  
18 (a) "ABORTION" HAS THE SAME MEANING AS SET FORTH IN SECTION  
19 25-6-402.  
20 (b) (I) "EMERGENCY MEDICAL CONDITION" MEANS:  
21 (A) A MEDICAL CONDITION MANIFESTING ITSELF BY ACUTE SIGNS  
22 AND SYMPTOMS OF SUFFICIENT SEVERITY, INCLUDING SEVERE PAIN, SUCH  
23 THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD  
24 REASONABLY BE EXPECTED TO RESULT IN PLACING THE HEALTH OF THE  
25 PERSON IN SERIOUS JEOPARDY, SERIOUS IMPAIRMENT OF BODILY  
26 FUNCTIONS, OR SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART;  
27 OR  
28 (B) WITH RESPECT TO A PREGNANT PERSON WHO IS HAVING  
29 CONTRACTIONS, THERE IS INADEQUATE TIME TO EFFECTUATE A SAFE  
30 TRANSFER TO ANOTHER FACILITY BEFORE DELIVERY, OR THAT  
31 TRANSFERRING THE PATIENT MAY POSE A THREAT TO THE HEALTH OR  
32 SAFETY OF THE PATIENT.  
33 (II) "EMERGENCY MEDICAL CONDITION" INCLUDES, BUT IS NOT  
34 LIMITED TO, LABOR, ECTOPIC PREGNANCY, A COMPLICATION RESULTING  
35 FROM PREGNANCY LOSS, AND EMERGENT HYPERTENSIVE DISORDERS WHEN  
36 THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD REASONABLY BE  
37 EXPECTED TO RESULT IN PLACING THE HEALTH OF THE PATIENT IN SERIOUS  
38 JEOPARDY, SERIOUS IMPAIRMENT TO BODILY FUNCTIONS, OR SERIOUS  
39 DYSFUNCTION OF ANY BODILY ORGAN OR PART.  
40 (c) (I) "EMERGENCY MEDICAL SERVICES" MEANS:  
41 (A) AN APPROPRIATE MEDICAL SCREENING EXAMINATION WITHIN  
42 THE CAPABILITY OF THE FACILITY, INCLUDING ANCILLARY SERVICES  
43 ROUTINELY AVAILABLE TO THE FACILITY, TO DETERMINE IF AN

1 EMERGENCY MEDICAL CONDITION EXISTS; AND  
2 (B) WHEN THE EXAMINING HEALTH-CARE PROVIDER DETERMINES  
3 THAT AN EMERGENCY MEDICAL CONDITION EXISTS, THE MEDICAL  
4 TREATMENT NECESSARY TO STABILIZE THE EMERGENCY MEDICAL  
5 CONDITION THAT IS WITHIN THE CAPABILITY OF THE FACILITY. IF THE  
6 PATIENT'S EMERGENCY MEDICAL CONDITION REQUIRES THE SERVICES OF  
7 AN ON-CALL PHYSICIAN, THE EXAMINING HEALTH-CARE PROVIDER SHALL  
8 ATTEMPT TO CONTACT THE ON-CALL PHYSICIAN.

9 (II) "EMERGENCY MEDICAL SERVICES" INCLUDES PROVIDING AN  
10 ABORTION OR STERILIZATION PROCEDURES WHEN A PATIENT HAS AN  
11 EMERGENCY MEDICAL CONDITION AND AN ABORTION OR STERILIZATION  
12 PROCEDURES ARE NECESSARY TO STABILIZE THE PATIENT AND ARE WITHIN  
13 THE CAPABILITY AND CAPACITY OF THE FACILITY.

14 (d) "FACILITY" MEANS A HOSPITAL LICENSED PURSUANT TO  
15 SECTION 25-3-101; A FREESTANDING EMERGENCY DEPARTMENT, AS  
16 DEFINED IN SECTION 25-1.5-114 (5)(b); OR A COMMUNITY CLINIC, AS  
17 DEFINED IN SECTION 25-3-101 (2)(a)(I)(B).

18 (e) "LABOR" MEANS THE PROCESS OF CHILDBIRTH BEGINNING WITH  
19 THE LATENT OR EARLY PHASE OF LABOR AND CONTINUING THROUGH THE  
20 DELIVERY OF THE PLACENTA. A PERSON EXPERIENCING CONTRACTIONS IS  
21 IN LABOR UNLESS A PHYSICIAN, CERTIFIED NURSE MIDWIFE, OR OTHER  
22 QUALIFIED MEDICAL PERSONNEL, ACTING WITHIN THE PERSON'S SCOPE OF  
23 PRACTICE AS DEFINED IN THE FACILITY'S MEDICAL STAFF BYLAWS AND  
24 STATE LAW, CERTIFIES AFTER A REASONABLE TIME OF OBSERVATION THAT  
25 THE PERSON IS IN FALSE LABOR.

26 (f) "STABILIZE" MEANS TO PROVIDE MEDICAL TREATMENT THAT  
27 MAY BE NECESSARY TO ENSURE, WITHIN REASONABLE MEDICAL  
28 PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE PATIENT'S  
29 CONDITION, SERIOUS IMPAIRMENT OF BODILY FUNCTIONS OR DYSFUNCTION  
30 OF ANY BODILY ORGAN OR PART, OR A THREAT TO THE PATIENT'S LIFE IS  
31 LIKELY TO RESULT FROM OR OCCUR DURING THE TRANSFER OR DISCHARGE  
32 OF THE PATIENT.

33 **SECTION 2.** In Colorado Revised Statutes, 12-240-121, **add**  
34 (1)(jj) as follows:

35 **12-240-121. Unprofessional conduct - definitions.**

36 (1) "Unprofessional conduct" as used in this article 240 means:

37 (jj) NEGLIGENTLY VIOLATING SECTION 25-3-132.

38 **SECTION 3.** In Colorado Revised Statutes, 24-31-101, **amend**  
39 (1)(i)(XXII) and (1)(i)(XXIII); and **add** (1)(i)(XXIV) as follows:

40 **24-31-101. Powers and duties of attorney general.** (1) The  
41 attorney general:

42 (i) May independently initiate and bring civil and criminal actions  
43 to enforce state laws, including actions brought pursuant to:

1 (XXII) Part 14 of article 12 of title 38; and

2 (XXIII) Section 24-34-806; AND

3 (XXIV) SECTION 25-3-132.

4 **SECTION 4. Severability.** If any provision of this act or the  
5 application of this act to any person or circumstance is held invalid, the  
6 invalidity does not affect other provisions or applications of the act that  
7 can be given effect without the invalid provision or application, and to  
8 this end the provisions of this act are declared to be severable.

9 **SECTION 5. Safety clause.** The general assembly finds,  
10 determines, and declares that this act is necessary for the immediate  
11 preservation of the public peace, health, or safety or for appropriations for  
12 the support and maintenance of the departments of the state and state  
13 institutions."

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