

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0049.01 Jennifer Berman x3286

SENATE BILL 21-156

SENATE SPONSORSHIP

Garcia,

HOUSE SPONSORSHIP

Mullica,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

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

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the division of homeland security and emergency management in the department of public safety (division), on or before January 1, 2022, to implement a pilot grant program (program) to help

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

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

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

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

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

4 **24-33.5-1618. Nurse intake of 911 calls - pilot grant program**
5 **- reporting - definitions - legislative declaration - repeal.** (1) THE

6 GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

7 (a) ALL CITIZENS OF COLORADO DESERVE ACCESS TO
8 HIGH-QUALITY HEALTH CARE WITHOUT HAVING THEIR ECONOMIC
9 SECURITY AND WELL-BEING JEOPARDIZED;

10 (b) INCREASING HEALTH-CARE COSTS CONTINUE TO BE A TOP
11 CONCERN FOR COLORADO FAMILIES AND THE STATE CONTINUES TO
12 EXPLORE OPPORTUNITIES TO LOWER THOSE COSTS;

13 (c) THE COLORADO HEALTH INSTITUTE IN ITS 2015 "COLORADO
14 HEALTH ACCESS SURVEY" REPORTED THAT ROUGHLY FORTY PERCENT OF
15 EMERGENCY DEPARTMENT VISITS IN COLORADO OCCUR FOR
16 NONEMERGENCY REASONS;

17 (d) THE CENTER FOR IMPROVING VALUE IN HEALTH CARE

1 REPORTS THAT MORE THAN EIGHT HUNDRED MILLION DOLLARS COULD BE
2 SAVED EACH YEAR IN COLORADO BY TREATING NONEMERGENCY
3 HEALTH-CARE ISSUES THROUGH VISITS TO A DOCTOR'S OFFICE, A CLINIC,
4 OR AN URGENT CARE SETTING INSTEAD OF THROUGH EMERGENCY
5 DEPARTMENT VISITS;

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

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

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

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

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

26 (III) IS MORE IMPORTANT THAN EVER IN LIGHT OF THE COVID-19
27 PANDEMIC.

1 (2) ON OR BEFORE JANUARY 1, 2022, THE DIVISION SHALL
2 IMPLEMENT A PILOT GRANT PROGRAM TO HELP FINANCE AND COORDINATE
3 TECHNICAL SUPPORT FOR PUBLIC SAFETY ANSWERING POINTS THAT APPLY
4 FOR AND ARE APPROVED TO PARTICIPATE IN THE PILOT GRANT PROGRAM
5 FOR THE OPERATION OF NURSE INTAKE OF 911 CALLS.

6 (3) (a) (I) THE DIVISION SHALL ESTABLISH:

7 (A) AN APPLICATION PROCESS FOR PUBLIC SAFETY ANSWERING
8 POINTS TO APPLY TO PARTICIPATE IN THE PILOT GRANT PROGRAM,
9 INCLUDING A REQUIREMENT THAT AN APPLICANT INCLUDE A CLEARLY
10 STATED FINANCIAL GOAL OF ANTICIPATED COST SAVINGS IN ITS INITIAL
11 GRANT APPLICATION; AND

12 (B) PROGRAM REQUIREMENTS, INCLUDING SCOPE OF PRACTICE
13 REQUIREMENTS, FOR THE PILOT GRANT PROGRAM.

14 (II) TO BE ELIGIBLE TO APPLY, A PUBLIC SAFETY ANSWERING POINT
15 MUST AGREE THAT, IF APPROVED TO PARTICIPATE IN THE PILOT GRANT
16 PROGRAM, THE PUBLIC SAFETY ANSWERING POINT WILL:

17 (A) OPERATE A PROGRAM FOR NURSE INTAKE OF 911 CALLS OR A
18 SUBSTANTIALLY COMPARABLE 911 TRIAGE SYSTEM THAT COMPLIES WITH
19 THE PROGRAM REQUIREMENTS THAT THE DIVISION ESTABLISHES PURSUANT
20 TO SUBSECTION (3)(a)(I)(B) OF THIS SECTION OR ENTER INTO A CONTRACT
21 WITH AN ENTITY THAT EMPLOYS OR CONTRACTS WITH NURSES WHO ARE
22 TRAINED AND EQUIPPED TO PROVIDE NURSE INTAKE OF 911 CALLS; AND

23 (B) UTILIZE THE GRANT MONEY FOR THE PAYMENT OF COSTS
24 ASSOCIATED WITH THE INTAKE OF 911 CALLS THAT DO NOT RESULT IN THE
25 DISPATCH OF AMBULANCE SERVICE OR TREATMENT IN AN EMERGENCY
26 ROOM.

27 (b) BEFORE ENTERING INTO A CONTRACT PURSUANT TO

1 SUBSECTION (3)(a)(II)(A) OF THIS SECTION, A PUBLIC SAFETY ANSWERING
2 POINT MUST:

3 (I) GET DIRECTION REGARDING THE CONTRACT FROM BOTH:
4 (A) THE MEDICAL DIRECTOR IN THE JURISDICTION THAT THE
5 PUBLIC SAFETY ANSWERING POINT SERVES; AND

6 (B) THE CHIEF OF THE FIRE DEPARTMENT IN THE JURISDICTION
7 THAT THE PUBLIC SAFETY ANSWERING POINT SERVES; AND

8 (II) SEEK INPUT FROM COMMUNITY STAKEHOLDERS IN THE
9 JURISDICTION THAT THE PUBLIC SAFETY ANSWERING POINT SERVES,
10 INCLUDING:

11 (A) OTHER PUBLIC SAFETY ENTITIES SUCH AS THE POLICE;

12 (B) RECOGNIZED EMPLOYEE ORGANIZATIONS WHOSE MEMBERS
13 PROVIDE EMERGENCY MEDICAL SERVICES; AND

14 (C) COMMUNITY HEALTH ORGANIZATIONS, COMMUNITY MENTAL
15 HEALTH PROVIDERS, AND OTHER MEDICAL PROVIDERS WHOSE SERVICES
16 MIGHT BE USED AS PART OF THE PILOT GRANT PROGRAM.

17 (c) (I) OF THE PUBLIC SAFETY ANSWERING POINTS THAT APPLY TO
18 PARTICIPATE IN THE PILOT GRANT PROGRAM PURSUANT TO SUBSECTION
19 (3)(a) OF THIS SECTION, THE DIVISION SHALL DESIGNATE FOUR PUBLIC
20 SAFETY ANSWERING POINTS TO PARTICIPATE IN THE PILOT GRANT
21 PROGRAM. OF THE FOUR PUBLIC SAFETY ANSWERING POINTS DESIGNATED
22 TO PARTICIPATE:

23 (A) ONE MUST BE LOCATED WITHIN A COUNTY THAT HAS A
24 POPULATION OF SIXTY THOUSAND OR MORE RESIDENTS; AND

25 (B) THREE MUST BE LOCATED WITHIN A SINGLE COUNTY THAT HAS
26 OR SEPARATE COUNTIES THAT HAVE A POPULATION OF FEWER THAN SIXTY
27 THOUSAND RESIDENTS.

1 (II) ONCE THE DIVISION RECEIVES PROOF FROM A DESIGNATED
2 PUBLIC SAFETY ANSWERING POINT THAT IT HAS ENTERED INTO A
3 CONTRACT WITH AN ENTITY DESCRIBED IN SUBSECTION (3)(a)(II)(A) OF
4 THIS SECTION, THE DIVISION SHALL AWARD THE PUBLIC SAFETY
5 ANSWERING POINT GRANT MONEY.

6 (d) THE DIVISION, IN COORDINATION WITH THE PUBLIC UTILITIES
7 COMMISSION CREATED IN SECTION 40-2-101, THE STATE BOARD OF
8 NURSING CREATED IN SECTION 12-255-105, THE COLORADO 911
9 RESOURCE CENTER OR ITS SUCCESSOR ENTITY, AND THE COLORADO
10 CHAPTER OF THE NATIONAL EMERGENCY NUMBER ASSOCIATION OR ITS
11 SUCCESSOR ENTITY, SHALL PROVIDE TECHNICAL SUPPORT TO THE
12 DESIGNATED PUBLIC SAFETY ANSWERING POINTS REGARDING THEIR
13 OPERATION OF NURSE INTAKE OF 911 CALLS.

14 (4) THE DIVISION SHALL REQUIRE THAT THE DESIGNATED PUBLIC
15 SAFETY ANSWERING POINTS REPORT ON THE OPERATION OF NURSE INTAKE
16 OF 911 CALLS, INCLUDING REPORTING ON THE NUMBER OF CALLS FOR
17 WHICH NURSE INTAKE OF 911 CALLS WAS USED AND THE DISPOSITION OF
18 THOSE CALLS. ON OR BEFORE JUNE 1, 2023, THE DIVISION SHALL PUBLISH
19 THE REPORT ON ITS PUBLIC WEBSITE AND SUBMIT COPIES OF THE REPORT
20 TO THE JUDICIARY COMMITTEES IN THE SENATE AND THE HOUSE OF
21 REPRESENTATIVES OR THEIR SUCCESSOR COMMITTEES.

22 (5) (a) AS PART OF THE REPORTING REQUIRED UNDER SUBSECTION
23 (4) OF THIS SECTION, THE DIVISION SHALL REQUIRE THAT THE DESIGNATED
24 PUBLIC SAFETY ANSWERING POINTS SUBMIT INFORMATION TO THE DIVISION
25 REGARDING:

26 (I) INDIVIDUAL PATIENT SATISFACTION SCORES OBTAINED FROM
27 INDIVIDUALS WHO RECEIVED ALTERNATIVE TREATMENT OTHER THAN THE

1 EMERGENCY DEPARTMENT AS PART OF THE PILOT GRANT PROGRAM AND
2 CLINICAL OUTCOMES FOR THOSE PATIENTS; AND

3 (II) ANNUAL COST SAVINGS TO THE STATE'S HEALTH-CARE SYSTEM
4 THAT RESULT FROM THE PILOT GRANT PROGRAM. TO QUANTIFY AND
5 VERIFY ITS REPORTED ANNUAL COST SAVINGS, A DESIGNATED PUBLIC
6 SAFETY ANSWERING POINT MUST USE PERFORMANCE METRICS THAT ARE
7 BASED ON THE DIVERSION OF CALLS TO THE NURSE INTAKE OF 911 CALLS
8 FOR WHICH ALTERNATIVE TREATMENT OTHER THAN THE EMERGENCY
9 DEPARTMENT WAS OFFERED OR PROVIDED.

10 (b) THE DIVISION SHALL EVALUATE THE NEED FOR CONTINUED
11 FUNDING OF THE PILOT GRANT PROGRAM BASED ON THE PATIENT
12 SATISFACTION SCORES AND THEIR CLINICAL OUTCOMES AND ON ANNUAL
13 COST SAVINGS SUBMITTED.

14 (6) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
15 REQUIRES:

16 (a) "COVID-19" MEANS THE CORONAVIRUS DISEASE 2019 CAUSED
17 BY THE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2, ALSO
18 KNOWN AS SARS-CoV-2.

19 (b) "EMERGENCY TELEPHONE SERVICE" MEANS A TELEPHONE
20 SYSTEM UTILIZING THE SINGLE THREE-DIGIT NUMBER 911 FOR REPORTING
21 POLICE, FIRE, MEDICAL, OR OTHER EMERGENCY SITUATIONS.

22 (c) "MEDICAL DIRECTOR" HAS THE MEANING SET FORTH IN SECTION
23 25-3.5-205 (5)(a).

24 (d) "NURSE" MEANS A REGISTERED NURSE, AS DEFINED IN SECTION
25 12-225-104 (11) OR AN ADVANCED PRACTICE REGISTERED NURSE, AS
26 DEFINED IN SECTION 12-255-104 (1).

27 (e) "NURSE INTAKE OF 911 CALLS" MEANS A PUBLIC SAFETY

1 ANSWERING POINT'S USE OF A NURSE TO ASSIST 911 DISPATCHERS IN
2 PROVIDING EMERGENCY TELEPHONE SERVICE WHEREBY THE NURSE HELPS
3 DETERMINE WHICH INCOMING CALLS MAY BE DIVERTED TO A TYPE OF
4 MEDICAL CARE THAT DOES NOT REQUIRE AMBULANCE SERVICE OR
5 TREATMENT IN AN EMERGENCY ROOM.

6 (f) "PUBLIC SAFETY ANSWERING POINT" MEANS A PUBLICLY
7 FUNDED FACILITY EQUIPPED AND STAFFED ON A TWENTY-FOUR-HOUR
8 BASIS TO RECEIVE AND PROCESS 911 CALLS.

9 (7) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2023.

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