



# Legislative Council Staff

## Research Note

Version: Final

Date: 5/11/2016

### Bill Number

**Senate Bill 16-069**

### Sponsors

**Senator Garcia**  
**Representative Pabon**

### Short Title

**Community Paramedicine**  
**Regulation**

### Research Analyst

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### Status

This research note reflects the final version of the bill and becomes effective upon the signature of the Governor.

### Summary

The bill requires the Colorado State Board of Health and the executive director of the Department of Public Health and Environment (CDPHE) to establish rules governing the establishment of a community paramedic endorsement program. In addition, agencies managing and offering community integrated health care services must be licensed by CDPHE.

The bill sets minimum standards for community integrated health care service agencies that must be incorporated in rules promulgated by the State Board of Health. These rules must address areas such as staffing, educational, and training requirements. The bill creates the Community Integrated Health Care Service Agencies Cash Fund to receive fee payments from licensed agencies. A person operating a community integrated health care service agency without a license commits a misdemeanor offense and is also subject to civil penalties.

The bill also creates the Community Assistance Referral and Education Services (CARES) Program in the CDPHE. Under the CARES Program, licensed ambulance services, local fire departments, fire protection districts, ambulance districts, health assurance districts, health services districts, metropolitan districts, special district authorities, and health care business entities may establish a program that provides referrals for low-cost medication programs and alternative resources to the 911 system and health education and information to local residents. These agencies may partner with hospitals, licensed home care agencies, other licensed medical care facilities, primary care providers, other health care professionals, or social services agencies to provide program services and ensure nonduplication of services. If an entity offered community outreach and health education prior to January 1, 2015, the entity may continue without meeting

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the requirements of the bill until January 1, 2021.

The community integrated health care service agencies licensure program repeals September 1, 2025, and is subject to a sunset review conducted by the Colorado Department of Regulatory Agencies.

## Background

CDPHE certifies entry level competency of emergency medical technicians (EMTs) for the State of Colorado. EMTs in Colorado can be certified at one of four different levels: EMT, Advanced EMT, EMT-Intermediate, and Paramedic. Certification is based on successful completion of a recognized training course, National Registry of Emergency Medical Technician certification, and an application process (including fingerprint-based criminal history records check) conducted by the EMT Certification Program. All EMTs providing patient care in Colorado are required to have a medical director who directs how and where an EMT may practice. Paramedics may be issued a critical care endorsement which authorizes the paramedic to provide critical care in accordance with CDPHE rules.

The Community Paramedicine/Mobile Integrated Healthcare Task Force was created by the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) to explore best practices for instituting a program of community paramedicine and mobile integrated healthcare services. SEMTAC advises CDPHE about emergency medical and trauma services statewide.

## Senate Action

**Senate Health and Human Services Committee (January 28, 2016).** At the hearing, representatives from Eagle County Paramedic Services, Caring Anne Consulting, Colorado Nurses Association, Colorado Professional Fire Fighters, Colorado State Fire Chiefs, Colorado Coalition for the Medically Underserved, American Medical Response, Longmont Community Health Network, Emergency Medical Services Association of Colorado, Home Care Association of Colorado, and the Colorado Hospital Association, testified in support of the bill. One private citizen testified in opposition to the bill. Staff from the CDPHE testified in a neutral position. Staff from the Office of Legislative Legal Service and the Colorado Legislative Council Staff responded to questions.

The committee adopted amendment L.004, and referred the bill, as amended, to the Senate Finance Committee. Amendment L.004 changed the term "paramedicine" to "community integrated health care" throughout the bill; added fire protection authorities, special district authorities, health care business entities, and community integrated health care service agencies to the list of entities that may establish a CARES program; added a sunset date and review for the community integrated health care service agencies licensure program; and made technical adjustments.

**Senate Finance Committee (February 4, 2016).** At the hearing, representatives from Colorado State Fire Chiefs, Colorado Professional Firefighters, the Colorado Nurses Association, and the Emergency Medical Services Association of Colorado testified in support of the bill. The committee referred the bill to the Senate Appropriations Committee.

**Senate Appropriations Committee (April 29, 2016).** The committee adopted amendments J.001, L.005, and L.006, and referred the bill to the Senate Committee of the Whole.

Amendment J.001 adds an appropriations clause. Amendment L.005 amended the Senate Health and Human Services committee report and clarified:

- that medical service providers must obtain additional education required by CDPHE in order to receive a community paramedicine endorsement;
- that in establishing a CARES program, an authorized entity may employ a variety of health care professionals who may provide community health services which are within the professionals' scope of practice;
- the scope of practice for an emergency medical services provider with a community paramedic endorsement; and
- the services which a CARES program may provide.

Amendment L.006 amended the Senate Health and Human Service committee report by clarifying that in order to receive a community paramedicine endorsement, an emergency medical service provider must receive a passing score on an examination recognized in Colorado for certifying competency.

**Senate second reading (April 29, 2016).** The Senate adopted the Senate Health and Human Services and the Appropriations committee reports, and amendment No. 3. The bill passed on second reading, as amended.

Amendment No. 3 amended the Appropriations committee report and clarified that medical service providers who want a community integrated health care endorsement must obtain a certificate of completion for a course in community integrated health care from an accredited college or university and established that, if an entity offers community outreach and health education prior to the effective date of the bill, the entity is not subject to the provisions of the bill.

**Senate third reading (May 2, 2016).** The Senate passed the bill on third reading with no amendments.

## House Action

**House Health, Insurance, and Environment Committee (May 5, 2016).** At the hearing, representatives from Eagle County Paramedic Services, Colorado Professional Fire Fighters, Colorado State Fire Chiefs, Central Mountain Regional Emergency Medical and Trauma Advisory Council, Colorado Coalition for the Medically Underserved, Emergency Medical Services Association of Colorado, and the Colorado Hospital Association testified in support of the bill. Staff from the CDPHE testified in opposition to the bill. Representatives of the Home Care Association of Colorado, the Colorado Nurses Association, and Colorado Counties, Inc., testified in a neutral position.

The committee adopted amendment L.012, L.014, and L.015 and referred the bill, as amended, to the House Finance Committee. Amendment L.012 established a minimum amount of liability insurance that a community integrated health care service agency must maintain. Amendment L.014 allowed certificates of completion for a course in community paramedicine issued by an accredited paramedic training center to be accepted as proof of an emergency medical service provider's competency in paramedicine. Amendment L.015 set a date certain for the repeal of the exemption from the provisions of the bill for entities that offered community outreach and health education prior to the effective date of the bill.

**House Finance Committee (May 6, 2016).** The committee adopted amendment L.016 and referred the bill, as amended, to the House Appropriations Committee. The amendment amended the House Health, Insurance, and Environment committee report and:

- clarified the standards for the rule making process and the program standards for the community paramedic endorsement, the CARES program, and community integrated health care service agencies;
- specified that medical direction for community integrated health care service agencies must be provided by a licensed physician or an advanced practice registered nurse;
- clarified reporting requirements for the entities regulated by the bill;
- established that CARES programs cannot provide medical services that require licensure or certification as a community integrated health care agency, hospital, or emergency trauma service; and
- established that if an entity offers community outreach and health education prior to January 1, 2015, the entity may continue to offer services without meeting the requirements of the bill until July 1, 2021.

**House Appropriations Committee (May 9, 2016).** The committee referred the bill to the House Committee of the Whole with no amendments.

**House second reading (May 9, 2016).** The House adopted the House Health, Insurance, and Environment Committee and the House Finance Committee reports. The House passed the bill on second reading, as amended.

**House third reading (May 10, 2016).** The House passed the bill on third reading with no amendments.