

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

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 19-0412.01 Jennifer Berman x3286

SENATE BILL 19-052

SENATE SPONSORSHIP

Garcia, Bridges, Cooke, Crowder, Fields, Gardner, Ginal, Gonzales, Lee, Marble, Moreno, Priola, Rankin, Scott, Smallwood, Story, Tate, Todd

HOUSE SPONSORSHIP

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A BILL FOR AN ACT

101 **CONCERNING EXPANSION OF AN EMERGENCY MEDICAL SERVICE**
102 **PROVIDER'S SCOPE OF PRACTICE.**

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>.)

Emergency medical service (EMS) providers are authorized to practice under the medical direction of a physician. **Section 1** of the bill expands an EMS provider's scope of practice by authorizing a provider to practice under the medical direction of an advanced practice nurse or a physician assistant.

Section 1 also:

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.*

SENATE
3rd Reading Unamended
March 27, 2019

SENATE
Amended 2nd Reading
March 26, 2019

- ! Specifies that a provider may practice in a hospital or clinic; and
- ! Authorizes the state board of health to promulgate rules to authorize other types of medical professionals to provide medical direction to EMS providers or to allow EMS providers to practice in other types of licensed health care facilities or health care-related settings.

Section 3 adds an advanced practice nurse and a physician assistant to the membership of the emergency medical practice advisory council and requires the governor to make initial appointments of the additional advisory council members on or before November 1, 2019.

Sections 2, 4, and 5 make conforming amendments.

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

2 **SECTION 1. In Colorado Revised Statutes, 25-3.5-103, add with**
3 **amended and relocated provisions (8.8) as follows:**

4 **25-3.5-103. Definitions. As used in this article 3.5, unless the**
5 **context otherwise requires:**

6 **(8.8) [Formerly 25-3.5-203 (5)] For the purposes of this article,**
7 **unless the context otherwise requires, "Medical direction" includes, but**
8 **is not limited to, the following:**

9 **(a) Approval of the medical components of treatment protocols**
10 **and appropriate prearrival instructions;**

11 **(b) Routine review of program performance and maintenance of**
12 **active involvement in quality improvement activities, including access to**
13 **dispatch tapes as necessary for the evaluation of procedures;**

14 **(c) Authority to recommend appropriate changes to protocols for**
15 **the improvement of patient care; and**

16 **(d) Provide PROVISION OF oversight for the ongoing education,**
17 **training, and quality assurance for providers of emergency care.**

18 **SECTION 2. In Colorado Revised Statutes, 25-3.5-203, amend**
19 **(1)(b)(IV) and (1)(b)(V); and add (1)(b)(VI) as follows:**

1 **25-3.5-203. Emergency medical service providers -**
2 **certification - renewal of certificate - duties of department - rules -**
3 **criminal history record checks - definitions.** (1) (b) The department
4 shall certify emergency medical service providers. The board shall adopt
5 rules for the certification of emergency medical service providers. The
6 rules must include the following:

7 (IV) Disciplinary sanctions, which shall MUST include provisions
8 for the denial, revocation, and suspension of certificates and the
9 suspension and probation of certificate holders; and

10 (V) An appeals process pursuant to sections 24-4-104 and
11 24-4-105 C.R.S., that is applicable to department decisions in connection
12 with certifications and sanctions; AND

13 (VI) A STATEMENT THAT AN EMERGENCY MEDICAL SERVICE
14 PROVIDER MAY PRACTICE IN A CLINICAL SETTING, AS DEFINED IN SECTION
15 25-3.5-207 (1)(a), SUBJECT TO THE REQUIREMENTS OF SECTION 25-3.5-207
16 AND RULES ADOPTED BY THE BOARD.

17 **SECTION 3.** In Colorado Revised Statutes, 25-3.5-205, **amend**
18 (2) and (5)(a) as follows:

19 **25-3.5-205. Emergency medical service providers -**
20 **investigation - discipline.** (2) An emergency medical service provider,
21 THE MEDICAL SUPERVISOR OF AN EMERGENCY MEDICAL SERVICE PROVIDER
22 IN A CLINICAL SETTING, AS THOSE TERMS ARE DEFINED IN SECTION
23 25-3.5-207 (1), the employer of an emergency medical service provider,
24 a medical director, and a physician providing medical direction of an
25 emergency medical service provider shall report to the department any
26 misconduct that is known or reasonably believed by the person to have
27 occurred.

1 (5) For the purposes of this section:

2 (a) "Medical director" means a physician who supervises certified
3 PROVIDES MEDICAL DIRECTION TO emergency medical service providers
4 consistent with the rules adopted by the executive director or chief
5 medical officer, as applicable, under section 25-3.5-206.

6 **SECTION 4.** In Colorado Revised Statutes, 25-3.5-206, amend
7 (4)(a) introductory portion, (4)(a)(III), and (4)(a.5)(I); and add (5) as
8 follows:

9 **25-3.5-206. Emergency medical practice advisory council -**
10 **creation - powers and duties - emergency medical service provider**
11 **scope of practice - definitions - rules.** (4) (a) The director or, if the
12 director is not a physician, the chief medical officer shall adopt rules in
13 accordance with article 4 of title 24 C.R.S., concerning the scope of
14 practice of emergency medical service providers. for prehospital care. The
15 rules must include the following:

16 (III) Criteria for requests to waive the scope of practice rules IN A
17 PREHOSPITAL SETTING and the conditions for such THE waivers;

18 (a.5) (I) ~~On or before January 1, 2018,~~ The director or, if the
19 director is not a physician, the chief medical officer shall adopt rules in
20 accordance with article 4 of title 24 C.R.S., concerning the scope of
21 practice of a community paramedic. An emergency medical service
22 provider's endorsement as a community paramedic, issued pursuant to the
23 rules adopted under section 25-3.5-203.5, is valid for as long as the
24 emergency medical service provider maintains his or her certification by
25 the department.

26 (5) AS USED IN THIS SECTION:

27 (a) "INTERFACILITY TRANSPORT" HAS THE MEANING SET FORTH IN

1 SECTION 25-3.5-207 (1)(c).

2 (b) "PREHOSPITAL SETTING" MEANS ONE OF THE FOLLOWING
3 SETTINGS IN WHICH AN EMERGENCY MEDICAL SERVICE PROVIDER
4 PERFORMS PATIENT CARE, WHICH CARE IS SUBJECT TO MEDICAL DIRECTION
5 BY A MEDICAL DIRECTOR:

6 (I) AT THE SITE OF AN EMERGENCY;

7 (II) DURING EMERGENCY TRANSPORT; OR

8 (III) DURING INTERFACILITY TRANSPORT.

9 (c) "SCOPE OF PRACTICE" HAS THE MEANING SET FORTH IN SECTION
10 25-3.5-207 (1)(f).

11 SECTION 5. In Colorado Revised Statutes, add 25-3.5-207 as
12 follows:

13 25-3.5-207. Ability of certified emergency medical service
14 providers to work in clinical settings - restrictions - definitions -
15 rules. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES:

17 (a) "CLINICAL SETTING" MEANS A HEALTH FACILITY LICENSED OR
18 CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103 (1)(a).

19 (b) "IN-SCOPE TASKS AND PROCEDURES" MEANS TASKS AND
20 PROCEDURES PERFORMED BY AN EMERGENCY MEDICAL SERVICE PROVIDER
21 WITHIN THE EMERGENCY MEDICAL SERVICE PROVIDER'S SCOPE OF
22 PRACTICE.

23 (c) "INTERFACILITY TRANSPORT" MEANS THE MOVEMENT OF A
24 PATIENT FROM ONE LICENSED HEALTH CARE FACILITY TO ANOTHER
25 LICENSED HEALTH CARE FACILITY.

26 (d) "MEDICAL SUPERVISION" MEANS THE OVERSIGHT, GUIDANCE,
27 AND INSTRUCTIONS THAT A MEDICAL SUPERVISOR PROVIDES TO AN

1 EMERGENCY MEDICAL SERVICE PROVIDER.

2 (e) "MEDICAL SUPERVISOR" MEANS A COLORADO-LICENSED
3 PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE NURSE, OR
4 REGISTERED NURSE.

5 (f) "SCOPE OF PRACTICE" MEANS THE TASKS, MEDICATIONS, AND
6 PROCEDURES THAT AN EMERGENCY MEDICAL SERVICE PROVIDER IS
7 AUTHORIZED TO PERFORM OR ADMINISTER IN ACCORDANCE WITH SECTIONS
8 25-3.5-203 AND 25-3.5-206 AND RULES PROMULGATED PURSUANT TO
9 THOSE SECTIONS.

10 (2) IN ACCORDANCE WITH THE LIMITATIONS CONTAINED IN THIS
11 ARTICLE 3.5, AN EMERGENCY MEDICAL SERVICE PROVIDER MAY WORK IN
12 A CLINICAL SETTING SUBJECT TO THE FOLLOWING CONDITIONS:

13 (a) THE EMERGENCY MEDICAL SERVICE PROVIDER MAY PERFORM
14 ONLY TASKS AND PROCEDURES THAT ARE WITHIN THE EMERGENCY
15 MEDICAL SERVICE PROVIDER'S APPLICABLE SCOPE OF PRACTICE;

16 (b) THE EMERGENCY MEDICAL SERVICE PROVIDER SHALL PERFORM
17 IN-SCOPE TASKS AND PROCEDURES PURSUANT TO ORDERS OR
18 INSTRUCTIONS FROM, AND UNDER THE MEDICAL SUPERVISION OF, A
19 MEDICAL SUPERVISOR;

20 (c) MEDICAL SUPERVISION MUST BE PROVIDED BY A MEDICAL
21 SUPERVISOR WHO IS IMMEDIATELY AVAILABLE AND PHYSICALLY PRESENT
22 AT THE CLINICAL SETTING WHERE THE CARE IS BEING DELIVERED TO
23 PROVIDE OVERSIGHT, GUIDANCE, OR INSTRUCTION TO THE EMERGENCY
24 MEDICAL SERVICE PROVIDER DURING THE EMERGENCY MEDICAL SERVICE
25 PROVIDER'S PERFORMANCE OF IN-SCOPE TASKS AND PROCEDURES;

26 (d) THE MEDICAL SUPERVISOR OF THE EMERGENCY MEDICAL
27 SERVICE PROVIDER MUST BE LICENSED IN GOOD STANDING; AND

1 (e) EACH CLINICAL SETTING AT WHICH AN EMERGENCY MEDICAL
2 SERVICE PROVIDER PERFORMS IN-SCOPE TASKS AND PROCEDURES
3 PURSUANT TO THIS SECTION SHALL, IN COLLABORATION WITH ITS MEDICAL
4 STAFF, ESTABLISH OPERATING POLICIES AND PROCEDURES THAT ENSURE
5 THAT EMERGENCY MEDICAL SERVICE PROVIDERS PERFORM TASKS AND
6 PROCEDURES AND ADMINISTER MEDICATIONS WITHIN THEIR SCOPE OF
7 PRACTICE.

8 (3) NOTHING IN THIS SECTION ALTERS THE AUTHORITY OF A
9 PHYSICIAN OR REGISTERED NURSE IN A CLINICAL SETTING TO DELEGATE
10 ACTS, INCLUDING THE ADMINISTRATION OF MEDICATIONS, THAT ARE
11 OUTSIDE OF AN EMERGENCY MEDICAL SERVICE PROVIDER'S SCOPE OF
12 PRACTICE PURSUANT TO SECTIONS 12-36-106 OR 12-38-132, AS
13 APPROPRIATE.

14 (4) THE BOARD MAY PROMULGATE RULES AS NECESSARY TO
15 IMPLEMENT THIS SECTION.

16 **SECTION 6. Repeal of provisions being relocated in this act.**
17 In Colorado Revised Statutes, repeal 25-3.5-203 (5).

18 **SECTION 7. Act subject to petition - effective date -**
19 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
20 the expiration of the ninety-day period after final adjournment of the
21 general assembly (August 2, 2019, if adjournment sine die is on May 3,
22 2019); except that, if a referendum petition is filed pursuant to section 1
23 (3) of article V of the state constitution against this act or an item, section,
24 or part of this act within such period, then the act, item, section, or part
25 will not take effect unless approved by the people at the general election
26 to be held in November 2020 and, in such case, will take effect on the
27 date of the official declaration of the vote thereon by the governor.

- 1 (2) This act applies to conduct occurring on or after the applicable
- 2 effective date of this act.