



October 9, 2023

State Emergency Medical and Trauma Services Advisory Council
Attn. Chairman Chief Timothy Dienst
4300 Cherry Creek Drive South
Denver, CO 80246

Colorado Department of Public Health and Environment
EMTS Branch
Ground Ambulance Licensing Task Force
4300 Cherry Creek Drive South
Denver, CO 80246

RE: National Association of EMS Physicians Colorado Chapter (NAEMSP-CO) and American College of Emergency Physicians Colorado Chapter (ACEP-CO) Joint Position Statement on the CDPHE Proposed Ground Ambulance Licensing Rules

State Emergency Medical and Trauma Services Advisory Council,

The NAEMSP-CO and ACEP-CO Chapters are requesting consideration of the following expert consensus recommendations to protect the resiliency of our EMS System; including agencies, medical directors, and EMS clinicians, in the State of Colorado while assuring protection of our communities, citizens, and visitors from adverse outcomes due to these proposed Rules. The currently proposed Ground Ambulance Licensing Rules will risk failure to our already fragile EMS System.

The NAEMSP Colorado Chapter submitted a letter of request to the Colorado Department of Public Health and Environment (CDPHE) and the Ground Ambulance Licensing Task Force dated September 18, 2023 (see attached) requesting changes to the currently proposed Ground Ambulance Licensing Rules. This goodwill effort to bring concerns to the Department was based on the comments made in the previous September 225 Task Force meeting regarding medical direction concerns of these currently proposed rules with the Department stating they are open to changes. Throughout this stakeholder process, representatives of NAEMSP-CO and ACEP-CO amongst other EMS organizations were present and attempted to provide critical input into these draft rules.

However, as of October 9, 2023 there have been no updates to the publicly posted draft rules dated 9/6/23, as well as the letter of response to NAEMSP-CO from CDPHE shows no significant actionable interest in considering these stakeholder recommendations (see attached). Therefore, in further discussion and review with the NAEMSP Colorado Board of Directors and the ACEP Colorado Board of Directors, the NAEMSP Colorado Chapter and ACEP Colorado Chapter jointly declare:

- 1. The currently proposed Ground Ambulance Licensing Rules undermine just culture and safety which will ultimately result in decreased self reporting and ability to perform systematic changes to improve patient care.**
- 2. These proposed Rules undermine the ability of local medical direction, the medical direction with the best ability to effect positive change, through eliminating due process at the local level afforded by 6 CCR 1015-3.**
- 3. Vast components of SECTION 9: MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEE are impossible to track, such as future physician visits, hospitalizations, etc as many agencies do not have access to this data.** In addition, a significant fiscal burden will be placed on EMS agencies and medical direction to attempt to adhere to these reporting requirements. This significant burden is likely to cause failure of local EMS systems throughout Colorado thus placing communities, citizens, and visitors at risk of adverse outcomes due to EMS non-response.

4. **These rules do not directly address the additional costs of Ground Ambulance Licensing on the agencies, as this section is essentially left blank.** These unknown costs, along with the additional costs of compliance due to a massive rulebook, will result in agency failure with the same concerns as stated previously.
5. **Though a stakeholder process was in place, NAEMSP-CO and ACEP-CO do not feel the stakeholders were heard by the Department nor recommendations strongly considered for the life, health, and safety of the citizens of Colorado.** In addition to the lack of consideration of stakeholder input, the draft versions of the Rules were consistently released less than 24-48 hours prior to any stakeholder meetings thus not allowing for adequate time to review and respond.

Furthermore, NAEMSP Colorado and ACEP Colorado have thoroughly reviewed the concerns and recommendations of the Emergency Medical Services Association of Colorado (EMSAC) submitted by letter dated October 6, 2023 (attached). NAEMSP Colorado and ACEP Colorado fully support the letter of this colleague organization, and hereby recommends to SEMTAC the following option considerations based on the review of the areas of purview of medical directors (in order of recommendation):

1. **SEMTAC consider approval of the Rules AFTER further SEMTAC amendment.** We request SEMTAC review stakeholder recommendations for the Rules, including strongly considering the recommendations of key stakeholder expert consensus groups such as EMSAC, NAEMSP Colorado, and ACEP Colorado. This amendment and ultimate approval would allow for meeting legislative deadlines of the end of the year while assuring consumer, agency, and medical direction safety and collaboration.
2. **Adopt only the minimum necessary sections of the Rules to meet statutory requirements.** The sections of concern for NAEMSP Colorado, ACEP Colorado, EMSAC, or other stakeholder groups should be held and not approved for adoption until stakeholder agreement is met. If a section is required, a basic amendment by SETMAC to that section to meet the rule should be determined by SEMTAC and no additional requirements or components. Future stakeholder discussions should occur to fill these sections in.
3. **SEMTAC recommend to the Board of Health to DENY these currently proposed Rules.** Though statutory requirements exist for implementation of Rules by the end of 2023, imposing unrealistic and potentially dangerous rules will only serve to harm. In addition, the length and complexity of the currently existing Rules are substantially longer and more complex than other States and cause numerous barriers to EMS agency ability to maintain services.
4. **Adopting the Rules as drafted with delayed effective dates for specific sections SHOULD NOT OCCUR.** Due to the NAEMSP-CO and ACEP-CO concerns that stakeholder engagement occurred however was not strongly considered, we feel this is a dangerous route to take that will likely only delay poorly constructed Rules that will result in worsening failure of the EMS system.

Thank you to the State Emergency Medical and Trauma Services Advisory Council for your consideration of the position of the National Association of EMS Physicians Colorado Chapter and American College of Emergency Physicians Colorado Chapter joint position statement on this matter critical to our EMS system. The goal of our Chapters is to assure representation of Emergency Medical Services Physicians throughout the State of Colorado as the leading expert professional organizations representing this group along with key EMS agency leaders and clinicians.

Thank you for your consideration of our substantial concerns to the currently proposed Ground Ambulance Licensing Rules. These currently proposed Ground Ambulance Licensing Rules are likely to cause failure of local EMS systems throughout Colorado thus placing our communities, citizens, and visitors at risk of adverse outcomes due to EMS non-response or inability to comply with these complex regulations.

Respectfully,

The NAEMSP Colorado Board of Directors on behalf of the NAEMSP Colorado Chapter Board and Members

The ACEP Colorado Board of Directors on behalf of the ACEP Colorado Chapter Board and Members



September 18, 2023

Colorado Department of Public Health and Environment
EMTS Branch
Ground Ambulance Licensing Task Force
4300 Cherry Creek Drive South
Denver, CO 80246

RE: NAEMSP CO Recommendations for Revision of the Currently Proposed Ground Ambulance Licensing Rules

CDPHE EMTS and Ground Ambulance Licensing Task Force,

On behalf of the National Association of Emergency Medical Services Physicians (NAEMSP) Colorado Chapter Board of Directors by unanimous vote on September 13, 2023 (one abstention), the NAEMSP Colorado Chapter Board of Directors and members attending this previous special session are requesting the Department to consider the following suggestions for revision of the currently proposed ground ambulance licensing rules.

In particular, the NAEMSP CO Chapter reviewed sections pertinent or under the purview of medical directors including sections 5, 9, and 11 of the proposed rules. This comes at the willingness of the Department to consider any changes prior to submission to the State Emergency Medical and Trauma Advisory Council (SEMTAC) in October 2023.

SECTION 5: COMPLAINTS

The NAEMSP CO Chapter Board of Directors, including members in attendance, thank the Department and Ground Ambulance Licensing Task Force for the due diligence in managing this section in a thoughtful manner. These rules are consistent with the current structure for medical direction review including components dealt with through the Department vs. components more appropriate for the Colorado Board of Medicine. The NAEMSP CO Chapter feels this section is a prime example of appropriately managing complaints regarding medical directors. We applaud the efforts in this section.

SECTION 9: MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES

The NAEMSP CO Chapter Board of Directors, including members in attendance, appreciate the difficult work involved within this critical section for consumer and patient protection. The review, however, did find significant concerns on the impractical timing for completion of a proper local medical direction and quality management review to determine if a potential situation meets reporting requirements, including proper peer review.

In addition, the wording of "suspicion of" does not allow for due process in reviewing complaints or concerns at a local medical direction and agency level. 6 CCR 1015-3 mandates that the medical director oversee the quality assurance program within agencies, and the currently written section undermines the ability of the medical director to have due process. Furthermore, the current wording of Section 9 as proposed undermines just culture process and likely will result in fear and underreporting. This underreporting will result in decreased ability to improve systems of care and assure patient protection.

This section has been thoroughly reviewed by NAEMSP CO and we have attached proposed changes and reasoning in the comments section.

SECTION 11 – MEDICAL OVERSIGHT AND QUALITY ASSURANCE PROGRAMS

NAEMSP CO felt this section was excellent overall as well, and has only one recommendation for an addition to this section for better clarification. Please see the attached proposed change and reasoning in the comments section.

The NAEMSP CO Chapter Board of Directors representing the membership of the NAEMSP CO Chapter, the only National and State organization directly representing the profession of EMS Medical Direction, would like to once again thank the CDPHE EMTS Branch and Ground Ambulance Licensing Task Force for the commitment to stakeholder engagement throughout this process. We have had representatives of NAEMSP CO present throughout these meetings, and appreciate the opportunity to have these proposed changes considered.

In summary, we thank you for consideration of these changes critical to the continued quality care and consumer protection our patients and providers deserve. ***NAEMSP CO requests a response by the Department on or before October 2, 2023 regarding if these changes will be moved into the final document for consideration by SEMTAC.*** A response will be happily accepted on behalf of NAEMSP CO through our Chapter Secretary, Dr. Maria Mandt, at Maria.Mandt@childrenscolorado.org. This timeframe will allow for NAEMSP CO to make a determination on our organizational stance on the proposed Ground Ambulance Licensing Rules to submit to SEMTAC and the Board of Health. Thank you again for your time, commitment to our patients, and willingness to consider proposed changes.

On behalf of the NAEMSP CO Board of Directors and all members of the NAEMSP CO Chapter, we respectfully submit this letter to CDPHE and our respective organizational colleagues at the Emergency Medical Services Association of Colorado (EMSAC) and American College of Emergency Physicians (ACEP) Colorado Chapter.

Please

Sincerely,



Jeremy DeWall, MD, FAEMS, NRP
President, NAEMSP Colorado Chapter

1. Jeremy DeWall

September 18, 2023 at 6:54:56 PM

These proposed changes allow for a just culture, due process at the local medical direction and agency level to evaluate whether a reported event does or does not meet state reporting requirements. In addition, the 90 day timeframe mirror the already accepted standard for completion of a quality assurance and peer review process for waived medical acts. This standard is already in existence.

Furthermore, these proposed changes do require a 7 day window to develop the reporting document and report to the Department once it is determined that one of the reportable acts is met. This reporting requirement is in line with already accepted standards in the aeromedical requirement.

These proposed changes highlight the importance of medical direction and agency initial review and a thorough quality assurance and peer review process including actionable items. In addition, simple reviews that clearly meet a reportable act (ie. Opioid diversion) will be determined quickly and reporting within 7 days to the Department for prompt action. However, many EMS reviews require substantial medical direction and agency involvement reviewing reports, gather incident data, reviewing camera footage, interviewing patients, families, providers, hospital staff, etc; and performing a peer review process. This process frequently requires an appropriate allowance for time to complete due process, thus the 90

2. Jeremy DeWall

September 18, 2023 at 7:01:40 PM

9.1.2 was shortened up to clarify any unauthorized appropriation or possession regardless of who's it is (nursing facility, patient, agency, etc). This allows for more broad coverage.

3. Jeremy DeWall

September 18, 2023 at 7:02:52 PM

9.1.3. Wording has been adjusted to clarify that a suicide prior to EMS arrival is not a reported event so that all suicides are not reportable. In addition, homicide was also added to expand the reporting requirements to assure these are captured within reporting for patient and provider safety. Furthermore, the word PREVENTABLE clarifies that the patient may have attempted prior to EMS involvement and has

SECTION 9 – MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES

9.1 MANDATORY INCIDENT REPORTING BY HEALTH CARE PROVIDERS SERVES SEVERAL PURPOSES, NONE OF WHICH ARE INTENDED TO BE PUNITIVE. THE ULTIMATE GOAL IS TO IMPLEMENT SYSTEM IMPROVEMENTS THAT REDUCE THE FREQUENCY OF INCIDENTS, MITIGATE THEIR EFFECTS, AND POSSIBLY PREVENT THE OCCURRENCE OF INCIDENTS ALTOGETHER. CAPTURING INFORMATION ABOUT INCIDENTS HELPS HEALTH CARE PROVIDERS AND OVERSIGHT AGENCIES LEARN AND IMPROVE CONTINUOUSLY WHILE CREATING SAFER CARE FOR PATIENTS AND SAFER CONDITIONS FOR STAFF. REPORTING HELPS IDENTIFY TRENDS, ALLOWS THE DEPARTMENT TO COMMUNICATE INFORMATION TO LICENSEES ABOUT RECALLED OR DEFECTIVE EQUIPMENT, ALLOWS THE AGENCY TO CORRECT ISSUES WITHOUT FORMAL REGULATORY ACTION, AND ALLOWS THE INDUSTRY TO PREVENT SIMILAR INCIDENTS IN THE FUTURE.

1 THEREFORE, AS SOON AS PRACTICABLE, BUT NO LATER THAN NINETY DAYS (90) CALENDAR DAYS AFTER ANY OF THE FOLLOWING POTENTIAL INCIDENTS ARE DISCOVERED, THE AMBULANCE SERVICE AND MEDICAL DIRECTOR SHALL COMPLETE ITS REVIEW PROCESS CONTAINED IN THE QUALITY ASSURANCE PROGRAM TO DETERMINE IF THE INCIDENT MEETS ONE OR MORE OF THE FOLLOWING REPORTABLE ACTS.

IF IT IS DETERMINED THE INCIDENT MEETS ONE OR MORE OF THE FOLLOWING ACTS, NO LATER THAN SEVEN (7) CALENDAR DAYS FROM SUCH DETERMINATION, THE AMBULANCE SERVICE SHALL SUBMIT TO THE DEPARTMENT, IN THE FORM AND FORMAT SPECIFIED BY THE DEPARTMENT A REPORT THAT:

A) DESCRIBES ITS REVIEW AND ANY ACTIONS TAKEN CONCERNING THE INCIDENT;

B) IDENTIFIES WHETHER ADDITIONAL CORRECTIVE MEASURES ARE NECESSARY TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT; AND

C) IF APPLICABLE, SPECIFIES EACH CORRECTIVE MEASURE IT WILL UNDERTAKE TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT.

REPORTABLE ACTS INCLUDE THE FOLLOWING:

9.1.1 ANY INCIDENT DURING RESPONSE OR WHILE PROVIDING PATIENT CARE IN WHICH AN EMPLOYEE, CONTRACTOR, OR VOLUNTEER OF THE AMBULANCE SERVICE KNOWINGLY:

A) COMMITS PHYSICAL ASSAULT AGAINST ANOTHER PERSON PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S.; OR

B) COMMITS PHYSICAL ASSAULT AGAINST ANOTHER PERSON PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S.; OR B) COMMITS SEXUAL ASSAULT, PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S. AS USED HERE, "SEXUAL ASSAULT" INCLUDES:

1) ANY IMPROPER SEXUAL CONTACT, TOUCHING, INTRUSION, OR PENETRATION THAT AN AMBULANCE SERVICE EMPLOYEE, CONTRACTOR, OR VOLUNTEER INFLECTS UPON ANOTHER PERSON; OR

2) ANY INSTANCE IN WHICH AN EMS PROVIDER, WHILE PURPORTING TO OFFER A MEDICAL SERVICE, ENGAGES IN TREATMENT OR EXAMINATION OF A PATIENT FOR OTHER THAN A BONA FIDE MEDICAL PURPOSE OR IN A MANNER SUBSTANTIALLY INCONSISTENT WITH REASONABLE MEDICAL PRACTICES.

2 9.1.2 ANY UNAUTHORIZED APPROPRIATION OR POSSESSION OF MEDICATIONS, SUPPLIES, EQUIPMENT, MONEY, OR PERSONAL ITEMS;

3 9.1.3 A PREVENTABLE SUICIDE OR HOMICIDE, THAT OCCURS DURING THE PROVISION OF PATIENT CARE BY THE AMBULANCE SERVICE AND RESULTS IN DEATH.

9.1. 4 ANY INCIDENT INVOLVING THE COMMISSION OF PATIENT ABUSE, INCLUDING THE WILLFUL INFLICTION OF INJURY, UNREASONABLE CONFINEMENT, INTIMIDATION, OR PUNISHMENT, WITH RESULTING PHYSICAL HARM, PAIN, OR MENTAL ANGUISH; OR PATIENT NEGLIGENCE, INCLUDING THE FAILURE TO PROVIDE GOODS AND SERVICES NECESSARY TO

due to that attempt while under
EMS care.

4. Jeremy DeWall

September 18, 2023 at 7:05:54 PM

9.1.6. Medical Direction should be removed from this section as the Department is not the primary regulator of medical direction as physicians. Any of these components are already required to be reported by the physician to the Board of Medicine which will take action against a license of a physician if appropriate. In addition, the Board of Medicine has peer support programs for physicians that are protected must like our Path4EMS. These protections could be violated by mandated reporting to the Department under this rule if medical direction is kept in here.

5. Jeremy DeWall

September 18, 2023 at 7:08:15 PM

9.1.7: This newly proposed section would mandate that medical directors do report to the Department if the Medical Board issues restrictions that would affect the ability to perform Chapter 2 duties. This allows the Department to be informed at the correct times by the physician, however protects the physician's peer support, etc rights.

6. Jeremy DeWall

September 18, 2023 at 7:09:35 PM

9.1.8. Medical Directors do not have the authority to terminate a provider. They have the authority to revoke supervision, so this clarification was added.

7. Jeremy DeWall

September 18, 2023 at 7:14:52 PM

9.1.9. This section was cleaned up to be more transparent and clear on what should be reported. The terminology of 'suspected', 'associated with', or 'resulting in a hospital visit', etc are vague and require a large amount of interpretation. The medical direction quality assurance process should be utilized first to determine if death was due to one of the reportable events to allow for a due process and accurate information prior to reporting. In addition, NAEMSP CO has added some additional components felt important for consumer protection including chemical restraint resulting in death in line with the Ketamine Commission recommendations. These additions could be added with the clarification of reporting if resulting in death after quality assurance processes are allowed.

In addition, the oxygen / gas reporting requirement falls under medication error as any EMS gas

ATTAIN AND MAINTAIN PHYSICAL AND MENTAL WELL-BEING BY THE AMBULANCE SERVICE OR ITS EMPLOYEES, CONTRACTORS, OR VOLUNTEERS;

9.1.5 ANY FINAL AGENCY ACTION AGAINST THE AMBULANCE SERVICE BY ANY FEDERAL OR STATE ENTITY RELATED TO SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR THE AMBULANCE SERVICE'S DRUG ENFORCEMENT AGENCY (DEA) LICENSE;

9.1.6 ANY CIVIL JUDGMENT OR CRIMINAL CONVICTION IN A CASE BROUGHT BY FEDERAL, STATE, OR LOCAL AUTHORITIES THAT INVOLVES THE OPERATION, MANAGEMENT, OWNERSHIP OF AN AMBULANCE SERVICE AND CONTAINS ALLEGATIONS RELATED TO SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR MORAL TURPITUDE. A GUILTY VERDICT, A PLEA OF GUILTY OR A PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE COURT IS CONSIDERED A CONVICTION;

9.1.7 ANY RESTRICTION OR LIMITATION ON A MEDICAL DIRECTOR[S] LICENSE TO PRACTICE BY THE COLORADO MEDICAL BOARD, THAT WOULD AFFECT THE ABILITY TO PERFORM THEIR DUTIES PURSUANT TO 6 CCR 1015-3 CHAPTER TWO.

9.1.8 ANY INSTANCE IN WHICH AN EMS PROVIDER IS TERMINATED BY THE AMBULANCE SERVICE OR SUPERVISION OF THE EMS PROVIDER IS REVOKED BY THE MEDICAL DIRECTOR BASED ON THE GOOD CAUSE RULES SET FORTH IN 6 CCR 1015-3, CHAPTER ONE;

9.1.9 THE FOLLOWING INCIDENTS RESULTING IN PATIENT DEATH CAUSED BY:

1. A MEDICATION ERROR OR MEDICAL ACT ERROR.
2. INVASIVE PROCEDURE PERFORMED ON THE WRONG SITE.
3. UNINTENDED RETENTION OF A FOREIGN OBJECT IN A PATIENT AFTER AN INVASIVE PROCEDURE.
4. THE USE OF CONTAMINATED DRUGS, DEVICES, OR BIOLOGICS PROVIDED BY THE SERVICE.
5. THE USE OR FUNCTION OF A DEVICE IN WHICH THE DEVICE IS USED IN A MANNER OTHER THAN AS INTENDED.
6. THE USE OF PHYSICAL RESTRAINTS OR CHEMICAL RESTRAINT DURING THE COURSE OF PATIENT CARE.
7. FAILURE OF MEDICAL EQUIPMENT USED AS INTENDED.

9.1.10 THE DEATH OF AN OCCUPANT OF A VEHICLE THAT IS LICENSED AND PERMITTED BY THE DEPARTMENT AND OCCURS AS A DIRECT RESULT OF A MOTOR VEHICLE COLLISION OCCURRING DURING RESPONSE OR TRANSPORT BY THE AMBULANCE SERVICE.

9.1.11 ADMINISTRATION OF AN ADULTERATED DRUG. .

9.2 ALL RECORDS, DOCUMENTS, TESTIMONY, OR EVIDENCE OBTAINED BY THE DEPARTMENT PURSUANT TO THIS SECTION REMAINS CONFIDENTIAL..

9.3 AN AMBULANCE SERVICE MAY REQUEST AN EXTENSION TO THE DEADLINES CONTAINED ABOVE FOR SUBMISSION OF THE AMBULANCE SERVICES REPORT. EXTENSIONS MAY BE GRANTED IN PERIODS OF THIRTY (30) CALENDAR DAYS .

SECTION 11 – MEDICAL OVERSIGHT AND QUALITY ASSURANCE PROGRAMS

11.1 EACH LICENSED AMBULANCE SERVICE SHALL HAVE A MINIMUM OF ONE (1) MEDICAL DIRECTOR WHO:

11.1.1 IS A PHYSICIAN;

11.1.2 IS CURRENTLY LICENSED IN COLORADO IN GOOD STANDING;

11.1.3 IMPLEMENTS AND OVERSEES A QUALITY ASSURANCE PROGRAM FOR THE AMBULANCE SERVICE; AND

8. Jeremy DeWall

September 18, 2023 at 7:18:15 PM

9.1.10. This addition allows for better reporting and tracking of EMS associated vehicle collisions both during response and transport resulting in death of the patient, provider, public member, or family. This proposed language is more inclusive.

9. Jeremy DeWall

September 18, 2023 at 7:19:13 PM

9.1.11. This critical reporting requirement was shortened to add clarity as well as in its own section due to the importance of this reporting.

10. Jeremy DeWall

September 18, 2023 at 7:23:01 PM

9.2. Added clarification that this is the Department collecting the evidence.

11. Jeremy DeWall

September 18, 2023 at 7:24:00 PM

9.3. Added allowance for requests for extension of 30 day periods for cases taking longer to determine if a reportable act has occurred. For example, we discussed the possibility of needing to wait for toxicology results from a coroner to determine if a medication, etc resulted in death. The Department still has authority to grant or deny the request to

12. Jeremy DeWall

September 18, 2023 at 7:26:06 PM

11.4. Recommend adding OR MEDICAL DIRECTORS as some quality assurance programs are the ownership of the medical director and not necessarily the agency.

11.1.4 MEETS ALL REQUIREMENTS SET FORTH IN 6 CCR 1015-3, CHAPTER TWO.

11.2 THE AMBULANCE SERVICE SHALL ENSURE THAT ITS MEDICAL DIRECTOR COMPLIES WITH ALL DUTIES AND RESPONSIBILITIES SET FORTH IN 6 CCR 1015-3, CHAPTER TWO

11.3 AN AMBULANCE SERVICE AND THE SERVICE'S MEDICAL DIRECTOR SHALL COMPLY WITH THE REQUIREMENTS FOR A QUALITY ASSURANCE PROGRAM IN ACCORDANCE WITH THE EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT RULES AT 6 CCR 1015-3, CHAPTER TWO.

11.3.1 IN ADDITION, LICENSED AMBULANCE SERVICES THAT IMPLEMENT A QUALITY MANAGEMENT PROGRAM UNDER MEDICAL DIRECTION PURSUANT TO SECTIONS 25-3.5-903 & 904, C.R.S. MAY CLAIM THE CONFIDENTIALITY, IMMUNITY, AND PRIVILEGE PROTECTIONS THAT ARE CONFERRED BY STATUTE. SEE SECTION 25-3.5-904 C.R.S.

12 | 11.4 THE DEPARTMENT MAY REQUEST A COPY OF THE AMBULANCE SERVICE'S OR MEDICAL DIRECTORS QUALITY ASSURANCE PROGRAM, WHICH MAY BE MARKED AS PROPRIETARY BY THE MEDICAL DIRECTOR, PURSUANT TO SECTION 3.5.

September 27, 2023

Dr. Maria Mandt
NAEMSP Colorado Chapter Secretary
Maria.Mandt@childrenscolorado.org

RE: NAEMSP CO Recommendations for Revision of the Currently Proposed Ground Ambulance Licensing Rules

Dear Dr. Mandt and NAEMSP Colorado Chapter Members,

We are in receipt of your letter dated September 18, 2023 regarding the proposed rules for 6 CCR 1015-3, Chapter 4, Rules Pertaining to Licensure of Ground Ambulance Services. As you know, these rules were written with feedback from many stakeholders and this product represents the final result of over a year of stakeholder engagement. The Health Facilities and Emergency Medical Services Division (the Division) continues to be open to a transparent and collective approach to the rule writing process, and appreciates your organization's feedback on these rules.

The Division acknowledges your organization's concerns over the mandatory incident reporting requirements and reporting timeline in Section 9 of the proposed rules, and appreciates that you have included your rationale for your requested changes. The Division is committed to considering your comments and requested modifications to the proposed rule with internal department leadership. Once the Division has had the opportunity to review and study your comments, it will make any additional changes to the proposed rules as it deems appropriate.

During the stakeholder and task force process, the Division explained that, as it completes its own internal review and approval process, it might make adjustments to the current proposed rules that are now available for public review. A more complete finalized version, which will include any modifications that the Division decides to make based on stakeholder suggestions and feedback, will be made available prior to the October SEMTAC meeting.

Thank you for your continued collaboration on this process.

Sincerely,

Elaine McManis
Division Director, Health Facilities and Emergency Medical Services

Cc: Dr. Ned Calonge, Chief Medical Officer, CDPHE





Emergency Medical Services Association of Colorado

2851 S. Parker Rd #1210 Aurora, CO 80014 Telephone (303) 317-6511

<http://www.emsac.org> emsac@emsac.org

October 6, 2023

Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Division, EMTS Branch
Ground Ambulance Licensing Task Force
State Emergency Medical and Trauma Advisory Council
4300 Cherry Creek Drive South
Denver, CO 80246

RE: Currently Proposed Ground Ambulance Licensing Rules

CDPHE EMTS and Ground Ambulance Licensing Task Force,

On behalf of the Board of Directors of the Emergency Medical Services Association (EMSAC) we would like to offer the following comments and suggestions regarding the currently proposed ground ambulance licensing rules.

EMSAC has been in full support of the recent Colorado legislation aimed at improving and sustaining Colorado's EMS system through a structured process of assessment and solutions, as well as updating the ambulance licensing model from county to state licensing authority. In fact, we view all parts of this legislation as both necessary and interlaced.

At the direction of its Board, EMSAC hosted a member stakeholder meeting on October 3, 2023, to discuss and craft formal feedback on the currently proposed ground ambulance licensing rules. The most pressing concern is that the unexpected robust and detailed nature of some areas of the proposed rules presents significant challenges for some Colorado EMS agencies to fully meet licensing requirements within the defined timeline. Although some of our agency members are opposed to specific requirements as currently drafted, much of the opposition stems from insufficient time and resources to bring their agencies into compliance with the proposed standards.

In other words, EMSAC supports the intent of rules, but fears the timeline for full implementation runs counter to the very sustainability we also seek to achieve. We also respect the opinions of our members regarding specific requirements and support further modifications to address those concerns.

Understanding the statutory timeline for adoption of the Ground Ambulance Licensing Rules, as well as the requirement for minimum standards, EMSAC respectfully requests consideration of the

following options in lieu full adoption of the Ground Ambulance Licensing Rules as currently proposed:

- 1. SEMTAC approves the proposed rules after further amendment.** EMSAC would support the adoption of the rules as amended by SEMTAC should those changes address the significant stakeholder concerns we have described, either fully or by methods described in #1 and/or #2 below.
- 2. Adopt the rules as drafted with delayed effective dates for specific sections.** Our suggestion is to allow voluntary-only compliance with Sections 5,9,11, and 14 for the first 2-year period. This allows more time for modification of those sections, as well as the opportunity for agencies to seek any needed technical assistance to build organizational compliance.
- 3. Adopt only the minimum necessary sections of the rule to meet statutory requirements.** This allows more time for stakeholder input in the remaining sections, as well time as for agencies to move toward full compliance with the more challenging requirements.

EMSAC acknowledges and values the work of the Health Facilities and Emergency Medical Services Division and the Ground Ambulance Licensing Task Force to develop these draft rules. We very much appreciate the opportunity to participate in the stakeholder process and believe the end product will ultimately increase the quality of EMS throughout Colorado. We ask consideration of our options so specific concerns can be addressed while building in more time for agencies with limited resources to be licensed and fully compliant.

Please feel free to contact me with any questions. As always, I'm happy to help any way I can.

Respectfully,



Scott Sholes
President