



April 15, 2025

Dear Members of the Emergency Medicine Practice Advisory Council and the EMTS Branch at CDPHE,

The National Association of EMS Physicians, Colorado Chapter (NAEMSP-CO) represents over 80 professionals including 45 practicing EMS physicians and 36 EMS providers serving as educators and administrators across Colorado. NAEMSP-CO recognizes the ongoing work of the Colorado Department of Public Health and Environment (CDPHE) as well as the Emergency Medical Practice Advisory Council (EMPAC) and appreciates the opportunity to comment on revisions to 6 CCR 1015-3, Chapter Two – Rules Pertaining to EMS Practice and Medical Director Oversight.

As representatives of the National Association of EMS Physicians - Colorado (NAEMSP-CO), we believe that effective EMS oversight should be a collaborative effort involving EMS providers, medical directors, EMS organizations, and CDPHE.

Balancing Accountability, Public Protection, and Modernization

Our comments below are intended to utilize this rule revision to better balance accountability and public protection while improving oversight at the local and regional levels. Additionally, this revision provides an opportunity to modernize EMS practice in Colorado to ensure that EMS professionals can continue to meet the needs of the public effectively and efficiently.

Over time, Colorado's EMS regulatory framework has become increasingly bureaucratic and burdensome, placing excessive administrative demands on EMS professionals, agencies, and medical directors. Instead of fostering a streamlined and responsive system, the current regulatory scheme often creates unnecessary barriers to effective patient care, innovation, and workforce retention. Many of the existing rules do not reflect the dynamic nature of prehospital medicine, leading to inefficiencies that ultimately hinder both providers and the patients they serve.

The foundation of accountability for safe and effective EMS practice begins at the individual provider level. EMS professionals must be held accountable first by their peers, those who are trained and experienced in practicing within the same environment. Additionally, clinical collaboration with EMS board-certified physicians is critical to ensuring that clinical decision-making, protocol development, and quality assurance align with national best practices and evidence-based medicine. Their expertise provides essential guidance in both routine patient care and complex medical decision-making in the prehospital setting.

Specific Recommendations for Chapter 2 Updates

1. Adopt the 2019 National EMS Scope of Practice Model (SOPM) with Change Notices 1 & 2

- Colorado should align its EMS scope of practice with the national consensus model to ensure that EMS providers receive training that is consistent with national education standards.
- This approach would fill existing gaps, such as the absence of an Emergency Medical Responder (EMR) scope, while also creating a common baseline for EMS providers, educators, and medical directors.
- While the SOPM does not fully address certain state-specific issues (e.g., EMT-Intermediate scope, EMT-IV endorsements, critical care, and community paramedicine), it would serve as a foundation upon which state-specific modifications could be built.

2. Streamline the EMS Waiver Process

The current waiver system is overly complex and administratively burdensome. We recommend several key changes to make this process more efficient and transparent:

a. Recognition of EMS Board-Certified Physicians

- Medical directors with American Board of Emergency Medicine subspecialty certification in EMS should be formally recognized within the regulatory framework.
- EMS board-certified physicians bring extensive additional training and real-world experience in the prehospital environment and should have greater authority in shaping EMS practice.

b. Create a Special Waiver Category for EMS Board-Certified Medical Directors

- Medical directors with EMS board certification should be empowered to allow licensed EMS providers under their supervision to perform any procedure or medication administration for which they are appropriately trained, credentialed, and monitored.
- These waivers should only require notification to EMPAC, rather than an extensive approval process.

c. Grandfathering Previously Approved Waivers

- Given the limited number of EMS board-certified medical directors in Colorado, those who assume responsibility for an agency should be allowed to utilize any currently active waiver with the providers under their supervision.
- This would prevent unnecessary delays and reduce regulatory redundancy.

d. Centralized Data Collection Using CEMSIS

- To track EMS practice across the state, all waivers and practice modifications should be documented through the Colorado EMS Information System (CEMSIS), which already follows the National EMS Information System (NEMSIS) standard.

- Duplicative or unnecessary data collection systems should be eliminated in favor of integrating data into a single, accessible system.
- e. Establish a 5-Year Waiver Expiration with Continuous EMPAC Review
 - Waivers should not be permanent regulatory workarounds but rather a mechanism for evaluating evolving EMS practices.
 - A 5-year lifespan should be implemented, after which EMPAC must either incorporate the practice into allowable EMS procedures or retire it.
 - Initial waivers should be for a 5 year period.

Ensuring Colorado's EMS System Evolves with National Best Practices

NAEMSP-CO believes that incorporating these updates will ensure that Colorado's EMS system remains aligned with national trends and modern clinical standards. These changes will:

- Reduce administrative burden on EMS providers and medical directors.
- Empower medical directors, particularly EMS board-certified physicians, to guide practice development.
- Improve efficiency and accountability through streamlined waiver approvals and integrated data tracking.
- Allow EMPAC to focus on evaluating new innovations, rather than micromanaging routine clinical practice.

We urge CDPHE to embrace these necessary reforms to simplify regulations, modernize EMS oversight, and create a more adaptable, patient-centered EMS system. Over-regulation stifles innovation, places undue stress on providers, and creates barriers to effective care. We appreciate your time and consideration and look forward to continuing to participate in the rulemaking process.

Submitted On Behalf Of The Board Of Directors Of NAEMSP-Colorado