
CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND AMBULANCE SERVICES

Adopted by the Board of Health on December 20, 2023. Effective July 1, 2024.

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Section 1 – Purpose and Scope

- 1.1 These rules are promulgated pursuant to § 25-3.5-308, C.R.S. They are consistent with §§ 25-3.5-301(3), 305, 306, 314, 315, 317, and 318, C.R.S.
- 1.2 These rules will become effective on July 1, 2024.

Section 2 – Definitions

- 2.1 **Administrator:** For purposes of these rules, the term “administrator” means a person who the ambulance service identifies to operate the ambulance service and designates to be responsible for the day-to-day operations of a licensed ambulance service.
- 2.2 **Advanced Life Support (ALS):** Means the provision of care by EMS providers who are licensed or certified as an Advanced EMT, EMT-Intermediate or Paramedic by the Department in an ambulance that is staffed and equipped with appropriate oversight to provide ALS services pursuant to Sections 12 and 13 of these rules.
- 2.3 **Ambulance:** Any licensed ground vehicle especially constructed or modified and equipped, intended to be used and maintained or operated by, ambulance services for the transportation, upon the streets and highways of this state, of individuals who are sick, injured, or otherwise incapacitated or helpless.

- 2.4 Ambulance Service: The furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged.
- 2.5 Ambulance Service License: A legal document issued to an ambulance service by the Department to an applicant that meets the requirements for licensure to operate an ambulance service as defined by these rules.
- 2.6 Authorization to Operate or Authorized to Operate as set forth in Section 16 of these rules: A local authorizing authority's approval of or act of approving an ambulance service to operate within the jurisdiction of the local authorizing authority. Licensed ambulance services are authorized to operate in a county or city-and-county if the local authorizing authority opts out of participating in the issuance of authorizations to operate an ambulance service.
- 2.7 Basic Life Support (BLS): Means the provision of care by EMS providers who are licensed or certified as an emergency medical technician (EMT) by the Department in an ambulance that is staffed and equipped with appropriate oversight to provide BLS services pursuant to Sections 12 and 13 of these rules.
- 2.8 Behavioral Health: As used in these rules, refers to an individual's mental and emotional well-being and actions that affect an individual's overall wellness. Behavioral health issues and disorders include substance use disorders, mental health disorders, serious psychological distress, serious mental disturbance, and suicide and range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases.
- 2.9 Contractor: Means a worker, under contract, who provides transport, treatment, or operational services for the ambulance service for an hourly fee or on a per project basis. For purposes of these rules, "contractor" does not include external business entities such as corporations, partnerships, and limited liability corporations that ambulance services hire in the course of business to provide independent professional services.
- 2.10 Department: The Colorado Department of Public Health and Environment.
- 2.11 EMS Medical Director (hereinafter referred to as "medical director"): For purposes of these rules, means a physician licensed in Colorado and in good standing who authorizes and directs, through medical protocols, guidelines, or standing orders, EMS providers of an ambulance service or the performance of students-in-training enrolled in Department-recognized EMS education programs, graduate AEMTs, or graduate Paramedics, and who is specifically identified as being responsible to assure the competency of the performance of those acts by such EMS providers as described in the physician's quality assurance program.
- 2.12 EMS Compact: means the multi-state privilege to practice for EMS personnel established by the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) in Section 24-60-3502, C.R.S.
- 2.13 Facility: For the purpose of these rules, means any entity required to be licensed by the Department pursuant to Section 25-1.5-103(1)(a)(I)(A), C.R.S. A facility also includes a licensed behavioral health entity.
- 2.14 Inspection: An assessment by the Department of the ground ambulance service's compliance with all applicable statutes and regulations governing licensed ambulance services. An inspection may include an onsite inspection of the service's medical equipment and ambulances to assure compliance with these rules and to protect the public health and safety.

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- 2.15 Interfacility Transport: For purposes of these rules, means the movement of a patient from one licensed health-care facility to another licensed health-care facility.
- 2.16 License Application Review: Upon application for initial licensure, licensure renewal, or change of ownership, the Department's assessment of the applicant ground ambulance service's ability to meet the requirements for licensure as set forth in these rules.
- 2.17 Licensee: The person, entity, or agency that is granted a license to operate a ground ambulance service and that bears legal responsibility for compliance with all applicable federal and state statutes and regulations. For purposes of this chapter, the term licensee is synonymous with the term "owner or operator." If an entity is the licensee, it must provide the Department with the name of the executive in charge of the overall management of the licensee-private entity's service area(s) whose ultimate responsibility includes the licensee-private entity's compliance with all applicable federal and state statutes and regulations.
- 2.18 Local Licensing Authority: Referred to as "local authorizing authority" in these rules, means the governing body of a city-and-county or the board of county commissioners in a county in the state that authorizes state-licensed ambulance services to operate on a regular basis within the jurisdiction.
- 2.19 Medical Direction: As used in these rules, medical direction has the same meaning as set forth in Section 25-3.5-103(8.8), C.R.S., and Section 2.32 of 6 CCR 1015-3, Chapter Two.
- 2.20 Medical Protocol: A written standard or guideline for patient medical assessment and management, approved and authorized by the ambulance service's medical director.
- 2.21 Operate on a Regular Basis: A patient transport from a point originating in a county or city-and-county that satisfies one or more of the conditions specified in Section 16.2.1.
- 2.22 Owner or Operator: Means the person, entity, or agency in whose name the license is issued. For the purposes of this chapter, an owner or operator may also serve as the administrator of a licensed ground ambulance service if qualified, as required by these rules.
- 2.22.1 If the license is issued in the name of a private entity that is owned by one (1) or more individuals, the owner or operator means the person or persons who have a direct or indirect ownership interest in the private entity and who bears legal responsibility for compliance with all applicable federal and state statutes and regulations.
- 2.22.2 If the license is issued in the name of a private entity that is owned by domestic and/or foreign entities as defined in Sections 7-90-102(13) & (23), C.R.S., the owner or operator means the executive in charge of the overall management of the private entity's service area(s) whom the private entity has designated as bearing ultimate responsibility for the private entity's compliance with all applicable federal and state statutes and regulations.
- 2.22.3 If the license is issued in the name of a governmental agency, including special districts, the owner or operator means the individual who is appointed, elected, or employed to direct and oversee the overall day-to-day management of the ambulance service and who bears legal responsibility for compliance with all applicable federal and state statutes and regulations.
- 2.23 Patient Care Report: For purposes of these rules, "patient care report" is the documentation of interactions with and of services performed for the patient by, the ambulance service. Patient care reports include the data as required in 6 CCR 1015-3, Chapter Three - Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping.

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- 2.24 Permit: The authorization issued by the Department with respect to an ambulance used or to be used to provide ambulance service in the state.
- 2.25 Prehospital Setting: Means one of the following settings in which an emergency medical service provider performs patient care, which care is subject to medical direction by a medical director:
- 2.25.1 At the site of an emergency;
- 2.25.2 During emergency transport; or
- 2.25.3 During interfacility transport.
- 2.26 Quality Assurance Program: For purposes of these rules, a quality assurance program means a process undertaken by the ambulance service medical director consistent with the Rules Pertaining to EMS Practice and Medical Director Oversight at 6 CCR 1015-3, Chapter Two, used to objectively, systematically, and continuously monitor, assess, and improve the quality and appropriateness of care provided by the EMS providers operating on an ambulance service. For purposes of these rules, a quality management program, as defined in Section 25-3.5-903(4), C.R.S., also constitutes a quality assurance program.
- 2.27 Regional Emergency Medical and Trauma Services Advisory Council (RETAC) – The representative body appointed by the governing bodies of counties or cities-and-counties for the purpose of providing recommendations concerning regional area emergency medical and trauma service plans for such counties or cities and counties.
- 2.28 Rescue Unit: Means any organized group chartered by this state as a corporation, not for profit, or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.
- 2.29 Reserve Ambulance: Means a permitted ambulance that is not currently used by an ambulance service to provide patient care, but in accordance with a licensed ambulance service's policies may be equipped and staffed on short notice to meet the requirements in Sections 12 and 13.
- 2.30 Secure Transportation Services: Means urgent transportation services provided to individuals experiencing a behavioral health crisis as defined in Section 25-3.5-103(11.4), C.R.S.
- 2.31 Service Area: Means a geographically defined area in which an ambulance service has been authorized to provide ambulance transport services for calls originating therein. Service area can include a multi-county geographical area as long as the ambulance service is authorized to operate in every county or city-and-county within that defined geographical area.
- 2.32 Specialized Services: Means services other than 911 response, interfacility transport, or critical care services, and may include, but are not limited to, stroke care, bariatric care, and pediatric care.
- 2.33 Waiver: A Department approved exception to these rules granted to a licensed ambulance service. This is also referred to as an administrative waiver in these rules.

Section 3 – Department Issuance of Licenses and Ambulance Permits

- 3.1 On and after July 1, 2024, a person, entity, or agency shall not operate or maintain an ambulance or ambulance service without a license and vehicle permits issued by the Department and, if applicable, without authorization to operate from the governing body of a city-and-county or the Board of County Commissioners of the county or city-and-county in which the ambulance service operates or seeks to operate.
- 3.2 Department License Required
- 3.2.1 On and after July 1, 2024, and except as provided in Section 3.3 of these rules, a person, entity, or agency shall not operate or maintain an ambulance service, public or private, to transport a sick or injured person from any point within Colorado to any point within or outside Colorado unless that person, entity, or agency holds a valid license issued by the Department.
- 3.2.2 A person, entity, or agency that operates an ambulance service without a license issued by the Department commits a petty offense and shall be punished by fine or imprisonment as provided in Section 18-1.3-503(1.5), C.R.S.
- 3.3 Exemptions from Licensure, Permit, and Authorization Requirements
- 3.3.1 Vehicles used for the transportation of persons injured at a mine when the personnel used on the vehicles are subject to the mandatory safety standards of the federal Mine Safety and Health Administration, or its successor agency.
- 3.3.2 Vehicles used to evacuate patients from areas inaccessible to a permitted ambulance. Vehicles used in this capacity may only transport patients to the closest practical point of access to a permitted ambulance or medical facility.
- 3.3.3 Vehicles rendering services as an ambulance during a major catastrophe or emergency when ambulances with an authorization to operate in the county and city-and-county in which the major catastrophe or emergency occurred or is occurring are insufficient to render the ambulance services required in the county or city-and-county.
- 3.3.4 An ambulance based outside of the state that is transporting a patient into the state.
- 3.3.5 Pursuant to Section 25-3.5-314(2)(d), C.R.S., vehicles used or designed for the scheduled transportation of convalescent patients, individuals with disabilities, or persons who would not be expected to require skilled treatment or care while in the vehicle.
- 3.3.6 Vehicles used solely for the transportation of intoxicated persons or persons incapacitated by alcohol as defined in Section 27-81-102(11), C.R.S., but who are not otherwise disabled or seriously injured and who would not be expected to require skilled treatment or care while in the vehicle.
- 3.3.7 The exceptional emergency use of a privately or publicly owned vehicle, including search and rescue unit vehicles, not ordinarily used in the act of transporting patients.
- 3.4 General Requirements for Department Licensure of Ambulance Services and Permitting of Ambulance Vehicles

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- 3.4.1 If on June 30, 2024, an ambulance service has a valid license issued by a county or city-and-county for each ambulance used, the Department shall issue an initial state license to the ambulance service and initial state permits for each ambulance used that will remain valid for up to two (2) years.
 - 3.4.2 For all ambulance services that do not have a valid license issued by a county or city-and-county on June 30, 2024, an owner or operator must file for and obtain an initial ambulance license and ambulance permits from the Department prior to beginning operations.
 - 3.4.3 An ambulance service license or ambulance permit may not be assigned, sold or otherwise transferred.
 - 3.4.4 Any vehicle that operates as an ambulance shall be permitted by the Department before it can be identified as an ambulance. Each ambulance shall:
 - A) Make its permit accessible upon request; and
 - B) Clearly display on the vehicle the name of the ambulance service as reported to the Department in the application.
- 3.5 State Licensing Process
- 3.5.1 To become licensed and maintain licensure by the Department, every ambulance service must comply with all applicable laws and regulations that are required to operate and maintain an ambulance service in Colorado, as well as all other applicable federal and state laws and regulations.
 - A) Section 14 of these rules will not go into effect until July 1, 2026.
 - 3.5.2 To obtain an initial license or to renew an existing license, the owner or operator of an ambulance service ("applicant") shall submit to the Department:
 - A) A completed application form;
 - B) An application fee as set forth by the Department in Section 4 of these rules;
 - C) The names, addresses, telephone numbers, and e-mail contact information for the medical director[s] of the services;
 - D) A complete list of equipment carried on each permitted ambulance per medical protocols and policies;
 - E) Upon the Department's request, copies of the ambulance service's written policy and procedure manual, operational or medical protocols or guidelines, or other documentation the Department may deem necessary;
 - F) Proof of minimum vehicle insurance coverage as required by Section 10-4-619, C.R.S., and defined by Section 42-7-103 (2), C.R.S., with the Department identified as the certificate holder;
 - G) Proof of worker's compensation consistent with the Colorado Worker's Compensation Act, Title 8, Articles 40-47, C.R.S.;

- H) Proof of general liability insurance coverage or a surety bond in an amount not less than the amount calculated in accordance with Sections 24-10-114(1)(a) and (1)(b), C.R.S.;
 - I) Compliance with all applicable requirements of Section 3.7 of these rules regarding permits;
 - J) Its articles of incorporation, articles of organization, partnership agreement, certificate of limited partnership, articles of association, statement of registration, operating agreement, or other document of similar import filed or recorded by or for an entity in the jurisdiction under the law of which the entity is formed, by which it is formed, or by which the entity obtains its status as an entity or the entity or any or all of its owners obtain the attribute of limited liability.
- 3.5.3 Upon receipt of all required application materials, the Department shall review the applicant's ability to provide ambulance services.
- A) The Department may conduct an on-site licensing inspection or other appropriate review to determine whether the ambulance service and its ambulances and reserve ambulances conform with all applicable statutes and regulations.
 - B) The Department shall consider the information contained in the ambulance service's application and may request access to and consider other information concerning the ambulance service's operation, including without limitation, aspects related to patient care, such as:
 - 1) The applicant's previous compliance history, if applicable;
 - 2) The applicant's policies and procedures;
 - 3) The applicant's quality assurance program and other quality assurance documentation as may be appropriate;
 - 4) Credentials of patient care staff, including a list of each individual staff member's current certification and/or licensing credentials at the time the licensure application is submitted;
 - 5) Interviews with staff; and
 - 6) Other documents deemed appropriate by the Department.
- 3.5.4 The applicant shall provide, upon request, access to such individual patient records as the Department requires for the performance of its licensing and regulatory oversight responsibilities.
- 3.5.5 The applicant shall provide, upon request, access to or copies of reports and information required by the Department for the performance of its licensing and regulatory oversight responsibilities.
- 3.5.6 The Department shall not release to any unauthorized person any information defined as confidential under state law or the Health Insurance Portability and Accountability Act of 1996, codified at 42 U.S.C. Section 300gg, 42 U.S.C. 1320d *et seq.*, and 29 U.S.C. Section 1181, *et seq.*

- 3.5.7 An ambulance service license expires two (2) years from the Department's issuance of the license.
- 3.6 Fingerprint-based Background Check for License Applicant Owner or Operator
- 3.6.1 When submitting an application for an initial or renewal license, the owner or operator of an ambulance service shall submit with the license application a complete set of the owner's or operator's fingerprints to the Colorado Bureau of Investigation for the purpose of conducting a state and national fingerprint-based background check.
- 3.6.2 When a currently licensed ground ambulance service undergoes a change of ownership or change of operator, each prospective new owner or operator shall, within 10 (ten) days after a change in ownership or operator, submit along with the license application required in Section 3.5.2 of these rules, a complete set of the owner's or operator's fingerprints to the Colorado Bureau of Investigation for the purpose of conducting a state and national fingerprint-based background check.
- 3.6.3 Each owner or operator of an ambulance service is responsible for paying the fee established by the Colorado Bureau of Investigation for conducting the fingerprint-based background check to the Bureau.
- 3.7 Ambulance Permit Process
- 3.7.1 A licensed ambulance service shall not operate or maintain any vehicle it uses or intends to use as an ambulance or reserve ambulance, as defined in these rules, unless each such vehicle has been issued a valid permit by the Department.
- 3.7.2 For every ambulance that a licensed ambulance service uses or intends to use as an ambulance or reserve ambulance, the owner or operator of an ambulance service ("applicant") shall apply for a permit from the Department on a form specified by the Department. A permit application shall not be complete unless the applicant provides all requested information to the Department concerning the ambulance[s] and/or reserve ambulance[s] it seeks to permit, including but not limited to:
- A) The vehicle identification number of the ambulance to be permitted;
 - B) Documented proof that all ambulance service ambulances are manufactured by a final stage or completed vehicle organization that has submitted all information to the National Highway Traffic Safety Administration (NHTSA) as required by 49 C.F.R. Part 566, 49 C.F.R. Part 567, and 49 C.F.R. Part 568;
 - C) Documented proof that all ambulance service ambulances are designed, built, and equipped in compliance with one of the nationally recognized ambulance standards, such as CAAS-GVS, Triple-K, or NFPA, and in accordance with applicable federal, state, and local regulations;
 - D) Documented proof that the ambulance is maintained and operating in good working order and has passed a mechanical safety inspection by a qualified mechanic pursuant to the service's preventative maintenance policy within, at minimum, the last twelve months;
 - E) Documented proof that the ambulance for which the permit is sought is authorized by the Colorado Department of Motor Vehicles as an emergency vehicle, pursuant to Section 42-4-108(5), C.R.S.;

- F) The ambulance service policy that establishes the minimum equipment list for each ambulance that it seeks to permit; and
 - G) The applicable fee, as set forth in Section 4 of these rules.
- 3.7.3. Upon the issuance of a permit, the licensed ambulance service shall ensure the permit is located in the ambulance that is identified by the corresponding vehicle identification number and is available for inspection at all times.
- 3.7.4. An ambulance permit expires two (2) years from issuance of the permit.
- 3.7.5. A licensed ambulance service shall notify the Department within 30 days if the ambulance service sells, disposes of, or otherwise permanently removes a validly-permitted ambulance or reserve ambulance from operation as part of its inventory/fleet.
- 3.7.6. Any licensed ambulance service that buys, leases, or acquires possession of one (1) or more ambulances or reserve ambulances during its licensure period shall not operate or use any such ambulance for patient transport of any kind until the service has applied for and received a valid permit for each such ambulance from the Department, as set forth in Section 3.7.2 of these rules.
- A) Temporary permits - The Department may issue a temporary permit to an ambulance service for its use of an ambulance or reserve ambulance under the following circumstances:
 - 1) The ambulance service notifies the Department within seventy-two (72) hours of its unexpected and temporary use of another ambulance service's Colorado-permitted ambulance in order to provide coverage under unforeseen or unanticipated circumstances; or
 - 2) The ambulance service requests the Department's permission to operate an ambulance that is not fully equipped as required by these rules but can establish to the Department's satisfaction that:
 - a) Receipt of the missing equipment is pending; and
 - b) The ambulance service's operation of the ambulance in the interim is safe for staff, patient care, and transportation.
 - B) When applying for a temporary permit, the ambulance service shall submit an application for a temporary permit on forms specified by the Department. Submission of this application requires the ambulance service to attest that the ambulance for which the temporary permit is sought complies with Section 3.7.2 of these rules.
 - C) The Department may conduct an on-site inspection or other appropriate review to determine whether the ambulance or reserve ambulance for which the ambulance service seeks a temporary permit conforms with all applicable statutes and regulations.
 - D) Once issued, a temporary permit will remain valid for up to one hundred eighty (180) calendar days with the following conditions:
 - 1) The Department may renew a temporary permit once only for a period of up to ninety (90) calendar days;

- 2) The temporary permit is not otherwise renewable or transferable; and
 - 3) The ambulance service shall ensure the temporary permit is located in the ambulance that is identified by the corresponding vehicle identification number, and is available for inspection at all times.
- 3.7.7 A person, entity, or agency that operates an ambulance without a permit issued by the Department is subject to a civil penalty of:
- A) Up to five hundred dollars (\$500) per violation; or
 - B) For each day of a continuing violation, up to five hundred dollars (\$500) per day.
- 3.8 Provision of secure transportation services by licensed ground ambulances that operate and maintain a validly permitted ambulance in accordance with Section 25-3.5-314, C.R.S., and these rules may provide secure transportation services to an individual experiencing a behavioral health crisis.
- 3.9 A licensed ground ambulance service that provides community integrated health care services (CIHCS) in addition to medical transport services must also hold a valid CIHCS license from the Department pursuant to 6 C.C.R. 1011-3.
- 3.10 Provisional License
- 3.10.1 The Department may issue a provisional license to an applicant for an initial license to operate an ambulance service if:
- A) The applicant is temporarily unable to conform to all the minimum standards required under Title 25, Article 3.5, Part 3, and these rules;
 - B) The operation of the applicant's ambulance service will not adversely affect patient care or the health, safety, and welfare of the public; and
 - C) The applicant ambulance service demonstrates it is making its best efforts to achieve compliance with all the applicable rules.
- 3.10.2 A provisional license issued by the Department shall be valid for a period not to exceed ninety (90) calendar days, except that the Department may issue a second provisional license for the same duration and shall charge the same fee set forth in Section 4 of these rules as for the first provisional license. The Department may not issue a third or subsequent provisional license to the applicant, and in no event shall a service be provisionally licensed for a period to exceed one hundred eighty (180) calendar days.
- 3.10.3 Pursuant to Section 16 of these rules, each service that is issued a provisional license from the Department must also, if applicable, obtain an authorization to operate from the local authorizing authority for each county or city-and-county in which the ambulance service intends to operate.
- 3.10.4 The applicant shall submit to the Department the applicable provisional fee(s) set forth in Section 4 of these rules.

3.11 License Renewal and Permit Renewal

3.11.1 To renew an existing ambulance service license, permit, or both, the licensee shall submit its application for renewal within ninety (90) calendar days preceding the expiration date, and no later than thirty (30) calendar days prior to the date of the ambulance license and/or permit expiration. At minimum, the licensee shall submit:

- A) The applicable renewal application and fees, as set forth in Section 4 of these rules;
- B) Documented proof that the ambulance is maintained and operating in good working order and has passed a mechanical safety inspection by a qualified mechanic pursuant to the service's preventative maintenance policy within, at minimum, the last twelve (12) months; and
- C) Any further information as required by the Department.

3.11.2 A Department-issued ambulance license and/or permit is no longer valid upon the applicable expiration date. The ambulance service that has allowed its license and/or permit to expire shall not:

- A) Hold itself out as a license and/or permit holder; and
- B) Provide ambulance service or operate any ambulance for any reason, whether or not for compensation, until such time as the Department has issued a new or renewed license and/or permit.

3.11.3 When an ambulance service licensee submits an application to renew its license and/or permit, the Department may conduct an inspection of the ambulance service to assure its compliance with these rules.

3.11.4 Except as otherwise provided in Section 3.10 of these rules, the Department shall renew a license and/or permit when it is satisfied that the requirements of these rules have been met.

3.11.5 If the licensee has made a timely and sufficient application for renewal of the license and/or permit, the existing license and/or permit shall not expire until the Department has acted upon the renewal application.

3.12 Change of Ownership/Management

3.12.1 When a currently licensed ambulance service anticipates a change of ownership, the current licensee shall notify the Department within the specified time frame and the prospective new licensee shall submit an application for change of ownership along with the requisite fees as set forth in Section 4 of these rules, as applicable, and documentation within the same time frame. The time frame for submittal of such notification and documentation shall be at least sixty (60) calendar days before a change of ownership involving any ambulance service.

- A) In case of exigent circumstances, an ambulance service may request a waiver of the sixty (60) calendar day requirement set forth above.

- 3.12.2 In general, the conversion of an ambulance service's legal structure, or the legal structure of an entity that has a direct or indirect ownership interest in the ambulance service is not a change of ownership unless the conversion also includes a transfer of at least fifty (50) percent of the licensed ambulance service's direct or indirect ownership interest to one (1) or more new owners.
- A) However if, for example, the owner of an ambulance service enters into a lease arrangement or management agreement or other operational arrangement whereby the owner retains no authority or responsibility for the operation and management of the ambulance service, the action shall be considered a change of ownership that requires a new license.
- 3.12.3 Each applicant for a change of ownership shall provide information on change of ownership as requested by the Department, including, but not limited to the following:
- A) The legal name of the entity and all other names used by it to provide health care services.
- 1) The applicant has a continuing duty to notify the Department of all name changes at least thirty (30) calendar days prior to the effective date of the change.
- B) Contact information for the entity including mailing address, telephone and facsimile numbers, e-mail address, and website address, as applicable.
- 3.12.4 The existing licensee shall be responsible for correcting all rule violations and deficiencies in any current plan of correction before the change of ownership becomes effective. In the event that such corrections cannot be accomplished in the time frame specified, the prospective licensee shall be responsible for all uncorrected rule violations and deficiencies including any current plan of correction submitted by the previous licensee unless the prospective licensee submits a revised plan of correction, approved by the Department, before the change of ownership becomes effective.
- 3.12.5 If the Department issues a license to the new owner, the previous owner shall return its license to the Department within five (5) calendar days of the new owner's receipt of its license.

Section 4 – Fees (Reserved)

Section 5 – Complaints

- 5.1 The Department may investigate a complaint regarding the alleged violation by a licensed ambulance service of the provisions of:
- 5.1.1 Sections 25-3.5-301, C.R.S., *et seq.*;
- 5.1.2 These ground ambulance licensing rules;
- 5.1.3 Rules set forth in 6 CCR 1015-3:
- A) Chapter One – Rules Pertaining to EMS and EMR Education, EMS Certification or Licensure, and EMR Registration;
- B) Chapter Two – Rules Pertaining to EMS Practice and Medical Director Oversight; and

- C) Chapter Three – Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping.
 - 5.1.4 Regulations set forth in 6 CCR 1015-4, Chapter One, State Emergency Medical and Trauma Care System Standards and Chapter Four, Regional Emergency Medical and Trauma Services Advisory Councils.
- 5.2 The Department may also initiate a complaint investigation concerning any act or event that a licensed ambulance service must report to the Department pursuant to Section 9 of these rules - Mandatory Incident Reporting.
- 5.3 Complaints or referrals relating to the quality and conduct of an ambulance service may be made by any person or entity and may be initiated by the Department.
- 5.4 The Department does not have jurisdiction over billing disputes.
- 5.5 Upon receipt of a complaint, the Department may make inquiry as to the validity of such complaint prior to initiating an investigation. If the Department determines that a complaint warrants a more extensive review, it may initiate an investigation to determine if a violation occurred.
- 5.6 Complaints concerning EMS medical directors regulated by the Department pursuant to 6 CCR 1015-3, Chapter Two, shall be reviewed by the Department.
- 5.7 Complaints concerning matters outside of the Department's jurisdiction may be referred to the appropriate entity.
- 5.8 If the Department determines that the complaint does not warrant further review or determines that the complaint is outside of the Department's authority to investigate, the Department will notify the complainant.
- 5.9 Nothing in this section prohibits the Department from conducting a complaint investigation under circumstances it deems necessary.
- 5.10 When the Department has completed its complaint investigation, it shall notify, in writing, the complainant and the licensed ambulance service of the results of any alleged violation of the relevant rules.
- 5.11 When, at the completion of the Department's complaint investigation, it determines that one or more violations of any of the rules set forth in Section 5.1 or of the governing statutes may result in the initiation of an administrative action or a referral to a law enforcement agency or to other regulatory bodies, the Department shall notify in writing:
 - 5.11.1 The primary medical director of the licensed ambulance service of any known violation of the ambulance licensing rules by the ambulance service or known violations of the ambulance licensing rules by individual medical providers operating on an ambulance service; and
 - 5.11.2 The county or city-and-county in which the complaint arose, and any other county or city-and-county in which the licensed ambulance service is authorized to operate.

Section 6 – Plans of Correction

- 6.1 After any Department inspection or complaint investigation, the Department may request a plan of correction from an ambulance service.

- 6.1.1 A plan of correction shall be in the format prescribed by the Department and shall include, but not be limited to, the following:
- A) Identification of the problem(s) with the current activity and what the ambulance service will do to correct each deficiency;
 - B) A description of how the ambulance service will accomplish the corrective action;
 - C) A description of how the ambulance service will monitor the corrective action to ensure the deficient practice is remedied and will not recur; and
 - D) A timeline with the expected implementation and completion date. The completion date is the date that the ambulance service determines it can achieve compliance.
- 6.1.2 Completed plans of correction shall be:
- A) Submitted to the Department in the form and manner required by the Department;
 - B) Submitted within ten (10) calendar days after the date of the Department's delivery of the written notice of deficiencies to the ambulance service, unless otherwise required or approved by the Department; and
 - C) Signed by the ambulance service administrator.
- 6.1.3 The Department has the discretion to approve, modify, or reject plans of correction.
- A) If the plan of correction is accepted, the Department shall notify the ambulance service by issuing a written notice of acceptance within thirty (30) calendar days of receipt of the plan.
 - B) If the plan of correction is unacceptable, the Department shall notify the ambulance service in writing, and the service shall re-submit a revised plan of correction to the Department within fifteen (15) calendar days of the date of the written notice.
 - C) If the ambulance service fails to comply with the requirements or deadlines for submission of a plan or fails to submit a revised plan of correction, the Department may reject the plan of correction and impose disciplinary sanctions as set forth in Sections 7 or 8 of this rule.
 - D) If the ambulance service fails to timely implement the actions agreed to in the plan of correction, the Department may impose disciplinary sanctions as set forth in Sections 7 and 8 of this rule.

Section 7 – License Conditions and Restrictions

- 7.1 After any Department inspection or complaint investigation, the Department may:
- 7.1.1 Exercise its lawful authority pursuant to Section 25-3.5-318(4), C.R.S., to impose one or more intermediate restrictions or conditions on a licensed ambulance service.
 - 7.1.2 Require the ambulance service to:

- A) Retain a consultant to address corrective measures;
 - B) Be monitored by the Department for a specific period;
 - C) Provide additional training to its employees, contractors, volunteers, owners, or operators;
 - D) Comply with a directed written plan to correct the violation in accordance with the procedures established pursuant to the requirements set forth in Section 25-27.5-108(2)(b), C.R.S.; or
 - E) Pay a civil penalty of up to five hundred dollars (\$500) per violation.
- 7.1.3 The licensed ambulance service may appeal any intermediate restriction or condition, including after submission of an approved written plan, through an informal review process as specified by the Department.
- 7.1.4 If a licensed ambulance service is not satisfied with the result of the informal review or chooses not to seek informal review, no intermediate restriction or condition shall be imposed until after the opportunity for a hearing has been afforded the licensed ambulance service pursuant to Section 24-4-105, C.R.S.

Section 8 – Denial, Revocation, Suspension, or Summary Suspension of Licenses and Vehicle Permits, and Civil Penalties

- 8.1 The Department may deny the license of an ambulance service if:
- 8.1.1 The applicant is out of compliance with the requirements of Sections 25-3.5-314-318, C.R.S., or the requirements set forth in these rules; or
 - 8.1.2 If the results of a criminal history record check of an owner or operator demonstrate that the owner or operator has been convicted of a felony or a misdemeanor involving conduct that the Department determines could pose a risk to the health, safety, or welfare of ambulance service patients.
- 8.2 The Department may suspend, revoke, or refuse to renew the license of an ambulance service if:
- 8.2.1 It is out of compliance with Section 25-3.5-301, *et seq.*, C.R.S., or the requirements set forth in these rules; or
 - 8.2.2 The results of a fingerprint-based criminal history record check of an owner or operator demonstrate that the owner or operator has been convicted of a felony or a misdemeanor involving conduct that the Department determines could pose a risk to the health, safety, or welfare of ambulance service patients.
- 8.3 The Department may summarily suspend a license before a hearing in accordance with Section 24-4-104(4)(a), C.R.S.
- 8.4 Notice of Appeal. The Department shall notify the ambulance service of:
- 8.4.1 The right to appeal the denial, revocation, suspension, summary suspension, or limitation; and

- 8.4.2 The procedure for appealing Departmental denials, revocations, suspensions, summary suspensions, or limitations, which shall be conducted in accordance with the state Administrative Procedure Act, Section 24-4-101, *et seq.*, C.R.S.
- 8.5 Except as provided in Section 8.3 of these rules, the Department shall conduct a hearing in accordance with Article 4 of Title 24 before it takes final action to suspend, revoke, or to refuse renewal of a license.
- 8.6 An owner or operator of an ambulance service or other person who violates Section 25-3.5-301, *et seq.*, C.R.S., or a provision of these rules, or who operates without a valid license, is subject to a civil penalty assessed by the Department of:
- 8.6.1 Up to five hundred dollars (\$500) per violation; or
- 8.6.2 For each day of a continuing violation, up to five hundred dollars (\$500) per day.
- 8.6.3 If the Department assesses civil penalties against a licensed ambulance service pursuant to Section 3.7.7, Section 7.1, and/or Section 8.6 of these rules, the Department shall:
- A) Provide the ambulance service with notice and an opportunity for hearing pursuant to Section 24-4-105, C.R.S.; and
- B) Upon request of the ambulance service, the Department shall grant a stay of payment of the civil penalties until final disposition of the intermediate restrictions or conditions imposed.

Section 9 – Mandatory Incident Reporting Requirements For Licensees

- 9.1 Mandatory incidents shall be reported to the Department as follows:
- 9.1.1 Upon the ambulance service's discovery that any of the following procedural incidents has occurred, the ambulance service administrator shall notify the Department of the incident as soon as practicable, but no later than seven (7) calendar days following its discovery, in the form and format specified by the Department. Upon notification, the Department may contact the ambulance service as needed.
- A) 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.
- B) 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.
- C) Any instance in which an EMS provider is terminated or suspended by the ambulance service based on the good cause rules set forth in 6 CCR 1015-3, Chapter One.
- D) Any suspension or revocation of a medical director's license to practice by the Colorado Medical Board.

- E) The unexpected or untimely separation of a medical director from an ambulance service whether voluntary or involuntary. All other separations or transitions must be reported by the medical director pursuant to 6 CCR 1015-3, Chapter Two.
- 9.1.2 Within 90 days of the ambulance service's discovery that any of the incidents listed within this 9.1.2 may have occurred, the ambulance service and medical director shall review the incident through the ambulance service's quality assurance program to determine if the incident is one or more of the following reportable incidents, and if so, report to the Department no later than the end of the 90-day period, consistent with 9.1.3 below.
- A) Any incident during response or while providing patient care in which an employee, contractor, or volunteer of the ambulance service knowingly:
- 1) Commits physical assault against another person pursuant to Article 3 of Title 18, C.R.S.; or
 - 2) Commits sexual assault, pursuant to Article 3 of Title 18, C.R.S. As used here, "sexual assault" includes:
 - a) Any improper sexual contact, touching, intrusion, or penetration that an ambulance service employee, contractor, or volunteer inflicts upon another person; or
 - b) 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.
- B) 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 neglect, including the failure to provide goods and services necessary to attain and maintain physical and mental well-being by the ambulance service or its employees, contractors, or volunteers.
- C) Any unauthorized appropriation or possession of medications, supplies, equipment, money, or personal items.
- D) The response to an incident, or treatment of a patient, by an ambulance service's employees, contractors, or volunteers while impaired by the use of alcohol or drugs.
- E) Any instance of care provided by someone impersonating a licensed healthcare provider, including someone practicing without a valid certification, license, or privilege to practice.
- F) The death or injury of an occupant of an ambulance that is licensed and permitted by the Department and is a direct result of a motor vehicle collision occurring during response or transport by the ambulance service.
- G) Administration of an adulterated or contaminated drug, device, or biologic provided by the ambulance service.
- H) The following incidents that lead to injury, illness, or death to a patient not ordinarily expected as a result of the patient's condition:

- 1) A medication error or medical act error;
- 2) An invasive procedure performed on the wrong site;
- 3) The use or function of a device in which the device is used in a manner other than as intended or approved by medical direction; or
- 4) The use of physical restraints or chemical restraints; or
- 5) Patient suicide or attempted suicide that occurs during the provision of patient care.

9.1.3 Incident Reporting Process

- A) Upon determination through the quality assurance program that an incident is reportable pursuant to Section 9.1.2, the ambulance service shall submit a report to the Department no later than ninety (90) calendar days after discovery of the potential incident that:
 - 1) Describes the incident review;
 - 2) Identifies whether additional corrective measures are necessary to prevent reoccurrence of the reported incident; and
 - 3) Specifies each corrective measure that will be undertaken to prevent reoccurrence of the reported incident.
- B) An ambulance service may request an extension to the ninety (90) calendar day report deadline in Section 9.1.3.A if more time is required to complete the quality assurance process. The Department may grant extensions not to exceed a total of ninety (90) calendar days.
- C) The Department may request further supplemental information concerning any mandatory reporting incident if it determines such information is necessary.

Section 10 – Data Collection and Reporting Requirements

10.1 All licensed ambulance services shall maintain records that include required data and information on patient care for each response that resulted in patient contact.

10.1.1 To assure continuity of patient care, an ambulance service that transports a patient to a facility shall:

- A) Provide the patient care data to the Department within forty-eight (48) hours from the time the unit went back in service as set forth in 6 CCR 1015-3, Chapter Three, thereby ensuring that a draft or completed patient care report is timely accessible by the receiving facility; and
- B) For facilities that cannot otherwise access the patient care report, develop, maintain, and follow a policy and procedure to ensure the availability of the patient care report within forty-eight (48) hours from when the ambulance went back in service.

- 10.2 All licensed ambulance services shall provide the Department with:
- 10.2.1 All patient care data and information required pursuant to the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three;
 - 10.2.2 An organizational profile pursuant to the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three; and
 - 10.2.3 Any additional data and information as specified by the Department.
- 10.3 All licensed ambulance services must ensure accurate and complete patient care data are submitted to the Department in the form and manner as specified by the Department. If the Department determines errors exist in the submitted data, it may require the licensed ambulance service to correct and resubmit the data. The Department may consider the licensed ambulance service to be out of compliance with this rule if it does not provide the corrected data within the timeframe specified by the Department.

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
 - 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 Rules Pertaining to EMS Practice and Medical Director Oversight 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.
- 11.4 The Department may request a copy of the ambulance service's or medical director's quality assurance program, which may be marked as proprietary pursuant to Section 3.5.3.B.3.

Section 12 – Minimum Staffing Requirements, Patient Safety, and Safety and Staffing of Crew Members

- 12.1 Minimum Staffing Requirements
- 12.1.1 A licensed ambulance service shall comply with the following minimum ambulance staffing requirements:

- A) The person responsible for providing direct emergency medical care and treatment to patients transported in an ambulance shall hold a current and valid certification or license as an EMS provider as defined in the Rules Pertaining to EMS Education, Certification or Licensure, and EMR Registration at 6 CCR 1015-3, Chapter One, or have a valid EMS Compact privilege to practice as an EMS provider in Colorado.
- B) Each patient transport by a licensed ground ambulance service shall be staffed by a minimum of one (1) emergency medical services (EMS) provider who is licensed or certified in Colorado, or who has a valid EMS Compact privilege to practice as an EMS provider in Colorado, to provide direct patient care, plus a vehicle operator.
 - 1) Pursuant to Section 25-3.5-301(3), C.R.S., an exception to the requirements set forth in Section 12.1.1.B exists solely under the unusual conditions when only a vehicle operator is present to transport the patient. Under these limited circumstances, other individuals who are not licensed or certified as an EMS provider may accompany the patient during transport.
- C) Emergency medical services providers shall operate only within their scopes of practice and pursuant to medical protocols, including an EMS provider acting in accordance with a scope of practice waiver granted pursuant to 6 CCR 1015-3, Chapter Two.
- D) The vehicle operator shall hold a current and valid driver's license and meet all criteria required by Section 14.4.3.D of these rules.
 - 1) The sole exception to Section 12.1.1.D is in the case of an emergency in an ambulance service area where no person possessing these qualifications is present or available to respond to a call for the emergency transportation of patients by ambulance. Under these circumstances, any person may operate the ambulance to transport any sick, injured, or otherwise incapacitated or helpless person in order to stabilize the medical condition of the person pending the availability of medical care. See Section 25-3.5-202, C.R.S.

12.2 Patient Safety and Safety and Staffing of Crew Members

12.2.1 Each ambulance service shall establish and implement a policy that sets forth the service's staffing pattern and addresses considerations such as patient safety and safety and staffing of crew members, including but not limited to:

- A) Fatigue of staff members, including education and training to mitigate fatigue and risks; and
- B) Staffing patterns that support the services that the ambulance service provides.

Section 13 – Minimum Equipment Requirements

13.1 For purposes of this Section 13, every ambulance service shall have:

13.1.1 Medical protocols that have been approved by the service medical director;

- 13.1.2 Policies that clearly document equipment requirements for each permitted ambulance per medical protocol, including the minimum equipment requirements as set forth in these rules; and
 - 13.1.3 Sufficient medical equipment and supplies as provided in these rules to provide care consistent with the ambulance service's medical protocols and appropriate patient care standards for the ages and sizes of the population served.
- 13.2 Minimum Equipment for Ambulances
- 13.2.1 A licensed ambulance service shall require each of its permitted ambulances to have appropriate means of assessing patients pursuant to the ambulance service's medical protocols, including, but not limited to:
 - A) Pediatric length, age, or weight-based system for determining drug dosage calculations and sizing equipment.
 - 13.2.2 A licensed ambulance service shall require each of its permitted ambulances to have appropriate means of treating patients pursuant to the ambulance service's medical protocols which include, but are not limited to, the following:
 - A) Ventilation and airway equipment;
 - B) Splinting or other appropriate devices for treating orthopedic and spinal injuries;
 - C) Dressings and other appropriate materials to address bleeding and burns;
 - D) Obstetrical supplies for field deliveries;
 - E) Pharmacological agents;
 - F) Hemorrhage control equipment, including a commercially manufactured hemorrhage control tourniquet; and
 - G) Means of defibrillation capable of delivering electrical countershock.
 - 13.2.3 A licensed ambulance service shall require each of its permitted ambulances to have appropriate equipment to support ground ambulance operations, pursuant to the ambulance service's medical protocols and policies, which includes, but is not limited to, the following:
 - A) Communications equipment:
 - 1) On or before July 1, 2026, two (2) different forms of communications equipment on each permitted ambulance, to include:
 - a) Two-way voice radio communications with PSAP (Public Safety Answering Points) in good working order that will enable clear voice communications between ambulance personnel and the:
 - i) Ambulance service's dispatch;
 - ii) Medical control facility or the medical control physician;
 - iii) Receiving facilities; and

- iv) Mutual aid agencies; and
 - b) A redundant form of communications equipment, which may include wireless telephones;
 - B) Infection control equipment and supplies; and
 - C) Mechanisms to secure equipment stored in the ambulance's patient compartment.
- 13.2.4 A licensed ambulance service shall require each of its permitted ambulances to have, at minimum, vehicle safety equipment pertinent to:
 - A) Traffic safety devices, including but not limited to vests and warning triangles;
 - B) Daytime and nighttime operations, including but not limited to an operating flashlight and incident and scene lighting;
 - C) All weather conditions, to include items such as tire chains; and
 - D) Fire hazard abatement, to include, at minimum, fire extinguishers.
- 13.2.5 A licensed ambulance service shall require each of its permitted ambulances to carry at minimum:
 - A) Appropriately-sized personal protective equipment (PPE) for all on-duty personnel, conforming to national standards such as the Centers for Disease Control and Prevention (CDC) or the Occupational Safety and Health Administration (OSHA); and
 - B) Sharps containers and receptacles for the appropriate disposal and storage of medical waste and biohazards.
- 13.2.6 A licensed ambulance service shall require, at minimum, that each of its permitted ambulances be equipped with the following personal restraint equipment:
 - A) A child protective restraint system that accommodates a weight range between five (5) and ninety-nine (99) pounds; and
 - B) Appropriate protective restraints for patients, crew, accompanying family members, and other vehicle occupants.
- 13.3 Minimum Equipment for Ambulances for Advanced Life Support (ALS) or Critical Care Services
 - 13.3.1 In addition to all equipment required in Section 13.2, a licensed ambulance service that provides advanced life support or critical care services shall ensure that every permitted ambulance that operates as such is also equipped with the following minimum medical and operational equipment:
 - A) Means of assessing and treating the patient pursuant to the ambulance service's medical protocols including, but not limited to, the following:
 - 1) End-tidal CO₂ monitor or detection device;
 - 2) Portable, battery-operated cardiac monitor-defibrillator;

- 3) Advanced airway equipment;
- 4) Fluid maintenance solutions per medical protocol;
- 5) Medication administration equipment per medical protocol; and
- 6) For permitted ambulances providing critical care services, appropriate equipment to provide such services, subject to medical protocol.

13.4 Minimum Equipment for Ambulances Providing Specialized Services

13.4.1 Ambulance services may choose to provide specialized services such as stroke care, bariatric care, and pediatric care in addition to 911 response and interfacility transport services.

- A) For all permitted ambulances that provide specialized services, a licensed ambulance service shall ensure that every such ambulance is equipped with:
 - 1) The minimum medical and operational equipment required in Section 13.2 or 13.3, depending upon the level of service (BLS or ALS) the ambulance service provides; and
 - 2) The equipment necessary to perform the specific specialized services per medical protocol, as determined by the ambulance service medical director.
- B) These minimum equipment rules apply to all ambulances that provide specialized services, whether they furnish specialized services only or in addition to 911 response and/or interfacility transport services.

Section 14 – Administrative and Operational Standards for Governance, Patient Records and Record Retention, Personnel, and Policies and Procedures

14.1 Administrative and Operating Standards – Licensees shall maintain administrative policies, procedures and/or operating standards necessary to comply with these rules and in accordance with organizational governance requirements.

14.2 This Section 14 shall be effective on July 1, 2026.

14.3 Ambulance services shall ensure patients the following rights at a minimum:

14.3.1 The right of the patient and their property to be treated, to the extent possible, in a respectful manner that recognizes a person's dignity, cultural values, and religious beliefs, and provides for personal privacy during the course of treatment;

14.3.2 The right of the patient to be free from discrimination in the provision of services;

14.3.3 The right of the patient to be free from neglect; financial exploitation; and verbal, physical, and psychological abuse;

14.3.4 The right of the patient to participate in decisions involving patient care, to the extent possible;

14.3.5 The right of the patient to have personally identifying health information protected from unnecessary disclosure;

- 14.3.6 The right of the patient or the patient's legal representative to file a complaint with the ambulance service and/or Department concerning services or care that is or is not furnished, without fear of discrimination or retaliation by the ambulance service owner, administrator, EMS providers, or any service staff; and the right to receive notification from the ambulance service and/or Department of the resolution of the complaint.
 - 14.3.7 The right of the patient or the patient's legal representative to obtain medical record information.
 - 14.3.8 The right to receive treatment according to a known, valid medical or behavioral health advance directive, including the right to receive treatment as directed by a legally authorized person pursuant to Colorado Revised Statutes.
 - 14.3.9 The right to receive medical assessment and care delivered by the ambulance service's EMS providers pursuant to their appropriate scopes of practice and in accordance with the needs of the patient, to the extent possible.
- 14.4 Personnel
- 14.4.1 General Personnel Standards - At a minimum, each ambulance service shall operate with qualified personnel, including an administrator, a medical director, and EMS providers.
 - 14.4.2 Beginning July 1, 2026, the ambulance service shall:
 - A) Conduct a licensure/certification check on every prospective employee, contractor, or volunteer who is a licensed or certified EMS provider in Colorado and who will be providing patient care. At a minimum, the ambulance service must review the Department's "OATH-public lookup" or successor database before employment to establish that the provider's license or certification has not been suspended or revoked and has not expired;
 - B) Conduct a licensure/certification check on every prospective employee, contractor, or volunteer who is an EMS provider and who will be providing patient care with a valid privilege to practice in Colorado pursuant to the EMS Compact. At a minimum, the ambulance service must review the EMS Compact database before employment to establish that the provider's privilege to practice has not been suspended or revoked and has not expired;
 - C) After conducting the initial licensure/certification check on EMS providers, an ambulance service must, at a minimum, review the Department's "OATH-public lookup" or successor database, or the EMS Compact for out-of-state licensed providers, on an annual basis thereafter to establish that every EMS provider who is employed by, contracts with, or volunteers for the ambulance service maintains a license or certification or has a valid privilege to practice that has not been suspended or revoked, or that has not expired.
 - 14.4.3 Role-Specific Personnel Standards
 - A) Each ambulance service shall have an administrator who is responsible for the service's day-to-day business operations.
 - 1) Administrator Qualifications. Administrators hired after July 1, 2026, shall:
 - a) Possess a high school diploma or equivalent; and

- b) Have at least six (6) months of health care, emergency medical service, ambulance service, health service administration, or general business experience; and
 - c) Have not been excluded from participation in Medicare, Medicaid, or state health care programs.
- 2) The administrator of an ambulance service shall assume daily oversight of the service including, but not limited to, serving as the ambulance service contact person with the Department and maintaining ongoing communications with the Department.
- B) Each ambulance service shall have a medical director who is responsible for medical oversight of the service and its EMS providers as provided in Section 11 of this Chapter Four and 6 CCR 1015-3, Chapter Two.
- C) All EMS providers hired by, contracted with, or volunteering for the service to provide patient care shall:
- 1) Have a current license or certification from the state of Colorado pursuant to 6 CCR 1015-3, Chapter One, or have a valid equivalent privilege to practice as an EMS provider under the EMS Compact;
 - 2) Operate only within the scope of practice as outlined in 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight, or under scope of practice waivers granted by the Department to the medical director; and
 - 3) Be credentialed to practice by the ambulance service's medical director.
- D) All vehicle operators hired by, contracted with, or volunteering for the service after July 1, 2026, shall:
- 1) Be at least eighteen (18) years of age;
 - 2) Have a currently valid drivers' license as set forth in Sections 42-2-101 *et seq.*, C.R.S., with appropriate endorsements for the vehicle class; and
 - 3) Have documentation of successful completion of an agency approved emergency vehicle operation program.

14.4.4 Training and Orientation

- A) Beginning July 1, 2026, no employee, contractor, or volunteer shall provide patient care prior to receiving orientation that specifically addresses the following:
- 1) Matters of confidentiality, safety, and appropriate behavior;
 - 2) The individual's specific duties and responsibilities prior to assuming the role;
 - 3) The service's policies, procedures, and applicable state and federal laws;
 - 4) An overview of state regulatory oversight and, if applicable, local requirements that apply to the ambulance service and EMS provider;

- 5) Reporting requirements, including mandatory incident reporting as set forth in Section 9 of this Chapter Four; and
- 6) Patient rights as found in Section 14.3.

14.4.5 Personnel Records

- A) Ambulance services shall maintain appropriate and current personnel files for each employee, contractor, and volunteer and shall retain those files for a minimum of three (3) years, or longer if otherwise required, following an employee's, contractor's, or volunteer's separation from service.

14.5 Patient Records and Records Retention

14.5.1 Patient Records - The ambulance service shall implement procedures that establish patient records retention requirements in accordance with state and federal requirements, and at minimum, the following:

- A) For purposes of these rules, the ambulance service shall maintain its patient care reports for no less than seven (7) years.
- B) If any changes/corrections, deletions, or other modifications are made to any portion of a patient care report:
 - 1) They must be distinctly identified, and
 - 2) The ambulance service must provide a reliable means to clearly identify the original content, the modified content, and the time, date, and authorship of each modification of the record.

14.5.2 Facility Access to Records

- A) To facilitate the continuum of care, an ambulance service shall ensure that ambulance service employees, contractors, or volunteers provide receiving facility medical staff, at minimum, with a verbal patient report containing the details of the assessment and care provided to the patient.
- B) A verbal patient report shall be followed by submission of patient care data as set forth in Section 10.2.1.

14.5.3 Patient Access to Records - The ambulance service shall implement procedures to allow patient access to the patient's medical records. The policies must include and identify, at a minimum, the method by which the patient or their legal representative may access the patient's medical records upon request.

14.5.4 Equipment and Vehicle Records

- A) The ambulance service shall:
 - 1) Require its employees, contractors, or volunteers to conduct and record routine medical equipment and medications checks, the records of which must be maintained for a period of two (2) years;
 - 2) Maintain all vehicle maintenance records associated with each permitted ambulance for the life of the vehicle; and

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- 3) Develop and implement a policy no later than July 1, 2026, regarding routine and scheduled maintenance for each piece of durable medical equipment that is used in each permitted ambulance. The scheduled maintenance must conform to manufacturers' recommendations, and all equipment maintenance records shall be maintained for the life of the equipment.
 - B) The ambulance service shall make available to the Department for inspection all records required by Section 14.5.4(A) of this Chapter Four upon the Department's request.
- 14.5.5 Permanent Closures - With regard to any individual patient records that the ambulance service is legally obligated to maintain, each licensee that surrenders its license shall:
- A) Inform the Department in writing of the specific plan providing for the storage of and patient access to individual patient records within ten (10) calendar days prior to closure; and
 - B) Ensure that the disposition of all patient records is in accordance with applicable state and federal law.
- 14.6 Policies and Procedures – for the convenience of licensees, this section contains 1) a compilation of policies required by these rules that are not set forth in other parts of this rule, and 2) a compilation of policies required by these rules that are set forth in other parts of this rule.
- 14.6.1 Each ambulance service shall develop in writing and implement policies and procedures for the following matters that are not elsewhere described in these rules:
- A) Designating, in policy, the position title or organizational role that will serve as a backup administrator to act in the administrator's absence and who will, at minimum, maintain on-call availability at all hours employees are providing services. The administrator retains accountability for the operations of the ambulance service during the backup administrator's day-to-day supervision and control of the ambulance service.
 - B) The ambulance service's manner of responding to, investigating, and resolving complaints received to address, at minimum, the procedures by and timeframes in which the ambulance service shall process:
 - 1) Complaint intake;
 - 2) Complaint investigation;
 - 3) Fact-finding and decision-making;
 - 4) Referral of complaints regarding medical care to the QA program;
 - 5) Notification of the complaint resolution with the complainant and the subject of complaint, as applicable;
 - 6) Notification to other entities, if applicable; and
 - 7) Retention of complaint files for at least four (4) years following resolution of the complaint.

- C) No later than July 1, 2026, the ambulance service's policy for decommissioning of ambulances to protect the integrity of the EMS system. The policy shall require that when the ambulance service sells, gifts, decommissions, or transfers ownership of an ambulance to an entity other than an ambulance service licensed in Colorado or an equivalent entity in another state or country, or to an EMS educational program for teaching purposes, it shall remove or permanently deface:
 - 1) Characteristics of the vehicle that identify it as an ambulance, including, but not limited to, all instances of the word "ambulance" (including reverse print), medic, paramedic, emergency, star of life emblem, and reflective striping;
 - 2) Emergency lighting that is red or blue in color;
 - 3) Sirens and public address systems; and
 - 4) Other characteristics unique to the ambulance service.

14.6.2 Each ambulance service shall develop in writing and implement these policies and procedures that are referenced elsewhere in this rule, and shall make them available for Department inspection. At a minimum, the policies and procedures shall address:

- A) No later than July 1, 2026, the preventative maintenance policy for vehicles and durable medical equipment, and mechanical safety inspection requirements, as set forth in Sections 3.5.2.D, 3.7.2.D, 3.11.1.B, and 14.5.4.A;
- B) The minimum equipment requirements for each permitted ambulance as required by Section 13, Sections 3.5.2.D and 3.7.2.F, medical protocols, current emergency medical care standards, and any applicable scope of practice waivers;
- C) No later than July 1, 2026, staff training regarding mandatory incident reporting and obligation to report to the ambulance service administrator as set forth in Section 9;
- D) The manner in which the ambulance service will ensure the availability of patient care reports to all facilities that cannot otherwise access these reports, as set forth in Section 10.1.1.B;
- E) The requirements of the ambulance service's quality assurance program (QA), as set forth in Section 11.3;
- F) The ambulance service's staffing pattern and safety considerations as set forth in Section 12.2.1;
- G) Communications equipment that meets the minimum standards set forth in Section 13.2.3(A) and (B);
- H) Patient rights as set forth in Section 14.3;
- I) The ambulance service's patient record retention requirements in accordance with state and federal requirements and Section 14.5;
- J) Transfer of care of a patient as set forth in Section 14.5.2; and

- K) Access to patient records as set forth in Section 14.5.3.

Section 15 – Criteria for Administrative Waivers to Rules

- 15.1 Any ambulance service may apply to the Department for an administrative waiver to these rules based on established need. Waivers to EMS provider scope of practice are governed by 6 CCR 1015-3, Chapter Two.
- 15.1.1 The Department may grant an administrative waiver of a rule if the applicant satisfactorily demonstrates:
- A) The proposed administrative waiver does not adversely affect the health and safety of a patient; and
 - B) In the particular situation, the requirement serves no beneficial purpose; or
 - C) Circumstances indicate that the public benefit of waiving the requirement outweighs the public benefit to be gained by strict adherence to the requirement.
- 15.1.2 Administrative waivers cannot be granted for any statutory requirement under state or federal law, or for requirements under local codes or ordinances.
- 15.1.3 Administrative waivers are generally granted for a limited term and shall be granted for a period no longer than the current license and/or permit term.
- 15.2 A licensed ambulance service must fully comply with all rules unless it has received official written authorization from the Department granting an administrative waiver for a specific rule.
- 15.3 Licensed ambulance services that seek an administrative waiver shall submit a completed application to the Department in a form and manner determined by the Department.
- 15.3.1 The request for an administrative waiver shall include, but not be limited to, the text of or a description of the rule to be waived, and the justification for the waiver.
- 15.3.2 The Department may:
- A) Require the applicant to provide additional information if the initial waiver request is determined to be insufficient; and
 - B) Consider any other information it deems relevant, including but not limited to complaint investigation reports and compliance history.
- 15.3.3 A waiver request shall not be considered complete until all of the information required by the Department is submitted.
- 15.3.4 The completed waiver request shall be submitted to the Department in a timely fashion so as to ensure compliance with these rules.
- A) Waiver requests may be submitted by ambulance service staff but shall include specific authorization by the ambulance service's administrator.
- 15.3.5 The waiver request shall be a matter of public record and is subject to disclosure requirements under the Colorado Open Records Act (Section 24-72-200.1 *et seq.*, C.R.S.).

- 15.4 After reviewing the initial waiver request, the Department shall make a decision on the request and send notice of that decision to the licensed ambulance service.
- 15.4.1 If the administrative waiver is granted, the Department will specify:
- A) The effective date and expiration date of the administrative waiver; and
 - B) Terms and conditions of the administrative waiver.
- 15.4.2 The Department may deny, revoke, or suspend an administrative waiver if it determines that:
- A) Its approval or continuation jeopardizes the health, safety, and/or welfare of patients;
 - B) The ambulance service has provided false or misleading information in the waiver request;
 - C) The ambulance service has failed to comply with conditions of an approved waiver; or
 - D) A change in federal or state law prohibits continuation of the waiver.
- 15.5 If the Department denies an administrative waiver request or revokes or suspends an administrative waiver, it shall provide the ambulance service with a notice explaining the basis for the action. The notice shall also inform the ambulance service of its right to appeal and the procedure for appealing the action.
- 15.6 Appeals of Departmental actions shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101, *et seq.*, C.R.S.
- 15.7 If a rule pertaining to an existing administrative waiver is amended or repealed obviating the need for the waiver, the administrative waiver shall expire on the effective date of the rule change.
- 15.8 If an ambulance service has made a timely and sufficient request to extend an existing administrative waiver and the Department fails to take action prior to the waiver's expiration date, the existing administrative waiver shall not expire until the Department acts upon the request. The Department, in its sole discretion, shall determine whether the request was timely and sufficient.

Section 16 – County and City-and-County Authorization to Operate

- 16.1 Local Authorization to Operate
- 16.1.1 On and after July 1, 2024, a licensed ambulance service shall not operate on a regular basis without a local authorization to operate from the governing body of a city-and-county or the board of county commissioners for the county or city-and-county ("local authorizing authority") in which the ambulance service operates or seeks to operate, except as provided below:
- A) Licensed ambulance services that do not operate on a regular basis as defined in Section 16.2.2 do not have to obtain an authorization to operate.
 - B) Licensed ambulance services do not have to obtain local authorization to operate on a regular basis in counties or city-and-counties that have opted out of issuing authorizations to operate in accordance with Section 16.7 of this Chapter Four.

- C) Local authorization to operate is not required for any of the exemptions set forth in Section 3.3 of this Chapter Four.

16.2 Operate on a Regular Basis

16.2.1 A licensed ambulance service that initiates a patient transport from points originating in a county or city-and-county is deemed to operate on a regular basis within that jurisdiction if any of the following conditions are satisfied:

- A) The ambulance service establishes a fixed operational base in the jurisdiction governed by the local authorizing authority and provides, within that jurisdiction, patient transport in a prehospital setting;
- B) The ambulance service initiates or is expected to initiate patient transport in the jurisdiction governed by the local authorizing authority twelve (12) or more times in any calendar year; or
- C) The ambulance service enters into any contractual agreement, memorandum of understanding, or other legal instrument for the provision of ambulance services:
 - 1) With the local authorizing authority;
 - 2) With an entity that has entered into any contractual agreement, memorandum of understanding, or other legal instrument with the local authorizing authority; or
 - 3) Within the jurisdiction of the local authorizing authority.

16.2.2 An ambulance service is not considered to be operating on a regular basis and is not required to obtain an authorization to operate in any of the following instances:

- A) Ambulance services that initiate, or are expected to initiate, a patient transport in the jurisdiction governed by the local authorizing authority eleven (11) or fewer times in any calendar year;
- B) Transports that are initiated under circumstances in which locally-authorized ground ambulance services are unavailable;
- C) Transports by an emergency responder, as defined in Section 24-33.5-1235(2)(d)(I), C.R.S., that provides ambulance services as part of/in conjunction with the Colorado coordinated regional mutual aid system or the regional and statewide mutual aid system, pursuant to Section 24-33.5-1235(4)(f), C.R.S.; or
- D) Transports conducted pursuant to mutual aid agreements.

16.3 Issuance of Local Authorization to Operate

16.3.1 If, on or before August 1, 2024, a county or city-and-county has not implemented the issuance of authorization to operate and has not opted out of issuing authorization to operate, licensed ambulance services operating on a regular basis in those jurisdictions shall be considered to have obtained authorization to operate from those jurisdictions until:

- A) The county or city-and-county implements an authorization to operate process; or

- B) The county or city-and-county opts out of issuing authorization to operate in accordance with Section 16.7 below.
- 16.3.2 Any county or city-and-county that requires ambulance services to receive local authorization to operate in its jurisdiction shall:
- A) Require every applicant to submit an application, in a form and manner as determined by the Department, to the county or city-and-county; and
 - B) Notify the Department at least on an annual basis, or within thirty (30) days of when the county or city-and-county either issues or terminates an ambulance service's local authorization.
- 16.4 If a county or city-and-county enacts an ordinance or resolution governing the local authorization to operate, the ordinance or resolution may:
- 16.4.1 Limit the number of ambulance services that will be authorized to operate within the county's or city-and-county's jurisdiction;
 - 16.4.2 Determine and prescribe ambulance service areas within the county's or city-and-county's jurisdiction;
 - 16.4.3 Authorize the local authority to contract with ambulance services; and
 - 16.4.4 Establish other necessary requirements that are consistent with statute and these rules.
- 16.5 A county or city-and-county shall not impose standards that are less stringent than the minimum standards set forth in these rules.
- 16.5.1 However, a county or city-and-county may impose obligations that exceed the minimum standards set forth in these rules through the use of memoranda of understanding, contracts, or other such agreements.
- 16.6 Pursuant to Section 25-3.5-314(5)(e), C.R.S., a local authority that suspends or revokes an ambulance service's local authorization to operate in its jurisdiction shall, within thirty (30) days of issuing the suspension or revocation:
- 16.6.1 Notify the Department of the suspension or revocation; and
 - 16.6.2 Provide supporting documentation for the Department's review of the possible effect that the suspension or revocation has on the ambulance service's state license.
- 16.7 **Opting Out of Local Authorization to Operate**
- 16.7.1 A county or city-and-county is required either to issue local authorization to operate or opt-out of issuing local authorization to operate.
 - A) After July 1, 2024, and before July 1 of any year thereafter, any county or city-and-county that opts out of issuing local authorization to operate within its jurisdiction to ambulance services shall notify the Department within thirty (30) days of its decision to opt out in a form and manner as determined by the Department.

- B) However, a county or city-and-county that has opted out of issuing local authorization to operate is not prohibited from determining at a later date to reverse its decision and to require licensed ground ambulance services that operate on a regular basis in its jurisdiction to obtain local authorization to operate. Under these circumstances, the county or city-and-county shall notify the Department of its decision within thirty (30) days.

Section 17 - Incorporation by Reference

17.1 Published Material Incorporated by Reference.

17.1.1 Throughout this Chapter Four – Rules Pertaining to Licensure of Ground Ambulance Services (“state ground ambulance rules”), federal regulations, state regulations, and standards or guidelines of outside organizations have been adopted and incorporated by reference. Unless a prior version of the incorporated material is otherwise specifically indicated, the materials incorporated by reference herein include only those versions that were in effect as of December 20, 2023, and such incorporation does not include later amendments to or editions of the referenced material.

17.1.2 Materials incorporated by reference are available for public inspection, and copies (including certified copies) can be obtained at reasonable cost, during normal business hours from the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 4300 Cherry Creek Drive South, Denver, Colorado 80246.

17.1.3 A copy of the materials incorporated in these state ground ambulance rules is available for public inspection at the State Publications Depository and Distribution Center of the Colorado State Library.

17.2 Availability from Source Agencies or Organizations

17.2.1 All federal agency regulations incorporated by reference in these rules are available at no cost in the online edition of the Code of Federal Regulations (CFR) hosted by the U.S. Government Printing Office, online at www.govinfo.gov.

- A) [49 C.F.R Part 566](#),
- B) [49 C.F.R. Part 567](#), and
- C) [49 C.F.R. Part 568](#)

17.2.2 All state regulations incorporated by reference herein are available at no cost in the online edition of the Code of Colorado Regulations (CCR) hosted by the Colorado Secretary of State’s Office, online at [Health Facilities and Emergency Medical Services Division](#).

17.3 Interested persons may obtain certified copies of any non-copyrighted material from the Department at cost upon request. Information regarding how the incorporated materials may be obtained or examined is available from the division by contacting:

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Health Facilities and EMS Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530