Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 16-0391.01 Jennifer Berman x3286 **SENATE BILL 16-069**

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A BILL FOR AN ACT

CONCERNING MEASURES TO PROVIDE COMMUNITY-BASED OUT-OF-HOSPITAL MEDICAL SERVICES.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

Community paramedics are certified emergency medical service providers who provide community-based, out-of-hospital medical services to medically underserved and medically served, yet vulnerable, populations. Under current law, community paramedics and community paramedicine agencies are not subject to regulation by any state agency.

Section 1 of the bill defines the terms "community paramedic" and

"community paramedicine". **Section 2** authorizes the executive director of the Colorado department of public health and environment (department) to adopt rules for the endorsement of emergency medical service providers as community paramedics.

Part 11 in **section 3** authorizes a licensed ambulance service, fire department, or fire protection district to establish a community outreach and health education program in its community. The emergency medical and trauma services advisory council (council) may establish guidelines for the development and implementation of such programs. Part 11 also requires a program operator to report annually to the council on the progress of the program.

Part 12 in section 3 authorizes the department to issue licenses to community paramedicine agencies and authorizes the state board of health to promulgate rules concerning the minimum standards for operating a community paramedicine agency. Part 12 also creates the community paramedicine agencies cash fund.

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

SECTION 1. In Colorado Revised Statutes, 25-3.5-103, **add** (4.3), (4.5), and (4.7) as follows:

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

(4.3) "COMMUNITY PARAMEDIC" MEANS AN EMERGENCY MEDICAL SERVICE PROVIDER WHO OBTAINS AN ENDORSEMENT IN COMMUNITY PARAMEDICINE PURSUANT TO SECTION 25-3.5-203.5.

(4.5) (a) "COMMUNITY INTEGRATED HEALTH CARE SERVICE" MEANS THE PROVISION OF CERTAIN OUT-OF-HOSPITAL MEDICAL SERVICES, AS DETERMINED BY RULE, THAT A COMMUNITY PARAMEDIC MAY PROVIDE.

(b) THE DIRECTOR MAY, BY RULE, FURTHER DEFINE COMMUNITY INTEGRATED HEALTH CARE SERVICE AS NECESSARY TO IMPLEMENT SECTION 25-3.5-203.5.

(4.7) "COUNCIL" MEANS THE EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL CREATED IN SECTION 25-3.5-104.

SECTION 2. In Colorado Revised Statutes, **add** 25-3.5-203.5 as follows:

25-3.5-203.5. Community paramedic endorsement - rules. (1) (a) (I) ON OR BEFORE JULY 1, 2017, THE DIRECTOR OR, IF THE DIRECTOR IS NOT A PHYSICIAN, THE CHIEF MEDICAL OFFICER SHALL ADOPT RULES IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., CONCERNING THE SCOPE OF PRACTICE OF COMMUNITY INTEGRATED HEALTH CARE SERVICE AND THE STANDARDS FOR THE DEPARTMENT'S ISSUANCE OF AN ENDORSEMENT IN COMMUNITY INTEGRATED HEALTH CARE SERVICE TO AN EMERGENCY MEDICAL SERVICE PROVIDER.

(II) THE RULES MUST ESTABLISH CONTINUING COMPETENCY STANDARDS FOR MAINTAINING A COMMUNITY PARAMEDIC ENDORSEMENT.

(b) THE DEPARTMENT SHALL ISSUE A COMMUNITY PARAMEDIC ENDORSEMENT TO AN EMERGENCY MEDICAL SERVICE PROVIDER WHO SATISFIES THE REQUIREMENTS FOR ENDORSEMENT AS SPECIFIED IN THE RULES.

(2) THE RULES MUST ESTABLISH:

(a) THE TASKS AND PROCEDURES THAT AN EMERGENCY MEDICAL SERVICE PROVIDER WITH A COMMUNITY PARAMEDIC ENDORSEMENT IS AUTHORIZED TO PERFORM WITHIN HIS OR HER SCOPE OF PRACTICE, INCLUDING:

(I) ANY OF THE SERVICES THAT A COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES (CARES) PROGRAM MAY PROVIDE PURSUANT TO SECTION 25-3.5-1103 (2);

(II) AN INITIAL COMPREHENSIVE ASSESSMENT OF THE PATIENT AND ANY SUBSEQUENT ASSESSMENTS, AS NEEDED;

(III) MEDICAL INTERVENTIONS;

(IV) CARE COORDINATION;

(V) RESOURCE NAVIGATION;

(VI) PATIENT EDUCATION;

(VII) INVENTORY, COMPLIANCE, AND ADMINISTRATION OF MEDICATIONS; AND

(VIII) GATHERING OF LABORATORY AND DIAGNOSTIC DATA; AND

(b) STANDARDS FOR VERIFYING AN EMERGENCY MEDICAL SERVICE PROVIDER'S COMPETENCY TO BE ENDORSED AS A COMMUNITY PARAMEDIC, INCLUDING A REQUIREMENT THAT THE CHIEF MEDICAL OFFICER OR THE CHIEF MEDICAL OFFICER'S DESIGNEE VERIFY THAT THE EMERGENCY MEDICAL SERVICE PROVIDER HAS OBTAINED FROM AN ACCREDITED COLLEGE OR UNIVERSITY A CERTIFICATE OF COMPLETION FOR A COURSE IN COMMUNITY PARAMEDICINE WITH COMPETENCY VERIFIED BY A PASSING SCORE ON AN EXAMINATION OFFERED NATIONALLY AND RECOGNIZED IN COLORADO FOR CERTIFYING COMPETENCY TO SERVE AS A COMMUNITY PARAMEDIC.

(3) RULES ADOPTED UNDER THIS SECTION SUPERSEDE ANY RULES OF THE COLORADO MEDICAL BOARD REGARDING THE MATTERS SET FORTH IN THIS PART 2.

SECTION 3. In Colorado Revised Statutes, **add** parts 11 and 12 to article 3.5 of title 25 as follows:

PART 11

COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES (CARES) PROGRAM

25-3.5-1101. Short title. THE SHORT TITLE OF THIS PART 11 IS THE "COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES (CARES) PROGRAM ACT".

25-3.5-1102. Definitions. AS USED IN THIS PART 11, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "AUTHORIZED ENTITY" MEANS:

(a) A LICENSED AMBULANCE SERVICE;

(b) A FIRE DEPARTMENT OF A TOWN, CITY, OR CITY AND COUNTY;

—

(c) A FIRE PROTECTION DISTRICT ORGANIZED IN ACCORDANCE WITH PART 3 OF ARTICLE 1 OF TITLE 32, C.R.S.;

(d) A FIRE PROTECTION OR OTHER SPECIAL DISTRICT AUTHORITY;

(e) A HEALTH CARE BUSINESS ENTITY, INCLUDING A LICENSED OR CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION UNDER ARTICLE 3 OF THIS TITLE; OR

(f) A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY LICENSED PURSUANT TO PART 12 OF THIS ARTICLE.

(2) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF A CARES PROGRAM BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN THE PERFORMANCE OF ACTS ON BEHALF OF THE CARES PROGRAM.

(3) "PROGRAM" OR "CARES PROGRAM" MEANS A COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES PROGRAM ESTABLISHED IN ACCORDANCE WITH THIS PART 11.

25-3.5-1103. Community assistance referral and education services programs - authorization - scope. (1) TO IMPROVE THE HEALTH OF RESIDENTS WITHIN ITS JURISDICTION, PREVENT ILLNESS AND INJURY, OR REDUCE THE INCIDENCE OF 911 CALLS AND HOSPITAL EMERGENCY DEPARTMENT VISITS MADE FOR THE PURPOSE OF OBTAINING

NONEMERGENCY, NONURGENT MEDICAL CARE OR SERVICES, AN AUTHORIZED ENTITY MAY ESTABLISH A COMMUNITY ASSISTANCE REFERRAL AND EDUCATION SERVICES PROGRAM TO PROVIDE COMMUNITY OUTREACH AND HEALTH EDUCATION TO RESIDENTS WITHIN THE AUTHORIZED ENTITY'S JURISDICTION.

(2) SUBJECT TO MEDICAL DIRECTION, AN AUTHORIZED ENTITY OPERATING A PROGRAM MAY:

(a) PROVIDE THE FOLLOWING PROGRAM SERVICES:

(I) COMMUNITY OUTREACH ON HEALTH ISSUES AND SERVICES;

(II) HEALTH EDUCATION; AND

(III) REFERRALS FOR:

(A) LOW-COST MEDICATION PROGRAMS; AND

(B) ALTERNATIVE RESOURCES TO THE 911 SYSTEM; AND

(b) PARTNER WITH HOSPITALS, LICENSED HOME CARE AGENCIES, OTHER MEDICAL CARE FACILITIES INCLUDING LICENSED COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES AS DEFINED IN SECTION 25-3.5-1201 (1), PRIMARY CARE PROVIDERS, OTHER HEALTH CARE PROFESSIONALS, OR SOCIAL SERVICES AGENCIES TO PROVIDE PROGRAM SERVICES AND ENSURE NONDUPLICATION OF SERVICES.

(3) AN AUTHORIZED ENTITY OPERATING A PROGRAM SHALL:

(a) HIRE OR CONTRACT WITH ONE OR MORE OF THE FOLLOWING LICENSED PROFESSIONALS TO PROVIDE PROGRAM SERVICES:

(I) COMMUNITY PARAMEDIC, AS DEFINED IN SECTION 25-3.5-103 (4.3);

(II) MENTAL HEALTH PROFESSIONAL;

(III) REGISTERED NURSE;

(IV) ADVANCED PRACTICE REGISTERED NURSE;

(V) PHYSICIAN ASSISTANT;

(VI) PHYSICIAN;

(VII) PHYSICAL THERAPIST; OR

(VIII) OCCUPATIONAL THERAPIST; AND

(b) PROVIDE SERVICES BY DISPATCHING ONE OR MORE INDIVIDUALS, ACCOMPANIED OR SUPERVISED BY A LICENSED PRACTITIONER WHO IS COMPETENT TO PROVIDE SERVICES IN THE SCOPE OF PRACTICE THAT MEETS THE NEEDS OF THE RESIDENT BEING SERVED.

(4) THE COUNCIL MAY ESTABLISH GUIDELINES FOR THE DEVELOPMENT AND IMPLEMENTATION OF A PROGRAM.

25-3.5-1104. Reports. (1) (a) IF AN AUTHORIZED ENTITY DEVELOPS A PROGRAM UNDER THIS ARTICLE, THE AUTHORIZED ENTITY SHALL REPORT TO THE BOARD ON THE PROGRESS OF THE PROGRAM ON OR BEFORE DECEMBER 31 IN THE YEAR FOLLOWING THE YEAR IN WHICH THE PROGRAM COMMENCED AND ON OR BEFORE DECEMBER 31 OF EACH SUBSEQUENT YEAR IN WHICH THE PROGRAM CONTINUES TO OPERATE.

(b) AN AUTHORIZED ENTITY'S REPORT MUST INCLUDE:

(I) THE NUMBER OF RESIDENTS WHO HAVE USED PROGRAM SERVICES AND THE TYPES OF PROGRAM SERVICES USED;

(II) IF PRACTICABLE, A MEASUREMENT OF ANY REDUCTION IN THE USE OF THE 911 SYSTEM FOR NONEMERGENCY, NONURGENT MEDICAL ASSISTANCE BY RESIDENTS WITHIN THE AUTHORIZED ENTITY'S JURISDICTION; AND

(III) IF PRACTICABLE, A MEASUREMENT OF ANY REDUCTION IN VISITS TO THE EMERGENCY DEPARTMENT IN A HOSPITAL FOR NONEMERGENCY, NONURGENT MEDICAL ASSISTANCE BY RESIDENTS WITHIN THE AUTHORIZED ENTITY'S JURISDICTION.

(c) AN AUTHORIZED ENTITY'S REPORT PURSUANT TO THIS SECTION MUST NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION CONCERNING A PROGRAM CLIENT OR PROSPECTIVE CLIENT.

(2) ON OR BEFORE MARCH 31 OF EACH YEAR, THE BOARD SHALL COMPILE ANY ANNUAL REPORTS RECEIVED FROM AUTHORIZED ENTITIES IN THE PREVIOUS YEAR INTO A SINGLE REPORT CONCERNING THE EFFICACY OF PROGRAMS THROUGHOUT THE STATE AND SHALL POST THE REPORT ON ITS WEBSITE.

PART 12

COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES

25-3.5-1201. Definitions. AS USED IN THIS PART 12, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY" OR "AGENCY" MEANS A PARTNERSHIP; CORPORATION; NONPROFIT ENTITY; SPECIAL DISTRICT; HEALTHCARE BUSINESS ENTITY, INCLUDING A LICENSED OR CERTIFIED HEALTH CARE FACILITY THAT IS SUBJECT TO REGULATION UNDER ARTICLE 3 OF THIS TITLE; OR OTHER LEGAL ENTITY THAT MANAGES AND OFFERS, DIRECTLY OR BY CONTRACT, COMMUNITY INTEGRATED HEALTH CARE SERVICES.

(2) "MANAGER" OR "ADMINISTRATOR" MEANS ANY PERSON WHO CONTROLS AND SUPERVISES OR OFFERS OR ATTEMPTS TO CONTROL AND SUPERVISE THE DAY-TO-DAY OPERATIONS OF A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY.

(3) "MEDICAL DIRECTION" MEANS THE SUPERVISION OVER AND DIRECTION OF INDIVIDUALS WHO PERFORM ACTS ON BEHALF OF AN AGENCY BY A HEALTH CARE PROFESSIONAL WHO IS IDENTIFIED AS BEING

RESPONSIBLE FOR ASSURING THE COMPETENCY OF THOSE INDIVIDUALS IN THE PERFORMANCE OF ACTS ON BEHALF OF THE AGENCY.

(4) "OWNER" MEANS AN OFFICER, DIRECTOR, GENERAL PARTNER, LIMITED PARTNER, OR OTHER PERSON HAVING A FINANCIAL OR EQUITY INTEREST OF TWENTY-FIVE PERCENT OR GREATER.

25-3.5-1202. Community integrated health care service agency license required - rules - civil and criminal penalties - liability insurance. (1) ON OR AFTER JANUARY 1, 2018, A PERSON SHALL NOT OPERATE OR MAINTAIN A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY UNLESS THE PERSON HAS SUBMITTED TO THE DEPARTMENT A COMPLETED APPLICATION FOR LICENSURE AS A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY. ON OR AFTER JULY 1, 2018, A PERSON SHALL NOT OPERATE OR MAINTAIN AN AGENCY WITHOUT A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY LICENSE ISSUED BY THE DEPARTMENT.

(2) (a) A PERSON WHO VIOLATES SUBSECTION (1):

(I) IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS NOR MORE THAN FIVE HUNDRED DOLLARS; AND

(II) MAY BE SUBJECT TO A CIVIL PENALTY ASSESSED BY THE DEPARTMENT, AFTER CONDUCTING A HEARING IN ACCORDANCE WITH SECTION 24-4-105, C.R.S., OF UP TO TEN THOUSAND DOLLARS FOR EACH VIOLATION OF THIS SECTION. THE DEPARTMENT SHALL TRANSMIT ALL FINES COLLECTED PURSUANT TO THIS SUBPARAGRAPH (II) TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEYS TO THE GENERAL FUND.

(b) AN OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY IS SUBJECT TO THE PENALTIES IN THIS SUBSECTION (2) FOR ANY VIOLATION

OF SUBSECTION (1).

(3) A LICENSE APPLICANT SHALL SUBMIT TO THE DEPARTMENT, IN THE MANNER DETERMINED BY THE BOARD BY RULE, PROOF THAT THE AGENCY AND ANY STAFF THAT IT EMPLOYS OR CONTRACTS IS COVERED BY GENERAL LIABILITY INSURANCE IN AN AMOUNT DETERMINED BY THE BOARD BY RULE.

25-3.5-1203. Minimum standards for community integrated health care service agencies - rules. (1) IN ADDITION TO THE SERVICES THAT THE BOARD, BY RULE, AUTHORIZES A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY TO PERFORM, AN AGENCY MAY PERFORM ANY OF THE SERVICES THAT MAY BE PROVIDED THROUGH A CARES PROGRAM PURSUANT TO SECTION 25-3.5-1103 (2) AND THE TASKS AND PROCEDURES THAT A COMMUNITY PARAMEDIC IS AUTHORIZED TO PERFORM WITHIN HIS OR HER SCOPE OF PRACTICE IN ACCORDANCE WITH SECTION 25-3.5-203.5 (2) (a) AND RULES PROMULGATED PURSUANT TO THAT SECTION. ON OR BEFORE JULY 1, 2017, THE BOARD SHALL UTILIZE THE COMMUNITY PARAMEDICINE/MOBILE INTEGRATED HEALTHCARE TASK FORCE REPORT, DATED OCTOBER 8, 2015, TO PROMULGATE RULES PROVIDING MINIMUM STANDARDS FOR THE OPERATION OF AN AGENCY WITHIN THE STATE. THE RULES MUST INCLUDE THE FOLLOWING:

(a) A REQUIREMENT THAT THE AGENCY HAVE MEDICAL DIRECTION;

(b) INSPECTION OF AGENCIES BY THE DEPARTMENT OR THE DEPARTMENT'S DESIGNATED REPRESENTATIVE;

(c) MINIMUM EDUCATIONAL, TRAINING, AND EXPERIENCE STANDARDS FOR THE ADMINISTRATOR AND STAFF OF AN AGENCY, INCLUDING A REQUIREMENT THAT THE ADMINISTRATOR AND STAFF BE OF GOOD MORAL CHARACTER;

(d) FEES FOR AGENCY APPLICATIONS AND LICENSURE BASED ON THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING THIS PART 12. THE DEPARTMENT SHALL TRANSMIT THE FEES TO THE STATE TREASURER, WHO SHALL CREDIT THE FEES TO THE COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND CREATED IN SECTION 25-3.5-1204.

(e) THE AMOUNT OF GENERAL LIABILITY INSURANCE COVERAGE THAT AN AGENCY SHALL MAINTAIN AND THE MANNER IN WHICH AN AGENCY SHALL DEMONSTRATE PROOF OF INSURANCE TO THE DEPARTMENT. THE BOARD MAY ESTABLISH BY RULE THAT AN AGENCY MAY OBTAIN A SURETY BOND IN LIEU OF LIABILITY INSURANCE COVERAGE.

(f) FACTORS FOR AGENCIES TO CONSIDER WHEN DETERMINING WHETHER A CONVICTION OF AN OFFENSE OR A PLEA OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES A PERSON FROM EMPLOYMENT WITH THE AGENCY. THE BOARD MAY DETERMINE WHICH OFFENSES REQUIRE CONSIDERATION OF THE FACTORS.

(g) ESTABLISHING OCCURRENCE REPORTING REQUIREMENTS PURSUANT TO SECTION 25-1-124; AND

(h) REQUIREMENTS FOR RETAINING RECORDS, INCLUDING THE TIME THAT AGENCIES MUST MAINTAIN RECORDS FOR INSPECTION BY THE DEPARTMENT.

25-3.5-1204. Community integrated health care service agencies cash fund - created. THERE IS CREATED THE COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES CASH FUND, REFERRED TO IN THIS SECTION AS THE "FUND". THE DEPARTMENT SHALL TRANSMIT FEES COLLECTED PURSUANT TO THIS PART 12 TO THE STATE TREASURER FOR

DEPOSIT IN THE FUND. THE MONEY IN THE FUND IS SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT FOR THE DEPARTMENT'S DIRECT AND INDIRECT COSTS IN IMPLEMENTING AND ADMINISTERING THIS PART 12. ANY UNENCUMBERED OR UNEXPENDED MONEY IN THE FUND AT THE END OF A FISCAL YEAR REMAINS IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

25-3.5-1205. License - application - inspection - criminal history records check - issuance. (1) A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY LICENSE EXPIRES AFTER ONE YEAR. THE DEPARTMENT SHALL DETERMINE THE FORM AND MANNER OF INITIAL AND RENEWAL LICENSE APPLICATIONS.

(2) (a) THE DEPARTMENT SHALL INSPECT AN AGENCY AS IT DEEMS NECESSARY TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF AGENCY CONSUMERS. AN AGENCY SHALL SUBMIT IN WRITING, IN A FORM AND MANNER PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE MEASURES THAT THE AGENCY WILL TAKE TO CORRECT ANY VIOLATIONS FOUND BY THE DEPARTMENT AS A RESULT OF AN INSPECTION.

(b) THE DEPARTMENT SHALL KEEP ALL MEDICAL RECORDS AND PERSONALLY IDENTIFYING INFORMATION OBTAINED DURING AN INSPECTION OF AN AGENCY CONFIDENTIAL. ALL RECORDS AND INFORMATION OBTAINED BY THE DEPARTMENT THROUGH AN INSPECTION ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204, C.R.S., AND 25-1-124.

(3) (a) (I) (A) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE PURSUANT TO THIS SECTION, EACH OWNER, MANAGER, AND ADMINISTRATOR OF AN AGENCY APPLYING FOR AN INITIAL OR RENEWAL

LICENSE SHALL SUBMIT A COMPLETE SET OF HIS OR HER FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK UTILIZING THE RECORDS OF THE COLORADO BUREAU OF INVESTIGATION AND THE FEDERAL BUREAU OF INVESTIGATION. THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK TO THE DEPARTMENT.

(B) AN OWNER, MANAGER, OR ADMINISTRATOR WHO HAS PREVIOUSLY SUBMITTED FINGERPRINTS FOR STATE LICENCING PURPOSES MAY REQUEST THAT THE FINGERPRINTS ON FILE BE USED.

(II) EACH OWNER, MANAGER, OR ADMINISTRATOR OF AN AGENCY IS RESPONSIBLE FOR PAYING THE FEE ESTABLISHED BY THE COLORADO BUREAU OF INVESTIGATION FOR CONDUCTING THE FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK TO THE BUREAU.

(III) THE DEPARTMENT MAY ACQUIRE A NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN OWNER, MANAGER, OR ADMINISTRATOR WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

(b) THE DEPARTMENT SHALL DENY A LICENSE OR RENEWAL OF A LICENSE IF THE RESULTS OF A CRIMINAL HISTORY RECORD CHECK OF AN OWNER, MANAGER, OR ADMINISTRATOR DEMONSTRATES THAT THE OWNER, MANAGER, OR ADMINISTRATOR 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 COMMUNITY INTEGRATED HEALTH CARE SERVICE CONSUMERS.

(c) IF AN AGENCY APPLYING FOR AN INITIAL LICENSE IS TEMPORARILY UNABLE TO SATISFY ALL OF THE REQUIREMENTS FOR

LICENSURE, THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO THE AGENCY; EXCEPT THAT THE DEPARTMENT SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN AGENCY IF OPERATION OF THE AGENCY WILL ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE AGENCY'S CONSUMERS. THE DEPARTMENT MAY REQUIRE AN AGENCY APPLYING FOR A PROVISIONAL LICENSE TO DEMONSTRATE TO THE DEPARTMENT'S SATISFACTION THAT THE AGENCY IS TAKING SUFFICIENT STEPS TO SATISFY ALL OF THE REQUIREMENTS FOR FULL LICENSURE. A PROVISIONAL LICENSE IS VALID FOR NINETY DAYS AND MAY BE RENEWED ONE TIME AT THE DEPARTMENT'S DISCRETION.

25-3.5-1206. License denial - suspension - revocation. (1) UPON DENIAL OF AN APPLICATION FOR AN INITIAL LICENSE, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE APPLICATION OR, IF THE APPLICANT DESIGNATES AN EMAIL ADDRESS TO WHICH NOTIFICATIONS SHOULD BE SENT, BY EMAILING THE WRITTEN DENIAL TO THE APPLICANT. IF AN APPLICANT, WITHIN THIRTY DAYS AFTER RECEIVING THE NOTICE OF DENIAL, PETITIONS THE DEPARTMENT TO SET A DATE AND PLACE FOR A HEARING, THE DEPARTMENT SHALL GRANT THE APPLICANT A HEARING TO REVIEW THE DENIAL IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S.

(2) IF REQUESTED, THE DEPARTMENT MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE LICENSE OF A COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCY THAT IS OUT OF COMPLIANCE WITH THE REQUIREMENTS OF THIS PART 12 OR RULES PROMULGATED PURSUANT TO THIS PART 12. BEFORE TAKING FINAL ACTION TO SUSPEND, REVOKE, OR REFUSE TO RENEW A LICENSE, THE DEPARTMENT SHALL CONDUCT A

HEARING ON THE MATTER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S. THE DEPARTMENT MAY IMPLEMENT A SUMMARY SUSPENSION BEFORE A HEARING IN ACCORDANCE WITH SECTION 24-4-104 (4) (a), C.R.S.

(3) AFTER CONDUCTING A HEARING ON THE MATTER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., THE DEPARTMENT SHALL REVOKE OR REFUSE TO RENEW AN AGENCY LICENSE WHERE THE OWNER, MANAGER, OR ADMINISTRATOR OF THE AGENCY HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE AGENCY'S CONSUMERS.

(4) IF REQUESTED, THE DEPARTMENT MAY IMPOSE INTERMEDIATE RESTRICTIONS OR CONDITIONS ON AN AGENCY THAT MAY REQUIRE THE AGENCY 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, OWNERS, MANAGERS, OR ADMINISTRATORS;

(d) COMPLY WITH A DIRECTED WRITTEN PLAN TO CORRECT THE VIOLATION, IN ACCORDANCE WITH THE PROCEDURES ESTABLISHED UNDER SECTION 25-27.5-108 (2) (b); OR

(e) PAY A CIVIL PENALTY, NOT TO EXCEED TEN THOUSAND DOLLARS PER CALENDAR YEAR FOR ALL VIOLATIONS. THE DEPARTMENT, AFTER PROVIDING THE AGENCY WITH THE OPPORTUNITY FOR A HEARING IN ACCORDANCE WITH SECTION 24-4-105, C.R.S., ON ANY PENALTIES ASSESSED, SHALL TRANSMIT ALL PENALTIES COLLECTED PURSUANT TO THIS PARAGRAPH (e) TO THE STATE TREASURER, WHO SHALL CREDIT THE

MONEY TO THE GENERAL FUND. THE AGENCY MAY REQUEST, AND THE DEPARTMENT SHALL GRANT, A STAY IN PAYMENT OF A CIVIL PENALTY UNTIL FINAL DISPOSITION OF THE RESTRICTION OR CONDITION.

25-3.5-1207. Repeal of article - review of functions. THIS PART 12 IS REPEALED, EFFECTIVE SEPTEMBER 1, 2021. BEFORE THE REPEAL, THE DEPARTMENT'S FUNCTIONS UNDER THIS PART 12 SHALL BE REVIEWED AS PROVIDED FOR IN SECTION 24-34-104, C.R.S.

SECTION 4. In Colorado Revised Statutes, 24-34-104, **add** (52.5) (f) as follows:

24-34-104. General assembly review of regulatory agencies and functions for termination, continuation, or reestablishment. (52.5) The following agencies, functions, or both, terminate on September 1, 2021:

(f) THE FUNCTIONS OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT REGARDING COMMUNITY INTEGRATED HEALTH CARE SERVICE AGENCIES PURSUANT TO PART 12 OF ARTICLE 3.5 OF TITLE 25, C.R.S.

SECTION 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.