COLORADO
Department of Public Health & Environment

To: Members of the State Board of Health

From: Donnie Woodyard, Emergency Medical and Trauma Services Branch Chief
Amber Viitanen, EMTS Data Section Manager, Emergency Medical and Trauma Services Branch

Through: Elaine McManis, Interim Director, Health Facilities and Emergency Medical Services Division *EMc*

Date: February 16, 2022

Subject: Request for a Rulemaking Hearing concerning 6 CCR 1015-3, Emergency Medical Services, Chapter Three – Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping

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6 CCR 1015-3, Emergency Medical Services, Chapter Three – Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping consists of rules for the collection and reporting of essential data from licensed ambulance agencies related to the performance, needs, and quality assessment of the statewide emergency medical and trauma services system. It contains information regarding the National Emergency Medical Services Information System (NEMSIS) data standard, timelines for ambulance patient care data submission, and data confidentiality. The data collected pursuant to these regulations inform critical decisions at the local, state and national level.

In accordance with the existing rule language, ambulance agencies currently submit data and information on patient care based on the National Emergency Medical Services Information System (NEMSIS) data standard Version 3.4.0, published in July 2016. NEMSIS published an updated version of the data standard in November 2019, and these proposed rules move Colorado to the new Version 3.5.0 standard, with a requirement that agencies begin reporting under that standard no later than January 1, 2023. The proposed rule changes will ensure Colorado continues to align with national data standards and maintains high quality, up-to-date data regarding emergency medical services within the state. The Department is also proposing reducing the timeframe that agencies have to submit the required data, in support of these same goals, as well as updating language clarifying monitoring and enforcement of compliance with data reporting requirements and the rules around the confidentiality of submitted data.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1015-3, Emergency Medical Services,
Chapter Three – Rules Pertaining to Emergency Medical Services Data
and Information Collection and Record Keeping

Basis and Purpose.

The Department collects data concerning the transportation and treatment of patients by county-licensed ground ambulance and state-licensed air ambulance agencies, in accordance with Section 25.3.5-5-1(1), C.R.S. In the 12-month period ending December 31, 2021, the Department collected over 800,000 patient care records for this purpose. This data is used in a variety of ways on the local, state, and national level to evaluate the performance of emergency medical services delivery and to plan systematically for improvements in the system. The data that ambulance agencies must submit is specified in 6 CCR 1015-3, Emergency Medical Services, Chapter Three – Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping.

Since 2008, licensed ambulance agencies have submitted data and information on patient care based on the National Emergency Medical Services Information System (NEMSIS) data standards. NEMSIS is the national repository that stores, in a standardized manner, emergency medical services data that states collect from the agencies that provide emergency medical services in their state. This information is used to develop nationwide curricula, as well as for research, quality improvement and quality assurance projects, and other purposes. Since January 2018, licensed ambulance agencies have been submitting data and information electronically using the NEMSIS data standard Version 3.4.0, which was published in July 2016. Prior to the 2018 update, licensed ambulance agencies submitted data in accordance with Version 2.2.1 for ten years. An updated version of the NEMSIS data standard, Version 3.5.0, was published in November 2019. In order to stay current with the information collected nationally, and to ensure that Colorado's data doesn't lag behind in usefulness, it is necessary to update the rules to require ambulance agencies to submit data according to the new standards. With the proposed rule update, licensed ambulance agencies will begin submitting data according to Version 3.5.0 no later than January 1, 2023. The Department has proposed the delayed implementation date to allow ample time for all agencies to augment their existing data collection processes to conform with this updated standard.

The proposed updates also reduce the timeframe in which agencies are expected to submit their patient care data. Existing rules require licensed ambulance agencies to submit the required data no later than 60 days from patient contact. Prior to the 2018 rule update, data was required to be submitted within 60 days of the end of the quarter. The 60 days from patient contact standard was adopted in 2018 to provide more timely data from the previous requirement of collecting data quarterly. Delays in timely reporting quickly diminish the value of the data collected, limiting its usefulness for public health surveillance, situational awareness, and/or performance improvement, and there have been ongoing efforts at decreasing the timeframe for submission. Additionally, the 60-day submission timeframe is now an outlier in national EMS data collection, as the majority of states require submission within 48 hours, and 24 states even require submission within 24 hours. In a letter to states dated November 19, 2021, the National Highway Traffic Safety Administration, as the federal body overseeing NEMSIS data collection, encouraged states to reduce their submission times to within 24 hours of completing the patient encounter. However, based on a review of actual

submission timeframes by Colorado's existing EMS agencies, as well as stakeholder feedback, it was determined that a move to a 24-hour timeframe for reporting could cause a hardship for some agencies. Therefore, the Department is proposing reducing the timeframe from 60 days to 48 hours.

In addition to the two major updates above, the Department is also proposing language to clarify how data submission by licensed ambulance agencies will be monitored and enforced, and update the rules regarding data confidentiality. The monitoring and enforcement update is being proposed to increase transparency in how the Department will monitor agencies' compliance and clearly outline consequences of noncompliance, such as being ineligible for grants or scope of practice waivers. The rules regarding data confidentiality have historically been difficult to understand while also limiting the usefulness of the data for users outside the Department. The proposed language was developed with significant stakeholder input to ensure data confidentiality while also allowing data to be used for evaluation/research purposes without exposing identifying information.

Specific Statutory Authority.
Statutes that require or authorize rulemaking:

Section 25-3.5-501(1), C.R.S.
Section 25-3.5-307.5(1), C.R.S.
Section 25-3.5-308(1)(e), C.R.S.

Other relevant statutes:

Section 25-3.5-307, C.R.S.
Section 25-3.5-704(2)(h), C.R.S.
Section 25-3.5-105, C.R.S.

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____. Rules are ___ authorized ___ required.
__X___ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

__X___ Yes ___ URL
_____ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

_____ Yes
___X__ No

Does the proposed rule language create (or increase) a state mandate on local government?

_X__ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;

- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1015-3, Emergency Medical Services,
Chapter Three – Rules Pertaining to Emergency Medical Services Data
and Information Collection and Record Keeping

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Licensed air ambulance agencies	33	C
Licensed ground ambulance agencies*	205	C
Data users on the local, regional, state, and national level	unknown	S
* Some licensed agencies may be part of local government services. However, the impact on them is as EMS providers, not as local government. Additionally, as ground ambulances are licensed by the counties rather than the state, the size of the group is an estimate based on the number of reporting agencies.		

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

C = individuals/entities that implement or apply the rule.
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes
Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

C: The Department expects costs for reporting agencies to be minimal with regard to the change from NEMSIS Version 3.4.0 to Version 3.5.0. The Department offers a free software product that agencies can use to meet compliance requirements. With the requirement for agencies to be in compliance with data submission in order to be eligible for grants, non-compliant agencies could experience the loss of potential grant monies.

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

C and S: Updating the data standard ensures Colorado continues to have high-quality data for use on the local, state, and national level to enhance continuous quality improvement efforts and help improve emergency medical services delivery, ultimately resulting in a more efficient system.

C and S: With the requirement for agencies to comply with data submission in order to be eligible for scope of practice waivers, non-compliant agencies could potentially experience the loss of desired flexibility in which acts agency EMS providers are allowed to do while responding to a call. However, compliance with data submission requirements for those agencies receiving scope of practice waivers ensures that the Department has information on the waived acts, thereby increasing the safety and oversight of the waiver program.

S: The new data standard enhances data interoperability and uses a data standard that can be translated across healthcare settings. Additionally, the shorter submission timeframes allow more timely decision making and situational awareness in times of need.

This rule update is not expected to have direct impacts that specifically improve the experience or outcomes for previously disenfranchised, un-served or underserved, or marginalized populations or the network of providers that serve them. However, the changes to data confidentiality rules, along with the updated data elements and more timely submissions, open the door to the possibility of specifically analyzing EMS system performance related to these groups.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   A. Anticipated CDPHE personal services, operating costs or other expenditures:

      The Department anticipates no change in costs or other expenditures.

      Anticipated CDPHE Revenues:

      N/A

   B. Anticipated personal services, operating costs or other expenditures by another state agency:

      N/A

      Anticipated Revenues for another state agency:

      N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

___ Comply with a statutory mandate to promulgate rules.
___ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
_X_ Maintain alignment with other states or national standards.
_X__ Implement a Regulatory Efficiency Review (rule review) result
___ Improve public and environmental health practice.
_X_ Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023. ___ Contributes to the blueprint for pollution reduction ___ Reduces carbon dioxide from transportation ___ Reduces methane emissions from oil and gas industry ___ Reduces carbon dioxide emissions from electricity sector
2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023. ___ Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry. ___ Supports local agencies and COGCC in oil and gas regulations. ___ Reduces VOC and NOx emissions from non-oil and gas contributors
3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023. ___ Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes. ___ Increases physical activity by promoting local and state policies to improve active transportation and access to recreation. ___ Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.
4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023. ___ Ensures access to breastfeeding-friendly environments.
5. Reverse the downward trend and increase the percent of kindergartners protected

against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.

___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.
___ Performs targeted programming to increase immunization rates.
___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).

6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.

___ Creates a roadmap to address suicide in Colorado.
___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate.
___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries.
___ Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.

7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.

___ Conducts a gap assessment.
___ Updates existing plans to address identified gaps.
___ Develops and conducts various exercises to close gaps.

8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.

___ Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident.
___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment.
___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.

9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.

___ Implements the CDPHE Digital Transformation Plan.
___ Optimizes processes prior to digitizing them.
___ Improves data dissemination and interoperability methods and timeliness.

10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and

4,593 tons (30% reduction) by June 30, 2023. ___ Reduces emissions from employee commuting ___ Reduces emissions from CDPHE operations
11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023. ___ Used a budget equity assessment

__X_ Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

The cost of inaction would be Colorado's lagging behind other states, as well as the eventual end of the ability to use the collected data for comparison with other states. Additionally, NEMSIS will no longer accept data collected using Version 3.4.0 beginning in January 2024.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Using the NEMSIS data standards is the least costly method of determining the data to be collected, saving Colorado from the monumental effort of developing and testing its own standards, software, etc.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

Stakeholders expressed interest in expanding the types of agencies that must report patient care data to include agencies that are not licensed by a county to transport patients, but to do so would exceed existing statutory authority.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

- U.S. Department of Transportation, National Highway Traffic Safety Administration letter to the National Association of Sate EMS Officials regarding suggested data submission timeframes, dated November 19, 2021.
- U.S. Department of Transportation, National Highway Traffic Safety Administration letter to the National Association of Sate EMS Officials regarding phasing out NEMSIS data standards, Version 3.4.0, dated November 5, 2021.
- NEMSIS presentation on data submission lag times, presented to stakeholders September 8, 2021.
- NEMSIS presentation on data standards, Version 3.5.0, presented to stakeholders September 8, 2021.
- Information on data submission lag time for 820,489 patient encounters pulled from the Colorado EMS Database v3.4, 04/01/2020 through 06/30/21.
- Other state requirements regarding data submission timeframe.

- NEMSIS Data Dictionary and Version 3.5.0 Change Log.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1015-3, Emergency Medical Services,
Chapter Three – Rules Pertaining to Emergency Medical Services Data
and Information Collection and Record Keeping

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:
The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

In July 2021, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) formed a task force to ensure appropriate subject matter expertise and stakeholder input into the 6 CCR 1015-3, Emergency Medical Services, Chapter Three – Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping rule revision process, to include members who represent various groups impacted by the rule revision. The Department distributed information regarding the opportunity to serve on the task force through its weekly EMTS On the Go newsletter. The following table includes the task force members and the role they represented:

Role	Name, Organization
Member of SEMTAC (Task Force Chairperson)	Dr. Eric Hill, Medical Director at Multiple Agencies
Member of SEMTAC (Task Force Co-Chairperson)	Dr. Kathleen Adelgais, Children's Hospital
Licensed ambulance services operated by a local government from an urban area	Rob Morris, North Metro Fire Rescue District
Licensed ambulance services operated by a local government from a rural or frontier area	Bill Clark, Summit Fire and EMS
Licensed ambulance services operated by a local government from a rural or frontier area	Joshua Lorenzen, Los Pinos Fire Protection District
Licensed ambulance services operated by a private organization from an urban area	Ralph Vickery, Action Care Ambulance, Inc.
Licensed ambulance services operated by a private organization from a rural or frontier area	Shana Silver, Baca/Crestone Emergency Services
Air ambulance agencies	David Kearns, Flight for Life Colorado
County government ambulance licensing entities	Anjanette Hawkins, Jefferson County Public Health
Emergency departments or trauma centers from an urban area	Nick Nudell, Medical Center of the Rockies
Emergency departments or trauma centers from a rural or frontier area	Nancy Bartkowiak, St. Thomas Moore Hospital

EMS medical directors for a licensed ambulance service from an urban area	Dr. Matt Angelidis, Medical Director at Multiple Agencies
EMS medical directors for a licensed ambulance service from a rural or frontier area	Dr. Kevin Weber, Medical Director at Multiple Agencies, Southeast Colorado Regional EMS and Trauma Advisory Council

Task Force meetings were held monthly between September and December 2021. All meetings were held virtually, open to the public, and participation was welcomed from anyone who wanted to attend. Information regarding the meetings was published in the Department's weekly EMTS On the Go newsletter, as well as being available on the Department's website. All meeting materials, including agendas, minutes, presentations, draft rules, and meeting recordings were made available on the Department's website. In addition to the Task Force members listed above, the following stakeholders participated in the monthly meetings.

Organization	Representative Name
Ambulnz	Candice Moncayo
Central Mountains Regional EMS and Trauma Advisory Council (RETAC)	Sarah Weatherred
Colorado River Fire-Rescue	John Gredig
Foothills RETAC	Linda Underbrink
Starting Hearts	Jillian Moore
Western RETAC	Danny Barela
Northglenn Ambulance	Alexander Fairfield
Southwest RETAC	Terri Foechterle
National Emergency Medical Services Information System	Eric Chaney
National Emergency Medical Services Information System	N. Clay Mann
National Emergency Medical Services Information System	Monet Iheanacho
EMS Unlimited	Stephanie Faber Webb
Classic Air Medical	Jenn Kileen
Delta Health TNC	Kayleigh Wright
Gilpin Ambulance Authority	Erin Gibbs
Mile High RETAC	Shirley Terry
Dove Creek Ambulance District	Kathleen Keesling
Global Medical Response	Jennifer Correa
Denver Health Paramedics	Steve Hulac
American Medical Response	Eric Young
Plains to Peaks RETAC	Kim Schallenberger
	Daniel Garner

The updated rules were presented to SEMTAC on January 13, 2022, and the Council voted to approved the proposed regulations as presented.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was

provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

__X_ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking

____ Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

During the discussion of timelines for data submission, the Department had proposed "within 24 hours from the unit was put back in service," to align with the suggested timeframe communicated by the National Highway Transportation and Safety Administration. During the Task Force/stakeholder discussion of the timeframe, there was concern about shifting from 60 days (the current timeframe) to 24 hours. Discussion was focused on the potential inability to meet the 24-hour timeframe, especially for rural/frontier and volunteer agencies. Understanding the concerns, the Department proposed changing the timeline to "within 48 hours from the time the unit was put back in service." This change was acceptable to the Task Force members and other stakeholders, and achieves the Department's intent of improving the timeliness of data reported.

The Department also received feedback that the rule should apply to agencies that are not licensed by a county to transport patients. The Department was unable to accommodate the request due to existing statutory authority for collecting these data is limited to licensed agencies that transport patients.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

N/A

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.		Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.		Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.

	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	X	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
	Other:_____ _____		Other:_____ _____

COLORADO
Department of Public Health & Environment

Patricia Hammon, President
Board of Health
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

January 13, 2022

Dear Ms. Hammon:

At the Jan. 13, 2022 meeting of the State Emergency Medical and Trauma Services Advisory Council of the Colorado Department of Public Health and Environment, proposed revisions to 6 C.C.R 1015-3, Chapter 3 - Emergency Medical Services Data and Information Collection and Record Keeping were reviewed and discussed. The proposed rule changes will ensure Colorado continues to align with national data standards and maintains high quality, up-to-date data regarding emergency medical transports within the state. Ambulance agencies currently submit data on patient care based on the National Emergency Medical Services Information System (NEMSIS) Emergency Medical Services Data Standard, Version 3.4.0. NEMSIS published an updated version of the data standard in November 2019 and these proposed rules move Colorado to the new Version 3.5.0 standard no later than Jan. 1, 2023. The proposed rule also reduces the timeframe that agencies have to submit the required data from 60 days to 48 hours to allow for more timely decision-making based on EMS data. The proposed rules enhance monitoring capability by adding compliance with data reporting requirements in order to be eligible for scope of practice waivers. The proposed rules provide more clarity to ensure data confidentiality while also allowing data to be used for evaluation or research purposes without exposing identifying information. A motion was made and passed to approve the proposed revisions.

Sincerely yours,

Chief Rick Lewis
Chairman

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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CHAPTER THREE – RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING

Adopted by the Board of Health on ~~September 20, 2017~~ _____; effective ~~January 1, 2018~~ _____.

Section 1 – Purpose and Authority for Rules

1.1 The authority and requirement for data collection is provided in § 25-3.5-501(1), C.R.S., which states, "Each ambulance service shall prepare and transmit copies of uniform and standardized records, as specified by regulation adopted by the Department, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in said system at all levels."

Additional authority for data collection and analysis is provided in § 25-3.5-307, C.R.S., requiring data collection and reporting by air ambulance agencies, § 25-3.-5-308(1)(e), C.R.S., requiring data collection and reporting by a ground ambulance service, and § 25-3.5-704(2)(h), C.R.S., requiring the establishment of a continuous quality improvement system to evaluate the statewide emergency medical and trauma services system.

1.2 This section consists of rules for the collection and reporting of essential data related to the performance, needs, and quality assessment of the statewide emergency medical and trauma services system. These rules focus primarily on the data that ~~ambulance~~ agencies are required to collect and provide to the Department. Rules regarding the collection of data by designated trauma facilities can be found in 6 CCR 1015-4, Chapter 1.

Section 2 – Definitions

2.1 "Agency" or "agencies" - Ambulance service(S) and/OR air ambulance service(S).

2.2 "Air Ambulance" - A fixed-wing or rotor-wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.

2.3 "Air Ambulance Service"- Any public or private entity that uses an air ambulance to transport patients to a medical facility.

2.4 "Ambulance"- Any privately or publicly owned vehicle that meets the requirements of § 25-3.5-103(1.5), C.R.S.

2.5 "Ambulance S~~s~~ervice"- 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. The person so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.

2.6 "CARE OUTCOMES" – FOR THE PURPOSES OF THIS CHAPTER 3, INFORMATION RELATED TO PATIENT CARE, COMBINED WITH THE RESULT(S) OF THAT CARE.

2.~~6~~7 "Department" - The Colorado Department of Public Health and Environment.

2.~~7~~8 "NEMSIS" - National Emergency Medical Services Information System

2.~~8~~9 "Patient"- Any individual who is sick, injured, or otherwise incapacitated or helpless.

Section 3 – Reporting Requirements

3.1 All ~~ambulance service agencies and air ambulance service~~ agencies licensed in Colorado shall provide the Department with the required data and information as specified in Sections 3.2 and 3.3 below in a ~~format determined by the Department or in an alternate media acceptable to the Department~~ FORM AND MANNER DETERMINED BY THE DEPARTMENT.

3.2 Agencies shall provide organizational profile data in a manner ~~designated~~ DETERMINED by the Department.

3.2.1 Organizational profile data shall include but not be limited to information about licensing, service types and level, agency contact information, agency director and medical director contact information, demographics of the service area, number and types of responding personnel, number of calls by response type, counties served, organizational type, and number and type of vehicles.

3.2.2 Agencies shall update organizational profile data whenever changes occur and at least annually.

3.3 The required data and information on patient care shall be based on the NEMSIS EMS Data Standard published on ~~July 13, 2016~~NOVEMBER 30, 2019, referenced below.

3.3.1 The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services, NEMSIS Data Dictionary NHTSA Version ~~3.4.0~~3.5.0, EMS Data Standard, published on ~~July 13, 2016~~ NOVEMBER 30, 2019 (NEMSIS ~~3.4.0~~3.5.0) is hereby incorporated by reference into this rule. Such incorporation does not include later amendments to or editions of the referenced material. The Health Facilities and Emergency Medical Services Division of the Department maintains a copy of the complete text of required data elements for public inspection at ~~http://www.nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf~~ https://drive.google.com/file/d/1yjKW192TyL7w_RLRhVE_0PTUYtcgLzPz/view. Certified copies of the incorporated materials may be obtained from the Division by contacting:

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

3.3.2 No later than January 1, ~~2018~~2023, agencies shall submit patient care data to the Department as defined by NEMSIS ~~3.4.0~~3.5.0.

A) All elements that are identified as National Mandatory, National Required, State Recommended, and State Optional by NEMSIS ~~3.4.0~~3.5.0 shall be reported to the Department.

3.3.3 Submission of NEMSIS ~~3.4.0~~3.5.0 data as stated above in SECTION 3.3.2 is required. However, ambulance services may provide additional data as outlined in the complete NEMSIS ~~3.4.0~~3.5.0 Data Dictionary or as suggested by the Department.

3.3.4 All ~~transporting~~ agencies licensed in Colorado shall report the required data elements, as stated in Section 3.3.2, on all responses that resulted in patient contact. Although not required, agencies may also report the required data elements on responses that did not result in patient contact or transport.

3.3.5 Agencies unable to TRANSMIT OR submit ~~through the web-based data entry utility~~ DATA IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT shall obtain written approval from the Department prior to submitting patient care data and information in any other format.

3.3.6 Agencies shall provide the data to the Department within ~~60 days~~ 48 HOURS FROM THE TIME THE UNIT WENT BACK IN SERVICE. ~~of patient contact.~~

3.4 THE DEPARTMENT WILL MONITOR AND ENFORCE COMPLIANCE REGARDING SUBMISSION OF ORGANIZATIONAL PROFILE INFORMATION AS DESCRIBED IN SECTION 3.2, AND REGULAR SUBMISSION OF PATIENT CARE INFORMATION AS DESCRIBED IN SECTIONS 3.3.2 AND 3.3.6, INCLUDING, BUT NOT LIMITED TO, THE BELOW.

3.4.1 In order to be eligible to apply for funding through the EMTS grants program, agencies shall provide organizational profile information as described in Section 3.2 and regularly submit patient care information as described in SectionS 3.3.2~~.~~ and 3.3.6.

3.4.2 IN ORDER TO BE ELIGIBLE TO APPLY FOR SCOPE OF PRACTICE WAIVERS, PURSUANT TO 6 CCR 1015-3, CHAPTER TWO, AGENCIES SHALL PROVIDE ORGANIZATIONAL PROFILE INFORMATION AS DESCRIBED IN SECTION 3.2 AND REGULARLY SUBMIT PATIENT CARE INFORMATION AS DESCRIBED IN SECTIONS 3.3.2 AND 3.3.6.

3.~~5~~4.3 If an agency fails to comply with these rules, the Department may report this lack of compliance to any counties in which the agency is licensed.

3.4.4 THE DEPARTMENT MAY ESTABLISH POLICIES AND PROCEDURES TO IMPLEMENT PARTS 3.4.1 THROUGH 3.4.3, ABOVE.

Section 4 – Confidentiality of Data and Information on Patient Care

4.1 The data and information provided to the Department in accordance with Section 3.3 of these rules shall be used to conduct continuing quality improvement of the Emergency Medical and Trauma System, pursuant to § 25-3.5-704 (2)(h)(I), C.R.S. Any data provided to the Department that identifies an INDIVIDUAL OR AN individual patient's, provider's, or facility's care outcomes ~~or is part of the patient's medical record~~ shall be strictly confidential, whether such data are recorded on paper or electronically. The confidentiality protections provided in § 25-3.5-704 (2)(h)(II), C.R.S. apply to ~~this~~ THESE data.

4.2 THE DEPARTMENT MAY ESTABLISH PROCEDURES TO ALLOW AGENCIES, INSTITUTIONS, OR INDIVIDUALS TO OBTAIN INFORMATION FROM THE EMS DATA SYSTEM.

A) THE DEPARTMENT SHALL NOT RELEASE PATIENT CARE DATA FROM THE EMS DATA SYSTEM THAT COULD BE REASONABLY EXPECTED TO IDENTIFY INDIVIDUAL PATIENTS, OR CARE OUTCOMES THAT, WHEN COMBINED WITH OTHER DATA, IDENTIFIES AN INDIVIDUAL, PROVIDER, AGENCY, OR FACILITY, EXCEPT AS PROVIDED IN SECTION 4.3.

B) THE DEPARTMENT PROCEDURES SHALL ADDRESS CIRCUMSTANCES UNDER WHICH THE DEPARTMENT MAY DENY A REQUEST FOR DATA.

~~Any patient care data in the EMS data system that could potentially identify individual patients or providers shall not be released in any form to any agency, institution, or individual, except as provided in Section 4.3.~~

4.3 An agency may retrieve the patient care data that the agency has TRANSMITTED TO THE DEPARTMENT OR submitted via the Department's web-based data entry utility.

~~4.4 Results from any analysis of the data by the Department shall only be presented in aggregate according to established Department policies.~~

~~4.5 The Department may establish procedures to allow access by outside agencies, institutions or individuals to information in the EMS data system that does not identify patients, providers or agencies.~~

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