

**First Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO**

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 25-0066.01 Shelby Ross x4510

**SENATE BILL 25-130**

**SENATE SPONSORSHIP**

**Gonzales J. and Weissman**, Amabile, Ball, Bridges, Cutter, Danielson, Daugherty, Exum, Hinrichsen, Jodeh, Kipp, Kolker, Marchman, Michaelson Jenet, Roberts, Rodriguez, Snyder, Sullivan, Winter F., Wallace

**HOUSE SPONSORSHIP**

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**Senate Committees**

Judiciary  
Appropriations

**House Committees**

Health & Human Services  
Appropriations

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**A BILL FOR AN ACT**

101 **CONCERNING PROVIDING EMERGENCY MEDICAL SERVICES, AND, IN**  
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**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://leg.colorado.gov>.)*

The bill requires an emergency department, including a labor and delivery department, to provide emergency medical services to a patient who presents to the emergency department.

For each person who presents to an emergency department for treatment, the bill requires the emergency department to input into a central log whether the person refused treatment or was denied treatment,

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words or numbers indicate deletions from existing law.

HOUSE  
3rd Reading Unamended  
May 3, 2025

HOUSE  
Amended 2nd Reading  
May 2, 2025

SENATE  
3rd Reading Unamended  
April 23, 2025

SENATE  
Amended 2nd Reading  
April 22, 2025

or whether the person was admitted and treated, stabilized and transferred, or discharged.

The bill prohibits an emergency department from denying or discriminating in providing emergency medical services to a patient because of certain characteristics.

The bill requires an emergency department to implement a protocol to ensure a health-care provider is available at all times who is willing and able to provide emergency medical services; except that a health-care provider is not required to provide emergency medical services if the emergency medical services conflict with the health-care provider's sincerely held religious beliefs. The bill prohibits an emergency department from taking any adverse action against a health-care provider who provides or refuses to provide emergency medical services.

The bill prohibits an emergency department from inquiring about a patient's ability to pay for emergency medical services until after the services have been rendered.

The bill prohibits an emergency department from transferring or discharging a patient with an emergency medical condition unless certain conditions are met.

An emergency department does not violate the bill requirements if certain conditions are met.

The bill authorizes the attorney general to bring a civil action to seek injunctive relief or a civil penalty not to exceed \$50,000 against an emergency department or examining health-care provider who negligently violates the requirements of the bill. The bill creates a private right of action for a person who suffers personal injury by an emergency department.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add 25-3-132** as  
3 **follows:**

4 **25-3-132. Emergency medical condition - emergency medical**  
5 **services - transfer - discharge - nonliability - enforcement -**  
6 **definitions.** (1) **Requirements.** A FACILITY SHALL PROVIDE EMERGENCY  
7 **MEDICAL SERVICES TO A PERSON WHO PRESENTS TO THE FACILITY WHEN**  
8 **THE PERSON REQUESTS OR A REQUEST IS MADE ON THE PERSON'S BEHALF**  
9 **FOR EMERGENCY MEDICAL SERVICES. IN THE ABSENCE OF A REQUEST, A**  
10 **FACILITY SHALL PROVIDE EMERGENCY MEDICAL SERVICES TO A PERSON IF**

1     A PRUDENT LAYPERSON WOULD BELIEVE, BASED ON THE PERSON'S  
2     APPEARANCE OR BEHAVIOR, THAT THE PERSON IS IN NEED OF EMERGENCY  
3     MEDICAL SERVICES.

4             **(2) Central log required.** FOR EACH PERSON WHO PRESENTS TO  
5     A FACILITY AND REQUESTS EMERGENCY MEDICAL SERVICES OR A REQUEST  
6     IS MADE ON THE PERSON'S BEHALF FOR EMERGENCY MEDICAL SERVICES,  
7     THE FACILITY SHALL INPUT INTO A CENTRAL LOG WHETHER THE PERSON  
8     REFUSED TREATMENT, WAS DENIED TREATMENT, WHETHER NO TREATMENT  
9     WAS REQUIRED, OR WHETHER THE PERSON WAS TRANSFERRED, ADMITTED  
10    AND TREATED, STABILIZED AND TRANSFERRED, OR DISCHARGED.

11            **(3) Nondiscrimination.** A FACILITY IS A PLACE OF PUBLIC  
12    ACCOMMODATION SUBJECT TO PART 6 OF ARTICLE 34 OF TITLE 24 AND  
13    SHALL NOT DENY EMERGENCY MEDICAL SERVICES OR DISCRIMINATE IN  
14    PROVIDING EMERGENCY MEDICAL SERVICES TO A PATIENT FOR A  
15    DISCRIMINATORY OR UNLAWFUL REASON AS DESCRIBED IN PART 6 OF  
16    ARTICLE 34 OF TITLE 24.

17            **(4) Provider protections.** (a) A FACILITY SHALL NOT PENALIZE  
18    OR TAKE ANY ADVERSE ACTION AGAINST A HEALTH-CARE PROVIDER FOR  
19    REFUSING TO TRANSFER A PATIENT WITH AN EMERGENCY MEDICAL  
20    CONDITION THAT HAS NOT BEEN STABILIZED.

21            **(b)** THIS SUBSECTION (4) DOES NOT ALTER OR LIMIT THE RIGHTS  
22    AND PROTECTIONS AFFORDED TO A PERSON PURSUANT TO SECTION  
23    24-34-402 (1).

24            **(5) Financial inquiry.** A FACILITY SHALL NOT DELAY PROVIDING  
25    EMERGENCY MEDICAL SERVICES TO A PERSON IN ORDER TO INQUIRE ABOUT  
26    THE PERSON'S ABILITY TO PAY FOR EMERGENCY MEDICAL SERVICES.

27            **(6) Appropriate transfer.** IF A PATIENT HAS RECEIVED AN

1 APPROPRIATE MEDICAL SCREENING EXAMINATION AS DESCRIBED IN  
2 SUBSECTION (10)(c)(I)(A) OF THIS SECTION AND THE EXAMINING  
3 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
4 CONDITION EXISTS AND THE CONDITION HAS NOT BEEN STABILIZED, THE  
5 FACILITY SHALL NOT TRANSFER THE PATIENT UNLESS ALL OF THE  
6 FOLLOWING CONDITIONS ARE MET:


7 (a) THE PATIENT IS PROVIDED MEDICAL TREATMENT WITHIN THE  
8 FACILITY'S CAPACITY THAT MINIMIZES THE RISKS TO THE PATIENT'S  
9 HEALTH;

10 (b) THE RECEIVING FACILITY HAS THE SPACE AND QUALIFIED  
11 PERSONNEL AVAILABLE FOR TREATING THE PATIENT AND HAS AGREED TO  
12 ACCEPT TRANSFER OF THE PATIENT AND TO PROVIDE APPROPRIATE  
13 MEDICAL TREATMENT;

14 (c) THE TRANSFER IS EFFECTED THROUGH QUALIFIED PERSONNEL  
15 AND TRANSPORTATION EQUIPMENT, INCLUDING THE USE OF NECESSARY  
16 AND MEDICALLY APPROPRIATE LIFE SUPPORT MEASURES DURING THE  
17 TRANSFER;

18 (d) THE TRANSFERRING FACILITY SENDS ALL MEDICAL RECORDS,  
19 OR COPIES OF THE MEDICAL RECORDS, RELATED TO THE PATIENT'S  
20 EMERGENCY MEDICAL CONDITION THAT THE PATIENT PRESENTED TO THE  
21 FACILITY FOR, THAT ARE AVAILABLE AT THE TIME OF THE TRANSFER,  
22 INCLUDING MEDICAL RECORDS, OR COPIES OF THE MEDICAL RECORDS,  
23 RELATED TO OBSERVATIONS OF SIGNS AND SYMPTOMS; PRELIMINARY  
24 DIAGNOSIS; TREATMENT PROVIDED TO THE PATIENT; TEST RESULTS; THE  
25 INFORMED WRITTEN REQUEST OR CERTIFICATION PROVIDED PURSUANT TO  
26 SUBSECTION (6)(e) OF THIS SECTION, OR A COPY OF THE REQUEST OR  
27 CERTIFICATION; AND, IF RELEVANT, THE NAME AND ADDRESS OF ANY

1 ON-CALL PHYSICIAN WHO REFUSED OR FAILED TO APPEAR AT THE FACILITY  
2 WITHIN A REASONABLE AMOUNT OF TIME TO PROVIDE THE PATIENT WITH  
3 NECESSARY STABILIZING TREATMENT;

4   
5 (e) (I) AFTER BEING INFORMED OF THE FACILITY'S OBLIGATIONS  
6 PURSUANT TO THIS SECTION AND THE RISK OF TRANSFER, THE PATIENT OR  
7 THE PATIENT'S REPRESENTATIVE REQUESTS THE TRANSFER IN WRITING;

8 (II) A PHYSICIAN HAS SIGNED A CERTIFICATION THAT INCLUDES A  
9 SUMMARY OF THE RISKS AND BENEFITS OF TRANSFERRING THE PATIENT  
10 AND A STATEMENT THAT, BASED UPON THE INFORMATION AVAILABLE AT  
11 THE TIME OF THE TRANSFER, THE MEDICAL BENEFITS REASONABLY  
12 EXPECTED FROM THE PROVISION OF APPROPRIATE MEDICAL TREATMENT AT  
13 ANOTHER FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT  
14 FROM BEING TRANSFERRED; OR

15 (III) IF A PHYSICIAN IS NOT PHYSICALLY PRESENT IN THE FACILITY  
16 AT THE TIME A PATIENT IS TRANSFERRED, THE EXAMINING HEALTH-CARE  
17 PROVIDER HAS SIGNED A CERTIFICATION THAT INCLUDES THE  
18 INFORMATION DESCRIBED IN SUBSECTION (6)(e)(II) OF THIS SECTION AND  
19 THE PHYSICIAN, AFTER CONSULTING WITH THE EXAMINING HEALTH-CARE  
20 PROVIDER, AGREES WITH THE CERTIFICATION AND SUBSEQUENTLY  
21 COUNTERSIGNS THE CERTIFICATION.

22 (7) **Appropriate discharge.** (a) IF A PATIENT HAS RECEIVED AN  
23 APPROPRIATE MEDICAL SCREENING EXAMINATION AS DESCRIBED IN  
24 SUBSECTION (10)(c)(I)(A) OF THIS SECTION AND THE EXAMINING  
25 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
26 CONDITION EXISTS, THE FACILITY SHALL NOT DISCHARGE THE PATIENT  
27 UNLESS THE PATIENT'S EMERGENCY MEDICAL CONDITION HAS BEEN

1     STABILIZED.

2             (b) IF A PATIENT HAS NOT BEEN STABILIZED, DISCHARGING THE  
3     PATIENT IS ONLY PERMITTED IF:

4             (I) AFTER BEING INFORMED OF THE FACILITY'S OBLIGATIONS  
5     PURSUANT TO THIS SECTION AND THE RISK OF DISCHARGE, THE PATIENT OR  
6     THE PATIENT'S REPRESENTATIVE REQUESTS A DISCHARGE IN WRITING; OR

7             (II) THE FACILITY OFFERS THE PATIENT FURTHER MEDICAL  
8     EXAMINATION AND TREATMENT AND INFORMS THE PATIENT OR THE  
9     PATIENT'S REPRESENTATIVE OF THE RISKS AND BENEFITS OF THE  
10    EXAMINATION AND TREATMENT BUT THE PATIENT OR THE PATIENT'S  
11    REPRESENTATIVE DOES NOT CONSENT TO THE MEDICAL EXAMINATION AND  
12    TREATMENT. THE PATIENT'S MEDICAL RECORD MUST CONTAIN A  
13    DESCRIPTION OF THE EXAMINATION AND, IF APPLICABLE, THE TREATMENT,  
14    AND A STATEMENT THAT THE PATIENT OR THE PATIENT'S REPRESENTATIVE  
15    REFUSED. THE FACILITY SHALL TAKE ALL REASONABLE STEPS TO SECURE  
16    THE PATIENT'S WRITTEN INFORMED REFUSAL, WHICH MUST INDICATE THE  
17    PATIENT HAS BEEN INFORMED OF THE RISKS AND BENEFITS OF THE  
18    EXAMINATION AND TREATMENT, IF APPLICABLE.

19            (8) **Nonliability.** A FACILITY OR HEALTH-CARE PROVIDER DOES  
20    NOT VIOLATE THIS SECTION IF:

21            (a) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
22    SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
23    THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
24    HEALTH-CARE PROVIDER DETERMINES THAT NO EMERGENCY MEDICAL  
25    CONDITION EXISTS AND RECORDS THE DETERMINATION IN THE PATIENT'S  
26    MEDICAL RECORD;

27            (b) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL

1 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
2 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
3 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
4 CONDITION EXISTS AND THE PATIENT IS APPROPRIATELY TRANSFERRED OR  
5 DISCHARGED PURSUANT TO SUBSECTION (6) OR (7) OF THIS SECTION; OR

6 (c) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
7 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF  
8 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
9 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
10 CONDITION EXISTS AND THE PATIENT IS ADMITTED IN GOOD FAITH TO THE  
11 FACILITY AS AN INPATIENT FOR FURTHER STABILIZING TREATMENT.

12 (9) Investigation and penalty. (a) THE DEPARTMENT MAY  
13 INVESTIGATE A FACILITY THAT NEGLIGENTLY VIOLATES THIS SECTION  
14 PURSUANT TO SECTION 25-1.5-103 (1)(a).

15 (b) (I) A PHYSICIAN WHO NEGLIGENTLY VIOLATES THIS SECTION  
16 ENGAGES IN UNPROFESSIONAL CONDUCT AND IS SUBJECT TO DISCIPLINE  
17 PURSUANT TO SECTION 12-240-121.

18 (II) THIS SUBSECTION (9)(b) APPLIES TO A PHYSICIAN WHO:

19 (A) SIGNS A CERTIFICATION PURSUANT TO SUBSECTION (6)(f)(II)  
20 OF THIS SECTION THAT STATES THE MEDICAL BENEFITS REASONABLY  
21 EXPECTED FROM APPROPRIATE MEDICAL TREATMENT AT ANOTHER  
22 FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT FROM BEING  
23 TRANSFERRED IF THE PHYSICIAN KNEW OR SHOULD HAVE KNOWN THE  
24 BENEFITS DID NOT OUTWEIGH THE RISKS;

25 (B) MISREPRESENTS A PATIENT'S CONDITION OR OTHER  
26 INFORMATION, INCLUDING A FACILITY'S OBLIGATIONS PURSUANT TO THIS  
27 SECTION; OR

1           (C) IS THE ON-CALL PHYSICIAN AND FAILS OR REFUSES TO PRESENT  
2           TO THE FACILITY WITHIN A REASONABLE PERIOD OF TIME PURSUANT TO  
3           SUBSECTION (10)(c)(I)(B) OF THIS SECTION AFTER BEING CONTACTED.

4           (c) IF A CIVIL MONETARY PENALTY IS IMPOSED PURSUANT TO  
5           SECTION 25-1.5-103 OR 12-240-121, THE MAXIMUM CIVIL MONETARY  
6           PENALTY AMOUNT MUST BE REDUCED BY ANY CIVIL MONETARY PENALTY  
7           IMPOSED PURSUANT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT  
8           AND ACTIVE LABOR ACT", 42 U.S.C. 1395dd (d) FOR THE SAME  
9           VIOLATION.

10           (10) Definitions. AS USED IN THIS SECTION, UNLESS THE CONTEXT  
11           OTHERWISE REQUIRES:

12           (a) "ABORTION" HAS THE SAME MEANING AS SET FORTH IN SECTION  
13           25-6-402.

14           (b) (I) "EMERGENCY MEDICAL CONDITION" MEANS:

15           (A) A MEDICAL CONDITION MANIFESTING ITSELF BY ACUTE SIGNS  
16           AND SYMPTOMS OF SUFFICIENT SEVERITY, INCLUDING SEVERE PAIN, SUCH  
17           THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD  
18           REASONABLY BE EXPECTED TO RESULT IN PLACING THE HEALTH OF THE  
19           PERSON IN SERIOUS JEOPARDY, SERIOUS IMPAIRMENT OF BODILY  
20           FUNCTIONS, OR SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART;  
21           OR

22           (B) WITH RESPECT TO A PREGNANT PERSON WHO IS HAVING  
23           CONTRACTIONS, THERE IS INADEQUATE TIME TO EFFECTUATE A SAFE  
24           TRANSFER TO ANOTHER FACILITY BEFORE DELIVERY, OR THAT  
25           TRANSFERRING THE PATIENT MAY POSE A THREAT TO THE HEALTH OR  
26           SAFETY OF THE PATIENT.

27           (II) "EMERGENCY MEDICAL CONDITION" INCLUDES, BUT IS NOT



1 LIMITED TO, LABOR, ECTOPIC PREGNANCY, A COMPLICATION RESULTING  
2 FROM PREGNANCY OR PREGNANCY LOSS, AND EMERGENT HYPERTENSIVE  
3 DISORDERS WHEN THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION  
4 COULD REASONABLY BE EXPECTED TO RESULT IN PLACING THE HEALTH OF  
5 THE PERSON IN SERIOUS JEOPARDY, SERIOUS IMPAIRMENT TO BODILY  
6 FUNCTIONS, OR SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART.

7 (c) (I) "EMERGENCY MEDICAL SERVICES" MEANS:

8 (A) AN APPROPRIATE MEDICAL SCREENING EXAMINATION WITHIN  
9 THE CAPABILITY OF THE FACILITY, INCLUDING ANCILLARY SERVICES  
10 ROUTINELY AVAILABLE TO THE FACILITY, TO DETERMINE IF AN  
11 EMERGENCY MEDICAL CONDITION EXISTS; AND

12 (B) WHEN THE EXAMINING HEALTH-CARE PROVIDER DETERMINES  
13 THAT AN EMERGENCY MEDICAL CONDITION EXISTS, THE MEDICAL  
14 TREATMENT NECESSARY TO STABILIZE THE EMERGENCY MEDICAL  
15 CONDITION THAT IS WITHIN THE CAPABILITY OF THE FACILITY. IF THE  
16 PATIENT'S EMERGENCY MEDICAL CONDITION REQUIRES THE SERVICES OF  
17 AN ON-CALL PHYSICIAN, THE EXAMINING HEALTH-CARE PROVIDER SHALL  
18 ATTEMPT TO CONTACT THE ON-CALL PHYSICIAN, IF APPLICABLE.

19 (II) "EMERGENCY MEDICAL SERVICES" INCLUDES PROVIDING AN  
20 ABORTION OR STERILIZATION PROCEDURES WHEN A PATIENT HAS AN  
21 EMERGENCY MEDICAL CONDITION AND AN ABORTION OR STERILIZATION  
22 PROCEDURES ARE NECESSARY TO STABILIZE THE PATIENT AND ARE WITHIN  
23 THE CAPABILITY AND CAPACITY OF THE FACILITY.

24 (d) "FACILITY" MEANS AN EMERGENCY DEPARTMENT OF A  
25 HOSPITAL LICENSED PURSUANT TO SECTION 25-3-101; A FREESTANDING  
26 EMERGENCY DEPARTMENT, AS DEFINED IN SECTION 25-1.5-114; OR ANY  
27 OTHER LICENSED HEALTH-CARE FACILITY, OR AREA OF A HOSPITAL OR

1 HEALTH-CARE FACILITY, THAT HOLDS ITSELF OUT TO THE PUBLIC AS  
2 PROVIDING EMERGENCY CARE.

3 (e) "LABOR" MEANS THE PROCESS OF CHILDBIRTH BEGINNING WITH  
4 THE LATENT OR EARLY PHASE OF LABOR AND CONTINUING THROUGH THE  
5 DELIVERY OF THE PLACENTA. A PERSON EXPERIENCING CONTRACTIONS IS  
6 IN LABOR UNLESS A PHYSICIAN, CERTIFIED NURSE MIDWIFE, OR OTHER  
7 QUALIFIED MEDICAL PERSONNEL, ACTING WITHIN THE PERSON'S SCOPE OF  
8 PRACTICE AS DEFINED IN THE FACILITY'S MEDICAL STAFF BYLAWS AND  
9 STATE LAW, CERTIFIES AFTER A REASONABLE TIME OF OBSERVATION THAT  
10 THE PERSON IS IN FALSE LABOR.

11 (f) "STABILIZE" MEANS TO PROVIDE MEDICAL TREATMENT THAT  
12 MAY BE NECESSARY TO ENSURE, WITHIN REASONABLE MEDICAL  
13 PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE PATIENT'S  
14 CONDITION, SERIOUS IMPAIRMENT OF BODILY FUNCTIONS OR DYSFUNCTION  
15 OF ANY BODILY ORGAN OR PART, OR A THREAT TO THE PATIENT'S LIFE IS  
16 LIKELY TO RESULT FROM OR OCCUR DURING THE TRANSFER OR DISCHARGE  
17 OF THE PATIENT.

18 **SECTION 2. In Colorado Revised Statutes, 12-240-121, add**  
19 **(1)(jj) as follows:**

20 **12-240-121. Unprofessional conduct - definitions.**

21 **(1) "Unprofessional conduct" as used in this article 240 means:**

22 **(jj) NEGLIGENCE VIOLATING SECTION 25-3-132.**

23 **SECTION 3. Appropriation. (1) For the 2025-26 state fiscal**  
24 **year, \$82,768 is appropriated to the department of public health and**  
25 **environment for use by the health facilities and emergency medical**  
26 **services division. This appropriation is from the health facilities general**  
27 **licensure cash fund created in section 25-3-103.1 (1), C.R.S. To**

1 implement this act, the division may use this appropriation as follows:

2 (a) \$19,796 for administration and operations, which amount is  
3 based on an assumption that the division will require an additional 0.2  
4 FTE; and

5 (b) \$62,972 for the health facility survey, which amount is based  
6 on an assumption that the division will require an additional 0.5 FTE.

7 **SECTION 4. Severability.** If any provision of this act or the  
8 application of this act to any person or circumstance is held invalid, the  
9 invalidity does not affect other provisions or applications of the act that  
10 can be given effect without the invalid provision or application, and to  
11 this end the provisions of this act are declared to be severable.

12 **SECTION 5. Safety clause.** The general assembly finds,  
13 determines, and declares that this act is necessary for the immediate  
14 preservation of the public peace, health, or safety or for appropriations for  
15 the support and maintenance of the departments of the state and state  
16 institutions.