



Fiscal Note
Legislative Council Staff
Nonpartisan Services for Colorado’s Legislature

SB 25-130: PROVIDING EMERGENCY MEDICAL SERVICES

Prime Sponsors:
Sen. Gonzales J.; Weissman
Rep. Froelich; Zokaie

Published for: House Health & Human Services
Drafting number: LLS 25-0066

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Version: Final Fiscal Note
Date: September 5, 2025

Fiscal note status: The final fiscal note reflects the enacted bill.

Summary Information

Overview. This bill adds requirements for emergency centers to ensure that individuals in need of emergency medical care receive it without discrimination, delay, or concern about their ability to pay.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

- State Revenue
- State Expenditures

Appropriations. For FY 2025-26, the bill requires and includes an appropriation of \$82,768 to the Department of Public Health and Environment.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27
State Revenue	\$0	\$0
State Expenditures	\$98,458	\$202,126
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.7 FTE	1.3 FTE

¹ Fund sources for these impacts are shown in the table below.

Table 1A
State Expenditures

Fund Source	Budget Year FY 2025-26	Out Year FY 2026-27
General Fund	\$0	\$0
Cash Funds	\$82,768	\$180,838
Federal Funds	\$0	\$0
Centrally Appropriated	\$15,690	\$21,288
Total Expenditures	\$98,458	\$202,126
Total FTE	0.7 FTE	1.3 FTE

Summary of Legislation

This bill adds requirements for emergency facilities into state law that are similar to those under the federal Emergency Medical Treatment and Labor Act (EMTALA) in order to ensure that individuals in need of emergency medical services receive them without discrimination or delay. It sets standards for when and how patients can be transferred or discharged by emergency facilities, which include hospitals, freestanding emergency departments, and licensed health care facilities that hold themselves out to the public as providing emergency care. The provisions of the bill are outlined below.

Mandating Emergency Medical Services

The bill requires emergency facilities to provide emergency medical services to individuals who either request them or appear to require services based on a reasonable assessment by a prudent layperson.

Central Log

For each person who presents to an emergency facility, the facility must input into a central log whether the person refused treatment, was denied treatment, whether no treatment was required, or whether the person was transferred, admitted and treated, stabilized and transferred, or discharged.

Prohibition of Discrimination in Emergency Medical Services

The bill makes an emergency facility a place of public accommodation, therefore making it unlawful to deny or discriminate based on disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, or ancestry, when providing emergency medical services.

Provider Protections

Emergency facilities are prohibited from taking any adverse action against a health care provider for refusing to transfer a patient with an emergency medical condition that has not been stabilized.

Financial Inquiry

Emergency facilities may not delay providing emergency medical services to a person in order to inquire about the person's ability to pay for services.

Patient Transfers

Transfers of patients with emergency medical conditions that have not been stabilized can only occur if all of the following conditions are met:

- the patient receives care to minimize risk before transfer;
- the receiving facility has space and qualified personnel to treat the patient, and agrees to accept the transfer and provide appropriated medical treatment;
- the transfer is done safely, with qualified personnel and equipment;
- all medical records that are available at the time of transfer are shared with the receiving facility; and
- one of the following is documented:
 - the patient or their representative, after being informed of risks, requests the transfer in writing;
 - a physician certifies that the medical benefits of transfer outweigh the risks; or
 - if no physician is present, the examining provider certifies this after consulting with a physician, who later countersigns.

Patient Discharge

Discharges of patients with emergency medical conditions that have not been stabilized can only occur if:

- after being informed of the facility's obligations and risk of discharge, the patient or their representative requests a discharge in writing; or
- the facility offers the patient further medical examination and treatment and informs the patient or their representative of the risks and benefits, but the patient or their representative does not consent. In this case, the patient's medical record must contain a description of the examination or treatment, and a statement that the patient or their representative refused.

Liability Exceptions

Facilities and providers do not violate these provisions if the patient is provided an appropriate medical screening exam and the provider determines:

- that no emergency medical condition exists and records the determination in the patient's medical record;
- that an emergency medical condition exists and the patient is appropriately transferred or discharged; or

- that an emergency medical condition exists and the patient is admitted in good faith to the facility as an inpatient for further stabilizing treatment.

Legal Enforcement and Penalties

The Department of Public Health and Environment (CDHPE) may investigate a facility that negligently violates the bill.

Additionally, the Medical Board in the Department of Regulatory Agencies (DORA) may discipline physicians for unprofessional conduct if the physician:

- signs a risk-benefit certification when they knew or should have known the benefits did not outweigh the risks;
- misrepresents a patient's condition or other information; or
- is the on-call physician and fails or refuses to present to the facility within a reasonable time period after being contacted.

If civil penalties are imposed on facilities or providers, the penalty amount must be reduced by any civil penalty imposed under the federal EMTALA for the same violation.

State Revenue

The bill may increase revenue to the Judicial Department from an increase in filing fees. If civil penalties are levied, General Fund revenue will increase. Revenue from filing fees and civil penalties is subject to TABOR.

State Expenditures

The bill increases state expenditures in the CDPHE by about \$100,000 in FY 2025-26 and \$200,000 per year thereafter. These costs, paid from the CDPHE General Licensure Cash Fund, are summarized in Table 2 and discussed below. The bill also affects workload in DORA, the Department of Law, and the Judicial Department.

Table 2
State Expenditures
Department of Public Health and Environment

Cost Component	Budget Year FY 2025-26	Out Year FY 2026-27
Personal Services	\$75,202	\$95,319
Operating Expenses	\$896	\$1,280
Capital Outlay	\$6,670	\$6,670
Legal Services	\$0	\$77,569
Centrally Appropriated Costs	\$15,690	\$21,288
FTE – Personal Services	0.7 FTE	1.0 FTE
FTE – Legal Services	0.0 FTE	0.3 FTE

Total Costs	\$98,458	\$202,126
Total FTE	0.7 FTE	1.3 FTE

Department of Public Health and Environment

The department requires rulemaking support staff in FY 2025-26 only, and enforcement staff starting in FY 2025-26 and ongoing. Hospitals are currently subject to federal EMTALA requirements; however, the bill also applies to freestanding emergency departments and community clinics with emergency departments, which are not currently subject to the federal requirements.

Rulemaking Staff

In FY 2025-26 only, CDPHE requires 0.2 FTE Policy Advisor to support the rulemaking process to harmonize existing rules with the bill.

Enforcement Staff and Legal Services

The Health Facilities and Emergency Medical Services Division will investigate complaints under the bill. Assuming one complaint for every 860 regulated facilities per year, and 65 hours per complaint, this equates to 1.0 FTE in FY 2026-27. First-year costs reflect half that amount, assuming a lower level of complaints will be filed initially. Legal services, provided by the Department of Law at a blended rate of \$133.74, assume that roughly 30 enforcement actions per year will require legal support at 20 hours per action.

Department of Regulatory Agencies

The Colorado Civil Rights Division and the Division of Professions and Occupations will provide information and outreach to regulated professionals, and may also have increased workload from complaints regarding professional conduct. No change in appropriations is required.

Judicial Department

The trial courts in the Judicial Department may experience an increase in workload to the extent additional civil cases are filed under the bill. The fiscal note assumes that health care providers will comply with the law and any increase in caseload will be minimal.

Centrally Appropriated Costs

Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which may include employee insurance, supplemental employee retirement payments, leased space, and indirect cost assessments, are shown in the expenditure table above.

Effective Date

The Governor signed the bill into law and it took effect on May 14, 2025.

State Appropriations

For FY 2025-26, the bill requires and includes an appropriation of \$82,768 from the General Licensure Cash Fund to the Department of Public Health and Environment, and 0.7 FTE.

State and Local Government Contacts

Health Care Policy and Financing

Public Health and Environment

Judicial

Regulatory Agencies

Law