

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

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 25-0066.01 Shelby Ross x4510

SENATE BILL 25-130

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Senate Committees

Judiciary
Appropriations

House Committees

A BILL FOR AN ACT

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

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.

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.

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 EMERGENCY**
8 **DEPARTMENT WHEN THE PERSON REQUESTS OR A REQUEST IS MADE ON THE**
9 **PERSON'S BEHALF FOR EMERGENCY MEDICAL SERVICES. IN THE ABSENCE**
10 **OF A REQUEST, A FACILITY SHALL PROVIDE EMERGENCY MEDICAL SERVICES**

1 TO A PERSON IF A PRUDENT LAYPERSON WOULD BELIEVE, BASED ON THE
2 PERSON'S APPEARANCE OR BEHAVIOR, THAT THE PERSON IS IN NEED OF
3 EMERGENCY 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)(f) 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 (e) THE TRANSFER CONFORMS WITH APPLICABLE FACILITY
5 STANDARDS ESTABLISHED BY THE STATE BOARD OF HEALTH, CREATED IN
6 SECTION 25-1-103, IN ACCORDANCE WITH THE DEPARTMENT'S AUTHORITY
7 ESTABLISHED PURSUANT TO SECTION 25-1.5-103. THE FACILITY
8 STANDARDS MUST REFLECT THE FEDERAL RULES AND REGULATIONS
9 DESCRIBED IN 42 CFR 489.24 AND ADOPTED PURSUANT TO THE FEDERAL
10 "EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT", 42 U.S.C.
11 SEC. 1395DD.

12 (f) (I) AFTER BEING INFORMED OF THE FACILITY'S OBLIGATIONS
13 PURSUANT TO THIS SECTION AND THE RISK OF TRANSFER, THE PATIENT OR
14 THE PATIENT'S REPRESENTATIVE REQUESTS THE TRANSFER IN WRITING;

15 (II) A PHYSICIAN HAS SIGNED A CERTIFICATION THAT INCLUDES A
16 SUMMARY OF THE RISKS AND BENEFITS OF TRANSFERRING THE PATIENT
17 AND A STATEMENT THAT, BASED UPON THE INFORMATION AVAILABLE AT
18 THE TIME OF THE TRANSFER, THE MEDICAL BENEFITS REASONABLY
19 EXPECTED FROM THE PROVISION OF APPROPRIATE MEDICAL TREATMENT AT
20 ANOTHER FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT
21 FROM BEING TRANSFERRED; OR

22 (III) IF A PHYSICIAN IS NOT PHYSICALLY PRESENT IN THE FACILITY
23 AT THE TIME A PATIENT IS TRANSFERRED, THE EXAMINING HEALTH-CARE
24 PROVIDER HAS SIGNED A CERTIFICATION THAT INCLUDES THE
25 INFORMATION DESCRIBED IN SUBSECTION (6)(f)(II) OF THIS SECTION AND
26 THE PHYSICIAN, AFTER CONSULTING WITH THE EXAMINING HEALTH-CARE
27 PROVIDER, AGREES WITH THE CERTIFICATION AND SUBSEQUENTLY

1 COUNTERSIGNS THE CERTIFICATION.

2 (7) **Appropriate discharge.** (a) If a patient has received an
3 appropriate medical screening examination as described in
4 subsection (10)(c)(I)(A) of this section and the examining
5 health-care provider determines that an emergency medical
6 condition exists, the facility shall not discharge the patient
7 unless all of the following conditions are met:

8 (I) The patient's emergency medical condition has been
9 stabilized; and

10 (II) The discharge conforms with applicable facility
11 standards established by the state board of health, created in
12 section 25-1-103, in accordance with the department's authority
13 established pursuant to section 25-1.5-103. The facility
14 standards must reflect the federal rules and regulations
15 described in 42 CFR 489.24 and adopted pursuant to the federal
16 "Emergency Medical Treatment and Active Labor Act", 42 U.S.C.
17 sec. 1395DD.

18 (b) If a patient has not been stabilized, discharging the
19 patient is only permitted if:

20 (I) After being informed of the facility's obligations
21 pursuant to this section and the risk of discharge, the patient or
22 the patient's representative requests a discharge in writing; or

23 (II) The facility offers the patient further medical
24 examination and treatment and informs the patient or the
25 patient's representative of the risks and benefits of the
26 examination and treatment but the patient or the patient's
27 representative does not consent to the medical examination and

1 TREATMENT. THE PATIENT'S MEDICAL RECORD MUST CONTAIN A
2 DESCRIPTION OF THE EXAMINATION AND, IF APPLICABLE, THE TREATMENT,
3 AND A STATEMENT THAT THE PATIENT OR THE PATIENT'S REPRESENTATIVE
4 REFUSED. THE FACILITY SHALL TAKE ALL REASONABLE STEPS TO SECURE
5 THE PATIENT'S WRITTEN INFORMED REFUSAL, WHICH MUST INDICATE THE
6 PATIENT HAS BEEN INFORMED OF THE RISKS AND BENEFITS OF THE
7 EXAMINATION AND TREATMENT, IF APPLICABLE.

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

10 (a) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL
11 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF
12 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING
13 HEALTH-CARE PROVIDER DETERMINES THAT NO EMERGENCY MEDICAL
14 CONDITION EXISTS AND RECORDS THE DETERMINATION IN THE PATIENT'S
15 MEDICAL RECORD;

16 (b) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL
17 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(c)(I)(A) OF
18 THIS SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING
19 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL
20 CONDITION EXISTS AND THE PATIENT IS APPROPRIATELY TRANSFERRED OR
21 DISCHARGED PURSUANT TO SUBSECTION (6) OR (7) OF THIS SECTION; OR

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

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

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

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

8 (A) SIGNS A CERTIFICATION PURSUANT TO SUBSECTION (6)(f)(II)
9 OF THIS SECTION THAT STATES THE MEDICAL BENEFITS REASONABLY
10 EXPECTED FROM APPROPRIATE MEDICAL TREATMENT AT ANOTHER
11 FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT FROM BEING
12 TRANSFERRED IF THE PHYSICIAN KNEW OR SHOULD HAVE KNOWN THE
13 BENEFITS DID NOT OUTWEIGH THE RISKS;

14 (B) MISREPRESENTS A PATIENT'S CONDITION OR OTHER
15 INFORMATION, INCLUDING A FACILITY'S OBLIGATIONS PURSUANT TO THIS
16 SECTION; OR

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

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

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

1 (a) "ABORTION" HAS THE SAME MEANING AS SET FORTH IN SECTION
2 25-6-402.

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

4 (A) A MEDICAL CONDITION MANIFESTING ITSELF BY ACUTE SIGNS
5 AND SYMPTOMS OF SUFFICIENT SEVERITY, INCLUDING SEVERE PAIN, SUCH
6 THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD
7 REASONABLY BE EXPECTED TO RESULT IN PLACING THE HEALTH OF THE
8 PERSON IN SERIOUS JEOPARDY, SERIOUS IMPAIRMENT OF BODILY
9 FUNCTIONS, OR SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART;
10 OR

11 (B) WITH RESPECT TO A PREGNANT PERSON WHO IS HAVING
12 CONTRACTIONS, THERE IS INADEQUATE TIME TO EFFECTUATE A SAFE
13 TRANSFER TO ANOTHER FACILITY BEFORE DELIVERY, OR THAT
14 TRANSFERRING THE PATIENT MAY POSE A THREAT TO THE HEALTH OR
15 SAFETY OF THE PATIENT.

16 (II) "EMERGENCY MEDICAL CONDITION" INCLUDES, BUT IS NOT
17 LIMITED TO, LABOR, ECTOPIC PREGNANCY, A COMPLICATION RESULTING
18 FROM PREGNANCY LOSS, AND EMERGENT HYPERTENSIVE DISORDERS WHEN
19 THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD REASONABLY BE
20 EXPECTED TO RESULT IN PLACING THE HEALTH OF THE PATIENT IN SERIOUS
21 JEOPARDY, SERIOUS IMPAIRMENT TO BODILY FUNCTIONS, OR SERIOUS
22 DYSFUNCTION OF ANY BODILY ORGAN OR PART.

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

24 (A) AN APPROPRIATE MEDICAL SCREENING EXAMINATION WITHIN
25 THE CAPABILITY OF THE FACILITY, INCLUDING ANCILLARY SERVICES
26 ROUTINELY AVAILABLE TO THE FACILITY, TO DETERMINE IF AN
27 EMERGENCY MEDICAL CONDITION EXISTS; AND

1 (B) WHEN THE EXAMINING HEALTH-CARE PROVIDER DETERMINES
2 THAT AN EMERGENCY MEDICAL CONDITION EXISTS, THE MEDICAL
3 TREATMENT NECESSARY TO STABILIZE THE EMERGENCY MEDICAL
4 CONDITION THAT IS WITHIN THE CAPABILITY OF THE FACILITY. IF THE
5 PATIENT'S EMERGENCY MEDICAL CONDITION REQUIRES THE SERVICES OF
6 AN ON-CALL PHYSICIAN, THE EXAMINING HEALTH-CARE PROVIDER SHALL
7 ATTEMPT TO CONTACT THE ON-CALL PHYSICIAN.

8 (II) "EMERGENCY MEDICAL SERVICES" INCLUDES PROVIDING AN
9 ABORTION OR STERILIZATION PROCEDURES WHEN A PATIENT HAS AN
10 EMERGENCY MEDICAL CONDITION AND AN ABORTION OR STERILIZATION
11 PROCEDURES ARE NECESSARY TO STABILIZE THE PATIENT AND ARE WITHIN
12 THE CAPABILITY AND CAPACITY OF THE FACILITY.

13 (d) "FACILITY" MEANS A HOSPITAL LICENSED PURSUANT TO
14 SECTION 25-3-101; A FREESTANDING EMERGENCY DEPARTMENT, AS
15 DEFINED IN SECTION 25-1.5-114 (5)(b); OR A COMMUNITY CLINIC, AS
16 DEFINED IN SECTION 25-3-101 (2)(a)(I)(B).

17 (e) "LABOR" MEANS THE PROCESS OF CHILDBIRTH BEGINNING WITH
18 THE LATENT OR EARLY PHASE OF LABOR AND CONTINUING THROUGH THE
19 DELIVERY OF THE PLACENTA. A PERSON EXPERIENCING CONTRACTIONS IS
20 IN LABOR UNLESS A PHYSICIAN, CERTIFIED NURSE MIDWIFE, OR OTHER
21 QUALIFIED MEDICAL PERSONNEL, ACTING WITHIN THE PERSON'S SCOPE OF
22 PRACTICE AS DEFINED IN THE FACILITY'S MEDICAL STAFF BYLAWS AND
23 STATE LAW, CERTIFIES AFTER A REASONABLE TIME OF OBSERVATION THAT
24 THE PERSON IS IN FALSE LABOR.

25 (f) "STABILIZE" MEANS TO PROVIDE MEDICAL TREATMENT THAT
26 MAY BE NECESSARY TO ENSURE, WITHIN REASONABLE MEDICAL
27 PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE PATIENT'S

1 CONDITION, SERIOUS IMPAIRMENT OF BODILY FUNCTIONS OR DYSFUNCTION
2 OF ANY BODILY ORGAN OR PART, OR A THREAT TO THE PATIENT'S LIFE IS
3 LIKELY TO RESULT FROM OR OCCUR DURING THE TRANSFER OR DISCHARGE
4 OF THE PATIENT.

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

7 **12-240-121. Unprofessional conduct - definitions.**

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

9 **(jj) NEGLIGENTLY VIOLATING SECTION 25-3-132.**

10 **SECTION 3. Appropriation.** (1) For the 2025-26 state fiscal
11 year, \$82,768 is appropriated to the department of public health and
12 environment for use by the health facilities and emergency medical
13 services division. This appropriation is from the health facilities general
14 licensure cash fund created in section 25-3-103.1 (1), C.R.S. To
15 implement this act, the division may use this appropriation as follows:

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

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

21 **SECTION 4. Severability.** If any provision of this act or the
22 application of this act to any person or circumstance is held invalid, the
23 invalidity does not affect other provisions or applications of the act that
24 can be given effect without the invalid provision or application, and to
25 this end the provisions of this act are declared to be severable.

26 **SECTION 5. Safety clause.** The general assembly finds,
27 determines, and declares that this act is necessary for the immediate

- 1 preservation of the public peace, health, or safety or for appropriations for
- 2 the support and maintenance of the departments of the state and state
- 3 institutions.