

First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

REVISED

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

LLS NO. 21-0049.01 Jennifer Berman x3286

SENATE BILL 21-156

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SENATE SPONSORSHIP

**Garcia**, Bridges, Buckner, Cooke, Coram, Danielson, Donovan, Fenberg, Fields, Gardner, Ginal, Gonzales, Hansen, Hisey, Jaquez Lewis, Kirkmeyer, Kolker, Lee, Liston, Lundein, Moreno, Pettersen, Priola, Rankin, Rodriguez, Scott, Simpson, Smallwood, Sonnenberg, Story, Winter, Woodward, Zenzinger

HOUSE SPONSORSHIP

**Mullica**,

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Senate Committees

Health & Human Services  
Appropriations

House Committees

State, Civic, Military, & Veterans Affairs  
Appropriations

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A BILL FOR AN ACT

101     **CONCERNING THE CREATION OF A PILOT GRANT PROGRAM FOR THE**  
102     **USE OF NURSES IN 911 DISPATCH TO HELP DIVERT INCOMING 911**  
103     **CALLS THAT DO NOT REQUIRE EMERGENCY MEDICAL SERVICE**  
104     **TO OTHER TYPES OF MEDICAL CARE, AND, IN CONNECTION**  
105     **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 the division of homeland security and emergency management in the department of public safety (division), on or before

HOUSE  
Amended 2nd Reading  
May 27, 2021

SENATE  
3rd Reading Unamended  
May 13, 2021

SENATE  
Amended 2nd Reading  
May 12, 2021

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

January 1, 2022, to implement a pilot grant program (program) to help finance the use of nurse intake of 911 calls, which involves nurses assisting with 911 dispatch for the purpose of diverting nonurgent 911 calls to medical care that does not require ambulance service or treatment in an emergency room. The division, after reviewing applications, shall designate 4 public safety answering points to participate in the program, one of which is located in a county with 60,000 or more residents and 3 of which are located in a county or counties with fewer than 60,000 residents. To participate in the program, the designated public safety answering points must each enter into a contract with an entity that can provide nurses who are trained and equipped to provide nurse intake of 911 calls.

On or before June 1, 2023, the division shall report to the judiciary committees in the senate and the house of representatives or their successor committees on the program.

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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** 24-33.5-1618 as  
3 follows:

4           **24-33.5-1618. Nurse intake of 911 calls - pilot grant program**  
5           **- reporting - definitions - legislative declaration - repeal.** (1) THE  
6 GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

7           (a) ALL CITIZENS OF COLORADO DESERVE ACCESS TO  
8 HIGH-QUALITY HEALTH CARE WITHOUT HAVING THEIR ECONOMIC  
9 SECURITY AND WELL-BEING JEOPARDIZED;

10          (b) INCREASING HEALTH-CARE COSTS CONTINUE TO BE A TOP  
11 CONCERN FOR COLORADO FAMILIES AND THE STATE CONTINUES TO  
12 EXPLORE OPPORTUNITIES TO LOWER THOSE COSTS;

13          (c) THE COLORADO HEALTH INSTITUTE IN ITS 2015 "COLORADO  
14 HEALTH ACCESS SURVEY" REPORTED THAT ROUGHLY FORTY PERCENT OF  
15 EMERGENCY DEPARTMENT VISITS IN COLORADO OCCUR FOR  
16 NONEMERGENCY REASONS;

17          (d) THE CENTER FOR IMPROVING VALUE IN HEALTH CARE

1 REPORTS THAT MORE THAN EIGHT HUNDRED MILLION DOLLARS COULD BE  
2 SAVED EACH YEAR IN COLORADO BY TREATING NONEMERGENCY  
3 HEALTH-CARE ISSUES THROUGH VISITS TO A DOCTOR'S OFFICE, A CLINIC,  
4 OR AN URGENT CARE SETTING INSTEAD OF THROUGH EMERGENCY  
5 DEPARTMENT VISITS;

6 (e) THE OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS  
7 AND RESPONSE IN THE UNITED STATES DEPARTMENT OF HEALTH AND  
8 HUMAN SERVICES DETERMINED THAT THE IMPLEMENTATION OF  
9 INNOVATIVE PROGRAMS THAT FOCUS ON TREATING INDIVIDUALS WITH  
10 NONEMERGENCY HEALTH-CARE NEEDS IN HEALTH-CARE SETTINGS OTHER  
11 THAN EMERGENCY DEPARTMENTS CAN SAVE UP TO FIVE HUNDRED SIXTY  
12 MILLION DOLLARS IN MEDICARE COSTS;

13 (f) BY IMPLEMENTING A PROGRAM THAT ALLOWS EMERGENCY  
14 MEDICAL SERVICE PROVIDERS TO ADOPT PROTOCOLS AND STRATEGIES TO  
15 TRIAGE PATIENTS AND REDIRECT NONEMERGENCY PATIENTS TO  
16 HEALTH-CARE SETTINGS OTHER THAN AN EMERGENCY DEPARTMENT,  
17 COLORADO CAN LEAD THE NATION IN REDUCING HEALTH-CARE COSTS AND  
18 UNNECESSARY UTILIZATION OF EMERGENCY DEPARTMENTS; AND

19 (g) PILOTING A PROGRAM THAT REIMAGINES THE EMERGENCY  
20 MEDICAL SERVICES SYSTEM IN THIS MANNER:

21 (I) WILL RESULT IN ADDITIONAL HEALTH-CARE COST SAVINGS;  
22 (II) WILL HELP REDUCE THE BURDEN ON FIRST RESPONDERS AND  
23 EMERGENCY DEPARTMENTS BY REDIRECTING INDIVIDUALS WITH  
24 NONEMERGENCY HEALTH-CARE NEEDS TO ALTERNATIVE HEALTH-CARE  
25 PROVIDERS; AND

26 (III) IS MORE IMPORTANT THAN EVER IN LIGHT OF THE COVID-19  
27 PANDEMIC.

6 (3) (a) (I) THE DIVISION SHALL ESTABLISH:

7 (A) AN APPLICATION PROCESS FOR PUBLIC SAFETY ANSWERING  
8 POINTS TO APPLY TO PARTICIPATE IN THE PILOT GRANT PROGRAM,  
9 INCLUDING A REQUIREMENT THAT AN APPLICANT INCLUDE A CLEARLY  
10 STATED FINANCIAL GOAL OF ANTICIPATED COST SAVINGS IN ITS INITIAL  
11 GRANT APPLICATION; AND

12 (B) PROGRAM REQUIREMENTS, INCLUDING SCOPE OF PRACTICE  
13 REQUIREMENTS, FOR THE PILOT GRANT PROGRAM.

14 (II) TO BE ELIGIBLE TO APPLY, A PUBLIC SAFETY ANSWERING POINT  
15 MUST AGREE THAT, IF APPROVED TO PARTICIPATE IN THE PILOT GRANT  
16 PROGRAM, THE PUBLIC SAFETY ANSWERING POINT WILL:

27 (b) BEFORE ENTERING INTO A CONTRACT PURSUANT TO

1        SUBSECTION (3)(a)(II)(A) OF THIS SECTION, A PUBLIC SAFETY ANSWERING

2        POINT MUST:

3        (I) GET DIRECTION REGARDING THE CONTRACT FROM BOTH:

4        (A) THE MEDICAL DIRECTOR IN THE JURISDICTION THAT THE  
5        PUBLIC SAFETY ANSWERING POINT SERVES; AND

6        (B) THE CHIEF OF THE FIRE DEPARTMENT IN THE JURISDICTION  
7        THAT THE PUBLIC SAFETY ANSWERING POINT SERVES; AND

8        (II) SEEK INPUT FROM COMMUNITY STAKEHOLDERS IN THE  
9        JURISDICTION THAT THE PUBLIC SAFETY ANSWERING POINT SERVES,

10        INCLUDING:

11        (A) OTHER PUBLIC SAFETY ENTITIES SUCH AS THE POLICE;

12        (B) RECOGNIZED EMPLOYEE ORGANIZATIONS WHOSE MEMBERS  
13        PROVIDE EMERGENCY MEDICAL SERVICES; AND

14        (C) COMMUNITY HEALTH ORGANIZATIONS, COMMUNITY MENTAL  
15        HEALTH PROVIDERS, AND OTHER MEDICAL PROVIDERS WHOSE SERVICES  
16        MIGHT BE USED AS PART OF THE PILOT GRANT PROGRAM.

17        (c) (I) OF THE PUBLIC SAFETY ANSWERING POINTS THAT APPLY TO  
18        PARTICIPATE IN THE PILOT GRANT PROGRAM PURSUANT TO SUBSECTION  
19        (3)(a) OF THIS SECTION, THE DIVISION SHALL DESIGNATE FOUR PUBLIC  
20        SAFETY ANSWERING POINTS TO PARTICIPATE IN THE PILOT GRANT  
21        PROGRAM. OF THE FOUR PUBLIC SAFETY ANSWERING POINTS DESIGNATED  
22        TO PARTICIPATE:

23        (A) ONE MUST BE LOCATED WITHIN A COUNTY THAT HAS A  
24        POPULATION OF SIXTY THOUSAND OR MORE RESIDENTS; AND

25        (B) THREE MUST BE LOCATED WITHIN A SINGLE COUNTY THAT HAS  
26        OR SEPARATE COUNTIES THAT HAVE A POPULATION OF FEWER THAN SIXTY  
27        THOUSAND RESIDENTS.

14 (4) THE DIVISION SHALL REQUIRE THAT THE DESIGNATED PUBLIC  
15 SAFETY ANSWERING POINTS REPORT ON THE OPERATION OF NURSE INTAKE  
16 OF 911 CALLS, INCLUDING REPORTING ON THE NUMBER OF CALLS FOR  
17 WHICH NURSE INTAKE OF 911 CALLS WAS USED AND THE DISPOSITION OF  
18 THOSE CALLS. ON OR BEFORE **SEPTEMBER 1, 2023**, THE DIVISION SHALL  
19 PUBLISH THE REPORT ON ITS PUBLIC WEBSITE AND SUBMIT COPIES OF THE  
20 REPORT TO THE JUDICIARY COMMITTEES IN THE SENATE AND THE HOUSE  
21 OF REPRESENTATIVES OR THEIR SUCCESSOR COMMITTEES.

22 (5) (a) AS PART OF THE REPORTING REQUIRED UNDER SUBSECTION  
23 (4) OF THIS SECTION, THE DIVISION SHALL REQUIRE THAT THE DESIGNATED  
24 PUBLIC SAFETY ANSWERING POINTS SUBMIT INFORMATION TO THE DIVISION  
25 REGARDING:

26 (I) INDIVIDUAL PATIENT SATISFACTION SCORES OBTAINED FROM  
27 INDIVIDUALS WHO RECEIVED ALTERNATIVE TREATMENT OTHER THAN THE

1       EMERGENCY DEPARTMENT AS PART OF THE PILOT GRANT PROGRAM AND  
2       CLINICAL OUTCOMES FOR THOSE PATIENTS; AND  
3       (II) ANNUAL COST SAVINGS TO THE STATE'S HEALTH-CARE SYSTEM  
4       THAT RESULT FROM THE PILOT GRANT PROGRAM. TO QUANTIFY AND  
5       VERIFY ITS REPORTED ANNUAL COST SAVINGS, A DESIGNATED PUBLIC  
6       SAFETY ANSWERING POINT MUST USE PERFORMANCE METRICS THAT ARE  
7       BASED ON THE DIVERSION OF CALLS TO THE NURSE INTAKE OF 911 CALLS  
8       FOR WHICH ALTERNATIVE TREATMENT OTHER THAN THE EMERGENCY  
9       DEPARTMENT WAS OFFERED OR PROVIDED.

10       (b) THE DIVISION SHALL EVALUATE THE NEED FOR CONTINUED  
11       FUNDING OF THE PILOT GRANT PROGRAM BASED ON THE PATIENT  
12       SATISFACTION SCORES AND THEIR CLINICAL OUTCOMES AND ON ANNUAL  
13       COST SAVINGS SUBMITTED.

14       (6) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
15       REQUIRES:

16        (a) "COVID-19" MEANS THE CORONAVIRUS DISEASE 2019 CAUSED  
17        BY THE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2, ALSO  
18        KNOWN AS SARS-CoV-2.

19        (b) "EMERGENCY TELEPHONE SERVICE" MEANS A TELEPHONE  
20        SYSTEM UTILIZING THE SINGLE THREE-DIGIT NUMBER 911 FOR REPORTING  
21        POLICE, FIRE, MEDICAL, OR OTHER EMERGENCY SITUATIONS.

22        (c) "MEDICAL DIRECTOR" HAS THE MEANING SET FORTH IN SECTION  
23        25-3.5-205 (5)(a).

24        (d) "NURSE" MEANS A REGISTERED NURSE, AS DEFINED IN SECTION  
25        12-225-104 (11) OR AN ADVANCED PRACTICE REGISTERED NURSE, AS  
26        DEFINED IN SECTION 12-255-104 (1).

27        (e) "NURSE INTAKE OF 911 CALLS" MEANS A PUBLIC SAFETY

1 ANSWERING POINT'S USE OF A NURSE TO ASSIST 911 DISPATCHERS IN  
2 PROVIDING EMERGENCY TELEPHONE SERVICE WHEREBY THE NURSE HELPS  
3 DETERMINE WHICH INCOMING CALLS MAY BE DIVERTED TO A TYPE OF  
4 MEDICAL CARE THAT DOES NOT REQUIRE AMBULANCE SERVICE OR  
5 TREATMENT IN AN EMERGENCY ROOM.

6 (f) "PUBLIC SAFETY ANSWERING POINT" MEANS A PUBLICLY  
7 FUNDED FACILITY EQUIPPED AND STAFFED ON A TWENTY-FOUR-HOUR  
8 BASIS TO RECEIVE AND PROCESS 911 CALLS.

9 (7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

10 **SECTION 2. Appropriation.** For the 2021-22 state fiscal year,  
11 \$865,583 is appropriated to the department of public safety for use by the  
12 division of homeland security and emergency management. This  
13 appropriation is from the general fund and is based on an assumption that  
14 the division will require an additional 0.5 FTE. To implement this act, the  
15 division may use this appropriation for program administration related to  
16 the office of preparedness. Any money appropriated in this section not  
17 expended prior to July 1, 2022, is further appropriated to the department  
18 for the 2022-23 state fiscal year for the same purpose.

19 **SECTION 3. Safety clause.** The general assembly hereby finds,  
20 determines, and declares that this act is necessary for the immediate  
21 preservation of the public peace, health, or safety.