

April 2026

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
January 2026 - March 2026



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This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of January 2026 - March 2026.

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EMTS Branch Chief

Mike Bateman, Branch Chief, michael.bateman@state.co.us

EMTS Branch Summary

EMTS Branch Highlights

- The branch is happy to introduce Shawn Peterson. Shawn comes to CDPHE with 30 years of experience in the fire service and EMS, including flight medicine and Mobile Stroke Treatment. His passion for rural EMS has led him to teach and mentor rural providers throughout his career. He is excited to join a talented and dynamic team working to shape EMS in Colorado. Shawn looks forward to working with agencies and providers around the state to ensure Colorado EMS remains progressive.
- The ground ambulance licensing team has visited each of our 214 licensed ground ambulance agencies to answer questions and provide technical assistance.
- The Emergency Medical Practice Advisory Council (EMPAC) continues to work on updates and revisions to 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight. EMPAC meeting information can be found at coems.info under Engage with Us.
- The department and stakeholders completed revisions to 6 CCR 1011-3 - Standards for Community Integrated Health Care Service Agencies. The draft rules can be found [here](#) on the department's website.

Operations Section

Peter Cohn, Section Manager, peter.cohn@state.co.us

The Operations Section is responsible for certifying and licensing EMS providers, registering Emergency Medical Responders, licensing air and ground ambulance agencies, recognizing EMS and EMR education programs, and overseeing EMS provider scope of practice, including scope of practice waivers. Section staff also provide technical assistance to EMS medical directors, agencies, and providers regarding EMS provider scope of practice and provide administrative support for meetings of the Emergency Medical Practice Advisory Council and Regional Medical Directors Committee.

Table: Scope of Practice Waivers* (Active)

	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Total	445**	477	514	558	593

*[Department-approved waiver guidelines are available here](#) on the department’s website. There are currently 47 types of approved Scope of Practice Waiver guidelines. **MD-scoped waivers were not included in the 2025 Q1 total.

EMS Certification & Licensing

Jennyfer Nguyen, Licensing Specialist

The number of EMS personnel with a current Colorado license or certification is stable, with a 2.2% increase in the past year, however the number of personnel actively engaged in the EMS workforce is unknown. Although the EMT-Intermediate level was sunsetted many years ago, individuals with a current EMT-Intermediate certification may maintain the certification level for the duration of their career (if all requirements are fulfilled).

Table: EMS Personnel

Level	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Registered EMR	423	410	402 ▼	419 ▲	429 ▲
EMT	15,223	15,568	15,801 ▲	16,042 ▲	16,226 ▲
Advanced EMT	504	524	524 ↔	518 ▼	525 ▲
EMT-Intermediate ¹	246	243	235 ▼	233 ▼	231 ▼
Paramedic	6,105	6,153	6,177 ▲	6,212 ▲	6,241 ▲
Total EMS Personnel²	22,078 ▲	22,488 ▲	22,737 ▲	23,005 ▲	23,223 ▲

1- The EMT-Intermediate level has been sunsetted. Existing personnel may maintain/renew certification; no new certifications are issued.

2- Total EMS Personnel excludes registered EMRs

Table: Subset of EMS Personnel With Endorsements or License

Level	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
EMT Licensed	1,403	1,461	1,485 ▲	1,526 ▲	1,574 ▲
AEMT Licensed	55	56	52 ▼	52 ↔	55 ▲
Paramedic Licensed	892	909	928 ▲	937 ▲	955 ▲
Paramedic Critical Care Endorsement	617	632	635 ▲	638 ▲	642 ▲
Paramedic Community Paramedic Endorsement	64	73	77 ▲	81 ▲	87 ▲
Paramedic Critical Care + Community Paramedic Endorsements	36	37	39 ▲	38 ▼	37 ▼

*Data presented in this table are a subset of the total EMS personnel presented in the table above.

EMS Education Programs

Eric Lucas, EMS Operations Specialist

Colorado continues to actively engage with EMS education programs, and provide technical support to programs. EMS education recognition is provided by education centers that offer initial education and education groups that offer continuing education and recertification.

A reminder that the National Continued Competency Program was updated and will be used by any provider renewing their NREMT on or after March 31, 2026. Please review the [NCCP 2025](#) guide and [NREMT Recertification Guide](#) to understand how the continuing education requirements for NREMT have changed.

Table: EMS Education Programs

	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Education Programs	225	228	226	228	2272

NREMT pass rates are currently static. The NREMT has been updating the statewide performance reports as part of the system redevelopment and new information is unavailable. Updated data will be posted in future reports when available.

Table: NREMT Pass Rates (1/1/2025-12/31/2025) - First attempt

	EMR	EMT	AEMT	Paramedic
Colorado	100%	91%	-	92%
National	68%	80%	70%	78%

Table: NREMT Pass Rates (1/1/2025-12/31/2025) - Cumulative sixth attempt

	EMR	EMT	AEMT	Paramedic
Colorado	100%	94%	-	98%
National	75%	85%	77%	86%

Air Ambulance Licensing

Vanessa Brazee, Licensing Specialist

The Air Ambulance Licensing program engages stakeholders to ensure public safety through comprehensive licensure and data reporting of air ambulance transport agencies. The Air Ambulance program also engages with stakeholders to encourage compliance with Colorado statutes and rules and advises the state enforcement unit when those requirements are not met. Further, assistance is available 24 hours a day to agencies that are not licensed in the state but require permission to perform an urgent transport through the Exigent Circumstance program.

Table: Air Ambulance Agencies

	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Licensed	23	25	25	25 →	24 ▼
Recognized	6	4	4	4 →	4 →
Total	29	29	29	29 →	28 ▼

Ground Ambulance Licensing

Joel Kingsbury-Roth, Ground Ambulance Licensing Specialist

Since the 1970s, counties have held jurisdiction over ground ambulance licensing. However, on July 1st, 2024, the state took over this responsibility. Since then, we have been working closely with agencies across the state to guide them through the licensing process. This transition has been

smooth, with individual meetings, group discussions, and large Town Halls helping to address questions and concerns. We will continue to meet with agencies to offer technical assistance as needed to ensure continued success. The full implementation of the transition will begin on July 1, 2026.

The Operations team has now met with every agency in Colorado for technical visits.

Table: Ground Ambulance Agencies and Ambulances

	2025 Q1	2025 Q2	2025 Q3	2025 Q3	2026 Q1
Licensed Agencies	212▲	212↔	213▲	214▲	214↔
Permitted Ambulances	1232▲	1229▼	1245▲	1283▲	1285▲
Initial License Applications Received	14▲	11▼	9▼	19▲	48▲

Table: Outreach

	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Technical Assistance Visits (virtual)	19▲	8▼	6▼	9▲	21▲
Technical Assistance Visits (in person)	31▼	21▼	43▲	37▼	4▼
Statewide Presentations	3↔	3↔	3↔	3↔	2▼
Ambulance Inspections (virtual)	12▲	10▼	9▼	6▼	4▼
Initial Agency and Vehicle Inspections (in person)	16▲	22▲	10▼	14▲	22▲

Trauma Section

Martin Duffy, Trauma Section Manager, martin.duffy@state.co.us

Trauma Reviews/Designations

The trauma section completed eight designation reviews in the first quarter of 2026. These reviews were completed with a combination of remote and in-person platforms. The remote platform has been used successfully to accommodate combined level I and level II reviews with the American College of Surgeons. The pre-review submission of records in a secure online platform has resulted in improvements to the review process and designation preparations that foster a more thorough analysis of documents and charts, allowing facilities to present a more comprehensive view of the trauma program. A new review day agenda was implemented in Q1 2026 to improve the overall flow and efficiency of the designation review day.

Table: Colorado Trauma System Facility Designations

	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	7	12	24	38	5	86	38 ▼

Table: Trauma System Designated Reviews Conducted

Designation Level	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Level 1	2	2	1	0	0
Level 2	2	0	1	1	1
Level 3	1	0	3	2	4
Level 4	4	7	4	3	3
Level 5	0	0	0	1	0
Total	8	9	9	7	8

Trauma Consultations and Outreach Visits

The trauma section provided technical assistance to many stakeholders in Q1 of 2026. Staff facilitated three registry webinars providing updates to users of the state sponsored ImageTrend platform on the 2026 form changes, customization, and using Report Writer. A

review by trauma section staff found that while the ENA's Trauma Nursing Advanced Course (TNAC) offers strong, comprehensive content, it does not meet the criteria to be considered equivalent to the Trauma Nursing Core Course (TNCC).

The trauma section staff closed three plans of correction, provided technical assistance to four facilities currently on a plan of correction, and received three new plans of correction in Q1. Altogether, nine facilities remain on a plan of correction, which is a little over 10% of all designated trauma centers, highlighting the ongoing need and collaborative support of trauma section staff. Additionally, in Q1 of 2026, the department provided consultation on programmatic functions and leadership to five facilities.

The trauma section visited one facility in person to provide technical assistance to the trauma program personnel. Staff offered assistance to seven facilities as they utilized the online application process for trauma designation within the secure Online Application Tracking Hub (OATH) of the License Management System (LMS), in addition to the eight facilities with reviews in Q1 of 2026. Trauma section staff continue to maintain weekly check-in sessions with facilities to assist with designation review preparations during the 4-week period leading up to the trauma survey.

Finally, non-designated facilities continue to regularly submit timely data, reflecting 100% compliance. Future work will include data quality reports to the entities involved to build on bidirectional communication with the department and key trauma system stakeholders.

Data Section

Amber Viitanen, EMTS Data Section Manager, amber.viitanen@state.co.us

6 CCR 1015-3 requires all licensed ambulance agencies to submit NEMSIS Version 3.5.0 patient care data anytime patient contact is made. The agency is also required to ensure accurate and complete patient care data are submitted to the Department and may be required to resubmit if errors are found. The data team provided several training sessions, technical assistance, and multiple reports to ensure agencies were well equipped to understand and overcome data compliance issues.

This quarter the EMTS data team focused work on enhancing regional planning efforts through data science. This work has begun by introducing widely utilized data metrics for county level population statistics, EMTS resources, compliance measures of those resources and performance measures. The team also provided subject matter expertise to several task forces including guidance on revisions to the EMTS grant scoring tool, updates to the Path4EMS provider survey, and the EMS system sustainability task force.

The team continues to celebrate success as The EMTS data team is proud to recognize Grand Valley Fire Protection District as this quarter’s recipient of the EMS Excellence in Quality Care and Data Reporting Award. This award honors agencies that demonstrate exceptional clinical care, exemplary data reporting, and a strong commitment to continuous quality improvement.

Table: EMS Ground Agency & ePCR Data

	2025 Q2	2025 Q3	2025 Q4	2026 Q1
EMS Agencies Reporting	216	212	222	224
EMS Records Submitted	234,723	143,968	236,428	240,962

Office of Cardiac Arrest Management

The EMTS branch hired Emery Duet-Champagne as the new cardiac arrest program administrator for Colorado. Emery spent her first month cross training with the Cardiac Arrest Registry to Enhance Survival (CARES) national team to collect, analyze and evaluate data on cardiac arrests in Colorado. This training has helped Emery ensure all agencies participating in CARES have complete and accurate EMS and Hospital data in the system. Along with cardiac arrest data facilitation, Emery has also met with key stakeholders, begun gathering information on AED registries that could be implemented statewide, and initiated formulation of a public outreach plan to continue educating the public on the importance of life-saving interventions such as CPR and AED utilization.

The team adopted pulsepoint as our statewide AED registry. Fulfilling one of the statutory requirements of House Bill 22-1251 to “Coordinate the submission of data, to include the GPS location of public access defibrillators, to an AED registry”. The registry can be accessed by anyone across the state through the PulsePoint AED app. We approve AEDs as they are entered into the database. Then in an emergency anyone can locate the nearest AED.

The team has also begun two testing phases of a new data workflow process for the CARES registry. This is an automated data workflow that will lessen the burden on agencies who participate in CARES by creating an autopost that automatically selects cases that meet the requirement and pulls them into the state repository and then into the CARES database. This alleviates the heavy burden of manual data entry on agencies. We have expanded to 17 agencies and hope to expand to all CARES agencies in Q3 or Q4.

Lastly, the team executed our first outreach campaign to raise awareness about cardiac arrests and the skills needed to save lives. We hosted our first booth at the 36th Annual Art and Science of Health Promotion Conference in Colorado Springs in March. At our booth we had CPR manikins set up and connected to tablets that gave instantaneous feedback to participants on how to improve their compressions. We also educated participants on the steps to take in an emergency, how to place the hands in CPR, the correct rhythm, and depth. We also discussed the signs and symptoms of a cardiac arrest, answered related questions from participants, and talked about the AED registry for the state. The hands-on demonstration engaged many participants, leading to expressed interest in pursuing CPR certification after trying compressions on our manikins. They also expressed interest in utilizing the AED app for quickly locating an AED during an emergency situation. We have registered for four other events this year and intend to register for more.

Investigations & Enforcement

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In the first quarter of 2026, the EMTS Enforcement team issued no provider certification/licensure suspensions of certifications/licenses, and no provider applications were denied.

The team continues to work with the Attorney General’s office on 6 cases involving EMS providers.

Scope of practice investigations have transitioned to the Ground Ambulance Team.

Table: EMS Individual Provider Enforcement

EMS Personnel	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
New Complaints, Investigations, and Notifications of Provider Arrests	▼ 53	▲ 228	▲ 374	▼ 326	▲ 328
Application Denial	▲ 3 ³	▼ 0	▲ 2	▼ 0	↔ 0
Letters of Admonition	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
Probation	↔ 1	▼ 0	▲ 2	▼ 0	↔ 0
Suspension/Temp Suspension	▲ 3	▼ 0	↔ 0	↔ 0	↔ 0
Revocation	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
Relinquishment	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0

EMS For Children

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Colorado Pediatric Emergency Care Coordinators (COPECC)

The COPECC program continues to develop strategies to recruit and support prehospital and hospital based Pediatric Emergency Care Coordinators (PECCs). Fundamental to the work of the COPECC has been providing in person PECC seminars and workshops. The next PECC seminar takes place in Crested Butte, Colorado on April 30th - May 1st. As with past seminars, it is jointly sponsored by the Western and Northwestern, Central Mountains RETAC, West Region Healthcare Coalition and EMSC Colorado. An additional seminar is planned for 2026 at the Emergency Medical Services Association of Colorado (EMSAC) education conference in November in Keystone, Colorado.

COPECC committee members began developing the PREPARE program (Pediatric REAdiness for Prehospital CARE). PREPARE is the prehospital counterpart to COPPER and will follow the National Prehospital Pediatric Readiness Project (PPRP) checklist and toolkit. Colorado EMSC is participating in the national Pediatric Readiness Recognition Programs Collaborative through the EMS for Children Innovation and Improvement Center to help develop our PREPARE program here.

The first ever nation-wide assessment of prehospital pediatric readiness took place in 2024. The PPRP Assessment has been sent to all EMS agencies across the United States and territories. 90% of Colorado EMS agencies took part in the assessment. The 2026 nationwide assessment for the National Pediatric Readiness Project began on March 1, 2026. As of April 7, 2026 45% of Colorado emergency rooms have completed an assessment.

Colorado Pediatric Preparedness for the Emergency Room (COPPER)

EMSC has continued to conduct monthly COPPER steering committee meetings. EMSC, with the help from the steering committee, has completed its first site visits. In May 2023, the members of the COPPER steering committee completed a hybrid in person and virtual site visit at Grand River Health in Rifle. Upon completion of the site visit and review of the committee's findings, EMSC was pleased

to announce Colorado’s first official COPPER-Verified Pediatric Ready Emergency Department. Grand River Health has been designated as Pediatric Advanced. Since October 2023 Grand River health was featured in a series of articles in the Wall Street Journal, discussing the state of pediatric readiness in emergency rooms across the county and how Grand River Health prioritized caring for children in emergencies.

COPPER Verified Hospitals:

- Grand River Health (Rifle) - COPPER Verified Pediatric Advanced
- HCA HealthONE Swedish (Englewood) - COPPER Verified Pediatric Advanced
- HCA HealthONE Rose (Denver) - COPPER Verified Pediatric Prepared
- Delta County Memorial Hospital (Delta) - COPPER Verified Pediatric Advanced
- Valley View Hospital Association (Glenwood Springs) - COPPER Verified Pediatric Advanced
- Children’s Hospital Colorado, Colorado Springs (Colorado Springs)- COPPER Verified Pediatric Advanced
- University of Colorado Memorial Central (Colorado Springs) - COPPER Verified Pediatric Advanced
- Intermountain Health St Mary’s Regional Hospital (Grand Junction)- COPPER Verified Pediatric Advanced
- Longs Peak Hospital (Longmont) - COPPER Verified Pediatric Advanced
- Poudre Valley Hospital (Ft Collins) - COPPER Verified Pediatric Advanced
- UCHealth Emergency Room Harmony Campus (Ft Collins) - COPPER Verified Pediatric Advanced
- UCHealth Greeley Hospital (Greeley) - COPPER Verified Pediatric Advanced
- UCHealth Emergency Room West Greeley (Greeley) - COPPER Verified Pediatric Advanced
- Medical Center of the Rockies (Loveland) - COPPER Verified Pediatric Advanced
- UCHealth Yampa Valley Medical Center (Steamboat Springs) - COPPER Verified Pediatric Advanced
- AdventHealth Avista (Louisville) - COPPER Verified Pediatric Advanced
- HCA HealthONE Rocky Mountain Children’s at Presbyterian/St Lukes (Denver) - COPPER Verified Pediatric Advanced
- St Mary-Corwin Hospital (Pueblo) - COPPER Verified Pediatric Advanced
- St Elizabeth Hospital (Ft Morgan) - COPPER Verified Pediatric Advanced
- Middle Park Medical Center - Granby - COPPER Verified Pediatric Advanced
- Middle Park Medical Center - Kremmling - COPPER Verified Pediatric Advanced
- Intermountain Health Good Samaritan Hospital (Lafayette) - COPPER Verified Pediatric Advanced
- University of Colorado Hospital (Aurora) - COPPER Verified Pediatric Advanced
- AdventHealth Parker (Parker) - COPPER Verified Pediatric Advanced

- AdventHealth Littleton (Littleton) - COPPER Verified Pediatric Advanced

- Denver Health Winter Park Medical Center (Winter Park) - COPPER Verified Pediatric Advanced
- Gunnison Valley Hospital (Gunnison) - COPPER Verified Pediatric Advanced
- Mercy Hospital (Durango) - COPPER Verified Pediatric Advanced
- AdventHealth Castle Rock (Castle Rock) - COPPER Verified Pediatric Advanced
- Intermountain Health Lutheran Hospital (Wheat Ridge) - COPPER Verified Pediatric Advanced
- Longmont United Hospital (Longmont) - COPPER Verified Pediatric Advanced
- HCA HealthONE Sky Ridge (Lone Tree) - COPPER Verified Pediatric Advanced
- AdventHealth Porter (Denver) - COPPER Verified Pediatric Advanced
- St Anthony Hospital (Lakewood) - COPPER Verified Pediatric Advanced
- Prowers Medical Center (Lamar) - COPPER Verified Pediatric Advanced
- St Anthony North Hospital (Westminster) - COPPER Verified Pediatric Advanced
- UCHealth Highlands Ranch Hospital (Highlands Ranch) - COPPER Verified Pediatric Advanced
- Intermountain Health Platte Valley Hospital (Brighton) - COPPER Verified Pediatric Advanced
- Aspen Valley Hospital (Aspen) - COPPER Verified Pediatric Advanced

Facilities that have been COPPER verified show an average improvement in hospital readiness scores of an average of 30 points. The goal is for all hospitals in Colorado to achieve hospital readiness scores of 88 points or higher. Studies have shown that emergency rooms with scores of 88 or higher have a decreased pediatric mortality of up to 76%.

Work continues with 25 more facilities who have begun their own pediatric readiness work. Pilot sites continue to provide useful feedback on the application process, and this information is being incorporated into new directions to better support facilities as they work to establish themselves as Pediatric Ready. Colorado's first COPPER verified facility, Grand River Health, is scheduled for their COPPER renewal in May 2026. Colorado EMSC is now also working to support trauma centers verified by the American College of Surgeons to establish pediatric readiness programs at their facility. This will impact 17 facilities in Colorado.

Pediatric Care Committee (PCC)

Colorado EMSC hosted the quarterly PCC meeting on January 7, 2026. Dr Nichole Feeney now chairs the committee with a renewed focus on prehospital and hospital readiness, EMS data, and disaster preparedness.

Grant Cycle 2023-2027

Colorado EMSC was awarded the EMS for Children State Partnership Grant offered by HRSA/MCHB to continue the activities of Colorado EMSC for the years 2023-2027. New grant priorities established by HRSA:

1. Expand the uptake of Pediatric Readiness in Emergency Departments by establishing a standardized pediatric readiness recognition program for EDs, designating PECCs in EDs, and ensuring hospital EDs weigh and record children’s weight in kilograms.
2. Improve Pediatric Readiness in EMS Systems by establishing a standardized pediatric readiness recognition program for prehospital EMS agencies; increasing PECCs in prehospital EMS agencies; and increasing the number of prehospital EMS agencies that have a process for pediatric skills-check on the use of pediatric equipment.
3. Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies by ensuring that disaster plans address the needs of children.
4. Prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care by including and engaging family representatives who can speak to the emergency care needs of children in their community on EMSC state advisory committees.

To meet these priorities Colorado will work to do the following:

Aim 1: Continue to expand pediatric readiness efforts for hospitals with a focus on:

1. Weight in Kilograms
2. Pediatric Emergency Care Coordinators

Aim 2: Establish an EMS Pediatric Readiness Recognition program

Aim 3: Ensure that hospitals and EMS agencies have disaster plans that include pediatric consideration

Aim 4: Ensure the family perspective in all EMSC activities

EMSC Future

On December 23, 2024, H.R. 6960, the “Emergency Medical Services for Children Reauthorization Act of 2024,” was signed into law. The legislation - championed by Rep. Buddy Carter, Rep. Kathy Castor, Rep. John Joyce, Rep. Kim Schrier, Sen. Bob Casey and Sen. Ted Budd - sustains the work of the EMSC Program in ensuring high-quality emergency care for children across the United States. Since March 2025, the future of all EMSC programs has been uncertain. In mid-March the executive branch of the federal government announced a multi-page list of federal grants to be cut, including all EMSC grants. The decision was reversed the next day. In April 2025, a 64-page proposal from Health and Human Services lists the EMSC programs and grants as part of cuts to be made to the upcoming budget year. In mid-June EMSC programs, including Colorado, received notice of full funding for the remainder of the year (ending March 31, 2026). The Colorado EMSC Program continues to serve the needs of Colorado EMS agencies and hospital emergency rooms. Discussion on the future of EMSC Colorado and its work continues.

Funding Section

Tim Petreit, Funding Section Manager, timothy.petreit@state.co.us

Boards and Councils

There are two upcoming vacancies on the council. Work is ongoing to fill these roles and complete a number of reappointments ahead of the July meeting. Planning has begun for the October meeting, which will be held in Granby. We continue to make adjustments to the new electronic sign-in process.

Provider Grants and System Improvement Funding Requests

The fiscal year 2026 grant cycle is well underway. Work on these projects is ongoing and reimbursements have begun. The fiscal year 2027 grant application opened on December 5th. All applications have been reviewed and scored. The Department will finalize the ranking of grant applications and begin developing contracting documents and purchase orders.

The Grant Program Improvement Task Force continued to meet on a three-week cadence. The task force has finalized updates to the Provider Grant and System Improvement Grant scoring tools and is now updating the application questions to align with the new tools. The task force is also considering similar updates to the CREATE Grant scoring tool and application and is now reviewing the Financial Waiver process.

CREATE Grant Program

The Colorado Rural Health Center continues to administer the Colorado Resource for EMS and Trauma Education (CREATE) grant program. There were no financial waiver requests submitted during the previous quarter. The Expert Review Committee evaluated 4 applications, for 4 individual courses. There were 4 applications, for 4 individual courses approved with \$30,171.23 being awarded.

Emergency Grants

There were no Emergency Grant requests during the third quarter of Fiscal Year 2026.

Path4EMS

The Path4EMS program continues to serve a large number of EMS professionals. During the last quarter, there were 252 requests for services. The program currently works with 70 clinical service providers, covering all regions of the state. To help the program continue to meet the needs of the EMS profession, SEMTAC has established the Path4EMS Program Review Task Force. The task force has provided potential options for stable program funding and is finalizing an awareness and utilization survey. Outreach and education continue to play a large part in the program, with a larger focus on wellness and resiliency.

Technical Assistance

The Funding Section provides formalized technical assistance to EMTS agencies, regions and systems through the Consultative Visit process. There were no requests for Consultative Visit for the fiscal year 2026 grant cycle. The Funding Section also welcomes informal requests to assist with all phases of grant-funded activities. This includes the application process, completion of deliverables and reimbursement invoicing. Difficulties are easier to manage early in the process and grantees are encouraged to reach out whenever there is a concern.

Colorado Poison Control Center

The Denver Health and Hospital Authority (DHHA) administers the statewide poison control services and dissemination of poison control information through the use and benefit of the Rocky Mountain Poison and Drug Center. They staff a 24-hour toll-free telephone number (800-222-12220) for Colorado. They also maintain a computer database of patient cases and generate various reports. Finally, they supply quarterly reports to CDPHE with the number of cases, breakdown of toxic and non-toxic exposure, and percentage of project cases for the year. There is a statutory requirement for an annual contract with CDPHE for \$1,535,140; which is paid in monthly installments of \$127,928.33.

Councils, Committees, and Task Forces

Emergency Medical Practice Advisory Council (EMPAC)

Eric Lucas, EMS Operations Specialist, eric.lucas@state.co.us

The EMPAC held its regularly scheduled quarterly meeting on Monday, February 9, 2026 at the Glendale Campus in Denver, CO, with remote attendance via Zoom. Led by the chair, Mr. Will Dunn and vice chair Dr. Maria Mandt, the EMPAC discussed the ongoing Chapter two revisions and reviewed several novel waivers. The next EMPAC meeting is scheduled for Monday, May 18, 2026, starting at 10 a.m. in Craig, CO, using a hybrid format. The next Regional Medical Direction committee meeting will be held the same day immediately prior to the EMPAC meeting, from 8 to 9:45 a.m. also using a hybrid format.

The department has approved an additional three waiver types and added them into the [approved waiver guidelines](#). The standardized guidelines have helped streamline the application process allowing agency medical directors to expand the scope of practice for EMS providers. The EMTS Data team has also introduced a refined process for applying for Novel scope of practice waivers. There are currently 593 active scope of practice waivers, consisting of 582 newer agency-scoped waivers using the 47 state approved guidelines, with 11 older Medical Director-scoped waivers. Of note, the current draft of Chapter two revisions include a number of waived acts into the Colorado EMS Scope of Practice, which would greatly reduce the number of active waivers.

The EMPAC is actively engaged in rule making sessions for 6 CCR 1015-3, Chapter two. A Special Session of the EMPAC was held on January 22, in Denver, CO, where many sections were discussed with the continuing goal to advance the scope of practice to align with the evolution of EMS care. Throughout 2025 and 2026, several task force meetings were held to meet with stakeholders and the council to discuss the scope of practice for interfacility transport, critical care and community paramedic scope of practice. The stakeholder community in these sectors provided excellent feedback and recommendations. The rulemaking for Chapter 2 is scheduled to be finalized by the EMPAC in May, with the goal of implementing the changes in October.

Additionally, the EMPAC recently formed two work groups The Undifferentiated Altered Patient Care Task Force has been renamed the Undifferentiated Altered Care Task Force (UCAT). The purpose is to discuss the shift in how Law Enforcement is responding to unsafe scenes, which is leaving EMS providers exposed to difficult and potentially dangerous situations. The first Task Force meeting was held on January 23, 2026. Future meetings will be scheduled later in the spring. The second work group was formed to address the processes of applying for a waiver to scope of practice when the novel care is part of a clinical research study. This process was developed in collaboration with Dr.

Wright and the Chief Medical Officer for CDPHE Dr. Calonge. Future meetings will be held to finalize this process and its engagement with the EMPAC.

Designation Review Committee (DRC)

Martin Duffy, Section Manager, martin.duffy@state.co.us

The DRC meeting in January was held in a hybrid format. Trauma program staff presented four facilities that were given an automatic recommendation on their designation. The DRC recommended the continued designation with plans of correction for three facilities presented to the committee.

Statewide Trauma Advisory Committee (STAC)

Martin Duffy, Section Manager, martin.duffy@state.co.us

The committee meeting in January was held in a hybrid format. The STAC had no old business to present. The STAC enjoyed a presentation by Kiva Thompson regarding Colorado representation at the annual TQIP conference, noting that every hospital network was in attendance. Marci Dowis reported on the Whole Blood Coalition regarding standardizing the approach for the implementation playbook of whole blood programs across the state. A data dictionary has been developed to connect prehospital data with trauma registry data. Grand County has begun field testing a new blood tracking app called COTAK. Maps were provided showing current aircraft and ground EMS in Colorado carrying whole blood.

The National Highway Transport Safety Administration grant went live Dec. 24, 2025 bringing 4-units of whole blood to the I-70 corridor. Multiple pilot sites reported over 100 units transfused throughout the area. Summit Medical Transport presented on supporting EMS throughout the state using real-time tracking and communication. Blood drives via Vitalant have updated blood bank information to connect efforts back to CWBC.

Martin Duffy provided a brief update on behalf of Robyn Wolverton and Jen Landis, reminding all that the STB program is fully funded and allotted \$450,000 through fiscal year 2026. Julie Ramstetter shared a presentation on the San Luis Valley RETAC and provided an update on several projects.

Staff went on to discuss upcoming Chapter Three rule changes in 2027 and ongoing barriers in current rules that seem to impact care or trauma system efficiency.

Statewide Trauma Advisory Committee (STAC) cont.

The first topic of discussion was 300.2 - Consultation, physician to physician consultation, with comments noting skilled APPs with direct physician oversight are more than capable of handling consultations. Multiple physicians participated in the discussion, noting value in the credentialing process, unnecessary need for surgeon involvement, and acknowledgement that this may already be occurring in current practice.

The second topic that was discussed was on 305.3 B(1) Mandatory consult for level III and IV trauma centers on patients requiring MTP. Comments opened noting that, as these patients are either stabilized post MTP with hemorrhage control achieved, consult with a higher level of care to discuss that continued monitoring is not necessary. Surgeons available in the discussion noted it would be appropriate to remove mandatory consult requirements for level IIIs, but update for level IVs that, without the availability of surgical involvement, they have to call a higher level of care to consult post MTP.

The third topic that was discussed was on 305.3 B(3) Mandatory consultation for level III and IV trauma centers for all spinal column fractures. Physicians commented that it should not be necessary to call a higher level of care to keep a patient and that a well researched protocol may be a better approach for low-risk injury patterns.

Office of Public Safety Communications

Pam Monsees, Program Manager, pam.monsees@state.co.us

Public access in the emergency medical services setting may be defined as the ability of an individual to secure prompt and appropriate emergency medical care. All counties in the state currently support enhanced or E-911 telephone services and less than a handful of 9-1-1 dispatch centers remain unable to receive 'text-to-911' calls. The transition of the legacy 9-1-1 network to a broadband digital, IP network ("Next Generation 9-1-1 Network," also termed an "Emergency Services IP Network" or 'ESInet') has improved transfers and communication between Emergency Call Centers. This is how 9-1-1 calls from cell phones, internet phones, and any additional devices or systems are connected to the Emergency Call Center. All of Colorado's Public Safety Answering Points (PSAP) are now connected via the CenturyLink Emergency Services IP Network ESInet, with the exception of one military base.

Additionally, all but 3 primary PSAPs utilize emergency medical dispatch protocols, which enable 9-1-1 professionals to provide medical instructions and a standardized level of care over the phone until responders arrive. It's important to note that there are differences in accreditation levels of the EMD protocols in use.

The Colorado digital trunked radio system (DTRS) provides statewide, two-way interoperable communications to state, local, tribal and federal government agencies over a shared communication platform. The DTRS in Colorado consists of 261 remote tower sites, serving in excess of 1,000 governmental agencies, including law enforcement, fire and EMS. There are currently nearly 133,000 subscriber units (individual radios) spread across six master zone control sites. The DTRS averages in excess of 8 million calls per month, with nearly 90% of those calls being voice calls on the system, and the balance being data calls on the system. The DTRS is a 'system-of-systems', meaning some local agencies invest in network infrastructure integrated into the statewide system, and thereby considered a shared resource for improved interoperability for all DTRS users. Several new DTRS radio tower sites are under various stages of planning and construction to improve coverage in those areas that may have no coverage, or coverage is inadequate.

The Emergency Medical and Trauma Services grant-funding program continues to assist with improvement of local communications needs throughout the state. Funding has provided equipment to agencies to enable them to utilize the DTRS and in some cases, to sustain legacy communication systems.

The First Responder Network Authority (FirstNet) is an independent authority within the U.S. Department of Commerce. Chartered in 2012, its mission is to ensure the construction, deployment and operation of a nationwide broadband network dedicated to public safety. AT&T was awarded the

contract for the buildout and deployment of the FirstNet network. Public safety spent years advocating for a nationwide broadband network for first responders following the Sept. 11, 2001 terrorist attacks. FirstNet/ATT continue to work toward contracted build out of sites in Colorado to improve public safety broadband coverage. In addition to the original federal funding to stand up the infrastructure for the FirstNet/ATT network, subscriber fees are used for ongoing support of the network.

EMS Compact

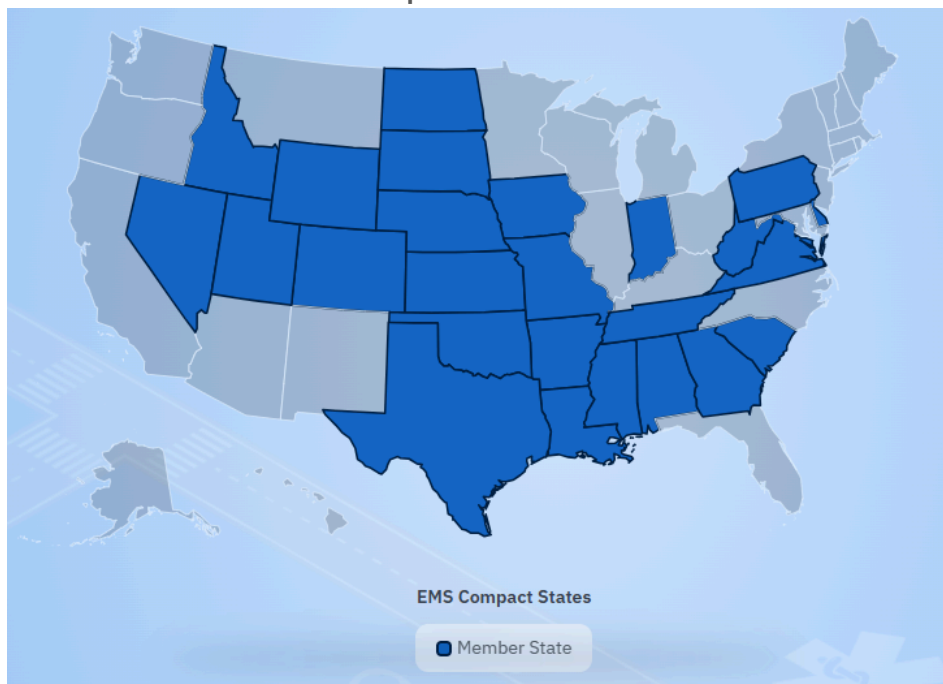
Colorado Commissioner of the Interstate Commission for EMS Personnel Practice: Mike Bateman

The EMS Compact currently has 25 participating member states with over 330,000 EMS providers. The EMS Compact allows qualified EMS personnel certified or licensed in good standing in one Compact state (Home State) to practice in other Compact member states (Remote State) within their scope of practice.

Employers and state licensing officials can validate an individual's EMS Compact privilege to practice online by entering the individual's National EMS-ID. The EMS-ID is printed on all Colorado-issued EMS certifications and licenses or is available through an individual's National Registry of EMTs account.

All EMS Compact meetings are open to the public and stakeholders. Meeting information is published on the EMS Compact website. Stakeholders can register to receive email notifications here.

EMS Compact Member States



EMTS Branch Roster

Name	Section	Position Description
Michael Bateman	EMTS Branch	Branch Chief
Erica Keller	EMTS Branch	Program Assistant
Amber Viitanen	Data	Section Manager
Jenna Seddon	Data	Data Quality Specialist
Scott Beckley	Data	Lead Data Analyst
Karene Thomas-Watts	Data	Statistical Analyst
Matt Pickler	Data	Management and Technology Advisor
Lucas Gaworecki	Data	EMS Data Consultant
Emery Duet-Champagne	Data	Office of Cardiac Arrest Management
Tim Petreit	Funding	Section Manager
Bizy Cordial	Funding	Boards and Councils Coordinator
Andre Smith	Funding	Grants and Communications Coordinator
Jessica Nelsen	Funding	Peer Support Coordinator
Peter Cohn	Operations	Section Manager
Vanessa Brazee	Operations	Licensing Specialist
Eric Lucas	Operations	EMS Operations Specialist
Jennyfer Nguyen	Operations	Certification Technician
Joel Kingsbury-Roth	Operations	Ground Ambulance Licensing Specialist
Stephanie Eveatt	Operations	Ground Ambulance Inspector
Jaimie Regan	Operations	Ground Ambulance Inspector
Mark Harbaugh	Operations	Ground Ambulance Inspector
Shawn Peterson	Operations	Ground Ambulance Inspector
Martin Duffy	Trauma	Section Manager
Lisa Domenico	Trauma	Trauma Designation and Emergent Systems of Care Specialist
Kiva Thompson	Trauma	Trauma System Nurse Consultant
Norma Pelegrin	Trauma	Administrative Assistant