

October 2025

# Emergency Medical & Trauma Services Branch Activity Report

---

*Presented to the*  
State Emergency Medical and Trauma Services Advisory Council

*Report For Period:*  
**July 2025 - October 2025**



# Emergency Medical and Trauma Services Branch Activity Report to the State Emergency Medical and Trauma Services Advisory Council

This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of July 2025 - October 2025.

|                                                                  |    |
|------------------------------------------------------------------|----|
| EMTS Branch Chief                                                | 1  |
| EMTS Branch Summary                                              | 1  |
| Operations Section                                               | 2  |
| Table: Scope of Practice Waivers (Active)                        | 2  |
| EMS Certification & Licensing                                    | 2  |
| Table: EMS Personnel                                             | 3  |
| Table: Subset of EMS Personnel with Endorsements or License      | 3  |
| EMS Education Programs                                           | 3  |
| Table: EMS Education Programs                                    | 4  |
| Table: NREMT Cognitive Exam Performance - 1st Attempt            | 4  |
| Table: NREMT Cognitive Exam Performance - Cumulative 6th Attempt | 4  |
| Air Ambulance Licensing                                          | 4  |
| Table: Air Ambulance Agencies                                    | 5  |
| Ground Ambulance Licensing                                       | 5  |
| Table: Ground Ambulance Agencies and Ambulances                  | 5  |
| Table: Outreach                                                  | 5  |
| Trauma Section                                                   | 6  |
| Trauma Reviews/Designations                                      | 6  |
| Table: Colorado Trauma System Facility Designations              | 6  |
| Table: Trauma System Designated Reviews Conducted                | 6  |
| Trauma Consultations and Outreach Visits                         | 6  |
| Data Section                                                     | 8  |
| Table: EMS Ground Agency & ePCR Data                             | 9  |
| Office of Cardiac Arrest                                         | 9  |
| Investigations & Enforcement                                     | 10 |
| Table: EMS Personnel Enforcement                                 | 10 |
| EMS for Children                                                 | 11 |
| Colorado Pediatric Emergency Care Coordinators (COPECC)          | 11 |
| Colorado Pediatric Preparedness for the Emergency Room (COPPER)  | 11 |
| COPPER Verified Hospitals                                        | 12 |
| Pediatric Care Committee                                         | 13 |
| Grant Cycle 2023 - 2027                                          | 13 |
| EMSC Future                                                      | 14 |
| Funding Section                                                  | 15 |
| Committees, Councils & Task Forces                               | 17 |
| Emergency Medical Practice Advisory Council                      | 17 |

|                                                            |    |
|------------------------------------------------------------|----|
| Designation Review Committee                               | 17 |
| Statewide Trauma Advisory Committee                        | 18 |
| Office of Public Safety Communications                     | 19 |
| EMS Compact                                                | 21 |
| Table: Colorado EMS providers with multiple state licenses | 21 |
| EMTS Branch Personnel Roster                               | 21 |

# EMTS Branch Chief

Mike Bateman, Branch Chief, [michael.bateman@state.co.us](mailto:michael.bateman@state.co.us)

## EMTS Branch Summary

### EMTS Branch Highlights

- The branch is happy to introduce one new staff member to our team:
  - John Raney joined the enforcement team as the enforcement investigator. Over his twenty nine-year career, John has worked as a Stimulus Compliance Monitor-Auditor for the Department of Local Affairs, as a Compliance Investigator for the Marijuana Enforcement Division, and as a former federal Criminal Investigator and Program Auditor with the Office of Inspector General for the United States Department of Housing and Urban Development.
- EMS System Sustainability Task Force - The task force has completed its Phase III work, which was focused on workforce recruitment and retention needs in the state, and has started on Phase IV, which will address financial sustainability of the state's EMS system.

# Operations Section

Peter Cohn, Section Manager, [peter.cohn@state.co.us](mailto: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)**

|                     | 2024 Q2 | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|---------------------|---------|---------|---------|---------|---------|---------|
| Waivers (BLS)       | -       | -       | -       | -       | -       |         |
| Waivers (ALS)       | -       | -       | -       | -       | -       |         |
| Waivers (BLS + ALS) | -       | -       | -       | -       | -       |         |
| Total               | 486     | 486     | 467     | 445**   | 477     | 514     |

\*[Department-approved waiver guidelines are available here](#) on the department's website. There are currently 24 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                            | 2024 Q3  | 2024 Q4  | 2025 Q1  | 2025 Q2  | 2025 Q3  |
|----------------------------------|----------|----------|----------|----------|----------|
| Registered EMR                   | 439      | 433      | 423 ▼    | 410 ▼    | 402 ▼    |
| EMT                              | 14,989   | 15,099   | 15,223 ▲ | 15,568 ▲ | 15,801 ▲ |
| Advanced EMT                     | 479      | 502      | 504 ▲    | 524 ▲    | 524 ↔    |
| EMT-Intermediate <sup>1</sup>    | 251      | 250      | 246 ▼    | 243 ▼    | 235 ▼    |
| Paramedic                        | 5,982    | 6,048    | 6,105 ▲  | 6,153 ▲  | 6,177 ▲  |
| Total EMS Personnel <sup>2</sup> | 21,712 ▲ | 21,899 ▲ | 22,078 ▲ | 22,488 ▲ | 22,737 ▲ |

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                                                            | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|------------------------------------------------------------------|---------|---------|---------|---------|---------|
| EMT<br>Licensed                                                  | 1,342   | 1,379   | 1,403 ▲ | 1,461 ▲ | 1,485 ▲ |
| AEMT<br>Licensed                                                 | 57      | 62      | 55 ▼    | 56 ▲    | 52 ▼    |
| Paramedic<br>Licensed                                            | 849     | 868     | 892 ▲   | 909 ▲   | 928 ▲   |
| Paramedic<br>Critical Care Endorsement                           | 617     | 621     | 617 ▼   | 632 ▲   | 635 ▲   |
| Paramedic<br>Community Paramedic Endorsement                     | 56      | 57      | 64 ▲    | 73 ▲    | 77 ▲    |
| Paramedic<br>Critical Care +<br>Community Paramedic Endorsements | 33      | 33      | 36 ▲    | 37 ▲    | 39 ▲    |

\*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.

The National Registry of Emergency Medical Technicians released a new Candidate Application redesign update in late August. This came with a cascade of unforeseen bugs on its release. They have been actively working to monitor and fix functionality issues. [Additional information can be](#)

[found on their website](#). This has resulted in a significant backlog of support tickets with the NREMT as they prioritize any concerns that have been open for more than 2 weeks. The National Registry now offers a new toll-free number: (855) 430-6211 and a [24/7 virtual agent](#) to make support faster and reduce call backlogs.

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**

|                    | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|--------------------|---------|---------|---------|---------|---------|
| Education Programs | 229     | 221     | 225     | 228     | 226     |

**Table: NREMT Pass Rates (1/1/2024 - 6/30/2025) - First attempt**

|          | EMR | EMT | AEMT | Paramedic |
|----------|-----|-----|------|-----------|
| Colorado | 92% | 75% | 71%  | 91%       |
| National | 62% | 66% | 59%  | 73%       |

**Table: NREMT Pass Rates (1/1/2024 - 6/30/2025) - Cumulative sixth attempt**

|          | EMR | EMT | AEMT | Paramedic |
|----------|-----|-----|------|-----------|
| Colorado | 94% | 84% | 88%  | 99%       |
| National | 72% | 80% | 78%  | 91%       |

\*Note NREMT pass rate reports have been impacted by the recent updates to their system. Updated data will be posted in future reports when available.

## 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

|            | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|------------|---------|---------|---------|---------|---------|
| Licensed   | 24      | 23      | 23      | 25 ▲    | 25 →    |
| Recognized | 6       | 6       | 5       | 4 ▼     | 4 →     |
| Total      | 30      | 29      | 28      | 29 ▲    | 29 →    |

## 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.

Table: Ground Ambulance Agencies and Ambulances

|                                       | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|---------------------------------------|---------|---------|---------|---------|---------|
| Licensed Agencies                     | 211     | 211     | 212 ▲   | 212 →   | 213 ▲   |
| Permitted Ambulances                  | 1209    | 1213    | 1232 ▲  | 1229 ▼  | 1245 ▲  |
| Initial License Applications Received | 1       | 3       | 14 ▲    | 11 ▼    | 9 ▼     |

Table: Outreach

|                                                    | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|----------------------------------------------------|---------|---------|---------|---------|---------|
| Technical Assistance Visits (virtual)              | 10 ▼    | 7 ▼     | 19 ▲    | 8 ▼     | 6 ▼     |
| Technical Assistance Visits (in person)            | 28 ▲    | 37 ▲    | 31 ▼    | 21 ▼    | 43 ▲    |
| Statewide Presentations                            | 3       | 3 →     | 3 →     | 3 →     | 3 →     |
| Ambulance Inspections (virtual)                    | 6       | 6       | 12 ▲    | 10 ▼    | 9 ▼     |
| Initial Agency and Vehicle Inspections (in person) | 0       | 12      | 16 ▲    | 22 ▲    | 10 ▼    |



# Trauma Section

Martin Duffy, Trauma Section Manager, [martin.duffy@state.co.us](mailto:martin.duffy@state.co.us)

## Trauma Reviews/Designations

The trauma section completed eight designation reviews and one focused review in the third quarter of 2025. 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.

Table: Colorado Trauma System Facility Designations

|        | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Total Designated | Non-designated |
|--------|---------|---------|---------|---------|---------|------------------|----------------|
| Number | 7       | 12      | 26      | 36      | 5       | 86               | 40 ▲           |

Table: Trauma System Designated Reviews Conducted

| Designation Level | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 |
|-------------------|---------|---------|---------|---------|---------|
| Level 1           | 0       | 0       | 2       | 2       | 1       |
| Level 2           | 2       | 1       | 2       | 0       | 1       |
| Level 3           | 3       | 2       | 1       | 0       | 3       |
| Level 4           | 2       | 2       | 4       | 7       | 4       |
| Level 5           | 0       | 1       | 0       | 0       | 0       |
| Total             | 7       | 6       | 8       | 9       | 9       |

## Trauma Consultations and Outreach Visits

The trauma section provided consultation and technical assistance to a wide variety of stakeholders in Q3 of 2025. Staff facilitated three registry webinars providing education on data quality, customization, and reporting within the state sponsored ImageTrend registry platform. Staff hosted the biannual Trauma Program Leadership workshop in September, open

to new and current trauma nurse coordinators, trauma program managers, and trauma medical directors, recording over 70 participants. The afternoon session of the workshop highlighted performance improvement best practice standards and demonstrated example documentation within the Patient Registry platform. Future plans to host this workshop continue, with the next offering in the spring of 2026.

The trauma section staff provided technical assistance to three facilities currently on a plan of correction and received five new plans of correction. Altogether, eight facilities are on a plan of correction in Q3, which is less than 10% of all designated facilities, indicating ongoing benefit to the collaborative support of trauma section staff. Additionally, in Q3 of 2025, the department provided consultation on programmatic functions and leadership to five facilities.

The trauma section visited three facilities in person to provide technical assistance to the trauma program personnel. Staff also continued to offer assistance to all facilities that submit their application for trauma designation within the secure Online Application Tracking Hub (OATH) of the License Management System (LMS), including the nine facilities with reviews in Q3 of 2025, utilizing the online application process. As well as continuing 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, the non-designated integration platform remains, with all non-designated facilities submitting data, reflecting 100% compliance. Future work will include data quality reports to the entities involved to build on bidirectional communication with the department, non-designated facilities, and key trauma system stakeholders.

# Data Section

Amber Viitanen, EMTS Data Section Manager, [amber.viitanen@state.co.us](mailto: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 compiled several data requests focused on rural communities, transport times, public health, injuries by residency, traumatic falls, licensed entities, and other topics. The team also provided subject matter expertise to several task forces including guidance on revisions to the EMTS grant scoring tool and updates to the Path4EMS provider survey.

The team continues to celebrate success as the EMTS branch was notified that the National Highway Safety Traffic Administration (NHTSA) accepted their application for 405c funding to improve access to EMS outcome data. This project aims to connect the statewide Health Information Exchange (HIE), Contexture with the EMS state repository enabling the transfer of patient outcome data from hospitals to populate EMS records statewide.

Table: EMS Ground Agency & ePCR Data

|                        | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3   |
|------------------------|---------|---------|---------|-----------|
| EMS Agencies Reporting | 210     | 215     | 216     | 212 ▼     |
| EMS Records Submitted  | 230,030 | 209,689 | 234,723 | 143,968 ▼ |

## Office of Cardiac Arrest Management

The data team conducted interviews for a new cardiac arrest program administrator, and intends to make an official offer in the coming weeks. In the meantime, the team continues to work with the Cardiac Arrest Registry to Enhance Survival (CARES) national team to collect, analyze and evaluate data on cardiac arrests in Colorado. 2024 data reports were shared with participating agencies and RETACs this quarter with the help of the CARES national team. The EMTS Data Section worked with the CARES National team to ensure all agencies participating in CARES had complete and accurate EMS and Hospital data in the system.

# Investigations & Enforcement

Shelley Sanderman, HFEMSD Enforcement, [shelley.sanderman@state.co.us](mailto:shelley.sanderman@state.co.us)

In the third quarter of 2025, the EMTS Enforcement team issued no suspensions of certifications/licenses. Two applications were denied.

There were no air ambulance agency referrals and no air ambulance agency enforcement actions this quarter. There was 1 ground ambulance agency referral and no ground ambulance agency enforcement actions this quarter. Finally, the team continues to work with the Attorney General's office on 13 cases involving EMS providers.

Table: EMS Individual Provider Enforcement

| EMS Personnel                                                         | 2024 Q3 | 2024 Q4          | 2025 Q1          | 2025 Q2 | 2025 Q3 |
|-----------------------------------------------------------------------|---------|------------------|------------------|---------|---------|
| New Complaints, Investigations, and Notifications of Provider Arrests | ▼ 159   | ▼ 143            | ▼ 53             | ▲ 228   | ▲ 374   |
| Application Denial                                                    | → 1     | → 1 <sup>3</sup> | ▲ 3 <sup>3</sup> | ▼ 0     | ▲ 2     |
| Letters of Admonition                                                 | → 0     | → 0              | → 0              | → 0     | → 0     |
| Probation                                                             | → 0     | ▲ 1              | → 1              | ▼ 0     | ▲ 2     |
| Suspension/Temp Suspension                                            | ▲ 2     | ▼ 0              | ▲ 3              | ▼ 0     | → 0     |
| Revocation                                                            | ▼ 0     | → 0              | → 0              | → 0     | → 0     |
| Relinquishment                                                        | ▼ 0     | → 0              | → 0              | → 0     | → 0     |

# EMS For Children

Nicolena Mitchell NRP, EMSC Program Manager, [nicolena.mitchell@cuanschutz.edu](mailto:nicolena.mitchell@cuanschutz.edu)  
Kathleen Adelgais, MD MPH, EMSC Project Director, [kathleen.adelgais@childrenscolorado.org](mailto:kathleen.adelgais@childrenscolorado.org)

## 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 most recent PECC seminar took place in Telluride, Colorado on April 24 and 25, 2025. It was the largest Colorado PECC seminar to date and was jointly sponsored by the Western and Northwestern, Central Mountains RETAC, West Region Healthcare Coalition and EMSC Colorado. Additional seminars for 2025 are scheduled in the Southwest RETAC in October and a one-day seminar in November in Keystone.

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. Committee members meet monthly. 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. Results from the assessment are still pending due to the federal executive branch transition.

## 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
- UCHHealth Emergency Room Harmony Campus (Ft Collins) - COPPER Verified Pediatric Advanced
- UCHHealth Greeley Hospital (Greeley) - COPPER Verified Pediatric Advanced
- UCHHealth Emergency Room West Greeley (Greeley) - COPPER Verified Pediatric Advanced
- Medical Center of the Rockies (Loveland) - COPPER Verified Pediatric Advanced
- UCHHealth 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

Facilities that have been COPPER verified show an average improvement in hospital readiness scores of an average of 34 points. The goal is for all hospitals in Colorado to achieve hospital readiness scores of 87 points or higher. Studies have shown that emergency rooms with scores of 87 or higher have a decreased pediatric mortality of up to 76%.

Work continues with 33 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 April 9, 2025. Dr Nichole Feeney now chairs the committee with a renewed focus on prehospital and hospital readiness, EMS data, and disaster preparedness.

Colorado EMSC has partnered with Dr. Kristin Kim of the University of Colorado supported by an EMTS grant funded to Children's Hospital Colorado to host training on the identification of child labor and sex trafficking. The Colorado EMSC website Human Trafficking | EMSC Colorado will house the training, "Positioned to Care: Improving identification of victims of Child Labor and Sex Trafficking." Modules for emergency healthcare providers (both prehospital and ED) and those who work alongside healthcare providers such as unit clerks, financial representatives, research assistants, administrators, social workers, environmental services technicians or do any other job, are available. Continuing Education Credits available for healthcare providers. The grant funding has ended, however EMSC and Dr Kim have committed to continue to support this work.

#### 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](mailto:timothy.petreit@state.co.us)

## Boards and Councils

There has been a lot of work behind the scenes to support the SEMTAC and improve processes. This includes a more standardized approach to meeting coordination and development of a member handbook. We will continue to work with members and other stakeholders to incorporate necessary and beneficial changes.

## 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. A number of projects for fiscal years 2024 and 2025 have been extended due to supply change issues and continue to be monitored. Preparations are underway for the fiscal year 2027 grant cycle and application. This includes updates to the funding guide and adjustments to maximum funding levels.

The Grant Program Improvement Task Force continued to meet on a monthly basis. There are changes to the grant application timeline that will be considered. The task force is also reviewing and updating the scoring rubrics for CREATE and EMTS grants, with a focus on clarifying scoring category requirements and limiting subjectivity in the review 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 2 financial waiver requests submitted and approved during the previous quarter. The Expert Review Committee evaluated 19 applications, for 23 individual courses. There were 18 applications, for 22 individual courses approved with \$164,027.24 being awarded.

## Emergency Grants

There was one Emergency Grant request during the first quarter of Fiscal Year 2026. This was to help replace a cardiac monitor/defibrillator for Grand County EMS. The amount requested and awarded was \$9,618.59.

## Path4EMS

The Path4EMS program continues to serve a large number of EMS professionals. During the last quarter, there were 264 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 is exploring options for stable program funding, performing a utilization and needs analysis, and considering any cost saving measures that could help the program. 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](mailto:eric.lucas@state.co.us)

The EMPAC held its regularly scheduled quarterly meeting on Monday, August 11, 2025 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 is actively engaged in rule making sessions for 6 CCR 1015-3, Chapter 2. Over the last few months several task force meetings have been 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 for the task force to bring back to the full council over the next several months as the chapter two revisions continue. The rulemaking for Chapter 2 is scheduled to continue into spring 2026.

The EMPAC also reviewed several novel waivers and discussed recommendations for adoption by the department to form standardized waiver guidance for these expansions to the scope of practice when agencies apply for a waiver. There are currently 514 active scope of practice waivers, consisting of 500 newer agency-scoped waivers using the 24 state approved guidelines, with 14 older MD-scoped waivers. The next EMPAC meeting is scheduled for Thursday, November 6, 2025, starting at 10 a.m. in Keystone, 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.

Additionally, there will be a special session of the EMPAC scheduled on November 5, also in Keystone, CO to continue the revisions of Chapter Two.

## Designation Review Committee (DRC)

Martin Duffy, Section Manager, [martin.duffy@state.co.us](mailto:martin.duffy@state.co.us)

The DRC meeting in July was held in a hybrid format. Trauma program staff presented three 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. Staff noted one plan of correction closed in Q3 2025, leaving four facilities with open plans of correction.

## Statewide Trauma Advisory Committee (STAC)

Martin Duffy, Section Manager, [martin.duffy@state.co.us](mailto:martin.duffy@state.co.us)

The committee meeting in July was held in a hybrid format. The STAC had no old business to present. Staff noted Tianne Woodward was appointed to the STAC, filling the position for a registered nurse with experience as a trauma nurse coordinator or trauma program manager. Dr. Eric Campion resigned from SEMTAC and will be replaced at the October meeting, and the election of new STAC chair & vice chair will be in October. The STAC appraised a presentation by Marci Dowis on the Whole Blood Coalition regarding a grant awarded to the Foothills RETAC for whole blood implementation, the pilot of the Product Tracking App in Grand and Clear Creek counties, and work on standardizing the process for rotation centers and blood banks. Jen Landis presented on Stop the Bleed (STB), reminding that the program is fully funded through FY26, and indicated work with representatives to hopefully expand the program to early prep schools, such as early colleges that are publicly funded. Martin Duffy discussed the Department's process regarding data compliance and presented key takeaways from the EMTS Annual Data Report. Staff went on to discuss upcoming Chapter Three rule changes in 2027 and proposed that STAC members and stakeholders suggest potential topics to discuss via a Google form. Utilization of APPs in trauma care was briefly discussed, centering on sustainability, costs, and concerns for substandard care for the highest level activation patients.

# Office of Public Safety Communications

Pam Monsees, Program Manager, [pam.monsees@state.co.us](mailto: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.

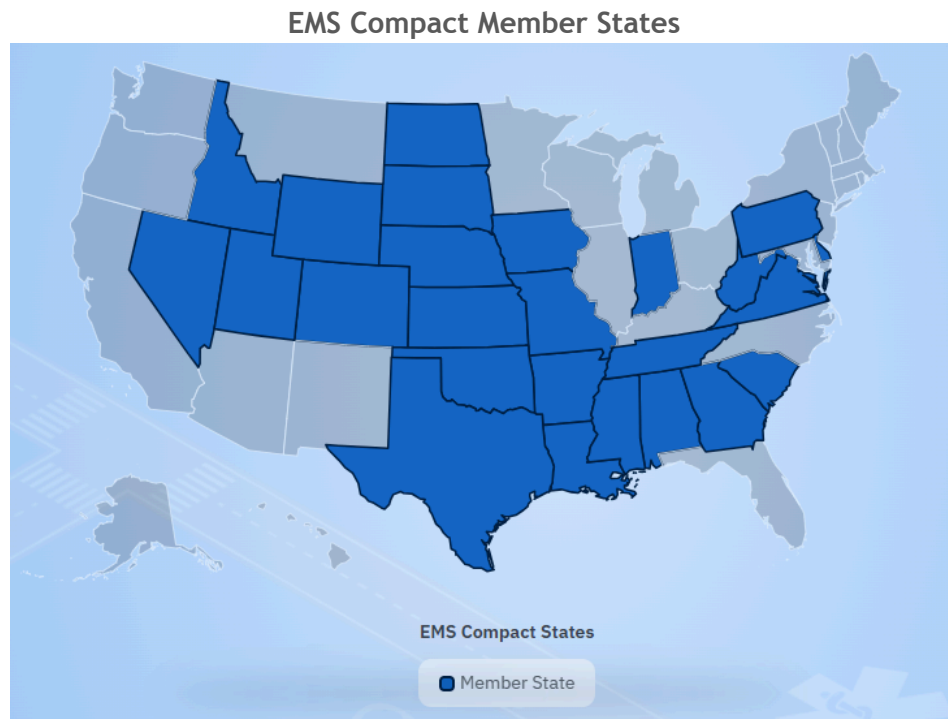
# EMS Compact

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

The EMS Compact currently has 25 participating member states with over 325,000 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.



# EMTS Branch Roster

| Name                | Section     | Position Description                                       |
|---------------------|-------------|------------------------------------------------------------|
| Michael Bateman     | EMTS Branch | Branch Chief                                               |
| 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                                        |
| Vacant              | Data        | Office of Cardiac Arrest Management                        |
| 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                      |
| 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                                   |
| 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                                   |
| Shelley Sanderman   | Enforcement | Section Manager                                            |
| John Raney          | Enforcement | Enforcement Investigator                                   |
| Audra LeTurgez      | Enforcement | Enforcement Coordinator                                    |