

July 2026

Emergency Medical & Trauma Services Branch Activity Report

Presented to the

State Emergency Medical and Trauma Services Advisory Council

Report For Period:

April 2026 - June 2026



COLORADO
Department of Public
Health & Environment

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 April 2026 - June 2026.

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EMTS Branch Chief

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

EMTS Branch Summary

EMTS Branch Highlights

- All sections of 6 CCR 1015-3, Chapter Four - Rules Pertaining to Licensure of Ground Ambulance services become effective July 1, 2026. 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) completed its 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.
- The EMS System Sustainability Task Force is preparing final revisions to its Phase IV report, focusing on fiscal sustainability of the EMS system. Task Force meeting information can be found at coems.info under Engage with Us.

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 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Total	477	514	558	593	604
* Department-approved waiver guidelines are available here on the department's website. There are currently 46 types of approved Scope of Practice Waiver guidelines.					

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 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Registered EMR	410	402	419 ▲	429 ▲	438 ▲
EMT	15,568	15,801	16,042 ▲	16,226 ▲	16,526 ▲
Advanced EMT	524	524	518 ▼	525 ▲	555 ▲
EMT-Intermediate ¹	243	235	233 ▼	231 ▼	220 ▼
Paramedic	6,153	6,177	6,212 ▲	6,241 ▲	6,277 ▲
Total EMS Personnel ²	22,488 ▲	22,737 ▲	23,005 ▲	23,223 ▲	23,578 ▲

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 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
EMT Licensed	1,461	1,485	1,526 ▲	1,574 ▲	1,618 ▲
AEMT Licensed	56	52	52 →	55 ▲	56 ▲
Paramedic Licensed	909	925	937 ▲	955 ▲	985 ▲
Paramedic Critical Care Endorsement	632	635	638 ▲	642 ▲	644 ▲
Paramedic Community Paramedic Endorsement	73	77	81 ▲	87 ▲	92 ▲
Paramedic Critical Care + Community Paramedic Endorsements	37	39	38 ▼	37 ▼	38 ▲

*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 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Education Programs	228	226	228	227	213

NREMT pass rates continue to show Colorado is well above the national average at all levels leading both in first attempt pass rates and cumulative over all rates for 2025 and 2026 year to date.

2025 NREMT data show Colorado as being in the top 5 pass rates at the paramedic level on the cumulative 3rd attempt of the NREMT exam (<https://www.nremt.org/maps>).

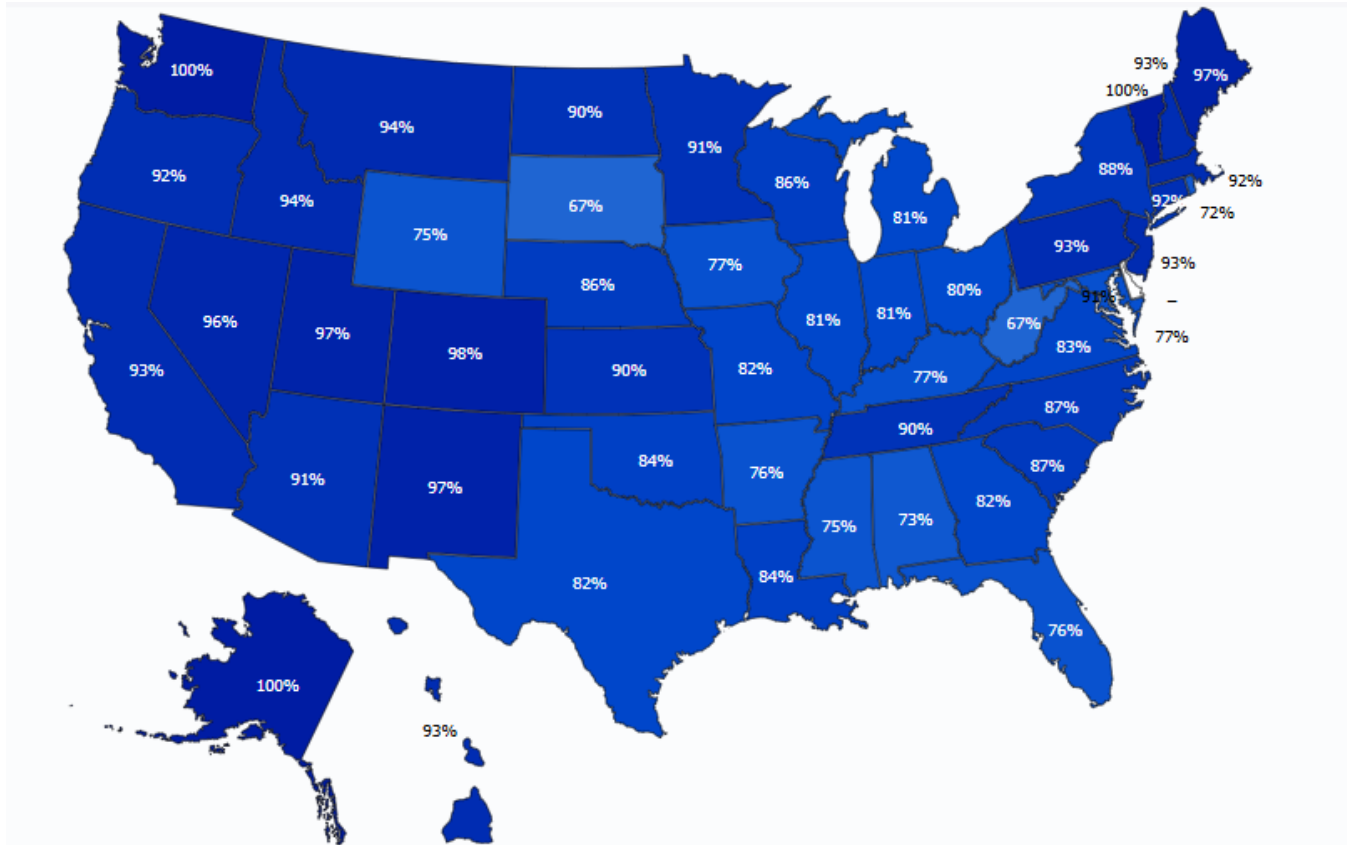


Table: NREMT Pass Rates (Year to Date) - First attempt

	EMR	EMT	AEMT	Paramedic
Colorado	83.6%	85.0%	87.5%	90.7%
National	60.24%	76.5%	65.5%	76.0%

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

	EMR	EMT	AEMT	Paramedic
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Colorado	77.4%	78.4%	78.2%	89.0%
National	64.9%	72.5%	61.4%	72.6%

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

	EMR	EMT	AEMT	Paramedic
Colorado	86.5%	88.8%	89.1%	98.6%
National	75.5%	85.3%	79.9%	90.5%

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 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Licensed	25	25	25	24 ▼	24 →
Recognized	4	4	4	4 →	3 ▼
Total	29	29	29	28 ▼	27 ▼

Ground Ambulance Licensing

Joel Kingsbury-Roth, Ground Ambulance Licensing Specialist

Since the 1970s, counties have held jurisdiction over ground ambulance licensing. On July 1, 2024, responsibility for licensing transitioned to the state. Since that transition, the Ground Ambulance Licensing team has grown to five members, including four Ground Ambulance Inspectors and one Ground Ambulance Licensing Specialist. Over the past two years, the team has successfully

completed the initial statewide licensing process while providing technical assistance to agencies throughout the transition.

Beginning July 1, 2026, we implemented the full set of rules governing ground ambulance licensing. As we move into this next phase, we will continue to provide technical assistance and support to licensed agencies to promote compliance and ensure a smooth implementation of the new regulatory requirements.

The completion of the initial two-year statewide rollout marks a major milestone for the Ground Ambulance Licensing Program. During this period, 98.1% of licensed ground ambulance agencies successfully renewed their licenses. Four agencies voluntarily relinquished their licenses for various operational reasons. Agencies that did not meet the renewal deadline were either placed out of service until a complete application was submitted or issued a conditional license while identified deficiencies were corrected. Full rule implementation began on July 1, 2026, and the Department will continue to provide technical assistance to support agency compliance and ensure safe, reliable ground ambulance services statewide.

Table: Ground Ambulance Agencies and Ambulances

	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Licensed Agencies	212 →	213 ▲	213 ▲	214 →	217 ▲
Permitted Ambulances	1229 ▼	1245 ▲	1283 ▲	1285 ▲	1266 ▼
Initial License Applications Completed	11 ▼	9 ▼	19 ▲	48 ▲	130 ▲

Table: Outreach

	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Technical Assistance Visits (virtual)	19 ▲	8 ▼	6 ▼	21 ▲	7 ▼
Technical Assistance Visits (in person)	31 ▼	21 ▼	43 ▲	4 ▼	1 ▼
Ambulance Inspections (virtual)	12 ▲	10 ▼	9 ▼	4 ▼	1 ▼
Initial Agency and Vehicle Inspections (in person)	16 ▲	22 ▲	10 ▼	22 ▲	118 ▲

Trauma Section

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

Trauma Reviews/Designations

The trauma section completed 11 designation reviews in the second 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. This quarter, one designation review was a new facility evaluation seeking designation for the first time, and one was a re-review of a currently designated facility based upon completion of an approved plan of correction. The pre-review submission of documents in a secure online platform continues to show improvements to the review process and designation preparations, allowing facilities to present a more comprehensive view of the trauma program. The new review day agenda, implemented in Q1 2026, is consistently advancing the overall flow and efficiency of the designation review day and will likely become a permanent change.

Table: Colorado Trauma System Facility Designations

	Level 1	Level 2	Level 3	Level 4	Level 5	Total Designated	Non-designated
Number	7	12	24	39 ▲	5	87 ▲	37 ▼

Table: Trauma System Designated Reviews Conducted

Designation Level	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Level 1	2	1	0	0	2
Level 2	0	1	1	1	0
Level 3	0	3	2	4	2
Level 4	7	4	3	3	7
Level 5	0	0	1	0	0
Total	9	9	7	8	11

Trauma Consultations and Outreach

Throughout Q2 2026, the trauma section delivered technical support to a wide range of stakeholders. Staff facilitated two registry webinars providing updates to users of the state sponsored ImageTrend platform on using Report Writer for trending data and setting up correspondence templates. Staff hosted the biannual Trauma Program Leadership workshop on April 14, open to new and current trauma nurse coordinators, trauma program managers, and trauma medical directors, recording over 50 participants. The afternoon session of the workshop highlighted performance improvement and facility defined questions within the patient registry platform. Plans to host this workshop continue, with the next offering in the fall of 2026.

The trauma section staff closed two plans of correction, provided technical assistance to six facilities currently on a plan of correction, and received two new plans of correction in Q2. Additionally, the department provided consultation on programmatic functions and leadership to four facilities. Altogether, eight facilities remain on a plan of correction, which is less than 10% of all designated trauma centers, thereby highlighting the long-term engagement and sustained cooperation of trauma section staff.

The trauma section visited two facilities in person to provide outreach and guidance to the trauma program personnel. Staff continues 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 11 facilities with reviews in Q2 of 2026. In addition, trauma section staff maintain weekly check-in sessions with facilities to assist with designation review preparations during the 4-week period leading up to the trauma survey.

Non-designated facilities continue to consistently submit timely quarterly data, reflecting close to 100% compliance. Plans for future data quality reports continue for the entities involved to build on engagement with the department and key trauma system stakeholders.

Trauma section staff attended the CMRETAC EMS and Trauma Symposium in May and presented on the Interfacility Transport Safety and Risk Assessment Tool.

Finally, trauma section management staff attended the National Association of State EMS Officials annual conference in Kansas City, Missouri, this April, and addressed national EMS and trauma system issues. The Trauma Section received an honorable mention for its 2026 abstract submission, *“Transfer Practices Among Severely Injured Patients Presenting to Level III Trauma Centers in Colorado: A Statewide Analysis of System Variation & Predictors of Non-Transfer.”*

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 successfully onboarded all of the 74 currently participating CARES agencies onto the autopost. This automated data workflow 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. We are working diligently with agencies to ensure that the system relieves the burden of manual data entry on agencies. We will continue to check in monthly to ensure the system is working properly and continue with quality improvement and quality assurance as we navigate issues that arise with this new system.

Lastly, our team is continuing our outreach campaigns 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. Since then we have attended the Colorado Rural Healthcare Summit, the Denver Colfax Marathon, and the BOULDERBoulder. At our booths 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. So far we have interacted with over 2,000 community members and cannot wait to continue to expand our reach across the state at future events.

Investigations & Enforcement

Shelley Sanderman, HFEMSD Enforcement, shelley.sanderman@state.co.us

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

The team continues to work with the Attorney General's office on 11 cases involving EMS providers.

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

Table: EMS Individual Provider Enforcement

EMS Personnel	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
New Complaints, Investigations, and Notifications of Provider Arrests	▲ 228	▲ 374	▼ 326	▲ 328	▼ 247
Application Denials	▼ 0	▲ 2	▼ 0	→ 0	▲ 1
Letters of Admonition	→ 0	→ 0	→ 0	→ 0	▲ 1
Probations	▼ 0	▲ 2	▼ 0	→ 0	→ 0
Suspension/Temp. Suspensions	▼ 0	→ 0	→ 0	→ 0	→ 0
Revocations	→ 0	→ 0	→ 0	→ 0	→ 0
Relinquishments	→ 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 most recent PECC seminar took place in Crested Butte, Colorado on April 30th - May 1st. As with past seminars, it was 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. Work to explore interest with other RETACs in hosting a PECC seminar is ongoing.

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 Prehospital Pediatric Readiness Project Assessment has now entered 'open assessment', allowing for EMS agencies to complete the assessment for their agency at any time, allowing agencies to track their progress over time.

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. As of April 23, 2026, Grand River Health is the first emergency in the state to re-verify their COPPER status.

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

- 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
- UCHHealth 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
- Memorial Hospital (Craig) - COPPER Verified Pediatric Advanced
- St Anthony Summit Hospital (Frisco) - COPPER Verified Pediatric Advanced
- Middle Park Health Fraser (Fraser) - COPPER Verified Pediatric Advanced
- Denver Health Medical Center (Denver) - COPPER Verified Pediatric Advanced
- Intermountain Health Saint Joseph Hospital (Denver) - COPPER Verified Pediatric Advanced
- Intermountain Health Saint Joseph Emergency (Northglen) - COPPER Verified Pediatric Advanced

* COPPER triennial reverification

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, as 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 Colorado EMSC works to support trauma centers verified by the American College of Surgeons to establish pediatric readiness programs at their facility. This impacts 17 facilities in Colorado.

The National Pediatric Readiness Project Assessment closed on May 31, 2026, with 94% of Colorado facilities participating. This once every five years assessment is used to understand the state of pediatric readiness and where EMSC programs can aid emergency rooms in improving their care for children. In 2020, when Colorado participated as a pilot site, 86% of Colorado ERs participated in the assessment. With 74 ERs responding, the average score across the state was 65. In 2026 all Level 1-5 and undesignated ER were invited to participate in the assessment. With 118 ERs responding, the average score across the state is 85. Of those ERs that participated in both 2020 and 2026 the average score is X

Pediatric Care Committee (PCC)

Colorado EMSC hosted the quarterly PCC meeting on April 8 , 2026 . Dr Nichole Feeney now chairs the committee with a renewed focus on their efforts on the 2026 - 2030 strategic plan.

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.

Boards and Councils

We are nearing completion of membership appointments and re-appointments. Following the July meeting, members will receive an email with instructions for requesting committee assignments. Planning is underway for the October meeting, which will be held in Granby.

Provider Grants and System Improvement Funding Requests

The fiscal year 2026 grant cycle ended June 30th. Grant projects with a verified delay in equipment delivery will be extended through fiscal year 2027. The fiscal year 2027 grant application opened on December 5th, followed a condensed application timeline. The public notice of awards was published on May 5th. As of June 30th, all statement of work documents were drafted. The majority of FY27 purchase orders will be ready for issue in the first week of July 2026.

The Grant Program Improvement Task Force continued to meet on a three-week cadence. The new Provider Grant scoring tool and revised application questions will be presented during the July SEMTAC for review and preliminary approval. Continued work will follow the Provider Grant approach with the goal of having updated applications and scoring tools available for the FY28 grant cycle. The task force is also considering similar updates to the CREATE Grant application and 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 was one (1) financial waiver request submitted during the previous quarter, which was denied. The Expert Review Committee evaluated 13 applications, for 13 individual courses. There were 13 applications, for 13 individual courses approved with \$105,705.39 being awarded.

Emergency Grants

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

Path4EMS

The Path4EMS program continues to provide critical mental health support to EMS professionals across Colorado, demonstrating both the program's impact and the ongoing need for behavioral health services within the EMS community. During the fourth quarter, the program received 230 new requests for services. Over the course of FY26, Path4EMS received a total of 980 new service requests and supported more than 7,500 hours of clinical services. To meet this growing demand, the program now maintains a statewide network of more than 70 culturally competent clinical service providers, ensuring access to care across all regions of Colorado. Recognizing the importance of long-term program sustainability, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) established the Path4EMS Program Review Task Force. The task force has identified potential options for stable, long-term funding and recently finalized an awareness and utilization survey that will be distributed to EMS agencies and professionals to help guide future program development.

In addition to supporting direct clinical services, Path4EMS continues to prioritize outreach and education, with an increased emphasis on wellness, resilience, and proactive mental health support.

These efforts aim to strengthen the overall well-being of Colorado's EMS workforce while ensuring that providers have access to the resources they need throughout their careers.

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 2027 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, May 18, 2026 at The Memorial Hospital in Craig, 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, August 10, 2026, starting at 10 a.m. in Denver, 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.

There are currently 604 active scope of practice waivers, consisting of 595 newer agency-scoped waivers using the now 46 state approved guidelines, with nine older Medical Director-scoped waivers. The Department has updated the RSI Waivers to be the Medication Assisted Airway Management (MAAM) Waivers, which should help clarify that they cover the medications, not the action of intubation. The MAAM waivers have added propofol, and the Propofol Waiver was retired.

At the May 18, 2026 meeting of the EMPAC, the council completed its review of 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight. There are a number of proposed revisions to the chapter, including updates to the structural language, the addition of a definition for emergency medical service providers with a community paramedicine endorsement (EMS - CPE) to align with the newly revised Community Integrated Healthcare Service Agencies licensing rules, and consolidation of the various medication tables into a medication formulary. Additional recommendations were based on the Health Facilities and EMS Division's waiver use data to include some of the most commonly requested waivers to scope of practice (e.g. blood products, tranexamic acid). The council recommended the inclusion of ketamine for analgesia to scope of practice for the paramedic level. However, the Department has decided that additional time monitoring the uses of ketamine through the waiver program is in the best interest of the public.

[View the proposed final draft of the Chapter 2 revisions](#) that were forwarded to the Chief Medical officer to approve.

Additionally, the EMPAC recently formed two work groups: The Undifferentiated Altered Care Task Force (UCAT) and the EMS Research Workgroup. The purpose of the UCAT 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 next Task Force meeting will be held in July, 2026. The EMS

Research Workgroup 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 April was held in a hybrid format. Trauma program staff presented seven facilities that were given an automatic recommendation on their designation. The DRC had no facilities with plans of correction for recommendation, as those were postponed to the July meeting to allow proper preparation time for the facility. The current committee chair, Chris Duran, received recognition for his years of service as he has resigned his position to pursue other career opportunities.

Statewide Trauma Advisory Committee (STAC)

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

The committee meeting in April was held in a hybrid format. The STAC had no old business to present. The STAC received information from M. Duffy regarding the TNCC equivalency evaluation for Trauma Nurse Advanced Course (TNAC) hosted by the Emergency Nurses Association. Staff participated in the courses online modules and in-person didactic education and determined that TNAC is not equivalent to TNCC.

Marci Dowis reported on the Whole Blood Coalition (WBC) regarding ongoing work towards an implementation playbook of whole blood programs across the state. The WBC website has been updated with multiple resources and a survey to assess and understand public perceptions of blood transfusions. WBC created an advocacy packet that was provided for EMS Day at the Capitol to help lawmakers identify the advantages to whole blood. Marci closed her update by promoting upcoming blood drives via Vitalant and ways to get involved with the WBC, meeting monthly.

Robyn Wolverton provided a brief update on the STB program, also introducing Sheridan Bishop. R. Wolverton noted 30% of Colorado schools have Stop the Bleed training and bleeding control kits. STB has spent \$97,537.53 out of \$450,000, with \$348,070.77 remaining. She encourages all to reach out to K-12 schools to apply for the stop the bleed kits, as the program will sunset on June 30, 2026.

Martin Duffy presented an invitation to the Trauma Program Leadership Workshop, to be hosted on April 14, 2026. M. Duffy also put out a call for trauma surgeons to participate in rural level III-IV facilities with an expanded scope of care. Requesting that each level I and level II facility provide a qualified surgeon as a state reviewer, as required in rule.

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. The first topic of discussion was Section 307.2.A.(1) regarding the required physician presence in the emergency department at the time of arrival of the trauma patient meeting facility-defined trauma team activation criteria, arriving by ambulance. Stakeholders present discussed Advanced Practice Providers (APPs) and their role in trauma care. Many felt their role was valued and that there should be some rule changes to support the APPs scope of care in response to trauma resuscitation.

The second topic that was discussed was Section 307.2.F.(1) regarding Level IV-V providing initial resuscitation in the emergency department, shall be board certified in emergency medicine or have current ATLS. The discussion continued to focus on APP utilization in the emergency department and noted there are no current education requirements in rule. Stakeholders ultimately suggested ATLS should be required for APPs as well.

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.

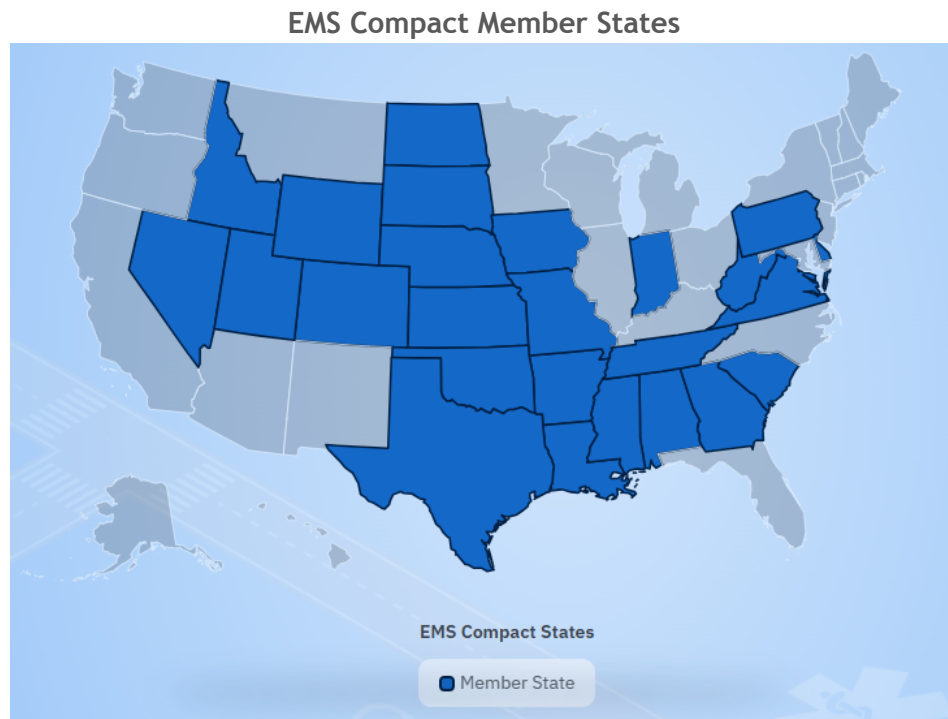
EMS Compact

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.



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