

October 2026

Emergency Medical & Trauma Services Branch Activity Report

Presented to the
State Emergency Medical and Trauma Services Advisory Council

Report For Period:
July 2026 - September 2026



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This report is submitted as a record of key activities by the Emergency Medical and Trauma Services Branch for the period of July 2026 - September 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 216 licensed ground ambulance agencies to answer questions and provide technical assistance.
- Revisions to 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight were approved by the department's chief medical officer, Dr. Ned Calonge and will go into effect Oct. 15, 2026. The draft rules can be found [here](#) on the department's website.
- Revisions to 6 CCR 1011-3 - Standards for Community Integrated Health Care Service Agencies were approved by the Board of Health and will go into effect Oct. 15, 2026. The draft rules can be found [here](#) on the department's website.
- The EMS System Sustainability Task Force submitted its Phase IV report on fiscal sustainability of Colorado's EMS system and is preparing its final Phase V report, focusing on long term sustainability of the system. Task Force meeting information can be found at coems.info under Engage with Us.
- The Department is excited to announce that it is convening a stakeholder engagement process to review, reorganize, and update 6 CCR 1015-4 - Statewide Emergency Medical and Trauma Care Systems, Chapter Three - Designation of Trauma Facilities (Trauma Chapter 3). This update of Trauma Chapter Three will run concurrently with planned updates to our health facility chapter at 6 CCR 1011-1, Chapter 4 - General Hospitals, and will also incorporate recent facility-related statutory changes. All hospitals offering emergency services, free-standing emergency departments, and community clinics providing emergency services are required to participate in the trauma system and are regulated by Trauma Chapter Three, and thus have an interest in this update.

Stakeholder engagement is integral to the Department's effort to align Trauma Chapter Three with hospital facility care and requirements. All interested parties are invited to attend our stakeholder meetings either in-person at the Department or online via Zoom. To ensure that you receive notice of all meetings related to the

update of 6 CCR 1015-4, Chapter 3, please [sign up](#) for the Trauma Chapter Three mailing list. Please share this link with anyone interested in this rulemaking process.

Meetings are scheduled for October 28, 2026 and November 18, 2026, from 1-4 pm in the Building B, Carson Room and December 16, 2026, from 1-4 p.m., Building B, Room B1F, with additional monthly meetings scheduled through October 2027.

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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Total	514	558	593	604	631
*Department-approved waiver guidelines are available here on the department's website. There are currently 50 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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Registered EMR	402	419	429 ▲	438 ▲	438 →
EMT	15,801	16,042	16,226 ▲	16,526 ▲	16,786 ▲
Advanced EMT	524	518	525 ▲	555 ▲	554 ▼
EMT-Intermediate ¹	235	233	231 ▼	220 ▼	213 ▼
Paramedic	6,177	6,212	6,241 ▲	6,277 ▲	6,374 ▲
Total EMS Personnel ²	22,737 ▲	23,005 ▲	23,223 ▲	23,578 ▲	23,927 ▲



- 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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
EMT Licensed	1,485	1,526	1,574 ▲	1,618 ▲	1,654 ▲
AEMT Licensed	52	52	55 ▲	56 ▲	60 ▲
Paramedic Licensed	925	937	955 ▲	985 ▲	1,022 ▲
Paramedic Critical Care Endorsement	635	638	642 ▲	644 ▲	652 ▲
Paramedic Community Paramedic Endorsement	77	81	87 ▲	91 ▲	96 ▲
Paramedic Critical Care + Community Paramedic Endorsements	39	38	37 ▼	38 ▲	36 ▼

*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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Education Programs	226	228	227	213	215

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.

2026 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>).

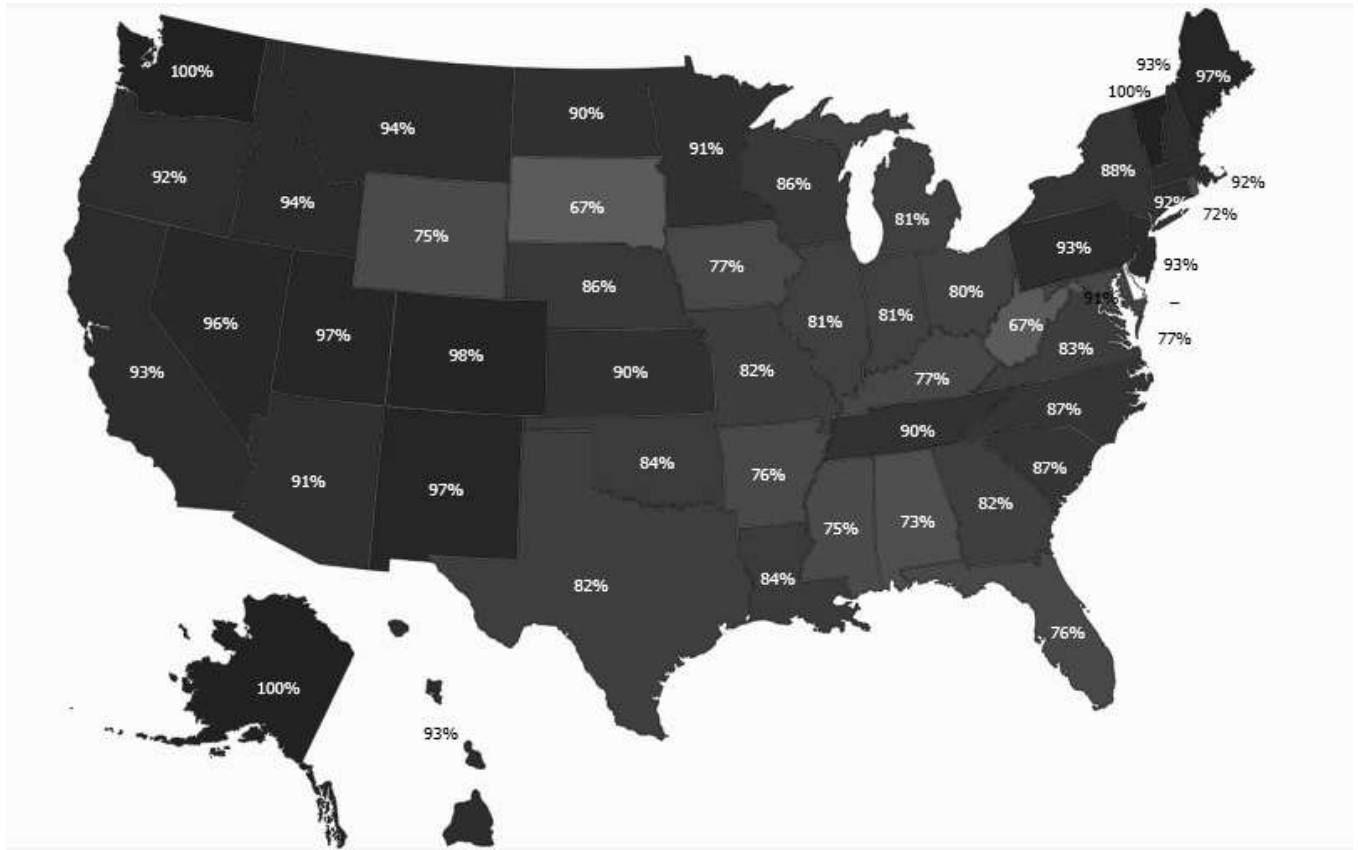


Table: NREMT Pass Rates (Year to Date) - First attempt

	EMR	EMT	AEMT	Paramedic
Colorado	85.1%	84.0%	88.2%	93.4%
National	62.6%	76.7%	64.2%	74.3%

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

	EMR	EMT	AEMT	Paramedic
Colorado	77.6%	78.3%	78.6%	89.0%
National	64.8%	72.3%	61.2%	72.6%

Table: NREMT Pass Rates (1/1/2026-10/06/2026) - Cumulative sixth attempt

	EMR	EMT	AEMT	Paramedic
Colorado	87.3%	89.2%	91.1%	98.6%
National	75.7%	85.9%	81.2%	91.2%

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

Ground Ambulance Licensing

Joel Kingsbury-Roth, Ground Ambulance Licensing Specialist

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 marked a major milestone for the Ground Ambulance Licensing Program. During that 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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Licensed Agencies	213 ▲	214 ▲	214 →	213 ▼	216 ▲
Permitted Ambulances	1245 ▲	1283 ▲	1285 ▲	1266 ▼	1287 ▲
Initial License Applications Completed	9 ▼	19 ▲	48 ▲	130 ▲	0 ▼

Table: Outreach

	2025 Q3	2025 Q4	2026 Q1	2026 Q1	2026 Q3
Technical Assistance Visits (virtual)	8 ▼	6 ▼	21 ▲	7 ▼	4 ▼
Technical Assistance Visits (in person)	21 ▼	43 ▲	4 ▼	1 ▼	0 ▼
Add Ambulance Inspections	10 ▼	9 ▼	4 ▼	1 ▼	23 ▲
Initial Agency and Vehicle Inspections	22 ▲	10 ▼	22 ▲	118 ▲	35 ▼

Trauma Section

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

Trauma Reviews/Designations

The trauma section completed nine designation reviews in the third quarter of 2026. These reviews were completed with in-person site visits. No combined level I and level II reviews with the American College of Surgeons were scheduled this quarter. All reviews this quarter were currently designated facilities completing their triennial review. 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 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Level 1	1	0	0	2	0
Level 2	1	1	1	0	0
Level 3	3	2	4	2	1
Level 4	4	3	3	7	6
Level 5	0	1	0	0	2
Total	9	7	8	11	9

Trauma Consultations and Outreach

Throughout Q3 2026, the trauma section delivered technical support to a wide range of stakeholders. Staff facilitated two registry webinars providing statewide registry updates during July and open discussion to users of the state sponsored ImageTrend

platform. Staff hosted the biannual Trauma Program Leadership workshop on Sept. 29, open to new and current trauma nurse coordinators, trauma program managers, and trauma medical directors, recording over 30 participants. The afternoon session of the workshop highlighted performance improvement and summary reporting within the patient registry platform. Plans to host this workshop continue, with the next offering in the spring of 2027.

The trauma section staff closed two plans of correction, provided technical assistance to seven facilities currently on a plan of correction, and received three new plans of correction in Q3. Additionally, the department provided consultation on programmatic functions and leadership to two facilities. Altogether, 10 facilities are currently on a plan of correction, which is 11% of all designated trauma centers, thereby highlighting the need for consistent 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 9 facilities with reviews in Q3 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.

Finally, 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.

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 data compliance monitoring of licensed ground ambulance agencies. This work has begun by introducing a verification process that takes place at the time of the agency inspection. Over 20 data requests were fulfilled this quarter covering topics such as, blood product administration, e-scooter/e-bike related injuries, adverse medical events associated with the use of natural medicines, treatment in place, response times, and performance measures. The team also provided subject matter expertise to several task forces including guidance on revisions to the RETAC Biennial plan template, EMTS grant scoring tool, financial waiver scoring tool, analysis of the Path4EMS provider survey, and modifications to the branch HUTF financial report.

The team continues to celebrate success as The EMTS data team is proud to recognize Telluride 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 Q4	2026 Q1	2026 Q2	2026 Q3
EMS Agencies Reporting	222	224	205	202
EMS Records Submitted	236,428	240,962	233,040	227,716

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. We plan to begin reaching out to agencies who are not currently participating in CARES in January.

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, the BOULDERBoulder, the Colorado Springs Health and Fitness Expo, and the Colorado State Homecoming 5k. 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 2,300 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 third quarter of 2026, the EMTS Enforcement team issued three provider certification/licensure suspensions, and no provider applications were denied.

The team continues to work with the Attorney General's office on 7 cases involving EMS providers.

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

Table: EMS Individual Provider Enforcement

EMS Personnel	2025 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3
New Complaints, Investigations, and Notifications of Provider Arrests	▲ 374	▼ 326	▲ 328	▼ 247	▼ 198
Application Denials	▲ 2	▼ 0	→ 0	▲ 1	▼ 0
Letters of Admonition	→ 0	→ 0	→ 0	▲ 1	▼ 0
Probations	▲ 2	▼ 0	→ 0	→ 0	→ 0
Suspension/Temp. Suspensions	→ 0	→ 0	→ 0	→ 0	▲ 3
Revocations	→ 0	→ 0	→ 0	→ 0	▲ 1
Relinquishments	→ 0	→ 0	→ 0	→ 0	▲ 2

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
- UCHealth Emergency Room Harmony Campus (Ft Collins) - COPPER Verified Pediatric Advanced
- UCHealth Greeley Hospital (Greeley) - COPPER Verified Pediatric Advanced
- UCHealth Emergency Room West Greeley (Greeley) - COPPER Verified Pediatric Advanced
- Medical Center of the Rockies (Loveland) - COPPER Verified Pediatric Advanced
- UCHealth Yampa Valley Medical Center (Steamboat Springs) - COPPER Verified Pediatric Advanced
- AdventHealth Avista (Louisville) - COPPER Verified Pediatric Advanced
- HCA HealthONE Rocky Mountain Children's at Presbyterian/St Lukes (Denver) - COPPER Verified Pediatric Advanced

- St Mary-Corwin Hospital (Pueblo) - COPPER Verified Pediatric Advanced
- St Elizabeth Hospital (Ft Morgan) - COPPER Verified Pediatric Advanced
- Middle Park Medical Center - Granby - COPPER Verified Pediatric Advanced
- Middle Park Medical Center - Kremmling - COPPER Verified Pediatric Advanced
- Intermountain Health Good Samaritan Hospital (Lafayette) - COPPER Verified Pediatric Advanced
- University of Colorado Hospital (Aurora) - COPPER Verified Pediatric Advanced
- AdventHealth Parker (Parker) - COPPER Verified Pediatric Advanced
- AdventHealth Littleton (Littleton) - COPPER Verified Pediatric Advanced
- Denver Health Winter Park Medical Center (Winter Park) - COPPER Verified Pediatric Advanced
- Gunnison Valley Hospital (Gunnison) - COPPER Verified Pediatric Advanced
- Mercy Hospital (Durango) - COPPER Verified Pediatric Advanced
- AdventHealth Castle Rock (Castle Rock) - COPPER Verified Pediatric Advanced
- Intermountain Health Lutheran Hospital (Wheat Ridge) - COPPER Verified Pediatric Advanced
- Longmont United Hospital (Longmont) - COPPER Verified Pediatric Advanced
- HCA HealthONE Sky Ridge (Lone Tree) - COPPER Verified Pediatric Advanced
- AdventHealth Porter (Denver) - COPPER Verified Pediatric Advanced
- St Anthony Hospital (Lakewood) - COPPER Verified Pediatric Advanced
- Prowers Medical Center (Lamar) - COPPER Verified Pediatric Advanced
- St Anthony North Hospital (Westminster) - COPPER Verified Pediatric Advanced
- 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.

Funding Section

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

Boards and Councils

The Council will welcome new members at the October meeting and all members will receive the annual membership orientation. New committee assignments were made by the Chair and will commence with officer elections for SEMTAC committees. The Department is in the process of filling one vacancy for a “fire chief that provides prehospital care in a rural area”. The January SEMTAC will be held on the 13th and 14th at the CDPHE campus.

Provider Grants and System Improvement Funding Requests

The fiscal year 2027 grant cycle is underway, with all Purchase Orders issued and in place. Preparations are now underway for the FY28 grant application cycle. This cycle will again follow the adjusted timeline and will potentially include a significant number of process changes being recommended by the Grant Program Improvement Task Force.

The Grant Program Improvement Task Force continued to meet on a three-week cadence. A package of new application materials and recommended program changes will be presented at the October SEMTAC for approval. The task force will next begin implementing similar updates and changes to the CREATE Grant application process. The Financial Waiver process will also be fully reviewed for recommended changes and improvements.

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 deemed ineligible. The Expert Review Committee evaluated 22 applications, for 24 individual courses. There were 20 applications, for 13 individual courses reviewed and approved with \$102,456.69 being awarded.

Emergency Grants

There were no Emergency Grant requests during the first quarter of Fiscal Year 2027.

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 first quarter of FY27, the program received 240 new requests for 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 reviewed the results of the awareness and utilization survey that will be used 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, August 10, 2026 at the Glendale Campus in Denver, CO, with hybrid attendance options. Led by the chair, Mr. Will Dunn and vice chair Dr. Maria Mandt, the EMPAC discussed the upcoming milestones for the Chapter Two revisions and reviewed several novel waivers. The next EMPAC meeting is scheduled for Monday, November 5, 2026, 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.

There are currently 631 active scope of practice waivers, consisting of 623 newer agency-scoped waivers using the now 50 state approved guidelines, with eight older Medical Director-scoped waivers. When the Chapter 2 revisions are released there will be a large reduction to the waiver numbers. 16 state waiver guidelines will be retired, along with 3 MD-scoped waivers. 79 total waivers will be eliminated in the process. There will also be ten additional state waiver guidelines that will be modified that may also reduce the overall waiver count.

At the August 24, 2026 Board of Health and Chief Medical Officer (CMO) Hearing, Ned Calonge approved the revision of 6 CCR 1015-3, Chapter Two - Rules Pertaining to EMS Practice and Medical Director Oversight. There are a number of 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). [View the final draft of the Chapter 2 revisions](#) that were approved by the Chief Medical officer. The new rules are anticipated to be released on October 15, 2026.

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 Department will hold a UCAT Task Force Summit on Friday October 23, 2026. The EMS Research Workgroup has completed

its work, of developing 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.

Designation Review Committee (DRC)

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

The DRC meeting in July was held in a hybrid format. The committee vice chair, Kent Collins, served as chair for this meeting, while awaiting chair elections in October. DRC also welcomed two new DRC members - Tim Hartberger and Anita Ruder. Trauma program staff presented seven facilities that were given an automatic recommendation on their designation. The DRC had two facilities with plans of correction for recommendation. Both were presented and recommendations received for continued designation with their current plan of corrections.

The meeting adjourned with the next meeting set for Oct.7, 2026.

Statewide Trauma Advisory Committee (STAC)

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

The committee meeting in July was held in a hybrid format. The STAC had no old business to present. The STAC received information from Marci Dowis, who reported on the Whole Blood Coalition (WBC) regarding the new meeting structure and a fully staffed directors panel. The board developed a three-tiered membership where agencies, entities, and facilities can pay for additional support from the coalition to help move forward in their programs. This membership aims to help offload costs to help the coalition move forward. Marci also reflected on National Blood Advocacy Week, highlighting 100+ organizations representing the impact of blood donation. The WBC website is available for agencies, facilities, blood banks, and the public to share successful patient outcomes, published articles, news stories, or events. There is also a new blood transfusion survey to help understand the general public's willingness to receive different types of blood transfusions.

Robyn Wolverton provided the final update on the Stop The Bleed program, providing a map of all the STB kits received across the state. Wolverton noted 36% of Colorado schools received Stop the Bleed training and have bleeding control kits. Robin reflected that 28% of allotted funding was spent, with \$324,552.46 returning to the general fund. Robin thanked all those that helped with HB23-1213, including house

representatives, CDPHE staff, CTN Board of Directors, CTN Injury Prevention subcommittee, trauma programs, and injury prevention specialists across the state.

Martin Duffy presented on the standing agenda item regarding the upcoming Chapter Three rule changes in 2027. The first topic of discussion was Readmissions, regarding a change from the current 30-day inclusion, to a 7-day inclusion. Information was shared regarding the research around a 30-day, 14-day, and 7-day window for capturing trauma readmissions. A robust discussion was had, with a recommended 14 days to provide a safety net for capturing quality of care issues.

The next topic was Trauma Program staffing and FTEs. Current trauma rules do not include specific staffing requirements. The ACS FTE requirements were shared as an example of national level expectations. Stakeholder discussions noted it would be beneficial to include a recommendation in the state rule or reference guideline mandating facility administration to support their trauma programs, especially for the trauma program managers that wear many hats. However, staff noted a rule mandating specific FTE requirements may be outside of the Department's purview. More discussion and research would be done regarding this recommendation.

Finally, Pelvic fractures at Level III trauma centers was discussed regarding current rule, 6 CCR 1015-4, 305.3.C.1.A-B Rule: Level III-V trauma centers shall transfer patients with the following traumatic injuries: Hemodynamically unstable pelvic fracture and pelvic fracture requiring operative fixation. Comments bringing this topic to STAC noted certain operative pelvic ring injuries and acetabular fractures would be very safe/low risk to keep at Level III trauma centers, provided there is a surgeon technically capable of evaluating and treating the injury. Discussion amongst subject matter experts supported keeping patients that do not require extensive pelvic stabilization, especially in rural areas, could benefit all parties involved. The experts noted that a certain clinical platform would be needed, such as, IR capability, surgeon discretion, and the facility's supporting trauma services.

The meeting adjourned with the next meeting set for Oct.7, 2026.

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 269 remote tower sites, serving in excess of 1,000 governmental agencies, including law enforcement, fire and EMS. There are currently just under 140,000 subscriber units (individual radios) and dispatch consoles spread across six master zone control sites across the state. The DTRS averages nearly 9 million calls per month, with an average of 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,

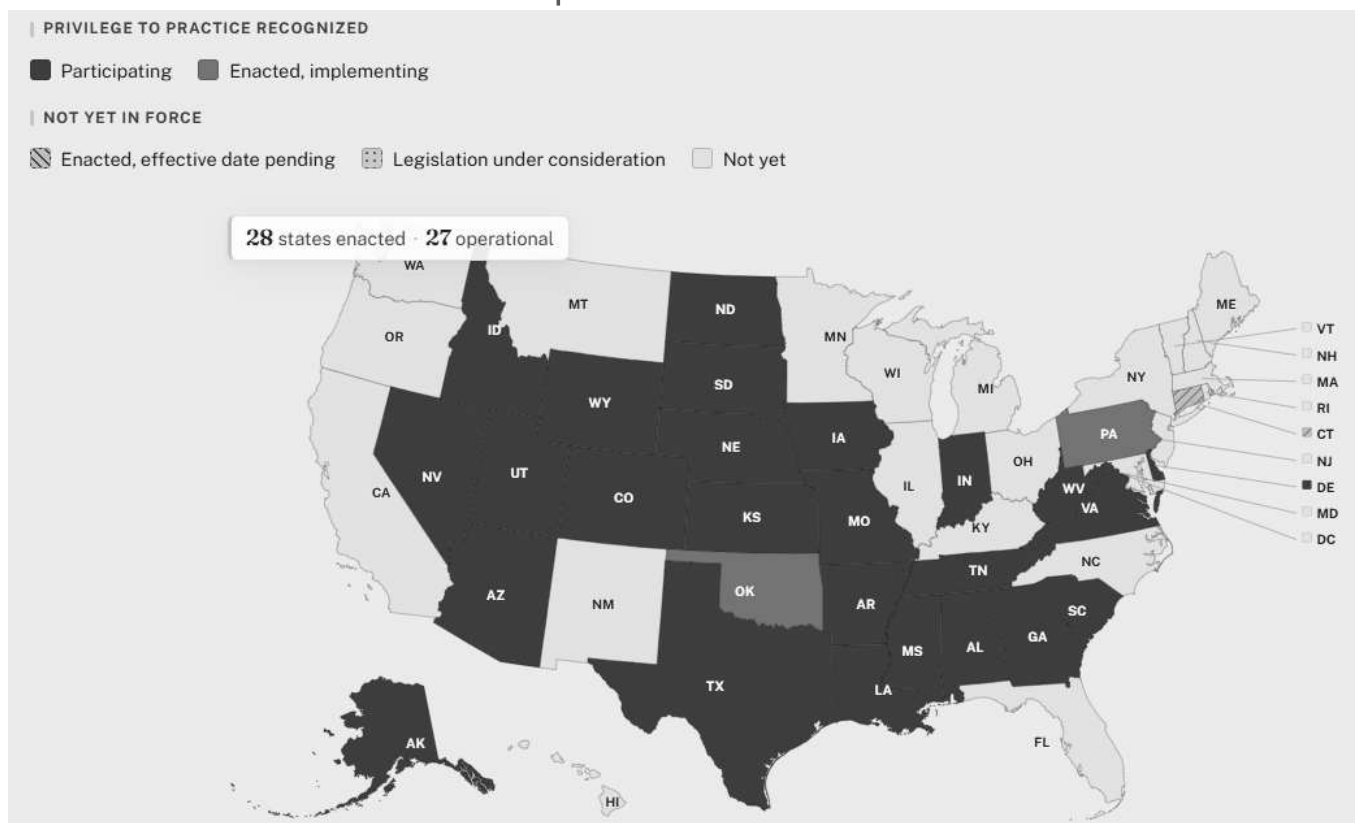
deployment and operation of a nationwide broadband network dedicated to public safety. AT&T was awarded the contract for the buildout and deployment of the FirstNet network. Public safety spent years advocating for a nationwide broadband network for first responders following the Sept. 11, 2001 terrorist 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. FirstNet Authority has announced funding for continued build-out of their public safety broadband network and Colorado is under consideration for the addition of up to 11 new FirstNet sites. Workshops have been underway for state and local input for prioritizing the possible locations of the proposed new sites.

EMS Compact

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

The EMS Compact currently has 28 participating member states with over 480,000 EMS providers. The EMS Compact allows qualified EMS personnel certified or licensed in good standing in one Compact state (Home State) to practice in other Compact member states (Remote State) within their scope of practice. Employers and state licensing officials can validate an individual's EMS Compact privilege to practice online by entering the individual's National EMS-ID. The EMS-ID is printed on all Colorado-issued EMS certifications and licenses or is available through an individual's National Registry of EMTs account. All EMS Compact meetings are open to the public and stakeholders. Meeting information is published on the EMS Compact website. Stakeholders can register to receive email notifications here.

EMS Compact Member States



EMTS Branch Roster

Name	Section	Position Description
Michael Bateman	EMTS Branch	Branch Chief
Erica Keller	EMTS Branch	Program Assistant
Amber Viitanen	Data	Section Manager
Vacant	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 Pelegri	Trauma	Administrative Assistant