

**First Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 25-0066.01 Shelby Ross x4510

**SENATE BILL 25-130**

---

**SENATE SPONSORSHIP**

**Gonzales J. and Weissman**, Amabile, Ball, Bridges, Cutter, Danielson, Daugherty, Exum, Hinrichsen, Jaquez Lewis, Jodeh, Kipp, Kolker, Marchman, Michaelson Jenet, Roberts, Rodriguez, Snyder, Sullivan, Winter F.

**HOUSE SPONSORSHIP**

**Froelich and Zokaie**, Bacon, Boesenecker, Brown, Camacho, Clifford, Duran, Garcia, Gilchrist, Hamrick, Jackson, Joseph, Lieder, Lindsay, Lindstedt, Lukens, Mabrey, Martinez, Mauro, McCormick, Phillips, Rutinel, Rydin, Sirota, Smith, Stewart K., Stewart R., Story, Titone, Valdez, Velasco, Willford, Woodrow

---

**Senate Committees**  
Judiciary

**House Committees**

---

**A BILL FOR AN ACT**

101 **CONCERNING PROVIDING EMERGENCY MEDICAL SERVICES.**

---

**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

The bill requires an emergency department, including a labor and delivery department, to provide emergency medical services to a patient who presents to the emergency department.

For each person who presents to an emergency department for treatment, the bill requires the emergency department to input into a central log whether the person refused treatment or was denied treatment, or whether the person was admitted and treated, stabilized and transferred, or discharged.

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

The bill prohibits an emergency department from denying or discriminating in providing emergency medical services to a patient because of certain characteristics.

The bill requires an emergency department to implement a protocol to ensure a health-care provider is available at all times who is willing and able to provide emergency medical services; except that a health-care provider is not required to provide emergency medical services if the emergency medical services conflict with the health-care provider's sincerely held religious beliefs. The bill prohibits an emergency department from taking any adverse action against a health-care provider who provides or refuses to provide emergency medical services.

The bill prohibits an emergency department from inquiring about a patient's ability to pay for emergency medical services until after the services have been rendered.

The bill prohibits an emergency department from transferring or discharging a patient with an emergency medical condition unless certain conditions are met.

An emergency department does not violate the bill requirements if certain conditions are met.

The bill authorizes the attorney general to bring a civil action to seek injunctive relief or a civil penalty not to exceed \$50,000 against an emergency department or examining health-care provider who negligently violates the requirements of the bill. The bill creates a private right of action for a person who suffers personal injury by an emergency department.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** In Colorado Revised Statutes, **add** 25-3-132 as  
3 follows:

4           **25-3-132. Emergency medical condition - emergency medical**  
5 **services - transfer - discharge - nonliability - enforcement -**  
6 **definitions. (1) Requirement.** AN EMERGENCY DEPARTMENT SHALL  
7 PROVIDE EMERGENCY MEDICAL SERVICES TO A PERSON WHO PRESENTS TO  
8 THE EMERGENCY DEPARTMENT.

9           **(2) Central log required.** FOR EACH PERSON WHO PRESENTS TO  
10 AN EMERGENCY DEPARTMENT FOR TREATMENT, THE EMERGENCY  
11 DEPARTMENT SHALL INPUT INTO A CENTRAL LOG WHETHER THE PERSON

1 REFUSED TREATMENT OR WAS DENIED TREATMENT, OR WHETHER THE  
2 PERSON WAS ADMITTED AND TREATED, STABILIZED AND TRANSFERRED, OR  
3 DISCHARGED.

4 (3) **Nondiscrimination.** AN EMERGENCY DEPARTMENT SHALL NOT  
5 DENY OR DISCRIMINATE IN PROVIDING EMERGENCY MEDICAL SERVICES TO  
6 A PATIENT BECAUSE OF THE PATIENT'S SEX, INCLUDING PREGNANCY AND  
7 PREGNANCY OUTCOMES; ABILITY TO PAY FOR MEDICAL CARE; INSURANCE  
8 STATUS; OR ANY CHARACTERISTIC DESCRIBED IN SECTION 24-34-601  
9 (2)(a).

10 (4) **Exception for sincerely held religious belief.** (a) AN  
11 EMERGENCY DEPARTMENT SHALL IMPLEMENT A PROTOCOL TO ENSURE A  
12 HEALTH-CARE PROVIDER IS AVAILABLE AT ALL TIMES WHO IS WILLING AND  
13 ABLE TO PROVIDE EMERGENCY MEDICAL SERVICES IN ACCORDANCE WITH  
14 THIS SECTION.

15 (b) THIS SECTION DOES NOT REQUIRE A HEALTH-CARE PROVIDER  
16 TO PROVIDE EMERGENCY MEDICAL SERVICES IF THE EMERGENCY MEDICAL  
17 SERVICES CONFLICT WITH THE HEALTH-CARE PROVIDER'S SINCERELY HELD  
18 RELIGIOUS BELIEFS.

19 (c) AN EMERGENCY DEPARTMENT SHALL NOT TAKE ANY ADVERSE  
20 ACTION AGAINST A HEALTH-CARE PROVIDER WHO PROVIDES EMERGENCY  
21 MEDICAL SERVICES IN ACCORDANCE WITH THIS SECTION, INCLUDING, BUT  
22 NOT LIMITED, TO ACTIONS RELATED TO DISCHARGE, PROMOTION,  
23 DEMOTION, SUSPENSION, COMPENSATION, TRAINING OPPORTUNITIES, STAFF  
24 PRIVILEGES, ADMITTING PRIVILEGES, OR OTHER DISCIPLINARY ACTIONS.

25 (d) THIS SUBSECTION (4) DOES NOT ALTER OR LIMIT THE RIGHTS  
26 AND PROTECTIONS AFFORDED TO A PERSON PURSUANT TO SECTION  
27 24-34-402 (1).

1           (5) **Financial inquiry.** AN EMERGENCY DEPARTMENT SHALL NOT  
2 INQUIRE ABOUT A PATIENT'S ABILITY TO PAY FOR EMERGENCY MEDICAL  
3 SERVICES UNTIL AFTER THE SERVICES HAVE BEEN RENDERED.

4           (6) **Appropriate transfer.** (a) AN EMERGENCY DEPARTMENT  
5 SHALL NOT TRANSFER A PATIENT WITH AN EMERGENCY MEDICAL  
6 CONDITION FOR A NONMEDICAL REASON UNLESS ALL OF THE FOLLOWING  
7 CONDITIONS ARE MET:

8           (I) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
9 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
10 SECTION BY A HEALTH-CARE PROVIDER AT THE TRANSFERRING  
11 EMERGENCY DEPARTMENT;

12           (II) THE PATIENT HAS BEEN STABILIZED;

13           (III) A HEALTH-CARE PROVIDER AT THE TRANSFERRING  
14 EMERGENCY DEPARTMENT HAS NOTIFIED AND OBTAINED CONSENT FROM  
15 A HEALTH-CARE PROVIDER AT THE RECEIVING EMERGENCY DEPARTMENT  
16 THAT THE PATIENT MEETS THE RECEIVING EMERGENCY DEPARTMENT'S  
17 ADMISSION CRITERIA;

18           (IV) THE TRANSFERRING EMERGENCY DEPARTMENT PROVIDES THE  
19 APPROPRIATE PERSONNEL AND EQUIPMENT THAT A REASONABLE AND  
20 PRUDENT HEALTH-CARE PROVIDER IN THE SAME OR SIMILAR LOCALITY  
21 EXERCISING ORDINARY CARE WOULD USE TO EFFECTUATE THE TRANSFER;

22           (V) THE PATIENT'S PERTINENT MEDICAL RECORDS AND COPIES OF  
23 THE APPROPRIATE DIAGNOSTIC TEST RESULTS THAT ARE REASONABLY  
24 AVAILABLE ARE TRANSFERRED WITH THE PATIENT, INCLUDING A TRANSFER  
25 SUMMARY;

26           (VI) THE TRANSFER CONFORMS WITH RULES ESTABLISHED BY THE  
27 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; AND

1 (VII) THE TRANSFERRING EMERGENCY DEPARTMENT CONTACTS,  
2 OR ATTEMPTS TO CONTACT, AND NOTIFIES THE PATIENT'S PREFERRED  
3 CONTACT PERSON ABOUT THE PROPOSED TRANSFER. IF THE PATIENT IS NOT  
4 ABLE TO IDENTIFY THEIR PREFERRED CONTACT PERSON, THE  
5 TRANSFERRING EMERGENCY DEPARTMENT SHALL MAKE A REASONABLE  
6 EFFORT TO ASCERTAIN THE IDENTITY OF THE PREFERRED CONTACT PERSON  
7 OR THE NEXT OF KIN AND NOTIFY THEM ABOUT THE PROPOSED TRANSFER.  
8 THE TRANSFERRING EMERGENCY DEPARTMENT SHALL DOCUMENT ANY  
9 ATTEMPTS TO CONTACT A PREFERRED CONTACT PERSON OR NEXT OF KIN  
10 IN THE PATIENT'S MEDICAL RECORD.

11 (b) IF A PATIENT HAS NOT BEEN STABILIZED, TRANSFERRING THE  
12 PATIENT TO ANOTHER EMERGENCY DEPARTMENT IS ONLY PERMITTED IF:

13 (I) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
14 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
15 SECTION BY A HEALTH-CARE PROVIDER;

16 (II) THE EXAMINING HEALTH-CARE PROVIDER DETERMINES THE  
17 MEDICAL BENEFITS OF TRANSFERRING THE PATIENT OUTWEIGH THE RISKS,  
18 AND THE HEALTH-CARE PROVIDER COMMUNICATES THE REASONING TO THE  
19 RECEIVING HEALTH-CARE PROVIDER AND DOCUMENTS THE REASONING IN  
20 THE PATIENT'S MEDICAL RECORD; AND

21 (III) THE PATIENT OR THE PATIENT'S REPRESENTATIVE REQUESTS  
22 A TRANSFER AND GIVES INFORMED CONSENT TO THE TRANSFER AGAINST  
23 MEDICAL ADVICE. THE HEALTH-CARE PROVIDER SHALL DOCUMENT THE  
24 REQUEST, INFORMED CONSENT, AND MEDICAL ADVICE IN THE PATIENT'S  
25 MEDICAL RECORD.

26 (7) **Appropriate discharge.** (a) AN EMERGENCY DEPARTMENT  
27 SHALL NOT DISCHARGE A PATIENT WITH AN EMERGENCY MEDICAL

1       CONDITION UNLESS ALL OF THE FOLLOWING CONDITIONS ARE MET:

2               (I)   THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
3       SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
4       SECTION BY A HEALTH-CARE PROVIDER AT THE EMERGENCY DEPARTMENT;

5               (II) THE PATIENT HAS BEEN STABILIZED;

6               (III) THE PATIENT'S PERTINENT MEDICAL RECORDS AND COPIES OF  
7       THE APPROPRIATE DIAGNOSTIC TEST RESULTS THAT ARE REASONABLY  
8       AVAILABLE ARE PROVIDED TO THE PATIENT UPON DISCHARGE, INCLUDING  
9       A DISCHARGE SUMMARY;

10              (IV) THE DISCHARGE CONFORMS WITH RULES ESTABLISHED BY THE  
11       DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; AND

12              (V) THE EMERGENCY DEPARTMENT CONTACTS, OR ATTEMPTS TO  
13       CONTACT, AND NOTIFIES THE PATIENT'S PREFERRED CONTACT PERSON  
14       ABOUT THE PROPOSED DISCHARGE. IF THE PATIENT IS NOT ABLE TO  
15       IDENTIFY THEIR PREFERRED CONTACT PERSON, THE DISCHARGING  
16       EMERGENCY DEPARTMENT SHALL MAKE A REASONABLE EFFORT TO  
17       ASCERTAIN THE IDENTITY OF THE PREFERRED CONTACT PERSON OR THE  
18       NEXT OF KIN AND NOTIFY THEM ABOUT THE PROPOSED DISCHARGE. THE  
19       EMERGENCY DEPARTMENT SHALL DOCUMENT ANY ATTEMPTS TO CONTACT  
20       A PREFERRED CONTACT PERSON OR NEXT OF KIN IN THE PATIENT'S MEDICAL  
21       RECORD.

22              (b) IF A PATIENT HAS NOT BEEN STABILIZED, DISCHARGING THE  
23       PATIENT IS ONLY PERMITTED IF:

24              (I)   THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
25       SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
26       SECTION BY A HEALTH-CARE PROVIDER; AND

27              (II) THE PATIENT OR THE PATIENT'S REPRESENTATIVE REQUESTS A

1 DISCHARGE AND GIVES INFORMED CONSENT TO THE DISCHARGE AGAINST  
2 MEDICAL ADVICE. THE HEALTH-CARE PROVIDER SHALL DOCUMENT THE  
3 REQUEST, INFORMED CONSENT, AND MEDICAL ADVICE IN THE PATIENT'S  
4 MEDICAL RECORD.

5 (8) **Nonliability.** AN EMERGENCY DEPARTMENT DOES NOT  
6 VIOLATE THIS SECTION IF:

7 (a) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
8 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
9 SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
10 HEALTH-CARE PROVIDER DETERMINES THAT NO EMERGENCY MEDICAL  
11 CONDITION EXISTS AND RECORDS THE DETERMINATION IN THE PATIENT'S  
12 MEDICAL RECORD;

13 (b) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
14 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
15 SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
16 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
17 CONDITION EXISTS AND THE PATIENT IS APPROPRIATELY TRANSFERRED OR  
18 DISCHARGED PURSUANT TO SUBSECTION (6) OR (7) OF THIS SECTION; OR

19 (c) THE PATIENT IS PROVIDED AN APPROPRIATE MEDICAL  
20 SCREENING EXAMINATION AS DESCRIBED IN SUBSECTION (10)(d)(I) OF THIS  
21 SECTION BY A HEALTH-CARE PROVIDER AND THE EXAMINING  
22 HEALTH-CARE PROVIDER DETERMINES THAT AN EMERGENCY MEDICAL  
23 CONDITION EXISTS AND THE PATIENT IS ADMITTED IN GOOD FAITH TO THE  
24 EMERGENCY DEPARTMENT FOR FURTHER STABILIZING TREATMENT.

25 (9) **Enforcement.** (a) THE ATTORNEY GENERAL MAY BRING A  
26 CIVIL ACTION ON BEHALF OF THE STATE TO SEEK INJUNCTIVE RELIEF OR  
27 THE IMPOSITION OF A CIVIL MONETARY PENALTY AGAINST AN EMERGENCY

1 DEPARTMENT OR A HEALTH-CARE PROVIDER FOR NEGLIGENTLY VIOLATING  
2 THIS SECTION. THE COURT, UPON FINDING A VIOLATION OF THIS SECTION,  
3 SHALL IMPOSE A CIVIL PENALTY IN AN AMOUNT NOT TO EXCEED FIFTY  
4 THOUSAND DOLLARS FOR EACH VIOLATION.

5 (b) A PATIENT WHO SUFFERS PERSONAL INJURY PURSUANT TO THIS  
6 SECTION HAS A PRIVATE RIGHT OF ACTION AGAINST AN EMERGENCY  
7 DEPARTMENT AND MAY INSTITUTE A CIVIL ACTION IN DISTRICT COURT FOR  
8 ANY APPROPRIATE REMEDY WITHIN THREE YEARS FROM THE DATE OF THE  
9 ALLEGED VIOLATION.

10 (10) **Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT  
11 OTHERWISE REQUIRES:

12 (a) "ACTIVE LABOR" MEANS A PREGNANT PATIENT IS  
13 EXPERIENCING SYMPTOMS OF LABOR, INCLUDING, BUT NOT LIMITED TO,  
14 CONTRACTIONS, PAIN, BLEEDING, CERVICAL DILATION, OR SHORTENED  
15 CERVICAL LENGTH, UNLESS THE EXAMINING OBSTETRICIAN CERTIFIES  
16 THAT, AFTER A REASONABLE TIME OF OBSERVATION, THE PATIENT IS IN  
17 FALSE LABOR.

18 (b) "EMERGENCY DEPARTMENT" MEANS AN EMERGENCY  
19 DEPARTMENT OF A HOSPITAL LICENSED PURSUANT TO SECTION 25-3-101;  
20 A FREESTANDING EMERGENCY DEPARTMENT, AS DEFINED IN SECTION  
21 25-1.5-114; A LABOR AND DELIVERY UNIT OF A GENERAL HOSPITAL; A  
22 MATERNITY HOSPITAL; A HOSPITAL OR HEALTH-CARE FACILITY, OR AREA  
23 OF A HOSPITAL OR HEALTH-CARE FACILITY, THAT HOLDS ITSELF OUT TO  
24 THE PUBLIC AS PROVIDING EMERGENCY CARE; OR A HOSPITAL OR  
25 HEALTH-CARE FACILITY AT WHICH AT LEAST ONE-THIRD OF OUTPATIENT  
26 VISITS DURING THE PRIOR CALENDAR YEAR WERE FOR EMERGENCY  
27 MEDICAL CARE.



1 (c) (I) "EMERGENCY MEDICAL CONDITION" MEANS A MEDICAL  
2 CONDITION WITH SYMPTOMS OF AN ILLNESS OR INJURY THAT MAY  
3 PROGRESS IN SEVERITY OR RESULT IN COMPLICATIONS WITH A HIGH  
4 PROBABILITY FOR MORBIDITY OR MORTALITY IF TREATMENT DOES NOT  
5 BEGIN QUICKLY.

6 (II) "EMERGENCY MEDICAL CONDITION" INCLUDES, BUT IS NOT  
7 LIMITED TO, ACTIVE LABOR; A THREATENED ECTOPIC PREGNANCY OR  
8 MISCARRIAGE; A COMPLICATION RESULTING FROM PREGNANCY OR  
9 PREGNANCY LOSS; RISKS TO FUTURE FERTILITY; A PRETERM PREMATURE  
10 RUPTURE OF MEMBRANES; A PLACENTAL ABNORMALITY; AND EMERGENT  
11 HYPERTENSIVE DISORDERS, SUCH AS PREECLAMPSIA.

12 (III) "EMERGENCY MEDICAL CONDITION" INCLUDES A SCENARIO IN  
13 WHICH THERE IS INADEQUATE TIME TO SAFELY TRANSFER THE PATIENT TO  
14 ANOTHER EMERGENCY DEPARTMENT OR IN WHICH THE TRANSFER MIGHT  
15 POSE A THREAT TO THE SAFETY OF THE PATIENT.

16 (d) (I) "EMERGENCY MEDICAL SERVICES" MEANS:

17 (A) A MEDICAL SCREENING EXAMINATION THAT IS APPROPRIATE  
18 TO THE PATIENT'S PRESENTING SIGNS AND SYMPTOMS TO DETERMINE IF AN  
19 EMERGENCY MEDICAL CONDITION EXISTS;

20 (B) FOR A PREGNANT PATIENT, A MEDICAL SCREENING  
21 EXAMINATION CONDUCTED BY AN ON-CALL OBSTETRICIAN THAT IS  
22 APPROPRIATE TO THE PATIENT'S PRESENTING SIGNS AND SYMPTOMS TO  
23 DETERMINE IF AN EMERGENCY MEDICAL CONDITION EXISTS; AND

24 (C) WHEN AN EMERGENCY MEDICAL CONDITION EXISTS, THE  
25 MEDICAL TREATMENT AND CARE NECESSARY TO STABILIZE THE PATIENT  
26 AS DETERMINED BY THE EXAMINING HEALTH-CARE PROVIDER.

27 (II) "EMERGENCY MEDICAL SERVICES" INCLUDES PROVIDING

1 ABORTION SERVICES WHEN A PATIENT HAS AN EMERGENCY MEDICAL  
2 CONDITION AND AN ABORTION IS NECESSARY TO STABILIZE THE PATIENT.

3 (e) "STABILIZE" MEANS TO PROVIDE MEDICAL TREATMENT THAT  
4 MAY BE NECESSARY TO ENSURE, WITHIN REASONABLE MEDICAL  
5 PROBABILITY, THAT NO MATERIAL DETERIORATION OF THE PATIENT'S  
6 CONDITION IS LIKELY TO RESULT FROM OR OCCUR DURING THE TRANSFER  
7 OR DISCHARGE OF THE PATIENT.

8 **SECTION 2.** In Colorado Revised Statutes, 24-31-101, **amend**  
9 (1)(i)(XXII) and (1)(i)(XXIII); and **add** (1)(i)(XXIV) as follows:

10 **24-31-101. Powers and duties of attorney general.** (1) The  
11 attorney general:

12 (i) May independently initiate and bring civil and criminal actions  
13 to enforce state laws, including actions brought pursuant to:

- 14 (XXII) Part 14 of article 12 of title 38; ~~and~~
- 15 (XXIII) Section 24-34-806; AND
- 16 (XXIV) SECTION 25-3-132.

17 **SECTION 3. Severability.** If any provision of this act or the  
18 application of this act to any person or circumstance is held invalid, the  
19 invalidity does not affect other provisions or applications of the act that  
20 can be given effect without the invalid provision or application, and to  
21 this end the provisions of this act are declared to be severable.

22 **SECTION 4. Safety clause.** The general assembly finds,  
23 determines, and declares that this act is necessary for the immediate  
24 preservation of the public peace, health, or safety or for appropriations for  
25 the support and maintenance of the departments of the state and state  
26 institutions.