

CHAPTER 57

HEALTH AND ENVIRONMENT

SENATE BILL 03-002

BY SENATOR(S) Owen and Evans;
also REPRESENTATIVE(S) Smith.

AN ACT

CONCERNING A NONSUBSTANTIVE RECODIFICATION OF STATUTES RELATING TO THE POWERS OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

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

SECTION 1. Repeal of provision being relocated. 25-1-107, Colorado Revised Statutes, is repealed.

SECTION 2. Title 25, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE, CONTAINING RELOCATED PROVISIONS, WITH AMENDMENTS, to read:

**ARTICLE 1.5
Powers and Duties of the Department of Public Health
and Environment**

**PART 1
GENERAL POWERS AND DUTIES**

25-1.5-101. [Formerly 25-1-107 (1) (c), (1) (e), (1) (f), (1) (g), (1) (h), (1) (i), (1) (j), (1) (m), (1) (n), (1) (q), (1) (s), (1) (t), (1) (u), (1) (v), (1) (w), (1) (y), (1) (z), (1) (aa), (1) (bb), (1) (cc), (1) (ff), (1) (hh), (1) (ii), and (1) (kk)] Powers and duties of the department. (1) The department has, in addition to all other powers and duties imposed upon it by law, the following powers and duties PROVIDED IN THIS SECTION AS FOLLOWS:

~~(c)~~ (a) To close theatres, schools, and other public places, and to forbid gatherings of people when necessary to protect the public health;

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

~~(e)~~ (b) (I) To establish and enforce minimum general sanitary standards as to the quality of wastes discharged upon land and the quality of fertilizer derived from excreta of human beings or from the sludge of sewage disposal plants.

(II) THE PHRASE "MINIMUM GENERAL SANITARY STANDARDS" AS USED IN THIS SECTION MEANS THE MINIMUM STANDARDS REASONABLY CONSISTENT WITH ASSURING ADEQUATE PROTECTION OF THE PUBLIC HEALTH. THE WORD "STANDARDS" AS USED IN THIS SECTION MEANS STANDARDS REASONABLY DESIGNED TO PROMOTE AND PROTECT THE PUBLIC HEALTH.

~~(f)~~ (c) (I) To collect, compile, and tabulate reports of marriages, dissolution of marriages, declaration of invalidity of marriages, births, deaths, and morbidity and to require any person having information with regard to the same to make such reports and submit such information as the board shall by rule or regulation provide.

(II) For the purposes of this paragraph ~~(f)~~ (c), the board is authorized to require reporting of morbidity and mortality in accordance with the provisions of section 25-1-122.

~~(g)~~ (d) To regulate the disposal, transportation, interment, and disinterment of the dead;

~~(h)~~ (e) To establish, maintain, and approve chemical, bacteriological, and biological laboratories, and to conduct such laboratory investigations and examinations as it may deem necessary or proper for the protection of the public health;

~~(i)~~ (f) To make, approve, and establish standards for diagnostic tests by chemical, bacteriological, and biological laboratories, and to require such laboratories to conform thereto; and to prepare, distribute, and require the completion of forms or certificates with respect thereto;

~~(j)~~ (g) To purchase, and to distribute to licensed physicians and veterinarians, with or without charge, as the board may determine upon considerations of emergency or need, such vaccines, serums, toxoids, and other approved biological or therapeutic products as may be necessary for the protection of the public health;

~~(k)~~ (h) To establish and enforce sanitary standards for the operation and maintenance of orphanages, day care nurseries, foster homes, family care homes, summer camps for children, lodging houses, guest child care facilities, as defined in section 26-6-102 (5), C.R.S., hotels, public conveyances and stations, schools, factories, workshops, industrial and labor camps, recreational resorts and camps, swimming pools, public baths, mobile home parks, and other buildings, centers, and places used for public gatherings;

~~(l)~~ (i) (I) To establish sanitary standards and make sanitary, sewerage, and health inspections and examinations for charitable, penal, and other public institutions, and, with respect to the state institutions under the department of human services specified in section 27-1-104, C.R.S., or under the department of corrections specified in section 17-1-104.3 (1) (b), C.R.S., such inspections and examinations shall be made at least once each year. Reports on such inspections of institutions under control of

the department of human services or the department of corrections shall be made to the executive director of the appropriate department for appropriate action, if any.

(II) Notwithstanding the provisions of subparagraph (I) of this paragraph ~~(n)~~ (i), the standards adopted pursuant to subparagraph (I) of this paragraph ~~(n)~~ (i) with regard to space requirements, furnishing requirements, required special use areas or special management housing, and environmental condition requirements, including but not limited to standards pertaining to light, ventilation, temperature, and noise level, shall not apply to any penal institution operated by or under contract with a county or municipality if the penal institution begins operations on or after August 30, 1999, and if the governing body of the jurisdiction operating the penal institution has adopted standards pertaining to such issues for the penal institution pursuant to section 30-11-104 (1), C.R.S., or section 31-15-711.5, C.R.S., whichever is applicable.

~~(q)~~ (j) (I) To disseminate public health information;

(II) To provide poison control services, for the fiscal year beginning July 1, 2002, and fiscal years thereafter, on a statewide basis and to provide for the dissemination of information concerning the care and treatment of individuals exposed to poisonous substances pursuant to article 32 of this title;

~~(s)~~ (k) To establish and enforce standards for exposure to toxic materials in the gaseous, liquid, or solid phase that may be deemed necessary for the protection of public health;

~~(t)~~ (l) To establish and enforce standards for exposure to environmental conditions, including radiation, that may be deemed necessary for the protection of the public health;

~~(u)~~ ~~(I) (Deleted by amendment, L. 93, p. 1096, § 13, effective July 1, 1994.)~~

~~(H)~~ (m) (I) To accept on behalf of and in the name of the state, gifts, donations, and grants for any purpose connected with the work and programs of the department.

(II) Any such property so given shall be held by the state treasurer, but the department shall have the power to direct the disposition of any property so given for any purpose consistent with the terms and conditions under which such gift was created.

~~(H)~~ ~~(Deleted by amendment, L. 93, p. 1096, § 13, effective July 1, 1994.)~~

~~(v)~~ (n) To carry out the policies of the state as set forth in part 1 of article 6 of this title with respect to family planning;

~~(w)~~ (o) To carry out the policies of this state RELATING TO THE "COLORADO HEALTH CARE COVERAGE ACT"; as set forth in parts 1 and 4 of article 16 of title 10, C.R.S.;

~~(y)~~ (p) To compile and maintain current information necessary to enable the department to answer any inquiry concerning the proper action to take to counteract,

eliminate, or minimize the public health hazards of a hazardous substance incident involving any specific kind of hazardous substance. To make such information available and to facilitate the reporting of hazardous substance incidents, the department shall establish, maintain, and publicize an environmental emergency telephone service that shall be available to the public twenty-four hours each day. With respect to the powers and duties specified in this paragraph ~~(y)~~ (p), the department shall have no rule-making authority and shall avail itself of all available private resources. As used in this paragraph ~~(y)~~ (p), the terms "hazardous substance" and "hazardous substance incident" shall have the meanings ascribed to them in section 29-22-101, C.R.S. The department shall coordinate its activities pursuant to this section with the Colorado state patrol.

~~(z)~~ (q) (I) To establish and maintain a statewide cancer registry providing for compilation and analysis of appropriate information regarding incidence, diagnosis, treatment, and end results and any other data designed to provide more effective cancer control for the citizens of Colorado.

(II) For the purposes of this paragraph ~~(z)~~ (q), the board is authorized to require reports relating to cancer in accordance with the provisions of section 25-1-122 and to have access to medical records relating to cancer in accordance with the provisions of section 25-1-122.

~~(aa)~~ (r) To operate and maintain a program for children with disabilities to provide and expedite provision of health care services to children who have congenital birth defects or who are the victims of burns or trauma or children who have acquired disabilities;

~~(bb)~~ (s) To annually enter into an agreement with a qualified person to perform necessary hazardous substance incident response actions when such actions are beyond the ability of the local and state response capabilities. Such response actions may include, but are not limited to, containment, clean-up, and disposal of a hazardous substance. Nothing in this article shall prevent the attorney general's office from pursuing cost recovery against responsible persons.

~~(cc)~~ (t) To operate special health programs for migrant and seasonal farm workers and their dependent family members and to accept and employ federal and other moneys appropriated to implement such programs;

~~(ff)~~ (u) To carry out the duties prescribed in article 11.5 of title 16, C.R.S., RELATING TO SUBSTANCE ABUSE IN THE CRIMINAL JUSTICE SYSTEM;

~~(hh)~~ (v) To establish and maintain a statewide gulf war syndrome registry pursuant to part 19 of article 4 of this title providing for compilation and analysis of information regarding incidence, diagnosis, treatment, and treatment outcomes of veterans or family members of veterans suffering from gulf war syndrome;

~~(ii)~~ (w) (I) To act as the coordinator for suicide prevention programs throughout the state.

(II) The department is authorized to accept gifts, grants, and donations to assist it in performing its duties as the coordinator for suicide prevention programs. All such

gifts, grants, and donations shall be transmitted to the state treasurer who shall credit the same to the suicide prevention coordination cash fund, which fund is hereby created. Any moneys remaining in the suicide prevention coordination cash fund at the end of any fiscal year shall remain in the fund and shall not be transferred or credited to the general fund. The general assembly shall make appropriations from the suicide prevention coordination cash fund for expenditures incurred by the department in the performance of its duties under this paragraph ~~(ii)~~ (w).

(III) (A) As part of its duties as coordinator for suicide prevention programs, on or before November 1, 2000, and on or before each November 1 thereafter, the department shall submit to the chairs of the health, environment, welfare, and institutions committees of the senate and the house of representatives and to the members of the joint budget committee a report listing all suicide prevention programs in the state and describing the effectiveness of the department acting as the coordinator for suicide prevention programs.

(B) On or before January 15, 2004, the chairs of the health, environment, welfare, and institutions committees shall decide whether to recommend that the reports required by sub-subparagraph (A) of this subparagraph (III) be discontinued.

~~(kk)~~ (x) To implement the state dental loan repayment program created in article 23 of this title.

25-1.5-102. [Formerly 25-1-107 (1) (a), (1) (a.5), (1) (b), and (1) (d)] Epidemic and communicable diseases - powers and duties of the department.

(1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

(a) (I) To investigate and control the causes of epidemic and communicable diseases affecting the public health.

(II) For the purposes of this paragraph (a), the board shall determine, by rule and regulation, those epidemic and communicable diseases and conditions that are dangerous to the public health. The board is authorized to require reports relating to such designated diseases in accordance with the provisions of section 25-1-122 and to have access to medical records relating to such designated diseases in accordance with the provisions of section 25-1-122.

(III) For the purposes of this paragraph (a), "epidemic diseases" means cases of an illness or condition, communicable or noncommunicable, in excess of normal expectancy, compared to the usual frequency of the illness or condition in the same area, among the specified population, at the same season of the year. A single case of a disease long absent from a population may require immediate investigation.

(IV) For the purposes of this paragraph (a), "communicable diseases" means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

~~(a.5)~~ (b) (I) To investigate and monitor the spread of disease that is considered part

of an emergency epidemic as defined in section 24-32-2103 (1.7), C.R.S., to determine the extent of environmental contamination resulting from the emergency epidemic, and to rapidly provide epidemiological and environmental information to the governor's expert emergency epidemic response committee, created in section 24-32-2104 (8), C.R.S.

(II) Except as otherwise directed by executive order of the governor, the department shall exercise its powers and duties to control epidemic and communicable diseases and protect the public health as set out in this section.

(III) The department may accept and expend federal funds, gifts, grants, and donations for the purposes of an emergency epidemic or preparation for an emergency epidemic.

(IV) When a public safety worker, emergency medical service provider, or staff member of a detention facility has been exposed to blood or other bodily fluid which there is a reason to believe may be infectious with hepatitis C, state and local health departments within their respective jurisdictions shall assist in evaluation and treatment of any involved persons by:

(A) Accessing information on the incident and any persons involved to determine whether a potential exposure to hepatitis C occurred;

(B) Examining and testing such involved persons to determine hepatitis C infection when the fact of an exposure has been established by the state or local health department;

(C) Communicating relevant information and laboratory test results on the involved persons to such persons' attending physicians or directly to the involved persons if the confidentiality of such information and test results is acknowledged by the recipients and adequately protected, as determined by the state or local health department; and

(D) Providing counseling to the involved persons on the potential health risks resulting from exposure and the available methods of treatment.

(V) The employer of an exposed person shall ensure that relevant information and laboratory test results on the involved person are kept confidential. Such information and laboratory results are considered medical information and protected from unauthorized disclosure.

(VI) For purposes of this paragraph ~~(a.5)~~ (b), "public safety worker" includes, but is not limited to, law enforcement officers, peace officers, and firefighters.

~~(b)~~ (c) To establish, maintain, and enforce isolation and quarantine, and, in pursuance thereof and for this purpose only, to exercise such physical control over property and the persons of the people within this state as the department may find necessary for the protection of the public health;

(d) To abate nuisances when necessary for the purpose of eliminating sources of epidemic and communicable diseases affecting the public health.

25-1.5-103. [Formerly 25-1-107 (1) (I), (3), and (4)] Hospitals and community mental health centers - powers and duties of the department - limitations on rules promulgated by the department. (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

(H) (a) (I) To annually license and to establish and enforce standards for the operation of general hospitals, hospital units as defined in section 25-3-101 (2), psychiatric hospitals, community clinics, rehabilitation centers, convalescent centers, community mental health centers, facilities for persons with developmental disabilities, habilitation centers for brain-damaged children, chiropractic centers and hospitals, maternity hospitals, nursing care facilities, the pilot project rehabilitative nursing facility, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, and other facilities of a like nature, except those wholly owned and operated by any governmental unit or agency. In establishing and enforcing such standards and in addition to the required announced inspections, the department shall, within available appropriations, make additional inspections without prior notice to the facility. Such inspections shall be made only during the hours of 7 a.m. to 7 p.m. The issuance, suspension, renewal, revocation, annulment, or modification of licenses shall be governed by the provisions of section 24-4-104, C.R.S., and section 25-3-102, and all licenses shall bear the date of issue and cover a twelve-month period. Nothing contained in this paragraph (H) (a) shall be construed to prevent the department from adopting and enforcing, with respect to projects for which federal assistance has been obtained or shall be requested, such higher standards as may be required by applicable federal laws or regulations of federal agencies responsible for the administration of such federal laws.

(II) To establish and enforce standards for the operation and maintenance of the health facilities named in subparagraph (I) of this paragraph (H) (a), wholly owned and operated by the state or any of its political subdivisions, and no such facility shall be operated or maintained without an annual certificate of compliance;

~~(H.1) (b) To suspend, revoke, or refuse to renew any license issued to a health facility pursuant to subparagraph (I) or (II) of this paragraph (H) (a) OF THIS SUBSECTION (1) if such health facility has committed abuse of health insurance pursuant to section 18-13-119, C.R.S., or if such health facility has advertised through newspapers, magazines, circulars, direct mail, directories, radio, television, or otherwise that it will perform any act prohibited by section 18-13-119 (3), C.R.S., unless the health facility is exempted from said section in accordance with subsection (5) thereof 18-13-119 (5), C.R.S.;~~

~~(H.2) (c) (I) To establish and enforce standards for licensure of community mental health centers.~~

(II) The department of public health and environment shall have the primary responsibility for the licensure of such facilities. The department of human services shall have primary responsibility for program approval.

~~(H.5) (Deleted by amendment, L. 94, p. 2606, § 7, effective July 1, 1994.)~~

~~(H) (2) For purposes of this paragraph (H) SECTION, unless the context otherwise~~

requires:

~~(A)~~ (a) "Community mental health center" means either a physical plant or a group of services under unified administration and including at least the following: Inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for mentally ill persons residing in a particular community in or near which the facility is situated.

~~(B)~~ (b) "Facility for persons with developmental disabilities" means a facility specially designed for the active treatment and habilitation of persons with developmental disabilities or a community residential home, as defined in section 27-10.5-102 (4), C.R.S., which is licensed and certified pursuant to section 27-10.5-109, C.R.S.

~~(C)~~ (c) "Hospice care" means an entity that administers services to a terminally ill person utilizing palliative care or treatment.

(3) (a) In the exercise of its powers pursuant to ~~paragraph (1) of subsection (1) of~~ this section, the department shall not promulgate any rule, regulation, or standard relating to nursing personnel for rural nursing care facilities, rural intermediate care facilities, and other rural facilities of a like nature more stringent than the applicable federal standards and regulations.

(b) For purposes of this subsection (3), "rural" means:

(I) A county of less than fifteen thousand population; or

(II) A municipality of less than fifteen thousand population which is located ten miles or more from a municipality of over fifteen thousand population; or

(III) The unincorporated part of a county ten miles or more from a municipality of fifteen thousand population or more.

(c) ~~(A)~~ A nursing care facility which is not rural as defined in paragraph (b) of this subsection (3) shall meet the licensing requirements of the department for nursing care facilities. However, if a registered nurse hired pursuant to department regulations is temporarily unavailable, a nursing care facility may use a licensed practical nurse in place of a registered nurse if such licensed practical nurse is a current employee of the nursing care facility.

~~(H) and (HH) (Deleted by amendment, L. 94, pp. 695, 1638, § 1, 55, effective April 19, 1994.)~~

(4) In the exercise of its powers, the department shall not promulgate any rule, regulation, or standard that limits or interferes with the ability of an individual to enter into a contract with a private pay facility concerning the programs or services provided at the private pay facility. For the purposes of this subsection (4), "private pay facility" means a skilled nursing facility or intermediate care facility subject to the requirements of section 25-1-120 or an assisted living residence licensed pursuant to section 25-27-105 that is not publicly funded or is not certified to provide services

that are reimbursed from state or federal assistance funds.

25-1.5-104. [Formerly 25-1-107 (1) (k), (1) (o), and (1) (p)] Regulation of standards relating to food - powers and duties of the department. (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

~~(k)~~ (a) To impound any vegetables and other edible crops and meat and animal products intended for and unfit for human consumption, and, upon five days' notice and after affording reasonable opportunity for a hearing to the interested parties, to condemn and destroy the same if deemed necessary for the protection of the public health;

~~(o)~~ (b) (I) To promulgate and enforce rules, regulations, and standards for the grading, labeling, classification, and composition of milk, milk products, and dairy products, including imitation dairy products; to establish minimum general sanitary standards of quality of all milk, milk products, dairy products, and imitation dairy products sold for human consumption in this state; to inspect and supervise, in dairy plants or dairy farms and in other establishments handling any milk, milk products, dairy products, or imitation dairy products, the sanitation of production, processing, and distribution of all milk, milk products, dairy products, and imitation dairy products sold for human consumption in this state and, to this end, to take samples of milk, milk products, dairy products, and imitation dairy products for bacteriological, chemical, and other analyses; and to enforce the standards for milk, milk products, dairy products, and imitation dairy products in processing plants, dairy farms, and other facilities and establishments handling, transporting, or selling such products; to certify persons licensed by the department under the provisions of section 25-5.5-107 as duly qualified persons for the purpose of collecting raw milk samples for official analyses in accordance with minimum qualifications established by the department; to issue, for the fees established by law, licenses and temporary permits to operate milk plants, dairy plants, receiving stations, dairy farms, and other facilities manufacturing any milk, milk products, dairy products, or imitation dairy products for human consumption.

(II) THE PHRASE "MINIMUM GENERAL SANITARY STANDARDS" AS USED IN THIS SECTION MEANS THE MINIMUM STANDARDS REASONABLY CONSISTENT WITH ASSURING ADEQUATE PROTECTION OF THE PUBLIC HEALTH. THE WORD "STANDARDS" AS USED IN THIS SECTION MEANS STANDARDS REASONABLY DESIGNED TO PROMOTE AND PROTECT THE PUBLIC HEALTH.

~~(H)~~ (c) To promulgate and enforce rules and regulations for the labeling and sale of oleomargarine and for the governing of milk- or cream-weighing-and-testing operations;

~~(H)~~ (d) To approve all oils used in reading tests of samples of cream and milk;

~~(V)~~ (e) To examine and license persons to sample or test milk, cream, or other dairy products for the purpose of determining the value of such products or to instruct other persons in the sampling and testing of such products and to cancel licenses issued by the department on account of incompetency or any violation of the provisions of the dairy laws or the rules and regulations promulgated by the board;

~~(V)~~ (f) To license manufacturers of oleomargarine;

~~(P)~~ (g) To establish and enforce sanitary standards for the operation of slaughtering, packing, canning, and rendering establishments and stores, shops, and vehicles wherein meat and animal products intended for human consumption may be offered for sale or transported, but this shall not be construed to authorize any state officer or employee to interfere with regulations or inspections made by anyone acting under the laws of the United States.

25-1.5-105. [Formerly 25-1-107 (1) (dd)] Detection of diseases - powers and duties of the department. (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

~~(dd)~~~~(I)~~~~(A)~~ (a) To establish and operate programs which the department determines are important in promoting, protecting, and maintaining the public's health by preventing, delaying, or detecting the onset of environmental and chronic diseases;

~~(B)~~ (b) To develop and maintain a system for detecting and monitoring environmental and chronic diseases within the state and to investigate and determine the epidemiology of those conditions which contribute to preventable or premature sickness and to death and disability;

~~(C)~~ (c) To establish programs of community and professional education relevant to the detection, prevention, and control of environmental and chronic diseases.

~~(H)~~ (2) For purposes of this paragraph ~~(dd)~~ SECTION, "chronic disease" means impairment or deviation from the normal functioning of the human body which:

~~(A)~~ (a) Is permanent;

~~(B)~~ (b) Leaves residual disability;

~~(C)~~ (c) Is caused by nonreversible pathological alterations;

~~(D)~~ (d) Requires special patient education and instruction for rehabilitation; or

~~(E)~~ (e) May require a long period of supervision, observation, and care.

~~(H)~~ (3) For the purposes of this paragraph ~~(dd)~~ SECTION, "environmental disease" means an impairment or deviation from the normal functioning of the human body which:

~~(A)~~ (a) May be either temporary or permanent;

~~(B)~~ (b) May leave residual disability;

~~(C)~~ (c) May result in birth defects, damage to tissues and organs, and chronic illness; and

~~(D)~~ (d) Is caused by exposure to hazardous chemical or radiological materials

present in the environment.

~~(IV)~~ (4) For the purposes of this ~~paragraph (dd)~~ SECTION, the board shall determine, by rule and regulation, those environmental and chronic diseases that are dangerous to the public health. The board is authorized to require reports relating to such designated diseases in accordance with the provisions of section 25-1-122 and to have access to medical records relating to such designated diseases in accordance with the provisions of section 25-1-122.

25-1.5-106. [Formerly 25-1-107 (1) (jj)] Medical marijuana program - powers and duties of the department. ~~(jj)~~~~(i)~~ (1) The department shall, pursuant to section 14 of article XVIII of the state constitution, promulgate rules of administration concerning the implementation of the medical marijuana program established by such section and that specifically govern the following:

~~(A)~~ (a) The establishment and maintenance of a confidential registry of patients who have applied for and are entitled to receive a registry identification card;

~~(B)~~ (b) The development by the department of an application form and making such form available to residents of this state seeking to be listed on the confidential registry of patients who are entitled to receive a registry identification card;

~~(C)~~ (c) The verification by the department of medical information concerning patients who have applied for a confidential registry card;

~~(D)~~ (d) The issuance and form of confidential registry identification cards;

~~(E)~~ (e) Communications with law enforcement officials about confidential registry identification cards that have been suspended where a patient is no longer diagnosed as having a debilitating medical condition; and

~~(F)~~ (f) The manner in which the department may consider adding debilitating medical conditions to the list of debilitating medical conditions contained in section 14 of article XVIII of the state constitution.

~~(H)~~ (2) The department may collect fees from patients who, pursuant to section 14 of article XVIII of the state constitution, apply to the medical marijuana program established by such section for a marijuana registry identification for the purpose of offsetting the department's direct and indirect costs of administering the program. The amount of such fees shall be set by rule of the state board of health. All fees collected by the department through the medical marijuana program shall be transferred to the state treasurer who shall credit the same to the medical marijuana program cash fund, which fund is hereby created.

~~(H)~~ (3) The medical marijuana program cash fund shall be subject to annual appropriation by the general assembly to the department for the purpose of establishing, operating, and maintaining the medical marijuana program established by section 14 of article XVIII of the state constitution. All moneys credited to the medical marijuana program cash fund and all interest derived from the deposit of such moneys that are not expended during the fiscal year shall be retained in the fund for future use and ~~may~~ SHALL not be credited or transferred to the general fund or any

other fund.

PART 2
POWERS AND DUTIES OF THE DEPARTMENT
WITH RESPECT TO WATER

25-1.5-201. [Formerly 25-1-107 (1) (x) (V) and (1) (x) (VI)] Definitions.
~~(x)(V)~~ As used in this ~~part~~ PART 2, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "Public water systems" means systems for the provision to the public of piped water for human consumption, if such system has at least fifteen service connections or regularly serves at least twenty-five individuals. Such term includes:

~~(A)~~ (a) Any collection, treatment, storage, and distribution facilities under control of the operator of such system and used primarily in connection with such system; and

~~(B)~~ (b) Any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system.

~~(VI)~~ (2) ~~As used in this part 1,~~ "Supplier of water" means any person who owns or operates a public water system.

25-1.5-202. [Formerly 25-1-107 (2)] Water - minimum general sanitary standards. ~~(2)(a)~~ (1) The phrase "minimum general sanitary standards" as used in this ~~section~~ PART 2 and section 25-1-109 (1) (h) means the minimum standards reasonably consistent with assuring adequate protection of the public health, and, in the case of minimum general sanitary standards as to the quality of water supplied to the public, the same shall be established by rule and regulation and shall be appropriate to promote and protect the public health from endangerment presented by carcinogenic, mutagenic, teratogenic, pathogenic, or toxic contaminants or substances. Such standards shall be based on the best available endangerment assessment evidence and the best available treatment technology or methodology. The word "standards" as used in this ~~section~~ PART 2 and section 25-1-109 (1) (h) means standards reasonably designed to promote and protect the public health.

~~(b)~~ (2) Minimum general sanitary standards for the quality of water supplied to the public shall be no more stringent than the drinking water standards promulgated pursuant to the federal "Safe Drinking Water Act", if such standards exist. If no standards have been promulgated pursuant to the federal "Safe Drinking Water Act" regarding the permissible concentration of any contaminant or any substance in drinking water, the department may recommend to the board for promulgation minimum general sanitary standards regarding such contaminant or substance.

~~(c)(H)~~ (3) (a) The department shall annually establish and revise a priority list of contaminants or substances for which standards may be considered and shall submit said list to the board for review and approval.

~~(H)~~ (b) The priority list of contaminants or substances, together with the department's evaluation of the considerations listed in this ~~subparagraph~~ ~~(H)~~ PARAGRAPH (b), shall be submitted to the board for review and approval. The priority list shall be prepared according to a ranking process which incorporates the

following considerations:

~~(A)~~ (I) The actual presence of a contaminant or substance in a drinking water supply system or the relative imminence of threat of contamination of a drinking water supply source;

~~(B)~~ (II) The identifiability of a potential pathway or continued pathway of contamination;

~~(C)~~ (III) The availability of analytical techniques for measuring and identifying the contaminant or substance in a reasonable manner;

~~(D)~~ (IV) Sufficient available information concerning the contaminant or substance to allow an appropriate standard to be developed, including information on the health effects of the contaminant or substance as well as available treatment technology;

~~(E)~~ (V) The magnitude of potential health risks of the contaminant or substance at reasonably anticipated exposure levels, utilizing the same exposure considerations, criteria for health risk, and criteria for data availability which are used by the criteria and standards division of the office of drinking water, United States environmental protection agency, in establishing the federal drinking water priority list;

~~(F)~~ (VI) The fact that the contaminant or substance will be the subject of a national primary drinking water regulation in the near future;

~~(G)~~ (VII) An analysis of the environmental fate and transport mechanisms within relevant environmental media;

~~(H)~~ (VIII) Identification, characterization, and analysis of the populations and drinking water supplies at risk; and

~~(I)~~ (IX) The level of effort and scope of work that will be necessary to develop sufficient data for the purpose of supporting an appropriate standard.

~~(4)~~ (4) (a) Following the department's submission of recommended standards to the board, the board may promulgate standards for contaminants or substances that are not the subject of a standard set pursuant to the federal "Safe Drinking Water Act".

~~(b)~~ (b) In the promulgation of such standards, the board shall find that the standards are necessary to protect public health and have a demonstrated medical, technological, and scientific basis and that:

~~(A)~~ (I) Based on credible medical and toxicological evidence that has been subjected to peer review, there exists a substantial risk to the public health;

~~(B)~~ (II) The analytical techniques for measuring and identifying the contaminant or substance are reasonably available;

~~(C)~~ (III) The adverse health effects posed by the contaminant or substance are known to a reasonable degree of scientific certainty; and

~~(D)~~ (IV) Compliance with such standard is feasible utilizing the best technology or methodology which is generally available.

25-1.5-203. [Formerly 25-1-107 (1) (r), (1) (x) (I), (1) (x) (II), (1) (x.2), (1) (x.5), and (1) (gg)] Water - powers and duties of the department. (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

~~(x)~~ (a) **Construction of community water facilities.** To examine plans, specifications, and other related data pertaining to the proposed construction of any publicly or privately owned community water facilities submitted for review of sanitary engineering features prior to construction of such facilities;

~~(x)~~ (b) **Quality of drinking water.** (I) To adopt and enforce minimum general sanitary standards and regulations to protect the quality of drinking water supplied to the public, including the authority to require disinfection and treatment of such water.

(II) Standards and regulations adopted pursuant to this paragraph ~~(x)~~ (b) may also include such minimum standards and regulations as are necessary to assume enforcement of the federal "Safe Drinking Water Act" with regard to public water systems, including, but not limited to, requirements for:

(A) Review and approval by the department, prior to initiation of construction, of the technical plans and specifications, long-term financial plans, and operations and management plans for any new waterworks or technical plans and specifications for substantial modifications to existing waterworks. For the purposes of this subparagraph (II), "waterworks" means the facilities that are directly involved in the production, treatment, or distribution of water for public water systems, as defined in section 141.2 of the national primary drinking water regulations. The department shall approve those new or substantially modified waterworks it determines are capable of complying with the Colorado primary drinking water regulations.

(B) Maintenance of records by the supplier of water relating to the results of tests and procedures required by the standards and regulations, including filing periodic reports with the department;

(C) Public notification by the supplier of water, pursuant to the provisions of the federal "Safe Drinking Water Act";

(D) Granting exemptions and variances from the minimum general sanitary standards to allow appropriate time for compliance, when such procedure can be effected without seriously jeopardizing the public health.

~~(x.2)~~ (c) **Exemption of public water systems.** (I) To exempt a water supplier from any further documentation requirements for purposes of establishing that it does not meet the definition of a public water system and is not subject to the requirements of the federal "Safe Drinking Water Act", where such water supplier has provided to the department evidence of the following:

(A) An ordinance, resolution, contractual provision, or other similarly enforceable

enactment that prohibits connection to the system for the purpose of obtaining water for human consumption; and

(B) Either an annual visual inspection of the water supply system for the purpose of determining the presence of any unauthorized connections to the water supply system, or an annual written survey of those individuals or entities with whom the supplier has a contractual relationship governing the uses to which such water is placed by the contracting parties.

(II) Nothing in subparagraph (I) of this paragraph ~~(x-2)~~ (c) shall be construed to eliminate from the provisions of the federal "Safe Drinking Water Act" any exclusion that may otherwise be available under federal law or regulation.

~~(x-5)~~ (d) **Lab certification program for testing drinking water.** (I) To establish and maintain a laboratory certification program for the purpose of ensuring competent testing of drinking water as required by the federal "Safe Drinking Water Act" and ~~subsection (2) of this section~~ MINIMUM GENERAL SANITARY STANDARDS AS SET FORTH IN SECTION 25-1.5-202. Certification procedures shall, at a minimum, include water supply evaluation verification and on-site inspections. The laboratory certification program shall consist of certification levels which correspond to the testing capability and capacity of each laboratory. In addition to certifying laboratories for contaminants regulated as of May 11, 1988, the department shall adopt and implement a schedule for certifying sufficient laboratory capacity for the testing and analysis of contaminants for which reference methods are available and which are scheduled to be regulated under the federal "Safe Drinking Water Act".

(II) Upon request, the department shall refer a public water supplier to a laboratory, either the department's or one certified by the department, which is determined to be equipped to perform the required testing and analysis on a timely basis.

(III) To facilitate an effective laboratory certification program, the department shall work with local public water suppliers toward creating and maintaining a centralized data base which:

(A) Quantifies the current and expected demands for the monitoring, testing, and analysis of each supplier, grouped according to the size of the supply system, the source of its supply, and the requirements imposed on each supplier;

(B) Includes an updated list of laboratories certified and available for the testing and analysis of specific contaminants; and

(C) Tracks violations of drinking water standards for the purpose of facilitating an exchange among public water suppliers in addressing similar problems posed by specific contaminants.

~~(gg)~~ (e) **Drinking water list.** To cooperate with and assist the Colorado water resources and power development authority in the administration of the drinking water revolving fund created by section 37-95-107.8, C.R.S., including adopting rules governing the drinking water project eligibility list provided by said section and modifications to the eligibility list for submission to the general assembly, and to take

any other actions necessary to assist the authority in complying with the requirements of the federal "Safe Drinking Water Act".

25-1.5-204. [Formerly 25-1-107 (1) (x) (III)] Inspection for violations of minimum general sanitary standards relating to quality of drinking water.

~~(x)(III)(A)~~ (1) Upon presentation of proper credentials, authorized inspectors of the department may enter and inspect, at any reasonable time and in a reasonable manner, any property, premises, or place for the purpose of investigating any actual, suspected, or potential violations of minimum general sanitary standards adopted pursuant to ~~this subsection (1)~~ SECTION 25-1.5-202. Samples of drinking water may be obtained by such inspectors, and a portion of any samples to be used as evidence in an enforcement action shall be left with the owner, operator, or person in charge of the premises. A copy of the results of any analysis of such sample shall be furnished promptly to the owner, operator, or person in charge.

~~(B)~~ (2) If such entry or inspection is denied or not consented to, the department is empowered to and shall obtain, from the district or county court for the judicial district or county in which such property, premises, or place is located, a warrant to enter and inspect said property, premises, or place. The said district and county courts of the state are empowered to issue such warrants upon a proper showing of the need for such entry and inspection, and a copy of any inspection report shall be provided the court within a reasonable time after making the inspection.

25-1.5-205. [Formerly 25-1-107 (1) (x) (IV)] Advice to other entities.

~~(x)(IV)~~ The department may advise ~~with~~ municipalities, utilities, institutions, organizations, and individuals concerning the methods or processes believed best suited to provide the protection or purification of water to meet minimum general sanitary standards adopted pursuant to ~~this paragraph (x)~~ SECTION 25-1.5-202.

25-1.5-206. [Formerly 25-1-107 (1) (x) (VII)] Applicability.

~~(x)(VII)~~ (1) Except as otherwise provided in the federal "Safe Drinking Water Act", the provisions of this ~~section~~ PART 2 shall apply to each public water system in this state; except that the provisions of this ~~section~~ PART 2 shall not apply to a public water system that:

~~(A)~~ (a) Consists only of distribution and storage facilities (and does not have any collection and treatment facilities);

~~(B)~~ (b) Obtains all of its water from, but is not owned or operated by, a public water system to which such regulations apply;

~~(C)~~ (c) Does not sell water to any person;

~~(C-5)~~ (d) Does not authorize incidental use of untreated water; and

~~(D)~~ (e) Is not a carrier that conveys passengers in interstate commerce; or

~~(E)~~ (f) Prohibits, through ordinance, resolution, or other enforceable enactment, the use of its system, or connections thereto, for the delivery of water to the public for human consumption, except to the extent that such user is a public water system subject to the provisions of this ~~section~~ PART 2.

25-1.5-207. [Formerly 25-1-107 (1) (x) (VIII)] Damages and injunctive relief to prevent or abate release of contaminants in water. ~~(x) (VIII)~~ (1) (a) Except as provided in section 25-1-114.1 (3), any political subdivision or public water system which stores, releases, carries, conveys, supplies, or treats water for human consumption may bring suit to collect damages and for injunctive relief, in addition to all remedies otherwise available to prevent or abate any release or imminent release of contaminants or substances which, in water withdrawn for use, results or would likely result in:

~~(A)~~ (I) A violation, at the point where the contaminant or substance enters or would enter the intake of the water treatment system of the same or another political subdivision or public water system, of any minimum general sanitary standard or regulation adopted pursuant to this ~~section~~ PART 2, and the existing treatment system cannot effectively treat the contaminant or substance in question so as to assure that treated water complies with such standard or regulation; or

~~(B)~~ (II) Significant impairment of the normal operational capability of a water treatment system which meets the applicable specifications of the department for water treatment; or

~~(C)~~ (III) Rendering the system's drinking water supply unfit for human consumption. Where there are no minimum general sanitary standards, water shall be deemed unfit for human consumption where it is shown that the risk of adverse human health effects from exposure to carcinogens in that water is greater than one times ten to the minus sixth power or greater than the acceptable levels of exposure to noncarcinogens as determined by the reference dose method.

~~(D)~~ (b) Such an action may be maintained against any person who owns or operates the source or sources of the release of the contaminants, but no such action may be maintained with regard to surface or underground agricultural return flows except as otherwise provided in the "Colorado Chemigation Act", article 11 of title 35, C.R.S. Damages, including the costs of any remedy ordered or approved by the court shall include, as appropriate, those incurred in providing an interim substitute drinking water supply and monitoring and responding to the release or imminent release of contaminants or substances.

~~(E)~~ (2) **Other remedies.** Except as provided in this ~~sub-subparagraph (E)~~ SUBSECTION (2), nothing in this ~~paragraph (x)~~ SECTION shall be construed to restrict or preempt any right which the state, the department, any public water system, or any other person may have under any other law to seek enforcement, in any court or in any administrative proceeding, of any provision of this ~~paragraph (x)~~ SECTION or any other relief regarding contamination of any drinking water supply. In addition, nothing in this ~~paragraph (x)~~ SECTION shall be construed to condition, restrict, or prevent any other civil or criminal actions which may be brought by the state or any political subdivision pursuant to any other state or federal statute or regulation or any local ordinance or regulation; except that, with respect to any release or substantial threat of release of a hazardous substance, pollutant, or contaminant addressed in pleadings or otherwise in a lawsuit brought pursuant to the federal "Comprehensive Environmental Response, Compensation and Liability Act", 42 U.S.C. sec. 9601 et seq., or by the terms and conditions of a remedial action plan, removal order, consent decree, or other order or decree entered or issued by a court or administrative body

of competent jurisdiction pursuant to such federal act, any person or entity which is a defendant in such a lawsuit or is subject to the terms and conditions of such a remedial action plan, removal order, consent decree, or other order or decree, shall not be subjected with respect to the same release or substantial threat of release of a hazardous substance, pollutant, or contaminant to any suit, action, or liability pursuant to section 25-1-114.1 (3); nor shall such person or entity be subject to any suit, action, or liability initiated or prosecuted by a political subdivision or a public water system pursuant to this ~~subparagraph (VIII)~~ SECTION with respect to any release or substantial threat of release of a hazardous substance, pollutant, or contaminant which has been addressed by relief granted, or by measures implemented or legally required to be implemented, pursuant to a lawsuit brought pursuant to such federal act or the terms and conditions of a remedial action plan, removal order, consent decree, or other order or decree entered or issued by a court or administrative body of competent jurisdiction pursuant to such federal act. Nothing in this ~~paragraph (x)~~ SECTION shall be construed to bar a political subdivision or public water system from seeking to recover pursuant to applicable law its damages which have been reasonably incurred for the protection of the human health if enforceable arrangements to pay such damages have not otherwise been made.

25-1.5-208. [Formerly 25-1-107 (1) (x) (IX)] Water - grant program for water treatment systems. (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION AS FOLLOWS:

~~(IX)-(A)~~ (a) To assist suppliers of water in the state with meeting their responsibilities with respect to protection of public health, the department, in the name of the state and to the extent that state funds are appropriated therefor, may enter into contracts with both governmental and not-for-profit public water systems, as defined in ~~subparagraph (V) of this paragraph (x)~~ SECTION 25-1.5-201 (1), or to counties representing unincorporated areas, which serve a population of not more than five thousand people, to grant moneys for projects including the planning, design, and construction of water treatment systems.

~~(B)~~ (b) The department may use up to five percent of the appropriated funds for the administration and management of such project grants.

~~(C)~~ (2) The state board of health shall promulgate rules for the administration of any appropriated grant moneys PURSUANT TO THIS SECTION and for prioritizing proposed water treatment system projects based upon public health impact and compliance with applicable regulations.

~~(D)~~ (3) During the grant application process, the department shall seek from the division of local government in the department of local affairs a fiscal analysis of the applying entity to determine financial need. Based upon its fiscal analysis, the division of local government shall issue or deny a certificate of financial need. If a certificate of financial need is issued, the department may authorize a state grant to the project in accordance with the project prioritization adopted by the department.

PART 3
ADMINISTRATION OF MEDICATIONS

25-1.5-301. [Formerly 25-1-107 (1) (ee) (I.5) (A), (1) (ee) (I.5) (B), (1) (ee) (II), (1) (ee) (II.5), and (1) (ee) (III) (A)] Definitions. AS USED IN THIS PART 3, UNLESS THE CONTEXT OTHERWISE REQUIRES:

~~(cc)~~ (H) For purposes of this paragraph ~~(cc)~~; (1) "Administration" means assisting a person in the ingestion, application, inhalation, or, using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner or as written on the prescription label and making a written record thereof with regard to each medication administered, including the time and the amount taken, but "administration" does not include judgment, evaluation, or assessments or the injections of medication, the monitoring of medication, or the self-administration of medication, including prescription drugs and including the self-injection of medication by the resident. "Administration" also means ingestion through gastrostomy tubes or naso-gastric tubes, if administered by an individual authorized pursuant to section 27-10.5-103 (2) (k), C.R.S., as part of residential or day program services provided through service agencies approved by the department of human services and supervised by a licensed physician or nurse.

~~(H.5)~~ For purposes of this paragraph ~~(cc)~~; (2) "Facility" means:

~~(A)~~ (a) The correctional facilities under the supervision of the executive director of the department of corrections including, but not limited to:

(I) Those facilities provided for in article 20 of title 17, C.R.S.;

(II) Minimum security facilities provided for in article 25 of title 17, C.R.S.;

(III) Jails provided for in article 26 of title 17, C.R.S.;

(IV) Community correctional facilities and programs provided for in article 27 of title 17, C.R.S.;

(V) The regimented inmate discipline and treatment program provided for in article 27.7 of title 17, C.R.S.; AND

(VI) The Denver regional diagnostic center provided for in article 40 of title 17, C.R.S.; and the Limon correctional facility provided for in section 24-35-210 (4) (f) ~~(f) (B)~~, C.R.S.;

~~(B)~~ (b) Institutions for juveniles provided for in part 4 of article 2 of title 19, C.R.S.;

~~(C)~~ (b.5) ~~Personal care boarding homes~~ ASSISTED LIVING RESIDENCES as defined in section ~~25-27-102 (8)~~ 25-27-102 (1.3);

~~(D)~~ (c) Adult foster care facilities provided for in section 26-2-122.3, C.R.S.;

~~(E)~~ (d) Alternate care facilities provided for in section 26-4-603 (3), C.R.S.;

~~(F)~~ (e) Residential child care facilities for children as defined in section 26-6-102

(8), C.R.S.;

~~(G)~~ (f) Secure residential treatment centers as defined in section 26-6-102 (9), C.R.S.;

~~(H)~~ (g) Facilities that provide treatment for mentally ill persons as defined in section 27-10-102 (4.5), C.R.S., except for those facilities which are publicly or privately licensed hospitals;

~~(I)~~ (h) All services funded through and regulated by the department of human services pursuant to article 10.5 of title 27, C.R.S., in support of persons with developmental disabilities; and

~~(J)~~ (i) Adult day care facilities providing services in support of persons as defined in section 26-4-603 (1), C.R.S.

~~(H)~~ (A) For the purposes of this paragraph ~~(cc)~~; (3) "Monitoring" means:

(a) Reminding the resident to take medication or medications at the time ordered by the physician or other authorized licensed practitioner;

(b) Handing a resident a container or package of medication lawfully labeled previously for the individual resident by a licensed physician or other authorized licensed practitioner;

(c) Visual observation of the resident to ensure compliance;

(d) Making a written record of the resident's compliance with regard to each medication, including the time taken; AND

(e) Notification to the physician or other authorized practitioner if the resident refuses to or is not able to comply with the physician's or other practitioner's instructions with regard to the medication.

(4) "QUALIFIED MANAGER" MEANS A PERSON WHO:

~~(1.5)(A)~~ (a) Is the owner or operator of the facility or a supervisor designated by the owner or operator of the facility for the purpose of implementing ~~this subparagraph (1.5)~~ SECTION 25-1.5-303; and

~~(B)~~ (b) Has completed training in the administration of medications pursuant to ~~this subparagraph (1.5)~~ SECTION 25-1.5-303 or is a licensed nurse pursuant to article 38 of title 12, C.R.S., a licensed physician pursuant to article 36 of title 12, C.R.S., or a licensed pharmacist pursuant to article 22 of title 12, C.R.S. Every unlicensed person who is a "qualified manager" within the meaning of this ~~subparagraph (1.5)~~ SUBSECTION (4) shall, every four years, successfully complete a test approved by the department of ~~public health and environment~~ pertaining to the administration of medications.

(5) "SELF-ADMINISTRATION" MEANS THE ABILITY OF A PERSON TO TAKE MEDICATION INDEPENDENTLY WITHOUT ANY ASSISTANCE FROM ANOTHER PERSON.

25-1.5-302. [Formerly 25-1-107 (1) (ee) (I) and (1) (ee) (I.3)] Administration of medications - powers and duties of the department. ~~(ee)~~~~(I)~~ (1) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWER AND DUTY to establish and maintain by rule and regulation a program for the administration of medications in facilities, which program shall be developed and conducted by the department of human services and the department of corrections, AS PROVIDED IN THIS PART 3, within the following guidelines:

~~(A)~~ (a) As a condition to authorizing or renewing the authorization to operate any facility that administers medications to persons under its care, the authorizing agency shall require that the facility have a staff member qualified pursuant to ~~sub-subparagraph (B) of this subparagraph (I)~~ PARAGRAPH (b) OF THIS SUBSECTION (1) on duty at any time that the facility administers such medications and that the facility maintain a written record of each medication administered to each resident, including the time and the amount of the medication. Such record will be subject to review by the authorizing agency as a part of its procedure in authorizing the continued operation of the facility. Notwithstanding any exemption enumerated in ~~sub-subparagraph (B) of this subparagraph (I)~~ PARAGRAPH (b) OF THIS SUBSECTION (1), any facility may establish a policy which requires a person authorized to administer medication to report to, be supervised by, or to be otherwise accountable for the performance of such administration to a registered nurse as defined in section 12-38-103, C.R.S.

~~(B)~~ (b) Any individual who is not otherwise authorized by law to administer medication in a facility shall be allowed to perform such duties only after passing a competency evaluation. An individual who administers medications in facilities in compliance with the provisions of this ~~paragraph (ee)~~ PART 3 shall be exempt from the licensing requirements of the "Colorado Medical Practice Act", the "Nurse Practice Act", and the laws of this state pertaining to possession of controlled substances as contained in part 1 of article 22 of title 12, C.R.S., or the "Uniform Controlled Substances Act of 1992", article 18 of title 18, C.R.S.

~~(B-5)~~ (2) The department, in cooperation with appropriate agencies or advisory bodies, shall develop or approve training curricula and competency evaluation procedures for those who administer medications in facilities.

~~(C)~~ (3) If either the department of human services or the department of corrections wishes to use a different training curriculum and competency evaluation procedure for those who administer medications in the facilities whose operation is authorized by those departments, such department shall ensure that such training curriculum and competency evaluation procedure are first submitted to the department of public health and environment for its review. If, after such review, the department of public health and environment has no objection, the submitting department shall assume responsibility for the cost and implementation of such curriculum and evaluation in keeping with the other provisions of this medications administration program for those facilities whose operation is authorized by such department. Any department that administers competency evaluations shall maintain a list of those who have successfully completed such competency evaluation and shall forward a copy of such list to the department of public health and environment within forty-five days ~~of~~ AFTER administration of such evaluation.

~~(D)~~ (4) The department shall assure that training sessions, each followed by a competency evaluation set to measure basic competency only, are offered at various geographic locations in the state. An individual who does not pass the competency evaluation may apply to retake it. An appropriate fee must be paid each time the competency evaluation is taken. An individual may apply for and take the competency evaluation only once without having first attended a training session approved by the department. If such individual fails to meet a minimum competency level on such first evaluation, the applicant must attend an approved training session before again taking the competency evaluation.

~~(E)~~ (5) The department shall set and collect a uniform fee for any training session given and a uniform fee for any competency evaluation administered under the provisions of this ~~paragraph (cc)~~ SECTION whether the department administers such training or testing or contracts with a private provider pursuant to ~~subparagraph (f.3) of this paragraph (cc)~~ SUBSECTION (7) OF THIS SECTION, so that the revenue generated from such fees approximates the direct and indirect costs incurred by the department in the performance of its duties under this ~~paragraph (cc)~~ SECTION. No person shall enroll in a training session or take the competency evaluation test until such person applies and makes payment of the appropriate fees to the department.

~~(F)~~ (6) If the individual authorized to administer medication pursuant to ~~sub-subparagraph (D) of this subparagraph (f)~~ SUBSECTION (1) OF THIS SECTION is found, during the course of any review by the authorizing agency as part of its procedure in authorizing the continued operation of the facility, to be unable or unwilling to comply with the training regimen established for medication administration, the department may order retraining as a remedial measure.

~~(f.3)(A)~~ (7) (a) If the department determines that it is not able to provide the training and administer competency evaluations pursuant to ~~subparagraph (f) of this paragraph (cc)~~ THIS SECTION, the department may contract with a private provider or instructor to provide such training and administer such competency evaluations.

~~(B)~~ (b) Before any private contractor may offer training pursuant to ~~sub-subparagraph (A) of this subparagraph (f.3)~~ THIS SUBSECTION (7), such private contractor shall be reviewed by the department. Only those private contractors approved by the department may offer training. Any such approved private contractor shall offer only a medication administration training program which has been approved by the department. The department shall maintain a list of approved medication administration contractors. The department shall compensate contractors from the fees collected from each trainee in attendance at any such privately contracted training session or competency evaluation.

~~(C)~~ (c) All private contractors shall provide the department with a list of all persons who have taken such contractor's approved training sessions or have passed the competency evaluation or both. Such contractors shall also provide the department with any other pertinent information reasonably requested by the department pursuant to its obligations and authority under this ~~paragraph (cc)~~ SECTION.

25-1.5-303. [Formerly 25-1-107 IP (1) (ee) (I.5), (1) (ee) (I.6), (1) (ee) (III) (B), (1) (ee) (IV), (1) (ee) (IV.5), and (1) (ee) (V)] Medication reminder boxes

or systems - medication cash fund. ~~(cc)~~~~(I.5)~~ (1) Medication reminder boxes or systems may be used if such containers have been filled and properly labeled by a pharmacist licensed pursuant to article 22 of title 12, C.R.S., a nurse licensed pursuant to article 38 of title 12, C.R.S., an unlicensed person trained pursuant to this ~~subparagraph (I.5)~~ SECTION, or filled and properly labeled through the gratuitous care by members of one's family or friends. Nothing in this ~~subparagraph (I.5)~~ SECTION authorizes or shall be construed to authorize the practice of pharmacy, as defined in section 12-22-102 (26), C.R.S. No unlicensed person shall fill and label medication reminder boxes pursuant to this ~~subparagraph (I.5)~~ SECTION until such person has completed appropriate training approved by the department, ~~of public health and environment~~; and no facility shall use an unlicensed person to perform such services unless such facility has a qualified manager to oversee the work of such unlicensed person or persons. Every unlicensed person and qualified manager described in this ~~subparagraph (I.5)~~ SECTION shall sign a disclosure statement under penalty of perjury stating that he or she never had a professional license to practice nursing, medicine, or pharmacy revoked in this or any other state for reasons directly related to the administration of medications. For purposes of this ~~subparagraph (I.5)~~, a "qualified manager" means a person who:

~~(I.6)~~ (2) THE DEPARTMENT HAS, IN ADDITION TO ALL OTHER POWERS AND DUTIES IMPOSED UPON IT BY LAW, THE POWERS AND DUTIES PROVIDED IN THIS SECTION to develop and implement policies and procedures with respect to the provisions in ~~subparagraph (I.5) of this paragraph (cc)~~ SUBSECTION (1) OF THIS SECTION concerning the administration of medication reminder boxes.

~~(H)~~~~(B)~~ (3) The executive directors of the departments that control the "facilities" defined in ~~sub-subparagraphs (A) and (B) of subparagraph (H.5) of this paragraph (cc)~~ SECTION 25-1.5-301 (2) (a) AND (2) (b) may direct the unlicensed staff of any such facility to monitor medications in any part of any such facility. Administration of medications in any such facility shall be allowed only in those areas of any such facility that have a licensed physician or other licensed practitioner on duty. Notwithstanding other training requirements established in ~~subparagraph (I.5) of this paragraph (cc)~~ THIS SECTION, the operator or administrator of every facility that hires an unlicensed person to administer medications pursuant to this ~~paragraph (cc)~~ SECTION shall provide on-the-job training for such person, and all such unlicensed persons hired on or after July 1, 1998, shall be adequately supervised until they have completed such training. Such on-the-job training shall be appropriate to the job responsibilities of each trainee. Facility operators and administrators shall document each unlicensed person's satisfactory completion of on-the-job training in their permanent personnel file.

~~(IV)~~ (Deleted by amendment, L. 92, p. 1151, § 8, effective July 1, 1992.)

~~(IV.5)~~ For purposes of this ~~paragraph (cc)~~, "self-administration" means the ability of a person to take medication independently without any assistance from another person. ~~Such~~ (4) A person WHO SELF-ADMINISTERS MEDICATION is personally responsible for medication administration. No facility shall be responsible for observing or documenting the self-administration of medication. Compliance with the requirements for the training of unlicensed persons in medication administration pursuant to this ~~paragraph (cc)~~ SECTION is not required when persons being cared for are self-administering.

~~(V)(A)~~ (5) (a) All fees collected pursuant to this ~~article~~ SECTION shall be transmitted to the state treasurer, who shall credit the same to the medication administration cash fund, which fund is hereby created.

~~(B)~~ (b) The general assembly shall make annual appropriations from the medication administration cash fund for expenditures of the department incurred in the performance of its duties under this ~~paragraph (cc)~~ SECTION.

~~(C)~~ (c) Any moneys collected by the department from persons taking a training program or a competency examination from a private contractor approved pursuant to ~~subparagraph (f.3) of this paragraph (cc)~~ SECTION 25-1.5-302 (7) shall be transmitted to the state treasurer, who shall credit the same to the medication administration cash fund created in ~~sub-subparagraph (A) of this subparagraph (V)~~ PARAGRAPH (a) OF THIS SUBSECTION (5). Such moneys collected from the fees charged for any such training program or competency examination shall be annually appropriated by the general assembly to the department for the purpose of paying private contractors for services rendered and for paying the department's direct and indirect costs incurred pursuant to ~~subparagraph (f.3) of this paragraph (cc)~~ SECTION 25-1.5-302 (7).

~~(D)~~ (d) In accordance with section 24-36-114, C.R.S., all interest derived from the deposit and investment of the medication administration cash fund created in ~~sub-subparagraph (A) of this subparagraph (V)~~ PARAGRAPH (a) OF THIS SUBSECTION (5) shall be credited to the general fund.

25-1.5-304. [Formerly 25-1-107 (1) (ee) (VI) and (1) (ee) (VII)] Repeal of part. ~~(VI)(A)~~ (1) This ~~paragraph (cc)~~ PART 3 is repealed, effective July 1, 2009.

~~(B)~~ (2) Prior to such repeal, the program established by this ~~paragraph (cc)~~ PART 3 shall be subject to review by a legislative committee of reference designated pursuant to section 2-3-1201, C.R.S., to conduct the review pursuant to section 24-34-104, C.R.S., and the provisions of section 24-34-104 (5) to (12), C.R.S., concerning a wind-up period, an analysis and evaluation, public hearings, and claims by or against an agency shall apply to the operation of the program specified in this ~~paragraph (cc)~~ PART 3. Such review shall include an examination of the regulatory process that governs facilities using trained but unlicensed persons to monitor and administer medication.

~~(VII) Repealed.~~

SECTION 3. 6-1-102 (4.6) (d), Colorado Revised Statutes, is amended to read:

6-1-102. Definitions. As used in this article, unless the context otherwise requires:

(4.6) "Health club" means an establishment which provides health club services or facilities which purport to improve or maintain the user's physical condition or appearance through exercise. The term may include, but shall not be limited to, a spa, exercise club, exercise gym, health studio, or playing courts. The term shall not apply to any of the following:

(d) Health care facilities licensed or certified by the department of public health and environment pursuant to its authority under ~~section 25-1-107~~ SECTION 25-1.5-103, C.R.S.

SECTION 4. 6-19-102 (3), Colorado Revised Statutes, is amended to read:

6-19-102. Definitions. As used in this article, unless the context otherwise requires:

(3) "Hospital" means a licensed or certified hospital as described in ~~section 25-1-107 (1) (I) (I) and (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (I) AND (1) (a) (II), C.R.S.

SECTION 5. 10-16-104 (8) (a) (II), Colorado Revised Statutes, is amended to read:

10-16-104. Mandatory coverage provisions. (8) Availability of hospice care coverage. (a) As used in this subsection (8), unless the context otherwise requires:

(II) "Hospice care" means hospice services provided to a terminally ill individual by a hospice care program, licensed and regulated by the department of public health and environment pursuant to ~~sections 25-1-107 (1) (I) (I)~~ SECTIONS 25-1.5-103 (1) (a) (I) and 25-3-101, C.R.S., or by others under arrangements made by such hospice care program.

SECTION 6. 12-22-304 (5) (e) (I), Colorado Revised Statutes, is amended to read:

12-22-304. License required - controlled substances - drug precursors - fund created - repeal. (5) The following persons need not be licensed by the department or by the board to lawfully possess controlled substances under this part 3:

(e) (I) Employees of facilities who are administering and monitoring medications to persons under the care or jurisdiction thereof pursuant to the provisions of ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 7. 12-32-202 (3), Colorado Revised Statutes, is amended to read:

12-32-202. Board authorized to issue regulations. (3) The required number of hours of training and education for all unlicensed persons operating machine sources of ionizing radiation and administering such radiation to patients shall be established by the board by rule on or before July 1, 1992. This standard shall apply to all persons in podiatric settings other than hospitals and similar facilities licensed by the department of public health and environment pursuant to ~~section 25-1-107~~ SECTION 25-1.5-103, C.R.S. Such training and education may be obtained through programs approved by the appropriate authority of any state or through equivalent programs and training experience including on-the-job training as determined by the board.

SECTION 8. 12-33-202 (3), Colorado Revised Statutes, is amended to read:

12-33-202. Board authorized to issue regulations. (3) The required number of hours of training and education for all unlicensed persons operating machine sources of ionizing radiation and administering such radiation to patients shall be established by the board by rule on or before July 1, 1992. This standard shall apply to all persons in chiropractic settings other than hospitals and similar facilities licensed by the department of public health and environment pursuant to ~~section 25-1-107~~ SECTION 25-1.5-103, C.R.S. Such training and education may be obtained through programs approved by the appropriate authority of any state or through equivalent programs and training experience including on-the-job training as determined by the board.

SECTION 9. 12-34-108.5 (1), Colorado Revised Statutes, is amended to read:

12-34-108.5. Anatomical gift protocol required. (1) In order to ensure that donors or families of donors be informed of the option to make an anatomical gift, every hospital licensed or certified pursuant to ~~section 25-1-107 (1) (I) or (1) (II)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II), C.R.S., shall develop and implement, by October 1, 1987, an organ and tissue procurement protocol for the purpose of identifying potential donors.

SECTION 10. 12-35-202 (3), Colorado Revised Statutes, is amended to read:

12-35-202. Board authorized to issue regulations. (3) The required number of hours of training and education for all unlicensed persons operating machine sources of ionizing radiation and administering such radiation to patients shall be established by the board by rule on or before July 1, 1992. This standard shall apply to all persons in dental settings other than hospitals and similar facilities licensed by the department of public health and environment pursuant to ~~section 25-1-107~~ SECTION 25-1.5-103, C.R.S. Such training and education may be obtained through programs approved by the appropriate authority of any state or through equivalent programs and training experience including on-the-job training as determined by the board.

SECTION 11. 12-36-106 (3) (o) (I), Colorado Revised Statutes, is amended to read:

12-36-106. Practice of medicine defined - exemptions from licensing requirements - repeal. (3) Nothing in this section shall be construed to prohibit, or to require a license or a physician training license under this article with respect to, any of the following acts:

(o) (I) The administration and monitoring of medications in facilities as provided in ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 12. 12-36-202 (3), Colorado Revised Statutes, is amended to read:

12-36-202. Board authorized to issue regulations. (3) The required number of hours of training and education for all unlicensed persons operating machine sources of ionizing radiation and administering such radiation to patients shall be established by the board by rule on or before July 1, 1992. This standard shall apply to all persons in medical settings other than hospitals and similar facilities licensed

by the department of public health and environment pursuant to ~~section 25-1-107~~ SECTION 25-1.5-103, C.R.S. Such training and education may be obtained through programs approved by the appropriate authority of any state or through equivalent programs and training experience including on-the-job training as determined by the board.

SECTION 13. 12-36.5-104 (4) (a), Colorado Revised Statutes, is amended to read:

12-36.5-104. Establishment of professional review committees - function.

(4) Any professional review committee established by any of the following organizations, entities, or professional societies shall be an approved professional review committee under this article if it operates pursuant to written bylaws, policies, or procedures which are in compliance with this article and which have been approved by its governing board:

(a) The medical staff of a hospital licensed pursuant to part 1 of article 3 of title 25, C.R.S., or certified pursuant to ~~section 25-1-107 (1) (b) (H)~~ SECTION 25-1.5-103 (1) (a) (II), C.R.S.;

SECTION 14. 12-38-125 (1) (h) (I) and (1) (k), Colorado Revised Statutes, are amended to read:

12-38-125. Exclusions - repeal. (1) No provision of this article shall be construed to prohibit:

(h) (I) The administration and monitoring of medications in facilities pursuant to ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

(k) The practice of administration and monitoring as defined in ~~section 25-1-107 (1) (cc) (H) and (1) (cc) (H)~~ SECTION 25-1.5-301 (1) AND (3), C.R.S.

SECTION 15. 12-38-132 (6), Colorado Revised Statutes, is amended to read:

12-38-132. Delegation of nursing tasks. (6) The board may promulgate rules ~~and regulations~~ pursuant to this section, including but not limited to standards on the assessment of the proficiency of the delegatee to perform delegated tasks, and standards for accountability of any nurse who delegates nursing tasks. Such rules ~~and regulations~~ shall be consistent with the provisions of ~~sections 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25 and SECTION 27-10.5-103 (2) (k), C.R.S.

SECTION 16. 12-38.1-102 (4), Colorado Revised Statutes, is amended to read:

12-38.1-102. Definitions - repeal. As used in this article, unless the context otherwise requires:

(4) "Medical facility" means a nursing facility licensed by the department of PUBLIC HEALTH AND ENVIRONMENT or home health agencies certified to receive medicare or medicaid funds, pursuant to the federal "Social Security Act", as amended, distinct part nursing facilities, or home health agencies or entities engaged in nurse aide practices as such practices are defined in subsection (5) of this section.

"Medical facility" does not include hospitals and other facilities licensed or certified pursuant to ~~section 25-1-107 (1) (I)~~ SECTION 25-1.5-103 (1) (a), C.R.S.

SECTION 17. 12-38.1-117 (1) (f), Colorado Revised Statutes, is amended to read:

12-38.1-117. Exclusions. (1) This article shall not be construed to affect or apply to:

(f) Any person performing services pursuant to sections 12-38-132 ~~25-1-107 (1) (I)~~ and 27-10.5-103 (2) (k), C.R.S., AND PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 18. 12-39-102 (4), Colorado Revised Statutes, is amended to read:

12-39-102. Definitions. As used in this article, unless the context otherwise requires:

(4) "Nursing home facility" shall have the same meaning as that set forth in section 25-1-1002, C.R.S., and shall include nursing care facilities, whether proprietary or nonprofit, which are licensed under ~~section 25-1-107 (1) (I)~~ SECTION 25-1.5-103 (1) (a) (I), C.R.S., or pursuant to the rules for nursing homes promulgated by the department of public health and environment. The term "nursing home" includes but is not limited to nursing homes owned or administered by the state government or any agency or political subdivision thereof.

SECTION 19. 12-41-119 (1) (c), Colorado Revised Statutes, is amended to read:

12-41-119. Professional review committees - immunity. (1) A professional review committee may be established pursuant to this section to investigate the quality of care being given by a person licensed under this article. It shall include in its membership at least three persons licensed under this article, but such committee may be authorized to act only by:

(c) A hospital licensed pursuant to part 1 of article 3 of title 25, C.R.S., or certified pursuant to ~~section 25-1-107 (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (II), C.R.S.; except that the professional review committee shall include in its membership at least a two-thirds majority of persons licensed under this article. Such review committee may function under the quality management provisions of section 25-3-109, C.R.S.

SECTION 20. 12-43-214 (4) (f), Colorado Revised Statutes, is amended to read:

12-43-214. Mandatory disclosure of information to clients. (4) The disclosure of information required by subsection (1) of this section is not required when psychotherapy is being administered in any of the following circumstances:

(f) By a social worker practicing in a hospital that is licensed or certified under ~~section 25-1-107 (1) (I) (H) or (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II), C.R.S.

SECTION 21. 13-21-115.7 (1) (a), Colorado Revised Statutes, is amended to read:

13-21-115.7. Immunity from civil liability for directors, officers, or trustees - nonprofit corporations or nonprofit organizations. (1) As used in this section, unless the context otherwise requires:

(a) "Nonprofit corporation" means any corporation which is exempt from taxation pursuant to section 501(a) of the federal "Internal Revenue Code of 1986", 26 U.S.C. sec. 501(a), as amended, and listed as an exempt organization in section 501(c) (2), (3), (4), (5), (6), (7), (8), (11), or (19) of the federal "Internal Revenue Code of 1986", 26 U.S.C. sec. 501(c), as amended. The term includes a not-for-profit corporation. The term includes a public hospital certified pursuant to ~~section 25-1-107 (1) (H)~~ SECTION 25-1.5-103 (1) (a), C.R.S.

SECTION 22. 13-21-116 (2) (b) (I), Colorado Revised Statutes, is amended to read:

13-21-116. Actions not constituting an assumption of duty - board member immunity - immunity for volunteers assisting organizations for young persons. (2) (b) (I) No member of the board of directors of a nonprofit corporation or nonprofit organization shall be held liable for actions taken or omissions made in the performance of his OR HER duties as a board member except for wanton and willful acts or omissions. For purposes of this paragraph (b), "the board of directors of a nonprofit corporation or nonprofit organization" shall include, but not be limited to, the board of directors of a public hospital certified pursuant to ~~section 25-1-107 (1) (H)~~ SECTION 25-1.5-103 (1) (a), C.R.S.

SECTION 23. 13-21-901 (2), Colorado Revised Statutes, is amended to read:

13-21-901. Definitions. As used in this part 9, unless the context otherwise requires:

(2) "Hospital enterprise" means a hospital owned by the state or a political subdivision that qualifies as an "enterprise" as defined in section 20 of article X of the state constitution and is certified pursuant to ~~section 25-1-107 (1) (H)~~ SECTION 25-1.5-103 (1) (a) (II), C.R.S.

SECTION 24. 17-1-113.1, Colorado Revised Statutes, is amended to read:

17-1-113.1. Administration or monitoring of medications to persons in correctional facilities. The executive director has the power to direct the administration or monitoring of medications to persons in correctional facilities, as described in ~~section 25-1-107 (1) (cc) (H.5) (A)~~ SECTION 25-1.5-301 (2) (a), C.R.S., under the executive director's control, in a manner consistent with ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 25. 18-18-414 (2) (c) (III), Colorado Revised Statutes, is amended to read:

18-18-414. Unlawful acts - licenses - penalties. (2) (c) (III) For the purposes of this paragraph (c):

(A) "Hospice patient" means an individual who is receiving hospice care from an

entity licensed and regulated by the department of public health and environment pursuant to ~~sections 25-1-107 (1) (f) (F)~~ SECTIONS 25-1.5-103 (1) (a) (I) and 25-3-101, C.R.S.

(B) "Long-term care facility" means a facility that is licensed and regulated as a skilled nursing facility or nursing care facility by the department of public health and environment pursuant to ~~sections 25-1-107 (1) (f) (F)~~ SECTIONS 25-1.5-103 (1) (a) (I) and 25-3-101, C.R.S.

SECTION 26. 19-2-416, Colorado Revised Statutes, is amended to read:

19-2-416. Administration or monitoring of medications to persons in juvenile institutional facilities. The executive director of the department of human services has the power to direct the administration or monitoring of medications to persons in juvenile institutional facilities as defined in ~~section 25-1-107 (1) (ee) (H.5) (B)~~ SECTION 25-1.5-301 (2) (b), C.R.S., in a manner consistent with ~~section 25-1-107 (1) (ee)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 27. 24-33.5-108 (2) (b), Colorado Revised Statutes, is amended to read:

24-33.5-108. Statewide fire fighting resource database - creation. (2) (b) The database created pursuant to paragraph (a) of this subsection (2) shall contain apparatus and equipment inventories, personnel counts, resource status, such other information relevant to the efficient tracking and allocation of fire fighting resources, and a listing of all supplemental funding sources available to state and local fire fighting agencies. The information in this database shall be included with the information required to be collected and maintained pursuant to ~~section 25-1-107 (1) (y)~~ SECTION 25-1.5-101 (1) (p), C.R.S. No data gathered for or stored in this database shall contain personally identifying information without prior notice to the involved individual. The database is not intended to be used in place of the existing interagency wild land fire dispatch system.

SECTION 28. 24-34-104 (40) (a), (40) (b), (40) (c), and (40) (d), Colorado Revised Statutes, are amended to read:

24-34-104. General assembly review of regulatory agencies and functions for termination, continuation, or reestablishment. (40) The following agencies, functions, or both, shall terminate on July 1, 2009:

(a) The program for the administration and monitoring of medications in facilities authorized pursuant to ~~section 25-1-107 (1) (ee)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.;

(b) The exemption from licensure under the "Uniform Controlled Substances Act of 1992", article 18 of title 18, C.R.S., pursuant to section 12-22-304 (5) (e) (I), C.R.S., for persons who administer or monitor medications in facilities in compliance with the program authorized in ~~section 25-1-107 (1) (ee)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.;

(c) The exemption from licensure under the "Colorado Medical Practice Act"

pursuant to section 12-36-106 (3) (o) (I), C.R.S., for persons who administer and monitor medications in facilities in compliance with the program authorized in ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.;

(d) The exemption from licensure under the "Nurse Practice Act" pursuant to section 12-38-125 (1) (h) (I), C.R.S., for persons who administer and monitor medications in facilities in compliance with the program authorized in ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.;

SECTION 29. 25-1-102 (1), Colorado Revised Statutes, is amended to read:

25-1-102. Department created - executive director - divisions. (1) There is hereby created a department of public health and environment, referred to in this part 1 AND ARTICLE 1.5 OF THIS TITLE as the "department". The head of the department shall be the executive director of the department of public health and environment, which office is hereby created. The governor shall appoint said executive director, with the consent of the senate, and the executive director shall serve at the pleasure of the governor. The reappointment of an executive director after initial election of a governor shall be subject to the provisions of section 24-20-109, C.R.S. The executive director shall administer the department, subject to the authority of the state board of health, the air quality control commission, the state water quality control commission, and the hazardous waste commission.

SECTION 30. 25-1-105 (2) (b), Colorado Revised Statutes, is amended to read:

25-1-105. Executive director - chief medical officer - qualifications - salary - office. (2) (b) The chief medical officer shall provide independent medical judgment, guidance, and advice to the governor and to the executive director regarding medical and public health issues in all areas identified in ~~section 25-1-107~~ ARTICLE 1.5 OF THIS TITLE.

SECTION 31. The introductory portion to 25-1-109 (1) and 25-1-109 (1) (h), Colorado Revised Statutes, are amended to read:

25-1-109. Powers and duties of the division of administration. (1) In addition to the other powers and duties conferred and imposed in this part 1 upon the division of administration, the division, through the director or, upon ~~his~~ THE DIRECTOR'S direction and under ~~his~~ THE DIRECTOR'S supervision, through the other officers and employees of the division, has the following powers and duties:

(h) To administer and enforce the minimum general sanitary standards and regulations adopted pursuant to ~~section 25-1-107 (1) (x)~~ SECTION 25-1.5-202.

SECTION 32. 25-1-114.1 (1), the introductory portion to 25-1-114.1 (2.5) (a), and 25-1-114.1 (2.5) (b), (3), and (7), Colorado Revised Statutes, are amended to read:

25-1-114.1. Civil remedies and penalties. (1) The division of administration of the department may institute a civil action or administrative action, as described in subsection (2.5) of this section, against any person who violates a final enforcement order of the department issued for a violation of any minimum general sanitary

standard or regulation adopted pursuant to ~~section 25-1-107 (1) (x)~~ SECTION 25-1.5-202. Such civil action shall be brought in the district court of the county in which the violation of the standard or regulation is alleged to have occurred.

(2.5) (a) Any person who violates any minimum general sanitary standard and regulation promulgated pursuant to ~~section 25-1-107 (1) (x)~~ SECTION 25-1.5-202 or 25-1-114 (1) (h), or any final enforcement order issued by the department, shall be subject to an administrative penalty as follows:

(b) Penalties under this subsection (2.5) shall be determined by the executive director or the executive director's designee and may be collected by the division by an action instituted in a court of competent jurisdiction for collection of such penalty. The final decision of the executive director or the executive director's designee may be appealed to the state board of health. A stay of any order of the division ending judicial review shall not relieve any person from any liability with respect to past or continuing violations of any minimum general sanitary standard or any regulation promulgated pursuant to ~~section 25-7-107 (1) (x)~~ SECTION 25-1.5-202 or 25-1-114 (1) (h), but the reason for the request for judicial review shall be considered in the determination of the amount of the penalty. In the event that such an action is instituted for the collection of such penalty, the court may consider the appropriateness of the amount of the penalty, if such issue is raised by the party against whom the penalty was assessed. Any administrative penalty collected under this section shall be credited to the general fund.

(3) The department may request the attorney general to bring a suit for a temporary restraining order or a preliminary or permanent injunction to prevent or abate any violation of a minimum general sanitary standard or regulation adopted pursuant to ~~section 25-1-107 (1) (x)~~ SECTION 25-1.5-202 or to prevent or abate any release or imminent release that causes or is likely to cause contamination resulting in liability under ~~section 25-1-107 (1) (x) (VIII)~~ SECTION 25-1.5-207, and the department, in such a suit, may collect, on behalf of political subdivisions or public water systems, the damages incurred by such political subdivisions or public water systems under ~~section 25-1-107 (1) (x) (VIII)~~ SECTION 25-1.5-207. The department shall pay to such political subdivisions or public water systems all damages collected on their behalf. The department is not required to issue an enforcement order prior to institution of such a suit. Upon a de novo finding by the court that such a violation has occurred, is occurring, or is about to occur or that such release or imminent release exists, the court may enjoin such violation, release, or imminent release and enter such order as the public health may require, taking into consideration, where appropriate, the cost and time necessary to comply. An enforcement settlement with the state under the provisions of this subsection (3) shall bar a separate action by a political subdivision or public water system under ~~section 25-1-107 (1) (x) (VIII)~~ SECTION 25-1.5-207 whenever notice and adequate opportunity to comment on the proposed settlement have been given to the political subdivision or public water system, damages have been collected on behalf of and paid to such political subdivision or public water system by the state, and the release or imminent release has been prevented or abated by means of the settlement.

(7) Any person subject to an action brought pursuant to subsection (3) of this section or ~~section 25-1-107 (1) (x) (VIII)~~ SECTION 25-1.5-207 shall have an affirmative defense to such action if such person's potential liability results from a

discharge of contaminants or substances authorized by and in substantial compliance with an existing federal or state permit which controls the quality of the release of the contaminant or substance.

SECTION 33. 25-1-121 (1), Colorado Revised Statutes, is amended to read:

25-1-121. Patient grievance mechanism and institution's obligations to the patient. (1) As used in this section, "institution" means every hospital or related facility or institution having in excess of fifty beds and required to be licensed under part 1 of article 3 of this title or required to be certified pursuant to ~~section 25-1-107 (1) (1) (H)~~ SECTION 25-1.5-103 (1) (a) (II), except skilled nursing facilities and intermediate care facilities which are subject to the provisions of section 25-1-120.

SECTION 34. 25-1-122 (5), Colorado Revised Statutes, is amended to read:

25-1-122. Named reporting of certain diseases and conditions - access to medical records - confidentiality of reports and records. (5) No officer or employee or agent of the state department of public health and environment or local department of health shall be examined in any judicial, executive, legislative, or other proceeding as to the existence or content of any individual's report obtained by such department pursuant to subsection (1) or (2) of this section without that individual's consent. However, this provision shall not apply to individuals who are under isolation or quarantine, school exclusion, or other restrictive action taken pursuant to ~~section 25-1-107 (1) (b)~~ SECTION 25-1.5-102 (1) (c) or part 4, 5, 6, or 9 of article 4 of this title.

SECTION 35. The introductory portion to 25-1-124 (2) and 25-1-124 (5), Colorado Revised Statutes, are amended to read:

25-1-124. Health care facilities - consumer information - reporting - release. (2) Each health care facility licensed pursuant to section 25-3-101 or certified pursuant to ~~section 25-1-107 (1) (1) (H)~~ SECTION 25-1.5-103 (1) (a) (II) shall report to the department the following occurrences:

(5) The department shall investigate each report submitted pursuant to subsection (2) of this section that it determines was appropriately submitted. For each report investigated, the department shall prepare a summary of its findings, including the department's conclusions and whether there was a violation of licensing standards or a deficiency or whether the facility acted appropriately in response to the occurrence. If the investigation is not conducted on site, the department shall specify in the summary how the investigation was conducted. Any investigation conducted pursuant to this subsection (5) shall be in addition to and not in lieu of any inspection required to be conducted pursuant to ~~section 25-1-107 (1) (1)~~ SECTION 25-1.5-103 (1) (a) with regard to licensing.

SECTION 36. 25-1-801 (1) (a) and (1) (b) (I), Colorado Revised Statutes, are amended to read:

25-1-801. Patient records in custody of health care facility. (1) (a) Every patient record in the custody of a health facility licensed or certified pursuant to ~~section 25-1-107 (1)~~ SECTION 25-1.5-103 (1) or article 3 of this title, or both, or any

entity regulated under title 10, C.R.S., providing health care services, as defined in section 10-16-102 (22), C.R.S., directly or indirectly through a managed care plan, as defined in section 10-16-102 (26.5), C.R.S., or otherwise shall be available for inspection to the patient or the patient's designated representative through the attending health care provider or such provider's designated representative at reasonable times and upon reasonable notice, except records pertaining to mental health problems or notes by a physician that, in the opinion of a licensed physician who practices psychiatry and is an independent third party, would have significant negative psychological impact upon the patient. Such independent third-party physician shall consult with the attending physician prior to making a determination with regard to the availability for inspection of any patient record and shall report in writing findings to the attending physician and to the custodian of said record. A summary of records pertaining to a patient's mental health problems may, upon written request and signed and dated authorization, be made available to the patient or the patient's designated representative following termination of the treatment program.

(b) (I) Following any treatment, procedure, or health care service rendered by a health facility licensed or certified pursuant to ~~section 25-1-107 (1)~~ SECTION 25-1.5-103 (1) or article 3 of this title, or both, or by an entity regulated under title 10, C.R.S., providing health care services, as defined in section 10-16-102 (22), C.R.S., directly or indirectly through a managed care plan, as defined in section 10-16-102 (26.5), C.R.S., or otherwise, copies of said records, including X rays, shall be furnished to the patient upon submission of a written authorization-request for records, dated and signed by the patient, and upon the payment of the reasonable costs.

SECTION 37. 25-3-103.1 (2), Colorado Revised Statutes, is amended to read:

25-3-103.1. Health facilities general licensure cash fund. (2) The general assembly shall make annual appropriations from the health facilities general licensure cash fund to partially reimburse the department of public health and environment for the direct and indirect costs of the department incurred in the performance of its duties under this article. No appropriation shall be made out of the cash fund for expenditures incurred by the department pursuant to ~~section 25-1-107 (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (II) in carrying out duties relating to health facilities wholly owned and operated by a governmental unit or agency.

SECTION 38. 25-3-103.7 (1)(a), Colorado Revised Statutes, is amended to read:

25-3-103.7. Employment of physicians - when permissible - conditions.

(1) For purposes of this section:

(a) "Hospital" means a hospital currently licensed or certified by the department of public health and environment pursuant to the department's authority under ~~section 25-1-107 (1) (I)~~ SECTION 25-1.5-103 (1) (a).

SECTION 39. 25-3-104, Colorado Revised Statutes, is amended to read:

25-3-104. Reports. Any person, partnership, association, or corporation maintaining any hospital or other facility for the treatment or care of the sick or

injured shall make a report to the department of public health and environment upon request but not more frequently than quarterly. The department of public health and environment shall have power to investigate and shall have free access to such facilities consistent with ~~section 25-1-107 (1) (I)~~ SECTION 25-1.5-103 (1) (a).

SECTION 40. 25-3-107 (1), Colorado Revised Statutes, is amended to read:

25-3-107. Disciplinary actions reported to state board of medical examiners or podiatry board. (1) Any disciplinary action to suspend, revoke, or otherwise limit the privileges of a licensed physician or podiatrist which is taken by the governing board of a hospital required to be licensed or certified pursuant to this part 1 or required to obtain a certificate of compliance pursuant to ~~section 25-1-107 (1) (I) or (II)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II) shall be reported to the Colorado state board of medical examiners or the Colorado podiatry board, whichever board is appropriate, in the form prescribed by said board.

SECTION 41. 25-3-109 (1), Colorado Revised Statutes, is amended to read:

25-3-109. Quality management functions - confidentiality and immunity. (1) The general assembly hereby finds and declares that the implementation of quality management functions to evaluate and improve patient and resident care is essential to the operation of health care facilities licensed or certified by the department of public health and environment pursuant to ~~section 25-1-107 (1) (I)~~ SECTION 25-1.5-103 (1) (a). For this purpose, it is necessary that the collection of information and data by such licensed or certified health care facilities be reasonably unfettered so a complete and thorough evaluation and improvement of the quality of patient and resident care can be accomplished. To this end, quality management information relating to the evaluation or improvement of the quality of health care services shall be confidential, subject to the provisions of subsection (4) of this section, and persons performing such functions shall be granted qualified immunity. It is the intent of the general assembly that nothing in this section revise, amend, or alter article 36 or part 1 of article 36.5 of title 12, C.R.S.

SECTION 42. 25-4-1705 (5) (e) (II) (D) and (5) (e) (IV), Colorado Revised Statutes, are amended to read:

25-4-1705. Department of public health and environment - powers and duties. (5) The board of health, in consultation with the medical services board in the state department of health care policy and financing, and such other persons, agencies, or organizations that the board of health deems advisable, shall formulate, adopt, and promulgate rules governing the implementation and operation of the infant immunization program. Such rules shall address the following:

(e) (II) Records in the immunization tracking system established pursuant to subparagraph (I) of this paragraph (e) shall be strictly confidential and shall not be released, shared with any agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or otherwise, except under the following circumstances:

(D) No officer or employee or agent of the state department of public health and environment or local department of health shall be examined in any judicial,

executive, legislative, or other proceeding as to the existence or content of any infant's report obtained by such department without consent of the infant's parent or guardian. However, this provision shall not apply to infants who are under isolation, quarantine, or other restrictive action taken pursuant to ~~section 25-1-107 (1) (b)~~ SECTION 25-1.5-102 (1) (c).

(IV) The department shall not directly contact the parent or legal guardian for the purpose of notifying the parent or legal guardian of immunizations that are recommended or required by the board of health, unless such contact is necessary to control an outbreak of or prevent the spread of a vaccine-preventable disease pursuant to ~~section 25-1-107 (1) (a)~~ SECTION 25-1.5-102 (1) (a) or 25-4-908.

SECTION 43. The introductory portion to 25-11-104 (8) (a), Colorado Revised Statutes, is amended to read:

25-11-104. Rules to be adopted - fees - fund created. (8) (a) The state board of health shall adopt rules requiring that all machine sources of ionizing radiation which are used for therapeutic or diagnostic use on humans be annually inspected if owned, leased, under contract, or operated on behalf of a facility licensed or certified by ~~section 25-1-107 (1) (I) (I) and (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (I) AND (1) (a) (II) or a licensed osteopathic physician, a medical physician, or a chiropractic doctor, and every three years for all other machines used for human treatment or diagnosis and certified by qualified inspectors as safe for the intended uses and in compliance with the specifications of the state board of health and the equipment manufacturer. Such rules shall include the following:

SECTION 44. 25-11-109, Colorado Revised Statutes, is amended to read:

25-11-109. Provisional license. In the event the department has failed to issue or has denied a request for a license, or an amendment thereto, as authorized by this article, within thirty days of the date of receipt by the department of a completed application made on the appropriate forms designated by the department to a hospital as licensed or certified pursuant to ~~section 25-1-107 (1) (I) (I) and (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (I) AND (1) (a) (II), a provisional license shall be deemed to have been issued by the department. In the case of a denial, the department shall provide the applicant in writing with information and substantive reasons in explanation thereof. The provisional license shall be in effect for a period of ninety days and may be continued for one additional ninety-day period. Such provisional license shall apply only to licensed or certified hospitals when the purpose is to acquire, possess, and use radioactive material for diagnostic or therapeutic human use.

SECTION 45. 25-14-103 (1) (b) (IV), Colorado Revised Statutes, is amended to read:

25-14-103. Smoking prohibited in certain public places. (1) Except as otherwise provided in this subsection (1), smoking is prohibited in the following public places:

(b) (IV) No other restrictions provided in this article shall apply to hospitals licensed pursuant to article 3 of this title or holding a valid certificate of compliance pursuant to ~~section 25-1-107 (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (II).

SECTION 46. 25.5-1-503 (3), Colorado Revised Statutes, is amended to read:

25.5-1-503. Definitions. As used in this part 5, unless the context otherwise requires:

(3) "Hospital" means any hospital licensed or certified pursuant to ~~section 25-1-107 (1) (I) (I) or (1) (I) (H)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II), C.R.S., or any entity controlling, controlled by, or under common control with a licensed or certified hospital.

SECTION 47. The introductory portion to 26-4-103 (8) and 26-4-103 (11), Colorado Revised Statutes, are amended to read:

26-4-103. Definitions. As used in this article, unless the context otherwise requires:

(8) "Intermediate nursing facility for the mentally retarded" means a tax-supported, state-administered intermediate nursing facility, or a distinct part of such facility, which meets the state nursing home licensing standards set forth in ~~section 25-1-107 (1) (I) (I)~~ SECTION 25-1.5-103 (1) (a) (I), C.R.S., and the requirements in 42 U.S.C. sec. 1396d and which:

(11) "Nursing facility" means a facility, or a distinct part of a facility, which meets the state nursing home licensing standards in ~~section 25-1-107 (1) (I) (I)~~ SECTION 25-1.5-103 (1) (a) (I), C.R.S., is maintained primarily for the care and treatment of inpatients under the direction of a physician, and meets the requirements in 42 U.S.C. sec. 1396d for certification as a qualified provider of nursing facility services. The patients in such a facility require supportive, therapeutic, or compensating services and the availability of a licensed nurse for observation or treatment on a twenty-four-hour basis. Nursing care may include but is not limited to terminal care; extensive assistance or therapy in the activities of daily living; continual direction, supervision, or therapy; extensive assistance or therapy for loss of mobility; nursing assessment and services which involve assessment of the total needs of the patient, planning of patient care, and observing, monitoring, and recording the patient's response to treatment; and monitoring, observing, and evaluating the drug regimen. "Nursing facility" includes private, nonprofit, or proprietary intermediate nursing facilities for the mentally retarded or developmentally disabled.

SECTION 48. 26-4-410 (2) (c) (II) (B), Colorado Revised Statutes, is amended to read:

26-4-410. Providers - nursing facility - nursing facility patient program improvement fund - reimbursement - maximum allowable - nonmonetary incentive program - quality of care incentive payment program - legislative declaration. (2) (c) The medical services board shall adopt rules and regulations to:

(II) (B) Determine and pay to nursing facility providers a reasonable share of the amount by which the reasonable costs of the categories of administration, property, and room and board, excluding food costs, exceed the actual cost in these categories only of each facility provider. Such reasonable share shall be defined as twelve and

one-half percent of such amount in such categories for each facility, not to exceed twelve percent of the reasonable cost. As used in this sub-subparagraph (B), "nursing facility provider" means a facility provider that meets the state nursing home licensing standards in ~~section 25-1-107 (1) (I) or (1) (H)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II), C.R.S., is maintained primarily for the care and treatment of inpatients under the direction of a physician, and meets the requirements in 42 U.S.C. sec. 1396d for certification as a qualified provider of nursing facility services.

SECTION 49. 26-4-603 (13.5), Colorado Revised Statutes, is amended to read:

26-4-603. Definitions. As used in this subpart 1 and subpart 3 of this part 6, unless the context otherwise requires:

(13.5) "Medications administration" means the administration or monitoring of medications provided in a manner consistent with ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S., under the authority and direction of the state department, as part of the "alternative care services", as defined in subsection (4) of this section, as provided in an "alternative care facility", as defined in subsection (3) of this section.

SECTION 50. 26-6-104 (4), Colorado Revised Statutes, is amended to read:

26-6-104. Licenses - out-of-state notices and consent. (4) No license for a child care center, residential child care facility, or secure residential treatment center shall be issued by the department until the facilities to be operated or maintained by the applicant or licensee are approved by the department of public health and environment as conforming to the sanitary standards prescribed by said department under the provisions of ~~section 25-1-107 (1) (m)~~ SECTION 25-1.5-101 (1) (h), C.R.S., and unless such facilities conform to fire prevention and protection requirements of local fire departments in the locality of the facility or, in lieu thereof, of the division of labor.

SECTION 51. 26-6-106.1, Colorado Revised Statutes, is amended to read:

26-6-106.1. Administration or monitoring of medications to persons - residential child care facilities. The executive director has the power to direct the administration or monitoring of medications to persons in facilities pursuant to ~~section 25-1-107 (1) (cc) (H.5) (F)~~ SECTION 25-1.5-301 (2) (e), C.R.S.

SECTION 52. 26-15-103 (2), Colorado Revised Statutes, is amended to read:

26-15-103. Definitions. As used in this article, unless the context otherwise requires:

(2) "General provider" means any general hospital, birth center, or community health clinic licensed or certified by the department of public health and environment pursuant to ~~section 25-1-107 (1) (I) or (1) (H)~~ SECTION 25-1.5-103 (1) (a) (I) OR (1) (a) (II), C.R.S., any health maintenance organization issued a certificate of authority pursuant to section 10-16-402, C.R.S., and the health sciences center when acting pursuant to section 26-15-106 (5) (a) (I) or (5) (a) (II) (A). A home health agency may also serve as a provider of community maternity services. For the

purposes of the program, "general provider" includes associated physicians.

SECTION 53. 27-10-117.5, Colorado Revised Statutes, is amended to read:

27-10-117.5. Administration or monitoring of medications to persons receiving care. The executive director has the power to direct the administration or monitoring of medications in conformity with ~~section 25-1-107 (1) (cc)~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S., to persons receiving treatment in facilities created pursuant to this article.

SECTION 54. The introductory portion to 27-10.5-103 (2) and 27-10.5-103 (2) (k) (III), Colorado Revised Statutes, are amended to read:

27-10.5-103. Duties of the executive director - rules. (2) The executive director shall adopt such rules, ~~and regulations,~~ in accordance with section 24-4-103, C.R.S., as are necessary to carry out the provisions and purposes of this article including but not limited to the following subjects:

(k) (III) Any individual who is not otherwise authorized by law to administer nutrition and fluids through gastrostomy tubes shall be allowed to perform such duties only under the supervision of a licensed nurse or physician. Any individual who administers nutrition and fluids in compliance with the provisions of this paragraph (k) shall be exempt from the licensing requirements of the "Colorado Medical Practice Act" and the "Nurse Practice Act". Nothing in this paragraph (k) shall be deemed to authorize the administration of medications through gastrostomy tubes. Any individual administering medications through gastrostomy tubes shall be subject to the requirements of ~~section 25-1-107~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

SECTION 55. 27-10.5-114 (3) and (6.5), Colorado Revised Statutes, are amended to read:

27-10.5-114. Right to medical care and treatment. (3) All service agencies which administer medication shall require that notation of the medication of a person receiving services be kept in the person's medical records. All medications shall be administered pursuant to ~~section 25-1-107~~ PART 3 OF ARTICLE 1.5 OF TITLE 25, C.R.S.

(6.5) The executive director has the power to direct the administration or monitoring of medications to persons being cared for and treated in centers for the developmentally disabled pursuant to ~~section 25-1-107 (1) (cc) (H.5) (f)~~ SECTION 25-1.5-301 (2) (h), C.R.S.

SECTION 56. 30-11-104 (1) (b), Colorado Revised Statutes, is amended to read:

30-11-104. County buildings - acquisition of land or buildings by eminent domain authorized. (1) (b) For any penal institution that begins operations on or after August 30, 1999, that is operated by or under contract with a county, the county may establish standards relating to space requirements, furnishing requirements, required special use areas or special management housing, and environmental condition requirements, including but not limited to standards pertaining to light, ventilation, temperature, and noise level. If a county does not adopt standards pursuant to this paragraph (b), the penal institution operated by or under contract with

the county shall be subject to the standards adopted by the department of public health and environment pursuant to ~~section 25-1-107 (1) (n)~~ SECTION 25-1.5-101 (1) (i), C.R.S. In establishing such standards, the county is strongly encouraged to consult with national associations that specialize in policies relating to correctional institutions.

SECTION 57. 31-15-711.5, Colorado Revised Statutes, is amended to read:

31-15-711.5. Municipal jails - sanitary standards. Any municipality that chooses to establish and operate a jail, as authorized in section 31-15-401 (1) (j), that begins operations on or after August 30, 1999, may establish sanitary standards for such jail relating to space requirements, furnishing requirements, required special use areas or special management housing, and environmental condition requirements, including but not limited to standards pertaining to light, ventilation, temperature, and noise level. If a municipality does not adopt standards pursuant to this section, the jail operated by or under contract with the municipality shall be subject to the standards adopted by the department of public health and environment pursuant to ~~section 25-1-107 (1) (n)~~ SECTION 25-1.5-101 (1) (i), C.R.S. In establishing such standards, the municipality is strongly encouraged to consult with national associations that specialize in policies relating to correctional institutions.

SECTION 58. 32-1-103 (9), Colorado Revised Statutes, is amended to read:

32-1-103. Definitions. As used in this article, unless the context otherwise requires:

(9) "Health service district" means a special district that may establish, maintain, or operate, directly or indirectly through lease to or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities licensed or certified pursuant to ~~section 25-1-107 (1) (t)~~ SECTION 25-1.5-103 (1) (a), C.R.S., providing health and personal care services and may organize, own, operate, control, direct, manage, contract for, or furnish ambulance service.

SECTION 59. 32-1-1003 (1) (a), Colorado Revised Statutes, is amended to read:

32-1-1003. Health service districts - additional powers. (1) In addition to the powers specified in section 32-1-1001, the board of any health service district has any or all of the following powers for and on behalf of such district:

(a) To establish, maintain, or operate, directly or indirectly through lease to or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities licensed or certified pursuant to ~~section 25-1-107 (1) (t)~~ SECTION 25-1.5-103 (1) (a), C.R.S., providing health and personal care services and to organize, own, operate, control, direct, manage, contract for, or furnish ambulance service in said district;

SECTION 60. Effective date. This act shall take effect July 1, 2003.

SECTION 61. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 20, 2003