

# SUPPORT

## HB25-1027



**COLORADO**  
Department of Public  
Health & Environment

## Update Disease Control Statutes

**Sponsors: Representatives Gilchrist and Brown, Senators Daugherty and Mullica**

### PURPOSE

The end of the COVID-19 pandemic allowed the Colorado Department of Public Health and Environment the opportunity to evaluate the state's infectious disease and emergency response programs and to understand where changes could increase the department's agility and effectiveness. The department proposes comprehensive statutory updates to improve regulatory flexibility, reduce burdens for residents, and improve health outcomes.

### BACKGROUND

CDPHE's Division of Disease Control and Public Health Response is responsible for making sure that Colorado is prepared to respond rapidly and effectively to public health concerns and emergencies. The division responds to disease outbreaks and hazards, and it monitors, investigates, and controls the causes of epidemic, communicable, and vaccine-preventable diseases.

During the COVID-19 pandemic, the division worked with the Governor's Expert Emergency Epidemic Response Committee (GEEERC) to evaluate the state's pandemic response activities. Ultimately, the COVID-19 pandemic illustrated that many systems of expertise, legal authority, and government process are already in place, making the GEEERC duplicative and inefficient.

The pandemic also illustrated that certain regulatory processes in place to compel school-entry immunizations were burdensome for parents and families and discouraged vaccine administration. For example, current state statute limits who can provide records of immunization and restricts the timeline for children to receive an immunization in order to attend school.

Additional disease control statutes were identified that require updates in order to enhance tools used by the healthcare system and residents to manage disease risk. For example, current statute requires healthcare providers to screen for hepatitis C for a person born between 1945 and 1965. This law was established when the generation of individuals born between 1945 and 1965 were younger in age. Today, the Centers for Disease Control and Prevention recommends screening a broader population.

### SOLUTION

- Repealing the GEEERC would modernize governance and result in better coordination through the use of existing authorities, strengthening the state's response during emergencies.
- Changes to immunization statutes would reflect the current practices of schools, healthcare systems, and families to meet school immunization requirements. The changes would reduce unnecessary burdens to compliance, thereby saving students and families time and reducing the risk of educational disruptions.
- Changes to the communicable disease control statutes would update outdated language and expand access to screening and care.

## PROPOSED STATUTORY CHANGES

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### Repeal-and-replace the Governor's Expert Emergency Epidemic Response Committee

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The Governor's Expert Emergency Epidemic Response Committee (GEEERC) was established in 2000 to advise the Governor during an emerging or ongoing public health threat. The COVID-19 pandemic response illustrated that many systems of expertise, legal authority, and government process are already in place.

First, the Governor is already authorized under § 24-33.5-704(6.5), C.R.S. to establish a policy group to advise them during a public health emergency. Since the nature of emergencies vary, the Governor benefits from having the flexibility to appoint advisors based on the situation. Additionally, in the case of a novel pathogen or a pandemic, the Governor needs to be briefed and advised on a daily basis over long periods of time. This is best accomplished by the experts within state agencies who closely monitor the event. Next, the Colorado Department of Public Safety is the formal coordinator of state agencies after an emergency is declared. CDPS follows the framework of the National Incident Management System, which recently integrated public health activities into any emergency response. This public health emergency framework makes the GEEERC's focus on public health during an emergency response duplicative. Finally, the Board of Health is also appointed by the Governor, and could serve as the authority on emergency response plans. The Board of Health is accustomed to reviewing plans and taking testimony from the public. This proposal would repeal the statute establishing the GEEERC and delegate its authority to existing state entities.

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### Allow physician assistants' records to be used for immunization certificates

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Currently, state statute restricts which healthcare provider records may be used to create a certificate of immunization. Only licensed physicians, registered nurses, or public health officials' records may be used. Physician assistants are not included in this list even though they commonly treat pediatric patients and administer vaccines. This proposal would add physician assistants to the list of health officials authorized to make a record.

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### Repeal duplicative student immunization authorizations

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Section 25-4-902(1)(b), C.R.S. stipulates that a parent may provide a school with written authorization for local public health agencies to administer immunizations as a means for their child to come into compliance with the immunization requirements. This is duplicative of § 25-4-902(3), C.R.S. which generally states that a parent or legal guardian may provide written authorization for the administration of immunizations. Maintaining the language specific to LPHAs in statute is unnecessary and increases the risk that parents will assume that it is the responsibility of the school to bring the student into compliance by scheduling the vaccination appointment with the LPHA, when the responsibility lies with the parent or emancipated student to schedule and acquire the required vaccines. This proposal would repeal § 25-4-902(1)(b), C.R.S.

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### Extend the timeline to come into compliance with immunization requirements

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Currently, students not in compliance with school immunization requirements have 14 days following notification from the school to come into compliance in order to attend school. This time period is often insufficient given barriers such as long wait times for provider appointments and an inability for parents to take off work for an appointment. This proposal would extend the time period for students to come into compliance to thirty days.

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## **Extend the timeline for schools to distribute immunization materials**

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Currently, all schools are required to distribute an annual immunization letter to parents or caregivers by February 15, which describes the aggregate immunization rates of students from the previous school year and school vaccine requirements for the following school year. The February 15 deadline is viewed by many school nurses as too early in the school year to effectively encourage action by families to schedule vaccinations for the next school year. This proposal would extend the deadline for distributing the Annual Parent Letter to caregivers from February 15 to April 15. Distribution later in the school year would coincide with other communications by the school about the following school year and would more likely impact immunization rates in schools.

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## **Repeal notification of student's expulsion or suspension**

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Currently, state statute requires school officials to notify CDPHE and their local public health agency when a student is suspended or expelled from school for noncompliance with vaccination rules. However, the federal Family Educational Rights and Privacy Act prohibits the sharing of student information by schools to outside agencies without written consent from parents. This proposal would repeal § 25-4-907(2), C.R.S. Schools do not notify public health officials now of an individual student's noncompliance so repealing this requirement aligns with current practice.

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## **Modify the annual due date of the Healthcare Associated Infections report**

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The Healthcare Associated Infections Report lists information about the number, location, and type of infections in Colorado. It is used by residents as an indicator of healthcare quality. The data that informs the report is self-reported by healthcare facilities to the National Healthcare Safety Network, which makes the previous years' data available to CDPHE on April 15. The annual submission date for the Healthcare Associated Infections Report is July 15, and the department needs more time to conduct the analysis to ensure the quality of the report. This proposal would extend the due date of the report to the General Assembly to September 15, annually.

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## **Update hepatitis C screening requirements**

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Section 25-4-2005(1), C.R.S. currently requires healthcare providers to screen or conduct diagnostic testing for hepatitis C for a person born between 1945 and 1965. Hepatitis C is a virus that can cause serious damage to the liver and the quality of a person's life if left untreated. Screening for hepatitis C is extremely important, because there is no vaccine available to prevent transmission and many people with the virus are asymptomatic. The current statutory language for hepatitis C screening in Colorado was established when the generation of individuals born between 1945 and 1965 were younger in age. Today, the Centers for Disease Control and Prevention recommends screening anyone age 18 and older, people who are pregnant, and people who present with associated risk factors. This proposal would authorize the State Board of Health to establish hepatitis C screening standards to align with national CDC guidance.