



To: Members of the State Board of Health

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Date: **November 1**, 2020

Subject: **Rulemaking Hearing concerning 6 CCR 1009-2 The Infant Immunization Program And Immunization Of Students Attending School**

Please find copies of the following documents: Statement of Basis and Purpose and Specific Statutory Authority, Regulatory Analysis, Stakeholder Engagement, and Proposed Amendments to 6 CCR 1009-2, The Infant Immunization Program And Immunization Of Students Attending School.

The Colorado Department of Public Health and Environment (Department) has the legal authority, established in Colorado law, to protect students and the general population from vaccine-preventable disease. Child care facilities, schools, and colleges/universities are bound by law to ensure students meet the vaccine requirements as established by the Colorado Board of Health (BOH). Colorado's vaccine requirements have contributed to higher vaccine coverage and lower levels of vaccine-preventable disease.

The proposed amendments align this rule with new statutory requirements resulting from Colorado Senate Bill 20-163 (SB 20-163), including:

- Consolidating personal belief and religious exemptions into a single nonmedical exemption category;
- Changing the process to claim a nonmedical exemption by requiring an immunizing provider signature or completion of the Department's online education module prior to claiming a nonmedical exemption;
- Requiring use of the Department's certificates of medical and nonmedical exemption;
- Updating the requirements of the online education module with sections, as outlined in SB 20-163; and
- Requiring schools to share the Department's parent letter annually and compare their school's measles, mumps and rubella (MMR) rate from the previous school year to a new Vaccinated Children Standard of 95%.

Additionally, the Department has proposed changes that are technical in nature and are intended to clarify existing rule language and provide better alignment with statute without significant policy change.

The Department has contacted a wide variety of stakeholders to solicit input on these proposed amendments. A summary of the feedback received and, if the Department incorporated this feedback, is detailed in the Stakeholder Engagement section.

In total, the proposed amendments are necessary to align our rule with statute, continue to bring clarity to the rules and minimize potential confusion among end-users of the rule. Of note, and publicized on our website, schools and child care centers will not be required to make any changes for the 2020-2021 school year. The 2021-2022 school year is the current target for changes to be implemented.

Changes to rule language appear in ALL CAPS and strikethroughs. Additionally any changes made since the request for rulemaking are highlighted in yellow.

STATEMENT OF BASIS AND PURPOSE AND SPECIFIC STATUTORY AUTHORITY
for Amendments to 6 CCR 1009-2 The Infant Immunization Program And Immunization Of
Students Attending School

Basis and Purpose.

Colorado requires all students to be immunized per the vaccine schedule established by 6 CCR 1009-2 upon school entry, unless an exemption is filed. The purpose of the immunization requirements for school entry is to protect students, staff, and the visiting public against vaccine-preventable diseases within schools and broader communities.

The proposed amendments align this rule with new statutory requirements resulting from SB 20-163, including:

- Consolidating personal belief and religious exemptions into a single nonmedical exemption category;
- Changing the process to claim a nonmedical exemption by requiring an immunizing provider signature or completion of the Department's online education module prior to claiming a nonmedical exemption;
- Requiring use of the Department's certificates of medical and nonmedical exemption;
- Updating the requirements of the Department's online education module with sections, as outlined in SB 20-163; and
- Requiring schools to share the Department's parent letter annually and compare their school's MMR rate from the previous school year to a newly established Vaccinated Children Standard of 95%.

To this end, the following noteworthy changes to the rule are proposed:

1. The Department proposes amendments to Section I to update the definition of "Immunization tracking system," and add new definitions for "Nonmedical exemption," and "Up-to-date." Collectively and individually, the proposed changes to these definitions are intended to bring clarity to the rule and/or better alignment with statute. With the exception of the definition of a "Nonmedical exemption," these are technical changes and do not reflect a change to policy. The proposed definition for "Nonmedical exemption" reflects the newly adopted statutory requirement in SB 20-163 to consolidate personal belief and religious exemptions into a single nonmedical exemption category.
2. Significant amendments and additions are proposed to Section III. Proposed rule changes in this Section align with the newly adopted statutory requirements for nonmedical exemptions by: 1) consolidating the personal belief and religious exemptions into a single nonmedical exemption category, 2) requiring an immunizing provider signature or completion of the Department's online education module prior to claiming a nonmedical exemption, and 3) requiring use of the Department's certificates of medical and nonmedical exemption in most instances.

- a. Of note, immunization records shall be maintained by the parent or adult relative designated by the parent of a student who participates in a nonpublic home-based education program pursuant to section 22-33-104.5, C.R.S., and are only required to be submitted upon request by a school district, institute charter school, or private school at which the student attends for a portion of the school day.
3. The proposed amendments to Section VI are intended to both simplify the language in this section and propose the inclusion of the Department's certificate of nonmedical exemption as an Official School Immunization Record.
4. The proposed amendments to Section VII alter the way that aggregate data is reported to the Department to align with the consolidation of religious and personal belief exemptions into a single nonmedical exemption category.
5. As the rule language in Section IX is very similar to the language in the sections that precede it, the proposed amendments made here are similarly intended to align the requirements in rule with the newly adopted statutory requirements for nonmedical exemptions by:
 - a. Consolidating the personal belief and religious exemptions into a single nonmedical exemption category in Section IX (B);
 - b. Changing the process to claim a nonmedical exemption by requiring an immunizing provider signature or completion of the Department's online education module prior to claiming a nonmedical exemption in Section IX (B);
 - c. Requiring use of the Department's certificates of medical and nonmedical exemption in Section IX (B);
 - d. Simplifying the language regarding Official School Immunization Records and proposing the inclusion of the Department's certificate of nonmedical exemption as an Official School Immunization Record in Section IX (E); and
 - e. Altering the way that aggregate data is reported to the Department to align with the consolidation of religious and personal belief exemptions into a single nonmedical exemption category in Section IX (F).
6. The proposed amendments in Section XII are intended to align this rule with new requirements imposed by SB 20-163 regarding the Department's online education module. Proposed additions to rule language require the module to be interactive, generate a certificate of nonmedical exemption upon completion of the module, and fairly present both the benefits and risks of immunizations and include data concerning the risk of immunization injury.
7. The proposed addition in Section XIII is intended to align this rule with SB 20-163 that sets a new Vaccinated Children Standard for schools. The goal for every school is for 95% of their enrolled student population to be vaccinated with each vaccine required for school entry in Section II.
8. The proposed additions in Section XIV are intended to align with SB 20-163 and detail the contents and distribution requirements for the Department's annual letter to parents/guardians of enrolled students regarding immunizations. The proposed new language: 1) clarifies that by January 15 of each year, the Department will provide the document to the Department of Education and the Department of Human Services who will, in turn, post it on their website by January 31 of each year, 2) adds a place on

the document for schools to include their specific immunization and exemption rates for the MMR vaccine and other school-required vaccines in comparison to the Vaccinated Children Standard in Section XIII and 3) a statement that schools do not control their immunization and exemption rates or establish the Vaccinated Children Standard.

9. The proposed additions in Section VI are intended to reinstate the language that allows schools to receive and transfer out-of-state immunization records to a Colorado Certificate of Immunization. This language has also been updated to indicate that, on a case-by-case basis, the Department may allow a school to accept an out-of-state certificate of immunization outright if the Department recognizes it to be consistent with Colorado's Certificate of Immunization.

10. The proposed deletions in Section X are intended to bring clarity to this section. All vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act (NCVIA - 42 U.S.C. § 300aa-26) to give the appropriate VIS to the patient (or parent or legal representative) prior to vaccine receipt.

Additionally, the Department has proposed changes that are technical in nature and are intended to clarify existing rule language and provide better alignment with statute without significant policy change.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

§ 25-4-903, C.R.S. and § 25-4-904, C.R.S.

Is this rulemaking due to a change in state statute?

Yes, align with SB20-163. Rules are authorized required.

Does this rulemaking include proposed rule language that incorporate materials by reference?

No

Does this rulemaking include proposed rule language to create or modify fines or fees?

No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;

Has an elected official or other representatives of local governments disagreed with this categorization of the mandate? No.

REGULATORY ANALYSIS
for Amendments to 6 CCR 1009-2 The Infant Immunization Program And Immunization Of
Students Attending School

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Approximately 2,150 public and private schools, approximately 2,100 licensed child cares, thousands of healthcare providers throughout the state, the Colorado Department of Education, the Colorado Department of Human Services and 53 county, district or municipal public health agencies (LPHAs) rely on the rule to maintain their own businesses, agencies or operations.		C, CLG
Advocacy organizations such as Immunize Colorado, professional organizations such as the Colorado Chapter of the American Academy of Pediatrics or Colorado Academy of Family Physicians, federal agencies such as the Centers for Disease Control and Prevention, and health care providers.		S
Students enrolled in Colorado schools and, if under 18 years of age, their parents/guardians, and the public at large.		S, B

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- CLG = local governments that must implement the rule in order to remain in compliance with the law.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

The Department will incur minimal costs to implement this rule, including updating certificates of medical and nonmedical exemption, updating the online education module and updating the annual parent letter.

C and CLG: As the rule primarily makes changes to the process by which a parent or student claims a nonmedical exemption, there are no anticipated additional implementation costs to schools, providers or LPHAs. Further, the fiscal note for SB 20-163 did not identify costs for these groups.

S: None.

B: The purpose of immunization requirements for school entry is to protect students, staff, and the visiting public against vaccine-preventable diseases within schools and broader communities. The Department anticipates these rule changes will lead to higher vaccination rates in schools and, subsequently, the surrounding community and result in decreases in vaccine-preventable disease.

Tangibly, less vaccine-preventable disease means fewer sick kids and results in cost avoidance related to doctor visits, emergency department (ED) or hospitalization visits, missed school absences and missed work for parents/guardians. Per a March 2020 report from Children's Hospital Colorado, 524 Colorado children were hospitalized and over 10,000 Colorado children had ED visits in 2018 due to vaccine-preventable diseases.

Parents and enrolled students of Colorado schools that submit a certificate of nonmedical exemption will now either have to include a signature from a healthcare provider licensed to administer immunizations or view the Department's online education module prior to claiming a nonmedical exemption. Because parents and enrolled students can choose which way they secure a valid certificate of nonmedical exemption, there are no anticipated costs.

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Favorable non-economic outcomes:

B: The purpose of immunization requirements for school entry is to protect students, staff, and the visiting public against vaccine-preventable diseases within schools and broader communities. It is anticipated that these rule changes will lead to higher vaccination rates in schools and, subsequently, the surrounding community and result in decreases in vaccine-preventable disease. The Department expects the changes to the nonmedical exemption process to reduce the number of "convenience" exemptions claimed by parents who are not opposed to vaccination but who may simply lack the time or resources to take their child to a healthcare provider for the required immunizations.

Further, the Department expects the changes to the nonmedical exemption process and online education module will result in increased access to science-based, credible information for informed decision-making prior to parents claiming a nonmedical exemption.

C, CLG, B: The proposed changes to this rule will result in clarification for consistent interpretation by end-users of the rule, more consistent terminology and simplification of

language, and better alignment with statute; all of which the Department expects will result in improved customer experience.

Unfavorable non-economic outcomes: N/A

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

A. Anticipated CDPHE personal services, operating costs or other expenditures:

The Department identified minimal costs to implement the provisions of SB 20-163, as outlined in the Fiscal Note:

Type of Expenditure	Year 1	Year 2
Update Online Education Module		
Personnel costs	\$5,714	--
Technology cost	\$10,022	\$1,358
Learning Management System license or renewal	\$2,595	\$1,060
Language services	\$14,051	\$11,944
Annual Alignment Evaluation*		
Facilitation contractor for stakeholder meetings	\$10,000	\$10,000
Total	\$42,382	\$24,362

*Note: This table contains total costs for the Department to implement SB 20-163, including components not specifically addressed in this proposed rule change. SB 20-163 requires the Department to annually evaluate the state's immunization practices, including a review of updated guidelines recommended by the Advisory Committee on Immunization Practices. When the Department plans to consider proposing the addition of new vaccines to Section II of this rule for school entry, the Department will hire an external facilitator to seek input from stakeholders. When the Department decides to maintain existing practice, the Department will submit a memo outlining our decision or offer to present this decision to the Board of Health.

Anticipated CDPHE Revenues: NA

B. Anticipated personal services, operating costs or other expenditures by another state agency: NA

Anticipated Revenues for another state agency: NA

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

- Comply with a statutory mandate to promulgate rules.
- Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- Maintain alignment with other states or national standards.
- Implement a Regulatory Efficiency Review (rule review) result
- Improve public and environmental health practice.
- Implement stakeholder feedback.
- Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities
 Goal 2, Increase Efficiency, Effectiveness and Elegance
 Goal 3, Improve Employee Engagement
 Goal 4, Promote health equity and environmental justice
 Goal 5, Prepare and respond to emerging issues, and
 Comply with statutory mandates and funding obligations

Strategies to support these goals:

- Substance Abuse (Goal 1)
 - Mental Health (Goal 1, 2, 3 and 4)
 - Obesity (Goal 1)
 - Immunization (Goal 1)
 - Air Quality (Goal 1)
 - Water Quality (Goal 1)
 - Data collection and dissemination (Goal 1, 2, 3, 4, 5)
 - Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
 - Employee Engagement (Goal 1, 2, 3)
 - Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
 - Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- XX Advance CDPHE Division-level strategic priorities.
- Increase the percentage of kindergartners protected against measles, mumps and rubella (MMR) from 91.1% to 92% (620 more kids) by June 30, 2021 and increase to 95% by June 30, 2024.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen.

Costs and benefits of inaction not previously discussed include: N/A

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. For this rule, both apply. As there is no anticipated cost of compliance with the proposed amendments to the rule, there is no less costly method to achieving the purpose of the rule. Additionally, the Board of Health is required by section 25-4-904, C.R.S. to "establish rules and regulations for administering this part 9." Furthermore, the proposed amendments should strengthen the department's partnership with community stakeholders in schools, childcares and colleges and universities as the proposed amendments clarify or simplify existing requirements, or align requirements with statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

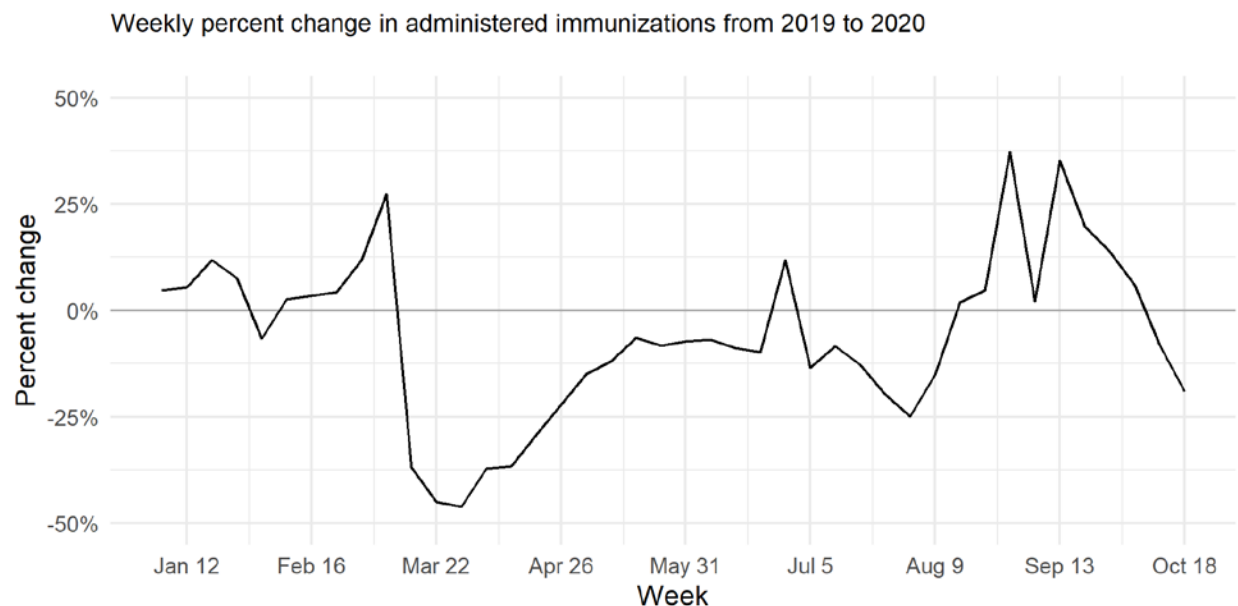
The only alternative considered was to leave the rule as adopted. This was rejected because SB 20-163 passed the legislature and was signed into law by the Governor. This new legislation codified several new requirements affecting school entry immunizations; thus, this rule must be amended to be brought back into alignment with statute.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis

must take into account both short-term and long-term consequences.

The Department anticipates these rule changes will lead to higher vaccination rates in schools and, subsequently, the surrounding community and result in decreases in vaccine-preventable disease. In 2019, the Department, in conjunction with the Governor's Office, set a goal to reverse the downward trend and increase the percent of kindergartners protected against MMR from 87.4% to 90% (1,669 more kids) by June 30, 2020. The Department exceeded its one-year goal to have 90% of kindergartners vaccinated for MMR with 2,289 more children vaccinated over the last school year, bringing the state's kindergarten MMR rate for the 2019-2020 school year to 91% -- a 3.7% increase.¹ While this is very positive progress, this rate is still below the 92 - 94%² community immunity threshold needed for protection against measles.

The gains observed in the 2019-2020 school year reflect a single point-in-time (October 2019 - January 2020), prior to when the COVID-19 pandemic really began in Colorado. Between January 5 and March 14, there was a 7.3% increase in pediatric and adolescent doses administered in the Colorado Immunization Information System (CIIS) when compared to the previous year. Since then, there has been a 9.9% decline in doses reported as administered across all pediatric and adolescent vaccines in CIIS from March 15, 2020 through October 24, 2020.



This decline is concerning when we consider annual hospitalizations and emergency department (ED) visits for children 0 - 18. Per a March 2020 report from Children's Hospital Colorado³, there were 524 hospitalizations and over 10,000 ED visits among Colorado children in 2018 due to vaccine-preventable diseases. Similar to prior years, influenza, pneumococcal disease and pertussis were the three most common reasons for hospitalization due to vaccine-preventable disease in Colorado children in 2018; whereas influenza, varicella, and pertussis

¹2019-2020 School And Childcare Immunization Database, <https://www.dcprrapps.dphe.state.co.us/Reports/ReportList/Partners>

²Orenstein W., Seib, K. Mounting a Good Offense against Measles. N Engl J Med 2014; 371:1661-1663
<https://www.nejm.org/doi/10.1056/NEJMp1408696>

³Cataldi, JD, et al. The Vaccine-Preventable Diseases Report Volume XVI, Number 1. March 2020.
<https://www.childrenscolorado.org/globalassets/healthcare-professionals/mar-2020-vaccine-preventable-diseases.pdf>

were the three most common reasons for ED visits. Total hospital charges and ED charges for vaccine-preventable diseases were over \$59 million, with over \$49 million due to influenza alone. The second most common vaccine-preventable cause of hospitalization was pneumococcal disease, with 51 hospitalizations and total hospital/ED charges of \$8.5 million.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1009-2 The Infant Immunization Program And Immunization Of
Students Attending School

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

The Department developed the proposed rules and has sought feedback through an early stakeholder engagement process. These early efforts included sending an email notification of upcoming rule changes, summarization of draft proposed changes, a strike-through version of the draft proposed rule text, draft certificates of medical and nonmedical exemptions, draft outline of the online education module and a dedicated online survey where staff could collect feedback from stakeholders. Feedback was solicited from approximately 18,000 individuals representing: members of the public, parents/students, LPHAs, Federally Qualified Health Centers, Community Health Clinics, Rural Health Centers, Hospitals, Colorado colleges and universities, Vaccines for Children providers, Colorado Immunization Information System (CIIS) users, Colorado Association of Physician Assistants, local immunization coalitions, school nurses, child care health consultants, Colorado schools and child care facilities, Colorado Children's Campaign, Colorado Academy of Family Physicians, the Colorado Medical Society, Colorado Chapter of the American Academy of Pediatrics, Immunize Colorado, Colorado Coalition for Vaccine Choice, Colorado Student Health Services Consortium, National Vaccine Information Center, Colorado Parents for Vaccinated Communities, the Weston A. Price Foundation, Voices for Vaccines, the Colorado Department of Education, Christian Home Educators of Colorado, and the Colorado Department of Human Services. Included in this group of stakeholders is a subset of approximately 24 stakeholders who specifically asked to be contacted by the Department about rulemaking activities after the passage of SB 20-163.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The Department's outreach to stakeholders has been ongoing with open communication among all stakeholder groups. Stakeholders were sent an email notification about the rulemaking and proposed changes on August 13, 2020. The August email notification contained a strikethrough version of the proposed changes, draft certificates of medical and

nonmedical exemption, a draft outline of the online education module, and a link to an online form where interested individuals could submit informal feedback or questions directly to the Immunization Branch. From that initial email, the Department received informal feedback from 133 stakeholders out of approximately 18,000 stakeholders contacted. Of the stakeholders contacted, the Department received 78 supportive comments, 46 comments in opposition, 9 neutral comments.

Stakeholders were sent a second email notification about the rulemaking and proposed changes on September 22, 2020. The September email notification again contained a strikethrough version of the proposed changes, draft certificates of medical and nonmedical exemption, a draft outline of the online education module, and a link to an online form where interested individuals could submit informal feedback or questions directly to the Immunization Branch. Of the 18,000 stakeholders contacted again, the Department received 30 comments, with feedback evenly split between supportive comments, comments in opposition, and neutral comments.

The Department received a few questions through the stakeholder feedback process. To the extent possible, the Department responded to stakeholders who asked clarifying questions or referred them to publicly available information on our website.

Below is a summary of feedback received from stakeholders and how the Department is responding to the suggestions, including feedback regarding proposed rule language that:

- Consolidates personal belief and religious exemptions into one nonmedical exemption category. The feedback received about this proposed change tended to center around the belief that the religious exemption was actually being eliminated rather than consolidated into this broader category and/or belief that this proposed change to rule language could impact religious freedoms. The Department is proceeding with proposed changes that consolidate personal belief and religious exemptions into a single nonmedical exemption category because it aligns with statute, specifically with the new language at 25-4-901 (1.7), C.R.S.
- Updates the definition describing Colorado's immunization registry from "Immunization Tracking System" to "Immunization Information System." The Department is proceeding with the proposed changes because "Immunization Information System" is a term of art, used nationally to describe an immunization registry and aligns the rule with the current name of the state's immunization registry, the Colorado Immunization Information System.
- Describes Contract Requirements for Providers. Feedback suggested that rather than require agents to "agree to provide" a Vaccine Information Statement (VIS), rule language should actually require them to provide it. This has always been the intent of this section and the Department is proceeding with this change. All vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act (NCVIA - 42 U.S.C. § 300aa-26) to give the appropriate VIS to the patient (or parent or legal representative) prior to vaccine receipt.
- Updates the language that allows transfer of out-of-state immunization records to a Colorado Certificate of Immunization. The Department received feedback that many camps use this section to receive out of state immunization records and then transfer those records to Colorado's Certificate of Immunization. Further, the Department received feedback that transferring thousands of out-of-state certificates of

immunization to Colorado's certificate of immunization is time-consuming for camps. The Department agrees to reinstate this section and, on a case-by-case basis, may allow a camp to receive an out-of-state certificate of immunization outright if the Department recognizes it to be consistent with Colorado's Certificate of Immunization.

- Updates to the Annual Parent Letter. The Department received feedback that this document didn't comply with 25-4-903(4), C.R.S. that specifies "all information distributed to parents by school districts regarding immunization shall inform them of their rights under subsection (2) of this section. The Department is not proceeding with this change because the Department, not schools, is responsible for crafting this letter and the letter already contains this language.
- Clarifies the definition of Schools. The Department received feedback requesting clarity regarding the newly proposed language "WHOSE NORMAL COURSE OF SCHOOLING IS online only", specifically whether this language refers to colleges and universities only or K-12 schools that may be operating in an online manner. The intent of this language is to clarify that, for the purposes of this rule, a "school" is not one that solely operates online (whether K-12, colleges, or universities). This exclusion from the definition of a school does not apply to schools that may be engaged in remote learning during the COVID-19 pandemic. To make this more clear, the Department has updated this language to "A SCHOOL WHOSE NORMAL COURSE OF STUDENT INSTRUCTION IS DELIVERED online only" The Department will provide clarity on this definition through technical assistance.

The Department also received feedback on items not included in the proposed rule changes but focus on implementation or other statutory changes from SB 20-163, including:

- Concerns from a small number of stakeholders who are worried that asking healthcare providers to sign certificates of nonmedical exemption will be burdensome. The Department is continuing to conduct outreach specifically around this issue, but cannot remove this as an option to claim nonmedical exemptions as this would not align with statute. Further, persons seeking a nonmedical exemption have the option to view the Department's online education module in the event that they do not want to see or have trouble accessing a healthcare provider.
- Not fully extending all provisions of SB 20-163 to this rule. In particular, these stakeholders are eager to see a rulemaking process and additional opportunities that would further the implementation of SB 20-163 with respect to: 1) CIIS participation and data completion, and 2) an annual evaluation of the state's immunization practices and alignment with recommendations from the Advisory Committee on Immunization Practices (ACIP). The Department opted not to pursue either of these changes because: 1) requirements related to CIIS are out of scope for this rule and 2) it is already the Department's procedure to annually evaluate the state's immunizations practices and unnecessary to create rules regarding the Department's administrative role.
- Contents of the online education module. While module requirements are generally described in rule language, the Department shared a more specific outline of the proposed contents of the module to help gather more actionable feedback. Most of the feedback received about the module was focused on making sure the risks and benefits of vaccination are both described in the module, with concern that not enough information would be provided to describe the risks of vaccination. The

Department already addresses vaccine safety in the online module by covering the following topics: 1) safety profiles of each vaccine, including prevalence of adverse events, 2) vaccine safety and monitoring systems (Vaccine Adverse Event Reporting System (VAERS), Vaccine Safety Datalink (VSD), Clinical Immunization Safety Assessment (CISA), Post-licensure Rapid Immunization Safety Monitoring System (PRISM)), 3) reporting adverse events through the Vaccine Adverse Event Reporting System (VAERS), 4) how to file a petition to the Vaccine Injury Compensation Program (VICP), and 5) additional links to vaccine safety information. A full review and update of the module is underway and all requirements described in SB 20-163 will be addressed.

- Limits to the content of the online module to only address school-required vaccines. Feedback suggested the online education module only provide education about those vaccines that are required for school entry in Colorado. The Department's goal is to ensure protection of the public's health overall; including protecting the public from all vaccine preventable diseases. The Department believes it is important to present evidence-based information about all of the vaccines available that provide protection against serious vaccine-preventable diseases; thus, the Department will not implement this suggestion. Further, the Department already makes clear which vaccines are required for school entry in the online module. The Department received new feedback requesting that the online module includes not only those vaccines required for school entry, but those that are recommended too.
- Limits to the length of the online education module. Feedback suggested the module should be limited to approximately the length of an office visit. The current length of the existing module is about 20 minutes and the Department does not have plans to make this significantly longer.
- Limits to the frequency of viewing the online education module. Feedback suggested that the module should only need to be completed once per household instead of once per child. The Department agrees to this suggestion and is working to verify that the online learning management system has the functionality to allow parents to complete the module for multiple children in the same household.
- Limits to the frequency of viewing the online education module. Feedback suggested that the module should only be viewed once per year instead of at each interval where vaccines are due as is the current required frequency. The Department will not implement this change because it makes the frequency of viewing the online education module inconsistent with the frequency that someone seeking a healthcare provider signature would undergo when claiming a nonmedical exemption. Currently, parents of students in grades K-12 claiming a nonmedical exemption have to view the module annually, whereas parents of students in preschool or child care claiming a nonmedical exemption have to view the module at 2, 4, 6, 12 and 18 months of age.
- Limits to the information collected on the certificate of medical exemption. Feedback suggested that 25-4-903, C.R.S. does not require documentation or details of the medical condition warranting the medical exemption; the feedback suggested that this section of the certificate needs to be marked "optional" for clarity or removed. The Department is unable to implement the feedback; CIIS requires documentation of a contraindication for a medical exemption to be added to a patient's record.
- Changes to the signature line on the certificate of nonmedical exemption. Feedback suggested that this signature section may be confusing for providers when their

immunization clinic operates under physician standing orders such that registered nurses administer the vaccines. The feedback also notes that registered nurses are not listed on the signature line of the certificate of nonmedical exemption. The Department will not implement this change because statute requires that the signature on the nonmedical exemption certificate is from a person authorized pursuant to Title 12 to administer immunizations within his or her scope of practice.

- Addition of links to the online education module. Feedback suggested including a link to vaccine injury compensation data as well as a link to a table of vaccine ingredients. The Department will not implement this change. The Department already includes a link to the National Injury Compensation Program in the Vaccine safety section and provides information and links to the most common vaccine ingredients that parents have questions about in the Vaccine Ingredients section.
- Concern about lack of internet access for viewing the online education module or downloading the certificate of nonmedical exemption. The Department acknowledges that access to the internet may not be readily available to everyone in Colorado. Persons lacking internet access have the option of seeking a healthcare provider signature on the certificate of nonmedical exemption, or they could access the internet in a public venue such as a library or near a public school (internet access may even be accessible from the parking lot)⁴. Finally, the online module will be short, approximately 20 minutes, or about the length of a typical office visit and, thus, easier to access.

The Department also received feedback that was completely outside of the scope of the proposed changes, implementation of the proposed changes or not related to SB 20-163; this feedback was not addressed.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking. N/A

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.

⁴ <https://www.denverlibrary.org/blog/technology/stacey/free-and-lowcost-tech-resources-denver>

X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	X	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
X	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
	Other: _____ _____		Other: _____ _____

An Act

SENATE BILL 20-163

BY SENATOR(S) Gonzales and Priola, Bridges, Danielson, Fenberg, Hansen, Lee, Moreno, Rodriguez, Story, Todd;
also REPRESENTATIVE(S) Mullica and Roberts, Arndt, Benavidez, Bird, Buckner, Buentello, Caraveo, Duran, Esgar, Garnett, Gray, Herod, Jackson, Jaquez Lewis, Kennedy, Kipp, Kraft-Tharp, Lontine, Sirota, Tipper, Valdez A., Woodrow, McCluskie, Becker.

CONCERNING THE MODERNIZATION OF THE SCHOOL ENTRY IMMUNIZATION PROCESS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) Immunizations save lives and money. Each year in the United States, immunizations save 33,000 lives, prevent 14 million disease cases, and save \$9.9 billion in direct health care costs.

(b) In 2017, more than 9,000 Colorado children, a majority of them young children, were hospitalized or went to an emergency department to

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

be treated for a vaccine-preventable disease, resulting in \$55.5 million in charges;

(c) In 2016, the cost to investigate and prevent the spread of disease from just two Colorado measles cases exceeded \$68,000 in public funding;

(d) In 1777, George Washington, as the commander in chief of the Continental Army, determined that his troops would be inoculated against smallpox. Smallpox significantly affected troops who fought for the British. George Washington's decision to inoculate the Continental Army contributed to America's independence from the British.

(e) During the Spanish-American War, more American soldiers died from yellow fever, malaria, and other diseases than from combat. The U.S. Army created the Yellow Fever Commission, which was led by Major Walter Reed, a surgeon. The commission's work eventually helped contribute to the development of the 17D vaccine against yellow fever, a vaccine that is still used today.

(f) The Centers for Disease Control and Prevention identified vaccinations as one of the 10 great public health achievements of the twentieth century. Since 1900, the average lifespan of people in the United States has lengthened by more than 30 years. Twenty-five years of this gain are attributable to public health advances, including the eradication of smallpox; the elimination of poliomyelitis in the Americas; and the control of measles, rubella, tetanus, diphtheria, Haemophilus influenzae type b, and other infectious diseases in the United States and other parts of the world.

(g) Evidence shows that state immunization requirements for schools, including child care facilities, are important tools for maintaining high immunization coverage rates to prevent dangerous, costly, and sometimes deadly diseases;

(h) Evidence shows that states with lenient exemption policies, such as Colorado, experience higher rates of vaccine-preventable diseases;

(i) Compared to other states, Colorado has one of the highest exemption rates for nonmedical reasons;

(j) In 2018, Colorado ranked last among 49 states that reported

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kindergarten measles, mumps, and rubella vaccination rates;

(k) During the 2018-19 school year, 28,874 kindergarten through twelfth grade students attended Colorado schools without protection from one or more vaccine-preventable diseases;

(l) Statewide, nearly 25,000 students would potentially be excluded from school for up to 21 days in the case of a measles outbreak because they have a nonmedical exemption filed for the measles, mumps, and rubella vaccine;

(m) Because diseases such as measles can spread rapidly, 95% immunization coverage in schools helps to protect the health of students, staff, and others in the community, including people who cannot be vaccinated for medical reasons or because they are too young to have received all recommended vaccines; and

(n) Accurate and up-to-date documentation of immunization status supports coordinated and effective public health disease control response efforts in the case of an outbreak, which help protect the overall health of a community.

(2) Therefore, the general assembly declares that all children deserve to attend schools, including child care facilities, that provide them with the greatest protection from vaccine-preventable diseases, support their well-being, honor their personal circumstances, and build strong foundations for learning and thriving.

SECTION 2. In Colorado Revised Statutes, 25-4-901, **add** (1.7) as follows:

25-4-901. Definitions. As used in this part 9, unless the context otherwise requires:

(1.7) "NONMEDICAL EXEMPTION" MEANS AN IMMUNIZATION EXEMPTION BASED UPON A RELIGIOUS BELIEF WHOSE TEACHINGS ARE OPPOSED TO IMMUNIZATIONS OR A PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS.

SECTION 3. In Colorado Revised Statutes, 25-4-902, **amend** (1)

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and (4); and add (1.5) and (6) as follows:

25-4-902. Immunization prior to attending school - standardized immunization information. (1) ~~Except as provided in section 25-4-903;~~ A student shall not attend any school in the state of Colorado on or after the dates specified in section 25-4-906 (4) unless he or she has presented ONE OF the following to the appropriate school official:

(a) An up-to-date certificate of immunization from a licensed physician, ~~a licensed~~ PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), advanced practice nurse, or authorized representative of the department of public health and environment or ~~county, district, or municipal~~ A LOCAL public health agency stating that the student has received immunization against communicable diseases as specified by the state board of health, based on recommendations of the advisory committee on immunization practices of THE CENTERS FOR DISEASE CONTROL AND PREVENTION in the ~~United States~~ FEDERAL department of health and human services; or ~~the American academy of pediatrics;~~ or

(b) A written authorization signed by one parent or LEGAL guardian, ~~or an authorization signed by the~~ AN emancipated student, OR A STUDENT EIGHTEEN YEARS OF AGE OR OLDER requesting that local PUBLIC health officials administer the immunizations; OR

(c) A CERTIFICATE OF MEDICAL EXEMPTION, OR A CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE OR A CERTIFICATE OF NONMEDICAL EXEMPTION IN COMPLIANCE WITH SECTION 25-4-903. A CERTIFICATE OF MEDICAL EXEMPTION, OR A CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE OR A CERTIFICATE OF NONMEDICAL EXEMPTION, IS ONLY VALID IF COMPLETED IN COMPLIANCE WITH SECTION 25-4-903.

(1.5) A STUDENT IS NOT REQUIRED TO COMPLY WITH SUBSECTION (1) OF THIS SECTION IF THE STUDENT IS PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM PURSUANT TO SECTION 22-33-104.5; EXCEPT THAT:

(a) A SCHOOL DISTRICT MAY REQUIRE COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION PURSUANT TO SECTION 22-33-104.5 (3)(g); AND

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(b) (I) A SCHOOL DISTRICT MAY REQUIRE COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION IF THE STUDENT PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM ATTENDS A SCHOOL OF THE SCHOOL DISTRICT FOR A PORTION OF THE SCHOOL DAY;

(II) AN INSTITUTE CHARTER SCHOOL MAY REQUIRE COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION IF THE STUDENT PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM ATTENDS THE INSTITUTE CHARTER SCHOOL FOR A PORTION OF THE SCHOOL DAY; OR

(III) A PRIVATE SCHOOL MAY REQUIRE COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION IF THE STUDENT PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM ATTENDS THE PRIVATE SCHOOL FOR A PORTION OF THE SCHOOL DAY.

(4) (a) On or before ~~March 1, 2011~~ JANUARY 15, 2021, the department of public health and environment shall develop and provide to the department of education AND THE DEPARTMENT OF HUMAN SERVICES a standardized document regarding childhood immunizations. The department of education AND THE DEPARTMENT OF HUMAN SERVICES shall post the standardized immunization document on its website THEIR WEBSITES on or before ~~January 15, 2011~~ JANUARY 31, 2021, and ON OR BEFORE JANUARY 31 each year thereafter. The standardized document ~~shall~~ MUST be updated annually and ~~shall~~ MUST include, but need not be limited to:

(a) (I) A list of the immunizations required for enrollment in a school and the age at which the immunization is required; and

(~~b~~) (II) A list of immunizations currently recommended for children by the ~~center for disease control~~ advisory committee on immunization practices OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES and the recommended age at which each immunization should be given;

(III) A PLACE ON THE DOCUMENT WHERE A SCHOOL CAN INCLUDE THE SCHOOL'S SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR THE MEASLES, MUMPS, AND RUBELLA VACCINE AND FOR EVERY OTHER VACCINE FOR THE SCHOOL'S ENROLLED STUDENT POPULATION FOR THE PRIOR SCHOOL YEAR COMPARED TO THE VACCINATED CHILDREN STANDARD DESCRIBED IN SECTION 25-4-911; AND

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(IV) A STATEMENT THAT THE SCHOOL IS REQUIRED TO COLLECT AND REPORT THE INFORMATION PURSUANT TO THIS SUBSECTION (4)(a) AND THAT THE SCHOOL DOES NOT CONTROL THE SCHOOL'S SPECIFIC IMMUNIZATION AND EXEMPTION RATES OR ESTABLISH THE VACCINATED CHILDREN STANDARD DESCRIBED IN SECTION 25-4-911.

(b) ON OR BEFORE FEBRUARY 15, 2021, AND ON OR BEFORE FEBRUARY 15 EACH YEAR THEREAFTER, A SCHOOL SHALL INCLUDE ON THE DOCUMENT THE SCHOOL'S SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR THE MEASLES, MUMPS, AND RUBELLA VACCINE FOR THE SCHOOL'S ENROLLED STUDENT POPULATION FOR THE PRIOR SCHOOL YEAR COMPARED TO THE VACCINATED CHILDREN STANDARD DESCRIBED IN SECTION 25-4-911. THE SCHOOL MAY INCLUDE ON THE DOCUMENT THE SCHOOL'S SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR ANY OTHER VACCINE FOR THE SCHOOL'S ENROLLED STUDENT POPULATION FOR THE PRIOR SCHOOL YEAR. THE SCHOOL SHALL DIRECTLY DISTRIBUTE THE DOCUMENT TO THE PARENT OR LEGAL GUARDIAN OF EACH STUDENT ENROLLED IN ITS SCHOOL, EMANCIPATED STUDENTS, OR STUDENTS EIGHTEEN YEARS OF AGE OR OLDER, CONSISTENT WITH SECTION 25-4-903 (5).

(6) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, A SCHOOL DISTRICT THAT IS EXERCISING ITS AUTHORITY PURSUANT TO SECTION 22-33-104.5 (3)(g) OR AN INDEPENDENT SCHOOL ORGANIZED PURSUANT TO SECTION 22-33-104 (2)(b) WHERE STUDENTS ARE ENROLLED BUT DO NOT ATTEND IS ENTITLED TO ONLY:

(a) A STUDENT'S IMMUNIZATION RECORDS, AS PROVIDED BY THE PARENT OR LEGAL GUARDIAN; OR

(b) A STATEMENT SIGNED BY A PARENT OR LEGAL GUARDIAN THAT THE STUDENT IS EXEMPT FROM IMMUNIZATION.

SECTION 4. In Colorado Revised Statutes, 25-4-903, **amend** (2) and (5); and **add** (2.2), (2.3), and (2.7) as follows:

25-4-903. Exemptions from immunization - rules. (2) ~~It is the responsibility of the parent or legal guardian to have his or her child immunized unless the child is exempted pursuant to this section. A student shall be exempted from receiving the required immunizations in the following manner:~~ A PARENT OR LEGAL GUARDIAN SHALL HAVE HIS OR HER

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STUDENT IMMUNIZED, UNLESS THE STUDENT IS EXEMPTED PURSUANT TO THIS SECTION, OR AN EMANCIPATED STUDENT OR A STUDENT EIGHTEEN YEARS OF AGE OR OLDER SHALL HAVE HIMSELF OR HERSELF IMMUNIZED, UNLESS THE STUDENT IS EXEMPTED PURSUANT TO THIS SECTION. A STUDENT IS EXEMPTED FROM RECEIVING THE REQUIRED IMMUNIZATIONS IN THE FOLLOWING MANNER:

(a) By submitting to the student's school ~~certification~~ A COMPLETED CERTIFICATE OF MEDICAL EXEMPTION from a licensed physician, physician assistant authorized under PURSUANT TO section 12-240-107 (6), or advanced practice nurse that the physical condition of the student is such that one or more specified immunizations would endanger his or her life or health or ~~is~~ ARE medically contraindicated due to other medical conditions; or

(b) (I) By submitting to the student's school ~~a statement of~~ EITHER A COMPLETED CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE OR A COMPLETED CERTIFICATE OF NONMEDICAL exemption signed by one parent or LEGAL guardian, ~~or the~~ AN emancipated student, or a student eighteen years of age or older that the parent, LEGAL guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or ~~that the parent or guardian or the emancipated student or student eighteen years of age or older~~ has a personal belief that is opposed to immunizations.

(II) (A) A COMPLETE CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE IS ACQUIRED UPON COMPLETING THE ONLINE EDUCATION MODULE DESCRIBED IN SUBSECTION (2.7) OF THIS SECTION.

(B) A COMPLETE CERTIFICATE OF NONMEDICAL EXEMPTION MUST INCLUDE THE SIGNATURE OF A PERSON WHO IS AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE TO THE STUDENT FOR WHOM THE CERTIFICATE OF NONMEDICAL EXEMPTION IS SOUGHT. NOTHING IN THIS SUBSECTION (2)(b)(II)(B) REQUIRES A PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE TO SIGN A CERTIFICATE OF NONMEDICAL EXEMPTION. NOTWITHSTANDING ANY LAW OR RULE TO THE CONTRARY, A BODY THAT REGULATES THE PROFESSIONAL CONDUCT OF A PERSON WHO IS AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE TO THE

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STUDENT FOR WHOM THE CERTIFICATE IS SOUGHT SHALL NOT ORDER A DISCIPLINARY ACTION AGAINST THE PERSON BECAUSE THE PERSON AUTHORIZED TO SIGN THE CERTIFICATE SIGNED SUCH CERTIFICATE PURSUANT TO THIS SUBSECTION (2)(b)(II)(B). IT IS UNLAWFUL FOR THE EMPLOYER OR ANY PROFESSIONAL ORGANIZATION TO RETALIATE AGAINST A PERSON BECAUSE THE PERSON AUTHORIZED TO SIGN A CERTIFICATE SIGNED SUCH CERTIFICATE PURSUANT TO THIS SUBSECTION (2)(b)(II)(B).

(2.2) (a) (I) A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), OR ADVANCED PRACTICE NURSE SHALL PROVIDE A COPY OF A COMPLETED CERTIFICATE OF MEDICAL EXEMPTION TO THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER.

(II) THE CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE MUST BE IMMEDIATELY AVAILABLE TO DOWNLOAD OR PRINT UPON COMPLETION OF THE ONLINE EDUCATION MODULE. THE CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATION MODULE DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT MUST INCLUDE THE SAME INFORMATION AS THE CERTIFICATE OF NONMEDICAL EXEMPTION PURSUANT TO SUBSECTION (2.3) OF THIS SECTION.

(III) A PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE TO THE STUDENT FOR WHOM THE CERTIFICATE OF NONMEDICAL EXEMPTION IS SOUGHT AND WHO SIGNS THE CERTIFICATE OF NONMEDICAL EXEMPTION FORM SHALL PROVIDE A COPY OF A COMPLETED CERTIFICATE OF NONMEDICAL EXEMPTION TO THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER.

(b) (I) A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), OR ADVANCED PRACTICE NURSE SHALL SUBMIT THE MEDICAL EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403.

(II) A PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE TO THE STUDENT FOR WHOM THE CERTIFICATE OF NONMEDICAL EXEMPTION IS SOUGHT AND WHO SIGNS THE CERTIFICATE OF NONMEDICAL EXEMPTION SHALL SUBMIT

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THE NONMEDICAL EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403.

(III) NOTWITHSTANDING SUBSECTIONS (2.2)(b)(I) AND (2.2)(b)(II) OF THIS SECTION, A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), ADVANCED PRACTICE NURSE, OR A PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE IS NOT SUBJECT TO A REGULATORY SANCTION FOR FAILING TO SUBMIT MEDICAL EXEMPTION OR NONMEDICAL EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM.

(2.3) (a) ON OR BEFORE JANUARY 1, 2021, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL DEVELOP AND POST ON ITS WEBSITE A STANDARDIZED CERTIFICATE OF MEDICAL EXEMPTION FORM AND A STANDARDIZED CERTIFICATE OF NONMEDICAL EXEMPTION FORM. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL POST ANY UPDATED FORM ON ITS WEBSITE.

(b) AT A MINIMUM, THE FORMS DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT MUST:

(I) INCLUDE A NOTICE THAT INFORMS THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER OF THE OPTION TO EXCLUDE THE STUDENT'S MEDICAL OR NONMEDICAL EXEMPTION INFORMATION FROM THE IMMUNIZATION TRACKING SYSTEM ESTABLISHED IN SECTION 25-4-2403;

(II) BE LIMITED TO REQUESTS FOR INFORMATION RELATED TO COLLECTING DATA PERTAINING TO A MEDICAL OR NONMEDICAL EXEMPTION, INCLUDING BUT NOT LIMITED TO:

(A) THE STUDENT'S IMMUNIZATION INFORMATION AND THE VACCINE OR VACCINES FOR WHICH THE EXEMPTION APPLIES; AND

(B) WHETHER A MEDICAL EXEMPTION OR A NONMEDICAL EXEMPTION IS CLAIMED;

(III) NOT REQUIRE THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER TO PROVIDE ANY DEMOGRAPHIC DATA EXCEPT THE STUDENT'S NAME,

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DATE OF BIRTH, SEX, AND SCHOOL'S NAME AND LOCATION, AND THE PARENT'S OR LEGAL GUARDIAN'S NAME;

(IV) INCLUDE REFERENCES TO SCIENTIFICALLY BASED INFORMATION REGARDING THE BENEFITS AND RISKS OF IMMUNIZATIONS; AND

(V) NOT REQUIRE THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER TO PROVIDE ANY INFORMATION THAT WOULD IDENTIFY THE RELIGIOUS FAITH OR DESCRIBE THE REASONS FOR THE PERSONAL BELIEF OF THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER WHO IS CLAIMING A NONMEDICAL EXEMPTION. THE EXISTING IMMUNIZATION TRACKING SYSTEM ESTABLISHED IN SECTION 25-4-2403 MUST NOT RECEIVE OR STORE ANY INFORMATION THAT WOULD IDENTIFY THE RELIGIOUS FAITH OR THE REASONS FOR THE PERSONAL BELIEF OF THE STUDENT'S PARENT OR LEGAL GUARDIAN, THE EMANCIPATED STUDENT, OR THE STUDENT EIGHTEEN YEARS OF AGE OR OLDER WHO IS CLAIMING THE EXEMPTION.

(c) THE FORMS DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT MUST NOT REQUIRE A PARENT OR LEGAL GUARDIAN, EMANCIPATED STUDENT, OR STUDENT EIGHTEEN YEARS OF AGE OR OLDER TO SIGN OR INDICATE AGREEMENT WITH ANY LANGUAGE REGARDING IMMUNIZATIONS THAT MAY BE CONTRARY TO A RELIGIOUS BELIEF OR PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS IN ORDER TO COMPLETE THE FORM.

(2.7) (a) THE ONLINE LEARNING MODULE ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SUBSECTION (2.5)(a) OF THIS SECTION MUST:

(I) INCLUDE MEDICAL AND SCIENTIFIC DATA THAT IS EVIDENCE-BASED AND PEER REVIEWED BY CREDIBLE SCIENTIFIC AND PUBLIC HEALTH ORGANIZATIONS CONCERNING BOTH THE BENEFITS AND RISKS OF IMMUNIZATIONS AND EVIDENCE-BASED PRACTICES. THE MODULE MUST FAIRLY PRESENT BOTH THE BENEFITS AND RISKS OF IMMUNIZATIONS AND INCLUDE DATA CONCERNING THE RISK OF IMMUNIZATION INJURY.

(II) BE INTERACTIVE; AND

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(III) INCLUDE OTHER CRITERIA ADOPTED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

(b) THE ONLINE LEARNING MODULE MUST NOT REQUIRE A PARENT OR LEGAL GUARDIAN, EMANCIPATED STUDENT, OR STUDENT EIGHTEEN YEARS OF AGE OR OLDER TO SIGN OR INDICATE AGREEMENT WITH ANY LANGUAGE REGARDING IMMUNIZATIONS THAT MAY BE CONTRARY TO A RELIGIOUS BELIEF OR PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS IN ORDER TO COMPLETE THE ONLINE LEARNING MODULE.

(5) IN ADDITION TO THE REQUIREMENTS PURSUANT TO SECTION 25-4-902 (4)(b), each school shall make the immunization and exemption rates of their enrolled student population publicly available upon request.

SECTION 5. In Colorado Revised Statutes, add 25-4-904.5 as follows:

25-4-904.5. Annual alignment evaluation. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL ANNUALLY EVALUATE THE STATE'S IMMUNIZATION PRACTICES, INCLUDING AN EXAMINATION OF UPDATED BEST PRACTICES AND GUIDELINES RECOMMENDED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE STATE BOARD OF HEALTH SHALL REVIEW THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT'S ANNUAL EVALUATION AND MAY UPDATE THE STATE'S IMMUNIZATION PRACTICES PURSUANT TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT'S ANNUAL EVALUATION.

SECTION 6. In Colorado Revised Statutes, add 25-4-911 as follows:

25-4-911. Vaccinated children standard - legislative declaration.
(1) THE GENERAL ASSEMBLY FINDS AND DECLARES IT IS NECESSARY TO ESTABLISH A VACCINATED CHILDREN STANDARD, WHEREBY THE IMMUNIZATION RATE GOAL FOR EVERY SCHOOL IS NINETY-FIVE PERCENT OF THE STUDENT POPULATION TO BE VACCINATED ACCORDING TO THE SCHOOL IMMUNIZATION SCHEDULE ESTABLISHED BY THE STATE BOARD OF HEALTH PURSUANT TO SECTION 25-4-904. ACHIEVING THIS IMMUNIZATION RATE GOAL WILL HELP REDUCE THE SPREAD OF INFECTIOUS DISEASES AND PROTECT

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THE HEALTH OF ALL PEOPLE IN THE SCHOOL COMMUNITY, INCLUDING THE STUDENTS WHO CANNOT BE IMMUNIZED FOR MEDICAL REASONS.

(2) IN ORDER TO ACHIEVE THE IMMUNIZATION RATE GOAL DESCRIBED IN SUBSECTION (1) OF THIS SECTION, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL COLLABORATE WITH LOCAL PUBLIC HEALTH AGENCIES AND SCHOOLS TO PROVIDE INFORMATION AND TECHNICAL ASSISTANCE REGARDING BEST PRACTICES TO EDUCATE AND ENGAGE WITH STUDENTS AND FAMILIES ABOUT VACCINES, THE RISKS OF VACCINE-PREVENTABLE DISEASES, AND WHERE VACCINES ARE ADMINISTERED.

SECTION 7. In Colorado Revised Statutes, add 25-4-912 as follows:

25-4-912. Confidentiality. ALL IMMUNIZATION AND EXEMPTION DATA THAT IS SUBMITTED TO THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403 IS SUBJECT TO THE CONFIDENTIALITY PROVISIONS CONTAINED IN SECTION 25-4-2403.

SECTION 8. In Colorado Revised Statutes, 25-4-2403, amend (2) introductory portion; and add (2.5) as follows:

25-4-2403. Department of public health and environment - powers and duties - immunization tracking system - rules - definitions. (2) To enable the gathering of epidemiological information and investigation and control of communicable diseases, the department of public health and environment ~~may establish~~ SHALL MAINTAIN a comprehensive immunization tracking system with immunization information gathered by state and local PUBLIC health officials from the following sources:

(2.5) (a) A PRACTITIONER WHO IS A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), ADVANCED PRACTICE NURSE, OR PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE SHALL SUBMIT IMMUNIZATION, MEDICAL EXEMPTION, OR NONMEDICAL EXEMPTION DATA TO THE TRACKING SYSTEM.

(b) NOTWITHSTANDING SUBSECTION (2.5)(a) OF THIS SECTION, A

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PRACTITIONER WHO IS A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-240-107 (6), ADVANCED PRACTICE NURSE, OR A PERSON AUTHORIZED PURSUANT TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER SCOPE OF PRACTICE IS NOT SUBJECT TO A REGULATORY SANCTION FOR FAILING TO SUBMIT IMMUNIZATION, MEDICAL EXEMPTION, OR NONMEDICAL EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM.

SECTION 9. Appropriation. (1) For the 2020-21 state fiscal year, \$41,906 is appropriated to the department of public health and environment. This appropriation is from the general fund. To implement this act, the division may use this appropriation as follows:

(a) \$31,884 for use by the environmental epidemiology division for program costs, which amount is based on an assumption that the division will require an additional 0.1 FTE;

(b) \$10,022 for the purchase of information technology services.

(2) For the 2020-21 state fiscal year, \$10,022 is appropriated to the office of the governor for use by the office of information technology. This appropriation is from reappropriated funds received from the department of public health and environment under subsection (1)(b) of this section. To implement this act, the office may use this appropriation to provide information technology services for the department of public health and environment.

SECTION 10. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.



Leroy M. Garcia
PRESIDENT OF
THE SENATE



KC Becker
SPEAKER OF THE HOUSE
OF REPRESENTATIVES



Cindi L. Markwell
SECRETARY OF
THE SENATE



Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED JUNE 26, 2020 at 1:12pm
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2
3 **Disease Control and Public Health Response Division**

4
5 **THE INFANT IMMUNIZATION PROGRAM AND IMMUNIZATION OF STUDENTS**
6 **ATTENDING SCHOOL**

7
8 **6 CCR 1009-2**

9
10 [Editor's Notes follow the text of the rules at the end of this CCR Document.]
11

12
13 **I. Definitions**

- 14
15 A. Advisory Committee on Immunization Practices (ACIP) - a group of medical and public
16 health experts that develops recommendations on how to use vaccines to control
17 diseases in the United States. ACIP was established under Section 222 of the Public
18 Health Service Act (42 U.S.C. §217a).
19
- 20 B. Child - any student less than 18 years of age.
21
- 22 C. College or university student - any student who is enrolled for one or more classes at a
23 college or university and who is physically present at the institution. This includes
24 students who are auditing classes but does not include persons taking classes online or
25 by correspondence only.
26
- 27 D. Delegated physician assistant – a licensed physician assistant authorized under section
28 12-240-107 (6), C.R.S., to execute Certificates of Immunization, **CERTIFICATES OF**
29 **M**medical exemptions and/or supervise a public health or school nurse, as authorized by
30 part 9 of article 4 of title 25, C.R.S.
31
- 32 E. Department (the) – ~~refers to~~ the Colorado Department of Public Health and Environment.
33
- 34 F. Dose - a measured quantity of an immunizing agent; quantity and frequency of
35 administration determined by recognized health authorities and the manufacturer of each
36 agent.
37
- 38 G. Emancipated student - any student who has reached 18 years of age; a lawfully married
39 child of any age; a child 15 years of age or older who is managing his/her own financial
40 affairs and who is living separate and apart from his/her parent.
41
- 42 H. Immunization **INFORMATION tracking**-system - a comprehensive immunization tracking
43 system ~~established by the~~ **THE** Department **IS REQUIRED TO MAINTAIN** pursuant to

44 section 25-4-2403(2), C.R.S. that enables the **COLLECTION gathering** of
45 epidemiological information from the sources delineated in section 25-4-2403(2), C.R.S.
46 and the investigation and control of communicable diseases. Individuals, parents and
47 legal guardians may provide information to the immunization **INFORMATION tracking**
48 system; however, pursuant to section 25-4-2403(7), C.R.S., they have the option to
49 exclude their or their student's immunization information from the immunization
50 **INFORMATION tracking** system at any time.

- 51
- 52 I. Indigent child - any child whose parent cannot afford to have the child immunized or if
53 emancipated, who cannot himself/herself afford immunization and who has not been
54 exempted.
- 55
- 56 J. Infant - any child up to twenty four months of age or any child eligible for vaccination and
57 enrolled under the Colorado Medical Assistance Act, Articles 4, 5, and 6 of Title 25.5,
58 C.R.S.
- 59
- 60 K. In-process student - a student may be considered in-process if:
- 61
- 62 1. Within fourteen days after receiving direct personal notification that the Certificate
63 of Immunization is not up-to-date according to the requirements of the **STATE**
64 Board of Health, the parent or emancipated student submits documentation that
65 the next required immunization has been given and a signed written plan for
66 obtaining the remaining required immunizations. The scheduling of
67 immunizations in the written plan shall follow medically recommended minimum
68 intervals consistent with the ACIP. If the student does not fulfill the plan, the
69 student shall be suspended or expelled from school for noncompliance per
70 section 25-4-907, C.R.S. If the next dose is not medically indicated within
71 fourteen days, then the medically approved minimum intervals would apply.
- 72
- 73 2. College or university students, as defined in section I (C), present to the
74 appropriate school official either (I) a signed written authorization requesting local
75 health officials to administer required immunizations or (II) a plan for receipt of
76 the required immunization or the next required immunization in a series within
77 either 30 days or the medically approved minimum interval. If this does not occur,
78 the college or university student will not be allowed to enroll, remain enrolled, or
79 audit for the current term or session. Such written authorizations and plans must
80 be signed by one parent or guardian or the emancipated student or the student
81 18 years of age or older.
- 82
- 83 **L.K. NONMEDICAL EXEMPTION - AN IMMUNIZATION EXEMPTION BASED UPON A**
84 **RELIGIOUS BELIEF WHOSE TEACHINGS ARE OPPOSED TO IMMUNIZATIONS OR**
85 **A PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS.**
- 86

- 87 ~~M.L.~~ Parent - the person or persons with parental or decision-making responsibilities for a
88 child.
89
- 90 ~~N.M.~~ Practitioner - a duly licensed physician, advanced practice nurse, or other person who is
91 permitted and otherwise qualified to administer vaccines under Colorado law.
92
- 93 ~~O.N.~~ School - all child care facilities licensed by the Colorado Department of Human Services
94 including: child care centers, school-age child care center~~S~~, preschools, day camps,
95 resident camps, day treatment centers, family child care homes, foster care homes, and
96 head start programs; public, private, or parochial kindergarten, elementary or secondary
97 schools through grade twelve, or a college or university. Schools do not include a public
98 services short-term child care facility as defined in section 26-6-102(30), C.R.S., a guest
99 child care facility as defined in section 26-6-102(16), C.R.S., a ski school as defined in
100 section 26-6-103.5 (6), C.R.S., or college or university classes which are: offered off-
101 campus; offered to nontraditional adult students as defined by the governing board of the
102 institution; offered at colleges or universities which do not have residence hall facilities,
103 or; **A SCHOOL WHOSE NORMAL COURSE OF STUDENT INSTRUCTION IS**
104 **DELIVERED** online only.
105
- 106 ~~P.O.~~ School health authority - an individual working for or on behalf of the child care facility or
107 school who is knowledgeable about child care/school immunizations.
108
- 109 ~~Q.P.~~ School official - the school's chief executive officer or any person designated by him/her
110 as his/her representative.
111
- 112 ~~R.Q.~~ Student - any person enrolled in a Colorado school as defined in section I (~~OM~~), except:
113
- 114 1. ~~Aa~~ child who enrolls and attends a licensed child care center, as defined in
115 section 26-6-102(5), C.R.S., which is located at a ski area, for up to fifteen days
116 or less in a fifteen- consecutive-day period, no more than twice in a calendar
117 year, with each fifteen- consecutive-day period separated by at least sixty days,
118 and
119
 - 120 2. ~~Ce~~ college and university students as defined in section I (C).
121
- 122 ~~S.R.~~ Titer – laboratory test that measures the presence and amount of antibodies in blood.
123 Antibody titers can be used to show that a person is immune to some diseases.
124
- 125 ~~T.S.~~ **UP-TO-DATE - ALL SCHOOL-REQUIRED VACCINES HAVE BEEN ADMINISTERED**
126 **TO THE STUDENT IN ACCORDANCE WITH SECTION II.**
127
- 128 **II. Minimum Immunization Requirements**
129

- 130 A. To attend school, a student must have an ~~age-appropriate~~, **UP-TO-DATE** Certificate of
131 Immunization **WITH THE DATES AND TYPES OF IMMUNIZATIONS** administered.
132 Meeting the initial immunization requirements does not exempt a student from meeting
133 subsequent ~~age~~-requirements. This certificate must demonstrate immunization against
134 the following diseases:
- 135
 - 136 1. Hepatitis B
 - 137
 - 138 2. Pertussis
 - 139
 - 140 3. Tetanus
 - 141
 - 142 4. Diphtheria
 - 143
 - 144 5. Haemophilus Influenzae Type B (HIB)
 - 145
 - 146 6. Pneumococcal disease
 - 147
 - 148 7. Polio
 - 149
 - 150 8. Measles
 - 151
 - 152 9. Mumps
 - 153
 - 154 10. Rubella
 - 155
 - 156 11. Varicella
 - 157
- 158 B. Except as required in ~~sections II~~ **PARAGRAPHS** (C) and **II** (D) **OF THIS SECTION II**,
159 when healthcare providers administer the immunizations identified in ~~section II~~
160 **PARAGRAPH** (A) **OF THIS SECTION II**, the immunizations will be administered
161 according to the schedule established by the ACIP, as authorized in section 25-4-
162 902(1)(a), C.R.S.
- 163
- 164 C. Students between the ages of 4 through 6 years are required to receive their final doses
165 of Diphtheria, Tetanus, and Pertussis (DTaP), Inactivated Polio Vaccine (IPV), Measles,
166 Mumps, and Rubella (MMR) and Varicella prior to kindergarten entry.
- 167
- 168 D. Students are required to receive Tetanus, Diphtheria, Pertussis (Tdap) prior to 6th grade
169 entry. One dose of Tdap is required for 6th through 12th grades.
- 170
- 171 E. Laboratory confirmation of positive titers are an acceptable alternative to the following
172 vaccines when submitted to the student's school: DTaP, Hepatitis B, Varicella and MMR.
173 For DTaP substitution, both the diphtheria and tetanus titers must be positive. For MMR

174 substitution, titers for measles, mumps, and rubella must be positive. A titer is not an
175 acceptable replacement for Haemophilus Influenzae type b, Pneumococcal, IPV, or
176 Tdap vaccines.

177

178 III. Exemptions from Immunization

179

180 A PARENT OR LEGAL GUARDIAN SHALL HAVE THEIR STUDENT IMMUNIZED, UNLESS
181 THE STUDENT IS EXEMPTED. AN EMANCIPATED STUDENT OR A STUDENT EIGHTEEN
182 YEARS OF AGE OR OLDER SHALL HAVE THEMSELVES IMMUNIZED, UNLESS THE
183 STUDENT IS EXEMPTED. ~~It is the responsibility of the parent(s) to have his or her THEIR~~
184 ~~student immunized unless the student is exempted.~~A student ~~may be~~ IS exempted from
185 receiving the required immunizations ~~in the following manner:~~ WHEN THE REQUIREMENTS
186 OF EITHER PARAGRAPH A OR B OF THIS SECTION III ARE MET.

187

188 A. Medical exemption ~~-By submitting a~~ A STUDENT OBTAINS A MEDICAL EXEMPTION
189 FROM ONE OR MORE IMMUNIZATION REQUIREMENTS THROUGH SUBMISSION
190 OF a THE DEPARTMENT'S CERTIFICATE OF medical exemption ~~form with the~~
191 ~~statement of medical exemption~~ COMPLETED AND signed by an advanced practice
192 nurse, a delegated physician assistant, or physician licensed to practice medicine or
193 osteopathic medicine in any state or territory of the United States indicating that the
194 physical condition of the student is such that ONE OR MORE immunizations would
195 endanger ~~his/her~~ THEIR life or health or is medically contraindicated due to other
196 medical conditions. This form is to be submitted once, UNLESS THE STUDENT'S
197 INFORMATION OR SCHOOL CHANGES, and must be maintained on file at each new
198 school the student attends.

199

200 B. ~~Religious~~NONMEDICAL exemption - ~~By submitting a~~ A STUDENT OBTAINS A
201 NONMEDICAL EXEMPTION FROM ONE OR MORE IMMUNIZATION
202 REQUIREMENTS THROUGH SUBMISSION OF THE DEPARTMENT'S CERTIFICATE
203 OF nonmedical exemption ~~form~~ signed by ~~the~~ ONE parent(s) OR LEGAL GUARDIAN,
204 AN ~~the~~ emancipated student, OR A STUDENT EIGHTEEN YEARS OF AGE OR
205 OLDER. A COMPLETED CERTIFICATE OF NONMEDICAL EXEMPTION MUST ALSO
206 INCLUDE EITHER:

207

208 1. THE SIGNATURE OF A PERSON WHO IS AUTHORIZED PURSUANT TO
209 TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN THEIR SCOPE OF
210 PRACTICE, OR

211

212 2. CONFIRMATION OF COMPLETION OF THE DEPARTMENT'S ONLINE
213 EDUCATION MODULE DESCRIBED IN SECTION XII OF THIS RULE.

214

215 3. ~~Beginning July 1, 2016,~~FREQUENCY OF SUBMISSION:

216

- 217 a. Prior to kindergarten entry, ~~a~~ **THE DEPARTMENT'S CERTIFICATE OF**
 218 **nonmedical exemption form** must be submitted at each interval in the ACIP
 219 birth-18 years immunization schedule at which immunizations are due. This
 220 documentation is required only for those vaccines required to prevent the
 221 diseases listed in section II (A). Exemptions will expire at the time next
 222 immunizations are due according to the ACIP birth-18 years immunization
 223 schedule or when the student is enrolled to attend kindergarten.
 224
- 225 b. From kindergarten through twelfth grade, ~~a~~-**THE DEPARTMENT'S**
 226 **CERTIFICATE OF** nonmedical exemption ~~form~~ must be submitted once per
 227 school year. Exemptions will expire annually on June 30th, the last official
 228 day of the school year.
 229
- 230 4. **IMMUNIZATION RECORDS SHALL BE MAINTAINED BY THE PARENT OR**
 231 **ADULT RELATIVE DESIGNATED BY THE PARENT OF STUDENTS WHO**
 232 **PARTICIPATE IN A NONPUBLIC HOME-BASED EDUCATION PROGRAM**
 233 **PURSUANT TO SECTION 22-33-104.5, C.R.S., AND ARE ONLY REQUIRED**
 234 **TO BE SUBMITTED UPON REQUEST BY A SCHOOL DISTRICT, INSTITUTE**
 235 **CHARTER SCHOOL, OR PRIVATE SCHOOL AT WHICH THE STUDENT**
 236 **ATTENDS FOR A PORTION OF THE SCHOOL DAY.**
 237
- 238 ~~C. Personal belief exemption—By submitting a nonmedical exemption form signed by the~~
 239 ~~parent(s) or the emancipated student indicating that the parent(s) or emancipated~~
 240 ~~student has a personal belief that is opposed to immunizations.~~
 241
- 242 ~~Beginning July 1, 2016,~~
 243
- 244 ~~1. Prior to kindergarten entry, a nonmedical exemption form must be submitted at~~
 245 ~~each interval in the ACIP birth-18 years immunization schedule at which~~
 246 ~~immunizations are due. This documentation is required only for those vaccines~~
 247 ~~required to prevent the diseases listed in section II (A). Exemptions will expire at~~
 248 ~~the time next immunizations are due according to the ACIP birth-18 years~~
 249 ~~immunization schedule or when the student is enrolled to attend kindergarten.~~
 250
- 251 ~~2. From kindergarten through twelfth grade, a nonmedical exemption form must be~~
 252 ~~submitted once per school year. Exemptions will expire annually on June 30th,~~
 253 ~~the last official day of the school year.~~
 254
- 255 ~~C.D.~~ In the event of an **DISEASE** outbreak ~~of disease against~~ **FOR** which immunization is
 256 required, no exemption or exception from immunization shall be recognized and
 257 exempted persons may be subject to exclusion from school and quarantine.
 258
- 259 ~~D.E.~~ All information distributed to parent(s) by school districts regarding immunizations shall
 260 inform them of their rights in section III (A-~~CD~~).

261

262 **IV. Examination and audit of official school immunization records**

263

264 The Department's representative shall have the right to audit and verify records to determine
265 compliance with the law. Discrepancies found through audits shall be corrected by school
266 officials, and any student not in full compliance shall be suspended or expelled from school
267 according to the following rules:

268

269 A. If the parent(s), **LEGAL GUARDIAN, or** emancipated student, **OR STUDENT 18 YEARS**
270 **OF AGE OR OLDER** was informed of the deficiencies in the student's official school
271 immunization records pursuant to section I (**KJ**) (1) of the rules, the student shall be
272 suspended or expelled pursuant to section 25-4-907, C.R.S.

273

274 B. If the parent(s), **LEGAL GUARDIAN, or** emancipated student, **OR STUDENT 18 YEARS**
275 **OF AGE OR OLDER** was not informed by a direct personal notification of the
276 immunizations required and alternatives for compliance with the law, the school shall
277 notify the parent(s), **LEGAL GUARDIAN** or ~~emancipated~~ student within 7 calendar days
278 of the finding and the student shall: a) provide proof of immunization within 14 days, b)
279 continue as an in-process student, c) verify that the student is exempt, or d) the student
280 shall be suspended or expelled pursuant to section 25-4-907, C.R.S.

281

282 ***

283

284 **VI. Official school immunization records**

285

286 A. Official school immunization records shall include:

287

288 1. ~~An official~~ **THE DEPARTMENT'S** Certificate of Immunization or an Alternate
289 Certificate of Immunization approved by the Department, which includes one of
290 the following forms of documentation ~~with the dates and types of immunizations~~
291 ~~administered to a student:~~

292

293 a. A paper or electronic document that includes information transferred from
294 the records of a licensed physician, registered nurse, a delegated
295 physician assistant, or public health official, or

296

297 b. An electronic file or hard copy of an electronic file provided to the school
298 directly from the immunization **INFORMATION** tracking system
299 established pursuant to section 25-4-2403, C.R.S., or from a software
300 program approved by the Department,

301

302 2. ~~An official~~ **THE DEPARTMENT'S CERTIFICATE OF** medical exemption ~~form~~
303 ~~with the date and vaccines exempted from,~~ and

304

305 3. ~~A-THE DEPARTMENT'S CERTIFICATE OF~~ nonmedical exemption ~~form with the~~
306 ~~date, type of exemption taken and the vaccines exempted from.~~

307
308 B. ~~Any~~ immunization record (original or copy) provided by a physician licensed to practice
309 medicine or osteopathic medicine in any state or territory of the United States, registered
310 nurse, delegated physician assistant, or public health official may be accepted by the
311 school official as proof of immunization. The information is to be verified by the school
312 official and transferred to an official Certificate of Immunization, **EXCEPT THAT THE**
313 **DEPARTMENT MAY WAIVE TRANSFER REQUIREMENTS FOR SELECT STATES'**
314 **CERTIFICATES OF IMMUNIZATION THE DEPARTMENT RECOGNIZES TO BE**
315 **CONSISTENT WITH COLORADO'S CERTIFICATE OF IMMUNIZATION.**

316
317 C. Schools shall have on file an official school immunization record for every student
318 enrolled. The official school immunization record will be kept apart from other school
319 records. When a student withdraws, transfers, or is promoted to a new school, the
320 school official shall return the Certificate of Immunization to the parent(s) or emancipated
321 student upon request or transfer it with the student's school records to the new school.
322 Upon a college or university student's request, the Certificate of Immunization shall be
323 forwarded as specified by the student.

324

325 VII. Reporting of Statistical Information

326

327 A. ~~On December 1, 2016, and each year thereafter~~ ANNUALLY, BY JANUARY 15 OF
328 EACH YEAR, any child care center, preschool or head start program that is licensed by
329 the Colorado Department of Human Services to provide care to ten or more children and
330 are not exempt from reporting pursuant to section VII (B), and; public, private, or
331 parochial schools with kindergarten, elementary or secondary schools through grade
332 twelve, shall send aggregate immunization and exemption data, by antigen, to the
333 Department.

334

335 Required data shall include:

336

- 337 1. Total number of students and total number of kindergarten students enrolled in
338 the school;
- 339
340 2. Total number of students and total number of kindergarten students who are up-
341 to-date with immunizations, as required in section II;
- 342
343 3. Total number of students and total number of kindergarten students who have a
344 medical exemption for all immunizations, as required in section II;
- 345
346 4. Total number of students and total number of kindergarten students who have a
347 medical exemption for one or more but not all immunizations, as required in
348 section II;

- 349
- 350 5. Total number of students and total number of kindergarten students who have a
- 351 ~~NONMEDICAL religious~~ exemption for all immunizations, as required in section
- 352 II;
- 353
- 354 6. Total number of students and total number of kindergarten students who have a
- 355 ~~NONMEDICAL religious~~ exemption for one or more but not all immunizations, as
- 356 required in section II;
- 357
- 358 ~~7. Total number of students and total number of kindergarten students who have a~~
- 359 ~~personal belief exemption for all immunizations as required in section II;~~
- 360
- 361 ~~8. Total number of students and total number of kindergarten students who have a~~
- 362 ~~personal belief exemption for one or more but not all immunizations as required~~
- 363 ~~in section II;~~
- 364
- 365 ~~7.9.~~ Total number of in-process students and total number of in-process kindergarten
- 366 students;
- 367
- 368 ~~8.10.~~ Total number of students and total number of kindergarten students not up-to-
- 369 date for immunizations, as required in section II, with no exemption on file, and
- 370 not in-process; and
- 371
- 372 ~~9.11.~~ Total number of students and total number of kindergarten students with no
- 373 immunization records.
- 374
- 375 B. Schools not required to send aggregate immunization and exemption data to the
- 376 Department include: ~~online-only~~ K-12th grade schools **WHOSE NORMAL COURSE OF**
- 377 **SCHOOLING IS ONLINE ONLY**, school-age child care centers, family child care homes,
- 378 drop-in centers, day treatment centers, foster care homes, day camps, and resident
- 379 camps.
- 380
- 381 **VIII. Notification of noncompliance**
- 382
- 383 A. Section 25-4-907, C.R.S. requires that if a student is suspended or expelled from school
- 384 for failure to comply with the immunization law, the school official shall notify the
- 385 Department, or county, district, or municipal public health agency who shall then contact
- 386 the parent(s) or emancipated student in an effort to secure compliance so that the
- 387 student may be re-enrolled in school.
- 388
- 389 B. Upon receipt of an immunization referral from the school, the Department, or county,
- 390 district, or municipal public health agency shall contact the parent(s) **OR LEGAL**
- 391 **GUARDIAN(S)** of the referred student, ~~or~~ the emancipated student **OR STUDENT 18**
- 392 **YEARS OF AGE AND OLDER** ~~himself/herself~~ to offer immunization and ~~to~~ secure

393 compliance with the school immunization law. ~~in order that the student may provide a~~
394 ~~completed Certificate of Immunization to the school and in the case of an expelled or~~
395 ~~suspended student, be re-enrolled in school.~~

396

397 **IX. Requirements for college and university students, colleges and universities.**

398

399 The provisions below apply only to colleges or universities, or students enrolled in a college or
400 university.

401

402 A. Minimum immunization requirements

403

404 1. Two valid doses of the MMR vaccine are required for all college or university
405 students, unless the college or university student was born before 1957.

406

407 a. Laboratory confirmation of positive titers ~~are IS~~ an acceptable alternative
408 to the MMR vaccine when submitted to the student's school. For MMR
409 substitution, titers for **EACH DISEASE** (measles, mumps, and rubella)
410 must be positive.

411

412 2. Pursuant to section 25-4-901, C.R.S. et. seq., and section 23-5-128 (3), C.R.S.,
413 each college and university shall provide information concerning meningococcal
414 disease and meningococcal vaccine to each new college or university student
415 residing in student housing, or if the college or university student is under 18
416 years, to the college or university student's parent or **LEGAL** guardian. College
417 and university students residing in student housing who have not received a
418 meningococcal vaccine within the last five years shall review the information
419 concerning meningococcal disease and meningococcal vaccine. If the college or
420 university student does not obtain a vaccine, a signature must be obtained from
421 the college or university student or if the college or university student is under 18
422 years, the college or university student's parent or **LEGAL** guardian indicating
423 that the information was reviewed and the college or university student or college
424 or university student's parent or guardian has declined the vaccine.

425

426 B. Exemptions from immunization

427

428 A college or university student ~~may be IS~~ exempted from receiving required immunizations in
429 the following manner:

430

431 1. Medical exemption - ~~By submitting a~~ **A STUDENT OBTAINS A** medical
432 exemption ~~form with the statement of medical exemption~~ **THROUGH THE**
433 **SUBMISSION OF THE DEPARTMENT'S CERTIFICATE OF MEDICAL**
434 **EXEMPTION COMPLETED AND** signed by an advanced practice nurse, a
435 delegated physician assistant, or physician licensed to practice medicine or
436 osteopathic medicine in any state or territory of the United States indicating that

437 the physical condition of the college or university student is such that **ONE OR**
438 **MORE** immunizations would endanger ~~his/her~~ **THEIR** life or health or ~~is-ARE~~
439 medically contraindicated due to other medical conditions. This form is to be
440 submitted once, **UNLESS THE STUDENT'S INFORMATION OR SCHOOL**
441 **CHANGES**, and must be maintained on file at each new school the student
442 attends.

443
444 2. ~~Religious~~**NONMEDICAL** exemption - ~~By A STUDENT OBTAINS A~~
445 **NONMEDICAL EXEMPTION THROUGH THE SUBMISSION OF THE**
446 **DEPARTMENT'S CERTIFICATE OF** ~~submitting a~~ **THE DEPARTMENT'S**
447 **CERTIFICATE OF** nonmedical exemption ~~form~~ signed by the college or
448 university student 18 years of age or older, **EMANCIPATED COLLEGE OR**
449 **UNIVERSITY STUDENT, OR** the parent(s) **OR LEGAL GUARDIAN** if the college
450 or university student is under 18 years of age. ~~or the emancipated college or~~
451 ~~university student indicating that the college or university student, parent or~~
452 ~~emancipated college or university student is adherent to a religious belief whose~~
453 ~~teachings are opposed to immunizations. As of July 1, 2016,~~^bBeginning with
454 college or university entry, **a THE DEPARTMENT'S CERTIFICATE OF**
455 nonmedical exemption ~~form~~ must be submitted at enrollment. **A CERTIFICATE**
456 **OF NONMEDICAL EXEMPTION MUST ALSO INCLUDE EITHER:**

457
458 a. **THE SIGNATURE OF A PERSON WHO IS AUTHORIZED PURSUANT**
459 **TO TITLE 12 TO ADMINISTER IMMUNIZATIONS WITHIN HIS OR HER**
460 **SCOPE OF PRACTICE, OR**

461
462 b. **CONFIRMATION OF COMPLETION OF THE DEPARTMENT'S ONLINE**
463 **EDUCATION MODULE DESCRIBED IN SECTION XII OF THIS RULE.**

464
465 ~~3. **Personal belief exemption** - **By submitting a nonmedical exemption form signed**~~
466 ~~**by the college or university student 18 years of age or older, the parent if the**~~
467 ~~**college or university student is under 18 years of age, or the emancipated college**~~
468 ~~**or university student indicating that the college or university student, parent or**~~
469 ~~**emancipated college or university student has a personal belief that is opposed**~~
470 ~~**to immunizations. As of July 1, 2016, beginning with college or university entry, a**~~
471 ~~**nonmedical exemption form must be submitted at enrollment.**~~

472
473 34. In the event of an **DISEASE** outbreak ~~of disease against~~ **FOR** which
474 immunization is required, no exemption or exception from immunization shall be
475 recognized and exempted persons may be subject to exclusion from school and
476 quarantine.

477
478 C. Examination and audit of official school immunization records

479

480 The Department's representative shall have the right to audit and verify records to determine
481 compliance with the law. Discrepancies found through audits shall be corrected by school
482 officials, and any college or university student not in full compliance shall be denied attendance
483 from school according to the rules in section IX (D).

484

485 D. Denial of attendance

486

487 1. A college or university student who is: not in-process, not appropriately
488 vaccinated for ~~his/her~~ THEIR age, or not exempt shall be denied attendance in
489 accordance with the law.

490

491 2. A school official shall deny attendance from school, pursuant to the provisions
492 established by the school, any college or university student not in-process, not
493 appropriately immunized for ~~his/her~~ THEIR age, or not exempt per section 25-4-
494 903, C.R.S. No college or university student shall be denied attendance for
495 failure to comply unless there has been a direct personal notification of
496 noncompliance by the appropriate school authority to the college or university
497 student's parent or guardian, the emancipated college or university student or the
498 college or university student 18 years of age or older.

499

500 E. Official school immunization records

501

502 1. Official school immunization records shall include:

503

504 A. ~~An official~~ THE DEPARTMENT'S Certificate of Immunization or an
505 Alternate Certificate of Immunization approved by the Department, which
506 includes one of the following forms of documentation ~~with the dates and~~
507 ~~types of immunizations administered to a student:~~

508

509 a. A paper or electronic document that includes information
510 transferred from the records of a licensed physician, registered
511 nurse, a delegated physician assistant, or public health official, or

512

513 b. An electronic file or hard copy of an electronic file provided to the
514 school directly from the immunization INFORMATION tracking
515 system THAT THE DEPARTMENT IS REQUIRED TO MAINTAIN
516 established pursuant to section 25-4-2403, C.R.S., or from a
517 software program approved by the Department,

518

519 B.2. ~~An official~~ THE DEPARTMENT'S CERTIFICATE OF medical exemption
520 ~~form with the date and vaccines exempted from,~~ and

521

522 C.3. ~~A~~ THE DEPARTMENT'S CERTIFICATE OF nonmedical exemption ~~form~~
523 ~~with the date, type of exemption taken and the vaccines exempted from.~~

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~~B. An official medical exemption form with the date and vaccines exempted from,
or~~

~~C. A nonmedical exemption form with the date, type of exemption taken and the
vaccines exempted from.~~

~~2. Any immunization record (original or copy) provided by a physician licensed to
practice medicine or osteopathic medicine in any state or territory of the United States,
registered nurse, delegated physician assistant, or public health official may be accepted
by the school official as proof of immunization.~~

~~23.~~ Schools shall have on file an official school immunization record for every college
or university student enrolled.

F. Reporting of statistical information – ~~ANNUALLY, BY JANUARY 15 OF EACH YEAR,
December 1, 2016, and each year thereafter,~~ any college or university that constitutes a
school as defined by section I (OM) shall send aggregate immunization and exemption
data, by antigen, to the Department.

Required data shall include:

1. Total number of college or university students enrolled in the school;
2. Total number of college or university students who are up-to-date with
immunizations, as required in this section (IX);
3. Total number of college or university students who have a medical exemption for
the MMR vaccine;
4. Total number of college or university students who have a **religious
NONMEDICAL** exemption for the MMR vaccine;
- ~~5. Total number of college or university students who have a personal belief
exemption for the MMR vaccine;~~
- ~~56.~~ Total number of in-process college or university students;
- ~~67.~~ Total number of college or university students who have a signed waiver for the
Meningococcal vaccine;
- ~~78.~~ Total number of college or university students not up-to-date for the MMR
vaccine, with no exemption on file, no Meningococcal vaccine waiver on file, and
not in-process; and

- 568
569 **89.** Total number of college or university students with no immunization records.
570
571 **X. Contract Requirements for Providers, Hospitals, and Health Care Clinics to be an**
572 **Agent of the Department for the Purposes of the Immunization Program**
573
574 A. To be an agent of the Department for the purposes of administering immunizations to
575 infants, children, and students, a provider, hospital, or health care clinic must **agree to**
576 provide each patient receiving a vaccine, or the parent or legal guardian, if the patient is
577 an unemancipated minor, a copy of the currently approved Vaccine Information
578 Statement, as required by federal law.
579
580 B. The Department shall make such requirements as are necessary to assure the
581 confidentiality and security of information in immunization **INFORMATION tracking**
582 system operated pursuant to section 25-4-2403(3), C.R.S.
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584 ***
585
586 **XII. On-line educational module**
587
588 A. Per section 25-4-903 (2.5 **AND 2.7**), C.R.S., the Department shall provide immunization
589 information to the public **VIA AN ONLINE EDUCATION MODULE THAT FAIRLY**
590 **PRESENTS BOTH THE BENEFITS AND RISKS OF IMMUNIZATIONS.** The
591 immunization information and contents of this module shall include, but are not limited
592 to:
593
594 1. **A.** Exemption rates in Colorado that are available to the public through the
595 Department,
596
597 2. **B.** Evidence-based research,
598
599 3. **C.** Resources and information from credible scientific and public health
600 organizations, **and**
601
602 4. **D.** Peer-reviewed studies, **AND**
603
604 5. **FAIRLY PRESENT BOTH THE BENEFITS AND RISKS OF IMMUNIZATIONS**
605 **AND INCLUDE DATA CONCERNING THE RISK OF IMMUNIZATION INJURY.**
606
607 **B. THE MODULE SHALL BE INTERACTIVE SUCH THAT THE VIEWER OF THE**
608 **MODULE MUST ENGAGE WITH THE CONTENT SUCCESSFULLY TO RECEIVE A**
609 **CERTIFICATE OF COMPLETION.**
610

- 611 C. UPON SUCCESSFUL COMPLETION OF THE MODULE, A CERTIFICATE OF
612 NONMEDICAL EXEMPTION THAT INCLUDES CONFIRMATION OF COMPLETION
613 OF THE DEPARTMENT'S ONLINE EDUCATION MODULE WILL BE
614 ELECTRONICALLY GENERATED FOR DOWNLOADING AND PRINTING.
615
- 616 D. THE ONLINE LEARNING MODULE SHALL NOT REQUIRE A PARENT OR
617 LEGAL GUARDIAN, EMANCIPATED STUDENT, OR STUDENT EIGHTEEN YEARS
618 OF AGE OR OLDER TO SIGN OR INDICATE AGREEMENT WITH ANY LANGUAGE
619 REGARDING IMMUNIZATIONS THAT MAY BE CONTRARY TO A RELIGIOUS
620 BELIEF OR PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS IN ORDER
621 TO COMPLETE THE ONLINE LEARNING MODULE.
622

623 **XIII. VACCINATED CHILDREN STANDARD**

624

- 625 A. PER SECTION 25-4-911 (1), C.R.S., THE GOAL FOR EVERY SCHOOL IS FOR 95%
626 OF THE ENROLLED STUDENT POPULATION TO BE VACCINATED WITH EACH
627 VACCINE REQUIRED FOR SCHOOL ENTRY IN SECTION II IN ORDER TO REDUCE
628 THE SPREAD OF VACCINE-PREVENTABLE DISEASE AND PROTECT THE HEALTH
629 OF ALL PEOPLE IN THE SCHOOL COMMUNITY, INCLUDING STUDENTS WHO
630 CANNOT BE IMMUNIZED FOR MEDICAL REASONS.
631

632 **XIV. ANNUAL PARENT LETTER**

633

- 634 A. PER SECTION 25-4-902 (4), C.R.S., ANNUALLY, BY JANUARY 15 OF EACH YEAR,
635 THE DEPARTMENT SHALL DEVELOP AND PROVIDE TO THE DEPARTMENT OF
636 EDUCATION AND THE DEPARTMENT OF HUMAN SERVICES A STANDARDIZED
637 DOCUMENT REGARDING IMMUNIZATIONS. THE STANDARDIZED DOCUMENT
638 SHALL BE UPDATED ANNUALLY AND MUST INCLUDE, BUT NOT BE LIMITED TO:
639
- 640 1. A LIST OF THE IMMUNIZATIONS REQUIRED FOR ENROLLMENT IN A
641 SCHOOL AND THE AGE AT WHICH THE IMMUNIZATION IS REQUIRED;
642
 - 643 2. A LIST OF IMMUNIZATIONS CURRENTLY RECOMMENDED FOR CHILDREN
644 BY THE ACIP AND THE RECOMMENDED AGE AT WHICH EACH
645 IMMUNIZATION SHOULD BE GIVEN;
646
 - 647 3. A PLACE ON THE DOCUMENT WHERE A SCHOOL CAN INCLUDE THE
648 SCHOOL'S SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR THE
649 MMR VACCINE AND FOR EVERY OTHER VACCINE FOR THE SCHOOL'S
650 ENROLLED STUDENT POPULATION FROM THE PRIOR SCHOOL YEAR
651 COMPARED TO THE VACCINATED CHILDREN STANDARD DESCRIBED IN
652 SECTION 25-4-911, C.R.S.; AND
653

- 654 4. A STATEMENT THAT THE SCHOOL IS REQUIRED TO COLLECT AND
655 REPORT THE INFORMATION PURSUANT TO SECTION 25-4-902 (4)(A),
656 C.R.S., AND THAT THE SCHOOL DOES NOT CONTROL THE SCHOOL'S
657 SPECIFIC IMMUNIZATION AND EXEMPTION RATES OR ESTABLISH THE
658 VACCINATED CHILDREN STANDARD DESCRIBED IN SECTION 25-4-911,
659 C.R.S.
660
- 661 B. ANNUALLY, BY JANUARY 31 OF EACH YEAR, THE DEPARTMENT OF EDUCATION
662 AND THE DEPARTMENT OF HUMAN SERVICES SHALL POST THIS
663 STANDARDIZED DOCUMENT ON THEIR WEBSITES.
664
- 665 C. ANNUALLY, BY FEBRUARY 15 OF EACH YEAR, A SCHOOL SHALL DIRECTLY
666 DISTRIBUTE THE DOCUMENT TO THE PARENT OR LEGAL GUARDIAN OF EACH
667 STUDENT ENROLLED IN ITS SCHOOL, EMANCIPATED STUDENTS, OR STUDENTS
668 EIGHTEEN YEARS OF AGE OR OLDER, CONSISTENT WITH SECTION 25-4-903 (5),
669 C.R.S.
670
- 671 1. THE SCHOOL SHALL INCLUDE ON THE DOCUMENT THE SCHOOL'S
672 SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR THE MEASLES,
673 MUMPS, AND RUBELLA VACCINE FOR THE SCHOOL'S ENROLLED
674 STUDENT POPULATION FOR THE PRIOR SCHOOL YEAR COMPARED TO
675 THE VACCINATED CHILDREN STANDARD DESCRIBED IN SECTION 25-4-
676 911.
677
- 678 2. THE SCHOOL MAY INCLUDE ON THE DOCUMENT THE SCHOOL'S
679 SPECIFIC IMMUNIZATION AND EXEMPTION RATES FOR ANY OTHER
680 VACCINE FOR THE SCHOOL'S ENROLLED STUDENT POPULATION FOR
681 THE PRIOR SCHOOL YEAR.
682