



**COLORADO**  
Department of Public  
Health & Environment

To: Members of the State Board of Health

From: A. Alex Quintana, State Registrar and Director of Vital Records, CHED

Through: Chris Wells, Center for Health and  
Environmental Data Division Director

*CSW*

Date: February 21, 2024

Subject: Rulemaking Hearing concerning 5 CCR 1006-1, Vital Statistics

The Office of the State Registrar of Vital Statistics is requesting rulemaking regarding 5 CCR 1006-1, Vital Statistics. The purpose of this rulemaking is to ensure that the rule conforms to new legislation, Senate Bill 23-020, Timely Certified Death Certificates.

The new act requires that all parties involved in the registration of a death certificate, which includes funeral directors, coroners, and physicians, with the exception of family members or others acting in a non-professional capacity as the funeral director, use the electronic death registration system to do so. The act also changes the timeframe from five days to seventy-two hours to file a death certificate, when possible. The act requires that the State Registrar submit a monthly report to the Department of Regulatory Agencies listing death certificates for those certificates that were not filed in a timely manner.

The scope of the rulemaking is limited to adding a definition of the term qualified individual, removing language that allows other methods to submit death reports aside from those permitted in the new act concerning the use of the Electronic Death Registration system, and replacing current language with language stated in the bill, or language that supports it, where necessary.

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY**

for Amendments to  
5 CCR 1006-1, Vital Statistics

**Basis and Purpose.**

Senate Bill 23-020, Timely Certified Death Certificates (“SB23-020” or “the act”), passed during the first regular session of the 74th General (2023) General Assembly. The act changes the amount of time in which a participant in the death registration process must complete their portion of the certificate to 72 hours upon receipt of a notice or assumption of a decedent, requires that all funeral directors, physicians, and coroners use the electronic death registration system to register deaths in Colorado, and requires the State Registrar to submit a monthly report to the Department of Regulatory Agencies identifying death certificates that were not timely filed.

The purpose of this rulemaking is to align 5 CCR 1006-1, Vital Statistics with the requirements of the act by removing ambiguous and conflicting language.

Section 2.1, Definitions, has been updated to add the definition for “qualified individual” as the term is used in SB23-020, referring to medical certifiers other than coroners, medical examiners, and forensic pathologists, such as physicians and their associate physicians.

Section 2.4, General Requirements for Preparing Certificates, now contains a reference to the updated statute and adds the language in statute concerning those acting in a non-professional capacity as the funeral director to register a death without having to use the electronic system. Language regarding the grant of a waiver by the State Registrar has been removed since the use of the electronic system is mandatory and historically the request for a waiver has never been submitted. The requirement to use a typewriter has been removed as well as the option of using blue ink, as the former is obsolete technology and the latter is not practical when using a computer printer. Sub-section B is now re-purposed to prescribe the methods through which a death report shall be submitted by those acting in a non-professional capacity as a funeral director.

Section 6.1, Acceptance of Incomplete Record, has been modified to replace the previous five-day requirement to file a death certificate with the new requirement of filing a death certificate within seventy-two hours, in addition to adding language that mirrors the act to provide complete instructions within the rule.

Section 6.2 adds the phrase “of death” to enhance clarity.

Section 9.1 contains a minor grammatical correction.

**Specific Statutory Authority.**

**Statutes that require or authorize rulemaking:**

§ 25-2-103(2) C.R.S.

**Other relevant statutes:**

§ 25-2-110 C.R.S.

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**Is this rulemaking due to a change in state statute?**

Yes, the bill number is SB23-020. Rules are  authorized  required.

No

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

Yes  URL

No

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

Yes

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;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

**REGULATORY ANALYSIS**  
for Amendments to  
5 CCR 1006-1, Vital Statistics

**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/S/B
Funeral Directors	750	C
Physicians	~5000	C
Coroners	64	C/CLG
Hospitals & Physician Groups and Associations		S
Local Vital Records Offices	55	CLG
Families of decedents	47,000	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.

More than one category may be appropriate for some stakeholders.

**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.**

In order to comply with Senate Bill 23-020 (“SB23-020”), the proposed rule directs parties - aside from those individuals who act as funeral directors in a non-professional capacity - involved in the death registration process to utilize an electronic form, rather than a paper form, when completing their portion of the death registration process. As such, funeral directors, physicians, and coroners must use the electronic death registration system when

completing a death certificate. The proposed rule also states that a death certificate must be filed with the State Registrar within seventy-two hours of assuming custody of a dead body, unless an inquiry by a coroner or more time is needed by either a coroner, medical examiner, forensic pathologist, or qualified individual to make a proper inquiry to determine the cause and manner of death.

Using the electronic death registration system requires a smartphone, electronic tablet or computer with access to the internet, as it is a web-based system. Any professional that plays a part in registering a death certificate and does not have access to the system must contact the Office of the State Registrar of Vital Statistics to obtain access. Once access is granted, then they will receive requests from others involved in the registration of the death certificate via email so that they can complete their portion of the death report. As internet access for physicians, funeral homes, coroners, and hospitals is common, no significant quantitative and qualitative impacts are expected to these classes of persons. Families of decedents should receive a positive qualitative impact from the proposed rule through the requirement of having all parties use the electronic death registration system as those death certificates are filed more quickly than death certificates where at least one party contributes their portion via paper.

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

C: There are no financial costs or benefits associated with using the electronic death registration system.

CLG: There are no financial costs or benefits associated with using the electronic death registration system.

S: There are no financial costs or benefits associated with using the electronic death registration system.

B: Families of decedents may benefit economically by accessing financial benefits contained within insurance policies, social security benefits, etc. sooner due to the requirement that all participants in the death registration process use the electronic system. Our data has shown that deaths registered through the electronic system are filed quicker than a paper-based or hybrid method. For example, in 2022, 90% of fully-electronic death registrations were completed within 13 days, whereas 90% of all drop-to-paper registrations were completed within 22 days. Alternatively, the majority of fully-electronic death registrations were completed within 4 days, versus 8 days for drop-to-paper registrations.

**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.**

C: Using the electronic death registration system is anticipated to reduce the amount of time taken in registering a death certificate. This would increase the level of customer service

provided to those whom funeral directors, physicians, and coroners serve. There are no non-favorable non-economic outcomes identified at this time.

CLG: Local vital records offices would benefit by having more time to serve their customers since less of their time will be used to help process hybrid death registrations. Coroners are expected to see death certificates filed more quickly due to the use of the electronic death system mandate, providing death data more quickly for their analysis.

S: Many physicians work at hospitals and thus hospitals want to make sure that their physicians have the tools and support they need to perform their responsibilities. Physician groups and associations also want to ensure that their physicians are informed and equipped to comply with law and have the information and resources to ensure that they can do their jobs well. The proposed rule requires physicians to utilize the electronic death registration system and by doing so, the doctors are complying with law, ensuring that hospitals, physician groups and member associations maintain a positive reputation among their members and outsiders. There is no additional software required to be installed on a physician's computer in order to use the EDR system. However, learning how to register a death using the EDR will take some time, but the Vital Statistics Office has many training resources available online to help EDRS users how to register deaths. The Office also provides email and phone support should a physician need assistance in learning how to use the system.

B: Families of decedents may benefit economically by accessing financial benefits contained within insurance policies, social security benefits, etc. sooner due to the requirement that all participants in the death registration process use the electronic system. Our data has shown that deaths registered through the electronic system are filed quicker than a paper-based or hybrid method.

### **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:**

There is **no fiscal impact** associated with SB23-020 or the proposed rule. Work associated with processing hybrid death registrations will be directed towards other work in the office that is expected to result in better customer service through timelier processing of other death certificate unit services.

Anticipated CDPHE Revenues:

N/A

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

Anticipated Revenues for another state agency:

N/A

**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 (select all that apply):**

<p>1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO<sub>2</sub>e per year by June 30, 2020 and to 113.144 million metric tons of CO<sub>2</sub>e by June 30, 2023.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contributes to the blueprint for pollution reduction</li> <li><input type="checkbox"/> Reduces carbon dioxide from transportation</li> <li><input type="checkbox"/> Reduces methane emissions from oil and gas industry</li> <li><input type="checkbox"/> Reduces carbon dioxide emissions from electricity sector</li> </ul>
<p>2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduces volatile organic compounds (VOC) and oxides of nitrogen (NO<sub>x</sub>) from the oil and gas industry.</li> <li><input type="checkbox"/> Supports local agencies and COGCC in oil and gas regulations.</li> <li><input type="checkbox"/> Reduces VOC and NO<sub>x</sub> emissions from non-oil and gas contributors</li> </ul>
<p>3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes.</li> <li><input type="checkbox"/> Increases physical activity by promoting local and state policies to improve active transportation and access to recreation.</li> <li><input type="checkbox"/> Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.</li> </ul>
<p>4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.</p>

<p><input type="checkbox"/> Ensures access to breastfeeding-friendly environments.</p>
<p>5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p><input type="checkbox"/> Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p><input type="checkbox"/> Performs targeted programming to increase immunization rates.</p> <p><input type="checkbox"/> Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).</p>
<p>6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.</p> <p><input type="checkbox"/> Creates a roadmap to address suicide in Colorado.</p> <p><input type="checkbox"/> Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate.</p> <p><input type="checkbox"/> Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries.</p> <p><input type="checkbox"/> Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.</p>
<p>7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.</p> <p><input type="checkbox"/> Conducts a gap assessment.</p> <p><input type="checkbox"/> Updates existing plans to address identified gaps.</p> <p><input type="checkbox"/> Develops and conducts various exercises to close gaps.</p>
<p>8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.</p> <p><input type="checkbox"/> Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident.</p> <p><input type="checkbox"/> Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment.</p> <p><input type="checkbox"/> Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.</p>
<p>9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.</p> <p><input type="checkbox"/> Implements the CDPHE Digital Transformation Plan.</p> <p><input type="checkbox"/> Optimizes processes prior to digitizing them.</p> <p><input type="checkbox"/> Improves data dissemination and interoperability methods and timeliness.</p>



10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.

- Reduces emissions from employee commuting
- Reduces emissions from CDPHE operations

11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.

- Used a budget equity assessment

Advance CDPHE Division-level strategic priorities.

**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:**

If rulemaking is not pursued, then the regulation could be interpreted to contradict Colorado statute, increasing the department's risk of litigation.

**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. The specific revisions proposed in this rulemaking were developed in conjunctions with stakeholders. The benefits, risks and costs of these proposed revisions were compared to the costs and benefits of other options. The proposed revisions provide the most benefit for the least amount of cost, are the minimum necessary or are the most feasible manner to achieve compliance with statute.

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

See response #4 and 5.

**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.**

N/A

**STAKEHOLDER ENGAGEMENT**  
for Amendments to  
5 CCR 1006-1, Vital Statistics

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:

Organization	Representative Name and Title (if known)
Colorado Academy of Family Physicians	Ryan Biehle, Executive Director
Colorado Coroners Association	Randy Keller, President
Colorado Funeral Directors Association	Joseph Walsh, President
Colorado Medical Society	Omar Mubarak, President
Department of Regulatory Agencies	Paula Martinez, Program Director
The Office of Senator James Coleman	Carla Blanc, Legislative Aide
Funeral Directors on Vital Records Listserv	
Local Vital Records Offices on Vital Records Listserv	
Physicians on Vital Records Listserv	

**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 10<sup>th</sup> of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking Packet. Notification will occur when 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.**

Stakeholder feedback was solicited through the following methods:

- 1) Email, which was sent to the stakeholders identified in the list above
- 2) Public hearing, which was held at the John Snow Room at CDPHE on Tuesday, January 30<sup>th</sup>, 2024 from 1-3pm
- 3) Notice on the Vital Records webpage

Email and a google form where the electronic means for collecting feedback.

As of February 9th, 2024, the Office has received one piece of feedback. The feedback mentioned that the proposed changes to the rule closely follows the intent and language of state statute. There were no recommendations to modify or remove the proposed language.

The feedback also provided general comments about electronic system stating that it was administratively burdensome and that the instructional sheets use to train are long. The Office has responded to the stakeholder acknowledging their feedback and welcomes the opportunity to meet with them and discuss specifics so that the Office can make the use of the system as seamless as can be while adhering to technological and legal requirements.

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

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.	x	<b>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.</b>
	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.
	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.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	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: _____ _____

**\*Note\***

The PDF will include merged content: Signed version of SB23-020, and this packet.

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Center for Health and Environmental Data**

3 **VITAL STATISTICS**

4 **5 CCR 1006-1**

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8 **SECTION 2 DEFINITIONS, DESIGNATION OF OFFICES, SUBMISSION, USE, AND**  
9 **DISTRIBUTIONS OF VITAL STATISTICS**

10 **SECTION 2.1 Definitions**

11 As used in this regulation, unless the context otherwise requires:

12 A. "Certificate" means a printed, certified copy of the vital event record.

13 B. "Legal representative" means an attorney, physician, funeral director, or other authorized agent,  
14 as determined by the State Registrar, acting on behalf of the registrant or his family.

15 C. "Next of kin" means a person's closest living relative or relatives and those who, under Colorado  
16 law, have legal authority over the disposition of human remains, see Section 12-54-102(17), C.R.S.

17 D. "Person with a direct and tangible interest" means the registrant, a member of the registrant's  
18 immediate family, as determined by the State Registrar, the registrant's legal guardian or legal custodian,  
19 or their respective legal representatives. Others may demonstrate a direct and tangible interest when  
20 information is needed for determination or protection of a personal or property right, or for genealogical  
21 purposes. The natural parents of adopted children when neither has custody, and commercial firms or  
22 agencies requesting listings of names and addresses shall not be considered to have a direct and  
23 tangible interest.

24 E. "QUALIFIED INDIVIDUAL" MEANS THE PHYSICIAN, THEIR ASSOCIATE PHYSICIAN, CHIEF  
25 MEDICAL OFFICER OF THE INSTITUTION IN WHICH THE DEATH OCCURRED, OR THE PHYSICIAN  
26 WHO PERFORMS AN AUTOPSY UPON THE DECEDENT WHO IS RESPONSIBLE FOR THE  
27 MEDICAL CERTIFICATION FOR A CERTIFICATE OF DEATH

28 FE. "Record" means an electronic or paper vital event registered as reported, updated, and stored  
29 within the files of the office of the State Registrar of vital statistics and designated offices.

30 GF. "Report" means an electronic or paper document containing information related to a vital event  
31 submitted by a person or entity required to submit the information in accordance with this state statute  
32 and this regulation for the purpose of registering a vital event.

33 HG. "State Registrar" means the State Registrar of Vital Statistics or their designee.

34 IH. "Vital event" means an event recognized under Colorado law as statistically significant. These  
35 include but are not limited to birth, marriage, civil unions, adoption, dissolution or nullification of marriage,  
36 dissolution or nullification of civil unions, parentage determinations, change of name, change of sex,

37 death, and any data related thereto which have been accepted for registration and incorporated into the  
38 official records and certificates.

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## 40 SECTION 2.4 General Requirements for Preparing Certificates

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42 A. Those registering vital events will use the current version of the electronic registration system  
43 approved by the State Registrar, EXCEPT A FAMILY MEMBER OF THE DECEDENT OR OTHER  
44 INDIVIDUAL ACTING IN A NON-PROFESSIONAL CAPACITY AS THE FUNERAL DIRECTOR FOR THE  
45 DECEDENT AS PROVIDED IN SECTION 25-2-110, C.R.S. The State Registrar, at their discretion, may  
46 grant waivers for not using the electronic registration system in unusual circumstances. If a waiver is  
47 granted, the report will be submitted on a typewriter with a black ribbon, on a letter quality printer with  
48 black or blue ink, or printed legibly in black, unfading ink.

49 B. ~~Only those individuals authorized in state statute to register and certify vital event information to~~  
50 ~~the State Registrar can submit a report.~~ A FAMILY MEMBER OF THE DECEDENT OR OTHER  
51 INDIVIDUAL ACTING IN A NON-PROFESSIONAL CAPACITY AS THE FUNERAL DIRECTOR FOR THE  
52 DECEDENT SHALL SUBMIT THE REPORT OF DEATH USING A LETTER QUALITY PRINTER OR  
53 HAND-WRITTEN LEGIBLY. All signatures shall be entered in black, unfading ink or an electronically as  
54 authorized by Section 24-71-101, C.R.S.

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## 56 SECTION 6 DEATH REGISTRATION AND RECORDS

### 57 SECTION 6.1 Acceptance of Incomplete Record

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62 A. Pursuant to Section 25-2-110, C.R.S., a certificate of death for each death, including a stillborn death,  
63 that occurs in Colorado, must be filed with the State Registrar, or as otherwise directed by the State  
64 Registrar, within ~~five days after the death occurs~~ SEVENTY-TWO HOURS OF ASSUMING  
65 CUSTODY OF A DEAD BODY, STILLBORN FETUS, OR DEAD FETUS, and prior to final  
66 disposition, EXCEPT WHEN INQUIRY IS REQUIRED BY SUBSECTION (5.5) OF THIS SECTION  
67 OR ANY PROVISION OF SECTION 30-10-606, C.R.S. OTHER THAN SECTION 30-10-606 (1)(B),  
68 C.R.S., OR WHEN A CORONER, A MEDICAL EXAMINER, A FORENSIC PATHOLOGIST, OR  
69 OTHER QUALIFIED INDIVIDUAL DETERMINES THAT ADDITIONAL TIME IS NECESSARY TO  
70 MAKE A PROPER INQUIRY TO DETERMINE THE CAUSE AND MANNER OF DEATH. IN SUCH A  
71 SITUATION, THE CORONER, MEDICAL EXAMINER, FORENSIC PATHOLOGIST, OR OTHER  
72 QUALIFIED INDIVIDUAL SHALL COMPLETE AND SIGN THE CERTIFICATE OF DEATH AS SOON  
73 AS PRACTICABLE. Pursuant to Section 25-48-109(2), C.R.S., when a death has occurred pursuant  
74 to the End of Life Options Act, the cause of death shall be listed as the underlying terminal illness and  
75 the death does not constitute grounds for post-mortem inquiry under Section 30-10-606 (1), C.R.S.

76 EXCEPT AS PROVIDED IN SECTION 25-2-110, C.R.S., DEATHS SHALL BE REPORTED USING  
77 THE ELECTRONIC DEATH REGISTRATION SYSTEM USED BY THE STATE REGISTRAR.

79

80 B. If all the information necessary to complete a report of death is not available within the time  
81 prescribed for filing the report, the funeral director, or person acting as such, shall register the report  
82 with all information that is available. In all cases, the medical certification must be signed by the  
83 person responsible for such certification. If the cause of death is unknown, undetermined, or under  
84 investigation, this information will be recorded under cause of death in the report.

85 C. An amended report of death that provides the information missing from the original certificate, shall  
86 be signed and registered directed by the State Registrar within 90 days of the date the death  
87 occurred, unless otherwise authorized by the State Registrar. The death certificate shall be marked  
88 "Amended."

## 89 SECTION 6.2 Hospital or Institution May Assist in Preparation of Certificate

90 When a death occurs in a hospital or other institution and the death is not under the jurisdiction of the  
91 coroner, the person in charge of such institution, or their designated representative, may initiate the report  
92 OF DEATH as follows:

93 A. By placing the full name of the decedent and the date, time and place of death on the death  
94 certificate and obtaining from the attending physician the medical certification of cause of death and the  
95 physician's signature; and,

96 B. By presenting the partially completed death certificate to the funeral director or person acting as  
97 such.

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## 102 SECTION 9 RECORD PRESERVATION AND RELEASE

### 103 SECTION 9.1 Record preservation and destruction

104 When an authorized reproduction of a vital record has been properly prepared by the State Registrar and  
105 when all steps have been taken to ensure the continued preservation of the information, the record from  
106 which such authorized reproduction was made may be disposed of by the State Registrar. Such record  
107 may not be disposed of, however, until the quality of the authorized reproduction has been tested to  
108 ensure that acceptable certified copies can be issued, and until a security copy of such document has  
109 been placed in a secure location removed from the building where the authorized reproduction is housed.

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