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C.R.S. 25-4-2403

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[Colorado Revised Statutes Annotated](#) [Title 25. Public Health and Environment](#)
[\(§§ 25-1-101 – 25-56-106 \)](#) [Disease Control \(Art. 4\)](#) [Article 4. Disease Control](#)
[\(Pts. 1 – 25\)](#) [Part 24. Immunization Registry Act \(§§ 25-4-2401 – 25-4-2403 \)](#)

25-4-2403. Department of public health and environment - powers and duties - immunization tracking system - rules - definitions

- (1)** In order to expand the immunization registry and increase access to immunizations, the department may address:
- (a)** Mechanisms for:
- (I)** Maximizing federal funds to purchase, distribute, and deliver vaccines for individuals in Colorado; and
- (II)** Statewide purchase, distribution, and prioritization of vaccines, including childhood immunizations and the seasonal influenza vaccine;
- (b)** Methods to reduce the administrative burden of providing immunizations to individuals in Colorado by reviewing current immunization activities and strategies and epidemiological data related to vaccine-preventable diseases and identifying opportunities to implement best practices for immunizations throughout Colorado using innovative strategies that are population-specific, culturally sensitive, and inclusive; address safety issues; and enhance current services;
- (c)** Options for Colorado to more effectively purchase, distribute, and deliver vaccines to insured, underinsured, and uninsured individuals;
- (d)** The pursuit of private and public partnerships for funding for the immunization registry infrastructure;
- (e)** Options for the most effective and cost-effective use of funds that may be available to the department of public health and environment to address vaccine delivery in the state; and
- (f)** The ability of the department of health care policy and financing to purchase vaccines recommended by ACIP through a purchasing system, if developed pursuant to this subsection



Health plan created in article 3 of title 25-4, C.R.S.

(1.3)

(a) The department shall convene a task force of interested stakeholders to consider the issues identified in subsection (1) of this section. The task force must consist of at least the following persons or groups:

- (I)** Primary care providers, including essential community providers, pediatricians, family physicians, mid-level providers, and practice managers;
- (II)** Pharmacists from both independent and chain pharmacies;
- (III)** Local public health providers;
- (IV)** Child health advocates;
- (V)** Health insurers and other persons who pay for health care services;
- (VI)** A representative from a Colorado-based innovative vaccine company;
- (VII)** Pharmaceutical manufacturers; and
- (VIII)** Representatives from the departments of public health and environment and health care policy and financing.

(b) The task force shall make recommendations to the department and the board on the financing, ordering, and delivery of childhood immunizations, including through any of the following methods:

- (I)** A public-private model of vaccine purchase and delivery;
- (II)** Just-in-time delivery;
- (III)** Inventory management, including vaccine choices, combination vaccines, and equivalent vaccines;
- (IV)** Outbreak response;
- (V)** Linkage between the immunization tracking system established pursuant to subsection (2) of this section and vaccine inventory;
- (VI)** Vaccine shortage response;
- (VII)** Preservation of vaccine delivery in a medical home model of care;
- (VIII)** Mechanisms for local public health entities to bill health insurance carriers; and
- (IX)** Continuation and preservation of current models of vaccine purchase, financing, and delivery and the ability of health care providers to use those current models or any new models that may be developed pursuant to this subsection (1.3) and subsection (1) of this section.

(c) The board may adopt rules as necessary to implement the recommendations of the task force.

(d) No health care provider is compelled to participate in a vaccine purchasing system, if such system is developed pursuant to this section.

(2) To enable the gathering of epidemiological information and investigation and control of communicable diseases, the department of public health and environment shall maintain a comprehensive immunization tracking system with immunization information gathered by state and local public health officials from the following sources:

- (a)** Practitioners;
- (b)** Clinics;
- (c)** Schools;
- (d)** Parents, legal guardians, or persons authorized to consent to immunization pursuant to section 25-4-1704;
- (e)** Individuals;



otherwise financially provides coverage for immunizations;

(g) Hospitals;

(h) The department of health care policy and financing with respect to individuals who are eligible for coverage under the "Colorado Medical Assistance Act", articles 4, 5, and 6 of title 25.5, C.R.S.; and

(i) Persons and entities that have contracted with the state pursuant to paragraph (d) of subsection (9) of this section.

(2.5)

(a) A practitioner who is a licensed physician, a physician assistant authorized pursuant to section 12-240-107 (6), an advanced practice nurse, or a 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 practitioner who is a licensed physician, a physician assistant authorized pursuant to section 12-240-107 (6), an 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.

(3) Records in the immunization tracking system shall be strictly confidential and shall not be released, shared with any agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or otherwise, except under the following circumstances:

(a) Medical and epidemiological information may be released in a manner such that no individual person can be identified.

(b) Immunization records and epidemiological information may be released to the extent necessary for the treatment, control, investigation, and prevention of vaccine-preventable diseases; except that every effort shall be made to limit disclosure of personal identifying information to the minimum amount necessary to accomplish the public health purpose.

(c) Immunization records and epidemiological information may be released to the individual who is the subject of the record, to a parent of a minor individual, to a guardian or person authorized to consent to immunization under section 25-4-1704, to the physician, clinic, hospital, or licensed health care practitioner treating the person who is the subject of an immunization record, to a school in which such person is enrolled, or any entity or person described in paragraph (f), (h), or (i) of subsection (2) of this section.

(4) An officer, employee, or agent of the department of public health and environment or a county, district, or municipal public health agency shall not be examined in any judicial, executive, legislative, or other proceeding as to the existence or content of any individual's report obtained by such department without consent of the individual or the individual's parent or guardian. However, this subsection (4) shall not apply to individuals who are under isolation, quarantine, or other restrictive action taken pursuant to section 25-1.5-102 (1)(c).

(5)

(a) An officer, employee, or agent of the department of public health and environment or any other person who violates this section by releasing or making public confidential immunization records or epidemiological information in the immunization tracking system or by otherwise breaching the confidentiality requirements of this section or releasing such information without authorization commits a class 1 misdemeanor and, upon conviction thereof, shall be punished as provided in section 18-1.3-501 (1), C.R.S. The unauthorized



section by wrongfully releasing or making public confidential immunization records or epidemiological information in the immunization tracking system or by otherwise breaching the confidentiality requirements of this section or releasing such information without authorization commits a class 1 misdemeanor and, upon conviction thereof, shall be punished as provided in section 18-1.3-501 (1), C.R.S.

(c) A business entity who, in exchange for money or any other thing of value, violates this section by wrongfully releasing or making public confidential immunization records or epidemiological information in the immunization tracking system or by otherwise breaching the confidentiality requirements of this section or releasing such information without authorization shall be assessed a civil penalty of ten thousand dollars per sale of information per subject of such information.

(6)

(a) The department of public health and environment or the department's contractor may directly contact the individual who is the subject of immunization records or the individual's parent or legal guardian for the purpose of notifying the individual, parent, or legal guardian if immunizations are due or overdue as indicated by the advisory committee on immunization practices of the United States department of health and human services or the American academy of pediatrics. The department or the department's contractor shall contact the individual, parent, or legal guardian if it is necessary to control an outbreak of or prevent the spread of a vaccine-preventable disease pursuant to section 25-1.5-102 (1)(a) or 25-4-908.

(b) A notice given to an individual or a parent or legal guardian of an individual under eighteen years of age pursuant to this subsection (6) shall also inform the individual, parent, or legal guardian of the option to refuse an immunization on the grounds of medical, religious, or personal belief considerations pursuant to section 25-4-903.

(7) An individual or a parent or legal guardian who consents to the immunization of an infant, a child, or a student pursuant to part 9 or 17 of this article 4 or this part 24 may exclude immunization information from the immunization tracking system. The individual, parent, or legal guardian may remove such immunization information from the immunization tracking system at any time. The department of public health and environment shall ensure that the process to exclude immunization information from the system is readily available and not burdensome. The physician, licensed health care practitioner, clinic, hospital, or county, district, or municipal public health agency shall inform the individual, parent, or legal guardian of the option to exclude such information from such system and the potential benefits of inclusion in such system. In addition, the physician, licensed health care practitioner, clinic, hospital, or county, district, or municipal public health agency shall inform such parent or legal guardian of a minor individual of the option to refuse an immunization on the grounds of medical, religious, or personal belief considerations pursuant to section 25-4-903. Neither refusing an immunization on the grounds of medical, religious, or personal belief considerations pursuant to section 25-4-903 nor opting to exclude immunization notification information from the immunization tracking system by itself constitutes child abuse or neglect by a parent or legal guardian for the purposes of part 3 of article 3 of title 19.

(8) A person licensed to practice medicine pursuant to article 240 of title 12; a person licensed to practice nursing pursuant to part 1 of article 255 of title 12; any other licensed health care practitioner as defined in section 25-4-1703; providers of county nursing services; staff members of health care clinics, hospitals, and offices of private practitioners; county, district, and municipal public health agencies; and all persons and entities listed in subsection (2) of this section are authorized to report to the immunization tracking system



- (a)** Issue immunization records to individuals, parents, or guardians authorized to consent to immunizations;
- (b)** Assess the vaccination status of individuals;
- (c)** Accept any gifts or grants or awards of funds from the federal government or private sources for the implementation and operation of the immunization tracking system, which shall be credited to the immunization fund created in section 25-4-1708; and
- (d)** Enter into contracts that are necessary for the implementation and operation of the immunization tracking system. A person who enters into a contract pursuant to this paragraph (d) shall only use the information gathered from the immunization tracking system in accordance with this part 24 and shall be subject to all applicable state and federal laws regarding the confidentiality of information.
- (10)** County, district, and municipal public health agencies and the department of public health and environment shall use the birth certificate of any person to enroll the person in an immunization tracking system. The use of the birth certificate shall be considered an official duty of local health departments and the department of public health and environment.
- (11)** Physicians, licensed health care practitioners, clinics, schools, licensed child care providers, hospitals, managed care organizations or health insurance plans in which an individual is enrolled as a member or insured, persons that have contracted with the department of public health and environment pursuant to paragraph (d) of subsection (9) of this section, and public health officials may release any immunization records in their possession, whether or not such records are in the immunization tracking system, to the persons or entities specified in subsection (2) of this section to provide treatment for such individual or to provide an accurate and complete immunization record for the individual.
- (12)** The department of public health and environment shall disseminate information about the immunization tracking system, including providing notification pursuant to subsection (7) of this section to birthing hospitals. The hospitals shall provide the notices to the parents of newborns.
- (13)** As used in this section:
- (a)** "ACIP" means the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services, or its successor entity.
- (b)** "Board" means the state board of health created in section 25-1-103.
- (c)** "Department" means the department of public health and environment created in section 25-1-102.
- (d)** "Equivalent vaccines" means two or more vaccines that:
- (I)** Protect a recipient of the vaccine against the same infection;
- (II)** Have similar safety and efficacy profiles; and
- (III)** Are recommended for comparable populations by the federal centers for disease control and prevention.

History

Source: L. 2007: Entire part added, p. 660, § 6, effective April 26. **L. 2010:** (4), (7), (8), and (10) amended, (HB 10-1422), ch. 419, p. 2101, § 114, effective August 11. **L. 2013:** IP(1), (1)(a), (1)(c), and (1)(f) amended and (1.3) and (13) added, (SB 13-222), ch. 350, p.



effective October 1, 2020; (2) amended and (2.5) added, (SB 20-163), ch. 134, p. 300, § 8, effective June 26; (8) amended, (HB 20-1183), ch. 157, p. 703, § 60, effective July 1; (7) amended, (HB 20-1297), ch. 264, p. 1266, § 2, effective September 14.

▼ Annotations

State Notes

Research References & Practice Aids

Cross references:

For the legislative declaration in the 2013 act amending the introductory portion to subsection (1) and subsections (1)(a), (1)(c), and (1)(f) and adding subsections (1.3) and (13), see section 1 of chapter 350, Session Laws of Colorado 2013. For the legislative declaration in SB 20-163, see section 1 of chapter 134, Session Laws of Colorado 2020.

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