

PUBLIC HEALTH

Department Oversight and Administrative Responsibilities		
<p>HB 13-1074 (Enacted) <i>CDPHE Primary Care Office</i></p>	<p>HB 13-1081 (Enacted) <i>Comprehensive Human Sexuality K-12 Education</i></p>	<p>HB 13-1088 (Enacted) <i>Office Of Health Equity CDPHE</i></p>
<p>HB 13-1256 (Postponed Indefinitely) <i>Sudden Unexpected Death In Epilepsy Reporting</i></p>		
Building Remediation		
<p>SB 13-152 (Enacted) <i>Sunset Review Asbestos Abatement</i></p>	<p>SB 13-219 (Enacted) <i>Methamphetamine Laboratory Remediation</i></p>	
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<p>SB 13-222 (Enacted) <i>Improve Access Childhood Immunizations</i></p>	<p>SB 13-225 (Enacted) <i>STEMI Heart Attack Stroke Data Hospital Designation</i></p>	<p>SB 13-261 (Enacted) <i>Oral Health Community Programs</i></p>
Regulation of Medical Marijuana		
<p>HB 13-1061 (Enacted) <i>Responsible Medical Marijuana Vendor Standards</i></p>	<p>HB 13-1238 (Enacted) <i>Transfer Funds For Medical Marijuana Enforcement</i></p>	
Tobacco Settlement and Tax Programs		
<p>SB 13-185 (Deemed Lost) <i>Tobacco Education Prevention Cessation Grant Program</i></p>	<p>HB 13-1305 (Enacted) <i>Address Possible Tobacco Settlement Payment Reductions</i></p>	
Miscellaneous		
<p>SB 13-046 (Enacted) <i>Dialysis Clinic Authorization Treat Outpatients</i></p>	<p>SB 13-057 (Postponed Indefinitely) <i>Independent Review Of Solid Wastes Disposal Site Applications</i></p>	<p>HB 13-1192 (Postponed Indefinitely) <i>Genetically Engineered Food Labeling</i></p>
<p>HB 13-1215 (Deemed Lost) <i>Restrict Minors Access Artificial Tanning Devices</i></p>		

During the 2013 legislative session, the General Assembly considered a variety of bills concerning public health. Specifically, the legislature deliberated on bills concerning the oversight and administrative responsibilities of the Colorado Department of Public Health and Environment (CDPHE), building remediation, disease prevention, medical marijuana regulation, tobacco settlement and tax programs, genetically engineered foods, artificial tanning, dialysis treatments, and solid wastes disposal facilities. Additionally, several bills concerning the oil and gas industry relating to public health were considered by the General Assembly. For an overview of the oil and gas bills, please see the Summary of Major Natural Resources Legislation.

Department Oversight and Administrative Responsibilities

A number of bills during the 2013 legislative session concerned the oversight and administrative responsibilities of the CDPHE. Specifically, entities under the department were reorganized or renamed and additional responsibilities concerning human sexuality education grants were designated. Additionally, duties for the chief medical officer concerning epilepsy awareness were considered, but not enacted.

House Bill 13-1074 makes an organizational change within the CDPHE by relocating the Primary Care Office from the Prevention Services Division to the CDPHE. The bill also updates the law to make it consistent with federal requirements for programs operated by the Primary Care Office, reduces the number of and revises the qualifications for members of the Colorado Health Service Advisory Council, and clarifies the moneys included in the Colorado Health Service Corps Fund.

House Bill 13-1088 renames the Office of Health Disparities in the CDPHE to the Office of Health Equity. The bill adds duties to the office, replaces the Minority Health Advisory Commission with the Health Equity Commission, adds two members to the current 13-member commission, and requires that a review committee make recommendations on grant applications received by the Health Disparities Grant Program. Additionally, the bill repeals the Interagency Health Disparities Leadership Council.

House Bill 13-1081 creates the Comprehensive Human Sexuality Education Grant Program in the CDPHE to provide grant money to school districts for use in creating and implementing comprehensive human sexual education programs in their curriculum. The Interagency Youth Sexual Health Team, created by the bill, acts as an oversight entity for the grant program and provides assistance to the CDPHE with the implementation and administration of the grant program. Each year, the team is required to assess opportunities for federal and state funding for the program and to inform eligible agencies of funding availability. Starting in 2017, the CDPHE must report to various entities, including specified committees of the General Assembly, certain information about the awarded grants.

Additionally, the bill expands the criteria for developing content standards for human sexuality education in public K-12 schools. The bill requires parents to opt their children out of, rather than the previous requirement of opting their children into, sexual education programs authorized under the Colorado Comprehensive Health Education Act (CHEA). Finally, the bill requires that the Colorado Department of Education identify additional instructional programs that may be used in CHEA curriculum.

House Bill 13-1256, which was postponed indefinitely by the House Public Health Care and Human Services Committee, would have required the state's chief medical officer to establish a Sudden Unexpected Death in Epilepsy Awareness Program (SUDEP) to educate medical examiners and coroners about SUDEP. It would have required the chief medical officer, in consultation with county medical examiners, coroners, and organizations with expertise in SUDEP, to establish a standard protocol governing investigations involving seizure disorders in order to identify related deaths. All postmortem examinations would have had to include an inquiry to determine whether the death was a direct result of seizure or epilepsy. Finally, the medical examiner or coroner would have been required to take certain actions once it was determined that a death was related to a seizure or epilepsy.

Building Remediation

The General Assembly considered and enacted two bills concerning the remediation of buildings containing asbestos and contaminated by illegal drug labs in 2013.

The original Colorado Asbestos Control Act was enacted in 1985. **Senate Bill 13-152** continues the asbestos abatement program in the CDPHE until September 1, 2022. The bill also adds a provision under which local governments must require applicants for renovation and demolition permits to disclose knowledge that an asbestos inspection has been performed at the property.

Senate Bill 13-219 creates a process to certify and monitor the activities of professionals involved in the remediation of property contaminated by illegal drug labs. It directs the State Board of Health within the CDPHE to promulgate rules concerning remediation. If an individual or company violates the rules, the CDPHE may assess an administrative penalty of up to \$15,000 per day. The bill also defines procedures and time frames for resolving violations, including notifications and judicial review of the CDPHE's decisions.

The bill allows, rather than requires, a local government to declare an illegal drug lab a public health nuisance if it has not met remediation standards. Property owners must furnish the relevant local government with a copy of the certificate of compliance for any remediation work completed, and, in so doing, will obtain immunity from suit. However, a person who is convicted of possession of chemicals, supplies, or equipment with intent to manufacture the illegal drugs is not immune from a suit brought by a current or future property owner, renter, occupant, or neighbor.

Disease Prevention

In an effort to address disease prevention, the General Assembly enacted legislation concerning access to childhood immunizations, stroke and heart attack prevention, and oral health programs.

Senate Bill 13-222 allows the CDPHE to create a system for purchasing vaccines. The CDPHE must convene a task force to consider related issues and to make recommendations on the financing, ordering, and delivery of childhood immunizations. The State Board of Health may promulgate rules to implement task force recommendations. Once the system is developed, the CDPHE is authorized to use the Immunization Fund to pay the direct and indirect costs of administering the vaccine purchasing system.

Under the bill, the CDPHE is permitted to assess the Department of Health Care Policy and Financing's (HCPF) ability to purchase vaccines recommended by the Federal Advisory Committee on Immunization Practices for children enrolled in the Children's Basic Health Plan (CHP+). The bill authorizes the HCPF to purchase vaccines recommended by the advisory committee through a vaccine purchase system for children enrolled in CHP+.

Senate Bill 13-225 creates the STEMI Task Force (task force) and the Stroke Advisory Board (advisory board) in the CDPHE. The STEMI Task Force is required to study and make recommendations for developing a statewide plan to improve quality of care to STEMI heart attack patients. The term "STEMI" is defined as ST-elevation myocardial infarction, a severe heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart. The

Stroke Advisory Board is to evaluate potential strategies for stroke prevention and treatment and develop a statewide plan to improve quality of care for stroke patients. Both the task force and advisory board must meet certain reporting requirements.

The bill permits a hospital that has an accreditation, certification, or designation in stroke or STEMI care from a nationally recognized accrediting body to send information and supporting documentation to the CDPHE, which will, in turn, make such information available to the public. The CDPHE may also deem a hospital that is already accredited, certified, or designated by a nationally recognized accrediting body as satisfying the requirements for such recognition and publication. The bill outlines the process by which the CDPHE may suspend or revoke such recognition.

Senate Bill 13-261 creates the Oral Health Community Grants Program in the CDPHE. Subject to available appropriations, the CDPHE will award grants for: certain school-based and school-linked programs to prevent tooth decay; water supply systems to implement or monitor fluoridation practices; and other evidence-based programs that promote oral health.

The bill replaces existing statutes concerning the children's dental assistance program, nonprofit dental services for the elderly and disabled, and grants for fluoridation of community water supplies. The bill also repeals a provision stating the intent of the General Assembly to appropriate no General Fund moneys to these current programs.

Regulation of Medical Marijuana

Prior to the enactment of **House Bill 13-1238**, the Medical Marijuana Enforcement Division (MMED) in the Department of Revenue (DOR) could not issue a state license to a medical marijuana business until the local licensing authority had issued a local license. The bill allows the MMED to issue conditional licenses to medical marijuana businesses if certain requirements are met. Additionally, the bill requires that on or before October 31, 2013, DOR and each local licensing authority post on their respective websites a report containing specific data about medical marijuana license applications.

House Bill 13-1061 creates the Responsible Vendor Designation for licensed medical marijuana businesses, and sets standards for a training program for achieving the designation. A person offering a training program must first apply to the MMED for approval. The MMED will consult with the CDPHE prior to approving or rejecting a training program.

Tobacco Settlement and Tax Programs

Pursuant to the Tobacco Master Settlement Agreement (MSA) reached between participating states and tobacco manufacturers in the late 1990s, Colorado receives a fluctuating annual allocation of tobacco settlement funds. Tobacco MSA moneys are typically received in April and credited to the Tobacco Litigation Settlement Cash Fund. This fund makes transfers to other cash funds according to statutory funding allocations, such as to the Children's Basic Health Plan Trust and University of Colorado Health Sciences Center, among many others. **House Bill 13-1305** authorizes the Governor to order the State Treasurer to transfer up to \$40 million from the General Fund to the Tobacco Litigation Settlement Cash Fund, if tobacco litigation settlement moneys are reduced as a result of pending arbitration and the General Assembly is not in session. The Attorney General is required to provide notification to specified state officials and the transfer may only occur in a given fiscal year under specified circumstances.

Amendment 35, passed by a statewide vote in 2005, raised the per-package tax on cigarettes and increased taxes on all other tobacco products. Proceeds are used to fund health care programs, tobacco education and cessation programs, and the prevention and early detection of cancer, cardiovascular disease, and pulmonary disease. **Senate Bill 13-185**, which was deemed lost in the Senate, would have expanded the types of activities eligible for grants issued by the CDPHE under the Tobacco Education, Prevention, and Cessation Grant Program.

Miscellaneous

Additionally, the General Assembly deliberated on bills concerning genetically engineered foods, the use of artificial tanning devices by minors, the authorization of certain dialysis treatments, and solid wastes disposal sites.

"Genetically engineered" refers to organisms and biological materials that have been altered at the molecular or cellular level by means that are not possible under natural conditions or processes. **House Bill 13-1192**, which was postponed indefinitely by the House Health, Insurance, and Environment Committee, would have amended the Colorado Food and Drug Act to require that food sold in Colorado containing more than 1 percent genetically engineered material, or produced with genetically engineered material, be labeled to that effect. Certain foods and food products were exempt from the labeling requirements. The CDPHE would have been permitted to promulgate rules for administration and enforcement of the provisions of the bill, including a testing methodology to determine the presence of genetically engineered material.

House Bill 13-1215, which was deemed lost, would have restricted the access of minors to artificial tanning devices. Specifically, the bill would have prohibited a minor who is under 15 years of age from using an artificial tanning device unless the minor had a written prescription from a physician authorizing the use of the artificial tanning device. For a minor 15 years of age or older but under 18 years of age to use an artificial tanning device, the bill required a written prescription from a physician or the written consent of a parent or legal guardian who accompanies the minor to the tanning facility. The written consent form would have been provided by the owner, employee, or operator of the tanning facility and detailed the potential safety and health risks associated with the use of artificial tanning devices.

In addition to the artificial tanning restrictions for minors outlined in the bill, the CDPHE would have been required to develop a standard consent form for minors utilizing artificial tanning devices, and to establish guidance on required proof-of-age documentation to ensure that minors could not access an artificial tanning device without proper consent. The bill also authorized penalties in cases in which an owner or operator failed to comply with the bill's requirements.

Senate Bill 13-046 eliminates the requirement that home dialysis only be used in cases of end-stage renal disease. It also prohibits dialysis treatment clinics, which are licensed by the CDPHE, from providing outpatient hemodialysis treatment to a non-end-stage renal disease patient without a referral for treatment from a board-certified or board-eligible nephrologist licensed as a physician in Colorado.

Current law and related rules require that any person proposing to operate a facility for solid wastes disposal submit an application for a certificate of designation to the appropriate county or municipal governing body. The CDPHE must perform certain facility reviews related to the certification process. **Senate Bill 13-057**, which was postponed indefinitely by the Senate State, Veterans, and Military Affairs Committee, would have made changes to the certification process, including eliminating the authority of the CDPHE to review and collect fees associated with engineered design and operations plans submitted as part of the certification-of-designation process. Instead, applicants would have been required to utilize private parties, with completed plans forwarded to the CDPHE and the local government body.