

PUBLIC HEALTH

Research Notes are prepared by Legislative Council Staff's nonpartisan research and committee staff. Research notes provide a summary of the bill, background information on the bill, and information on committee hearings and amendments adopted on the bill as it moves through the legislative process. Legislative Council Staff prepares final research notes for bills passed by the General Assembly as well as select bills that were considered but not adopted, and may be accessed through the links below. Research notes are provided for informational purposes only and should not be relied upon as an official record of action by the General Assembly.

Air Quality

SB 15-103 *(Enacted)*

Sunset Compliance Advisory Panel

Emergency Medical Providers

HB 15-1015 *(Enacted)*

Interstate Compact EMS Providers

Newborn Screening and Immunizations

HB 15-1281 *(Enacted)*

Newborn Heart Defect Screening Pulse
Oximetry

Miscellaneous

HB 15-1145 *(Enacted)*

Implement Federal Radioactive Materials
Audit

HB 15-1226 *(Enacted)*

Retail Food Establishment Fees

Date: 8/28/2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: HB15-1281

Short Title: *Newborn Heart Defect Screening Pulse Oximetry*

Prime Sponsors: Representative Primavera
Senator Hodge

Research Analyst: Elizabeth Burger (x6272)

Current Status

This research note reflects the final version of the bill, which becomes effective on August 5, 2015, assuming no referendum petition is filed.

Summary

By January 1, 2016, the bill requires a birthing facility that is below 7,000 feet in elevation to test all infants born in the facility for critical congenital health defects using pulse oximetry prior to their release. The Newborn Screening Committee must confirm the appropriate algorithm for the pulse oximetry readings at facilities at or above 7,000 feet, and evaluate whether pulse oximetry testing meets specific criteria in state law for newborn screening. Upon confirmation that the testing does meet the criteria, the State Board of Health must promulgate rules to implement pulse oximetry testing of newborns born in facilities at or above 7,000 feet in elevation. Each birthing center must report the results of the screenings to the Department of Public Health and Environment.

Background

Pulse oximetry testing. A pulse oximeter is a non-invasive device that measures the oxygen-saturation levels of a patient's blood. Pulse oximetry testing of newborns involves attaching a probe to an infant's foot to measure oxygen levels, and can help identify congenital heart defects. Such defects often require surgery or treatment in the first year of the child's life.

Date: 8/28/2015

Version: Final

Newborn screening in Colorado. Under Colorado law, infants born in Colorado are screened at birth for 35 separate disorders through the infant blood spot screening test. At birth, an infant's heel is pricked and the sample is tested. Infants have a follow-up blood spot screening test one to two weeks after birth. Hospitals are required to send the tests to the Department of Public Health and Environment's laboratory for analysis, and the department must notify the child's primary health care provider regarding the results of the tests.

The State Board of Health is responsible for determining whether screenings for conditions that are not specifically identified in state law meet specific criteria to be included in the screening protocol. The statutory criteria include that the condition presents a significant danger to the health of the infant and is amenable to treatment; the incidence of the condition is sufficiently high to warrant screening; the test meets commonly accepted clinical standards of reliability; and the cost-benefit consequences of screening are acceptable in the context of the total screening program.

State law also requires hospitals to conduct newborn hearing tests to identify hearing loss. This process is overseen by the Advisory Committee on Hearing in Newborn Infants, a seven-member committee appointed by the executive director of the Department of Public Health and Environment.

House Action

House Public Health Care and Human Services Committee (March 24, 2015). At the hearing, representatives of the Colorado School of Public Health, Children's Hospital Colorado, University of Colorado Hospital, and the American Heart Association testified in support of the bill. A representative of the Colorado Hospital Association testified in support of amendment L.001 and regarding the bill.

The committee adopted amendment L.001 and referred the bill, as amended, to the House Appropriations Committee. The amendment specifies that the State Board of Health must promulgate rules regarding pulse oximetry testing of infants born at facilities over 7,000 feet in elevation after the board receives confirmation from the Newborn Screening Council that the testing meets the specific criteria in state law. The amendment also modified the definition of "birthing center" to include a general hospital or birthing center licensed or certified by the Department of Public Health and Environment.

House Appropriations Committee (April 10, 2015). The committee adopted amendment J.001 and referred the bill, as amended, to the House Committee of the Whole. The amendment appropriated \$32,386 to the Department of Public Health and Environment from the Newborn Screening and Genetic Counseling Cash Fund, with the assumption that the department will require 0.2 FTE to implement the bill.

House second reading (April 16, 2015). The House adopted the House Public Health Care and Human Services and Appropriations Committee reports and amendment No. 3, which corrected the name of the Newborn Screening Committee. The House passed the bill with additional amendments

House third reading (April 17, 2015). The House passed the bill on third reading with no additional amendments.

Date: 8/28/2015

Version: Final

Senate Action

Senate Health and Human Services Committee (April 29, 2015). At the hearing, representatives of the Colorado School of Public Health, Children's Hospital Colorado, University of Colorado Hospital, and the Colorado Hospital Association, and a private citizen, testified in support of the bill. The committee referred the bill, unamended, to the Senate Appropriations Committee.

Senate Appropriations Committee (May 1, 2015). The committee referred the bill, unamended, to the Senate Committee of the Whole.

Senate second reading (May 5, 2015). The Senate passed the bill, unamended.

Senate third reading (May 6, 2015). The Senate passed the bill, unamended.

Date: 6/10/2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: HB15-1226

Short Title: *Retail Food Establishment Fees*

Prime Sponsors: Representative Becker K.
Senator Hodge

Research Analyst: Elizabeth Burger

Current Status

This research note reflects the final version of the bill, which becomes effective on August 5, 2015, assuming no referendum petition is filed.

Summary

The bill requires the Executive Director of the Department of Public Health and Environment to convene, no later than June 15, 2015, a stakeholder group, including representatives from local public health agencies, county commissioners, and retail food establishments. The group must study various issues including: incidents of and trends in occurrences of food-bourne illnesses; uniform statewide administration of retail food inspection programs; potential regulatory changes; the current annual license fee structure and license categories; risk-based inspection schedules; and the actual cost of inspections. The stakeholder group must prepare a report of its findings by December 1, 2015, and every three years thereafter.

Background

State law requires retail food establishments to obtain a license before operating any business that sells food to the public. Retail food establishments include restaurants, catering operations, grocery stores, convenience stores, concession stands, and food trucks. Most counties issue their own licenses for food operations within the county. The Department of Public Health and Environment issues licenses for establishments in Alamosa, Conejos, Costilla, Garfield, Grand, Jackson, Mineral, Moffat, Rio Grande, and Saguache counties.

Licensing fees are assessed annually and vary based on the type of license and the seating capacity or square footage of the establishment. Current retail food establishment licensing fees vary

Date: 6/10/2015

Version: Final

from \$115 to \$690 annually, and are established in statute. Colorado law permits the city and county of Denver to establish its own licensing fees by ordinance.

A portion of the fee is transferred to the state Department of Public Health and Environment to cover the administrative costs of the licensing program, to investigate complaints filed against licensees, for the promulgation of rules by the State Board of Health related to food safety, to develop and enforce uniform statewide food safety standards, and to provide technical assistance and training related to the implementation of food safety regulations. The remainder of the licensing fee is retained by the local public health agency or, in the case of the counties listed on page one of this research note, by the Department of Public Health and Environment, for the costs of inspections.

House Action

House Public Health Care and Human Services Committee (April 14, 2015). At the hearing, the committee adopted amendment L.002, a strike-below amendment. The amendment creates a stakeholder process to review various issues regarding restaurant licensing fees and inspections. The committee referred the bill to the House Finance Committee.

At the hearing, representatives of the Colorado Association of Local Public Health Officials, El Paso County Public Health Department, Tri-county Public Health Department, the Rocky Mountain Food Industry Association, the Colorado Retail Council, the Colorado Wyoming Petroleum Marketers Association, and the Mile High Business Alliance testified in support of amendment L.002. The Colorado Restaurant Association testified in a neutral position on the bill, as amended by L.002.

House Finance Committee (April 22, 2015). The committee referred the bill, unamended, to the House Committee of the Whole.

House Second Reading (April 23, 2015). The House adopted the Public Health Care and Human Services Committee report and passed the bill on second reading.

House Third Reading (April 27, 2015). The House passed the bill on third reading with no amendments.

Senate Action

Senate Finance Committee (April 30, 2015). At the hearing, representatives of Colorado Counties Inc., the Colorado Beverage Association, Tri-County Health Department, the Colorado Wyoming Petroleum Marketers Association, and the Colorado Retail Council testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole.

Senate Second Reading (May 5, 2015). The Senate passed the bill on second reading with no amendments.

Senate Third Reading (May 6, 2015). The Senate passed the bill on third reading with no amendments.

Date: 7/24/2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: HB15-1145

Short Title: *Implement Federal Radioactive Materials Audit*

Prime Sponsors: Representative Rankin
Senator Hodge

Research Analyst: Amanda King (x4332)

Current Status

This research note reflects the final version of the bill, which becomes effective August 5, 2015, assuming no referendum petition is filed.

Summary

The act implements changes to Colorado law in order for Colorado to be compliant with the U.S. Nuclear Regulatory Commission (NRC) program. It requires that the State Board of Health rules concerning radiation control be consistent with the NRC requirements. It adds and revises a number of definitions, including the definitions for radioactive and radioactive waste. The ability for the Department of Public Health and Environment to issue provisional licenses to hospitals for the purpose of acquiring, possessing, or using radioactive materials is removed. The assumed annual interest percentage rate for long-term warranties is changed from six percent to one percent; thereby increasing the required amount of the long-term warranty. These funds are used for maintenance after a radioactive site is closed. Additionally, the act makes changes to Colorado law concerning radiation control that were not required by the NRC, but update, clarify, and remove obsolete language related to this issue.

Background

The majority of the provisions addressed in the act were raised in the U.S. Nuclear Regulatory Commission Integrated Materials Performance Evaluation Program Review of the Colorado Agreement State Program April 7 - 11, 2014, Final Report. The review that produced the report was conducted in accordance with the "Implementation of the Integrated Materials Performance Evaluation

Date: 7/24/2015

Version: Final

Program and Rescission of Final General Statement of Policy," published in the Federal Register on October 16, 1997, and NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program," dated February 26, 2004.

The NRC was created as an independent agency by Congress in 1974 to ensure the safe use of radioactive materials for beneficial civilian purposes while protecting people and the environment. The NRC regulates commercial nuclear power plants and other uses of nuclear materials, such as in nuclear medicine, through licensing, inspection, and enforcement of its requirements. The NRC has delegated certain authority concerning radiation control to Colorado.

House Action

House Health, Insurance, and Environment Committee (February 19, 2015). At the hearing, a representative of the Department of Public Health and Environment testified in support of the bill. No one testified in opposition to the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

House second reading (February 24, 2015). The House passed the bill, unamended, on second reading.

House third reading (February 25, 2015). The House passed the bill, unamended, on third reading.

Senate Action

Senate Health and Human Services Committee (March 19, 2015). At the hearing, a representative of the Department of Public Health and Environment testified in support of the bill. No one testified in opposition to the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole, and recommended it be placed on the consent calendar.

Senate second reading (March 24, 2015). The Senate passed the bill, unamended, on second reading.

Senate third reading (March 25, 2015). The Senate passed the bill, unamended, on third reading.

Relevant Research

U.S. Nuclear Regulatory Commission Integrated Materials Performance Evaluation Program Review of the Colorado Agreement State Program April 7 - 11, 2014, Final Report: https://scp.nrc.gov/reviews/14co_imp.pdf



Legislative Council Staff

Research Note

Bill Number: HB15-1015

Short Title: *Interstate Compact EMS Providers*

Prime Sponsors: Representative Winter
Senator Cooke

Research Analyst: Elizabeth Burger (x6272)

Current Status

This research note reflects the final version of the bill, which becomes effective on August 5, 2015, assuming no referendum petition is filed.

Summary

The bill requires the Governor to enter into an interstate compact regarding licensing of emergency medical services (EMS) personnel. The compact outlines requirements related to:

- the licensing of EMS personnel in their home states;
- criminal background checks;
- the right of EMS personnel licensed in a compact state to practice in another compact state, and the circumstances under which this may occur;
- licensing of EMS personnel who are veterans or who are separating from active duty military, and their spouses;
- the ability of a home state to impose an adverse action against an EMS provider; and
- ongoing governance of the EMS interstate compact.

Background

EMS providers staff ambulances and other first-responder units and work in acute-care settings, such as hospitals and clinics. EMS providers perform medical acts as delegated by a Medical Director and include emergency medical technicians (EMTs), advanced EMTs, and paramedics. In Colorado, EMS providers are certified by the Colorado Department of Public Health and Environment.

Date: 5/21/2015

Version: Final

Interstate compacts are agreements between two or more states regarding the oversight and management of specific topics. With regard to professional licensing, interstate compacts may allow professionals licensed in one state to practice in another compact state without obtaining a separate license in that state. Colorado is currently a member of one such compact, governing the licensing of nurses.

The Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) was developed by the National Association of State Emergency Medical Services Officials in coordination with the Council of State Governments. According to the compact, its purpose is to protect the public through verification of EMS personnel competency while facilitating the day-to-day movement of EMS personnel across state boundaries and affording EMS personnel legal recognition in member states.

House Action

House Public Health Care and Human Services Committee (January 27, 2015). At the hearing, representatives of the Colorado Department of Public Health and Environment and the Emergency Medical Services Association of Colorado testified in support of the bill.

The committee adopted amendment L.001, which specifies that a person practicing as an EMS Medical Director pursuant to the EMS interstate compact is exempt from the Colorado Medical Practice Act, as long as the person is licensed in good standing in a state that has enacted and is a member of the compact. The committee referred the bill, as amended, to the House Appropriations Committee.

House Appropriations Committee (February 6, 2015). The committee referred the bill unamended to the House Committee of the Whole.

House Second Reading (February 13, 2015). The House adopted the Public Health Care and Human Services Committee report and passed the bill with no additional amendments.

House Third Reading (February 19, 2015). The House passed the bill with no amendments.

Senate Action

Senate State, Veterans, and Military Affairs Committee (March 11, 2015). At the hearing, representatives of the Department of Public Health and Environment and Emergency Medical Services Association of Colorado testified in support of the bill. The committee referred the bill unamended to the Senate Appropriations Committee.

Senate Appropriations Committee (April 17, 2015). The committee referred the bill unamended to the Senate Committee of the Whole consent calendar.

Senate Second Reading (April 20, 2015). The Senate passed the bill with no amendments.

Senate Third Reading (April 21, 2015). The Senate passed the bill with no amendments.

Date: 8/12/2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: SB15-103

Short Title: *Sunset Compliance Advisory Panel*

Prime Sponsors: Senator Lundberg
Representative Becker K.

Research Analyst: Elizabeth Haskell (x6264)

Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on July 1, 2015.

Summary

The bill implements the recommendations of the 2014 Sunset Review of the Compliance Advisory Panel (CAP) for the Air Pollution Control Division in the Colorado Department of Public Health and Environment. The bill clarifies that the role of the advisory panel is to advise rather than oversee the Small Business Stationary Source Technical and Environmental Compliance Assistance Program, and extends the length of the panel members' terms from two years to three years. The bill continues the existence of the CAP until September 1, 2026.

Background

The federal Clean Air Act requires that states establish a technical and environmental compliance assistance program to serve small business stationary sources, such as auto repair shops, coffee roasters, and dry cleaners. The Colorado Department of Public Health and Environment has three separate but interdependent entities to provide small business compliance assistance: the Small Business Assistance Program, the Small Business Ombudsman, and the CAP. The seven-member CAP advises both the Small Business Assistance Program and the Small Business Ombudsman.

Date:	8/12/2015
Version:	Final

Senate Action

Senate Health and Human Services Committee (February 12, 2015). At the hearing, a staff member from the Department of Regulatory Agencies presented the 2014 Sunset Review of the Compliance Advisory Panel for the Air Pollution Control Division in the Colorado Department of Public Health and Environment and responded to committee questions. There was no public testimony on the bill. The committee referred the bill to the Senate Committee of the Whole with a favorable recommendation and with a recommendation that it be placed on the consent calendar.

Senate second reading (February 18, 2015). The Senate Committee of the Whole passed the bill on second reading without amendments.

Senate third reading (February 19, 2015). The Senate passed the bill on third reading without amendments.

House Action

House Health, Insurance, & Environment Committee (March 10, 2015). At the hearing, a staff member of the Colorado Department Public Health and Environment testified in support of the bill and responded to questions from the committee. There was no public testimony on the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

House second reading (March 16, 2015). The House Committee of the Whole passed the bill, unamended, on second reading.

House third reading (March 17, 2015). The House passed the bill, unamended, on third reading.

Relevant Research

- 2014 Sunset Review of the Compliance Advisory Panel for the Air Pollution Control Division in the Colorado Department of Public Health and Environment.

<https://drive.google.com/a/state.co.us/file/d/0B8bNvcf083ydSDFYm1kQzhZLW8/view?pli=1>