

Second Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 08-0089.01 Jerry Barry

SENATE BILL 08-194

SENATE SPONSORSHIP

Hagedorn,

HOUSE SPONSORSHIP

McGihon,

Senate Committees
Health and Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING PUBLIC HEALTH.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

(Drafting Note: This bill includes some statutory sections that have been relocated and renumbered, either without changes or with amendments. Former section numbers are supplied in brackets for comparison purposes.)

Repeals statutes concerning county and district health departments, local boards of health, and regional health departments. Reenacts repealed sections concerning powers and duties of county and district health boards and agencies.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

Specifies duties of the state board of health ("state board") concerning public health. Subject to the receipt of gifts, grants, or donations, directs the department of public health and environment to develop a comprehensive public health plan to be approved by the state board. Creates a public health fund.

Directs each county to either establish a county public health agency or join other counties in the establishment of a district public health agency. Specifies duties of county and district public health agencies, including the preparation of a local public health plan.

Establishes county or district boards of health. Specifies membership and duties of the county or district boards of health, including the duty to select a public health director for the county or district public health agency. Specifies duties of a public health director.

Clarifies that health care practitioners employed by county or district health agencies are considered governmental employees for purposes of governmental immunity.

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

2 **SECTION 1.** Part 5 of article 1 of title 25, Colorado Revised
3 Statutes, is REPEALED AND REENACTED, WITH AMENDMENTS,
4 to read:

5 PART 5

6 PUBLIC HEALTH

7 SUBPART 1

8 GENERAL

9 **25-1-501. Legislative declaration.** (1) THE GENERAL ASSEMBLY
10 HEREBY FINDS AND DECLARES THAT:

11 (a) THE PUBLIC HEALTH SYSTEM REDUCES HEALTH CARE COSTS BY
12 PREVENTING DISEASE AND INJURY, PROMOTING HEALTHY BEHAVIOR, AND
13 REDUCING THE INCIDENTS OF CHRONIC DISEASES AND CONDITIONS. **THUS,**
14 **THE PUBLIC HEALTH SYSTEM IS A CRITICAL PART OF ANY HEALTH CARE**
15 **REFORM.**

16 (b) EACH COMMUNITY IN COLORADO SHOULD PROVIDE

1 HIGH-QUALITY PUBLIC HEALTH SERVICES REGARDLESS OF ITS LOCATION.
2 THUS, THE STATE OF COLORADO AND EACH LOCAL PUBLIC HEALTH
3 AGENCY SHOULD HAVE A COMPREHENSIVE PUBLIC HEALTH PLAN
4 OUTLINING HOW QUALITY PUBLIC HEALTH SERVICES WILL BE PROVIDED.

5 (c) EACH COUNTY SHOULD ESTABLISH OR BE PART OF A LOCAL
6 PUBLIC HEALTH AGENCY ORGANIZED UNDER A LOCAL BOARD OF HEALTH
7 WITH A PUBLIC HEALTH DIRECTOR AND OTHER STAFF NECESSARY TO
8 PROVIDE PUBLIC HEALTH SERVICES;

9 (d) A STRONG PUBLIC HEALTH INFRASTRUCTURE IS NEEDED TO
10 PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES AND IS A SHARED
11 RESPONSIBILITY AMONG STATE AND LOCAL PUBLIC HEALTH AGENCIES AND
12 THEIR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM; AND

13 (e) DEVELOPING A STRONG PUBLIC HEALTH INFRASTRUCTURE
14 REQUIRES THE COORDINATED EFFORTS OF STATE AND LOCAL PUBLIC
15 HEALTH AGENCIES AND THEIR PUBLIC AND PRIVATE SECTOR PARTNERS
16 WITHIN THE PUBLIC HEALTH SYSTEM TO:

17 (I) IDENTIFY AND PROVIDE LEADERSHIP FOR THE PROVISION OF
18 ESSENTIAL PUBLIC HEALTH SERVICES;

19 (II) DEVELOP AND SUPPORT AN INFORMATION INFRASTRUCTURE
20 THAT SUPPORTS ESSENTIAL PUBLIC HEALTH SERVICES AND FUNCTIONS;

21 (III) DEVELOP AND PROVIDE EFFECTIVE EDUCATION AND TRAINING
22 FOR MEMBERS OF THE PUBLIC HEALTH WORKFORCE;

23 (IV) DEVELOP PERFORMANCE-MANAGEMENT STANDARDS FOR THE
24 PUBLIC HEALTH SYSTEM THAT ARE TIED TO IMPROVEMENTS IN PUBLIC
25 HEALTH OUTCOMES OR OTHER MEASURES; AND

26 (V) DEVELOP A COMPREHENSIVE PLAN AND SET PRIORITIES FOR
27 PROVIDING ESSENTIAL PUBLIC HEALTH SERVICES.

1 **25-1-502. Definitions.** AS USED IN THIS PART 5, UNLESS THE
2 CONTEXT OTHERWISE REQUIRES:

3 (1) "CORE PUBLIC HEALTH" SHALL BE DEFINED BY THE STATE
4 BOARD AND SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE
5 ASSESSMENT OF HEALTH STATUS AND HEALTH RISKS, DEVELOPMENT OF
6 POLICIES TO PROTECT AND PROMOTE HEALTH, AND ASSURANCE OF THE
7 PROVISION OF THE ESSENTIAL PUBLIC HEALTH SERVICES.

8 (2) "ESSENTIAL PUBLIC HEALTH SERVICES" MEANS TO:

9 (a) MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE
10 COMMUNITY HEALTH PROBLEMS;

11 (b) INVESTIGATE AND DIAGNOSE HEALTH PROBLEMS AND HEALTH
12 HAZARDS IN THE COMMUNITY;

13 (c) INFORM, EDUCATE, AND EMPOWER INDIVIDUALS ABOUT
14 HEALTH ISSUES;

15 (d) MOBILIZE PUBLIC AND PRIVATE SECTOR COLLABORATION AND
16 ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS;

17 (e) DEVELOP POLICIES, PLANS, AND PROGRAMS THAT SUPPORT
18 INDIVIDUAL AND COMMUNITY HEALTH EFFORTS;

19 (f) ENFORCE LAWS AND RULES THAT PROTECT HEALTH AND
20 PROMOTE SAFETY;

21 (g) LINK INDIVIDUALS TO NEEDED PERSONAL HEALTH SERVICES
22 AND ENSURE THE PROVISION OF HEALTH CARE;

23 (h) ENCOURAGE A COMPETENT PUBLIC HEALTH WORKFORCE;

24 (i) EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF
25 PERSONAL AND POPULATION-BASED PUBLIC HEALTH SERVICES; AND

26 (j) CONTRIBUTE TO RESEARCH INTO INSIGHTFUL AND INNOVATIVE
27 SOLUTIONS TO HEALTH PROBLEMS.

1 (3) "MEDICAL OFFICER" MEANS A VOLUNTEER OR PAID LICENSED
2 PHYSICIAN WHO CONTRACTS WITH OR IS EMPLOYED BY A COUNTY OR
3 DISTRICT PUBLIC HEALTH AGENCY TO ADVISE THE PUBLIC HEALTH
4 DIRECTOR ON MEDICAL DECISIONS IF THE PUBLIC HEALTH DIRECTOR IS NOT
5 A LICENSED PHYSICIAN.

6 (4) "PUBLIC HEALTH" MEANS THE PREVENTION OF INJURY,
7 DISEASE, AND PREMATURE MORTALITY; THE PROMOTION OF HEALTH IN THE
8 COMMUNITY; AND THE RESPONSE TO PUBLIC AND ENVIRONMENTAL
9 HEALTH NEEDS AND EMERGENCIES AND IS ACCOMPLISHED THROUGH THE
10 PROVISION OF ESSENTIAL PUBLIC HEALTH SERVICES.

11 (5) "PUBLIC HEALTH AGENCY" MEANS AN ORGANIZATION
12 OPERATED BY A FEDERAL, STATE, OR LOCAL GOVERNMENT OR ITS
13 DESIGNEES THAT ACTS PRINCIPALLY TO PROTECT OR PRESERVE THE
14 PUBLIC'S HEALTH. "PUBLIC HEALTH AGENCY" INCLUDES A COUNTY PUBLIC
15 HEALTH AGENCY OR A DISTRICT PUBLIC HEALTH AGENCY.

16 (6) "PUBLIC HEALTH DIRECTOR" MEANS THE ADMINISTRATIVE AND
17 EXECUTIVE HEAD OF EACH COUNTY OR DISTRICT PUBLIC HEALTH AGENCY.

18 (7) "PUBLIC HEALTH SYSTEM" MEANS STATE, COUNTY, AND
19 DISTRICT PUBLIC HEALTH AGENCIES AND OTHER PERSONS AND
20 ORGANIZATIONS THAT PROVIDE PUBLIC HEALTH SERVICES OR PROMOTE
21 PUBLIC HEALTH.

22 (8) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH
23 CREATED PURSUANT TO SECTION 25-1-103.

24 (9) "STATE DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC
25 HEALTH AND ENVIRONMENT CREATED PURSUANT TO SECTION 25-1-102.

26 **25-1-503. State board - public health duties.** (1) IN ADDITION
27 TO ALL OTHER POWERS AND DUTIES CONFERRED AND IMPOSED UPON THE

1 STATE BOARD, THE STATE BOARD HAS THE FOLLOWING SPECIFIC POWERS
2 AND DUTIES:

3 (a) TO ESTABLISH, BY RULE, THE CORE PUBLIC HEALTH SERVICES
4 THAT EACH COUNTY AND DISTRICT PUBLIC HEALTH AGENCY MUST PROVIDE
5 OR ARRANGE FOR THE PROVISION OF SAID SERVICES;

6 (b) TO ESTABLISH, BY RULE, THE MINIMUM QUALITY STANDARDS
7 FOR PUBLIC HEALTH SERVICES;

8 (c) TO ESTABLISH, BY RULE, THE MINIMUM QUALIFICATIONS FOR
9 COUNTY AND DISTRICT PUBLIC HEALTH DIRECTORS AND MEDICAL
10 OFFICERS;

11 (d) TO ENSURE THE DEVELOPMENT AND IMPLEMENTATION OF A
12 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN; AND

13 (e) TO REVIEW AND APPROVE ALL COUNTY AND DISTRICT PUBLIC
14 HEALTH AGENCY PUBLIC HEALTH PLANS.

15 SUBPART 2

16 PUBLIC HEALTH PLANS

17 **25-1-504. Comprehensive public health plan - development -**
18 **approval - reassessment.** (1) ON OR BEFORE DECEMBER 31, 2009, AND
19 AT A MINIMUM ON OR BEFORE DECEMBER 31 EVERY FIVE YEARS
20 THEREAFTER, THE STATE DEPARTMENT SHALL DEVELOP A
21 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN,
22 REFERRED TO IN THIS SECTION AS THE "PLAN", THAT ASSESSES AND SETS
23 PRIORITIES FOR THE PUBLIC HEALTH SYSTEM. THE STATE BOARD MAY
24 APPOINT AD HOC OR ADVISORY COMMITTEES AS NEEDED FOR THE PLAN
25 DEVELOPMENT PROCESS. THE PLAN SHALL BE DEVELOPED IN
26 CONSULTATION WITH THE STATE BOARD AND REPRESENTATIVES FROM THE
27 STATE DEPARTMENT, COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES, AND

1 THEIR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM. THE PLAN SHALL
2 RELY ON EXISTING OR AVAILABLE DATA OR OTHER INFORMATION
3 ACQUIRED PURSUANT TO THIS PART 5, AS WELL AS NATIONAL GUIDELINES
4 OR RECOMMENDATIONS CONCERNING PUBLIC HEALTH OUTCOMES OR
5 IMPROVEMENTS.

6 (2) (a) THE PLAN SHALL ASSESS AND SET PRIORITIES FOR THE
7 PUBLIC HEALTH SYSTEM AND SHALL:

8 (I) GUIDE THE PUBLIC HEALTH SYSTEM IN TARGETING CORE PUBLIC
9 HEALTH SERVICES AND FUNCTIONS THROUGH PROGRAM DEVELOPMENT,
10 IMPLEMENTATION, AND EVALUATION;

11 (II) INCREASE THE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC
12 HEALTH SYSTEM;

13 (III) IDENTIFY AREAS NEEDING GREATER RESOURCE ALLOCATION
14 TO PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES; AND

15 (IV) INCORPORATE, TO THE EXTENT POSSIBLE, GOALS AND
16 PRIORITIES OF PUBLIC HEALTH PLANS DEVELOPED BY COUNTY OR DISTRICT
17 PUBLIC HEALTH AGENCIES.

18 (b) THE PLAN SHALL INCLUDE OR ADDRESS AT A MINIMUM THE
19 FOLLOWING ELEMENTS:

20 (I) CORE PUBLIC HEALTH SERVICES AND STANDARDS FOR COUNTY
21 AND DISTRICT PUBLIC HEALTH AGENCIES;

22 (II) RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY
23 ACTION, INCLUDING BUT NOT LIMITED TO UPDATING PUBLIC HEALTH LAWS,
24 ELIMINATING OBSOLETE STATUTORY LANGUAGE, AND ESTABLISHING AN
25 EFFECTIVE AND COMPREHENSIVE STATE AND LOCAL PUBLIC HEALTH
26 INFRASTRUCTURE;

27 (III) IDENTIFICATION AND QUANTIFICATION OF EXISTING PUBLIC

1 HEALTH PROBLEMS, DISPARITIES, OR THREATS AT THE STATE AND COUNTY
2 LEVELS;

3 (IV) IDENTIFICATION OF EXISTING PUBLIC HEALTH RESOURCES AT
4 THE STATE AND LOCAL LEVELS;

5 (V) DECLARATION OF THE GOALS OF THE PLAN;

6 (VI) IDENTIFICATION OF SPECIFIC RECOMMENDATIONS FOR
7 MEETING THESE GOALS;

8 (VII) DEVELOPMENT OF PUBLIC AND ENVIRONMENTAL HEALTH
9 INFRASTRUCTURE THAT SUPPORTS CORE PUBLIC HEALTH FUNCTIONS AND
10 ESSENTIAL PUBLIC HEALTH SERVICES AT THE STATE AND LOCAL LEVELS;

11 (VIII) EXPLANATION OF THE PRIORITIZATION OF ONE OR MORE
12 CONDITIONS OF PUBLIC HEALTH IMPORTANCE;

13 (IX) DETAILED DESCRIPTION OF STRATEGIES TO DEVELOP AND
14 PROMOTE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES;

15 (X) DEVELOPMENT, EVALUATION, AND MAINTENANCE OF, AND
16 IMPROVEMENTS TO, AN INFORMATION INFRASTRUCTURE THAT SUPPORTS
17 ESSENTIAL PUBLIC HEALTH SERVICES;

18 (XI) DETAILED DESCRIPTION OF THE PROGRAMS AND ACTIVITIES
19 THAT WILL BE PURSUED TO ADDRESS EXISTING PUBLIC AND
20 ENVIRONMENTAL HEALTH PROBLEMS, DISPARITIES, OR THREATS;

21 (XII) DETAILED DESCRIPTION OF HOW PUBLIC HEALTH SERVICES
22 WILL BE INTEGRATED AND PUBLIC HEALTH RESOURCES SHARED TO
23 OPTIMIZE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC HEALTH
24 SYSTEM;

25 (XIII) DETAILED DESCRIPTION OF HOW THE PLAN WILL SUPPORT
26 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES IN ACHIEVING THE GOALS
27 OF THEIR COUNTY OR DISTRICT PUBLIC HEALTH PLANS;

1 (XIV) ESTIMATION OF COSTS OF IMPLEMENTING THE PLAN;

2 (XV) A TIMELINE FOR IMPLEMENTING VARIOUS ELEMENTS OF THE
3 PLAN;

4 (XVI) A STRATEGY FOR COORDINATING SERVICE DELIVERY WITHIN
5 THE PUBLIC HEALTH SYSTEM; AND

6 (XVII) MEASURABLE INDICATORS OF EFFECTIVENESS AND
7 SUCCESSES.

8 (c) THE PLAN, INCLUDING CORE PUBLIC HEALTH SERVICES AND
9 STANDARDS, SHALL PROSPECTIVELY COVER UP TO FIVE YEARS, SUBJECT TO
10 ANNUAL REVISIONS AND THE IMPLEMENTATION SCHEDULE ESTABLISHED
11 BY THE STATE BOARD.

12 (3) THE STATE DEPARTMENT SHALL MAKE THE PLAN AVAILABLE
13 TO THE GOVERNOR, THE GENERAL ASSEMBLY, THE STATE BOARD, COUNTY
14 OR DISTRICT PUBLIC HEALTH AGENCIES, AND OTHER PARTNERS.

15 (4) THE STATE DEPARTMENT IS AUTHORIZED TO SOLICIT AND
16 ACCEPT ANY GIFTS, GRANTS, OR DONATIONS TO PAY FOR THE
17 DEVELOPMENT OF THE PLAN. ANY MONEYS RECEIVED PURSUANT TO THIS
18 SUBSECTION (4) SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO
19 SHALL CREDIT THE SAME TO THE COMPREHENSIVE PUBLIC HEALTH PLAN
20 CASH FUND, WHICH IS HEREBY CREATED AND REFERRED TO IN THIS
21 SUBSECTION (4) AS THE "FUND". ANY INTEREST DERIVED FROM THE
22 DEPOSIT AND INVESTMENT OF MONEYS IN THE FUND SHALL BE CREDITED
23 TO THE FUND. ANY UNEXPENDED AND UNENCUMBERED MONEYS
24 REMAINING IN THE FUND AT THE END OF ANY FISCAL YEAR SHALL REMAIN
25 IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE
26 GENERAL FUND OR ANOTHER FUND. MONEYS IN THE FUND MAY BE
27 EXPENDED BY THE STATE DEPARTMENT, SUBJECT TO ANNUAL

1 APPROPRIATION BY THE GENERAL ASSEMBLY, FOR THE DEVELOPMENT OF
2 THE PLAN DESCRIBED IN THIS SECTION.

3 (5) THE IMPLEMENTATION OF THIS SECTION SHALL BE SUBJECT TO
4 THE AVAILABILITY OF MONEYS RECEIVED PURSUANT TO SUBSECTION (4)
5 OF THIS SECTION.

6 **25-1-505. County and district public health plans - approval.**

7 (1) AS SOON AS PRACTICABLE AFTER THE APPROVAL OF EACH
8 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN
9 PURSUANT TO SECTION 25-1-504, EACH COUNTY OR DISTRICT PUBLIC
10 HEALTH AGENCY SHALL PREPARE A COUNTY OR DISTRICT PUBLIC HEALTH
11 PLAN, REFERRED TO IN THIS SECTION AS THE "LOCAL PLAN". EACH LOCAL
12 PLAN SHALL NOT BE INCONSISTENT WITH THE COMPREHENSIVE, STATEWIDE
13 PUBLIC HEALTH IMPROVEMENT PLAN REQUIRED UNDER SECTION 25-1-504.

14 (2) EACH LOCAL PLAN SHALL, AT A MINIMUM:

15 (a) EXAMINE DATA ABOUT HEALTH STATUS AND RISK FACTORS IN
16 THE LOCAL COMMUNITY;

17 (b) ASSESS THE CAPACITY AND PERFORMANCE OF THE COUNTY OR
18 DISTRICT PUBLIC HEALTH SYSTEM;

19 (c) IDENTIFY GOALS AND STRATEGIES FOR IMPROVING THE HEALTH
20 OF THE LOCAL COMMUNITY;

21 (d) DESCRIBE HOW REPRESENTATIVES OF THE LOCAL COMMUNITY
22 DEVELOP AND IMPLEMENT THE LOCAL PLAN;

23 (e) ADDRESS HOW COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES
24 COORDINATE WITH THE STATE DEPARTMENT AND OTHERS WITHIN THE
25 PUBLIC HEALTH SYSTEM TO ACCOMPLISH GOALS AND PRIORITIES
26 IDENTIFIED IN THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH
27 IMPROVEMENT PLAN; AND

1 (f) IDENTIFY FINANCIAL RESOURCES AVAILABLE TO MEET
2 IDENTIFIED PUBLIC HEALTH NEEDS AND TO MEET REQUIREMENTS FOR THE
3 PROVISION OF CORE PUBLIC HEALTH SERVICES.

4 (3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE
5 DEPARTMENT SHALL ENCOURAGE AND PROVIDE TECHNICAL ASSISTANCE
6 TO COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES THAT REQUEST SUCH
7 ASSISTANCE AND OTHERWISE WORK WITH COUNTY OR DISTRICT PUBLIC
8 HEALTH AGENCIES TO GENERATE THEIR LOCAL PLANS.

9 SUBPART 3

10 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES

11 **25-1-506. County or district public health agency - repeal.**

12 (1) **[Formerly 25-1-501]** EACH COUNTY, BY RESOLUTION OF ITS BOARD
13 OF COUNTY COMMISSIONERS, SHALL ESTABLISH AND MAINTAIN A COUNTY
14 PUBLIC HEALTH AGENCY OR SHALL PARTICIPATE IN A DISTRICT PUBLIC
15 HEALTH AGENCY. ANY TWO OR MORE CONTIGUOUS COUNTIES, BY
16 RESOLUTIONS OF THE BOARDS OF COUNTY COMMISSIONERS OF THE
17 RESPECTIVE COUNTIES, MAY ESTABLISH AND MAINTAIN A DISTRICT PUBLIC
18 HEALTH AGENCY. REFERENCES IN THIS SUBPART 3 TO AN "AGENCY"
19 MEANS A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY. AN AGENCY
20 SHALL CONSIST OF A COUNTY OR DISTRICT BOARD OF HEALTH, A PUBLIC
21 HEALTH DIRECTOR, AND ALL OTHER PERSONNEL EMPLOYED OR RETAINED
22 UNDER THE PROVISIONS OF THIS SUBPART 3.

23 (2) **[Formerly 25-1-504]** (a) (I) THE JURISDICTION OF ANY
24 AGENCY SHALL EXTEND OVER ALL UNINCORPORATED AREAS AND OVER
25 ALL MUNICIPAL CORPORATIONS WITHIN THE TERRITORIAL LIMITS OF THE
26 COUNTY OR THE COUNTIES COMPRISING THE DISTRICT, BUT NOT OVER THE
27 TERRITORY OF ANY MUNICIPAL CORPORATION THAT HAS A POPULATION IN

1 EXCESS OF FORTY THOUSAND PEOPLE AND THAT MAINTAINS ITS OWN
2 HEALTH DEPARTMENT OR AGENCY AND EMPLOYS A SUPERVISING HEALTH
3 OFFICER. IF THE COUNTY HAS A COUNTY PUBLIC HEALTH AGENCY OR A
4 DISTRICT BOARD OF HEALTH AND IF THE COUNTY IS WITHIN A DISTRICT
5 PUBLIC HEALTH AGENCY, ANY MUNICIPAL CORPORATION NOT OTHERWISE
6 WITHIN THE JURISDICTION OF AN AGENCY, BY AGREEMENT OF ITS CITY
7 COUNCIL, BOARD OF TRUSTEES OR OTHER GOVERNING BODY, AND THE
8 BOARD OF COUNTY COMMISSIONERS OF THE COUNTY WHEREIN THE
9 MUNICIPAL CORPORATION IS SITUATED MAY MERGE ITS DEPARTMENT WITH
10 THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY.

11 (II) IN THE EVENT OF A MERGER BETWEEN A HEALTH DEPARTMENT
12 OF A MUNICIPAL CORPORATION WITH A COUNTY OR DISTRICT PUBLIC
13 HEALTH AGENCY, THE AGREEMENT OF MERGER, AMONG OTHER THINGS,
14 SHALL PROVIDE THAT A MEMBER OR MEMBERS OF THE COUNTY OR
15 DISTRICT BOARD OF HEALTH, AS IS SPECIFIED IN THE AGREEMENT, SHALL
16 BE APPOINTED BY THE CITY COUNCIL OR BOARD OF TRUSTEES OF THE
17 MUNICIPAL CORPORATION RATHER THAN AS PROVIDED IN THIS SECTION.
18 THE CITY COUNCIL OR BOARD OF TRUSTEES SHALL APPOINT THE NUMBER
19 OF MEMBERS SPECIFIED IN THE AGREEMENT OF MERGER, AND THE
20 REMAINING MEMBERS SHALL BE APPOINTED AS PROVIDED IN THIS SECTION.

21 (III) THE BOARD OF COUNTY COMMISSIONERS, IN ORDER TO GIVE
22 THE MUNICIPAL CORPORATION REPRESENTATION ON A COUNTY BOARD OF
23 HEALTH PREVIOUSLY ESTABLISHED, MAY DECLARE VACANCIES IN THE
24 COUNTY BOARD OF HEALTH AND PERMIT THE VACANCIES TO BE FILLED BY
25 THE CITY COUNCIL OR BOARD OF TRUSTEES OF THE MUNICIPAL
26 CORPORATION.

27 (b) ALL COUNTY OR DISTRICT BOARDS OF HEALTH EXISTING WITHIN

1 THE COUNTY OR DISTRICT, EXCEPT THOSE OF ANY MUNICIPAL
2 CORPORATION THAT HAS A POPULATION IN EXCESS OF FORTY THOUSAND
3 PEOPLE, THAT MAINTAINS ITS OWN LOCAL HEALTH DEPARTMENT OR
4 AGENCY, THAT EMPLOYS A SUPERVISING HEALTH OFFICER, AND THAT DOES
5 NOT ELECT TO MERGE ITS HEALTH ACTIVITIES WITH THE COUNTY OR
6 DISTRICT PUBLIC HEALTH AGENCY, SHALL BE DISSOLVED UPON THE
7 ORGANIZATION OF A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY UNDER
8 THE PROVISIONS OF THIS PART 5 OR UPON THE ACCEPTANCE OF A COUNTY
9 INTO A DISTRICT ALREADY ESTABLISHED.

10 (c) IN THE EVENT OF THE DISSOLUTION OF ANY COUNTY OR
11 DISTRICT PUBLIC HEALTH AGENCY, OR THE WITHDRAWAL OF A COUNTY
12 FROM AN ESTABLISHED DISTRICT, THE WITHDRAWAL OF A MUNICIPAL
13 CORPORATION THAT HAS VOLUNTARILY MERGED ITS HEALTH DEPARTMENT
14 OR AGENCY WITH A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY, LOCAL
15 BOARDS OF HEALTH SHALL BE REESTABLISHED UNDER THE PROVISIONS OF
16 THIS PART 5 AND ASSUME THE POWERS AND DUTIES CONFERRED UPON
17 SUCH LOCAL BOARDS.

18 (3) (a) AN AGENCY SHALL PROVIDE OR ARRANGE FOR THE
19 PROVISIONS OF SERVICES NECESSARY TO CARRY OUT THE PUBLIC HEALTH
20 LAWS AND RULES OF THE STATE BOARD, THE WATER QUALITY CONTROL
21 COMMISSION, THE AIR QUALITY CONTROL COMMISSION, AND THE SOLID
22 AND HAZARDOUS WASTE COMMISSION ACCORDING TO THE SPECIFIC NEEDS
23 AND RESOURCES AVAILABLE WITHIN THE COMMUNITY AS SET OUT IN THE
24 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN
25 DEVELOPED PURSUANT TO SECTION 25-1-504.

26 (b) IN ADDITION TO OTHER POWERS AND DUTIES, AN AGENCY
27 SHALL HAVE THE FOLLOWING DUTIES:

1 (I) TO COMPLETE A COMMUNITY HEALTH ASSESSMENT AND TO
2 CREATE THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN AT LEAST EVERY
3 FIVE YEARS UNDER THE DIRECTION OF THE COUNTY OR DISTRICT BOARD
4 AND TO SUBMIT THE PLAN TO THE COUNTY OR DISTRICT BOARD AND STATE
5 BOARD FOR APPROVAL;

6 (II) TO ADVISE THE COUNTY OR DISTRICT BOARD ON PUBLIC POLICY
7 ISSUES NECESSARY TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT;

8 (III) TO PROVIDE OR ARRANGE FOR THE PROVISION OF QUALITY,
9 CORE PUBLIC HEALTH SERVICES DEEMED ESSENTIAL BY THE STATE BOARD
10 AND THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT
11 PLAN; EXCEPT THAT THE AGENCY SHALL BE DEEMED TO HAVE MET THIS
12 REQUIREMENT IF THE AGENCY CAN DEMONSTRATE TO THE COUNTY OR
13 DISTRICT BOARD THAT OTHER PROVIDERS OFFER CORE PUBLIC HEALTH
14 SERVICES THAT ARE SUFFICIENT TO MEET THE LOCAL NEEDS AS
15 DETERMINED BY THE PLAN;

16 (IV) TO ADMINISTER AND ENFORCE THE LAWS PERTAINING TO
17 PUBLIC HEALTH, VITAL STATISTICS, AND WATER QUALITY CONTROL AND
18 THE ORDERS, RULES, AND STANDARDS OF THE STATE BOARD AND THE
19 STATE WATER QUALITY CONTROL COMMISSION AND TO ENFORCE THE
20 ORDERS OF THE DIVISION OF ADMINISTRATION OF THE STATE DEPARTMENT
21 WITH RESPECT TO AIR POLLUTION CONTROL;

22 (V) TO INVESTIGATE AND CONTROL THE CAUSES OF EPIDEMIC,
23 COMMUNICABLE, OR ENVIRONMENTALLY CAUSED DISEASES AND
24 CONDITIONS AFFECTING PUBLIC HEALTH;

25 (VI) TO ESTABLISH, MAINTAIN, AND ENFORCE ISOLATION AND
26 QUARANTINE AND TO EXERCISE PHYSICAL CONTROL OVER PROPERTY AND
27 INDIVIDUALS WITHIN THE JURISDICTION OF THE AGENCY WHEN NECESSARY

1 TO ENFORCE ISOLATION AND QUARANTINE IN ORDER TO PROTECT PUBLIC
2 HEALTH;

3 (VII) TO CLOSE SCHOOLS AND PUBLIC PLACES AND TO PROHIBIT
4 GATHERINGS OF PEOPLE WHEN NECESSARY TO PROTECT PUBLIC HEALTH;

5 (VIII) TO INVESTIGATE AND ABATE NUISANCES WHEN NECESSARY
6 IN ORDER TO ELIMINATE SOURCES OF EPIDEMIC, COMMUNICABLE, OR
7 ENVIRONMENTALLY CAUSED DISEASES AND CONDITIONS AFFECTING
8 PUBLIC HEALTH;

9 (IX) TO ESTABLISH, MAINTAIN, OR MAKE AVAILABLE CHEMICAL,
10 BACTERIOLOGICAL, AND BIOLOGICAL LABORATORIES, AND TO CONDUCT
11 SUCH LABORATORY INVESTIGATIONS AND EXAMINATIONS AS IT MAY DEEM
12 NECESSARY OR PROPER FOR THE PROTECTION OF THE PUBLIC HEALTH;

13 (X) TO PURCHASE AND DISTRIBUTE TO LICENSED PHYSICIANS AND
14 VETERINARIANS, WITH OR WITHOUT CHARGE, AS THE COUNTY OR DISTRICT
15 BOARD MAY DETERMINE UPON CONSIDERATIONS OF EMERGENCY OR NEED,
16 APPROVED BIOLOGICAL OR THERAPEUTIC PRODUCTS NECESSARY FOR THE
17 PROTECTION OF PUBLIC HEALTH;

18 (XI) TO INITIATE AND CARRY OUT HEALTH PROGRAMS CONSISTENT
19 WITH STATE LAW THAT ARE NECESSARY OR DESIRABLE BY THE COUNTY OR
20 DISTRICT BOARD TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT;

21 (XII) TO COLLECT, COMPILE, AND TABULATE REPORTS OF
22 MARRIAGES, DISSOLUTIONS OF MARRIAGE, AND DECLARATIONS OF
23 INVALIDITY OF MARRIAGE, BIRTHS, DEATHS, AND MORBIDITY, AND TO
24 REQUIRE ANY PERSON HAVING INFORMATION WITH REGARD TO THE SAME
25 TO MAKE SUCH REPORTS AND SUBMIT SUCH INFORMATION AS IS REQUIRED
26 BY LAW OR THE RULES OF THE STATE BOARD;

27 (XIII) TO MAKE NECESSARY SANITATION AND HEALTH

1 INVESTIGATIONS AND INSPECTIONS, ON ITS OWN INITIATIVE OR IN
2 COOPERATION WITH THE STATE DEPARTMENT, FOR MATTERS AFFECTING
3 PUBLIC HEALTH THAT ARE WITHIN THE JURISDICTION AND CONTROL OF THE
4 AGENCY;

5 (XIV) TO COLLABORATE WITH THE STATE DEPARTMENT AND THE
6 STATE BOARD IN ALL MATTERS PERTAINING TO PUBLIC HEALTH, WITH THE
7 WATER QUALITY CONTROL COMMISSION IN ALL MATTERS PERTAINING TO
8 WATER QUALITY, THE AIR QUALITY CONTROL COMMISSION, AND THE
9 DIVISION OF ADMINISTRATION OF THE STATE DEPARTMENT IN ALL
10 MATTERS PERTAINING TO AIR POLLUTION, AND WITH THE SOLID AND
11 HAZARDOUS WASTE COMMISSION IN ALL MATTERS PERTAINING TO
12 HAZARDOUS WASTE;

13 (XV) TO ESTABLISH AND IMPLEMENT PROGRAMS THAT THE
14 COUNTY OR DISTRICT BOARD DETERMINES ARE IMPORTANT TO PROMOTE,
15 PROTECT, AND MAINTAIN THE PUBLIC HEALTH BY PREVENTING, DELAYING,
16 OR DETECTING THE ONSET OF ENVIRONMENTAL OR CHRONIC DISEASES;

17 (XVI) TO ESTABLISH AND IMPLEMENT PROGRAMS THAT THE
18 COUNTY OR DISTRICT BOARD DETERMINES ARE IMPORTANT TO PROMOTE,
19 PROTECT, AND MAINTAIN THE PUBLIC HEALTH BY DETERMINING THE
20 CAUSES OF AND PREVENTING INTENTIONAL AND UNINTENTIONAL INJURIES;

21 AND

22 (XVII) TO PROVIDE OTHER PUBLIC HEALTH SERVICES DEEMED
23 IMPORTANT TO BE ADDRESSED BY THE STATE DEPARTMENT OR COUNTY
24 DEPARTMENTS OR DISTRICT AGENCIES OR BOARDS.

25 (4) (a) UNTIL THE TIME THAT AN AGENCY IS ESTABLISHED
26 PURSUANT TO THIS SECTION, A COUNTY, DISTRICT, OR REGIONAL HEALTH
27 DEPARTMENT ESTABLISHED AS OF JULY 1, 2008, SHALL CONTINUE TO

1 OPERATE AND SHALL HAVE THE POWERS AND DUTIES IMPOSED BY LAW AS
2 IT EXISTED PRIOR TO JULY 1, 2008.

3 (b) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE JULY 1, 2009.

4 **25-1-507. [Formerly 25-1-609] Municipal board of health.**

5 EXCEPT AS OTHERWISE PROVIDED BY LAW, THE MAYOR AND COUNCIL OF
6 EACH INCORPORATED TOWN OR CITY, WHETHER INCORPORATED UNDER
7 GENERAL STATUTES OR SPECIAL CHARTER IN THIS STATE, SHALL HAVE ALL
8 THE POWERS AND PERFORM ALL THE DUTIES OF A COUNTY OR DISTRICT
9 BOARD OF HEALTH AS PROVIDED IN THIS PART 5 WITHIN THE LIMITS OF THE
10 RESPECTIVE CITY OR TOWN OF WHICH THEY ARE THE OFFICERS.

11 **25-1-508. [Formerly 25-1-502] County or district boards of**

12 **public health - public health directors - repeal.** (1) WITHIN NINETY
13 DAYS AFTER THE ADOPTION OF A RESOLUTION TO ESTABLISH AND
14 MAINTAIN A COUNTY PUBLIC HEALTH AGENCY OR TO PARTICIPATE IN A
15 DISTRICT PUBLIC HEALTH AGENCY, THE RESPECTIVE BOARD OF COUNTY
16 COMMISSIONERS SHALL PROCEED TO ORGANIZE THE AGENCY BY THE
17 APPOINTMENT OF A COUNTY OR DISTRICT BOARD OF HEALTH, REFERRED TO
18 IN THIS PART 5 AS A "COUNTY OR DISTRICT BOARD".

19 (2) (a) EACH COUNTY BOARD OF HEALTH SHALL CONSIST OF FIVE
20 MEMBERS TO BE APPOINTED BY THE BOARD OF COUNTY COMMISSIONERS
21 FOR FIVE-YEAR TERMS; EXCEPT THAT, OF THE MEMBERS FIRST APPOINTED,
22 ONE SHALL SERVE A TERM OF ONE YEAR, ONE OF TWO YEARS, ONE OF
23 THREE YEARS, ONE OF FOUR YEARS, AND ONE OF FIVE YEARS FROM THE
24 DATE OF INITIAL APPOINTMENT. THEREAFTER, FULL-TERM APPOINTMENTS
25 SHALL BE FOR FIVE YEARS.

26 (b) EACH MEMBER OF THE COUNTY BOARD OF HEALTH SHALL BE A
27 RESIDENT OF THE COUNTY IN WHICH THE COUNTY AGENCY IS LOCATED.

1 APPOINTMENTS SHALL BE MADE TO THE BOARD SO THAT NO BUSINESS OR
2 PROFESSIONAL GROUP OR GOVERNMENTAL ENTITY SHALL CONSTITUTE A
3 MAJORITY OF THE BOARD. ANY VACANCY ON THE BOARD SHALL BE FILLED
4 IN THE SAME MANNER AS FULL-TERM APPOINTMENTS BY THE
5 APPOINTMENT OF A QUALIFIED PERSON FOR THE UNEXPIRED TERM.

6 (c) IN A COUNTY WITH A POPULATION OF LESS THAN ONE HUNDRED
7 THOUSAND PEOPLE THAT DOES NOT HAVE A BOARD OF HEALTH, THE BOARD
8 OF COUNTY COMMISSIONERS MAY DESIGNATE ITSELF AS THE COUNTY
9 BOARD OF HEALTH AS OF JULY 1, 2008. THE TERMS OF THE MEMBERS OF
10 THE COUNTY BOARD OF HEALTH SHALL COINCIDE WITH THEIR TERMS AS
11 COMMISSIONERS. SUCH COUNTY BOARDS SHALL ASSUME ALL THE DUTIES
12 OF APPOINTED COUNTY BOARDS.

13 (3) (a) EACH DISTRICT BOARD OF HEALTH SHALL CONSIST OF
14 MEMBERS TO BE APPOINTED BY AN APPOINTMENTS COMMITTEE COMPOSED
15 OF ONE MEMBER OF EACH OF THE BOARDS OF COUNTY COMMISSIONERS OF
16 THE COUNTIES COMPRISING THE DISTRICT. OF THE MEMBERS OF THE
17 DISTRICT BOARD OF HEALTH INITIALLY APPOINTED, ONE SHALL SERVE A
18 TERM OF ONE YEAR, ONE OF TWO YEARS, ONE OF THREE YEARS, ONE OF
19 FOUR YEARS, AND ONE OF FIVE YEARS FROM THE DATE OF INITIAL
20 APPOINTMENT. THEREAFTER, FULL-TERM APPOINTMENTS SHALL BE FOR
21 FIVE YEARS.

22 (b) EACH MEMBER OF THE DISTRICT BOARD SHALL BE A RESIDENT
23 OF ONE OF THE COUNTIES COMPRISING THE DISTRICT, AND THERE SHALL BE
24 AT LEAST ONE MEMBER FROM EACH OF THE COUNTIES COMPRISING THE
25 DISTRICT. APPOINTMENTS SHALL BE MADE TO THE DISTRICT BOARD SO
26 THAT NO BUSINESS OR PROFESSIONAL GROUP OR GOVERNMENTAL ENTITY
27 SHALL CONSTITUTE A MAJORITY OF THE DISTRICT BOARD. THE

1 APPOINTMENTS COMMITTEE SHALL FILL ANY VACANCY ON THE DISTRICT
2 BOARD BY THE APPOINTMENT OF A QUALIFIED PERSON FOR THE
3 REMAINDER OF THE UNEXPIRED TERM.

4 (c) UPON ESTABLISHMENT OF A DISTRICT BOARD, ALL COUNTY
5 BOARDS PREVIOUSLY EXISTING WITHIN THE COUNTY OR DISTRICT SHALL
6 BE DISSOLVED. UPON THE ACCEPTANCE OF A NEW COUNTY INTO AN
7 ESTABLISHED DISTRICT, THE COUNTY OR DISTRICT BOARD PREVIOUSLY
8 EXISTING FOR THE COUNTY BEING ADDED SHALL BE DISSOLVED AND THE
9 CHAIR OF THE PREVIOUS COUNTY OR DISTRICT BOARD OR THE CHAIR'S
10 DESIGNEE SHALL REPRESENT THE NEW COUNTY ON THE DISTRICT BOARD
11 UNTIL A NEW MEMBER IS APPOINTED BY THE APPOINTMENTS COMMITTEE.

12 (4) (a) A COUNTY OR DISTRICT BOARD, AT ITS ORGANIZATIONAL
13 MEETING, SHALL ELECT FROM ITS MEMBERS A PRESIDENT AND OTHER
14 OFFICERS AS IT SHALL DETERMINE. THE PUBLIC HEALTH DIRECTOR OF THE
15 AGENCY, AT THE DISCRETION OF THE BOARD, MAY SERVE AS SECRETARY
16 BUT SHALL NOT BE A MEMBER OF THE BOARD. ALL OFFICERS AND THE
17 PUBLIC HEALTH DIRECTOR SHALL HOLD THEIR POSITIONS AT THE PLEASURE
18 OF THE BOARD.

19 (b) (I) REGULAR MEETINGS OF A COUNTY OR DISTRICT BOARD
20 SHALL BE HELD AT LEAST ONCE EVERY THREE MONTHS AT SUCH TIMES AS
21 MAY BE ESTABLISHED BY RESOLUTION OF THE BOARD. SPECIAL MEETINGS
22 OF A BOARD MAY BE CALLED BY THE PRESIDENT, BY THE PUBLIC HEALTH
23 DIRECTOR, OR BY A MAJORITY OF THE MEMBERS OF THE BOARD AT ANY
24 TIME ON THREE DAYS' PRIOR NOTICE; EXCEPT THAT, IN CASE OF
25 EMERGENCY, TWENTY-FOUR HOURS' NOTICE SHALL BE SUFFICIENT.

26 (II) A COUNTY OR DISTRICT BOARD MAY ADOPT, AND AT ANY TIME
27 MAY AMEND, BYLAWS IN RELATION TO ITS MEETINGS AND THE

1 TRANSACTION OF ITS BUSINESS. A MAJORITY OF THE BOARD SHALL
2 CONSTITUTE A QUORUM. MEMBERS OF THE BOARD SHALL SERVE WITHOUT
3 COMPENSATION BUT SHALL BE REIMBURSED FOR THEIR ACTUAL AND
4 NECESSARY TRAVELING AND SUBSISTENCE EXPENSES TO ATTEND
5 MEETINGS.

6 (5) IN ADDITION TO ALL OTHER POWERS AND DUTIES CONFERRED
7 AND IMPOSED UPON COUNTY OR DISTRICT BOARDS BY THE PROVISIONS OF
8 THIS SUBPART 3, COUNTY OR DISTRICT BOARDS SHALL HAVE AND EXERCISE
9 THE FOLLOWING SPECIFIC POWERS AND DUTIES:

10 (a) TO DEVELOP AND PROMOTE THE PUBLIC POLICIES NEEDED TO
11 SECURE THE CONDITIONS NECESSARY FOR A HEALTHY COMMUNITY;

12 (b) TO APPROVE THE LOCAL PUBLIC HEALTH PLAN COMPLETED BY
13 THE COUNTY OR DISTRICT AGENCY, AND TO SUBMIT THE LOCAL PLAN TO
14 THE STATE BOARD FOR REVIEW AND APPROVAL;

15 (c) (I) TO SELECT A PUBLIC HEALTH DIRECTOR TO SERVE AT THE
16 PLEASURE OF THE COUNTY OR DISTRICT BOARD. THE PUBLIC HEALTH
17 DIRECTOR SHALL POSSESS SUCH MINIMUM QUALIFICATIONS AS MAY BE
18 PRESCRIBED BY THE STATE BOARD. A PUBLIC HEALTH DIRECTOR MAY BE
19 A PHYSICIAN, A PUBLIC HEALTH NURSE, OR OTHER QUALIFIED PUBLIC
20 HEALTH PROFESSIONAL. A PUBLIC HEALTH DIRECTOR MAY PRACTICE
21 MEDICINE OR NURSING WITHIN HIS OR HER LICENSE AND SCOPE OF
22 PRACTICE, AS NECESSARY, TO CARRY OUT THE FUNCTIONS OF THE OFFICE
23 OF THE PUBLIC HEALTH DIRECTOR. THE QUALIFICATIONS SHALL REFLECT
24 THE RESOURCES AND NEEDS OF THE COUNTY OR COUNTIES COVERED BY
25 THE AGENCY. IF THE PUBLIC HEALTH DIRECTOR IS NOT A PHYSICIAN, THE
26 COUNTY OR DISTRICT BOARD SHALL EMPLOY OR CONTRACT WITH AT LEAST
27 ONE MEDICAL OFFICER TO ADVISE THE PUBLIC HEALTH DIRECTOR ON

1 MEDICAL DECISIONS. THE PUBLIC HEALTH DIRECTOR SHALL MAINTAIN AN
2 OFFICE LOCATION DESIGNATED BY THE COUNTY OR DISTRICT BOARD AND
3 SHALL BE THE CUSTODIAN OF ALL PROPERTY AND RECORDS OF THE
4 AGENCY.

5 (II) A PERSON EMPLOYED OR UNDER CONTRACT TO ACT AS A
6 MEDICAL OFFICER PURSUANT TO THIS PARAGRAPH (c) SHALL BE COVERED
7 BY THE "COLORADO GOVERNMENTAL IMMUNITY ACT", ARTICLE 10 OF
8 TITLE 24, C.R.S., FOR DUTIES PERFORMED FOR THE AGENCY.

9 (d) (I) IN THE EVENT OF A VACANCY IN THE POSITION OF PUBLIC
10 HEALTH DIRECTOR OR MEDICAL OFFICER, TO EITHER EMPLOY OR
11 CONTRACT WITH A PERSON DEEMED QUALIFIED TO FILL THE POSITION OR
12 TO REQUEST TEMPORARY ASSISTANCE FROM A PUBLIC HEALTH DIRECTOR
13 OR A MEDICAL OFFICER FROM ANOTHER COUNTY. THE COUNTY OR
14 DISTRICT BOARD MAY ALSO REQUEST THAT AN EMPLOYEE OF THE STATE
15 DEPARTMENT, SUCH AS A QUALIFIED EXECUTIVE DIRECTOR OR THE CHIEF
16 MEDICAL OFFICER, SERVE ON AN INTERIM BASIS WITH ALL THE POWERS
17 AND DUTIES OF THE POSITION.

18 (II) A PERSON FILLING A TEMPORARY VACANCY AS PUBLIC HEALTH
19 DIRECTOR OR MEDICAL OFFICER SHALL BE COVERED BY THE "COLORADO
20 GOVERNMENTAL IMMUNITY ACT", ARTICLE 10 OF TITLE 24, C.R.S., FOR
21 DUTIES PERFORMED FOR THE AGENCY.

22 (e) TO PROVIDE, EQUIP, AND MAINTAIN SUITABLE OFFICES AND ALL
23 NECESSARY FACILITIES FOR THE PROPER ADMINISTRATION AND PROVISION
24 OF CORE PUBLIC HEALTH SERVICES, AS DEFINED BY THE STATE BOARD;

25 (f) TO DETERMINE GENERAL POLICIES TO BE FOLLOWED BY THE
26 PUBLIC HEALTH DIRECTOR IN ADMINISTERING AND ENFORCING PUBLIC
27 HEALTH LAWS, ORDERS, AND RULES OF THE COUNTY OR DISTRICT BOARD,

1 AND ORDERS, RULES, AND STANDARDS OF THE STATE BOARD;

2 (g) TO ISSUE ORDERS AND TO ADOPT RULES NOT INCONSISTENT
3 WITH THE PUBLIC HEALTH LAWS OF THIS STATE NOR WITH THE ORDERS OR
4 RULES OF THE STATE BOARD AS THE COUNTY OR DISTRICT BOARD MAY
5 DEEM NECESSARY FOR THE PROPER EXERCISE OF THE POWERS AND DUTIES
6 VESTED IN OR IMPOSED UPON AN AGENCY OR COUNTY OR DISTRICT BOARD
7 BY THIS PART 5;

8 (h) TO ACT IN AN ADVISORY CAPACITY TO THE PUBLIC HEALTH
9 DIRECTOR ON ALL MATTERS PERTAINING TO PUBLIC HEALTH;

10 (i) TO HOLD HEARINGS, ADMINISTER OATHS, SUBPOENA
11 WITNESSES, AND TAKE TESTIMONY IN ALL MATTERS RELATING TO THE
12 EXERCISE AND PERFORMANCE OF THE POWERS AND DUTIES VESTED IN OR
13 IMPOSED UPON A COUNTY OR DISTRICT BOARD;

14 (j) TO PROVIDE ENVIRONMENTAL HEALTH SERVICES AND TO ASSESS
15 FEES TO OFFSET THE ACTUAL, DIRECT COST OF SUCH SERVICES; EXCEPT
16 THAT NO FEE FOR A SERVICE SHALL BE ASSESSED AGAINST ANY PERSON
17 WHO HAS ALREADY PAID A FEE TO THE STATE OR FEDERAL GOVERNMENT
18 FOR THE SERVICE, AND EXCEPT THAT THE ONLY FEE THAT SHALL BE
19 CHARGED FOR ANNUAL RETAIL FOOD ESTABLISHMENT INSPECTIONS SHALL
20 BE THE FEE SET FORTH IN SECTION 25-4-1607; AND

21 (k) TO ACCEPT AND, THROUGH THE PUBLIC HEALTH DIRECTOR, TO
22 USE, DISBURSE, AND ADMINISTER ALL FEDERAL AID, STATE AID, OR OTHER
23 PROPERTY, SERVICES, OR MONEYS ALLOTTED TO AN AGENCY FOR COUNTY
24 OR DISTRICT PUBLIC HEALTH FUNCTIONS OR ALLOTTED WITHOUT
25 DESIGNATION OF A SPECIFIC AGENCY FOR PURPOSES THAT ARE WITHIN THE
26 FUNCTIONS OF AN AGENCY, AND TO PRESCRIBE, BY RULE CONSISTENT WITH
27 THE LAWS OF THIS STATE, THE CONDITIONS UNDER WHICH THE PROPERTY,

1 SERVICES, OR MONEYS SHALL BE ACCEPTED AND ADMINISTERED. THE
2 COUNTY OR DISTRICT BOARD IS EMPOWERED TO MAKE AGREEMENTS THAT
3 MAY BE REQUIRED TO RECEIVE SUCH MONEYS OR OTHER ASSISTANCE.

4 (6) (a) UNTIL THE TIME THAT A COUNTY OR DISTRICT BOARD IS
5 ESTABLISHED PURSUANT TO THIS SECTION, A COUNTY, DISTRICT, OR
6 REGIONAL BOARD OF HEALTH ESTABLISHED AS OF JULY 1, 2008, SHALL
7 CONTINUE TO OPERATE AND SHALL HAVE THE POWERS AND DUTIES
8 IMPOSED BY LAW AS IT EXISTED PRIOR TO JULY 1, 2008.

9 (b) THIS SUBSECTION (6) IS REPEALED, EFFECTIVE JULY 1, 2009.

10 **25-1-509. County and district public health directors.**

11 (1) (a) THE DIRECTOR OF EACH AGENCY SHALL BE THE PUBLIC HEALTH
12 DIRECTOR.

13 (b) ALL OTHER PERSONNEL REQUIRED BY AN AGENCY SHALL BE
14 SELECTED BY THE PUBLIC HEALTH DIRECTOR. ALL PERSONNEL SHALL
15 PERFORM DUTIES AS PRESCRIBED BY THE PUBLIC HEALTH DIRECTOR.

16 (c) IN THE EVENT OF A PUBLIC HEALTH EMERGENCY, THE AGENCY
17 SHALL ISSUE ORDERS AND ADOPT RULES CONSISTENT WITH THE LAWS AND
18 RULES OF THE STATE AS THE PUBLIC HEALTH DIRECTOR MAY DEEM
19 NECESSARY FOR THE PROPER EXERCISE OF THE POWERS AND DUTIES
20 VESTED IN OR IMPOSED UPON THE AGENCY OR COUNTY OR DISTRICT
21 BOARD.

22 (2) [**Formerly 25-1-508**] IN ADDITION TO THE OTHER POWERS
23 AND DUTIES CONFERRED BY THIS PART 5 OR BY THE AGENCY, A PUBLIC
24 HEALTH DIRECTOR HAS THE FOLLOWING POWERS AND DUTIES:

25 (a) TO ADMINISTER AND ENFORCE THE PUBLIC HEALTH LAWS OF
26 THE STATE OF COLORADO; THE ORDERS, RULES, AND STANDARDS OF THE
27 STATE DEPARTMENT OR STATE BOARD; AND THE ORDERS AND RULES OF

1 THE COUNTY OR DISTRICT BOARD;

2 (b) TO EXERCISE ALL POWERS AND DUTIES CONFERRED AND
3 IMPOSED UPON AGENCIES NOT EXPRESSLY DELEGATED BY THE PROVISIONS
4 OF THIS PART 5 TO A COUNTY OR DISTRICT BOARD;

5 (c) TO HOLD HEARINGS, ADMINISTER OATHS, SUBPOENA
6 WITNESSES, AND TAKE TESTIMONY IN ALL MATTERS RELATING TO THE
7 EXERCISE AND PERFORMANCE OF HIS OR HER POWERS AND DUTIES;

8 (d) TO ACT AS THE LOCAL REGISTRAR OF VITAL STATISTICS OR TO
9 DELEGATE THE RESPONSIBILITY OF REGISTRAR IN THE AREA OVER WHICH
10 THE AGENCY HAS JURISDICTION;

11 (e) TO DIRECT THE RESOURCES NEEDED TO CARRY OUT THE
12 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN
13 PURSUANT TO SECTION 25-1-504; AND

14 (f) IF REQUESTED BY THE COUNTY OR DISTRICT BOARD, TO SERVE
15 AS SECRETARY TO THE BOARD RESPONSIBLE FOR MAINTAINING ALL
16 RECORDS REQUIRED BY PART 2 OF ARTICLE 72 OF TITLE 24, C.R.S., AND
17 ENSURING PUBLIC NOTICE OF ALL MEETINGS IN ACCORDANCE WITH PART
18 4 OF ARTICLE 6 OF TITLE 24, C.R.S. THE DIRECTOR SHALL BE THE
19 CUSTODIAN OF ALL PROPERTIES AND RECORDS FOR THE AGENCY.

20 **25-1-510. [Formerly 25-1-602] County or district board**
21 **unable or unwilling to act.** (1) IF THE COUNTY OR DISTRICT BOARD IS
22 UNABLE OR UNWILLING TO EFFICIENTLY OR PROMPTLY ABATE A NUISANCE
23 OR PREVENT THE INTRODUCTION OR SPREAD OF A CONTAGIOUS OR
24 INFECTIOUS DISEASE, THE COUNTY OR DISTRICT BOARD OR AGENCY SHALL
25 NOTIFY THE STATE DEPARTMENT AND REQUEST ASSISTANCE TO TAKE
26 MEASURES THAT WILL ABATE THE NUISANCE OR PREVENT THE
27 INTRODUCTION OR SPREAD OF DISEASE.

1 (2) IF A CONDITION OR EVENT ARISES THAT PRESENTS AN
2 IMMIDENT THREAT TO THE PUBLIC HEALTH, AND IF THE COUNTY OR
3 DISTRICT BOARD IS UNABLE OR UNWILLING TO TAKE NECESSARY
4 MEASURES TO PREVENT OR CONTROL THE CONDITION OR EVENT, THE
5 STATE DEPARTMENT SHALL ASSUME RESPONSIBILITY.

6 (3) UPON RECOMMENDATION FROM THE STATE DEPARTMENT, THE
7 STATE BOARD MAY REALLOCATE STATE MONEYS FROM AN AGENCY THAT
8 IS NOT ABLE TO PROVIDE CORE PUBLIC HEALTH SERVICES OR STANDARDS
9 TO ANOTHER ENTITY TO DELIVER SERVICES IN THAT AGENCY'S
10 JURISDICTION.

11 **25-1-511. [Formerly 25-1-509] County treasurer - agency**
12 **funds.** (1) IN THE CASE OF A COUNTY PUBLIC HEALTH AGENCY, THE
13 COUNTY TREASURER, AS A PART OF HIS OR HER OFFICIAL DUTIES AS
14 COUNTY TREASURER, SHALL SERVE AS TREASURER OF THE AGENCY, AND
15 THE TREASURER'S OFFICIAL BOND AS COUNTY TREASURER SHALL EXTEND
16 TO AND COVER HIS OR HER DUTIES AS TREASURER OF THE AGENCY. IN THE
17 CASE OF A DISTRICT PUBLIC HEALTH AGENCY, THE COUNTY TREASURER OF
18 THE COUNTY IN THE DISTRICT HAVING THE LARGEST POPULATION AS
19 DETERMINED BY THE MOST RECENT FEDERAL CENSUS, AS A PART OF HIS OR
20 HER OFFICIAL DUTIES AS COUNTY TREASURER, SHALL SERVE AS
21 TREASURER OF THE DISTRICT AGENCY, AND THE TREASURER'S OFFICIAL
22 BOND AS COUNTY TREASURER SHALL EXTEND TO AND COVER HIS OR HER
23 DUTIES AS TREASURER OF THE DISTRICT AGENCY.

24 (2) THE TREASURER OF AN AGENCY, UPON ORGANIZATION OF THE
25 AGENCY, SHALL CREATE A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY
26 FUND, TO WHICH SHALL BE CREDITED:

27 (a) ANY MONEYS APPROPRIATED FROM A COUNTY GENERAL FUND;

1 AND

2 (b) ANY MONEYS RECEIVED FROM STATE OR FEDERAL
3 APPROPRIATIONS OR ANY OTHER GIFTS, GRANTS, DONATIONS, OR FEES FOR
4 LOCAL PUBLIC HEALTH PURPOSES.

5 (3) ANY MONEYS CREDITED TO A FUND CREATED PURSUANT TO
6 SUBSECTION (2) OF THIS SECTION SHALL BE EXPENDED ONLY FOR THE
7 PURPOSES OF THIS PART 5, AND CLAIMS OR DEMANDS AGAINST THE FUND
8 SHALL BE ALLOWED ONLY IF CERTIFIED BY THE PUBLIC HEALTH DIRECTOR
9 AND THE PRESIDENT OF THE COUNTY OR DISTRICT BOARD OR ANY OTHER
10 MEMBER OF THE COUNTY OR DISTRICT BOARD DESIGNATED BY THE
11 PRESIDENT FOR SUCH PURPOSE.

12 (4) ON OR BEFORE SEPTEMBER 1, 2008, AND ON OR BEFORE
13 SEPTEMBER 1 OF EACH YEAR THEREAFTER, A COUNTY BOARD OF HEALTH
14 SHALL ESTIMATE THE TOTAL COST OF MAINTAINING THE COUNTY PUBLIC
15 HEALTH AGENCY FOR THE ENSUING FISCAL YEAR, AND THE AMOUNT OF
16 MONEYS THAT MAY BE AVAILABLE FROM UNEXPENDED SURPLUSES OR
17 FROM STATE OR FEDERAL FUNDS OR OTHER GRANTS OR DONATIONS. ON
18 OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE ESTIMATES SHALL BE
19 SUBMITTED IN THE FORM OF A BUDGET TO THE BOARD OF COUNTY
20 COMMISSIONERS. THE BOARD OF COUNTY COMMISSIONERS IS AUTHORIZED
21 TO PROVIDE ANY MONEYS NECESSARY, OVER ESTIMATED MONEYS FROM
22 SURPLUSES, GRANTS, AND DONATIONS, TO COVER THE TOTAL COST OF
23 MAINTAINING THE AGENCY FOR THE ENSUING FISCAL YEAR BY AN
24 APPROPRIATION FROM THE COUNTY GENERAL FUND.

25 (5) ON OR BEFORE SEPTEMBER 1, 2008, AND ON OR BEFORE
26 SEPTEMBER 1 OF EACH YEAR THEREAFTER, A DISTRICT BOARD OF HEALTH
27 SHALL ESTIMATE THE TOTAL COST OF MAINTAINING THE DISTRICT PUBLIC

1 HEALTH AGENCY FOR THE ENSUING FISCAL YEAR, AND THE AMOUNT OF
2 MONEYS THAT MAY BE AVAILABLE FROM UNEXPENDED SURPLUSES OR
3 FROM STATE OR FEDERAL FUNDS OR OTHER GRANTS OR DONATIONS. ON
4 OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE ESTIMATES SHALL BE
5 SUBMITTED IN THE FORM OF A BUDGET TO A COMMITTEE COMPOSED OF THE
6 CHAIRS OF THE BOARDS OF COUNTY COMMISSIONERS OF ALL COUNTIES
7 COMPRISING THE DISTRICT. THE COST FOR MAINTAINING THE AGENCY,
8 OVER ESTIMATED MONEYS FROM SURPLUSES, GRANTS, OR DONATIONS,
9 SHALL BE APPORTIONED BY THE COMMITTEE AMONG THE COUNTIES
10 COMPRISING THE DISTRICT IN THE PROPORTION THAT THE POPULATION OF
11 EACH COUNTY IN THE DISTRICT BEARS TO THE TOTAL POPULATION OF ALL
12 COUNTIES IN THE DISTRICT, POPULATION FIGURES TO BE BASED ON THE
13 MOST RECENT FEDERAL CENSUS. THE BOARDS OF COUNTY
14 COMMISSIONERS OF THE RESPECTIVE COUNTIES ARE AUTHORIZED TO
15 PROVIDE ANY MONEYS NECESSARY TO COVER THE PROPORTIONATE SHARES
16 OF THEIR COUNTIES BY AN APPROPRIATION FROM THE COUNTY GENERAL
17 FUND.

18 **25-1-512. [Formerly 25-1-516] Allocation of moneys - public**
19 **health services per capita support fund - created.** (1) THE STATE
20 DEPARTMENT IS AUTHORIZED TO ALLOCATE MONEYS FOR LOCAL HEALTH
21 SERVICES TO EACH COUNTY OR DISTRICT PUBLIC HEALTH AGENCY
22 ORGANIZED PURSUANT TO THIS PART 5, AS FOLLOWS:

23 (a) THE STATE SHALL PROVIDE SUPPORT ON A PER CAPITA BASIS
24 FOR LOCAL HEALTH SERVICES.

25 (b) IN ORDER TO QUALIFY FOR STATE ASSISTANCE, EACH COUNTY
26 AND CITY AND COUNTY SHALL CONTRIBUTE A MINIMUM OF ONE DOLLAR
27 AND FIFTY CENTS PER CAPITA FOR ITS LOCAL HEALTH SERVICES AND MAY

1 CONTRIBUTE ADDITIONAL AMOUNTS AS IT MAY DETERMINE TO BE
2 NECESSARY TO MEET ITS LOCAL HEALTH NEEDS.

3 (c) FEDERALLY FUNDED AND STATE-FUNDED SPECIAL PROJECTS
4 AND DEMONSTRATIONS SHALL BE IN ADDITION TO THE ALLOTMENTS
5 SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (1).

6 (2) THE PUBLIC HEALTH SERVICES PER CAPITA SUPPORT FUND IS
7 HEREBY CREATED IN THE STATE TREASURY AND SHALL BE KNOWN IN THIS
8 SECTION AS THE "FUND". THE PRINCIPAL OF THE FUND SHALL CONSIST OF
9 TOBACCO LITIGATION SETTLEMENT MONEYS TRANSFERRED BY THE STATE
10 TREASURER TO THE FUND PURSUANT TO SECTION 24-75-1104.5 (1.5) (a)
11 (IV), C.R.S., AND SHALL, SUBJECT TO ANNUAL APPROPRIATION BY THE
12 GENERAL ASSEMBLY TO THE STATE DEPARTMENT, BE ALLOCATED BY THE
13 STATE DEPARTMENT TO ALL AGENCIES AUTHORIZED PURSUANT TO THIS
14 PART 5 ON A PER CAPITA BASIS AS SPECIFIED IN SUBSECTION (1) OF THIS
15 SECTION; EXCEPT THAT, AT THE END OF THE 2007-08 FISCAL YEAR AND AT
16 THE END OF EACH FISCAL YEAR THEREAFTER, ALL UNEXPENDED AND
17 UNENCUMBERED PRINCIPAL OF THE FUND SHALL BE TRANSFERRED TO THE
18 SHORT-TERM INNOVATIVE HEALTH PROGRAM GRANT FUND CREATED IN
19 SECTION 25-36-101 (2) IN ACCORDANCE WITH SECTION 24-75-1104.5 (1.5)
20 (b), C.R.S. INTEREST AND INCOME EARNED ON THE DEPOSIT AND
21 INVESTMENT OF MONEYS IN THE PUBLIC HEALTH SERVICES PER CAPITA
22 SUPPORT FUND SHALL BE CREDITED TO THE FUND AND SHALL REMAIN IN
23 THE FUND UNTIL THE END OF THE FISCAL YEAR IN WHICH CREDITED, WHEN
24 IT SHALL BE TRANSFERRED TO THE SHORT-TERM INNOVATIVE HEALTH
25 PROGRAM GRANT FUND CREATED IN SECTION 25-36-101 (2) IN
26 ACCORDANCE WITH SECTION 24-75-1104.5 (1.5) (b), C.R.S.

27 **25-1-513. [Formerly 25-1-511] Enlargement of or withdrawal**

1 **from a public health agency.** (1) ANY COUNTY CONTIGUOUS TO A
2 DISTRICT MAINTAINING A DISTRICT PUBLIC HEALTH AGENCY MAY BECOME
3 A PART OF THE DISTRICT BY AGREEMENT BETWEEN ITS BOARD OF COUNTY
4 COMMISSIONERS AND THE BOARDS OF COUNTY COMMISSIONERS OF THE
5 COUNTIES COMPRISING THE DISTRICT. THE COUNTY, UPON BEING
6 ACCEPTED INTO THE DISTRICT, SHALL THEREUPON BECOME SUBJECT TO
7 THE PROVISIONS OF THIS PART 5.

8 (2) ANY COUNTY IN A DISTRICT MAINTAINING A DISTRICT PUBLIC
9 HEALTH AGENCY MAY WITHDRAW FROM THE DISTRICT BY RESOLUTION OF
10 ITS BOARD OF COUNTY COMMISSIONERS. A COUNTY MAY NOT WITHDRAW
11 FROM A DISTRICT WITHIN THE TWO-YEAR PERIOD FOLLOWING THE
12 ESTABLISHMENT OF THE DISTRICT OR THE COUNTY BECOMING A PART OF
13 THE DISTRICT. A COUNTY MAY ONLY WITHDRAW FROM A DISTRICT AFTER
14 ONE YEAR'S WRITTEN NOTICE GIVEN TO THE AGENCY. IN THE EVENT OF
15 WITHDRAWAL OF A COUNTY FROM A DISTRICT, ANY MONEYS THAT HAD
16 BEEN APPROPRIATED BY THE COUNTY BEFORE WITHDRAWAL TO COVER ITS
17 PROPORTIONATE SHARE OF MAINTAINING THE DISTRICT SHALL NOT BE
18 RETURNED TO THE COUNTY. A COUNTY SHALL ESTABLISH A COUNTY
19 PUBLIC HEALTH AGENCY OR JOIN ANOTHER DISTRICT PUBLIC HEALTH
20 AGENCY ONCE THE COUNTY WITHDRAWS FROM A DISTRICT.

21 (3) A MUNICIPAL CORPORATION THAT HAS VOLUNTARILY MERGED
22 ITS PUBLIC HEALTH AGENCY WITH A COUNTY OR DISTRICT PUBLIC HEALTH
23 AGENCY UNDER THE AUTHORITY OF SECTION 25-1-506 MAY WITHDRAW
24 FROM THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY BY RESOLUTION
25 OF ITS CITY COUNCIL, BOARD OF TRUSTEES, OR OTHER GOVERNING BODY.
26 A MUNICIPAL CORPORATION MAY NOT WITHDRAW FROM AN AGENCY
27 WITHIN THE TWO-YEAR PERIOD FOLLOWING THE MUNICIPAL CORPORATION

1 BECOMING A PART OF THE AGENCY. A COUNTY MAY ONLY WITHDRAW
2 FROM A DISTRICT NINETY DAYS AFTER A WRITTEN NOTICE IS GIVEN TO THE
3 AGENCY.

4 **25-1-514. [Formerly 25-1-512] Legal actions and adviser.** THE
5 DISTRICT ATTORNEY OF THE JUDICIAL DISTRICT IN WHICH A CAUSE OF
6 ACTION ARISES SHALL BRING ANY CIVIL OR CRIMINAL ACTION REQUESTED
7 BY A COUNTY OR DISTRICT PUBLIC HEALTH DIRECTOR TO ABATE A
8 CONDITION THAT EXISTS IN VIOLATION OF, OR TO RESTRAIN OR ENJOIN ANY
9 ACTION THAT IS IN VIOLATION OF, OR TO PROSECUTE FOR THE VIOLATION
10 OF OR FOR THE ENFORCEMENT OF, THE PUBLIC HEALTH LAWS AND THE
11 STANDARDS, ORDERS, RULES, AND REGULATIONS OF THE STATE BOARD OR
12 A COUNTY OR DISTRICT BOARD OF HEALTH. IF THE DISTRICT ATTORNEY
13 FAILS TO ACT, THE PUBLIC HEALTH DIRECTOR MAY BRING AN ACTION AND
14 BE REPRESENTED BY SPECIAL COUNSEL EMPLOYED BY HIM OR HER WITH
15 THE APPROVAL OF THE STATE BOARD. AN AGENCY, THROUGH ITS COUNTY
16 OR DISTRICT BOARD OF HEALTH OR THROUGH ITS PUBLIC HEALTH
17 DIRECTOR WITH THE APPROVAL OF THE STATE BOARD, MAY EMPLOY OR
18 RETAIN AND COMPENSATE AN ATTORNEY TO BE THE LEGAL ADVISER OF
19 THE AGENCY AND TO DEFEND ALL ACTIONS AND PROCEEDINGS BROUGHT
20 AGAINST THE AGENCY OR THE OFFICERS AND EMPLOYEES OF THE AGENCY.

21 **25-1-515. [Formerly 25-1-513] Judicial review of decisions.**
22 (1) ANY PERSON AGGRIEVED AND AFFECTED BY A DECISION OF A COUNTY
23 OR DISTRICT BOARD OF HEALTH OR A PUBLIC HEALTH DIRECTOR ACTING
24 UNDER THE PROVISIONS OF THIS PART 5 SHALL BE ENTITLED TO JUDICIAL
25 REVIEW BY FILING, IN THE DISTRICT COURT OF ANY COUNTY OVER WHICH
26 THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH DIRECTOR HAS
27 JURISDICTION, AN APPROPRIATE ACTION REQUESTING THE REVIEW WITHIN

1 NINETY DAYS AFTER THE PUBLIC ANNOUNCEMENT OF THE DECISION. THE
2 COURT MAY MAKE ANY INTERESTED PERSON A PARTY TO THE ACTION. THE
3 REVIEW SHALL BE CONDUCTED BY THE COURT WITHOUT A JURY AND SHALL
4 BE CONFINED TO THE RECORD, IF A COMPLETE RECORD IS PRESENTED. IN
5 A CASE OF ALLEGED IRREGULARITIES IN THE RECORD OR IN THE
6 PROCEDURE BEFORE THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH
7 DIRECTOR, TESTIMONY MAY BE TAKEN IN THE COURT. THE COURT MAY
8 AFFIRM THE DECISION OR MAY REVERSE OR MODIFY IT IF THE SUBSTANTIAL
9 RIGHTS OF THE APPELLANT HAVE BEEN PREJUDICED AS A RESULT OF THE
10 FINDINGS AND DECISION OF THE COUNTY OR DISTRICT BOARD BEING:

- 11 (a) CONTRARY TO CONSTITUTIONAL RIGHTS OR PRIVILEGES;
- 12 (b) IN EXCESS OF THE STATUTORY AUTHORITY OR JURISDICTION OF
13 THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH DIRECTOR;
- 14 (c) AFFECTED BY ANY ERROR OF LAW;
- 15 (d) MADE OR PROMULGATED UPON UNLAWFUL PROCEDURE;
- 16 (e) UNSUPPORTED BY SUBSTANTIAL EVIDENCE IN VIEW OF THE
17 ENTIRE RECORD AS SUBMITTED; OR
- 18 (f) ARBITRARY OR CAPRICIOUS.

19 (2) ANY PARTY MAY HAVE A REVIEW OF THE FINAL JUDGMENT OR
20 DECISION OF THE DISTRICT COURT BY APPELLATE REVIEW IN ACCORDANCE
21 WITH LAW AND THE COLORADO APPELLATE RULES.

22 **25-1-516. [Formerly 25-1-514] Unlawful acts and penalties.**

23 (1) IT IS UNLAWFUL FOR ANY PERSON, ASSOCIATION, OR CORPORATION
24 AND THE OFFICERS THEREOF TO:

- 25 (a) WILLFULLY VIOLATE, DISOBEY, OR DISREGARD THE PROVISIONS
26 OF THE PUBLIC HEALTH LAWS OR THE TERMS OF ANY LAWFUL NOTICE,
27 ORDER, STANDARD, RULE, OR REGULATION;

1 (b) FAIL TO MAKE OR FILE A REPORT REQUIRED BY LAW OR RULE
2 OF THE STATE BOARD RELATING TO THE EXISTENCE OF DISEASE OR OTHER
3 FACTS AND STATISTICS RELATING TO THE PUBLIC HEALTH;

4 (c) WILLFULLY AND FALSELY MAKE OR ALTER A CERTIFICATE OR
5 CERTIFIED COPY OF ANY CERTIFICATE ISSUED PURSUANT TO THE PUBLIC
6 HEALTH LAWS;

7 (d) WILLFULLY FAIL TO REMOVE FROM PRIVATE PROPERTY UNDER
8 HIS OR HER CONTROL AT HIS OR HER OWN EXPENSE, WITHIN FORTY-EIGHT
9 HOURS AFTER BEING ORDERED SO TO DO BY THE HEALTH AUTHORITIES,
10 ANY NUISANCE, SOURCE OF FILTH, OR CAUSE OF SICKNESS WITHIN THE
11 JURISDICTION AND CONTROL OF THE AGENCY WHETHER THE PERSON,
12 ASSOCIATION, OR CORPORATION IS THE OWNER, TENANT, OR OCCUPANT OF
13 THE PRIVATE PROPERTY; EXCEPT THAT, WHEN THE CONDITION IS DUE TO
14 AN ACT OF GOD, IT SHALL BE REMOVED AT PUBLIC EXPENSE; OR

15 (e) PAY, GIVE, PRESENT, OR OTHERWISE CONVEY TO ANY OFFICER
16 OR EMPLOYEE OF AN AGENCY ANY GIFT, REMUNERATION, OR OTHER
17 CONSIDERATION, DIRECTLY OR INDIRECTLY, THAT THE OFFICER OR
18 EMPLOYEE IS FORBIDDEN TO RECEIVE BY THE PROVISIONS OF THIS PART 5.

19 (2) IT IS UNLAWFUL FOR ANY OFFICER OR EMPLOYEE OF ANY
20 AGENCY OR MEMBER OF ANY COUNTY OR DISTRICT BOARD OF HEALTH TO
21 ACCEPT ANY GIFT, REMUNERATION, OR OTHER CONSIDERATION, DIRECTLY
22 OR INDIRECTLY, FOR AN INCORRECT OR IMPROPER PERFORMANCE OF THE
23 DUTIES IMPOSED UPON HIM OR HER BY OR ON BEHALF OF THE AGENCY OR
24 BY THE PROVISIONS OF THIS PART 5.

25 (3) IT IS UNLAWFUL:

26 (a) FOR ANY OFFICER OR EMPLOYEE OF AN AGENCY TO PERFORM
27 ANY WORK, LABOR, OR SERVICES OTHER THAN THE DUTIES ASSIGNED TO

1 HIM OR HER BY OR ON BEHALF OF THE AGENCY DURING THE HOURS THE
2 OFFICER OR EMPLOYEE IS REGULARLY EMPLOYED BY THE AGENCY OR TO
3 PERFORM HIS OR HER DUTIES AS AN OFFICER OR EMPLOYEE OF AN AGENCY
4 UNDER ANY CONDITION OR ARRANGEMENT THAT INVOLVES A VIOLATION
5 OF THIS OR ANY OTHER LAW OF THE STATE OF COLORADO; OR

6 (b) FOR ANY OFFICER OR EMPLOYEE OF AN AGENCY WHO IS
7 EMPLOYED OR RETAINED ON THE BASIS OF REGULAR FULL-TIME
8 EMPLOYMENT TO PERFORM ANY WORK, LABOR, OR SERVICES CONSISTING
9 OF THE PRIVATE PRACTICE OF MEDICINE, VETERINARY SURGERY, SANITARY
10 ENGINEERING, NURSING, OR ANY OTHER PROFESSION THAT IS OR MAY BE
11 OF SPECIAL BENEFIT TO ANY PRIVATE PERSON, ASSOCIATION, OR
12 CORPORATION AS DISTINGUISHED FROM THE AGENCY OR THE PUBLIC
13 GENERALLY AND THAT IS PERFORMED BY THE OFFICER OR EMPLOYEE,
14 DIRECTLY OR INDIRECTLY, FOR REMUNERATION, WHETHER DONE IN AN
15 ACTIVE, ADVISORY, OR CONSULTATIVE CAPACITY OR PERFORMED WITHIN
16 OR OUTSIDE THE HOURS THE OFFICER OR EMPLOYEE IS REGULARLY
17 EMPLOYED BY THE AGENCY.

18 (4) ANY PERSON, ASSOCIATION, OR CORPORATION, OR THE
19 OFFICERS THEREOF, WHO VIOLATES ANY PROVISION OF THIS SECTION IS
20 GUILTY OF A CLASS 1 MISDEMEANOR AND, UPON CONVICTION THEREOF,
21 SHALL BE PUNISHED PURSUANT TO THE PROVISIONS OF SECTION
22 18-1.3-501, C.R.S. IN ADDITION TO THE FINE OR IMPRISONMENT, THE
23 PERSON, ASSOCIATION, OR CORPORATION SHALL BE LIABLE FOR ANY
24 EXPENSE INCURRED BY HEALTH AUTHORITIES IN REMOVING ANY
25 NUISANCE, SOURCE OF FILTH, OR CAUSE OF SICKNESS. CONVICTION UNDER
26 THE PENALTY PROVISIONS OF THIS PART 5 OR ANY OTHER PUBLIC HEALTH
27 LAW SHALL NOT RELIEVE ANY PERSON FROM ANY CIVIL ACTION IN

1 DAMAGES THAT MAY EXIST FOR AN INJURY RESULTING FROM ANY
2 VIOLATION OF THE PUBLIC HEALTH LAWS.

3 **25-1-517. [Formerly 25-1-515] Mode of treatment inconsistent**
4 **with religious creed or tenet.** NOTHING IN THIS PART 5 AUTHORIZES A
5 COUNTY OR DISTRICT BOARD OF HEALTH TO IMPOSE ON ANY PERSON ANY
6 MODE OF TREATMENT INCONSISTENT WITH THE CREED OR TENETS OF ANY
7 RELIGIOUS DENOMINATION OF WHICH HE OR SHE IS AN ADHERENT IF THE
8 PERSON COMPLIES WITH SANITARY AND QUARANTINE LAWS, RULES, AND
9 REGULATIONS.

10 **25-1-518. Nuisances - defined - prohibited - abatement -**
11 **expenses.** (1) AS USED IN THIS SECTION AND SECTION 25-1-519,
12 "NUISANCE" MEANS A CONDITION, ACT, OR FAILURE TO ACT THAT
13 UNREASONABLY INTERFERES WITH THE HEALTH OR SAFETY OF THE
14 COMMUNITY BY ENDANGERING LIFE, GENERATING OR SPREADING
15 INFECTIOUS DISEASES, OR OTHERWISE INJURIOUSLY AFFECTING THE PUBLIC
16 HEALTH.

17 (2) IT IS UNLAWFUL FOR ANY PERSON TO CREATE, AGGRAVATE, OR
18 ALLOW THE EXISTENCE OF A NUISANCE.

19 (3) AN AGENCY MAY IMMEDIATELY AND THOROUGHLY INVESTIGATE
20 ANY SUSPECTED NUISANCE UPON RECEIVING A COMPLAINT OF ITS
21 EXISTENCE OR WHEN THERE IS PROBABLE CAUSE TO BELIEVE THAT A
22 NUISANCE EXISTS WITHIN THE AGENCY'S JURISDICTION.

23 (4) (a) AN AGENCY MAY ISSUE AN ORDER TO AVOID, CORRECT, OR
24 REMOVE, AT THE OWNER'S EXPENSE, ANY PROPERTY OR CONDITION THAT
25 THE AGENCY DETERMINES TO BE A NUISANCE.

26 (b) THE ORDER SHALL:

27 (I) SPECIFY THE NATURE OF THE NUISANCE AND THE METHOD THAT

1 SHOULD BE USED TO ABATE THE NUISANCE, INCLUDING BUT NOT LIMITED
2 TO:

3 (A) THE CLOSING, DIRECTING, OR COMPELLING THE EVACUATION
4 OR DECONTAMINATION OF ANY REAL PROPERTY, AS NEEDED; OR

5 (B) THE DECONTAMINATION OR DESTRUCTION OF ANY MATERIAL,
6 GOODS, OR CONDITIONS; AND

7 (II) DESIGNATE A REASONABLE TIME IN WHICH THE NUISANCE
8 MUST BE ABATED.

9 (c) IF A PROPERTY OWNER OR OCCUPANT DOES NOT COMPLY WITH
10 THE ORDER WITHIN THE SPECIFIED TIME, THE AGENCY MAY CAUSE THE
11 NUISANCE TO BE REMOVED OR ABATED AT THE OWNER'S OR OCCUPANT'S
12 EXPENSE.

13 (5) (a) WHENEVER THE REMOVAL OR ABATEMENT OF A NUISANCE
14 REQUIRES IMMEDIATE ACTION BY AN AGENCY, THE AGENCY MAY PAY THE
15 COSTS OF REMOVAL OR ABATEMENT AND SEEK REIMBURSEMENT FOR
16 EXPENSES FROM RESPONSIBLE PERSONS.

17 (b) IF THE PERSON RESPONSIBLE FOR A NUISANCE REFUSES TO PAY
18 OR REIMBURSE EXPENSES INCURRED BY THE AGENCY, EXPENSES MAY BE:

19 (I) ASSESSED AGAINST ANY AFFECTED REAL PROPERTY AS A LIEN;

20 (II) COLLECTED FROM RENTS PAID ON REAL PROPERTY, PURSUANT
21 TO A COURT ORDER OBTAINED BY THE AGENCY; OR

22 (III) COLLECTED IN THE SAME MANNER AS PERSONAL TAXES
23 ASSESSED BY THE STATE.

24 (6) AN OCCUPANT OR OTHER PERSON WHO HAS CAUSED OR
25 PERMITTED A NUISANCE TO EXIST SHALL BE LIABLE TO THE OWNER OF THE
26 PREMISES FOR THE AMOUNT PAID BY THE OWNER OR ASSESSED AGAINST
27 THEIR PROPERTY.

1 **25-1-519. Nuisances - administrative searches and inspections**

2 **public property.** (1) (a) UPON CONSENT OF THE OWNER OR CUSTODIAN,
3 AN AGENCY MAY ENTER ANY PROPERTY AT ANY REASONABLE TIME TO
4 INSPECT, INVESTIGATE, EVALUATE, CONDUCT TESTS, OR TAKE SPECIMENS
5 OR SAMPLES FOR TESTING AS MAY BE REASONABLY NECESSARY TO
6 DETERMINE COMPLIANCE WITH ANY LAW OR RULE ADMINISTERED BY THE
7 AGENCY.

8 (b) (I) IF THE AGENCY IS DENIED ENTRY TO THE PROPERTY, THE
9 AGENCY MAY SEEK AN ADMINISTRATIVE SEARCH WARRANT FROM THE
10 COUNTY COURT FOR THE COUNTY IN WHICH THE PROPERTY IS LOCATED
11 THAT AUTHORIZES THE INVESTIGATION, EVALUATION, INSPECTION,
12 TESTING, OR COLLECTION OF SPECIMENS OR SAMPLES FOR TESTING.

13 (II) THE COURT MAY ISSUE AN ORDER DIRECTED TO THE SHERIFF
14 OF THE COUNTY IN WHICH THE PROPERTY IS LOCATED, COMMANDING HIM
15 OR HER TO TAKE SUFFICIENT AID AND, BEING ACCOMPANIED BY ANY TWO
16 OR MORE MEMBERS OF THE COUNTY OR DISTRICT BOARD OF HEALTH
17 DURING DAYLIGHT HOURS, TO RETURN TO THE PROPERTY WHERE THE
18 NUISANCE IS SAID TO EXIST AND ABATE THE NUISANCE UNDER THE
19 DIRECTION OF THE MEMBERS OF THE BOARD.

20 (c) WHEN A NUISANCE IS KNOWN BY AN AGENCY TO EXIST ON THE
21 PREMISES OF A PROPERTY AND THE NUISANCE POSES AN IMMEDIATE
22 THREAT TO AN INDIVIDUAL'S OR THE PUBLIC'S HEALTH, AN AGENCY MAY
23 ENTER THE AFFECTED PROPERTY WITHOUT THE CONSENT OF THE OWNER
24 OR CUSTODIAN AND WITHOUT AN ADMINISTRATIVE WARRANT TO
25 INVESTIGATE, EVALUATE, INSPECT, TEST THE CONDITIONS OF, AND
26 COLLECT SPECIMENS OR SAMPLES FOR TESTING ON THE PREMISES AS MAY
27 BE REASONABLE NECESSARY TO ABATE THE NUISANCE.

1 (2) AN AGENCY MAY ENTER ANY PUBLIC PLACE TO INVESTIGATE,
2 EVALUATE, INSPECT, CONDUCT TESTS, OR COLLECT SPECIMENS OR
3 SAMPLES FOR TESTING AS MAY BE REASONABLY NECESSARY TO
4 DETERMINE COMPLIANCE WITH THE PROVISIONS OF THE LAW AND RULES
5 ADMINISTERED BY THE AGENCY.

6 **25-1-520. Removal of diseased persons from county jail.**

7 (1) **[Formerly 25-1-635]** WHENEVER A PRISONER CONFINED IN ANY
8 COMMON JAIL CONTRACTS ANY DISEASE THAT, IN THE OPINION OF THE
9 PHYSICIANS OF THE COUNTY OR DISTRICT BOARD OF HEALTH, OR OTHER
10 PHYSICIANS AS THEY MAY CONSULT, IS CONSIDERED DANGEROUS TO THE
11 SAFETY AND HEALTH OF THE OTHER PRISONERS OR OF THE INHABITANTS
12 OF THE TOWN, CITY, OR COUNTY IN WHICH THE JAIL IS SITUATED, THE
13 BOARD, BY WRITTEN ORDER, MAY DIRECT THE REMOVAL OF THE PERSON
14 TO A HOSPITAL OR OTHER PLACE OF SAFETY TO BE PROVIDED FOR AND
15 SECURELY KEPT TO PREVENT HIS OR HER ESCAPE UNTIL FURTHER ORDERS.
16 IF THE PRISONER RECOVERS FROM THE DISEASE, HE OR SHE SHALL BE
17 RETURNED TO THE JAIL.

18 (2) **[Formerly 25-1-636]** IF THE PRISONER REMOVED PURSUANT
19 TO SUBSECTION (1) OF THIS SECTION HAS BEEN COMMITTED BY ORDER OF
20 A COURT OR UNDER ANY JUDICIAL PROCESS, THE WRITTEN ORDER FOR HIS
21 OR HER REMOVAL, OR A COPY THEREOF, ATTESTED BY THE PRESIDING
22 MEMBER OF THE COUNTY OR DISTRICT BOARD OF HEALTH, SHALL BE
23 RETURNED BY THE PRESIDING MEMBER TO THE OFFICE OF THE CLERK OF
24 THE DISTRICT COURT OF THE COUNTY. A PRISONER WHO HAS BEEN
25 REMOVED PURSUANT TO SUBSECTION (1) OF THIS SECTION SHALL NOT BE
26 CONSIDERED AS THEREBY HAVING COMMITTED AN ESCAPE.

27 **25-1-521. [Formerly 25-1-650] Investigation by public health**

1 **director.** (1) UNLESS A PUBLIC HEALTH DIRECTOR OF AN AGENCY OR A
2 MEDICAL OFFICER OF A CITY OR TOWN IS OTHERWISE INSTRUCTED BY THE
3 BOARD OF HEALTH OF WHICH HE OR SHE IS AN EXECUTIVE OFFICER, WHEN
4 A PUBLIC HEALTH DIRECTOR OR MEDICAL OFFICER RECEIVES RELIABLE
5 NOTICE OR HAS REASON TO BELIEVE THAT THERE IS A CASE OF A
6 COMMUNICABLE DISEASE DANGEROUS TO THE PUBLIC HEALTH WITHIN THE
7 COUNTY, CITY, OR TOWN OF WHICH HE OR SHE IS THE PUBLIC HEALTH
8 DIRECTOR OR MEDICAL OFFICER, IT IS THE DUTY OF THE PUBLIC HEALTH
9 DIRECTOR OR MEDICAL OFFICER:

10 (a) TO ESTABLISH, MAINTAIN, AND ENFORCE ISOLATION AND
11 QUARANTINE. FOR THIS PURPOSE ONLY, THE PUBLIC HEALTH DIRECTOR OR
12 MEDICAL OFFICER SHALL EXERCISE SUCH PHYSICAL CONTROL OVER ANY
13 PROPERTY AND OVER THE PERSONS WITHIN THE JURISDICTION OF THE
14 COUNTY OR DISTRICT BOARD AS THE BOARD, PUBLIC HEALTH DIRECTOR, OR
15 MEDICAL OFFICER MAY FIND NECESSARY FOR THE PROTECTION OF THE
16 PUBLIC HEALTH; AND

17 (b) TO KEEP THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT
18 INFORMED WITH RESPECT TO ANY OUTBREAK OF A DISEASE DANGEROUS TO
19 THE PUBLIC HEALTH.

20 **SECTION 2.** 24-10-103 (4) (b) (I), Colorado Revised Statutes,
21 is amended to read:

22 **24-10-103. Definitions.** As used in this article, unless the context
23 otherwise requires:

24 (4) (b) "Public employee" includes any of the following:

25 (I) Any health care practitioner employed by a public entity,
26 except for any health care practitioner who is employed on less than a
27 full-time basis by a public entity and who additionally has an independent

1 or other health care practice. Any such person employed on less than a
2 full-time basis by a county OR A DISTRICT PUBLIC HEALTH AGENCY and
3 who additionally has an independent or other health care practice shall
4 maintain the status of a public employee only when such person engages
5 in activities at or for the county ~~which~~ OR THE DISTRICT PUBLIC HEALTH
6 AGENCY THAT are within the course and scope of such person's
7 responsibilities as an employee of the county OR THE DISTRICT PUBLIC
8 HEALTH AGENCY. For purposes of this subparagraph (I), work performed
9 as an employee of another public entity or of an entity of the United
10 States government shall not be considered to be an independent or other
11 health care practice.

12 **SECTION 3. Repeal.** Parts 6 and 7 of article 1 of title 25,
13 Colorado Revised Statutes, are repealed.

14 **SECTION 4. Effective date.** This act shall take effect July 1,
15 2008.

16 **SECTION 5. Safety clause.** The general assembly hereby finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, and safety.