



To: Members of the Colorado Board of Health

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Through: Tista Ghosh, MD, MPH, Deputy Chief Medical Officer and Division Director, TG Disease Control and Environmental Epidemiology Division (DCEED)

Date: February 18, 2015

Subject: **Request for a Public Rulemaking Hearing** regarding Proposed Amendments to 6 CCR 1009-2, Rules Pertaining to the Infant Immunization Program, the Vaccines for Children Program and the Immunization of Students Attending School for the rulemaking to occur in April 2015.

In preparation for the Request for a Public Rulemaking Hearing, please find copies of the following documents: Proposed Amendments to 6 CCR 1009-2, Statement of Basis and Purpose and Specific Statutory Authority, Stakeholder Comment, and Regulatory Analysis.

Specific legal authority is established in Colorado statute with the expressed purpose of protecting students and the general population from vaccine preventable disease. Child care facilities, schools, and colleges/universities are bound by statute to ensure that students meet the immunization requirements as guided by the Colorado Board of Health (BOH).

This rulemaking implements House Bill 14-1288 (HB14-1288). HB14-1288 requires the Board of Health to promulgate rules regarding:

- 1) immunization information, including exemption rates, that is available to the public through the department, including evidence-based research, resources and information from credible scientific and public health organizations, peer-reviewed studies, and an on-line learning module; and,
- 2) the frequency of submission of exemption forms.

In developing the proposed rules, the Department convened a group of immunization experts to review the current Board of Health rules and to discuss amending these rules to incorporate the requirements of HB14-1288. This group of experts met in late 2014 and made several recommendations to the Department. In addition, the Department has held three stakeholder meetings to solicit feedback on proposed amendments to this rule. These stakeholder meetings included stakeholders from schools, child cares, colleges/universities and parents. The stakeholders who attended these meetings were generally supportive of the proposed amendments to the rule. The Department will continue to solicit and incorporate stakeholder feedback. The Department also drew upon the discussions and recommendations of the 2013 Personal Belief Exemption Stakeholder Workgroup.

Summary of the Proposed Changes:

First, the proposed amendments add rules regarding immunization information and the content of an on-line learning module per the requirements of HB14-1288. The module will include evidence-based research, resources and information from credible scientific and public health organizations and peer-reviewed studies. The proposed rule language is intended to meet the requirements of the legislation, yet provide the Department the ability to update the on-line learning module so it can meet the needs for current immunization information across the state, and across various groups of stakeholders.

The Department plans to provide a variety of information in this module, including, but not limited to:

- Epidemiology
 - Overview of vaccine-preventable diseases

- How immunizations have reduced incidence of vaccine-preventable diseases
- How Vaccines Work (video)
- Colorado Immunization Rates
- Vaccines Recommended For Children
 - Link to each vaccine with individual modules
- Risks and Benefits of Vaccines
 - Common Side Effects and Basic Comfort Measures
 - Vaccine Safety
- Vaccine Safety
 - Vaccine ingredients
 - Food and Drug Administration role
 - ACIP role
 - Vaccine Information Statement (VIS) - include explanation of purpose (optional link to each VIS)
 - Vaccine Adverse Event Reporting System (VAERS)
 - Vaccine Safety Datalink (VSD)
- Why Immunize?
- Childhood Immunization Schedule
 - Why Immunizations Are Given When They Are
- Colorado School Immunization Requirements
 - Exemptions

Second, also in accordance with HB14-1288, these proposed amendments change the required frequency of submitting exemptions. Currently, Colorado Revised Statute (C.R.S) § 25-4-901 and this rule require schools and child care facilities to collect records documenting immunizations received and/or exemption from immunizations for each student and to keep them on file. Exemption forms may be submitted for medical or nonmedical (religious and personal belief) reasons. Since it must be on file with the school, each new school a student attends should collect the exemption form if it is not received from the previous school. The rule is silent as to the frequency for submitting exemption forms. An exemption can be signed just once and carried on through the student's academic career.

The proposed amendments require that a new nonmedical exemption form be submitted at each interval where Advisory Committee on Immunization Practices (ACIP) recommended vaccines are due for all children in a school or child care facility prior to kindergarten entry. Once a child reaches kindergarten, the frequency of submitting nonmedical exemption forms will change to annual, to coincide with the school's registration/enrollment period. Submission of nonmedical exemption forms will be required at enrollment/registration from kindergarten through 12th grade. Requiring more frequent submission of nonmedical exemptions will provide schools, child care facilities, and state and local public health with more current and accurate exemption information for decision-making and/or school exclusion during outbreaks. No changes are being proposed to the frequency at which colleges and universities will collect nonmedical exemption forms.

The recommended frequency of submitting nonmedical exemption forms could be an administrative burden for schools and child care facilities that required the form once or annually rather than following the ACIP schedule for exemption. To support schools and child care facilities, the Department offers to centralize this process. Instead of submitting a nonmedical exemption form to the school or child care facility, this form could be submitted to the Department via a new online form on the Department's website or, for those without access to a computer, by sending a signed paper copy to the Department. Once received by Department staff, the information would be transferred to the Colorado Immunization Information System (CIIS) for viewing by the appropriate school/child care facility and public health in the same way they can now view immunization records.

The rule codifies current practice for submitting medical exemptions. The proposed amendments codify current practice for submitting the medical exemption form once, and requiring each school the student attends to keep it on file. This is an appropriate frequency because so few students qualify for a medical

exemption. No changes are being made to the frequency of submitting medical exemptions. A medical exemption form will be available for download on the Department's website. However, as this medical exemption form will still require a signature from an advanced practice nurse or physician licensed to practice medicine or osteopathic medicine, it cannot be submitted online.

Along with the proposed amendments to implement HB14-1288, the proposed amendments update the rule language to meet current requirements by updating existing definitions, updating obsolete statutory references, and deleting obsolete language. In addition, the proposed amendments update the rule to incorporate the 2015 Advisory Committee on Immunization Practices (ACIP) schedule for required vaccinations. These proposed amendments will bring clarity to the rule and minimize potential confusion among end-users of the rule.

The rule amendments will take effect in July 2015, with one exception. The Department proposes to delay implementation of the new frequency of submitting nonmedical exemption forms to July 2016. This delay gives schools and childcare facilities sufficient time to prepare in advance of the school year. During this time, the Department will provide outreach, technical assistance and tools to schools, child care facilities, and parents regarding this new process.



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

for

Proposed Amendments to Rules pertaining to The Infant Immunization Program and
The Immunization of Students Attending School

6 CCR 1009-2

February 18, 2015

Basis and Purpose.

Colorado requires all students to be immunized per the vaccine schedule established by Colorado Board of Health (BOH) rule 6 CCR 1009-2, upon school entry. The purpose of the immunization requirements for school entry is to protect students, staff, and the visiting public against vaccine-preventable diseases within schools. Accordingly, Colorado's immunization requirements have contributed to higher vaccine coverage and lower levels of vaccine preventable disease. The proposed amendments to this rule encompass three objectives. First, the proposed amendments add rules regarding the immunization information and the contents of an on-line learning module to meet the requirements of HB14-1288. Second, also in accordance with HB14-1288, these proposed amendments change the required frequency of submitting exemption forms. The proposed amendments require that a new statement of nonmedical (personal belief or religious) exemption be submitted at each interval where Advisory Committee on Immunization Practices (ACIP) recommended vaccines are due for all children in school or childcare prior to kindergarten entry. Once a child reaches kindergarten, the frequency of submitting nonmedical exemption forms will change to annual. Annual submission of nonmedical exemption forms will be required through 12th grade. Colleges and universities will not be subject to the new frequency for nonmedical exemptions and will continue to collect an updated certificate of immunization or exemption form using existing processes once for new students during enrollment. The rule codifies current practice for submitting medical exemptions. Medical exemptions are submitted once, and must be maintained on file at each school a student attends. No changes are being made to the frequency of submitting medical exemptions. Third, the proposed amendments update the rule language to meet current requirements by updating existing definitions, updating obsolete statutory references, and deleting obsolete language.

The following changes to the rule are being proposed:

1. Removed obsolete reference to the Vaccines for Children (VFC) program from the rule title. The rule does not address the VFC program.
2. Updated statutory reference in I.F.
3. Updated statutory reference in I.H.
4. Aligned the definition of school in I.L so that this definition is consistent with the term "school" as used by the Department of Human Services (CDHS) and the Department of Education (CDE).
5. Updated language in II.A to reflect that medical exemptions will now be collected on a separate medical exemption form, rather than on the Certificate of Immunization and added language to codify the current practice for submitting this form.
6. Updated language in II.B and II.C to reflect that religious and personal belief exemptions will now be collected on a separate nonmedical exemption form, rather than the Certificate of Immunization. Proposed new rules regarding the frequency of submitting a nonmedical exemption form at II.B and II.C.
7. Updated the incorporation by reference to refer to the 2015 ACIP Recommended Schedules.
8. Clarified that the requirement at III.C is only for students living in student housing.
9. Added language at III.D to clarify that college/ university students must have two doses of MMR vaccine.
10. Updated language at IV.A to include "official school immunization records".
11. Updated language at Section VI to reflect current use and availability of electronic data containing immunization information. Included nonmedical and medical exemption forms as part of an immunization record. Updated statutory reference in part A(1)(b). In part C, removed obsolete language requiring signature.
12. Proposed new rules at Section VII regarding the provision of immunization information via an on-line learning module.

Specific Statutory Authority.

These rules are promulgated pursuant to the following statutes:

§ 25-4-903, C.R.S.

§ 25-4-904, C.R.S.

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

Yes, the bill number is HB 14-1288; rules are ___ authorized required.
 No

Is this rulemaking due to a federal statutory or regulatory change?

Yes
 No

Does this rule incorporate materials by reference?

Yes
 No

Does this rule create or modify fines or fees?

Yes
 No

REGULATORY ANALYSIS

for

Proposed Amendments to Rules pertaining to The Infant Immunization Program and The Immunization of Students Attending School 6 CCR 1009-2

February 18, 2015

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The classes of people affected by the proposed amendments to the rule are students immunized against vaccine preventable diseases as required for school attendance and their parents or legal guardians, as well as school nurses, childcare health consultants and other staff who insure that students are appropriately vaccinated for attendance at Colorado schools.

One amendment to this rule details how the Department will provide immunization information and create an on-line education module based on evidence-based research, resources and information from credible scientific and public health organizations and peer-reviewed studies to provide parents and any interested party with up-to-date information about the risks and benefits of vaccines. This consolidated source of information will benefit any parent or caregiver who accesses the module as it will provide timely and credible information about vaccines in one location that is easy to access and reference.

The other amendment to this rule changes the frequency in which nonmedical (personal belief or religious) exemption forms are submitted. Currently, Colorado Revised Statute (C.R.S) § 25-4-901 and Board of Health (BOH) rule 6 CCR 1009-2 requires schools and child care facilities to collect records documenting immunizations received and/or exemption from immunizations for each student and to keep them on file either electronically or in hard copy. The current BOH rule 6 CCR 1009-2 does not require that an exemption form be signed again.

The proposed amendments to this rule would require that nonmedical exemption forms be submitted in alignment with the Advisory Committee on Immunization Practices (ACIP) schedule until the student enters kindergarten, and then the forms would be required annually during the registration/enrollment period through 12th grade. Colleges and universities will not be subject to the new frequency for nonmedical exemptions and will continue to collect an updated certificate of immunization or exemption form using existing processes once for new students during enrollment. The Department believes the proposed changes will align the efforts of parents claiming nonmedical exemptions with the efforts immunizing parents undertake to provide adequate evidence of immunization. The proposed amendments codify the current practice for submitting medical exemptions. Medical exemptions are submitted once, and should be maintained on file at each school a student attends. No changes are being made to the frequency of submitting medical exemptions.

A change that will place the nonmedical and medical exemption forms on the CDPHE website affects parents who have been able to obtain and sign these forms at school. The purpose of this change is to take the burden off of school staff, ensure consistency across schools and child care centers, allow for ongoing updates to these forms, and ensure that parents have access to immunization information when determining whether an exemption is the appropriate course for their child. Forms can be printed from the website, or parents without internet access can call and a form will be mailed to them.

As increasing the frequency of submitting nonmedical exemption forms could be an administrative burden on schools and child care facilities, the Department would like to offer to centralize this process. In lieu of submitting an exemption form to the school or child care facility, this form could instead be submitted to the Department via a newly created online form found on the Department's website. Once received by Department staff, the exemption information would be transferred to the Colorado Immunization Information System (CIIS) for viewing by the appropriate school and childcare facility and local public health agency. The Department is not mandating use of this online form to claim a nonmedical exemption, but offering it as a service.

The Department will bear the minimal costs of implementation of the proposed amendments to the rule. The Department anticipates that staff time will be needed to implement these proposed amendments.

The other amendments proposed in the rule are for the purposes of clarification and there will not be a burden of increased costs for any class of people.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Providing information about vaccines through an online module will have no economic or other impact upon the affected classes of persons as this information will be available to the public at no cost to them.

Establishing the frequency of submitting exemption forms will impact schools and child care facilities differently. Because the rule was silent, the documentation practice varies. For some schools and child care facilities, the rule language will increase the frequency of receiving exemption forms. The cost will vary depending upon how many of the school or child care facilities' enrollees submit exemption forms. Outreach to local government has occurred and mechanisms have been developed to assist schools with meeting the requirements of HB14-1288. Pursuant to Section 22-32-143, C.R.S., school districts and Boards of Cooperative Educational Services (BOCES) had the opportunity to submit estimates of fiscal impacts when HB14-1288 was introduced. No summaries of fiscal impacts were submitted by districts or BOCES for this bill. To assist schools and child care facilities, the Department would like to offer to centralize this process by collecting exemption information and adding this information to CIIS. The Department is not mandating that an exemption form be submitted to the Department, but offering to collect these forms as a service. By offering this service, the Department will:

1. Shift the burden of collecting exemption forms from school and child care facilities to the Department;
2. Provide easy access to online exemption forms that are available 24/7;
3. Provide a single location for documenting both immunization records and immunization exemptions;
4. Have access to accurate and current information to generate rates by exemption type via CIIS for the state, by county, by zip code and by each school and childcare facility, in a uniform manner;
5. Support schools and childcare facilities in accurately generating their own exemption rates as required by HB-1288;
6. Support parents in making informed decisions about immunization and immunization exemption ; and,
7. Utilize technology to modernize a paper-heavy process.

The other amendments proposed in the rule are for the purposes of clarification and have no qualitative or quantitative impact on affected persons.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The Department will bear the minimal costs of compliance with the proposed amendments to the rule. Staff time is needed to develop the proposed education module as well as to implement proposed changes to the frequency of claiming an exemption. There is no effect on state revenues.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Providing parents, students, and caregivers evidence-based information about immunizations supports informed decision-making and may decrease vaccine preventable disease. The proposed frequency of submitting exemption forms helps protect students from vaccine preventable diseases and assist public health with decision-making about school exclusion in case of an outbreak. Additionally, state and local public health agencies, parents, guardians, and students will have a more accurate picture of the

percentage of students exempting from one or more immunizations in Colorado. There is a need for more accurate and current exemption data to inform parents/guardians/students with school choice as some students may have medical conditions that prohibit them from being vaccinated or are too young to be vaccinated and, therefore, would benefit from attending a school with low exemption rates.

There are no benefits of inaction. HB14-1288 requires rules regarding immunization information and the frequency of submitting exemption forms. The remainder of the proposed amendments is technical to update the rule and provide additional clarity.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The proposed amendments are necessary to implement HB 14-1288. The proposed amendments provide schools, child care facilities and public health with current immunization records for students as that student gets vaccines/exempts from vaccines per the ACIP recommended schedule, or they are providing updated records annually for school enrollment.

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

Through a previous stakeholder process held in 2013, healthcare providers, public health, schools, parents and advocates from many organizations met over the course of six months to discuss proposed changes to personal belief exemption policies in Colorado. The majority of those stakeholders supported annual renewal of personal belief exemptions. In addition, this group of stakeholders considered the importance of requiring "equal effort" from those seeking exemptions in order to more closely balance the process that a parent has to go through to ensure their student is fully immunized (multiple well child checks and submitting an updated official immunization certificate each time) with the process of claiming an exemption. This proposal aligns with the recommendations from the 2013 stakeholder process.

A few stakeholders have suggested that nonmedical exemptions be submitted at entry to kindergarten, 6th grade, and 9th grade as an alternative to annual submission from kindergarten through 12th grade. The Department has considered this alternative, but feels that it would neither improve the timeliness, accuracy and completeness of exemption data as there would still be a number of years between updating exemption forms, nor mirror the equal effort of parents who are submitting up-to-date immunization forms to their school annually.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Data included in this analysis includes recommendations from a 2013 stakeholder group (Personal Belief Exemption Stakeholder), a 2014 stakeholder group (the School Immunization Taskforce), the Vaccine Advisory Committee of Colorado and three stakeholder meetings conducted in 2015 for schools, child cares, colleges/universities and parents. Outreach has been conducted to three religious organizations for their feedback.

STAKEHOLDER Comment
for
Proposed Amendments to Rules pertaining to
The Infant Immunization Program and
The Immunization of Students Attending School
6 CCR 1009-2

The following individuals and/or entities were included in the development of these proposed rules:

A stakeholder process (School Immunization Taskforce) was completed in October 2014 and included pediatric, family practice and local public health physicians as well as school nurses, state and local public health, immunization coalitions, parents, and child care as well as representation from the Department of Human Services, and the Department of Education. This group was convened to provide recommendations to the Department regarding school immunization requirements and was supportive of moving the proposed rules forward.

The Vaccine Advisory Committee of Colorado, whose mission is to provide guidance on vaccine-related issues to the Immunization Branch of the Department and includes experts from public health, pediatrics, family practice, research, education, and law, were consulted about the proposed rules in November 2014; members of this committee were supportive of moving the proposed rules forward.

The Department held three stakeholder meetings in January of 2015 to engage parents, child care facilities and schools. The stakeholders who attended these meetings were generally supportive of the proposed amendments to the rule.

The Department also drew upon the discussions and recommendations of the 2013 Personal Belief Exemption Stakeholder Workgroup. This workgroup had diverse representation ranging from parents to pediatricians, to school nurses and administrators to child health advocates.

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:

The Department remains committed to fully engaging its stakeholders during this rulemaking process. Stakeholders that were notified of this rule-making included members of the public/parents, local public health agencies, child care facilities, federally qualified health centers, community health clinics, rural health centers, private physician offices and clinics, school districts, school principals and superintendents, school nurses, school-based health centers, child care health consultants, colleges and universities with housing, the Department's Immunization Workgroups, VFC providers, CIIS users, the Colorado Medical Society, the Colorado Chapter of the American Academy of Pediatrics, the Colorado Academy of Family Physicians, the Colorado Parent-Teacher Association, the Colorado Children's Immunization Coalition as well as local immunization coalitions, the Children's Campaign, March of Dimes, Voices for Vaccines, the National Vaccine Information Center, the Ministerial Alliance, the Colorado Council of Churches and the Anti-Defamation League.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The Department convened a group of immunization experts to review the current Board of Health rules and to discuss immunization topics pertinent to clarify and update required school immunizations for Colorado Students. This group of experts met once in fall 2014. Consensus was developed regarding the three sets of proposed amendments to the rule.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

There are no HEEJ impacts associated with this rule; the proposed amendments impact Colorado children, parents, schools, and childcares equally and equitably. Forms will be available through the CDPHE website, or can be obtained by phone and faxed or mailed to the family. They will be available in multiple languages.

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

2 Disease Control and Environmental Epidemiology Division

3 THE INFANT IMMUNIZATION PROGRAM, ~~VACCINES FOR CHILDREN PROGRAM,~~ AND
4 IMMUNIZATION OF STUDENTS ATTENDING SCHOOL

5 6 CCR 1009-2

6 I. Definitions

- 7
- 8 A. Advisory Committee on Immunization Practices (ACIP) - a group of medical and public health
9 experts that develops recommendations on how to use vaccines to control diseases in the United
10 States. ACIP was established under Section 222 of the Public Health Service Act (42 U.S.C. §
11 2L7A).
- 12
- 13 B. Child - any student less than 18 years of age.
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- 15 C. College student - any student who is enrolled for one or more classes at a college or university
16 and who is physically present at the institution. This includes students who are auditing classes
17 but does not include persons taking classes by correspondence only.
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- 19 D. Dose - a measured quantity of an immunizing agent; quantity and frequency of administration
20 determined by recognized health authorities and the manufacturer of each agent. (partial, "split,"
21 half or fractionated "doses" are not acceptable for certification.).
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- 23 E. Emancipated student - any student who has reached age 18; a lawfully married child of any age;
24 a child 15 years of age or older who is managing his/her own financial affairs and who is living
25 separate and apart from his/her parent.
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- 27 F. Immunization tracking system - a comprehensive immunization tracking system established by
28 the Department of Public Health and Environment pursuant to Section 25-4-~~2403 1705(E),~~ C.R.S.
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- 30 G. Indigent child - any child whose parent cannot afford to have the child immunized or if
31 emancipated, who cannot himself/herself afford immunization and who has not been exempted.
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- 33 H. Infant - any child up to twenty-four months of age or any child eligible for vaccination and enrolled
34 under the Colorado Medical Assistance Act, ~~Article 4 of Title 26,~~ ARTICLES 4, 5, AND 6 OF
35 TITLE 25.5 C.R.S.
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- 37 I. In-process student - a student may be considered in-process if:
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- 39 1. Within fourteen days after receiving direct personal notification that the certificate is not
40 up-to date according to the requirements of the state board of health, the parent or
41 emancipated student submits documentation that the next required immunization has
42 been given and a signed written plan for obtaining the remaining required immunizations.
43 The scheduling of immunizations in the written plan shall follow medically recommended
44 minimum intervals consistent with the U.S. Public Health Service Advisory Committee on
45 Immunization Practices. If the student does not fulfill the plan, the student shall be
46 suspended or expelled from school for non-compliance as noted in Section 25-4-907,
47 C.R.S. if the next dose is not medically indicated within fourteen days, then the medically
48 approved minimum intervals would apply.
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- 50 2. With regards to college or university students as defined in Section I Provision C and O,
51 the student must present to the appropriate official of the school either (l) a signed written

52 authorization requesting local health officials to administer required immunizations or (II)
53 a plan for receipt of the required immunization or the next required immunization in a
54 series within either 30 days or the medically approved minimum interval. If this does not
55 occur, the college or university student will not be allowed to register for the current term
56 or session. Such written authorizations and plans must be signed by one parent or
57 guardian or the emancipated student or the student eighteen years of age or older.
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59 J. Parent - the person or persons with parental or decision-making responsibilities for a child.

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61 K. Practitioner - a duly licensed physician, advanced practice nurse, or other person who is
62 permitted and otherwise qualified to administer vaccines under the laws of this state.
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64 L. School - a public, private, or parochial nursery school, day care center, child care facility, family
65 child care home, foster care home, head start program, kindergarten, or elementary or secondary
66 school through grade twelve, or a college or university. "School" does not include a public
67 services short-term child care facility as defined in Section 26-6-102 (6.7), C.R.S., a guest child
68 care facility as defined in Section 26-6-102 (5), C.R.S., a ski school as defined in Section 26-6-
69 103.5 (6), C.R.S., or college or university courses which are offered off campus; or are offered to
70 nontraditional adult students, as defined by the governing board of the institution; or are offered at
71 colleges or universities which do not have residence hall facilities. ALL CHILD CARE
72 FACILITIES LICENSED BY THE COLORADO DEPARTMENT OF HUMAN SERVICES
73 INCLUDING: CHILD CARE CENTERS, SCHOOL-AGE CHILD CARE CENTER, PRESCHOOLS,
74 DAY CAMPS, RESIDENT CAMPS, DAY TREATMENT CENTERS, FAMILY CHILD CARE
75 HOMES, FOSTER CARE HOMES, AND HEAD START PROGRAMS; PUBLIC, PRIVATE, OR
76 PAROCHIAL KINDERGARTEN, ELEMENTARY OR SECONDARY SCHOOLS THROUGH
77 GRADE TWELVE, OR A COLLEGE OR UNIVERSITY. SCHOOLS DO NOT INCLUDE A
78 PUBLIC SERVICES SHORT-TERM CHILD CARE FACILITY AS DEFINED IN SECTION 26-6-
79 102 (6.7), C.R.S., A GUEST CHILD CARE FACILITY AS DEFINED IN SECTION 26-6-102 (5),
80 C.R.S., A SKI SCHOOL AS DEFINED IN SECTION 26-6-103.5 (6), C.R.S., OR COLLEGE OR
81 UNIVERSITY COURSES WHICH ARE OFFERED OFF-CAMPUS; OR ARE OFFERED TO
82 NONTRADITIONAL ADULT STUDENTS, AS DEFINED BY THE GOVERNING BOARD OF THE
83 INSTITUTION; OR ARE OFFERED AT COLLEGES OR UNIVERSITIES WHICH DO NOT HAVE
84 RESIDENCE HALL FACILITIES.
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86 M. School health authority - an individual working for or on behalf of the child care facility or school
87 who is knowledgeable about childcare/school immunizations.
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89 N. School official - the school's chief executive officer or any person designated by him/her as
90 his/her representative.
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92 O. Student - any person enrolled in a Colorado school as defined in I (L).
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94 P. Vaccines for Children (VFC) program - a federally funded program for the purchase and
95 distribution of pediatric vaccines to program-registered providers for the immunization of vaccine-
96 eligible children.
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98 Q. VFC-Eligible Children - Federally purchased vaccines under the VFC program will be made
99 available to children who are 18 years of age or younger and who are eligible for Medicaid or who
100 are not insured under any form of health insurance or who are not insured with respect to the
101 vaccine and who are administered pediatric vaccines by a Federally Qualified Health Center
102 (FQHC) or in a Rural Health Clinic or who are American Indians/Alaskan natives, as defined in
103 Section 4 of the Indian Health Care Improvement Act.
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105 II. Exemptions from Immunization

106 It is the responsibility of the parent(s) to have his or her child immunized unless the child is exempted.
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A student may be exempted from receiving the required immunizations in the following manner:

- A. Medical exemption - By submitting ~~to the student's school a~~ **MEDICAL EXEMPTION FORM Certificate of Immunization** with the statement of medical exemption signed by an advanced practice nurse or physician licensed to practice medicine or osteopathic medicine in any state or territory of the United States indicating that the physical condition of the student is such that immunizations would endanger his/her life or health or is medically contraindicated due to other medical conditions. **THIS FORM IS TO BE SUBMITTED ONCE, AND MUST BE MAINTAINED ON FILE AT EACH NEW SCHOOL THE STUDENT ATTENDS.**
- B. Religious exemption - By submitting ~~to the student's school a Certificate of Immunization with the statement of religious exemption~~ **A NONMEDICAL EXEMPTION FORM** signed by the parent(s) or the emancipated student indicating that the parent(s) or emancipated student is an adherent to a religious belief whose teachings are opposed to immunizations.

BEGINNING JULY 1, 2016,

- 1. PRIOR TO KINDERGARTEN ENTRY, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED AT EACH INTERVAL IN THE 2015 ACIP BIRTH-18 YEARS IMMUNIZATION SCHEDULE AT WHICH IMMUNIZATIONS ARE DUE. THE 2015 ACIP IMMUNIZATION SCHEDULE IS INCORPORATED IN III.B. THIS DOCUMENTATION IS REQUIRED ONLY FOR THOSE VACCINES REQUIRED TO PREVENT THE DISEASES LISTED IN SECTION III, PROVISION A.**
- 2. FROM KINDERGARTEN THROUGH TWELFTH GRADE, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED ONCE PER SCHOOL YEAR.**
- 3. BEGINNING WITH COLLEGE OR UNIVERSITY ENTRY, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED AT ENROLLMENT.**

- C. Personal belief exemption - By submitting ~~to the student's school a Certificate of Immunization with the statement of personal exemption~~ **A NONMEDICAL EXEMPTION FORM** signed by the parent(s) or the emancipated student indicating that the parent(s) or emancipated student has a personal belief that is opposed to immunizations.

BEGINNING JULY 1, 2016,

- 1. PRIOR TO KINDERGARTEN ENTRY, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED AT EACH INTERVAL IN THE 2015 ACIP BIRTH-18 YEARS IMMUNIZATION SCHEDULE AT WHICH IMMUNIZATIONS ARE DUE. THE 2015 ACIP IMMUNIZATION SCHEDULE IS INCORPORATED IN III.B. THIS DOCUMENTATION IS REQUIRED ONLY FOR THOSE VACCINES REQUIRED TO PREVENT THE DISEASES LISTED IN SECTION III, PROVISION A.**
- 2. FROM KINDERGARTEN THROUGH TWELFTH GRADE, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED ONCE PER SCHOOL YEAR.**
- 3. BEGINNING WITH COLLEGE OR UNIVERSITY ENTRY, A NONMEDICAL EXEMPTION FORM MUST BE SUBMITTED AT ENROLLMENT.**

- D. In the event of an outbreak of disease against which immunization is required, no exemption or exception from immunization shall be recognized and exempted persons may be subject to exclusion from school and quarantine.

- 161 E. All information distributed to the parent(s) by school districts regarding immunization shall inform
162 them of their rights under Section II, Provisions A through C.
163
- 164 F. If the school chooses to use the immunization tracking system to monitor compliance with the
165 school law, and the parent(s) or student submits an exemption, the school must submit the
166 exemption information to the immunization tracking system.

167 III. Minimum Immunization Requirements

- 168 A. To attend school, a student must have an age- or grade-appropriate Certificate of Immunization.
169 Initial certification does not exempt a student from meeting subsequent age or grade requirements.
170 This certificate must demonstrate immunization against the following diseases:
- 171 1. Hepatitis B
 - 172 2. Pertussis
 - 173 3. Tetanus
 - 174 4. Diphtheria
 - 175 5. Haemophilus Influenza Type B (HIB)
 - 176 6. Pneumococcal disease
 - 177 7. Polio
 - 178 8. Measles
 - 179 9. Mumps
 - 180 10. Rubella
 - 181 11. Varicella
- 182
- 183 B. The minimum number of doses required by level of school/age of student is set forth in the 2014-2015
184 Birth – 18 Years Recommended Immunization Schedule or the 2014 2015 Catch-Up Immunization
185 Schedule of the Advisory Committee on Immunization Practices (ACIP).
- 186 1. The 2015 ACIP Birth-18 Years Recommended Immunization Schedule (Schedule) is
187 incorporated by reference for only those vaccines required to prevent the diseases listed
188 in Section III, Provision A. Other immunizations included in the ACIP recommendations
189 are not required. This schedule is set forth in Morbidity and Mortality Weekly Reports
190 (MMWR) February 7, 2014 Volume 63 (05), and posted on the Centers for Disease
191 Control and Prevention website at:
192 [HTTP://WWW.CDC.GOV/VACCINES/SCHEDULES/DOWNLOADS/CHILD/0-18YRS-
193 CHILD-COMBINED-SCHEDULE.PDF](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf), or on the Colorado Department of Public Health
194 and Environment website at [www.coloradoimmunizations.com], and, are available for
195 public inspection during regular business hours at the Colorado Department of Public
196 Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado 80246.
197 Copies of the recommended schedules are available from the Colorado Department of
198 Public Health and Environment for a reasonable charge that comports with the
199 department's record request practices. This rule does not include any later amendments
200 or editions of the ACIP Schedule.
 - 201 2. In addition, the 2015 ACIP Catch-Up Immunization Schedule is incorporated by reference
202 for those children not fully immunized and only for those vaccines required to prevent the
203 diseases listed in Section III, Provision A. Other immunizations included in the ACIP
204 recommendations are not required. This recommended schedule is set forth in Morbidity
205 and Mortality Weekly Reports (MMWR) February 7, 2014 Volume 63 (05), and posted on
206 the Centers for Disease Control and Prevention website at
207 [HTTP://WWW.CDC.GOV/VACCINES/SCHEDULES/DOWNLOADS/CHILD/0-18YRS-
208 CHILD-COMBINED-SCHEDULE.PDF](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf), or on the Colorado Department of Public Health
209 and Environment website at [www.coloradoimmunizations.com], and, are available for
210 public inspection during regular business hours at the Colorado Department of Public
211 Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado 80246.

212 Copies of the recommended schedules are available from the Colorado Department of
213 Public Health and Environment for a reasonable charge that comports with the
214 department's record request practices. This rule does not include any later amendments
215 or editions of the ACIP Catch-Up Schedule.

216 C. Information concerning meningococcal disease and the meningococcal vaccine shall be provided
217 to each new college or university student **RESIDING IN STUDENT HOUSING**, or if the student is
218 under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a
219 signature must be obtained from the student or if the student is under 18 years, the student's
220 parent or guardian indicating that the information was reviewed.

221 D. **TWO VALID DOSES OF THE MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE ARE**
222 **REQUIRED FOR ALL COLLEGE OR UNIVERSITY STUDENTS, UNLESS THE COLLEGE OR**
223 **UNIVERSITY STUDENT WAS BORN BEFORE 1957.**

224 IV. Examination and Audit of **OFFICIAL** School Immunization Records

225 The Department of Public Health and Environment's representative shall have the right to audit and verify
226 records to determine compliance with the law. Discrepancies found through audits shall be corrected by
227 school officials, and any student not in full compliance shall be suspended or expelled from school
228 according to the following rules:

229 A. If the parent(s) or emancipated student was informed of the deficiencies in the student's
230 **OFFICIAL SCHOOL IMMUNIZATION RECORDS Certificate of Immunization** pursuant to Section
231 I, Provision I.1 of the rules, the student shall be suspended or expelled pursuant to Section 25-4-
232 907, C.R.S.

233 B. If the parent(s) or emancipated student was not informed by a direct personal notification of the
234 immunizations required and alternatives for compliance with the law, the school shall notify the
235 parent(s) or emancipated student within 7 calendar days of the finding and the student shall: a)
236 provide proof of immunization within fourteen days, b) continue as an in-process student, c) verify
237 that the student is exempt, or d) the student shall be suspended or expelled pursuant to Section
238 25-4-907, C.R.S.
239

240 ***** [Indicates omission of unaffected rules]

241 242 VI. ~~Certification of Immunization~~ **OFFICIAL SCHOOL IMMUNIZATION RECORDS**

243
244 A. **OFFICIAL SCHOOL IMMUNIZATION RECORDS SHALL INCLUDE:**

- 245
246 1. An official Certificate of Immunization or an approved Alternate Certificate of
247 Immunization that has been approved by the Department of Public Health and
248 Environment shall include one of the following forms of documentation that include the
249 dates and types of immunizations administered to a student ~~or the dates and types of~~
250 ~~exemption taken:~~
- 251 a. A paper **OR ELECTRONIC** document that includes information transferred from
252 the records of a licensed physician, registered nurse, or public health official; or
 - 253 b. An electronic file or hard copy of an electronic file provided to the school directly
254 from the immunization tracking system established pursuant to Section **25-4-**
255 **2403 25-4-1705(5)(e)**, C.R.S. or from a software program approved by the
256 Department of Public Health and Environment, or
257
258
259

- 260 2. AN OFFICIAL MEDICAL EXEMPTION FORM WITH THE DATE AND VACCINES
261 EXEMPTED FROM, OR
262
263 3. AN OFFICIAL NONMEDICAL EXEMPTION FORM WITH THE DATE, TYPE OF
264 EXEMPTION TAKEN AND THE VACCINES EXEMPTED FROM.

265
266 B. Any immunization record (original or copy) provided by a physician licensed to practice medicine
267 or osteopathic medicine in any state or territory of the United States, registered nurse, or public
268 health official may be accepted by the school official as proof of immunization. The information is
269 to be verified by the school official and transferred to an official Colorado Certificate of
270 Immunization.

271
272 C. A physician, nurse, or school health authority shall sign the appropriate section of the Certificate
273 of Immunization when the child has met all immunization requirements.

274
275 D. Schools shall have on file an official Certificate of Immunization for every student enrolled. The
276 Certificate of Immunization will be kept apart from other school records. When a student
277 withdraws, transfers, or is promoted to a new school, the school official shall return the Certificate
278 of Immunization to the parent(s) or emancipated student upon request or transfer it with the
279 student's school records to the new school. Upon a college or university student's request, the
280 Certificate of Immunization shall be forwarded as specified by the student.

281
282 *****

283 XII. ON-LINE EDUCATIONAL MODULE

284 AS NECESSARY TO COMPLY WITH SECTION 25-4-903 (2.5), C.R.S., THE DEPARTMENT OF
285 PUBLIC HEALTH AND ENVIRONMENT SHALL PROVIDE IMMUNIZATION INFORMATION TO THE
286 PUBLIC. THE IMMUNIZATION INFORMATION AND CONTENTS OF THIS MODULE SHALL INCLUDE,
287 BUT ARE NOT LIMITED TO:

288
289 A. EXEMPTION RATES IN COLORADO THAT ARE AVAILABLE TO THE PUBLIC THROUGH THE
290 DEPARTMENT,

291
292 B. EVIDENCE-BASED RESEARCH,

293
294 C. RESOURCES AND INFORMATION FROM CREDIBLE SCIENTIFIC AND PUBLIC HEALTH
295 ORGANIZATIONS, AND

296
297 D. PEER-REVIEWED STUDIES.
298
299