

**Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 08-0089.01 Jerry Barry

**SENATE BILL 08-194**

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**SENATE SPONSORSHIP**

**Hagedorn,**

**HOUSE SPONSORSHIP**

**McGihon,**

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**Senate Committees**  
Health and Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING PUBLIC HEALTH.**

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**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 Reenacts repealed sections concerning powers and duties of county and district health boards and agencies.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.

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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) "AGENCY" MEANS A COUNTY OR DISTRICT PUBLIC HEALTH  
4 AGENCY ESTABLISHED PURSUANT TO SECTION 25-1-506.

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

10          (3) "ESSENTIAL PUBLIC HEALTH SERVICES" MEANS TO:

11          (a) MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE  
12 COMMUNITY HEALTH PROBLEMS;

13          (b) INVESTIGATE AND DIAGNOSE HEALTH PROBLEMS AND HEALTH  
14 HAZARDS IN THE COMMUNITY;

15          (c) INFORM, EDUCATE, AND EMPOWER INDIVIDUALS ABOUT  
16 HEALTH ISSUES;

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

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

21          (f) ENFORCE LAWS AND RULES THAT PROTECT HEALTH AND  
22 PROMOTE SAFETY;

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

25          (h) ENCOURAGE A COMPETENT PUBLIC HEALTH WORKFORCE;

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

1 (j) CONTRIBUTE TO RESEARCH INTO INSIGHTFUL AND INNOVATIVE  
2 SOLUTIONS TO HEALTH PROBLEMS.

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

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

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

18 (7) "PUBLIC HEALTH DIRECTOR" MEANS THE ADMINISTRATIVE AND  
19 EXECUTIVE HEAD OF EACH COUNTY OR DISTRICT PUBLIC HEALTH AGENCY.

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

24 (9) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH  
25 CREATED PURSUANT TO SECTION 25-1-103.

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



1 **approval - reassessment.** (1) ON OR BEFORE DECEMBER 31, 2009, AND  
2 AT A MINIMUM ON OR BEFORE DECEMBER 31 EVERY FIVE YEARS  
3 THEREAFTER, THE STATE DEPARTMENT SHALL DEVELOP A  
4 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN,  
5 REFERRED TO IN THIS SECTION AS THE "PLAN", THAT ASSESSES AND SETS  
6 PRIORITIES FOR THE PUBLIC HEALTH SYSTEM. THE STATE BOARD MAY  
7 APPOINT AD HOC OR ADVISORY COMMITTEES AS NEEDED FOR THE PLAN  
8 DEVELOPMENT PROCESS. THE PLAN SHALL BE DEVELOPED IN  
9 CONSULTATION WITH THE STATE BOARD AND REPRESENTATIVES FROM THE  
10 STATE DEPARTMENT, COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES, AND  
11 THEIR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM. THE PLAN SHALL  
12 RELY ON EXISTING OR AVAILABLE DATA OR OTHER INFORMATION  
13 ACQUIRED PURSUANT TO THIS PART 5, AS WELL AS NATIONAL GUIDELINES  
14 OR RECOMMENDATIONS CONCERNING PUBLIC HEALTH OUTCOMES OR  
15 IMPROVEMENTS.

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

18 (I) GUIDE THE PUBLIC HEALTH SYSTEM IN TARGETING CORE PUBLIC  
19 HEALTH SERVICES AND FUNCTIONS THROUGH PROGRAM DEVELOPMENT,  
20 IMPLEMENTATION, AND EVALUATION;

21 (II) INCREASE THE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC  
22 HEALTH SYSTEM;

23 (III) IDENTIFY AREAS NEEDING GREATER RESOURCE ALLOCATION  
24 TO PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES;     

25 (IV) INCORPORATE, TO THE EXTENT POSSIBLE, GOALS AND  
26 PRIORITIES OF PUBLIC HEALTH PLANS DEVELOPED BY COUNTY OR DISTRICT  
27 PUBLIC HEALTH AGENCIES; AND

1           (V) CONSIDER AVAILABLE RESOURCES, INCLUDING BUT NOT  
2           LIMITED TO STATE AND LOCAL FUNDING, AND BE SUBJECT TO  
3           MODIFICATION BASED ON ACTUAL SUBSEQUENT ALLOCATIONS.

4           (b) THE PLAN SHALL INCLUDE OR ADDRESS AT A MINIMUM THE  
5           FOLLOWING ELEMENTS:

6           (I) CORE PUBLIC HEALTH SERVICES AND STANDARDS FOR COUNTY  
7           AND DISTRICT PUBLIC HEALTH AGENCIES;

8           (II) RECOMMENDATIONS FOR LEGISLATIVE OR REGULATORY  
9           ACTION, INCLUDING BUT NOT LIMITED TO UPDATING PUBLIC HEALTH LAWS,  
10          ELIMINATING OBSOLETE STATUTORY LANGUAGE, AND ESTABLISHING AN  
11          EFFECTIVE AND COMPREHENSIVE STATE AND LOCAL PUBLIC HEALTH  
12          INFRASTRUCTURE;

13          (III) IDENTIFICATION AND QUANTIFICATION OF EXISTING PUBLIC  
14          HEALTH PROBLEMS, DISPARITIES, OR THREATS AT THE STATE AND COUNTY  
15          LEVELS;

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

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

19          (VI) IDENTIFICATION OF SPECIFIC RECOMMENDATIONS FOR  
20          MEETING THESE GOALS;

21          (VII) DEVELOPMENT OF PUBLIC AND ENVIRONMENTAL HEALTH  
22          INFRASTRUCTURE THAT SUPPORTS CORE PUBLIC HEALTH FUNCTIONS AND  
23          ESSENTIAL PUBLIC HEALTH SERVICES AT THE STATE AND LOCAL LEVELS;

24          (VIII) EXPLANATION OF THE PRIORITIZATION OF ONE OR MORE  
25          CONDITIONS OF PUBLIC HEALTH IMPORTANCE;

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

1 (X) DEVELOPMENT, EVALUATION, AND MAINTENANCE OF, AND  
2 IMPROVEMENTS TO, AN INFORMATION INFRASTRUCTURE THAT SUPPORTS  
3 ESSENTIAL PUBLIC HEALTH SERVICES;

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

7 (XII) DETAILED DESCRIPTION OF HOW PUBLIC HEALTH SERVICES  
8 WILL BE INTEGRATED AND PUBLIC HEALTH RESOURCES SHARED TO  
9 OPTIMIZE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC HEALTH  
10 SYSTEM;

11 (XIII) DETAILED DESCRIPTION OF HOW THE PLAN WILL SUPPORT  
12 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES IN ACHIEVING THE GOALS  
13 OF THEIR COUNTY OR DISTRICT PUBLIC HEALTH PLANS;

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

15 (XV) A TIMELINE FOR IMPLEMENTING VARIOUS ELEMENTS OF THE  
16 PLAN;

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

19 (XVII) MEASURABLE INDICATORS OF EFFECTIVENESS AND  
20 SUCCESSES.

21 (c) THE PLAN, INCLUDING CORE PUBLIC HEALTH SERVICES AND  
22 STANDARDS, SHALL PROSPECTIVELY COVER UP TO FIVE YEARS, SUBJECT TO  
23 ANNUAL REVISIONS AND THE IMPLEMENTATION SCHEDULE ESTABLISHED  
24 BY THE STATE BOARD.

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

1           (4) THE STATE DEPARTMENT IS AUTHORIZED TO SOLICIT AND  
2 ACCEPT ANY GIFTS, GRANTS, OR DONATIONS TO PAY FOR THE  
3 DEVELOPMENT OF THE PLAN. ANY MONEYS RECEIVED PURSUANT TO THIS  
4 SUBSECTION (4) SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO  
5 SHALL CREDIT THE SAME TO THE COMPREHENSIVE PUBLIC HEALTH PLAN  
6 CASH FUND, WHICH IS HEREBY CREATED AND REFERRED TO IN THIS  
7 SUBSECTION (4) AS THE "FUND". ANY INTEREST DERIVED FROM THE  
8 DEPOSIT AND INVESTMENT OF MONEYS IN THE FUND SHALL BE CREDITED  
9 TO THE FUND. ANY UNEXPENDED AND UNENCUMBERED MONEYS  
10 REMAINING IN THE FUND AT THE END OF ANY FISCAL YEAR SHALL REMAIN  
11 IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE  
12 GENERAL FUND OR ANOTHER FUND. MONEYS IN THE FUND MAY BE  
13 EXPENDED BY THE STATE DEPARTMENT, SUBJECT TO ANNUAL  
14 APPROPRIATION BY THE GENERAL ASSEMBLY, FOR THE DEVELOPMENT OF  
15 THE PLAN DESCRIBED IN THIS SECTION.

16           (5) IF THE MONEYS RECEIVED BY THE STATE DEPARTMENT  
17 THROUGH GIFTS, GRANTS, AND DONATIONS ARE INSUFFICIENT TO COVER  
18 THE DIRECT AND INDIRECT COSTS OF COMPLYING WITH THE PROVISIONS OF  
19 SECTION 25-1-503 AND THIS SECTION, THE STATE DEPARTMENT SHALL NOT  
20 BE REQUIRED TO IMPLEMENT THE PROVISIONS OF SAID SECTIONS.

21           **25-1-505. County and district public health plans - approval.**

22           (1) AS SOON AS PRACTICABLE AFTER THE APPROVAL OF EACH  
23 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN  
24 PURSUANT TO SECTION 25-1-504, EACH COUNTY OR DISTRICT PUBLIC  
25 HEALTH AGENCY SHALL PREPARE A COUNTY OR DISTRICT PUBLIC HEALTH  
26 PLAN, REFERRED TO IN THIS SECTION AS THE "LOCAL PLAN". EACH LOCAL  
27 PLAN SHALL NOT BE INCONSISTENT WITH THE COMPREHENSIVE, STATEWIDE

1 PUBLIC HEALTH IMPROVEMENT PLAN REQUIRED UNDER SECTION 25-1-504.

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

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

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

7 (c) IDENTIFY GOALS AND STRATEGIES FOR IMPROVING THE HEALTH  
8 OF THE LOCAL COMMUNITY;

9 (d) DESCRIBE HOW REPRESENTATIVES OF THE LOCAL COMMUNITY  
10 DEVELOP AND IMPLEMENT THE LOCAL PLAN;

11 (e) ADDRESS HOW COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES  
12 COORDINATE WITH THE STATE DEPARTMENT AND OTHERS WITHIN THE  
13 PUBLIC HEALTH SYSTEM TO ACCOMPLISH GOALS AND PRIORITIES  
14 IDENTIFIED IN THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH  
15 IMPROVEMENT PLAN; AND

16 (f) IDENTIFY FINANCIAL RESOURCES AVAILABLE TO MEET  
17 IDENTIFIED PUBLIC HEALTH NEEDS AND TO MEET REQUIREMENTS FOR THE  
18 PROVISION OF CORE PUBLIC HEALTH SERVICES.

19 (3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE  
20 DEPARTMENT SHALL ENCOURAGE AND PROVIDE TECHNICAL ASSISTANCE  
21 TO COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES THAT REQUEST SUCH  
22 ASSISTANCE AND OTHERWISE WORK WITH COUNTY OR DISTRICT PUBLIC  
23 HEALTH AGENCIES TO GENERATE THEIR LOCAL PLANS.

24 SUBPART 3

25 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES

26 **25-1-506. County or district public health agency - repeal.**

27 (1) [Formerly 25-1-501] EACH COUNTY, BY RESOLUTION OF ITS BOARD

1 OF COUNTY COMMISSIONERS, SHALL ESTABLISH AND MAINTAIN A COUNTY  
2 PUBLIC HEALTH AGENCY OR SHALL PARTICIPATE IN A DISTRICT PUBLIC  
3 HEALTH AGENCY. ANY TWO OR MORE CONTIGUOUS COUNTIES, BY  
4 RESOLUTIONS OF THE BOARDS OF COUNTY COMMISSIONERS OF THE  
5 RESPECTIVE COUNTIES, MAY ESTABLISH AND MAINTAIN A DISTRICT PUBLIC  
6 HEALTH AGENCY. AN AGENCY SHALL CONSIST OF A COUNTY OR DISTRICT  
7 BOARD OF HEALTH, A PUBLIC HEALTH DIRECTOR, AND ALL OTHER  
8 PERSONNEL EMPLOYED OR RETAINED UNDER THE PROVISIONS OF THIS  
9 SUBPART 3.

10 (2) **[Formerly 25-1-504]** (a) (I) THE JURISDICTION OF ANY  
11 AGENCY SHALL EXTEND OVER ALL UNINCORPORATED AREAS AND OVER  
12 ALL MUNICIPAL CORPORATIONS WITHIN THE TERRITORIAL LIMITS OF THE  
13 COUNTY OR THE COUNTIES COMPRISING THE DISTRICT, BUT NOT OVER THE  
14 TERRITORY OF ANY MUNICIPAL CORPORATION  THAT MAINTAINS ITS  
15 OWN PUBLIC HEALTH AGENCY.  IF THE COUNTY HAS A COUNTY PUBLIC  
16 HEALTH AGENCY OR A DISTRICT BOARD OF HEALTH AND IF THE COUNTY IS  
17 WITHIN A DISTRICT PUBLIC HEALTH AGENCY, ANY MUNICIPAL  
18 CORPORATION NOT OTHERWISE WITHIN THE JURISDICTION OF AN AGENCY,  
19 BY AGREEMENT OF ITS CITY COUNCIL, BOARD OF TRUSTEES OR OTHER  
20 GOVERNING BODY, AND THE BOARD OF COUNTY COMMISSIONERS OF THE  
21 COUNTY WHEREIN THE MUNICIPAL CORPORATION IS SITUATED MAY MERGE  
22 ITS DEPARTMENT WITH THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY.

23 (II) IN THE EVENT OF A MERGER BETWEEN A HEALTH DEPARTMENT  
24 OF A MUNICIPAL CORPORATION WITH A COUNTY OR DISTRICT PUBLIC  
25 HEALTH AGENCY, THE AGREEMENT OF MERGER, AMONG OTHER THINGS,  
26 SHALL PROVIDE THAT A MEMBER OR MEMBERS OF THE COUNTY OR  
27 DISTRICT BOARD OF HEALTH, AS IS SPECIFIED IN THE AGREEMENT, SHALL

1 BE APPOINTED BY THE CITY COUNCIL OR BOARD OF TRUSTEES OF THE  
2 MUNICIPAL CORPORATION RATHER THAN AS PROVIDED IN THIS SECTION.  
3 THE CITY COUNCIL OR BOARD OF TRUSTEES SHALL APPOINT THE NUMBER  
4 OF MEMBERS SPECIFIED IN THE AGREEMENT OF MERGER, AND THE  
5 REMAINING MEMBERS SHALL BE APPOINTED AS PROVIDED IN THIS SECTION.

6 (III) THE BOARD OF COUNTY COMMISSIONERS, IN ORDER TO GIVE  
7 THE MUNICIPAL CORPORATION REPRESENTATION ON A COUNTY BOARD OF  
8 HEALTH PREVIOUSLY ESTABLISHED, MAY DECLARE VACANCIES IN THE  
9 COUNTY BOARD OF HEALTH AND PERMIT THE VACANCIES TO BE FILLED BY  
10 THE CITY COUNCIL OR BOARD OF TRUSTEES OF THE MUNICIPAL  
11 CORPORATION.

12 (b) ALL COUNTY OR DISTRICT BOARDS OF HEALTH EXISTING WITHIN  
13 THE COUNTY OR DISTRICT SHALL BE DISSOLVED UPON THE ORGANIZATION  
14 OF A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY UNDER THE  
15 PROVISIONS OF THIS PART 5 OR UPON THE ACCEPTANCE OF A COUNTY INTO  
16 A DISTRICT ALREADY ESTABLISHED.

17 (c) IN THE EVENT OF THE DISSOLUTION OF ANY COUNTY OR  
18 DISTRICT PUBLIC HEALTH AGENCY, OR THE WITHDRAWAL OF A COUNTY  
19 FROM AN ESTABLISHED DISTRICT, THE WITHDRAWAL OF A MUNICIPAL  
20 CORPORATION THAT HAS VOLUNTARILY MERGED ITS HEALTH DEPARTMENT  
21 OR AGENCY WITH A COUNTY OR DISTRICT PUBLIC HEALTH AGENCY, LOCAL  
22 BOARDS OF HEALTH SHALL BE REESTABLISHED UNDER THE PROVISIONS OF  
23 THIS PART 5 AND ASSUME THE POWERS AND DUTIES CONFERRED UPON  
24 SUCH LOCAL BOARDS.

25 (3) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, AN AGENCY  
26 SHALL PROVIDE OR ARRANGE FOR THE PROVISIONS OF SERVICES  
27 NECESSARY TO CARRY OUT THE PUBLIC HEALTH LAWS AND RULES OF THE

1 STATE BOARD, THE WATER QUALITY CONTROL COMMISSION, THE AIR  
2 QUALITY CONTROL COMMISSION, AND THE SOLID AND HAZARDOUS WASTE  
3 COMMISSION ACCORDING TO THE SPECIFIC NEEDS AND RESOURCES  
4 AVAILABLE WITHIN THE COMMUNITY AS DETERMINED BY THE COUNTY OR  
5 DISTRICT BOARD OF HEALTH OR THE BOARD OF COUNTY COMMISSIONERS  
6 AND AS SET OUT IN BOTH THE COMPREHENSIVE, STATEWIDE PUBLIC  
7 HEALTH IMPROVEMENT PLAN DEVELOPED PURSUANT TO SECTION 25-1-504  
8 AND THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN DEVELOPED  
9 PURSUANT TO SECTION 25-1-505.

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

12 (I) TO COMPLETE A COMMUNITY HEALTH ASSESSMENT AND TO  
13 CREATE THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN AT LEAST EVERY  
14 FIVE YEARS UNDER THE DIRECTION OF THE COUNTY OR DISTRICT BOARD  
15 AND TO SUBMIT THE PLAN TO THE COUNTY OR DISTRICT BOARD AND STATE  
16 BOARD FOR APPROVAL;

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

19 (III) TO PROVIDE OR ARRANGE FOR THE PROVISION OF QUALITY,  
20 CORE PUBLIC HEALTH SERVICES DEEMED ESSENTIAL BY THE STATE BOARD  
21 AND THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT  
22 PLAN; EXCEPT THAT THE AGENCY SHALL BE DEEMED TO HAVE MET THIS  
23 REQUIREMENT IF THE AGENCY CAN DEMONSTRATE TO THE COUNTY OR  
24 DISTRICT BOARD THAT OTHER PROVIDERS OFFER CORE PUBLIC HEALTH  
25 SERVICES THAT ARE SUFFICIENT TO MEET THE LOCAL NEEDS AS  
26 DETERMINED BY THE PLAN;

27 (IV) TO ADMINISTER AND ENFORCE THE LAWS PERTAINING TO:

1           (A) PUBLIC HEALTH, AIR POLLUTION CONTROL, SOLID AND  
2           HAZARDOUS WASTE, WATER QUALITY CONTROL, AND OTHER PROVISIONS  
3           OF THIS TITLE;

4           (B) VITAL STATISTICS; AND

5           (C) THE ORDERS, RULES, AND STANDARDS OF THE STATE BOARD  
6           AND ANY OTHER **TYPE 1** AGENCY CREATED PURSUANT TO THE PROVISIONS  
7           OF THIS TITLE;

8           (V) TO INVESTIGATE AND CONTROL THE CAUSES OF EPIDEMIC,  
9           COMMUNICABLE, OR ENVIRONMENTALLY CAUSED DISEASES AND  
10          CONDITIONS AFFECTING PUBLIC HEALTH;

11          (VI) TO ESTABLISH, MAINTAIN, AND ENFORCE ISOLATION AND  
12          QUARANTINE, AND IN PURSUANCE THEREOF, AND FOR THIS PURPOSE ONLY,  
13          TO EXERCISE PHYSICAL CONTROL OVER PROPERTY AND OVER THE PERSONS  
14          OF THE PEOPLE WITHIN THE JURISDICTION OF THE AGENCY AS THE AGENCY  
15          MAY FIND NECESSARY FOR THE PROTECTION OF THE PUBLIC HEALTH;

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

18          (VIII) TO INVESTIGATE AND ABATE NUISANCES WHEN NECESSARY  
19          IN ORDER TO ELIMINATE SOURCES OF EPIDEMIC, COMMUNICABLE, OR  
20          ENVIRONMENTALLY CAUSED DISEASES AND CONDITIONS AFFECTING  
21          PUBLIC HEALTH;

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

26          (X) TO PURCHASE AND DISTRIBUTE TO LICENSED PHYSICIANS AND  
27          VETERINARIANS, WITH OR WITHOUT CHARGE, AS THE COUNTY OR DISTRICT

1 BOARD MAY DETERMINE UPON CONSIDERATIONS OF EMERGENCY OR NEED,  
2 APPROVED BIOLOGICAL OR THERAPEUTIC PRODUCTS NECESSARY FOR THE  
3 PROTECTION OF PUBLIC HEALTH;

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

7 (XII) TO COLLECT, COMPILE, AND TABULATE REPORTS OF  
8 MARRIAGES, DISSOLUTIONS OF MARRIAGE, AND DECLARATIONS OF  
9 INVALIDITY OF MARRIAGE, BIRTHS, DEATHS, AND MORBIDITY, AND TO  
10 REQUIRE ANY PERSON HAVING INFORMATION WITH REGARD TO THE SAME  
11 TO MAKE SUCH REPORTS AND SUBMIT SUCH INFORMATION AS IS REQUIRED  
12 BY LAW OR THE RULES OF THE STATE BOARD;

13 (XIII) TO MAKE NECESSARY SANITATION AND HEALTH  
14 INVESTIGATIONS AND INSPECTIONS, ON ITS OWN INITIATIVE OR IN  
15 COOPERATION WITH THE STATE DEPARTMENT, FOR MATTERS AFFECTING  
16 PUBLIC HEALTH THAT ARE WITHIN THE JURISDICTION AND CONTROL OF THE  
17 AGENCY;

18 (XIV) TO COLLABORATE WITH THE STATE DEPARTMENT AND THE  
19 STATE BOARD IN ALL MATTERS PERTAINING TO PUBLIC HEALTH, WITH THE  
20 WATER QUALITY CONTROL COMMISSION IN ALL MATTERS PERTAINING TO  
21 WATER QUALITY, THE AIR QUALITY CONTROL COMMISSION, AND THE  
22 DIVISION OF ADMINISTRATION OF THE STATE DEPARTMENT IN ALL  
23 MATTERS PERTAINING TO AIR POLLUTION, AND WITH THE SOLID AND  
24 HAZARDOUS WASTE COMMISSION IN ALL MATTERS PERTAINING TO SOLID  
25 AND HAZARDOUS WASTE;

26 (XV) TO ESTABLISH AND IMPLEMENT PROGRAMS THAT THE  
27 COUNTY OR DISTRICT BOARD DETERMINES ARE IMPORTANT TO PROMOTE,

1 PROTECT, AND MAINTAIN THE PUBLIC HEALTH BY PREVENTING, DELAYING,  
2 OR DETECTING THE ONSET OF ENVIRONMENTAL OR CHRONIC DISEASES;

3 (XVI) TO ESTABLISH AND IMPLEMENT PROGRAMS THAT THE  
4 COUNTY OR DISTRICT BOARD DETERMINES ARE IMPORTANT TO PROMOTE,  
5 PROTECT, AND MAINTAIN THE PUBLIC HEALTH BY DETERMINING THE  
6 CAUSES OF AND PREVENTING INTENTIONAL AND UNINTENTIONAL INJURIES.

7 (c) IF A COUNTY OR DISTRICT BOARD OF HEALTH DOES NOT  
8 RECEIVE SUFFICIENT APPROPRIATIONS TO FULFILL ALL THE DUTIES  
9 DESCRIBED IN PARAGRAPH (b) OF THIS SUBSECTION (3), THE COUNTY OR  
10 DISTRICT BOARD SHALL SET PRIORITIES FOR FULFILLING THE DUTIES AND  
11 SHALL INCLUDE THE LIST OF PRIORITIES IN ITS COUNTY OR DISTRICT PUBLIC  
12 HEALTH PLAN SUBMITTED PURSUANT TO SECTION 25-1-505.

13 (4) (a) UNTIL THE TIME THAT AN AGENCY IS ESTABLISHED  
14 PURSUANT TO THIS SECTION, A COUNTY, DISTRICT, OR REGIONAL HEALTH  
15 DEPARTMENT ESTABLISHED AS OF JULY 1, 2008, SHALL CONTINUE TO  
16 OPERATE AND SHALL HAVE THE POWERS AND DUTIES IMPOSED BY LAW AS  
17 IT EXISTED PRIOR TO JULY 1, 2008.

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

19 **25-1-507. [Formerly 25-1-609] Municipal board of health. (1)**  
20 EXCEPT AS OTHERWISE PROVIDED BY LAW, THE MAYOR AND COUNCIL OF  
21 EACH INCORPORATED TOWN OR CITY, WHETHER INCORPORATED UNDER  
22 GENERAL STATUTES OR SPECIAL CHARTER IN THIS STATE, MAY ESTABLISH  
23 A MUNICIPAL PUBLIC HEALTH AGENCY AND APPOINT A MUNICIPAL BOARD  
24 OF HEALTH. IF APPOINTED, THE MUNICIPAL BOARD OF HEALTH SHALL  
25 HAVE ALL THE POWERS AND RESPONSIBILITIES AND PERFORM ALL THE  
26 DUTIES OF A COUNTY OR DISTRICT BOARD OF HEALTH AS PROVIDED IN THIS  
27 PART 5 WITHIN THE LIMITS OF THE RESPECTIVE CITY OR TOWN OF WHICH

1 THEY ARE THE OFFICERS.

2 (2) A MUNICIPAL BOARD OF HEALTH MAY ADOPT RULES THAT ARE  
3 MORE STRINGENT THAN RULES ADOPTED BY THE COUNTY OR DISTRICT  
4 BOARD OF HEALTH FOR THE AREA IN WHICH THE TOWN OR CITY IS LOCATED  
5 BUT MAY NOT ADOPT RULES THAT ARE LESS STRINGENT THAN RULES  
6 ADOPTED BY THE COUNTY OR DISTRICT BOARD OF HEALTH.

7 **25-1-508. [Formerly 25-1-502] County or district boards of**  
8 **public health - public health directors - repeal.** (1) WITHIN NINETY  
9 DAYS AFTER THE ADOPTION OF A RESOLUTION TO ESTABLISH AND  
10 MAINTAIN A COUNTY PUBLIC HEALTH AGENCY OR TO PARTICIPATE IN A  
11 DISTRICT PUBLIC HEALTH AGENCY, THE RESPECTIVE BOARD OF COUNTY  
12 COMMISSIONERS SHALL PROCEED TO ORGANIZE THE AGENCY BY THE  
13 APPOINTMENT OF A COUNTY OR DISTRICT BOARD OF HEALTH, REFERRED TO  
14 IN THIS PART 5 AS A "COUNTY OR DISTRICT BOARD".

15 (2) (a) (I) EACH COUNTY BOARD OF HEALTH SHALL CONSIST OF AT  
16 LEAST FIVE MEMBERS TO BE APPOINTED BY THE BOARD OF COUNTY  
17 COMMISSIONERS FOR FIVE-YEAR TERMS; EXCEPT THAT THE BOARD OF  
18 COUNTY COMMISSIONERS SHALL STAGGER THE TERMS OF THE INITIAL  
19 APPOINTMENTS. THEREAFTER FULL TERM APPOINTMENTS

20 (II) NOTWITHSTANDING THE PROVISIONS OF SUBPARAGRAPH (I) OF  
21 THIS PARAGRAPH (a), A COUNTY WITH A POPULATION OF LESS THAN ONE  
22 HUNDRED THOUSAND PEOPLE MAY HAVE A COUNTY BOARD OF HEALTH  
23 THAT CONSISTS OF AT LEAST THREE MEMBERS TO BE APPOINTED BY THE  
24 BOARD OF COUNTY COMMISSIONERS FOR FIVE-YEAR TERMS; EXCEPT THAT  
25 THE BOARD OF COUNTY COMMISSIONERS SHALL STAGGER THE TERMS OF  
26 THE INITIAL APPOINTMENTS. THEREAFTER, FULL-TERM APPOINTMENTS  
27 SHALL BE FOR FIVE YEARS.

1 (b) EACH MEMBER OF THE COUNTY BOARD OF HEALTH SHALL BE A  
2 RESIDENT OF THE COUNTY IN WHICH THE COUNTY AGENCY IS LOCATED.  
3 APPOINTMENTS SHALL BE MADE TO THE BOARD SO THAT NO BUSINESS OR  
4 PROFESSIONAL GROUP OR GOVERNMENTAL ENTITY SHALL CONSTITUTE A  
5 MAJORITY OF THE BOARD. ANY VACANCY ON THE BOARD SHALL BE FILLED  
6 IN THE SAME MANNER AS FULL-TERM APPOINTMENTS BY THE  
7 APPOINTMENT OF A QUALIFIED PERSON FOR THE UNEXPIRED TERM.

8 (c) IN A COUNTY WITH A POPULATION OF LESS THAN ONE HUNDRED  
9 THOUSAND PEOPLE THAT, AS OF THE EFFECTIVE DATE OF THIS SECTION,  
10 DOES NOT HAVE A BOARD OF HEALTH THAT IS SEPARATE FROM THE BOARD  
11 OF COUNTY COMMISSIONERS, THE BOARD OF COUNTY COMMISSIONERS  
12 MAY DESIGNATE ITSELF AS THE COUNTY BOARD OF HEALTH AS OF JULY 1,  
13 2008. THE TERMS OF THE MEMBERS OF THE COUNTY BOARD OF HEALTH  
14 SHALL COINCIDE WITH THEIR TERMS AS COMMISSIONERS. SUCH COUNTY  
15 BOARDS SHALL ASSUME ALL THE DUTIES OF APPOINTED COUNTY BOARDS.

16 (3) (a) EACH DISTRICT BOARD OF HEALTH SHALL CONSIST OF A  
17 MINIMUM OF FIVE MEMBERS. THE MEMBERSHIP OF EACH DISTRICT BOARD  
18 OF HEALTH SHALL INCLUDE AT LEAST ONE REPRESENTATIVE FROM EACH  
19 COUNTY IN THE DISTRICT. THE MEMBERS OF THE BOARD SHALL BE  
20 APPOINTED BY AN APPOINTMENTS COMMITTEE COMPOSED OF ONE MEMBER  
21 OF EACH OF THE BOARDS OF COUNTY COMMISSIONERS OF THE COUNTIES  
22 COMPRISING THE DISTRICT. THE APPOINTMENTS COMMITTEE FOR EACH  
23 DISTRICT BOARD SHALL DESIGNATE THE NUMBER OF MEMBERS OF ITS  
24 DISTRICT BOARD AND SHALL ESTABLISH STAGGERED TERMS FOR THE  
25 INITIAL APPOINTMENTS. THEREAFTER, FULL-TERM APPOINTMENTS  
26 SHALL BE FOR FIVE YEARS.

27 (b) EACH MEMBER OF THE DISTRICT BOARD SHALL BE A RESIDENT

1 OF ONE OF THE COUNTIES COMPRISING THE DISTRICT, AND THERE SHALL BE  
2 AT LEAST ONE MEMBER FROM EACH OF THE COUNTIES COMPRISING THE  
3 DISTRICT. APPOINTMENTS SHALL BE MADE TO THE DISTRICT BOARD SO  
4 THAT NO BUSINESS OR PROFESSIONAL GROUP OR GOVERNMENTAL ENTITY  
5 SHALL CONSTITUTE A MAJORITY OF THE DISTRICT BOARD. THE  
6 APPOINTMENTS COMMITTEE SHALL FILL ANY VACANCY ON THE DISTRICT  
7 BOARD BY THE APPOINTMENT OF A QUALIFIED PERSON FOR THE  
8 REMAINDER OF THE UNEXPIRED TERM.

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

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

24 (b) (I) REGULAR MEETINGS OF A COUNTY OR DISTRICT BOARD  
25 SHALL BE HELD AT LEAST ONCE EVERY THREE MONTHS AT SUCH TIMES AS  
26 MAY BE ESTABLISHED BY RESOLUTION OF THE BOARD. SPECIAL MEETINGS  
27 OF A BOARD MAY BE CALLED BY THE PRESIDENT, BY THE PUBLIC HEALTH

1 DIRECTOR, OR BY A MAJORITY OF THE MEMBERS OF THE BOARD AT ANY  
2 TIME ON THREE DAYS' PRIOR NOTICE; EXCEPT THAT, IN CASE OF  
3 EMERGENCY, TWENTY-FOUR HOURS' NOTICE SHALL BE SUFFICIENT.

4 (II) A COUNTY OR DISTRICT BOARD MAY ADOPT, AND AT ANY TIME  
5 MAY AMEND, BYLAWS IN RELATION TO ITS MEETINGS AND THE  
6 TRANSACTION OF ITS BUSINESS. A MAJORITY OF THE BOARD SHALL  
7 CONSTITUTE A QUORUM. MEMBERS OF THE BOARD SHALL SERVE WITHOUT  
8 COMPENSATION BUT SHALL BE REIMBURSED FOR THEIR ACTUAL AND  
9 NECESSARY TRAVELING AND SUBSISTENCE EXPENSES TO ATTEND  
10 MEETINGS.

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

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

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

20 (c) (I) TO SELECT A PUBLIC HEALTH DIRECTOR TO SERVE AT THE  
21 PLEASURE OF THE COUNTY OR DISTRICT BOARD. THE PUBLIC HEALTH  
22 DIRECTOR SHALL POSSESS SUCH MINIMUM QUALIFICATIONS AS MAY BE  
23 PRESCRIBED BY THE STATE BOARD. A PUBLIC HEALTH DIRECTOR MAY BE  
24 A PHYSICIAN, A PUBLIC HEALTH NURSE, OR OTHER QUALIFIED PUBLIC  
25 HEALTH PROFESSIONAL. A PUBLIC HEALTH DIRECTOR MAY PRACTICE  
26 MEDICINE OR NURSING WITHIN HIS OR HER LICENSE AND SCOPE OF  
27 PRACTICE, AS NECESSARY, TO CARRY OUT THE FUNCTIONS OF THE OFFICE

1 OF THE PUBLIC HEALTH DIRECTOR. THE QUALIFICATIONS SHALL REFLECT  
2 THE RESOURCES AND NEEDS OF THE COUNTY OR COUNTIES COVERED BY  
3 THE AGENCY. IF THE PUBLIC HEALTH DIRECTOR IS NOT A PHYSICIAN, THE  
4 COUNTY OR DISTRICT BOARD SHALL EMPLOY OR CONTRACT WITH AT LEAST  
5 ONE MEDICAL OFFICER TO ADVISE THE PUBLIC HEALTH DIRECTOR ON  
6 MEDICAL DECISIONS. THE PUBLIC HEALTH DIRECTOR SHALL MAINTAIN AN  
7 OFFICE LOCATION DESIGNATED BY THE COUNTY OR DISTRICT BOARD AND  
8 SHALL BE THE CUSTODIAN OF ALL PROPERTY AND RECORDS OF THE  
9 AGENCY.

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

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

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

27 (e) TO PROVIDE, EQUIP, AND MAINTAIN SUITABLE OFFICES AND ALL

1 NECESSARY FACILITIES FOR THE PROPER ADMINISTRATION AND PROVISION  
2 OF CORE PUBLIC HEALTH SERVICES, AS DEFINED BY THE STATE BOARD;

3 (f) TO DETERMINE GENERAL POLICIES TO BE FOLLOWED BY THE  
4 PUBLIC HEALTH DIRECTOR IN ADMINISTERING AND ENFORCING PUBLIC  
5 HEALTH LAWS, ORDERS, AND RULES OF THE COUNTY OR DISTRICT BOARD,  
6 AND ORDERS, RULES, AND STANDARDS OF THE STATE BOARD;

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

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

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

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

26 (k) TO ACCEPT AND, THROUGH THE PUBLIC HEALTH DIRECTOR, TO  
27 USE, DISBURSE, AND ADMINISTER ALL FEDERAL AID, STATE AID, OR OTHER

1 PROPERTY, SERVICES, OR MONEYS ALLOTTED TO AN AGENCY FOR COUNTY  
2 OR DISTRICT PUBLIC HEALTH FUNCTIONS OR ALLOTTED WITHOUT  
3 DESIGNATION OF A SPECIFIC AGENCY FOR PURPOSES THAT ARE WITHIN THE  
4 FUNCTIONS OF AN AGENCY, AND TO PRESCRIBE, BY RULE CONSISTENT WITH  
5 THE LAWS OF THIS STATE, THE CONDITIONS UNDER WHICH THE PROPERTY,  
6 SERVICES, OR MONEYS SHALL BE ACCEPTED AND ADMINISTERED. THE  
7 COUNTY OR DISTRICT BOARD IS EMPOWERED TO MAKE AGREEMENTS THAT  
8 MAY BE REQUIRED TO RECEIVE SUCH MONEYS OR OTHER ASSISTANCE.

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

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

15 **25-1-509. County and district public health directors.**

16 (1) (a) THE DIRECTOR OF EACH AGENCY SHALL BE THE PUBLIC HEALTH  
17 DIRECTOR.

18 (b) ALL OTHER PERSONNEL REQUIRED BY AN AGENCY SHALL BE  
19 SELECTED BY THE PUBLIC HEALTH DIRECTOR. ALL PERSONNEL SHALL  
20 PERFORM DUTIES AS PRESCRIBED BY THE PUBLIC HEALTH DIRECTOR.

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

27 (2) **[Formerly 25-1-508]** IN ADDITION TO THE OTHER POWERS

1 AND DUTIES CONFERRED BY THIS PART 5 OR BY THE AGENCY, A PUBLIC  
2 HEALTH DIRECTOR HAS THE FOLLOWING POWERS AND DUTIES:

3 (a) TO ADMINISTER AND ENFORCE THE PUBLIC HEALTH LAWS OF  
4 THE STATE OF COLORADO; THE ORDERS, RULES, AND STANDARDS OF THE  
5 STATE DEPARTMENT OR STATE BOARD; AND THE ORDERS AND RULES OF  
6 THE COUNTY OR DISTRICT BOARD;

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

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

13 (d) TO ACT AS THE LOCAL REGISTRAR OF VITAL STATISTICS OR TO  
14 CONTRACT OUT THE RESPONSIBILITY OF REGISTRAR IN THE AREA OVER  
15 WHICH THE AGENCY HAS JURISDICTION;

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

19 (f) IF REQUESTED BY THE COUNTY OR DISTRICT BOARD, TO SERVE  
20 AS SECRETARY TO THE BOARD RESPONSIBLE FOR MAINTAINING ALL  
21 RECORDS REQUIRED BY PART 2 OF ARTICLE 72 OF TITLE 24, C.R.S., AND  
22 ENSURING PUBLIC NOTICE OF ALL MEETINGS IN ACCORDANCE WITH PART  
23 4 OF ARTICLE 6 OF TITLE 24, C.R.S. THE DIRECTOR SHALL BE THE  
24 CUSTODIAN OF ALL PROPERTIES AND RECORDS FOR THE AGENCY.

25 **25-1-510. [Formerly 25-1-602] County or district board**  
26 **unable or unwilling to act.** (1) IF THE COUNTY OR DISTRICT BOARD IS  
27 UNABLE OR UNWILLING TO EFFICIENTLY OR PROMPTLY ABATE A NUISANCE

1 OR PREVENT THE INTRODUCTION OR SPREAD OF A CONTAGIOUS OR  
2 INFECTIOUS DISEASE, THE COUNTY OR DISTRICT BOARD OR AGENCY SHALL  
3 NOTIFY THE STATE DEPARTMENT AND REQUEST ASSISTANCE TO TAKE  
4 MEASURES THAT WILL ABATE THE NUISANCE OR PREVENT THE  
5 INTRODUCTION OR SPREAD OF DISEASE.

6 (2) THE STATE DEPARTMENT HAS FULL POWER TO TAKE MEASURES  
7 TO ENSURE THE ABATEMENT OF THE NUISANCE OR PREVENT THE  
8 INTRODUCTION OR SPREAD OF DISEASE. THE STATE DEPARTMENT, FOR  
9 THIS PURPOSE, MAY ASSUME ALL POWERS CONFERRED BY LAW ON THE  
10 COUNTY OR DISTRICT BOARD.

11 (3) THE STATE DEPARTMENT MAY REALLOCATE STATE MONEYS  
12 FROM AN AGENCY THAT IS NOT ABLE TO PROVIDE CORE PUBLIC HEALTH  
13 SERVICES OR STANDARDS TO ANOTHER ENTITY TO DELIVER SERVICES IN  
14 THAT AGENCY'S JURISDICTION.

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

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

4           (a) ANY MONEYS APPROPRIATED FROM A COUNTY GENERAL FUND;  
5 AND

6           (b) ANY MONEYS RECEIVED FROM STATE OR FEDERAL  
7 APPROPRIATIONS OR ANY OTHER GIFTS, GRANTS, DONATIONS, OR FEES FOR  
8 LOCAL PUBLIC HEALTH PURPOSES.

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

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

1 APPROPRIATION FROM THE COUNTY GENERAL FUND.

2 (5) ON OR BEFORE SEPTEMBER 1, 2008, AND ON OR BEFORE  
3 SEPTEMBER 1 OF EACH YEAR THEREAFTER, A DISTRICT BOARD OF HEALTH  
4 SHALL ESTIMATE THE TOTAL COST OF MAINTAINING THE DISTRICT PUBLIC  
5 HEALTH AGENCY FOR THE ENSUING FISCAL YEAR, AND THE AMOUNT OF  
6 MONEYS THAT MAY BE AVAILABLE FROM UNEXPENDED SURPLUSES OR  
7 FROM STATE OR FEDERAL FUNDS OR OTHER GRANTS OR DONATIONS. ON  
8 OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE ESTIMATES SHALL BE  
9 SUBMITTED IN THE FORM OF A BUDGET TO A COMMITTEE COMPOSED OF THE  
10 CHAIRS OF THE BOARDS OF COUNTY COMMISSIONERS OF ALL COUNTIES  
11 COMPRISING THE DISTRICT. THE COST FOR MAINTAINING THE AGENCY,  
12 OVER ESTIMATED MONEYS FROM SURPLUSES, GRANTS, OR DONATIONS,  
13 SHALL BE APPORTIONED BY THE COMMITTEE AMONG THE COUNTIES  
14 COMPRISING THE DISTRICT IN THE PROPORTION THAT THE POPULATION OF  
15 EACH COUNTY IN THE DISTRICT BEARS TO THE TOTAL POPULATION OF ALL  
16 COUNTIES IN THE DISTRICT, POPULATION FIGURES TO BE BASED ON THE  
17 MOST RECENT FEDERAL CENSUS. THE BOARDS OF COUNTY  
18 COMMISSIONERS OF THE RESPECTIVE COUNTIES ARE AUTHORIZED TO  
19 PROVIDE ANY MONEYS NECESSARY TO COVER THE PROPORTIONATE SHARES  
20 OF THEIR COUNTIES BY AN APPROPRIATION FROM THE COUNTY GENERAL  
21 FUND.

22 **25-1-512. [Formerly 25-1-516] Allocation of moneys - public**  
23 **health services \_\_\_\_\_ support fund - created.** (1) (a) THE STATE  
24 DEPARTMENT SHALL ALLOCATE ANY MONEYS THAT THE GENERAL  
25 ASSEMBLY MAY APPROPRIATE FOR DISTRIBUTION TO COUNTY OR DISTRICT  
26 PUBLIC HEALTH AGENCIES ORGANIZED PURSUANT TO THIS PART 5 FOR THE  
27 PROVISION OF LOCAL HEALTH SERVICES. THE STATE BOARD SHALL

1 DETERMINE THE BASIS FOR THE ALLOCATION OF MONEYS TO THE  
2 AGENCIES. IN DETERMINING THE ALLOCATION OF MONEYS, THE STATE  
3 BOARD SHALL TAKE INTO ACCOUNT THE POPULATION SERVED BY EACH  
4 AGENCY, THE ADDITIONAL COSTS INVOLVED IN OPERATING SMALL OR  
5 RURAL AGENCIES, AND THE SCOPE OF SERVICES PROVIDED BY EACH  
6 AGENCY.

7 (b) (I) IN ORDER TO QUALIFY FOR STATE ASSISTANCE, EACH  
8 COUNTY AND CITY AND COUNTY SHALL CONTRIBUTE A MINIMUM OF ONE  
9 DOLLAR AND FIFTY CENTS PER CAPITA FOR ITS LOCAL HEALTH SERVICES  
10 AND MAY CONTRIBUTE ADDITIONAL AMOUNTS AS IT MAY DETERMINE TO  
11 BE NECESSARY TO MEET ITS LOCAL HEALTH NEEDS.

12 (II) NOTWITHSTANDING THE PROVISIONS OF SUBPARAGRAPH (I) OF  
13 THIS PARAGRAPH (b), FOR A DISTRICT PUBLIC HEALTH AGENCY, THE  
14 COUNTIES OR CITIES AND COUNTIES OF THE DISTRICT IN TOTAL SHALL  
15 CONTRIBUTE A MINIMUM OF ONE DOLLAR AND FIFTY CENTS PER CAPITA  
16 FOR LOCAL HEALTH SERVICES WITHIN THE DISTRICT.

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

20 (2) THE PUBLIC HEALTH SERVICES      SUPPORT FUND IS HEREBY  
21 CREATED IN THE STATE TREASURY AND SHALL BE KNOWN IN THIS SECTION  
22 AS THE "FUND". THE PRINCIPAL OF THE FUND SHALL CONSIST OF TOBACCO  
23 LITIGATION SETTLEMENT MONEYS TRANSFERRED BY THE STATE  
24 TREASURER TO THE FUND PURSUANT TO SECTION 24-75-1104.5 (1.5) (a)  
25 (IV), C.R.S., AND SHALL, SUBJECT TO ANNUAL APPROPRIATION BY THE  
26 GENERAL ASSEMBLY TO THE STATE DEPARTMENT, BE ALLOCATED BY THE  
27 STATE DEPARTMENT TO ALL AGENCIES AUTHORIZED PURSUANT TO THIS

1 PART 5    AS SPECIFIED IN SUBSECTION (1) OF THIS SECTION; EXCEPT THAT,  
2 AT THE END OF THE 2007-08 FISCAL YEAR AND AT THE END OF EACH  
3 FISCAL YEAR THEREAFTER, ALL UNEXPENDED AND UNENCUMBERED  
4 PRINCIPAL OF THE FUND SHALL BE TRANSFERRED TO THE SHORT-TERM  
5 INNOVATIVE HEALTH PROGRAM GRANT FUND CREATED IN SECTION  
6 25-36-101 (2) IN ACCORDANCE WITH SECTION 24-75-1104.5 (1.5) (b),  
7 C.R.S. INTEREST AND INCOME EARNED ON THE DEPOSIT AND INVESTMENT  
8 OF MONEYS IN THE PUBLIC HEALTH SERVICES PER CAPITA SUPPORT FUND  
9 SHALL BE CREDITED TO THE FUND AND SHALL REMAIN IN THE FUND UNTIL  
10 THE END OF THE FISCAL YEAR IN WHICH CREDITED, WHEN IT SHALL BE  
11 TRANSFERRED TO THE SHORT-TERM INNOVATIVE HEALTH PROGRAM GRANT  
12 FUND CREATED IN SECTION 25-36-101 (2) IN ACCORDANCE WITH SECTION  
13 24-75-1104.5 (1.5) (b), C.R.S.

14 **25-1-513. [Formerly 25-1-511] Enlargement of or withdrawal**  
15 **from a public health agency.** (1) ANY COUNTY CONTIGUOUS TO A  
16 DISTRICT MAINTAINING A DISTRICT PUBLIC HEALTH AGENCY MAY BECOME  
17 A PART OF THE DISTRICT BY AGREEMENT BETWEEN ITS BOARD OF COUNTY  
18 COMMISSIONERS AND THE BOARDS OF COUNTY COMMISSIONERS OF THE  
19 COUNTIES COMPRISING THE DISTRICT. THE COUNTY, UPON BEING  
20 ACCEPTED INTO THE DISTRICT, SHALL THEREUPON BECOME SUBJECT TO  
21 THE PROVISIONS OF THIS PART 5.

22 (2) ANY COUNTY IN A DISTRICT MAINTAINING A DISTRICT PUBLIC  
23 HEALTH AGENCY MAY WITHDRAW FROM THE DISTRICT BY RESOLUTION OF  
24 ITS BOARD OF COUNTY COMMISSIONERS. A COUNTY MAY NOT WITHDRAW  
25 FROM A DISTRICT WITHIN THE TWO-YEAR PERIOD FOLLOWING THE  
26 ESTABLISHMENT OF THE DISTRICT OR THE COUNTY BECOMING A PART OF  
27 THE DISTRICT. A COUNTY MAY ONLY WITHDRAW FROM A DISTRICT AFTER

1 ONE YEAR'S WRITTEN NOTICE GIVEN TO THE AGENCY. IN THE EVENT OF  
2 WITHDRAWAL OF A COUNTY FROM A DISTRICT, ANY MONEYS THAT HAD  
3 BEEN APPROPRIATED BY THE COUNTY BEFORE WITHDRAWAL TO COVER ITS  
4 PROPORTIONATE SHARE OF MAINTAINING THE DISTRICT SHALL NOT BE  
5 RETURNED TO THE COUNTY. A COUNTY SHALL ESTABLISH A COUNTY  
6 PUBLIC HEALTH AGENCY OR JOIN ANOTHER DISTRICT PUBLIC HEALTH  
7 AGENCY ONCE THE COUNTY WITHDRAWS FROM A DISTRICT.

8 (3) A MUNICIPAL CORPORATION THAT HAS VOLUNTARILY MERGED  
9 ITS PUBLIC HEALTH AGENCY WITH A COUNTY OR DISTRICT PUBLIC HEALTH  
10 AGENCY UNDER THE AUTHORITY OF SECTION 25-1-506 MAY WITHDRAW  
11 FROM THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY BY RESOLUTION  
12 OF ITS CITY COUNCIL, BOARD OF TRUSTEES, OR OTHER GOVERNING BODY.  
13 A MUNICIPAL CORPORATION MAY NOT WITHDRAW FROM AN AGENCY  
14 WITHIN THE TWO-YEAR PERIOD FOLLOWING THE MUNICIPAL CORPORATION  
15 BECOMING A PART OF THE AGENCY. A COUNTY MAY ONLY WITHDRAW  
16 FROM A DISTRICT NINETY DAYS AFTER A WRITTEN NOTICE IS GIVEN TO THE  
17 AGENCY.

18 **25-1-514. [Formerly 25-1-512] Legal actions and adviser.** THE  
19 DISTRICT ATTORNEY OF THE JUDICIAL DISTRICT IN WHICH A CAUSE OF  
20 ACTION ARISES SHALL BRING ANY CIVIL OR CRIMINAL ACTION REQUESTED  
21 BY A COUNTY OR DISTRICT PUBLIC HEALTH DIRECTOR TO ABATE A  
22 CONDITION THAT EXISTS IN VIOLATION OF, OR TO RESTRAIN OR ENJOIN ANY  
23 ACTION THAT IS IN VIOLATION OF, OR TO PROSECUTE FOR THE VIOLATION  
24 OF OR FOR THE ENFORCEMENT OF, THE PUBLIC HEALTH LAWS AND THE  
25 STANDARDS, ORDERS, AND RULES OF THE STATE BOARD OR A COUNTY OR  
26 DISTRICT BOARD OF HEALTH. IF THE DISTRICT ATTORNEY FAILS TO ACT,  
27 THE PUBLIC HEALTH DIRECTOR MAY BRING AN ACTION AND BE

1 REPRESENTED BY SPECIAL COUNSEL EMPLOYED BY HIM OR HER WITH THE  
2 APPROVAL OF THE COUNTY OR DISTRICT BOARD. AN AGENCY, THROUGH  
3 ITS COUNTY OR DISTRICT BOARD OF HEALTH OR THROUGH ITS PUBLIC  
4 HEALTH DIRECTOR WITH THE APPROVAL OF THE STATE BOARD, MAY  
5 EMPLOY OR RETAIN AND COMPENSATE AN ATTORNEY TO BE THE LEGAL  
6 ADVISER OF THE AGENCY AND TO DEFEND ALL ACTIONS AND PROCEEDINGS  
7 BROUGHT AGAINST THE AGENCY OR THE OFFICERS AND EMPLOYEES OF THE  
8 AGENCY.

9 **25-1-515. [Formerly 25-1-513] Judicial review of decisions.**

10 (1) ANY PERSON AGGRIEVED AND AFFECTED BY A DECISION OF A COUNTY  
11 OR DISTRICT BOARD OF HEALTH OR A PUBLIC HEALTH DIRECTOR ACTING  
12 UNDER THE PROVISIONS OF THIS PART 5 SHALL BE ENTITLED TO JUDICIAL  
13 REVIEW BY FILING, IN THE DISTRICT COURT OF ANY COUNTY OVER WHICH  
14 THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH DIRECTOR HAS  
15 JURISDICTION, AN APPROPRIATE ACTION REQUESTING THE REVIEW WITHIN  
16 NINETY DAYS AFTER THE PUBLIC ANNOUNCEMENT OF THE DECISION. THE  
17 COURT MAY MAKE ANY INTERESTED PERSON A PARTY TO THE ACTION. THE  
18 REVIEW SHALL BE CONDUCTED BY THE COURT WITHOUT A JURY AND SHALL  
19 BE CONFINED TO THE RECORD, IF A COMPLETE RECORD IS PRESENTED. IN  
20 A CASE OF ALLEGED IRREGULARITIES IN THE RECORD OR IN THE  
21 PROCEDURE BEFORE THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH  
22 DIRECTOR, TESTIMONY MAY BE TAKEN IN THE COURT. THE COURT MAY  
23 AFFIRM THE DECISION OR MAY REVERSE OR MODIFY IT IF THE SUBSTANTIAL  
24 RIGHTS OF THE APPELLANT HAVE BEEN PREJUDICED AS A RESULT OF THE  
25 FINDINGS AND DECISION OF THE COUNTY OR DISTRICT BOARD BEING:

- 26 (a) CONTRARY TO CONSTITUTIONAL RIGHTS OR PRIVILEGES;  
27 (b) IN EXCESS OF THE STATUTORY AUTHORITY OR JURISDICTION OF

1 THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH DIRECTOR;  
2 (c) AFFECTED BY ANY ERROR OF LAW;  
3 (d) MADE OR PROMULGATED UPON UNLAWFUL PROCEDURE;  
4 (e) UNSUPPORTED BY SUBSTANTIAL EVIDENCE IN VIEW OF THE  
5 ENTIRE RECORD AS SUBMITTED; OR  
6 (f) ARBITRARY OR CAPRICIOUS.  
7 (2) ANY PARTY MAY HAVE A REVIEW OF THE FINAL JUDGMENT OR  
8 DECISION OF THE DISTRICT COURT BY APPELLATE REVIEW IN ACCORDANCE  
9 WITH LAW AND THE COLORADO APPELLATE RULES.

10 **25-1-516. [Formerly 25-1-514] Unlawful acts and penalties.**

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

13 (a) WILLFULLY VIOLATE, DISOBEY, OR DISREGARD THE PROVISIONS  
14 OF THE PUBLIC HEALTH LAWS OR THE TERMS OF ANY LAWFUL NOTICE,  
15 ORDER, STANDARD, OR RULE;

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

19 (c) WILLFULLY AND FALSELY MAKE OR ALTER A CERTIFICATE OR  
20 CERTIFIED COPY OF ANY CERTIFICATE ISSUED PURSUANT TO THE PUBLIC  
21 HEALTH LAWS;

22 (d) WILLFULLY FAIL TO REMOVE FROM PRIVATE PROPERTY UNDER  
23 HIS OR HER CONTROL AT HIS OR HER OWN EXPENSE, WITHIN FORTY-EIGHT  
24 HOURS AFTER BEING ORDERED TO DO SO BY THE COUNTY OR DISTRICT  
25 PUBLIC HEALTH AGENCY, ANY NUISANCE, SOURCE OF FILTH, OR CAUSE OF  
26 SICKNESS WITHIN THE JURISDICTION AND CONTROL OF THE AGENCY  
27 WHETHER THE PERSON, ASSOCIATION, OR CORPORATION IS THE OWNER,

1 TENANT, OR OCCUPANT OF THE PRIVATE PROPERTY; EXCEPT THAT, WHEN  
2 THE CONDITION IS DUE TO AN ACT OF GOD, IT SHALL BE REMOVED AT  
3 PUBLIC EXPENSE; OR

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

8 (2) IT IS UNLAWFUL FOR ANY OFFICER OR EMPLOYEE OF ANY  
9 AGENCY OR MEMBER OF ANY COUNTY OR DISTRICT BOARD OF HEALTH TO  
10 ACCEPT ANY GIFT, REMUNERATION, OR OTHER CONSIDERATION, DIRECTLY  
11 OR INDIRECTLY, FOR AN INCORRECT OR IMPROPER PERFORMANCE OF THE  
12 DUTIES IMPOSED UPON HIM OR HER BY OR ON BEHALF OF THE AGENCY OR  
13 BY THE PROVISIONS OF THIS PART 5.

14 == ==

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

27 **25-1-517. [Formerly 25-1-515] Mode of treatment inconsistent**

1 **with religious creed or tenet.** NOTHING IN THIS PART 5 AUTHORIZES A  
2 COUNTY OR DISTRICT BOARD OF HEALTH TO IMPOSE ON ANY PERSON ANY  
3 MODE OF TREATMENT INCONSISTENT WITH THE CREED OR TENETS OF ANY  
4 RELIGIOUS DENOMINATION OF WHICH HE OR SHE IS AN ADHERENT IF THE  
5 PERSON COMPLIES WITH SANITARY AND QUARANTINE LAWS AND RULES.

6 **25-1-518. Nuisances - defined - prohibited - abatement -**  
7 **expenses.** (1) AS USED IN THIS SECTION AND SECTION 25-1-519,  
8 "NUISANCE" MEANS A CONDITION, ACT, OR FAILURE TO ACT THAT  
9 UNREASONABLY INTERFERES WITH THE HEALTH OR SAFETY OF THE  
10 COMMUNITY BY ENDANGERING LIFE, GENERATING OR SPREADING  
11 INFECTIOUS DISEASES, OR OTHERWISE INJURIOUSLY AFFECTING THE PUBLIC  
12 HEALTH.

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

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

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

22 (b) THE ORDER SHALL:

23 (I) SPECIFY THE NATURE OF THE NUISANCE AND THE METHOD THAT  
24 SHOULD BE USED TO ABATE THE NUISANCE, INCLUDING BUT NOT LIMITED  
25 TO:

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

1 (B) THE DECONTAMINATION OR DESTRUCTION OF ANY MATERIAL,  
2 GOODS, OR CONDITIONS; AND

3 (II) DESIGNATE A REASONABLE TIME IN WHICH THE NUISANCE  
4 MUST BE ABATED.

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

9 (5) (a) WHENEVER THE REMOVAL OR ABATEMENT OF A NUISANCE  
10 REQUIRES IMMEDIATE ACTION BY AN AGENCY, THE AGENCY MAY PAY THE  
11 COSTS OF REMOVAL OR ABATEMENT AND SEEK REIMBURSEMENT FOR  
12 EXPENSES FROM RESPONSIBLE PERSONS.

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

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

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

18 (III) COLLECTED IN THE SAME MANNER AS PERSONAL TAXES  
19 ASSESSED BY THE STATE.

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

24 **25-1-519. Nuisances - administrative searches and inspections**  
25 **public property.** (1) (a) UPON CONSENT OF THE OWNER OR CUSTODIAN,  
26 AN AGENCY MAY ENTER ANY PROPERTY AT ANY REASONABLE TIME TO  
27 INSPECT, INVESTIGATE, EVALUATE, CONDUCT TESTS, OR TAKE SPECIMENS

1 OR SAMPLES FOR TESTING AS MAY BE REASONABLY NECESSARY TO  
2 DETERMINE COMPLIANCE WITH ANY LAW OR RULE ADMINISTERED BY THE  
3 AGENCY.

4 (b) (I) IF THE AGENCY IS DENIED ENTRY TO THE PROPERTY, THE  
5 COUNTY COURT FOR THE COUNTY IN WHICH THE PROPERTY IS LOCATED  
6 THAT AUTHORIZES THE INVESTIGATION, EVALUATION, INSPECTION,  
7 TESTING, OR COLLECTION OF SPECIMENS OR SAMPLES FOR TESTING.

8 (II) THE COURT MAY ISSUE AN ORDER DIRECTED TO THE SHERIFF  
9 OF THE COUNTY IN WHICH THE PROPERTY IS LOCATED, COMMANDING HIM  
10 OR HER TO TAKE SUFFICIENT AID AND, BEING ACCOMPANIED BY ANY TWO  
11 OR MORE MEMBERS OF THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY,  
12 TO RETURN TO THE PROPERTY WHERE THE NUISANCE IS SAID TO EXIST  
13 AND ABATE THE NUISANCE UNDER THE DIRECTION OF THE PUBLIC HEALTH  
14 AGENCY.

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

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

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

2           (1) [**Formerly 25-1-635**] WHENEVER A PRISONER CONFINED IN ANY         
3           JAIL CONTRACTS ANY DISEASE THAT, IN THE OPINION OF THE MEDICAL  
4           OFFICER OF THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY, IS  
5           CONSIDERED DANGEROUS TO THE SAFETY AND HEALTH OF THE OTHER  
6           PRISONERS OR OF THE INHABITANTS OF THE TOWN, CITY, OR COUNTY IN  
7           WHICH THE JAIL IS SITUATED, THE LOCAL PUBLIC HEALTH AGENCY, BY  
8           WRITTEN ORDER, MAY DIRECT THE REMOVAL OF THE PERSON TO A  
9           HOSPITAL OR OTHER PLACE OF SAFETY TO BE PROVIDED FOR AND  
10          SECURELY KEPT TO PREVENT HIS OR HER ESCAPE UNTIL FURTHER ORDERS.  
11          IF THE PRISONER RECOVERS FROM THE DISEASE OR NO LONGER POSES A  
12          THREAT TO THE SAFETY AND HEALTH OF OTHER PRISONERS, HE OR SHE  
13          SHALL BE RETURNED TO THE JAIL.

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

23          **25-1-521. [Formerly 25-1-650] Investigation by public health**  
24          director. (1) WHEN A PUBLIC HEALTH DIRECTOR OR MEDICAL OFFICER  
25          RECEIVES RELIABLE NOTICE OR HAS REASON TO BELIEVE THAT THERE IS A  
26          CASE OF A COMMUNICABLE DISEASE DANGEROUS TO THE PUBLIC HEALTH  
27          WITHIN THE COUNTY, CITY, OR TOWN OF WHICH HE OR SHE IS THE PUBLIC

1 HEALTH DIRECTOR OR MEDICAL OFFICER, IT IS THE DUTY OF THE PUBLIC  
2 HEALTH DIRECTOR OR MEDICAL OFFICER:

3 (a) TO ESTABLISH, MAINTAIN, AND ENFORCE ISOLATION AND  
4 QUARANTINE. FOR THIS PURPOSE ONLY, THE PUBLIC HEALTH DIRECTOR==  
5 == SHALL EXERCISE SUCH PHYSICAL CONTROL OVER ANY PROPERTY AND  
6 OVER THE PERSONS WITHIN THE JURISDICTION OF THE COUNTY OR DISTRICT  
7 BOARD AS THE BOARD, PUBLIC HEALTH DIRECTOR, OR MEDICAL OFFICER  
8 MAY FIND NECESSARY FOR THE PROTECTION OF THE PUBLIC HEALTH; AND

9 (b) TO KEEP THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT  
10 INFORMED WITH RESPECT TO ANY OUTBREAK OF A DISEASE DANGEROUS TO  
11 THE PUBLIC HEALTH.

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

14 **24-10-103. Definitions.** As used in this article, unless the context  
15 otherwise requires:

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

17 (I) Any health care practitioner employed by a public entity,  
18 except for any health care practitioner who is employed on less than a  
19 full-time basis by a public entity and who additionally has an independent  
20 or other health care practice. Any such person employed on less than a  
21 full-time basis by a county OR A DISTRICT PUBLIC HEALTH AGENCY and  
22 who additionally has an independent or other health care practice shall  
23 maintain the status of a public employee only when such person engages  
24 in activities at or for the county ~~which~~ OR THE DISTRICT PUBLIC HEALTH  
25 AGENCY THAT are within the course and scope of such person's  
26 responsibilities as an employee of the county OR THE DISTRICT PUBLIC  
27 HEALTH AGENCY. For purposes of this subparagraph (I), work performed

1 as an employee of another public entity or of an entity of the United  
2 States government shall not be considered to be an independent or other  
3 health care practice.

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

6 **SECTION 4.** 8-20.5-101 (5), Colorado Revised Statutes, is  
7 amended to read:

8 **8-20.5-101. Definitions.** As used in this article, unless the context  
9 otherwise requires:

10 (5) "Designee" means a qualified municipality, city, home rule  
11 city, city and county, county, fire protection district, or any other political  
12 subdivision of the state, including a county OR district or regional PUBLIC  
13 health department AGENCY created pursuant to section 25-1-501 or part  
14 7 of article 1 of title 25 25-1-506, C.R.S., which county OR district or  
15 regional PUBLIC health department AGENCY is acting under agreement or  
16 contract with the department for the implementation of the provisions of  
17 this article.

18 **SECTION 5.** 24-22-117 (1) (c) (I) (B), Colorado Revised  
19 Statutes, is amended to read:

20 **24-22-117. Tobacco tax cash fund - accounts - creation.** (1)  
21 (c) For the 2004-05 fiscal year and each fiscal year thereafter, the general  
22 assembly shall annually appropriate three percent of the moneys estimated  
23 to be deposited in that fiscal year into the cash fund, plus three percent of  
24 the interest earned on the moneys in the cash fund, for health-related  
25 purposes to provide revenue for the state's general fund and old age  
26 pension fund and for municipal and county governments to compensate  
27 proportionately for tax revenue reductions attributable to lower cigarette

1 and tobacco sales resulting from the implementation of the tax imposed  
2 pursuant to section 21 of article X of the state constitution, as follows:

3 (I) (B) Beginning in fiscal year 2006-07 and for each fiscal year  
4 thereafter, of the moneys specified in sub-subparagraph (A) of this  
5 subparagraph (I), fifty percent shall be appropriated for the purposes of  
6 providing immunizations performed BY COUNTY OR DISTRICT PUBLIC  
7 HEALTH AGENCIES IN AREAS THAT WERE SERVED by county public health  
8 nursing services PRIOR TO JULY 1, 2008, and fifty percent shall be  
9 appropriated to the pediatric specialty hospital fund, created in paragraph  
10 (e) of subsection (2) of this section, for the purposes of augmenting  
11 hospital reimbursement rates for regional pediatric trauma centers as  
12 defined in section 25-3.5-703 (4) (f), C.R.S., under the "Colorado  
13 Medical Assistance Act", articles 4, 5, and 6 of title 25.5, C.R.S.

14 **SECTION 6.** 24-75-1104.5 (1.5) (a) (IV), Colorado Revised  
15 Statutes, is amended to read:

16 **24-75-1104.5. Use of settlement moneys - programs.**  
17 (1.5) (a) For the 2007-08 fiscal year and for each fiscal year thereafter,  
18 the following programs, services, and funds shall receive the following  
19 specified amounts from the portion of any strategic contribution fund  
20 moneys received by the state in the current fiscal year that remains after  
21 the programs, services, and funds receiving strategic contribution fund  
22 moneys pursuant to subsection (1) of this section have been fully funded,  
23 and the portion of all other settlement moneys received by the state in the  
24 preceding fiscal year that remains after the programs, services, and funds  
25 receiving such other settlement moneys pursuant to subsection (1) of this  
26 section have been fully funded and all overexpenditures and supplemental  
27 appropriations allowed for the 2006-07 and 2007-08 fiscal years pursuant

1 to section 24-22-115 (4) have been made:

2 (IV) The public health services per capita support fund created in  
3 section ~~25-1-516(2)~~ 25-1-512 (2), C.R.S., shall receive seven percent of  
4 the settlement moneys, which the state treasurer shall transfer thereto and  
5 which, subject to annual appropriation by the general assembly to the  
6 department of public health and environment, shall be used to provide  
7 additional per capita state support for basic and optional public health  
8 services, as defined by the state board of health, in accordance with  
9 section ~~25-1-516~~ 25-1-512, C.R.S.

10 SECTION 7. 25-4-601 (1), (2), and (3), Colorado Revised  
11 Statutes, are amended to read:

12 25-4-601. Definitions. As used in this part 6, unless the context  
13 otherwise requires:

14 (1) "County board of health" means the body acting as the  
15 COUNTY OR DISTRICT board of health of a county under the provisions of  
16 section ~~25-1-608~~ 25-1-508.

17 (2) "Health department" means the department of public health  
18 and environment or any county or district PUBLIC health department  
19 AGENCY organized and maintained under the provisions of part 5 of  
20 article 1 of this title.

21 (3) "Health officer" means the person appointed as the PUBLIC  
22 health officer DIRECTOR of a DISTRICT, county, city, or town under the  
23 provisions of section ~~25-1-610~~ 25-1-509.

24 SECTION 8. 25-4-1608 (2), Colorado Revised Statutes, is  
25 amended to read:

26 25-4-1608. Food protection cash fund - creation.

27 (2) Twenty-five dollars of each fee collected by the department and local

1 board of health pursuant to section 25-4-1607 (1) (a), and twenty dollars  
2 of each fee collected by the department and local board of health pursuant  
3 to section 25-4-1607 (1) (b) and (1) (c) shall be transmitted to the state  
4 treasurer, who shall credit such fee to the food protection cash fund  
5 created in subsection (1) of this section. This portion of the fee shall be  
6 used by the department to conduct the duties and responsibilities set forth  
7 in section 25-4-1604 (1) (a), (1) (b), (1) (c), (1) (f), (1) (g), and (1) (i).  
8 The remainder of such fee shall be retained by the local board of health  
9 for deposit in the appropriate local board of health cash fund in  
10 accordance with sections 25-1-509 and 25-1-713 SECTION 25-1-511, or if  
11 the fee is collected by the department it shall be deposited pursuant to  
12 section 25-4-1608 (1), and used to pay a portion of the cost of conducting  
13 a retail food establishment protection program.

14 **SECTION 9.** 25-4-2101, Colorado Revised Statutes, is amended  
15 to read:

16 **25-4-2101. Powers and duties of department - rules.** In  
17 addition to any other powers and duties, the department of public health  
18 and environment shall promulgate rules governing the safe and sanitary  
19 practice of body art, the safe and sanitary physical environment where  
20 body art is performed, and the safe and sanitary conditions of equipment  
21 utilized in body art procedures. Nothing in this section shall be construed  
22 to prohibit a city, county, local OR DISTRICT board of health established  
23 pursuant to ~~part 6~~ PART 5 of article 1 of this title, or a county or district  
24 PUBLIC health department AGENCY established pursuant to part 5 of article  
25 1 of this title from adopting or enforcing ordinances, resolutions, or rules  
26 that impose standards for body art that are at least as stringent as the  
27 standards imposed by the rules adopted by the department of public health

1 and environment.

2 SECTION 10. 25-4-2502 (5), Colorado Revised Statutes, is  
3 amended to read:

4 25-4-2502. Definitions. As used in this part 25, unless the  
5 context otherwise requires:

6 (5) "Local public health agency" means a county or district  
7 department of PUBLIC health AGENCY established pursuant to section  
8 25-1-501 or an agency providing public health nursing services as  
9 described in section 25-1-610.5 25-1-506.

10 SECTION 11. 30-15-401 (1) (a) (V) (B) and (8), Colorado  
11 Revised Statutes, are amended to read:

12 30-15-401. General regulations. (1) In addition to those powers  
13 granted by sections 30-11-101 and 30-11-107 and by parts 1, 2, and 3 of  
14 this article, the board of county commissioners has the power to adopt  
15 ordinances for control or licensing of those matters of purely local  
16 concern which are described in the following enumerated powers:

17 (a) (V) To do all acts and make all regulations which may be  
18 necessary or expedient for the promotion of health or the suppression of  
19 disease, limited to the following:

20 (B) In addition to the authority given counties under section  
21 25-1-612, C.R.S., to restrain, fine, and punish persons for dumping dead  
22 animals on public or another person's private property;

23 (8) No ordinance, resolution, rule, regulation, service, function,  
24 or exercise of an authorized power pursuant to this section or section  
25 30-11-101 (1) (f) or (1) (g) or 30-11-107 (1) (u), (1) (w), (1) (y), (1) (z),  
26 or (1) (bb) or 25-1-507 (1) (g) or (1) (h) or 25-1-711 (1) (d) or (1) (e)  
27 25-1-508 (5) (g) or (5) (j), C.R.S., shall apply within the corporate limits

1 of any incorporated municipality, nor to any municipal service, function,  
2 facility, or property whether owned by or leased to the incorporated  
3 municipality, outside the municipal boundaries, unless the municipality  
4 consents. If the municipality consents that any ordinance, resolution, rule,  
5 regulation, service, function, or exercise of an authorized power shall  
6 apply within the municipality or to municipal services, functions,  
7 facilities, or property outside the municipal boundaries, such ordinance,  
8 resolution, rule, regulation, service, function, or exercise of an authorized  
9 power shall be uniform within the municipality and the applicable  
10 unincorporated areas of the county, unless the county and the municipality  
11 agree otherwise pursuant to part 2 of article 1 of title 29, C.R.S.

12 **SECTION 12.** 30-20-203 (1) (h), Colorado Revised Statutes, is  
13 amended to read:

14 **30-20-203. Powers.** (1) The board of county commissioners,  
15 following the creation of such district and acting on behalf thereof:

16 (h) May promulgate and adopt on behalf of the district such  
17 schedules, rules, or regulations as may be necessary for the orderly  
18 collection of trash, wastes, or garbage from the district, and for the  
19 maintenance and operation of dumps, sanitary fills, or other satisfactory  
20 disposal methods and collection areas, which, when so adopted, may be  
21 administered and enforced by the county or district PUBLIC health  
22 department AGENCY, as the case may be, as provided in other cases by  
23 sections 25-1-506 and ~~25-1-512~~ 25-1-514, C.R.S.:

24 **SECTION 13.** 38-1-202 (1) (d) and (1) (e), Colorado Revised  
25 Statutes, are amended to read:

26 **38-1-202. Governmental entities, corporations, and persons**  
27 **authorized to use eminent domain.** (1) The following governmental

1 entities, types of governmental entities, and public corporations, in  
2 accordance with all procedural and other requirements specified in this  
3 article and articles 2 to 7 of this title and to the extent and within any time  
4 frame specified in the applicable authorizing statute may exercise the  
5 power of eminent domain:

6 (d) Counties, cities and counties, and boards of county  
7 commissioners as authorized in sections 24-72-104 (2), ~~25-1-659,~~  
8 25-3-306, 29-6-101, 30-11-104 (2), 30-11-107 (1) (w), 30-11-205,  
9 30-11-307 (1)(c), 30-20-108 (3), 30-20-402 (1) (a), 30-35-201 (37), (41),  
10 (42), and (43), 31-25-216 (2), 41-4-102, 41-4-104, 41-4-108, 41-5-101 (1)  
11 (a), 43-1-217 (1), 43-2-112 (2), 43-2-204, 43-2-206, and 43-3-107,  
12 C.R.S.:

13 (e) Cities, cities and counties, and towns as authorized in sections  
14 ~~25-1-659,~~ 29-4-104 (1) (d), 29-4-105, 29-4-106, 29-6-101, 29-7-104,  
15 30-20-108 (3), 31-15-706 (2), 31-15-707 (1) (a) and (1) (e), 31-15-708 (1)  
16 (b), 31-15-716 (1) (c), 31-25-201 (1), 31-25-216 (2), 31-25-402 (1) (c),  
17 31-35-304, 31-35-402 (1) (a), 31-35-512 (1) (g), 38-5-105, 38-6-101,  
18 38-6-122, 41-4-108, and 41-4-202, C.R.S.:

19 **SECTION 14. Effective date.** This act shall take effect July 1,  
20 2008.

21 **SECTION 15. Safety clause.** The general assembly hereby finds,  
22 determines, and declares that this act is necessary for the immediate  
23 preservation of the public peace, health, and safety.