

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

SENATE SPONSORSHIP

Hagedorn,

HOUSE SPONSORSHIP

McGihon,

Senate Committees
Health and Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING PUBLIC HEALTH AND, IN CONNECTION THEREWITH,**
102 **MAKING AN APPROPRIATION.**

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

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.

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

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

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

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

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

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

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

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

27 (V) DEVELOP A COMPREHENSIVE PLAN AND SET PRIORITIES FOR

1 PROVIDING ESSENTIAL PUBLIC HEALTH SERVICES.

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

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

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

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

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

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

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

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

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

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

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

26 (h) ENCOURAGE A COMPETENT PUBLIC HEALTH WORKFORCE;

27 (i) EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF

1 PERSONAL AND POPULATION-BASED PUBLIC HEALTH SERVICES; AND

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

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

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

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

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

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

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

27 (10) "STATE DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC

1 HEALTH AND ENVIRONMENT CREATED PURSUANT TO SECTION 25-1-102.

2 **25-1-503. State board - public health duties.** (1) IN ADDITION
3 TO ALL OTHER POWERS AND DUTIES CONFERRED AND IMPOSED UPON THE
4 STATE BOARD, THE STATE BOARD HAS THE FOLLOWING SPECIFIC POWERS
5 AND DUTIES:

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

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

11 (c) TO ESTABLISH, BY RULE, THE MINIMUM QUALIFICATIONS FOR
12 COUNTY AND DISTRICT PUBLIC HEALTH DIRECTORS AND MEDICAL
13 OFFICERS;

14 (d) TO ENSURE THE DEVELOPMENT AND IMPLEMENTATION OF A
15 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN; ==

16 (e) TO REVIEW == ALL COUNTY AND DISTRICT PUBLIC HEALTH
17 AGENCY PUBLIC HEALTH PLANS, WHICH REVIEW SHALL BE BASED ON
18 CRITERIA ESTABLISHED BY RULE BY THE STATE BOARD AND AGAINST
19 WHICH EACH COUNTY OR DISTRICT PUBLIC HEALTH PLAN SHALL BE
20 EVALUATED; AND

21 (f) TO ESTABLISH, BY RULE, FOR THE FISCAL YEAR BEGINNING JULY
22 1, 2009, IF PRACTICABLE, AND FOR EACH FISCAL YEAR THEREAFTER, A
23 FORMULA FOR ALLOCATING MONEYS TO COUNTY OR DISTRICT PUBLIC
24 HEALTH AGENCIES BASED ON INPUT FROM THE STATE DEPARTMENT AND
25 FROM COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES.

26 SUBPART 2
27 PUBLIC HEALTH PLANS

1 **25-1-504. Comprehensive public health plan - development -**
2 **approval - reassessment.** (1) ON OR BEFORE DECEMBER 31, 2009, AND
3 AT A MINIMUM ON OR BEFORE DECEMBER 31 EVERY FIVE YEARS
4 THEREAFTER, THE STATE DEPARTMENT SHALL DEVELOP A
5 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN,
6 REFERRED TO IN THIS SECTION AS THE "PLAN", THAT ASSESSES AND SETS
7 PRIORITIES FOR THE PUBLIC HEALTH SYSTEM. THE STATE BOARD MAY
8 APPOINT AD HOC OR ADVISORY COMMITTEES AS NEEDED FOR THE PLAN
9 DEVELOPMENT PROCESS. THE PLAN SHALL BE DEVELOPED IN
10 CONSULTATION WITH THE STATE BOARD AND REPRESENTATIVES FROM THE
11 STATE DEPARTMENT, COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES, AND
12 THEIR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM. THE PLAN SHALL
13 RELY ON EXISTING OR AVAILABLE DATA OR OTHER INFORMATION
14 ACQUIRED PURSUANT TO THIS PART 5, AS WELL AS NATIONAL GUIDELINES
15 OR RECOMMENDATIONS CONCERNING PUBLIC HEALTH OUTCOMES OR
16 IMPROVEMENTS.

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

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

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

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

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

1 PUBLIC HEALTH AGENCIES; AND

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

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

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

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

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

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

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

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

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

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

27 (IX) DETAILED DESCRIPTION OF STRATEGIES TO DEVELOP AND

1 PROMOTE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES;
2 (X) DEVELOPMENT, EVALUATION, AND MAINTENANCE OF, AND
3 IMPROVEMENTS TO, AN INFORMATION INFRASTRUCTURE THAT SUPPORTS
4 ESSENTIAL PUBLIC HEALTH SERVICES;
5 (XI) DETAILED DESCRIPTION OF THE PROGRAMS AND ACTIVITIES
6 THAT WILL BE PURSUED TO ADDRESS EXISTING PUBLIC AND
7 ENVIRONMENTAL HEALTH PROBLEMS, DISPARITIES, OR THREATS;
8 (XII) DETAILED DESCRIPTION OF HOW PUBLIC HEALTH SERVICES
9 WILL BE INTEGRATED AND PUBLIC HEALTH RESOURCES SHARED TO
10 OPTIMIZE EFFICIENCY AND EFFECTIVENESS OF THE PUBLIC HEALTH
11 SYSTEM;
12 (XIII) DETAILED DESCRIPTION OF HOW THE PLAN WILL SUPPORT
13 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES IN ACHIEVING THE GOALS
14 OF THEIR COUNTY OR DISTRICT PUBLIC HEALTH PLANS;
15 (XIV) ESTIMATION OF COSTS OF IMPLEMENTING THE PLAN;
16 (XV) A TIMELINE FOR IMPLEMENTING VARIOUS ELEMENTS OF THE
17 PLAN;
18 (XVI) A STRATEGY FOR COORDINATING SERVICE DELIVERY WITHIN
19 THE PUBLIC HEALTH SYSTEM; AND
20 (XVII) MEASURABLE INDICATORS OF EFFECTIVENESS AND
21 SUCCESSES.
22 (c) THE PLAN, INCLUDING CORE PUBLIC HEALTH SERVICES AND
23 STANDARDS, SHALL PROSPECTIVELY COVER UP TO FIVE YEARS, SUBJECT TO
24 ANNUAL REVISIONS AND THE IMPLEMENTATION SCHEDULE ESTABLISHED
25 BY THE STATE BOARD.
26 (3) THE STATE DEPARTMENT SHALL MAKE THE PLAN AVAILABLE
27 TO THE GOVERNOR, THE GENERAL ASSEMBLY, THE STATE BOARD, COUNTY

1 OR DISTRICT PUBLIC HEALTH AGENCIES, AND OTHER PARTNERS.

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

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

22 **25-1-505. County and district public health plans - approval.**

23 (1) AS SOON AS PRACTICABLE AFTER THE APPROVAL OF EACH
24 COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN
25 PURSUANT TO SECTION 25-1-504, EACH COUNTY OR DISTRICT PUBLIC
26 HEALTH AGENCY SHALL PREPARE A COUNTY OR DISTRICT PUBLIC HEALTH
27 PLAN, REFERRED TO IN THIS SECTION AS THE "LOCAL PLAN". EACH LOCAL

1 PLAN SHALL NOT BE INCONSISTENT WITH THE COMPREHENSIVE, STATEWIDE
2 PUBLIC HEALTH IMPROVEMENT PLAN REQUIRED UNDER SECTION 25-1-504.

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

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

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

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

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

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

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

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

25 SUBPART 3

26 COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES

27 **25-1-506. County or district public health agency - repeal.**

1 (1) **[Formerly 25-1-501]** EACH COUNTY, BY RESOLUTION OF ITS BOARD
2 OF COUNTY COMMISSIONERS, SHALL ESTABLISH AND MAINTAIN A COUNTY
3 PUBLIC HEALTH AGENCY OR SHALL PARTICIPATE IN A DISTRICT PUBLIC
4 HEALTH AGENCY. ANY TWO OR MORE CONTIGUOUS COUNTIES, BY
5 RESOLUTIONS OF THE BOARDS OF COUNTY COMMISSIONERS OF THE
6 RESPECTIVE COUNTIES, MAY ESTABLISH AND MAINTAIN A DISTRICT PUBLIC
7 HEALTH AGENCY. AN AGENCY SHALL CONSIST OF A COUNTY OR DISTRICT
8 BOARD OF HEALTH, A PUBLIC HEALTH DIRECTOR, AND ALL OTHER
9 PERSONNEL EMPLOYED OR RETAINED UNDER THE PROVISIONS OF THIS
10 SUBPART 3.

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

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

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

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

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

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

26 (3) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, AN AGENCY
27 SHALL PROVIDE OR ARRANGE FOR THE PROVISIONS OF SERVICES

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

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

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

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

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

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

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

5 (B) VITAL STATISTICS; AND

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

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

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

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

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

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

27 (X) TO PURCHASE AND DISTRIBUTE TO LICENSED PHYSICIANS AND

1 VETERINARIANS, WITH OR WITHOUT CHARGE, AS THE COUNTY OR DISTRICT
2 BOARD MAY DETERMINE UPON CONSIDERATIONS OF EMERGENCY OR NEED,
3 APPROVED BIOLOGICAL OR THERAPEUTIC PRODUCTS NECESSARY FOR THE
4 PROTECTION OF PUBLIC HEALTH;

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

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

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

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

27 (XV) TO ESTABLISH AND IMPLEMENT PROGRAMS THAT THE

1 COUNTY OR DISTRICT BOARD DETERMINES ARE IMPORTANT TO PROMOTE,
2 PROTECT, AND MAINTAIN THE PUBLIC HEALTH BY PREVENTING, DELAYING,
3 OR DETECTING THE ONSET OF ENVIRONMENTAL OR CHRONIC DISEASES;

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

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

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

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

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

1 PART 5 WITHIN THE LIMITS OF THE RESPECTIVE CITY OR TOWN OF WHICH
2 THEY ARE THE OFFICERS.

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

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

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

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

1 SHALL BE FOR FIVE YEARS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (k) TO ACCEPT AND, THROUGH THE PUBLIC HEALTH DIRECTOR, TO

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

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

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

16 **25-1-509. County and district public health directors.**

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

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

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

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

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

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

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

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

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

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

26 **25-1-510. [Formerly 25-1-602] County or district board**
27 **unable or unwilling to act.** (1) IF THE COUNTY OR DISTRICT BOARD IS

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

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

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

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

1 DUTIES AS TREASURER OF THE DISTRICT AGENCY.

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

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

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

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

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

1 MAINTAINING THE AGENCY FOR THE ENSUING FISCAL YEAR BY AN
2 APPROPRIATION FROM THE COUNTY GENERAL FUND.

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

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

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

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

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

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

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

1 STATE DEPARTMENT TO ALL AGENCIES AUTHORIZED PURSUANT TO THIS
2 PART 5 AS SPECIFIED IN SUBSECTION (1) OF THIS SECTION; EXCEPT THAT,
3 AT THE END OF THE 2007-08 FISCAL YEAR AND AT THE END OF EACH
4 FISCAL YEAR THEREAFTER, ALL UNEXPENDED AND UNENCUMBERED
5 PRINCIPAL OF THE FUND SHALL BE TRANSFERRED TO THE SHORT-TERM
6 INNOVATIVE HEALTH PROGRAM GRANT FUND CREATED IN SECTION
7 25-36-101 (2) IN ACCORDANCE WITH SECTION 24-75-1104.5 (1.5) (b),
8 C.R.S. INTEREST AND INCOME EARNED ON THE DEPOSIT AND INVESTMENT
9 OF MONEYS IN THE PUBLIC HEALTH SERVICES PER CAPITA SUPPORT FUND
10 SHALL BE CREDITED TO THE FUND AND SHALL REMAIN IN THE FUND UNTIL
11 THE END OF THE FISCAL YEAR IN WHICH CREDITED, WHEN IT SHALL BE
12 TRANSFERRED TO THE SHORT-TERM INNOVATIVE HEALTH PROGRAM GRANT
13 FUND CREATED IN SECTION 25-36-101 (2) IN ACCORDANCE WITH SECTION
14 24-75-1104.5 (1.5) (b), C.R.S.

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

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

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

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

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

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

10 **25-1-515. [Formerly 25-1-513] Judicial review of decisions.**

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

27 (a) CONTRARY TO CONSTITUTIONAL RIGHTS OR PRIVILEGES;

1 (b) IN EXCESS OF THE STATUTORY AUTHORITY OR JURISDICTION OF
2 THE COUNTY OR DISTRICT BOARD OR PUBLIC HEALTH DIRECTOR;

3 (c) AFFECTED BY ANY ERROR OF LAW;

4 (d) MADE OR PROMULGATED UPON UNLAWFUL PROCEDURE;

5 (e) UNSUPPORTED BY SUBSTANTIAL EVIDENCE IN VIEW OF THE
6 ENTIRE RECORD AS SUBMITTED; OR

7 (f) ARBITRARY OR CAPRICIOUS.

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

11 **25-1-516. [Formerly 25-1-514] Unlawful acts and penalties.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (b) THE ORDER SHALL:

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

27 (A) THE CLOSING, DIRECTING, OR COMPELLING THE EVACUATION

1 OR DECONTAMINATION OF ANY REAL PROPERTY, AS NEEDED; OR

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

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

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

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

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

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

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

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

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

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

1 INSPECT, INVESTIGATE, EVALUATE, CONDUCT TESTS, OR TAKE SPECIMENS
2 OR SAMPLES FOR TESTING AS MAY BE REASONABLY NECESSARY TO
3 DETERMINE COMPLIANCE WITH ANY LAW OR RULE ADMINISTERED BY THE
4 AGENCY.

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

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

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

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

1 ADMINISTERED BY THE AGENCY.

2 **25-1-520. Removal of diseased persons from county jail.**

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

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

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

1 WITHIN THE COUNTY, CITY, OR TOWN OF WHICH HE OR SHE IS THE PUBLIC
2 HEALTH DIRECTOR OR MEDICAL OFFICER, IT IS THE DUTY OF THE PUBLIC
3 HEALTH DIRECTOR OR MEDICAL OFFICER:

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

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

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

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

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

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

1 HEALTH AGENCY. For purposes of this subparagraph (I), work performed
2 as an employee of another public entity or of an entity of the United
3 States government shall not be considered to be an independent or other
4 health care practice.

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

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

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

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

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

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

1 proportionately for tax revenue reductions attributable to lower cigarette
2 and tobacco sales resulting from the implementation of the tax imposed
3 pursuant to section 21 of article X of the state constitution, as follows:

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

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

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

1 appropriations allowed for the 2006-07 and 2007-08 fiscal years pursuant
2 to section 24-22-115 (4) have been made:

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

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

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

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

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

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

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

27 **25-4-1608. Food protection cash fund - creation.**

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

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

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

1 standards imposed by the rules adopted by the department of public health
2 and environment.

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

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

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

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

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

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

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

24 (8) No ordinance, resolution, rule, regulation, service, function,
25 or exercise of an authorized power pursuant to this section or section
26 30-11-101 (1) (f) or (1) (g) or 30-11-107 (1) (u), (1) (w), (1) (y), (1) (z),
27 or (1) (bb) or 25-1-507 (1) (g) or (1) (h) or 25-1-711 (1) (d) or (1) (e)

1 25-1-508 (5) (g) or (5) (j), C.R.S., shall apply within the corporate limits
2 of any incorporated municipality, nor to any municipal service, function,
3 facility, or property whether owned by or leased to the incorporated
4 municipality, outside the municipal boundaries, unless the municipality
5 consents. If the municipality consents that any ordinance, resolution, rule,
6 regulation, service, function, or exercise of an authorized power shall
7 apply within the municipality or to municipal services, functions,
8 facilities, or property outside the municipal boundaries, such ordinance,
9 resolution, rule, regulation, service, function, or exercise of an authorized
10 power shall be uniform within the municipality and the applicable
11 unincorporated areas of the county, unless the county and the municipality
12 agree otherwise pursuant to part 2 of article 1 of title 29, C.R.S.

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

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

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

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

27 **38-1-202. Governmental entities, corporations, and persons**

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

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

14 (e) Cities, cities and counties, and towns as authorized in sections
15 25-1-659, 29-4-104 (1) (d), 29-4-105, 29-4-106, 29-6-101, 29-7-104,
16 30-20-108 (3), 31-15-706 (2), 31-15-707 (1) (a) and (1) (e), 31-15-708 (1)
17 (b), 31-15-716 (1) (c), 31-25-201 (1), 31-25-216 (2), 31-25-402 (1) (c),
18 31-35-304, 31-35-402 (1) (a), 31-35-512 (1) (g), 38-5-105, 38-6-101,
19 38-6-122, 41-4-108, and 41-4-202, C.R.S.:

20 **SECTION 14. Appropriation - adjustments to the 2008 long**
21 **bill.** (1) In addition to any other appropriation, there is hereby
22 appropriated, out of any moneys in the general fund not otherwise
23 appropriated, to the department of public health and environment, for
24 allocation to the local health services division, for the fiscal year
25 beginning July 1, 2008, the sum of thirty thousand dollars (\$30,000) and
26 0.5 FTE, or so much thereof as may be necessary, for the implementation
27 of this act.

1 (2) In addition to any other appropriation, there is hereby
2 appropriated, out of any moneys in the comprehensive public health plan
3 cash fund created in section 25-1-504 (4), Colorado Revised Statutes, not
4 otherwise appropriated, to the department of public health and
5 environment, for allocation to the local health services division, for the
6 fiscal year beginning July 1, 2008, the sum of one hundred forty-nine
7 thousand seven hundred sixty-one dollars (\$149,761) and 2.5 FTE, or so
8 much thereof as may be necessary, for the implementation of this act.

9 (3) For the implementation of this act, the general fund
10 appropriation to the controlled maintenance trust fund made in section 20
11 of the annual general appropriation act, for the fiscal year beginning July
12 1, 2008, shall be decreased by thirty thousand dollars (\$30,000).

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

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