

Drafting Number: LLS 12-0555 **Date:** January 18, 2012

Prime Sponsor(s): Rep. Joshi Bill Status: House Health and Environment

Sen. Nicholson **Fiscal Analyst:** Kirk Mlinek (303-866-4782)

TITLE: CONCERNING THE REQUIREMENT THAT THE DEPARTMENT OF PUBLIC

HEALTH AND ENVIRONMENT PROVIDE INFANT EYE PROPHYLAXIS.

| Fiscal Impact Summary | FY 2012-2013 | FY 2013-2014 |
|---|---|--------------|
| State Revenue and Expenditures | See State Revenue and Expenditures section. | |
| FTE Position Change | | |
| Effective Date: Upon the Governor's signature or upon becoming law without his signature. | | |
| Appropriation Summary for FY 2012-2013: None required. | | |
| Local Government Impact: See Local Government Impact section. | | |

Summary of Legislation

The bill: 1) eliminates duties of the Colorado Department of Pubic Health and Environment relating to the provision of a prophylaxis for use in treating the eyes of newborn children, and 2) requires the health care provider in charge of the birth to treat a newborn child with an eye prophylaxis in accordance with the current medical standard of care. Also eliminated are requirements for county, district, or municipal public health directors to investigate prophylaxis-related cases and the penalty provisions for providers who violate newborn eye prophylaxis laws. The bill also contains conforming amendments relating to care provided to newborns by direct-entry midwives.

Current law provides an exception from the required treatment for the minor child of any person who is a member of a well-recognized church or religious denomination and whose religious convictions are against medical treatment for disease. That exception is continued in the bill.

State Revenue and Expenditures

The bill is assessed at having no fiscal impact to the Department of Public Health and Environment as the bill codifies current practice. The department reports that it has neither named, nor provided, infant eye prophylaxis since at least the 1970s. Further, no fines have been assessed during that time.

As a result of conforming amendments concerning direct-entry midwives (sections 6 and 7 of the bill), the Department of Regulatory Agencies will need to update a related rule concerning the limited usage of medications by midwives. Costs associated with this process are expected to be minimal and will be absorbed within existing appropriations.

Local Government Impact

Local governments could experience savings as a result of eliminating county, district, or municipal health director investigatory responsibilities.

Departments Contacted

Public Health and Environment Regulatory Agencies Law