Second Regular Session Seventieth General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 16-0214.05 Jane Ritter x4342

SENATE BILL 16-146

SENATE SPONSORSHIP

Steadman,

HOUSE SPONSORSHIP

Esgar,

Senate Committees

House Committees

Judiciary

A BILL FOR AN ACT

101 CONCERNING MODERNIZING STATUTES RELATED TO SEXUALLY 102 TRANSMITTED INFECTIONS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

The bill updates the statutes related to sexually transmitted infections (STIs) to conform with current medical knowledge by applying provisions that previously only applied to HIV to all STIs. A new definition is established to include HIV and relevant types of hepatitis in the "sexually transmitted infection" definition. The bill allows for all STIs to be treated uniformly under Colorado law, rather than specifically

prosecuting people based on HIV status. HIV criminalization language in statute is repealed.

The bill expands rights for victims of crime by allowing for testing for a sexually transmitted infection under circumstances where the victim has been exposed to blood or other bodily fluids under circumstances that are medically demonstrated to pose a risk of transmission of a sexually transmitted infection. A victim of crime in such circumstances must also be provided with adequate counseling by a health care provider concerning prophylaxis and treatment of infections until cured, where possible; treatment to prevent progression of any infection; the necessity of regular medical evaluations; and measures for preventing transmission of the infection to others.

Public health orders or restrictive measures directed to a person with a sexually transmitted infection must only be used as the last resort when all other measures to protect the public health have failed, including efforts to obtain the voluntary cooperation of the person who may be subject to the public health order or restrictive measure. Any public health order or restrictive measure that is applied must be applied serially with the least intrusive measures used first.

2 **SECTION 1.** In Colorado Revised Statutes, repeal and reenact, 3 with amendments, part 4 of article 4 of title 25 as follows: 4 PART 4 5 SEXUALLY TRANSMITTED INFECTIONS 6 **25-4-401. Legislative declaration.** (1) THE GENERAL ASSEMBLY 7 DECLARES THAT: 8 (a) SEXUALLY TRANSMITTED INFECTIONS, REGARDLESS OF THE 9 MODE OF TRANSMISSION, IMPACT THE PUBLIC HEALTH OF THE STATE AND 10 ARE A MATTER OF STATEWIDE CONCERN; 11 (b) COLORADANS HAVE A RIGHT TO RECEIVE ACCURATE, 12 CONFIDENTIAL, AND TIMELY INFORMATION TO MAKE INFORMED DECISIONS 13 THAT PROMOTE THEIR INDIVIDUAL PHYSICAL AND MENTAL HEALTH AND 14 WELL-BEING. THIS RIGHT APPLIES TO ALL COLORADANS, REGARDLESS OF

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

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1	GEOGRAPHIC LOCATION, ETHNIC OR RACIAL BACKGROUND, INCOME,
2	ABILITY, GENDER, GENDER IDENTITY, OR SEXUAL ORIENTATION;
3	(c) Positive, stigma-free messages and comprehensive,
4	EVIDENCE-BASED INFORMATION MUST BE AVAILABLE TO CREATE
5	HEALTHY, SAFE RELATIONSHIPS AND A HEALTHIER COLORADO; AND
6	(d) It is the responsibility of any individual who has
7	KNOWLEDGE OR REASONABLE GROUNDS TO SUSPECT THAT HE OR SHE HAS
8	A SEXUALLY TRANSMITTED INFECTION TO NOT INTENTIONALLY TRANSMIT
9	THE INFECTION TO ANOTHER INDIVIDUAL.
10	(2) THE GENERAL ASSEMBLY FURTHER DECLARES THAT:
11	(a) REPORTING SEXUALLY TRANSMITTED INFECTIONS TO PUBLIC
12	HEALTH AGENCIES IS ESSENTIAL TO ENABLE A BETTER UNDERSTANDING OF
13	THE SCOPE OF EXPOSURE AND THE IMPACT OF THE EXPOSURE ON THE
14	COMMUNITY AND TO OPTIMIZE MEANS OF SEXUALLY TRANSMITTED
15	INFECTION CONTROL;
16	(b) EFFORTS TO CONTROL SEXUALLY TRANSMITTED INFECTIONS
17	INCLUDE PUBLIC EDUCATION, COUNSELING, VOLUNTARY TESTING,
18	LINKAGE TO TREATMENT, PREVENTION, AND ACCESS TO SERVICES;
19	(c) RESTRICTIVE ENFORCEMENT MEASURES MAY BE USED ONLY
20	WHEN NECESSARY TO PROTECT THE PUBLIC HEALTH;
21	(d) HAVING A SEXUALLY TRANSMITTED INFECTION, BEING
22	PRESUMED TO HAVE ONE, OR SEEKING TESTING FOR THE PRESENCE OF SUCH
23	AN INFECTION MUST NOT SERVE AS THE BASIS FOR DISCRIMINATORY
24	ACTIONS OR PREVENT ACCESS TO SERVICES; AND
25	(e) IT IS THE POLICY OF THE STATE TO ENCOURAGE VOLUNTARY
26	TESTING FOR SEXUALLY TRANSMITTED INFECTIONS AND PROMOTE
27	LINKAGE TO CARE WITHOUT PERPETUATING STIGMA

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1	(3) THEREFORE, THE GENERAL ASSEMBLY FURTHER DECLARES
2	THAT THE PURPOSE OF THIS PART 4 IS TO PROTECT THE PUBLIC HEALTH,
3	EMPOWER INDIVIDUALS TO TAKE PERSONAL RESPONSIBILITY FOR THEIR
4	SEXUAL HEALTH, AND TO PREVENT INFECTIONS THAT MAY BE SEXUALLY
5	TRANSMITTED.
6	25-4-402. Definitions. AS USED IN THIS PART 4:
7	(1) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
8	THE STATE DEPARTMENT.
9	(2) "HEALTH CARE PROVIDER" MEANS A PERSON WHOSE VOCATION
10	OR PROFESSION IS RELATED TO THE MAINTENANCE OF INDIVIDUALS'
11	HEALTH OR ANYONE WHO PROVIDES DIAGNOSTIC SCREENING TESTS,
12	MEDICAL TREATMENT, OR OTHER MEDICAL SERVICES.
13	(3) "HEALTH OFFICER" MEANS THE DIRECTOR OF THE STATE
14	DEPARTMENT, THE CHIEF MEDICAL OFFICER APPOINTED PURSUANT TO
15	SECTION 25-1-105, OR A LOCAL DIRECTOR.
16	(4) "HIV" MEANS HUMAN IMMUNODEFICIENCY VIRUS.
17	(5) "LOCAL DIRECTOR" MEANS A DIRECTOR OF A LOCAL PUBLIC
18	HEALTH AGENCY.
19	(6) "LOCAL PUBLIC HEALTH AGENCY" MEANS A COUNTY OR
20	DISTRICT PUBLIC HEALTH AGENCY ESTABLISHED PURSUANT TO SECTION
21	25-1-506 OR A LOCAL DEPARTMENT OF PUBLIC HEALTH.
22	(7) "MEDICAL EMERGENCY" MEANS AN ACUTE INJURY, ILLNESS, OR
23	EXPOSURE THAT POSES AN IMMEDIATE RISK TO A PERSON'S LIFE OR
24	LONG-TERM HEALTH, SUCH THAT THE ABSENCE OF IMMEDIATE MEDICAL
25	ATTENTION COULD REASONABLY BE EXPECTED TO RESULT IN PLACING THE
26	PERSON'S HEALTH IN SERIOUS JEOPARDY, INCLUDING A SERIOUS
27	IMPAIRMENT TO BODILY FUNCTION OR A SERIOUS DYSFUNCTION OF ANY

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1	BODILY ORGAN OR PART.
2	(8) "Minor", unless otherwise specified, means a person
3	WHO IS UNDER EIGHTEEN YEARS OF AGE.
4	(9) "Public safety workers" includes law enforcement
5	OFFICERS, PEACE OFFICERS, EMERGENCY SERVICE PROVIDERS, AND
6	FIREFIGHTERS.
7	(10) "SEXUALLY TRANSMITTED INFECTION" REFERS TO
8	CHLAMYDIA, SYPHILIS, GONORRHEA, HIV, AND RELEVANT TYPES OF
9	HEPATITIS, AS WELL AS ANY OTHER SEXUALLY TRANSMITTED INFECTION,
10	REGARDLESS OF MODE OF TRANSMISSION, AS DESIGNATED BY THE STATE
11	BOARD BY RULE UPON MAKING A FINDING THAT THE PARTICULAR
12	SEXUALLY TRANSMITTED INFECTION IS CONTAGIOUS.
13	(11) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH
14	CREATED IN SECTION 25-1-103.
15	(12) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF
16	PUBLIC HEALTH AND ENVIRONMENT ESTABLISHED IN SECTION 25-1-102.
17	(13) "TEST" MEANS ANY DIAGNOSTIC, SCREENING, OR OTHER TEST
18	THAT MAY BE PROVIDED IN A HEALTH CARE OR COMMUNITY-BASED
19	ENVIRONMENT.
20	(14) "VICTIM" HAS THE SAME MEANING AS DEFINED IN SECTION
21	24-4.1-302 (5), C.R.S.
22	25-4-403. Eligibility - non-discrimination. NOTWITHSTANDING
23	ANY OTHER PROVISION OF THIS PART 4 TO THE CONTRARY, PROGRAMS AND
24	SERVICES THAT PROVIDE FOR THE INVESTIGATION, IDENTIFICATION,
25	TESTING, PREVENTIVE CARE, AND TREATMENT OF SEXUALLY TRANSMITTED
26	INFECTIONS ARE AVAILABLE REGARDLESS OF A PERSON'S ACTUAL OR
27	PERCEIVED RACE, CREED, COLOR, ANCESTRY, NATIONAL ORIGIN, RELIGION,

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1 SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MENTAL OR PHYSICAL 2 DISABILITY, FAMILIAL STATUS, MARITAL STATUS, OR IMMIGRATION 3 STATUS. 4 **25-4-404.** Rules. (1) The state board, with sufficient 5 INVOLVEMENT AND CONSULTATION FROM THE STATE DEPARTMENT, THE 6 COMMUNITY, AND OTHER INTERESTED STAKEHOLDERS, SHALL ADOPT 7 RULES IT DEEMS NECESSARY TO CARRY OUT THE PROVISIONS OF THIS PART 8 4, INCLUDING RULES ADDRESSING THE CONTROL AND TREATMENT OF 9 SEXUALLY TRANSMITTED INFECTIONS. THE RULES ARE BINDING ON ALL 10 PUBLIC HEALTH AGENCIES, HEALTH OFFICERS, AND OTHER PERSONS 11 AFFECTED BY THIS PART 4. THE RULES MUST INCLUDE, AT A MINIMUM: 12 (a) THE INFORMATION THAT MUST BE REPORTED PURSUANT TO 13 SECTION 25-4-405 AND THE FORM, MANNER, AND TIME FRAME IN WHICH 14 IT MUST BE REPORTED; AND 15 THE PERFORMANCE STANDARDS FOR ANONYMOUS AND 16 CONFIDENTIAL HIV COUNSELING AND TESTING SITES ESTABLISHED 17 PURSUANT TO SECTION 25-4-411. STANDARDS MUST INCLUDE 18 PERFORMANCE STANDARDS FOR NOTIFYING AND COUNSELING A PERSON 19 WHO IS DIAGNOSED WITH A SEXUALLY TRANSMITTED INFECTION AND FOR 20 NOTIFICATION OF HIS OR HER PARTNER OR PARTNERS. 21 Reporting requirements - immunity. (1) 25-4-405. 22 ACCORDANCE WITH THE PROVISIONS OF SECTIONS 25-1-122, 25-4-404, 23 AND 25-4-406, FOR EVERY INDIVIDUAL KNOWN TO THE PERSON OR ENTITY 24 TO HAVE A DIAGNOSIS OF A SEXUALLY TRANSMITTED INFECTION OR HAVE 25 A POSITIVE TEST FOR A SEXUALLY TRANSMITTED INFECTION, THE 26 FOLLOWING PERSONS AND ENTITIES SHALL REPORT ANY INFORMATION 27 REQUIRED BY RULE OF THE STATE BOARD TO THE STATE DEPARTMENT OR

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1	LOCAL PUBLIC HEALTH AGENCY, IN A FORM AND WITHIN A TIME PERIOD
2	DESIGNATED BY RULE OF THE STATE BOARD:
3	(a) EVERY HEALTH CARE PROVIDER IN THE STATE;
4	(b) Persons who test, diagnose, or treat sexually
5	TRANSMITTED INFECTIONS IN A HOSPITAL, CLINIC, CORRECTIONAL
6	INSTITUTION, COMMUNITY-BASED ORGANIZATION, NONCLINICAL SETTING,
7	OR OTHER PRIVATE OR PUBLIC INSTITUTION; OR
8	(c) A LABORATORY OR A PERSON PERFORMING A TEST FOR A CASE
9	OF A SEXUALLY TRANSMITTED INFECTION.
10	(2) The reports submitted pursuant to subsection (1) of
11	THIS SECTION MUST INCLUDE THE NAME, DATE OF BIRTH, SEX AT BIRTH,
12	GENDER IDENTITY, ADDRESS, AND PHONE NUMBER OF THE INDIVIDUAL
13	WITH THE SEXUALLY TRANSMITTED INFECTION, AND THE NAME, ADDRESS,
14	AND PHONE NUMBER OF THE PERSON MAKING THE REPORT. THE REPORT
15	MUST ALSO INCLUDE ANY TEST RESULTS AND THE NAME, ADDRESS, AND
16	PHONE NUMBER OF THE HEALTH CARE PROVIDER AND ANY OTHER PERSON
17	OR AGENCY THAT REFERRED THE SPECIMEN FOR TESTING.
18	(3) (a) A PERSON WHO, IN GOOD FAITH, COMPLIES WITH THE
19	REPORTING AND TREATMENT REQUIREMENTS OF THIS PART 4 IS IMMUNE
20	FROM CIVIL AND CRIMINAL LIABILITY FOR SUCH ACTIONS.
21	(b) IMMUNITY FROM LIABILITY PURSUANT TO PARAGRAPH (a) OF
22	THIS SUBSECTION (3) DOES NOT APPLY TO A NEGLIGENT ACT OR OMISSION
23	ON THE PART OF THE HEALTH CARE PROVIDER.
24	25-4-406. Reports - confidentiality. (1) THE PUBLIC HEALTH
25	REPORTS REQUIRED PURSUANT TO SECTION 25-4-405 AND ANY RECORDS
26	RESULTING FROM COMPLIANCE WITH THAT SECTION HELD BY THE STATE
27	DEPARTMENT AND LOCAL PUBLIC HEALTH AGENCIES, OR ANY HEALTH

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1	CARE PROVIDER, FACILITY, THIRD-PARTY PAYOR, PHYSICIAN, CLINIC,
2	LABORATORY, BLOOD BANK, HEALTH RECORDS DATABASE, OR OTHER
3	AGENCY, ARE CONFIDENTIAL INFORMATION. THE INFORMATION MUST NOT
4	BE RELEASED, BE SHARED WITH ANY AGENCY OR INSTITUTION, OR BE MADE
5	PUBLIC, UPON SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS,
6	OR OTHERWISE, EXCEPT UNDER THE FOLLOWING CIRCUMSTANCES:
7	(a) FOR STATISTICAL PURPOSES, BUT ONLY IN A MANNER SUCH
8	THAT AN INDIVIDUAL CANNOT BE IDENTIFIED FROM THE INFORMATION
9	RELEASED;
10	(b) TO THE EXTENT NECESSARY TO ENFORCE THE PROVISIONS OF
11	THIS PART 4 AND RELATED RULES CONCERNING THE TREATMENT,
12	CONTROL, PREVENTION, AND INVESTIGATION OF SEXUALLY TRANSMITTED
13	INFECTIONS BY PUBLIC HEALTH OFFICERS;
14	(c) TO HEALTH CARE PROVIDERS AND MEDICAL PERSONNEL IN A
15	MEDICAL EMERGENCY TO THE EXTENT NECESSARY TO PROTECT THE
16	HEALTH OR LIFE OF THE NAMED PARTY; OR
17	(d) TO AGENCIES RESPONSIBLE FOR RECEIVING OR INVESTIGATING
18	REPORTS OF CHILD ABUSE OR NEGLECT IN ACCORDANCE WITH THE
19	PROVISIONS OF THE "CHILD PROTECTION ACT OF 1987", PART 3 OF
20	ARTICLE 3 OF TITLE 19, C.R.S., IF AN OFFICER OR EMPLOYEE OF THE STATE
21	DEPARTMENT OR A LOCAL PUBLIC HEALTH AGENCY MAKES A REPORT OF
22	CHILD ABUSE OR NEGLECT.
23	(2) AN OFFICER OR EMPLOYEE OF THE STATE DEPARTMENT OR A
24	LOCAL PUBLIC HEALTH AGENCY MUST NOT BE EXAMINED IN ANY JUDICIAL,
25	EXECUTIVE, LEGISLATIVE, OR OTHER PROCEEDINGS AS TO THE EXISTENCE
26	OR CONTENT OF ANY INDIVIDUAL'S REPORT BY SUCH DEPARTMENT
27	PURSUANT TO THIS PART 4 OR AS TO THE EXISTENCE OF THE CONTENT OF

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1	THE REPORTS RECEIVED PURSUANT TO SECTION 25-4-405 OR THE RESULT
2	OF AN INVESTIGATION CONDUCTED PURSUANT TO SECTION 25-4-408. THE
3	PROVISIONS OF THIS SUBSECTION (2) DO NOT APPLY TO ADMINISTRATIVE
4	OR JUDICIAL PROCEEDINGS HELD PURSUANT TO SECTION 25-4-412 OR
5	25-4-413.
6	(3) Information in medical records concerning the
7	DIAGNOSIS AND TREATMENT OF A SEXUALLY TRANSMITTED INFECTION IS
8	CONSIDERED MEDICAL INFORMATION, IS NOT PART OF PUBLIC HEALTH
9	REPORTS, AND IS PROTECTED FROM UNAUTHORIZED DISCLOSURE
10	PURSUANT TO THE PROVISIONS OF SECTION 18-4-412, C.R.S.
11	25-4-407. Reporting requirements - research exemption.
12	(1) THE STATE BOARD SHALL APPROVE AN EXEMPTION FROM THE
13	REPORTING REQUIREMENTS OF SECTION 25-4-405 FOR A RESEARCH
14	ACTIVITY THAT MEETS ALL OF THE FOLLOWING CRITERIA:
15	(a) THE RESEARCH ACTIVITY IS FULLY DESCRIBED BY A RESEARCH
16	PROTOCOL;
17	(b) THE RESEARCH ACTIVITY IS SUBJECT TO REVIEW BY AND IS
18	GOVERNED BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN
19	SERVICES;
20	(c) THE RESEARCH ACTIVITY HAS AS PROTOCOL OBJECTIVES
21	EITHER:
22	(I) THE INVESTIGATION OF THE EFFECTIVENESS OF A MEDICAL
23	THERAPY OR VACCINE TO PREVENT INFECTION; OR
24	(II) BASIC MEDICAL RESEARCH INTO THE CELLULAR MECHANISMS
25	THAT CAUSE SEXUALLY TRANSMITTED INFECTIONS;
26	(d) THE RESEARCH ACTIVITY IS REVIEWED AND APPROVED BY A
27	DULY-CONSTITUTED INSTITUTIONAL REVIEW BOARD IN ACCORDANCE WITH

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1	THE REGULATIONS ESTABLISHED BY THE SECRETARY OF THE FEDERAL
2	DEPARTMENT OF HEALTH AND HUMAN SERVICES;
3	(e) THE RESEARCH FOR THE RESEARCH ACTIVITY HAS PROVIDED
4	INFORMATION THAT DEMONSTRATES THAT THE RESEARCH WILL BE
5	FACILITATED BY AN EXEMPTION SPECIFIED IN THIS SECTION; AND
6	(f) THE RESEARCH ACTIVITY HAS BEEN DETERMINED TO HAVE A
7	POTENTIAL HEALTH BENEFIT.
8	(2) THE RESEARCH EXEMPTION AUTHORIZED IN THIS SECTION DOES
9	NOT ALTER THE REPORTING REQUIREMENTS OF PERSONS AND
10	RESEARCHERS WHO ARE OTHERWISE REQUIRED TO MAKE REPORTS WHEN
11	ENGAGED IN ANY TREATMENT OR TESTING OUTSIDE THE SCOPE OF OR
12	PRIOR TO ENROLLMENT IN AN APPROVED RESEARCH PROTOCOL, INCLUDING
13	REQUIRED REPORTING OF OTHER REPORTABLE DISEASES.
14	25-4-408. Infection control - duties. (1) It is the duty of the
15	EXECUTIVE DIRECTOR, HEALTH OFFICERS, OR LOCAL DIRECTORS TO
16	INVESTIGATE SEXUALLY TRANSMITTED INFECTIONS AND TO USE
17	APPROPRIATE MEANS TO PREVENT THE SPREAD OF SUCH SEXUALLY
18	TRANSMITTED INFECTIONS.
19	(2) AS PART OF INFECTION CONTROL EFFORTS, IT IS THE DUTY OF
20	THE EXECUTIVE DIRECTOR, HEALTH OFFICERS, AND LOCAL DIRECTORS TO
21	PROVIDE PUBLIC INFORMATION; RISK-REDUCTION EDUCATION; VOLUNTARY
22	TESTING; COUNSELING; AGE-APPROPRIATE, MEDICALLY ACCURATE, AND
23	CULTURALLY RESPONSIVE EDUCATIONAL MATERIALS FOR SCHOOL USE;
24	AND PROFESSIONAL EDUCATION FOR HEALTH CARE PROVIDERS.
25	(3) THE STATE DEPARTMENT SHALL PROVIDE CURRENT,
26	EVIDENCE-BASED, AND MEDICALLY ACCURATE PROGRAMS UNDER WHICH
2.7	THE STATE DEPARTMENT AND LOCAL PUBLIC HEALTH AGENCIES MAY

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1	PERFORM THE FOLLOWING TASKS:
2	(a) Provide and disseminate to health care providers
3	DIGITAL, WRITTEN, AND VERBAL PRESENTATIONS DESCRIBING THE
4	EPIDEMIOLOGY, PREVENTION, TESTING, DIAGNOSIS, TREATMENT, MEDICAL
5	SERVICES, COUNSELING, AND OTHER ASPECTS OF SEXUALLY TRANSMITTED
6	INFECTIONS;
7	(b) Provide consultation to agencies and organizations
8	REGARDING APPROPRIATE POLICIES FOR PREVENTION, TESTING,
9	EDUCATION, CONFIDENTIALITY, AND CONTROL OF SEXUALLY
10	TRANSMITTED INFECTIONS;
11	(c) CONDUCT HEALTH INFORMATION PROGRAMS TO INFORM THE
12	GENERAL PUBLIC OF THE MEDICAL AND PSYCHOSOCIAL ASPECTS OF
13	SEXUALLY TRANSMITTED INFECTIONS, INCLUDING UPDATED INFORMATION
14	ON HOW THESE INFECTIONS ARE TRANSMITTED AND MAY BE PREVENTED.
15	THE STATE DEPARTMENT SHALL PROVIDE AND DISTRIBUTE TO THE
16	RESIDENTS OF THE STATE, AT NO CHARGE, PRINTED AND ELECTRONIC
17	INFORMATION AND INSTRUCTIONS CONCERNING THE RISKS FROM
18	SEXUALLY TRANSMITTED INFECTIONS, THE PREVENTION OF SEXUALLY
19	TRANSMITTED INFECTIONS, AND THE NECESSITY FOR TESTING.
20	(d) UPDATE AND PROVIDE EDUCATIONAL INFORMATION
21	CONCERNING SEXUALLY TRANSMITTED INFECTIONS THAT EMPLOYERS MAY
22	USE IN THE WORKPLACE;
23	(e) Provide and implement medically accurate and
24	CULTURALLY APPROPRIATE EDUCATIONAL RISK-REDUCTION PROGRAMS
25	FOR SPECIFIC POPULATIONS AT HIGHER RISK FOR INFECTION; AND
26	(f) UPDATE AND PROVIDE ACCURATE, AGE-APPROPRIATE, AND
27	CHITHDALLY DESDONSIVE SEVILALLY TRANSMITTED INFECTION

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1	PREVENTION CURRICULA FOR USE AT THE DISCRETION OF SECONDARY AND
2	MIDDLE SCHOOLS IN THE STATE.
3	(4) When investigating sexually transmitted infections,
4	THE STATE DEPARTMENT AND LOCAL PUBLIC HEALTH AGENCIES, WITHIN
5	THEIR RESPECTIVE JURISDICTIONS, MAY INSPECT AND HAVE ACCESS TO
6	MEDICAL AND LABORATORY RECORDS RELEVANT TO THEIR
7	INVESTIGATION.
8	(5) EVERY PERSON WHO IS CONFINED, DETAINED, OR IMPRISONED
9	IN A STATE, COUNTY, OR CITY HOSPITAL; AN INSTITUTION FOR PERSONS
10	WITH A MENTAL ILLNESS; A HOME FOR DEPENDENT CHILDREN; A
11	CORRECTIONAL FACILITY; OR ANY OTHER PRIVATE OR CHARITABLE
12	INSTITUTION WHERE A PERSON MAY BE CONFINED, DETAINED, OR
13	IMPRISONED BY ORDER OF A COURT OF THIS STATE MUST BE EXAMINED FOR
14	AND, IF DIAGNOSED WITH A SEXUALLY TRANSMITTED INFECTION,
15	REFERRED FOR TREATMENT OF SUCH SEXUALLY TRANSMITTED INFECTION,
16	IN ACCORDANCE WITH CURRENT STANDARDS OF CARE, BY THE HEALTH
17	AUTHORITIES HAVING JURISDICTION OVER THE GIVEN INSTITUTION. THE
18	MANAGING AUTHORITIES OF ANY SUCH INSTITUTION SHALL MAKE
19	AVAILABLE TO THE HEALTH AUTHORITIES WHATEVER PORTION OF THEIR
20	RESPECTIVE INSTITUTION AS MAY BE NECESSARY FOR A CLINIC OR
21	HOSPITAL FOR TREATMENT OF A PERSON'S SEXUALLY TRANSMITTED
22	INFECTION WITH CURRENT AND EVIDENCE-BASED STANDARDS OF CARE IN
23	A PROFESSIONAL MANNER.
24	(6) (a) When a public safety worker, emergency or other
25	HEALTH CARE PROVIDER, FIRST RESPONDER, VICTIM OF CRIME, OR A STAFF
26	MEMBER OF A CORRECTIONAL FACILITY, THE STATE DEPARTMENT, OR A
27	LOCAL PUBLIC HEALTH AGENCY HAS BEEN EXPOSED TO BLOOD OR OTHER

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1	BODILY FLUIDS FOR WHICH THERE IS AN EVIDENCE-BASED REASON TO
2	BELIEVE IT MAY RESULT IN EXPOSURE TO A SEXUALLY TRANSMITTED
3	INFECTION, THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY
4	WITHIN THEIR RESPECTIVE JURISDICTIONS, SHALL ASSIST IN THE
5	EVALUATION AND TREATMENT OF ANY INVOLVED PERSONS BY:
6	(I) ACCESSING INFORMATION ON THE INCIDENT AND ANY PERSONS
7	INVOLVED TO DETERMINE WHETHER A POTENTIAL EXPOSURE TO INFECTION
8	OCCURRED;
9	(II) WHEN THE FACT OF AN EXPOSURE HAS BEEN DETERMINED BY
10	THE STATE DEPARTMENT OR A LOCAL PUBLIC HEALTH AGENCY, EXAMINING
11	AND TESTING ANY INVOLVED PERSONS TO DETERMINE INFECTION;
12	(III) COMMUNICATING RELEVANT INFORMATION AND LABORATORY
13	TEST RESULTS ON INVOLVED PERSONS DIRECTLY TO THE INVOLVED PERSON
14	OR TO HIS OR HER ATTENDING HEALTH CARE PROVIDER, IF THE
15	CONFIDENTIALITY OF SUCH INFORMATION AND TEST RESULTS ARE
16	ACKNOWLEDGED BY THE RECIPIENT AND ADEQUATELY PROTECTED, AS
17	PROVIDED FOR IN SECTION 25-4-406; AND
18	(IV) PROVIDING TIMELY COUNSELING TO ANY INVOLVED PERSONS
19	ON THE POTENTIAL HEALTH RISKS RESULTING FROM EXPOSURE TO
20	INFECTION; PROPHYLAXIS AND TREATMENT OF INFECTIONS UNTIL CURED
21	WHERE POSSIBLE; TREATMENT TO PREVENT PROGRESSION OF SUCH
22	INFECTIONS; MEASURES FOR PREVENTING TRANSMISSION TO OTHERS; AND
23	THE NECESSITY OF REGULAR MEDICAL EVALUATIONS.
24	(b) FOR THE PURPOSES OF THIS SUBSECTION (6), THE EMPLOYER OF
25	AN INVOLVED PERSON SHALL COMPLY WITH THE PROVISIONS OF SECTION
26	25-4-406 AND ENSURE THAT RELEVANT INFORMATION AND LABORATORY
2.7	TEST RESULTS ON THE INVOLVED PERSON ARE KEPT CONFIDENTIAL.

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1	25-4-409. Minors - treatment - consent. (1) (a) A HEALTH CARE
2	PROVIDER OR FACILITY, IF CONSULTED BY A PATIENT WHO IS A MINOR,
3	SHALL PERFORM, AT THE MINOR'S REQUEST, A DIAGNOSTIC EXAMINATION
4	FOR A SEXUALLY TRANSMITTED INFECTION. THE HEALTH CARE PROVIDER
5	OR FACILITY SHALL TREAT THE MINOR FOR A SEXUALLY TRANSMITTED
6	INFECTION, IF NECESSARY; DISCUSS PREVENTION MEASURES, WHERE
7	APPLICABLE; AND INCLUDE APPROPRIATE THERAPIES AND PRESCRIPTIONS.
8	(b) IF A MINOR REQUESTS PREVENTION SERVICES, A DIAGNOSTIC
9	EXAMINATION, OR TREATMENT, THE HEALTH CARE PROVIDER WHO
10	PROVIDES SUCH SERVICES IS NOT CIVILLY OR CRIMINALLY LIABLE FOR
11	PERFORMING THE SERVICE, BUT THE IMMUNITY FROM LIABILITY DOES NOT
12	APPLY TO ANY NEGLIGENT ACT OR OMISSION BY THE HEALTH CARE
13	PROVIDER.
14	(2) THE CONSENT OF A PARENT OR LEGAL GUARDIAN IS NOT A
15	PREREQUISITE TO CARE, TREATMENT, OR PREVENTION SERVICES FOR
16	MINORS. HEALTH CARE PROVIDED TO A MINOR IS CONFIDENTIAL, AND
17	INFORMATION RELATED TO THAT CARE MUST NOT BE DIVULGED TO ANY
18	PERSON OTHER THAN THE MINOR; EXCEPT THAT THE REPORTING REQUIRED
19	PURSUANT TO THE "CHILD PROTECTION ACT OF 1987", PART 3 OF ARTICLE
20	3 OF TITLE 19, C.R.S., STILL APPLIES. IF THE MINOR IS THIRTEEN YEARS OF
21	AGE OR YOUNGER, THE HEALTH CARE PROVIDER MAY INVOLVE THE
22	MINOR'S PARENT OR LEGAL GUARDIAN. A HEALTH CARE PROVIDER SHALL
23	COUNSEL THE MINOR ON THE IMPORTANCE OF BRINGING HIS OR HER
24	PARENT OR LEGAL GUARDIAN INTO THE MINOR'S CONFIDENCE REGARDING
25	THE CONSULTATION, EXAM, OR TREATMENT.
26	25-4-410. Patient consent - rights of patients, victims, and
27	pregnant women. (1) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF

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1	THIS SUBSECTION (1), A HEALTH CARE PROVIDER, HOSPITAL, CLINIC,
2	LABORATORY, OR OTHER PRIVATE OR PUBLIC INSTITUTION SHALL NOT
3	TEST, OR CAUSE BY ANY MEANS TO HAVE TESTED, ANY SPECIMEN OF A
4	PATIENT FOR A SEXUALLY TRANSMITTED INFECTION WITHOUT THE
5	KNOWLEDGE AND CONSENT OF THE PATIENT, WHICH IS SATISFIED AS
6	FOLLOWS:
7	(I) THE PATIENT SIGNS A GENERAL CONSENT FORM FOR
8	TREATMENT;
9	(II) THE PATIENT IS PROVIDED WITH A VERBAL CONSULTATION
10	ABOUT SEXUALLY TRANSMITTED INFECTIONS, TESTING, AND REPORTING
11	REQUIREMENTS; AND
12	(III) THE PATIENT IS PROVIDED WITH THE OPPORTUNITY TO OPT
13	OUT OF TESTING, FOLLOWING THE VERBAL CONSULTATION.
14	(b) Knowledge and consent for testing need not be given
15	IN THE FOLLOWING CIRCUMSTANCES:
16	(I) When a public safety worker, emergency or other
17	HEALTH CARE PROVIDER, FIRST RESPONDER, VICTIM OF CRIME, OR A STAFF
18	MEMBER OF A CORRECTIONAL FACILITY, THE STATE DEPARTMENT, OR A
19	LOCAL PUBLIC HEALTH AGENCY IS EXPOSED TO BLOOD OR OTHER BODILY
20	FLUIDS UNDER CIRCUMSTANCES THAT ARE MEDICALLY DEMONSTRATED TO
21	POSE A RISK OF TRANSMISSION OF A SEXUALLY TRANSMITTED INFECTION;
22	(II) WHEN A PATIENT'S MEDICAL CONDITION IS SUCH THAT
23	KNOWLEDGE AND CONSENT CANNOT BE OBTAINED;
24	(III) WHEN THE TESTING IS DONE AS PART OF A SEROPREVALENCE
25	SURVEY, BUT ONLY IF ALL PERSONAL IDENTIFIERS ARE REMOVED FROM THE
26	SPECIMENS PRIOR TO THE LABORATORY TESTING;
2.7	(IV) WHEN THE PATIENT TO BE TESTED IS SENTENCED TO AND IN

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1	THE CUSTODY OF THE DEPARTMENT OF CORRECTIONS OR IS COMMITTED TO
2	THE COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO AND CONFINED TO
3	THE FORENSIC WARD OR THE MINIMUM OR MAXIMUM SECURITY WARD OF
4	THE INSTITUTE; AND
5	(V) NOTWITHSTANDING THE PROVISIONS OF SECTION 25-4-201,
6	WHEN A PREGNANT WOMAN PRESENTS IN LABOR, AND THE RESULTS OF
7	SYPHILIS AND HIV TESTS ARE NOT ON RECORD, A RAPID TEST WILL BE
8	PERFORMED TO DETERMINE WHETHER TO PROVIDE PROPHYLAXIS TO
9	PREVENT TRANSMISSION OF SEXUALLY TRANSMITTED INFECTIONS TO THE
10	INFANT.
11	(c) A HEALTH CARE PROVIDER SHALL NOTIFY A PATIENT WHO WAS
12	TESTED FOR A SEXUALLY TRANSMITTED INFECTION WITHOUT HIS OR HER
13	KNOWLEDGE AND CONSENT PURSUANT TO SECTION 25-4-408. THE
14	NOTIFICATION MUST BE PROMPT, PERSONAL, AND CONFIDENTIAL AND
15	INFORM THE INDIVIDUAL THAT A TEST SAMPLE WAS TAKEN AND THAT THE
16	RESULTS OF THE TEST MAY BE OBTAINED UPON HIS OR HER REQUEST.
17	(2) It is the duty of every health care provider in the
18	STATE WHO, DURING THE COURSE OF AN EXAMINATION, DISCOVERS THE
19	EXISTENCE OF A SEXUALLY TRANSMITTED INFECTION, OR WHO TREATS A
20	PATIENT FOR SUCH AN INFECTION, TO INFORM THE PERSON OF THE
21	INTERPRETATIONS OF LABORATORY RESULTS AND COUNSEL THE PERSON
22	ON MEASURES FOR PREVENTING TRANSMISSION TO OTHERS; PROPHYLAXIS
23	AND TREATMENT OF INFECTIONS UNTIL CURED, WHERE POSSIBLE
24	TREATMENT TO PREVENT PROGRESSION OF SUCH INFECTIONS; AND THE
25	NECESSITY OF REGULAR MEDICAL EVALUATIONS. SUCH INFORMATION AND
26	LABORATORY TEST RESULTS ARE CONSIDERED MEDICAL INFORMATION AND
27	ARE PROTECTED FROM UNAUTHORIZED DISCLOSURE.

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1	(3) A PREGNANT WOMAN MUST BE INFORMED THAT SYPHILIS AND
2	HIV TESTING ARE PART OF STANDARD PRENATAL TESTING AND GIVEN THE
3	OPPORTUNITY TO DECLINE SUCH TESTS PURSUANT TO SECTION 25-4-201.
4	A PREGNANT WOMAN MUST BE INFORMED THAT TEST RESULTS INFORM THE
5	DECISION AS TO WHETHER TO PROVIDE PROPHYLAXIS AND PREVENT
6	TRANSMISSION OF THE SEXUALLY TRANSMITTED INFECTION TO HER
7	INFANT.
8	(4) WHEN AN ADULT OR MINOR HAS BEEN EXPOSED TO BLOOD OR
9	OTHER BODILY FLUIDS AS A RESULT OF A SEXUAL OFFENSE INVOLVING
10	SEXUAL PENETRATION, AS DEFINED IN SECTION 18-3-401 (6), C.R.S., FOR
11	WHICH THERE IS AN EVIDENCE-BASED REASON TO BELIEVE THAT THE
12	SEXUAL OFFENSE MAY HAVE RESULTED IN EXPOSURE TO A SEXUALLY
13	TRANSMITTED INFECTION, THE STATE DEPARTMENT OR LOCAL PUBLIC
14	HEALTH AGENCY, WITHIN THEIR RESPECTIVE JURISDICTIONS, SHALL ASSIST
15	IN THE EVALUATION AND TREATMENT OF ANY INVOLVED PERSON BY:
16	(a) ACCESSING INFORMATION ON THE INCIDENT AND ANY PERSONS
17	INVOLVED TO DETERMINE WHETHER A POTENTIAL EXPOSURE TO A
18	SEXUALLY TRANSMITTED INFECTION OCCURRED;
19	(b) When an exposure has been confirmed by the state
20	DEPARTMENT OR A LOCAL PUBLIC HEALTH AGENCY, EXAMINING AND
21	TESTING ANY INVOLVED PERSON TO DETERMINE WHETHER OR NOT AN
22	INVOLVED PERSON HAS BEEN INFECTED;
23	(c) COMMUNICATING RELEVANT INFORMATION AND LABORATORY
24	TEST RESULTS ON THE INVOLVED PERSON TO HIS OR HER ATTENDING
25	HEALTH CARE PROVIDER OR DIRECTLY TO THE INVOLVED PERSON IF THE
26	CONFIDENTIALITY OF THE INFORMATION AND TEST RESULTS ARE
27	ACKNOWLEDGED BY THE RECIPIENT AND ADEQUATELY PROTECTED, AS

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1	DETERMINED BY THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH
2	AGENCY; AND
3	(d) Providing immediate counseling to any involved person
4	ON THE POTENTIAL HEALTH RISKS AND AVAILABLE POST-EXPOSURE
5	TREATMENT.
6	25-4-411. Confidential counseling and testing sites - legislative
7	declaration. (1) (a) Confidential HIV counseling and testing
8	SERVICES ARE THE PREFERRED SCREENING SERVICES FOR THE DETECTION
9	OF A POSSIBLE INFECTION. HOWEVER, THE STATE DEPARTMENT SHALL,
10	CONSISTENT WITH GENERALLY ACCEPTED PRACTICES FOR THE PROTECTION
11	OF THE PUBLIC HEALTH AND SAFETY, CONDUCT AN ANONYMOUS HIV
12	COUNSELING AND TESTING PROGRAM AT SELECTED SITES. THE STATE
13	DEPARTMENT MAY OPERATE SITES OR SEPARATELY CONTRACT THROUGH
14	LOCAL PUBLIC HEALTH AGENCIES TO CONDUCT HIV TESTING IN
15	CONJUNCTION WITH COUNSELING AND TESTING SITES, SUBJECT TO
16	MAINTAINING STANDARDS FOR PERFORMANCE AS SET BY RULE OF THE
17	STATE BOARD PURSUANT TO SECTION 25-4-404.
18	(b) (I) THE DISCLOSURE OF A PERSON'S NAME, ADDRESS, PHONE
19	NUMBER, BIRTH DATE, OR OTHER PERSONALLY IDENTIFYING INFORMATION
20	IS NOT REQUIRED AS A CONDITION TO BE TESTED FOR HIV AT A TESTING
21	SITE. ANY PROVISION OF THIS PART 4 THAT REQUIRES OR CAN BE
22	CONSTRUED AS REQUIRING A PERSON SEEKING TESTING TO REPORT OR
23	DISCLOSE SUCH INFORMATION DOES NOT APPLY TO PERSONS SEEKING TO
24	BE TESTED AT A TESTING SITE CREATED PURSUANT TO THIS SECTION.
25	$(II)\ Notwith standing the provisions of subparagraph (I) of$
26	THIS PARAGRAPH (b), THE AGE, GENDER, OR GENDER IDENTITY OF A
27	PERSON SEEKING TO BE TESTED AT A TESTING SITE MAY BE REQUIRED.

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1	25-4-412. Public safety - public health procedures - orders for
2	compliance - petitions - hearings. (1) AN ORDER OR RESTRICTIVE
3	MEASURE DIRECTED TO A PERSON WITH A SEXUALLY TRANSMITTED
4	INFECTION MUST ONLY BE USED AS THE LAST RESORT WHEN ALL OTHER
5	MEASURES TO PROTECT THE PUBLIC HEALTH HAVE FAILED, INCLUDING ALL
6	REASONABLE EFFORTS, WHICH MUST BE DOCUMENTED, TO OBTAIN THE
7	VOLUNTARY COOPERATION OF THE PERSON WHO MAY BE SUBJECT TO THE
8	ORDER OR RESTRICTIVE MEASURE. THESE PUBLIC HEALTH PROCEDURES
9	WILL BE TRIGGERED BY SPECIFIC INSTANCES AS DETERMINED BY THE STATE
10	BOARD. THE ORDER OR RESTRICTIVE MEASURE MUST BE APPLIED SERIALLY
11	WITH THE LEAST INTRUSIVE MEASURES USED FIRST. THE STATE
12	DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY HAS THE BURDEN OF
13	PROOF TO SHOW THAT SPECIFIED GROUNDS EXIST FOR THE ISSUANCE OF
14	THE ORDER OR RESTRICTIVE MEASURE AND THAT THE TERMS AND
15	CONDITIONS IMPOSED ARE NO MORE RESTRICTIVE THAN NECESSARY TO
16	PROTECT THE PUBLIC HEALTH.
17	(2) When the executive director or the local director,
18	WITHIN HIS OR HER RESPECTIVE JURISDICTION, KNOWS OR HAS REASON TO
19	BELIEVE, BECAUSE OF EVIDENCE-BASED, MEDICAL, OR EPIDEMIOLOGICAL
20	INFORMATION, THAT A PERSON HAS A SEXUALLY TRANSMITTED INFECTION
21	AND POSES A CREDIBLE RISK TO THE PUBLIC HEALTH, HE OR SHE MAY ISSUE
22	AN ORDER TO:
23	(a) REQUIRE THE PERSON TO BE EXAMINED AND TESTED TO
24	DETERMINE WHETHER HE OR SHE HAS ACQUIRED A SEXUALLY
25	TRANSMITTED INFECTION;
26	(b) REQUIRE HIM OR HER TO REPORT TO A QUALIFIED HEALTH CARE
27	PROVIDER FOR COUNSELING REGARDING SEXUALLY TRANSMITTED

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1	INFECTIONS, INFORMATION ON TREATMENT, AND HOW TO AVOID
2	TRANSMITTING SEXUALLY TRANSMITTED INFECTIONS TO OTHERS; OR
3	(c) DIRECT A PERSON WITH A SEXUALLY TRANSMITTED INFECTION
4	TO CEASE AND DESIST FROM SPECIFIC CONDUCT THAT POSES RISKS TO THE
5	PUBLIC HEALTH, BUT ONLY IF THE EXECUTIVE DIRECTOR OR LOCAL
6	DIRECTOR HAS DETERMINED THAT CLEAR AND CONVINCING EVIDENCE
7	EXISTS TO BELIEVE THAT SUCH PERSON HAS BEEN ORDERED TO REPORT FOR
8	COUNSELING OR HAS RECEIVED COUNSELING BY A QUALIFIED HEALTH
9	CARE PROVIDER AND CONTINUES TO DEMONSTRATE BEHAVIOR THAT POSES
10	AN EVIDENCE-BASED RISK TO THE PUBLIC HEALTH.
11	(3) (a) IF A PERSON VIOLATES A CEASE-AND-DESIST ORDER ISSUED
12	PURSUANT TO PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION AND IT
13	IS SHOWN THAT THE PERSON POSES AN EVIDENCE-BASED RISK TO THE
14	PUBLIC HEALTH, THE EXECUTIVE DIRECTOR OR THE LOCAL DIRECTOR MAY
15	ENFORCE THE CEASE-AND-DESIST ORDER BY IMPOSING SUCH RESTRICTIONS
16	UPON THE PERSON AS ARE NECESSARY TO PREVENT THE SPECIFIC CONDUCT
17	THAT RISKS THE PUBLIC HEALTH. RESTRICTIONS MAY INCLUDE REQUIRED
18	PARTICIPATION IN EVALUATIVE, THERAPEUTIC, AND COUNSELING
19	PROGRAMS.
20	(b) ANY RESTRICTION MUST BE IN WRITING, SETTING FORTH THE
21	NAME OF THE PERSON TO BE RESTRICTED; THE INITIAL PERIOD OF TIME
22	THAT THE RESTRICTIVE ORDER IS EFFECTIVE, NOT TO EXCEED THREE
23	MONTHS; THE TERMS OF THE RESTRICTIONS; AND ANY OTHER CONDITIONS
24	NECESSARY TO PROTECT THE PUBLIC HEALTH. RESTRICTIONS MUST BE
25	IMPOSED IN THE LEAST RESTRICTIVE MANNER NECESSARY TO PROTECT THE
26	PUBLIC HEALTH.
27	(c) THE EXECUTIVE DIRECTOR OR LOCAL DIRECTOR WHO ISSUES AN

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1 ORDER PURSUANT TO THIS SUBSECTION (3) SHALL REVIEW PETITIONS FOR 2 RECONSIDERATION FROM THE PERSON AFFECTED BY THE ORDER. 3 RESTRICTION ORDERS ISSUED BY LOCAL DIRECTORS SHALL BE SUBMITTED 4 FOR REVIEW AND APPROVAL BY THE EXECUTIVE DIRECTOR. 5 (4) (a) (I) Upon the issuance of an order by the state 6 DEPARTMENT OR A LOCAL PUBLIC HEALTH AGENCY PURSUANT TO 7 SUBSECTION (2) OR (3) OF THIS SECTION, THE STATE DEPARTMENT OR 8 LOCAL PUBLIC HEALTH AGENCY SHALL GIVE NOTICE PROMPTLY, 9 PERSONALLY, AND CONFIDENTIALLY TO THE PERSON WHO IS THE SUBJECT 10 OF THE ORDER. THE NOTICE MUST STATE THE GROUNDS AND PROVISIONS 11 OF THE ORDER AND NOTIFY THE PERSON WHO IS THE SUBJECT OF THE 12 ORDER THAT HE OR SHE HAS THE RIGHT TO REFUSE TO COMPLY WITH THE 13 ORDER, THAT HE OR SHE HAS THE RIGHT TO BE PRESENT AT A JUDICIAL 14 HEARING IN THE DISTRICT COURT TO REVIEW THE ORDER, AND THAT HE OR 15 SHE MAY HAVE AN ATTORNEY APPEAR ON HIS OR HER BEHALF AT THE 16 HEARING. IF A RESPONDENT TO ANY SUCH ACTION CANNOT AFFORD AN 17 ATTORNEY, ONE SHALL BE APPOINTED FOR HIM OR HER AT THE 18 COMMENCEMENT OF THE COURT PROCESS. 19 (II) IF THE PERSON WHO IS THE SUBJECT OF THE ORDER REFUSES TO 20 COMPLY WITH THE ORDER AND REFUSES TO VOLUNTARILY COOPERATE 21 WITH THE EXECUTIVE DIRECTOR OR LOCAL DIRECTOR, THE EXECUTIVE 22 DIRECTOR OR LOCAL DIRECTOR MAY PETITION THE DISTRICT COURT FOR AN 23 ORDER OF COMPLIANCE WITH THE ORDER. THE EXECUTIVE DIRECTOR OR 24 LOCAL DIRECTOR SHALL REQUEST THAT THE COUNTY OR CITY AND 25 COUNTY ATTORNEY FILE SUCH PETITION IN THE DISTRICT COURT. 26 HOWEVER, IF THE COUNTY OR CITY AND COUNTY ATTORNEY REFUSES TO 27 ACT, THE EXECUTIVE DIRECTOR OR LOCAL DIRECTOR MAY FILE SUCH

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DETITION AND	DE DEDDECENTED	BY THE ATTORNEY	CENIEDAI
PETITION AND	DE KEPKESENTED	BY THE ATTUKNET	GENERAL.

2	(III) IF AN ORDER OF COMPLIANCE IS REQUESTED, THE COURT
3	SHALL HEAR THE MATTER WITHIN FOURTEEN DAYS FOLLOWING THE
4	REQUEST. NOTICE OF THE PLACE, DATE, AND TIME OF THE HEARING MUST
5	BE BY PERSONAL SERVICE OR, IF THE PERSON WHO IS THE SUBJECT OF THE
6	ORDER IS NOT AVAILABLE, MAILED BY PREPAID CERTIFIED MAIL, RETURN
7	RECEIPT REQUESTED, AT THE PERSON'S LAST-KNOWN ADDRESS. PROOF OF
8	MAILING BY THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY
9	IS SUFFICIENT NOTICE UNDER THIS SECTION. THE STATE DEPARTMENT OR
10	LOCAL PUBLIC HEALTH AGENCY HAS THE BURDEN OF PROOF TO SHOW BY
11	CLEAR AND CONVINCING EVIDENCE THAT THE SPECIFIED GROUNDS EXIST
12	FOR THE ISSUANCE OF THE ORDER, THE NEED FOR COMPLIANCE, AND THE
13	TERMS AND CONDITIONS IMPOSED IN THE ORDER ARE NO MORE
14	RESTRICTIVE THAN NECESSARY TO PROTECT THE PUBLIC HEALTH.

- (IV) UPON THE CONCLUSION OF THE HEARING, THE COURT SHALL ISSUE APPROPRIATE ORDERS AFFIRMING, MODIFYING, OR DISMISSING THE ORIGINAL ORDER.
- (b) If the executive director or local director does not petition the district court for an order of compliance within thirty days after the person who is the subject of the order refuses to comply, the person may petition the district court for dismissal of the order. If the district court dismisses the order, the fact that the order was issued must be expunded from the records of the state department or the local public health agency.
- (5) ANY HEARING CONDUCTED PURSUANT TO THIS SECTION MUST BE CLOSED AND CONFIDENTIAL, AND ANY TRANSCRIPTS OR RECORDS

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1	RELATED TO THE HEARING ARE ALSO CONFIDENTIAL.
2	25-4-413. Emergency public health procedures - injunctions.
3	(1) WHEN THE PROCEDURES SET FORTH IN SECTION 25-4-412 HAVE BEEN
4	EXHAUSTED OR CANNOT BE SATISFIED AND THE EXECUTIVE DIRECTOR OR
5	A LOCAL DIRECTOR, WITHIN HIS OR HER RESPECTIVE JURISDICTION, KNOWS
6	OR HAS REASON TO BELIEVE, BASED ON ACCURATE, EVIDENCE-BASED, AND
7	MEDICAL AND EPIDEMIOLOGICAL INFORMATION, THAT A PERSON HAS
8	ACQUIRED A SEXUALLY TRANSMITTED INFECTION AND THAT THE PERSON
9	PRESENTS AN IMMINENT RISK TO THE PUBLIC HEALTH, THE EXECUTIVE
10	DIRECTOR OR THE LOCAL DIRECTOR MAY BRING AN ACTION IN DISTRICT
11	COURT, PURSUANT TO RULE 65 OF THE COLORADO RULES OF CIVIL
12	PROCEDURE, TO ENJOIN THE PERSON FROM ENGAGING IN OR CONTINUING
13	TO ENGAGE IN SPECIFIC CONDUCT THAT POSES AN EVIDENCE-BASED RISK
14	TO THE PUBLIC HEALTH. THE EXECUTIVE DIRECTOR OR THE LOCAL
15	DIRECTOR SHALL REQUEST THE DISTRICT ATTORNEY TO FILE SUCH AN
16	ACTION IN THE DISTRICT COURT. HOWEVER, IF THE DISTRICT ATTORNEY
17	REFUSES TO ACT, THE EXECUTIVE DIRECTOR OR LOCAL DIRECTOR MAY FILE
18	THE ACTION AND BE REPRESENTED BY THE ATTORNEY GENERAL. THE
19	COURT IS AUTHORIZED TO HOLD AN EX PARTE PROCEEDING WHEN
20	NECESSARY.
21	(2) (a) Under the circumstances outlined in subsection (1)
22	OF THIS SECTION, IN ADDITION TO THE INJUNCTION ORDER, THE DISTRICT
23	COURT MAY ISSUE OTHER APPROPRIATE COURT ORDERS, INCLUDING AN
24	ORDER TO TAKE THE PERSON INTO CUSTODY FOR A PERIOD NOT TO EXCEED
25	SEVENTY-TWO HOURS AND PLACE HIM OR HER IN A FACILITY DESIGNATED
26	OR APPROVED BY THE EXECUTIVE DIRECTOR. A CUSTODY ORDER ISSUED
27	FOR THE PURPOSE OF COUNSELING AND TESTING TO DETERMINE WHETHER

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THE PERSON HAS A SEXUALLY TRANSMITTED INFECTION MUST PROVIDE
FOR THE IMMEDIATE RELEASE FROM CUSTODY OF A PERSON WHO TESTS
NEGATIVE AND MAY PROVIDE FOR COUNSELING OR OTHER APPROPRIATE

MEASURES TO BE IMPOSED ON A PERSON WHO TESTS POSITIVE.

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- 5 (b) THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY 6 SHALL GIVE NOTICE OF THE ORDER, PROMPTLY, PERSONALLY, AND 7 CONFIDENTIALLY, TO THE PERSON WHO IS THE SUBJECT OF THE ORDER. THE 8 ORDER MUST STATE THE GROUNDS AND PROVISIONS OF THE ORDER AND 9 NOTIFY THE PERSON THAT HE OR SHE HAS THE RIGHT TO REFUSE TO 10 COMPLY WITH THE ORDER, THAT HE OR SHE HAS THE RIGHT TO BE PRESENT 11 AT A HEARING TO REVIEW THE ORDER, AND THAT HE OR SHE MAY HAVE AN 12 ATTORNEY APPEAR ON HIS OR HER BEHALF AT THE HEARING. IF A 13 RESPONDENT TO ANY SUCH ACTION CANNOT AFFORD AN ATTORNEY, ONE 14 SHALL BE APPOINTED FOR HIM OR HER AT THE COMMENCEMENT OF THE 15 PROCEEDINGS.
 - (c) IF THE PERSON CONTESTS TESTING OR TREATMENT, INVASIVE MEDICAL PROCEDURES SHALL NOT BE CARRIED OUT PRIOR TO A HEARING HELD PURSUANT TO SUBSECTION (3) OF THIS SECTION.
 - (3) AN ORDER ISSUED BY A DISTRICT COURT PURSUANT TO SUBSECTION (2) OF THIS SECTION IS SUBJECT TO REVIEW IN A COURT HEARING. NOTICE OF THE PLACE, DATE, AND TIME OF THE COURT HEARING SHALL BE GIVEN PROMPTLY, PERSONALLY, AND CONFIDENTIALLY TO THE PERSON WHO IS THE SUBJECT OF THE COURT ORDER. THE COURT SHALL CONDUCT THE HEARING NO LATER THAN FORTY-EIGHT HOURS AFTER THE ISSUANCE OF THE ORDER. THE PERSON HAS THE RIGHT TO BE PRESENT AT THE HEARING AND HAVE AN ATTORNEY APPEAR ON HIS OR HER BEHALF AT THE HEARING. IF A RESPONDENT TO ANY SUCH ACTION CANNOT AFFORD AN

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1	ATTORNEY, ONE SHALL BE APPOINTED FOR HIM OR HER AT THE BEGINNING
2	OF THE INJUNCTION PROCESS. UPON THE CONCLUSION OF THE HEARING,
3	THE COURT SHALL ISSUE APPROPRIATE ORDERS AFFIRMING, MODIFYING, OR
4	DISMISSING THE ORIGINAL ORDER.
5	(4) THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY
6	HAS THE BURDEN OF PROOF TO SHOW BY CLEAR AND CONVINCING
7	EVIDENCE THAT EVIDENCE-BASED GROUNDS EXIST FOR THE ISSUANCE OF
8	ANY COURT ORDER MADE PURSUANT TO SUBSECTION (2) OR (3) OF THIS
9	SECTION.
10	(5) A HEARING CONDUCTED BY THE DISTRICT COURT PURSUANT TO
11	THIS SECTION MUST BE CLOSED AND CONFIDENTIAL, AND ANY
12	TRANSCRIPTS OR RECORDS RELATING TO THE HEARING ARE ALSO
13	CONFIDENTIAL.
14	(6) AN ORDER ENTERED BY THE DISTRICT COURT PURSUANT TO
15	SUBSECTION (2) OR (3) OF THIS SECTION MUST IMPOSE TERMS AND
16	CONDITIONS NO MORE RESTRICTIVE THAN NECESSARY TO PROTECT THE
17	PUBLIC HEALTH.
18	25-4-414. Penalties. (1) A HEALTH CARE PROVIDER, LABORATORY
19	EMPLOYEE, OR OTHER PERSON WHO IS REQUIRED TO MAKE A REPORT
20	PURSUANT TO SECTION 25-4-405 AND WHO FAILS TO MAKE SUCH A REPORT
21	COMMITS A CLASS 2 PETTY OFFENSE AND, UPON CONVICTION, SHALL BE
22	PUNISHED BY A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS.
23	(2) A HEALTH CARE PROVIDER; OFFICER OR EMPLOYEE OF THE
24	STATE DEPARTMENT; OFFICER OR EMPLOYEE OF A LOCAL PUBLIC HEALTH
25	AGENCY; OR A PERSON, FIRM, OR CORPORATION THAT VIOLATES SECTION
26	25-4-406 BY BREACHING THE CONFIDENTIALITY REQUIREMENTS OF SUCH
27	SECTION IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, SHALL BE

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1	PUNISHED BY A FINE OF NOT LESS THAN FIVE HUNDRED DOLLARS BUT NOT
2	MORE THAN FIVE THOUSAND DOLLARS OR BY IMPRISONMENT IN THE
3	COUNTY JAIL FOR NOT LESS THAN SIX MONTHS BUT NOT MORE THAN
4	TWENTY-FOUR MONTHS OR BY BOTH FINE AND IMPRISONMENT AS ORDERED
5	BY A COURT.
6	SECTION 2. In Colorado Revised Statutes, amend with
7	amended and relocated provisions part 14 of article 4 of title 25 as
8	follows:
9	PART 14
10	HIV TREATMENT & PREVENTION RESOURCES
11	25-4-1401. [Formerly 25-4-1411] Drug assistance program -
12	program fund - created - legislative declaration - no entitlement
13	created. (1) (a) The general assembly recognizes that:
14	(I) Medical science is making strides in treating individuals who
15	have AIDS or HIV;
16	(II) There are effective biomedical strategies to reduce new HIV
17	infections;
18	(III) Individuals at risk of HIV may also be at risk of other
19	infectious diseases that can exacerbate the outcomes of an HIV infection;
20	(IV) Individuals of lower income face barriers accessing
21	biomedical interventions, particularly if they lack health insurance
22	coverage or if their health insurance includes unaffordable premiums or
23	cost-sharing requirements; and
24	(V) Both the public health and quality of life would benefit from
25	providing assistance with such costs and encouraging prompt and
26	sustained treatment, eventually preventing further transmission of HIV,
27	viral hepatitis, and sexually transmitted infections through prevention,

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cure, or viral suppression.

- (b) Therefore, the general assembly declares that the purpose of this section is to implement the drug assistance program for qualifying individuals of lower income who have medical or preventative needs concerning AIDS or HIV, viral hepatitis, or a sexually transmitted infection.
- (c) Nothing in this section shall be construed to establish any entitlement to services from the department of public health and environment.
- (2) (a) Subject to available appropriations, the department of public health and environment is authorized to implement and administer a drug assistance program, referred to in this section as the "state program", to provide assistance with indicated screening, general medical, preventative, and pharmaceutical costs for eligible individuals.
- (b) The general assembly may annually appropriate moneys from the general fund to assist with indicated screening, general medical, preventative, and pharmaceutical costs for individuals participating in the state program.
- (c) The state program is also funded with federal funds available under the federal "Ryan White C.A.R.E. Act of 1990", as amended.
- (d) Any moneys received in excess of a federal price agreement are a donation.
- (e) For activities of the state program funded by the drug assistance program fund that exceed the appropriation from the drug assistance program fund, if there are sufficient uncommitted moneys in the AIDS and HIV prevention fund, the program may use moneys appropriated for the implementation and administration of the state

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1	program from the AIDS and HIV prevention fund as authorized by
2	section 25-4-1415 (1) 25-4-1405.
3	(3) To be eligible to participate in the state program, an individual
4	must:
5	(a) Have a medical indication for treatment or prevention of HIV
6	or AIDS, viral hepatitis, or another sexually transmitted infection;
7	(b) (Deleted by amendment, L. 2001, p. 332, § 1, effective July 1,
8	2001.)
9	(c) (b) Have a prescription from an authorized provider for a
10	pharmaceutical product or combination of pharmaceutical products, as
11	applicable, that are included on the drug formulary for the state program;
12	and
13	(d) (c) Meet income eligibility requirements as determined by the
14	department of public health and environment in consultation with the
15	subcommittee of the advisory group on AIDS policy established in
16	subsection (4) (5) of this section.
17	(3.5) (4) Notwithstanding any other provision of this part 14 to the
18	contrary, if a person meets the eligibility requirements set forth in
19	subsection (3) of this section, he or she shall be IS eligible for programs
20	and services that provide for the investigation, identification, testing,
21	preventive care, or treatment of HIV infection or AIDS regardless of his
22	or her race, religion, gender, ethnicity, national origin, or immigration
23	status.
24	(4) (5) A subcommittee of an advisory group convened by the
25	governor to make recommendations for HIV and AIDS policy in the state
26	shall serve in an advisory role to the department of public health and
27	environment in implementing the state program and shall provide advice

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1	and recommendations to the department of public health and environment
2	concerning:
3	(a) Which pharmaceutical products should be listed on the drug
4	formulary for the state program;
5	(b) Income and other eligibility requirements for the state
6	program; and
7	(c) The uses of funding for the state program pursuant to
8	paragraphs (a) to (e) of subsection (2) of this section.
9	(5) (6) If at any time the department of public health and
10	environment, in consultation with the subcommittee of the advisory group
11	on HIV and AIDS policy established in subsection (4) (5) of this section,
12	determines that the drug assistance program is reaching the program's
13	fiscal limitations, the department, in consultation with the subcommittee,
14	shall implement a policy of giving preference to the highest-priority
15	applicants of lower income, who otherwise meet the eligibility
16	requirements in subsection (3) of this section, for enrollment into the
17	program in the following rank order:
18	(a) Individuals diagnosed with HIV or AIDS;
19	(b) Individuals in need of treatment to prevent HIV infection;
20	(c) Individuals diagnosed with other sexually transmitted
21	infections that can be prevented or cured through currently available
22	pharmaceutical treatments;
23	(d) Individuals diagnosed with viral hepatitis;
24	(e) Individuals with emerging care, treatment, or prevention needs
25	concerning HIV, viral hepatitis, or other sexually transmitted infections.
26	(6) (a) (7) (a) The drug assistance program fund is created in the
27	state treasury. The principal of the fund consists of tobacco litigation

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1 settlement moneys transferred by the state treasurer to the fund pursuant 2 to section 24-75-1104.5 (1) (j), C.R.S. Subject to annual appropriation by 3 the general assembly, the department of public health and environment 4 may expend moneys from the fund for the state program. Any 5 unexpended or unencumbered money remaining in the fund at the end of 6 any fiscal year commencing on or after July 1, 2014, remains in the fund 7 and shall not be credited or transferred to the general fund or any other 8 fund. 9 (b) The department of public health and environment and the 10 advisory group shall determine how the moneys appropriated for the state 11 program pursuant to this subsection $\frac{6}{7}$ (7) are to be used. 12 **25-4-1402.** [Formerly **25-4-1412**] **Definitions.** As used in this 13 section and sections 25-4-1413 to 25-4-1415 25-4-1403 TO 25-4-1405, 14 unless the context otherwise requires: 15 (1) "Program" means the Colorado HIV and AIDS prevention 16 grant program created in section 25-4-1413 25-4-1403. 17 (2) "State board" means the state board of health created in section 18 25-1-103. 19 25-4-1403. [Formerly 25-4-1413] Colorado HIV and AIDS 20 prevention grant program. (1) There is hereby created in the 21 department the Colorado HIV and AIDS prevention grant program to 22 address local community needs in the areas of medically accurate HIV 23 and AIDS prevention and education through a competitive grant process. 24 The department shall administer the program.

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(2) Grant applicants shall MUST be nonprofit organizations that are

governed by a board of directors, have the benefit of tax-exempt status

pursuant to section 501 (c) (3) of the federal "Internal Revenue Code of

1 1986" or are county, district, or municipal public health agencies. 2 (3) (a) Preference shall be given to grant applicants that have as 3 one of their primary purposes HIV and AIDS prevention and education. 4 (b) Grants may be given to organizations that conduct HIV 5 prevention in conjunction with other comorbidities secondary to HIV 6 infections. 7 (4) Grant applications shall MUST include, but need not be limited 8 to: 9 (a) A statement of the local HIV and AIDS prevention or 10 education issue to be addressed, a description of the constituency that 11 shall be served or targeted, and how the constituency will benefit; 12 (b) A description of the goals and objectives of the grant applicant 13 in submitting an application under the program; and 14 (c) A description of the activities planned to accomplish the goals 15 and objectives of the grant applicant and of the outcome measures that 16 will be used by the grant applicant. 17 (5) Grants shall MUST only be given for medically accurate HIV 18 and AIDS prevention and education programs that are based in behavioral 19 and social science theory and research and shall not be used to contribute 20 to existing scholarships, directly to endowments, fund-raising events, 21 annual fund drives, or debt reduction. 22 25-4-1404. [Formerly 25-4-1414] Grant program - rules 23 **-conflict of interest.** (1) (a) The program shall fund medically accurate HIV and AIDS prevention and education programs through a competitive 24 25 grant process that shall be IS overseen by the HIV and AIDS prevention 26 grant program advisory committee, which is hereby created and referred 27 to in this section as the "advisory committee". The advisory committee

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1	shall consist CONSISTS of seven members appointed by the executive
2	director of the department as follows:
3	(I) (Deleted by amendment, L. 2009, (SB 09-179), ch. 112, p. 474,
4	§ 17, effective April 9, 2009.)
5	(H) (I) One member who is recommended by the department's
6	minority health advisory commission;
7	(HH) (II) Four members who are recommended by a statewide
8	collaborative group that assists the department in the department's
9	comprehensive plan for HIV and AIDS prevention;
10	(IV) (III) One member who has expertise in HIV and AIDS
11	prevention and education; and
12	(V) (IV) One member who represents a clinic that receives
13	moneys under part 3 of the federal "Ryan White C.A.R.E. Act of 1990",
14	as amended.
15	(b) The composition of the advisory committee shall reflect, to the
16	extent practical, Colorado's ethnic, racial, and geographic diversity.
17	(c) The grants administered pursuant to section 25-4-1413
18	25-4-1403 shall ARE only be subject to the restrictions provided for in this
19	section and section 25-4-1413 25-4-1403 and shall ARE not be subject to
20	the same restrictions as grants provided with federal moneys for HIV and
21	AIDS prevention. The state board, upon recommendations of the advisory
22	committee, shall adopt rules that specify, but need not be limited to, the
23	following:
24	(I) The procedures and timelines by which an entity may apply for
25	program grants;
26	(II) Grant application contents, in addition to those specified in
27	section 25-4-1413 (3) 25-4-1403 (3);

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- (III) Criteria for selecting the entities that shall receive grants and determining the amount and duration of the grants;
- (IV) Reporting requirements for entities that receive grants pursuant to this section; and
 - (V) The qualifications of an adequate proposal.

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- (2) The advisory committee shall review the applications received pursuant to this section and submit to the state board and the executive director of the department recommended grant recipients, recommended grant amounts, and the duration of each recommended grant. In making recommendations for grants, the advisory committee shall consider the distribution of federal funds in the areas of HIV and AIDS prevention, education, and treatment. Within thirty days after receiving the advisory committee's recommendations, the executive director shall submit his or her recommendations to the state board. The state board shall have HAS the final authority to approve the grants administered under this section and section 25-4-1413 25-4-1403. If the state board disapproves a recommendation for a grant recipient, the advisory committee may submit a replacement recommendation within thirty days after disapproval. In making grant recommendations, the advisory committee shall follow the purpose of the program as outlined in section $\frac{25-4-1413}{25-4-1403}$. The state board shall award grants to the entities selected by the advisory committee, specifying the amount and duration of each grant award. In reviewing and approving grant applications, the advisory committee and the state board shall ensure that grants are distributed statewide and address the needs of both urban and rural residents of Colorado.
- (3) If a member of the advisory committee has an immediate personal, private, or financial interest in any matter pending before the

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advisory committee, the member shall disclose the fact and shall not vote upon the matter.

25-4-1405. [Formerly 25-4-1415] AIDS and HIV prevention fund - administration - limitation. (1) There is hereby created in the state treasury the AIDS and HIV prevention fund, referred to in this section as the "fund", which consists of moneys that may be appropriated to the fund by the general assembly. The moneys in the fund are subject to annual appropriation by the general assembly for the direct and indirect costs associated with the implementation of the program. Any moneys in the fund not expended for the purpose of the program may be invested by the state treasurer as provided by law. All interest and income derived from the investment and deposit of moneys in the fund shall MUST be credited to the fund. Any unexpended and unencumbered moneys remaining in the fund at the end of a fiscal year shall remain in the fund and shall not be credited or transferred to the general fund or another fund.

(2) Pursuant to section 24-75-1104.5 (1) (m), C.R.S., and except as otherwise provided in section 24-75-1104.5 (5), C.R.S., beginning in the 2006-07 fiscal year and in each fiscal year thereafter so long as the state receives moneys pursuant to the master settlement agreement, the state treasurer shall annually transfer to the fund two percent, not to exceed two million dollars in any fiscal year, of the total amount of the moneys received by the state pursuant to the master settlement agreement, not including attorney fees and costs, during the preceding fiscal year. The state treasurer shall transfer the amount specified in this subsection (2) from moneys credited to the tobacco litigation settlement cash fund created in section 24-22-115, C.R.S.

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I	(3) The department may receive up to five percent of the moneys
2	annually appropriated by the general assembly to the department from the
3	fund created in subsection (1) of this section for the actual costs incurred
4	in administering the program.
5	(4) Repealed.
6	SECTION 3. In Colorado Revised Statutes, repeal 18-1.3-1004
7	(1) (d), 18-3-415.5, 18-7-201.5, 18-7-201.7, 18-7-205.5, 18-7-205.7, and
8	25-1-1202 (1) (ccc).
9	SECTION 4. In Colorado Revised Statutes, 10-3-1104.5, amend
10	(4) (c) as follows:
11	10-3-1104.5. HIV testing - legislative declaration - definitions
12	- requirements for testing - limitations on disclosure of test results.
13	(4) (c) Nothing in this subsection (4) shall be construed to prohibit
14	reporting as required by the provisions of sections 25-4-1402, 25-4-1403,
15	and 25-4-1405 (8) SECTION 25-4-405, C.R.S.
16	SECTION 5. In Colorado Revised Statutes, 13-10-126, amend
17	(2) (a) (I) (A) as follows:
18	13-10-126. Prostitution offender program authorized -
19	reports. (2) A program created and administered by a municipal or
20	county court or multiple municipal or county courts pursuant to
21	subsection (1) of this section shall MUST:
22	(a) Permit enrollment in the program only by an offender who
23	either:
24	(I) (A) Has no prior convictions or any charges pending for any
25	felony; for any offense described in section 18-3-305, 18-3-306, or
26	18-13-128, C.R.S., in part 4 or 5 of article 3 of title 18, C.R.S., in part 3,
27	4, 6, 7, or 8 of article 6 of title 18, C.R.S., in section 18-7-201.7, 18-7-203

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1	18-7-205.7, or 18-7-206, C.R.S., or in part 3, 4, or 5 of article 7 of title
2	18, C.R.S.; or for any offense committed in another state that would
3	constitute such an offense if committed in this state; and
4	SECTION 6. In Colorado Revised Statutes, 13-22-103, amend
5	(1) as follows:
6	13-22-103. Minors - consent for medical, dental, and related
7	care. (1) Except as otherwise provided in sections 12-34-104, 18-1.3-407
8	(4.5), 25-4-402 , and 12-34-104 AND 25-4-409, C.R.S., a minor eighteen
9	years of age or older, or a minor fifteen years of age or older who is living
10	separate and apart from his or her parent, parents, or legal guardian, with
11	or without the consent of his or her parent, parents, or legal guardian, and
12	is managing his or her own financial affairs, regardless of the source of
13	his or her income, or any minor who has contracted a lawful marriage
14	may give consent to organ or tissue donation or the furnishing of hospital,
15	medical, dental, emergency health, and surgical care to himself or herself.
16	Such consent shall not be IS NOT subject to disaffirmance because of
17	minority, and, when such consent is given, said minor shall have HAS the
18	same rights, powers, and obligations as if he or she had obtained majority.
19	Consent to organ or tissue donation may be revoked pursuant to section
20	12-34-106, C.R.S.
21	SECTION 7. In Colorado Revised Statutes, 17-1-115.5, amend
22	(1) (f) as follows:
23	17-1-115.5. Prison sexual assault prevention program. (1) The
24	department shall develop, with respect to sexual assaults that occur in
25	correctional facilities operated by or pursuant to a contract with the
26	department, policies and procedures to:
27	(f) Provide acute trauma care for sexual assault victims, including

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but not limited to treatment of injuries, HIV/AIDS prophylactic HIV PROPHYLAXIS measures, and testing for sexually transmitted diseases INFECTIONS;

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SECTION 8. In Colorado Revised Statutes, **amend** 18-3-415 as follows:

18-3-415. Testing for persons charged with sexual offense. Any adult or juvenile who is bound over for trial for any sexual offense involving sexual penetration as defined in section 18-3-401 (6), subsequent to a preliminary hearing or after having waived the right to a preliminary hearing, or any person who is indicted for or is convicted of any such offense, shall MUST be ordered by the court to submit to a diagnostic test for the human immunodeficiency virus (HIV). that causes acquired immune deficiency syndrome, said diagnostic test to be ordered in conjunction with the diagnostic test ordered pursuant to section 18-3-415.5 SEXUALLY TRANSMITTED INFECTIONS. The results of such THE diagnostic test shall MUST be reported to the court or the court's designee, who shall then disclose the results to any victim of the sexual offense who requests such disclosure. Review and disclosure of diagnostic test results by the courts shall be ARE closed and confidential, and any transaction records relating thereto shall also be ARE ALSO closed and confidential. DISCLOSURE OF DIAGNOSTIC TEST RESULTS MUST COMPLY WITH THE REQUIREMENTS OF SECTION 25-4-410 (2), C.R.S. If the person who is bound over for trial or who is indicted for or convicted of any such offense voluntarily submits to a diagnostic test for the human immunodeficiency virus (HIV) SEXUALLY TRANSMITTED INFECTIONS, the fact of such person's voluntary submission shall be IS admissible in mitigation of sentence if the person is convicted of the charged offense.

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1	SECTION 9. In Colorado Revised Statutes, 18-4-412, amend (2)
2	(c) (IV) as follows:
3	18-4-412. Theft of medical records or medical information -
4	penalty. (2) As used in this section:
5	(c) "Proper authorization" means:
6	(IV) Authorized possession pursuant to section 18-3-415.5,
7	18-7-201.5, 18-7-205.5, 25-1-122 or 30-10-606 (6), C.R.S.; or
8	SECTION 10. In Colorado Revised Statutes, 19-2-214, amend
9	(1) (f) as follows:
10	19-2-214. Detention center sexual assault prevention program.
11	(1) The division of youth corrections created in section 19-2-203 shall
12	develop, with respect to sexual assaults that occur in juvenile facilities,
13	policies and procedures to:
14	(f) Provide acute trauma care for sexual assault victims, including
15	but not limited to treatment of injuries, HIV/AIDS prophylactic HIV
16	PROPHYLAXIS measures, and testing for sexually transmitted diseases
17	INFECTIONS;
18	SECTION 11. In Colorado Revised Statutes, 19-3-304, amend
19	(1) (a) as follows:
20	19-3-304. Persons required to report child abuse or neglect.
21	(1) (a) Except as otherwise provided by section 19-3-307, sections
22	SECTION 25-1-122 (4) (d), and 25-4-1404 (1) (d), C.R.S., and paragraph
23	(b) of this subsection (1), any person specified in subsection (2) of this
24	section who has reasonable cause to know or suspect that a child has been
25	subjected to abuse or neglect or who has observed the child being
26	subjected to circumstances or conditions that would reasonably result in
27	abuse or neglect shall immediately upon receiving such information

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1	report of cause a report to be made of such fact to the county department,
2	the local law enforcement agency, or through the child abuse reporting
3	hotline system as set forth in section 26-5-111, C.R.S.
4	SECTION 12. In Colorado Revised Statutes, 19-3-307, amend
5	(2.5) as follows:
6	19-3-307. Reporting procedures. (2.5) Notwithstanding the
7	requirements set forth in subsection (2) of this section, any officer or
8	employee of a county, district, or municipal public health agency or state
9	department of public health and environment who makes a report
10	pursuant to section 25-1-122 (4) (d) or 25-4-1404 (1) (d) 25-4-405,
11	C.R.S., shall include only the information described in said sections
12	SECTION.
13	SECTION 13. In Colorado Revised Statutes, 22-1-128, amend
14	(1) (a) (IX) and (2) (b) introductory portion as follows:
15	22-1-128. Comprehensive human sexuality education -
16	legislative declaration - definitions - guidelines and content
17	standards. (1) (a) The general assembly hereby finds and declares that:
18	(IX) Sexual violence and teen dating violence is a pervasive and
19	serious public health issue, placing teen victims at increased risk for
20	adolescent pregnancy, sexually transmitted diseases and infections, low
21	academic performance, truancy, dropout, and other harmful behaviors;
22	(2) As used in this section, unless the context otherwise requires:
23	(b) "Comprehensive human sexuality education" means medically
24	accurate information about all methods to prevent unintended pregnancy
25	and sexually transmitted diseases and infections, including HIV, and
26	AIDS, and the link between human papillomavirus and cancer, and other
27	types of cancer involving the human reproductive systems, including but

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1 not limited to prostate, testicular, ovarian, and uterine cancer. Methods 2 must include information about the correct and consistent use of 3 abstinence, contraception, condoms, and other barrier methods, AND 4 OTHER PREVENTION MEASURES. Additional contents of comprehensive 5 human sexuality education must include: 6 **SECTION 14.** In Colorado Revised Statutes, 24-4.1-302.5, 7 **amend** (1) introductory portion and (1) (u) as follows: 8 24-4.1-302.5. Rights afforded to victims. (1) In order to 9 preserve and protect a victim's rights to justice and due process, each 10 victim of a crime shall have HAS the following rights: 11 (u) The right to be informed of the results of any HHV testing FOR 12 A SEXUALLY TRANSMITTED INFECTION that is ordered and performed 13 pursuant to section 18-3-415, 25-4-408 (6), OR 25-4-412, C.R.S.; 14 **SECTION 15.** In Colorado Revised Statutes, 24-4.1-303, amend 15 (14.4) as follows: 24-4.1-303. 16 Procedures for ensuring rights of victims of 17 **crimes.** (14.4) The court or its designee, pursuant to section 18-3-415 18 C.R.S., shall disclose the results of any HHV testing FOR A SEXUALLY 19 TRANSMITTED INFECTION that is ordered and performed pursuant to 20 section 18-3-415, 25-4-408 (6), OR 25-4-412, C.R.S., to any victim of a 21 sexual offense in the case in which the testing was ordered. DISCLOSURE 22 OF DIAGNOSTIC TEST RESULTS MUST COMPLY WITH THE REQUIREMENTS OF 23 SECTION 25-4-410 (2), C.R.S. 24 **SECTION 16.** In Colorado Revised Statutes, 24-75-1104.5, 25 **amend** (1) (j) (I), (1) (m), and (3) as follows: 26 24-75-1104.5. Use of settlement moneys - programs - repeal.

(1) Except as otherwise provided in subsections (1.3) and (5) of this

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section, and except that disputed payments received by the state in the 2013-14 fiscal year or in any fiscal year thereafter are excluded from the calculation of allocations under this subsection (1), for the 2004-05 fiscal year and for each fiscal year thereafter, the following programs, services, or funds shall receive the following specified amounts from the settlement moneys received by the state in the preceding fiscal year: (i) (I) The drug assistance program created in section 25-4-1411 25-4-1401, C.R.S., shall receive three and a half percent of the total amount of settlement moneys annually received by the state, not to exceed

five million dollars in any fiscal year, as provided in said section.

- (m) The Colorado HIV and AIDS prevention grant program created in section 25-4-1413 25-4-1403, C.R.S., shall receive two percent of the total amount of settlement moneys annually received by the state, not to exceed two million dollars in any fiscal year, as provided in section 25-4-1415 (2) 25-4-1405 (2), C.R.S.
- (3) Notwithstanding the provisions of subsections (1) and (1.5) of this section, for purposes of sections 22-7-1210 (3), 23-20-136 (3.5) (a), 25-4-1411 (6) (a), 25-4-1415 (2) 25-4-1401 (6), 25-4-1405 (2), 25-23-104 (2), 25.5-6-805 (2), 25.5-8-105 (3), 26-6.4-107 (2) (d) (I), 26-6.8-102 (2) (d), 27-67-106 (2) (b), and 28-5-709 (2) (a), C.R.S., settlement moneys received and allocated by the state pursuant to said subsections (1) and (1.5) during the same fiscal year shall be deemed to be moneys received for or during the preceding fiscal year.
- SECTION 17. In Colorado Revised Statutes, 24-90-602, amend (7) (c) as follows:
 - **24-90-602. Definitions.** As used in this part 6, unless the context otherwise requires:

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1 (7) "Technology protection measure" means a specific technology, 2 including without limitation computer software, that blocks or filters 3 internet access to visual depictions that are: 4 (c) Harmful to minors; except that no technology protection 5 measure may block scientific or medically accurate information regarding 6 sexual assault, sexual abuse, incest, sexually transmitted diseases 7 INFECTIONS, or reproductive health. 8 **SECTION 18.** In Colorado Revised Statutes, 25-1-122, amend 9 (1), (2), and (7) as follows: 10 25-1-122. Named reporting of certain diseases and conditions 11 - access to medical records - confidentiality of reports and records. 12 (1) With respect to investigations of epidemic and communicable 13 diseases, morbidity and mortality, cancer in connection with the statewide 14 cancer registry, environmental and chronic diseases, sexually transmitted 15 infections, tuberculosis, and rabies and mammal bites, the board has the 16 authority to require reporting, without patient consent, of occurrences of 17 those diseases and conditions by any person having knowledge of such to 18 the state department of public health and environment and county, 19 district, and municipal public health agencies, within their respective 20 jurisdictions. Any required reports shall MUST contain the name, address, 21 age, sex, and diagnosis and such other relevant information as the board 22 determines is necessary to protect the public health. The board shall set 23 the manner, time period, and form in which such THE reports are to be 24 made. The board may limit reporting for a specific disease or condition 25 to a particular region or community or for a limited period of time. 26 Nothing in this subsection (1) shall be construed to apply to cases of

AIDS, HIV-related illness, or HIV infection, which shall be governed

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solely by the reporting requirements set forth in part 14 of article 4 of this title.

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When investigating diseases and conditions pursuant to subsection (1) of this section, authorized personnel of the state department of public health and environment and county, district, and municipal public health agencies, within their respective jurisdictions, may, without patient consent, inspect, have access to, and obtain information from pertinent patient medical, coroner, and laboratory records in the custody of all medical practitioners, veterinarians, coroners, institutions, hospitals, agencies, laboratories, and clinics, whether public or private, which are relevant and necessary to the investigation. Review and inspection of records shall be conducted at reasonable times and with such notice as is reasonable under the circumstances. Under no circumstances may personnel of the state department of public health and environment or county, district, or municipal public health agencies, within their local jurisdictions, have access pursuant to this section to any medical record that is not pertinent, relevant, or necessary to the public health investigation. Nothing in this subsection (2) shall be construed to apply to cases of AIDS, HIV-related illness, or HIV infection, which shall be governed solely by the requirements relating to access to records and the release of information as set forth in part 14 of article 4 of this title.

(7) Nothing in subsections (4) to (6) of this section shall apply APPLIES to records and reports held by the state or local department of health pursuant to part 14 PART 4 of article 4 of this title.

SECTION 19. In Colorado Revised Statutes, 25-1-801, **amend** (1) (d) as follows:

25-1-801. Patient records in custody of health care facility -

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1	definitions. (1) (d) Nothing in this section shall be construed to require
2	REQUIRES a person responsible for the diagnosis or treatment of sexually
3	transmitted infections or addiction to or use of drugs in the case of minors
4	pursuant to sections 25-4-402 (4) and 13-22-102 AND 25-4-409, C.R.S.,
5	to release patient records of such diagnosis or treatment to a parent,
6	guardian, or person other than the minor or his or her designated
7	representative.
8	SECTION 20. In Colorado Revised Statutes, 25-1-802, amend
9	(2) as follows:
10	25-1-802. Patient records in custody of individual health care
11	providers. (2) Nothing in this section shall be construed to require
12	REQUIRES a person responsible for the diagnosis or treatment of sexually
13	transmitted infections or addiction to or use of drugs in the case of minors
14	pursuant to sections 25-4-402 (4) and 13-22-102 AND 25-4-409, C.R.S.,
15	to release patient records of such diagnosis or treatment to a parent,
16	guardian, or person other than the minor or his or her designated
17	representative.
18	SECTION 21. In Colorado Revised Statutes, 25-1-1202, amend
19	(1) (aaa) as follows:
20	25-1-1202. Index of statutory sections regarding medical
21	record confidentiality and health information. (1) Statutory provisions
22	concerning policies, procedures, and references to the release, sharing,
23	and use of medical records and health information include the following:
24	(aaa) Section 25-4-402 (4) SECTIONS 25-4-406 AND 25-4-409,
25	concerning the reporting of sexually transmitted infections;
26	SECTION 22. In Colorado Revised Statutes, 25-44-101, amend
27	(3) introductory portion as follows:

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1	25-44-101. Definitions. As used in this article, unless the context
2	otherwise requires:
3	(3) "Comprehensive human sexuality education" means medically
4	accurate information about all methods to prevent unintended pregnancy
5	and sexually transmitted diseases and infections, including HIV, and
6	AIDS, and the link between human papillomavirus and cancer, and other
7	types of cancer involving the human reproductive systems, including but
8	not limited to prostate, testicular, ovarian, and uterine cancer. Methods
9	must include information about the correct and consistent use of
10	abstinence, contraception, condoms, and other barrier methods, AND
11	OTHER PREVENTION MEASURES. Additional contents of comprehensive
12	human sexuality education must include:
13	SECTION 23. Effective date. This act takes effect July 1, 2016.
14	SECTION 24. Safety clause. The general assembly hereby finds,
15	determines, and declares that this act is necessary for the immediate
16	preservation of the public peace, health, and safety.

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