



## COLORADO

Department of Public  
Health & Environment

To: Members of the State Board of Health

From: Megan Snow, Colorado Lead Poisoning Prevention Manager, Division of  
Environmental Health and Sustainability

Sean C. Scott, Deputy Director  
Division of Environmental Health and Sustainability

Through: Jeff Lawrence, Director  
Division of Environmental Health and Sustainability

Date: October 1, 2024

Subject: Request for a Rulemaking Hearing concerning 6 CCR 1009-7, *The Detection,  
Monitoring, and Investigation of Environmental and Chronic Disease*

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The Division of Environmental Health and Sustainability (“division”) is proposing revisions to 6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease*, and is requesting that the Board of Health adopt the revised regulation at the December 18, 2024, Board of Health meeting.

In compliance with the State Administrative Procedure Act, Section 24-4-103.3, C.R.S., the department is proposing amendments to update and align 6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease* to align the rule with the current Centers for Disease Control and Prevention (CDC) blood lead reference value (BLRV) and revise the age criteria to align with the common legal definition.

This rulemaking proposes to revise 6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease* to update the age ranges and blood lead reference value (BLRV) from the current value to the latest Centers for Disease Control and Prevention (CDC) recommended BLRV. Electronic copies of the *Update of the Blood Lead Reference Value – United States, 2021* are available for review on the following CDC Morbidity and Mortality Weekly Report (MMWR) website:

- [https://www.cdc.gov/mmwr/volumes/70/wr/mm7043a4.htm?s\\_cid=mm7043a4\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7043a4.htm?s_cid=mm7043a4_w)

The division has engaged stakeholders and to date, none has expressed concern with the proposed amendments to *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease Regulation*.

The division appreciates the Board’s consideration.

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to**

**6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental  
and Chronic Disease***

**Basis and Purpose**

Revisions to 6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease*, update the age ranges and blood lead reference values (BLRVs) from the current value of 5 micrograms per deciliter (µg/dL) to the latest BLRV recommended by the Centers for Disease Control and Prevention (CDC) value of 3.5 µg/dL as follows:

- Current: Blood lead level  $\geq 5$  µg/dL AND age  $\leq 18$  years
- Proposed: Blood lead level  $\geq 3.5$  µg/dL AND age  $<18$
  
- Current: Blood lead level  $\geq 5$  µg/dL if age  $>18$  years
- Proposed: Blood lead level  $\geq 3.5$  µg/dL if age  $\geq 18$  years
  
- Current: Blood lead level  $<5$  µg/dL AND age  $\leq 18$  years
- Proposed: Blood lead level  $<3.5$  µg/dL AND age  $< 18$  years

The BLRV is based on the 97.5<sup>th</sup> percentile of blood lead distribution in children. This was determined from National Health and Nutrition Examination Survey (NHANES) data. According to the CDC, the BLRV is a population-based measurement. It now indicates that 2.5% of U.S. children aged 1-5 years have BLLs at or above 3.5 µg/dL. It is not a health-based standard or a toxicity threshold. The BLRV should be used as a guide to both determine recommended follow-up and prioritize communities with the need for exposure prevention. NHANES is a program of studies designed to assess the health and nutritional status of adults and children in the United States. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and has the responsibility for producing vital and health statistics for the Nation. Blood lead data were instrumental in developing policy to eliminate lead from gasoline and in lead-based paint (CDC). Recent survey data indicate the policy has been even more effective than originally envisioned, with a decline in elevated blood lead levels of more than 70% since the 1970s (NHANES). The decline in elevated blood lead levels (EBLLs) by more than 70% since the 1970s can be attributed to several public health interventions and regulatory changes. One of the most significant factors was the phase-out of leaded gasoline and household lead-based paint, which began in the 1970s.

The updated BLRV is based on NHANES data from 2015-2018. The most recent update lowered the BLRV to 3.5 µg/dL from the previous 5 µg/dL. This update reflects the continued decline in blood lead levels among U.S. children and aims to identify and manage those at risk of lead exposure more effectively (CDC). The findings emphasize the importance of ongoing surveillance and intervention efforts to further reduce lead exposure in children. The lower BLRV allows for earlier identification and intervention, potentially preventing the adverse health effects associated with lead exposure. The Lead Exposure and prevention Advisory Committee [unanimously voted on May 14, 2021](#), in favor of updating the reference value to 3.5 µg/dL, based on data from the 2015-2018 NHANES cycles. On October 28, 2021, CDC updated and lowered the BLRV from 5 µg/dL to 3.5 µg/dL (CDC).

Adopting the current CDC value of 3.5 µg/dL ensures that Colorado's regulations are consistent with national public health standards and practices. Lowering the blood lead reference value allows for earlier detection and intervention, which can significantly reduce the health impacts of lead exposure, particularly in children who are most vulnerable to its effects. Early intervention and prevention measures can prevent the severe and often irreversible effects of lead poisoning, such as cognitive impairment and developmental delays.

Revising the age criteria to <18 years aligns the rule with the common legal definition, ensuring clear differentiation between minors and adults.

### Specific Statutory Authority

#### Statutes that require or authorize rulemaking:

The Colorado Department of Public Health and Environment (Department) has the power and duty to promote, protect, and maintain the public's health by preventing, delaying, or detecting the onset of environmental and chronic diseases and to investigate and determine the epidemiology of those conditions, per Sections 25-1.5-105, 25-1.5-102, 25-1-122, 25-1.5-101(1)(k) and (l), C.R.S.

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#### Is this rulemaking due to a change in state statute?

\_\_\_\_\_ Yes, the bill number is \_\_\_\_\_. Rules are \_\_\_\_ authorized \_\_\_\_ required.

  X   No

#### Does this rulemaking include proposed rule language that incorporate materials by reference?

\_\_\_\_\_ Yes \_\_\_\_\_ URL

  X   No

#### Does this rulemaking include proposed rule language to create or modify fines or fees?

\_\_\_\_\_ Yes

  X   No

#### Does the proposed rule language create (or increase) a state mandate on local government?

  X   No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

**REGULATORY ANALYSIS**  
**for Amendments to**  
**6 CCR 1009-7, The Detection, Monitoring, and Investigation of Environmental**  
**and Chronic Disease**

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

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Local Public Health Agencies	56	C/S
Pediatricians & Family Physicians	4720	C
Laboratories	101	C
Colorado residents $\leq$ 17 years old	~1.2M	B
Colorado residents >18 years old	~4.6M	B

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C** = individuals/entities that implement or apply the rule.
- CLG** = local governments that must implement the rule in order to remain in compliance with the law.
- S** = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B** = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

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

At this time, there are no known or foreseen impacts or increases in cost to Colorado health care providers, laboratories, coroners, and hospitals that are required to report environmental and chronic disease. All Colorado reporters are currently required to comply with the regulation as proposed.

**Economic outcomes**

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

C: Updating 6 CCR 1009-7 allows Colorado's environmental and chronic disease health reporters to maintain alignment with current CDC requirements. These are the current requirements that reporters have been complying with. No anticipated financial costs or benefits were identified.

CLG: No anticipated financial costs or benefits were identified.

S: No anticipated financial costs or benefits were identified.

B: No anticipated financial costs or benefits were identified.

**Non-economic outcomes**

**Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.**

C: Since Colorado health care providers, laboratories, coroners, and hospitals are required to report environmental and chronic disease, including any blood lead level test results, the lowering of the level does not create any additional reporting requirements for them. The proposed update provides clarity for reporters by aligning Colorado reporting requirement for BLRV's with current federal standards.

CLG: No anticipated impact.

S: No anticipated impact.

B: Colorado citizens will benefit from adopting the current CDC value of 3.5 µg/dL. Lowering the blood lead reference value allows for earlier detection and intervention, which can significantly reduce the health impacts of lead exposure, particularly in children who are most vulnerable to its effects. Early intervention and prevention measures can prevent the severe and often irreversible effects of lead poisoning, such as cognitive impairment and developmental delays.

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

**A. Anticipated CDPHE personal services, operating costs or other expenditures: None**

All blood lead tests are reportable to CDPHE regardless of the level of the test results. This update does not impact CDPHE personal services, operating costs, or other expenditures.

**Anticipated CDPHE Revenues: None**

**B. Anticipated personal services, operating costs or other expenditures by another state agency: None**

**Anticipated Revenues for another state agency: None**

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

Along with the costs and benefits discussed above, the proposed rules:

- ☐ Comply with a statutory mandate to promulgate rules.
- ☒ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- ☒ Maintain alignment with other states or national standards.
- ☒ Implement a Regulatory Efficiency Review (rule review) result
- ☒ Improve public and environmental health practice.
- ☐ Implement stakeholder feedback.
- ☐ Advance the following CDPHE Strategic Plan priorities (select all that apply):
  - ☒ Improve outcomes in public health and environmental protection for all people of Colorado.
  - ☐ Realize a human-first, progress-forward culture!
  - ☐ Accomplish bold and Wildly Important Goals (WIGs) with an annual focus on a few key issues.
  - ☐ Continuously pursue operational excellence in support of our programs.
  - ☐ Strengthen Colorado's governmental public health system and promote effective public health practice.
- ☒ Advance CDPHE Division-level strategic priorities.
  - The division Workplan, within CDPHE's Strategic Plan, identifies "Positive Policy Influence: Meet the increasing demands of division-related policy and legislation efforts in a manner that aligns with the division's business plan, safeguards our division's reputation, and supports our people and customers" as priority number two. Updating the BLRV to align with the CDC BLRV and updating the age ranges supports this priority.

The costs and benefits of the proposed rule would not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

NA

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

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking were developed in conjunctions with stakeholders. The benefits, risks and costs of these proposed revisions were compared to the costs and benefits of other options. The proposed revisions provide the most benefit, at no additional costs, and are the minimum necessary or are the most feasible manner to achieve compliance with statute.

No less costly or intrusive method for achieving the purpose of this rule was identified.

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

No alternate rules or alternatives to the rulemaking were considered. Colorado health care providers, laboratories, coroners, and hospitals that are required to report environmental and chronic disease are already complying with this requirement. Adopting the current CDC value of 3.5 µg/dL ensures that Colorado's regulations are consistent with national public health standards and practices. Lowering the blood lead reference value allows for earlier detection and intervention, which can significantly reduce the health impacts of lead exposure, particularly in children who are most vulnerable to its effects. Early intervention and prevention measures can prevent the severe and often irreversible effects of lead poisoning, such as cognitive impairment and developmental delays.

Revising the age criteria to <18 years aligns the rule with the common legal definition, ensuring clear differentiation between minors and adults.

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

The data used came from the *Update of the Blood Lead Reference Value – United States, 2021*. The proposed update provides clarity for Colorado health care providers, laboratories, coroners, and hospitals that are required to report environmental and chronic disease by aligning Colorado's BLRV's with the current federal standards. This alignment provides clarity and benefit to the entities reporting the BLRV's, health care providers and the public, both in the short and long-term.



## STAKEHOLDER ENGAGEMENT

### for Amendments to

6 CCR 1009-7, The Detection, Monitoring, and Investigation of Environmental and Chronic Disease

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

#### Early Stakeholder Engagement:

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

Organization	Representative Name and Title (if known)
Adams County Public Health	Kayla Lesperance
Alamosa County Public Health	Beverly Strnad
Arapahoe County Public Health	Dylan Garrison
Archuleta County Public Health	Rosalind Penney
Baca County Public Health	Janell Maier
Bent County Public Health Agency	Joni Wilk
Boulder County Public Health	Bill Hayes
Broomfield County Public Health	Jason Vahling
Chaffee County Public Health	Emily Anderson
Cheyenne County Public Health Agency	Kelli Adamson
Clear Creek County Public Health	Emily Kuper
Conejos County Public Health & Nursing Service	Denise Jiron
Costilla County Public Health Agency	Paul Wertz
Custer County Public Health Agency	Clifford Brown
Delta County Dept. of Health & Human Services	Karen O'Brien
Denver Dept. of Public Health & Environment	Brendan Doyle
Dolores County Public Health Agency	Tracey Deanland
Douglas County Health Dept.	Caitlin Gappa
Eagle County Public Health Agency	Heath Harmon
El Paso County Public Health	Melissa Rogerson
Elbert County Health & Environment	Sara McIntosh
Fremont County Dept. of Public Health & Environment	Sarah Miller
Garfield County Public Health	James Kolb
Gilpin County Public Health Agency	Alisa Witt
Grand County Public Health	Abbie Baker
Gunnison County Public Health	Joni Reynolds
Las Animas/Huerfano Counties District Health Dept.	Misty Zanolini
Jackson County Public Health Agency	Lynette Telck
Jefferson County Public Health	Mitch Brown
Kiowa County Public Health	Ryann Wollert
Kit Carson County Dept. of Public Health & Environment	Dawn James
La Plata County Public Health	Rosalind Penney
Lake County Public Health Agency	Kelsy Maxie
	Julia Johannesen
Larimer County Health Dept.	Kim Meyer-Lee
Lincoln County Dept. of Public Health	Kelly Meier
Mesa County Health Dept.	Sally Born
Moffat County Public Health Agency	Becky (Sarah) Copeland

Montezuma County Public Health Agency	Bobbi Lock
	Julie Jacobsen
Montrose County Public Health	Lisa Gallegos
Northeast Colorado Health Dept. (Logan, Morgan, Phillips, Sedgwick, Washington, Yuma)	Melvin Bustos
Otero County Health Department (Crowley and Otero)	Janell Maier
Ouray County Environmental Health Department	Tanner Kingery
Park County Public Health Agency	Lynn Ramey
Pitkin County Environmental Health	Kurt Dahl
Prowers County Public Health	Paige England
Pueblo Dept. of Public Health & Environment	Aaron Martinez
Rio Blanco County Dept. of Public Health & Environment	Makala Sheridan
Rio Grande County Public Health Agency	Dianne Koshak
Routt County Public Health Agency	Robertta Smith
Saguache County Public Health	Mona Lovato
San Juan County Public Health Service	Becky Joyce
San Miguel County Dept. of Public Health & Environment	Grace Franklin
Silver Thread Public Health District (Hinsdale and Mineral)	Joni Adelman
Summit County Public Health	Lauren Gilbert
Teller County Public Health and Environment	Michelle Wolff
Weld County Dept. of Public Health & Environment	Cassie Theisen
Denver Health	Mark Anderson
	Laurie Halmo
Colorado Academy of Family Physicians	Unknown
Colorado American Academy of Pediatrics	Unknown
ARUP Laboratory	Unknown

On August 22, 2024, the division met with LPHA environmental health staff, physicians and clinicians who engage in blood lead test reporting and lead related activities to review the changes to 6 CCR 1009-7, *The Detection, Monitoring, and Investigation of Environmental and Chronic Disease*.

#### **Stakeholder Group Notification**

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed

  X   Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

       Yes.

Summarize major factual and policy issues encountered and the stakeholder feedback received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

No major factual or policy issues were encountered.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

- ☐ Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.
- ☒ **Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.**
- ☒ **Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.**
- ☐ Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
- ☐ Improves access to food and healthy food options.
- ☒ **Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.**
- ☐ Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.
- ☐ Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
- ☐ Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.
- ☐ Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
- ☒ **Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.**
- ☐ Ensures a competent public and environmental health workforce or health care workforce.

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Disease Control and Environmental Epidemiology Division**

**DETECTION, MONITORING, AND INVESTIGATION OF ENVIRONMENTAL AND CHRONIC DISEASE**

**6 CCR 1009-7**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on November 15, 2017. Effective January 14, 2018.**

**REGULATION 1            REPORTABLE ENVIRONMENTAL AND CHRONIC DISEASES**

The Department has the power and duty to promote, protect, and maintain the public's health by preventing, delaying, or detecting the onset of environmental and chronic diseases dangerous to public health and to investigate and determine the epidemiology of those diseases that contribute to preventable or premature sickness, death and disability.

**I.            DEFINITIONS**

For the purpose of this regulation:

- A. "Chronic disease" means impairment or deviation from the normal functioning of the human body which: (a) is permanent; (b) leaves residual disability; (c) is caused by nonreversible pathological alterations; (d) requires special patient education and instruction for rehabilitation; or (e) may require a long period of supervision, observation, and care.
- B. "Environmental disease" means an impairment or deviation from the normal functioning of the human body which: (a) may be either temporary or permanent; (b) may leave residual disability; (c) may result in birth defects, damage to tissues and organs, and chronic illness; and (d) is caused by exposure to hazardous chemical or radiological materials present in the environment.
- C. "Investigatory material" includes but is not limited to medical, coroner and laboratory records or reports; clinical specimens or clinical material; testing and test results; samples or samplings; environmental media (including water, air, soil or sediment); confidential commercial, geological, or geophysical data.
- D. "Reportable environmental and chronic diseases" means a chronic disease, environmental disease, syndrome or condition that is:
  - 1. A disease, syndrome, or condition identified in Appendix A, Reportable Environmental and Chronic Diseases Table, or
  - 2. A disease, syndrome, or condition that is known or suspected to be related to an exposure to a toxic substance, prescription drug, over-the-counter medication or remedy, controlled substance, environmental media, or contaminated product that results in hospitalization, treatment in an emergency department, or death, and is:
    - a. Suspected of being a cluster, outbreak or epidemic,
    - b. A risk to the public due to ongoing exposure,
    - c. At an increased incidence beyond expectations,

- d. Due to exposure to food, environmental media (including water, air, soil or sediment), or other material, such as marijuana products, that is contaminated by a toxic substance, hazardous substance, pollutant or contaminant,
- e. A case of a newly recognized or emerging disease or syndrome,
- f. Related to a healthcare setting or contaminated medical devices or products, such as diverted drugs, or
- g. May be caused by or related to a suspected intentional or unintentional release of chemical or radiological agents.

The Department may temporarily require reporting, or a change in manner or frequency of reporting for reportable environmental and chronic diseases or other diseases, syndromes, conditions, illnesses or exposures that are potentially dangerous to the public health and need to be monitored to prevent, treat, or control, environmental disease or chronic disease.

## **II. REPORTING**

When the reportable environmental and chronic disease is listed in Appendix A, reporters will report in the manner and time frame delineated in Appendix A. Any other disease that meets one or more criteria in definition D.2 of Regulation 1 must be reported within 24 hours.

A. Each report will include the minimum necessary information to achieve the public health purpose of these regulations. For all conditions listed in Appendix A, or any other disease that meets one or more criteria in definition D.2 of Regulation 1, except for adverse drug reactions, each report shall include the patient's:

1. Full name
2. Date of birth
3. Gender
4. Race
5. Ethnicity
6. Phone number
7. Address (including city and county)
8. Name and address of responsible physician or other health care provider, and
9. Any other information that is needed to locate the patient for follow up.

B. For adverse drug reactions identified in Appendix A, the report shall include the patient's:

1. Age
2. Gender
3. Race
4. Ethnicity, and
5. County

If the Department identifies an imminent need to treat, control, investigate, or prevent adverse drug reactions that are dangerous to public health, patient-identifying information identified in II. A of Regulation 1, must be reported to the Department in a timely manner.

C. With regard to birth defects, developmental disabilities, chromosomal abnormalities, and neural tube defects reported pursuant to Regulation 1, the Department shall collect no additional information about pregnancy outcome other than what is required for the vital record form.

D. All laboratory information reported shall include specimen accession number or comparable identifier. Reports will be submitted in the manner prescribed by the Department.

## **REGULATION 2 INDIVIDUALS AND ENTITIES RESPONSIBLE FOR REPORTING**

When the reportable environmental and chronic disease is listed in Appendix A, reporters include health care providers, laboratories; coroners; and hospitals.

When the reportable environmental and chronic disease is any other disease that meets one or more criteria in definition D.2 of Regulation 1, reporters include laboratories, coroners, hospitals, and community clinics with emergency rooms.

## **REGULATION 3 PROCEDURES FOR THE INVESTIGATION OF ENVIRONMENTAL AND CHRONIC DISEASES**

The Department and county, district, and municipal public health agencies shall employ reasonable investigative techniques as part of systematic surveillance for reportable environmental and chronic diseases. Reporting in one community may lead the Department or county, district or municipal public health agencies to investigate whether or not public health is endangered either in the same community or in other communities physically removed but environmentally similar to that of the reported case.

Investigations shall be limited to information that is pertinent, relevant and necessary to the investigation, as determined by the agency conducting the investigation. Such investigative techniques include but are not limited to:

1. Review by authorized personnel of investigatory material to identify and characterize the index case and other cases in a region, community, or workplace; such review of investigatory material may occur without patient consent and shall be conducted at reasonable times and with such notice as is reasonable under the circumstances. Where feasible, facilities are encouraged to provide remote electronic access to authorized department and/or county, district or municipal public health agency staff for this purpose;
2. Performing follow-up interview(s) to collect pertinent and relevant information about the cause or risk factors for the reportable environmental or chronic disease;
3. Medical examination and testing of persons with the explicit consent of such persons;
4. Obtaining from public or private businesses or institutions the lists of persons with a similar or common potential exposure to a reported case; such exposure may be current or have occurred in the past;
5. Interviewing or administering questionnaire surveys confidentially to any resident of a community or any agent, owner, operator, employer, or employee of a public or private business or institution, that is either epidemiologically associated with a reported case or has had a similar exposure to a reported case;
6. Collecting and analyzing samples or measurements of items that may be related to the cause of the outbreak or reportable disease, such as food, environmental media (including water, air, soil or sediment), other substances or material, such as marijuana products, a prescription drug, an over-the-counter medication or remedy, a controlled substance, or physical agents;
7. Taking photographs or video related to the purpose of the investigation; if the photographs/video are taken in a business, the employer shall have the opportunity to review the photographs/video taken or obtained for the purpose of identifying those which contain or might reveal a trade secret;

8. Entering a public or private entity, such as a business or school, for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment which are relevant, pertinent, and necessary to the investigation; such investigations shall be conducted during regular working hours or at other reasonable times and with such notice as is reasonable under the circumstances;
9. Review of workers' compensation claims;
10. Review of toxic tort or product liability claims filed with state or federal courts within the state; and
11. Review of previously conducted environmental or product sampling data that may be related to the cause of the outbreak or reportable disease.

The Department and county, district, and municipal public health agencies shall have access to investigatory material. This may include requiring access to trade secrets such as product formulations, manufacturing processes or devices. Investigatory material is to be used by the department and county, district, and municipal public health agencies to the extent necessary for disease control efforts and the development of prevention programs.

#### **REGULATION 4                      INFORMATION SHARING**

When the Department learns of a reportable environmental or chronic disease, it shall notify the affected county, district or municipal public health agency in a timely manner, usually within the timeframe for reporting in appendix a. When a county, district or municipal public health agency learns of a reportable environmental or chronic disease, it shall notify the Department in a timely manner, usually within the timeframe for reporting in Appendix A. If it is a disease that meets one or more criteria in definition D.2 of Regulation 1, the Department and affected county, district or municipal public health agency shall notify each other usually within 24 hours.

Information is shared only between authorized personnel and only the minimum necessary to treat, control, investigate, or prevent environmental disease or chronic disease that is dangerous to public health.

Sharing of trade secrets, and confidential commercial, geological, or geophysical data shall be performed in a manner that preserves the confidentiality of the information.

#### **REGULATION 5                      CONFIDENTIALITY**

All investigatory material acquired or created and held by the Department or a county, district or municipal health agency in compliance with these regulations shall be held as confidential pursuant to C.R.S. 25-1-122(4). In addition, trade secrets and confidential commercial, geological, or geophysical data submitted to or held by the department or county, district or municipal public health agencies in compliance with these regulations shall be confidential to the extent permitted by law. This information is to be used by the public health agencies as source material for necessary disease control efforts and the development of prevention programs.

Reasonable efforts shall be made by the Department or investigating county, district or municipal health department to consult with the attending physician or medical facility caring for the patient prior to any further patient follow-up by the department or a county, district or municipal health agency.

#### **Appendix A.      Reportable Environmental and Chronic Diseases**

<b>Disease/Event</b>	<b>Type</b>	<b>Time</b>	<b>Reporter</b>
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Disease/Event	Type	Time	Reporter
<i>Adverse drug reaction or overdose caused by taking a prescription drug, over-the-counter medication or remedy, controlled substance (legally or illegally obtained) that results in treatment in an emergency department, hospitalization, or death</i>		120 days <sup>1</sup>	P*
<i>Autism Spectrum Disorders (ASD) (Age less than or equal to ten years) (Including Autistic Disorder, Asperger's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified)</i>		30 days	P**
<i>Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the third birthday</i>		90 days	P
<i>Fetal Alcohol Syndrome (Age ≤ 10 years)</i>		30 days	P
<i>Head injuries requiring admission to hospitals or resulting in death</i>		120 days <sup>1</sup>	L & P*
<i>Lead Level, <del>elevated</del></i>			
	<u><i>Blood lead level ≥ 5 µg/dL AND age ≤ 18 years</i></u>	<u>7 days</u>	<u>L &amp; P***</u>
	<u><i>Blood lead level ≥ 3.5 µg/dL AND age &lt;18</i></u>		
	<u><i>Blood lead level ≥ 5 µg/dL if age &gt;18 years</i></u>	<u>30 days</u>	<u>L &amp; P***</u>
	<u><i>Blood lead level ≥ 3.5 µg/dL if age ≥18 years</i></u>		
	<u><i>Blood lead level &lt;5 µg/dL AND age ≤ 18 years</i></u>	<u>30 days</u>	<u>L &amp; P***</u>
	<u><i>Blood lead level &lt;3.5 µg/dL AND age &lt; 18 years</i></u>		
<i>Mercury Level, elevated</i>			
	<i>Blood mercury &gt;0.5 µg/dL</i>	30 days	L
	<i>Urine mercury &gt;20 µg/L</i>	30 days	L



Disease/Event	Type	Time	Reporter
<i>Muscular Dystrophies</i>		120 days <sup>1</sup>	P
<i>Spinal Cord Injuries</i>		120 days <sup>1</sup>	L & P*
<i>Birth defects, developmental disabilities, and medical risk factors for developmental delay in Colorado residents diagnosed prenatally, at birth, or through the third birthday; with the exception of muscular dystrophies, which shall be reported without age limit<sup>2</sup></i>			
	<b>Major congenital malformations, deformations and chromosomal abnormalities</b>	120 days <sup>1</sup>	L & P*
	<b>Congenital (perinatal) infections, including:</b> Congenital syphilis Congenital rubella Cytomegalovirus Toxoplasmosis/herpes viral/herpes simplex Neonatal viral hepatitis	120 days <sup>1</sup>	L & P*
	<b>Sensory impairments, including:</b> Hearing loss Blindness and low vision	120 days <sup>1</sup>	L & P*
	<b>Other disabilities, including:</b> Specific delays in development Change to Intellectual Disability Infantile cerebral palsy Autism spectrum disorders (ASD)	120 days <sup>1</sup>	L & P*
	<b>Newborn genetic/endocrine/metabolic and newborn immunodeficiencies diseases</b>	120 days <sup>1</sup>	L & P*
	<b>Infections, including:</b> Encephalitis Meningitis	120 days <sup>1</sup>	L & P*
	<b>Injuries, including:</b> Traumatic brain injuries Spinal cord injuries	120 days <sup>1</sup>	L & P*
	<b>Other disabilities and medical conditions related to development, including:</b> Convulsions/seizures Specific delays in development Intellectual disabilities Infantile cerebral palsy Autism spectrum disorders	120 days <sup>1</sup>	L & P*

Disease/Event	Type	Time	Reporter
	(ASD) Drug withdrawal syndrome in the newborn Failure to thrive Infantile spasms Muscular dystrophies Noxious influences affecting fetus (includes Fetal Alcohol Syndrome) Werdnig Hoffman disease Amniotic bands Perinatal Intracranial hemorrhage Slow fetal growth and fetal malnutrition		

161 1 Reporting time is 120 days unless it is to be reported sooner under a different statutory or regulatory authority.

162 2 Listed conditions relate directly to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-  
163 10-CM)

164 Reporter: The party responsible for reporting is indicated by one of the following:

165 L = Laboratory (whether or not associated with a hospital; by out-of-state laboratories that  
166 maintain an office or collection facility in Colorado; and by in-state laboratories which  
167 send specimens to an out-of-state laboratory referral laboratory).

168 P = Health care providers, coroners, laboratories, hospitals.

169 \* Reporting requirement is fulfilled through Department access to administrative data sets  
170 including but not limited to hospitalization and emergency discharge data and vital  
171 records data, unless notified by the Department that additional data are necessary or  
172 otherwise required by statute or regulation.

173 \*\* Condition reportable only among residents of seven-county Denver Metropolitan Area  
174 (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson Counties).

175 \*\*\* Laboratory as specified above or by the physician, healthcare provider, or clinic when  
176 blood lead specimens are analyzed in an office or outpatient setting (i.e., using  
177 LeadCare® II instrument).