REGULATORY ANALYSIS

for Amendments to

6 CCR 1009-2 The Infant Immunization Program and Immunization of Students Attending School

Adopted by the Board of Health on December 15, 2021

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
Approximately 2,150 public and private schools, approximately 2,100 licensed child cares, thousands of healthcare providers throughout the state, the Colorado Department of Education, the Colorado Department of Human Services, the Colorado Department of Higher Education, approximately 25 colleges/universities and 53 county, district or municipal public health agencies (LPHAs) rely on the rule to maintain their own businesses, agencies or operations.		C, CLG
Students enrolled in Colorado schools and, if under 18 years of age, their parents/legal guardians, and the public at large.		S, 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.

The Department does not foresee an economic impact to any affected persons. The proposed changes to this rule will result in clarification for consistent interpretation by end-users of the rule and better alignment with statute; both of which the Department expects will result in improved customer experience.

- 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:

The proposed amendments are cost-neutral.

Anticipated CDPHE Revenues: NA

B. Anticipated personal services, operating costs or other expenditures by another state agency: NA

Anticipated Revenues for another state agency: NA

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 revisions:

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.
_X Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023.
 Contributes to the blueprint for pollution reduction Reduces carbon dioxide from transportation Reduces methane emissions from oil and gas industry Reduces carbon dioxide emissions from electricity sector
2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.
 Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry. Supports local agencies and COGCC in oil and gas regulations. Reduces VOC and NOx emissions from non-oil and gas contributors
3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.
 Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes. Increases physical activity by promoting local and state policies to improve active transportation and access to recreation. Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.
4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.
Ensures access to breastfeeding-friendly environments.
5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.
Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. Performs targeted programming to increase immunization rates. Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).
6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June

30, 2023.
 Creates a roadmap to address suicide in Colorado. Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate. Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries. Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.
7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.
 Conducts a gap assessment. Updates existing plans to address identified gaps. Develops and conducts various exercises to close gaps.
8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.
 Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident. Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.
9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.
 Implements the CDPHE Digital Transformation Plan. Optimizes processes prior to digitizing them. Improves data dissemination and interoperability methods and timeliness.
10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.
Reduces emissions from employee commutingReduces emissions from CDPHE operations
11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.
Used a budget equity assessment

- ____ Advance CDPHE Division-level strategic priorities.
- Identify division strategic plan item or strategic priority

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

NA. Inaction has neither monetary cost nor benefit; however, inaction results in non-compliance with statute, and the potential to invalidate these rules.

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

The proposed changes are neither costly nor intrusive, and, as the purpose is compliance with statute, no alternative method was considered.

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

No alternatives to this rulemaking were considered. Failure to implement requirements that are consistent with Colorado state law, as identified by the Office of Legislative Legal Services (OLLS), may result in the rule being negated or invalidated by the state legislature.

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 proposed changes did not require a data-based evaluation or analysis.