



COLORADO

Department of Public
Health & Environment

AMENDED PUBLIC HEALTH ORDER 21-01 VACCINE ACCESS AND DATA REPORTING FOR COVID-19 July 30, 2021

PURPOSE

I issue this Public Health Order (PHO or Order) concerning access to vaccine for all populations and the reporting of vaccine administration data from enrolled vaccine providers regarding individuals who receive any of the coronavirus disease 2019 (COVID-19) vaccines authorized by the federal Food and Drug Administration (FDA) for the purpose of compiling relevant demographic information to have a better understanding of COVID-19 vaccination rates across the state for all populations in Colorado.

FINDINGS

On March 10, 2020, Governor Jared Polis verbally declared a disaster emergency regarding COVID-19 in Colorado, and on March 11, 2020, Governor Polis issued **Executive Order D 2020 003** memorializing the disaster declaration. The Governor's verbal declaration of a disaster emergency is now memorialized in **Executive Order D 2021 122**. COVID-19 is a respiratory illness caused by a novel coronavirus. Symptoms include fever, cough, shortness of breath, or difficulty breathing. As of July 30, 2021, there are 575,082 known cases of COVID-19 in Colorado, 32,859 individuals have been hospitalized due for COVID-19, and 7,208 people have died of COVID-19.

Since the emergency declaration, many additional executive orders and public health orders have been issued implementing the state's response to the COVID-19 pandemic, beginning with requiring Coloradans to Stay at Home, then moving to a Safer at Home framework with an ability to move to less restrictive standards in Protect our Neighbors, and finally consolidating these frameworks into the COVID-19 Dial. Consistent across these levels is the need to maintain 6 feet distancing, wear face coverings, avoid large gatherings, and wash hands. All of these combined efforts are intended to slow the spread of disease and ultimately flatten the curve.

Since the arrival of COVID-19 vaccines, Colorado has worked diligently to provide vaccines to all eligible Coloradans. Providers who are authorized to administer vaccines and wish to partner with CDPHE in the administration of COVID-19 vaccines are required to complete an enrollment process with Colorado Department of Public Health and Environment (CDPHE) for the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Program. To enroll, a vaccine provider must be credentialed or licensed in Colorado to possess or administer vaccines or provide vaccination services, sign and agree to the conditions in the CDC COVID-19 Vaccination Program Provider Agreement, and fully complete the CDC COVID-19 Vaccination

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Provider Profile form for each location where COVID-19 vaccine will be administered, even if owned under a larger corporate or parent organization.

In order to ensure that as many people as possible have access to COVID-19 vaccine CDPHE needs to collect vaccine administration data from enrolled vaccine providers. Additionally, it is imperative that CDPHE gather and assess real time vaccine administration data across the state to identify underserved populations, with a focus on health equity and racial and ethnic disparities, and implement strategies to promote vaccine equity by enhancing access for those populations to receive vaccines.

ORDER

I. VACCINE ACCESS AND REPORTING REQUIREMENTS

- A.. Vaccine Clinics. All enrolled COVID-19 vaccine providers that conduct vaccine clinics for the public shall to the greatest extent possible establish a direct web link for eligible Coloradans to sign up and register for a vaccine. To be accessible, the web link should be separate from any regular patient portal with restricted access, and the technology should be accessible to individuals with disabilities. The web link should be clearly shown on their COVID-19 webpage and easy to navigate. Federally qualified health centers and small community providers and clinics serving underserved communities may choose not to publish their registration information, but they must have another way to effectively communicate with their clients and others in the community whom they plan to serve with a vaccine. Providers should also have a telephone number for eligible Coloradans, who do not have access to the internet, to call, and it should be properly staffed to efficiently serve eligible Coloradans without long wait periods.
1. Individuals seeking COVID-19 vaccines are not required to make an appointment and providers shall, as vaccine supply permits, allow walk up access to vaccines at all COVID-19 vaccination clinics.
 2. COVID-19 vaccine providers shall, as vaccine supply permits, accept any individual seeking a second COVID-19 vaccine, regardless of whether the provider administered the first shot.
- B. Removing Barriers to Vaccine Access. Requiring a social security number, proof of insurance, or an identification card, particularly one issued by a government, can exacerbate distrust and accessibility inequities for many critical groups. These requirements are a barrier for people who are unable to provide this information or have trouble accessing services that issue identification cards, such as those who are undocumented, experiencing homelessness, or have a disability. To facilitate access for all individuals eligible for the COVID-19 vaccine, enrolled COVID-19 vaccine providers that conduct vaccine clinics for the public shall not require that an individual present or provide any of the following as a condition to receiving the vaccine:

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1. A state-issued or other government-issued identification card;
2. A social security card or number;
3. A fee for the vaccine or vaccine administration; or
4. Proof of insurance.

A provider may ask if the individual has health insurance, as the provider may choose to bill the insurance for a vaccine administration fee; however, if the provider does ask for the individual's health insurance, they must provide the individual with a disclosure statement confirming that vaccine will be provided regardless of whether the individual provides health insurance information.

- C. All enrolled COVID-19 vaccine providers administering COVID-19 vaccines in Colorado shall report demographic information to CDPHE pertaining to individuals they vaccinate. The demographic information required to be collected includes first and last name, date of birth, gender identity and address. Providers shall also ask vaccine recipients to provide their telephone number, email address, and their race and ethnicity. Enrolled vaccine providers are required to ask individuals receiving a COVID-19 vaccination for race and ethnicity information; however, the individual may decline to provide the information, which the provider shall document. CDPHE will provide the required reporting platforms and the form and format for submission of the required information, which may be modified as the response to this pandemic evolves. Vaccine administration data, including demographic data, is required to be reported within 72 hours.
- a. **Standardized Collection of Race and Ethnicity Data**
Providers shall implement processes to collect standardized race and ethnicity information from vaccine recipients. Race and ethnicity shall be collected as separate data elements.
 1. The minimum categories for race are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, Unknown and Declined to Provide. Vaccine recipients should be able to self-identify with one or more races.
 2. The minimum categories for ethnicity are: Hispanic or Latino, Not Hispanic or Latino, and Declined to Provide.
- D. All enrolled COVID-19 vaccine providers shall report vaccine administration information to CDPHE in one of the following ways:
- a. **Manual Reporting Options**
 1. Direct Data Entry (Clinic Entry): Enrolled COVID-19 vaccine providers would enter all vaccinations directly into the Colorado Immunization Information System (CIIS) web application.
 2. IZ Quick Add (Clinic Entry): Enrolled COVID-19 vaccine providers holding mass COVID-19 immunization clinics can use this option for loading mass doses administered into CIIS.

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3. Direct Data Entry (CDPHE Entry): Enrolled COVID-19 vaccine providers can request CDPHE staff resources to manually enter all administered doses on their behalf. Providers shall report vaccine administration information to CDPHE through the completion and submission of CDPHE's [Vaccination Administration Form](#).
- b. Electronic Reporting Options
 1. Utilize Existing CIIS Interface: Enrolled COVID-19 vaccine providers with an existing interface (from their Electronic Health Record (EHR) or Pharmacy System) can continue using this existing interface.
 2. Develop Immunization Interface: Enrolled COVID-19 vaccine providers that do not have an existing interface (from their EHR or Pharmacy System) can express interest to develop an electronic interface. If this option is possible then they will participate in the expedited onboarding process to develop a new immunization interface.
 3. Utilize PrepMod System: Enrolled COVID-19 vaccine providers can request access to a CDPHE-procured system called PrepMod. PrepMod is a mass vaccination scheduling and vaccine administration system which interfaces electronically with CIIS.
 4. Flat File Import: Enrolled COVID-19 vaccine providers that do not have an EHR or can't develop an electronic interface can electronically report data to CDPHE by using a Flat File Import file format.
- E. Any patient identifiable information collected will be held as confidential by both the enrolled COVID-19 vaccine provider and public health, and will not be shared publicly. CDPHE shares deidentified, record-level vaccine administration information with the CDC through a Data Use Agreement to inform their national work on COVID-19 response.

II. SEVERABILITY

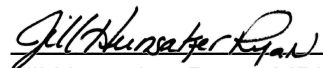
If any provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

III. DURATION

This Order is effective on August 1, 2021 and will continue to be in effect until **Executive Order D 2021 122**, as amended and extended, has expired or been rescinded.

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Jill Hunsaker Ryan, MPH
Executive Director

7/30/2021

Date