



**AMENDED PUBLIC HEALTH ORDER 21-02**  
**CONCERNING ACCESS TO CARE**  
**November 19, 2021**

**PURPOSE OF THE ORDER**

I am issuing this Public Health Order (PHO or Order) in response to recent increases in hospital admissions as well as hospital staffing shortages that threaten the availability and accessibility of hospital level of care to those in the State of Colorado in need of such care. This Order sets forth eligibility terms of COVID-19 patients for access to monoclonal therapies and requires providers to do all they can to provide such therapies.

**FINDINGS**

1. 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**, as amended and extended by **D 2021 124**, **D 2021 125**, **D 2021 129**, and **D 2021 132**. The Governor has taken numerous steps to implement measures to mitigate the spread of disease within Colorado.
2. I have issued public health orders in response to the conditions of the pandemic since March 2020, which included previously implementing standards to reduce the types of elective and surgical procedures that were permitted based on the staff bed capacity of individual hospitals. By reducing the spread of disease, these requirements help to preserve the medical resources needed for those in our communities who fall ill and require medical treatment, thus protecting both the ill patients and the healthcare workers who courageously continue to treat patients. That prior public health order expired in May 2021 as cases of COVID-19 were declining.
3. As of November 19, 2021, there have been 804,734 Coloradans diagnosed with COVID-19, 45,710 have been hospitalized and 8,878 Coloradans have died from COVID-19. There are 1,518 individuals currently hospitalized due to COVID-19, and only 579 hospital beds remain unoccupied across the state. At this time, 91.8% of Colorado's intensive care beds are occupied and 92.7% of medical/surgical beds are occupied.
4. Despite the significant progress the State of Colorado has made over the course of the COVID-19 pandemic in curbing disease transmission, we have seen recent increases in cases due in large part to the circulation of the highly contagious Delta variant. Colorado faces a severe

**Amended PHO 21-02 Concerning Hospital Capacity and Access to Care  
November 19, 2021**

staffing shortage in hospitals due to COVID-19 that can have significant repercussions on the availability of necessary health care services for all in need. At this time, to help preserve these limited resources, I find it necessary to limit the procedures authorized in all **Hospital Facilities**, as defined below. This reduction in procedures should free up some staffing to care for those with more urgent needs, and if we find that we need additional capacity, these limitations may be expanded in scope to other procedures.

5. The U.S. Food and Drug Administration (FDA) has authorized the use of bamlanivimab/etesevimab<sup>1</sup>, REGEN-COV (casirivimab and imdevimab)<sup>2</sup>, and sotrovimab,<sup>3</sup> referred to collectively as “monoclonal antibody therapies”, for the treatment of COVID-19 for certain patients who are at high risk for progression to severe COVID-19, including hospitalization or death. Providing information regarding and access to these authorized treatments may reduce a patient’s need for hospitalization and assist the state in managing hospital bed capacity.

**INTENT**

This Order outlines access to monoclonal therapies as treatment for eligible COVID-19 patients and requires all providers to do all they can to provide such therapies .

**ORDER**

**I. ACCESS TO MONOCLONAL ANTIBODY THERAPIES**

- A.** All healthcare providers such as hospitals, urgent care clinics and free standing emergency departments shall take all necessary steps to provide all eligible Coloradans access to life-saving monoclonal antibody therapies. As available hospital beds are in limited supply, healthcare providers are encouraged to provide monoclonal antibody therapies in outpatient settings, or refer patients who are appropriate candidates for monoclonal antibody therapies to outpatient settings.
  
- B.** Providers who are approved for enrollment in the Monoclonal Antibody Therapy Program administered by CDPHE are required to submit weekly electronic reporting regarding their administration of monoclonal antibody therapies into a federal reporting database made available through CDPHE.

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<sup>1</sup> <https://www.fda.gov/media/145802/download>

<sup>2</sup> <https://www.fda.gov/media/145611/download>

<sup>3</sup> <https://www.fda.gov/media/149534/download>

**Amended PHO 21-02 Concerning Hospital Capacity and Access to Care  
November 19, 2021**

1. Enrolled providers will be included in a provider locator tool that patients may use to find treatment providers.

**C. Eligibility for Monoclonal Antibody Therapy**

1. In accordance with the FDA Emergency Use Authorization (EUA) for monoclonal antibody treatment, eligible individuals include individuals who:
  - a. Are high risk for developing severe COVID-19,
  - b. Have a positive COVID-19 test and have not yet been admitted to the hospital, and
  - c. Are at least 18 years old or 12-17 years of age and weigh at least 88 pounds.
2. Post-exposure preventive monoclonal antibodies are available to those who have been exposed (consistent with the CDC's close contact criteria) and who are:
  - a. High risk for developing severe COVID-19,
  - b. Not fully vaccinated or vaccinated but immunocompromised, and
  - c. At least 18 years old or 12-17 years of age and weighing at least 88 pounds).
3. High risk includes any of the following: 65 years of age or older, overweight (body mass index over 25), pregnancy, chronic kidney disease, Diabetes (Type 1 and Type 2), weakened immune system, currently receiving immunosuppressive treatment, cardiovascular disease/hypertension, chronic lung disease, sickle cell disease, neurodevelopmental disorders, and medical-related technological dependence.
4. Individuals who meet these criteria for treatment with monoclonal antibody therapies may seek such treatment from any authorized healthcare provider without the need for a healthcare provider referral for care. Appropriate screening to confirm eligibility for this therapy shall be conducted by the treating healthcare provider.

**III. ENFORCEMENT**

This Order will be enforced by all appropriate legal means. Local authorities are encouraged to determine the best course of action to encourage maximum compliance. Failure to comply with this order could result in penalties, including jail time, and fines, and may also be subject to discipline on a professional license based upon the applicable practice act.

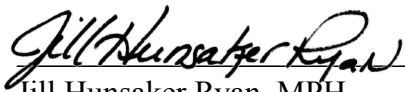
**IV. SEVERABILITY**

**Amended PHO 21-02 Concerning Hospital Capacity and Access to Care  
November 19, 2021**

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.

**V. DURATION**

This Order shall become effective on November 19, 2021 and will expire at 12:01 AM on December 19, 2021 unless extended, rescinded, superseded, or amended in writing.

  
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Jill Hunsaker Ryan, MPH  
Executive Director

11.19.2021  
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Date