

White Paper | Access to School-Entry Immunizations in Colorado

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Executive Summary

For over 40 years, school-entry and childcare vaccine requirements have helped support vaccination coverage among our state's children and kept deadly, yet preventable, diseases such as measles and polio out of schools and local communities. Despite these requirements, many children have gone unvaccinated. The Colorado legislature passed a law in 2020 (Senate Bill 20-163 School Entry Immunization Requirements) aimed at improving vaccine uptake among Colorado's schoolchildren. The legislation set a goal for every school in Colorado to achieve a 95% student vaccination rate for all immunizations recommended by the Centers for Disease Control and Prevention (CDC) and standardized the medical and nonmedical vaccine exemption process.

Because diseases such as measles can spread rapidly, the law's goal of 95% immunization coverage in schools will help protect the health of students, staff, and others in the community – especially those who cannot be vaccinated due to age or medical reasons. However, according to the Colorado Department of Health & Environment (CDPHE), K-12 vaccination compliance rates have fallen since the bill was passed in 2020. The Department's statewide immunization dashboard reports the highest compliance rates observed in the 2019-20 school year (95.1%), dropping to 92.3% across the state in 2022.

To better serve our communities, local nonprofit health plan Colorado Access enlisted the services of health equity consultant and local public health advocate Julissa Soto to conduct field research regarding the barriers schools and families face when striving to achieve vaccine compliance. The scope of the consultant's work included outreach to CDPHE staff, Vaccines for Children (VFC) partnered providers, and administrators and

school nurses at Title I schools in the Aurora and Denver Metro area. She met with close to 80 advocates, state and local public health officials, school administrators, nurses, and immunization experts to ascertain their level of understanding regarding the new requirements and resources available to comply with the new law. She reported back on the specific challenges she found for schools to meet the new standards while organizing vaccine clinics for families, which she largely attributes to the apparent lack of communication between schools and public health departments that has led to widespread confusion among providers, schools, and families. Despite these challenges, she coordinated after-hours vaccine clinics for majority Spanish-speaking families of students (dubbed *Una Escuela, Una Vacuna a la Vez* [One School, One Vaccine at a Time]) at more than 40 schools.

This paper lays out the requirements set out by SB163 and the specific systemic barriers the consultant found were keeping families and schools from meeting them, as well as recommendations for future actions to improve compliance.

The Colorado Law Exemptions

One of the ways SB20-163 attempts to raise school vaccine rates is by standardizing the process for obtaining exemptions (medical and nonmedical) to a school's immunization requirements. Prior to SB163, obtaining a nonmedical exemption meant that families only needed to submit a "statement of exemption" signed by at least one parent "that the parent, guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or that the parent or guardian or the emancipated student ... has a personal belief that is opposed to immunizations" [1]. Under the new law, an

individual's religious and/or personally held beliefs is listed under a "nonmedical exemption" umbrella and must be claimed by having an immunizing provider sign a standard form created by CDPHE. A qualified immunizing provider is one whose scope of practice includes administering the immunization(s) for which the exemption is being sought [2]. If families can't or choose not to get an exemption form signed by an immunizing provider for a nonmedical exemption, they have the option to complete an online education module and submit the certificate of completion to the school instead. The online module was developed by CDPHE and is required to inform families of the benefits and risks associated with vaccines in a balanced, evidence-based representation. Nonmedical exemptions expire each year and must be submitted annually to remain compliant with the law.

To receive a medical exemption, an individual must obtain a signature from a qualified provider stating that the individual may not receive one or more immunizations due to medical reasons.

Compliance

A student is considered compliant with school entry immunization policies if they have received all of the vaccinations required by the student's school and can provide proof of immunization, or the student has received a medical or nonmedical exemption for one or more required vaccines. The list of required vaccines is determined by CDPHE and the Colorado Board of Health and is reviewed and updated annually according to guidance from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Each year, CDPHE develops a standardized document for each school to use to list the immunizations required for entry, the age at which the immunization is required, and a place to publish the school's MMR vaccine rates for the previous school year. (Schools may choose to publish additional immunization data but are not required to). To ensure relevant school vaccine information is reaching families, the school is responsible for distributing this document to each student's parents each year.

Record-Keeping

Upon signing an exemption or administering an immunization, the immunizing provider is required to report the individual's immunization records to the Colorado Immunization Information System (CIIS) – the HIPAA-compliant statewide immunization record database – unless the parent wishes to opt-out of including their family's information in the database. Opt-outs can be rescinded at any time. Then, the immunizing provider is required to provide you with a hard copy of the immunization record or signed exemption form, upon request. The child's school may require the family to submit their signed exemption form or a physical copy of their immunization record if the school does not have access to CIIS.

Understanding Barriers to Implementation

Although immunizing providers must report immunization data to CIIS (unless the student or parent opts out), schools are responsible for ensuring they have the appropriate immunization data on file for each student. If the school indicates that a student is out of compliance with the school's immunization

requirements, the family has 14 days to either obtain the required immunizations for the student, submit proof of a plan for the student to receive the immunization(s), or acquire an exemption. If a student remains noncompliant after that period and is consequently suspended or expelled, the school must notify the department (or local public health agency). It is then the agency's responsibility to provide outreach and support to the student's family, offering immunization opportunities so the student may regain compliance and be re-enrolled or invited back to attend school.

However, as the next section describes, there is a great amount of confusion regarding some of the processes established by the new law. Two years into implementation, our research shows that families are still confused as to which school entry vaccinations are required (and when), where to best acquire those vaccinations, how to get an exemption, who can authorize one, and where to submit an exemption. Also, families in traditionally underserved communities face systemic health care barriers that may prevent them from accessing primary care and thus opt to exempt their children from the requirements due to convenience or necessity. The following systemic barriers to accessing care were identified.

Inequitable Access to Immunizing Providers

Many families in these traditionally underserved communities face challenges with the health care system due to language barriers, lack of reliable transportation, inflexible work hours, or caregiver responsibilities that keep them from being able to secure a primary care doctor – much less a pediatrician. All of these challenges are further exacerbated by a shortage of qualified, culturally responsible healthcare professionals.

Inaccessible Clinic Hours

Most provider offices operate during a traditional 9-5 workday [3,4]. This inability to access preventative medical services and/or care outside of work time has led to many children in traditionally underserved communities being unvaccinated, and therefore noncompliant with school entry vaccines [5]. Low-income and immigrant families may not have paid vacation time or the option to miss work to attend a doctor's appointment.

Distrust Of Government and the Greater Health Care System

Over the course of the consultant's work with Colorado's BIPOC and immigrant communities, she often discovered a profound distrust of providers' offices and the U.S. medical system, particularly for those who are undocumented. To those less familiar with U.S. health care systems, visiting a provider can be a confusing and stressful undertaking. Especially to families who have English as a second language, a provider's questions can become intimidating a cause for concern regarding reporting and citizenship status.

Discrimination in Health Care Settings

Through this research, families reported to us they are additionally uncomfortable seeking medical attention—both for themselves and their children—not only for fear they might be reported and deported, but also for fear of discrimination by providers and staff. According to the 2021 Colorado Health Access Survey, 5.4% of Black or African American and 4.4% of Hispanic/Latino

Coloradans said concerns about unfair treatment kept them from receiving care [6]. On the other side of the issue, providers and practice staff expressed some hesitancy in conversation regarding visiting the communities where children were most noncompliant against school entry vaccines, citing concerns for staff safety if they were to operate in what may be considered more 'dangerous' neighborhoods.

Overburdened School Nurse Workforce

We spoke with around 40 different local Title I schools regarding the challenges they routinely face in student compliance and vaccinations. From these conversations, we found numerous overburdened and under-supported school nurses, some of whom served up to three different schools. When faced with questions regarding vaccinations and exemptions, school employees said they would sometimes recommend that families complete the education module and submit a nonmedical exemption for their children rather than go through the hassle (and sometimes associated trauma) of scheduling, arranging transportation to, and attending an appointment with a provider.

Confusion Regarding Exemptions

Both school nurses and administrators reported that they were confused on the requirements for both vaccination and exemption. For example, some schools may not know the nonmedical exemption needs to be renewed each year. Additionally, these individuals reported "vaccine fatigue," as in they are overburdened with vaccination procedures and discussions due to both school entry immunizations and COVID-19, throughout the entire school system. The training module required of families seeking a nonmedical exemption for their children without visiting an immunizing provider is not accessible to those who do not speak English primarily. Even though the video is offered in several languages including Spanish, many of the associated resources linked in the module are solely offered in English, limiting the effectiveness of it as an education tool for non-English speaking families.

Conclusion

What follows are general recommendations for reducing systemic barriers facing immigrant and BIPOC families in complying with vaccination standards and encouraging their engagement in overall healthcare services.

Pursue Culturally Relevant Approaches to Vaccinations and Vaccine Clinics

Elements such as pinatas or upbeat music can directly represent the culture of the community members receiving vaccinations and engage individuals in a way that more traditional settings, such as medical offices and pharmacies, cannot. These elements, which should be modified to meet the needs of other communities, demonstrate that vaccinations and public health are for, and can benefit, the communities in question.

Offer Vaccination Clinics Outside of the Traditional Practice Setting, as Well as in the Evenings and on Weekends

Access beyond traditional, 9 a.m. to 5 p.m., Monday to Friday schedules and community access, including bringing vaccine clinics out of practices and into central community locations (churches, schools), brings services to the people, not the other way around. By bringing public health to culturally relevant,

community locations, we can better engage populations often left on the periphery and begin to build bridges toward lasting change and trust that will empower people of all different backgrounds and identities to engage in current systems, thus improving public health for all.

Facilitate Building Strong Relationships Between School Administrators, Nurses, and Staff, and Local and State Public Health Departments

From Ms. Soto's experience, there seemed to be a disconnect between CDPHE, local health departments, VFC Providers, and schools that led to frustrations and issues coordinating strategies to improve vaccine uptake and engagement from immigrant and BIPOC communities. Her efforts to build relationships with school officials led to successfully coordinating vaccine clinics that staff were not just willing to participate in but were excited about hosting. Meaningful relationships with schools and school administrators and staff will be key to bringing school entry vaccines to the schools themselves.

Educate and evaluate school nurses' comprehension of the compliance requirements. When families have questions about school entry immunization requirements, they often turn to school nurses as their first resource. That's why it's imperative that nurses are well-versed in the regulations and can provide families with accurate information to make it easy for families to comply.

Make cultural validation training more accessible to primary care and pediatric practices and encourage them to require this training. Beyond vaccines, we should strive to create practice environments that feel welcome to communities of all backgrounds and cultures. Through relatively small changes to behaviors, signage, forms, and language, we will be better situated to work against the mistrust that has bred in many immigrants and BIPOC communities against healthcare and other critical systems. These efforts would go a long way towards engaging all communities with both public health in general, as well as preventative services that could transform often underserved communities.

Immunization is a Key Component of Public Health, and Misses Opportunities to Provide Immunization to Children and Families Negatively Impact Community Wellbeing, Learning, and Productivity

Colorado Access Looks Forward to Continuing Discussions as to How We can Best Achieve our Shared Goals of Improving Health Equity and Access to Preventatives Services For all Communities State-Wide

Reference

1. <https://law.justia.com/codes/colorado/2019/title-25/>
2. A qualified immunizing provider includes: a physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant (PA), Registered Nurse (RN), or Pharmacist. Pharmacists may sign a medical exemption form but may not sign a nonmedical exemption form.
3. Anderson E L. Recommended Solutions to Barriers to Immunization in Children and Adults. Missouri Medicine. 2014. 111: 344-348.

4. Fiscus M, Nuzum R. Why Aren't More Kids Getting COVID Vaccines? [Interview]. The Dose; The Commonwealth Fund. 2021.
5. Hill H A, Elam-Eans L D, Yankey D, Singleton J A, Kang Y. Vaccination Coverage Among Children Aged 19-35 Months -United States, 2017. Morbidity and Mortality Weekly Report. 2018. 67: 1123-1128.
6. Colorado Health Access Survey, Colorado Health Institute. 2021. 22.