



Pikes Peak Ethics Committee Meeting

- First Friday of every month at noon.
- Email me if you would like to be added to our email list to receive the agenda and reminders about the meeting.
- <https://zoom.us/j/97461641616?pwd=YPpJU1ZHMG3bTChSVxAcD9gb39qVaY.1>





Summary of Recommendations

Population	Recommendation	Grade
Women aged 40 to 74 years	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	B
Women 75 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older.	I
Women with dense breasts	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram.	I

See the "Practice Considerations" section for more information on the patient population to whom this recommendation applies and on screening mammography modalities. USPSTF indicates US Preventive Services Task Force.

CDPHE Update on ACIP Vaccine Recommendations

[CDPHE ACIP vaccine update 9-30-25 - docShepherd](#)

Advisory Committee on Immunization Practices September meeting The Centers for Disease Control and Prevention's ACIP met on Sept. 18-19.

COVID-19 vaccines: Recommended for everyone 6 months and older, but now through shared clinical decision-making — a conversation with a provider rather than a routine, universal recommendation. This is broader than the U.S. Food and Drug Administration (FDA) license approval for COVID-19 vaccines (the ACIP recommends "off-label" use), but narrower than updated COVID-19 vaccine recommendations from professional societies, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.



No infection control surveys

- There will be no specific infection control surveys. The requirements for infection control will be included in the general surveys. All infection control requirements still apply in this regard.

Staffing Mandate is not in action any longer.

- [District court strikes down CMS minimum nurse staffing rule | AHA News](#)
- Any regulations that were put in place previously still apply. I do not think that any previously approved staffing requirements have been revised or changed.

Gov Shutdown Survey News

- CMS [QSO-25-29-ALL](#)
 - The short version is below and at [CMS Issues Guidance for State Survey and Certification During a Federal Shutdown | PALTmed](#)

Expected Medicare Functions During the Shutdown

1. **Complaint Investigations Alleging Harm:** State Agencies are expected to conduct complaint investigations when the complaint was triaged as a credible allegation of immediate jeopardy (IJ) or harm to an individual. CMS notes, states should maintain the infrastructure to accept complaints, log, and triage the complaints, throughout the length of the Federal Government shutdown.
2. **Certain Federal Enforcement Actions:** If any enforcement actions are needed, as a result of a complaint investigation detailed in number one, state agencies must continue to process enforcement and transfer cases that meet the Immediate Imposition of Federal Remedies requirements, as these represent resident harm.
3. **Revisit Surveys Approved By Exception and Necessary To Prevent Termination:** State Agencies may request approval to conduct revisits when a provider has alleged compliance, and the revisit survey is needed to determine compliance and prevent the scheduled Medicare termination, and the Medicare termination is likely to occur due to timing or specific circumstances.
4. **Immediate Threat To Life Or Safety (Emergencies Or Natural Disasters):** State Agencies are



directed to take action to prevent or mitigate any other immediate threats to the life or safety of residents. This may be necessary during a public health emergency, for example.

Activities Not Supported During a Federal Government Shutdown

- **Surveys, including:** Standard (Recertification) Surveys; Revisit Surveys, which do not meet the requirements in the section above (number 3); Initial Surveys; Complaint investigations that were not triaged at the immediate jeopardy or actual harm level.
- **Informal Dispute Resolutions (IDRs):** No IDRs or Independent IDRs should be completed.
- **New approvals for CMP-funded projects:** New projects will not be approved during the Federal Government Shutdown. However, if the project was already approved, facilities may proceed as planned.

COVID-19 Vaccinations

Governor Polis and the Colorado Department of Public Health and the Environment issued a Public Health Order on September 3, 2025 to allow pharmacists to provide COVID-19 vaccines without individual prescriptions. The standing order took effect on Friday, September 5, 2025.

CDPHE Public Health Order

- [COVID Vaccine Access PHO.09032025.pdf - Google Drive](#)
- [COVID-19 vaccine | Colorado Department of Public Health and Environment](#)



Updated Vaccine Administration Guidance

Colorado Department of Regulatory Agencies sent this bulletin at 09/03/2025 02:10 PM MDT

Having trouble viewing this email? [View it as a Web page.](#)



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Orders Issued to Allow for Administration of COVID-19 Vaccines

Dear Licensee:

The Colorado Department of Public Health Environment issued a [Public Health Order](#) and [Standing Order](#) today to address COVID-19 vaccine administration. **These orders allow all vaccine providers to administer these vaccines in accordance with the Standing Order without the need for additional prescriptions.**

In addition to the Public Health Order and Standing Order, the Colorado State Board of Pharmacy will engage in emergency rulemaking on Friday, September 5 at 9 a.m. You may [register to attend the meeting here](#).

The purpose of this emergency rulemaking is to ensure that pharmacists, pharmacy interns, and pharmacy technicians may continue to prescribe, dispense and administer vaccinations in accordance with applicable Colorado Revised Statutes. An official notice of rulemaking is forthcoming. Permanent rulemaking, including an opportunity for stakeholder input, will take place in the following months.

To receive rulemaking updates, please [sign up on the Division of Professions and Occupations' website](#).

Urine PCR Testing

[A Need for a Time-Out: A Consensus Statement From the Post-Acute and Long-Term Care Medical Association \(PALTmed\) on the Use of Urine Polymerase Chain Reaction Testing for Urinary Tract Infections - Journal of the American Medical Directors Association](#)

UTI is a clinical diagnosis based on specific symptoms plus a positive urinalysis (UA) and urine culture as outlined in our previous UTI consensus statement (See [Figure 1](#)).¹ Nonspecific symptoms such as altered mental



status, foul-smelling urine, and falls have low positive predictive values (PPVs) for the diagnosis of UTI.⁸⁻¹¹ Studies have shown no benefit for treating these symptoms with antibiotics, and guidelines recommend investigating alternative causes.^{1,2}

It is important to note that a UA that is negative for leukocyte esterase and nitrites rules out a UTI. However, UA that is positive for either leukocyte esterase or nitrite does not confirm a UTI.



August 2025

Residential & Long-term Care News and Updates

New PALTmed consensus statement: avoid routine use of urine PCR

The Post-Acute and Long-Term Care Medical Association (PALTmed) released a new consensus statement advising against the routine use of urine polymerase chain reaction (PCR) testing for the diagnosis of urinary tract infections (UTIs) in post-acute and long-term care (PALTC) settings. A workgroup for PALTmed identified significant concerns upon comprehensive literature review, including potential for overdiagnosis due to higher sensitivity of the test, unclear links between resistance data and antibiotic susceptibilities, and higher costs. The workgroup states that there is no objective evidence of patient benefit.

Instead, the workgroup recommends ordering urinalysis and culture when clinical criteria are met, such as the presence of local urinary symptoms described in the Loeb criteria. Facilities are encouraged to follow the [Centers for Disease Control and Prevention's Core Elements of Antibiotic Stewardship for Nursing Homes](#) to guide appropriate testing and treatment decisions. This statement was also endorsed by the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the American Association of Post-Acute Care Nursing (AAPACN).

Visit [JAMDA](#) for the full text of the consensus statement. For resources to support appropriate UTI diagnosis and treatment in the nursing home setting, such as the [UTI action tool](#) and [guideline summary](#), visit the CDPHE antimicrobial stewardship in long-term care [website](#).

[Urine PCR JAMDA 2025Download](#)