First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 25-0522.01 Alana Rosen x2606 **SENATE BILL 25-017**

SENATE SPONSORSHIP

Cutter,

HOUSE SPONSORSHIP

(None),

Senate Committees
Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

CONCERNING MEASURES TO SUPPORT EARLY CHILDHOOD HEALTH BY INTEGRATING EARLY CHILDHOOD HEALTH-CARE SYSTEMS INTO COMMUNITIES.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill creates the child care health consultation program (consultation program) in the department of early childhood (department) to expand access to child care health consultants (consultants) and to support whole-child health and well-being in licensed and license-exempt child care and learning settings.

The department shall:

- Contract with an implementation partner (consultant partner) to facilitate the implementation and administration of the consultation program;
- Create a model of child care health consultation (model of care) to provide standards and guidelines to ensure the consultation program is implemented effectively;
- Develop with the consultant partner a statewide professional development plan to support consultants in meeting the expectations outlined in the model of care; and
- Develop a statewide data collection and information system to collect and analyze implementation data and selected consultation program outcomes to identify areas for improvement, promote accountability, and provide insights on how to improve consultation program outcomes to benefit young children and their families.

The department shall submit a report on the consultation program to the joint budget committee by October 1, 2027, and by each October 1 thereafter.

The bill creates the pediatric primary care practice program (primary care program) in the department. The purpose of the primary care program is to provide funding and support to a pediatric primary care medical practice (medical practice) to integrate into the medical practice a professional who specializes in whole-child and whole-family health and well-being.

The department shall contract with an implementation partner (primary care partner) to create and implement the primary care program. The primary care partner shall create and implement a team-based, research-informed pediatric primary care practice evidence-based model (evidence-based model). The evidence-based model must be a comprehensive approach to guide pediatric care medical practices to deliver services to children from birth to 3 years of age and their families.

The primary care partner shall:

- Establish an application and selection process with the department for select medical practices to participate in the primary care program;
- Review applications from medical practices and select applicants to participate in the primary care program;
- Work with selected applicants to complete assessments on the applicants' community health-care systems, health and well-being practices, and related concerns; and
- Train and support the medical practices selected to participate in the primary care program to maintain fidelity to the evidence-based model.

The executive director of the department may adopt rules to carry

out the purposes of the consultation program and the primary care program.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** part 10 to article 3 of title 26.5 as follows:

PART 10

CHILD CARE HEALTH

CONSULTATION PROGRAM

26.5-3-1001. Definitions. AS USED IN THIS PART 10, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "CHILD CARE HEALTH CONSULTANT" MEANS A MEDICAL PROFESSIONAL WHO IS EXPERIENCED IN MATERNAL AND CHILD HEALTH CARE, CREDENTIALED PURSUANT TO THE DEPARTMENT'S PROFESSIONAL DEVELOPMENT INFORMATION SYSTEM, AND PARTICIPATES IN THE CHILD CARE HEALTH CONSULTATION PROGRAM.

(2) "CHILD CARE HEALTH CONSULTATION PROGRAM" OR "PROGRAM" MEANS THE CHILD CARE HEALTH CONSULTATION PROGRAM, A VOLUNTARY STATEWIDE PROGRAM CREATED IN SECTION 26.5-3-1002 (1).

(3) "IMPLEMENTATION PARTNER" MEANS A STATE PUBLIC OR PRIVATE ENTITY THAT HAS EXPERIENCE IMPLEMENTING AND OPERATING NATIONALLY SUPPORTED, EVIDENCE-BASED MODELS OF CHILD CARE HEALTH CONSULTATION.

(4) "MODEL OF CHILD CARE HEALTH CONSULTATION" OR "MODEL" MEANS THE MODEL OF CHILD CARE HEALTH CONSULTATION CREATED IN SECTION 26.5-3-1003 (2).

(5) "PLAN" MEANS THE STATEWIDE PROFESSIONAL DEVELOPMENT

PLAN CREATED IN SECTION 26.5-3-1004 (1).

(6) "STATEWIDE DATA COLLECTION AND INFORMATION SYSTEM" OR "INFORMATION SYSTEM" MEANS THE STATEWIDE DATA COLLECTION AND INFORMATION SYSTEM CREATED IN SECTION 26.5-3-1005 (1)(a).

26.5-3-1002. Child care health consultation program - created - purpose - rules. (1) (a) ON OR BEFORE JULY 1, 2026, THE DEPARTMENT SHALL CREATE THE CHILD CARE HEALTH CONSULTATION PROGRAM TO EXPAND ACCESS TO CHILD CARE HEALTH CONSULTANTS AND TO SUPPORT WHOLE-CHILD HEALTH AND WELL-BEING IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS TO ENSURE CHILDREN HAVE ACCESS TO LEARNING AND SUPPORTS. THROUGH THE PROGRAM, CHILD CARE HEALTH CONSULTANTS COMBINE THEIR KNOWLEDGE OF EARLY CHILDHOOD HEALTH CARE AND EDUCATION TO HELP LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS IMPLEMENT BEST PRACTICES TO CREATE HEALTHY AND SAFE LEARNING ENVIRONMENTS FOR CHILDREN.

(b) THE PURPOSE OF THE PROGRAM IS TO:

(I) INCREASE THE NUMBER AND DIVERSITY OF QUALIFIED AND APPROPRIATELY TRAINED CHILD CARE HEALTH CONSULTANTS IN THE STATE WHO CAN CONSULT WITH PROVIDERS WHO WORK WITH YOUNG CHILDREN AND FAMILIES IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS;

(II) PROVIDE SUPPORT AND GUIDANCE TO PROVIDERS TO ADDRESS THE HEALTH AND WELL-BEING NEEDS OF CHILDREN AND FAMILIES SERVED IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS;

(III) DEVELOP A MODEL OF CHILD CARE HEALTH CONSULTATION THAT IS ROOTED IN DIVERSITY, EQUITY, AND INCLUSION, AND PROVIDES

GUIDANCE TO CHILD CARE HEALTH CONSULTANTS ON THE QUALIFICATIONS AND PROFESSIONAL COMPETENCIES NEEDED TO PARTICIPATE IN THE PROGRAM AND THE EXPECTATIONS OF THE PROGRAM. THE MODEL MUST INCLUDE THE PROGRAM'S EXPECTED OUTCOMES AND LONG-TERM GOAL OF LIMITING ADMINISTRATIVE AND FINANCIAL BURDENS SO PROVIDERS HAVE ACCESS TO CHILD CARE HEALTH CONSULTANTS.

(IV) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL DEVELOPMENT PLAN THAT ASSISTS CHILD CARE HEALTH CONSULTANTS IN MEETING THE REQUIREMENTS SET FORTH IN THE MODEL.

(2) (a) THE DEPARTMENT SHALL CONTRACT WITH AN IMPLEMENTATION PARTNER TO FACILITATE THE IMPLEMENTATION AND ADMINISTRATION OF THE PROGRAM. THE DEPARTMENT SHALL SELECT AN IMPLEMENTATION PARTNER THAT HAS, AT A MINIMUM, EXPERIENCE AND EXPERTISE WITH EVIDENCE-BASED CHILD CARE HEALTH CONSULTATION PROGRAMS. THE IMPLEMENTATION PARTNER MUST, AT A MINIMUM, PROVIDE TRAINING AND SUPPORT TO CHILD CARE HEALTH CONSULTANTS IN THE PROGRAM TO ACHIEVE THE GOALS OF THE PROGRAM.

(b) IN DEVELOPING THE PROGRAM, THE DEPARTMENT SHALL WORK IN CONSULTATION WITH:

(I) THE ___ OFFICE OF HEAD START WITHIN THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES' ADMINISTRATION FOR CHILDREN AND FAMILIES AS SET FORTH IN 42 U.S.C. SEC. 9831 ET SEQ.;

(II) NATIONALLY RECOGNIZED ENTITIES THAT SUPPORT THE IMPLEMENTATION OF SUSTAINABLE SYSTEMS OR PROGRAMS THAT FOCUS ON PROMOTING HEALTH AND WELL-BEING OUTCOMES FOR YOUNG CHILDREN; AND

(III) KEY STAKEHOLDERS IN THE STATE, INCLUDING:

(A) CHILD CARE HEALTH CONSULTANTS;

(B) NONPROFIT ORGANIZATIONS WITH EXPERTISE IN EARLY CHILDHOOD WHOLE-CHILD HEALTH;

(C) ORGANIZATIONS REPRESENTING PARENTS OF CHILDREN WHO WOULD BENEFIT FROM CHILD CARE HEALTH CONSULTATIONS;

(D) HOSPITALS AND OTHER HEALTH-CARE PROVIDER ORGANIZATIONS WITH EXPERTISE IN WORKING WITH CHILDREN FACING SPECIAL HEALTH-CARE NEEDS OR CHALLENGES THAT IMPEDE OPTIMAL GROWTH AND DEVELOPMENT;

(E) EARLY CHILD CARE AND EDUCATION PROVIDERS; AND

(F) CLINICIANS WITH EXPERTISE IN PEDIATRIC HEALTH.

(3) THE EXECUTIVE DIRECTOR MAY ADOPT RULES TO CARRY OUT THE PURPOSES OF THIS PART 10.

26.5-3-1003. Model of child care health consultation - standards - guidelines - statewide qualifications and competencies. (1) (a) TO BE A CHILD CARE HEALTH CONSULTANT IN THE PROGRAM, AN INDIVIDUAL MUST MEET THE FOLLOWING QUALIFICATIONS:

(I) BE IN GOOD STANDING AS A:

(A) NURSE WHO IS LICENSED PURSUANT TO ARTICLE 255 OF TITLE 12 AND HAS KNOWLEDGE AND EXPERIENCE IN PEDIATRICS OR MATERNAL AND CHILD HEALTH; OR

(B) PHYSICIAN WHO IS LICENSED PURSUANT TO ARTICLE 240 OF TITLE 12 AND HAS KNOWLEDGE AND EXPERIENCE IN PEDIATRICS OR MATERNAL AND CHILD HEALTH; AND

(II) SUCCESSFULLY COMPLETE A MANDATORY TRAINING PROGRAM AS REQUIRED BY THE DEPARTMENT.

(b) THE DEPARTMENT SHALL ENSURE EACH CHILD CARE HEALTH

CONSULTANT WHO PARTICIPATES IN THE PROGRAM MEETS THE QUALIFICATIONS AND PROFESSIONAL COMPETENCIES DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION. CHILD CARE HEALTH CONSULTANTS WHO PARTICIPATE IN THE PROGRAM MUST USE THE DEPARTMENT'S PROFESSIONAL DEVELOPMENT INFORMATION SYSTEM TO ENTER THEIR QUALIFICATION AND PROFESSIONAL COMPETENCY INFORMATION.

(2) ON OR BEFORE JANUARY 1, 2027, THE DEPARTMENT MAY CREATE, IN CONSULTATION WITH THE STAKEHOLDERS DESCRIBED IN SECTION 26.5-3-1002 (2)(b), A MODEL OF CHILD CARE HEALTH CONSULTATION. THE PURPOSE OF THE MODEL IS TO PROVIDE STANDARDS AND GUIDELINES TO ENSURE THE PROGRAM IS IMPLEMENTED EFFECTIVELY, WITH PRIMARY CONSIDERATION GIVEN TO EVIDENCE-BASED SERVICES. THE STANDARDS AND GUIDELINES MUST INCLUDE, AT A MINIMUM, THE FOLLOWING:

(a) JOB QUALIFICATIONS FOR CHILD CARE HEALTH CONSULTANTS, AS DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION;

(b) JOB EXPECTATIONS FOR CHILD CARE HEALTH CONSULTANTS;

(c) EXPECTED PROGRAM OUTCOMES;

(d) GUIDANCE ON THE RATIOS OF CHILD CARE HEALTH CONSULTANTS TO CHILDREN IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS;

(e) REQUIRED COMPETENCIES FOR CHILD CARE HEALTH CONSULTANTS IN THE PROGRAM AND THE APPROPRIATE COMPETENCY-BASED TRAINING TO ACHIEVE THE REQUIRED COMPETENCIES;

(f) EXPECTATIONS FOR A PROGRAM STRUCTURE THAT MEETS THE NEEDS OF LOCAL COMMUNITIES;

(g) A PROCESS FOR THE COMPETITIVE SELECTION, PLACEMENT, AND PUBLIC FUNDING OF CHILD CARE HEALTH CONSULTANTS;

(h) GUIDANCE ON THE SCOPE AND FREQUENCY OF SERVICES CHILD CARE HEALTH CONSULTANTS MAY PROVIDE TO PROVIDERS WHO WORK WITH YOUNG CHILDREN AND FAMILIES, INCLUDING:

(I) TRAINING, INCLUDING, BUT NOT LIMITED TO, TRAINING ON HEALTH AND SAFETY;

(II) DELEGATION AND ONGOING SUPERVISION OF MEDICATION ADMINISTRATION AND HEALTH PROCEDURES;

(III) REFERRALS TO OTHER SERVICES;

(IV) COACHING;

(V) PREVENTIONS TO SUPPORT THE HEALTH AND WELL-BEING OF CHILDREN; AND

(VI) OTHER APPROPRIATE CONSULTATIVE SERVICES THAT SUPPORT AND ENHANCE WHOLE-CHILD HEALTH AND WELL-BEING;

(i) METHODS TO INCREASE THE NUMBER OF BILINGUAL OR MULTILINGUAL CHILD CARE HEALTH CONSULTANTS AND TO ENSURE CULTURAL COMPETENCY OF CHILD CARE HEALTH CONSULTANTS;

(j) METHODS TO ENSURE THE CHILD CARE HEALTH CONSULTANTS PARTICIPATING IN THE PROGRAM REPRESENT THE DIVERSITY OF THE STATE, INCLUDING LINGUISTIC, CULTURAL, AND GEOGRAPHIC DIVERSITY, SO CHILD CARE HEALTH CONSULTANTS ARE ABLE TO CONNECT WITH PROVIDERS AND THE YOUNG CHILDREN AND FAMILIES SERVED BY THE PROGRAM;

(k) GUIDANCE ON HOW TO WORK IN AND WITH A VARIETY OF CHILD CARE ENVIRONMENTS AND PROVIDERS IN ORDER TO MEET THE DIVERSE NEEDS OF YOUNG CHILDREN AND FAMILIES;

(l) A PROCESS FOR CHILD CARE HEALTH CONSULTANTS TO

EDUCATE AND WORK WITH DIVERSE EARLY CHILDHOOD PROFESSIONALS, INCLUDING, BUT NOT LIMITED TO, EARLY CHILDHOOD EDUCATION TEACHERS AND PROVIDERS, ELEMENTARY SCHOOL TEACHERS AND ADMINISTRATORS, CHILD WELFARE CASEWORKERS, PUBLIC HEALTH PROFESSIONALS, AND HEALTH-CARE PROFESSIONALS ON BEST PRACTICES TO CREATE HEALTHY AND SAFE LEARNING ENVIRONMENTS;

(m) GUIDANCE FOR CHILD CARE HEALTH CONSULTANTS TO EDUCATE EARLY CHILDHOOD PROFESSIONALS, AS DESCRIBED IN SUBSECTION (2)(l) OF THIS SECTION, ABOUT THE PROGRAM; AND

(n) AN OUTLINE OF THE ACHIEVEMENT OUTCOME GOALS FOR THE PROGRAM AND FOR CHILD CARE HEALTH CONSULTANTS, INCLUDING:

(I) INCREASE STAFF KNOWLEDGE, CONFIDENCE, AND EFFECTIVENESS OF IMPROVING HEALTH AND WELL-BEING OUTCOMES FOR CHILDREN IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS;

(II) INCREASE CAREGIVER ACCESS TO TRAINING AND RESOURCES TO SUPPORT CHILDREN WITH SPECIAL NEEDS, DISABILITIES, AND DEVELOPMENTAL DELAYS;

(III) INCREASE THE COMPLIANCE OF A LICENSED OR LICENSE-EXEMPT CHILD CARE AND LEARNING SETTING WITH BEST PRACTICES STANDARDS AND HEALTH AND SAFETY REQUIREMENTS ESTABLISHED BY THE DEPARTMENT PURSUANT TO PART 3 OF ARTICLE 5 OF THIS TITLE 26.5;

(IV) STRENGTHEN ENVIRONMENTAL HEALTH PRACTICES;

(V) SUPPORT AND IMPROVE THE QUALITY OF HEALTH AND SAFETY POLICIES AND PRACTICES WITHIN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS;

(VI) INCREASE THE NUMBER OF CHILDREN WHO RECEIVE ORAL, DEVELOPMENTAL, VISION, AND HEARING SCREENINGS AND REFERRALS;

(VII) IMPROVE ACCESS FOR CHILDREN TO MEDICAL HOMES, AS DEFINED IN SECTION 25.5-1-103; ENROLLMENT IN HEALTH INSURANCE; AND UP-TO-DATE IMMUNIZATIONS;

(VIII) IMPROVE FAMILIES' ACCESS TO RESOURCES THAT SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN; AND

(IX) INCREASE INCLUSION OF CHILDREN WITH SPECIAL HEALTH-CARE NEEDS IN LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS.

26.5-3-1004. Statewide professional development plan - child care health consultants. (1) ON OR BEFORE JANUARY 1, 2027, THE DEPARTMENT AND THE IMPLEMENTATION PARTNER MAY DEVELOP A STATEWIDE PROFESSIONAL DEVELOPMENT PLAN TO SUPPORT CHILD CARE HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS OUTLINED IN THE MODEL OF CHILD CARE HEALTH CONSULTATION. IN DEVELOPING THE PLAN, THE DEPARTMENT AND IMPLEMENTATION PARTNER SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE STAKEHOLDERS DESCRIBED IN SECTION 26.5-3-1002 (2)(b).

(2) THE PLAN MUST INCLUDE:

(a) TRAINING TO MEET THE COMPETENCIES OUTLINED IN THE MODEL; AND

(b) GUIDANCE ON HOW TO PROVIDE ONGOING SUPPORT TO CHILD CARE HEALTH CONSULTANTS, SUPERVISORS OF CHILD CARE HEALTH CONSULTANTS, AND OTHER EXPERTS.

26.5-3-1005. Data collection - evaluation - reporting. (1) (a) ON OR BEFORE JANUARY 1, 2027, SUBJECT TO AVAILABLE

APPROPRIATIONS, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA COLLECTION AND INFORMATION SYSTEM TO COLLECT AND ANALYZE IMPLEMENTATION DATA AND SELECTED PROGRAM OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT, PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS ON HOW TO IMPROVE PROGRAM OUTCOMES TO BENEFIT YOUNG CHILDREN AND FAMILIES.

(b) THE INFORMATION SYSTEM AND ANY RELATED PROCESSES MUST PLACE THE LEAST BURDEN POSSIBLE ON THE CHILD CARE HEALTH CONSULTANTS IN THE PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES, THE DEPARTMENT MUST INCORPORATE VARIABILITY ACROSS DIVERSE SETTINGS AND POPULATIONS.

(2) (a) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BY OCTOBER 1, 2027, AND BY EACH OCTOBER 1 THEREAFTER, THE DEPARTMENT MAY SUBMIT A COMPILED REPORT TO THE JOINT BUDGET COMMITTEE. THE REPORT MUST INCLUDE THE FOLLOWING INFORMATION:

(I) A GAP ANALYSIS OF:

(A) THE NUMBER OF CHILD CARE HEALTH CONSULTANTS PARTICIPATING IN THE PROGRAM;

(B) THE TYPES OF LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS IN WHICH CHILD CARE HEALTH CONSULTANTS PRACTICE AND THE NEEDS OF THE LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS THAT HAVE NOT BEEN ADDRESSED BY THE EXISTING CHILD CARE CONSULTANTS' PRACTICE; AND

(C) INSTANCES WHEN A LICENSED OR LICENSE-EXEMPT CHILD CARE OR LEARNING SETTING IS UNABLE TO SERVE A CHILD DUE TO THE FINANCIAL BURDEN ON THE LICENSED OR LICENSE-EXEMPT CHILD CARE OR LEARNING SETTING AND WHEN THERE IS NOT A CHILD CARE HEALTH

CONSULTANT AVAILABLE IN THE GEOGRAPHIC REGION; AND

(II) PROGRAM ADJUSTMENTS NEEDED TO ENSURE ALL ELIGIBLE LICENSED AND LICENSE-EXEMPT CHILD CARE AND LEARNING SETTINGS HAVE EQUITABLE ACCESS TO THE PROGRAM.

(b) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BEGINNING IN JANUARY 2028, AND EVERY TWO YEARS THEREAFTER, THE DEPARTMENT MAY INCLUDE AS PART OF ITS "SMART ACT" HEARING, REQUIRED BY SECTION 2-7-203, THE COMPILED REPORT DESCRIBED IN SUBSECTION (2)(a) OF THIS SECTION.

(3) (a) ON OR BEFORE JULY 1, 2032, THE DEPARTMENT MAY CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN EVALUATION OF THE PROGRAM TO DETERMINE WHETHER THE PROGRAM OUTCOMES WERE MET AND WHETHER THE PROGRAM HAD A MEASURABLE EFFECT ON THE HEALTH AND WELL-BEING OF YOUNG CHILDREN AND THEIR FAMILIES ACROSS THE STATE.

(b) IN JANUARY 2033, DURING THE"SMART ACT" HEARING REQUIRED PURSUANT TO SECTION 2-7-203, THE DEPARTMENT SHALL PRESENT THE RESULTS OF THE EVALUATION DESCRIBED IN SUBSECTION (3)(a) OF THIS SECTION.

26.5-3-1006. Funding. (1) THE DEPARTMENT, IN PARTNERSHIP WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, SHALL EXPLORE FUNDING SOURCES TO IMPLEMENT THE PROGRAM AND THE REQUIREMENTS OF THIS PART 10, INCLUDING POTENTIAL FUNDING OPTIONS THROUGH THE CHILDREN'S BASIC HEALTH PLAN, SET FORTH IN ARTICLE 8 OF TITLE 25.5, AND THE STATE MEDICAL ASSISTANCE PROGRAM, SET FORTH IN ARTICLES 4 TO 6 OF TITLE 25.5.

(2) ON OR BEFORE JANUARY 1, 2027, THE DEPARTMENT SHALL REPORT TO THE JOINT BUDGET COMMITTEE ANY IDENTIFIED FUNDING SOURCES.

(3) THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS PART 10.

(4) THE DEPARTMENT IS NOT OBLIGATED TO IMPLEMENT THIS PART 10 UNTIL THE DEPARTMENT HAS SUFFICIENT APPROPRIATIONS TO COVER THE COSTS OF THE PROGRAM.

SECTION 2. In Colorado Revised Statutes, **add** part 11 to article 3 of title 26.5 as follows:

PART 11

PEDIATRIC PRIMARY

CARE PRACTICE PROGRAM

26.5-3-1101. Definitions. AS USED IN THIS PART 11, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "IMPLEMENTATION PARTNER" MEANS A STATE PUBLIC OR PRIVATE ENTITY THAT HAS EXPERIENCE IMPLEMENTING AND OPERATING NATIONALLY SUPPORTED EVIDENCE-BASED, RESEARCH-INFORMED PEDIATRIC PRIMARY CARE PROGRAMS.

(2) "PEDIATRIC PRIMARY CARE PRACTICE EVIDENCE-BASED MODEL" OR "EVIDENCE-BASED MODEL" MEANS THE TEAM-BASED, RESEARCH-INFORMED PEDIATRIC PRIMARY CARE PRACTICE EVIDENCE-BASED MODEL DESCRIBED IN SECTION 26.5-3-1102 (2).

(3) "PEDIATRIC PRIMARY CARE PRACTICE PROGRAM" OR "PROGRAM" MEANS THE PEDIATRIC PRIMARY CARE PRACTICE PROGRAM DESCRIBED IN SECTION 26.5-3-1102 (1).

26.5-3-1102. Pediatric primary care practice program - created - model - rules. (1) (a) THE DEPARTMENT SHALL IMPLEMENT AND OPERATE THE PEDIATRIC PRIMARY CARE PRACTICE PROGRAM. THE PURPOSE OF THE PROGRAM IS TO PROVIDE FUNDING AND SUPPORT TO A PEDIATRIC PRIMARY CARE MEDICAL PRACTICE TO INTEGRATE INTO THE MEDICAL PRACTICE A PROFESSIONAL WHO SPECIALIZES IN WHOLE-CHILD AND WHOLE-FAMILY HEALTH AND WELL-BEING.

(b) THE DEPARTMENT SHALL CONTRACT WITH AN IMPLEMENTATION PARTNER TO IMPLEMENT, OPERATE, AND ADMINISTER THE PROGRAM. THE IMPLEMENTATION PARTNER SHALL DEMONSTRATE EXPERIENCE AND EXPERTISE IN:

(I) PLACING PROFESSIONALS WHO SPECIALIZE IN WHOLE-CHILD AND WHOLE-FAMILY HEALTH AND WELL-BEING WITH PEDIATRIC PRIMARY CARE MEDICAL PRACTICES;

(II) IDENTIFYING THE CONCERNS OF FAMILIES AND HEALTH-CARE PROFESSIONALS ABOUT CHILD DEVELOPMENT AND FAMILY NEEDS; AND

(III) OFFERING SUPPORT STRATEGIES, GUIDANCE, AND COMMUNITY RESOURCES TO FAMILIES.

(2) (a) THE IMPLEMENTATION PARTNER SHALL CREATE AND IMPLEMENT A TEAM-BASED, RESEARCH-INFORMED PEDIATRIC PRIMARY CARE PRACTICE EVIDENCE-BASED MODEL. THE EVIDENCE-BASED MODEL MUST BE A COMPREHENSIVE APPROACH TO GUIDE PEDIATRIC PRIMARY CARE MEDICAL PRACTICES TO DELIVER SERVICES TO CHILDREN FROM BIRTH TO THREE YEARS OF AGE AND THEIR FAMILIES. THE EVIDENCE-BASED MODEL MUST DEMONSTRATE IMPROVEMENTS IN PHYSICAL HEALTH, BEHAVIORAL HEALTH, DEVELOPMENTAL OUTCOMES, AND SOCIAL OUTCOMES FOR CHILDREN FROM BIRTH TO THREE YEARS OF

AGE AND THEIR FAMILIES.

(b) IN ADDITION TO CREATING AND IMPLEMENTING THE EVIDENCE-BASED MODEL DESCRIBED IN SUBSECTION (2)(a) OF THIS SECTION, THE IMPLEMENTATION PARTNER SHALL:

(I) WITH THE DEPARTMENT, ESTABLISH AN APPLICATION AND SELECTION PROCESS FOR PEDIATRIC PRIMARY CARE MEDICAL PRACTICES TO PARTICIPATE IN THE PROGRAM;

(II) REVIEW APPLICATIONS FROM PEDIATRIC PRIMARY CARE MEDICAL PRACTICES AND SELECT ELIGIBLE MEDICAL PRACTICES TO PARTICIPATE IN THE PROGRAM;

(III) WORK WITH PEDIATRIC PRIMARY CARE MEDICAL PRACTICES SELECTED FOR THE PROGRAM TO COMPLETE ASSESSMENTS ON THE MEDICAL PRACTICES' COMMUNITY HEALTH-CARE SYSTEMS, HEALTH AND WELL-BEING PRACTICES, AND RELATED CONCERNS, WHEN NECESSARY OR AS REQUIRED BY THE EVIDENCE-BASED MODEL; AND

(IV) TRAIN AND SUPPORT THE PEDIATRIC PRIMARY CARE MEDICAL PRACTICES SELECTED FOR THE PROGRAM TO MAINTAIN FIDELITY TO THE EVIDENCE-BASED MODEL.

(3) (a) TO BE ELIGIBLE FOR THE PROGRAM, A PEDIATRIC PRIMARY CARE MEDICAL PRACTICE MUST INCORPORATE THE EVIDENCE-BASED MODEL INTO THE MEDICAL PRACTICE. THE DEPARTMENT AND THE IMPLEMENTATION PARTNER SHALL PRIORITIZE THE SELECTION OF PEDIATRIC PRIMARY CARE MEDICAL PRACTICES THAT OFFER CHILDREN FROM BIRTH TO THREE YEARS OF AGE AND THEIR FAMILIES THE FOLLOWING SERVICES:

(I) AN EVALUATION OF THE RELATIONSHIP BETWEEN THE CHILD AND THE CAREGIVER THROUGH ASSESSMENTS, INTERVENTIONS, AND

REFERRALS;

(II) CHILD DEVELOPMENT, SOCIAL-EMOTIONAL, AND BEHAVIORAL HEALTH SCREENINGS;

(III) SCREENINGS THAT IDENTIFY FAMILY RISK FACTORS AND NEEDS, INCLUDING PERINATAL AND POSTPARTUM MOOD DISORDERS, SOCIAL DETERMINANTS OF HEALTH, AND OTHER RISK FACTORS;

(IV) ACCESS TO SHORT-TERM BEHAVIORAL HEALTH CONSULTATIONS; AND

(V) ONGOING, PREVENTATIVE TEAM-BASED WELL-CHILD VISITS.

(b) A PEDIATRIC PRIMARY CARE MEDICAL PRACTICE SELECTED FOR THE PROGRAM SHALL PARTNER WITH PROFESSIONALS WHO SPECIALIZE IN WHOLE-CHILD AND WHOLE-FAMILY HEALTH AND WELL-BEING AND WHO USE DATA AND OUTCOMES TO DEMONSTRATE ADHERENCE TO THE EVIDENCE-BASED MODEL.

(4) THE DEPARTMENT MAY ADOPT RULES TO CARRY OUT THE PURPOSES OF THIS PART 11.

26.5-3-1103. Funding. (1) THE DEPARTMENT, IN PARTNERSHIP WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, SHALL EXPLORE FUNDING SOURCES TO IMPLEMENT THE PROGRAM AND THE REQUIREMENTS OF THIS PART 11, INCLUDING POTENTIAL FUNDING OPTIONS THROUGH THE CHILDREN'S BASIC HEALTH PLAN, SET FORTH IN ARTICLE 8 OF TITLE 25.5, AND THE STATE MEDICAL ASSISTANCE PROGRAM, SET FORTH IN ARTICLES 4 TO 6 OF TITLE 25.5.

(2) ON OR BEFORE JANUARY 1, 2026, THE DEPARTMENT SHALL REPORT TO THE JOINT BUDGET COMMITTEE ANY IDENTIFIED FUNDING SOURCES FOR THIS PART 11.

(3) THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS PART 11.

(4) THE DEPARTMENT IS NOT OBLIGATED TO IMPLEMENT THIS PART 11 UNTIL THE DEPARTMENT HAS SUFFICIENT APPROPRIATIONS TO COVER THE COSTS OF THE PROGRAM.

SECTION 3. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2026 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.