First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 25-0522.01 Alana Rosen x2606

SENATE BILL 25-017

SENATE SPONSORSHIP

Cutter and Jodeh,

HOUSE SPONSORSHIP

Joseph and Zokaie,

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.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
Amended 2nd Reading
April 29, 2025

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

PEDIATRIC PRIMARY

CARE PRACTICE PROGRAM

26.5-3-1001. Definitions. AS USED IN THIS PART 10, 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 26.5-3-1002 (2).

(3) "PEDIATRIC PRIMARY CARE PRACTICE PROGRAM" OR "PROGRAM" MEANS THE PEDIATRIC PRIMARY CARE PRACTICE PROGRAM DESCRIBED IN SECTION 26.5-3-1002 (1).

26.5-3-1002. 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 10.

26.5-3-1003. 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 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, 2026, THE DEPARTMENT SHALL REPORT TO THE JOINT BUDGET COMMITTEE ANY IDENTIFIED FUNDING SOURCES FOR THIS PART 10.

(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. 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.