



Fiscal Note

Legislative Council Staff

Nonpartisan Services for Colorado’s Legislature

SB 25-017: MEASURES TO SUPPORT EARLY CHILDHOOD HEALTH

Prime Sponsors:
Sen. Cutter

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Fiscal note status: This revised fiscal note reflects the introduced bill, as amended by the Senate Health and Human Services Committee.

Summary Information

Overview. The bill codifies and expands two programs in the Department of Early Childhood that support early childhood health.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

- State Revenue
- State Expenditures

Appropriations. No appropriation is required. See State Appropriation Section.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27
State Revenue	\$0	\$0
State Expenditures ¹	up to \$2,949,729	up to \$1,550,650
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	up to 3.2 FTE	up to 3.5 FTE

¹ If appropriations to CDEC are not provided by the General Assembly or gifts, grants, and donations are not received, then there will be no increase in state expenditures. Implementation of the bill is permissive and subject to available appropriations. If the General Assembly chooses to appropriate funding for the bill, it is assumed that General Fund would be required.

**Table 1A
 State Expenditures**

Fund Source	Budget Year FY 2025-26	Out Year FY 2026-27
General Fund	up to \$2,884,538	up to \$1,479,316
Cash Funds	\$0	\$0
Federal Funds	\$0	\$0
Centrally Appropriated	up to \$65,191	up to \$71,334
Total Expenditures	up to \$2,949,729	up to \$1,550,650
Total FTE	3.2 FTE	3.5 FTE

Summary of Legislation

The bill codifies and expands two programs in the Department of Early Childhood (CDEC) that support early childhood health. The bill does not require CDEC to implement the programs beyond its current implementation unless it receives sufficient funding to cover the expanded costs.

Child Care Health Consultation Program

Beginning July 1, 2026, the department must hire a contractor to implement the Child Care Health Consultation Program, which expands access to whole-child health consultants in child care and learning environments. CDEC and the contractor, and in consultation with various stakeholders, may create a model of child care health consultation and a professional development plan for child care health consultants to meet the expectations that are outlined in the model.

The bill requires that CDEC develop a statewide data collection and information system to collect and analyze data to find areas for improvement, promote accountability, and provide insights on outcomes of the program, subject to available appropriations. CDEC may report on the program to the JBC by October 1, 2027 and annually thereafter.

CDEC, in partnership with the Department of Health Care Policy and Financing (HCPF) and the Department of Regulatory Agencies (DORA), must explore funding sources for the program and report to the JBC by January 1, 2027. CDEC may use gift, grants, and donations to help fund the program. By 2032, the Department may contract with a third-party and conduct an evaluation of the consultation program and report on its impacts in January 2033.

Pediatric Primary Care Practice Program

Beginning August 15, 2025, CDEC must hire a contractor to implement the Pediatric Primary Care Practice Program, which provides funding for pediatric primary care medical practices to integrate whole-child and whole-family health specialists into their practice.

The program contractor must create and implement a model that guides pediatric primary care practices to deliver services to children from birth to three years of age. The contractor must establish an application process and select and support participants in the program according to the established model.

CDEC must report on potential funding sources to the Joint Budget Committee (JBC) by January 1, 2026. CDEC may use gift, grants, and donations to help fund the program.

Assumptions

The fiscal note estimates the costs required for CDEC to fully implement the programs. As the bill makes program implementation permissive and dependent on the receipt of sufficient funding, whether state appropriations or gifts, grants and donations, the bill has no fiscal impact unless the General Assembly chooses to appropriate funds or gifts, grants, and donations are received, either now or in future years.

If no appropriation is provided, the programs would continue in their current capacity within existing appropriations. New provisions added to these programs through the bill will not be implemented unless additional funding is received by CDEC, either through a state appropriation or the receipt of gifts, grants and donations.

State Revenue

The bill potentially increases state revenue to Department of Early Childhood for the new programs from gifts, grants, or donations; however, no sources have been identified at this time. Gifts, grants, and donations are exempt from TABOR revenue limits.

State Expenditures

The bill increases state expenditures in the Department of Early Childhood by \$2.9 million in FY 2025-26 and \$1.5 million in FY 2026-27 and ongoing. These costs, paid from the General Fund, are summarized in Table 2 and discussed below. The bill also minimally affects workload in the BHA, DORA, and HCPF.

Table 2
State Expenditures
Department of Early Childhood

Cost Component	Budget Year FY 2025-26	Out Year FY 2026-27
Personal Services	\$273,529	\$299,514
Operating Expenses	\$4,096	\$4,480
Capital Outlay Costs	\$26,680	\$0
Program Data System Costs	\$1,404,911	\$0
Program Contractor	\$550,000	\$550,000
Information Technology Services	\$625,322	\$625,322
Centrally Appropriated Costs	\$65,191	\$71,334
Total Costs	\$2,949,729	\$1,550,650
Total FTE	3.2 FTE	3.5 FTE

Department of Early Childhood

The bill increases costs in CDEC for staff, contracting, data system, and information technology costs.

Staff

Beginning in FY 2025-26, CDEC requires 3.5 FTE to implement the two new programs. For the primary care program, 0.5 FTE will administer the primary care program within CDEC, which expands on existing efforts within the department.

For the child care health consultation program, 3.0 FTE is required. 1.0 FTE will oversee the development of the new data system, manage data, pull reports for data analysis, and resolve system issues as they arise. 1.0 FTE will serve as program administrator and will manage the contract and deliverables of the implementation contractor, collaborate with the contractor to develop the program model and professional development plan, and fulfill the reporting requirements required by the bill. Finally, 1.0 FTE will serve as a data analyst to support the program administrator with data collection and conducting analyses on program outcomes, as required by the bill. The fiscal note assumes an August 1, 2025 start date for these staff.

Program Data System

CDEC will have one-time costs of \$1.4 million in FY 2025-26 to contract to develop new data collection systems for the consultant program, create reporting and analysis tools, modify the Professional Development Information System (PDIS), and perform system updates to the Child Automated Tracking System (CHATS) to track relevant child care entity participation data and outcomes from the consultation program.

Program Contractor

CDEC requires \$550,000 beginning in FY 2025-26 to hire a contractor to implement the child care health consulting program. The contractor will administer the program, including convening a stakeholder group to inform program models, collaborating with CDEC to develop the program model and consultant development plan, and offer trainings according to developed model. Costs are based on similar contracting costs in the department.

CDEC also requires \$175,000 in one-time costs in FY 2032-33 to contract a third-party to perform an evaluation of the program and report on program outcomes and effects on health and well-being of children and their families.

Information Technology Services

CDEC requires approximately \$625,322 annually beginning in FY 2025-26 for ongoing technical support from the Office of Information Technology (OIT) related to new systems maintenance and troubleshooting. This includes costs for data engineering staff and for data processing infrastructure. Funding for these costs will be reappropriated to the OIT. These costs were based on costs for similar maintenance and operation costs for the department.

Other Agency Impacts

Workload will minimally increase for the BHA, DORA and HCPF to work with CDEC to find potential funding sources. This workload is expected to be minimal and can be accommodated within existing resources.

Centrally Appropriated Costs

Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which may include employee insurance, supplemental employee retirement payments, leased space, and indirect cost assessments, are shown in the expenditure table(s) above.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

State Appropriations

The bill does not require an appropriation, as program implementation is subject to available appropriations. The General Assembly may choose to appropriate funding in the current or future fiscal years.

To fully implement the bill, for FY 2025-26, the bill requires a General Fund appropriation of \$2,884,538 to the Department of Early Childhood, and 3.2 FTE. Of this amount, \$625,322 is reappropriated to the Office of Information Technology.

Departmental Difference

The Department of Early Childhood estimates that it requires \$3.7 million and 4.4 FTE in FY 2025-26 and \$1.9 million and 4.8 FTE in FY 2026-27 and future years to implement the programs. The department estimates include an additional Contract Administrator and Data Manager that were not included in the fiscal note. The fiscal note assumes the programs can be implemented with 3.5 FTE.

State and Local Government Contacts

Behavioral Health Administration	Information Technology
Early Childhood	Regulatory Agencies
Health Care Policy and Financing	

The revenue and expenditure impacts in this fiscal note represent changes from current law under the bill for each fiscal year. For additional information about fiscal notes, please visit the [General Assembly website](#).