

### 25-31-101. Short title.

This article shall be known and may be cited as the "Colorado Nurse Home Visitor Program Act".

**Source: L. 2000:** Entire article added, p. 596, § 5, effective May 18.

### 25-31-102. Legislative declaration.

(1) The general assembly hereby finds that, in order to adequately care for their newborns and young children, new mothers may often benefit from receiving professional assistance and information. Without such assistance and information, a young mother may develop habits or practices that are detrimental to her health and well-being and the health and well-being of her child. The general assembly further finds that inadequate prenatal care and inadequate care in infancy and early childhood often inhibit a child's ability to learn and develop throughout his or her childhood and may have lasting, adverse affects on the child's ability to function as an adult. The general assembly recognizes that implementation of a nurse home visitor program that provides educational, health, and other resources for new young mothers during pregnancy and the first years of their infants' lives has been proven to significantly reduce the amount of drug, including nicotine, and alcohol use and abuse by mothers, the occurrence of criminal activity committed by mothers and their children under fifteen years of age, and the number of reported incidents of child abuse and neglect. Such a program has also been proven to reduce the number of subsequent births, increase the length of time between subsequent births, and reduce the mother's need for other forms of public assistance. It is the intent of the general assembly that such a program be established for the state of Colorado, beginning with a limited number of participants and expanding by the year 2010 to be available to all low-income, first-time mothers in the state who consent to receiving services.

(2) The general assembly further finds that, to implement such a program efficiently and effectively and to promote the successful implementation of partnerships between state public entities and the private sector, responsibility for the program should be divided between the department, which shall be responsible for financial administration of the program, and a health sciences facility at the university of Colorado, which shall be responsible for programmatic and clinical support, evaluation, and monitoring for the program, and such other responsibilities as described in this article. It is the intent of the general assembly that the department and the health sciences facility work collaboratively to share information in order to promote efficient and effective program implementation; however, neither entity is responsible for the other entity's statutorily prescribed duties.

**Source: L. 2000:** Entire article added, p. 596, § 5, effective May 18. **L. 2010:** Entire section amended, ([SB 10-073](#)), ch. 386, p. 1808, § 3, effective June 30.

### 25-31-103. Definitions.

As used in this article, unless the context otherwise requires:

- (1) "Department" means the department of public health and environment created in section [25-1-102](#).
- (2) "Entity" means any nonprofit, not-for-profit, or for-profit corporation, religious or charitable

organization, institution of higher education, visiting nurse association, existing visiting nurse program, county, district, or municipal public health agency, county department of social services, political subdivision of the state, or other governmental agency or any combination thereof.

(3) "Health sciences facility" means the Anschutz medical campus or a successor facility located at the university of Colorado health sciences center that is selected by the president of the university of Colorado pursuant to section [25-31-105](#) to assist the state board in administering the program.

(4) "Low-income" means an annual income that does not exceed two hundred percent of the federal poverty line.

(5) "Master settlement agreement" means the master settlement agreement, the smokeless tobacco master settlement agreement, and the consent decree approved and entered by the court in the case denominated *State of Colorado, ex rel. Gale A. Norton, Attorney General v. R.J. Reynolds Tobacco Co.; American Tobacco Co., Inc.; Brown & Williamson Tobacco Corp.; Liggett & Myers, Inc.; Lorillard Tobacco Co., Inc.; Philip Morris, Inc.; United States Tobacco Co.; B.A.T. Industries, P.L.C.; The Council For Tobacco Research--U.S.A., Inc.; and Tobacco Institute, Inc.*, Case No. 97 CV 3432, in the district court for the city and county of Denver.

(6) "Nurse" means a person licensed as a professional nurse pursuant to article [38](#) of title [12](#), C.R.S., or accredited by another state or voluntary agency that the state board of nursing has identified by rule pursuant to section [12-38-108](#) (1) (a), C.R.S., as one whose accreditation may be accepted in lieu of board approval.

(7) "Program" means the nurse home visitor program established in this article.

(8) "State board" means the state board of health created in section [25-1-103](#).

**Source: L. 2000:** Entire article added, p. 597, § 5, effective May 18. **L. 2010:** (3) amended, ([SB 10-073](#)), ch. 386, p. 1808, § 4, effective June 30; (2) and (4) amended, ([HB 10-1422](#)), ch. 419, p. 2108, § 135, effective August 11.

#### **[25-31-104. Nurse home visitor program - created - rules.](#)**

(1) There is hereby established the nurse home visitor program to provide regular, in-home, visiting nurse services to low-income, first-time mothers, with their consent, during their pregnancies and through their children's second birthday. The program shall provide trained visiting nurses to help educate mothers on the importance of nutrition and avoiding alcohol and drugs, including nicotine, and to assist and educate mothers in providing general care for their children and in improving health outcomes for their children. In addition, visiting nurses may help mothers in locating assistance with educational achievement and employment. Any assistance provided through the program shall be provided only with the consent of the low-income, first-time mother, and she may refuse further services at any time.

(2) The program shall be administered in communities throughout the state by entities selected on a competitive basis by the state board. Any entity that seeks to administer the program shall submit an application to the department as provided in section [25-31-106](#). The entities selected pursuant to section [25-31-107](#) shall be expected to provide services to a minimum of one hundred low-income, first-time mothers in the community in which the entity administers the program; except that the state board may grant a waiver of this requirement if the population

base of the community does not have the capacity to enroll one hundred eligible families. The state board shall consult with the health sciences facility prior to granting the waiver to ensure that the entity can implement the program within the smaller community and maintain compliance with the program requirements. A mother shall be eligible to receive services through the program if she is pregnant with her first child, or her first child is less than one month old, and her gross annual income does not exceed two hundred percent of the federal poverty line.

(3) The state board shall promulgate, pursuant to the provisions of article [4](#) of title [24](#), C.R.S., rules for the implementation of the program. The state board shall base the rules establishing program training requirements, program protocols, program management information systems, and program evaluation requirements on research-based model programs that have been implemented in one or more other states for a period of at least five years and have shown significant reductions in:

(a) The occurrence among families receiving services through the model program of infant behavioral impairments due to use of alcohol and other drugs, including nicotine;

(b) The number of reported incidents of child abuse and neglect among families receiving services through the model program;

(c) The number of subsequent pregnancies by mothers receiving services through the model program;

(d) The receipt of public assistance by mothers receiving services through the model program;

(e) Criminal activity engaged in by mothers receiving services through the model program and their children.

(4) Notwithstanding the provisions of subsection (3) of this section, the board shall adopt rules pursuant to which a nurse home visitation program that is in operation in the state as of July 1, 1999, may qualify for participation in the program if it can demonstrate that it has been in operation in the state for a minimum of five years and that it has achieved a reduction in the occurrences specified in subsection (3) of this section. Any program so approved shall be exempt from the rules adopted regarding program training requirements, program protocols, program management information systems, and program evaluation requirements so long as said program continues to demonstrate a reduction in the occurrences specified in subsection (3) of this section.

(5) The department may propose to the state board rules concerning program applications under section [25-31-106](#) (1). Any such proposal shall be made in consultation with the health sciences facility.

**Source: L. 2000:** Entire article added, p. 597, § 5, effective May 18. **L. 2010:** (5) added, ([SB 10-073](#)), ch. 386, p. 1809, § 5, effective June 30; (2) amended, ([HB 10-1422](#)), ch. 419, p. 2108, § 136, effective August 11.

#### **[25-31-105. Health sciences facility - duties.](#)**

(1) The president of the university of Colorado shall identify a facility at the university of Colorado health sciences center with the knowledge and expertise necessary to:

(a) Assist the state board in selecting entities from among the applications submitted pursuant to

section [25-31-106](#);

(b) Provide programmatic and clinical support, evaluation, and monitoring for the program, including nurse practice support and training, clinical and programmatic technical assistance, compliance monitoring and support, program development and implementation support, and performance improvement monitoring and support, in communities throughout the state;

(c) Cooperate with the department in connection with the department's financial administration of the program; and

(d) Work with the state auditor's office as required in section [2-3-113](#) (4), C.R.S.

(1.5) The health sciences facility is not responsible for the duties assigned to the department with respect to the program under section [25-31-107](#) (2) (a.5).

(2) The health sciences facility shall perform the duties set forth in subsection (1) of this section to ensure that the program is implemented and operated according to the program training requirements, protocols, management information systems, and evaluation requirements established by rule of the state board. The health sciences facility shall evaluate overall program implementation, operation, and effectiveness, and include that evaluation, along with any recommendations concerning the program's selected entities or changes in the program's implementation, operation, and effectiveness, including program training requirements, protocols, management information systems, or evaluation requirements, in the annual report submitted to the department pursuant to section [25-31-108](#).

(3) The department shall compensate the health sciences facility for the health sciences facility's actual costs incurred in performing its duties under this article, as determined by the health sciences facility. Such duties and actual costs shall be included in the scope of work in the agreement between the department and the health sciences facility for implementation of those duties and shall include the costs incurred by any contractor or subcontractor of the health sciences facility for those duties. Such compensation shall be paid out of the amount allocated for the health science facility's costs, in accordance with the maximum allocation of three percent of the amount annually allocated for the program under section [25-31-107](#) (2).

**Source:** L. 2000: Entire article added, p. 599, § 5, effective May 18. L. 2010: Entire section amended, ([SB 10-073](#)), ch. 386, p. 1809, § 6, effective June 30.

### **[25-31-106. Program applications - requirements.](#)**

(1) An entity that seeks to administer the program in a community shall submit an application to the department in accordance with rules adopted by the state board, in consultation with the department and the health sciences facility. At a minimum, the application shall specify the basic elements and procedures that the entity shall use in administering the program. Basic program elements shall include the following:

(a) The specific training to be received by each nurse employed by the entity to provide home nursing services through the program, which training shall meet or exceed the visiting nurse training requirements established by rule of the state board;

(b) The protocols to be followed by the entity in administering the program, which protocols at a minimum shall comply with the program protocols established by rule of the state board;

(c) The management information system to be used by the entity in administering the program,

which at a minimum shall comply with the management information system requirements established by rule of the state board;

(d) The reporting and evaluation system to be used by the entity in measuring the effectiveness of the program in assisting low-income, first-time mothers, which at a minimum shall meet the reporting and evaluation requirements specified by rule of the state board;

(e) An annual report to both the health sciences facility and the community in which the entity administers the program that reports on the effectiveness of the program within the community and is written in a manner that is understandable for both the health sciences facility and members of the community.

(2) Any program application submitted pursuant to this section shall demonstrate strong, bipartisan public support for and a long-time commitment to operation of the program in the community.

(3) The department shall initially review the applications received pursuant to this section and submit to the health sciences facility for review those applications that include the basic program elements as required by the rules adopted by the state board. Following its review, the health sciences facility shall submit to the state board a list of the applying entities that the health sciences facility recommends to administer the program in communities throughout the state.

**Source: L. 2000:** Entire article added, p. 599, § 5, effective May 18. **L. 2010:** IP(1) amended, ([SB 10-073](#)), ch. 386, p. 1810, § 7, effective June 30.

**[25-31-107. Selection of entities to administer the program - grants - nurse home visitor program fund - created.](#)**

(1) On receipt of the list of entities recommended by the health sciences facility, the state board shall select the entities that will administer the program in communities throughout the state. In selecting entities, the state board shall give special consideration to entities that are proposing to administer the program as a collaborative effort among multiple entities.

(2) (a) The entities selected to operate the program shall receive grants in amounts specified by the state board. The grants may include operating costs and additional amounts for training and development of any infrastructure, including but not limited to development of the information management system, necessary to administer the program. For the 2000-01 fiscal year, the state board shall award grants to no more than twelve entities in at least eight communities. The number of entities selected and the number of communities in which the program shall be implemented in subsequent fiscal years shall be determined by moneys available in the nurse home visitor program fund created in paragraph (b) of this subsection (2).

(a.5) Except as otherwise provided in section [25-31-108](#), the department shall be responsible for financial administration of this article, which shall include compensating the health sciences facility pursuant to section [25-31-105](#) (3), paying grants to entities selected to administer the program, monitoring financial, contractual, and regulatory compliance; providing medicaid financing oversight; managing accounting and budgeting; and, in cooperation with the health sciences facility, managing grant applications as set forth in section [25-31-106](#). The department shall also cooperate with the health sciences facility's administration of programmatic and clinical support, evaluation, and monitoring of the program. The department shall not be responsible for any duties assigned to the health sciences facility with respect to the program, as

described in section [25-31-105](#).

(b) Grants awarded pursuant to paragraph (a) of this subsection (2) shall be payable from the nurse home visitor program fund, which fund is hereby created in the state treasury. The nurse home visitor program fund, referred to in this section as the "fund", shall be administered by the department and shall consist of moneys transferred thereto by the state treasurer from moneys received pursuant to the master settlement agreement in the amount described in paragraph (d) of this subsection (2). In addition, the state treasurer shall credit to the fund any public or private gifts, grants, or donations received by the department for implementation of the program, including any moneys received from the United States federal government for the program. The fund shall be subject to annual appropriation by the general assembly to the department for grants to entities for operation of the program. The department may retain a total of up to five percent of the amount annually appropriated from the fund for the program, in order to compensate the health sciences facility pursuant to section [25-31-105](#) (3), as set forth in the scope of work in the agreement between the department and the health sciences facility, and to compensate the department for the actual costs incurred by the department in implementing the provisions of paragraph (a.5) of this subsection (2), as determined by the department; except that the portion of the costs to compensate the department for implementing the provisions of paragraph (a.5) of this subsection (2) shall not exceed two percent of the amount annually appropriated from the fund for the program, and the portion of such costs to compensate the health sciences facility under section [25-31-105](#) (3), as set forth in the scope of work in the contract between the department and the health sciences facility, shall not exceed three percent of the amount annually appropriated from the fund for the program. In addition, if the total amount annually appropriated from the fund for the program exceeds nineteen million dollars, the department and the health sciences facility shall assess whether a smaller percentage of the appropriated funds exceeding nineteen million dollars is adequate to cover their actual costs and shall jointly submit to the general assembly a report articulating their conclusions on this subject. The actual costs of the department include department personnel and operating costs and any necessary transfers to the department of health care policy and financing for administrative costs incurred for the medicaid program associated with the program. The actual costs of the health sciences facility include the facility's own actual program costs and those of its contractors and subcontractors. **Any costs for time studies required to obtain medicaid reimbursement for the program may be paid from program funds, and shall not be subject to the five percent limit in this section.** Notwithstanding section [24-36-114](#), C.R.S., all interest derived from the deposit and investment of moneys in the fund shall be credited to the fund. Any unencumbered moneys appropriated from moneys received pursuant to the master settlement agreement remaining in the fund at the end of any fiscal year shall be transferred to the tobacco litigation settlement trust fund created in section [24-22-115.5](#), C.R.S.

(c) It is the intent of the general assembly that general fund moneys not be appropriated for implementation of the program.

(d) (I) Pursuant to section [24-75-1104.5](#) (1) (a), C.R.S., and except as otherwise provided in section [24-75-1104.5](#) (5), C.R.S., beginning with the 2006-07 fiscal year and for each fiscal year thereafter so long as the state receives moneys pursuant to the master settlement agreement, the state treasurer shall transfer to the fund the amounts specified in subparagraph (III) of this paragraph (d) from the master settlement agreement moneys received by the state, other than attorney fees and costs, during the preceding fiscal year, not to exceed nineteen million dollars in any fiscal year. The transfer shall be from moneys credited to the tobacco litigation settlement cash fund created in section [24-22-115](#), C.R.S.

(II) Repealed.

(III) (A) For the 2004-05 fiscal year, the general assembly shall appropriate to the fund nine percent of the total amount of moneys received by the state.

(A.5) For the 2005-06 fiscal year, the general assembly shall appropriate to the fund ten percent of the total amount of moneys received by the state.

(A.7) For the 2006-07 fiscal year, the state treasurer shall transfer from the moneys received by the state pursuant to the master settlement agreement to the fund eleven percent of the total amount of moneys received by the state.

(B) Beginning with the 2007-08 fiscal year and for each fiscal year thereafter through the 2014-15 fiscal year, the state treasurer shall increase the percentage transferred to the fund pursuant to sub-subparagraph (A.7) of this subparagraph (III) by one percent; except that the percentage transferred to the fund for the 2009-10 fiscal year shall be the same as the percentage transferred to the fund for the 2008-09 fiscal year.

(C) For the 2015-16 fiscal year and for each fiscal year thereafter, the state treasurer shall transfer to the fund nineteen percent of the total amount of moneys received by the state.

(IV) In addition to all other moneys transferred to the fund pursuant to this paragraph (d), the state treasurer shall transfer moneys from the general fund to the fund as specified in section [24-75-1104.5](#) (5) (a) (I) (B), C.R.S.

**Source:** **L. 2000:** Entire article added, p. 600, § 5, effective May 18. **L. 2003:** (2)(d)(I) amended, p. 464, § 7, effective March 5; (2)(d)(I) amended, p. 2552, § 13, effective June 5; (2)(d)(I) amended, p. 2563, § 5, effective June 5. **L. 2004:** (2)(d)(I) amended, (2)(d)(II) repealed, and (2)(d)(III) added, pp. 1711, 1713, §§ 11, 16, effective June 4. **L. 2006:** (2)(b) and (2)(d) amended, p. 1038, § 8, effective May 25. **L. 2009:** (2)(d)(I), (2)(d)(III)(B), and (2)(d)(III)(C) amended and (2)(d)(IV) added, ([SB 09-269](#)), ch. 333, p. 1765, § 2, effective June 1. **L. 2010:** (2)(a.5) added and (2)(b) amended, ([SB 10-073](#)), ch. 386, p. 1810, § 8, effective June 30.

**Editor's note:** Amendments to subsection (2)(d)(I) by Senate Bill 03-268 and Senate Bill 03-282 were harmonized.

### **[25-31-108. Annual program review - audit.](#)**

(1) The health sciences facility shall annually prepare and submit to the department a report including an evaluation of the implementation of the program, the results achieved by the program based on the annual reports submitted by the administering entities pursuant to section [25-31-106](#) (1) (e), the extent to which the program serves medicaid-eligible persons and provides services that may be provided in part through medicaid funding, and any recommendations concerning changes to the program, including any changes that may be appropriate to enable the program to receive medicaid funding. The department shall include the report in the annual report on the program prepared pursuant to section [25-1-108.5](#) (3). Each program contractor and subcontractor and each entity that administers the program shall work with the health sciences facility and the department to prepare the reports required under this section and sections [2-3-113](#) (2) and [25-1-108.5](#) (3), C.R.S. Any entity that is administering the program is subject to a reduction in or cessation of funding if the state board, based on recommendations from the health sciences facility, determines that the entity is not operating the program in accordance with the program requirements established by rule of the state board or is operating the program

in such a manner that the program does not demonstrate positive results.

(2) The state auditor's office, pursuant to section [2-3-113](#), C.R.S., shall audit each entity administering the program to determine whether the entity is administering the program in compliance with the program requirements and in an effective manner. The audit shall be conducted and reported in accordance with the provisions of section [2-3-113](#), C.R.S.

**Source: L. 2000:** Entire article added, p. 601, § 5, effective May 18. **L. 2001:** (1) amended, p. 1275, § 39, effective June 5. **L. 2010:** (1) amended, ([SB 10-073](#)), ch. 386, p. 1811, § 9, effective June 30.

---