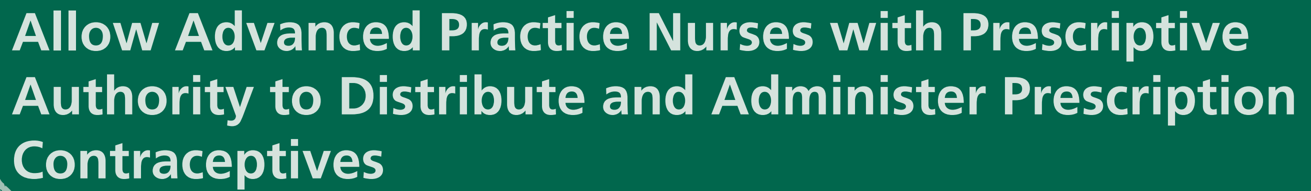

Allow Advanced Practice Nurses with Prescriptive Authority to Distribute and Administer Prescription Contraceptives

In its 2008 review of Colorado's nursing practice, the state Department of Regulatory Agencies found that patients' health care needs are not being met in part because of statutory restrictions that limit which health care personnel have the authority to prescribe necessary medications. An assessment of current laws that regulate prescription, administration and distribution of prescription drugs, as well as documented challenges women face when accessing prescription contraceptives, suggests that Colorado law should be revised to lessen restrictions on advanced practice nurses' ability to distribute prescription contraceptives. Specifically, Prevention First Colorado recommends that advanced practice nurses with prescriptive authority be permitted to distribute and administer pre-packaged, pre-labeled prescription contraceptives to patients to increase both the consistent use of contraceptives and the effectiveness of family planning services used by Colorado women.

THE NEED FOR ADVANCED PRACTICE NURSES TO DISTRIBUTE CONTRACEPTIVES

Results of original research carried out by Prevention First Colorado revealed that planning for contraception presented the single biggest challenge to consistent use of contraceptives for some women. Challenges related to planning for contraception have been anecdotally explained to include scheduling an appointment far enough in advance to receive an annual renewal for prescription contraceptives before the prior year's prescription expires; finding a convenient location to fill a contraceptive prescription, with indications of convenience including location, whether staff speak the native language of the woman having the prescription filled, whether the pharmacy accepts the woman's health insurance, and ensuring the pharmacy doesn't refuse to fill prescriptions for birth control; remembering to submit a request each month to refill the contraceptive prescription to avoid gaps in contraceptive coverage; and arranging for transportation, time off, child care coverage, and other logistics to both attend the appointment and go to a different location to pick up the prescription.

The research also showed that women living in rural and small-town communities, a group that is disadvantaged because of the limited number of health care providers and locations to receive medical services in their communities, were more likely to experience unintended pregnancy than women living in urban communities. More of those women reported general difficulties obtaining contraceptives, which could be tied to securing transportation and locating a doctor, clinic, or pharmacy to obtain contraceptives.

These perceptions are borne out by independent analysis of the availability and accessibility of contraception throughout Colorado. A statewide assessment revealed that just over 20 percent of Colorado's rural counties lacked pharmacies that filled prescriptions for contraceptives;[1] in addition, six rural counties lacked clinics at which women could even receive prescriptions for contraceptives.[2] (See Table 1 on page 46, "Contraceptive Access at Risk in Rural Colorado.")

Moreover, data compiled by the Colorado Rural Health Center (CRHC), an independent, nonprofit, membership-based organization that serves as the state Office of Rural Health, found that residents in rural counties have lower median incomes and are more likely to live in poverty, in a household without a car, and in a family where the mother has not completed high school. Compared to urban counties, rural counties also post higher fertility rates for girls aged 15 to 17, have higher rates of unintended pregnancy, and have higher rates of inadequate prenatal care.[3]

With a limited number of primary care physicians and specialists who provide obstetrical and gynecological services available to meet the needs of rural Coloradans, advanced practice nurses (APNs) are increasingly filling gaps in the provision of health care services throughout the state. In fact, according to a review of the Colorado Nurse Practice Act by the Colorado Department of Regulatory Agencies in 2008,

> "APNs with prescriptive authority play an extremely important role in Colorado's health care system, particularly in rural and inner-city areas. More and more APNs are acting as primary caregivers."[4]

OTHER STATES AND NATIONWIDE

This policy recommendation focuses on prescription contraceptives of dosages and strengths pre-determined by pharmaceutical manufacturers; as a result, the drugs are shipped

Table 1: Contraceptive Access at Risk in Rural Colorado

Counties without a Pharmacy to Fill Prescriptions for Contraceptives	Number of Women Aged 15 to 44 Affected[5]
Costilla, Custer, Dolores, Hinsdale, Huerfano, Jackson, Mineral, Phillips, Saguache, San Juan[6]	5,800
Counties without Clinics to Prescribe some form of Contraceptive	**Number of Women Aged 15 to 44 Affected[7]**
Baca, Crowley, Custer, Hinsdale, Ouray, San Juan[8]	3,300

to distributors in pre-packaged and pre-labeled containers. That includes birth control pills, the Plan B® emergency contraceptive, the Ortho Evra® patch, and the NuvaRing®. Three other effective contraceptive methods, Depo-Provera® injections, intrauterine devices and Implanon®, are not explicitly addressed in this recommendation because their administration may already be included as activities that fall within APNs' scope of practice as enumerated in state statute.

Birth control pills, the Plan B® emergency contraceptive, the Ortho Evra® patch, and the NuvaRing® are particularly suitable for distribution by APNs. Unlike other forms of prescription-based medications, those contraceptive drugs do not require pharmacists to count, mix, or compound the medication before it can be distributed to patients. The ease of distribution afforded by pre-mixed, pre-packaged and pre-labeled containers also allows for those contraceptive drugs to be mailed to patients. In effect, this recommendation seeks to achieve equal ease of distribution by allowing APNs to provide complete preventive family planning care in one visit, thereby allowing patients to receive exams, contraceptive counseling, prescriptions for contraceptive drugs, and the prescribed medication at the same location.

Extending distribution authority for prescription-based medications to APNs already has happened in some states. Fifteen states and the District of Columbia permit APNs to distribute prescribed medications, including contraceptive drugs or devices: Arizona, California, Connecticut, Delaware, Florida, Georgia, Idaho, Iowa, Louisiana, Maine, Maryland, New Mexico, North Carolina, Pennsylvania, and Rhode Island.[9] Oregon and Wisconsin also permit APNs to distribute prescriptions if a pharmacy is not geographically convenient.[10]

CURRENTLY IN COLORADO

According to a 2007 study of health care models and their impact on meeting patients' needs carried out by the Center for the Health Professions at the University of California, San Francisco,

> "[i]nefficiencies occur when health care practitioners are not utilized to their full capacity in terms of their education, training, and competence. These inefficiencies may manifest as higher costs, limited access to care, and concerns over quality and safety."[11]

A review of Colorado law regarding registered nurses' allowable duties suggests that APNs may be underutilized when it comes to provision of preventive family planning services, especially contraceptive counseling and distribution of prescription contraceptives.

Under Colorado law, APNs are professional nurses who are "licensed to practice [...], who obtain specialized education or training […], and who apply to and are accepted by the [state Board of Nursing] for inclusion in the advanced practice registry."[12] As of January 2008, there were 3,200 APNs in Colorado.[13] A count of APNs with authorities in specific practice areas in July 2008 showed there were 281 certified nurse midwives, 858 clinical nurse specialists, 1,187 nurse practitioners, and 466 certified registered nurse anesthetists. Among all of those APNs, 1,936 had prescriptive authority.[14]

Colorado's Nurse Practice Act vests APNs who hold degrees in registered nursing with the authority to prescribe medication so long as the APNs meet certain educational, experiential, and preceptorship requirements as laid out by statute.[15]

Administer, Dispense or Distribute: Terminology Regulating the Provision of Drugs in Colorado

Colorado law sets out clear distinctions between ways for patients to receive prescription medications, whether the drugs are administered, compounded, delivered, dispensed, or distributed. Below is a quick reference to understand methods for delivery of drugs in Colorado.[16]

- **Administer:** The direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion, or any other method.
- **Compounding:** The preparation, mixing, assembling, packaging, or labeling of a drug or device.
- **Delivery:** The actual, constructive, or attempted transfer of a drug or device from one person to another.
- **Dispense:** To interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug or device for a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to or use by a patient.
- **Distribution:** The transfer of a drug or device other than by administering or dispensing.
- **Sample:** Any prescription drug given free of charge to any practitioner for any reason except for a bona fide research program. Distribution of any sample shall be made only upon written receipt from a practitioner, and such receipt must be given specifically for each drug or drug strength received.

Table 2: Who Can Get Prescription Drugs to Patients in Colorado under Current Statute[17]

This table provides a general overview of the statutory framework that regulates access to prescription medication in Colorado. Health care professionals carry out the below functions subject to rules and policies promulgated by their respective professional boards. For example, pharmacy technicians are able to compound and dispense prescriptions only after a pharmacist has interpreted the initial prescription.

	Prescribe	Compound	Administer	Dispense	Deliver
Physician	X		X	X‡	X
Physician's Assistant†	X		X	X‡	X
Professional Registered Nurse			X		
Advanced Practice Nurse†	X		X	X‡	
Pharmacist		X	X	X	
Pharmacy Technician†		X		X	

† Subject to educational and experiential requirements and under the supervision of appropriate, qualified health care professionals as identified in statute and consistent with rules and policies promulgated by respective professional boards.

‡ Physicians, physician assistants and advanced practice nurses can only dispense samples of prescription drugs.

Despite being vested with prescriptive authority, APNs are restricted in their ability to distribute or dispense medications. In fact, Colorado law only permits APNs to dispense or distribute samples.[18] (See Table 2 on page 47, "Who Can Get Prescription Drugs to Patients in Colorado under Current Statute.")

It is worth noting that some nurses in Colorado can administer certain medications that have been prescribed by a physician if doing so falls within their scope of practice. For contraceptive purposes, Depo-Provera® , which is delivered by injection to provide three months of effective contraception,[19] qualifies as a drug that can be administered as enumerated by state statute. (See sidebar on page 46, "Administer, Dispense or Distribute: Terminology Regulating the Provision of Drugs in Colorado," to review how various medications can be provided to patients.)

As a result, the extent to which APNs can prescribe and administer, dispense, or distribute the medications their patients need is limited. However, some programs that provide preventive family planning services have developed models that allow nurses to deliver prescription contraception directly to patients. For example, Boulder County Public Health, in cooperation with the nonprofit Women's Health (Boulder Valley Women's Health Center), provides family planning services to patients during nurse home visits through the GENESIS Program. GENESIS is a collaboration of various entities in Boulder County, including the City of Longmont, the City of Boulder, Boulder County government, Boulder County Public Health, the Mental Health Center of Boulder County, and the St. Vrain and Boulder Valley school districts. The program, which began as a pilot in 1989, supports pregnant and parenting teens and provides services to "teen parents from pregnancy through the child's third birthday."[20]

In 2001, GENESIS launched the Home-Based Contraception program to reduce pregnancy recidivism among parenting teens enrolled in the program. Through the program, teen mothers receive counseling and treatment during a home visit by a registered nurse, who is employed by Women's Health. The nurse has standing orders from the physician in charge of the GENESIS Program to administer Depo-Provera® injections to patients in their homes.[21] Patients must consent in writing to the first treatment and agree to come to Women's Health for an exam within three months. The program provides follow-up about contraceptive use, information about sexually transmitted infections, and reinforces GENESIS messages about the importance of spacing births by at least two years.

The Home-Based Contraception program minimizes both transportation-related barriers to consistent contraceptive use and barriers women face with refilling their prescription, such as scheduling follow-up appointments, calling in or dropping off their refill orders, and picking up the refill. In 2005, four years after the program's inception, none of the participating teens experienced a subsequent birth within two years of the birth of their first child. That far exceeds national outcomes, where data show that up to one-quarter of all teen parents experience a subsequent birth.[22] Since its inception, the program has served more than 350 clients.[23]

BARRIERS TO IMPLEMENTATION

Perhaps the most significant barrier to implementing this recommendation is an ever-evolving understanding of how and whether to divide responsibility for provision of different aspects of medical care among physicians, nurses and pharmacists. Upon introduction of legislation in 2009 to update Colorado's Nurse Practice Act and clarify practicing authority for nurses, the *Rocky Mountain News* noted of this ongoing discussion, "[a] several-year battle between the medical community's two largest professions is coming to a head in legislative committees, and the outcome could affect

access to health care, especially in rural Colorado."[24]

Enabling APNs to distribute prescription contraceptives likely would interject pharmacists into discussions about the most effective model to deliver comprehensive health care that meets patients' needs without compromising their safety. It is important to note, however, that APNs cannot qualify for prescriptive authority without demonstrating completion of certain educational, experiential and preceptorship requirements.[25] As such, APNs with prescriptive authority would acquire the use and knowledge of prescription drugs to complement that of physicians and pharmacists, thereby expanding opportunities to deliver comprehensive medical care to patients.

Yet extending distribution authority for prescription contraceptives to APNs may not suffice to reduce all barriers Colorado women face in accessing and using these drugs. In areas such as rural and small-town communities, the number of physical locations where women can receive or fill prescriptions for birth control are limited. In fact, some women may live in communities that have only a clinic or only a pharmacy, forcing them to travel extended distances to either receive the original prescription or have the prescription filled. (See Table 1 on page 46, "Contraceptive Access at Risk in Rural Colorado.") Communities and health care providers may consider revising how preventive family planning care is accessed so as to allow contraceptive counseling and distribution to occur in the same location. Colorado's Pharmaceuticals and Pharmacists statute already extends this authority to hospitals, county health departments

Visiting Nurse Programs Offer an Alternative to Clinic-Based Health Care

With the number of primary care physicians and specialists on the decline in Colorado, local communities and health care agencies are turning to innovative models to meet patients' health care needs. Those include using mobile health clinics and visiting nurses to deliver health care outside of traditional clinic settings. (For discussion of the use of mobile health clinics, refer to the companion recommendation, "Provide Preventive Family Planning Services through Mobile Health Clinics that Serve Rural and Small-Town Communities" on page 39.) Yet while those models provide alternative entry points for underserved populations to access health care, neither currently allows for same-visit provision of contraceptive counseling, prescription, and distribution. However, they can act as a bridge between women who would otherwise forego critical health care like preventive family planning services and the health care providers who do deliver those services.

One well-established visiting nurse program that has proven effective in reducing secondary pregnancies within two years of a first birth and increasing the interval of time between births is the Nurse Home Visitor Program (NHVP). Administered by the Colorado Department of Public Health and Environment, NHVP uses the evidenced-based Nurse-Family Partnership model to address multiple needs of low-income, first-time pregnant women and their infants in communities across the state. Long-term analysis of this model has shown a 29 percent reduction in subsequent births within two years after the birth of the first child, a 14 percent increase in the time between first and subsequent births, and reductions in both premature deliveries and public costs associated with premature births.[27]

NHVP uses specially trained nurses who meet with clients in their homes or other preferred locations on a weekly or bi-weekly basis. Throughout the duration of the clients' voluntary participation in the program – which begins as early as possible during an eligible women's pregnancy and can continue through the second birthday of the child – the nurses act as case managers to provide counseling, education, referrals and the other support necessary to empower program participants to improve their health and that of their families; identify and develop relationships with appropriate health care providers and community service agencies; and complete or continue their education, among other things.[28]

Local communities, through various agencies and organizations, apply for funding from the Colorado Department of Public Health and Environment to offer the program to their community members. As of fiscal year 2008-2009, NHVP served more than 2,600 families in 52 counties in Colorado in partnership with county health agencies, community clinics, and other local health care providers.[29] Nearly 30,000 women aged 15 to 44 live in the 12 counties that had not been funded to provide the NHVP program as of fiscal year 2008-2009.[30] With respect to family planning care, NHVP nurses provide information about contraceptives but do not prescribe or distribute contraceptives directly. However, they do provide follow-up care to ensure participating women both receive desired contraceptive services and are able to use the prescribed methods.

Other visiting nurse programs frequently are used to meet the needs of home-bound individuals. The oldest and largest visiting-nurse agency is the nonprofit Colorado Visiting Nurse Association (VNA), which served 8,600 clients through approximately 212,000 home visits in 12 Front Range counties in 2007. VNA provides home care, community wellness (at community locations, workplace settings and senior centers), and hospice-at-home care.[31] VNA caregivers provide home care for patients recovering from surgery or illness, but not preventive care. In fact, the visiting nurse model typically doesn't provide preventive care like contraceptive counseling, prescription and distribution. Rather, it has been used to provide care for acute (post-surgical) or chronic (diabetes, hospice, etc.) conditions. The Northwest Colorado Visiting Nurse Association, based in Steamboat Springs and Yampa, does provide family planning services in a clinic setting but not during nurse home visits.[32]

and county corrections departments.[26] However, it could be both cost-prohibitive and logistically unfeasible to open a facility that meets zoning, licensing, and other requirements to operate as a health care clinic and as a pharmacy.

There are examples of health clinics that already use this model, including those operated by Planned Parenthood of the Rocky Mountains (PPRM). Women seeking birth control can go to one location to undergo an exam, receive a prescription for their chosen method of contraception, and walk out with the prescribed, pre-packaged, pre-labeled contraceptive, thereby eliminating the need to travel to different locations. PPRM facilities also enable patients to receive birth control pills monthly by mail or to receive a one-year supply of contraception upon their first visit. Those options can prove particularly beneficial for women living in rural and small-town communities, where locating and securing transportation to a health care provider to receive a prescription and locate a pharmacy to fill that prescription can present substantial challenges to consistent contraceptive use.

FIRST STEPS

To increase access to contraceptives for women who live in rural and small-town communities where health care providers are not readily available to make or fill prescriptions for contraception, Prevention First Colorado recommends changing Colorado statutes to allow APNs to have the authority to administer and/or distribute pre-packaged prescription drugs that are used for contraceptive purposes. Recognizing existing barriers to full implementation, this recommendation may require an incremental process that includes the following steps:

1. Pilot-testing the expansion of APNs' authorized duties to include administration and distribution of certain types of prescription medications that fall within their scope of practice, with pre-packaged, pre-labeled contraceptive drugs acting as the category of drug to be used during the pilot phase.
2. Evaluating the benefits and drawbacks of revising the structure for written collaborative agreements that APNs must have to prescribe medications to include relationships with pharmacists, thereby creating a model that clarifies duties and responsibilities among physicians, APNs and pharmacists to ensure patients' health care needs are met as expeditiously as possible.
3. Authorizing APNs to administer and distribute pre-packaged prescription drugs that are used for contraceptive purposes if they practice in communities that meet federal requirements to be declared a Primary Care Geographic Health Professional Shortage Area (HPSA), Primary Care Population-Based HPSA, Medically Underserved Area, or Governor-designated and Secretary-certified shortage area.[33]
4. Adding health care clinics, including mobile clinics, to the existing list of types of facilities or agencies that are legally authorized to dispense or distribute prescription drugs, which already includes hospitals, county health departments, departments of corrections and wholesale distributors. Health care clinics should be considered if those clinics provide services in communities that meet federal requirements to be declared a Primary Care Geographic Health Professional Shortage Area (HPSA), Primary Care Population-Based HPSA, Medically Underserved Area, or Governor-designated and Secretary-certified shortage area.
5. Revising Colorado statute to allow APNs with prescriptive authority to administer and distribute certain types of prescription drugs, including pre-packaged, pre-labeled contraceptives, based on a review of best practices nationwide.

By considering the above opportunities to increase access to and use of prescription contraceptives, policymakers, physicians, APNs, and pharmacists will take steps toward eliminating inefficiencies in Colorado's health care system that result when any health care practitioner is underutilized to his or her full capacity. As a result, Colorado can provide leadership in developing innovative strategies to reduce systemic barriers to access to and use of contraceptives, especially for women living in rural and small-town communities.

REFERENCES & NOTES

1. This figure represents the number of rural counties where a statewide assessment was unable to identify pharmacies that reported filling prescriptions for birth control pills, emergency contraception, and the NuvaRing®. It does not include counties where pharmacies refused to provide information. Prevention First Colorado mailed surveys assessing availability of and access to contraceptives in Colorado to 918 pharmacies in April 2008. A total of 853 pharmacy responses were compiled through several contacts including one mailing, between five and 10 targeted phone calls, and three to five attempts at faxing.

2. This figure represents the number of rural counties where a statewide assessment was unable to identify health care clinics that reported writing prescriptions for birth control pills, emergency contraception, the NuvaRing®, Implanon®, intrauterine devices and Depo-Provera®. Prevention First Colorado mailed surveys assessing availability of and access to contraceptives in Colorado to 385 clinics in April 2008. A total of 255 clinic responses were complied after at least five phone calls and multiple faxes.

3. "Snapshot of Rural Health in Colorado," November 2007, Colorado Rural Health Center, accessed March 2009 at http://www.coruralhealth.org/crhc/resources/publications/snapshot_2007.pdf.

4. "2008 Sunset Review: Colorado Board of Nursing," Office of Policy, Research and Regulatory Reform of the Colorado Department of Regulatory Agencies, October 2008, p. 49, accessed April 2009 at http://www.dora.state.co.us/opr/archive/2008Nursing.pdf.

5. Figures based calculations from county population information accessed through U.S. Census Bureau Web site at http://factfinder.census.gov.

6. See note 1.

7. See note 5.

8. See note 2.

9. "Twentieth Annual Legislative Update," *The Nurse Practitioner: The American Journal of Primary Health Care*, January 2008, Vol. 33, No. 1, pg. 14-34.

10. Ibid.

11. "Promising Scope of Practice Models for the Health Professions," by Catherine Dower, Sharon Christian, & Edward O'Neil, 2007, Center for the Health Professions, University of California, San Francisco, in "2008 Sunset Review: Colorado Board of Nursing," 2008, p. 50.

12. Colorado Nurse Practice Act, Title 12, Article 38, Effective July 1, 2008, Colorado Revised Statutes 12-38-111.5. Requirements for advanced practice nurse registration – legislative declaration – definition – advanced practice registry, accessed March 2009 at http://www.dora.state.co.us/NURSING/statutes/NursePracticeAct.pdf.

13. "After 20 Years, APNs Are Still Standing Together," by Susanne J. Phillips, in *The Nurse Practitioner: The American Journal of Primary Health Care*, January 2008, Vol. 33, No. 1, p. 12.

14. "2008 Sunset Review: Colorado Board of Nursing," p. 26.

15. "Medical Professionals Authorized to Prescribe Medication under Colorado Law," Colorado Board of Pharmacy, accessed March 2009 at http://www.dora.state.co.us/Pharmacy/prescriptiveauthoritytable.htm. Colorado Senate Bill 09-239 (Tochtrop, Riesberg), "Concerning the Continuation of the State Board of Nursing," introduced during the 2009 legislative session contained language to eliminate the parameters for drug types APNs can prescribe, instead amending the statute to allow APNs to prescribe drugs that fall within their scopes of practice so long as they do so within the parameters of a preceptorship with a qualified physician or physician and APN. Senate Bill-09 239 was pending action by Governor at the time of this writing.

16. Title 12 – Professions and Occupations, Article 22 - Pharmaceuticals and Pharmacists, Effective July 1, 2008, Colorado Revised Statutes, accessed March 2009 at http://www.dora.state.co.us/Pharmacy/Statute.pdf.

17. "Medical Professionals Authorized to Prescribe Medication under Colorado Law," Colorado Board of Pharmacy Web site, accessed April 2009 at http://www.dora.state.co.us/Pharmacy/prescriptiveauthoritytable.htm; Colorado Nurse Practice Act, Colorado Revised Statutes Title 12 – Professions and Occupations, Article 38 – Nursing , effective July 1, 2008, accessed April 2009 at http://www.dora.state.co.us/NURSING/statutes/NursePracticeAct.pdf; Colorado Medical Practice Act, Colorado Revised Statutes Title 12 – Professions and Occupations, Article 36 – Medical Practice and Article 36.5 – Professional Review of Health Care Providers, effective July 1, 2008, accessed May 2009 at http://www.dora.state.co.us/medical/Statute.pdf; "Colorado State Board of Medical Examiners Rules and Regulations for Licensure of and Practice by Physician Assistants (PAs)," Rule 400, Section 3, accessed May 2009 at http://www.dora.state.co.us/medical/rules/400.pdf l; "Colorado Board of Medical Examiners Policy Statement Concerning the Sale of Products in Physicians' Offices," Policy 40-11, adopted May 10, 2001, revised August 14, 2003, accessed May 2009 at http://www.dora.state.co.us/medical/policies/40-11.pdf; Title 12 – Professions and Occupations, Article 22 - Pharmaceuticals and Pharmacists, effective July 1, 2008, Colorado Revised Statutes, accessed March 2009 at http://www.dora.state.co.us/Pharmacy/Statute.pdf.

18. Colorado Revised Statutes 12-38-111.6(10).

19. "How Depo-Provera[®] Works," Depo-Provera® Web site, accessed March 2009 at http://www.depoprovera.com/howitworks.aspx.

20. "About the GENESIS Program," *Boulder County Colorado Government Online* Web site, accessed March 2009 at http://www.bouldercounty.org/health/commhlth/genesis/pregnancy/about.htm.

21. "Home-Based Contraception Program," *Boulder County Colorado Government Online* Web site, accessed March 2009 at http://www.bouldercounty.org/health/commhlth/genesis/hbc.htm.

22. Ibid.

23. Ibid.

24. "Health Care Turf Battle Pits Doctors vs. Nurses," by Ed Sealover, February 27, 2009, *Rocky Mountain News*.

25. See note 15.

26. Title 12 – Professions and Occupations, Article 22 - Pharmaceuticals and Pharmacists, Effective July 1, 2008, Colorado Revised Statutes 12-22-101 to 12-22-806.

27. "Program Overview," Nurse-Family Partnership Web site, accessed February 2009 at http://www.iik.org/nurse_family_partnership/index.php.

28. Ibid.

29. "Colorado Nurse-Family Partnership Sites FY 08-09," Program Map page of the Nurse-Family Partnership Web site, accessed April 2009 at http://www.iik.org/nurse_family_partnership/program_map.php.

30. Ibid. Counties that had not been funded to provide NHVP services during fiscal year 2008-2009 were Cheyenne, Crowley, Custer, Elbert, Fremont, Grand, Hinsdale, Kit Carson, Las Animas, Lincoln, Otero, and San Miguel. Figures based on calculations from county population information accessed through U.S. Census Bureau Web site at http://factfinder.census.gov.

31. "About Us," Colorado Visiting Nurse Association, accessed March 2009 at www.vnacolorado.org.

32. "Family Planning & Women's Health Clinic," Northwest Colorado Visiting Nurse Association, accessed March 2009 at http://www.nwcovna.info/family_planning_womens_health_clinic.html.

33. Descriptions of eligible geographic areas summarized in "Fact Sheet: Rural Health Clinic" published by the U.S. Centers for Medicare & Medicaid Services at http://www.cms.hhs.gov/MLNProducts/downloads/RuralHlthClinfctsht08.pdf.