CHAPTER 433

HUMAN SERVICES - SOCIAL SERVICES

SENATE BILL 21-193

BY SENATOR(S) Buckner, Bridges, Danielson, Fields, Ginal, Gonzales, Hansen, Lee, Moreno, Pettersen, Story, Winter; also REPRESENTATIVE(S) Herod, Bacon, Bernett, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Gonzales-Gutierrez, Jodeh, Kipp, Lontine, McCluskie, McCormick, McLachlan, Michaelson Jenet, Ortiz, Roberts, Sirota, Sullivan, Titone, Valdez A., Weissman, Young, Garnett.

AN ACT

CONCERNING THE PROTECTION OF A PREGNANT PERSON'S RIGHTS DURING THE PERINATAL PERIOD, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, **add** 10-4-106.5 as follows:

10-4-106.5. Medical malpractice insurers - requirement to provide information to the department of public health and environment. Upon request by the department of public health and environment pursuant to section 25-52-104 (5)(e), an insurer offering a policy of medical malpractice insurance shall provide the department with information regarding the insurer's policies related to labor and delivery services.

SECTION 2. In Colorado Revised Statutes, 15-18-104, **repeal** (2) as follows:

15-18-104. Declaration as to medical treatment. (2) In the case of a declaration of a qualified patient known to the attending physician to be pregnant, a medical evaluation shall be made as to whether the fetus is viable. If the fetus is viable, the declaration shall be given no force or effect until the patient is no longer pregnant.

SECTION 3. In Colorado Revised Statutes, 17-1-113.7, **amend** (2)(b) as follows:

17-1-113.7. Prohibition against the use of restraints on pregnant inmates in the custody of correctional facilities and private contract prisons - report.

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(2) (b) The correctional facility, private contract prison, or medical facility staff authorizing the use of restraints on a pregnant inmate during labor or delivery of the child shall make a written record of the use of the restraints, which record shall include, at a minimum, the type of restraint used, the circumstances that necessitated the use of the restraint, and the length of time the restraint was used. The staff of the correctional facility or private contract prison shall retain the record for a minimum of five years and shall make the record available for public inspection with individually identifying information redacted from the record unless the inmate who is the subject of the record gives prior written consent for the public release of the record. The written record of the use of restraint shall not constitute a medical record under state or federal law. Notwithstanding section 24-1-136 (11)(a)(I), NO LATER THAN FEBRUARY 15, 2022, AND EACH FEBRUARY 15 THEREAFTER, THE WARDEN OF THE PRIVATE CONTRACT PRISON AND THE EXECUTIVE DIRECTOR OR THE EXECUTIVE DIRECTOR'S DESIGNEE SHALL SUBMITTHE RECORDS CREATED PURSUANT TO THIS SUBSECTION (2)(b) IN THE PRIOR CALENDAR YEAR TO THE JUDICIARY COMMITTEES OF THE SENATE AND HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.

SECTION 4. In Colorado Revised Statutes, **add** 17-1-114.5 as follows:

- 17-1-114.5. Incarceration of a person in custody with the capacity for pregnancy report. (1) A correctional facility or private contract prison incarcerating a person who is capable of pregnancy shall:
- (a) Train the facility's staff to ensure that a pregnant person receives safe and respectful treatment;
- (b) DEVELOP ADMINISTRATIVE POLICIES TO ENSURE A TRAUMA-INFORMED STANDARD OF CARE IS INTEGRATED WITH CURRENT PRACTICES TO PROMOTE THE HEALTH AND SAFETY OF A PREGNANT PERSON;
- (c) Provide each pregnant person, during the person's pregnancy and through the person's postpartum period, with access to:
 - (I) PERINATAL HEALTH-CARE PROVIDERS WITH PERINATAL EXPERIENCE; AND
- (II) HEALTHY FOODS AND INFORMATION ON NUTRITION, RECOMMENDED ACTIVITY LEVELS, SAFETY MEASURES, AND SUPPLIES, INCLUDING MENSTRUAL PRODUCTS AS REQUIRED IN SECTION 17-1-113.6, AND BREAST PUMPS APPROVED BY THE EXECUTIVE DIRECTOR OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
- (d) Provide counseling and treatment for pregnant people who have suffered from:
 - (I) A DIAGNOSED BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER;
 - (II) TRAUMA OR VIOLENCE, INCLUDING DOMESTIC VIOLENCE;
 - (III) HUMAN IMMUNODEFICIENCY VIRUS;
 - (IV) SEXUAL ABUSE;

- (V) Pregnancy loss or infant loss; or
- (VI) CHRONIC CONDITIONS;
- (e) PROVIDE EVIDENCE-BASED PREGNANCY AND CHILDBIRTH EDUCATION, PARENTING SUPPORT, AND OTHER RELEVANT FORMS OF HEALTH LITERACY;
- (f) Develop administrative policies to identify and offer opportunities for postpartum persons to maintain contact with the person's newborn child to promote bonding, including enhanced visitation policies, access to prison nursery programs, and breastfeeding support, when appropriate;
- (g) In accordance with the requirements of the federal "Health Insurance Portability and Accountability Act of 1996", as amended, Pub.L. 104-191, transfer health records to community providers if a pregnant person exits the criminal justice system during the person's pregnancy or during the person's postpartum period;
- (h) CONNECT A PERSON EXITING THE CRIMINAL JUSTICE SYSTEM DURING THE PERSON'S PREGNANCY OR POSTPARTUM PERIOD TO COMMUNITY-BASED RESOURCES, SUCH AS REFERRALS TO HEALTH-CARE PROVIDERS, SUBSTANCE USE DISORDER TREATMENT, AND SOCIAL SERVICES THAT ADDRESS SOCIAL DETERMINANTS OF MATERNAL HEALTH;
- (i) Establish partnerships with local public entities, private community entities, community-based organizations, Indian tribes and tribal organizations as defined in the federal "Indian Self-Determination and Education Assistance Act", 25 U.S.C. sec. 5304, as amended, or urban Indian organizations as defined in the federal "Indian Health Care Improvement Act", 25 U.S.C. sec. 1603, as amended; and
- (j) Notwithstanding section 24-1-136 (11)(a)(I), by February 15,2022, and by February 15 each year thereafter, report to the judiciary committees of the senate and house of representatives, or their successor committees, on the number of births by pregnant people who are in the custody of the facility, including the location of the births, that occurred in the prior calendar year.

SECTION 5. In Colorado Revised Statutes, **add** 17-26-104.4 as follows:

- **17-26-104.4. Incarceration of a person with the capacity for pregnancy report definition.** (1) A facility incarcerating a person who is capable of pregnancy, whether operated by a governmental entity or a private contractor, shall:
- (a) Train the facility's staff to ensure that a pregnant person receives safe and respectful treatment;
- (b) DEVELOP ADMINISTRATIVE POLICIES TO ENSURE A TRAUMA-INFORMED STANDARD OF CARE IS INTEGRATED WITH CURRENT PRACTICES TO PROMOTE THE

HEALTH AND SAFETY OF A PREGNANT PERSON;

- (c) Provide each pregnant person, during the person's pregnancy and through the person's postpartum period, with access to:
 - (I) PERINATAL HEALTH-CARE PROVIDERS WITH PERINATAL EXPERIENCE; AND
- (II) HEALTHY FOODS AND INFORMATION ON NUTRITION, RECOMMENDED ACTIVITY LEVELS, SAFETY MEASURES, AND SUPPLIES, INCLUDING MENSTRUAL PRODUCTS AS REQUIRED IN SECTION 17-26-104.3, AND BREAST PUMPS APPROVED BY THE SHERIFF OR THE SHERIFF'S DESIGNEE;
 - (d) Provide treatment for pregnant people who have suffered from:
 - (I) A DIAGNOSED BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER;
 - (II) HUMAN IMMUNODEFICIENCY VIRUS; OR
 - (III) CHRONIC CONDITIONS;
- (e) Provide Educational Information Materials for Pregnant People who have suffered from:
 - (I) TRAUMA OR VIOLENCE, INCLUDING DOMESTIC VIOLENCE;
 - (II) SEXUAL ABUSE; OR
 - (III) PREGNANCY LOSS OR INFANT LOSS;
- (f) Provide evidence-based pregnancy and childbirth education, parenting support, and other relevant forms of health literacy;
- (g) Develop administrative policies to identify and offer opportunities for postpartum persons to maintain contact with the person's newborn child to promote bonding, including enhanced visitation policies, access to prison nursery programs, and breastfeeding support, when appropriate:
- (h) In accordance with the requirements of the federal "Health Insurance Portability and Accountability Act of 1996", as amended, Pub.L. 104-191, transfer health records to community providers if a pregnant person exits the criminal justice system during the person's pregnancy or during the person's postpartum period;
- (i) Connect a person exiting the criminal justice system during the person's pregnancy or postpartum period to community-based resources, such as referrals to health-care providers, substance use disorder treatment, and social services that address social determinants of maternal health;
 - (j) ESTABLISH PARTNERSHIPS WITH LOCAL PUBLIC ENTITIES, PRIVATE COMMUNITY

entities, community-based organizations, Indian tribes and tribal organizations as defined in the federal "Indian Self-Determination and Education Assistance Act", 25 U.S.C. sec. 5304, as amended, or urban Indian organizations as defined in the federal "Indian Health Care Improvement Act", 25 U.S.C. sec. 1603, as amended; and

- (k) By February 15, 2022, and by February 15 each year thereafter, report to the judiciary committees of the senate and house of representatives, or their successor committees, on the number of births by pregnant people who are in the custody of the facility, including the location of the births, that occurred in the prior calendar year.
- (2) As used in this section, unless the context otherwise requires, "facility" means:
 - (a) A LOCAL JAIL, AS DEFINED IN SECTION 17-1-102 (7);
 - (b) A multijurisdictional jail, as described in section 17-26.5-101; or
 - (c) A MUNICIPAL JAIL, AS AUTHORIZED IN SECTION 31-15-401 (1)(j).

SECTION 6. In Colorado Revised Statutes, 17-26-104.7, **amend** (2)(b) as follows:

17-26-104.7. Prohibition against the use of restraints on pregnant persons in custody. (2) (b) The county jail or medical facility staff authorizing the use of restraints on a pregnant woman Person during labor or delivery of the child shall make a written record of the use of the restraints, which record shall include, at a minimum, the type of restraint used, the circumstances that necessitated the use of the restraint, and the length of time the restraint was used. The sheriff shall retain the record for a minimum of five years and shall make the record available for public inspection with individually identifying information redacted from the record unless the woman person who is the subject of the record gives prior written consent for the public release of the record. The written record of the use of restraint shall not constitute a medical record under state or federal law. No later than February 15, 2022, and each February 15 thereafter, the sheriff shall submit the records created pursuant to this subsection (2)(b) in the prior calendar year to the judiciary committees of the senate and house of representatives, or their successor committees.

SECTION 7. In Colorado Revised Statutes, 24-34-305, **add** (1)(k) as follows:

- **24-34-305. Powers and duties of commission.** (1) The commission has the following powers and duties:
- (k) To receive reports from People alleging maternity care that is not organized for, and provided to, a person who is pregnant or in the postpartum period in a manner that is culturally congruent; maintains the person's dignity, privacy, and confidentiality; ensures freedom from harm and mistreatment; and enables informed choices and continuous support.

SECTION 8. In Colorado Revised Statutes, **add** 25-3-126 as follows:

- **25-3-126.** Health facilities requirements related to labor and childbirth rules definitions. (1) Except as provided in subsection (2) of this section, on and after January 1, 2022, a health facility that provides services related to labor and childbirth shall demonstrate to the department, in the form and manner determined by the department by rule, that the health facility has a policy that:
- (a) ALLOWS EVERY BIRTHING PERSON TO HAVE A COMPANION OR DOULA WITH THE PERSON DURING BIRTH IN ADDITION TO A PARTNER OR SPOUSE;
- (b) PRIORITIZES NEWBORNS BONDING WITH THEIR FAMILIES IN ORDER TO FACILITATE THE PHYSIOLOGIC POSTPARTUM PROCESS;
- (c) WILL NOT EXCLUDE FROM CARE ANY PERSON EXPERIENCING PHYSIOLOGIC BIRTH OR INTERRUPT THE PROCESS OF PHYSIOLOGIC BIRTH WITHOUT THE INFORMED CONSENT OF THE BIRTHING PERSON;
- (d) Details the facility's process related to receiving a pregnant person's patient information from any provider regulated under title 12 who has provided care for the pregnant person; and
- (e) Establishes a process to transfer and receive pregnant persons across the facility's levels of care within the facility's capacity and capability.
- (2) FOR LABOR AND CHILDBIRTH SERVICES PROVIDED TO A BIRTHING PERSON WHO IS IN CUSTODY, A HEALTH FACILITY SHALL DEMONSTRATE TO THE DEPARTMENT, IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT BY RULE, THAT THE HEALTH FACILITY HAS A POLICY THAT:
- (a) Prioritizes newborns bonding with their families in order to facilitate the physiologic postpartum process, unless:
- (I) THE PARENT OR LEGAL GUARDIAN OF THE NEWBORN CONSENTS TO MEDICAL TREATMENT;
 - (II) THE NEWBORN IS RELEASED TO A LEGAL GUARDIAN; OR
 - (III) THE BIRTHING PERSON IS RELEASED FROM LABOR AND DELIVERY; AND
- (b) WILL NOT EXCLUDE FROM CARE ANY PERSON EXPERIENCING PHYSIOLOGIC BIRTH OR INTERRUPT THE PROCESS OF PHYSIOLOGIC BIRTH WITHOUT THE INFORMED CONSENT OF THE BIRTHING PERSON.
 - (3) As used in this section:
- (a) "Doula" means a person who provides physical, emotional, and informational support to a pregnant person before, during, and after pregnancy.

- (b) "Physiologic birth" means labor and birth powered by the innate human capacity of a pregnant person and the pregnant person's fetus, which includes endogenous hormone systems.
- (c) "Physiologic postpartum process" means the biologic process that happens to both the newborn and birthing person after delivery due to endogenous hormone systems.

SECTION 9. In Colorado Revised Statutes, add 26-1-136.8 as follows:

- **26-1-136.8.** Custody of a person with the capacity for pregnancy. (1) A state department facility that has in its custody a person who is capable of pregnancy shall:
- (a) Train the facility's staff to ensure that a pregnant person receives safe and respectful treatment;
- (b) DEVELOP ADMINISTRATIVE POLICIES TO ENSURE A TRAUMA-INFORMED STANDARD OF CARE IS INTEGRATED WITH CURRENT PRACTICES TO PROMOTE THE HEALTH AND SAFETY OF A PREGNANT PERSON;
- (c) Provide each pregnant person, during the person's pregnancy and through the person's postpartum period, with access to:
 - (I) PERINATAL HEALTH-CARE PROVIDERS WITH PERINATAL EXPERIENCE; AND
- (II) Healthy foods and information on nutrition, recommended activity levels, safety measures, and supplies, including menstrual products as required in section 26-1-136.5, and breast pumps approved by the executive director or the executive director's designee;
- (d) Provide counseling and treatment for pregnant people who have suffered from:
 - (I) A DIAGNOSED BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER;
 - (II) TRAUMA OR VIOLENCE, INCLUDING DOMESTIC VIOLENCE;
 - (III) HUMAN IMMUNODEFICIENCY VIRUS;
 - (IV) SEXUAL ABUSE;
 - (V) PREGNANCY LOSS OR INFANT LOSS; OR
 - (VI) CHRONIC CONDITIONS;
- (e) Provide evidence-based pregnancy and childbirth education, parenting support, and other relevant forms of health literacy;
- (f) DEVELOP ADMINISTRATIVE POLICIES TO IDENTIFY AND OFFER OPPORTUNITIES FOR POSTPARTUM PERSONS TO MAINTAIN CONTACT WITH THE PERSON'S NEWBORN

CHILD TO PROMOTE BONDING, INCLUDING ENHANCED VISITATION POLICIES, ACCESS TO FACILITY NURSERY PROGRAMS, AND BREASTFEEDING SUPPORT, WHEN APPROPRIATE;

- (g) In accordance with the requirements of the federal "Health Insurance Portability and Accountability Act of 1996", as amended, Pub.L. 104-191, transfer health records to community providers if a pregnant person exits the facility during the person's pregnancy or during the person's postpartum period;
- (h) Connect a person exiting the facility during the person's pregnancy or postpartum period to community-based resources, such as referrals to health-care providers, substance use disorder treatment, and social services that address social determinants of maternal health;
- (i) Establish partnerships with local public entities, private community entities, community-based organizations, Indian tribes and tribal organizations as defined in the federal "Indian Self-Determination and Education Assistance Act", 25 U.S.C. sec. 5304, as amended, or urban Indian organizations as defined in the federal "Indian Health Care Improvement Act", 25 U.S.C. sec. 1603, as amended; and
- (j) Notwithstanding section 24-1-136 (11)(a)(I), by February 15,2022, and by February 15 each year thereafter, report to the judiciary committees of the senate and house of representatives, or their successor committees, on the number of births by pregnant people who are in the custody of the facility, including the location of the births, that occurred in the prior calendar year.

SECTION 10. In Colorado Revised Statutes, **add** 31-15-406 as follows:

- **31-15-406.** Incarceration of a person with the capacity for pregnancy. A municipality that chooses to establish and operate a jail, as authorized in section 31-15-401 (1)(j), shall comply with the provisions of section 17-26-104.4 concerning the requirements of a facility that incarcerates persons who are capable of pregnancy.
- **SECTION 11. Appropriation.** (1) For the 2021-22 state fiscal year, \$148,783 is appropriated to the department of corrections for use by institutions. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:
 - (a) \$33,332 for operating expenses related to the superintendents subprogram;
- (b) \$100,926 for personal services related to the mental health subprogram, which amount is based on an assumption that the department will require an additional 1.3 FTE;
 - (c) \$13,250 for operating expenses related to the mental health subprogram;
 - (d) \$675 for operating expenses related to the communications subprogram; and

- (e) \$600 for operating expenses related to the information systems subprogram.
- (2) For the 2021-22 state fiscal year, \$50,215 is appropriated to the department of public health and environment for use by the health facilities and emergency medical services division. This appropriation is from the general fund and is based on an assumption that the division will require an additional 0.6 FTE. To implement this act, the department may use this appropriation for administration and operations.
- **SECTION 12.** Act subject to petition effective date. (1) Except as otherwise provided in subsection (2) of this section, 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 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.
- (2) Section 1 of this act takes effect only if section 25-52-104 (5)(e), as enacted in section 5 of Senate Bill 21-194, becomes law and takes effect either upon the effective date of this act or Senate Bill 21-194, whichever is later.

Approved: July 6, 2021