

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

REVISED

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

LLS NO. 19-0232.01 Yelana Love x2295

HOUSE BILL 19-1122

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A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A MATERNAL MORTALITY REVIEW**
102 **COMMITTEE IN THE DEPARTMENT OF PUBLIC HEALTH AND**
103 **ENVIRONMENT, AND, IN CONNECTION THEREWITH, MAKING AN**
104 **APPROPRIATION.**

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 Colorado maternal mortality review committee (committee), which is required to review maternal deaths, identify the causes of maternal mortality, and develop recommendations to address

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

SENATE
2nd Reading Unamended
April 24, 2019

HOUSE
3rd Reading Unamended
April 16, 2019

HOUSE
Amended 2nd Reading
April 12, 2019

preventable maternal deaths, including legislation, policies, rules, and best practices that will support the health and safety of the pregnant and postpartum population in Colorado and prevent maternal deaths. The chief medical officer of the department of public health and environment (department) is directed to appoint at least 11 members to serve on the committee.

The bill requires certain health care providers and law enforcement officials to provide medical records to the department concerning each maternal death for access by the members of the committee. The records, notes, information, and activities of the committee are confidential.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 51 to title
3 25 as follows:

4 **ARTICLE 51**

5 **Maternal Mortality Prevention Act**

6 **25-51-101. Short title.** THE SHORT TITLE OF THIS ARTICLE 51 IS
7 THE "MATERNAL MORTALITY PREVENTION ACT".

8 **25-51-102. Legislative declaration.** (1) THE GENERAL ASSEMBLY
9 HEREBY FINDS AND DECLARES THAT:

10 (a) COLORADO'S MATERNAL MORTALITY RATE NEARLY DOUBLED
11 BETWEEN 2008 AND 2013;

12 (b) MATERNAL DEATHS AFFECT WOMEN STATEWIDE AND ARE
13 MORE COMMON AMONG FAMILIES LIVING IN RURAL AREAS THAN IN URBAN
14 CENTERS AND DISPROPORTIONATELY HIGH AMONG BLACK AND
15 AFRICAN-AMERICAN WOMEN COMPARED TO WHITE WOMEN;

16 (c) EIGHTY PERCENT OF MATERNAL DEATHS IN COLORADO ARE
17 CONSIDERED PREVENTABLE;

18 (d) TO REVIEW DEATHS IN THE PREGNANT AND POSTPARTUM
19 POPULATION REQUIRES A HOLISTIC VIEW OF THE CIRCUMSTANCES
20 SURROUNDING A DEATH. NATIONAL RESEARCH INDICATES THAT HIGH

1 BLOOD PRESSURE AND CARDIOVASCULAR DISEASE REMAIN TWO LEADING
2 CAUSES OF MATERNAL DEATHS NATIONWIDE, WHILE IN COLORADO
3 BEHAVIORAL HEALTH CONDITIONS AND SELF-HARM NOW ACCOUNT FOR
4 THE LARGEST SHARE OF MATERNAL DEATHS.

5 (e) EVIDENCE-BASED PREVENTION STRATEGIES SUPPORT THE
6 REVIEW OF MATERNAL DEATHS THROUGH STATE-BASED MATERNAL
7 MORTALITY REVIEWS IN ORDER TO IDENTIFY THE SYSTEMATIC CHANGES
8 NEEDED TO DECREASE MORTALITY AMONG THE PREGNANT AND
9 POSTPARTUM POPULATION;

10 (f) THE DEPARTMENT HAS HAD AN ACTIVE AND DEDICATED
11 COMMITTEE OF VOLUNTEER PROFESSIONALS REVIEWING MATERNAL
12 DEATHS SINCE 1993; HOWEVER, THE CAPACITY OF THE COMMITTEE IS
13 LIMITED BY A LACK OF PROTECTION, FUNDING, AND AUTHORITY;

14 (g) THERE IS A NEED TO ESTABLISH A COMMITTEE TO REVIEW
15 DEATHS AMONG THE PREGNANT AND POSTPARTUM POPULATION AND TO
16 RECOMMEND STRATEGIES TO PREVENT THESE DEATHS AND IMPROVE
17 MATERNAL HEALTH OUTCOMES IN COLORADO;

18 (h) THE PREVENTION OF DEATHS AMONG THE PREGNANT AND
19 POSTPARTUM POPULATION IS A COMMUNITY RESPONSIBILITY, AND
20 PROFESSIONALS FROM A VARIETY OF DISCIPLINES HAVE EXPERTISE THAT
21 CAN PROMOTE THE SAFETY AND WELL-BEING OF THE PREGNANT AND
22 POSTPARTUM POPULATION;

23 (i) COMPREHENSIVE AND MULTIDISCIPLINARY REVIEWS OF
24 MATERNAL DEATHS CAN LEAD TO A GREATER UNDERSTANDING OF THE
25 CAUSES OF AND METHODS FOR PREVENTING THESE DEATHS AND IMPROVE
26 OTHER MATERNAL HEALTH OUTCOMES INCLUDING MORBIDITY;

27 (j) THE PROTECTION OF THE HEALTH AND WELFARE OF THE

1 PREGNANT AND POSTPARTUM POPULATION IN THIS STATE IS AN IMPORTANT
2 GOAL OF THE CITIZENS OF THIS STATE, AND THE RATE OF DEATH AMONG
3 THE PREGNANT AND POSTPARTUM POPULATION IS A SERIOUS PUBLIC
4 HEALTH CONCERN THAT REQUIRES LEGISLATIVE ACTION;

5 (k) FORTY-ONE STATES AND THE DISTRICT OF COLUMBIA
6 CURRENTLY HAVE STATUTORILY CREATED MATERNAL MORTALITY REVIEW
7 COMMITTEES; AND

8 (l) THEREFORE, IT IS THE INTENT OF THE GENERAL ASSEMBLY TO
9 ESTABLISH A MATERNAL MORTALITY REVIEW COMMITTEE WITHIN THE
10 DEPARTMENT TO REVIEW MATERNAL DEATHS AND TO RECOMMEND
11 STRATEGIES FOR THE PREVENTION OF MATERNAL MORTALITY.

12 **25-51-103. Definitions.** AS USED IN THIS ARTICLE 51, UNLESS THE
13 CONTEXT OTHERWISE REQUIRES:

14 (1) "COMMITTEE" MEANS THE COLORADO MATERNAL MORTALITY
15 REVIEW COMMITTEE CREATED IN SECTION 25-51-104.

16 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
17 AND ENVIRONMENT.

18 (3) "DESIGNATED STATE PERINATAL CARE QUALITY
19 COLLABORATIVE" MEANS A STATEWIDE NONPROFIT NETWORK OF HEALTH
20 CARE FACILITIES, CLINICIANS, AND PUBLIC HEALTH PROFESSIONALS
21 WORKING TO IMPROVE THE QUALITY OF CARE FOR MOTHERS AND BABIES
22 THROUGH CONTINUOUS QUALITY IMPROVEMENT.

23 (4) "HEALTH CARE PROVIDER" MEANS ANY PERSON LICENSED,
24 REGISTERED, OR CERTIFIED BY THE STATE OF COLORADO TO DELIVER
25 HEALTH CARE SERVICES, INCLUDING MENTAL AND BEHAVIORAL HEALTH
26 CARE SERVICES AND MEDICAL MARIJUANA SERVICES.

27 (5) "MATERNAL DEATH" MEANS A DEATH THAT OCCURS DURING

1 PREGNANCY OR UP TO ONE YEAR AFTER THE END OF A PREGNANCY.

2 (6) "MATERNAL MORTALITY" MEANS THE INCIDENCE OF
3 MATERNAL DEATHS.

4 (7) (a) "MEDICAL RECORD" MEANS THE WRITTEN OR GRAPHIC
5 DOCUMENTATION, SOUND RECORDING, OR COMPUTER RECORD PERTAINING
6 TO HEALTH CARE SERVICES PERFORMED AT THE DIRECTION OF A HEALTH
7 CARE PROVIDER ON BEHALF OF A PATIENT.

8 (b) "MEDICAL RECORD" INCLUDES:

9 (I) DIAGNOSTIC DOCUMENTATION SUCH AS X RAYS,
10 ELECTROCARDIOGRAMS, ELECTROENCEPHALOGRAMS, AND OTHER TEST
11 RESULTS;

12 (II) DATA ENTERED INTO THE ELECTRONIC PRESCRIPTION DRUG
13 MONITORING PROGRAM UNDER SECTION 12-42.5-403;

14 (III) DATA ENTERED INTO THE NATIONAL VIOLENT DEATH
15 REPORTING SYSTEM OR A SUCCESSOR SYSTEM; AND

16 (IV) AUTOPSY REPORTS.

17 (8) "PREGNANCY-RELATED DEATH" MEANS A DEATH CAUSED BY
18 ISSUES RELATED TO, OR AGGRAVATED BY, A PREGNANCY OR TREATMENT
19 OF THAT PREGNANCY.

20 **25-51-104. Colorado maternal mortality review committee -**
21 **creation - members - duties - report to the general assembly.** (1) THE
22 COLORADO MATERNAL MORTALITY REVIEW COMMITTEE IS HEREBY
23 CREATED IN THE DEPARTMENT FOR THE PURPOSES OF:

24 (a) REVIEWING SPECIFIC CASES OF MATERNAL DEATH THAT OCCUR
25 IN COLORADO;

26 (b) IDENTIFYING THE CAUSES OF MATERNAL MORTALITY; AND

27 (c) DEVELOPING RECOMMENDATIONS TO ADDRESS PREVENTABLE

1 MATERNAL DEATHS, INCLUDING LEGISLATION, POLICIES, RULES, TRAINING,
2 AND BEST PRACTICES THAT WILL SUPPORT THE HEALTH AND SAFETY OF
3 THE PREGNANT AND POSTPARTUM POPULATION IN COLORADO AND
4 PREVENT MATERNAL DEATHS.

5 (2) (a) By OCTOBER 1, 2019, THE EXECUTIVE DIRECTOR OF THE
6 DEPARTMENT SHALL APPOINT AT LEAST ELEVEN MEMBERS TO SERVE ON
7 THE COMMITTEE. THE TERM OF APPOINTMENT IS THREE YEARS; EXCEPT
8 THAT THE TERM OF THE FIRST SIX MEMBERS APPOINTED IS TWO YEARS.
9 MEMBERS MAY SERVE UP TO THREE TERMS. THE EXECUTIVE DIRECTOR
10 MAY FILL ANY VACANCIES ON THE COMMITTEE.

11 (b) IN APPOINTING MEMBERS TO THE COMMITTEE, THE EXECUTIVE
12 DIRECTOR SHALL:

13 (I) FOLLOW BEST PRACTICES AS OUTLINED BY THE CENTERS FOR
14 DISEASE CONTROL AND PREVENTION IN THE FEDERAL DEPARTMENT OF
15 HEALTH AND HUMAN SERVICES;

16 (II) ENSURE THAT COMMITTEE MEMBERS REPRESENT DIVERSE
17 COMMUNITIES AND A VARIETY OF CLINICAL, FORENSIC, AND
18 PSYCHOSOCIAL SPECIALIZATIONS AND COMMUNITY PERSPECTIVES; AND

19 (III) MAKE AN EFFORT TO INCLUDE COMMITTEE MEMBERS
20 WORKING IN AND REPRESENTING COMMUNITIES THAT ARE:

21 (A) DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION
22 STATUS, ENGLISH PROFICIENCY, INCOME, WEALTH, AND GEOGRAPHIC
23 REGION OF THE STATE, INCLUDING BOTH URBAN AND RURAL AREAS; AND

24 (B) AFFECTED BY HIGHER RATES OF MATERNAL MORTALITY AND
25 BY A LACK OF ACCESS TO THE FULL SCOPE OF MATERNITY CARE HEALTH
26 SERVICES.

27 (c) THE MEMBERS OF THE COMMITTEE WHO RESIDE MORE THAN

1 FIFTY MILES FROM THE LOCATION OF A COMMITTEE HEARING ARE
2 ENTITLED TO RECEIVE THE SAME PER DIEM COMPENSATION AND
3 REIMBURSEMENT OF EXPENSES AS THOSE PROVIDED FOR MEMBERS OF
4 BOARDS AND COMMISSIONS PURSUANT TO SECTION 24-34-102 (13), AND
5 FOR EXPENSES INCURRED IN TRAVELING TO AND FROM THE MEETINGS OF
6 THE COMMITTEE, INCLUDING ANY REQUIRED [REDACTED] DEPENDENT OR
7 ATTENDANT TRAVEL, FOOD, AND LODGING. MEMBERS OF THE COMMITTEE
8 ARE ALSO ENTITLED TO REIMBURSEMENT FOR ANY EXPENSES NECESSARY
9 TO SUPPORT THE MEMBERS' PARTICIPATION AT A COMMITTEE HEARING,
10 INCLUDING ANY DEPENDENT OR ATTENDANT CARE.

11 (3) THE COMMITTEE MAY FORM SPECIAL AD HOC PANELS TO
12 FURTHER INVESTIGATE CASES OF MATERNAL DEATH RESULTING FROM
13 SPECIFIC CAUSES WHEN THE NEED ARISES.

14 (4) THE COMMITTEE SHALL:

15 (a) REVIEW EACH DEATH IN COLORADO THAT IS A MATERNAL
16 DEATH;

17 (b) REVIEW MEDICAL RECORDS AND OTHER RELEVANT DATA
18 RELATED TO EACH MATERNAL DEATH;

19 (c) TAKE STEPS TO IMPROVE THE QUALITY AND SCOPE OF DATA
20 OBTAINED THROUGH INVESTIGATIONS AND REVIEW OF MATERNAL DEATHS;

21 (d) IDENTIFY THE CAUSES OF MATERNAL MORTALITY, INCLUDING
22 ANY TRENDS AND PATTERNS ACROSS RACIAL, GEOGRAPHIC, AND OTHER
23 GROUPS;

24 (e) DEVELOP RECOMMENDATIONS FOR THE PREVENTION OF
25 MATERNAL MORTALITY AND DELIVER THE RECOMMENDATIONS TO THE
26 DEPARTMENT;

27 (f) PERFORM ANY OTHER FUNCTIONS AS RESOURCES ALLOW TO

1 ENHANCE THE CAPABILITY OF THE STATE TO REDUCE AND PREVENT
2 MATERNAL MORTALITY; AND

3 (g) ADVISE THE DEPARTMENT IN THE DEPARTMENT'S WORK ON
4 DECREASING MATERNAL MORTALITY.

5 (5) THE DEPARTMENT SHALL:

6 (a) COMPILE REPORTS OF AGGREGATED, NONINDIVIDUALLY
7 IDENTIFIABLE DATA ON A ROUTINE BASIS FOR DISTRIBUTION IN AN EFFORT
8 TO FURTHER STUDY THE CAUSES AND PROBLEMS ASSOCIATED WITH
9 MATERNAL MORTALITY THAT MAY BE DISTRIBUTED TO POLICY MAKERS,
10 HEALTH CARE PROVIDERS AND FACILITIES, BEHAVIORAL HEALTH
11 PROVIDERS, PUBLIC HEALTH PROFESSIONALS, AND OTHERS NECESSARY TO
12 REDUCE THE MATERNAL MORTALITY RATE;

13 (b) SERVE AS A LINK WITH MATERNAL MORTALITY REVIEW TEAMS
14 THROUGHOUT THE COUNTRY AND PARTICIPATE IN REGIONAL OR NATIONAL
15 MATERNAL MORTALITY REVIEW TEAM ACTIVITIES; AND

16 (c) REQUEST INPUT AND FEEDBACK FROM INTERESTED AND
17 AFFECTED STAKEHOLDERS.

18 (6) (a) NO LATER THAN JULY 1, 2020, AND JULY 1 EVERY THREE
19 YEARS THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE
20 HOUSE OF REPRESENTATIVES COMMITTEES ON PUBLIC HEALTH CARE AND
21 HUMAN SERVICES AND HEALTH AND INSURANCE AND THE SENATE
22 COMMITTEE ON HEALTH AND HUMAN SERVICES, OR THEIR SUCCESSOR
23 COMMITTEES. THE REPORT MUST INCLUDE:

24 (I) IN CONSULTATION WITH HEALTH EQUITY EXPERTS,
25 RECOMMENDATIONS TO ACHIEVE EQUITY IN MATERNAL HEALTH
26 OUTCOMES IN COLORADO;

27 (II) RECOMMENDATIONS TO REDUCE THE INCIDENCE OF

1 PREVENTABLE MATERNAL MORTALITY AND RELATED MORBIDITY;
2 (III) A PRIORITIZATION OF A LIMITED NUMBER OF CAUSES OF
3 MATERNAL MORTALITY THAT ARE IDENTIFIED AS HAVING THE GREATEST
4 IMPACT ON THE PREGNANT AND POSTPARTUM POPULATION IN COLORADO
5 AND AS MOST PREVENTABLE; AND

6 (IV) IN CONSULTATION WITH THE DESIGNATED STATE PERINATAL
7 CARE QUALITY COLLABORATIVE, RECOMMENDATIONS FOR CLINICAL
8 QUALITY IMPROVEMENT APPROACHES THAT COULD REDUCE THE
9 INCIDENCE OF PREGNANCY-RELATED DEATHS OR MATERNAL MORTALITY
10 OR MORBIDITY IN PRENATAL, PERINATAL, AND POSTNATAL CLINICAL
11 SETTINGS AND RECOMMENDATIONS FOR HOW TO SPREAD BEST PRACTICES
12 TO CLINICAL SETTINGS ACROSS THE STATE.

13 (b) THE DEPARTMENT SHALL POST THE REPORT PREPARED IN
14 ACCORDANCE WITH THIS SUBSECTION (6) ON ITS WEBSITE.

15 (c) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
16 REPORTING REQUIRED BY THIS SUBSECTION (6) CONTINUES INDEFINITELY.

17 **25-51-105. Access to health records related to maternal**
18 **mortalities.** (1) (a) EXCEPT AS OTHERWISE PROVIDED BY LAW, THE
19 COMMITTEE MAY ACCESS MEDICAL RECORDS RELATED TO MATERNAL
20 DEATHS UPON REQUEST AT ANY TIME UP TO SEVEN YEARS AFTER THE LAST
21 TREATMENT OF A PATIENT.

22 (b) A HEALTH CARE PROVIDER OR A HEALTH CARE FACILITY
23 LICENSED OR CERTIFIED PURSUANT TO ARTICLE 3 OF THIS TITLE 25 SHALL
24 PROVIDE MEDICAL RECORDS TO THE DEPARTMENT CONCERNING EACH
25 MATERNAL MORTALITY FOR ACCESS BY THE MEMBERS OF THE COMMITTEE.

26 (c) UPON REQUEST OF THE DEPARTMENT, A LAW ENFORCEMENT
27 OFFICER SHALL PROVIDE A POLICE REPORT, AND A CORONER SHALL

1 PROVIDE RECORDS OF THE CORONER AND MEDICAL EXAMINER
2 INVESTIGATIONS, THAT INVOLVE A MATERNAL DEATH TO THE COMMITTEE.

3 (d) A HEALTH CARE PROVIDER, PHARMACIST, HEALTH CARE
4 FACILITY, LAW ENFORCEMENT OFFICER, OR CORONER IS NOT CIVILLY OR
5 CRIMINALLY LIABLE FOR THE RELEASE OF MEDICAL RECORDS WHEN
6 MAKING A GOOD-FAITH EFFORT TO COMPLY WITH THIS SUBSECTION (1).

7 (2) (a) THE DISCUSSIONS IN COMMITTEE MEETINGS OR MEETINGS
8 OF AN AD HOC PANEL FORMED PURSUANT TO SECTION 25-51-104 (3)
9 CONCERNING DETAILS OF A MATERNAL DEATH THAT COULD IDENTIFY AN
10 INDIVIDUAL INVOLVED ARE CONFIDENTIAL AND ARE NOT SUBJECT TO
11 SECTION 24-6-402.

12 (b) THE COMMITTEE MEETING NOTES, STATEMENTS, MEDICAL
13 RECORDS, REPORTS, COMMUNICATIONS, AND MEMORANDA OBTAINED BY
14 THE COMMITTEE THAT CONTAIN INFORMATION THAT COULD IDENTIFY AN
15 INDIVIDUAL INVOLVED IN A MATERNAL DEATH ARE CONFIDENTIAL AND
16 ARE NOT SUBJECT TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF
17 ARTICLE 72 OF TITLE 24.

18 (c) MEMBERS OF THE COMMITTEE ARE NOT SUBJECT TO SUBPOENA
19 IN ANY CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING REGARDING
20 THE INFORMATION PRESENTED IN OR OPINIONS FORMED AS A RESULT OF A
21 MEETING OR COMMUNICATION OF THE COMMITTEE; EXCEPT THAT THIS
22 SUBSECTION (2)(c) DOES NOT PREVENT A MEMBER OF THE COMMITTEE
23 FROM TESTIFYING REGARDING INFORMATION OR OPINIONS OBTAINED
24 INDEPENDENTLY OF THE COMMITTEE OR THAT ARE PUBLIC INFORMATION.

25 (d) NOTES, STATEMENTS, MEDICAL RECORDS, REPORTS,
26 COMMUNICATIONS, AND MEMORANDA THAT ARE CONFIDENTIAL PURSUANT
27 TO SUBSECTIONS (2)(a) AND (2)(b) OF THIS SECTION ARE NOT:

1 (I) SUBJECT TO SUBPOENA, DISCOVERY, OR INTRODUCTION INTO
2 EVIDENCE IN ANY CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING,
3 UNLESS THE SUBPOENA IS DIRECTED TO A SOURCE THAT IS SEPARATE AND
4 APART FROM THE COMMITTEE. NOTHING IN THIS SECTION LIMITS OR
5 RESTRICTS THE RIGHT TO DISCOVER OR USE IN A CIVIL, CRIMINAL, OR
6 ADMINISTRATIVE PROCEEDING NOTES, STATEMENTS, MEDICAL RECORDS,
7 REPORTS, COMMUNICATIONS, OR MEMORANDA THAT ARE AVAILABLE FROM
8 ANOTHER SOURCE SEPARATE AND APART FROM THE COMMITTEE AND THAT
9 ARISE ENTIRELY INDEPENDENT OF THE COMMITTEE'S ACTIVITIES.

10 (II) ADMISSIBLE AS EVIDENCE IN ANY ACTION IN ANY COURT OR
11 BEFORE ANY TRIBUNAL, BOARD, AGENCY, OR PERSON AND SHALL NOT BE
12 EXHIBITED OR DISCLOSED IN ANY WAY BY ANY PERSON UNLESS THE
13 INFORMATION WAS OBTAINED FROM ANOTHER SOURCE THAT IS SEPARATE
14 AND APART FROM THE COMMITTEE, EXCEPT AS MAY BE NECESSARY TO
15 FURTHER THE DUTIES OF THE COMMITTEE OR IN RESPONSE TO AN ALLEGED
16 VIOLATION OF A CONFIDENTIALITY AGREEMENT PURSUANT TO SUBSECTION
17 (2)(e) OF THIS SECTION.

18 (e) EACH COMMITTEE MEMBER SHALL SIGN A CONFIDENTIALITY
19 AGREEMENT THAT REQUIRES THE MEMBER'S ADHERENCE TO SUBSECTIONS
20 (2)(a) AND (2)(b) OF THIS SECTION. A MEMBER WHO KNOWINGLY
21 VIOLATES THE CONFIDENTIALITY AGREEMENT COMMITS A CLASS 3
22 MISDEMEANOR AND SHALL BE PUNISHED IN ACCORDANCE WITH SECTION
23 18-1.3-501.

24 **25-51-106. Duty to comply with state and federal laws relating**
25 **to health information.** THE COMMITTEE AND THE DEPARTMENT SHALL
26 COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS AND RULES
27 RELATING TO THE TRANSMISSION OF HEALTH INFORMATION.

1 **25-51-107. Repeal.** THIS ARTICLE 51 IS REPEALED, EFFECTIVE
2 SEPTEMBER 1, 2029. BEFORE THE REPEAL, THE FUNCTIONS OF THE
3 COMMITTEE ARE SCHEDULED FOR REVIEW IN ACCORDANCE WITH SECTION
4 2-3-1203.

5 **SECTION 2.** In Colorado Revised Statutes, 2-3-1203, **add** (20)
6 as follows:

7 **2-3-1203. Sunset review of advisory committees - legislative**
8 **declaration - definition - repeal.** (20) (a) THE FOLLOWING STATUTORY
9 AUTHORIZATIONS FOR THE DESIGNATED ADVISORY COMMITTEES WILL
10 REPEAL ON SEPTEMBER 1, 2029:

11 (I) THE MATERNAL MORTALITY REVIEW COMMITTEE CREATED IN
12 ARTICLE 51 OF TITLE 25.

13 (b) THIS SUBSECTION (20) IS REPEALED, EFFECTIVE SEPTEMBER 1,
14 2031.

15 **SECTION 3. Appropriation.** For the 2019-20 state fiscal year,
16 \$145,167 is appropriated to the department of public health and
17 environment. This appropriation is from the general fund and is based on
18 an assumption that the department will require an additional 1.6 FTE. To
19 implement this act, the department may use this appropriation for
20 maternal and child health.

21 **SECTION 4. Safety clause.** The general assembly hereby finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, and safety.