

**Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

ENGROSSED

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

LLS NO. 26-0029.01 Brita Darling x2241

HOUSE BILL 26-1044

HOUSE SPONSORSHIP

English and Joseph, Ricks

SENATE SPONSORSHIP

(None),

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO IMPROVE EQUITY IN MATERNAL HEALTH.**

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 requires measures to improve equity in maternal health, including:

- Requiring a physician, nurse, or nurse aide whose primary practice is in the area of obstetrics to complete at least one continuing education credit hour on the topic of cultural competence and equity in maternal care;
- Authorizing the department of public health and environment (CDPHE), subject to available appropriations,

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

HOUSE
Amended 2nd Reading
March 2, 2026

to provide a health survey to all birthing parents and to compile the data;

- Requiring a health facility that provides labor and childbirth services to publicly display in birthing areas a statement on respectful maternity care regarding principles and components, including freedom from harm, privacy, informed consent, and allowing a birthing parent to have a birthing companion present at the birth;
- Requiring that the maternal health task force established by CDPHE includes at least one Black maternal health advocate; and
- Requiring CDPHE to report annually to the general assembly, rather than every 3 years, concerning maternal health outcomes and equity, including outcomes for Black birthing parents and suspected or known causes of any disparate outcomes for Black birthing parents.

In addition, the bill requires a health facility to report to CDPHE incidents of severe maternal morbidity or death of a birthing parent for which there is reasonable cause for the health facility to believe that racial discrimination, implicit or explicit bias, negligent clinical decision-making, denial of care, or other inequitable treatment (discriminatory or negligent misconduct) contributed to the severe maternal morbidity or death. CDPHE is required to investigate such incidents and report to the applicable regulatory board (regulator) if the investigation reveals that a health-care practitioner may have engaged in the discriminatory or negligent misconduct.

In addition to other penalties, the bill authorizes a regulator to impose and collect monetary penalties against a health-care practitioner that is found to have engaged in the discriminatory or negligent misconduct that led to severe maternal morbidity or death.

If a health facility has engaged in discriminatory practices, failed to follow evidence-based standards of obstetric care, or refused to act on known symptoms that resulted in severe maternal morbidity or death, CDPHE may revoke or suspend the health facility's license and impose and collect a monetary penalty of up to \$250,000 per violation.

Those monetary penalties are deposited into the maternal health equity improvement fund created in the bill and will be used to provide support to families after preventable severe maternal morbidity or death and for other activities that are intended to reduce adverse maternal health outcomes.

The bill requires CDPHE's office of health equity to report aggregated and de-identified data concerning the incidents of discriminatory or negligent misconduct that resulted in preventable severe maternal morbidity or death.

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

2 **SECTION 1.** In Colorado Revised Statutes, 12-240-130.5,
3 **amend** (7) introductory portion and (7)(b)(II) as follows:

4 **12-240-130.5. Continuing medical education - requirement -**
5 **compliance - legislative declaration - rules - definitions.**

6 (7) The board shall ~~promulgate~~ ADOPT rules necessary to
7 implement a physician CME requirement in accordance with this section.

8 In addition to any other rules, the board shall adopt rules:

9 (b) (II) The board shall initiate a stakeholder process to consider
10 requiring, for general practice and for all specialties, specific CME credit
11 hours relating to health disparities and outcomes data; reproductive,
12 sexual, and gender-based health care; CULTURAL COMPETENCE AND
13 EQUITY IN MATERNAL CARE; and explicit and implicit bias, including the
14 number and frequency of CME credit hours.

15 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-255-129
16 as follows:

17 **12-255-129. Continuing education - rules.**

18 In addition to any other authority conferred upon the board by
19 this part 1, the board is authorized to require no more than twenty hours
20 of continuing education every two years as a condition of renewal of
21 licenses and to establish procedures and standards for the educational
22 requirements. The board shall, to assure that the continuing education
23 requirements imposed do not have the effect of restraining competition
24 among providers of the education, recognize a variety of alternative
25 means of compliance with the requirements. The board shall adopt rules
26 that are necessary to carry out the provisions of this section in accordance

1 with article 4 of title 24, INCLUDING RULES THAT EMPHASIZE ATTENTION
2 TO CULTURAL COMPETENCE AND EQUITY IN ACCORDANCE WITH SECTION
3 12-30-119.

4

5 **SECTION 3.** In Colorado Revised Statutes, 25-1.5-701, **add** (3)
6 as follows:

7 **25-1.5-701. Health survey for birthing parents.**

8 (3) IN ADDITION TO THE MULTIYEAR SURVEY DESCRIBED IN
9 SUBSECTIONS (1) AND (2) OF THIS SECTION, SUBJECT TO AVAILABLE
10 APPROPRIATIONS, THE DEPARTMENT MAY IMPLEMENT A STANDARDIZED,
11 ANONYMOUS SURVEY OF ADDITIONAL INDIVIDUALS IN COLORADO WHO
12 HAVE RECENTLY GIVEN BIRTH. THE SURVEY MAY COVER HEALTH AND
13 SAFETY TOPICS, AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION, OR
14 ADDITIONAL TOPICS. THE DEPARTMENT SHALL DETERMINE THE FORMAT
15 FOR THE SURVEY AND MAY DESIGN THE SURVEY SO THAT THE SURVEY MAY
16 BE TAKEN, AND RESULTS MAY BE COMPILED, ELECTRONICALLY.

17 **SECTION 4.** In Colorado Revised Statutes, 25-3-126, **add** (1.5)
18 as follows:

19 **25-3-126. Health facilities - health-care practitioners -**
20 **requirements related to labor and childbirth - rules - definitions.**

21 **(1.5) Statement of rights of birthing parents.**

22 (a) NO LATER THAN JANUARY 1, 2027, A HEALTH FACILITY SHALL
23 MAKE ELECTRONICALLY AVAILABLE TO A BIRTHING PARENT AND A
24 BIRTHING PARENT'S COMPANION OR FAMILY MEMBER, IF APPLICABLE, AND
25 IN PRINT IF REQUESTED:

26 (I) A STATEMENT OF A BIRTHING PARENT'S RIGHTS AND THE
27 COMPONENTS OF RESPECTFUL LABOR AND CHILDBIRTH, INCLUDING:

1 (A) A BIRTHING PARENT'S RIGHT TO BE FREE FROM HARM AND
2 MISTREATMENT;

3 (B) RESPECT FOR A BIRTHING PARENT'S DIGNITY, PRIVACY, AND
4 CONFIDENTIALITY;

5 (C) A BIRTHING PARENT'S RIGHT TO INFORMED CHOICE AND
6 CONSENT;

7 (D) THE RIGHT TO HAVE A BIRTHING COMPANION AND A FAMILY
8 MEMBER WITH THE BIRTHING PARENT DURING BIRTH;

9 (E) EQUITABLE AND HIGH-QUALITY CARE FOR A BIRTHING PARENT
10 THAT IS EVIDENCE-BASED, FREE FROM DISCRIMINATION, AND CULTURALLY
11 SENSITIVE; AND

12 (F) EFFECTIVE COMMUNICATION, DURING WHICH HEALTH-CARE
13 PRACTITIONERS INTRODUCE THEMSELVES, EXPLAIN THEIR ROLES, AND
14 WELCOME QUESTIONS AND CONCERNS FROM A BIRTHING PARENT OR THE
15 BIRTHING PARENT'S BIRTHING COMPANION OR FAMILY MEMBER; AND

16 (II) INFORMATION, INCLUDING TELEPHONE CONTACT
17 INFORMATION, CONCERNING WHERE TO FILE A COMPLAINT WITH THE
18 APPROPRIATE STATE OR FEDERAL OFFICE OR AGENCY RELATING TO THE
19 BIRTHING PROCESS THAT ALLEGES DISCRIMINATION BASED ON DISABILITY,
20 RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY,
21 GENDER EXPRESSION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, OR
22 AGE.

23
24 (b) THE REQUIREMENTS SET FORTH IN THIS SUBSECTION (1.5)
25 RELATING TO PROVIDING AND DISPLAYING A STATEMENT ON RESPECTFUL
26 MATERNITY CARE:

27 (I) DO NOT APPLY TO LABOR AND CHILDBIRTH POLICIES DESCRIBED

1 IN SUBSECTION (2) OF THIS SECTION RELATING TO A BIRTHING INDIVIDUAL
2 WHO IS IN CUSTODY; AND

3 (II) DO NOT CREATE A PRIVATE RIGHT OF ACTION AGAINST A
4 HEALTH FACILITY, A HEALTH FACILITY EMPLOYEE, A PERSON WITH WHOM
5 THE HEALTH FACILITY HAS A CONTRACTUAL RELATIONSHIP, OR A
6 HEALTH-CARE PRACTITIONER FOR FAILING TO COMPLY WITH THIS
7 SUBSECTION (1.5).

8 

9 **SECTION 5.** In Colorado Revised Statutes, 25-52-104, **amend**
10 (5)(c)(II), (5)(c)(III), and (6)(a) introductory portion; and **add** (5)(c)(IV),
11 (5.3), and (6)(a)(VI) as follows:

12 **25-52-104. Colorado maternal mortality review committee -**
13 **creation - members - duties - report to the general assembly -**
14 **maternal health task force.**

15 (5) The department shall:

16 (c) Incorporate input and feedback from:

17 (II) Multidisciplinary, nonprofit organizations representing
18 ~~persons~~ INDIVIDUALS who are pregnant or in the postpartum period, with
19 a focus on ~~persons~~ INDIVIDUALS from racial and ethnic minority groups;
20 ~~and~~

21 (III) Multidisciplinary, community-based organizations that
22 provide support or advocacy for ~~persons~~ INDIVIDUALS who are pregnant
23 or in the postpartum period, with a focus on ~~persons~~ INDIVIDUALS from
24 racial and ethnic minority groups; AND

25 (IV) THE MATERNAL HEALTH TASK FORCE DESCRIBED IN
26 SUBSECTION (5.3) OF THIS SECTION;

27 (5.3) AS PART OF THE FEDERAL GRANT THAT THE DEPARTMENT

1 ADMINISTERS THROUGH THE STATE MATERNAL HEALTH INNOVATION AND
2 DATA CAPACITY PROGRAM OF THE HEALTH RESOURCES AND SERVICES
3 ADMINISTRATION IN THE FEDERAL DEPARTMENT OF HUMAN SERVICES, THE
4 DEPARTMENT HAS ESTABLISHED THE MATERNAL HEALTH TASK FORCE,
5 REFERRED TO IN THIS SUBSECTION (5.3) AS THE "TASK FORCE", WHICH IS
6 CONVENED BY THE DEPARTMENT AND THE PERINATAL QUALITY
7 COLLABORATIVE. **SUBJECT TO AVAILABLE GRANT FUNDING FOR THE TASK**
8 **FORCE, THE** DEPARTMENT SHALL ENSURE THAT AT LEAST ONE BLACK
9 MATERNAL HEALTH ADVOCATE SERVES ON THE TASK FORCE. IN ADDITION
10 TO OTHER DUTIES, THE TASK FORCE PROVIDES INPUT AND FEEDBACK TO
11 THE DEPARTMENT AND TO THE COMMITTEE CONCERNING MATERNAL
12 HEALTH OUTCOMES FOR BLACK BIRTHING PARENTS AND SUSPECTED AND
13 KNOWN CAUSES OF DISPARATE OUTCOMES FOR BLACK BIRTHING PARENTS.

14 (6) (a) No later than July 1, 2020, and July 1 every three years
15 thereafter **THROUGH JULY 1, 2025, AND, COMMENCING OCTOBER 1, 2026,**
16 **AND OCTOBER 1 EVERY THREE YEARS THEREAFTER,** the department shall
17 **submit a report to the house of representatives** ~~committees on public and~~
18 ~~behavioral health and human services and health and insurance~~ HEALTH
19 AND HUMAN SERVICES COMMITTEE and the senate ~~committee on health~~
20 and human services COMMITTEE, or their successor committees. The
21 report must include:

22 (VI) MATERNAL HEALTH OUTCOMES FOR BLACK BIRTHING
23 PARENTS AND SUSPECTED OR KNOWN CAUSES OF ANY DISPARATE
24 OUTCOMES FOR BLACK BIRTHING PARENTS.

25 
26 **SECTION 6. Safety clause.** The general assembly finds,
27 determines, and declares that this act is necessary for the immediate

- 1 preservation of the public peace, health, or safety or for appropriations for
- 2 the support and maintenance of the departments of the state and state
- 3 institutions.