First Regular Session
Seventy-second General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 19-0232.01 Yelana Love x2295

HOUSE BILL 19-1122

HOUSE SPONSORSHIP

Buckner and Landgraf,

SENATE SPONSORSHIP

Fields and Gardner,

House Committees
Public Health Care & Human Services

Senate Committees

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.

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 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.

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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
21 BLOOD PRESSURE AND CARDIOVASCULAR DISEASE REMAIN TWO LEADING

1 CAUSES OF MATERNAL DEATHS NATIONWIDE, WHILE IN COLORADO
2 BEHAVIORAL HEALTH CONDITIONS AND SELF-HARM NOW ACCOUNT FOR
3 THE LARGEST SHARE OF MATERNAL DEATHS.
4 (e) EVIDENCE-BASED PREVENTION STRATEGIES SUPPORT THE
5 REVIEW OF MATERNAL DEATHS THROUGH STATE-BASED MATERNAL
6 MORTALITY REVIEWS IN ORDER TO IDENTIFY THE SYSTEMATIC CHANGES
7 NEEDED TO DECREASE MORTALITY AMONG THE PREGNANT AND
8 POSTPARTUM POPULATION;
9 (f) THE DEPARTMENT HAS HAD AN ACTIVE AND DEDICATED
10 COMMITTEE OF VOLUNTEER PROFESSIONALS REVIEWING MATERNAL
11 DEATHS SINCE 1993; HOWEVER, THE CAPACITY OF THE COMMITTEE IS
12 LIMITED BY A LACK OF PROTECTION, FUNDING, AND AUTHORITY;
13 (g) THERE IS A NEED TO ESTABLISH A COMMITTEE TO REVIEW
14 DEATHS AMONG THE PREGNANT AND POSTPARTUM POPULATION AND TO
15 RECOMMEND STRATEGIES TO PREVENT THESE DEATHS AND IMPROVE
16 MATERNAL HEALTH OUTCOMES IN COLORADO;
17 (h) THE PREVENTION OF DEATHS AMONG THE PREGNANT AND
18 POSTPARTUM POPULATION IS A COMMUNITY RESPONSIBILITY, AND
19 PROFESSIONALS FROM A VARIETY OF DISCIPLINES HAVE EXPERTISE THAT
20 CAN PROMOTE THE SAFETY AND WELL-BEING OF THE PREGNANT AND
21 POSTPARTUM POPULATION;
22 (i) COMPREHENSIVE AND MULTIDISCIPLINARY REVIEWS OF
23 MATERNAL DEATHS CAN LEAD TO A GREATER UNDERSTANDING OF THE
24 CAUSES OF AND METHODS FOR PREVENTING THESE DEATHS AND IMPROVE
25 OTHER MATERNAL HEALTH OUTCOMES INCLUDING MORBIDITY;
26 (j) THE PROTECTION OF THE HEALTH AND WELFARE OF THE
27 PREGNANT AND POSTPARTUM POPULATION IN THIS STATE IS AN IMPORTANT

1 GOAL OF THE CITIZENS OF THIS STATE, AND THE RATE OF DEATH AMONG
2 THE PREGNANT AND POSTPARTUM POPULATION IS A SERIOUS PUBLIC
3 HEALTH CONCERN THAT REQUIRES LEGISLATIVE ACTION;
4 (k) FORTY-ONE STATES AND THE DISTRICT OF COLUMBIA
5 CURRENTLY HAVE STATUTORILY CREATED MATERNAL MORTALITY REVIEW
6 COMMITTEES; AND
7 (l) THEREFORE, IT IS THE INTENT OF THE GENERAL ASSEMBLY TO
8 ESTABLISH A MATERNAL MORTALITY REVIEW COMMITTEE WITHIN THE
9 DEPARTMENT TO REVIEW MATERNAL DEATHS AND TO RECOMMEND
10 STRATEGIES FOR THE PREVENTION OF MATERNAL MORTALITY.
11 **25-51-103. Definitions.** AS USED IN THIS ARTICLE 51, UNLESS THE
12 CONTEXT OTHERWISE REQUIRES:
13 (1) "COMMITTEE" MEANS THE COLORADO MATERNAL MORTALITY
14 REVIEW COMMITTEE CREATED IN SECTION 25-51-104.
15 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
16 AND ENVIRONMENT.
17 (3) "DESIGNATED STATE PERINATAL CARE QUALITY
18 COLLABORATIVE" MEANS A STATEWIDE NONPROFIT NETWORK OF HEALTH
19 CARE FACILITIES, CLINICIANS, AND PUBLIC HEALTH PROFESSIONALS
20 WORKING TO IMPROVE THE QUALITY OF CARE FOR MOTHERS AND BABIES
21 THROUGH CONTINUOUS QUALITY IMPROVEMENT.
22 (4) "HEALTH CARE PROVIDER" MEANS ANY PERSON LICENSED,
23 REGISTERED, OR CERTIFIED BY THE STATE OF COLORADO TO DELIVER
24 HEALTH CARE SERVICES, INCLUDING MENTAL AND BEHAVIORAL HEALTH
25 CARE SERVICES AND MEDICAL MARIJUANA SERVICES.
26 (5) "MATERNAL DEATH" MEANS A DEATH THAT OCCURS DURING
27 PREGNANCY OR UP TO ONE YEAR AFTER THE END OF A PREGNANCY.

1 (6) "MATERNAL MORTALITY" MEANS THE INCIDENCE OF
2 MATERNAL DEATHS.
3 (7) (a) "MEDICAL RECORD" MEANS THE WRITTEN OR GRAPHIC
4 DOCUMENTATION, SOUND RECORDING, OR COMPUTER RECORD PERTAINING
5 TO HEALTH CARE SERVICES PERFORMED AT THE DIRECTION OF A HEALTH
6 CARE PROVIDER ON BEHALF OF A PATIENT.
7 (b) "MEDICAL RECORD" INCLUDES:
8 (I) DIAGNOSTIC DOCUMENTATION SUCH AS X RAYS,
9 ELECTROCARDIOGRAMS, ELECTROENCEPHALOGRAMS, AND OTHER TEST
10 RESULTS;
11 (II) DATA ENTERED INTO THE ELECTRONIC PRESCRIPTION DRUG
12 MONITORING PROGRAM UNDER SECTION 12-42.5-403;
13 (III) DATA ENTERED INTO THE NATIONAL VIOLENT DEATH
14 REPORTING SYSTEM OR A SUCCESSOR SYSTEM; AND
15 (IV) AUTOPSY REPORTS.
16 (8) "PREGNANCY-RELATED DEATH" MEANS A DEATH CAUSED BY
17 ISSUES RELATED TO, OR AGGRAVATED BY, A PREGNANCY OR TREATMENT
18 OF THAT PREGNANCY.
19 **25-51-104. Colorado maternal mortality review committee -**
20 **creation - members - duties - report to the general assembly.** (1) THE
21 COLORADO MATERNAL MORTALITY REVIEW COMMITTEE IS HEREBY
22 CREATED IN THE DEPARTMENT FOR THE PURPOSES OF:
23 (a) REVIEWING SPECIFIC CASES OF MATERNAL DEATH THAT OCCUR
24 IN COLORADO;
25 (b) IDENTIFYING THE CAUSES OF MATERNAL MORTALITY; AND
26 (c) DEVELOPING RECOMMENDATIONS TO ADDRESS PREVENTABLE
27 MATERNAL DEATHS, INCLUDING LEGISLATION, POLICIES, RULES, TRAINING,

1 AND BEST PRACTICES THAT WILL SUPPORT THE HEALTH AND SAFETY OF
2 THE PREGNANT AND POSTPARTUM POPULATION IN COLORADO AND
3 PREVENT MATERNAL DEATHS.
4 (2) (a) BY OCTOBER 1, 2019, THE CHIEF MEDICAL OFFICER OF THE
5 DEPARTMENT SHALL APPOINT AT LEAST ELEVEN MEMBERS TO SERVE ON
6 THE COMMITTEE. THE TERM OF APPOINTMENT IS THREE YEARS; EXCEPT
7 THAT THE TERM OF THE FIRST SIX MEMBERS APPOINTED IS TWO YEARS.
8 MEMBERS MAY SERVE UP TO THREE TERMS. THE CHIEF MEDICAL OFFICER
9 MAY FILL ANY VACANCIES ON THE COMMITTEE.
10 (b) IN APPOINTING MEMBERS TO THE COMMITTEE, THE CHIEF
11 MEDICAL OFFICER SHALL:
12 (I) FOLLOW BEST PRACTICES AS OUTLINED BY THE CENTERS FOR
13 DISEASE CONTROL AND PREVENTION IN THE FEDERAL DEPARTMENT OF
14 HEALTH AND HUMAN SERVICES;
15 (II) ENSURE THAT COMMITTEE MEMBERS REPRESENT DIVERSE
16 COMMUNITIES AND A VARIETY OF CLINICAL AND PSYCHOSOCIAL
17 SPECIALIZATIONS AND COMMUNITY PERSPECTIVES; AND
18 (III) MAKE AN EFFORT TO INCLUDE COMMITTEE MEMBERS
19 WORKING IN AND REPRESENTING COMMUNITIES THAT ARE:
20 (A) DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION
21 STATUS, ENGLISH PROFICIENCY, INCOME, WEALTH, AND GEOGRAPHIC
22 REGION OF THE STATE, INCLUDING BOTH URBAN AND RURAL AREAS; AND
23 (B) AFFECTED BY HIGHER RATES OF MATERNAL MORTALITY AND
24 BY A LACK OF ACCESS TO THE FULL SCOPE OF MATERNITY CARE HEALTH
25 SERVICES.
26 (c) THE MEMBERS OF THE COMMITTEE WHO RESIDE MORE THAN
27 FIFTY MILES FROM THE LOCATION OF A COMMITTEE HEARING ARE

1 ENTITLED TO RECEIVE THE SAME PER DIEM COMPENSATION AND
2 REIMBURSEMENT OF EXPENSES AS THOSE PROVIDED FOR MEMBERS OF
3 BOARDS AND COMMISSIONS PURSUANT TO SECTION 24-34-102 (13), AND
4 FOR EXPENSES INCURRED IN TRAVELING TO AND FROM THE MEETINGS OF
5 THE COMMITTEE, INCLUDING ANY REQUIRED DEPENDENT CARE AND
6 DEPENDENT OR ATTENDANT TRAVEL, FOOD, AND LODGING.
7 (3) THE COMMITTEE MAY FORM SPECIAL AD HOC PANELS TO
8 FURTHER INVESTIGATE CASES OF MATERNAL DEATH RESULTING FROM
9 SPECIFIC CAUSES WHEN THE NEED ARISES.
10 (4) THE COMMITTEE SHALL:
11 (a) REVIEW EACH DEATH IN COLORADO THAT IS A MATERNAL
12 DEATH;
13 (b) REVIEW MEDICAL RECORDS AND OTHER RELEVANT DATA
14 RELATED TO EACH MATERNAL DEATH;
15 (c) TAKE STEPS TO IMPROVE THE QUALITY AND SCOPE OF DATA
16 OBTAINED THROUGH INVESTIGATIONS AND REVIEW OF MATERNAL DEATHS;
17 (d) IDENTIFY THE CAUSES OF MATERNAL MORTALITY, INCLUDING
18 ANY TRENDS AND PATTERNS ACROSS RACIAL, GEOGRAPHIC, AND OTHER
19 GROUPS;
20 (e) DEVELOP RECOMMENDATIONS FOR THE PREVENTION OF
21 MATERNAL MORTALITY AND DELIVER THE RECOMMENDATIONS TO THE
22 DEPARTMENT;
23 (f) PERFORM ANY OTHER FUNCTIONS AS RESOURCES ALLOW TO
24 ENHANCE THE CAPABILITY OF THE STATE TO REDUCE AND PREVENT
25 MATERNAL MORTALITY; AND
26 (g) ADVISE THE DEPARTMENT IN THE DEPARTMENT'S WORK ON
27 DECREASING MATERNAL MORTALITY.

1 (5) THE DEPARTMENT SHALL:
2 (a) COMPILE REPORTS OF AGGREGATED, NONINDIVIDUALLY
3 IDENTIFIABLE DATA ON A ROUTINE BASIS FOR DISTRIBUTION IN AN EFFORT
4 TO FURTHER STUDY THE CAUSES AND PROBLEMS ASSOCIATED WITH
5 MATERNAL MORTALITY THAT MAY BE DISTRIBUTED TO POLICY MAKERS,
6 HEALTH CARE PROVIDERS AND FACILITIES, BEHAVIORAL HEALTH
7 PROVIDERS, PUBLIC HEALTH PROFESSIONALS, AND OTHERS NECESSARY TO
8 REDUCE THE MATERNAL MORTALITY RATE;
9 (b) SERVE AS A LINK WITH MATERNAL MORTALITY REVIEW TEAMS
10 THROUGHOUT THE COUNTRY AND PARTICIPATE IN REGIONAL OR NATIONAL
11 MATERNAL MORTALITY REVIEW TEAM ACTIVITIES; AND
12 (c) REQUEST INPUT AND FEEDBACK FROM INTERESTED AND
13 AFFECTED STAKEHOLDERS.
14 (6) (a) NO LATER THAN JULY 1, 2020, AND JULY 1 EVERY THREE
15 YEARS THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE
16 HOUSE OF REPRESENTATIVES COMMITTEES ON PUBLIC HEALTH CARE AND
17 HUMAN SERVICES AND HEALTH AND INSURANCE AND THE SENATE
18 COMMITTEE ON HEALTH AND HUMAN SERVICES, OR THEIR SUCCESSOR
19 COMMITTEES. THE REPORT MUST INCLUDE:
20 (I) IN CONSULTATION WITH HEALTH EQUITY EXPERTS,
21 RECOMMENDATIONS TO ACHIEVE EQUITY IN MATERNAL HEALTH
22 OUTCOMES IN COLORADO;
23 (II) RECOMMENDATIONS TO REDUCE THE INCIDENCE OF
24 PREVENTABLE MATERNAL MORTALITY AND RELATED MORBIDITY;
25 (III) A PRIORITIZATION OF A LIMITED NUMBER OF CAUSES OF
26 MATERNAL MORTALITY THAT ARE IDENTIFIED AS HAVING THE GREATEST
27 IMPACT ON THE PREGNANT AND POSTPARTUM POPULATION IN COLORADO

1 AND AS MOST PREVENTABLE; AND

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

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

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

13 **25-51-105. Access to health records related to maternal**
14 **mortalities.** (1) (a) EXCEPT AS OTHERWISE PROVIDED BY LAW, THE
15 COMMITTEE MAY ACCESS MEDICAL RECORDS RELATED TO MATERNAL
16 DEATHS UPON REQUEST AT ANY TIME UP TO SEVEN YEARS AFTER THE LAST
17 TREATMENT OF A PATIENT.

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

22 (c) UPON REQUEST OF THE DEPARTMENT, A LAW ENFORCEMENT
23 OFFICER SHALL PROVIDE A POLICE REPORT, AND A CORONER SHALL
24 PROVIDE RECORDS OF THE CORONER AND MEDICAL EXAMINER
25 INVESTIGATIONS, THAT INVOLVE A MATERNAL DEATH TO THE COMMITTEE.

26 (d) A HEALTH CARE PROVIDER, PHARMACIST, HEALTH CARE
27 FACILITY, LAW ENFORCEMENT OFFICER, OR CORONER IS NOT CIVILLY OR

1 CRIMINALLY LIABLE FOR THE RELEASE OF MEDICAL RECORDS WHEN
2 MAKING A GOOD-FAITH EFFORT TO COMPLY WITH THIS SUBSECTION (1).
3 (2) (a) THE DISCUSSIONS IN COMMITTEE MEETINGS OR MEETINGS
4 OF AN AD HOC PANEL FORMED PURSUANT TO SECTION 25-51-104 (3)
5 CONCERNING DETAILS OF A MATERNAL DEATH THAT COULD IDENTIFY AN
6 INDIVIDUAL INVOLVED ARE CONFIDENTIAL AND ARE NOT SUBJECT TO
7 SECTION 24-6-402.
8 (b) THE COMMITTEE MEETING NOTES, STATEMENTS, MEDICAL
9 RECORDS, REPORTS, COMMUNICATIONS, AND MEMORANDA OBTAINED BY
10 THE COMMITTEE THAT CONTAIN INFORMATION THAT COULD IDENTIFY AN
11 INDIVIDUAL INVOLVED IN A MATERNAL DEATH ARE CONFIDENTIAL AND
12 ARE NOT SUBJECT TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF
13 ARTICLE 72 OF TITLE 24.
14 (c) MEMBERS OF THE COMMITTEE ARE NOT SUBJECT TO SUBPOENA
15 IN ANY CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING REGARDING
16 THE INFORMATION PRESENTED IN OR OPINIONS FORMED AS A RESULT OF A
17 MEETING OR COMMUNICATION OF THE COMMITTEE; EXCEPT THAT THIS
18 SUBSECTION (2)(c) DOES NOT PREVENT A MEMBER OF THE COMMITTEE
19 FROM TESTIFYING REGARDING INFORMATION OR OPINIONS OBTAINED
20 INDEPENDENTLY OF THE COMMITTEE OR THAT ARE PUBLIC INFORMATION.
21 (d) NOTES, STATEMENTS, MEDICAL RECORDS, REPORTS,
22 COMMUNICATIONS, AND MEMORANDA THAT ARE CONFIDENTIAL PURSUANT
23 TO SUBSECTIONS (2)(a) AND (2)(b) OF THIS SECTION ARE NOT:
24 (I) SUBJECT TO SUBPOENA, DISCOVERY, OR INTRODUCTION INTO
25 EVIDENCE IN ANY CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING,
26 UNLESS THE SUBPOENA IS DIRECTED TO A SOURCE THAT IS SEPARATE AND
27 APART FROM THE COMMITTEE. NOTHING IN THIS SECTION LIMITS OR

1 RESTRICTS THE RIGHT TO DISCOVER OR USE IN A CIVIL, CRIMINAL, OR
2 ADMINISTRATIVE PROCEEDING NOTES, STATEMENTS, MEDICAL RECORDS,
3 REPORTS, COMMUNICATIONS, OR MEMORANDA THAT ARE AVAILABLE FROM
4 ANOTHER SOURCE SEPARATE AND APART FROM THE COMMITTEE AND THAT
5 ARISE ENTIRELY INDEPENDENT OF THE COMMITTEE'S ACTIVITIES.
6 (II) ADMISSIBLE AS EVIDENCE IN ANY ACTION IN ANY COURT OR
7 BEFORE ANY TRIBUNAL, BOARD, AGENCY, OR PERSON AND SHALL NOT BE
8 EXHIBITED OR DISCLOSED IN ANY WAY BY ANY PERSON UNLESS THE
9 INFORMATION WAS OBTAINED FROM ANOTHER SOURCE THAT IS SEPARATE
10 AND APART FROM THE COMMITTEE, EXCEPT AS MAY BE NECESSARY TO
11 FURTHER THE DUTIES OF THE COMMITTEE OR IN RESPONSE TO AN ALLEGED
12 VIOLATION OF A CONFIDENTIALITY AGREEMENT PURSUANT TO SUBSECTION
13 (2)(e) OF THIS SECTION.
14 (e) EACH COMMITTEE MEMBER SHALL SIGN A CONFIDENTIALITY
15 AGREEMENT THAT REQUIRES THE MEMBER'S ADHERENCE TO SUBSECTIONS
16 (2)(a) AND (2)(b) OF THIS SECTION. A MEMBER WHO KNOWINGLY
17 VIOLATES THE CONFIDENTIALITY AGREEMENT COMMITS A CLASS 3
18 MISDEMEANOR AND SHALL BE PUNISHED IN ACCORDANCE WITH SECTION
19 18-1.3-501.
20 **25-51-106. Duty to comply with state and federal laws relating**
21 **to health information.** THE COMMITTEE AND THE DEPARTMENT SHALL
22 COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS AND RULES
23 RELATING TO THE TRANSMISSION OF HEALTH INFORMATION.
24 **25-51-107. Repeal.** THIS ARTICLE 51 IS REPEALED, EFFECTIVE
25 SEPTEMBER 1, 2029. BEFORE THE REPEAL, THE FUNCTIONS OF THE
26 COMMITTEE ARE SCHEDULED FOR REVIEW IN ACCORDANCE WITH SECTION
27 2-3-1203.

1 **SECTION 2.** In Colorado Revised Statutes, 2-3-1203, **add** (20)
2 as follows:
3 **2-3-1203. Sunset review of advisory committees - legislative**
4 **declaration - definition - repeal.** (20) (a) THE FOLLOWING STATUTORY
5 AUTHORIZATIONS FOR THE DESIGNATED ADVISORY COMMITTEES WILL
6 REPEAL ON SEPTEMBER 1, 2029:
7 (I) THE MATERNAL MORTALITY REVIEW COMMITTEE CREATED IN
8 ARTICLE 51 OF TITLE 25.
9 (b) THIS SUBSECTION (20) IS REPEALED, EFFECTIVE SEPTEMBER 1,
10 2031.
11 **SECTION 3. Act subject to petition - effective date.** This act
12 takes effect at 12:01 a.m. on the day following the expiration of the
13 ninety-day period after final adjournment of the general assembly (August
14 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
15 referendum petition is filed pursuant to section 1 (3) of article V of the
16 state constitution against this act or an item, section, or part of this act
17 within such period, then the act, item, section, or part will not take effect
18 unless approved by the people at the general election to be held in
19 November 2020 and, in such case, will take effect on the date of the
20 official declaration of the vote thereon by the governor.