

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0786.01 Yelana Love x2295

SENATE BILL 21-194

SENATE SPONSORSHIP

Buckner,

HOUSE SPONSORSHIP

Herod,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING MATERNAL HEALTH, AND, IN CONNECTION THEREWITH,**
102 **MAKING AN 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:

- Requires a carrier offering a health benefit plan in the state, and the department of health care policy and financing when administering the "Colorado Medical Assistance Act", to reimburse health-care providers that provide health-care services related to labor and delivery in a way

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.

that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility;

- Requires each health-care provider licensed by the state to provide health-care services related to labor and delivery to implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility;
- Requires the health equity commission in the department of public health and environment to study the use of research evidence in policies related to the perinatal period in Colorado and report findings to the general assembly;
- Requires the department of public health and environment to make recommendations to improve numerous topics related to maternal health; and
- Requires the department of health care policy and financing to seek an amendment to the state medical assistance plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **add**
3 (3)(d) as follows:

4 **10-16-104. Mandatory coverage provisions - rules -**
5 **definitions. (3) Maternity coverage. (d) A CARRIER OFFERING A**
6 **HEALTH BENEFIT PLAN IN THE STATE SHALL REIMBURSE PARTICIPATING**
7 **PROVIDERS THAT PROVIDE HEALTH-CARE SERVICES RELATED TO LABOR**
8 **AND DELIVERY IN A MANNER THAT:**

9 (I) PROMOTES HIGH-QUALITY, COST-EFFECTIVE CARE AND
10 PREVENTS RISK IN SUBSEQUENT PREGNANCIES; AND

11 (II) DOES NOT DISCRIMINATE BASED ON THE TYPE OF PROVIDER OR
12 FACILITY.

13 **SECTION 2.** In Colorado Revised Statutes, **add** 12-30-116 as
14 follows:

1 **12-30-116. Acceptance of transfers from home and birthing**

2 **centers.** (1) A PERSON LICENSED UNDER THIS TITLE 12 TO PROVIDE
3 HEALTH-CARE SERVICES RELATED TO LABOR AND DELIVERY SHALL
4 IMPLEMENT BEST PRACTICES FOR INTERPROFESSIONAL COLLABORATION
5 AND THE TRANSFER OF A PREGNANT PERSON FROM HOME OR A BIRTHING
6 CENTER TO A HOSPITAL LICENSED OR CERTIFIED PURSUANT TO SECTION
7 25-1.5-103 (1).

8 (2) A HEALTH-CARE PROVIDER DESCRIBED IN SUBSECTION (1) OF
9 THIS SECTION SHALL ACCEPT A TRANSFER OF A PREGNANT PERSON FROM
10 HOME OR A BIRTHING CENTER WITHOUT DISCRIMINATION BASED ON:

11 (a) THE PERSON'S AGE, CITIZENSHIP STATUS, COLOR, DISABILITY,
12 GENDER, GENDER EXPRESSION, GENDER IDENTITY, GENETIC INFORMATION,
13 HEALTH STATUS, NATIONAL ORIGIN, RACE, RELIGION, SEX, OR SEXUAL
14 ORIENTATION; OR

15 (b) WHETHER THE PERSON WAS SEEKING CARE OUTSIDE OF THE
16 HOSPITAL SETTING WHEN THE PERSON BEGAN EXPERIENCING SYMPTOMS
17 THAT REQUIRE IMMEDIATE CARE AT A HOSPITAL.

18 (3) THIS SECTION DOES NOT PROHIBIT HEALTH-CARE PROVIDERS
19 FROM BILLING FOR HEALTH-CARE SERVICES RENDERED.

20 (4) THE ACCEPTANCE OF A TRANSFERRED PREGNANT PERSON DOES
21 NOT ESTABLISH AN EMPLOYMENT OR CONSULTATION RELATIONSHIP
22 BETWEEN THE ACCEPTING HEALTH-CARE PROVIDER AND THE
23 TRANSFERRING HEALTH-CARE PROVIDER OR ESTABLISH GROUNDS FOR
24 VICARIOUS LIABILITY.

25 **SECTION 3.** In Colorado Revised Statutes, 25-2-112, **amend** (7)
26 as follows:

27 **25-2-112. Certificates of birth - filing - establishment of**

1 **paternity - notice to collegeinvest.** (7) (a) The state registrar shall revise
2 the birth certificate worksheet form used for the preparation of a
3 certificate of live birth to include a statement that knowingly and
4 intentionally misrepresenting material information on the worksheet form
5 used for the preparation of a birth certificate is a misdemeanor.

6 (b) THE BIRTH CERTIFICATE WORKSHEET FORM MUST INCLUDE A
7 PLACE TO REPORT WHERE THE PREGNANT PERSON INTENDED TO GIVE BIRTH
8 AT THE ONSET OF THE PERSON'S LABOR.

9

10 **SECTION 4.** In Colorado Revised Statutes, 25-52-103, **amend**
11 (3); and **add** (4.5) as follows:

12 **25-52-103. Definitions.** As used in this article 52, unless the
13 context otherwise requires:

14 (3) "Designated state perinatal care quality collaborative" means
15 a statewide nonprofit network of ~~health-care~~ HEALTH facilities, clinicians,
16 and public health professionals working to improve the quality of care for
17 mothers and babies through continuous quality improvement.

18 (4.5) "HEALTH FACILITY" MEANS A HEALTH FACILITY LICENSED OR
19 CERTIFIED PURSUANT TO SECTION 25-1.5-103 (1).

20 **SECTION 5.** In Colorado Revised Statutes, 25-52-104, **amend**
21 (5), (6)(a) introductory portion, (6)(a)(III), and (6)(a)(IV); and **add**
22 (6)(a)(V) as follows:

23 **25-52-104. Colorado maternal mortality review committee -**
24 **creation - members - duties - report to the general assembly - repeal.**

25 (5) The department shall:

26 (a) Compile reports of aggregated, nonindividually identifiable
27 data on a routine basis for distribution in an effort to further study the

1 causes and problems associated with maternal mortality that may be
2 distributed to policymakers, health-care providers, ~~and~~ HEALTH facilities,
3 behavioral health providers, public health professionals, THE HEALTH
4 EQUITY COMMISSION CREATED IN SECTION 25-4-2206, and others
5 necessary to reduce the maternal mortality rate;

6 (b) Serve as a link with maternal mortality review teams
7 throughout the country and participate in regional or national maternal
8 mortality review team activities; ~~and~~

9 (c) ~~Request~~ INCORPORATE input and feedback from:

10 (I) Interested and affected stakeholders, WITH A FOCUS ON
11 PERSONS WHO ARE PREGNANT OR IN THE POSTPARTUM PERIOD AND THEIR
12 FAMILY MEMBERS;

13 (II) MULTIDISCIPLINARY, NONPROFIT ORGANIZATIONS
14 REPRESENTING PERSONS WHO ARE PREGNANT OR IN THE POSTPARTUM
15 PERIOD, WITH A FOCUS ON PERSONS FROM RACIAL AND ETHNIC MINORITY
16 GROUPS; AND

17 (III) MULTIDISCIPLINARY, COMMUNITY-BASED ORGANIZATIONS
18 THAT PROVIDE SUPPORT OR ADVOCACY FOR PERSONS WHO ARE PREGNANT
19 OR IN THE POSTPARTUM PERIOD, WITH A FOCUS ON PERSONS FROM RACIAL
20 AND ETHNIC MINORITY GROUPS; AND

21 (d) MAKE RECOMMENDATIONS TO IMPROVE THE COLLECTION AND
22 PUBLIC REPORTING OF MATERNAL HEALTH DATA FROM HOSPITALS, HEALTH
23 SYSTEMS, MIDWIFERY PRACTICES, AND BIRTHING CENTERS, INCLUDING:

24 (I) DATA ON RACE AND ETHNICITY CORRELATED WITH CONDITIONS
25 AND OUTCOMES; DISABILITY CORRELATED WITH CONDITIONS AND
26 OUTCOMES; UPTAKE OF TRAININGS ON BIAS, RACISM, OR DISCRIMINATION;
27 AND INCIDENTS OF DISRESPECT OR MISTREATMENT OF A PREGNANT

1 PERSON; AND

2 (II) DATA COLLECTED THROUGH STORIES FROM PREGNANT AND
3 POSTPARTUM PERSONS AND THEIR FAMILY MEMBERS, WITH A FOCUS ON
4 THE EXPERIENCES OF MARGINALIZED GROUPS INCLUDING PERSONS OF
5 RACIAL AND ETHNIC MINORITY GROUPS.

6 (e) STUDY THE USE OF RESEARCH EVIDENCE IN POLICIES RELATED
7 TO THE PERINATAL PERIOD IN COLORADO AND, NO LATER THAN
8 SEPTEMBER 1, 2023, REPORT TO THE SENATE COMMITTEE ON HEALTH AND
9 HUMAN SERVICES AND THE HOUSE OF REPRESENTATIVES COMMITTEE ON
10 HEALTH AND INSURANCE, OR THEIR SUCCESSOR COMMITTEES, ON THE USE
11 OF RESEARCH EVIDENCE IN POLICIES RELATED TO THE PERINATAL PERIOD
12 IN THE STATE USING THE IMPLEMENTATION SCIENCE FRAMEWORK. THE
13 DEPARTMENT MAY CONTRACT WITH A THIRD-PARTY TO FULFILL THE
14 REQUIREMENTS OF THIS SUBSECTION (5)(e).

15 (6) (a) No later than July 1, 2020, and July 1 every three years
16 thereafter, the department shall submit a report to the house of
17 representatives committees on public AND BEHAVIORAL health care and
18 human services and health and insurance and the senate committee on
19 health and human services, or their successor committees. The report
20 must include:

21 (III) A prioritization of a limited number of causes of maternal
22 mortality that are identified as having the greatest impact on the pregnant
23 and postpartum population in Colorado and as most preventable; ~~and~~

24 (IV) In consultation with the designated state perinatal care
25 quality collaborative, recommendations for clinical quality improvement
26 approaches that could reduce the incidence of pregnancy-related deaths
27 or maternal mortality or morbidity in prenatal, perinatal, and postnatal

1 clinical settings and recommendations for how to spread best practices to
2 clinical settings across the state; AND

3 (V) (A) FOR THE REPORT SUBMITTED NO LATER THAN JULY 1,
4 2023, INFORMATION STUDIED PURSUANT TO SUBSECTIONS (5)(c) AND
5 (5)(d) OF THIS SECTION.

6 (B) THIS SUBSECTION (6)(a)(V) IS REPEALED, EFFECTIVE
7 SEPTEMBER 1, 2024.

8 **SECTION 6.** In Colorado Revised Statutes, **add** 25.5-4-424 as
9 follows:

10 **25.5-4-424. Providers - health-care services related to labor**
11 **and delivery - reimbursement.** (1) THE STATE DEPARTMENT SHALL
12 REIMBURSE ALL ELIGIBLE PROVIDERS THAT PROVIDE HEALTH-CARE
13 SERVICES RELATED TO LABOR AND DELIVERY IN A MANNER THAT:

14 (a) PROMOTES HIGH-QUALITY, COST-EFFECTIVE CARE AND
15 PREVENTS RISK IN SUBSEQUENT PREGNANCIES; AND

16 (b) DOES NOT DISCRIMINATE BASED ON THE TYPE OF PROVIDER OR
17 FACILITY.

18 **SECTION 7.** In Colorado Revised Statutes, 25.5-5-201, **add** (4.5)
19 as follows:

20 **25.5-5-201. Optional provisions - optional groups.**

21 (4.5) (a) SUBJECT TO _____ THE RECEIPT OF FEDERAL FINANCIAL
22 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL
23 LAW, A PERSON WHO WAS ELIGIBLE FOR ALL PREGNANCY-RELATED AND
24 POSTPARTUM SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM FOR
25 THE SIXTY DAYS FOLLOWING THE PREGNANCY REMAINS CONTINUOUSLY
26 ELIGIBLE FOR ALL SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM
27 FOR THE TWELVE-MONTH POSTPARTUM PERIOD.

1 (b) THE STATE DEPARTMENT SHALL SEEK ANY _____ PLAN
2 AMENDMENT NECESSARY TO IMPLEMENT A TWELVE-MONTH POSTPARTUM
3 BENEFIT PURSUANT TO THIS SUBSECTION (4.5) AND SHALL IMPLEMENT THE
4 BENEFIT ONLY UPON RECEIPT OF FEDERAL AUTHORIZATION AND FINANCIAL
5 PARTICIPATION, AND NO LATER THAN JULY 1, 2022.

6 (c) IF PERMISSIBLE UNDER FEDERAL LAW, AN ELIGIBLE INDIVIDUAL
7 WITHIN THE POSTPARTUM PERIOD MAY RESUME COVERAGE UNDER THE
8 MEDICAL ASSISTANCE PROGRAM UPON IMPLEMENTATION OF THIS SECTION.

9 **SECTION 8.** In Colorado Revised Statutes, 25.5-8-109, **add** (5.5)
10 as follows:

11 **25.5-8-109. Eligibility - children - pregnant women.**

12 (5.5) (a) SUBJECT TO _____ THE RECEIPT OF FEDERAL FINANCIAL
13 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL
14 LAW, A PERSON WHO WAS ELIGIBLE FOR THE PLAN WHILE PREGNANT AND
15 WHO REMAINS ELIGIBLE FOR ALL PREGNANCY-RELATED AND POSTPARTUM
16 SERVICES UNDER THE PLAN FOR THE SIXTY DAYS FOLLOWING THE
17 PREGNANCY REMAINS CONTINUOUSLY ELIGIBLE FOR ALL SERVICES UNDER
18 THE PLAN FOR THE TWELVE-MONTH POSTPARTUM PERIOD.

19 (b) THE DEPARTMENT SHALL SEEK ANY _____ PLAN AMENDMENT
20 NECESSARY TO IMPLEMENT A TWELVE-MONTH POSTPARTUM BENEFIT
21 PURSUANT TO THIS SUBSECTION (5.5) AND SHALL IMPLEMENT THE BENEFIT
22 ONLY UPON RECEIPT OF FEDERAL AUTHORIZATION AND FINANCIAL
23 PARTICIPATION, AND NO LATER THAN JULY 1, 2022.

24 (c) IF PERMISSIBLE UNDER FEDERAL LAW, AN ELIGIBLE INDIVIDUAL
25 WITHIN THE POSTPARTUM PERIOD MAY RESUME COVERAGE UNDER THE
26 PLAN UPON IMPLEMENTATION OF THIS SECTION.

27 **SECTION 9. Appropriation. (1) For the 2021-22 state fiscal**

1 year, \$77,993 is appropriated to the department of health care policy and
2 financing. This appropriation is from the general fund. To implement this
3 act, the department may use this appropriation as follows:

4 (a) \$23,928 for use by the executive director's office for personal
5 services, which amount is based on an assumption that the office will
6 require an additional 0.7 FTE;

7 (b) \$3,640 for use by the executive director's office for operating
8 expenses;

9 (c) \$21,251 for Medicaid management information system
10 maintenance and projects;

11 (d) \$29,174, which is subject to the "(M)" notation as defined in
12 the annual general appropriation act for the same fiscal year, for Colorado
13 benefits management systems, operating and contract expenses;

14 (2) For the 2021-22 state fiscal year, the general assembly
15 anticipates that the department of health care policy and financing will
16 receive \$481,379 in federal funds to implement this act. The
17 appropriation in subsection (1) of this section is based on the assumption
18 that the department will receive this amount of federal funds to be used
19 as follows:

20 (a) \$23,927, which amount is subject to the "(I)" notation as
21 defined in the annual general appropriation act for the same fiscal year,
22 for use by the executive director's office for personal services;

23 (b) \$3,640, which amount is subject to the "(I)" notation as
24 defined in the annual general appropriation act for the same fiscal year,
25 for use by the executive director's office for operating expenses;

26 (c) \$191,254, which amount is subject to the "(I)" notation as
27 defined in the annual general appropriation act for the same fiscal year,

1 for Medicaid management information system maintenance and projects;

2 (d) \$262,558 for Colorado benefits management systems,
3 operating and contract expenses;

4 (3) For the 2021-22 state fiscal year, \$291,732 is appropriated to
5 the office of the governor for use by the office of information technology.

6 This appropriation is from reappropriated funds received from the
7 department of health care policy and financing under subsections (1)(d)
8 and (2)(d) of this section. To implement this act, the office may use this
9 appropriation to provide information technology services for the
10 department of health care policy and financing.

11 (4) For the 2021-22 state fiscal year, \$82,243 is appropriated to
12 the department of public health and environment for use by the prevention
13 services division. This appropriation is from the general fund, and is
14 based on an assumption that the division will require an additional 0.5
15 FTE. To implement this act, the division may use this appropriation for
16 maternal and child health.

17 **SECTION 10. Act subject to petition - effective date.** This act
18 takes effect at 12:01 a.m. on the day following the expiration of the
19 ninety-day period after final adjournment of the general assembly; except
20 that, if a referendum petition is filed pursuant to section 1 (3) of article V
21 of the state constitution against this act or an item, section, or part of this
22 act within such period, then the act, item, section, or part will not take
23 effect unless approved by the people at the general election to be held in
24 November 2022 and, in such case, will take effect on the date of the
25 official declaration of the vote thereon by the governor.