Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 24-0137.01 Brita Darling x2241

SENATE BILL 24-175

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A BILL FOR AN ACT

CONCERNING MEASURES TO IMPROVE PERINATAL HEALTH <u>OUTCOMES,</u> <u>AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.</u>

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 health benefit plans to provide coverage for doula services in the same scope and duration of coverage for doula services that will be included in the department of health care policy and financing's request for federal authorization of doula services under the "Colorado Medical Assistance Act" (medical assistance program). Doulas providing services must meet the same qualifications for and submit to

SENATE
3rd Reading Unamended
April 22, 2024

SENATE
Amended 2nd Reading
April 19, 2024

the same regulation as individuals providing doula services as recommended in the report of the department of public health and environment resulting from the stakeholder process for doula services under the medical assistance program.

Coverage for doula services will be implemented for large employer health benefit plans issued or renewed in this state on and after July 1, 2025. For small group and individual plans, doula services will be implemented if the division of insurance and the federal department of health and human services determine that the benefit does not require state defrayal of the cost of the benefit or the division of insurance determines defrayal is not required and the federal department fails to respond to the divison's request for confirmation of the determination within 365 days after the request is made.

The bill authorizes the department of public health and environment (department) to partner with the designated state perinatal care quality collaborative (perinatal quality collaborative) to track the statewide implementation of the recommendations of the Colorado maternal mortality review committee, implement perinatal health quality improvement programs with hospitals that provide labor and delivery or neonatal care services (hospital) to improve infant and maternal health outcomes, and address disparate care outcomes among certain populations and of those living in frontier areas of the state.

The bill requires hospitals to submit specified data to the perinatal quality collaborative concerning disparities in perinatal health care and health-care outcomes; to annually participate in at least one maternal or infant health quality improvement initiative (initiative), as determined by the hospitals; and to report to the perinatal quality collaborative regarding the implementation and outcomes of the initiative. The bill authorizes financial support for hospitals in rural and frontier areas of the state, hospitals that serve a higher number of medical assistance patients or uninsured patients, and hospitals with lower-acuity maternal or neonatal levels of care.

In collaboration with the department, the bill requires the perinatal quality collaborative to issue an annual report on clinical quality improvements in maternal and infant health outcomes and related data that can be shared with hospitals and health facilities, policymakers, and others and posted on the internet.

The bill requires coverage of over-the-counter, prescribed choline supplements for pregnant people to fulfill the federal food and drug administration's daily adequate intake for pregnant people.

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

SECTION 1. In Colorado Revised Statutes, 10-16-104, **add**

(3)(e) as follows:

10-16-104. Mandatory coverage provisions - definitions - rules - applicability. (3) **Maternity coverage.** (e) **Doula services.** (I) AS USED IN THIS SUBSECTION (3)(e), UNLESS THE CONTEXT OTHERWISE REQUIRES:

(A) "BILLING GUIDANCE" MEANS GUIDANCE FROM THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING CONCERNING COVERAGE AND BILLING FOR DOULA SERVICES AFTER CONSIDERATION OF THE FINDINGS AND RECOMMENDATIONS FOR DOULA SERVICES RESULTING FROM THE STAKEHOLDER PROCESS REQUIRED PURSUANT TO SECTION 25.5-4-506.

(B) "DOULA" MEANS A TRAINED BIRTH COMPANION WHO PROVIDES PERSONAL, NONMEDICAL SUPPORT TO PREGNANT AND POSTPARTUM PEOPLE AND THEIR FAMILIES PRIOR TO CHILDBIRTH, DURING LABOR AND DELIVERY, AND DURING THE POSTPARTUM PERIOD AND WHO HAS THE QUALIFICATIONS AND TRAINING REQUIRED BY THE STATE.

(C) "DOULA SERVICES" MEANS SERVICES PROVIDED BY A DOULA.

(D) "MEDICAL ASSISTANCE PROGRAM" MEANS THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5.

(II) IN THE LARGE GROUP MARKET, MATERNITY COVERAGE PURSUANT TO THIS SUBSECTION (3) MUST INCLUDE COVERAGE FOR DOULA SERVICES, TO THE EXTENT PRACTICABLE, FOR THE SAME SCOPE AND DURATION OF COVERAGE THAT IS INCLUDED IN THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S REQUEST SUBMITTED PURSUANT TO SECTION 25.5-4-506 FOR FEDERAL AUTHORIZATION FOR DOULA SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM. THE BENEFIT MAY INCLUDE THE SAME QUALIFICATIONS FOR INDIVIDUALS PROVIDING

DOULA SERVICES AS RECOMMENDED IN THE BILLING GUIDANCE FOR INDIVIDUALS PROVIDING DOULA SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM.

(III) EXCEPT AS PROVIDED IN SUBSECTION (3)(e)(VI) OF THIS SECTION, IN THE INDIVIDUAL AND SMALL GROUP MARKETS, MATERNITY COVERAGE PURSUANT TO THIS SUBSECTION (3) MUST INCLUDE COVERAGE FOR DOULA SERVICES IF THE SERVICES ARE WITHIN THE DOULA'S AREA OF PROFESSIONAL COMPETENCE AND THE DOULA SERVICES ARE:

(A) CURRENTLY REIMBURSED WHEN RENDERED BY ANY OTHER HEALTH-CARE PROVIDERS; OR

(B) COVERED AS PART OF THE MATERNITY ESSENTIAL HEALTH BENEFIT.

(IV) THIS SUBSECTION (3)(e) APPLIES TO, AND THE DIVISION SHALL IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (3)(e) FOR, LARGE EMPLOYER HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE ON OR AFTER JULY 1, 2025, OR TWELVE MONTHS AFTER THE DATE ON WHICH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SUBMITS ITS REQUEST PURSUANT TO SECTION 25.5-4-506 FOR FEDERAL AUTHORIZATION FOR DOULA SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM, WHICHEVER IS LATER.

(V) WITH RESPECT TO INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS, THE DIVISION SHALL:

(A) REVIEW THE ACTUARIAL REVIEW CONDUCTED PURSUANT TO SECTION 10-16-155.5 AND SUBMIT TO THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES THE DIVISION'S DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED IN THIS SUBSECTION (3)(e) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS AND WOULD BE SUBJECT TO

DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B); AND

(B) REQUEST THAT THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS DETERMINATION.

(VI) THIS SUBSECTION (3)(e) APPLIES TO, AND THE DIVISION SHALL IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (3)(e) FOR, INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE UPON THE EARLIER OF:

(A) TWELVE MONTHS AFTER THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES CONFIRMS THE DIVISION'S DETERMINATION OR OTHERWISE INFORMS THE DIVISION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (3)(e) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B); OR

(B) THE PASSAGE OF MORE THAN THREE HUNDRED SIXTY-FIVE DAYS SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR CONFIRMATION PURSUANT TO SUBSECTION (3)(e)(V) OF THIS SECTION, AND THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION SHALL CONSIDER THE FEDERAL DEPARTMENT'S UNREASONABLE DELAY A PRECLUSION FROM REQUIRING DEFRAYAL BY THE STATE.

(VII) THE COMMISSIONER MAY PROMULGATE RULES AS NECESSARY TO IMPLEMENT THIS SUBSECTION (3).

SECTION 2. In Colorado Revised Statutes, 25-1.5-103, **add**

(1)(d) as follows:

25-1.5-103. Health facilities - powers and duties of department - rules - limitations on rules - definitions - repeal. (1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

(d) (I) TO ENSURE THAT EACH HOSPITAL THAT PROVIDES NONEMERGENT PERINATAL CARE SERVICES IS COMPLYING WITH THE REQUIREMENTS SPECIFIED IN SECTION 25-52-106.5, INCLUDING PARTICIPATING IN AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT INITIATIVE AND SUBMITTING OUTCOME DATA TO THE PERINATAL QUALITY COLLABORATIVE DEFINED IN SECTION 25-52-103 (3).

(II) THIS SUBSECTION (1)(d) IS REPEALED, EFFECTIVE SEPTEMBER 1, 2029.

SECTION 3. In Colorado Revised Statutes, 25-52-103, **amend** (3); and **add** (6.5) as follows:

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

(3) "Designated state perinatal care quality collaborative" OR "PERINATAL QUALITY COLLABORATIVE" means a statewide nonprofit network of health facilities, clinicians, and public health professionals working to improve the quality of care for mothers and babies through continuous quality improvement.

(6.5) "MEDICAL ASSISTANCE PROGRAM" MEANS THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO ARTICLES 4 TO 6 OF TITLE 25.5.

SECTION 4. In Colorado Revised Statutes, **add** 25-52-106.5 as follows:

25-52-106.5. Perinatal health quality improvement program - perinatal health quality improvement engagement program - perinatal quality collaborative duties - data collection - reporting - legislative declaration - definitions. (1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) DISPARITIES IN MATERNAL AND INFANT HEALTH-CARE ACCESS, DELIVERY, AND OUTCOMES IN COLORADO PERSIST, SUCH THAT BIRTHING PEOPLE WHO ARE AMERICAN INDIAN/ALASKA NATIVE ARE NEARLY THREE TIMES MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR POSTPARTUM THAN THE OVERALL POPULATION OF THOSE GIVING BIRTH IN COLORADO;

(b) BIRTHING PEOPLE WHO ARE BLACK ARE NEARLY TWO TIMES MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR POSTPARTUM THAN THE OVERALL POPULATION OF THOSE GIVING BIRTH IN COLORADO;

(c) BIRTHING PEOPLE LIVING IN FRONTIER COUNTIES ARE MORE LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES THAN THOSE LIVING IN URBAN COUNTIES, AND PEOPLE INSURED THROUGH THE MEDICAL ASSISTANCE PROGRAM ARE MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR POSTPARTUM THAN THOSE WITH PRIVATE INSURANCE;

(d) DISCRIMINATION CONTRIBUTED TO HALF OF ALL PREGNANCY-ASSOCIATED DEATHS IN COLORADO, AND NINETY PERCENT OF ALL DEATHS WERE DEEMED PREVENTABLE BY THE COLORADO MATERNAL MORTALITY REVIEW COMMITTEE;

(e) IN 2022, THE UNITED STATES' INFANT MORTALITY RATE INCREASED FOR THE FIRST TIME IN TWO DECADES. INFANTS BORN TO BLACK AND NATIVE AMERICAN BIRTHING PEOPLE ARE TWO TIMES MORE

LIKELY TO DIE COMPARED WITH THEIR WHITE AND HISPANIC COUNTERPARTS.

(f) THE COMMITTEE AND THE MATERNAL HEALTH TASK FORCE ESTABLISHED BY THE DEPARTMENT RECOMMEND STATEWIDE, UNIVERSAL PARTICIPATION IN QUALITY IMPROVEMENT INITIATIVES LED BY THE PERINATAL QUALITY COLLABORATIVE AND THE ADOPTION OF ALLIANCE FOR INNOVATION ON MATERNAL HEALTH PATIENT SAFETY BUNDLES;

(g) THE NATIONAL GOVERNORS ASSOCIATION, THROUGH ITS MATERNAL AND INFANT HEALTH INITIATIVE, SIMILARLY RECOMMENDS THE ADOPTION OF PATIENT SAFETY BUNDLES AND INCREASED FUNDING FOR STATE MATERNAL MORTALITY REVIEW COMMITTEES AND PERINATAL QUALITY COLLABORATIVES;

(h) NINETY-SIX PERCENT OF BIRTHS IN COLORADO OCCUR IN HOSPITALS, AND THERE IS A NEED TO PROVIDE PRACTICAL SUPPORT TO HOSPITALS, ESPECIALLY FRONTIER AND RURAL HOSPITALS, FOR THE IMPLEMENTATION OF CLINICAL QUALITY IMPROVEMENT INITIATIVES; AND

(i) PARTICIPATION IN STATE PERINATAL QUALITY COLLABORATIVES HAS BEEN SHOWN TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES THROUGH IMPROVED ACCESS TO, AND THE TIMELINESS OF, TREATMENT AND THROUGH REDUCED SERIOUS PREGNANCY COMPLICATIONS.

(2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "ENGAGEMENT PROGRAM" MEANS THE PERINATAL HEALTH QUALITY IMPROVEMENT ENGAGEMENT PROGRAM CREATED IN SUBSECTION (5) OF THIS SECTION.

(b) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED PURSUANT TO SECTION 25-1.5-103 THAT PROVIDES NONEMERGENT

PERINATAL CARE SERVICES.

(c) "QUALITY IMPROVEMENT PROGRAM" MEANS THE HOSPITAL PERINATAL HEALTH QUALITY IMPROVEMENT PROGRAM CREATED IN SUBSECTION (4) OF THIS SECTION.

(3) (a) THE DEPARTMENT SHALL CONTRACT WITH THE PERINATAL QUALITY COLLABORATIVE TO:

(I) TRACK STATEWIDE IMPLEMENTATION OF THE COMMITTEE'S RECOMMENDATIONS TO PREVENT MATERNAL MORTALITY;

(II) IMPLEMENT HOSPITAL QUALITY IMPROVEMENT PROGRAMS THROUGH PERINATAL CARE SETTINGS TO REDUCE PREVENTABLE CAUSES OF MATERNAL MORTALITY AND MORBIDITY; AND

(III) ADDRESS DISPARATE CARE OF AND OUTCOMES AMONG AMERICAN INDIAN/ALASKA NATIVE AND BLACK BIRTHING POPULATIONS, BIRTHING PEOPLE INSURED THROUGH THE MEDICAL ASSISTANCE PROGRAM, AND BIRTHING PEOPLE LIVING IN RURAL AND FRONTIER COUNTIES.

(b) IN IMPLEMENTING HOSPITAL QUALITY IMPROVEMENT PROGRAMS, THE PERINATAL QUALITY COLLABORATIVE SHALL PROVIDE QUALITY IMPROVEMENT PROGRAM SUPPORT THAT MAY INCLUDE:

(I) CLINICAL QUALITY IMPROVEMENT SCIENCE EDUCATION CONCERNING BEST PRACTICES AND INNOVATIONS TO SUPPORT OPTIMAL OUTCOMES;

(II) TAILORED INTERVENTIONS DESIGNED TO ADDRESS THE NEEDS OF PRIORITY POPULATIONS;

(III) INDIVIDUALIZED PROGRAM IMPLEMENTATION GUIDANCE AND SUPPORT;

(IV) DATA REPORTING, ANALYSIS, AND RAPID RESPONSE FEEDBACK FOR ASSISTANCE IN MONITORING THE SUSTAINABILITY OF

IMPLEMENTED CHANGES;

(V) PROVIDER TRAINING IN STIGMA, BIAS, AND TRAUMA-INFORMED AND RESPECTFUL CARE; AND

(VI) PUBLIC RECOGNITION AS A MATERNAL AND INFANT CARE QUALITY CHAMPION.

(c) THE DEPARTMENT SHALL PROVIDE VITAL STATISTICS DATA TO THE PERINATAL QUALITY COLLABORATIVE FOR PURPOSES OF DATA ANALYSIS AND REPORTING. THE PERINATAL QUALITY COLLABORATIVE SHALL DEVELOP A DATA-SHARING AGREEMENT WITH THE DEPARTMENT TO IDENTIFY SPECIFIC VITAL STATISTICS DATA THAT MUST BE SHARED. THE DATA-SHARING AGREEMENT MUST ADDRESS THE CONFIDENTIALITY OF DATA TO ENSURE THAT DATA SHARING IS PROTECTED.

(4) **Hospital perinatal health quality improvement program.** A HOSPITAL SHALL:

(a) NO LATER THAN JULY 1, 2025, AND NO LATER THAN JULY 1 EACH YEAR THEREAFTER, SUBMIT TO THE PERINATAL QUALITY COLLABORATIVE, EITHER DIRECTLY OR THROUGH A STATEWIDE ASSOCIATION OF HOSPITALS, A MINIMUM DATA SET OF KEY DRIVERS OF DISPARITIES IN PERINATAL HEALTH CARE AND HEALTH-CARE OUTCOMES, MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY, AND INFANT HEALTH CARE AND HEALTH-CARE OUTCOMES, INCLUDING:

(I) CESAREAN DELIVERIES;

(II) PERINATAL HYPERTENSION, SEPSIS, AND CARDIAC CONDITIONS;

(III) MATERNAL AND NEONATAL READMISSIONS AND LENGTH OF STAY;

(IV) UNEXPECTED NEWBORN COMPLICATIONS;

(V) PERINATAL MENTAL HEALTH AND SUBSTANCE USE

CONDITIONS;

(VI) OBSTETRIC HEMORRHAGE; AND

(VII) PRETERM BIRTH; AND

(b) BEGINNING DECEMBER 15, 2025, PARTICIPATE ANNUALLY IN AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT INITIATIVE, AS DETERMINED BY THE HOSPITAL, IN COLLABORATION WITH THE PERINATAL QUALITY COLLABORATIVE PURSUANT TO SUBSECTION (3) OF THIS SECTION, WITH THE GOAL OF:

(I) PROMOTING EVIDENCE-BASED, CULTURALLY RELEVANT, SAFE, EQUITABLE, HIGH-QUALITY CARE; AND

(II) PREVENTING MATERNAL AND INFANT MORTALITY AND SEVERE MORBIDITY.

(5) **Perinatal health quality improvement engagement program.** (a) NO LATER THAN JULY 1, 2025, THE DEPARTMENT SHALL CREATE A PERINATAL HEALTH QUALITY IMPROVEMENT ENGAGEMENT PROGRAM THAT PROVIDES FINANCIAL SUPPORT TO HOSPITALS AND FACILITIES THAT PROVIDE EMERGENT LABOR AND DELIVERY OR PERINATAL CARE SERVICES THAT DO NOT HAVE SUFFICIENT RESOURCES TO PARTICIPATE IN ONE OR MORE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT INITIATIVES PURSUANT TO SUBSECTION (4) OF THIS SECTION.

(b) THE DEPARTMENT SHALL SELECT HOSPITALS AND FACILITIES THAT PROVIDE EMERGENT LABOR AND DELIVERY OR PERINATAL CARE SERVICES TO PARTICIPATE IN THE ENGAGEMENT PROGRAM AND MAY CONTRACT WITH THE PERINATAL QUALITY COLLABORATIVE TO ADMINISTER THE ENGAGEMENT PROGRAM. IN ORDER TO PARTICIPATE IN

THE ENGAGEMENT PROGRAM, A HOSPITAL OR FACILITY MUST COMMIT TO WORK WITH THE PERINATAL QUALITY COLLABORATIVE ON THE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT INITIATIVES SELECTED BY THE HOSPITAL OR FACILITY.

(c) THE DEPARTMENT SHALL PRIORITIZE FINANCIAL SUPPORT FOR HOSPITALS AND FACILITIES THAT:

(I) ARE IN RURAL AND FRONTIER AREAS OF THE STATE;

(II) QUALIFY FOR DISPROPORTIONATE SHARE PAYMENTS UNDER THE MEDICAL ASSISTANCE PROGRAM; OR

(III) HAVE LOWER-ACUITY MATERNAL OR NEONATAL LEVELS OF CARE DESIGNATIONS.

(d) HOSPITALS AND FACILITIES RECEIVING FINANCIAL SUPPORT PURSUANT TO THE ENGAGEMENT PROGRAM MAY USE THE FINANCIAL SUPPORT FOR QUALITY IMPROVEMENT, INCLUDING DEDICATED STAFF TIME, TRAINING COSTS, TRAVEL, CONTINUING EDUCATION, AND DATA ENTRY AND TECHNICAL ASSISTANCE.

(6) **Collaboration with the perinatal quality collaborative.** (a) THE DEPARTMENT SHALL CONTRACT WITH THE PERINATAL QUALITY COLLABORATIVE TO:

(I) TRACK STATEWIDE IMPLEMENTATION OF THE COMMITTEE'S RECOMMENDATIONS, DEVELOPED PURSUANT TO SECTION 25-52-104, TO PREVENT MATERNAL MORTALITY; AND

(II) NO LATER THAN JULY 1, 2026, AND NO LATER THAN JULY 1 EACH YEAR THEREAFTER, ISSUE A REPORT TO THE DEPARTMENT CONCERNING:

(A) CLINICAL QUALITY IMPROVEMENT EFFORTS TO REDUCE DISPARITIES IN PERINATAL HEALTH OUTCOMES AND TO PREVENT

MATERNAL AND INFANT MORTALITY AND MORBIDITY THAT INCLUDES RELEVANT, AGGREGATE HOSPITAL MATERNAL AND INFANT HEALTH QUALITY METRICS AND THAT MAY BE DISTRIBUTED TO POLICYMAKERS, HEALTH-CARE PROVIDERS, HOSPITALS AND OTHER HEALTH FACILITIES, PUBLIC HEALTH PROFESSIONALS, AND OTHER INTERESTED PERSONS TO ASSIST THE DEPARTMENT IN PROMOTING DATA ACCESS AND FACILITATING ADDITIONAL EFFORTS TO REDUCE MATERNAL AND INFANT MORTALITY AND MORBIDITY;

(B) HOSPITAL PARTICIPATION IN MATERNAL AND INFANT PERINATAL QUALITY IMPROVEMENT INITIATIVES PURSUANT TO SUBSECTION (4)(b) OF THIS SECTION;

(C) IMPLEMENTATION OF THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION MATERNAL AND CHILD HEALTH BUREAU'S AND AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS' ALLIANCE FOR INNOVATION ON MATERNAL HEALTH PATIENT SAFETY BUNDLES AND RELATED PERFORMANCE METRICS, INCLUDING THE STATUS OF ADDRESSING DRIVERS OF PERINATAL HEALTH DISPARITIES AND MATERNAL AND INFANT MORTALITY AND MORBIDITY AS DESCRIBED IN SUBSECTION (4)(a) OF THIS SECTION; AND

(D) AREAS OF OPPORTUNITY FOR ONGOING IMPROVEMENT.

(b) IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS RELATING TO THE PUBLICATION OF HEALTH INFORMATION AND LEGALLY BINDING DATA USE AGREEMENTS, THE PERINATAL QUALITY COLLABORATIVE AND THE DEPARTMENT SHALL MAKE AN AGGREGATED AND DE-IDENTIFIED REPORT PREPARED PURSUANT TO SUBSECTION (6)(a)(II) OF THIS SECTION PUBLICLY AVAILABLE ON THE DEPARTMENT'S WEBSITE AND ON THE WEBSITE OF THE PERINATAL QUALITY

COLLABORATIVE.

(c) THE PERINATAL QUALITY COLLABORATIVE SHALL CONSULT WITH A STATEWIDE ASSOCIATION OF HOSPITALS AND WITH DIVERSE HOSPITAL LEADERSHIP TO SUPPORT ONGOING HOSPITAL ENGAGEMENT IN QUALITY IMPROVEMENT AND TO ADVISE PRACTITIONERS IN CLINICAL SETTINGS ACROSS THE STATE ON THE ADVANCEMENT OF BEST PRACTICES TO REDUCE MATERNAL AND INFANT MORTALITY AND MORBIDITY.

(d) DATA SUBMITTED PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION IS CONSIDERED CONFIDENTIAL AND PROPRIETARY, CONTAINS TRADE SECRETS, OR IS NOT A PUBLIC RECORD PURSUANT TO PART 2 OF ARTICLE 72 OF TITLE 24 AND IS ONLY REPORTABLE IN AN AGGREGATED AND DE-IDENTIFIED MANNER.

SECTION 5. In Colorado Revised Statutes, **add** 25.5-5-517 as follows:

25.5-5-517. Coverage for choline dietary supplements. (1) NO LATER THAN JULY 1, 2025, THE STATE BOARD SHALL PROMULGATE RULES TO INCLUDE COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM FOR OVER-THE-COUNTER CHOLINE DIETARY SUPPLEMENTS FOR PREGNANT PERSONS.

(2) THE STATE DEPARTMENT SHALL SEEK FEDERAL APPROVAL, AS NECESSARY, FOR THE COVERAGE DESCRIBED IN SUBSECTION (1) OF THIS SECTION.

SECTION 6. Appropriation. (1) For the 2024-25 state fiscal year, $1,328,652 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from the general fund and is based on an assumption that the division will require an additional 0.9 FTE. To implement this act, the

division may use this appropriation for maternal and child health related to community health.

SECTION 7. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.