

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

REREVISED

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

LLS NO. 24-0137.01 Brita Darling x2241

SENATE BILL 24-175

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Senate Committees

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Appropriations

House Committees

Health & Human Services
Appropriations

HOUSE
3rd Reading Unamended
May 4, 2024

HOUSE
Amended 2nd Reading
May 3, 2024

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO IMPROVE PERINATAL HEALTH OUTCOMES,**
102 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

SENATE
3rd Reading Unamended
April 22, 2024

SENATE
Amended 2nd Reading
April 19, 2024

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

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.

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 division'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.

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

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

1 (3)(e) as follows:

2 **10-16-104. Mandatory coverage provisions - definitions - rules**
3 **- applicability. (3) Maternity coverage. (e) Doula services. (I) AS**
4 **USED IN THIS SUBSECTION (3)(e), UNLESS THE CONTEXT OTHERWISE**
5 **REQUIRES:**

6 (A) "BILLING GUIDANCE" MEANS GUIDANCE FROM THE
7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING CONCERNING
8 COVERAGE AND BILLING FOR DOULA SERVICES AFTER CONSIDERATION OF
9 THE FINDINGS AND RECOMMENDATIONS FOR DOULA SERVICES RESULTING
10 FROM THE STAKEHOLDER PROCESS REQUIRED PURSUANT TO SECTION
11 25.5-4-506.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (A) TWELVE MONTHS AFTER THE FEDERAL DEPARTMENT OF
12 HEALTH AND HUMAN SERVICES CONFIRMS THE DIVISION'S DETERMINATION
13 OR OTHERWISE INFORMS THE DIVISION THAT THE COVERAGE SPECIFIED IN
14 THIS SUBSECTION (3)(e) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT
15 THAT REQUIRES DEFRAID BY THE STATE PURSUANT TO 42 U.S.C. SEC.
16 18031 (d)(3)(B); OR

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

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

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

1 (1)(d) as follows:

2 **25-1.5-103. Health facilities - powers and duties of department**
3 **- rules - limitations on rules - definitions - repeal.** (1) The department
4 has, in addition to all other powers and duties imposed upon it by law, the
5 powers and duties provided in this section as follows:

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

12 (II) THIS SUBSECTION (1)(d) IS REPEALED, EFFECTIVE SEPTEMBER
13 1, 2029.

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

16 **25-52-103. Definitions.** As used in this article 52, unless the
17 context otherwise requires:

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

23 (6.5) "MEDICAL ASSISTANCE PROGRAM" MEANS THE MEDICAL
24 ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO ARTICLES 4 TO 6 OF
25 TITLE 25.5.

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

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

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

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

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

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

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

1 LIKELY TO DIE COMPARED WITH THEIR WHITE AND HISPANIC
2 COUNTERPARTS.

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

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

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

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

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

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

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

1 PERINATAL CARE SERVICES.

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

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

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

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

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

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

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

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

24 (III) INDIVIDUALIZED PROGRAM IMPLEMENTATION GUIDANCE AND
25 SUPPORT;

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

1 IMPLEMENTED CHANGES;

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

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

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

13 (4) **Hospital perinatal health quality improvement program.**

14 A HOSPITAL SHALL:

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

22 (I) CESAREAN DELIVERIES;

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

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

26 (IV) UNEXPECTED NEWBORN COMPLICATIONS;

27 (V) PERINATAL MENTAL HEALTH AND SUBSTANCE USE

1 CONDITIONS;

2 (VI) OBSTETRIC HEMORRHAGE; AND

3 (VII) PRETERM BIRTH; AND

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

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

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

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

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

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

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

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

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

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

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

17 (6) **Collaboration with the perinatal quality collaborative.**

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

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

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

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

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

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

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

20 (D) AREAS OF OPPORTUNITY FOR ONGOING IMPROVEMENT.

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

1 COLLABORATIVE.

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

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

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

15 **25.5-5-517. Coverage for choline dietary supplements.** (1) NO
16 LATER THAN JULY 1, 2025, THE STATE BOARD SHALL PROMULGATE RULES
17 TO INCLUDE COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM FOR
18 OVER-THE-COUNTER CHOLINE DIETARY SUPPLEMENTS FOR PREGNANT
19 PERSONS.

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

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

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

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