

**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

SENATE SPONSORSHIP

Fields and Buckner, Hansen

HOUSE SPONSORSHIP

McLachlan,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO IMPROVE PERINATAL HEALTH OUTCOMES.**

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 the same regulation as individuals providing doula services as recommended in the report of the department of public health and

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.*

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**

3 (3)(e) as follows:

1 **10-16-104. Mandatory coverage provisions - definitions - rules**
2 **- applicability. (3) Maternity coverage. (e) Doula services. (I) AS**

3 USED IN THIS SUBSECTION (3)(e), UNLESS THE CONTEXT OTHERWISE
4 REQUIRES:

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

10 (B) "DOULA SERVICES" MEANS SERVICES PROVIDED BY A DOULA.

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

13 (D) "REPORT" MEANS THE REPORT OF THE DEPARTMENT OF
14 HEALTH CARE POLICY AND FINANCING, INCLUDING THE FINDINGS AND
15 RECOMMENDATIONS FOR DOULA SERVICES, RESULTING FROM THE
16 STAKEHOLDER PROCESS REQUIRED PURSUANT TO SECTION 25.5-4-506.

17 (II) EXCEPT AS PROVIDED IN SUBSECTION (3)(e)(VI) OF THIS
18 SECTION, MATERNITY COVERAGE PURSUANT TO THIS SUBSECTION (3) MUST
19 INCLUDE COVERAGE FOR DOULA SERVICES.

20 (III) THE COVERAGE FOR DOULA SERVICES PURSUANT TO THIS
21 SUBSECTION (3)(e) MUST:

22 (A) INCLUDE THE SAME SCOPE AND DURATION OF COVERAGE FOR
23 DOULA SERVICES THAT IS INCLUDED IN THE DEPARTMENT OF HEALTH CARE
24 POLICY AND FINANCING'S REQUEST SUBMITTED PURSUANT TO SECTION
25 25.5-4-506 FOR FEDERAL AUTHORIZATION FOR DOULA SERVICES UNDER
26 THE MEDICAL ASSISTANCE PROGRAM; EXCEPT THAT THE COMMISSIONER
27 MAY ADOPT RULES AS NECESSARY TO IMPLEMENT THE BENEFIT IN THE

1 PRIVATE INSURANCE MARKET; AND

2 (B) REQUIRE THE SAME QUALIFICATIONS FOR AND REGULATION OF
3 INDIVIDUALS PROVIDING DOULA SERVICES AS RECOMMENDED IN THE
4 REPORT FOR INDIVIDUALS PROVIDING DOULA SERVICES UNDER THE
5 MEDICAL ASSISTANCE PROGRAM.

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

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

16 (A) REVIEW THE ACTUARIAL REVIEW CONDUCTED PURSUANT TO
17 SECTION 10-16-155.5 AND SUBMIT TO THE FEDERAL DEPARTMENT OF
18 HEALTH AND HUMAN SERVICES THE DIVISION'S DETERMINATION AS TO
19 WHETHER THE BENEFIT SPECIFIED IN THIS SUBSECTION (3)(e) IS IN
20 ADDITION TO ESSENTIAL HEALTH BENEFITS AND WOULD BE SUBJECT TO
21 DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);
22 AND

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

27 (VI) THIS SUBSECTION (3)(e) APPLIES TO, AND THE DIVISION SHALL

1 IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (3)(e) FOR,
2 INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR
3 RENEWED IN THIS STATE UPON THE EARLIER OF:

4 (A) TWELVE MONTHS AFTER THE FEDERAL DEPARTMENT OF
5 HEALTH AND HUMAN SERVICES CONFIRMS THE DIVISION'S DETERMINATION
6 OR OTHERWISE INFORMS THE DIVISION THAT THE COVERAGE SPECIFIED IN
7 THIS SUBSECTION (3)(e) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT
8 THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC.
9 18031 (d)(3)(B); OR

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

18 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-103, **add**
19 (1)(d) as follows:

20 **25-1.5-103. Health facilities - powers and duties of department**
21 **- rules - limitations on rules - definitions - repeal.** (1) The department
22 has, in addition to all other powers and duties imposed upon it by law, the
23 powers and duties provided in this section as follows:

24 (d) (I) TO ENSURE THAT EACH HOSPITAL THAT PROVIDES LABOR
25 AND DELIVERY OR NEONATAL CARE SERVICES IS COMPLYING WITH THE
26 REQUIREMENTS SPECIFIED IN SECTION 25-52-106.5, INCLUDING
27 PARTICIPATING IN AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY

1 IMPROVEMENT INITIATIVE AND SUBMITTING OUTCOME DATA TO THE
2 PERINATAL QUALITY COLLABORATIVE DEFINED IN SECTION 25-52-103 (3).

3 (II) THIS SUBSECTION (1)(d) IS REPEALED, EFFECTIVE SEPTEMBER
4 1, 2029.

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

7 **25-52-103. Definitions.** As used in this article 52, unless the
8 context otherwise requires:

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

14 (6.5) "MEDICAL ASSISTANCE PROGRAM" MEANS THE MEDICAL
15 ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO ARTICLES 4 TO 6 OF
16 TITLE 25.5.

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

19 **25-52-106.5. Perinatal health quality improvement program**
20 **- perinatal health quality improvement engagement program -**
21 **perinatal quality collaborative duties - data collection - reporting -**
22 **legislative declaration - definitions.** (1) THE GENERAL ASSEMBLY FINDS
23 AND DECLARES THAT:

24 (a) DISPARITIES IN MATERNAL AND INFANT HEALTH-CARE ACCESS,
25 DELIVERY, AND OUTCOMES IN COLORADO PERSIST, SUCH THAT BIRTHING
26 PEOPLE WHO ARE AMERICAN INDIAN/ALASKA NATIVE ARE NEARLY THREE
27 TIMES MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR

1 POSTPARTUM THAN THE OVERALL POPULATION OF THOSE GIVING BIRTH IN
2 COLORADO;

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

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

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

16 (e) IN 2022, THE UNITED STATES' INFANT MORTALITY RATE
17 INCREASED FOR THE FIRST TIME IN TWO DECADES. INFANTS BORN TO
18 BLACK AND NATIVE AMERICAN BIRTHING PEOPLE ARE TWO TIMES MORE
19 LIKELY TO DIE COMPARED WITH THEIR WHITE AND HISPANIC
20 COUNTERPARTS.

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

26 (g) THE NATIONAL GOVERNORS ASSOCIATION, THROUGH ITS
27 MATERNAL AND INFANT HEALTH INITIATIVE, SIMILARLY RECOMMENDS THE

1 ADOPTION OF PATIENT SAFETY BUNDLES AND INCREASED FUNDING FOR
2 STATE MATERNAL MORTALITY REVIEW COMMITTEES AND PERINATAL
3 QUALITY COLLABORATIVES;

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

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

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

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

17 (b) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
18 PURSUANT TO SECTION 25-1.5-103 THAT PROVIDES NONEMERGENT
19 PERINATAL CARE SERVICES.

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

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

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

27 (II) IMPLEMENT HOSPITAL QUALITY IMPROVEMENT PROGRAMS

1 THROUGH PERINATAL CARE SETTINGS TO REDUCE PREVENTABLE CAUSES
2 OF MATERNAL MORTALITY AND MORBIDITY; AND

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

7 (b) QUALITY IMPROVEMENT PROGRAM SUPPORT MAY INCLUDE:

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

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

13 (III) INDIVIDUALIZED PROGRAM IMPLEMENTATION GUIDANCE AND
14 SUPPORT;

15 (IV) DATA REPORTING, ANALYSIS, AND RAPID RESPONSE
16 FEEDBACK FOR ASSISTANCE IN MONITORING THE SUSTAINABILITY OF
17 IMPLEMENTED CHANGES;

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

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

22 (c) THE DEPARTMENT SHALL PROVIDE VITAL STATISTICS DATA TO
23 THE PERINATAL QUALITY COLLABORATIVE FOR PURPOSES OF DATA
24 ANALYSIS AND REPORTING. THE PERINATAL QUALITY COLLABORATIVE
25 SHALL DEVELOP A DATA-SHARING AGREEMENT WITH THE DEPARTMENT TO
26 IDENTIFY SPECIFIC VITAL STATISTICS DATA THAT MUST BE SHARED. THE
27 DATA-SHARING AGREEMENT MUST ADDRESS THE CONFIDENTIALITY OF

1 DATA TO ENSURE THAT DATA SHARING IS PROTECTED.

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

3 A HOSPITAL SHALL:

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

11 (I) CESAREAN DELIVERIES;

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

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

15 (IV) UNEXPECTED NEWBORN COMPLICATIONS;

16 (V) PERINATAL MENTAL HEALTH AND SUBSTANCE USE
17 CONDITIONS;

18 (VI) OBSTETRIC HEMORRHAGE; AND

19 (VII) PRETERM BIRTH; AND

20 (b) BEGINNING DECEMBER 15, 2025, PARTICIPATE ANNUALLY IN
21 AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT
22 INITIATIVE, AS DETERMINED BY THE HOSPITAL, IN COLLABORATION WITH
23 THE PERINATAL QUALITY COLLABORATIVE, WITH THE GOAL OF:

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

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

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(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

1 PURSUANT TO THE ENGAGEMENT PROGRAM MAY USE THE FINANCIAL
2 SUPPORT FOR QUALITY IMPROVEMENT, INCLUDING DEDICATED STAFF TIME,
3 TRAINING COSTS, TRAVEL, CONTINUING EDUCATION, AND DATA ENTRY
4 AND TECHNICAL ASSISTANCE.

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

6 (a) IN COLLABORATION WITH THE DEPARTMENT, THE PERINATAL QUALITY
7 COLLABORATIVE SHALL:

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

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

14 (A) CLINICAL QUALITY IMPROVEMENT EFFORTS TO REDUCE
15 DISPARITIES IN PERINATAL HEALTH OUTCOMES AND TO PREVENT
16 MATERNAL AND INFANT MORTALITY AND MORBIDITY THAT INCLUDES
17 RELEVANT, AGGREGATE HOSPITAL MATERNAL AND INFANT HEALTH
18 QUALITY METRICS AND THAT MAY BE DISTRIBUTED TO POLICYMAKERS,
19 HEALTH-CARE PROVIDERS, HOSPITALS AND OTHER HEALTH FACILITIES,
20 PUBLIC HEALTH PROFESSIONALS, AND OTHER INTERESTED PERSONS TO
21 ASSIST THE DEPARTMENT IN PROMOTING DATA ACCESS AND FACILITATING
22 ADDITIONAL EFFORTS TO REDUCE MATERNAL AND INFANT MORTALITY AND
23 MORBIDITY;

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

27 (C) IMPLEMENTATION OF THE FEDERAL HEALTH RESOURCES AND

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

8 (D) AREAS OF OPPORTUNITY FOR ONGOING IMPROVEMENT.

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

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

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

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

3 **25.5-5-517. Coverage for choline dietary supplements.** (1) **NO**
4 **LATER THAN JULY 1, 2025, THE STATE BOARD SHALL PROMULGATE RULES**
5 **TO INCLUDE COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM FOR**
6 **OVER-THE-COUNTER CHOLINE DIETARY SUPPLEMENTS FOR PREGNANT**
7 **PERSONS.**

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

11 **SECTION 6. Safety clause.** The general assembly finds,
12 determines, and declares that this act is necessary for the immediate
13 preservation of the public peace, health, or safety or for appropriations for
14 the support and maintenance of the departments of the state and state
15 institutions.