

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**

# An Act

HOUSE BILL 26-1044

BY REPRESENTATIVE(S) English and Joseph, Ricks, Bacon, Boesenecker, Brown, Camacho, Carter, Clifford, Duran, Goldstein, Jackson, Lieder, Lindsay, Nguyen, Phillips, Rutinel, Sirota, Story, Titone, Velasco, Willford, McCluskie, Mabrey, Valdez;  
also SENATOR(S) Exum and Benavidez, Amabile, Ball, Bridges, Cutter, Danielson, Daugherty, Gonzales J., Hinrichsen, Jodeh, Kipp, Kolker, Marchman, Mullica, Roberts, Rodriguez, Snyder, Wallace, Weissman, Coleman.

CONCERNING MEASURES TO IMPROVE EQUITY IN MATERNAL HEALTH.

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

**SECTION 1.** In Colorado Revised Statutes, 12-240-130.5, **amend** (7) introductory portion and (7)(b)(II) as follows:

**12-240-130.5. Continuing medical education - requirement - compliance - legislative declaration - rules - definitions.**

(7) The board shall ~~promulgate~~ **ADOPT** rules necessary to implement a physician CME requirement in accordance with this section. In addition to any other rules, the board shall adopt rules:

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

(b) (II) The board shall initiate a stakeholder process to consider requiring, for general practice and for all specialties, specific CME credit hours relating to health disparities and outcomes data; reproductive, sexual, and gender-based health care; CULTURAL COMPETENCE AND EQUITY IN MATERNAL CARE; and explicit and implicit bias, including the number and frequency of CME credit hours.

**SECTION 2.** In Colorado Revised Statutes, **amend** 12-255-129 as follows:

**12-255-129. Continuing education - rules.**

In addition to any other authority conferred upon the board by this part 1, the board is authorized to require no more than twenty hours of continuing education every two years as a condition of renewal of licenses and to establish procedures and standards for the educational requirements. The board shall, to assure that the continuing education requirements imposed do not have the effect of restraining competition among providers of the education, recognize a variety of alternative means of compliance with the requirements. The board shall adopt rules that are necessary to carry out ~~the provisions of~~ this section in accordance with article 4 of title 24, INCLUDING RULES THAT EMPHASIZE ATTENTION TO CULTURAL COMPETENCE AND EQUITY IN ACCORDANCE WITH SECTION 12-30-119.

**SECTION 3.** In Colorado Revised Statutes, 25-1.5-701, **add** (3) as follows:

**25-1.5-701. Health survey for birthing parents.**

(3) IN ADDITION TO THE MULTIYEAR SURVEY DESCRIBED IN SUBSECTIONS (1) AND (2) OF THIS SECTION, SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT MAY IMPLEMENT A STANDARDIZED, ANONYMOUS SURVEY OF ADDITIONAL INDIVIDUALS IN COLORADO WHO HAVE RECENTLY GIVEN BIRTH. THE SURVEY MAY COVER HEALTH AND SAFETY TOPICS, AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION, OR ADDITIONAL TOPICS. THE DEPARTMENT SHALL DETERMINE THE FORMAT FOR THE SURVEY AND MAY DESIGN THE SURVEY SO THAT THE SURVEY MAY BE TAKEN, AND RESULTS MAY BE COMPILED, ELECTRONICALLY.

**SECTION 4.** In Colorado Revised Statutes, 25-3-126, **add** (1.5) as follows:

**25-3-126. Health facilities - health-care practitioners - requirements related to labor and childbirth - rules - definitions.**

**(1.5) Required notice to birthing parents.**

(a) NO LATER THAN JANUARY 1, 2027, A HEALTH FACILITY SHALL MAKE ELECTRONICALLY AVAILABLE TO A BIRTHING PARENT AND A BIRTHING PARENT'S COMPANION OR FAMILY MEMBER, IF APPLICABLE, AND IN PRINT IF REQUESTED:

(I) A REQUIRED NOTICE TO BIRTHING PARENTS OF THE COMPONENTS OF RESPECTFUL LABOR AND CHILDBIRTH, INCLUDING:

(A) A BIRTHING PARENT'S RIGHT TO BE FREE FROM HARM AND MISTREATMENT;

(B) RESPECT FOR A BIRTHING PARENT'S DIGNITY, PRIVACY, AND CONFIDENTIALITY;

(C) A BIRTHING PARENT'S RIGHT TO INFORMED CHOICE AND CONSENT;

(D) THE RIGHT TO HAVE A BIRTHING COMPANION AND A FAMILY MEMBER WITH THE BIRTHING PARENT DURING BIRTH;

(E) EQUITABLE AND HIGH-QUALITY CARE FOR A BIRTHING PARENT THAT IS EVIDENCE-BASED, FREE FROM DISCRIMINATION, AND CULTURALLY SENSITIVE; AND

(F) EFFECTIVE COMMUNICATION, DURING WHICH HEALTH-CARE PRACTITIONERS INTRODUCE THEMSELVES, EXPLAIN THEIR ROLES, AND WELCOME QUESTIONS AND CONCERNS FROM A BIRTHING PARENT OR THE BIRTHING PARENT'S BIRTHING COMPANION OR FAMILY MEMBER; AND

(II) INFORMATION, INCLUDING TELEPHONE CONTACT INFORMATION, CONCERNING WHERE TO FILE A COMPLAINT WITH THE APPROPRIATE STATE OR FEDERAL OFFICE OR AGENCY RELATING TO THE BIRTHING PROCESS THAT

ALLEGES THE FOLLOWING:

(A) DISCRIMINATION BASED ON DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, OR AGE;

(B) UNPROFESSIONAL CONDUCT OR NEGLIGENT MEDICAL CARE FROM A LICENSED HEALTH-CARE PRACTITIONER, INCLUDING FAILURE TO PROVIDE INFORMED CONSENT;

(C) UNSAFE CONDITIONS OR FAILURE TO ALLOW VISITATION RIGHTS SPECIFIED IN SECTION 25-3-125, INCLUDING ALLOWING A BIRTHING COMPANION OR DOULA IN ADDITION TO A PARTNER OR SPOUSE TO BE PRESENT DURING LABOR AND BIRTH, AT A LICENSED HEALTH FACILITY; OR

(D) VIOLATION OF STATE OR FEDERAL PRIVACY AND SECURITY LAWS, INCLUDING THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, AND ITS IMPLEMENTING REGULATIONS.

(b) THE REQUIREMENTS SET FORTH IN THIS SUBSECTION (1.5):

(I) DO NOT APPLY TO LABOR AND CHILDBIRTH POLICIES DESCRIBED IN SUBSECTION (2) OF THIS SECTION RELATING TO A BIRTHING INDIVIDUAL WHO IS IN CUSTODY; AND

(II) DO NOT CREATE A PRIVATE RIGHT OF ACTION AGAINST A HEALTH FACILITY, A HEALTH FACILITY EMPLOYEE, A PERSON WITH WHOM THE HEALTH FACILITY HAS A CONTRACTUAL RELATIONSHIP, OR A LICENSED HEALTH-CARE PRACTITIONER FOR FAILING TO COMPLY WITH THIS SUBSECTION (1.5).

**SECTION 5.** In Colorado Revised Statutes, 25-52-104, **amend** (5)(c)(II), (5)(c)(III), and (6)(a) introductory portion; and **add** (5)(c)(IV), (5.3), and (6)(a)(VI) as follows:

**25-52-104. Colorado maternal mortality review committee - creation - members - duties - report to the general assembly - maternal health task force.**

(5) The department shall:

(c) Incorporate input and feedback from:

(II) Multidisciplinary, nonprofit organizations representing ~~persons~~ INDIVIDUALS who are pregnant or in the postpartum period, with a focus on ~~persons~~ INDIVIDUALS from racial and ethnic minority groups; ~~and~~

(III) Multidisciplinary, community-based organizations that provide support or advocacy for ~~persons~~ INDIVIDUALS who are pregnant or in the postpartum period, with a focus on ~~persons~~ INDIVIDUALS from racial and ethnic minority groups; AND

(IV) THE MATERNAL HEALTH TASK FORCE DESCRIBED IN SUBSECTION (5.3) OF THIS SECTION;

(5.3) AS PART OF THE FEDERAL GRANT THAT THE DEPARTMENT ADMINISTERS THROUGH THE STATE MATERNAL HEALTH INNOVATION AND DATA CAPACITY PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION IN THE FEDERAL DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT HAS ESTABLISHED THE MATERNAL HEALTH TASK FORCE, REFERRED TO IN THIS SUBSECTION (5.3) AS THE "TASK FORCE", WHICH IS CONVENED BY THE DEPARTMENT AND THE PERINATAL QUALITY COLLABORATIVE. SUBJECT TO AVAILABLE GRANT FUNDING FOR THE TASK FORCE, THE DEPARTMENT SHALL ENSURE THAT AT LEAST ONE MATERNAL HEALTH ADVOCATE REPRESENTING POPULATIONS KNOWN TO HAVE THE WORST MATERNAL MORTALITY OUTCOMES IN COLORADO SERVES ON THE TASK FORCE. IN ADDITION TO OTHER DUTIES, THE TASK FORCE PROVIDES INPUT AND FEEDBACK TO THE DEPARTMENT AND TO THE COMMITTEE CONCERNING POPULATIONS KNOWN TO HAVE THE WORST MATERNAL MORTALITY OUTCOMES IN COLORADO AND THE SUSPECTED OR KNOWN CAUSES OF THOSE OUTCOMES.

(6) (a) No later than July 1, 2020, and July 1 every three years thereafter THROUGH JULY 1, 2025, AND, COMMENCING OCTOBER 1, 2026, AND OCTOBER 1 EVERY THREE YEARS THEREAFTER, the department shall submit a report to the house of representatives ~~committees on public and behavioral health and human services and health and insurance~~ HEALTH AND HUMAN SERVICES COMMITTEE and the senate ~~committee on health and human services~~ COMMITTEE, or their successor committees. The report must

include:

(VI) CERTAIN MATERNAL HEALTH OUTCOMES THAT ARE IDENTIFIED FOR POPULATIONS KNOWN TO HAVE THE WORST MATERNAL MORTALITY OUTCOMES IN COLORADO.

**SECTION 6. 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.

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Julie McCluskie  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

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James Rashad Coleman, Sr.  
PRESIDENT OF  
THE SENATE

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Vanessa Reilly  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

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Esther van Mourik  
SECRETARY OF  
THE SENATE

APPROVED \_\_\_\_\_  
(Date and Time)

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Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO