

An Act

SENATE BILL 21-194

BY SENATOR(S) Buckner, Bridges, Danielson, Fenberg, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Pettersen, Story, Winter, Zenzinger;

also REPRESENTATIVE(S) Herod, Amabile, Bacon, Benavidez, Bernett, Bird, Boesenecker, Caraveo, Cutter, Duran, Exum, Froelich, Gonzales-Gutierrez, Gray, Jackson, Jodeh, Kennedy, Kipp, McCluskie, McCormick, McLachlan, Michaelson Jenet, Mullica, Ricks, Roberts, Sirota, Snyder, Sullivan, Titone, Valdez A., Woodrow, Young, Garnett.

CONCERNING MATERNAL HEALTH, AND, IN CONNECTION THEREWITH,
MAKING AN APPROPRIATION.

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

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

10-16-104. Mandatory coverage provisions - rules - definitions.

(3) **Maternity coverage.** (d) A CARRIER OFFERING A HEALTH BENEFIT PLAN IN THE STATE SHALL REIMBURSE PARTICIPATING PROVIDERS WHO PROVIDE COVERED HEALTH-CARE SERVICES RELATED TO LABOR AND DELIVERY WITHIN THE SCOPE OF THE PROVIDER'S PRACTICE IN A MANNER THAT:

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.

(I) PROMOTES HIGH-QUALITY, COST-EFFECTIVE, AND EVIDENCE-BASED CARE;

(II) PROMOTES HIGH-VALUE, EVIDENCE-BASED PAYMENT MODELS;
AND

(III) PREVENTS RISK IN SUBSEQUENT PREGNANCIES.

SECTION 2. In Colorado Revised Statutes, add 12-30-118 as follows:

12-30-118. Acceptance of transfers from home and birthing centers. (1) A PERSON REGULATED UNDER THIS TITLE 12 WHO REGULARLY PROVIDES HEALTH-CARE SERVICES RELATED TO LABOR AND DELIVERY SHALL:

(a) BE ABLE TO IDENTIFY WHEN TO TRANSMIT AND RECEIVE PATIENT INFORMATION, AND TRANSFER AND RECEIVE PATIENTS, ACROSS THE FACILITY'S LEVELS OF CARE; AND

(b) COORDINATE WITH OTHER PROVIDERS TO EFFECTUATE SERVICES ACROSS THE FACILITY'S LEVELS OF CARE IN A WAY THAT PREVENTS PATIENTS LOSING ACCESS TO CARE.

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

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

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

25-2-112. Certificates of birth - filing - establishment of paternity - notice to collegeinvest. (7) (a) The state registrar shall revise the birth certificate worksheet form used for the preparation of a certificate of live birth to include a statement that knowingly and intentionally

misrepresenting material information on the worksheet form used for the preparation of a birth certificate is a misdemeanor.

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

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

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

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

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

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

25-52-104. Colorado maternal mortality review committee - creation - members - duties - report to the general assembly - repeal. (5) The department shall:

(a) Compile reports of aggregated, nonindividually identifiable data on a routine basis for distribution in an effort to further study the causes and problems associated with maternal mortality that may be distributed to policymakers, health-care providers, ~~and~~ HEALTH facilities, behavioral health providers, public health professionals, THE HEALTH EQUITY COMMISSION CREATED IN SECTION 25-4-2206, and others necessary to reduce the maternal mortality rate;

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

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

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

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

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

(d) MAKE RECOMMENDATIONS TO IMPROVE THE COLLECTION AND PUBLIC REPORTING OF MATERNAL HEALTH DATA FROM HOSPITALS, HEALTH SYSTEMS, INSURERS, MATERNAL CARE PROVIDERS, PHARMACIES, LOCAL AND STATE LAW ENFORCEMENT OFFICES, BEHAVIORAL HEALTH TREATMENT FACILITIES, AND SUBSTANCE USE DISORDER TREATMENT FACILITIES, INCLUDING:

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

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

(e) STUDY THE USE OF RESEARCH EVIDENCE IN POLICIES RELATED TO THE PERINATAL PERIOD IN COLORADO AND, NO LATER THAN SEPTEMBER 1, 2023, REPORT TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE HOUSE OF REPRESENTATIVES COMMITTEE ON HEALTH AND INSURANCE, OR THEIR SUCCESSOR COMMITTEES, ON THE USE OF RESEARCH EVIDENCE IN POLICIES RELATED TO THE PERINATAL PERIOD IN THE STATE, INCLUDING PUBLIC AND PRIVATE PAYMENT SYSTEMS AND MALPRACTICE

INSURANCE POLICIES, USING THE IMPLEMENTATION SCIENCE FRAMEWORK. TO FULFILL THE REQUIREMENTS OF THIS SUBSECTION (5)(e), THE DEPARTMENT MAY CONTRACT WITH A THIRD PARTY AND REQUEST INFORMATION FROM INSURERS OFFERING MEDICAL MALPRACTICE POLICIES IN THE STATE REGARDING THE INSURER'S POLICIES RELATED TO LABOR AND DELIVERY SERVICES.

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

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

(IV) In consultation with the designated state perinatal care quality collaborative, recommendations for clinical quality improvement approaches that could reduce the incidence of pregnancy-related deaths or maternal mortality or morbidity in prenatal, perinatal, and postnatal clinical settings and recommendations for how to spread best practices to clinical settings across the state; AND

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

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

SECTION 6. In Colorado Revised Statutes, add 25.5-4-425 as follows:

25.5-4-425. Providers - health-care services related to labor and delivery - reimbursement. (1) THE STATE DEPARTMENT SHALL REIMBURSE ALL ELIGIBLE PROVIDERS THAT PROVIDE HEALTH-CARE SERVICES RELATED TO LABOR AND DELIVERY WITHIN THE SCOPE OF THE PROVIDER'S PRACTICE IN A MANNER THAT:

(a) PROMOTES HIGH-QUALITY, COST-EFFECTIVE, AND EVIDENCE-BASED CARE;

(b) PROMOTES HIGH-VALUE, EVIDENCE-BASED PAYMENT MODELS;
AND

(c) PREVENTS RISK IN SUBSEQUENT PREGNANCIES.

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

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

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

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

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

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

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

(5.5) (a) SUBJECT TO THE RECEIPT OF FEDERAL FINANCIAL PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL LAW, A PERSON WHO WAS ELIGIBLE FOR THE PLAN WHILE PREGNANT AND WHO REMAINS ELIGIBLE FOR ALL PREGNANCY-RELATED AND POSTPARTUM SERVICES UNDER THE PLAN FOR THE SIXTY DAYS FOLLOWING THE PREGNANCY REMAINS CONTINUOUSLY ELIGIBLE FOR ALL SERVICES UNDER THE PLAN FOR THE

TWELVE-MONTH POSTPARTUM PERIOD.

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

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

SECTION 9. Appropriation. (1) For the 2021-22 state fiscal year, \$77,993 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

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

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

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

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

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

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

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

(c) \$191,254, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year, for Medicaid management information system maintenance and projects; and

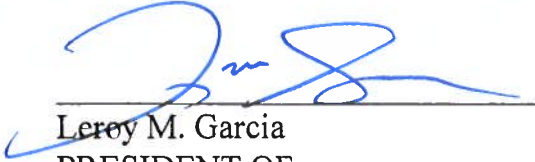
(d) \$262,558 for Colorado benefits management systems, operating and contract expenses.

(3) For the 2021-22 state fiscal year, \$291,732 is appropriated to the office of the governor for use by the office of information technology. This appropriation is from reappropriated funds received from the department of health care policy and financing under subsections (1)(d) and (2)(d) of this section. To implement this act, the office may use this appropriation to provide information technology services for the department of health care policy and financing.

(4) For the 2021-22 state fiscal year, \$82,243 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 0.5 FTE. To implement this act, the division may use this appropriation for maternal and child health.

SECTION 10. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in

November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.



Leroy M. Garcia
PRESIDENT OF
THE SENATE



Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES



Cindi L. Markwell
SECRETARY OF
THE SENATE



Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED JULY 6, 2021 at 12:50 pm
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO