

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 24-0285.01 Yelana Love x2295

HOUSE BILL 24-1262

HOUSE SPONSORSHIP

Garcia and Jodeh,

SENATE SPONSORSHIP

Buckner and Michaelson Jenet,

House Committees

Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

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

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>.)

Current law requires "direct-entry midwives" to register with the division of professions and occupations in the department of regulatory agencies before practicing. **Sections 2 through 12** of the bill make changes within the direct-entry midwives practice act to update the title of these professionals to "certified professional midwives" and change the regulation from registration to licensure. **Sections 21 through 31** make

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.*

HOUSE
Amended 2nd Reading
April 16, 2024

the same updates to current law in other statutes outside of the practice act.

Current law allows the state board for community colleges and occupational education to use unexpended resources from the in-demand short-term health-care credentials program (program) to expand the eligible programs that may receive support through the program. **Section 13** allows the board to expand the eligible programs to include certified professional midwives.

Section 14 requires the civil rights commission to establish certain parameters when receiving reports for maternity care. **Section 15** adds pregnancy as a protected class for purposes of discrimination in places of public accommodation.

The bill adds a midwife to the environmental justice advisory board (**section 16**) and the governor's expert emergency epidemic response committee (**section 20**).

Section 17 requires a health facility that provides maternal health services to notify certain individuals before eliminating or reducing the services.

Section 18 adds midwifery as a preferred area of expertise for members of the health equity commission.

Section 19 requires the maternal mortality review committee to:

- Study closures related to perinatal health-care practices and facilities and perinatal health-care deserts and assets related to perinatal health and health-care services across the state, not limited to obstetric providers;
- Identify major outcome categories that the department of public health and environment should track over time and identify risks and opportunities;
- Explore the effects of practice and facility closures (closures) on maternal and infant health outcomes and experiences;
- Identify recommendations during closures and resultant transfers of care;
- Identify best practice guidelines during closures and resultant transfers of care; and
- Create a maternal health desert and asset map.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) With the increased demand for reproductive health-care

1 services in the state, it is important to support the full infrastructure of
2 reproductive health-care providers. This includes:

3 (I) Integrating the services and expertise of certified professional
4 midwives;

5 (II) Assessing and maintaining the level of reproductive
6 health-care services needed in a community in a way that is accessible to
7 the community;

8 (III) Understanding the assets and the gaps in services at the
9 county level; and

10 (IV) Understanding and implementing best practices for when
11 services are discontinued in a community, including providing notice
12 and a transition plan to the state in order to recognize and monitor the
13 ongoing impact to the community.

14 (b) Demand for community birth options jumped 30% from 2019
15 to 2020, with the majority of demand coming from Black and Latinx
16 birthing people;

17 (c) People are choosing community birth care because they find
18 it supportive of not just their health needs but their social, spiritual, and
19 community values and needs; however, community birth facilities and
20 providers face barriers to providing care;

21 (d) The term "direct-entry midwife" has inconsistent meaning
22 across states and causes confusion, whereas "Certified Professional
23 Midwife" (CPM) more clearly communicates what these providers do in
24 Colorado, and "Certified Professional Midwife" is consistent with the
25 nationally recognized credential for midwives specializing in community
26 birth. Colorado statutes should be updated to be consistent with other
27 states and the national language.

1 (e) While not reflected in statute, CPM is the credential that
2 direct-entry midwives have been required to have to practice in Colorado,
3 as the director of the division of professions and occupations started
4 accepting only this credential as proof of satisfying the educational
5 requirements listed in statute;

6 (f) Over 95% of the direct-entry midwives actively practicing in
7 the state hold the CPM credential, and those who don't have decades of
8 experience;

9 (g) CPMs are considered licensed in other states, including in the
10 surrounding states of Wyoming, New Mexico, Utah, and Arizona.
11 Colorado statutes should be updated to reflect our alignment with national
12 trends and neighboring states.

13 (h) Patients should have the ability to choose the provider that is
14 right for them, regardless of the setting. Especially for underserved Black,
15 Indigenous, Asian, rural, refugee, or immigrant communities or someone
16 dealing with a substance use or mental health condition, the ability to
17 choose a provider that can meet their needs isn't just important, it could
18 be lifesaving.

19 (i) Facility and practice closures leave communities scrambling
20 when they close suddenly and without guidance to patients. When
21 closures occur, the state must ensure that vulnerable communities are
22 protected.

23 (j) The preventable maternal mortality crisis is only growing
24 worse in our state, disproportionately harming Black and Indigenous
25 people; and

26 (k) The maternal mortality review committee has made several
27 recommendations to combat this crisis, including:

1 (I) Increased access to a variety of health-care professionals, such
2 as CPMs;

3 (II) Addressing critical maternal health workforce shortages, such
4 as ensuring that CPMs can provide care at their full scope and preventing
5 perinatal facility and practice closures as much as possible;

6 (III) Examining unintended consequences of policies and
7 procedures, such as exploring the impact of facility and practice closures
8 on Black, Indigenous, Latinx, Asian, rural, and immigrant and refugee
9 communities; and

10 (IV) The Colorado department of public health and environment
11 recommends that health-care providers be trained and prepared to provide
12 a type of care that CPMs already specialize in. The midwifery model of
13 care exemplifies certain recommendations such as dyad care,
14 trauma-informed care, shared decision-making, and expertise in safe
15 transitions, care navigation, and wraparound services.

16 **SECTION 2.** In Colorado Revised Statutes, 12-225-101, **amend**
17 (1)(a), (1)(b), and (2) introductory portion as follows:

18 **12-225-101. Scope of article - exemptions - legislative**
19 **declaration.** (1) (a) This article 225 applies only to ~~direct-entry~~
20 CERTIFIED PROFESSIONAL midwives and does not apply to those persons
21 who are otherwise licensed by the state of Colorado under this title 12 if
22 the practice of midwifery is within the scope of that licensure.

23 (b) (I) A person who is a certified nurse midwife authorized
24 pursuant to section 12-255-111, a certified midwife authorized pursuant
25 to section 12-255-111.5, or a physician as provided in article 240 of this
26 title 12 shall not simultaneously be so licensed and also be ~~registered~~
27 LICENSED under this article 225. A physician, certified nurse midwife, or

1 certified midwife who holds a license in good standing may relinquish the
2 license and subsequently be ~~registered~~ LICENSED under this article 225.

3 (II) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not
4 represent oneself as a nurse midwife, certified nurse midwife, or certified
5 midwife.

6 (III) The fact that a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
7 may hold a practical or professional nursing license does not expand the
8 scope of practice of the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife.

9 (IV) The fact that a practical or professional nurse may be
10 ~~registered~~ LICENSED as a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
11 does not expand the scope of practice of the nurse.

12 (2) Nothing in this article 225 shall be construed to prohibit, or to
13 require ~~registration~~ LICENSURE under this article 225, with regard to:

14 **SECTION 3.** In Colorado Revised Statutes, **amend** 12-225-103
15 as follows:

16 **12-225-103. Definitions.** As used in this article 225, unless the
17 context otherwise requires:

18 (1) "Birth center" means a freestanding facility licensed by the
19 department of public health and environment that:

20 (a) Is not a hospital, attached to a hospital, or located in a hospital;

21 (b) Provides prenatal, labor, delivery, and postpartum care to
22 low-risk pregnant persons and newborns; and

23 (c) Provides care during delivery and immediately after delivery
24 that is generally less than twenty-four hours in duration.

25 (2) "CERTIFIED PROFESSIONAL MIDWIFE" MEANS A PERSON WHO
26 PRACTICES CERTIFIED PROFESSIONAL MIDWIFERY.

27 (3) "CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL" MEANS A

1 CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL ISSUED BY THE NORTH
2 AMERICAN REGISTRY OF MIDWIVES, OR ITS SUCCESSOR ORGANIZATION.

3 (4) "CERTIFIED PROFESSIONAL MIDWIFERY" OR "PRACTICE OF
4 CERTIFIED PROFESSIONAL MIDWIFERY" MEANS ADVISING, ATTENDING, OR
5 ASSISTING AN INDIVIDUAL DURING PREGNANCY, LABOR AND NATURAL
6 CHILDBIRTH AT HOME OR AT A BIRTH CENTER, AND THE POSTPARTUM
7 PERIOD IN ACCORDANCE WITH THIS ARTICLE 225.

8 ~~(1.5)~~ (5) "Client" means a pregnant woman for whom a
9 ~~direct-entry midwife~~ CERTIFIED PROFESSIONAL MIDWIFE performs
10 services. For purposes of perinatal or postpartum care, "client" includes
11 the woman's newborn.

12 ~~(2) "Direct-entry midwife" means a person who practices~~
13 ~~direct-entry midwifery.~~

14 ~~(3) "Direct-entry midwifery" or "practice of direct-entry~~
15 ~~midwifery" means the advising, attending, or assisting of a woman during~~
16 ~~pregnancy, labor and natural childbirth at home or at a birth center, and~~
17 ~~the postpartum period in accordance with this article 225.~~

18 ~~(4)~~ (6) "Natural childbirth" means the birth of a child without the
19 use of instruments, surgical procedures, or prescription drugs other than
20 those for which the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife has
21 specific authority under this article 225 to obtain and administer.

22 ~~(5)~~ (7) "Perinatal" means the period from the twenty-eighth week
23 of pregnancy through seven days after birth.

24 ~~(6)~~ (8) "Postpartum period" means the period of six weeks after
25 birth.

26 **SECTION 4.** In Colorado Revised Statutes, 12-225-104, **amend**
27 (1), (3), (4) introductory portion, (4)(f), (5), and (6); and **add** (1.5), (1.7),

1 and (5.5) as follows:

2 **12-225-104. Requirement for licensure by the division - annual**
3 **fee - renewal - grounds for revocation - repeal.** (1) (a) PRIOR TO
4 SEPTEMBER 1, 2024, every direct-entry midwife shall register with the
5 division by applying to the director in the form and manner the director
6 requires. The application shall include the information specified in
7 section 12-225-105.

8 (b) THIS SUBSECTION (1) IS REPEALED, EFFECTIVE SEPTEMBER 1,
9 2025.

10 (1.5) ON OR AFTER SEPTEMBER 1, 2024, EXCEPT AS OTHERWISE
11 PROVIDED IN THIS ARTICLE 225, AN INDIVIDUAL IN THIS STATE WHO
12 PRACTICES CERTIFIED PROFESSIONAL MIDWIFERY OR WHO REPRESENTS
13 ONESELF AS BEING ABLE TO PRACTICE CERTIFIED PROFESSIONAL
14 MIDWIFERY MUST POSSESS A VALID LICENSE ISSUED BY THE DIRECTOR
15 PURSUANT TO THIS ARTICLE 225 AND RULES PROMULGATED PURSUANT TO
16 THIS ARTICLE 225.

17 (1.7) (a) ON SEPTEMBER 1, 2024, EACH ACTIVE DIRECT-ENTRY
18 MIDWIFE REGISTRATION BECOMES AN ACTIVE CERTIFIED PROFESSIONAL
19 MIDWIFE LICENSE BY OPERATION OF LAW. THE CONVERSION FROM
20 REGISTRATION TO LICENSURE AND DIRECT-ENTRY MIDWIFE TO CERTIFIED
21 PROFESSIONAL MIDWIFE DOES NOT AFFECT ANY PRIOR DISCIPLINE,
22 LIMITATION, OR CONDITION IMPOSED BY THE DIRECTOR ON A
23 DIRECT-ENTRY MIDWIFE'S REGISTRATION; LIMIT THE DIRECTOR'S
24 AUTHORITY OVER ANY REGISTRANT; OR AFFECT ANY PENDING
25 INVESTIGATION OR ADMINISTRATIVE PROCEEDING. THE DIRECTOR SHALL
26 TREAT ANY APPLICATION FOR A DIRECT-ENTRY MIDWIFE REGISTRATION
27 PENDING AS OF AUGUST 31, 2024, INCLUDING ANY APPLICATION FOR

1 RENEWAL OR REINSTATEMENT OF A DIRECT-ENTRY MIDWIFE
2 REGISTRATION, AS AN APPLICATION FOR A CERTIFIED PROFESSIONAL
3 MIDWIFE LICENSE, WHICH APPLICATION IS SUBJECT TO THE REQUIREMENTS
4 ESTABLISHED BY THE DIRECTOR.

5 (b) THIS SUBSECTION (1.7) IS REPEALED, EFFECTIVE SEPTEMBER 1,
6 2026.

7 (3) Every applicant for ~~registration~~ LICENSURE shall pay a
8 ~~registration~~ LICENSURE fee to be established by the director in the manner
9 authorized by section 12-20-105. ~~Registrations~~ LICENSES issued pursuant
10 to this article 225 are subject to the renewal, expiration, reinstatement,
11 and delinquency fee provisions specified in section 12-20-202 (1) and (2).
12 Any person whose ~~registration~~ LICENSE has expired ~~shall be~~ IS subject to
13 the penalties provided in this article 225 or section 12-20-202 (1).

14 (4) To qualify to ~~register~~ FOR LICENSURE, a ~~direct-entry~~ CERTIFIED
15 PROFESSIONAL midwife must have successfully completed an examination
16 evaluated and approved by the director as an appropriate test to measure
17 competency in the practice of ~~direct-entry~~ CERTIFIED PROFESSIONAL
18 midwifery, which examination must have been developed by a ~~person~~ AN
19 INDIVIDUAL or entity other than the director or the division and the
20 acquisition of which shall require no expenditure of state funds. The
21 national registry examination administered by the ~~Midwives Alliance of~~
22 ~~North America~~ NORTH AMERICAN REGISTRY OF MIDWIVES, or its
23 successor, must be among those evaluated by the director. The director is
24 authorized to approve any existing test meeting all the criteria set forth in
25 this subsection (4). In addition to successfully completing the
26 examination, a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife is qualified
27 to ~~register~~ FOR LICENSURE if the ~~person~~ INDIVIDUAL has:

1 (f) Filed documentation with the director that the ~~direct-entry~~
2 CERTIFIED PROFESSIONAL midwife is currently certified by the American
3 Heart Association or the American Red Cross to perform adult and infant
4 cardiopulmonary resuscitation ("CPR").

5 (5) ~~Effective July 1, 2003, in order to be deemed qualified to~~
6 ~~register, a direct-entry~~ IN ORDER TO OBTAIN A LICENSE, A CERTIFIED
7 PROFESSIONAL midwife must have graduated from an accredited
8 midwifery educational program; OBTAINED A CERTIFIED PROFESSIONAL
9 MIDWIFE CREDENTIAL FROM THE NORTH AMERICAN REGISTRY OF
10 MIDWIVES, OR ITS SUCCESSOR ORGANIZATION; or obtained a substantially
11 equivalent education approved by the director. The educational
12 requirement does not apply to AN INDIVIDUAL INITIALLY REGISTERED AS
13 A ~~direct-entry midwives who have registered with the division~~ MIDWIFE
14 before July 1, 2003.

15 (5.5) THE DIRECTOR SHALL NOT RENEW A CERTIFIED PROFESSIONAL
16 MIDWIFE'S LICENSE WITHOUT PROOF THAT THE INDIVIDUAL HAS AN ACTIVE
17 CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL FROM THE NORTH
18 AMERICAN REGISTRY OF MIDWIVES, OR ITS SUCCESSOR ORGANIZATION.

19 (6) For purposes of ~~registration~~ LICENSURE under this article 225,
20 no credential, licensure, or certification issued by any other state meets
21 the requirements of this article 225, and therefore there is no reciprocity
22 with other states.

23 **SECTION 5.** In Colorado Revised Statutes, 12-225-105, **amend**
24 (1) introductory portion, (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), (1)(g), and
25 (1)(h) as follows:

26 **12-225-105. Mandatory disclosure of information to clients.**

27 (1) Every ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall provide

1 the following information in writing to each client during the initial client
2 contact:

3 (a) The name, business address, and business phone number of the
4 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife;

5 (b) A listing of the ~~direct-entry~~ CERTIFIED PROFESSIONAL
6 midwife's education, experience, degrees, membership in any professional
7 organization whose membership includes not less than one-third of all
8 ~~registrants~~ LICENSEES, certificates or credentials related to ~~direct-entry~~
9 CERTIFIED PROFESSIONAL midwifery awarded by any such organization,
10 and the length of time and number of contact hours required to obtain the
11 degrees, certificates, or credentials;

12 (c) A statement indicating whether or not the ~~direct-entry~~
13 CERTIFIED PROFESSIONAL midwife is covered under a policy of liability
14 insurance for the practice of ~~direct-entry~~ CERTIFIED PROFESSIONAL
15 midwifery;

16 (d) A listing of any license, certificate, or registration in the
17 health-care field previously or currently held by the ~~direct-entry~~
18 CERTIFIED PROFESSIONAL midwife and suspended or revoked by any local,
19 state, or national health-care agency;

20 (e) A statement that the practice of ~~direct-entry~~ CERTIFIED
21 PROFESSIONAL midwifery is regulated by the department. The statement
22 must provide the address and telephone number of the office of
23 midwifery ~~registration~~ LICENSURE in the division and shall state that
24 violation of this article 225 may result in revocation of ~~registration~~
25 LICENSURE and of the authority to practice ~~direct-entry~~ CERTIFIED
26 PROFESSIONAL midwifery in Colorado.

27 (g) A statement indicating whether or not the ~~direct-entry~~

1 CERTIFIED PROFESSIONAL midwife will administer vitamin K to the
2 client's newborn infant and, if not, a list of qualified health-care
3 practitioners who can provide that service; and

4 (h) A statement indicating whether or not the ~~direct-entry~~
5 CERTIFIED PROFESSIONAL midwife will administer Rho(D) immune
6 globulin to the client if ~~she~~ THE CLIENT is determined to be Rh-negative
7 and, if not, a list of qualified health-care practitioners who can provide
8 that service.

9 **SECTION 6.** In Colorado Revised Statutes, 12-225-106, **amend**
10 (1), (2), (3), (4), (5)(a) introductory portion, (5)(a)(I), (5)(a)(II), (5)(a)(III)
11 introductory portion, (5)(a)(III)(A), (5)(a)(III)(C), (5)(a)(III)(E),
12 (5)(a)(III)(F), (5)(a)(IV), (6), (7), (8), (9), (10), (11), (13), and (14) as
13 follows:

14 **12-225-106. Prohibited acts - practice standards - informed**
15 **consent - emergency plan - risk assessment - referral - rules.** (1) A
16 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not dispense or
17 administer any medication or drugs except in accordance with section
18 12-225-107.

19 (2) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not
20 perform any operative or surgical procedure; except that a ~~direct-entry~~
21 CERTIFIED PROFESSIONAL midwife may perform sutures of perineal tears
22 in accordance with section 12-225-107.

23 (3) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not
24 provide care to a pregnant woman who, according to generally accepted
25 medical standards, exhibits signs or symptoms of increased risk of
26 medical or obstetric or neonatal complications or problems during the
27 completion of her pregnancy, labor, delivery, or ~~the~~ postpartum period.

1 Those conditions include but are not limited to signs or symptoms of
2 diabetes, multiple gestation, hypertensive disorder, or abnormal
3 presentation of the fetus.

4 (4) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not
5 provide care to a pregnant woman who, according to generally accepted
6 medical standards, exhibits signs or symptoms of increased risk that her
7 child may develop complications or problems during the first six weeks
8 of life.

9 (5)(a) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall keep
10 appropriate records of midwifery-related activity, including but not
11 limited to the following:

12 (I) The ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall
13 complete and file a birth certificate for every delivery in accordance with
14 section 25-2-112.

15 (II) The ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall
16 complete and maintain appropriate client records for every client.

17 (III) Before accepting a client for care, the ~~direct-entry~~ CERTIFIED
18 PROFESSIONAL midwife shall obtain the client's informed consent, which
19 shall be evidenced by a written statement in a form prescribed by the
20 director and signed by both the ~~direct-entry~~ CERTIFIED PROFESSIONAL
21 midwife and the client. The form shall MUST certify that full disclosure
22 has been made and acknowledged by the client as to each of the following
23 items, with the client's acknowledgment evidenced by a separate signature
24 or initials adjacent to each item in addition to the client's signature at the
25 end of the form:

26 (A) The ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife's
27 educational background and training;

1 (C) A description of the available alternatives to ~~direct-entry~~
2 CERTIFIED PROFESSIONAL midwifery care, including a statement that the
3 client understands the client is not retaining a certified nurse midwife, a
4 nurse midwife, or a certified midwife;

5 (E) A statement indicating whether or not the ~~direct-entry~~
6 CERTIFIED PROFESSIONAL midwife is covered under a policy of liability
7 insurance for the practice of ~~direct-entry~~ CERTIFIED PROFESSIONAL
8 midwifery; and

9 (F) A statement informing the client that, if subsequent care is
10 required resulting from the acts or omissions of the ~~direct-entry~~ CERTIFIED
11 PROFESSIONAL midwife, any physician, nurse, certified midwife,
12 prehospital emergency personnel, and health-care institution rendering
13 subsequent care will be held only to a standard of gross negligence or
14 willful and wanton ~~conduct~~ MISCONDUCT;

15 (IV) (A) Until the liability insurance required pursuant to section
16 12-225-112 (2) is available, each ~~direct-entry~~ CERTIFIED PROFESSIONAL
17 midwife shall, before accepting a client for care, provide the client with
18 a disclosure statement indicating that the ~~direct-entry~~ CERTIFIED
19 PROFESSIONAL midwife does not have liability insurance. To comply with
20 this section, the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall
21 ensure that the disclosure statement is printed in at least twelve-point
22 bold-faced type and shall read the statement to the client in a language the
23 client understands. Each client shall sign the disclosure statement
24 acknowledging that the client understands the effect of its provisions. The
25 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall also sign the
26 disclosure statement and provide a copy of the signed disclosure
27 statement to the client.

1 (B) In addition to the information required in subsection
2 (5)(a)(IV)(A) of this section, the ~~direct-entry~~ CERTIFIED PROFESSIONAL
3 midwife shall include the following statement in the disclosure statement
4 and shall display the statement prominently and deliver the statement
5 orally to the client before the client signs the disclosure statement:
6 "Signing this disclosure statement does not constitute a waiver of any
7 right (insert client's name) has to seek damages or redress from the
8 undersigned ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife for any act of
9 negligence or any injury (insert client's name) may sustain in the course
10 of care administered by the undersigned ~~direct-entry~~ CERTIFIED
11 PROFESSIONAL midwife."

12 (6) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall prepare
13 a plan, in the form and manner required by the director, for emergency
14 situations. The plan must include procedures to be followed in situations
15 in which the time required for transportation to the nearest facility
16 capable of providing appropriate treatment exceeds limits established by
17 the director by rule. A copy of the plan shall be given to each client as
18 part of the informed consent required by subsection (5) of this section.

19 (7) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall prepare
20 and transmit appropriate specimens for newborn screening in accordance
21 with section 25-4-1004 and shall refer every newborn child for
22 evaluation, within seven days after birth, to a licensed health-care
23 provider with expertise in pediatric care.

24 (8) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall ensure
25 that appropriate laboratory testing, as determined by the director, is
26 completed for each client.

27 (9) (a) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall

1 provide eye prophylactic therapy to all newborn children in the
2 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife's care in accordance with
3 section 25-4-301.

4 (b) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall inform
5 the parents of all newborn children in the ~~direct-entry~~ CERTIFIED
6 PROFESSIONAL midwife's care of the importance of critical congenital
7 heart defect screening using pulse oximetry in accordance with section
8 25-4-1004.3. If a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife is not
9 properly trained in the use of pulse oximetry or does not have the use of
10 or own a pulse oximeter, the ~~direct-entry~~ CERTIFIED PROFESSIONAL
11 midwife shall refer the parents to a health-care provider who can perform
12 the screening. If a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife is
13 properly trained in the use of pulse oximetry and has the use of or owns
14 a pulse oximeter, the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall
15 perform the critical congenital heart defect screening on newborn children
16 in the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife's care in accordance
17 with section 25-4-1004.3.

18 (10) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall be
19 knowledgeable and skilled in aseptic procedures and the use of universal
20 precautions and shall use them with every client.

21 (11) To assure that proper risk assessment is completed and that
22 clients who are inappropriate for ~~direct-entry~~ CERTIFIED PROFESSIONAL
23 midwifery are referred to other health-care providers, the director shall
24 establish, by rule, a risk assessment procedure to be followed by a
25 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife for each client and
26 standards for appropriate referral. The assessment shall be MADE a part of
27 each client's record as required in subsection (5)(a)(II) of this section.

1 (13) A ~~registered direct-entry~~ LICENSED CERTIFIED PROFESSIONAL
2 midwife may purchase, possess, carry, and administer oxygen. The
3 department shall promulgate rules concerning minimum training
4 requirements for ~~direct-entry~~ CERTIFIED PROFESSIONAL midwives with
5 respect to the safe administration of oxygen. Each ~~registrant~~ LICENSEE
6 shall complete the minimum training requirements and submit proof of
7 having completed the requirements to the director before administering
8 oxygen to any client.

9 (14) A ~~registrant~~ LICENSEE shall not practice beyond the scope of
10 the ~~registrant's~~ LICENSEE'S education and training.

11 **SECTION 7.** In Colorado Revised Statutes, 12-225-107, **amend**
12 (1), (2) introductory portion, (3), (4), (5), (6), (7), and (8) as follows:

13 **12-225-107. Limited use of certain medications - emergency**
14 **medical procedures - rules.** (1) A ~~registrant~~ LICENSEE may obtain
15 prescription medications to treat conditions specified in this section from
16 a registered prescription drug outlet, registered manufacturer, or
17 registered wholesaler. An entity that provides a prescription medication
18 to a ~~registrant~~ LICENSEE in accordance with this section, and who relies
19 in good faith upon the ~~registration~~ LICENSE information provided by the
20 ~~registrant~~ LICENSEE, is not subject to liability for providing the
21 medication.

22 (2) Except as otherwise provided in subsection (3) of this section,
23 a ~~registrant~~ LICENSEE may obtain and administer:

24 (3) (a) If a client refuses a medication listed in subsection (2)(a)
25 or (2)(b) of this section, the ~~registrant~~ LICENSEE shall provide the client
26 with an informed consent form containing a detailed statement of the
27 benefits of the medication and the risks of refusal and shall retain a copy

1 of the form acknowledged and signed by the client.

2 (b) If a client experiences uncontrollable postpartum hemorrhage
3 and refuses treatment with antihemorrhagic drugs, the ~~registrant~~ LICENSEE
4 shall immediately initiate the transportation of the client in accordance
5 with the emergency plan REQUIRED BY SECTION 12-225-106 (6).

6 (4) A ~~registrant~~ LICENSEE shall, as part of the emergency medical
7 plan required by section 12-225-106 (6), inform the client that:

8 (a) If she experiences uncontrollable postpartum hemorrhage, the
9 ~~registrant~~ LICENSEE is required by Colorado law to initiate emergency
10 medical treatment, which may include the administration of an
11 antihemorrhagic drug by the ~~registrant~~ LICENSEE to mitigate the
12 postpartum hemorrhaging while initiating the immediate transportation
13 of the client in accordance with the emergency plan.

14 (b) If she experiences postpartum hemorrhage, the ~~registrant~~
15 LICENSEE is prepared and equipped to administer intravenous fluids to
16 restore volume lost due to excessive bleeding.

17 (5) The director shall promulgate rules to implement this section.
18 In promulgating the rules, the director shall seek the advice of
19 knowledgeable medical professionals to set standards for education,
20 training, and administration that reflect current generally accepted
21 professional standards for the safe and effective use of the medications,
22 methods of administration, and procedures described in this section.
23 ~~including a requirement that, to administer intravenous fluids, the~~
24 ~~registrant complete an intravenous therapy course or program approved~~
25 ~~by the director. The director shall establish a preferred drug list that~~
26 ~~displays the medications that a registrant can obtain.~~

27 (6) (a) ~~Subject to subsection (6)(b) of this section, a registrant A~~

1 LICENSEE may perform sutures of first-degree and second-degree perineal
2 tears, as defined by the director by rule, on a client and may administer
3 local anesthetics to the client in connection with suturing perineal tears.

4 (b) ~~In order to perform sutures of first-degree and second-degree~~
5 ~~perineal tears, the registrant shall apply to the director, in the form and~~
6 ~~manner required by the director, and pay any application fee the director~~
7 ~~may impose, for an authorization to perform sutures of first-degree and~~
8 ~~second-degree perineal tears. As part of the application, the registrant~~
9 ~~shall demonstrate to the director that the registrant has received education~~
10 ~~and training approved by the director on suturing of perineal tears within~~
11 ~~the year immediately preceding the date of the application or within such~~
12 ~~other time the director, by rule, determines to be appropriate. The director~~
13 ~~may grant the authorization to the registrant only if the registrant has~~
14 ~~complied with the education and training requirement specified in this~~
15 ~~subsection (6)(b).~~

16 (7) A ~~registered direct-entry~~ LICENSED CERTIFIED PROFESSIONAL
17 midwife who was initially registered AS A DIRECT-ENTRY MIDWIFE prior
18 to January 1, 2000, must apply to the director and pay any applicable fees
19 before obtaining or administering group B streptococcus (GBS)
20 prophylaxis as part of the ~~registrant's~~ LICENSEE'S practice of ~~direct-entry~~
21 CERTIFIED PROFESSIONAL midwifery. The director shall verify the
22 qualifications of a ~~registrant~~ LICENSEE applying pursuant to this
23 subsection (7) before granting the ~~registrant~~ LICENSEE the authority to
24 obtain and administer group B streptococcus (GBS) prophylaxis.

25 (8) A ~~registrant~~ LICENSEE who is granted authority to act pursuant
26 to this section is not required to apply for renewal of the authority or pay
27 any renewal fees pertaining to the authority granted in this section.

1 **SECTION 8.** In Colorado Revised Statutes, 12-225-108, **amend**
2 (1)(b), (1)(c), (1)(d), (1)(f), (1)(g), and (1)(h) as follows:

3 **12-225-108. Director - powers and duties - rules.** (1) In
4 addition to any other powers and duties conferred on the director by law,
5 the director has the following powers and duties:

6 (b) To establish the fees for ~~registration~~ LICENSURE and renewal
7 of ~~registration~~ LICENSURE in the manner authorized by section 12-20-105;

8 (c) To prepare or adopt suitable education standards for applicants
9 and to adopt a ~~registration~~ LICENSURE examination;

10 (d) To accept applications for ~~registration~~ LICENSURE that meet the
11 requirements set forth in this article 225, and to collect the annual
12 ~~registration~~ LICENSURE fees authorized by this article 225;

13 (f) To summarily suspend a ~~registration~~ LICENSE upon the failure
14 of the ~~registrant~~ LICENSEE to comply with any condition of a stipulation
15 or order imposed by the director until the ~~registrant~~ LICENSEE complies
16 with the condition, unless compliance is beyond the control of the
17 ~~registrant~~ LICENSEE;

18 (g) To develop policies and protocols, by rule, for ~~direct-entry~~
19 CERTIFIED PROFESSIONAL midwives in training that reflect the
20 requirements of the North American Registry of Midwives, or its
21 successor organization;

22 (h) To order the physical or mental examination of a ~~direct-entry~~
23 CERTIFIED PROFESSIONAL midwife if the director has reasonable cause to
24 believe that the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife is subject
25 to a physical or mental disability that renders the ~~direct-entry~~ CERTIFIED
26 PROFESSIONAL midwife unable to treat patients with reasonable skill and
27 safety or that may endanger a patient's health or safety. The director may

1 order a physical or mental examination regardless of whether there is
2 injury to a patient.

3 **SECTION 9.** In Colorado Revised Statutes, 12-225-109, **amend**
4 (1), (3)(b), (3)(d), (3)(g), (3)(h), (3)(i), (3)(m), (3)(n)(I), (3)(n)(II), (4),
5 (5), (7), and (8) as follows:

6 **12-225-109. Disciplinary action authorized - grounds for**
7 **discipline - injunctions - rules.** (1) If a ~~direct-entry~~ CERTIFIED
8 PROFESSIONAL midwife has violated ~~any of the provisions of~~ section
9 12-225-104, 12-225-105, 12-225-106, or 12-225-112 (2), the director may
10 take disciplinary or other action as authorized by section 12-20-404 or
11 seek an injunction against a ~~direct-entry~~ THE CERTIFIED PROFESSIONAL
12 midwife in accordance with section 12-20-406 to enjoin the ~~direct-entry~~
13 CERTIFIED PROFESSIONAL midwife from practicing midwifery or
14 committing a violation specified in this subsection (1).

15 (3) The director may take disciplinary action as authorized by
16 section 12-20-404 (1)(a), (1)(b), or (1)(d) for any of the following acts or
17 omissions:

18 [REDACTED]
19 (b) Failing to provide any information required pursuant to, or to
20 pay any fee assessed in accordance with, section 12-225-104 or providing
21 false, deceptive, or misleading information to the division that the
22 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife knew or should reasonably
23 have known was false, deceptive, or misleading;

24 [REDACTED]
25 (d) Failing to comply with an order of the director, including an
26 order placing conditions or restrictions on the ~~registrant's~~ LICENSEE'S
27 practice;

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(g) Procuring or attempting to procure a ~~registration~~ LICENSE in this or any other state or jurisdiction by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact;

(h) Having had a license or registration to practice ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery or any other health-care profession or occupation suspended or revoked in any jurisdiction;

(i) Violating any law or regulation governing the practice of ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery in another state or jurisdiction. A plea of nolo contendere or its equivalent accepted by any state agency of another state or jurisdiction may be considered to be the same as a finding of violation for purposes of a proceeding under this article 225.

(m) Advertising through newspapers, magazines, circulars, direct mail, directories, radio, television, website, e-mail, text message, or otherwise that the ~~registrant~~ LICENSEE will perform any act prohibited by this article 225; or

(n) (I) Failing to notify the director, as required by section 12-30-108 (1), of a physical illness, physical condition, or behavioral, mental health, or substance use disorder that renders the ~~registrant~~ LICENSEE unable, or limits the ~~registrant's~~ LICENSEE'S ability, to practice ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery with reasonable skill and safety to the client;

(II) Failing to act within the limitations created by a physical illness, physical condition, or behavioral, mental health, or substance use disorder that renders the ~~registrant~~ LICENSEE unable to practice

1 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery with reasonable skill and
2 safety or that may endanger the health or safety of persons under the
3 ~~registrant's~~ LICENSEE'S care; or

4 [REDACTED]

5 (4) Any proceeding to deny, suspend, or revoke a ~~registration~~
6 LICENSE or place a ~~registrant~~ LICENSEE on probation shall be conducted
7 pursuant to sections 12-20-403, 24-4-104, and 24-4-105. Section
8 12-20-408 governs judicial review of any final decision of the director.

9 (5) The director [REDACTED] may accept as prima facie evidence of
10 grounds for disciplinary action any disciplinary action taken against a
11 ~~registrant~~ LICENSEE by another jurisdiction if the violation that prompted
12 the disciplinary action would be grounds for disciplinary action under this
13 article 225.

14 (7) The director may issue and send a letter of admonition to a
15 ~~registrant~~ LICENSEE under the circumstances specified in and in
16 accordance with section 12-20-404 (4).

17 (8) The director may send a confidential letter of concern to a
18 ~~registrant~~ LICENSEE under the circumstances specified in section
19 12-20-404 (5).

20 **SECTION 10.** In Colorado Revised Statutes, **amend** 12-225-110
21 as follows:

22 **12-225-110. Unauthorized practice - penalties.** Any person
23 INDIVIDUAL who practices or offers or attempts to practice ~~direct-entry~~
24 CERTIFIED PROFESSIONAL midwifery OR USES THE TITLE "CERTIFIED
25 PROFESSIONAL MIDWIFE" without an active ~~registration~~ LICENSE issued
26 under this article 225 is subject to penalties pursuant to section 12-20-407
27 (1)(a).

1 **SECTION 11.** In Colorado Revised Statutes, **amend** 12-225-112
2 as follows:

3 **12-225-112. Assumption of risk - no vicarious liability -**
4 **professional liability insurance required.** (1) It is the policy of this
5 state that ~~registrants~~ LICENSEES are liable for their acts or omissions in the
6 performance of the services that they provide, and that no licensed
7 physician, nurse, certified midwife, prehospital emergency medical
8 personnel, or health-care institution is liable for any act or omission
9 resulting from the administration of services by any ~~registrant~~ LICENSEE.
10 This subsection (1) does not relieve any physician, nurse, certified
11 midwife, prehospital emergency personnel, or health-care institution from
12 liability for any willful and wanton act or omission or any act or omission
13 constituting gross negligence or under circumstances where a ~~registrant~~
14 LICENSEE has a business or supervised relationship with the physician,
15 nurse, certified midwife, prehospital emergency personnel, or health-care
16 institution. A physician, nurse, certified midwife, prehospital emergency
17 personnel, or health-care institution may provide consultation or
18 education to the ~~registrant~~ LICENSEE without establishing a business or
19 supervisory relationship and is encouraged to accept referrals from
20 ~~registrants~~ LICENSEES pursuant to this article 225.

21 (2) If the director finds that liability insurance is available at an
22 affordable price, ~~registrants~~ LICENSEES shall be required to carry liability
23 insurance.

24 **SECTION 12.** In Colorado Revised Statutes, **amend** 12-225-114
25 as follows:

26 **12-225-114. Repeal of article - subject to review.** This article
27 225 is repealed, effective September 1, 2028. Before the repeal, the

1 ~~registering of direct-entry~~ LICENSURE OF CERTIFIED PROFESSIONAL
2 midwives by the division is scheduled for review in accordance with
3 section 24-34-104. DURING THE REVIEW, THE DEPARTMENT SHALL
4 ANALYZE THE ECONOMIC IMPACT OF REQUIRING CERTIFIED PROFESSIONAL
5 MIDWIVES TO CARRY LIABILITY INSURANCE AND MAKE A
6 RECOMMENDATION ACCORDINGLY.

7
8 **SECTION 13.** In Colorado Revised Statutes, 24-34-305, **amend**
9 (1)(k) as follows:

10 **24-34-305. Powers and duties of commission.** (1) The
11 commission has the following powers and duties:

12 (k) (I) To receive reports from people alleging MISTREATMENT IN
13 THE CONTEXT OF maternity care, INCLUDING CARE that is not organized
14 for, and provided to, a person who is pregnant or in the postpartum period
15 AS DEFINED IN SECTION 12-225-103, in a manner that is culturally
16 congruent; ~~maintains~~ THAT FAILS TO MAINTAIN the person's dignity,
17 privacy, and confidentiality; ~~ensures~~ THAT FAILS TO ENSURE freedom from
18 harm and mistreatment; and ~~enables~~ THAT FAILS TO ENABLE informed
19 choices and continuous support.

20 (II) REPORTS SHALL BE COLLECTED IN A WAY TO ENSURE THAT:

21 (A) CONFIDENTIAL INFORMATION CAN BE DE-IDENTIFIED;

22 (B) INDIVIDUALS CAN IDENTIFY MISTREATMENT THEY
23 EXPERIENCED BASED ON THE FOLLOWING MISTREATMENT INDEX
24 CATEGORIES: PHYSICAL ABUSE, SEXUAL ABUSE, VERBAL ABUSE, STIGMA
25 AND DISCRIMINATION, FAILURE TO MEET PROFESSIONAL STANDARDS OF
26 CARE, OR POOR RAPPORT BETWEEN PATIENTS OR CLIENTS AND PROVIDERS;
27 POOR CONDITIONS AND CONSTRAINTS PRESENTED BY THE HEALTH-CARE

1 SYSTEM; AND OBSTETRIC RACISM;

2 (C) NUMBERS OF REPORTS BASED ON **T TYPOLOGY** CAN BE
3 GENERATED AND SHARED WITH THE PUBLIC AND OTHER AGENCIES;

4 (D) AN INDIVIDUAL MAY IDENTIFY ANY PROTECTED CLASS THE
5 INDIVIDUAL MAY BE PART OF AND THAT MAY HAVE FACTORED INTO THE
6 INDIVIDUAL'S MISTREATMENT;

7 (E) AN INDIVIDUAL MAY INDICATE WHAT MIGHT HAVE BEEN DONE
8 DIFFERENTLY TO IMPROVE THE INDIVIDUAL'S SITUATION;

9 (F) AN INDIVIDUAL MAY ENTER NARRATIVE INFORMATION IN THE
10 INDIVIDUAL'S OWN WORDS; AND

11 (G) AN INDIVIDUAL MAY VOLUNTARILY SHARE THE INDIVIDUAL'S
12 CONTACT INFORMATION AND INDICATE WHETHER THE INDIVIDUAL
13 CONSENTS TO BEING CONTACTED BY THE DEPARTMENT OF REGULATORY
14 AGENCIES OR THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

15 (III) THE COMMISSION SHALL GENERATE DE-IDENTIFIED
16 COMPOSITE INFORMATION BASED ON REPORTS SUBMITTED PURSUANT TO
17 THIS SUBSECTION (1)(k). NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I),
18 NO LATER THAN JULY 1, 2025, AND NO LATER THAN JULY 1 EVERY THREE
19 YEARS THEREAFTER, THE COMMISSION SHALL SHARE THE GENERATED
20 DE-IDENTIFIED COMPOSITE INFORMATION WITH:

21 (A) THE COLORADO MATERNAL MORTALITY REVIEW COMMITTEE
22 CREATED IN SECTION 25-52-104 (1);

23 (B) THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN
24 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
25 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES; AND

26 (C) THE MATERNITY ADVISORY COMMITTEE DEFINED IN SECTION
27 25.5-4-506 (1)(b).

1 (IV) REPORTS MAY BE SHARED INTERNALLY WITH STAFF FOR
2 STUDY, INVESTIGATION, REPORTS, PUBLICATIONS, OR HEARINGS.

3

4 **SECTION 14.** In Colorado Revised Statutes, 25-1-134, **amend**
5 (2)(c)(IV) as follows:

6 **25-1-134. Environmental justice - ombudsperson - advisory**
7 **board - grant program - definitions - repeal. (2) Environmental**
8 **justice advisory board.** (c) The advisory board consists of the following
9 twelve members who, to the extent practicable, must reside in different
10 geographic areas of the state, reflect the racial and ethnic diversity of the
11 state, and have experience with a range of environmental issues, including
12 air pollution, water contamination, and public health impacts:

13 (IV) Four voting members appointed by the executive director of
14 the department, AT LEAST ONE OF WHOM MUST BE A MIDWIFE WHO IS
15 PRACTICING IN A FREESTANDING BIRTH CENTER, IN A RURAL AREA, OR AS
16 A HOME BIRTH PROVIDER.

17 **SECTION 15.** In Colorado Revised Statutes, **add** 25-3-131 as
18 follows:

19 **25-3-131. Maternal health-care services - discontinuation**
20 **- required notifications - definition.** (1) AT LEAST NINETY DAYS BEFORE
21 A HOSPITAL PROVIDING MATERNAL HEALTH-CARE SERVICES OR A BIRTH
22 CENTER MAY DISCONTINUE SUCH SERVICES, THE FACILITY SHALL PROVIDE
23 NOTICE TO:

24 (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
25 RESPONSIBLE FOR LICENSING HEALTH FACILITIES PURSUANT TO SECTION
26 25-3-101;

27 (b) THE PRIMARY CARE OFFICE, CREATED IN SECTION 25-1.5-403;

- 1 (c) THE GOVERNOR;
- 2 (d) ALL PATIENTS RECEIVING MATERNAL HEALTH-CARE SERVICES
3 AT THE FACILITY AS OF THE DATE OF THE NOTICE;
- 4 (e) ALL HEALTH-CARE PROVIDERS THAT PROVIDE MATERNAL
5 HEALTH-CARE SERVICES FOR THE FACILITY AS OF THE DATE OF THE
6 NOTICE; AND
- 7 (f) THE GENERAL PUBLIC.
- 8 (2) THE NOTICE REQUIRED IN SUBSECTION (1) OF THIS SECTION
9 MUST INCLUDE:
- 10 (a) A DESCRIPTION OF THE MATERNAL HEALTH-CARE SERVICES
11 BEING DISCONTINUED;
- 12 (b) THE RATE THE MATERNAL HEALTH-CARE SERVICES HAD BEEN
13 PROVIDED AT IN THE PREVIOUS YEAR;
- 14 (c) THE NUMBER AND TYPE OF HEALTH-CARE PROVIDERS
15 IMPACTED;
- 16 (d) THE PROPOSED PLAN FOR TRANSITIONING PATIENTS TO NEW
17 HEALTH-CARE PROVIDERS; AND
- 18 (e) THE PROPOSED PLAN FOR TRANSITIONING THE HEALTH-CARE
19 PROVIDERS TO NEW POSITIONS.
- 20 (3) AS USED IN THIS SECTION, "MATERNAL HEALTH-CARE
21 SERVICES" MEANS HEALTH-CARE SERVICES PROVIDED TO AN INDIVIDUAL
22 REGARDING CARE RELATED TO THE INDIVIDUAL'S PREGNANCY,
23 CHILDBIRTH, AND POSTPARTUM PERIOD.

24 **SECTION 16.** In Colorado Revised Statutes, 25-4-2206, **amend**
25 (2)(a)(III) introductory portion and (2)(a)(III)(J); and **add** (2)(a)(III)(J.5)
26 as follows:

27 **25-4-2206. Health equity commission - creation - repeal.**

1 (2) (a) The commission consists of the following twenty-three members,
2 who are as follows:

3 (III) The executive director of the department shall appoint ten
4 members who represent, to the extent practical, Colorado's diverse ethnic,
5 racial, sexual orientation, gender identity, gender expression, disability,
6 aging population, socioeconomic, and geographic backgrounds. Each
7 ~~person~~ INDIVIDUAL appointed to the commission must have demonstrated
8 expertise in at least one, and preferably two, of the following areas:

9 (J) Behavioral health; ~~or~~

10 (J.5) MIDWIFERY; OR

11 **SECTION 17.** In Colorado Revised Statutes, 25-52-104, **amend**
12 **(2)(b)(II); and add (5.5) as follows:**

13 **25-52-104. Colorado maternal mortality review committee -**
14 **creation - members - duties - report to the general assembly - repeal.**

15 (2) (b) In appointing members to the committee, the executive director
16 shall:

17 (II) Ensure that committee members represent diverse
18 communities and a variety of clinical, forensic, and psychosocial
19 specializations and community perspectives, INCLUDING
20 COMMUNITY-BASED MIDWIFERY; and

21 (5.5) THE DEPARTMENT MAY CONTRACT WITH AN INDEPENDENT
22 THIRD-PARTY EVALUATOR TO:

23 (a) STUDY CLOSURES, CONSOLIDATIONS, AND ACQUISITIONS
24 RELATED TO PERINATAL HEALTH-CARE PRACTICES AND FACILITIES AND
25 PERINATAL STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS,
26 AS DEFINED IN SECTION 25-1.5-402 (11), AND ASSETS AND DEFICITS
27 RELATED TO PERINATAL HEALTH AND HEALTH-CARE SERVICES ACROSS THE

1 STATE, NOT LIMITED TO OBSTETRIC PROVIDERS;

2 (b) IDENTIFY MAJOR OUTCOME CATEGORIES AT THE CLINICAL,
3 FAMILY, COMMUNITY, AND PROVIDER LEVELS THAT THE DEPARTMENT
4 SHOULD TRACK OVER TIME AND IDENTIFY RISKS AND OPPORTUNITIES
5 RELATED TO CLOSURES, CONSOLIDATIONS, AND ACQUISITIONS OF
6 PERINATAL HEALTH-CARE PRACTICES AND FACILITIES;

7 (c) EXPLORE THE EFFECTS OF PRACTICE AND FACILITY CLOSURES
8 ON MATERNAL AND INFANT HEALTH OUTCOMES AND EXPERIENCES, TO
9 ILLUSTRATE STRUCTURAL NEEDS AROUND CLOSURES, WHEN APPLICABLE;

10 (d) IDENTIFY RECOMMENDATIONS DURING PRACTICE AND FACILITY
11 CLOSURES AND RESULTANT TRANSFERS OF CARE. THE DEPARTMENT OR
12 THIRD PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA
13 IN MAKING THE RECOMMENDATIONS. THE DEPARTMENT OR THIRD PARTY
14 EVALUATOR SHALL USE THE MAP CREATED PURSUANT TO SUBSECTION
15 (5.5)(f) OF THIS SECTION IN DEVELOPING THE RECOMMENDATIONS. THE
16 RECOMMENDATIONS MUST:

17 (I) INCLUDE SOLUTIONS AT THE FACILITY LEVEL, THE PRACTICE
18 LEVEL, THE WORKFORCE LEVEL, THE COMMUNITY LEVEL, AND THE
19 PATIENT LEVEL;

20 (II) INCLUDE MINIMUM REQUIREMENTS FOR REPORTING ON
21 CLOSURES, INCLUDING METRICS ON TIMELINES AND GEOGRAPHIC AREA,
22 INCLUDING WHETHER THE TIMELINE CREATED IN SECTION 25-3-131 IS
23 APPROPRIATE;

24 (III) DEVELOP RECOMMENDATIONS ON PRIMARY AND SECONDARY
25 DATA COLLECTION RELATED TO CLOSURES AND RESULTANT TRANSFERS OF
26 CARE.

27 (e) IDENTIFY BEST PRACTICE GUIDELINES DURING PRACTICE AND

1 FACILITY CLOSURES AND RESULTANT TRANSFERS OF CARE. THE THIRD
2 PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA IN
3 IDENTIFYING THE BEST PRACTICE GUIDELINES. THE THIRD PARTY
4 EVALUATOR SHALL USE THE MAP CREATED PURSUANT TO SUBSECTION
5 (5.5)(f) OF THIS SECTION IN DEVELOPING THE GUIDELINES. THE GUIDELINES
6 MUST CONSIDER THE FOLLOWING AREAS: RISKS AND OPPORTUNITIES;
7 TRANSFERS OF CARE; COMMUNITY NOTICE NEEDS AND OPPORTUNITIES;
8 NOTIFICATION TO THE DEPARTMENT; CLOSURE TIMELINE; AND RESOURCES
9 NEEDED BY FACILITIES, PROVIDERS, AND FAMILIES.

10 (f) CREATE A HEALTH PROFESSIONAL SHORTAGE AREA AND
11 PERINATAL HEALTH SERVICES ASSETS AND DEFICITS ASSET MAP THAT
12 IDENTIFIES BY PERINATAL SERVICE AREA:

13 (I) PRIMARY HEALTH-CARE PROVIDERS, INCLUDING PHYSICIANS
14 AND MIDWIVES OF ALL CREDENTIAL TYPES WHO PROVIDE OR COULD BE
15 PROVIDING PERINATAL HEALTH CARE;

16 (II) THE TYPE AND LOCATION OF PERINATAL HEALTH CARE
17 OFFERED BY THE PROVIDERS LISTED PURSUANT TO SUBSECTION (5.5)(f)(I)
18 OF THIS SECTION;

19 (III) COMMUNITY-BASED PERINATAL HEALTH-CARE WORKERS,
20 SUCH AS DOULAS, CHILDBIRTH EDUCATORS, AND LACTATION SUPPORT
21 CONSULTANTS; AND

22 (IV) RESOURCES SUCH AS COMMUNITY ADVOCATES, GATHERING
23 PLACES, AND EDUCATIONAL HUBS;

24 (g) BY JULY 1, 2026, DELIVER THE BEST PRACTICES AND
25 RECOMMENDATIONS CREATED PURSUANT TO THIS SUBSECTION (5.5) TO
26 THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES
27 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,

1 OR THEIR SUCCESSOR COMMITTEES.

2 **SECTION 18.** In Colorado Revised Statutes, 24-33.5-704.5,
3 **amend** (1)(b)(II)(G) and (1)(b)(II)(H); and **add** (1)(b)(II)(I) as follows:

4 **24-33.5-704.5. Governor's expert emergency epidemic**
5 **response committee - creation.** (1) (b) (II) In addition to the state
6 members of the committee, the governor shall appoint to the committee
7 an individual from each of the following categories:

8 (G) A wildlife disease specialist with the division of wildlife; ~~and~~

9 (H) A pharmacist member of the state board of pharmacy; AND

10 (I) A MIDWIFE WITH EXPERIENCE IN OUT-OF-HOSPITAL BIRTHS.

11 **SECTION 19.** In Colorado Revised Statutes, 12-20-202, **amend**
12 (3)(e)(X) as follows:

13 **12-20-202. Licenses, certifications, and registrations - renewal**
14 **- reinstatement - fees - occupational credential portability program**
15 **- temporary authority for military spouses - exceptions for military**
16 **personnel - rules - consideration of criminal convictions or driver's**
17 **history - executive director authority - definitions. (3) Occupational**
18 **credential portability program.** (e) Subsections (3)(a) to (3)(d) of this
19 section do not apply to the following professions or occupations:

20 (X) ~~Direct-entry~~ CERTIFIED PROFESSIONAL midwives, regulated
21 pursuant to article 225 of this title 12; or

22 **SECTION 20.** In Colorado Revised Statutes, 12-20-404, **amend**
23 (1)(d)(II)(H) as follows:

24 **12-20-404. Disciplinary actions - regulator powers -**
25 **disposition of fines - mistreatment of at-risk adult - exceptions -**
26 **definitions. (1) General disciplinary authority.** If a regulator
27 determines that an applicant, licensee, certificate holder, or registrant has

1 committed an act or engaged in conduct that constitutes grounds for
2 discipline or unprofessional conduct under a part or article of this title 12
3 governing the particular profession or occupation, the regulator may:

4 (d) (II) A regulator is not authorized under this subsection (1)(d)
5 to refuse to renew the license, certification, or registration of a licensee,
6 certificate holder, or registrant regulated under the following:

7 (H) Article 225 of this title 12 concerning ~~direct-entry~~ CERTIFIED
8 PROFESSIONAL midwives;

9 **SECTION 21.** In Colorado Revised Statutes, 12-20-407, **amend**
10 (1)(a)(V)(K) and (1)(e)(V) as follows:

11 **12-20-407. Unauthorized practice of profession or occupation**
12 **- penalties - exclusions.** (1) (a) A person commits a class 2 misdemeanor
13 and shall be punished as provided in section 18-1.3-501 if the person:

14 (V) Practices or offers or attempts to practice any of the following
15 professions or occupations without an active license, certification, or
16 registration issued under the part or article of this title 12 governing the
17 particular profession or occupation:

18 (K) ~~Direct-entry~~ CERTIFIED PROFESSIONAL midwifery, as regulated
19 under article 225 of this title 12;

20 (e) A person commits a class 6 felony and shall be punished as
21 provided in section 18-1.3-401 if the person practices or offers or
22 attempts to practice any of the following professions or occupations and
23 intentionally and fraudulently represents oneself as a licensed, certified,
24 or registered professional or practitioner pursuant to a part or article of
25 this title 12 governing the particular profession or occupation:

26 (V) ~~Direct-entry~~ CERTIFIED PROFESSIONAL midwifery, as regulated
27 pursuant to article 225 of this title 12;

1 **SECTION 22.** In Colorado Revised Statutes, 12-20-408, **amend**
2 (1)(c) as follows:

3 **12-20-408. Judicial review.** (1) Except as specified in subsection
4 (2) of this section, the court of appeals has initial jurisdiction to review
5 all final actions and orders of a regulator that are subject to judicial
6 review and shall conduct the judicial review proceedings in accordance
7 with section 24-4-106 (11); except that, with regard only to
8 cease-and-desist orders, a district court of competent jurisdiction has
9 initial jurisdiction to review a final action or order of a regulator that is
10 subject to judicial review and shall conduct the judicial review
11 proceedings in accordance with section 24-4-106 (3) for the following:

12 (c) Article 225 of this title 12 concerning ~~direct-entry~~ CERTIFIED
13 PROFESSIONAL midwives;

14 **SECTION 23.** In Colorado Revised Statutes, 12-30-102, **amend**
15 (3)(a)(X) as follows:

16 **12-30-102. Medical transparency act of 2010 - disclosure of**
17 **information about health-care providers - fines - rules - short title -**
18 **legislative declaration - review of functions - definition - repeal.**

19 (3) (a) As used in this section, "applicant" means a person applying for
20 a new, active license, certification, or registration or to renew, reinstate,
21 or reactivate an active license, certification, or registration to practice:

22 (X) ~~Direct-entry~~ CERTIFIED PROFESSIONAL midwifery pursuant to
23 article 225 of this title 12;

24 **SECTION 24.** In Colorado Revised Statutes, 12-30-122, **amend**
25 (6)(d)(III) and (6)(d)(IV) as follows:

26 **12-30-122. Intimate examination of sedated or unconscious**
27 **patient - informed consent required - definitions.** (6) As used in this

1 section:

2 (d) "Licensee" means:

3 (III) An advanced practice registered nurse, as defined in section
4 12-255-104 (1); a registered nurse, as defined in section 12-255-104 (11);
5 or a midwife, other than a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
6 or certified nurse midwife, practicing in this state whose scope of practice
7 includes performing intimate examinations; or

8 (IV) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife registered
9 pursuant to article 225 of this title 12.

10 **SECTION 25.** In Colorado Revised Statutes, 13-21-115.5,
11 **amend** (3)(c)(II)(C) as follows:

12 **13-21-115.5. Volunteer service act - immunity - exception for**
13 **operation of motor vehicles - short title - legislative declaration -**
14 **definitions.** (3) As used in this section, unless the context otherwise
15 requires:

16 (c) (II) "Volunteer" includes:

17 (C) A ~~registered direct-entry~~ LICENSED CERTIFIED PROFESSIONAL
18 midwife governed by article 225 of title 12 performing the practice of
19 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery, as defined in section
20 ~~12-225-103~~ (3) 12-225-103 (4), as a volunteer for a nonprofit
21 organization, a nonprofit corporation, a governmental entity, or a hospital;

22 **SECTION 26.** In Colorado Revised Statutes, 24-34-104, **amend**
23 (29)(a)(XV) as follows:

24 **24-34-104. General assembly review of regulatory agencies**
25 **and functions for repeal, continuation, or reestablishment - legislative**
26 **declaration - repeal.** (29) (a) The following agencies, functions, or both,
27 are scheduled for repeal on September 1, 2028:

1 (XV) ~~The registration of direct-entry~~ LICENSURE OF CERTIFIED
2 PROFESSIONAL midwives by the division of professions and occupations
3 in accordance with article 225 of title 12;

4 **SECTION 27.** In Colorado Revised Statutes, 25-2-112, **amend**
5 (7)(b) as follows:

6 **25-2-112. Certificates of birth - filing - establishment of**
7 **parentage - notice to colleinvest.** (7) The state registrar shall revise
8 the birth certificate worksheet form used for the preparation of a
9 certificate of live birth to include:

10 (b) A requirement to report whether the live birth occurred after
11 a transfer to a hospital by a ~~direct-entry midwife registered~~ CERTIFIED
12 PROFESSIONAL MIDWIFE LICENSED pursuant to article 225 of title 12; and

13 **SECTION 28.** In Colorado Revised Statutes, 25-1-802, **amend**
14 (1)(a) and (1)(b)(II) as follows:

15 **25-1-802. Patient records in custody of individual health-care**
16 **providers.** (1) (a) Every patient record in the custody of a podiatrist,
17 chiropractor, dentist, doctor of medicine, doctor of osteopathy, nurse,
18 certified midwife, optometrist, occupational therapist, audiologist,
19 acupuncturist, ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife, or physical
20 therapist required to be licensed under title 12; a naturopathic doctor
21 required to be registered pursuant to article 250 of title 12; or a person
22 practicing psychotherapy under article 245 of title 12, except records
23 withheld in accordance with 45 CFR 164.524 (a), must be available to the
24 patient or the patient's personal representative upon submission of a valid
25 authorization for inspection of records, dated and signed by the patient,
26 at reasonable times and upon reasonable notice. A summary of records
27 pertaining to a patient's mental health problems may, upon written request

1 accompanied by a signed and dated authorization, be made available to
2 the patient or the patient's personal representative following termination
3 of the treatment program.

4 (b) (II) If a licensed health-care professional determines that a
5 copy of a radiographic study, including an X ray, mammogram, CT scan,
6 MRI, or other film, is not sufficient for diagnostic or other treatment
7 purposes, the podiatrist, chiropractor, dentist, doctor of medicine, doctor
8 of osteopathy, nurse, certified midwife, optometrist, audiologist,
9 acupuncturist, ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife, or physical
10 therapist required to be licensed under title 12, or, subject to the
11 provisions of section 25-1-801 (1)(a) and subsection (1)(a) of this section,
12 the person practicing psychotherapy under article 245 of title 12, shall
13 make the original of any radiographic study available to the patient, the
14 patient's personal representative, a person authorized by the patient, or
15 another health-care professional or facility as specifically directed by the
16 patient, personal representative, authorized person, or health-care
17 professional or facility pursuant to a HIPAA-compliant authorization and
18 upon the payment of the reasonable fees for the radiographic study. If a
19 practitioner releases an original radiographic study pursuant to this
20 subsection (1)(b)(II), the practitioner is not responsible for any loss,
21 damage, or other consequences as a result of the release. Any original
22 radiographic study made available pursuant to this subsection (1)(b)(II)
23 must be returned upon request to the lending practitioner within thirty
24 days.

25 **SECTION 29.** In Colorado Revised Statutes, 25-3-130, **amend**
26 (6)(c)(III) and (6)(c)(IV) as follows:

27 **25-3-130. Intimate examination of sedated or unconscious**

1 **patient - informed consent required - rules - definitions.** (6) As used
2 in this section:

3 (c) "Licensed health-care provider" means:

4 (III) An advanced practice registered nurse, as defined in section
5 12-255-104 (1); a registered nurse, as defined in section 12-255-104 (11);
6 or a midwife, other than a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
7 or certified nurse midwife, practicing in this state whose scope of practice
8 includes performing intimate examinations; or

9 (IV) A ~~direct-entry midwife registered~~ CERTIFIED PROFESSIONAL
10 MIDWIFE LICENSED pursuant to article 225 of title 12.

11 **SECTION 30. Appropriation.** (1) For the 2024-25 state fiscal
12 year, \$328,946 is appropriated to the department of public health and
13 environment for use by the prevention services division. This
14 appropriation is from the general fund. To implement this act, the division
15 may use this appropriation for maternal and child health related to
16 community health, which amount is based on an assumption that the
17 division will require an additional 0.8 FTE.

18 (2) For the 2024-25 state fiscal year, \$118,771 is appropriated to
19 the department of regulatory agencies. This appropriation consists of
20 \$111,072 from the general fund and \$7,699 from the division of
21 professions and occupations cash fund created in 12-20-105 (3), C.R.S.
22 To implement this act, the department may use this appropriation as
23 follows:

24 (a) \$54,717 from general fund for use by the civil rights division
25 for personal services, which amount is based on an assumption that the
26 division will require an additional 1.0 FTE;

27 (b) \$7,950 from general fund for use by the civil rights division

1 for operating expenses;

2 (c) \$7,669 from the division of professions and occupations cash
3 fund for use by the division of professions and occupations, which
4 amount is based on an assumption that the division will require an
5 additional 0.1 FTE;

6 (d) \$32,005 from general fund for the purchase of legal services;
7 and

8 (e) \$16,400 from general fund for the purchase of information
9 technology services.

10 (3) For the 2024-25 state fiscal year, \$32,005 is appropriated to
11 the department of law. This appropriation is from reappropriated funds
12 received from the department of regulatory agencies under subsection
13 (2)(d) of this section and is based on an assumption that the department
14 of law will require an additional 0.1 FTE. To implement this act, the
15 department of law may use this appropriation to provide legal services for
16 the department of regulatory agencies.

17 (4) For the 2024-25 state fiscal year, \$16,400 is appropriated to
18 the office of the governor for use by the office of information technology.
19 This appropriation is from reappropriated funds received from the
20 department of regulatory agencies under subsection (2)(e) of this section.
21 To implement this act, the office may use this appropriation to provide
22 information technology services for the department of regulatory
23 agencies.

24 **SECTION 31. Safety clause.** The general assembly finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety or for appropriations for

- 1 the support and maintenance of the departments of the state and state
- 2 institutions.