

**First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**REVISED**

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

LLS NO. 21-0786.01 Yelana Love x2295

**SENATE BILL 21-194**

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**SENATE SPONSORSHIP**

**Buckner**, Bridges, Danielson, Fenberg, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Pettersen, Story, Winter, Zenzinger

**HOUSE SPONSORSHIP**

**Herod**,

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

Health & Insurance  
Appropriations

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**A BILL FOR AN ACT**

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

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**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 a carrier offering a health benefit plan in the state, and the department of health care policy and financing when administering the "Colorado Medical Assistance Act", to reimburse health-care providers that provide health-care services related to labor and delivery in a way

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.*

HOUSE  
Amended 2nd Reading  
June 3, 2021

SENATE  
3rd Reading Unamended  
May 12, 2021

SENATE  
Amended 2nd Reading  
May 11, 2021

that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility;

- Requires each health-care provider licensed by the state to provide health-care services related to labor and delivery to implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility;
- Requires the health equity commission in the department of public health and environment to study the use of research evidence in policies related to the perinatal period in Colorado and report findings to the general assembly;
- Requires the department of public health and environment to make recommendations to improve numerous topics related to maternal health; and
- Requires the department of health care policy and financing to seek an amendment to the state medical assistance plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant.

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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)(d) as follows:

4 **10-16-104. Mandatory coverage provisions - rules -**  
5 **definitions. (3) Maternity coverage. (d) A CARRIER OFFERING A**  
6 **HEALTH BENEFIT PLAN IN THE STATE SHALL REIMBURSE PARTICIPATING**  
7 **PROVIDERS WHO PROVIDE COVERED HEALTH-CARE SERVICES RELATED TO**  
8 **LABOR AND DELIVERY WITHIN THE SCOPE OF THE PROVIDER'S PRACTICE IN**  
9 **A MANNER THAT:**

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

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

13 AND

14 (III) PREVENTS RISK IN SUBSEQUENT PREGNANCIES.

1           **SECTION 2.** In Colorado Revised Statutes, **add** 12-30-116 as  
2 follows:

3           **12-30-116. Acceptance of transfers from home and birthing**  
4 **centers.** (1) A PERSON REGULATED UNDER THIS TITLE 12 WHO  
5 REGULARLY PROVIDES HEALTH-CARE SERVICES RELATED TO LABOR AND  
6 DELIVERY SHALL:

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

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

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

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

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

22           **25-2-112. Certificates of birth - filing - establishment of**  
23 **paternity - notice to collegeinvest.** (7) (a) The state registrar shall revise  
24 the birth certificate worksheet form used for the preparation of a  
25 certificate of live birth to include a statement that knowingly and  
26 intentionally misrepresenting material information on the worksheet form  
27 used for the preparation of a birth certificate is a misdemeanor.

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

4

5 **SECTION 4.** In Colorado Revised Statutes, 25-52-103, **amend**  
6 (3); and **add** (4.5) 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" means  
10 a statewide nonprofit network of ~~health-care~~ HEALTH facilities, clinicians,  
11 and public health professionals working to improve the quality of care for  
12 mothers and babies through continuous quality improvement.

13 (4.5) "HEALTH FACILITY" MEANS A HEALTH FACILITY LICENSED OR  
14 CERTIFIED PURSUANT TO SECTION 25-1.5-103 (1).

15 **SECTION 5.** In Colorado Revised Statutes, 25-52-104, **amend**  
16 (5), (6)(a) introductory portion, (6)(a)(III), and (6)(a)(IV); and **add**  
17 (6)(a)(V) as follows:

18 **25-52-104. Colorado maternal mortality review committee -**  
19 **creation - members - duties - report to the general assembly - repeal.**

20 (5) The department shall:

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

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

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

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

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

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

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

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

27 (II) DATA COLLECTED THROUGH STORIES FROM PREGNANT AND

1 POSTPARTUM PERSONS AND THEIR FAMILY MEMBERS, WITH A FOCUS ON  
2 THE EXPERIENCES OF MARGINALIZED GROUPS INCLUDING PERSONS OF  
3 RACIAL AND ETHNIC MINORITY GROUPS.

4 (e) STUDY THE USE OF RESEARCH EVIDENCE IN POLICIES RELATED  
5 TO THE PERINATAL PERIOD IN COLORADO AND, NO LATER THAN  
6 SEPTEMBER 1, 2023, REPORT TO THE SENATE COMMITTEE ON HEALTH AND  
7 HUMAN SERVICES AND THE HOUSE OF REPRESENTATIVES COMMITTEE ON  
8 HEALTH AND INSURANCE, OR THEIR SUCCESSOR COMMITTEES, ON THE USE  
9 OF RESEARCH EVIDENCE IN POLICIES RELATED TO THE PERINATAL PERIOD  
10 IN THE STATE, INCLUDING PUBLIC AND PRIVATE PAYMENT SYSTEMS AND  
11 MALPRACTICE INSURANCE POLICIES, USING THE IMPLEMENTATION SCIENCE  
12 FRAMEWORK. TO FULFILL THE REQUIREMENTS OF THIS SUBSECTION (5)(e),  
13 THE DEPARTMENT MAY CONTRACT WITH A THIRD PARTY AND REQUEST  
14 INFORMATION FROM INSURERS OFFERING MEDICAL MALPRACTICE POLICIES  
15 IN THE STATE REGARDING THE INSURER'S POLICIES RELATED TO LABOR AND  
16 DELIVERY SERVICES.

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

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

26 (IV) In consultation with the designated state perinatal care  
27 quality collaborative, recommendations for clinical quality improvement

1 approaches that could reduce the incidence of pregnancy-related deaths  
2 or maternal mortality or morbidity in prenatal, perinatal, and postnatal  
3 clinical settings and recommendations for how to spread best practices to  
4 clinical settings across the state; AND

5 (V) (A) FOR THE REPORT SUBMITTED NO LATER THAN JULY 1,  
6 2023, INFORMATION STUDIED PURSUANT TO SUBSECTIONS (5)(c) AND  
7 (5)(d) OF THIS SECTION.

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

10 **SECTION 6.** In Colorado Revised Statutes, **add** 25.5-4-424 as  
11 follows:

12 **25.5-4-424. Providers - health-care services related to labor**  
13 **and delivery - reimbursement.** (1) THE STATE DEPARTMENT SHALL  
14 REIMBURSE ALL ELIGIBLE PROVIDERS THAT PROVIDE HEALTH-CARE  
15 SERVICES RELATED TO LABOR AND DELIVERY WITHIN THE SCOPE OF THE  
16 PROVIDER'S PRACTICE IN A MANNER THAT:

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

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

20 AND

21 (c) PREVENTS RISK IN SUBSEQUENT PREGNANCIES.

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

24 **25.5-5-201. Optional provisions - optional groups.**

25 (4.5) (a) SUBJECT TO \_\_\_\_\_ THE RECEIPT OF FEDERAL FINANCIAL  
26 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL  
27 LAW, A PERSON WHO WAS ELIGIBLE FOR ALL PREGNANCY-RELATED AND

1 POSTPARTUM SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM FOR  
2 THE SIXTY DAYS FOLLOWING THE PREGNANCY REMAINS CONTINUOUSLY  
3 ELIGIBLE FOR ALL SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM  
4 FOR THE TWELVE-MONTH POSTPARTUM PERIOD.

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

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

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

15 **25.5-8-109. Eligibility - children - pregnant women.**

16 (5.5) (a) SUBJECT TO \_\_\_\_\_ THE RECEIPT OF FEDERAL FINANCIAL  
17 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL  
18 LAW, A PERSON WHO WAS ELIGIBLE FOR THE PLAN WHILE PREGNANT AND  
19 WHO REMAINS ELIGIBLE FOR ALL PREGNANCY-RELATED AND POSTPARTUM  
20 SERVICES UNDER THE PLAN FOR THE SIXTY DAYS FOLLOWING THE  
21 PREGNANCY REMAINS CONTINUOUSLY ELIGIBLE FOR ALL SERVICES UNDER  
22 THE PLAN FOR THE TWELVE-MONTH POSTPARTUM PERIOD.

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



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

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

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

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

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

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

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

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

27                   (b) \$3,640, which amount is subject to the "(I)" notation as

1 defined in the annual general appropriation act for the same fiscal year,  
2 for use by the executive director's office for operating expenses;

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

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

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

16 (4) For the 2021-22 state fiscal year, \$82,243 is appropriated to  
17 the department of public health and environment for use by the prevention  
18 services division. This appropriation is from the general fund, and is  
19 based on an assumption that the division will require an additional 0.5  
20 FTE. To implement this act, the division may use this appropriation for  
21 maternal and child health.

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

1 effect unless approved by the people at the general election to be held in  
2 November 2022 and, in such case, will take effect on the date of the  
3 official declaration of the vote thereon by the governor.