

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0786.01 Yelana Love x2295

SENATE BILL 21-194

SENATE SPONSORSHIP

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

HOUSE SPONSORSHIP

Herod,

Senate Committees

Health & Human Services
Appropriations

House Committees

Health & Insurance
Appropriations

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>.)

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.

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.

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.