

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

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

Senate Committees

A BILL FOR AN ACT

101 CONCERNING MATERNAL HEALTH.

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

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.

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
5 services in the state, it is important to support the full infrastructure of

1 reproductive health-care providers. This includes:

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

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

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

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

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

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

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

27 (e) While not reflected in statute, CPM is the credential that

1 direct-entry midwives have been required to have to practice in Colorado,
2 as the director of the division of professions and occupations started
3 accepting only this credential as proof of satisfying the educational
4 requirements listed in statute;

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

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

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

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

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

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

27 (I) Increased access to a variety of health-care professionals, such

1 as CPMs;

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

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

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

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

17 **12-225-101. Scope of article - exemptions - legislative**
18 **declaration.** (1) (a) This article 225 applies only to ~~direct-entry~~
19 CERTIFIED PROFESSIONAL midwives and does not apply to those persons
20 who are otherwise licensed by the state of Colorado under this title 12 if
21 the practice of midwifery is within the scope of that licensure.

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

1 license and subsequently be ~~registered~~ LICENSED under this article 225.

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

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

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

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

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

15 **12-225-103. Definitions.** As used in this article 225, unless the
16 context otherwise requires:

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

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

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

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

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

26 (3) "CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL" MEANS A
27 CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL ISSUED BY THE NORTH

1 AMERICAN REGISTRY OF MIDWIVES, OR ITS SUCCESSOR ORGANIZATION.

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

7 ~~(1.5)~~ (5) "Client" means a pregnant woman for whom a
8 ~~direct-entry midwife~~ CERTIFIED PROFESSIONAL MIDWIFE performs
9 services. For purposes of perinatal or postpartum care, "client" includes
10 the woman's newborn.

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

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

17 ~~(4)~~ (6) "Natural childbirth" means the birth of a child without the
18 use of instruments, surgical procedures, or prescription drugs other than
19 those for which the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife has
20 specific authority under this article 225 to obtain and administer.

21 ~~(5)~~ (7) "Perinatal" means the period from the twenty-eighth week
22 of pregnancy through seven days after birth.

23 ~~(6)~~ (8) "Postpartum period" means the period of six weeks after
24 birth.

25 **SECTION 4.** In Colorado Revised Statutes, 12-225-104, **amend**
26 (1), (3), (4) introductory portion, (4)(f), (5), and (6); and **add** (1.5), (1.7),
27 and (5.5) as follows:

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

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

9 (1.5) ON OR AFTER SEPTEMBER 1, 2024, EXCEPT AS OTHERWISE
10 PROVIDED IN THIS ARTICLE 225, AN INDIVIDUAL IN THIS STATE WHO
11 PRACTICES CERTIFIED PROFESSIONAL MIDWIFERY OR WHO REPRESENTS
12 ONESELF AS BEING ABLE TO PRACTICE CERTIFIED PROFESSIONAL
13 MIDWIFERY MUST POSSESS A VALID LICENSE ISSUED BY THE DIRECTOR
14 PURSUANT TO THIS ARTICLE 225 AND RULES PROMULGATED PURSUANT TO
15 THIS ARTICLE 225.

16 (1.7) (a) ON SEPTEMBER 1, 2024, EACH ACTIVE DIRECT-ENTRY
17 MIDWIFE REGISTRATION BECOMES AN ACTIVE CERTIFIED PROFESSIONAL
18 MIDWIFE LICENSE BY OPERATION OF LAW. THE CONVERSION FROM
19 REGISTRATION TO LICENSURE AND DIRECT-ENTRY MIDWIFE TO CERTIFIED
20 PROFESSIONAL MIDWIFE DOES NOT AFFECT ANY PRIOR DISCIPLINE,
21 LIMITATION, OR CONDITION IMPOSED BY THE DIRECTOR ON A
22 DIRECT-ENTRY MIDWIFE'S REGISTRATION; LIMIT THE DIRECTOR'S
23 AUTHORITY OVER ANY REGISTRANT; OR AFFECT ANY PENDING
24 INVESTIGATION OR ADMINISTRATIVE PROCEEDING. THE DIRECTOR SHALL
25 TREAT ANY APPLICATION FOR A DIRECT-ENTRY MIDWIFE REGISTRATION
26 PENDING AS OF AUGUST 31, 2024, INCLUDING ANY APPLICATION FOR
27 RENEWAL OR REINSTATEMENT OF A DIRECT-ENTRY MIDWIFE

1 REGISTRATION, AS AN APPLICATION FOR A CERTIFIED PROFESSIONAL
2 MIDWIFE LICENSE, WHICH APPLICATION IS SUBJECT TO THE REQUIREMENTS
3 ESTABLISHED BY THE DIRECTOR.

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

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

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

27 (f) Filed documentation with the director that the ~~direct-entry~~

1 CERTIFIED PROFESSIONAL midwife is currently certified by the American
2 Heart Association or the American Red Cross to perform adult and infant
3 cardiopulmonary resuscitation ("CPR").

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

14 (5.5) THE DIRECTOR SHALL NOT RENEW A CERTIFIED PROFESSIONAL
15 MIDWIFE'S LICENSE WITHOUT PROOF THAT THE INDIVIDUAL HAS AN ACTIVE
16 CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL FROM THE NORTH
17 AMERICAN REGISTRY OF MIDWIVES, OR ITS SUCCESSOR ORGANIZATION.

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

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

25 **12-225-105. Mandatory disclosure of information to clients.**

26 (1) Every ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall provide
27 the following information in writing to each client during the initial client

1 contact:

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

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

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

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

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

26 (g) A statement indicating whether or not the ~~direct-entry~~
27 CERTIFIED PROFESSIONAL midwife will administer vitamin K to the

1 client's newborn infant and, if not, a list of qualified health-care
2 practitioners who can provide that service; and

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

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

13 **12-225-106. Prohibited acts - practice standards - informed**
14 **consent - emergency plan - risk assessment - referral - rules.** (1) A
15 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall not dispense or
16 administer any medication or drugs except in accordance with section
17 12-225-107.

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

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

1 diabetes, multiple gestation, hypertensive disorder, or abnormal
2 presentation of the fetus.

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

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

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

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

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

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

27 (C) A description of the available alternatives to ~~direct-entry~~

1 CERTIFIED PROFESSIONAL midwifery care, including a statement that the
2 client understands the client is not retaining a certified nurse midwife, a
3 nurse midwife, or a certified midwife;

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

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

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

27 (B) In addition to the information required in subsection

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

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

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

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

26 (9) (a) A ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife shall
27 provide eye prophylactic therapy to all newborn children in the

1 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife's care in accordance with
2 section 25-4-301.

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

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

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

27 (13) A ~~registered direct-entry~~ LICENSED CERTIFIED PROFESSIONAL

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

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

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

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

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

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

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

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

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

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

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

26 (6) (a) ~~Subject to subsection (6)(b) of this section, a registrant A~~
27 LICENSEE may perform sutures of first-degree and second-degree perineal

1 tears, as defined by the director by rule, on a client and may administer
2 local anesthetics to the client in connection with suturing perineal tears.

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

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

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

27 **SECTION 8.** In Colorado Revised Statutes, 12-225-108, **amend**

1 (1)(b), (1)(c), (1)(d), (1)(f), (1)(g), and (1)(h) as follows:

2 **12-225-108. Director - powers and duties - rules.** (1) In
3 addition to any other powers and duties conferred on the director by law,
4 the director has the following powers and duties:

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

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

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

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

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

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

1 injury to a patient.

2 **SECTION 9.** In Colorado Revised Statutes, 12-225-109, **amend**
3 (1), (3), (4), (5), (7), and (8) as follows:

4 **12-225-109. Disciplinary action authorized - grounds for**
5 **discipline - advisory panel - injunctions - rules.** (1) If a ~~direct-entry~~
6 CERTIFIED PROFESSIONAL midwife has violated ~~any of the provisions of~~
7 section 12-225-104, 12-225-105, 12-225-106, or 12-225-112 (2), the
8 director may take disciplinary or other action as authorized by section
9 12-20-404 or seek an injunction against a ~~direct-entry~~ THE CERTIFIED
10 PROFESSIONAL midwife in accordance with section 12-20-406 to enjoin
11 the ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife from practicing
12 midwifery or committing a violation specified in this subsection (1).

13 (3) (a) The director, AFTER CONSIDERING THE RECOMMENDATION
14 OF THE ADVISORY PANEL CREATED IN SUBSECTION (3)(b) OF THIS SECTION,
15 may take disciplinary action as authorized by section 12-20-404 (1)(a),
16 (1)(b), or (1)(d) for any of the following acts or omissions:

17 (a) (I) Any violation of section 12-225-104, 12-225-105,
18 12-225-106, or 12-225-112 (2) or an applicable provision of article 20 or
19 30 of this title 12;

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

25 (c) (III) Failing to respond in an honest, materially responsive, and
26 timely manner to a letter of complaint from the director;

27 (d) (IV) Failing to comply with an order of the director, including

1 an order placing conditions or restrictions on the ~~registrant's~~ LICENSEE'S
2 practice;

3 ~~(e)~~ (V) Engaging in any act or omission that does not meet
4 generally accepted standards of safe care for women and infants, whether
5 or not actual injury to a client is established;

6 ~~(f)~~ (VI) Abuse or habitual or excessive use of a habit-forming
7 drug, a controlled substance as defined in section 18-18-102 (5), or
8 alcohol;

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

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

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

21 ~~(j)~~ (X) Falsifying, failing to make essential entries in, or in a
22 negligent manner making incorrect entries in client records;

23 ~~(k)~~ (XI) Conviction of a felony or acceptance by a court of a plea
24 of guilty or nolo contendere to a felony. A certified copy of the judgment
25 of a court of competent jurisdiction of a conviction or plea shall be prima
26 facie evidence of the conviction.

27 ~~(l)~~ (XII) Aiding or knowingly permitting any person to violate any

1 ~~provision of this article 225 or an applicable provision of article 20 or 30~~
2 of this title 12;

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

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

13 ~~(H)~~ (B) Failing to act within the limitations created by a physical
14 illness, physical condition, or behavioral, mental health, or substance use
15 disorder that renders the ~~registrant~~ LICENSEE unable to practice
16 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery with reasonable skill and
17 safety or that may endanger the health or safety of persons under the
18 ~~registrant's~~ LICENSEE'S care; or

19 ~~(H)~~ (C) Failing to comply with the limitations agreed to under a
20 confidential agreement entered pursuant to sections 12-30-108 and
21 12-225-111.

22 (b) (I) THE DIRECTOR SHALL ESTABLISH AN ADVISORY PANEL TO
23 PROVIDE RECOMMENDATIONS TO THE DIRECTOR ON WHETHER TO TAKE
24 DISCIPLINARY ACTION PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION.

25 (II) THE ADVISORY PANEL CONSISTS OF THREE MEMBERS
26 APPOINTED BY THE DIRECTOR WHO ARE CERTIFIED PROFESSIONAL
27 MIDWIVES.

1 (III) THE DIRECTOR SHALL MAKE THE INITIAL APPOINTMENTS TO
2 THE ADVISORY PANEL NO LATER THAN JULY 1, 2025. THE TERM OF
3 APPOINTMENT IS TWO YEARS; EXCEPT THAT THE TERM OF ONE OF THE
4 MEMBERS INITIALLY APPOINTED IS ONE YEAR. A MEMBER MAY SERVE NO
5 MORE THAN TWO CONSECUTIVE TERMS. A PERSON WHO HAS SERVED TWO
6 CONSECUTIVE TERMS MAY BE REAPPOINTED TO THE PANEL AFTER AT
7 LEAST ONE YEAR HAS PASSED SINCE THE PERSON LAST SERVED ON THE
8 PANEL.

9 (IV) MEMBERS OF THE ADVISORY PANEL SERVE WITHOUT
10 COMPENSATION BUT ARE ENTITLED TO RECEIVE REIMBURSEMENT FOR
11 ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF
12 THE MEMBERS' DUTIES ON THE ADVISORY PANEL.

13 (V) IF, AFTER INVESTIGATION OF A COMPLAINT, THE DIRECTOR
14 FINDS THE COMPLAINT HAS MERIT, THE DIRECTOR SHALL ORGANIZE AND
15 CALL THE ADVISORY PANEL TO INVESTIGATE THE COMPLAINT.

16 (VI) THE DIRECTOR SHALL PROVIDE THE ADVISORY PANEL WITH
17 ALL INFORMATION COLLECTED AS PART OF THE INVESTIGATION, REDACTED
18 TO PROTECT THE NAMES OF ALL PARTIES, INCLUDING THE INDIVIDUAL
19 BEING INVESTIGATED.

20 (VII) THE ADVISORY PANEL SHALL REVIEW THE INFORMATION AND
21 PROVIDE THE DIRECTOR WITH A RECOMMENDATION ON WHETHER
22 ADDITIONAL INFORMATION SHOULD BE GATHERED AS PART OF THE
23 INVESTIGATION, INCLUDING THE KIND OF INFORMATION AND
24 RECOMMENDED APPROACH TO COLLECTING IT, WHETHER DISCIPLINE IS
25 WARRANTED, AND, IF DISCIPLINE IS WARRANTED, THE RECOMMENDED
26 TYPE OF DISCIPLINE PURSUANT TO SUBSECTION (4), (7), OR (8) OF THIS
27 SECTION.

1 (VIII) THE DIRECTOR SHALL CONSIDER THE RECOMMENDATION OF
2 THE ADVISORY PANEL PROVIDED IN ACCORDANCE WITH SUBSECTION
3 (3)(b)(VII) OF THIS SECTION BEFORE DETERMINING THE DISPOSITION OF
4 THE CASE.

5 (IX) THE DIRECTOR SHALL PROVIDE THE PANEL'S
6 RECOMMENDATION TO THE INDIVIDUAL WHO IS THE SUBJECT OF A
7 COMPLAINT AND SHALL INCLUDE THE COMPLAINT IN THE INDIVIDUAL'S
8 CASE FILE.

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

13 (5) The director OR ADVISORY PANEL may accept as prima facie
14 evidence of grounds for disciplinary action any disciplinary action taken
15 against a ~~registrant~~ LICENSEE by another jurisdiction if the violation that
16 prompted the disciplinary action would be grounds for disciplinary action
17 under this article 225.

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

21 (8) The director may send a confidential letter of concern to a
22 ~~registrant~~ LICENSEE under the circumstances specified in section
23 12-20-404 (5).

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

26 **12-225-110. Unauthorized practice - penalties.** Any person
27 INDIVIDUAL who practices or offers or attempts to practice ~~direct-entry~~

1 CERTIFIED PROFESSIONAL midwifery OR USES THE TITLE "CERTIFIED
2 PROFESSIONAL MIDWIFE" without an active ~~registration~~ LICENSE issued
3 under this article 225 is subject to penalties pursuant to section 12-20-407
4 (1)(a).

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

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

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

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

3 **12-225-114. Repeal of article - subject to review.** This article
4 225 is repealed, effective September 1, 2028. Before the repeal, the
5 ~~registering of direct-entry~~ LICENSURE OF CERTIFIED PROFESSIONAL
6 midwives by the division is scheduled for review in accordance with
7 section 24-34-104.

8 **SECTION 13.** In Colorado Revised Statutes, 23-3.3-1009,
9 **amend** (2)(c) as follows:

10 **23-3.3-1009. Support for in-demand short-term health-care**
11 **credentials - report - definitions - repeal.** (2) The state board for
12 community colleges and occupational education shall allocate money to
13 community colleges, area technical colleges, local district colleges, and
14 community not-for-profit organizations that deliver hybrid programming
15 that leverages place-based supports in partnership with local district
16 colleges, community colleges, and area technical colleges through
17 reimbursement based on students enrolled in eligible programs for fiscal
18 years 2022-23 to 2025-26 to:

19 (c) If unexpended resources exist or if the program use is less than
20 anticipated, ~~to~~ expand eligible programs in allied health based on
21 in-demand credential needs, INCLUDING CERTIFIED PROFESSIONAL
22 MIDWIFERY, or include high school equivalency support and attainment
23 for students without a high school degree who participate in the program.

24 **SECTION 14.** In Colorado Revised Statutes, 24-34-305, **amend**
25 (1)(k) as follows:

26 **24-34-305. Powers and duties of commission.** (1) The
27 commission has the following powers and duties:

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

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

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

11 (B) INDIVIDUALS CAN IDENTIFY MISTREATMENT THEY
12 EXPERIENCED BASED ON THE FOLLOWING MISTREATMENT INDEX
13 CATEGORIES: PHYSICAL ABUSE, SEXUAL ABUSE, VERBAL ABUSE, STIGMA
14 AND DISCRIMINATION, FAILURE TO MEET PROFESSIONAL STANDARDS OF
15 CARE, OR POOR RAPPORT BETWEEN PATIENTS OR CLIENTS AND PROVIDERS;
16 POOR CONDITIONS AND CONSTRAINTS PRESENTED BY THE HEALTH-CARE
17 SYSTEM; AND OBSTETRIC RACISM;

18 (C) NUMBERS OF REPORTS BASED ON TOPOLOGY CAN BE
19 GENERATED AND SHARED WITH THE PUBLIC AND OTHER AGENCIES;

20 (D) AN INDIVIDUAL MAY IDENTIFY ANY PROTECTED CLASS THE
21 INDIVIDUAL MAY BE PART OF AND THAT MAY HAVE FACTORED INTO THE
22 INDIVIDUAL'S MISTREATMENT;

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

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

27 (G) AN INDIVIDUAL MAY VOLUNTARILY SHARE THE INDIVIDUAL'S

1 CONTACT INFORMATION AND INDICATE WHETHER THE INDIVIDUAL
2 CONSENTS TO BEING CONTACTED BY THE DEPARTMENT OF REGULATORY
3 AGENCIES OR THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

4 (III) THE COMMISSION SHALL GENERATE DE-IDENTIFIED
5 COMPOSITE INFORMATION BASED ON REPORTS SUBMITTED PURSUANT TO
6 THIS SUBSECTION (1)(k). NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I),
7 NO LATER THAN JULY 1, 2025, AND NO LATER THAN JULY 1 EVERY THREE
8 YEARS THEREAFTER, THE COMMISSION SHALL SHARE THE GENERATED
9 DE-IDENTIFIED COMPOSITE INFORMATION WITH:

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

12 (B) THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN
13 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
14 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES; AND

15 (C) THE MATERNITY ADVISORY COMMITTEE DEFINED IN SECTION
16 25.5-4-506 (1)(b).

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

19 **SECTION 15.** In Colorado Revised Statutes, 24-34-601, **amend**
20 (2)(a) as follows:

21 **24-34-601. Discrimination in places of public accommodation**
22 **- definition.** (2) (a) It is a discriminatory practice and unlawful for a
23 person, directly or indirectly, to refuse, withhold from, or deny to an
24 individual or a group, because of disability, race, creed, color, sex, sexual
25 orientation, gender identity, gender expression, PREGNANCY, marital
26 status, national origin, or ancestry, the full and equal enjoyment of the
27 goods, services, facilities, privileges, advantages, or accommodations of

1 a place of public accommodation or, directly or indirectly, to publish,
2 circulate, issue, display, post, or mail any written, electronic, or printed
3 communication, notice, or advertisement that indicates that the full and
4 equal enjoyment of the goods, services, facilities, privileges, advantages,
5 or accommodations of a place of public accommodation will be refused,
6 withheld from, or denied an individual or that an individual's patronage
7 or presence at a place of public accommodation is unwelcome,
8 objectionable, unacceptable, or undesirable because of disability, race,
9 creed, color, sex, sexual orientation, gender identity, gender expression,
10 PREGNANCY, marital status, national origin, or ancestry.

11 **SECTION 16.** In Colorado Revised Statutes, 25-1-134, **amend**
12 (2)(c)(IV) as follows:

13 **25-1-134. Environmental justice - ombudsperson - advisory**
14 **board - grant program - definitions - repeal. (2) Environmental**
15 **justice advisory board.** (c) The advisory board consists of the following
16 twelve members who, to the extent practicable, must reside in different
17 geographic areas of the state, reflect the racial and ethnic diversity of the
18 state, and have experience with a range of environmental issues, including
19 air pollution, water contamination, and public health impacts:

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

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

26 **25-3-131. Maternal health-care services - reduction or**
27 **discontinuation - required notifications - definition.** (1) AT LEAST

1 NINETY DAYS BEFORE A HEALTH-CARE FACILITY THAT PROVIDES
2 MATERNAL HEALTH-CARE SERVICES MAY REDUCE OR DISCONTINUE SUCH
3 SERVICES, THE FACILITY SHALL PROVIDE NOTICE TO:

4 (a) THE HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES
5 DIVISION OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

6 (b) THE COLORADO MATERNAL MORTALITY REVIEW COMMITTEE
7 CREATED IN SECTION 25-52-104 (1);

8 (c) THE GOVERNOR;

9 (d) ALL PATIENTS RECEIVING MATERNAL HEALTH-CARE SERVICES
10 AT THE FACILITY AS OF THE DATE OF THE NOTICE;

11 (e) ALL HEALTH-CARE PROVIDERS THAT PROVIDE MATERNAL
12 HEALTH-CARE SERVICES FOR THE FACILITY AS OF THE DATE OF THE
13 NOTICE; AND

14 (f) THE GENERAL PUBLIC.

15 (2) THE NOTICE REQUIRED IN SUBSECTION (1) OF THIS SECTION
16 MUST INCLUDE:

17 (a) A DESCRIPTION OF THE MATERNAL HEALTH-CARE SERVICES
18 BEING REDUCED OR DISCONTINUED;

19 (b) THE RATE THE MATERNAL HEALTH-CARE SERVICES HAD BEEN
20 PROVIDED AT IN THE PREVIOUS YEAR;

21 (c) THE NUMBER AND TYPE OF HEALTH-CARE PROVIDERS
22 IMPACTED;

23 (d) THE PROPOSED PLAN FOR TRANSITIONING PATIENTS TO NEW
24 HEALTH-CARE PROVIDERS; AND

25 (e) THE PROPOSED PLAN FOR TRANSITIONING THE HEALTH-CARE
26 PROVIDERS TO NEW POSITIONS.

27 (3) AS USED IN THIS SECTION, "MATERNAL HEALTH-CARE

1 SERVICES" MEANS HEALTH-CARE SERVICES PROVIDED TO AN INDIVIDUAL
2 DURING THE INDIVIDUAL'S PREGNANCY, CHILDBIRTH, AND POSTPARTUM
3 PERIOD.

4 **SECTION 18.** In Colorado Revised Statutes, 25-4-2206, **amend**
5 (2)(a)(III) introductory portion and (2)(a)(III)(J); and **add** (2)(a)(III)(J.5)
6 as follows:

7 **25-4-2206. Health equity commission - creation - repeal.**

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

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

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

17 (J.5) MIDWIFERY; OR

18 **SECTION 19.** In Colorado Revised Statutes, 25-52-104, **amend**
19 (2)(b)(II), (4)(f), and (4)(g); and **add** (4)(h) as follows:

20 **25-52-104. Colorado maternal mortality review committee -**
21 **creation - members - duties - report to the general assembly - repeal.**

22 (2) (b) In appointing members to the committee, the executive director
23 shall:

24 (II) Ensure that committee members represent diverse
25 communities and a variety of clinical, forensic, and psychosocial
26 specializations and community perspectives, INCLUDING
27 COMMUNITY-BASED MIDWIFERY; and

- 1 (4) The committee shall:
- 2 (f) Perform any other functions as resources allow to enhance the
- 3 capability of the state to reduce and prevent maternal mortality; ~~and~~
- 4 (g) Advise the department in the department's work on decreasing
- 5 maternal mortality; AND
- 6 (h) CONTRACT WITH AN INDEPENDENT THIRD-PARTY EVALUATOR
- 7 TO:
- 8 (I) STUDY CLOSURES RELATED TO PERINATAL HEALTH-CARE
- 9 PRACTICES AND FACILITIES AND PERINATAL HEALTH-CARE DESERTS AND
- 10 ASSETS RELATED TO PERINATAL HEALTH AND HEALTH-CARE SERVICES
- 11 ACROSS THE STATE, NOT LIMITED TO OBSTETRIC PROVIDERS;
- 12 (II) IDENTIFY MAJOR OUTCOME CATEGORIES AT THE CLINICAL,
- 13 FAMILY, COMMUNITY, AND PROVIDER LEVELS THAT THE DEPARTMENT
- 14 SHOULD TRACK OVER TIME AND IDENTIFY RISKS AND OPPORTUNITIES;
- 15 (III) EXPLORE THE EFFECTS OF PRACTICE AND FACILITY CLOSURES
- 16 ON MATERNAL AND INFANT HEALTH OUTCOMES AND EXPERIENCES, TO
- 17 ILLUSTRATE STRUCTURAL NEEDS AROUND CLOSURES;
- 18 (IV) IDENTIFY RECOMMENDATIONS DURING PRACTICE AND
- 19 FACILITY CLOSURES AND RESULTANT TRANSFERS OF CARE. THE THIRD
- 20 PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA IN
- 21 MAKING THE RECOMMENDATIONS. THE THIRD PARTY EVALUATOR SHALL
- 22 USE THE MAP CREATED PURSUANT TO SUBSECTION (4)(h)(VI) OF THIS
- 23 SECTION IN DEVELOPING THE RECOMMENDATIONS. THE
- 24 RECOMMENDATIONS MUST:
- 25 (A) INCLUDE SOLUTIONS AT THE FACILITY LEVEL, THE PRACTICE
- 26 LEVEL, THE WORKFORCE LEVEL, THE COMMUNITY LEVEL, AND THE
- 27 PATIENT LEVEL;

1 (B) INCLUDE MINIMUM REQUIREMENTS FOR REPORTING ON
2 CLOSURES, INCLUDING METRICS ON TIMELINES AND GEOGRAPHIC AREA;

3 (C) DEVELOP RECOMMENDATIONS ON PRIMARY AND SECONDARY
4 DATA COLLECTION RELATED TO CLOSURES AND RESULTANT TRANSFERS OF
5 CARE.

6 (V) IDENTIFY BEST PRACTICE GUIDELINES DURING PRACTICE AND
7 FACILITY CLOSURES AND RESULTANT TRANSFERS OF CARE. THE THIRD
8 PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA IN
9 IDENTIFYING THE BEST PRACTICE GUIDELINES. THE THIRD PARTY
10 EVALUATOR SHALL USE THE MAP CREATED PURSUANT TO SUBSECTION
11 (4)(h)(VI) OF THIS SECTION IN DEVELOPING THE GUIDELINES. THE
12 GUIDELINES MUST CONSIDER THE FOLLOWING AREAS: RISKS AND
13 OPPORTUNITIES; TRANSFERS OF CARE; COMMUNITY NOTICE NEEDS AND
14 OPPORTUNITIES; NOTIFICATION TO THE DEPARTMENT; CLOSURE TIMELINE;
15 AND RESOURCES NEEDED BY FACILITIES, PROVIDERS, AND FAMILIES.

16 (VI) CREATE A MATERNAL HEALTH DESERT AND ASSET MAP THAT
17 IDENTIFIES BY COUNTY:

18 (A) PRIMARY HEALTH-CARE PROVIDERS, INCLUDING PHYSICIANS
19 AND MIDWIVES OF ALL CREDENTIAL TYPES WHO PROVIDE OR COULD BE
20 PROVIDING PERINATAL HEALTH CARE;

21 (B) THE TYPE AND LOCATION OF PERINATAL HEALTH CARE
22 OFFERED BY THE PROVIDERS LISTED PURSUANT TO SUBSECTION
23 (4)(h)(VI)(A) OF THIS SECTION;

24 (C) COMMUNITY-BASED PERINATAL HEALTH-CARE WORKERS,
25 SUCH AS DOULAS, CHILDBIRTH EDUCATORS, AND LACTATION SUPPORT
26 CONSULTANTS; AND

27 (D) RESOURCES SUCH AS COMMUNITY ADVOCATES, GATHERING

1 PLACES, AND EDUCATIONAL HUBS;

2 (VII) BY JULY 1, 2026, DELIVER THE BEST PRACTICES AND
3 RECOMMENDATIONS CREATED PURSUANT TO THIS SUBSECTION (4)(h) TO
4 THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES
5 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,
6 OR THEIR SUCCESSOR COMMITTEES.

7 **SECTION 20.** In Colorado Revised Statutes, 24-33.5-704.5,
8 **amend** (1)(b)(II)(G) and (1)(b)(II)(H); and **add** (1)(b)(II)(I) as follows:

9 **24-33.5-704.5. Governor's expert emergency epidemic**
10 **response committee - creation.** (1) (b) (II) In addition to the state
11 members of the committee, the governor shall appoint to the committee
12 an individual from each of the following categories:

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

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

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

16 **SECTION 21.** In Colorado Revised Statutes, 12-20-202, **amend**
17 (3)(e)(X) as follows:

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

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

27 **SECTION 22.** In Colorado Revised Statutes, 12-20-404, **amend**

1 (1)(d)(II)(H) as follows:

2 **12-20-404. Disciplinary actions - regulator powers -**
3 **disposition of fines - mistreatment of at-risk adult - exceptions -**
4 **definitions. (1) General disciplinary authority.** If a regulator
5 determines that an applicant, licensee, certificate holder, or registrant has
6 committed an act or engaged in conduct that constitutes grounds for
7 discipline or unprofessional conduct under a part or article of this title 12
8 governing the particular profession or occupation, the regulator may:

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

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

14 **SECTION 23.** In Colorado Revised Statutes, 12-20-407, **amend**
15 (1)(a)(V)(K) and (1)(e)(V) as follows:

16 **12-20-407. Unauthorized practice of profession or occupation**
17 **- penalties - exclusions.** (1) (a) A person commits a class 2 misdemeanor
18 and shall be punished as provided in section 18-1.3-501 if the person:

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

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

25 (e) A person commits a class 6 felony and shall be punished as
26 provided in section 18-1.3-401 if the person practices or offers or
27 attempts to practice any of the following professions or occupations and

1 intentionally and fraudulently represents oneself as a licensed, certified,
2 or registered professional or practitioner pursuant to a part or article of
3 this title 12 governing the particular profession or occupation:

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

6 **SECTION 24.** In Colorado Revised Statutes, 12-20-408, **amend**
7 (1)(c) as follows:

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

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

19 **SECTION 25.** In Colorado Revised Statutes, 12-30-102, **amend**
20 (3)(a)(X) as follows:

21 **12-30-102. Medical transparency act of 2010 - disclosure of**
22 **information about health-care providers - fines - rules - short title -**
23 **legislative declaration - review of functions - definition - repeal.**

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

27 (X) ~~Direct-entry~~ CERTIFIED PROFESSIONAL midwifery pursuant to

1 article 225 of this title 12;

2 **SECTION 26.** In Colorado Revised Statutes, 12-30-122, **amend**
3 (6)(d)(III) and (6)(d)(IV) as follows:

4 **12-30-122. Intimate examination of sedated or unconscious**
5 **patient - informed consent required - definitions.** (6) As used in this
6 section:

7 (d) "Licensee" means:

8 (III) An advanced practice registered nurse, as defined in section
9 12-255-104 (1); a registered nurse, as defined in section 12-255-104 (11);
10 or a midwife, other than a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
11 or certified nurse midwife, practicing in this state whose scope of practice
12 includes performing intimate examinations; or

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

15 **SECTION 27.** In Colorado Revised Statutes, 13-21-115.5,
16 **amend** (3)(c)(II)(C) as follows:

17 **13-21-115.5. Volunteer service act - immunity - exception for**
18 **operation of motor vehicles - short title - legislative declaration -**
19 **definitions.** (3) As used in this section, unless the context otherwise
20 requires:

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

22 (C) A ~~registered direct-entry~~ LICENSED CERTIFIED PROFESSIONAL
23 midwife governed by article 225 of title 12 performing the practice of
24 ~~direct-entry~~ CERTIFIED PROFESSIONAL midwifery, as defined in section
25 ~~12-225-103~~ (3) 12-225-103 (4), as a volunteer for a nonprofit
26 organization, a nonprofit corporation, a governmental entity, or a hospital;

27 **SECTION 28.** In Colorado Revised Statutes, 24-34-104, **amend**

1 (29)(a)(XV) as follows:

2 **24-34-104. General assembly review of regulatory agencies**
3 **and functions for repeal, continuation, or reestablishment - legislative**
4 **declaration - repeal.** (29) (a) The following agencies, functions, or both,
5 are scheduled for repeal on September 1, 2028:

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

9 **SECTION 29.** In Colorado Revised Statutes, 25-2-112, **amend**
10 (7)(b) as follows:

11 **25-2-112. Certificates of birth - filing - establishment of**
12 **parentage - notice to colleinvest.** (7) The state registrar shall revise
13 the birth certificate worksheet form used for the preparation of a
14 certificate of live birth to include:

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

18 **SECTION 30.** In Colorado Revised Statutes, 25-1-802, **amend**
19 (1)(a) and (1)(b)(II) as follows:

20 **25-1-802. Patient records in custody of individual health-care**
21 **providers.** (1) (a) Every patient record in the custody of a podiatrist,
22 chiropractor, dentist, doctor of medicine, doctor of osteopathy, nurse,
23 certified midwife, optometrist, occupational therapist, audiologist,
24 acupuncturist, ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife, or physical
25 therapist required to be licensed under title 12; a naturopathic doctor
26 required to be registered pursuant to article 250 of title 12; or a person
27 practicing psychotherapy under article 245 of title 12, except records

1 withheld in accordance with 45 CFR 164.524 (a), must be available to the
2 patient or the patient's personal representative upon submission of a valid
3 authorization for inspection of records, dated and signed by the patient,
4 at reasonable times and upon reasonable notice. A summary of records
5 pertaining to a patient's mental health problems may, upon written request
6 accompanied by a signed and dated authorization, be made available to
7 the patient or the patient's personal representative following termination
8 of the treatment program.

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

1 must be returned upon request to the lending practitioner within thirty
2 days.

3 **SECTION 31.** In Colorado Revised Statutes, 25-3-130, **amend**
4 (6)(c)(III) and (6)(c)(IV) as follows:

5 **25-3-130. Intimate examination of sedated or unconscious**
6 **patient - informed consent required - rules - definitions.** (6) As used
7 in this section:

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

9 (III) An advanced practice registered nurse, as defined in section
10 12-255-104 (1); a registered nurse, as defined in section 12-255-104 (11);
11 or a midwife, other than a ~~direct-entry~~ CERTIFIED PROFESSIONAL midwife
12 or certified nurse midwife, practicing in this state whose scope of practice
13 includes performing intimate examinations; or

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

16 **SECTION 32. Safety clause.** The general assembly finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, or safety or for appropriations for
19 the support and maintenance of the departments of the state and state
20 institutions.