

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

ENGROSSED

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

LLS NO. 24-0137.01 Brita Darling x2241

SENATE BILL 24-175

SENATE SPONSORSHIP

Fields and Buckner, Hansen

HOUSE SPONSORSHIP

McLachlan and Jodeh,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO IMPROVE PERINATAL HEALTH OUTCOMES,**
102 **AND, IN CONNECTION THEREWITH, 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 health benefit plans to provide coverage for doula services in the same scope and duration of coverage for doula services that will be included in the department of health care policy and financing's request for federal authorization of doula services under the "Colorado Medical Assistance Act" (medical assistance program). Doulas providing services must meet the same qualifications for and submit to

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.*

SENATE
Amended 2nd Reading
April 19, 2024

the same regulation as individuals providing doula services as recommended in the report of the department of public health and environment resulting from the stakeholder process for doula services under the medical assistance program.

Coverage for doula services will be implemented for large employer health benefit plans issued or renewed in this state on and after July 1, 2025. For small group and individual plans, doula services will be implemented if the division of insurance and the federal department of health and human services determine that the benefit does not require state defrayal of the cost of the benefit or the division of insurance determines defrayal is not required and the federal department fails to respond to the division's request for confirmation of the determination within 365 days after the request is made.

The bill authorizes the department of public health and environment (department) to partner with the designated state perinatal care quality collaborative (perinatal quality collaborative) to track the statewide implementation of the recommendations of the Colorado maternal mortality review committee, implement perinatal health quality improvement programs with hospitals that provide labor and delivery or neonatal care services (hospital) to improve infant and maternal health outcomes, and address disparate care outcomes among certain populations and of those living in frontier areas of the state.

The bill requires hospitals to submit specified data to the perinatal quality collaborative concerning disparities in perinatal health care and health-care outcomes; to annually participate in at least one maternal or infant health quality improvement initiative (initiative), as determined by the hospitals; and to report to the perinatal quality collaborative regarding the implementation and outcomes of the initiative. The bill authorizes financial support for hospitals in rural and frontier areas of the state, hospitals that serve a higher number of medical assistance patients or uninsured patients, and hospitals with lower-acuity maternal or neonatal levels of care.

In collaboration with the department, the bill requires the perinatal quality collaborative to issue an annual report on clinical quality improvements in maternal and infant health outcomes and related data that can be shared with hospitals and health facilities, policymakers, and others and posted on the internet.

The bill requires coverage of over-the-counter, prescribed choline supplements for pregnant people to fulfill the federal food and drug administration's daily adequate intake for pregnant people.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **add**

1 (3)(e) as follows:

2 **10-16-104. Mandatory coverage provisions - definitions - rules**
3 **- applicability. (3) Maternity coverage. (e) Doula services. (I) AS**
4 **USED IN THIS SUBSECTION (3)(e), UNLESS THE CONTEXT OTHERWISE**
5 **REQUIRES:**

6 (A) "DOULA" MEANS A TRAINED BIRTH COMPANION WHO PROVIDES
7 PERSONAL, NONMEDICAL SUPPORT TO PREGNANT AND POSTPARTUM
8 PEOPLE AND THEIR FAMILIES PRIOR TO CHILDBIRTH, DURING LABOR AND
9 DELIVERY, AND DURING THE POSTPARTUM PERIOD AND WHO HAS THE
10 QUALIFICATIONS AND TRAINING REQUIRED BY THE STATE.

11 (B) "DOULA SERVICES" MEANS SERVICES PROVIDED BY A DOULA.

12 (C) "MEDICAL ASSISTANCE PROGRAM" MEANS THE "COLORADO
13 MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5.

14 (D) "REPORT" MEANS THE REPORT OF THE DEPARTMENT OF
15 HEALTH CARE POLICY AND FINANCING, INCLUDING THE FINDINGS AND
16 RECOMMENDATIONS FOR DOULA SERVICES, RESULTING FROM THE
17 STAKEHOLDER PROCESS REQUIRED PURSUANT TO SECTION 25.5-4-506.

18 (II) EXCEPT AS PROVIDED IN SUBSECTION (3)(e)(VI) OF THIS
19 SECTION, MATERNITY COVERAGE PURSUANT TO THIS SUBSECTION (3) MUST
20 INCLUDE COVERAGE FOR DOULA SERVICES.

21 (III) THE COVERAGE FOR DOULA SERVICES PURSUANT TO THIS
22 SUBSECTION (3)(e) MUST:

23 (A) INCLUDE THE SAME SCOPE AND DURATION OF COVERAGE FOR
24 DOULA SERVICES THAT IS INCLUDED IN THE DEPARTMENT OF HEALTH CARE
25 POLICY AND FINANCING'S REQUEST SUBMITTED PURSUANT TO SECTION
26 25.5-4-506 FOR FEDERAL AUTHORIZATION FOR DOULA SERVICES UNDER
27 THE MEDICAL ASSISTANCE PROGRAM; EXCEPT THAT THE COMMISSIONER

1 MAY ADOPT RULES AS NECESSARY TO IMPLEMENT THE BENEFIT IN THE
2 PRIVATE INSURANCE MARKET; AND

3 (B) REQUIRE THE SAME QUALIFICATIONS FOR AND REGULATION OF
4 INDIVIDUALS PROVIDING DOULA SERVICES AS RECOMMENDED IN THE
5 REPORT FOR INDIVIDUALS PROVIDING DOULA SERVICES UNDER THE
6 MEDICAL ASSISTANCE PROGRAM.

7 (IV) THIS SUBSECTION (3)(e) APPLIES TO, AND THE DIVISION SHALL
8 IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (3)(e) FOR, LARGE
9 EMPLOYER HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE ON
10 OR AFTER JULY 1, 2025, OR TWELVE MONTHS AFTER THE DATE ON WHICH
11 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SUBMITS ITS
12 REQUEST PURSUANT TO SECTION 25.5-4-506 FOR FEDERAL AUTHORIZATION
13 FOR DOULA SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM,
14 WHICHEVER IS LATER.

15 (V) WITH RESPECT TO INDIVIDUAL AND SMALL GROUP HEALTH
16 BENEFIT PLANS, THE DIVISION SHALL:

17 (A) REVIEW THE ACTUARIAL REVIEW CONDUCTED PURSUANT TO
18 SECTION 10-16-155.5 AND SUBMIT TO THE FEDERAL DEPARTMENT OF
19 HEALTH AND HUMAN SERVICES THE DIVISION'S DETERMINATION AS TO
20 WHETHER THE BENEFIT SPECIFIED IN THIS SUBSECTION (3)(e) IS IN
21 ADDITION TO ESSENTIAL HEALTH BENEFITS AND WOULD BE SUBJECT TO
22 DEFRAID BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);
23 AND

24 (B) REQUEST THAT THE FEDERAL DEPARTMENT OF HEALTH AND
25 HUMAN SERVICES CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY
26 DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS
27 DETERMINATION.

1 (VI) THIS SUBSECTION (3)(e) APPLIES TO, AND THE DIVISION SHALL
2 IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (3)(e) FOR,
3 INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR
4 RENEWED IN THIS STATE UPON THE EARLIER OF:

5 (A) TWELVE MONTHS AFTER THE FEDERAL DEPARTMENT OF
6 HEALTH AND HUMAN SERVICES CONFIRMS THE DIVISION'S DETERMINATION
7 OR OTHERWISE INFORMS THE DIVISION THAT THE COVERAGE SPECIFIED IN
8 THIS SUBSECTION (3)(e) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT
9 THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC.
10 18031 (d)(3)(B); OR

11 (B) THE PASSAGE OF MORE THAN THREE HUNDRED SIXTY-FIVE
12 DAYS SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST
13 FOR CONFIRMATION PURSUANT TO SUBSECTION (3)(e)(V) OF THIS SECTION,
14 AND THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS
15 FAILED TO RESPOND TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE
16 THE DIVISION SHALL CONSIDER THE FEDERAL DEPARTMENT'S
17 UNREASONABLE DELAY A PRECLUSION FROM REQUIRING DEFRAYAL BY THE
18 STATE.

19 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-103, **add**
20 (1)(d) as follows:

21 **25-1.5-103. Health facilities - powers and duties of department**
22 **- rules - limitations on rules - definitions - repeal.** (1) The department
23 has, in addition to all other powers and duties imposed upon it by law, the
24 powers and duties provided in this section as follows:

25 (d) (I) TO ENSURE THAT EACH HOSPITAL THAT PROVIDES LABOR
26 AND DELIVERY OR NEONATAL CARE SERVICES IS COMPLYING WITH THE
27 REQUIREMENTS SPECIFIED IN SECTION 25-52-106.5, INCLUDING

1 PARTICIPATING IN AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY
2 IMPROVEMENT INITIATIVE AND SUBMITTING OUTCOME DATA TO THE
3 PERINATAL QUALITY COLLABORATIVE DEFINED IN SECTION 25-52-103 (3).

4 (II) THIS SUBSECTION (1)(d) IS REPEALED, EFFECTIVE SEPTEMBER
5 1, 2029.

6 **SECTION 3.** In Colorado Revised Statutes, 25-52-103, **amend**
7 (3); and **add** (6.5) as follows:

8 **25-52-103. Definitions.** As used in this article 52, unless the
9 context otherwise requires:

10 (3) "Designated state perinatal care quality collaborative" OR
11 "PERINATAL QUALITY COLLABORATIVE" means a statewide nonprofit
12 network of health facilities, clinicians, and public health professionals
13 working to improve the quality of care for mothers and babies through
14 continuous quality improvement.

15 (6.5) "MEDICAL ASSISTANCE PROGRAM" MEANS THE MEDICAL
16 ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO ARTICLES 4 TO 6 OF
17 TITLE 25.5.

18 **SECTION 4.** In Colorado Revised Statutes, **add** 25-52-106.5 as
19 follows:

20 **25-52-106.5. Perinatal health quality improvement program**
21 **- perinatal health quality improvement engagement program -**
22 **perinatal quality collaborative duties - data collection - reporting -**
23 **legislative declaration - definitions.** (1) THE GENERAL ASSEMBLY FINDS
24 AND DECLARES THAT:

25 (a) DISPARITIES IN MATERNAL AND INFANT HEALTH-CARE ACCESS,
26 DELIVERY, AND OUTCOMES IN COLORADO PERSIST, SUCH THAT BIRTHING
27 PEOPLE WHO ARE AMERICAN INDIAN/ALASKA NATIVE ARE NEARLY THREE

1 TIMES MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR
2 POSTPARTUM THAN THE OVERALL POPULATION OF THOSE GIVING BIRTH IN
3 COLORADO;

4 (b) BIRTHING PEOPLE WHO ARE BLACK ARE NEARLY TWO TIMES
5 MORE LIKELY TO DIE DURING PREGNANCY OR WITHIN ONE YEAR
6 POSTPARTUM THAN THE OVERALL POPULATION OF THOSE GIVING BIRTH IN
7 COLORADO;

8 (c) BIRTHING PEOPLE LIVING IN FRONTIER COUNTIES ARE MORE
9 LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES THAN THOSE LIVING
10 IN URBAN COUNTIES, AND PEOPLE INSURED THROUGH THE MEDICAL
11 ASSISTANCE PROGRAM ARE MORE LIKELY TO DIE DURING PREGNANCY OR
12 WITHIN ONE YEAR POSTPARTUM THAN THOSE WITH PRIVATE INSURANCE;

13 (d) DISCRIMINATION CONTRIBUTED TO HALF OF ALL
14 PREGNANCY-ASSOCIATED DEATHS IN COLORADO, AND NINETY PERCENT OF
15 ALL DEATHS WERE DEEMED PREVENTABLE BY THE COLORADO MATERNAL
16 MORTALITY REVIEW COMMITTEE;

17 (e) IN 2022, THE UNITED STATES' INFANT MORTALITY RATE
18 INCREASED FOR THE FIRST TIME IN TWO DECADES. INFANTS BORN TO
19 BLACK AND NATIVE AMERICAN BIRTHING PEOPLE ARE TWO TIMES MORE
20 LIKELY TO DIE COMPARED WITH THEIR WHITE AND HISPANIC
21 COUNTERPARTS.

22 (f) THE COMMITTEE AND THE MATERNAL HEALTH TASK FORCE
23 ESTABLISHED BY THE DEPARTMENT RECOMMEND STATEWIDE, UNIVERSAL
24 PARTICIPATION IN QUALITY IMPROVEMENT INITIATIVES LED BY THE
25 PERINATAL QUALITY COLLABORATIVE AND THE ADOPTION OF ALLIANCE
26 FOR INNOVATION ON MATERNAL HEALTH PATIENT SAFETY BUNDLES;

27 (g) THE NATIONAL GOVERNORS ASSOCIATION, THROUGH ITS

1 MATERNAL AND INFANT HEALTH INITIATIVE, SIMILARLY RECOMMENDS THE
2 ADOPTION OF PATIENT SAFETY BUNDLES AND INCREASED FUNDING FOR
3 STATE MATERNAL MORTALITY REVIEW COMMITTEES AND PERINATAL
4 QUALITY COLLABORATIVES;

5 (h) NINETY-SIX PERCENT OF BIRTHS IN COLORADO OCCUR IN
6 HOSPITALS, AND THERE IS A NEED TO PROVIDE PRACTICAL SUPPORT TO
7 HOSPITALS, ESPECIALLY FRONTIER AND RURAL HOSPITALS, FOR THE
8 IMPLEMENTATION OF CLINICAL QUALITY IMPROVEMENT INITIATIVES; AND

9 (i) PARTICIPATION IN STATE PERINATAL QUALITY COLLABORATIVES
10 HAS BEEN SHOWN TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES
11 THROUGH IMPROVED ACCESS TO, AND THE TIMELINESS OF, TREATMENT
12 AND THROUGH REDUCED SERIOUS PREGNANCY COMPLICATIONS.

13 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
14 REQUIRES:

15 (a) "ENGAGEMENT PROGRAM" MEANS THE PERINATAL HEALTH
16 QUALITY IMPROVEMENT ENGAGEMENT PROGRAM CREATED IN SUBSECTION
17 (5) OF THIS SECTION.

18 (b) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
19 PURSUANT TO SECTION 25-1.5-103 THAT PROVIDES NONEMERGENT
20 PERINATAL CARE SERVICES.

21 (c) "QUALITY IMPROVEMENT PROGRAM" MEANS THE HOSPITAL
22 PERINATAL HEALTH QUALITY IMPROVEMENT PROGRAM CREATED IN
23 SUBSECTION (4) OF THIS SECTION.

24 (3) (a) THE DEPARTMENT SHALL CONTRACT WITH THE PERINATAL
25 QUALITY COLLABORATIVE TO:

26 (I) TRACK STATEWIDE IMPLEMENTATION OF THE COMMITTEE'S
27 RECOMMENDATIONS TO PREVENT MATERNAL MORTALITY;

1 (II) IMPLEMENT HOSPITAL QUALITY IMPROVEMENT PROGRAMS
2 THROUGH PERINATAL CARE SETTINGS TO REDUCE PREVENTABLE CAUSES
3 OF MATERNAL MORTALITY AND MORBIDITY; AND

4 (III) ADDRESS DISPARATE CARE OF AND OUTCOMES AMONG
5 AMERICAN INDIAN/ALASKA NATIVE AND BLACK BIRTHING POPULATIONS,
6 BIRTHING PEOPLE INSURED THROUGH THE MEDICAL ASSISTANCE PROGRAM,
7 AND BIRTHING PEOPLE LIVING IN RURAL AND FRONTIER COUNTIES.

8 (b) IN IMPLEMENTING HOSPITAL QUALITY IMPROVEMENT
9 PROGRAMS, THE PERINATAL QUALITY COLLABORATIVE SHALL PROVIDE
10 QUALITY IMPROVEMENT PROGRAM SUPPORT THAT MAY INCLUDE:

11 (I) CLINICAL QUALITY IMPROVEMENT SCIENCE EDUCATION
12 CONCERNING BEST PRACTICES AND INNOVATIONS TO SUPPORT OPTIMAL
13 OUTCOMES;

14 (II) TAILORED INTERVENTIONS DESIGNED TO ADDRESS THE NEEDS
15 OF PRIORITY POPULATIONS;

16 (III) INDIVIDUALIZED PROGRAM IMPLEMENTATION GUIDANCE AND
17 SUPPORT;

18 (IV) DATA REPORTING, ANALYSIS, AND RAPID RESPONSE
19 FEEDBACK FOR ASSISTANCE IN MONITORING THE SUSTAINABILITY OF
20 IMPLEMENTED CHANGES;

21 (V) PROVIDER TRAINING IN STIGMA, BIAS, AND TRAUMA-INFORMED
22 AND RESPECTFUL CARE; AND

23 (VI) PUBLIC RECOGNITION AS A MATERNAL AND INFANT CARE
24 QUALITY CHAMPION.

25 (c) THE DEPARTMENT SHALL PROVIDE VITAL STATISTICS DATA TO
26 THE PERINATAL QUALITY COLLABORATIVE FOR PURPOSES OF DATA
27 ANALYSIS AND REPORTING. THE PERINATAL QUALITY COLLABORATIVE

1 SHALL DEVELOP A DATA-SHARING AGREEMENT WITH THE DEPARTMENT TO
2 IDENTIFY SPECIFIC VITAL STATISTICS DATA THAT MUST BE SHARED. THE
3 DATA-SHARING AGREEMENT MUST ADDRESS THE CONFIDENTIALITY OF
4 DATA TO ENSURE THAT DATA SHARING IS PROTECTED.

5 (4) **Hospital perinatal health quality improvement program.**

6 A HOSPITAL SHALL:

7 (a) NO LATER THAN JULY 1, 2025, AND NO LATER THAN JULY 1
8 EACH YEAR THEREAFTER, SUBMIT TO THE PERINATAL QUALITY
9 COLLABORATIVE, EITHER DIRECTLY OR THROUGH A STATEWIDE
10 ASSOCIATION OF HOSPITALS, A MINIMUM DATA SET OF KEY DRIVERS OF
11 DISPARITIES IN PERINATAL HEALTH CARE AND HEALTH-CARE OUTCOMES,
12 MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY, AND INFANT
13 HEALTH CARE AND HEALTH-CARE OUTCOMES, INCLUDING:

- 14 (I) CESAREAN DELIVERIES;
- 15 (II) PERINATAL HYPERTENSION, SEPSIS, AND CARDIAC CONDITIONS;
- 16 (III) MATERNAL AND NEONATAL READMISSIONS AND LENGTH OF
17 STAY;
- 18 (IV) UNEXPECTED NEWBORN COMPLICATIONS;
- 19 (V) PERINATAL MENTAL HEALTH AND SUBSTANCE USE
20 CONDITIONS;
- 21 (VI) OBSTETRIC HEMORRHAGE; AND
- 22 (VII) PRETERM BIRTH; AND

23 (b) BEGINNING DECEMBER 15, 2025, PARTICIPATE ANNUALLY IN
24 AT LEAST ONE MATERNAL OR INFANT HEALTH QUALITY IMPROVEMENT
25 INITIATIVE, AS DETERMINED BY THE HOSPITAL, IN COLLABORATION WITH
26 THE PERINATAL QUALITY COLLABORATIVE PURSUANT TO SUBSECTION (3)
27 OF THIS SECTION, WITH THE GOAL OF:

1 (I) PROMOTING EVIDENCE-BASED, CULTURALLY RELEVANT, SAFE,
2 EQUITABLE, HIGH-QUALITY CARE; AND

3 (II) PREVENTING MATERNAL AND INFANT MORTALITY AND SEVERE
4 MORBIDITY.

5 == ==

6 (5) **Perinatal health quality improvement engagement**

7 **program.** (a) NO LATER THAN JULY 1, 2025, THE DEPARTMENT SHALL
8 CREATE A PERINATAL HEALTH QUALITY IMPROVEMENT ENGAGEMENT
9 PROGRAM THAT PROVIDES FINANCIAL SUPPORT TO HOSPITALS AND
10 FACILITIES THAT PROVIDE EMERGENT LABOR AND DELIVERY OR PERINATAL
11 CARE SERVICES THAT DO NOT HAVE SUFFICIENT RESOURCES TO
12 PARTICIPATE IN ONE OR MORE MATERNAL OR INFANT HEALTH QUALITY
13 IMPROVEMENT INITIATIVES PURSUANT TO SUBSECTION (4) OF THIS
14 SECTION.

15 (b) THE DEPARTMENT SHALL SELECT HOSPITALS AND FACILITIES
16 THAT PROVIDE EMERGENT LABOR AND DELIVERY OR PERINATAL CARE
17 SERVICES TO PARTICIPATE IN THE ENGAGEMENT PROGRAM AND MAY
18 CONTRACT WITH THE PERINATAL QUALITY COLLABORATIVE TO
19 ADMINISTER THE ENGAGEMENT PROGRAM. IN ORDER TO PARTICIPATE IN
20 THE ENGAGEMENT PROGRAM, A HOSPITAL OR FACILITY MUST COMMIT TO
21 WORK WITH THE PERINATAL QUALITY COLLABORATIVE ON THE MATERNAL
22 OR INFANT HEALTH QUALITY IMPROVEMENT INITIATIVES SELECTED BY THE
23 HOSPITAL OR FACILITY.

24 (c) THE DEPARTMENT SHALL PRIORITIZE FINANCIAL SUPPORT FOR
25 HOSPITALS AND FACILITIES THAT:

26 (I) ARE IN RURAL AND FRONTIER AREAS OF THE STATE;

27 (II) QUALIFY FOR DISPROPORTIONATE SHARE PAYMENTS UNDER

1 THE MEDICAL ASSISTANCE PROGRAM; OR

2 (III) HAVE LOWER-ACUITY MATERNAL OR NEONATAL LEVELS OF
3 CARE DESIGNATIONS.

4 (d) HOSPITALS AND FACILITIES RECEIVING FINANCIAL SUPPORT
5 PURSUANT TO THE ENGAGEMENT PROGRAM MAY USE THE FINANCIAL
6 SUPPORT FOR QUALITY IMPROVEMENT, INCLUDING DEDICATED STAFF TIME,
7 TRAINING COSTS, TRAVEL, CONTINUING EDUCATION, AND DATA ENTRY
8 AND TECHNICAL ASSISTANCE.

9 (6) **Collaboration with the perinatal quality collaborative.**

10 (a) THE DEPARTMENT SHALL CONTRACT WITH THE PERINATAL QUALITY
11 COLLABORATIVE TO:

12 (I) TRACK STATEWIDE IMPLEMENTATION OF THE COMMITTEE'S
13 RECOMMENDATIONS, DEVELOPED PURSUANT TO SECTION 25-52-104, TO
14 PREVENT MATERNAL MORTALITY; AND

15 (II) NO LATER THAN JULY 1, 2026, AND NO LATER THAN JULY 1
16 EACH YEAR THEREAFTER, ISSUE A REPORT TO THE DEPARTMENT
17 CONCERNING:

18 (A) CLINICAL QUALITY IMPROVEMENT EFFORTS TO REDUCE
19 DISPARITIES IN PERINATAL HEALTH OUTCOMES AND TO PREVENT
20 MATERNAL AND INFANT MORTALITY AND MORBIDITY THAT INCLUDES
21 RELEVANT, AGGREGATE HOSPITAL MATERNAL AND INFANT HEALTH
22 QUALITY METRICS AND THAT MAY BE DISTRIBUTED TO POLICYMAKERS,
23 HEALTH-CARE PROVIDERS, HOSPITALS AND OTHER HEALTH FACILITIES,
24 PUBLIC HEALTH PROFESSIONALS, AND OTHER INTERESTED PERSONS TO
25 ASSIST THE DEPARTMENT IN PROMOTING DATA ACCESS AND FACILITATING
26 ADDITIONAL EFFORTS TO REDUCE MATERNAL AND INFANT MORTALITY AND
27 MORBIDITY;

1 (B) HOSPITAL PARTICIPATION IN MATERNAL AND INFANT
2 PERINATAL QUALITY IMPROVEMENT INITIATIVES PURSUANT TO
3 SUBSECTION (4)(b) OF THIS SECTION;

4 (C) IMPLEMENTATION OF THE FEDERAL HEALTH RESOURCES AND
5 SERVICES ADMINISTRATION MATERNAL AND CHILD HEALTH BUREAU'S AND
6 AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS' ALLIANCE
7 FOR INNOVATION ON MATERNAL HEALTH PATIENT SAFETY BUNDLES AND
8 RELATED PERFORMANCE METRICS, INCLUDING THE STATUS OF ADDRESSING
9 DRIVERS OF PERINATAL HEALTH DISPARITIES AND MATERNAL AND INFANT
10 MORTALITY AND MORBIDITY AS DESCRIBED IN SUBSECTION (4)(a) OF THIS
11 SECTION; AND

12 (D) AREAS OF OPPORTUNITY FOR ONGOING IMPROVEMENT.

13 (b) IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL
14 LAWS RELATING TO THE PUBLICATION OF HEALTH INFORMATION AND
15 LEGALLY BINDING DATA USE AGREEMENTS, THE PERINATAL QUALITY
16 COLLABORATIVE AND THE DEPARTMENT SHALL MAKE AN AGGREGATED
17 AND DE-IDENTIFIED REPORT PREPARED PURSUANT TO SUBSECTION
18 (6)(a)(II) OF THIS SECTION PUBLICLY AVAILABLE ON THE DEPARTMENT'S
19 WEBSITE AND ON THE WEBSITE OF THE PERINATAL QUALITY
20 COLLABORATIVE.

21 (c) THE PERINATAL QUALITY COLLABORATIVE SHALL CONSULT
22 WITH A STATEWIDE ASSOCIATION OF HOSPITALS AND WITH DIVERSE
23 HOSPITAL LEADERSHIP TO SUPPORT ONGOING HOSPITAL ENGAGEMENT IN
24 QUALITY IMPROVEMENT AND TO ADVISE PRACTITIONERS IN CLINICAL
25 SETTINGS ACROSS THE STATE ON THE ADVANCEMENT OF BEST PRACTICES
26 TO REDUCE MATERNAL AND INFANT MORTALITY AND MORBIDITY.

27 (d) DATA SUBMITTED PURSUANT TO SUBSECTION (4)(a) OF THIS

1 SECTION IS CONSIDERED CONFIDENTIAL AND PROPRIETARY, CONTAINS
2 TRADE SECRETS, OR IS NOT A PUBLIC RECORD PURSUANT TO PART 2 OF
3 ARTICLE 72 OF TITLE 24 AND IS ONLY REPORTABLE IN AN AGGREGATED
4 AND DE-IDENTIFIED MANNER.

5 **SECTION 5.** In Colorado Revised Statutes, **add 25.5-5-517 as**
6 **follows:**

7 **25.5-5-517. Coverage for choline dietary supplements.** (1) NO
8 LATER THAN JULY 1, 2025, THE STATE BOARD SHALL PROMULGATE RULES
9 TO INCLUDE COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM FOR
10 OVER-THE-COUNTER CHOLINE DIETARY SUPPLEMENTS FOR PREGNANT
11 PERSONS.

12 (2) THE STATE DEPARTMENT SHALL SEEK FEDERAL APPROVAL, AS
13 NECESSARY, FOR THE COVERAGE DESCRIBED IN SUBSECTION (1) OF THIS
14 SECTION.

15 **SECTION 6. Appropriation.** (1) For the 2024-25 state fiscal
16 year, \$1,328,652 is appropriated to the department of public health and
17 environment for use by the prevention services division. This
18 appropriation is from the general fund and is based on an assumption that
19 the division will require an additional 0.9 FTE. To implement this act, the
20 division may use this appropriation for maternal and child health related
21 to community health.

22 **SECTION 7. Safety clause.** The general assembly finds,
23 determines, and declares that this act is necessary for the immediate
24 preservation of the public peace, health, or safety or for appropriations for
25 the support and maintenance of the departments of the state and state
26 institutions.