

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

INTRODUCED

LLS NO. 26-0029.01 Brita Darling x2241

HOUSE BILL 26-1044

HOUSE SPONSORSHIP

English and Joseph, Ricks

SENATE SPONSORSHIP

(None),

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO IMPROVE EQUITY IN 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>.)

The bill requires measures to improve equity in maternal health, including:

- Requiring a physician, nurse, or nurse aide whose primary practice is in the area of obstetrics to complete at least one continuing education credit hour on the topic of cultural competence and equity in maternal care;
- Authorizing the department of public health and environment (CDPHE), subject to available appropriations,

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.

to provide a health survey to all birthing parents and to compile the data;

- Requiring a health facility that provides labor and childbirth services to publicly display in birthing areas a statement on respectful maternity care regarding principles and components, including freedom from harm, privacy, informed consent, and allowing a birthing parent to have a birthing companion present at the birth;
- Requiring that the maternal health task force established by CDPHE includes at least one Black maternal health advocate; and
- Requiring CDPHE to report annually to the general assembly, rather than every 3 years, concerning maternal health outcomes and equity, including outcomes for Black birthing parents and suspected or known causes of any disparate outcomes for Black birthing parents.

In addition, the bill requires a health facility to report to CDPHE incidents of severe maternal morbidity or death of a birthing parent for which there is reasonable cause for the health facility to believe that racial discrimination, implicit or explicit bias, negligent clinical decision-making, denial of care, or other inequitable treatment (discriminatory or negligent misconduct) contributed to the severe maternal morbidity or death. CDPHE is required to investigate such incidents and report to the applicable regulatory board (regulator) if the investigation reveals that a health-care practitioner may have engaged in the discriminatory or negligent misconduct.

In addition to other penalties, the bill authorizes a regulator to impose and collect monetary penalties against a health-care practitioner that is found to have engaged in the discriminatory or negligent misconduct that led to severe maternal morbidity or death.

If a health facility has engaged in discriminatory practices, failed to follow evidence-based standards of obstetric care, or refused to act on known symptoms that resulted in severe maternal morbidity or death, CDPHE may revoke or suspend the health facility's license and impose and collect a monetary penalty of up to \$250,000 per violation.

Those monetary penalties are deposited into the maternal health equity improvement fund created in the bill and will be used to provide support to families after preventable severe maternal morbidity or death and for other activities that are intended to reduce adverse maternal health outcomes.

The bill requires CDPHE's office of health equity to report aggregated and de-identified data concerning the incidents of discriminatory or negligent misconduct that resulted in preventable severe maternal morbidity or death.

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

2 **SECTION 1.** In Colorado Revised Statutes, 12-240-130.5,
3 **amend** (7) introductory portion; and **add** (7)(a.5) as follows:

4 **12-240-130.5. Continuing medical education - requirement -**
5 **compliance - legislative declaration - rules - definitions.**

6 (7) The board shall ~~promulgate~~ ADOPT rules necessary to
7 implement a physician CME requirement in accordance with this section.

8 In addition to any other rules, the board shall adopt rules:

9 (a.5) REQUIRING A PHYSICIAN WHOSE PRIMARY PRACTICE IS IN THE
10 AREA OF OBSTETRICS TO COMPLETE AT LEAST ONE CME CREDIT HOUR ON
11 THE TOPIC OF CULTURAL COMPETENCE AND EQUITY IN MATERNAL CARE.
12 FOR PURPOSES OF COMPLYING WITH THIS SUBSECTION (7)(a.5), THE BOARD
13 MAY AUTHORIZE A CME CREDIT HOUR PROVIDED THROUGH A PROGRAM
14 THAT DOES NOT MEET THE REQUIREMENTS TO QUALIFY FOR CME CREDIT
15 AS SET FORTH IN SUBSECTION (3)(d) OF THIS SECTION.

16 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-255-129
17 as follows:

18 **12-255-129. Continuing education - rules.**

19 (1) In addition to any other authority conferred upon the board by
20 this part 1, the board is authorized to require no more than twenty hours
21 of continuing education every two years as a condition of renewal of
22 licenses and to establish procedures and standards for the educational
23 requirements. The board shall, to assure that the continuing education
24 requirements imposed do not have the effect of restraining competition
25 among providers of the education, recognize a variety of alternative
26 means of compliance with the requirements. The board shall adopt rules

1 that are necessary to carry out ~~the provisions of~~ this section in accordance
2 with article 4 of title 24.

3 (2) THE BOARD SHALL ADOPT RULES REQUIRING A NURSE OR NURSE
4 AIDE WHOSE WORK REQUIRES THE NURSE OR NURSE AIDE TO PRACTICE
5 PRIMARILY IN THE AREA OF OBSTETRICS, INCLUDING LABOR AND
6 CHILDBIRTH, TO COMPLETE AT LEAST ONE CREDIT HOUR OF CONTINUING
7 EDUCATION ON CULTURAL COMPETENCE AND EQUITY IN MATERNAL CARE.

8 **SECTION 3.** In Colorado Revised Statutes, 25-1.5-701, **add** (3)
9 as follows:

10 **25-1.5-701. Health survey for birthing parents.**

11 (3) IN ADDITION TO THE MULTIYEAR SURVEY DESCRIBED IN
12 SUBSECTIONS (1) AND (2) OF THIS SECTION, SUBJECT TO AVAILABLE
13 APPROPRIATIONS, THE DEPARTMENT MAY IMPLEMENT A STANDARDIZED,
14 ANONYMOUS SURVEY OF ADDITIONAL OR ALL PEOPLE IN COLORADO WHO
15 HAVE RECENTLY GIVEN BIRTH. THE SURVEY MAY COVER HEALTH AND
16 SAFETY TOPICS, AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION, OR
17 ADDITIONAL TOPICS. THE DEPARTMENT SHALL DETERMINE THE FORMAT
18 FOR THE SURVEY AND MAY DESIGN THE SURVEY SO THAT THE SURVEY MAY
19 BE TAKEN, AND RESULTS MAY BE COMPILED, ELECTRONICALLY.

20 **SECTION 4.** In Colorado Revised Statutes, 25-3-126, **add** (1.5)
21 and (2.5) as follows:

22 **25-3-126. Health facilities - health-care practitioners -**
23 **requirements related to labor and childbirth - rules - definitions.**

24 **(1.5) Statement on respectful maternity care.**

25 (a) NO LATER THAN JANUARY 1, 2027, A HEALTH FACILITY THAT
26 PROVIDES LABOR AND CHILDBIRTH SERVICES SHALL PUBLICLY DISPLAY A
27 STATEMENT ON RESPECTFUL MATERNITY CARE IN THE HEALTH FACILITY'S

1 BIRTHING AREAS.

2 (b) (I) THE DEPARTMENT SHALL CREATE OR APPROVE AND MAKE
3 ELECTRONICALLY AVAILABLE A UNIFORM STATEMENT ON RESPECTFUL
4 MATERNITY CARE FOR PUBLIC DISPLAY PURSUANT TO SUBSECTION (1.5)(a)
5 OF THIS SECTION. THE DEPARTMENT MAY ACCEPT A STATEMENT ON
6 RESPECTFUL MATERNITY CARE SUBMITTED BY AN INDIVIDUAL,
7 ORGANIZATION, OR ENTITY THAT INCLUDES THE PRINCIPLES AND
8 COMPONENTS SPECIFIED IN SUBSECTION (1.5)(b)(II) OF THIS SECTION.

9 (II) A STATEMENT ON RESPECTFUL MATERNITY CARE MUST
10 INCLUDE THE FOLLOWING PRINCIPLES AND COMPONENTS AS PART OF
11 LABOR AND CHILDBIRTH:

12 (A) A BIRTHING PARENT'S FREEDOM FROM HARM AND
13 MISTREATMENT;

14 (B) RESPECT FOR A BIRTHING PARENT'S DIGNITY, PRIVACY, AND
15 CONFIDENTIALITY;

16 (C) A BIRTHING PARENT'S INFORMED CHOICE AND CONSENT;

17 (D) ALLOWING AND ENCOURAGING THE PRESENCE OF A BIRTHING
18 COMPANION OR FAMILY MEMBER DURING LABOR AND CHILDBIRTH;

19 (E) EQUITABLE AND HIGH-QUALITY CARE FOR A BIRTHING PARENT
20 THAT IS EVIDENCE-BASED, FREE FROM DISCRIMINATION, AND CULTURALLY
21 SENSITIVE; AND

22 (F) EFFECTIVE COMMUNICATION, DURING WHICH HEALTH-CARE
23 PRACTITIONERS INTRODUCE THEMSELVES, EXPLAIN THEIR ROLES, AND
24 WELCOME QUESTIONS AND CONCERNS FROM A BIRTHING PARENT.

25 (c) IN ADDITION TO THE COMPONENTS SPECIFIED IN SUBSECTION
26 (1.5)(b)(II) OF THIS SECTION, THE STATEMENT ON RESPECTFUL MATERNITY
27 CARE MUST CONTAIN INFORMATION, INCLUDING TELEPHONE CONTACT

1 INFORMATION, CONCERNING WHERE TO FILE A COMPLAINT WITH THE
2 APPROPRIATE STATE OR FEDERAL OFFICE OR AGENCY RELATING TO THE
3 BIRTHING PROCESS THAT ALLEGES DISCRIMINATION BASED ON DISABILITY,
4 RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY,
5 GENDER EXPRESSION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, OR
6 AGE.

7 (d) AT THE TIME OF ADMISSION, A HEALTH FACILITY SHALL
8 PROVIDE TO A BIRTHING PARENT ANY PRINCIPLES OR COMPONENTS OF THE
9 STATEMENT ON RESPECTFUL MATERNITY CARE THAT HAVE NOT ALREADY
10 BEEN SHARED WITH THE BIRTHING PARENT.

11 (e) THE REQUIREMENTS SET FORTH IN THIS SUBSECTION (1.5)
12 RELATING TO PROVIDING AND DISPLAYING A STATEMENT ON RESPECTFUL
13 MATERNITY CARE:

14 (I) DO NOT APPLY TO LABOR AND CHILDBIRTH POLICIES DESCRIBED
15 IN SUBSECTION (2) OF THIS SECTION RELATING TO A BIRTHING INDIVIDUAL
16 WHO IS IN CUSTODY; AND

17 (II) DO NOT CREATE A PRIVATE RIGHT OF ACTION AGAINST A
18 HEALTH FACILITY, A HEALTH FACILITY EMPLOYEE, A PERSON WITH WHOM
19 THE HEALTH FACILITY HAS A CONTRACTUAL RELATIONSHIP, OR A
20 HEALTH-CARE PRACTITIONER FOR FAILING TO COMPLY WITH THIS
21 SUBSECTION (1.5).

22 (2.5) **Accountability for discrimination, mistreatment, and**
23 **preventable maternal deaths - health-care practitioners - health**
24 **facilities - penalties - maternal health equity improvement fund.**

25 (a) (I) A HEALTH FACILITY SHALL REPORT TO THE DEPARTMENT
26 EACH INCIDENT IN WHICH:

27 (A) A BIRTHING PARENT EXPERIENCES SEVERE MATERNAL

1 MORBIDITY OR DEATH; AND

2 (B) BASED ON INFORMATION KNOWN BY OR REPORTED TO THE
3 HEALTH FACILITY, THERE IS REASONABLE CAUSE FOR THE HEALTH
4 FACILITY TO BELIEVE THAT RACIAL DISCRIMINATION, IMPLICIT OR EXPLICIT
5 BIAS, NEGLIGENT CLINICAL DECISION-MAKING, DENIAL OF CARE, OR OTHER
6 INEQUITABLE TREATMENT MAY HAVE CONTRIBUTED TO THE BIRTHING
7 PARENT'S SEVERE MATERNAL MORBIDITY OR DEATH.

8 (II) A HEALTH FACILITY MUST SUBMIT A REPORT TO THE
9 DEPARTMENT WITHIN TEN DAYS AFTER THE HEALTH FACILITY BECOMES
10 AWARE OF THE INCIDENT DESCRIBED IN SUBSECTION (2.5)(a)(I) OF THIS
11 SECTION.

12 (III) A HEALTH FACILITY IN WHICH A BIRTHING PARENT
13 EXPERIENCES SEVERE MATERNAL MORBIDITY OR DEATH SHALL PROVIDE,
14 TO THE EXTENT PERMITTED BY LAW:

15 (A) DISCLOSURE OF CLINICAL FINDINGS;

16 (B) A WRITTEN EXPLANATION OF THE RIGHT TO FILE A COMPLAINT
17 WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE
18 COLORADO CIVIL RIGHTS DIVISION IN THE DEPARTMENT OF REGULATORY
19 AGENCIES AND OF THE PROCESS FOR FILING A COMPLAINT;

20 (C) ACCESS TO MEDICAL OR INVESTIGATORY REPORTS; AND

21 (D) INFORMATION CONCERNING THE OUTCOME OF STATE
22 INVESTIGATIONS.

23 (b) (I) UPON RECEIVING A REPORT MADE PURSUANT TO
24 SUBSECTION (2.5)(a) OF THIS SECTION, THE DEPARTMENT SHALL INITIATE
25 AN IMMEDIATE INVESTIGATION INTO THE CLINICAL, PROCEDURAL, AND
26 SYSTEMIC FACTORS THAT MAY HAVE RESULTED IN THE BIRTHING PARENT'S
27 SEVERE MATERNAL MORBIDITY OR DEATH.

1 (II) THE INVESTIGATION REQUIRED IN THIS SUBSECTION (2.5)(b)
2 MUST INCLUDE:

3 (A) INTERVIEWS WITH THE BIRTHING PARENT, FAMILY, AND
4 BIRTHING COMPANION, AS APPLICABLE;

5 (B) REVIEW OF CLINICAL RECORDS, SUBJECT TO LAWS PERTAINING
6 TO THE REVIEW OF CONFIDENTIAL MEDICAL RECORDS;

7 (C) INTERVIEWS WITH THE HEALTH-CARE PRACTITIONERS
8 INVOLVED WITH THE BIRTHING PARENT'S CARE;

9 (D) EVALUATION FOR RACIAL BIAS OR DISCRIMINATORY
10 TREATMENT AND IMPLICIT OR EXPLICIT BIAS; AND

11 (E) ASSESSMENT OF COMPLIANCE WITH DISTRIBUTION TO THE
12 BIRTHING PARENT AND POSTING FOR PUBLIC DISPLAY OF THE STATEMENT
13 ON RESPECTFUL MATERNITY CARE DESCRIBED IN SUBSECTION (1.5) OF THIS
14 SECTION.

15 (c) IF THE DEPARTMENT DETERMINES DURING THE COURSE OF THE
16 INVESTIGATION CONDUCTED PURSUANT TO SUBSECTION (2.5)(b) OF THIS
17 SECTION THAT A HEALTH-CARE PRACTITIONER MAY HAVE ENGAGED IN THE
18 DISCRIMINATORY OR NEGLIGENT MISCONDUCT DESCRIBED IN SUBSECTION
19 (2.5)(a)(I)(B) OF THIS SECTION THAT RESULTED IN THE BIRTHING PARENT'S
20 SEVERE MATERNAL MORBIDITY OR DEATH, THE DEPARTMENT SHALL REFER
21 THE MATTER TO THE REGULATOR FOR THE APPLICABLE HEALTH-CARE
22 PRACTITIONER, INCLUDING:

23 (I) THE COLORADO MEDICAL BOARD CREATED IN SECTION
24 12-240-105;

25 (II) THE STATE BOARD OF NURSING CREATED IN SECTION
26 12-255-105; OR

27 (III) ANOTHER APPLICABLE REGULATOR.

1 (d) (I) IF THE DEPARTMENT REFERS AN INCIDENT INVESTIGATED
2 PURSUANT TO SUBSECTION (2.5)(b) OF THIS SECTION TO A REGULATOR,
3 THE REGULATOR SHALL COMPLY WITH THE PROVISIONS OF TITLE 12
4 CONCERNING THE INITIATION AND REVIEW OF DISCIPLINARY ACTIONS AND
5 THE IMPOSITION OF SANCTIONS.

6 (II) IN ADDITION TO OTHER SANCTIONS THAT MAY BE IMPOSED BY
7 A REGULATOR UPON A HEALTH-CARE PRACTITIONER WHO IS FOUND TO
8 HAVE CONTRIBUTED TO A BIRTHING PARENT'S SEVERE MATERNAL
9 MORBIDITY OR DEATH THROUGH RACIALLY DISCRIMINATORY TREATMENT
10 OR EXPLICIT OR IMPLICIT BIAS, THE REGULATOR MAY REQUIRE THE
11 HEALTH-CARE PRACTITIONER TO PARTICIPATE IN TRAINING RELATING TO
12 ANTI-RACISM AND BIAS-FREE CLINICAL DECISION-MAKING.

13 (III) NOTWITHSTANDING ANY PROVISION OF TITLE 12 TO THE
14 CONTRARY, A REGULATOR MAY IMPOSE A FINE ON A HEALTH-CARE
15 PRACTITIONER FOR A VIOLATION OF THIS SUBSECTION (2.5).
16 NOTWITHSTANDING SECTION 12-20-404(6), THE STATE TREASURER SHALL
17 CREDIT A FINE COLLECTED PURSUANT TO THIS SUBSECTION (2.5)(d) TO THE
18 FUND.

19 (e) (I) NOTWITHSTANDING ANY PROVISION OF THIS TITLE 25 TO
20 THE CONTRARY, IF THE DEPARTMENT DETERMINES THAT A HEALTH
21 FACILITY HAS ENGAGED IN DISCRIMINATORY PRACTICES, FAILED TO
22 FOLLOW EVIDENCE-BASED STANDARDS OF OBSTETRIC CARE, OR REFUSED
23 TO ACT ON KNOWN SYMPTOMS THAT RESULTED IN A BIRTHING PARENT'S
24 PREVENTABLE SEVERE MATERNAL MORBIDITY OR DEATH, IN ADDITION TO
25 ANY OTHER PENALTIES, THE DEPARTMENT MAY:

26 (A) SUSPEND OR REVOKE THE HEALTH FACILITY'S LICENSE; AND

27 (B) IMPOSE AN ADMINISTRATIVE PENALTY OF UP TO TWO HUNDRED

1 FIFTY THOUSAND DOLLARS PER VIOLATION.

2 (II) THE STATE TREASURER SHALL CREDIT A PENALTY COLLECTED
3 TO THE FUND.

4 (f) A HEALTH FACILITY AND HEALTH-CARE PRACTITIONER SHALL
5 NOT RETALIATE AGAINST A BIRTHING PARENT, A BIRTHING COMPANION, A
6 FAMILY MEMBER, AN EMPLOYEE, A MATERNAL HEALTH ADVOCATE, OR
7 OTHER INDIVIDUAL WHO REPORTS CONCERNS REGARDING DISCRIMINATION
8 OR INEQUITABLE OR UNSAFE MATERNAL CARE.

9 (g) THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS,
10 GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE
11 PURPOSES OF THIS SUBSECTION (2.5) AND SUBSECTION (1.5) OF THIS
12 SECTION AND FOR THE IMPLEMENTATION OF MEASURES THAT IMPROVE
13 MATERNAL HEALTH EQUITY, ESPECIALLY WITH RESPECT TO BLACK
14 BIRTHING PARENTS, GIVEN THE DOCUMENTED DISPARITY IN MATERNAL
15 HEALTH OUTCOMES FOR THIS POPULATION BOTH WITHIN THE STATE AND
16 THE NATION. THE STATE TREASURER SHALL CREDIT GIFTS, GRANTS, OR
17 DONATIONS RECEIVED TO THE FUND.

18 (h) (I) THE MATERNAL HEALTH EQUITY IMPROVEMENT FUND IS
19 CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF:

20 (A) MONEY CREDITED TO THE FUND PURSUANT TO THIS
21 SUBSECTION (2.5);

22 (B) GIFTS, GRANTS, AND DONATIONS CREDITED TO THE FUND; AND

23 (C) ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY
24 APPROPRIATE OR TRANSFER TO THE FUND.

25 (II) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
26 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
27 FUND TO THE FUND.

1 (III) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL
2 ASSEMBLY, THE DEPARTMENT MAY EXPEND MONEY FROM THE FUND TO:

3 (A) SUPPORT BLACK MATERNAL HEALTH ADVOCATES AND OTHER
4 MATERNAL HEALTH ADVOCATES THAT WORK WITH POPULATIONS
5 IDENTIFIED AS DISPROPORTIONATELY AT RISK FOR ADVERSE MATERNAL
6 HEALTH OUTCOMES;

7 (B) ADDRESS PREVENTABLE MATERNAL MORBIDITY OR DEATH
8 AMONG BLACK BIRTHING PARENTS;

9 (C) SUPPORT CULTURALLY RESPONSIVE DOULAS AND MIDWIVES;

10 (D) PROVIDE TRAINING FOR HEALTH-CARE PRACTITIONERS ON
11 RACIAL BIAS;

12 (E) PROVIDE SUPPORT FOR FAMILIES AFTER PREVENTABLE SEVERE
13 MATERNAL MORBIDITY OR DEATH; AND

14 (F) SUPPORT OTHER INITIATIVES TO PREVENT ADVERSE MATERNAL
15 HEALTH OUTCOMES.

16 (i) COMMENCING WITH THE DEPARTMENT'S OFFICE OF HEALTH
17 EQUITY REPORTING REQUIRED IN 2026 PURSUANT TO SECTION 25-4-2205
18 (2.5)(a)(I), THE OFFICE OF HEALTH EQUITY SHALL PUBLISH AGGREGATE,
19 DE-IDENTIFIED DATA AND INFORMATION CONCERNING:

20 (I) REPORTS MADE PURSUANT TO THIS SUBSECTION (2.5) OF
21 SEVERE MATERNAL MORBIDITY OR DEATH IN WHICH THE REPORT ALLEGED
22 THAT RACIAL DISCRIMINATION, IMPLICIT OR EXPLICIT BIAS, NEGLIGENT
23 CLINICAL DECISION-MAKING, DENIAL OF CARE, OR OTHER INEQUITABLE
24 TREATMENT CONTRIBUTED TO THE SEVERE MATERNAL MORBIDITY OR
25 DEATH;

26 (II) THE OUTCOME OF DEPARTMENT INVESTIGATIONS MADE
27 PURSUANT TO SUBSECTION (2.5)(b) OF THIS SECTION;

1 (III) RELATED DISCIPLINARY ACTIONS TAKEN BY REGULATORS
2 AGAINST HEALTH-CARE PRACTITIONERS PURSUANT TO SUBSECTION
3 (2.5)(d) OF THIS SECTION; AND

4 (IV) RELATED ACTIONS TAKEN BY THE DEPARTMENT OR THE
5 COLORADO CIVIL RIGHTS DIVISION IN THE DEPARTMENT OF REGULATORY
6 AGENCIES AGAINST HEALTH FACILITIES PURSUANT TO SUBSECTION (2.5)(e)
7 OF THIS SECTION.

8 (j) **Definitions.** AS USED IN THIS SUBSECTION (2.5), UNLESS THE
9 CONTEXT OTHERWISE REQUIRES:

10 (I) "FUND" MEANS THE MATERNAL HEALTH EQUITY IMPROVEMENT
11 FUND CREATED IN SUBSECTION (2.5)(h) OF THIS SECTION.

12 (II) "HEALTH-CARE PRACTITIONER" MEANS AN INDIVIDUAL
13 REGULATED PURSUANT TO TITLE 12 WHO IS AUTHORIZED TO PROVIDE
14 HEALTH-CARE SERVICES DURING LABOR AND CHILDBIRTH.

15 (III) "HEALTH FACILITY" MEANS A FACILITY LICENSED PURSUANT
16 TO SECTION 25-1.5-103 (1) OR ARTICLE 3 OF THIS TITLE 25 AT WHICH
17 LABOR AND CHILDBIRTH SERVICES ARE REGULARLY PROVIDED.

18 (IV) "REGULATOR" HAS THE MEANING SET FORTH IN SECTION
19 12-20-102 (14).

20 **SECTION 5.** In Colorado Revised Statutes, 25-4-2205, **add**
21 (2.5)(a)(III) and (4) as follows:

22 **25-4-2205. Powers and duties of the office of health equity -**
23 **rules - report - working group.**

24 (2.5) (a) (III) COMMENCING WITH THE REPORT PUBLISHED IN 2026
25 PURSUANT TO SUBSECTION (2.5)(a)(I) OF THIS SECTION, THE DEPARTMENT
26 SHALL INCLUDE IN THE REPORT AGGREGATE, DE-IDENTIFIED DATA AND
27 INFORMATION REQUIRED PURSUANT TO SECTION 25-3-126 (2.5).

1 (4) NOTWITHSTANDING THE REQUIREMENT IN SECTION 24-1-136
2 (11)(a)(I), THE REQUIREMENT TO PUBLISH THE REPORT REQUIRED IN THIS
3 SECTION CONTINUES INDEFINITELY.

4 **SECTION 6.** In Colorado Revised Statutes, 25-52-104, **amend**
5 (5)(c)(II), (5)(c)(III), and (6)(a) introductory portion; and **add** (5)(c)(IV),
6 (5.3), and (6)(a)(VI) as follows:

7 **25-52-104. Colorado maternal mortality review committee -**
8 **creation - members - duties - report to the general assembly -**
9 **maternal health task force.**

10 (5) The department shall:

11 (c) Incorporate input and feedback from:

12 (II) Multidisciplinary, nonprofit organizations representing
13 ~~persons~~ INDIVIDUALS who are pregnant or in the postpartum period, with
14 a focus on ~~persons~~ INDIVIDUALS from racial and ethnic minority groups;
15 and

16 (III) Multidisciplinary, community-based organizations that
17 provide support or advocacy for ~~persons~~ INDIVIDUALS who are pregnant
18 or in the postpartum period, with a focus on ~~persons~~ INDIVIDUALS from
19 racial and ethnic minority groups; AND

20 (IV) THE MATERNAL HEALTH TASK FORCE DESCRIBED IN
21 SUBSECTION (5.3) OF THIS SECTION;

22 (5.3) AS PART OF THE FEDERAL GRANT THAT THE DEPARTMENT
23 ADMINISTERS THROUGH THE STATE MATERNAL HEALTH INNOVATION AND
24 DATA CAPACITY PROGRAM OF THE HEALTH RESOURCES AND SERVICES
25 ADMINISTRATION IN THE FEDERAL DEPARTMENT OF HUMAN SERVICES, THE
26 DEPARTMENT HAS ESTABLISHED THE MATERNAL HEALTH TASK FORCE,
27 REFERRED TO IN THIS SUBSECTION (5.3) AS THE "TASK FORCE", WHICH IS

1 CONVENED BY THE DEPARTMENT AND THE PERINATAL QUALITY
2 COLLABORATIVE. THE DEPARTMENT SHALL ENSURE THAT AT LEAST ONE
3 BLACK MATERNAL HEALTH ADVOCATE SERVES ON THE TASK FORCE. IN
4 ADDITION TO OTHER DUTIES, THE TASK FORCE PROVIDES INPUT AND
5 FEEDBACK TO THE DEPARTMENT AND TO THE COMMITTEE CONCERNING
6 MATERNAL HEALTH OUTCOMES FOR BLACK BIRTHING PARENTS AND
7 SUSPECTED AND KNOWN CAUSES OF DISPARATE OUTCOMES FOR BLACK
8 BIRTHING PARENTS.

9 (6) (a) No later than July 1, 2020, and July 1 every three years
10 thereafter THROUGH JULY 1, 2026, AND, COMMENCING JULY 1, 2027, EACH
11 JULY 1 THEREAFTER, the department shall submit a report to the house of
12 representatives ~~committees on public and behavioral health and human~~
13 ~~services and health and insurance~~ HEALTH AND HUMAN SERVICES
14 COMMITTEE and the senate ~~committee on~~ health and human services
15 COMMITTEE, or their successor committees. The report must include:

16 (VI) MATERNAL HEALTH OUTCOMES FOR BLACK BIRTHING
17 PARENTS AND SUSPECTED OR KNOWN CAUSES OF ANY DISPARATE
18 OUTCOMES FOR BLACK BIRTHING PARENTS.

19 **SECTION 7. Applicability.** This act applies to conduct occurring
20 on or after the effective date of this act.

21 **SECTION 8. Safety clause.** The general assembly finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, or safety or for appropriations for
24 the support and maintenance of the departments of the state and state
25 institutions.