



Maternal Health

ISSUE BRIEF | Senate Bill 24-175; House Bills 24-1262 and 24-1459

Background

The General Assembly passed multiple bills this session focused on improving maternal health outcomes and supporting labor and delivery (L&D) quality improvement in Colorado. CHA successfully advocated for key amendments to enhance proposed maternal health legislation.

Senate Bill 24-175: Improving Perinatal Health Outcomes

What You Need to Know

The bill requires hospitals with L&D units to participate in at least one maternal or infant health quality improvement initiative and submit outcome data to the Colorado Perinatal Care Quality Collaborative (CPCQC):

- **Quality Improvement Initiative:** Starting Dec. 15, 2025, hospitals must annually participate in at least one maternal or infant health quality improvement initiative in collaboration with the CPCQC. CPCQC must provide quality improvement program support, which may include clinical quality improvement science education; individualized program implementation guidance and support; and data reporting, analysis, and rapid response feedback. Many hospitals are already participating in quality improvement activities with CPCQC.
- **Annual Data Submission:** Starting July 1, 2025, and every July thereafter, hospitals must submit a minimum data set of key drivers of disparities in perinatal health care and outcomes; maternal mortality and severe maternal morbidity; and infant health care and health care outcomes; including:
 - Cesarean section deliveries
 - Perinatal hypertension, sepsis, and cardiac conditions
 - Maternal and neonatal readmissions and length of stay
 - Unexpected newborn complications
 - Perinatal mental health and substance use conditions
 - Obstetric hemorrhage
 - Preterm birth

CHA Can Help: Per the statute, CHA is able to submit this data on behalf of hospitals. Stay tuned for more information on how this will work.

By July 1, 2025, CDPHE must create a Perinatal Health Quality Improvement Engagement Program to provide financial support to hospitals and facilities that provide emergency L&D or perinatal care services that do not have sufficient resources to participate in a quality improvement initiative. CDPHE must prioritize financial support for hospitals and facilities that:

- Are in rural and frontier areas of the state;
- Qualify for Disproportionate Share Payments under Medicaid; or,
- Have lower-acuity maternal or neonatal levels of care designations.

More Information Coming: CHA will provide more information on how to apply for the funds when available.

CPCQC must issue an aggregated annual report starting July 1, 2026, to CDPHE on clinical quality improvement efforts to reduce disparities, hospital participation in quality improvement initiatives, implementation of maternal health patient safety bundles, and areas of opportunity for ongoing improvement.

Timeline

- **July 1, 2025 (and each year thereafter):**
 - Hospitals must submit data to the CPCQC, with an option to have this completed by CHA; and,
 - CDPHE must create a Perinatal Health Quality Improvement Engagement Program.
- **Dec. 15, 2025:** Hospitals must start participating in a maternal or infant health quality improvement program.
- **July 1, 2026 (and each year thereafter):** CPCQC must submit an annual report to CDPHE.

Additional Resources

- [Final bill text](#)
- [Fiscal note](#)

House Bill (HB) 24-1262: Maternal Health Midwives

The bill requires the Colorado Department of Regulatory Affairs (DORA) to conduct a study on registering direct-entry midwives, creates a process for patients to report mistreatment during maternity care, and places new requirements on hospitals.

What You Need to Know

Section 5 of the bill requires hospitals to notify a list of stakeholders at least 90 days before discontinuing maternal health services. However, in an emergency, the facility must provide the notice within seven days or when a plan for alternate patient care has been arranged, whichever is earlier, rather than 90 days in advance. This section does not apply if an emergency affects the physical space of a facility and patients must be removed. In that case, hospitals should follow CDPHE regulations in [6 CCR 1011-1 Chapter 2 Part 2.14](#).

The notice must be provided to:

- Health Facilities and Emergency Medical Services Division at CDPHE
- Primary Care Office at CDPHE
- Governor's Office
- All patients receiving maternal health care services at the facility as of the date of the notice
- All health care providers that provide maternal health care services for the facility as of the date of notice
- The general public

More Information Coming: CHA will provide contact information for CDPHE and the Governor's Office.

The notice must include:

- Description of the maternal health services being discontinued;
- The rate the maternal health care services had been provided at in the previous year;
- The number and type of health care providers impacted;

- The proposed plan for transitioning patients to new health care providers; and,
- The proposed plan for transitioning health care providers to new positions.

Important Definitions:

- **Maternal Health Care Service:** Health care service provided to an individual regarding care related to the individual's pregnancy, childbirth, and postpartum period.
- **Emergency:** A sudden or unforeseen circumstance or financial impediment that would inhibit a hospital's ability to safely and effectively operate a maternal health care service.

Section 7 of the bill requires CDPHE to contract with an independent third-party evaluator to study closures, consolidations, and acquisitions related to perinatal health care practices and facilities. The report must identify recommendations during practice and facility closures and resultant transfers of care. Among others, the recommendations must identify minimum requirements for reporting on closures, including whether a 90-day-notice prior to discontinuation of maternal health services is appropriate.

Timeline

- **June 4, 2024:** Hospitals must comply with notification requirements if discontinuing a maternal health service.
- **July 1, 2026:** Independent report on practice and facility closures due.
- **July 1, 2027:** Notification requirement repealed.

Additional Resources

- [Final bill text](#)
- [Fiscal note](#)

HB 24-1459: Birth Equity

What You Need to Know

The bill has two operational impacts to hospitals:

1. **Use of Restraints:** Facilities must comply with the Protection of Individuals from Restraint and Seclusion Act if using restraints on an individual who is incarcerated during labor, delivery, and postpartum recovery. The standards are very similar to existing CDPHE regulations for hospitals ([6 CCR 1011-1 Chapter 2 Part 8](#)).
2. **Transfer Policy:** Facilities must have a policy in place to accept relevant information when receiving an individual who is pregnant, in labor, or in the physiologic postpartum process from locations other than licensed facilities, such as a home birth or birthing center.

Timeline

- **June 5, 2024:** Facilities must comply with restraint requirements.
- **Fall 2024:** CDPHE is expected to finalize regulations requiring facilities to have a policy in place to accept relevant information for patients being transferred from a home birth or birthing center.

Additional Resources

- [Final bill text](#)
- [Fiscal note](#)