



## Improving Perinatal Health Outcomes Act FAQs

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# Colorado Perinatal Care Quality Collaborative

## Frequently Asked Questions:

### The Improving Perinatal Health Outcomes Act 2025 Planned Implementation

Below are Frequently Asked Questions (FAQs) regarding Colorado hospitals' required participation in the Colorado Perinatal Care Quality Collaborative's (CPCQC's) maternal-infant health quality improvement initiatives, in light of the June 2024 enactment of [Senate Bill 24-175](#), Improving Perinatal Health Outcomes. This document is intended to help stakeholders understand the law and promote compliance. Its content does not and is not intended to constitute legal advice.

## Overview

### **The Improving Perinatal Health Outcomes Act**

The Improving Perinatal Health Outcomes Act (SB24-175) is intended to address rising maternal and infant mortality and morbidity rates, along with sources of inequitable care and disparate health outcomes during the perinatal period. Hospital participation in state-designated perinatal quality collaboratives (PQCs) is recognized federally by the Health Resources and Services Administration and Centers for Medicare and Medicaid Services as a strategy to prevent maternal-infant mortality and morbidity and promote health equity. Thus, SB24-175 requires the Colorado Department of Public Health and Environment (CDPHE) to contract with the state-designated PQC to lead statewide efforts to increase coordination and accountability for reducing maternal and infant deaths. The legislation also requires that every Colorado hospital with a labor and delivery unit and/or neonatal intensive care unit engage annually in one or more CPCQC-led quality improvement (QI) initiatives to advance equitable care and outcomes for birthing people and their infants through targeted QI and technical assistance and a stronger statewide perinatal health data infrastructure.

**Among other provisions, Section 4(4) of SB24-175 establishes two regulatory requirements for hospitals in Colorado with labor and delivery and/or neonatal intensive care units:**

- I) No later than July 1, 2025 (and no later than July 1 each year thereafter), hospitals must submit to CPCQC a minimum data set of perinatal health care and outcome metrics.
- II) Beginning December 15, 2025, hospitals must participate annually in at least one of CPCQC's maternal or infant health quality improvement initiatives. Hospitals may choose which initiative to participate in each year.



# Colorado Perinatal Care Quality Collaborative

## Overview

### **The Improving Perinatal Health Outcomes Act**

Other relevant components of the Improving Perinatal Health Outcomes Act include:

I) A requirement that the state health department create a program that provides financial support for under-resourced healthcare facilities to participate in CPCQC's QI initiatives. This financial support program must be established no later than July 1, 2025.

II) Requirements that the CPCQC:

1. Consult with the Colorado Hospital Association (CHA) and diverse hospital leadership to support ongoing hospital engagement in QI and advise clinical practitioners on best practices to reduce maternal-infant mortality and morbidity.
2. Track statewide implementation of the Maternal Mortality Review Committee's (MMRC's) recommendations to prevent maternal mortality.
3. Issue an annual public report concerning clinical QI efforts to reduce disparities in perinatal health outcomes and prevent maternal and infant mortality and morbidity. The report must be issued no later than July 1 of each year, beginning in 2026.

No additional rules related to the implementation of these provisions have been established at this time.

### **Colorado Department of Public Health and Environment (CDPHE)**

The Colorado Department of Public Health and Environment is the state agency responsible for the implementation of this legislation. The Maternal Health Program, housed within the state health department, is working closely with CPCQC and CHA on initial actions. The program strives to ensure that all birthing people in Colorado have perinatal experiences where they feel connected and receive the care that they want and need. The program plans, designs, implements, and evaluates public health interventions related to pregnant and postpartum people to maximize the health and well-being of Colorado's maternal and child health population. Special emphasis is placed on evidence-based practices, data-based decision-making, training, technical assistance, community partnerships, and integration of various programmatic efforts to ensure health outcomes are maximized.

**For more information, please visit: <https://cdphe.colorado.gov/maternal-mortality>**



# Colorado Perinatal Care Quality Collaborative

## Overview

### **Colorado Perinatal Care Quality Collaborative (CPCQC)**

The CPCQC is designated by the Centers for Disease Control and Prevention as Colorado's perinatal quality collaborative (PQC). As a PQC, this organization works within the state and across multistate networks to improve the quality of care for birthing people and infants by providing hospitals with rapid response data analysis and technical assistance, targeted quality improvement (QI) coaching, and opportunities for collaborative learning to achieve systems-level change. CPCQC is supported by the United States Health Resources and Services Administration (HRSA) to lead the implementation of the Alliance for Innovation on Maternal Health's (AIM's) evidence-based patient safety bundles in Colorado hospitals. In addition, CPCQC is leading initiatives that focus on perinatal health and outcomes in communities from conception through one year postpartum, including rural perinatal healthcare access, mental health and substance use disorders, and healthcare policy and financing reform. CPCQC's mission is to ensure that EVERY mother, birthing individual, and their families in Colorado receive culturally relevant, safe, equitable, high-quality care no matter who they are or where they live.

**For more information, please visit: <https://cpcqc.org/>**

### **Colorado Hospital Association (CHA)**

Colorado Hospital Association (CHA) is the leading voice of the state's hospital community, representing 110 hospitals and health systems throughout Colorado. CHA serves as a trusted, credible, and reliable resource on health issues, hospital data, and trends for its members, media, policymakers, and the general public. CHA partners with its members to work towards health reform and performance improvement and provides advocacy and representation at the state and federal levels. Colorado hospitals and health systems are committed to providing coverage and access to safe, high-quality, and affordable health care.

**For more information, please visit: <https://cha.com/>**



## SB24-175 Frequently Asked Questions

### 1. GENERAL IMPLEMENTATION QUESTIONS

#### **Q-1.1: What is CDPHE and CPCQC's planned approach to the implementation of SB24-175?**

- Managers of the Maternal Health Program will oversee the implementation of SB24-175, in close partnership with CPCQC. Leading up to the initial July 1, 2025 hospital data submission deadline, CPCQC will also work closely with CHA, state agencies, and hospital leadership to streamline data submission and QI engagement processes and to facilitate hospital preparedness.

#### **Q-1.2: Which hospitals in Colorado are subject to the data submission and QI participation requirements?**

- All Colorado hospitals that are licensed or certified pursuant to C.R.S. Section 25-1.5-103 and provide non-emergent perinatal care services are required to submit data annually to CPCQC and participate each year in at least one of CPCQC's QI initiatives. Thus, every hospital that has a designated labor and delivery unit and/or neonatal intensive care unit must meet the requirements of SB24-175.

#### **Q-1.3: How can stakeholders stay informed of implementation updates and progress? How do I get involved in the implementation process and/or provide feedback?**

- To stay informed of the latest updates, resources, and action alerts, please subscribe to CPCQC's email list. Regular updates on the implementation of SB24-175 will also be posted on CPCQC's website.
- For general implementation questions and to provide feedback on the implementation process, please email [info@cpcqc.org](mailto:info@cpcqc.org).



## SB24-175 Frequently Asked Questions

### 2. HOSPITAL QI PARTICIPATION REQUIREMENT

#### Q-2.1: What is the annual QI participation requirement to comply with SB24-175?

- The annual QI participation requirement comprises a minimum set of established activities to support hospitals in addressing preventable causes of maternal and infant mortality and morbidity and advance safer, more equitable, high-quality care. These required activities are based on the engagement framework of the [National Network of Perinatal Quality Collaboratives](#).

**A hospital is considered an Active Participant in CPCQC QI initiatives, and therefore compliant with SB24-175, if they complete the following 5 required activities:**

1. Enrollment: The hospital has signed a Data Use Agreement (DUA) with CPCQC and selected an open CPCQC QI initiative to implement.
2. Coaching: The hospital attends one virtual QI Coaching session with CPCQC per quarter (4 per year).
3. Survey Completion: The hospital submits a survey about its practices related to the selected QI initiative at least twice per year.
4. Meeting Participation: At least one hospital-level representative attends at least 75% (9 out of 12) monthly QI initiative meetings and one annual forum during the 12-month QI initiative.
5. Data Submission: The hospital submits QI initiative data disaggregated by race, ethnicity, and payor, at least 75% of the time (Data submission may be monthly or quarterly depending on the selected QI initiative).

To meet this requirement, hospitals will choose which of CPCQC's open QI initiatives they participate in each year; however, each hospital's level of engagement must meet or exceed CPCQC's minimum participation requirements. CPCQC will work individually with each hospital to ensure these requirements are readily met.

Elective program expansion components and additional QI support services will be available for hospitals that choose to advance beyond the minimum participation standard.



## SB24-175 Frequently Asked Questions

### 2. HOSPITAL QI PARTICIPATION REQUIREMENT

#### **Q-2.2: What is the timeline for meeting the annual QI participation requirement?**

- By December 15, 2025, each hospital must complete enrollment, including selecting an open QI initiative to implement and signing a Data Use Agreement with CPCQC. Enrollment by this deadline will be accepted even if the QI initiative itself begins in 2026.

#### **Q-2.3: What if a hospital achieves success in the QI initiative it is participating in?**

- If the minimum participation requirements are met, the hospital may be publicly recognized by CPCQC as a Colorado Maternal and Infant Care Quality Champion and may be eligible for QI Awards.
- Hospital teams that achieve outstanding performance on key program metrics at the end of an annual QI initiative may be invited to engage as Sustainability Participants for up to one year. Sustainability Participants have fewer QI participation and data requirements than Active Participants and remain in compliance with SB24-175.
- After one year as a Sustainability Participant, hospitals will be expected to become Active Participants again in at least one CPCQC QI initiative.

#### **Q-2.4: If a hospital is already engaged in other maternal-infant QI work or is independently implementing an AIM patient safety bundle, is more work required under SB24-175?**

- To meet the annual QI participation requirement of SB24-175, a hospital must be an Active or Sustainability Participant in a CPCQC QI initiative as outlined in Q-2.1 and Q-2.3.
- CPCQC recognizes that hospitals may independently conduct perinatal quality improvement programs on their units, including implementation of full AIM bundles (such as the AIM hypertension or hemorrhage bundles) or elements of AIM bundles via participation in HTP or HQIP perinatal measures. However, to meet the annual QI participation requirement of SB24-175, hospitals must be engaged in a CPCQC-led QI initiative. The CPCQC QI initiatives that are available for hospital participation may or may not include patient safety bundles that your hospital has already worked on outside of a formal initiative with CPCQC. Hospitals choose which of CPCQC's open QI initiatives they participate in each year.

# SB24-175 Frequently Asked Questions

## 2. HOSPITAL QI PARTICIPATION REQUIREMENT

### **Q-2.5: If a hospital currently participates in a CPCQC QI initiative, then what else is required under SB24-175?**

- Hospitals that currently participate in a CPCQC QI initiative must ensure that their current level of engagement meets or exceeds the minimum requirements for participation in the CPCQC as outlined in Q-2.1 and Q-2.3 above and that all data submission requirements are met.

## 3. HOSPITAL DATA SUBMISSION REQUIREMENTS

### **Q-3.1: What are the data submission requirements for SB24-175?**

- Hospitals are required to submit the following two types of data to be compliant with SB24-175:
  1. Data for the selected QI initiative that is submitted on either a monthly or quarterly basis (depending on the initiative). As part of the QI participation requirement, each hospital must submit these data disaggregated by race, ethnicity, and payor. See Q-2.1 for more information on the QI participation requirement.
  2. A minimum data set of key drivers of disparities in perinatal health care and health care outcomes as outlined below in Q-3.2. These data are due annually, no later than July 1 of each year starting in 2025. In 2025, CPCQC will collect this data set on behalf of hospitals from existing sources to which hospitals already submit these data. No further action is needed from hospitals to transmit the data to CPCQC.



## SB24-175 Frequently Asked Questions

### 3. HOSPITAL DATA SUBMISSION REQUIREMENTS

#### **Q-3.2: How are hospitals expected to submit the annual minimum data set of key drivers in perinatal health care and health care outcomes outlined in #2 above?**

- In the first year of implementation of SB24-175, CPCQC is committed to easing the data submission burden for hospitals. In 2025, CPCQC will collect, on hospitals' behalf, data for the annual minimum data set directly from state agencies with whom hospitals already share these metrics, such as CHA, CDPHE, and CMS. No further action is needed from hospitals.

At a minimum, the following key drivers will be collected:

- Cesarean 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

CPCQC will communicate as soon as possible whether subsequent years will require hospitals to report any data for the annual minimum data set directly to CPCQC. It is CPCQC's commitment to remove as much data burden on hospitals for this requirement as possible in 2025 and beyond.

## SB24-175 Frequently Asked Questions

### 4. QI PARTICIPATION SUPPORT QUESTIONS

#### **Q-4.1: What support will hospitals receive to participate in perinatal health QI initiatives as is required by SB24-175?**

- Hospitals may receive support for their QI work from key implementation partners, including:
  - From CPCQC: Beginning in October 2024, the CPCQC will offer services to hospitals to increase their readiness and capacity to engage in CPCQC QI initiatives and meet the requirements of SB24-175. These offerings will include training in QI methodologies; assistance with data infrastructure development in the form of one-on-one consultation, clinical informatics support, or training on methods for enhanced collection of race, ethnicity, and payor data; and virtual or in-person site visits to discuss hospital needs and plans for compliance.
  - From CDPHE: Beginning in Summer 2025, hospitals will have the opportunity to apply for financial support via the Hospital QI Engagement Program to support their participation in hospital QI initiatives.
  - From CHA: CHA will serve as a conduit to hospital and L&D leadership and as a technical advisor related to hospital clinical operations and data integration.

#### **Q-4.2: Which hospitals are eligible to receive financial support through the Hospital QI Engagement Program?**

- Priority for financial support will be given to facilities serving the most vulnerable patient populations, including facilities in rural and frontier counties, those qualifying for disproportionate share payments through Medicaid, and those that have lower-acuity maternal or neonatal levels of care designations.
- Eligible hospitals will also be required to commit to being an Active Participant in a CPCQC QI initiative.



## SB24-175 Frequently Asked Questions

### 4. QI PARTICIPATION SUPPORT QUESTIONS

**Q-4.3: How are the requirements of SB24-175 related to and/or different from Colorado's other hospital QI programs and required metrics (e.g., HQIP and HTP)? What efforts will be made to coordinate across these programs?**

- The Colorado Department of Healthcare Policy and Financing (HCPF) incorporates AIM patient safety bundle implementation into maternal health measures within the Hospital Quality Incentive Program (HQIP) and Hospital Transformation Program (HTP). In selecting a QI initiative with CPCQC, the CPCQC team can discuss your hospital's goals in HQIP and HTP and recommend the QI initiatives that best align with your existing efforts.

### 5. REPORTING QUESTIONS

**Q-5.1: Are hospitals required to report their compliance with SB24-175's QI participation and data submission requirements to CDPHE?**

- No. CPCQC will track each hospital's compliance with the annual QI participation requirement and the annual requirement to submit the minimum data set. CPCQC will report hospitals' compliance with these requirements to CDPHE beginning July 1, 2026, and no later than July 1 of each year thereafter.

**Q-5.2: What will be shared publicly about hospitals' QI work?**

- In compliance with all applicable state and federal laws relating to the publication of health information and legally binding data use agreements, CDPHE, CPCQC, and CHA will not publicly share hospital-specific data, outcomes, or other information that may identify individual hospitals. If the minimum participation requirements are met, the hospital may be publicly recognized by CPCQC as a Colorado Maternal and Infant Care Quality Champion.

## SB24-175 Frequently Asked Questions

### 5. REPORTING QUESTIONS

#### **Q-5.3: How does SB24-175 intersect with CMS' Birthing Friendly Hospital Designation?**

- The Centers for Medicaid and Medicare Services (CMS) established its Birthing-Friendly Hospital Designation to highlight hospitals that participate in a statewide or national perinatal quality improvement collaborative program and implement patient safety practices or bundles. Hospitals report their qualification for this designation via the Maternal Morbidity Structural Measure in the Inpatient Prospective Payment System (IPPS). CMS publicly displays which hospitals have achieved this designation on its Care Compare Tool and qualifies these hospitals for an operating payment rate increase of 4.3%.
- Hospitals with Active Participant status in CPCQC QI initiatives may satisfy the requirements of the Birthing-Friendly Hospital Designation/Maternal Morbidity Structural Measure. See Q-2.1 for details on the requirements for being an Active Participant.
- Active Participants may request a letter of attestation from CPCQC to accompany their reports to CMS.



## SB24-175 Frequently Asked Questions

### 6. MMRC AND MHTF INTERSECTION QUESTIONS

#### **Q-6.1: How does SB24-175 complement the work of Colorado's Maternal Mortality Review Committee (MMRC) and Maternal Health Task Force (MHTF)?**

- CDPHE's MMRC is a statewide review committee that reviews all deaths of all Coloradans who die while pregnant, or up to 1 year from the end of a pregnancy. The MMRC comprises a diverse group of healthcare providers, public health professionals, and people with lived experience. SB24-175 advances several MMRC recommendations from the 2023 Maternal Mortality Prevention Program's Legislative Report and tasks the CPCQC with tracking statewide implementation of these and future MMRC recommendations.
- CDPHE's MHTF is charged with guiding the implementation of evidence-informed interventions to address critical gaps in the state provision of maternity care services, in an effort to prevent maternal mortality and morbidity. The task force represents a broad range of diverse experiences and perspectives across Colorado, professionally, geographically, and demographically. The group comprises community members, clinical providers including midwives and doulas, hospitals, insurers/payers, researchers, and community-led organizations. Since its establishment, the MHTF has conducted baseline needs assessment and gap analyses in these areas and created a Four-Year Strategic Plan that addresses the needs assessments. The MHTF will continue to share data, identify opportunities for shared work and efficiencies across systems, provide education and technical assistance, as well as make recommendations for innovations that will improve maternal health. SB24-175 fulfills recommendations from the MHTF's Quality Care as well as Data Subcommittees. The strategic plan called for statewide universal participation in QI initiatives and the adoption of the Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles, led by the CPCQC, and an integration of QI data submission and other evidence-based QI practices into perinatal healthcare.

## Additional Information

As we progress in the implementation of this new law's perinatal health quality improvement provisions, CPCQC is available to support hospital staff and others who have questions regarding SB24-175, the Improving Perinatal Health Outcomes Act.

For general inquiries about CPCQC's work and role in the implementation of SB24-175, please email [info@cpcqc.org](mailto:info@cpcqc.org).

For specific quality improvement initiative questions and technical assistance, please email [qi@cpcqc.org](mailto:qi@cpcqc.org).

