



Madame Chair and Members of the Committee,

My name is Jillian Fabricius, Director of Strategic Initiatives with Illuminate Colorado, a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. I am writing **in support of SB21-194 Maternal Health Providers** on behalf of Illuminate, the Colorado Chapter of Prevent Child Abuse America.

Simply put, children do well when their parents and caregivers do well, and ensuring pregnant and postpartum people have accessible and responsive maternal health care is crucial for family well-being. Complementing the federal Omnibus bill package, SB21-194 includes numerous provisions to enhance Colorado's infrastructure to support all families to thrive during the perinatal period by addressing racial inequities and other disparities in infant and maternal care directly.

In particular, **we enthusiastically support an extension of Medicaid coverage to 12 months postpartum to ensure that even more postpartum Coloradans have access to health care during a formative time for families.** The American Recovery Plan provides funding for states to opt-in and extend Medicaid coverage to one year postpartum, and Colorado can take advantage of the 100% match and extend postpartum coverage. **Access to concrete supports in times of need—including health care throughout the perinatal period—is a research-based protective factor that lowers the risk of child abuse and neglect,** and a key way to offer families a strong start by ensuring they receive the basic necessities everyone deserves in order to grow.ⁱ

Other sections of this bill and the birth equity bill package work in tandem with this extension in order to ensure pregnant and postpartum people have pathways for and recourse around the quality of service delivery and coordination they receive—which strengthens our systems so that care is designed both to preserve the dignity of pregnant and parenting people and to promote their and their family's healthy development, resilience and ability to advocate for and receive the resources they need.ⁱⁱ

We also have an opportunity to align our data and systems towards equity by improving our use of implementation science for perinatal policy development and ensuring CDPHE and the Colorado Maternal Mortality Review Committee (MMRC) can review existing maternal health data collection processes and quality measures and make recommendations accordingly - with particular attention to race/ethnicity and other birth outcome data. As a MMRC member and a maternal behavioral health advocate, I know all too well the importance of perinatal supports, especially in the postpartum period, and the key role our data can play to inform prevention efforts. Of the 94 maternal deaths reviewed by the MMRC during 2014–2016, the majority (76.6%) were preventable—meaning we can change the course of peoples' lives by investing in prevention.ⁱⁱⁱ

By strengthening our infrastructure for all families to thrive during the perinatal period, especially for families of color, Indigenous families, undocumented families, people who are low-income, and people with disabilities, we can keep the wellbeing of our state's children and families an urgent and high priority. In short, **SB21-194 would ensure that more pregnant and parenting people have what they need to support their health and wellbeing--and ultimately will lead to more safe, healthy, and thriving families.**

Sincerely,
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ⁱ Center for the Study of Social Policy. *Protective Factor Framework*. <https://cssp.org/our-work/projects/protective-factors-framework/>

ⁱⁱ Ibid.

ⁱⁱⁱ Colorado Department of Public Health and Environment (2020). *Colorado Maternal Mortality Prevention Program Legislative Report 2014–2016*.

Senate Health & Human Services Committee
200 E Colfax Avenue
Denver, Colorado 80203

Honorable Members of the Senate Health & Human Services Committee:

Colorado Hospital Association (CHA) submits written testimony from an amend position for Senate Bill (SB) 21-194, Maternal Health Providers. CHA represents more than 100 hospitals and health systems in the state of Colorado and has a long history of supporting efforts to increase health care coverage, access, and outcomes for birthing people in Colorado. CHA commends bill sponsors and proponents for their work to expand and improve access to maternal health services.

This bill takes several actions to increase maternal coverage and services, expand Medicaid and CHP+ coverage, and strengthen the work of both the Colorado Department of Public Health and Environment's Health Equity Commission and Maternal Mortality Review Committee. CHA is supportive of the overarching goals of this bill, particularly provisions to extend postpartum services under Medicaid and CHP+ for 12 months after delivery. This provision aligns with recommendations from other national organizations and can help provide coverage to address the needs, particularly family planning and behavioral health needs, of birthing people.

While generally supportive of goals of SB 21-194, CHA is in an amend position due to concerns with Section 2 (page 3, line 13 through page 3, line 22), related to requirements for licensed healthcare professionals to accept transfers from home and birthing centers. Specifically, concerns center around:

- Persons licensed under Title 12 – include every doctor and every nurse, of every specialty, in Colorado. This provision would mandate that every licensed provider accept a transfer, regardless of their expertise in labor and delivery or other perinatal concerns.
- Best practices for interprofessional collaboration – are undefined and ambiguous, which would set a vague legal standard.
- Non-discrimination requirements – are duplicative of current state and federal law.
- Hospitals must already accept transfers – under the Emergency Medical Treatment and Labor Act (EMTALA) for emergent health care conditions.

While CHA has significant concerns with Section 2, CHA also recognizes the broader concerns trying to be addressed in this section and the opportunity to strengthen interprofessional relationships between birth center/homebirth providers and hospital providers beyond situations involving a birthing person's emergent health conditions. CHA commits to working with bill sponsors and proponents to identify potential alternative language that could address the broader concerns and ease hospital and health system concerns identified above.

The Association thanks the bill sponsors for this important work to increase maternal health coverage and advance health outcomes. CHA appreciates Senate Health and Human Service Committee members' consideration of our concerns for SB 21-194.

Sincerely,



Lila Cummings
Senior Manager of Medicaid and Behavioral Health Policy
Colorado Hospital Association