

Senate Health & Human Services

Testimony - SB21-009 Reproductive Health Care Program

First Name	Last Name	Position	Representing	Testifying
Katherine	Riley	For	COLOR	In Person
Karla	GonzalesGarcia	For	Colorado Organization for Latina Opportunity and Reproductive Rights	In Person
Stephen	Scott	For	Self	Remotely
Kelly	McMullen	For	Colorado Academy of Family Physicians	Remotely
Glenn	Northern	For	Pro Choice Catholics	Remotely
Kate	Kelly	For	Self	Remotely
Erin	Miller	For	Colorado Children's Campaign	Remotely
Ximena	Rebolledo Leon	For	Self	Remotely
Brenda	Negrete	For	Colorado Organization for Latina Opportunity and Reproductive Rights	Remotely
Rayna	Hetlage	For	Center for Health Progress	Remotely
Tracy	Johnson	Questions Only	Colorado Department of Health Care Policy and Financing	Remotely
Christine	Mahoney	For	Self	Remotely
America	Ramirez	For	Self	Remotely
Yadira	Solis	For	COLOR	Remotely
Jack	Teter	For	Planned Parenthood of the Rocky Mountains	Remotely

Witness Signup List

Andreas Fuentes For C.O.L.O.R Submitted text

Virginia Gebhart For Self Submitted text

Witness Signup List

Orlando

Moreno

For

Journey Through Our Heritage

Submitted text

Witness Signup List

Elva

Parga

For

Journey Through Our Heritage

Submitted text

Eric

Perez

For

Journey Through Our Heritage

Submitted text

Witness Signup List

Alexa Montoya For Journey Through Our Heritage Submitted text

Tala Mohamed For Journey Through Our Heritage Submitted text

Witness Signup List

Isabel

Cruz

For

Colorado Consumer Health Initiative

Submitted text

Witness Signup List

Gaythia	Weis	For	League of Women Voters of Colorado	Submitted text
Louise	Myrland	For	The Women's Foundation of Colorado	Uploaded file
Noemi	Winn	For	Women's Lobby of Colorado	Uploaded file
Margaret	Picard	For	Self	Uploaded file
Jennie	Smith-Camejo	For	Positive Women's Network	Uploaded file
Liz	McCaman	For	National Health Law Program	Uploaded file
Kate	Coleman-Minahan	For	Self	Uploaded file
Ellen	Brilliant	For	American Academy of Pediatrics, CO Chapter	Uploaded file

Witness Signup List

Heather	Allison	For	Jane's Due Process	Uploaded file
Briana	Simmons	For	Soul 2 Soul Sisters and Let My People Vote	Uploaded file
Arianna	Morales	For	New Era Colorado	Uploaded file
Selina	Najar	For	Cobalt	Uploaded file
Amanda	Jean Stevenson	For	Self	Uploaded file
Sam	Carwyn	For	Interfaith Alliance of Colorado	Uploaded file
Michael	Crews	For	One Colorado	Uploaded file
Emily	Scott Robinson	For	Self	Uploaded file
Raquel	Lane-Arellano	For	Colorado Immigrant Rights Coalition	Uploaded file
Ingrid	Moore	For	Self	Uploaded file
Alyson	Williams	For	Health District of Northern Larimer County	Uploaded file

Witness Signup List

Text of Testimony

Registered

3/22/2021 13:16
3/22/2021 13:17
3/16/2021 15:28
3/19/2021 17:10
3/19/2021 8:21
3/19/2021 10:43
3/21/2021 13:17
3/21/2021 23:20
3/21/2021 11:53
3/22/2021 8:33
3/22/2021 9:23
3/22/2021 9:28
3/22/2021 9:43
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3/22/2021 10:38

Witness Signup List

Hello my names Andreas Fuentes, I'd like to start this off by talking a little bit about the community I live in. I live in a friendly neighborhood on the outskirts of Denver made up of mostly latino folks with neighbors having two to five children ranging from the ages two to the early twenties. I've had the opportunity to speak to some of these families and I asked them two simple questions. One, did you plan on having children when you did? And two, if not did you have any personal goals or dreams before you had children? Asking these questions I got unsurprising the same answer, first they didn't plan on having children but them having them when they did were a blessing. The second answer was they did have dreams and goals although they never had opportunities to pursue them. No one wants to get too personal in their lives but hearing that I understood these amazing caring people ultimately didn't have the same opportunity that a lot of families in Colorado do have. The closest planned parenthood from my home is about 5 miles away, to many that's not much but to a lot of people that short 5 miles is what keeps them from pursuing the life that everyone deserves. Folks in my neighborhood are some of the most hardworking and committed people to their family's i've ever seen. They will work endlessly hard to give their children the world but that doesn't mean they shouldn't get the chance to give it to themselves first. Giving immigrants and other hard working people like the community I live in the chance to have easier access to contraceptives will not only give them the life they deserve but eventually gives back to the same community they live in. If this is only my own small community I can only imagine the struggles from other neighborhoods just like mine that go through the same issues plus more, issues that can be solved through the system that so desperately needs to be changed.

3/15/2021 21:45

Access to contraceptives is an important, basic part of health care that most of us take for granted, yet it is unfortunate that it is unavailable to some women.

Providing a full year's worth of contraceptives to women from the local pharmacy will be a very effective way to prevent unintended pregnancies. As a retired pharmacist, I know that pharmacists are the most available health care professional in the community, rural and urban alike. This bill is a great way to get contraceptives to women who need them.

This bill is a great idea. I hope you will support it.

3/18/2021 22:37

Witness Signup List

Hello, my name is Orlando Moreno and I demand a change in the medicaid program. The change I demand is for the coverage of contraceptives for undocumented people through the Medicaid state program and give people who use Medicaid to get a full oneyear supply of oral Contraceptives. Many undocumented people don't get the chance to manage their health and control their own destinies because they are denied access to public health programs. When it comes to, immigration status shouldnt determine the outcome of whether they have a family or not.

Too often undocumented women are not able to get the health care they need.

This has incredibly negative health outcomes and denies undocumented people the same right to agency, to bodily autonomy and to personal decision making when it comes to getting the services and support to prevent a pregnancy, terminate a pregnancy or be able to have a healthy pregnancy. A recent study found that providing a full year's worth of pills at one time decreased unintended pregnancy by 30% compared to those who received either one or three packs of pills at a time.

Whether you are documented or not you should have full access to contraceptives. In reality everyone should have access to them because it is not only a right but a responsibility to be able to not only protect yourself and others but control whether you are ready or to bring life into this world.

As an State we are one of the few that has its own official health insurance marketplace, in my eyes thats very progressive and We should apply that progressive attitude in all our attributes in health care but especially when comes to contraceptives for our undocumented people.

3/21/2021 11:59

Witness Signup List

Hello, my name is Elva Parga and I am here to urge you to pass SB21-009.

Documented people shouldn't be the only ones to have access to contraceptives. This bill intends to expand Medicaid to include contraceptives for undocumented people and requires coverage of a year supply of oral contraceptives for all who use Medicaid. This is very important because we need to give these women access to these because if we don't do this in the US and ultimately cost us more if things go south for them. If there high risk pregnancy and they get sick and die thats on us. If they carry the baby and give it up for adoption, that costs money to the state for foster care. The foster care system is already overwhelmed and underfunded as it is, and to throw more kids in that system when it can be prevented. As an Woman i believe we should have our own choices in what we do and also those choices should be provided if we don't have the means to get them. Our state provides women who have medicaid with a lot of family planning services at no copay , so why are we making it different for undocumented woman, when it actually we should be doing more for them. They have way higher rates of unintended pregnancy then documented counterparts. In undocumented women, unintended pregnancies were significantly more frequent and accounted for 75% compared to 21% in the controls. This is shows its huge problem not just in colorado but nation wide. So we should set the standard and trend like we always have and pass SB21-009.

3/21/2021 12:02

Hello, My name is Eric perez and I am here to demand action about the contraceptives issues in Colorado especially when it comes to undocumented people.

This bill intends to expand Medicaid to include contraceptives for undocumented people. This is super important because many of them don't have access to this which causes unintended consequences for them. The bill also intends to require coverage for a year instead of just 1 or 3 months. This is very important as well. There have been many studies that show when you give a woman an year's supply it decreases the chances of unwanted pregnancy. Women who had an year supply instead of 1 or 3 months are 30 percent less likely to experience an unwanted pregnancy. Personally this issue is very important to me. My cousin was undocumented and she got pregnant because her prescription lapse, This was an huge issue because she is high risk, when she had the baby she almost died and the baby was in the NICU. This could have been prevented and she was very lucky to survive because some women don't, and this can be prevented by providing them with contraceptives, and making sure they have enough of it. I also believe this isn't something that should be up for debate. It's our duty to take care of undocumented community. They go through enough issues as it is and they don't need to deal with stuff on it when we can provide that care. I believe as a state we need do this because we are progressive and set the HIGHER Standard of treatment of certain communities. If our state can legalize weed, and can decriminalize mushrooms then there should be NO issue at all with providing these undocumented woman with Adequate contraceptives.

3/21/2021 12:06

Witness Signup List

Hello, my name is Alexa Montoya and I am here to request bill SB21-009 be passed and further action beyond just a bill. Undocumented individuals should be given better Health Care because it is a basic human right. This bill helps prevent and protect against unwanted pregnancies, which is a huge issue. Endless amounts of research and studies have been done to show that giving a year supply of contraceptives is unarguably better health care for all. Within these studies it shows unwanted pregnancies decreased when a year supply was given instead of just a 3 month supply. Ultimately, only providing a 3 month supply is dangerous because there's a time gap with each refill causing a concern of health issues or unwanted pregnancy. This issue is important to me personally because I am a woman and I take birth control. I struggle with the same issue of only getting a 3 month supply instead of a year. Sometimes I go a week in between my refills because of issues with the pharmacy or my own life getting in the way of getting it on time. It would be easier to have a year's supply instead of trying to get it every 3 months.

3/21/2021 12:09

Hello My name is Tala Mohmed, a senior at MSU Denver. I am requesting a pass and an action toward the SB21-009 bill. As a person that is full of humanity I believe that undocumented community should be served their basic human rights. Health care is one of the most important human rights. Taking women's opportunity of choosing to have birth control is a huge mistake. Not providing birth control or providing a birth control supply for only a period of time are both dangerous according to researchers and real life examples that most of us witnessed with their undocumented friends and family members. Having to witness my undocumented friend go through that, was so heart breaking. Her fear when her 3 month supply was done and she was waiting for a refill was endless. This all can be prevented by providing undocumented individuals a safe and healthy environment that everyone deserves.

3/21/2021 12:12

Witness Signup List

My name is Isabel Cruz and I am the Policy Manager for the Colorado Consumer Health Initiative, a nonprofit, nonpartisan, membership-based organization that works to ensure all Coloradans have equitable access to quality and affordable health care.

We writing in support of SB21-009 because providing access to contraceptives for undocumented people can reduce existing inequities throughout economic and health systems.

Contraceptive access is crucial to managing one's health and reproductive goals, but multiple intersecting policy and systemic factors prevent undocumented people from obtaining contraceptive coverage. Rules that prohibit enrollment based on legal status and high out-of-pocket costs leave many undocumented people without reproductive health care and limit their ability to benefit from preventive services that let them decide the size and timing of their families.

The ability to decide whether and when to become a parent is critical to economic security. Systemic barriers to reproductive health care are a main driver for the unintended pregnancy rate of Latinx populations being double the rate of white populations. Unintended pregnancy increases risk for poor maternal and infant outcomes which drive up health care costs for families and the health care system alike. For many families facing economic insecurity, an unintended pregnancy can upend their financial stability, making it more difficult for families to pursue education or maintain employment.

No person should be denied health care or reproductive autonomy because of immigration status. Access to contraception allows people to plan for their pregnancies and improves health outcomes, family stability, and allows families to empower themselves economically. Being able to pick up more birth control refills at one pharmacy visit can enhance a patient's medication continuity and increase opportunities to access medications by sidestepping systemic obstacles like transportation issues or work obligations.

SB21-009 safeguards the economic and health security of undocumented families by giving them power to decide their own family size and agency over their financial future. CCHI believes that expanding access and ease to contraceptive services is a step towards health equity for those historically left out of the health care system.

I respectfully urge your yes vote on SB 09 today. Thank you for your consideration.

3/22/2021 13:28

Witness Signup List

Testimony on SB21-009 "Reproductive Health Care Program"
Senate Health and Human Services Committee 3/22/21

Chair and members of the committee:

The League is a nonpartisan organization that encourages informed and active participation in government. Our membership spans the state of Colorado with 19 local leagues operating in many regions of the state.

We support SB21-009.

The League of Women Voters supports a health care system for the United States that provides affordable access to a basic level of quality care for all U.S. residents.

This bill extends the reproductive care program to provide contraceptive methods and counseling services to individuals who are not currently eligible for coverage under Medicaid, only because of their citizenship or immigration status.

We support this change. Please vote yes on SB21-009.

Thank you for your consideration.

Gaythia Weis
League of Women Voters of Colorado

3/22/2021 10:19

3/18/2021 11:09

3/19/2021 13:06

3/19/2021 14:14

3/19/2021 12:09

3/19/2021 12:14

3/19/2021 12:17

3/19/2021 12:21

Witness Signup List

3/19/2021 12:26

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3/21/2021 20:52

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3/22/2021 13:56

3/22/2021 9:26

3/22/2021 10:08

3/22/2021 12:00

3/22/2021 12:29

3/22/2021 12:40

CIRC Testimony in Support of SB21-009

Thank you Madam Chair Fields and members of the committee,

We are testifying in support of SB21-009, expanding critical access to reproductive rights for all Coloradans.

The Colorado Immigrant Rights Coalition (CIRC) is a statewide, membership-based coalition of immigrant, faith, labor, youth, community, business and ally organizations founded in 2002 to improve the lives of immigrants and refugees by making Colorado a more welcoming, immigrant-friendly state.

Every person deserves to be able to have the ability to plan their futures and parenthood. Currently, access to reproductive rights, and therefore this fundamental right, is not equal in Colorado across race, economic status, and immigration status. For far too many people, there is no meaningful access to affordable contraception which exacerbates the health inequities that already exist for immigrants and communities of color.

Under current, exclusionary, and racist healthcare policies, undocumented women, women of color, and low-income women are not getting access to the full health care and contraception they need. This has profoundly negative health outcomes and denies people the same right to agency, to bodily autonomy, and to personal decision making when it comes to getting the services and support to prevent a pregnancy, terminate a pregnancy, or to have a healthy pregnancy.

SB21-009 is an important step forward to undo healthcare policies that harm and exclude our communities. By proactively expanding access to contraception for undocumented Coloradans and reducing barriers to access for individuals already on Medicaid, this bill sets the foundation for a Colorado where everyone can choose whether or not to be a parent. By passing this legislation, we can begin to create healthcare policies that are inclusive and centered on the human dignity of every person and their right to choose and control their futures.

Thank you for your time. We urge a YES vote on SB21-009.

Raquel Lane-Arellano

Colorado Immigrant Rights Coalition
2525 W. Alameda Ave.
Denver, CO



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Michele Johnson
Tennessee Justice Center

Arian M. June
Debevoise & Plimpton LLP

Jane Preyer
Environmental Defense Fund (Ret.)

Lourdes A. Rivera
Center for Reproductive Rights

Donald B. Verrilli, Jr.
Munger, Tolles & Olson

Ronald L. Wisor, Jr.
Hogan Lovells

Senior Advisor to the Board
Rep. Henry A. Waxman
Waxman Strategies

General Counsel
Marc Fleischaker
Arent Fox, LLP

March 17, 2021

Health & Human Services Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

RE: Hearing Item SB21-009 Reproductive Health Care Program

To Whom It May Concern:

The National Health Law Program (NHeLP) appreciates the opportunity to submit this letter in strong support of SB21-009. NHeLP is a public interest law firm that protects and expands the health care rights of low-income individuals and underserved populations throughout the country. For over 50 years, NHeLP has advocated and litigated to advance health care access nationwide, and has worked collaboratively with state and local advocates on issues involving immigrants' access to health care and reproductive justice.

NHeLP believes that all individuals, regardless of immigration status, are entitled to comprehensive and quality reproductive health care, delivered with dignity, and where cost is never a barrier. NHeLP urges the Colorado legislature to vote in favor of SB21-009 for the reasons discussed below.

1. SB21-009 Emphasizes the Crucial Role of Contraceptive Care

Contraceptive care is a vital health care service that allows people to make decisions about their sexual and reproductive health, and improves health and economic outcomes for

individuals and their families. NHeLP supports policies that promote contraceptive equity, meaning every person can make their own decisions about pregnancy prevention, and ensure contraceptive care easily is accessible and covered at no cost in all health programs.¹

Immigrants are more likely to experience unintended pregnancies, but are less likely to receive information about family planning or have access to contraceptive care.² SB21-009 addresses this unmet need and takes steps toward contraceptive equity by expanding contraceptive coverage under Medicaid to include previously ineligible immigrants.

2. SB21-009 Reduces Immigrants' Barriers to Health Care Coverage

Immigration status should not determine health outcomes, yet both lawfully present and undocumented immigrant populations face barriers to health care coverage. Under current federal health and immigration policies, lawfully present immigrants are barred from Medicaid for five years, and undocumented immigrants are ineligible for full-scope Medicaid and unable to purchase private health insurance through the ACA marketplaces.³ Approximately 45% of undocumented and 23% of lawfully-present immigrants in this country are uninsured, compared to 9% of citizens.⁴ This denial of coverage forces immigrant individuals and communities to go without necessary care.

SB21-009 would ensure that immigration status is not a barrier to contraceptive access. Using state funds to provide contraceptive coverage for all immigrants is an important first step in reducing the health care coverage gap for immigrant communities in Colorado.

¹ *Contraceptive Equity*, Nat'l Health Law Program, <https://healthlaw.org/contraceptive-equity/> (last visited March 17, 2021).

² Kinsey Hasstedt, Sheila Desai, and Zohra Ansari-Thomas, *Immigrant Women's Access to Sexual and Reproductive Health Coverage and Care in the United States*, The Commonwealth Fund, (Nov. 20, 2018), <https://www.commonwealthfund.org/publications/issue-briefs/2018/nov/immigrant-womens-access-sexual-reproductive-health-coverage>.

³ See 42 U.S.C. § 1320b-7(d); 42 U.S.C. § 1396a(b)(3).

⁴ *Health Coverage of Immigrants*, Kaiser Family Foundation, (Mar. 18, 2020), <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>.



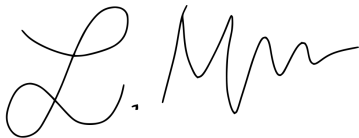
3. SB21-009's Extended Supply of Contraceptives Increases the Likelihood of Continued Use for Medicaid Enrollees

Providing a full year's supply of contraception (or enough for 13 cycles) at one time is a best practice recommended by federal health experts and the American College of Obstetricians and Gynecologists.⁵ Because many contraception users are unable to obtain monthly refills in a timely manner, data show that this policy is cost effective and improves both adherence and continuation rates.⁶ By adopting this practice in Medicaid, SB21-009 increases the likelihood of continued contraceptive use for those enrollees.

Conclusion

Thank you for the opportunity to provide input on this vital legislation. If you have any questions regarding this letter or NHeLP's support of SB21-009, please contact me at mccaman@healthlaw.org.

Sincerely,



Liz McCaman
Senior Attorney

⁵ *Providing Quality Family Planning Services*, CDC and the US Office of Population Affairs, at 11 (Apr. 25, 2014), https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf; Am. College of Obstetricians and Gynecologists, *Access to Contraception*, Committee Opinion Number 615, at 2-3 (Jan 2015), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2015/01/access-to-contraception.pdf>.

⁶ Diana Greene Foster et al., Number of oral contraceptive pill packages dispensed, method continuation, and costs, 108 *OBSTETRICS & GYNECOLOGY* 1107-14 (Nov. 2006), doi: 10.1097/01.AOG.0000239122.98508.39.



COLOR TESTIMONY

March 22, 2021

Dear Members of the Committee,

Thank you for the opportunity to advocate for **SB12-009 Reproductive Health Program**.

My name is Noemi Winn, board member of the Women's Lobby of Colorado, and I'm happy to share that the Women's Lobby has voted to **support** this bill in solidarity with our sister organization COLOR. We urge the members of this committee to support SB-9, as well.

The Women's Lobby is a non-partisan organization, and we operate on a membership model, representing over 260 individuals and 25 organizations from across Colorado. Since 1993, we have sought to provide better opportunities for women and families in our state by ensuring that public policies reflect gender equity and justice.

Although I'm here in my capacity as a Women's Lobby board member, I'm also here as a community member who cares about this issue. Supporting this bill is personal for me, because I am a Latina woman. When I think about fair access to birth control, I think about my privilege as a US born Latina. I myself use birth control to battle my PCOS. This medicine helps manage my sometimes-excruciating symptoms and is truly a life saver.

As a Latina woman it pains me to see the research that states: Only half of immigrant women received contraceptive services or information in the previous year, compared to two-thirds of US-born women. Also, that more than 300,000 women in Colorado are in need of publicly-funded contraception and live-in contraceptive deserts.

The bill we're discussing today, Reproductive Health Program, would help provide contraceptive coverage for undocumented people through the state Medicaid Program and enable people who use Medicaid to get a one-year supply of oral contraceptives. In 2010, public insurance programs paid for 68% of U.S. births resulting from unintended pregnancies at a cost of \$21 billion.

Without fair access to contraceptives, we will continue to see unwanted pregnancies on the rise, but most importantly we will continue to let women suffer from various other medical conditions that are treated with proper access to contraceptives.

Please vote yes on SB21-009. Thank you.

Senate Health & Human Services Committee Hearing
SB21-009 Reproductive Health Care Program
Monday, March 22, 2021

Chairwoman Fields and distinguished members of the Committee; my name is Ingrid Moore, from Longmont. I'm a concerned citizen writing on my own behalf **in support of** Senate Bill 21-009.

I strongly support this bill. Not only because it will save Colorado taxpayers money in the long run from unintended pregnancies, but because it is also the right thing to do for the population it targets. The ability to plan the size of one's family and have access to information, support and contraception, changes the lives of those who could not otherwise afford these things.

Access to contraceptives reduces unintended pregnancies and saves U.S. taxpayers billions of dollars in health care expenditures. And the costs of unintended births amount to more than money. They can be an added burden that greatly disadvantages a family or woman's chances for economic and social success. This program will also reduce abortions.

Documented immigrants become eligible for public assistance benefits after five years of residency. However, both documented and undocumented immigrants become eligible upon pregnancy for certain benefits under the Child Health Plan Plus (CHP+). Not having benefits unless you become pregnant is a reproductive health care gap that should be filled.

This program will fill that reproductive health care gap that exists before pregnancy occurs. The fiscal note details the estimated savings from costs avoided due to a decrease in unintended pregnancies.

I agree with the bill's sponsors that it is important for Colorado to administer a reproductive health care program that provides contraceptive methods and counseling services to eligible individuals regardless of their citizenship or immigration status.

Please vote YES on this important legislation.

Thank you for your time and attention.

Ingrid Moore
Longmont, Colorado
7 March, 2021

Testimony in Strong Support of SB21-009: Reproductive Health Care Program

My name is Emily Scott Robinson and I am a former social worker and victim's advocate. I have worked with immigrant women and families in rural areas around Colorado for the Adelante program in the San Luis Valley, and for the San Miguel Resource Center serving Telluride and the Western Slope. I'm writing to express my strong support for SB21-009, which would expand contraceptive coverage to undocumented immigrant women in our state, helping prevent unplanned pregnancies, and creating better health outcomes for women and their families.

I strongly support this bill because I worked directly with immigrant women who were survivors of domestic violence and sexual assault. They were often single mothers working hard to provide for their children. An unplanned pregnancy could make a devastating difference in the life of a woman trying to leave her abusive partner. Having another child means another mouth to feed and more bills to pay— just another barrier to leaving an abuser.

One form of abuse that I witnessed in my work is Reproductive Coercion. The WHO defines reproductive coercion as “*behaviors that interfere with contraceptive use and/or pregnancy*” and can include attempts to make a woman pregnant against her wishes, coercing a partner to have unprotected sex, and interfering with contraceptive methods. For this reason alone, we should make it easier for immigrant women to access contraceptives— they deserve to have bodily autonomy and to make informed decisions about their reproductive health without coercion or abuse.

This bill is an obvious “yes” to anyone who cares about the health of women and families in Colorado. It's also an obvious “yes” from an economic standpoint. From 2014-2016, I worked as a Spanish interpreter for a public hospital in Tennessee in their OB/GYN clinic. I saw clearly the impact of unplanned pregnancies on the medical system in a state that refused to provide contraceptives to undocumented women. Ironically and quite regressively, Tennessee's Medicaid program covered pregnancy care, labor and delivery for undocumented immigrants, which cost the state tens of thousands of dollars per child born. However, Tennessee refused to provide contraceptives to undocumented immigrants, which would have cost the state taxpayers far less money and given women the reproductive health care they deserved and badly needed.

Lastly, this bill would allow women to get a one-year prescription for contraceptives, which is a particularly vital provision for our rural immigrant communities who already face serious barriers to medical care in the form of language differences, transportation, and cost.

Thank you for your time and consideration. I sincerely hope that lawmakers will take swift action in advancing this bill to improve the lives and health of women and families

in Colorado. From a person who has worked in the trenches of healthcare and social work, I can tell you that this bill is a no-brainer.

Thank you!

Madam chair and members of the Senate Health and Human Services Committee,

Thank you for providing the opportunity to provide written comment. The Health District of Northern Larimer County is a Fort Collins-based special district that has a mission of improving the health of our community through direct care and through collaboration with community partners to create broader change. **The Health District is in support of SB21-009, which improves Medicaid coverage for contraception.**

The need for this bill is great: Only half of immigrant women received contraceptive services or information in the previous year, compared to two-thirds of US-born women. In 2016, undocumented people made up 3% of the state population and 34% of immigrants. In Colorado, Latinx individuals have the highest uninsured rate at 27% of the state's Latinx population.

The rate of unplanned pregnancies among women with incomes below the federal poverty level is nearly seven times that of women at 200% of the FPL or higher. Approximately 95% of all unintended pregnancies occur in women who do not use contraception, use it inconsistently, or use it incorrectly. The wider community also benefits from making family planning services more financially accessible. A study by the Brookings Institution found that that taxpayers spend about \$12 billion annually on publicly financed medical care for unintended pregnancies.

The Centers of Disease Control & Prevention and World Health Organization recommend providing a year-supply of oral contraceptives. A study in California found that dispensing a 1-year supply of contraceptives, rather than just a one or three month supply, is associated with a 30% reduction in the odds of unintended pregnancies and a 46% reduction in the odds of an abortion. Similarly, findings from Washington showed that when women received at least a one-year supply of oral contraceptives, rather than just an initial one-month supply, the state saved \$1.5 million due to averted births. Evidence across the country reinforces that providing women with a year-supply of contraceptives is an excellent investment in communities and reaps significant public savings.

This bill also makes sense for Colorado's bottom line. Data collected from 2010-2014 through the Colorado Family Planning Initiative and the use of long-acting reversible contraception (LARC) shows incredible cost avoidance – A total of \$69.6 million saved in Medicaid, TANF, SNAP and WIC.

Access to contraceptives reduces abortions, decreases public costs, helps families avoid poverty, and is critical to the well-being of individuals, families, and communities across Colorado. Contraceptive use helps people realize their own reproductive goals - which, in turn, helps them achieve their educational, employment, and financial ambitions.

The Health District of Northern Larimer County urges you to vote 'yes' on SB21-009.



creating a healthier community

Good afternoon. My name is Dr. Kate Coleman-Minahan and I am an assistant professor at the University of Colorado College of Nursing. I am here as an individual and am speaking on behalf of myself.

Access to contraception is crucial to the health and well-being of individuals and families. And the inability of many undocumented people to access contraception is a health equity issue. Today, I draw on my experience as a reproductive health researcher and nurse practitioner to support SB21-009.

I conduct research in Texas and Colorado. While following 1700 Texas women for two years after childbirth, half of whom are immigrants, we found that immigrant women were *equally* likely as U.S.-born women to prefer effective methods of contraception but *less* likely to be using them. The proposed program will reduce this disparity in contraceptive use.

Contraceptive method preference matters. People using their preferred method more likely to continue it and have lower risk of experiencing a pregnancy when they do not wish to be pregnant. The proposed program will reduce barriers by providing a 12-month supply of oral contraception for people who want to use it but have difficulty picking it up monthly. Indeed, research has shown that people are more likely to continue their method and less likely to experience an unplanned pregnancy when they are given a 12-month supply.

Title X funded clinics, including the clinic where I practice, provide family planning care for more than 50,000 Coloradans annually. Many Title X clinics have experienced a reduction in state funding since COVID. The proposed program will increase reimbursement for our services and thus increase sustainability and capacity of our Title X clinics to meet the needs of thousands of Coloradans.

Although Title X clinics provide free or low-cost contraception to people regardless of documentation status, not everyone can access them. This program would allow undocumented people the freedom that those of us who are privately insured have—to choose our healthcare providers.

Immigrant women are more likely to die of pregnancy related causes than U.S.-born women. And it's no wonder we see inequities in maternal death. Not only do undocumented people have limited access to contraception to prevent pregnancy, when they become pregnant, unlike 22 other states, Colorado does not use CHIP or state funding to provide them with pregnancy care, making pregnancy more of a health risk than it already is. Increasing access to contraception and allowing people to choose if and when they become pregnant, is one way to reduce inequities in maternal death.

There is no more horrifying way to witness the lack of equity in this country than watching people of color contract and die of COVID at staggeringly higher rates than white people. Allowing people to die from preventable causes, whether from COVID or pregnancy, because of their race/ethnicity or immigration status is a violation of human rights. It is cruel. SB21-009 can reduce inequitable suffering; it allows undocumented people, who are people with equal worth as U.S. citizens, to control their reproductive lives, families, and futures.

Colorado Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Statement in Support of SB21-009: Reproductive Health Care Program

On behalf of our nearly 800 members, the American Academy of Pediatrics, Colorado Chapter, writes in support of SB21-009.

As pediatricians and pediatric professionals, we know that access to contraception is key to supporting healthy adolescents, adults, and families. Unfortunately, we know that for undocumented adolescents and adults, comprehensive sexual health care can be prohibitively expensive. SB21-009 would expand Medicaid funding to cover contraception in this vulnerable and important population in Colorado.

Access to sexual health care and counseling is important for all adolescents. The American Academy of Pediatrics believes in policies supporting comprehensive sexual health care for teens, in a way that respects their consent to treatment and confidentiality.¹ The United States continues to have the highest adolescent pregnancy and birth rates among developed countries with available data (57 per 1,000 15- to 19-year-olds).^{2,3} Therefore, providing comprehensive sexual health information and access to contraception to all adolescents is vital.^{1,2}

In addition to caring for adolescents, pediatricians and pediatric professionals feel strongly about access to contraceptive care for adults. Unintended pregnancies are linked with higher rates of pre- and postnatal complications for the mother and child.⁴ Some complications include higher rates of preterm delivery, higher rates of low birth weight babies, higher rates of maternal postpartum depression after delivery, and poor mental and physical functioning of the infant in early childhood.⁴ These complications can impact the health of the baby, mother and other children in the home and have high fiscal costs; unintended pregnancies cost Colorado Medicaid more than \$160 million annually.⁵ Reducing unintended pregnancy by expanding access to contraception has been found to reduce expenditures in health care, food stamps, temporary aid, and other programs.⁵

Planned pregnancies help create financially strong and secure families and healthy parents and children. Increasing access to comprehensive sexual health care for undocumented residents of Colorado will have a positive impact on the health of families and communities and reduce financial burdens on the state.

SB21-009 will improve access to contraceptive care to undocumented Coloradans. In doing so, more adolescents and adults in Colorado will have access to vital, comprehensive, sexual health care, thus reducing and unplanned pregnancies and improving the health of our communities.

Sources:

¹ The American Academy of Pediatrics, Committee on Adolescence. "Contraception for Adolescents." *Pediatrics*. October 2014, 134 (4) e1244-e1256; DOI: <https://doi.org/10.1542/peds.2014-2299>

² The American College of Obstetricians and Gynecologists, Committee on Adolescent Health Care. "Adolescent Pregnancy, Contraception, and Sexual Activity." Committee Opinion, No. 699. May 2017. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/adolescent-pregnancy-contraception-and-sexual-activity>

³ G Sedgh, LB Finer, A Bankole, MA Eilers, S Singh. "Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends." *Journal of Adolescent Health*. February 2015. 56(2) 223-230 DOI: <https://doi.org/10.1016/j.jadohealth.2014.09.007>

⁴ Colorado 2018 Sexually Transmitted Infections Annual Report. Colorado Department of Public Health and Environment, Denver, CO. February 2020.

⁵ Association of State and Territorial Health Officials. "Colorado significantly decreases unintended pregnancies by expanding contraceptive access." 2017. Available at: <https://www.astho.org/Programs/Maternal-and-Child-Health/Documents/Colorado-Significantly-Decreases-Unintended-Pregnancies-by-Expanding-Contraceptive-Access/>

Senator Rhonda Fields and Senator Joann Ginal
Senate Health and Human Services

Margaret E. Picard, PsyD
Licensed Psychologist/Bilingual Infant Mental Health Clinician
303-300-6193

March 22, 2021

In support of SB21-009: Reproductive Health Care Program

My name is Dr. Margaret E. Picard and I am an infant mental health psychologist in Metro Denver. As a psychologist, I provide mental health services to pregnant and parenting families and their children ages birth to five years old, and I strongly support SB21-009.

Every family should have the opportunities and resources, physical and emotional, to plan their family intentionally. I have seen the consequences of unplanned and unwanted pregnancies on parents' mental health, which can contribute to low birthweight, preterm birth, maternal health risk behaviors, and depression. Other negative consequences include poorer social-emotional development in children, PTSD, and relational conflict that can lead to interpersonal violence. There can be increased risk for child abuse and domestic violence when a pregnancy is unintended and unwanted.

I have been honored to bear witness to remarkable resilience, courage, dedication, and love of children in immigrant families. By providing access to contraception for those who may not otherwise have such access, due to high cost and barriers related to immigration status, we could greatly improve outcomes for parents and children. Providing this access would also decrease the opportunity for power/control used against immigrant women in interpersonally violent situations. Setting families up for success has significant long-term benefits on children's health and well-being into adulthood. This results in a healthier, happier population and also has been proven to have significant and widespread economic advantages.

Reproductive justice is also personal to me. As a mother, I know how challenging parenting can be even when children are planned and wanted. Feeling empowered to have choices regarding one's family planning and body, and the resources and access to support these choices, is essential. By expanding contraceptive options for eligible people, you're not just providing crucial medical care, you're also supporting the future wellbeing of thousands of mixed status families across Colorado. I urge the committee to pass SB21-009. Thank you.

Sincerely,

Dr. Margaret E. Picard

Good afternoon Madam Chair and Members of the Committee,

My name is Sam Carwyn, and I am the Educator & Advocate at the Interfaith Alliance of Colorado. Before joining Interfaith, I worked for three years in a program focused on addressing unintended pregnancy. I partnered with churches and social services organizations to increase access to contraception. I educated individuals, so they knew their contraception options. Additionally, I am in seminary working towards a Master's in Divinity. My concentration is in social transformation as I strive to be a faith leader working to improve the community in which I live.

Throughout the many diverse and varied faith traditions that we represent, most faith traditions address the sanctity of the human body in their foundational and sacred texts. We believe in one's right to make decisions about what is best for their bodies. Across our many differences, many of us have come together in our belief that an individual has the right to choose if and when to parent based on their faith, financial means, support systems, and resources. This is a choice when the services and support to prevent pregnancy, terminate a pregnancy or have a healthy pregnancy are accessible. Presently, our undocumented neighbors, essential workers, students, etc., do not have the same choices as other Coloradans because they are not able to utilize essential public health programs. This barrier to access is a barrier to justice. When you factor in the additional barriers to accessing care having consistent care, the choices continue to diminish for our undocumented communities.

If passed, this bill would provide individuals with greater access, countering the systematic barriers that persist in our community. Individuals live in areas with little or no access to reproductive care and need publicly funded contraception. At this time, contraception is only provided for a few months at a time, so an individual must return to a healthcare facility multiple times to prevent pregnancy for an entire year. This means an individual will need to arrange time off work, more childcare, and pay additional travel expenses every few months. Because barriers to access are in place, unintended pregnancy is increased, and those who live in rural communities and who have a middle

to low income are further marginalized. This bill is an opportunity to focus on addressing the economic and racial inequities pervasive in our society that lead to a lapse in care. Extending access to a year's supply for undocumented folks- to be in line with the affordable care act, will increase follow-through as the barriers to getting care will be reduced.

This bill helps reduce undocumented individuals' adverse health outcomes and ultimately saves our health care system money down the line. Increasing access to contraception is crucial for improving health and financial stability and shows respect for our state's people. When individuals can use contraception as a family planning method, they can obtain their education, financial, employment, and family-building goals. This bill demonstrates concern for undocumented immigrants who need reproductive healthcare and considers the additional hurdles individuals must overcome. It invests in prevention as it is the best way to help individuals live more stable lives and reduce the broader community's financial burden. Lastly, it centers on justice and equity in our Colorado State Statutes.

For all of these reasons, on behalf of the Interfaith Alliance of Colorado, I urge you to vote YES on HB 21-009. Thank you for your time and consideration.



TO: Health and Human Services Committee

FR: New Era Colorado

RE: Support for Senate Bill 9, Reproductive Health Care Program

Thank you committee members for taking the time to read this today.

My name is Arianna Morales and I'm the Regional Advocacy Manager for New Era Colorado, testifying in support of Senate Bill 9. As an organization, our mission is to engage and mobilize a new generation to participate in democracy. Through our student-led campus organizing work, The Brazen Project, we have engaged thousands of students on college campuses across Colorado to destigmatize abortion and we know that young people overwhelmingly support increasing access to reproductive healthcare services.

Currently, young people enrolled in Medicaid are only limited to a 3 to 6 month supply of contraception which is an issue because we know often these folks are students, juggling multiple jobs, and/or without consistent transportation. Oftentimes, needing to find room to meet with a physician or pharmacist means needing to make hard decisions like asking for time off work and missing pay that was meant to go towards gas, groceries or rent for the month or skipping a class, leaving you behind on school work. These barriers are exacerbated for undocumented young people who currently have limited access to insurance and reproductive healthcare services. The right to access contraceptives is not only essential to lead a healthy sexual and reproductive life but it's a basic necessity in having the freedom and power to plan out your own future.

Throughout the years, through our work, we've found that young people strongly value independence and the freedom for all people to be able to define their own path in life above all else, which includes deciding when/if to become parents. A recent study found that providing folks with a year's supply of oral contraceptives decreased unintended pregnancy by 30% (Kaiser Family Foundation, 2019). This bill would make it feasible for young people juggling their busy schedule and basic life responsibilities to be able to access contraception for a year without needing to make consistent sacrifices to access basic healthcare. Above all else, this bill would provide access and agency to communities who are currently being denied the fundamental right to make decisions about their future.

It is clear that access to contraception is fundamental to being able to choose your path in life and shouldn't be denied on the basis of immigration status or riddled with systemic barriers in the process of accessing them. This bill is a clear next step for Colorado in providing fair and accessible healthcare services to all people to empower folks to lead healthy and autonomous lives. New Era Colorado and the young people we serve and organize with are adamant that having full bodily autonomy is a right not a privilege, which is why we support Senate Bill 9 and strongly urge you to do the same. Thank you for your time.

Arianna Morales
Regional Advocacy Manager
arianna@neweracolorado.org
303-416-0744

JANE'S DUE PROCESS

teens. reproductive rights. texas

March 16, 2020

To Whom It May Concern:

I am writing on behalf of Jane's Due Process to express our strong support for SB 9, which will allow undocumented people to exercise control over their own reproductive health care by expanding the contraceptive services available through Medicaid.

Jane's Due Process is a nonprofit organization that helps teens in Texas confidentially access sexual and reproductive health services, including birth control and abortion. Through our confidential textline and hotline, we help teens navigate the difficult and often confusing barriers to accessing contraceptive care.

Immigrant youth are disproportionately affected by laws that restrict access to essential reproductive health services. We work with immigrant teens, who often arrive in the United States with no financial support and need help accessing legal services, health care, housing, education, and other critical social services. Immigrants experience unintended pregnancies at much higher rates than people born in the U.S.; however, immigrant women are much less likely to receive contraceptive services or information. This bill would help to address these issues by expanding Medicaid to include contraceptives for undocumented people and by requiring the coverage of a one-year supply of oral contraceptives.

By expanding access to contraception, this legislation would help to address the obstacles that undocumented people face in getting the services they need in order to be able to exercise their right to bodily autonomy and plan for their families and their future. Women who receive a year's supply of oral contraceptives are 30% less likely to experience an unintended pregnancy than those who receive a one-month or three-month supply at a time by eliminating systemic obstacles such as juggling transportation, work, and childcare. Additionally, a year's supply of contraception will help those who live in rural communities or contraceptive deserts.

SB 9 will help to reduce disparities in reproductive health care among immigrants and promote reproductive equity. Ensuring the availability of contraception regardless of immigration status and providing a full year's supply will advance the health and dignity of undocumented people.

For the foregoing reasons, and in the interest of racial and reproductive justice, we strongly support SB 9 and the expansion of contraceptive services for undocumented people.

Sincerely,



Heather Allison
Policy Associate

heather@janesdueprocess.org



March 22, 2021

Senate Health & Human Services Committee

Re: Letter of Support for SB21-009 Reproductive Health Care Program

One Colorado Education Fund (OCEF) is the state's leading advocacy organization for lesbian, gay, bisexual, transgender, and queer Coloradans and their families. We have worked in a nonpartisan manner over the past eleven years to advance policy measures that help close the gap between legal and lived equality for LGBTQ Coloradans.

Health equity and ensuring access to quality healthcare are the core of One Colorado's mission to fight for a fair and just Colorado. And we know through our years of experience advocating for the health needs of our state's diverse LGBTQ community that prevention is an extremely powerful tool to decrease an individual's reliance on the healthcare system in addition to providing individuals a level of independence and authority when it comes to making informed decisions about their health.

And while the state has made great progress in addressing the health needs and historical inequalities experienced by marginalized communities women of color and immigrant women still face substantial barriers to accessing necessary reproductive health care. Senate Bill 009 will be an important step forward to closing the health care gaps experienced by too many of our fellow Coloradans especially in light of the existing inequalities in our healthcare system that have been worsened due to ongoing pandemic along with sustained economic impact experienced by low-income frontline workers. With that we would like to ask for the Committee's support of this important legislation.

Sincerely,

Michael Crews
Policy Director

Testimony on SB-9

Amanda Jean Stevenson, PhD

I am a sociologist and demographer of fertility at the University of Colorado Boulder. I am here today representing myself because the content of this bill relates directly to the area of my expertise. I am an expert on the impacts of family planning programs in the contemporary US, with a particular focus on the impacts of state-level programs and policies. I lead a large research group which is evaluating the long-run impacts of Colorado's Colorado Family Planning Initiative and am quite familiar with Colorado's reproductive health landscape.

I have two major messages for you today: The evidence shows that improving access to the means of controlling fertility improves people's lives in meaningful ways and for many young women access to contraception is tenuous and challenging. Policies like SB-9 that remove barriers to contraceptive services are necessary to assure that all Coloradans can realize their potential.

First, my coauthors and I have found that by improving access to all methods of contraception, the Colorado Family Planning Initiative improved Colorado women's life chances by increasing their ability to complete high school.(1) We are still investigating the impact of this expansion on college, poverty, income, and the impact on men. If any of you have an interest in these findings, I am happy to discuss them in greater detail. I will tell you that the magnitude of the impacts was greater among women who identified as Hispanic, though we cannot disaggregate the impact by documentation status.

The best evidence points to CFPI achieving this by removing barriers to all methods of contraception. It did this by making all methods free for all people who showed up in Title X clinics, advertising so that people in Colorado knew that they could get free contraception in Title X clinics, and training providers so that they provided the very best up-to-date care to assure that patients could start their preferred methods as soon as they wanted without unnecessary delays. When CFPI ended much of this investment ended, too, and some of its benefits appear to have declined as time has gone on.

Despite the widespread perception that contraception is easy and cheap to access for anyone, we know from decades of research that women in the US experience a variety of barriers to accessing contraception. And people born outside the US experience additional barriers, including barriers to the most effective methods.(2) In particular, undocumented people require providers in their communities who they know to be culturally competent and safe. Medicaid's fee-for-service structure is a uniquely effective way to empower undocumented people to select such providers, making this bill a smart strategy to help this population access these needed services.

Our finding that CFPI improved high school graduation is not surprising, since we also know that the initial introduction of modern contraception and the roll out of the Title X program in the 1960s and 1970s was causally associated with improvements in women's educational

attainment and employment back then.(3, 4) We also know based on very careful research with people turned away from abortion care that having a child when one doesn't want to is associated with worse outcomes in terms of poverty,(5, 6) mental health, escaping violent relationships,(7) their children's development,(8, 9) and their own physical health.(10)

References

Please feel free to contact me for copies of any of these or to discuss these studies further.

1. A. J. Stevenson, K. Genadek, S. Yeatman, S. Mollborn, J. Menken, in *Annual Meeting of the Population Association of America* (Austin, TX, 2019).
2. J. E. Potter, K. Coleman-Minahan, K. White, D. A. Powers, C. Dillaway, A. J. Stevenson, K. Hopkins, D. Grossman, Contraception after delivery among publicly insured women in Texas. *Obstet. Gynecol.* **130**, 393–402 (2017).
3. C. Goldin, L. F. Katz, The power of the pill: Oral contraceptives and women's career and marriage decisions. *J. Polit. Econ.* **110**, 730–770 (2002).
4. M. J. Bailey, More power to the pill: the impact of contraceptive freedom on women's life cycle labor supply. *Q. J. Econ.* **121**, 289–320 (2006).
5. D. G. Foster, M. A. Biggs, L. Ralph, C. Gerdtz, S. Roberts, M. M. Glymour, Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *Am. J. Public Health.* **108**, 407–413 (2018).
6. S. Miller, L. R. Wherry, D. G. Foster, The Economic Consequences of Being Denied an Abortion. *Natl. Bur. Econ. Res. Work. Pap. Ser.* **No. 26662** (2020), doi:10.3386/w26662.
7. S. C. Roberts, M. A. Biggs, K. S. Chibber, H. Gould, C. H. Rocca, D. G. Foster, Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Med.* **12**, 1–7 (2014).
8. D. G. Foster, M. A. Biggs, S. Raifman, J. Gipson, K. Kimport, C. H. Rocca, Comparison of health, development, maternal bonding, and poverty among children born after denial of abortion vs after pregnancies subsequent to an abortion. *JAMA Pediatr.* **172**, 1053–1060 (2018).
9. D. G. Foster, S. E. Raifman, J. D. Gipson, C. H. Rocca, M. A. Biggs, Effects of carrying an unwanted pregnancy to term on women's existing children. *J. Pediatr.* **205**, 183–189 (2019).
10. L. J. Ralph, E. B. Schwarz, D. Grossman, D. G. Foster, Self-reported physical health of women Who did and did not terminate pregnancy after seeking abortion services: a cohort study physical health consequences of abortion versus childbirth. *Ann. Intern. Med.* (2019).



The Women's Foundation of Colorado

Women Thriving. Colorado Rising.®

Support for SB21-009 Reproductive Health Care Program

ROOTED IN RESEARCH, CONNECTED IN COMMUNITY, ADVANCING EQUITY AND INCLUSIVE PROSPERITY

The Women's Foundation of Colorado (WFCO) works for a future when **women of every background, age, and identity prosper**. WFCO is the only community foundation in our state focused exclusively on economic mobility and security for women. Our perspective is:

- rooted in research;
- informed by deep relationships with grantee partners, supporters, and collaborators across the state; and
- committed to advancing equity.

WFCO believes women's race, class, age, ability, sexual orientation, or other elements of social and/or physical identity should not define our opportunities.

FAMILY PLANNING SUPPORTS ECONOMIC SECURITY

[Research](#) clearly links a person's complete access to reproductive health to better economic security. [WFCO supports access to the full range of reproductive health information, care, and justice for women statewide](#). We believe that women have the right to decide to have or not to have children, free from stigma.

WFCO respectfully requests your support for SB21-009, Reproductive Health Care Program. This bill will improve access to effective family planning services in two key ways.

- First, it will extend access to family planning services through Medicaid for Coloradans who need it most – undocumented immigrants who would qualify for Medicaid if not for their immigration status.
- Second, this bill improves the effectiveness of contraception available through Medicaid by ensuring that all participants have more consistent access to contraception with prescriptions for a 12-month supply. The ability to obtain a full year supply of contraceptives could improve consistent access for hundreds of thousands of women in Colorado who need publicly-funded contraception and live in contraceptive deserts.

All Coloradans will benefit from a more prosperous future when women and all our skills and talents are fully included in our communities. SB21-009 will advance this more equitable future by improving access to family planning services. Please vote yes to advance SB21-009.

On behalf of all 2.8 million women and girls in Colorado, WFCO thanks you for your consideration of this bill and your service to our State.

Louise Myrland
Vice President of Programs
The Women's Foundation of Colorado

OUR MISSION

Catalyzing community to advance and accelerate economic opportunities for Colorado women and their families.

[WFCO.ORG](https://www.wfco.org)