

Testimony as Prepared for Delivery in support of HB22-1289, Cover All Coloradans by Erin Miller, Vice President of Health Initiatives at the Colorado Children's Campaign

Public & Behavioral Health & Human Services

March 25, 2022

Upon Adjournment

House Committee Room 0112

- Thank you, Chair Michaelson Jenet and members of the committee.
- My name is Erin Miller and I'm the Vice President of Health Initiatives at the Colorado Children's Campaign.
- I am here, together with my incredible partners, in strong support of HB22-1289, Health Benefits for Colorado Children and Pregnant Persons.
- This bill has been driven by an incredible Steering Committee of impacted community members in one of the most community-led policy processes that I have ever been a part of and I want to express my deep gratitude to all of these amazing leaders as well as the incredible partners we have worked with on this policy including CIRC, the Center for Health Progress, CCLP, COLOR, Planned Parenthood, and the Colorado Community Health Network.
- This bill will create a more inclusive, healthier Colorado that is a safer place to start and grow a family.
- It ends costly and unnecessary exclusion and oppression in our state health care system and improves perinatal care for all Coloradans.
- This unnecessary oppression currently costs some of the hardest working and most marginalized Coloradans in lost wellbeing, productivity, and lives.
- Research suggests that the prenatal coverage provided by this bill alone will save the lives of two infants each year in our state.
- We know that health insurance coverage improves financial security, health status, mental health, and access to health care, and decreases infant, child, and maternal mortality rates.

- Kids with health insurance coverage are less likely to drop out of high school, more likely to graduate from college, and have higher incomes as adults.
- If nothing else, COVID-19 has shown us how our own health and wellbeing also depends on our neighbors, colleagues and classmates being able to get the health care they need. And we cannot count on the federal government to provide services to people who are excluded from our health insurance system. Federal coverage of COVID-19 testing and treatment for uninsured people ended this week.
- This bill also codifies and strengthens CDPHE's Health eMoms survey – one of the best sources of longitudinal data about the perinatal period in the country. Further, it requires the survey to sufficiently sample populations that experience the greatest health inequities and their corresponding outcomes – African Americans and Native Americans – so that we can better understand their perinatal experiences.
- And it makes investments in the perinatal period for all Coloradans by requiring Medicaid and CHIP to provide breast pumps to enrollees and establishing a stakeholder process to determine the best way to direct additional federal matching funds to improve perinatal and postpartum care in Colorado.
- We cannot afford not to close some of these last remaining gaps in our coverage system. These investments will allow Colorado to draw down millions in federal funds – more than we will be contributing through the General Fund – and saves the state millions of dollars in Emergency Medicaid costs.
- Oppression and inadequate perinatal care cost Coloradans too much and we should take this step toward building a better Colorado for kids and families.
- I urge your support of this bill and I am happy to take any questions.

provide additional prenatal health care to pregnant people in Colorado.

- This bill and Colorado law does not recognize so-called “fetal personhood,” which the voters have affirmed several times in the past decade.
- Defer to PPRM and COLOR

Pregnancy SEP

- At least three states -- [New York](#) and [Connecticut](#) and Maryland -- have created this special enrollment period legislatively.
- In [Maryland](#), the pregnancy SEP has so far enabled 762 pregnant individuals who were not eligible for Medicaid to enroll in health coverage outside of Open Enrollment. This allowed them to access prenatal health care when they needed it. In comparison with other SEPs however, the pregnancy SEP is not used as often: **it comprised less than one percent of monthly SEP enrollments (an average of 0.39% per month).**
- In Colorado, we can expect the take-up of the pregnancy-related SEP to be low. Already, only about [2%](#) of people give birth without health insurance in Colorado.
- However, providing pregnant people with a pathway to coverage earlier in the pregnancy would be good for them and good for their future child. [Studies](#) suggest that creating this enrollment period would increase access to early prenatal care and may improve outcomes.