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**Kate's Testimony for HB18-1438**

1 message

Emily Alves <emily@colorlatina.org>  
To: Emily Alves <emily@colorlatina.org>

Thu, May 3, 2018 at 1:40 PM

Dear Committee Members, Writing on Behalf of Dr. Kate Coleman-Minahan:

Good afternoon Madam Chair and committee members. My name is Dr. Kate Coleman-Minahan and I am an assistant professor at the University of Colorado College of Nursing and a nurse practitioner at the Adolescent Family Planning Clinic at Children's Hospital Colorado. I am here as an individual and am speaking on behalf of myself.

Access to contraception and abortion for all people is crucial to the health and well-being of individuals and families. Today, I draw on my research and experience as a clinician to provide support for increasing access to reproductive healthcare through HB1348.

I conduct research in both Colorado and Texas. After dramatic cuts to reproductive healthcare in Texas, my colleagues and I followed 1,700 postpartum women for two years after delivery and found unmet demand for effective methods of contraception. Many more women wanted IUDs, implants, and sterilization than were actually using them. Women experienced barriers including cost, insurance expiring 60 days postpartum, insurance not covering all methods, and lack of same-day contraceptive access. HB1348 presents an opportunity to avoid the consequences that Texas is now suffering from.

Colorado only partially funds healthcare for immigrants. Research has shown that immigrants have more difficulty accessing reproductive healthcare and are less likely to use contraception than U.S.-born women, even when they wish to avoid pregnancy. Our study in Texas found that immigrant women were equally likely as U.S.-born women to desire IUDs, implants, and sterilization but less likely to be using them 6 months postpartum. Ensuring that Emergency Medicaid covers contraception and extending Medicaid beyond 60 days can help immigrants plan and care for their families.

Although immigrants have comparable infant mortality to U.S.-born women, they have higher maternal mortality, a growing and preventable tragedy in the U.S., particularly among women of color. Affordable and timely access to reproductive healthcare including prenatal and postpartum care can reduce morbidity and mortality among all women.

Abortion is an essential component of reproductive healthcare. Last month, the National Academies of Science released a consensus report concluding that abortion is safe and

effective and that barriers to abortion care increase health consequences for women. Recent research has shown that women who were denied access to abortion suffered more economic hardship than women who were able to obtain their abortion. HB1348 has the potential to reduce barriers to abortion access which can improve women's physical and mental health, as well as their economic outcomes.

Federal reproductive health funding is in jeopardy. Colorado's commitment to provide this care is critical to allowing individuals to meet their goals. As a nurse practitioner at federally qualified health center in Colorado in 2008, I was unable to provide the full range of contraception due to high clinic costs. I had to tell my patients, "No, we do not provide the implant here or Emergency Medicaid does not cover sterilization." I do not want to return to the days when I cannot provide my patients with the care they want and need.

Coloradans value healthy, strong families. The ability for all people to plan and care for their families is necessary and HB1348 is an opportunity to act on this value. Thank you.

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