

**Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. R24-0846.01 Jessica Wigent x3701

**SJR24-008**

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**Marchman and Buckner,**

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**Lukens and Willford,**

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**Senate Committees**

**House Committees**

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**SENATE JOINT RESOLUTION 24-008**

101 **CONCERNING FUNDING TITLE X PROGRAMS IN COLORADO.**

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1           WHEREAS, Enacted in 1970 with strong bipartisan support, Title  
2 X of the federal "Public Health Service Act" created the National Family  
3 Planning Program, the first and only program to provide to millions of  
4 Americans nationwide comprehensive reproductive health-care services,  
5 from blood pressure evaluations and important examinations to free and  
6 low-cost contraception and counseling; and

7           WHEREAS, Like the bipartisan support that created this essential  
8 program, bipartisan support for family planning has made Colorado a  
9 leader in reproductive health; and

10           WHEREAS, Title X funding helps ensure access to reliable and  
11 effective family planning services, including contraception, and helps  
12 families and communities throughout the state by allowing Coloradans to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing law.*  
*Dashes through the words or numbers indicate deletions from existing law.*

1 choose if, when, and how they start their families; and

2 WHEREAS, Family planning services reduce rates of unintended  
3 pregnancies and maternal and infant mortality and morbidity; providing  
4 access to these vital services helps people attain a higher level of  
5 education and employment, reducing their economic insecurity, and this  
6 access has been linked to better mental and physical health outcomes for  
7 children and families; and

8 WHEREAS, In Colorado, Black birthing people are two times  
9 more likely, and American Indian and Alaska Native birthing people are  
10 three times more likely, to die during childbirth or within one year  
11 postpartum compared to their white counterparts; equitable access to  
12 family planning services is essential for these communities in light of the  
13 health risks associated with giving birth due to systemic racism and  
14 discrimination; and

15 WHEREAS, Colorado's Family Planning Program, which is  
16 funded by Title X and run by the Colorado Department of Public Health  
17 and Environment, also known as CDPHE, provides comprehensive  
18 reproductive health care to Coloradans at 80 clinics across the state and  
19 prioritizes individuals who are uninsured and have lower incomes; and

20 WHEREAS, According to the federal Office on Women's Health,  
21 "teen mothers and their infants are at increased risk for lifelong health  
22 problems and social and economic challenges"; between 2009 and 2020,  
23 the birthrate for females in Colorado between the ages of 15 to 19 fell by  
24 64%: This is important progress that Colorado must continue to build on;  
25 and

26 WHEREAS, Since the United States Supreme Court overturned  
27 *Roe v. Wade* in 2022, in a landmark case now known as the Dobbs  
28 Decision, communities across the country are experiencing a significant  
29 decrease in access to reproductive health care, including family planning  
30 services, and Colorado has stepped up to provide timely care for all who  
31 need it; and

32 WHEREAS, However, even before the Dobbs Decision, Title X  
33 program funding was not where Colorado needed it to be; available  
34 funding only allowed health-care providers across the state to serve fewer  
35 than half of the more than 93,000 women in Colorado who CDPHE has  
36 estimated need access to its services, and this means that 50,000

1     Coloradans go without these vital reproductive health services, an  
2     estimated \$20 million in unmet needs; and

3             WHEREAS, The increased need for services in Colorado  
4     following the Dobbs Decision has placed more strain on our reproductive  
5     health-care safety net; providers, clinics, and communities statewide are  
6     struggling to meet this need, and, without additional funding, access to  
7     family planning services will continue to be out of reach for many,  
8     especially for people of color and those who live in rural areas; and

9             WHEREAS, CDPHE estimates that it needs \$404 to serve each  
10    family planning client; research has shown that this investment in each  
11    client saves millions of dollars in federal programs like Medicaid; the  
12    Supplemental Nutrition Assistance Program, or SNAP; the Special  
13    Supplemental Nutrition Program for Women, Infants, and Children, or  
14    WIC; and others; and

15            WHEREAS, By investing additional funding into this proven  
16    program, Colorado can continue to improve maternal and infant health,  
17    avoid significant costs to Medicaid, maintain the Title X program's  
18    success in decreasing unintended pregnancies, and ensure that Coloradans  
19    across the state have access to the care they need; now, therefore,

20            *Be It Resolved by the Senate of the Seventy-fourth General*  
21    *Assembly of the State of Colorado, the House of Representatives*  
22    *concurring herein:*  
23

24            That Colorado declares the state's commitment to adequately  
25    funding the Title X program in order to provide comprehensive  
26    reproductive care to Coloradans across the state and to decrease the  
27    number of unintended pregnancies statewide, leading to better health and  
28    economic outcomes for our children, families, communities, and state.

29            *Be It Further Resolved,* That copies of this Joint Resolution be sent  
30    to the Colorado Children's Campaign; the Colorado Department of Public  
31    Health and Environment; COLOR Latina, the Colorado Organization for  
32    Latina Opportunity and Reproductive Rights; Denver Health; and Planned  
33    Parenthood of the Rocky Mountains.