

May 5, 2021



FREEDOM FROM SEXUAL VIOLENCE

Esteemed Members of the House Health & Insurance Committee,

The Colorado Coalition Against Sexual Assault (CCASA) submits this written testimony in support of Senate Bill 142 Health Care Access in Cases of Rape and Incest. Senate Bill 142 is a step toward equity for survivors who deserve to access whatever care they need, whenever they need it, without arbitrary restrictions adding layers of complications.

Per our state constitution, patients using Medicaid are only able to access covered abortion care if they are victims of sexual assault, incest, or their life is endangered. Because of a law from the 1990s, we require Medicaid-covered abortion care to be performed in a hospital by a physician, rather than by a licensed provider, as is the case for everyone else. There is only one provider in the entire state that meets this criteria, and it is located in the Denver metro area.

That means if you live in parts of rural Colorado, you are a day's drive — each way — or an expensive plane ride away from accessing covered abortion care. This essentially penalizes survivors who live outside the Denver metro area and creates an arbitrary, medically unnecessary barrier to the care that is their human right.

The restrictions to abortion-care access for patients using Medicaid do not result in better care. They simply add complications and delays that can result in survivors needing to navigate travel logistics and funds, child care, lodging, and time away from work and missed pay, adding layers of barriers they must overcome — all this after experiencing sexual violence. This is not how we show survivors support, and it does not represent our most deeply-held Colorado values.

Survivors who live in rural areas should be given the same access and treatment as someone with private insurance or the means to pay out of pocket for care. They deserve the same access, respect, and dignity as any other patient. They should be able to use their coverage to be treated in the comfort of their home community — or certainly, at least nearby — by the appropriate licensed provider.

For these reasons, CCASA urges a yes vote on Senate Bill 142. If you have any questions or would like additional information, please email me at [brie@ccasa.org](mailto:brie@ccasa.org).

Sincerely,

Brie Franklin  
Executive Director

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. Additionally, I am currently 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.

Before joining Interfaith, I worked for more than fifteen years in the social services field. I worked for more than ten years in a shelter for survivors of sexual assault and individuals who had experienced domestic violence.

Under current law, sexual assault survivors on Medicaid have no options for covered abortion care outside the Denver metro area. Those who live in rural areas are more likely to be on Medicaid and often have limited social and financial safety nets. People in rural areas already have to travel farther to receive basic healthcare and services. This bill would address this disparity as individuals traveling from rural areas must currently use more of their time, spend more money to travel, may need to take time off work, and get childcare. All of those additional factors contribute to a delay in their access to care. This bill will significantly impact people of color and single parents who are commonly low income and living in under-resourced communities by focusing on individuals who are receiving Medicaid, half of which are minors. I take seriously the call to care for those who are cast aside and harmed. This is a tenant held across many faith traditions such as Christians, Jews, Muslims, Budhists, and it is held as a value by those who do not adhere to particular faith teachings.

Most faith traditions also 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. The Interfaith Alliance of Colorado brings people together in our belief that an individual has the right to choose if and when to parent. This decision that people must make is often based on their faith, financial means, support systems, and access to resources. However, it is only a choice when the services and support to prevent pregnancy, terminate a pregnancy, or have a healthy pregnancy are accessible.

This bill demonstrates a thoughtful understanding of the difficulties that a survivor faces in seeking essential health care. It places the needs of survivors at the forefront. If passed, SB 142 would provide individuals who are on Medicaid with greater access and would counter the systemic barriers that persist in our community. This bill is an opportunity to focus on addressing the economic and racial inequities pervasive in our society that lead to a delay in care.

For all of these reasons, I urge you to vote YES on SB 21-142. Thank you for your time and consideration.

Dear House Health and Insurance Committee Members,

My name is Lindsey Breslin. I am representing myself as a licensed clinical social worker, who has worked in the field of sexual violence for the past 25 years.

I am submitting my written testimony on SB21-142 Health Care Access Cases of Incest or Rape

I am in support of this measure to remove certain restrictions to abortion related services for survivors of sexual violence who are on Medicaid.

Every year I speak to hundreds of survivors of sexual violence. Sexual violence can happen to anyone and all survivors deserve equitable access services following an experience of sexual violence, including abortion care. However, we treat survivors of lower socio-economic status on Medicaid differently than survivors of higher socio-economic status who can pay out of pocket or who have private insurance to access abortion services. Survivors of sexual violence should have equitable access to abortion services closer to home by removing the restrictions on the type of facility and the type of provider who can provide that care.

Research in the field of psychology and sexual violence documents the significant psychological trauma sexual assault survivors experience and this has been borne out through my own work experience working with survivors. Survivors of sexual violence have their agency and control taken away from them during this act of violence. Any interactions following an experience of sexual violence should be one to help restore that control and agency to the survivor. By limiting the access to abortion services to only one facility in the Denver Metro area, we are continuing to strip away Colorado survivors' control and agency, adding to their psychological trauma and delaying their recovery.

Resources for survivors of sexual violence need to be directed to their healing process. By limiting their access to abortion services, we are placing an additional burden on survivors to use limited resources for childcare, travel, lodging and food to travel to come to Denver. Survivors may also have to miss additional days of work due to long travel. Survivors of sexual violence may also feel that they need to disclose their experience of sexual violence when asking friends and family for assistance with costs to travel or childcare, whereas they may not have disclosed their experience if they were able to access abortion services closer to home.

In closing, I ask you to create equitable access to abortion services for Colorado survivors of sexual violence who have Medicaid, help return their control and agency, reduce their financial and psychological burden, and support them in their healing process by supporting SB21-142. Thank you for the opportunity to submit my written testimony.

Best,

Lindsey Breslin, LCSW

**Selina Najar**  
**Political Director**  
**Cobalt**  
**SB21-142: Health Care Access In Cases Of Rape Or Incest (SUPPORT)**  
**May 5, 2021**  
**House Health & Insurance Comm.**

Thank you, Madam Chair and members of the committee for taking the time to read my testimony. My name is Selina Najar and I serve as the Political Director for Colorado's abortion rights organization, Cobalt. I am submitting testimony in support of SB142.

Survivors of sexual assault or incest should unequivocally be able to receive the healthcare they need - in the community they live in.

I was born and raised in Grand Junction. I have also lived in Delta, Montrose, Eagle, and Routt counties. And I have worked in 33 of Colorado's 64 counties over the last several years. I note the wide swath of Colorado's communities that I have lived and embedded myself in because doing so has allowed me the opportunity to gain a deep, authentic understanding of what it means to live in rural regions of the state - from high mountain communities that are tourist-destinations to former coal-mining economies that have long-forgotten about the families who once prided themselves in "keeping the lights on."

Despite the distinct differences across each town and each county, a commonality of living in a rural community is a visceral understanding of how difficult it can be to access *any* healthcare service. For example, in Paonia - a town of 1,300 in eastern Delta County - reaching a hospital means an hour and a half drive, one-way, assuming clear weather.

In addition to potentially cumbersome distances for a health care visit, rural Coloradans face the double-whammy of significantly higher insurance premiums than do Denver Metro area residents, compounded with higher rates of both poverty and unemployment.

According to the Colorado Rural Health Center's 2019 'Snapshot of Rural Health in Colorado,' the median household income in rural communities is 29% lower compared to urban areas; in 40 of the state's 64 counties, more than 40% of families are rent burdened; and about 26% of rural Coloradans are enrolled in Medicaid.

And speaking to the heart of this bill: under current statute, sexual violence survivors on Medicaid have **no** options for covered abortion care outside the Denver metro area. Counties outside of the urban area are home to nearly three-quarters of a million Coloradans.

And when you consider *any* instance of a sexual assault or incest survivor who is enrolled in Medicaid and seeking abortion care finding out that they must now travel several hours one way to do so - **that** is the reason SB142 must be passed.

**I urge a yes vote on this bill.** Thank you for your time.

In Opposition to SB21-142  
Health Care Access in Cases of Rape or Incest

My name is Tom Perille. I am a physician and President of Democrats for Life of Colorado. Today I speak in opposition to SB21-142.

This bill would prioritize access to abortion services over the safety of women. State government's highest priority is for the protection of its citizens. This bill flies in the face of that mandate.

To address the issues raised by this bill legislators should first acknowledge the epidemiology of abortion for rape and incest. Since Colorado does not collect reliable abortion surveillance data, we need to look at similar size state with similar demographics to fully understand the magnitude of the issue. Minnesota has a robust abortion surveillance system and has a nearly identical population as Colorado.<sup>1</sup> In Minnesota there were 9034 total abortions in 2019 and 87 were performed for rape or incest which represents 0.9% of the total abortions. Assuming 15% of the population is rural, this means that approximately 13 abortions are pursued in rural areas for reasons of rape or incest. (Rural reports of rape are actually a fraction of those reported in urban areas so this may be a significant overestimate). Based on national rape victimization rates by family income, approximately 40% of rape victims would qualify for Medicaid.<sup>2</sup> This would translate into 35 rape victims across the state who might utilize Medicaid services to obtain an abortion or 5 women from rural areas.

The current law dictates that these abortions should be performed in licensed facilities by a physician.<sup>3</sup> This is not a burdensome regulation. Colorado currently licenses general hospitals, psychiatric hospitals, community clinics, rehab hospitals, convalescent centers, community mental health centers, acute treatment units, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, and home care agencies.<sup>4</sup> Abortion clinics are not required to be licensed but the state provides any clinic the ability to apply for licensure/certification. This should be the way abortion access to Medicaid abortions is increased and not by lowering the standards for safe abortion care.

But why would we be concerned about abortion safety? Isn't abortion care always safe and the only problem is access? The short answer is no. First trimester abortions are reasonably safe when compared to other common out-patient surgical procedures, but second trimester abortions pose substantial risk to the health and life of pregnant women.<sup>5</sup> They are riskier than virtually any other out-patient surgical procedure. And second trimester abortions are more common for rape/incest victims.<sup>6</sup> This means that a significant number of women who present for abortion for rape/incest would be subjected to unsafe, unlicensed, and unregulated care.

Please don't let your zeal for abortion access override prudent and safe medical care in Colorado. Don't revictimize women who have already been traumatized by rape or incest. Vote NO on SB21-142.

Thomas J. Perille MD FACP FHM  
President, Democrats for Life of Colorado

References:

- 1) Induced Abortions in Minnesota January – December 2019: Report to the Legislature; Minnesota Department of Health.
- 2) Criminal Victimization in the United States, 2006 Statistical Tables; US Department of Justice August 2008 NCJ 223436
- 3) Provider Bulletin B1900437, October 2019. Physician Services – Abortion Services Update: 17-18. Colorado Department of Health Care Policy and Financing.
- 4) Colorado Revised Statutes Title 25. Health CRS 25-1.5-103. Health facilities -powers and duties of department – limitations on rules promulgated by department – definitions.
- 5) Perille, T, “Why Support Prop 115”. Democrats for Life of Colorado Blog, September 2020.
- 6) Perry R, et.al., Prevalence of rape-related pregnancy as an indication for abortion at two urban family planning clinics. Contraception 2015; 91: 393-397.