

## In Opposition to SB25-183 – Coverage of Pregnancy Related Services

My name is Tom Perille. I am a physician and President of Democrats for Life of Colorado. I am here in opposition to SB-183.

I am opposed to employing taxpayer money to fund elective abortions. However, I am not here to relitigate Amendment 79. The voters have spoken.

I would rather spend my time discussing the bizarre fiscal note and how it would never pass muster as a piece of evidence-based medical analysis. It clearly is intended to provide budget cover for a bill that markedly increases Medicaid costs to the state at a time when we are facing an immense state budget deficit. It shows lawmakers' priorities at a time that maternity deserts are a widely acknowledged problem in Colorado, partly because of poor Medicaid compensation for pregnancy services.

The first error is that the fiscal note uses a very small study from Louisiana with profound methodological flaws to determine how many pregnant women on Medicaid would choose abortion if Medicaid paid for elective abortion – thereby “averting” a pregnancy and saving Medicaid dollars.

The Louisiana study bases their conclusion on 12 pregnant women on Medicaid. These women answered “yes” to the question “Have you considered abortion for this pregnancy even for just one second?”. They then were asked the question “Was Medicaid not paying for abortion part of why you have not had an abortion?”. If they answered “yes” again, then the researchers concluded that those women would have had an abortion if Medicaid covered it. This represents 12 women (7.2%) out of a sample of 167 Medicaid women in Louisiana. Using this figure they derive the 30% estimated increase in “averted” births. This totally ignores that fact that of these twelve, only 2 women (1.2% of pregnant Medicaid women interviewed) still wanted an abortion at the time of the prenatal interview. It also ignores the fact that Louisiana's NGOs provide minimal abortion fund assistance to low-income women which is in stark contrast to Colorado where robust abortion funding exists. This is a gross mischaracterization of the findings and invalidates the figure used in the fiscal note.

It estimates that there would be 835 births averted if Medicaid paid for elective abortions. However, the literature shows that the actual increase in births in states which ban abortion is one for every 1000 women of child-bearing age. Banning abortion is a much greater disincentive to abortion than self-pay/private funding for low-income women. Using the figure gleaned from states with abortion bans, even if you counted 1/3 of the 1.2 million Colorado Medicaid patients as women of childbearing age, you might see 400 “excess” births if you treated current abortion funding restrictions as a “ban” – nowhere

near the 835 projected figure. It simply is not credible in a state with generous private abortion funds like Colorado, that we would see anything near 400 additional Medicaid births without public funding for abortion, much less 835.

To further compromise the fiscal note's objectivity, they offset the cost of paying for abortion with the costs of birthing services. Even if you ignore the flawed analysis that suggested an artificially high number of women who would avert an expensive birth, the analysis disregards the additional Medicaid costs for women who choose abortion.

When a women receiving Medicaid benefits aborts her child rather than carrying to term, we know she is not foregoing future pregnancies that are carried to term. This shifts the birthing costs to an older age which is associated with increasing healthcare costs for both the mother and her infant child. Older women incur additional Medicaid costs because of increasing incidence of pregnancy complications including gestational diabetes, preeclampsia, and preterm birth. It ignores the additional impact of surgical abortion on future premature births which dramatically increases Medicaid costs – not to mention maternal and infant mortality. It also does not adjust for additional mental health services for post-abortive Medicaid women – which has been demonstrated in countries with national health registries which can closely track abortion and resulting morbidity/mortality - including mental health disorders.

Let's be honest. This bill will cost Medicaid millions in additional costs. It will shift payment for abortion services from private abortion funds to the state of Colorado. It will encourage even more abortions - to be paid for by the state. It will not save Colorado a penny as the flawed fiscal note suggests.

At a time when we are trying to better deploy our Medicaid funds to improve the health and lives of lower income people, you should soundly reject SB-183.

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