

Dear Madam Chair and Members of the Senate Judiciary Committee,

My name is Rosemary Rader and I am retired community college chemistry instructor. I serve as a board member of the Northern Colorado chapter of the National Organization for Women. I am writing to urge you to **support SB25-183**.

Some forty years ago one of my sisters had an ectopic pregnancy and would have died without immediate surgery. She never told our parents about this since they strongly opposed abortion. For my sister, abortion care was health care that saved her life. Fortunately, she had access to this care which might have been delayed or denied to her today had she lived in a different state.

I and many others worked very hard to both gather petition signatures to put Amendment 79 on the ballot in Colorado and then for its passage by voters. I am grateful that abortion is now recognized as a right in our state. However, having the **right to abortion care** is not the same as having **access to abortion care**, so it is very important that Amendment 79 also ensures that public servants and Medicaid enrollees will no longer have to pay out-of-pocket for abortion care.

I am very proud to support SB25-183 and ask you to do the same. **Please vote YES for SB25-183.**

Thank you for the work you do for the citizens of Colorado.

Sincerely,

Rosemary Rader
Fort Collins, Colorado



March 2025

To: Members of the Senate Judiciary Committee

Re: Letter in Support of SB 183—Coverage for Pregnancy Related Services

Dear Committee Members:

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women around the world since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy. More than 700 community leaders are members of AAUW branches around Colorado.

Since the 1960s, Colorado has recognized and protected women's rights in regard to abortion. In 2024, we passed Amendment 79 to further secure these rights in our Constitution. SB 183 will codify these rights in our statutes, and provide additional protections.

For these reasons, AAUW of Colorado strongly supports Senate Bill 183 and requests your AYE vote in committee and throughout the legislative process.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive, flowing style.

Su Ryden

AAUW of Colorado Public Policy Co-Director

Suryden25@gmail.com • 16699 E. Kentucky Ave. • Aurora, CO 80017 • 303.898.5797

American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.

The impact of cost barriers on Colorado young people seeking abortion

Kate Coleman-Minahan, University of Colorado College of Nursing

Mar Galvez Seminario, Stony Brook University

In November of 2024, Coloradans voted to remove the ban on state funding of abortion care. States that have implemented state Medicaid coverage of abortion have seen [increased access](#) to abortion care, [especially among people of color](#). As Colorado policymakers decide whether to change state statute to align with Amendment 79, as proposed in Senate Bill 25-183, we provide new scientific evidence on the barriers Colorado young people experienced due to the state funding ban. We conducted in-depth interviews with 31 Colorado young people, 15-22 years old, who obtained (n=28) or considered an abortion (n=3). Most participants (84%) identified as women of color and most (79%) had Medicaid or were uninsured.

Even with financial support from others, cost is a barrier for many young people

Among the participants who obtained an abortion, most (22/28; 79%) received abortion clinic funding and/or financial support from a partner or family member. Even with financial support, most participants (26/31; 84%) reported challenges to affording care. Among the five participants who did not report any challenges, only one reported she did not receive any financial support.

Many participants worried about paying for the abortion. Maribel said: "It was quite out of our budget, what we were trying to pay." Echoing Maribel, Maliyah recalled "At the time, because I was working part-time on and off in both places, it still seemed like a lot. It still seemed like the majority of one of my paychecks, and it was more than my rent at the time." Some participants were worried cost would prevent them from getting an abortion. Kenna described, "If I wouldn't have had my exes help, I don't know how I would've paid for it." Similarly, Krista said, "It [cost] almost prevented me from getting one." Other participants recalled the hardest part of their entire abortion experience was "the price." Mollie recalled the moment she was told the cost: "It was kind of like a 'damn' moment. It was a lot, but also, having the kid would have been a lot more." When she found out she had miscarried at the abortion appointment, she said she was "happy about it because [she] didn't have to spend that much money."

Young people experience negative consequences of cost barriers

Cost barriers limit young people's options for abortion care

Several participants described how affordability determined where they could find abortion care. Chana, who has Medicaid, had to cancel her first appointment because "it was like \$600 and that wasn't even plus tax or anything else that was gonna come with it, so I was just like, yeah I got to find something else." She chose another clinic "based off of price because I hated the fact that I had to pay for it in general. I was just like, ugh, insurance doesn't cover this." Some participants chose a medication abortion over a procedure solely because it was cheaper. Others reported that if the clinic hadn't covered some of the cost, they may not have been able to afford sedation for their procedure. Taryn recalled the clinic covered "the drugs and stuff cause... if you wanna be induced, you know knocked out, you have to pay for like IVs and stuff like that" and having sedation allowed her to be "more comfortable."

Cost barriers lead to compromising basic needs

Several participants described compromising their basic needs to pay for the abortion. When she learned that "Colorado wasn't one of the participating states" that accepted Medicaid, Isabelle had to save money for the abortion "in priority of everything else." Similarly, Natalie hoped to find a payment plan

“cause like that’s my whole check, like how am I gonna live for two weeks? Like they can’t do that no, no, no, no.” Sixteen-year-old Zariah was unhoused and living in hotels with her single mother, who had terminal cancer, when she found out she was pregnant. She described having two to three weeks to come up with \$667. Even after financial support from her mother and her boyfriend, she had to “scammer to make the money” and “put like every single dollar that I had into it.” She, and her mother with cancer, had to remain unhoused longer because she had to pay for the abortion: “I had to use some money I had put up— that’s why like these hotels are like— I ended up having to stay in them longer because money that I had put up for a place.”

Cost barriers lead to rushed care seeking and pregnancy decision-making

The cost of abortion care increases as weeks gestation increase. Young people may have to rush to come up with the money for the appointment, like Zariah, or feel rushed to make their pregnancy decision. Chloe recalled “The more weeks that you are, the more the price goes up. So, I had to make a decision fast.”

Cost barriers force unwanted pregnancy and abortion disclosure to others

Several participants experienced unwanted pregnancy and abortion disclosure when they had to ask people they didn’t want to tell about the pregnancy for help to pay for the abortion. Unwanted abortion disclosure is associated with negative [mental health outcomes](#), and for Carla, a 21 year old mother of two, may have resulted in being denied a wanted abortion. Carla could not afford \$300-\$400 for an abortion: “My rent was already like \$1,300 a month and I had just moved in and like with two kids. So yeah, it would’ve been hard to, you know, put that into my expenses.” When she asked her boyfriend for help, he not only refused, he also disclosed the pregnancy her parents who coerced her into continuing her third pregnancy by threatening to cut off financial support for her existing children. Carla wonders if she could have had the abortion if she didn’t have to pay for it on her own: “[Medicaid coverage] would be really useful for someone, or for me at the time if I would’ve gotten it [abortion], cause then you wouldn’t have to ask for support. Like in my mind, I asked my baby’s father to help me pay for it.” Among the range of consequences of being denied a wanted abortion are poorer [physical health](#) and poorer [parent-child bonding](#). Indeed, Carla’s pregnancy was “high-risk” because the “baby was not growing.” After giving birth, she described “having a hard time bonding. I mean, I have bonded with my baby, but it’s kind hard ‘cause I’m like depressed all the time and I already have to take care of two babies.”

Conclusions

In our study with Colorado young people, we found that most participants experienced challenges affording abortion care even after receiving financial support from partners, family members, and/or abortion clinic funding. Even with financial support, some young people’s lives were negatively impacted by paying for the abortion, including: Having their choice of abortion provider and abortion method limited; having their basic needs, like housing, compromised; feeling they must rush their pregnancy decision; and risking unwanted abortion disclosure. For some participants, the cost of abortion care threatened their ability to obtain a wanted abortion. Medicaid coverage of abortion would help eliminate these negative consequences for some Colorado young people.

About the study. Data are presented with pseudonyms. The Colorado Multiple Institutional Review Board approved the study. We received funding from the Society of Family Planning (SFPRF14-MA2) and the University of Colorado College of Nursing. Administrative support was provided by the University of Colorado Population Center, Eunice Kennedy Shriver National Institute for Child Health & Development (2P2CHD066613-06). The views expressed here are the authors’ own and not those of the University of Colorado.

Good afternoon. My name is Dr. Kate Coleman-Minahan. I am an associate professor at the University of Colorado College of Nursing. I am speaking on behalf of myself.

I lead a research study exploring young people's access to abortion in several states, including Colorado. In our research brief, we use Colorado young people's own words, most who have Medicaid or are uninsured, to describe cost barriers to abortion in **support of SB25-183**.

Consistent with decades of research, we found that even after financial support from a partner, family member, or abortion clinic funding, most participants faced challenges to affording care. One young woman said the cost "almost prevented her from getting an abortion" and others described the hardest part of the abortion experience was the cost. Several participants explained how cost limited where they could find care and their choice of abortion method.

Some participants had to compromise their basic needs to pay for the abortion. When one participant learned Colorado Medicaid won't cover abortion, she had to save money "in priority of everything else." Another said the cost was more than her rent. A 16-year-old with Medicaid reported that she and her mother with terminal cancer had to stay unhoused, living in hotels, longer, because she had to use her savings on the abortion.

Several participants had to tell people they didn't want to know about the pregnancy, because they needed help paying for the abortion. Unwanted disclosure is associated with negative mental health outcomes, and for one of our participants, may have resulted in being denied a wanted abortion.

When a 21-year-old mother of two asked her boyfriend to help pay for the abortion, he disclosed the pregnancy to her parents, who coerced her into continuing the pregnancy by threatening to cut off financial support for her two children. Wondering if she could have had the abortion, she explained that Medicaid coverage would mean "she wouldn't have to ask for support from others."

As a nurse practitioner, I have seen the devastated look on patients' faces when I tell them that Medicaid won't cover abortion. And as Colorado voters made clear, no one should be forced to choose between housing and an abortion or be denied essential health care due to cost. **Please vote YES.** Thank you.

Good afternoon Chair and members of the committee. My name is Melisa Hidalgo-Cuellar, I am the Director of the Cobalt Abortion Fund. I am writing today to ask for your yes vote on SB183, Coverage for Pregnancy-Related Services.

I have worked in abortion access for over 6 years; first in-clinic at a Colorado abortion clinic, and now with Cobalt. There are two things I want to highlight today from my time working in abortion access – one, is that even though abortion care is available throughout different parts of our state, it is completely inaccessible to many Coloradans due to financial barriers; two, is that the Coloradans support increasing access and protections to abortion care in Colorado.

In my role working at the Cobalt Abortion Fund, I have the wonderful opportunity to speak with abortion seekers. Something I still find hard to believe to this day is how inaccessible abortion care is for our Colorado clients.

Of the almost 3,000 clients we provided direct financial support to for abortion care in 2024, more than 52% of those clients were Colorado abortion seekers. This data point means that without funding support, 1,500 Coloradans may not have been able to access this healthcare because their insurance would not cover this care.

What this data does not include are the many abortion seekers that may not have been able to receive care since they were unaware of the financial assistance available through Cobalt Abortion Fund. By supporting this bill, you are directly supporting your constituents in being able to overcome financial barriers and access important, time-sensitive healthcare.

Coloradans widely support access to abortion care. We know this because people from every part of the state signed petitions in favor of adding Amendment 79 to the Colorado State Constitution at astounding levels. The campaign submitted over 250,000 signatures.

Coloradans want to increase access to abortion care in this state, and they know that Amendment 79 would do that by decreasing barriers to access for themselves, their family, and their neighbors.

I urge you to vote yes on SB183 to echo the voice and the will of your constituents. I urge you to vote yes on SB183 to support your constituents in accessing the healthcare they want and need. Thank you.

To: Members of the Senate Judiciary Committee

From: Allison Irias

SUPPORT: SB25-183 - Coverage for Pregnancy-Related Services

March 5, 2025

Good Afternoon Madam Chair and Members of the Committee,

My name is Allison Irias. I am a proud first generation student, a daughter of immigrants and a young person who relies on Medicaid to stay healthy. I am grateful to have Medicaid, but navigating the healthcare system - especially reproductive care - can be extremely difficult at times. Long waitlists, limited appointments, and a lack of providers make it challenging to access the care I need. Reproductive healthcare is essential, and it should be accessible to everyone, including Medicaid recipients like myself, which is why **I ask for a 'yes' vote on Senate Bill 183.**

Senate Bill 183 would allow people like me - young, low income, Medicaid recipients to have freedom over my own healthcare choices. I have also never had a women's wellness visit with an OB/GYN because I cannot find a provider near me who takes Medicaid with available appointments. I know how important it is to take care of my reproductive health, but a lack of providers with limited availability has made it impossible.

Currently, Medicaid does not cover abortions, meaning that if I ever needed one, I would be on my own. **I'd be forced to choose between affording an abortion or keeping up with basic living expenses.** As a student, I'm already balancing school while working two jobs just to afford tuition and essential needs. On top of that, I am saving up for LSAT prep and law school applications - expenses that add even more financial strain. Paying out of pocket for an abortion would set me back significantly, forcing me to choose between my education and my healthcare. No one should have to make that kind of choice.

Growing up in a Latino household, I feared an unplanned pregnancy and what it would mean for me, my family, and the implications it would have. I feared barriers in the healthcare system that make it difficult for people like me to access to abortion care.

This past November, it was my first time voting in the General Election and on ballot measures. I proudly voted YES on Amendment 79. Abortion access for all matters. No one should be denied care because of their income, insurance or where they live. Amendment 79 isn't just a policy - it's a protection. **It ensures people like me aren't left without options. I urge you to vote yes on Senate Bill 183 to ensure that Medicaid recipients and community members across the state have access to the reproductive healthcare they deserve.** Thank you.