

In Opposition to SB25-183 – Public Funding for Elective Abortion Services

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

I am opposed to taxpayer-funded elective abortions. However, I am not here to relitigate Amendment 79.

There is an abundance of reasons to oppose 183:

- 1) Our state budget is more than 1 billion in the red. Medicaid is the biggest driver of the deficit.¹
- 2) SB 183 will ensure that we spend millions of precious Medicaid dollars on elective abortions according to the fiscal note.
- 3) Currently, the National Abortion Federation and the Cobalt Abortion Fund spend millions of dollars providing abortion funding to low-income women in Colorado.² SB 183 will simply shift the funding of abortion from these private sources to the state budget.
- 4) The fiscal note utilizes a methodologically flawed and tiny study from Louisiana to estimate how many women would pursue abortion if state funding was provided.³ It would be laughable if it wasn't so sad that the Legislative Council relies on 12 pregnant women (representing 7.2% of the women surveyed) in Louisiana to predict Medicaid costs in Colorado. It gets even worse because according to the Table 2 in the study, only 2 women (1%) of the Medicaid eligible pregnant women surveyed would have pursued abortion rather than continue their pregnancies if the state paid.
- 5) In contrast to Colorado, Louisiana does not have the private abortion funds to pay for low-income women's abortions. This means that the Legislative Council's estimate is useless. It is likely that state funding will have a negligible impact on a low-income women's choice.
- 6) The Legislative Council attempts to make the case that state funding of elective Medicaid abortions will save the state money. This analysis is so simplistic that it insults the intelligence of lawmakers who earnestly wish to understand the implications of state funding on the Medicaid budget.
- 7) The cost savings are premised on comparing the costs of providing abortions to the costs of birthing services. The Legislative Council relies on "averted births" to conclude that the state will save money. This represents fiscal malpractice since it doesn't factor in several critical factors: a) many of the early elective abortions would have resulted in natural miscarriages which would reduce the "cost savings", b) the "averted births" should more properly be characterized as "delayed births" since most of these women will later have pregnancies (and additional abortions) – we know that complications are directly related to the age

at the time of the pregnancy and consequently, these delayed births may actually substantially increase Medicaid costs through more pregnancies complicated by gestational diabetes, preeclampsia, and premature births, c) surgical abortions result in cervical damage and premature birth in subsequent pregnancies – markedly increasing Medicaid costs through high expenditure NICU care⁴, d) Colorado abortionists perform a disproportionate amount of late surgical abortions⁵ which has a greater impact on the risk of premature birth in subsequent pregnancies and the related increase in Medicaid costs, e) there is robust evidence that abortion increases the demand for mental health services which increases Medicaid costs over an extended period⁶.

- 8) The Legislative Council predicts 835 “averted births” which is implausible. A study which assessed the effects of abortion bans (which is a much greater impediment to abortion access than lack of public funding) demonstrated one additional birth for every 1000 women of child-bearing age.⁷ There are 1.2 million Colorado Medicaid patients. Even if 1/3 of these patients were women of child-bearing age (which is a gross overestimate), you might see 400 excess births if there was a ban on abortion in Colorado. It simply is not credible in a state with generous private funding for abortion, that we would see anything near the 400 additional Medicaid births without SB 183 and public funding.
- 9) Abortions in Colorado are performed at facilities with no state oversight which increases the risk of preventable complications and associated Medicaid costs.
- 10) Medicaid elective abortions disproportionately impact black women – with a rate 3-4 times greater than white women. Just today, the Annals of Internal Medicine published a study that demonstrates an enduring infant mortality gap based on race.⁸ It is safe to assume that by encouraging abortion in black women through state funding, we are contributing to the scourge of black infant mortality.

Contrary to what the flawed fiscal note suggests, 183 will cost Colorado Medicaid millions of dollars in additional costs which must be taken from other deserving medical services – including funding pregnancy services in maternity deserts.

At a time when we are cash strapped and trying to deploy our Medicaid funds to improve the health and lives of lower income women and their families, you should soundly reject SB25-183.

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References:

- 1) Eason B, Colorado's budget hole is now 1.2 billion, as Medicaid costs climb. Colorado Sun February 25, 2025. Accessed March 24 at <https://coloradosun.com/2025/02/21/colorado-state-budget-hole-medicaid-costs-continue-to-climb/>

- 2) Phillips N, Colorado's largest abortion fund will cap the amount of money it spends to help women travel for care. Denver Post August 15, 2024. Accessed on March 24 at <https://www.denverpost.com/2024/08/15/colorado-cobalt-abortion-fund-budget-issues/>
- 3) Roberts SCM, et.al., Estimating the proportion of Medicaid-eligible pregnant women in Louisiana who do not get abortions when Medicaid does not cover abortion. BMC Women's Health 2019; 19: 78.
- 4) Mitrogiannis I et.al., Risk factors for preterm birth: an umbrella review of meta-analyses of observational studies. BMC Medicine 2023; 21:494.
- 5) Colorado Department of Public Health and Environment, Reported Induced Termination of Pregnancies 2023, Accessed March 24, 2025 at: https://docs.google.com/spreadsheets/d/1NhyJ4_xrrjWxKKzCxRszD0VVeK8iWgHN/edit?pli=1&gid=1733102440#gid=1733102440
- 6) Studnicki J et.al, A Cohort Study of Mental Health Services Utilization Following a First Pregnancy Abortion or Birth. International Journal of Women's Health 2023; 15: 955-963.
- 7) Bell SO, et.al., US Abortion Bans and Fertility. JAMA February 13, 2025.
- 8) Paternina-Caicedo A, et.al., Excess Mortality Rate in Black Children Since 1950 in the United States: A 70-Year Population Based Study of Racial Inequalities. Annals of Internal Medicine published on-line March 25, 2025.