



March 2026

To: Senate Health and Human Services Committee

Re: AAUW SUPPORTS SB008--Mental Health Access

Dear Committee Members,

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women 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.

Colorado has made progress over the years to improve women's health, including in the area of mental health. Yet, women still face barriers to accessing mental health care. SB008 offers an innovative opportunity for women to receive care via telehealth in numbers never achieved before. By creating a new enterprise to manage the program, and a small fee on internet service, we can bring mental health care to many, many more women in Colorado.

AAUW believes SB008 offers a concept whose time has come, and we urge your YES vote in committee and throughout the process of becoming law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden".

Hon. Su Ryden
AAUW Colorado Advocacy Director

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

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.

To: Members of the House Health and Human Services Committee

From: Christina Tindle, LPC

Re: SB26-008: Mental Health Access

Madam Chair and Members of the Committee,

Thank you for the opportunity to share my testimony. My name is Christina Tindle. I am currently a Licensed Professional Counselor with Vail Health Behavioral Health. I am writing in **support of SB26-008**. Expanding access to mental health services are essential not only for addressing mental illness, but for helping individuals build healthier lives, families, and communities.

My background includes three years of doctoral study, a Master's degree in Clinical Psychology, and a Bachelor's degree in Psychology (Magna Cum Laude) with a minor in Physical Science. I have been a Certified Addiction Specialist since 1982, and much of my work has included individuals experiencing dual diagnoses issues involving substance use and mental health disorders. I am also a Certified Clinical Trauma Professional and a Certified EMDR therapist which helps me guide patients with more severe trauma. Throughout my career in Colorado mountain communities, I have worked in both private practice and for mental health clinics in Steamboat Springs, Carbondale, Aspen, Edwards, and Frisco with individuals facing trauma, addiction, domestic violence, child abuse, and severe depression. Currently, my role involves providing telehealth services to patients across the Vail Valley from Frisco to Gypsum.

I have worked in the mental health field for nearly 50 years. Over these decades I have witnessed many changes in behavioral health care that went from evolving insurance systems to the development of crisis teams and trauma-informed treatment models. What seems to have remained constant, however, is the overwhelming need for accessible and timely mental health care. Depression, anxiety, trauma and violence have all risen as well.

In my years of practice, I have witnessed far too many suicides, overdoses, domestic violence incidents, and psychiatric crises that result in involuntary mental health holds in hospitals that are already stretched beyond capacity. Many of these crises could have been mitigated if individuals had been able to access help earlier.

Access to care remains one of the greatest barriers. Even within established systems such as Vail Health which does accept Medicaid and Medicare, there are not enough therapists, crisis teams, or psychiatric resources to meet the growing demand. Many behavioral health providers are booked three to six months in advance. When someone

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is experiencing emotional distress, being told they must wait months for care can deepen hopelessness and increase risk.

Mountain communities face additional pressures. Research increasingly shows that depression and isolation in mountain towns are significant public health concerns, especially affecting residents from adolescence through adulthood.¹ Anxiety is widespread and often compounded by factors such as high housing costs, seasonal employment instability, and limited local access to mental health professionals.

SB26-008 would help address these barriers by expanding internet-enabled access to behavioral health care. Telehealth has proven especially effective for individuals who lack transportation, face winter travel hazards, are caring for children, or are unable to attend in-person appointments due to illness or work schedules.

Structured, short-term counseling such as the six-session model proposed in this bill, can be highly effective in helping individuals address immediate crises, develop healthier coping strategies, and connect with additional services as needed. Early intervention often prevents situations from escalating into emergency care or hospitalization.

Mental health care is most effective when individuals feel supported, guided, and heard, and when services are accessible at the moment they are needed.

After nearly five decades of serving Colorado communities, usually with limited behavioral health resources, I remain deeply committed to preventive, accessible, and integrated mental health care. For these reasons, I respectfully urge you to **support SB26-008** and help expand access to mental health services for Coloradans in need. Thank you and I am happy to answer any questions.

1. Kious BM, Bakian AV, Zhao J, Mickey B, Guile C, Renshaw PF, Sen S. Altitude and risk of depression and anxiety: findings from the Intern Health Study. *Int Rev Psychiatry*. 2019;31(7-8):637-645.
<https://www.tandfonline.com/doi/full/10.1080/09540261.2019.1586324>

Sincerely,
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To: Members of the **House Health and Human Services**

From: Ms. Kiana Chapman

Re: SB26-008: Mental Health Access

Madam Chair and Members of the Committee,

Thank you for the opportunity to submit testimony today. My name is Kiana Chapman, and I am testifying on behalf of Young Invincibles - Colorado. I am also a Colorado pre-medical student and incoming naturopathic medical student while working in healthcare. I am testifying to urge you to **support SB26-008**, the Colorado Mental Health Access Act.

As a student leader and healthcare professional, I see daily how access barriers prevent adults from receiving early mental health support. Colorado has made progress expanding behavioral health infrastructure, but for many working adults and students, cost, wait times, and provider navigation remain challenging barriers.

I also speak in support of this bill from personal experience. When I relocated to Colorado during a period of instability in my life, I did not have health insurance and urgently needed mental health support. A local scholarship in Summit County allowed me to access therapy during that transition. Without that support, I would not have had the mental health care I needed during a very vulnerable period in my life. Not everyone has access to a local scholarship or a safety net during moments of crisis. SB26-008 creates a statewide structure so that access to early mental health support is not dependent on luck, geography, or temporary coverage status.

Six reimbursed sessions may sound modest, but for someone accessing therapy for the first time, or during a destabilizing life event, those initial sessions can mean the difference between early intervention and crisis escalation. Early access to mental health support has been shown to improve outcomes and reduce progression to more severe mental health crises, strengthening families and communities and reducing strain on healthcare systems.¹ Importantly, this bill centers telehealth access and statewide connectivity. For rural communities, students, caregivers, and working adults who cannot take extended time off work, telehealth is not a luxury, it is access.

Colorado is currently navigating real fiscal constraints. When budgets tighten, behavioral health programs are often among the first areas to face uncertainty. SB26-008 helps address that challenge by creating a sustainable funding structure that supports mental health access without placing additional pressure on the state's general fund.

Mental health access is workforce stability. It is educational attainment. It is public safety. It is family stability. It is health equity. For these reasons, I respectfully urge the committee to **support SB26-008**.

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I am happy to answer any questions. Thank you for your time and consideration.

1. Appleton R, Barnett P, Clarke C, Yang J, Begum S, Edbrooke-Childs J, et al. Approaches to early intervention for common mental health problems in young people: a systematic review. BMC Med. 2025;23:651.
<https://www.sciencedirect.com/science/article/pii/S2772368222001068?via%3Dihub>

Sincerely,

Kiana Chapman

Colorado Undergraduate Student

Youth Advocate | Young Invincibles – Colorado

YOUNG 
INVINCIBLES

SB 26-008 Legislative Testimony

Thank you, Chair Mullica and members of the Committee. I am very grateful to be here today in support of [SB26-008 Mental Health Access](#). My name is Mary Rose Donahue. I work at Boulder High School as a 10th-grade LA teacher and am a Teach Plus Senior Fellow who has researched the impact of mental health on chronic absenteeism. I'm also someone who regularly accesses virtual therapy and, at times in my life, have needed more intensive mental health care.

Because of the loss of my friends as a teenager, students, respected colleagues, and my dad to suicide, I was drawn to this bill due to the vision of care that parallels my own process of healing and recovery. This program allows for accessible, timely support that fits realistically into people's busy schedules.

Mental health care is critical health care. I have seen the amazing work of outgoing Senator Dafna Michaelson Jenet through the IMatter Program, which has had a profound impact on students at our school. Because of investments in mental health in schools and communities across Colorado, the teen suicide rate has reached its lowest rate since [2007](#). At my school, students have access to a wellness center, a mental health advocate, and are referred to free, confidential therapy through IMatter. What has followed is a more resilient and open student body. Students know how to access support, and programs like Sources of Strength have bolstered student resilience.

Let's take a program that works extremely well for students and apply this program to a population that desperately needs more support: adults.

[According to Colorado's Office of Suicide Prevention](#), adults aged 25 to 64 account for the highest rates and numbers of suicide deaths, representing 69 percent of all suicide fatalities.

As you consider this bill, I want to emphasize the importance of timely, prompt care. As a 17-year-old who experienced a parent complete suicide, I myself took years to access therapy due to a perception that therapy would be too time-consuming for my busy schedule. Now, I meet with my mental health team regularly in a fully virtual format, allowing for authentic support that fits my needs. Programs like the one proposed in SB26-008 provide an equitable lifeline for adults who may otherwise struggle to find support. The easier and quicker one can access therapy, the better.

As a teacher with a busy schedule, telehealth is the only way I can access therapy within my day. I firmly believe that SB26-008 will increase adults' access to mental health care by building on a program with a proven track record of success: IMatter. As we support students in building resilience, let us also foster that for our adults across Colorado.