

Senate Health & Human Services

04/02/2026

HB26-1229 Supporting the Human-Animal Bond

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Dara Burwell Amend themselves	<p>I am writing to oppose or request significant amendment of HB26-1229 because it dilutes and minimizes the scale of social determinants of health (SDOH), undercuts their equity basis, and creates negative structural repercussions.</p> <p>SDOH are intended to focus public health attention on structural inequities that are shaped by systems of power that drive life expectancy, disease burden, and population-level disparities. For this reason, Colorado currently recognizes only five SDOH categories.</p> <p>The human-animal bond is already included within the existing SDOH framework, and it does not and should not independently qualify as the 6th standalone SDOH. Elevating it to this level risks signaling that individual, largely voluntary experiences are comparable to systemic inequities.</p> <p>While the human-animal bond can support individual well-being, it simply is not a primary structural driver of health. In fact, factors such as environmental exposure, immigration or citizenship status, justice system involvement, and even the digital divide have far greater implications for health outcomes. Yet none of these are designated as standalone SDOH. Adding the human-animal bond introduces inconsistency in how the state defines and prioritizes drivers of health.</p> <p>This creates practical in addition to equity challenges. SDOH designations inform how state agencies structure data systems, set priorities, and evaluate outcomes. Incorporating this factor would necessitate an overhaul of the state’s health equity plan and would likely make it more difficult to track disparities and align interventions with the most consequential and real drivers of inequity.</p>

	<p>Additionally, state recognition often signals priority to external funders and partners. Establishing the human-animal bond as a standalone SDOH may unintentionally redirect attention and investment toward areas that are not among the most impactful levers for improving population health.</p> <p>This is not a question of whether the human-animal bond has value. It does. The issue is whether statutory SDOH designation is the appropriate mechanism for recognizing that value. In this case, it is not. More targeted approaches, such as programmatic support or a resolution, would allow the state to acknowledge these benefits without weakening the coherence of its public health framework.</p> <p>I urge amendment to recognize these benefits without creating a standalone SDOH category, or opposition if such changes are not made.</p>
<p>Nicole Hurt Amend themselves</p>	<p>I am writing to oppose or request the amendment of HB26-1229, which proposes changing the statutory definition of “social determinants of health” (SDOH) to include the human-animal bond. While relationships with companion animals can be meaningful for many, incorporating this concept into the statutory definition risks compromising the policy integrity of that framework. Doing so diminishes the meaningful understanding of health equity and minimizes the central role that structural inequities and systems of oppression play in shaping health outcomes across populations.</p> <p>The concept of SDOH has a specific and established meaning in public health relating to the structural conditions in which people are born, grow, live, work, and age. These are not individual lifestyle choices; they are shaped by social systems, public policy, and the distribution of power and resources. Stable housing, food security, transportation, education, economic stability, and access to health care are recognized as social determinants because they reflect societal structures and legacies of oppression that profoundly influence health outcomes across populations.</p> <p>The human-animal bond does not operate at this structural level. For people without disabilities, pet ownership is a personal lifestyle choice, not a systemic condition produced by social structures in the same way as housing stability or health care access. While pet ownership can offer health benefits, correlation with well-being is not the standard used to define SDOH. Many personal behaviors can influence health</p>

	<p>but are not classified as SDOH because they are not structurally determined and do not carry the same population-level consequences.</p> <p>Equating the human-animal bond with structural determinants obscures the difference in scale and impact between these categories. SDOH shape life expectancy, disease burden, and population health disparities; the human-animal bond does not.</p> <p>There are many ways to recognize the health benefits pets can provide without classifying the human-animal bond as a statutory SDOH. While it may seem innocuous, expanding this definition risks diverting limited public health resources and attention away from addressing foundational barriers such as housing instability, poverty, and unequal access to education and health care “ issues disproportionately affecting oppressed people.</p> <p>Thus, I urge the committee to oppose or amend so that it does not add this definition as a statutory SDOH.</p>
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