

Good afternoon Chair and members of the committee. My name is Kat Gruschow, and I am a Policy Fellow at the Colorado Consumer Health Initiative. CCHI is a nonprofit that serves Coloradans who face structural barriers to high-quality, affordable, and accessible health care.

I am here to express our support for House Bill 1187 and ask for your yes vote on this bill.

Through our Consumer Assistance Program, we have heard many stories of Coloradans who cannot access the care they need. And we have heard about how this lack of access impacts their, and their families, immediate and long-term health and well-being.

This reality is only exacerbated by incarceration and the critical nature of adequate and appropriate health care during the perinatal period. Jails and prisons see pregnant people inconsistently, leaving them unprepared to provide the complexity of care required by pregnant and post-partum individuals—despite the best intentions of many programs in these facilities.

Incarcerated individuals have significantly decreased access to necessary pre-natal care. According to a recent study from the Prison Policy Initiative, 1 in 10 women who were pregnant at admission to the carceral setting had not received an obstetric exam, and only half had necessary prenatal care like special testing, dietary change recommendations, or childcare instruction. PPI also finds that the risk of infectious diseases and the development of chronic diseases that may significantly impact pregnancy is far higher in carceral settings. During pregnancy and childbirth, people require greater access to emotional and mental health support than these facilities provide.

At CCHI, we believe that all Coloradans should be able to access the high-quality health care they need and want. We also see how our health and the health of our communities are affected by the conditions in which we live, learn, work, and play. These social determinants of health—like environment and financial instability—have cyclical impacts on individuals and families.

Jails and prisons are not environments that promote healthy outcomes for pregnant persons or their children, nor are they equipped to handle the complex needs of postpartum individuals, especially given the compounding impact of social determinants of health. Pregnant people involved in the criminal justice system are more likely to be low-income and have limited access to healthcare. Due to these and related systemic barriers, these individuals are at a higher risk of developing postpartum health complications, which, left inadequately addressed, can become chronic conditions that impact the individual and their families for years to come. Regardless of pregnancy outcome, access to adequate health care and emotional support is essential to identifying and treating these potential adverse health conditions.

Most importantly, what constitutes appropriate health care lies with the individual. Equitable access means that everyone can access the health care best suited to their individual needs regardless of insurance networks, cost, or the threat of incarceration. Every pregnant person should be able to choose who cares for them, where they give birth, and how they want to manage their postpartum recovery—as a matter of health. Ensuring that pregnant and postpartum people have better access to alternatives to incarceration that prevents harm to their health is a common-sense step toward promoting health equity.

I appreciate your consideration of my testimony and respectfully urge you to vote yes on HB 1187.