

Written testimony as prepared for public comment to the Joint Budget Committee Concerning the FY2020-2021 Budget, Feb. 3, 2019
by Erin Miller, Vice President of Health Initiatives at the Colorado Children's Campaign

Legislative Service Building
Room B
200 East 14th Avenue
Denver, CO 80203

- Chair Esgar and members of the Committee, my name is Erin Miller and I am Vice President of Health Initiatives at the Colorado Children's Campaign.
- I am here to advocate for two critical additions to the FY2020-21 budget to support the well-being of children and families in Colorado.
- First, we urge the Committee to revise the budget footnote that currently limits Medicaid to reimbursing for three pregnancy-related depression screenings under a child's Medicaid ID.
- Best practices endorsed by the American Academy of Pediatrics recommend that new moms be screened *four* times at a child's well-visit in the first six months postpartum.
- We must align our Medicaid reimbursement with these best practices by revising our budget footnote on maternal depression screens to instead align with "national, evidence-informed best practices as specified by the comprehensive guidelines supported by the Health Resources and Services Administration."
- This change will ensure that our Medicaid program is able to update their reimbursement policies to align with changes in recommendations that are already required to be covered for individuals with private health insurance.
- It will also ensure that they are able to communicate clearly with their provider community about reimbursement policies that align with best practices and to encourage providers to complete this critical, evidence-based screening.
- And these screenings are critical. Perinatal mood and anxiety disorders are the most common complication of pregnancy. They are experienced by 1 in 11 pregnant and postpartum people in Colorado, cost the state nearly \$200

million a year in health care costs and lost productivity and are a driving cause of our increasing rate of maternal mortality.

- These disorders have long-term health consequences for both postpartum people and their babies because they can get in the way of parents being the kind of parents they want to be to their kids.
 - The effects of perinatal depression are linked to reductions in the behavioral, cognitive, and social and emotional functioning of young children and children raised by mothers with clinical depression experience barriers to mental health, social adjustment and school success later in life.
 - But the good news is that these screenings can help prevent depression and help women get the treatment they need to thrive. The impacts of maternal depression on kids can be eliminated when their caregivers have the treatment they need.
 - With the Committee's permission, I'd like to distribute a short statement from Beverly Warner, an advocate in Commerce City in support of this change. She would have liked to be here with us today but was unable to attend in person.
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- I'd now like to shift my focus to another critical service for Colorado families that improves the lives of Colorado kids.
- Colorado has a longstanding and bipartisan-supported state Family Planning Program. These state resources supplement the resources received from the federal government to provide family planning services to people who do not have, or do not want to use, insurance coverage for these services. The services are provided on a sliding fee scale.
- And, as you will hear in more detail from Liz, these efforts have been enormously successful.
- But proximity matters, a 2019 analysis of our state family planning program from the National Bureau of Economic Analysis found that birth rates dropped by about 20 percent for women ages 15-19 living in zip codes near these funded clinics.
- Helping Coloradans plan their families benefits Colorado kids. It is well documented that due to the systemic barriers they face, families that experience unintended pregnancies often have poorer health outcomes for themselves and their children, struggle to and often do not complete

school, have difficulty advancing their careers and need to use more public assistance. Pregnancy and parenting are routinely cited as leading reasons why some teens are unable to finish high school.

- Over the last year, we completed a scan of state policies that are evidence-based to reduce unintended pregnancy. Continuing to invest in our proven state program is the top recommendation from those efforts. Our program works, and additional resources would allow it to serve additional Coloradans and to expand its reach into more rural areas of our state.
- Please bear with me while I walk the committee through some math. Colorado currently distributes \$4,759,461 in state funds and \$3,773,200 in federal family planning funds to eligible providers per year.
- As of 2017, there were 92,600 women in Colorado who needed access to family planning services through this program. Current program funding allows the program to serve 55,266 Coloradans, meaning that there are roughly 37,000 Coloradans who need access to family planning services and are not able to access this critical health care.
- It costs \$404 to serve a family planning patient. This means that it would cost \$15 million to meet the remaining unmet need in the state. **An additional investment of \$1.5 million would allow the state to meet another 10 percent of this unmet need this year.**
- This additional funding is necessary to protect our success and expand this program this year. Recently, the federal government finalized a rule that is requiring clinics that accept federal family planning funds to change their workflows in ways that makes their efforts to provide health care to their patients less efficient. Some clinics have already declined these federal funds because they could not make the overly burdensome changes. It's possible that in the coming year, additional clinics will also decline these federal funds, jeopardizing access to these evidence-based family planning services across the state.
- Additional state funds would ensure that we could continue to ensure access to these critical services.
- With the Committee's permission, I'd like to distribute a short statement from a retired pediatrician from Summit County in support of this program. Dr. Parsons would have liked to be here with us today but was unable to attend in person.