



Oppose SB25B-002 – The Facts

- 1) The bill will increase state expenditures by **4.4 million dollars** per year at a time the state is trying to close a 783-million-dollar budget deficit. This is fiscal malpractice.
- 2) Planned Parenthood of the Rocky Mountains **received 58 million dollars** in contributions and grants in 2022 and **35 million dollars** in 2023. They have a large donor base and don't need state money to pad their balance sheet.
- 3) According to Planned Parenthood of the Rocky Mountains' (PPRM) testimony on the bill on August 21, 2025, 11,000 Colorado Medicaid patients receive services from PPRM. This **represents 0.9% of all Medicaid members in Colorado** as of April 2025. This tiny fraction of Medicaid members can easily be absorbed by other Colorado Medicaid providers.
- 4) PPRM characterizes the loss of Medicaid reimbursement as driving an unacceptable breach in continuity of care. **The reality is that Medicaid and non-Medicaid Coloradans commonly are required to change providers because of changes in insurance plans.** Disenrollment in the individual (ACA) market average is approximately 13.8% per year, in the group (employer) market 2.1% per year, in Medicare Advantage (such as Kaiser) 2-4% per year, and in Medicaid it can be anywhere from 5% to 20%. By comparison, the number forced to switch because of PPRM's loss of Medicaid is very small (0.9%).
- 5) **Federal Quality Health Centers (FQHCs) are Colorado Medicaid providers. In 2024 they served 648,045 unique Colorado patients at 265 locations.** During testimony on HB25B-1006 on August 21, 2024, we heard that they now serve 850K patients. The 11K Planned Parenthood Medicaid patients can easily be absorbed by FQHCs alone since it would only represent a tiny fraction of their patient population – 1.3%. And there are many other high quality comprehensive primary care Medicaid providers – Kaiser Permanente alone serves 63K Medicaid members.
- 6) Planned Parenthood of the Rocky Mountains' Jack Teter, testified August 21 in the Senate hearing that they are the **"Medical Home"** for 5K patients and loss of Medicaid funding would seriously disrupt continuity of care. PPRM does not advertise primary care services on their website, and they don't deliver them. Colorado's PCMPs (the medical-home providers in the Accountable Care Collaborative managed by a Regional Accountable Entity - RAEs) are expected to provide or coordinate **comprehensive primary care** (preventive, acute, chronic disease management), access/after-hours coverage, care coordination, data reporting, and quality improvement. It could be Medicaid fraud to characterize yourself as a Medical Home when you don't meet most of the

criteria. PPRM offers only niche reproductive healthcare services. Their patients would receive a higher quality of care in an actual Medical Home structure from other Medicaid providers in Colorado.

- 7) PPRM does not release public reports of their service breakdown. However, National Planned Parenthood's 2024 report **lists 5% of their affiliate medical services as cancer screenings and prevention**. The other 95% of services reflect only reproductive healthcare and not primary care (54% STI testing and treatment, 24% contraception, 4% abortion services). [Note: Planned Parenthood divides their services in each patient encounter to increase the total number of services reported— an abortion patient will typically be billed for a pregnancy test, STI screen, ultrasound, counseling, and the abortion. This underweights the primary service rendered – abortion - and makes it appear that their primary clinical role is other reproductive services.]
- 8) During Senate testimony on the bill, Planned Parenthood representative Jack Teeter suggested that PPRM provides unparalleled **access for their Medicaid patients**. He said they can be seen on Saturdays to address their needs. Somebody better tell him that their largest flagship facility in Park Hill is closed on Saturdays (and always on Sundays).
- 9) During Senate testimony, Planned Parenthood's Jack Teeter suggested that Planned Parenthood served locations where there is little access to healthcare services. This is not true. **Most PPRM clinics are in urban or suburban counties (Denver, El Paso, Jefferson, Arapahoe, Boulder, Larimer, Weld, Routt, etc.)**. The March of Dimes classifies these counties as NOT maternity care deserts – which is a surrogate marker for access to women's health services. None of the 15 locations publicly advertised are located in maternity deserts and only one is located in an at risk county – Cortez.
- 10) If the state really has millions of dollars of discretionary money to spend, they should consider increasing reimbursement for pregnancy services in rural Colorado which the Denver Post cited as a primary reason that 37.5% of Colorado counties are maternity deserts. There is also an urgent need for improving mental health services. **We should not use precious Medicaid dollars on services that could be covered by the federal government.**
- 11) The Colorado public may be majority prochoice, but they don't want legislators wasting money on services the federal government would normally pay. They would embrace Medicaid providers with a better care delivery model that delivers comprehensive primary care.

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