

Elijah,

Good morning! It was nice to meet you yesterday for the testimony on HB26-1044. Thank you for taking the time to discuss my concerns regarding the fiscal note. I have described my findings and concerns below and I would like to submit them as written testimony as the bill moves forward.

The Fiscal Note for HB26-1044 dated February 11th, 2026 refers to data from the Colorado Hospital Association (CHA) regarding the total number of Severe Maternal Morbidity (SMM) cases in Colorado hospitals annually. While the numbers in the Fiscal Note appropriately cite the CHA data as presented in the citation - I am 100% certain that these figures grossly underestimate the number of SMM cases annually in Colorado.

I also have data from the Colorado Hospital Association regarding SMM cases, which we purchased in 2025 for a needs assessment focused on perinatal health equity. This data pull only includes 2023 and 2024 (a subset of the data in the referenced citation). These data indicate 6,849 SMM cases in 2023 and 7,424 SMM cases in 2024. After reviewing all of the materials in the referenced citation including the CHA data dictionary (from the citation), I cannot explain why the dashboard numbers are significantly below those in our dataset. I hypothesize one reason may be that Hemmorage has been excluded in some way from the dashboard. Hemmorage is the most common SMM, with 5,133 cases in 2023 and 5,493 cases in 2024.

I am sharing this information because the Fiscal Note regarding CDPHE's SMM investigation and follow-up *completely* depends on the estimate of total SMM cases in Colorado annually. I highly recommend reaching out to the CHA team to confirm the total number of SMM cases annually, ensuring this important bill relies on accurate data for fiscal estimates.

Thank you for your time!

Lynn

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To: Members of the House Health & Human Services Committee

From: Khoa Nguyen | Rocky Mountain Policy & Advocacy Fellow, Young Invincibles - CO

Re: HB26-1044 - Measures to Improve Black Maternal Health Equity



Madam Chair, and members of the committee,

Thank you for the opportunity to share my testimony. My name is **Khoa Nguyen**. I currently represent Young Invincibles CO as their Rocky Mountain Policy & Advocacy Fellow. I am also nearing completion of my MD/MBA at the University of Colorado later this spring. I am here today to encourage you to **pass HB26-1044**.

To truly understand this issue, we have to paint the current picture. When we parse through the data at the national level, a 2025 report from the National Center for Health Statistics notes that the maternal mortality rate is a stark 18.6 maternal deaths per 100,000 live births [1]. Furthermore, the NCHS reported in 2023 that the black maternal mortality rate was a drastic 50.3 maternal deaths per 100,000 live births. This is almost 3x the rate of the second-highest maternal mortality rate group of non-Hispanic Caucasians [2]. To top it all off, even the American College of Obstetrician & Gynecologists released a committee statement in 2024 highlighting the racial and ethnic inequities in OBGYN that have led to disparate health outcomes and unequal access to care [3]. The message is clear: we need to do better.

During my clinical year, I rotated through multiple OB/GYN services. During these rotations, I also witnessed variations in the quality of care delivered for these patients. I worked with patients who experienced different degrees of maternal care during their pregnancy, ranging from those who had consistent access and routine follow-up to those who had never even known to take a prenatal vitamin.

One experience that has stayed with me was a mother who had lost her potential child in a miscarriage. I went into her surgery for a dilatation and curettage, a procedure that is commonly used to remove dead fetal tissue after a miscarriage. I held her hand as she wept, grieving the loss of her potential child. I heard her fear, her remorse, and her guilt. She went through arguably one of the most traumatic experiences any mother could endure. This was the moment I realized how quickly a stable pregnancy can become unstable; how delayed care could exacerbate these conditions to losses; and how the loss could drastically impact the mother.

When I review this bill as a soon-to-be physician, I see a requirement for cultural competence and equity training. I see a bill that improves data collection and reporting to better identify gaps within the maternal health experience. I see a bill with accountability measures for investigating severe maternal morbidity and death, and to enforce penalties for health facilities and practitioners that fail to meet the standard of care. Lastly, I see a bill that gives back to the communities that it intends to serve through an improvement fund.

This is an exceptional bill. Consequently, it comes as no surprise for me to conclude by urging you all to **vote yes on HB26-1044**. Thank you for your attention to this essential issue.

Sincerely,
Khoa Ngoc Nguyen
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MBA Candidate | University of Colorado Denver Business School

References

1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Maternal mortality rates in the United States, 2023 [Internet]. Hyattsville (MD): CDC; 2024 [cited 2026 Feb 24]. Available from: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm>
2. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Maternal mortality: 2023 final data [Internet]. Hyattsville (MD): CDC; 2024 [cited 2026 Feb 24]. Available from: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/Estat-maternal-mortality.pdf>
3. American College of Obstetricians and Gynecologists (ACOG). Racial and ethnic inequities in obstetrics and gynecology [Internet]. Washington (DC): ACOG; 2024 [cited 2026 Feb 24]. Available from: <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/09/racial-and-ethnic-inequities-in-obstetrics-and-gynecology>



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