



John W. Hickenlooper
Mayor

CITY AND COUNTY OF DENVER

AGENCY FOR HUMAN RIGHTS AND COMMUNITY RELATIONS

Lucía Guzmán

DENVER WOMEN'S COMMISSION

Chaer Robert, Director

WELLINGTON E. WEBB
MUNICIPAL OFFICE BUILDING
201 WEST COLFAX AVENUE
DEPARTMENT 1102
DENVER, CO 80202
TELEPHONE: 720-913-8465
TTY: 720-913-8475
FAX: 720-913-8470
www.denvergov.org/women
Email: chaer.robert@ci.denver.co.us

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Prepared by Chaer Robert

2005 LEGISLATIVE WRAP-UP—WOMEN'S ISSUES

The 2005 legislative year began with a burst of energy. A variety of women's organizations dared to dream big. For years our work has focused on defense, and trying to protect an ever eroding safety net of services.

But all roads lead to **TABOR**. With our existing state financing and the ratchet effect, even having the economy pick up only slowed the erosion. This year, the legislature focused most of its energy on a budget compromise, which will go to the voters in November. Meanwhile, the last line of accounting tricks are warding off service cuts as lawmakers hold their breath to see what happens in November. If voters approve Referendum C, allowing the state to keep what it collects under current tax rates, then K-12 and higher education, health and capitol construction will be bolstered. Transportation will get additional money. Even under this rosier scenario, we are unlikely to see new programs and supports, or restoration of services to the pre-2001 level. Colorado will still have one of the leanest State governments.

If voters turn down **Referendum C**, the questions facing legislators next year will be, "Should Colorado stop funding higher education?" Or, "which State departments must we abolish to meet budget?" Or, "are there parts of state government which can become enterprise funds or private endeavors?" We will return to the approach of the 2002-4 legislative sessions, when only those programs required by Federal Law, Court ruling or in the State Constitution were protected against consideration for cuts.

The brightest note of the 2005 legislative session was the delicious chore of allocating the revenue to be generated by the **cigarette tax increase** approved by voters in the fall of 2004. Real services take real money. With HB 1262 allocating the new \$170 million per year, public health clinics will get a \$33 million shot in the arm, and thousands will be screened for cancer and heart disease—and treated if need be. More families and children will get health care:

- Income limits for eligibility for Child Health Plan coverage increases from 185% of poverty level to 200%
- Removes the tight cap on assets which keep many families from qualifying for Medicaid even if they were low income. Even just owning one care often kept families from qualifying.
- Eliminates Medicaid waiting lists (over 600) for children with disabilities and severe health needs.
- Expands Medicaid or CHP coverage to parents up to 60% of the poverty level.
- Funds Medicaid coverage for qualified **legal** immigrants.

After years of program caps and cuts—finally a step in the right direction.

The Women's Lobby worked hardest on HB 1232- Make **the State Earned Income Tax Credit** Permanent. The story began in 1999 and 2000, when the legislature twice **permanently** reduced the state income tax rate. At the same time, they create an Earned Income Tax Credit to benefit the working poor who earned generally too little to benefit much from a reduction in income tax. But this tax credit was **conditional on a TABOR surplus**. Thus while most of us have benefited from lower income tax rates since 1999, the working poor received their EITC only in 1999, 2000 and 2001. **And if referendum C & D pass, there will be no State EITC for at least 5 years**, unless the legislature makes this credit permanent. This year, the EITC was not part of the budget deal. But next year the fight continues.

Other measures benefiting **low income people** also did not fare well. Shortening the waiting period before some low wage intermittent workers get unemployment payments was vetoed. A measure requiring landlords to return security deposits within 30 days, or explain why the deposit was lost, and to limit late fees, was also vetoed. A measure to allow workers in businesses of 50 or more up to 15 hours per year unpaid leave for school activities was killed on the floor of the second house.

The Colorado Coalition Against **Domestic Violence** could claim a number of victories this year. Restrictive unemployment insurance laws, which prevented some domestic violence victims from getting UI when the violence forced them to leave their jobs, were loosened. This is expected to enable about 50 more women to get UI next year. Domestic violence victims will no longer be able to be evicted solely because a violent incidence occurred in their apartment. Those who have to leave their rental housing to escape violence will no longer be liable for the entire rent for the entire lease period. Victims will need to pay only for one extra month's rent to allow the landlord to re-rent the unit. Perpetrators will continue to be liable. The legislature also affirmed privacy for domestic violence survivors in shelters and transitional housing, which should exempt DV programs from having to report the names of those using their services to the federal government (as is now required of homeless shelter programs-under threat of defunding).

Two other steps forward was the bill to authorize Medicaid coverage for substance abuse treatment, advanced by the **Colorado Association of Alcohol and Drug Service Providers**. Colorado is one of 3 states that does not cover substance abuse treatment for Medicaid patients, although taxpayers still paid for the consequences in the criminal justice system, hospital emergency room visits and Medicaid coverage for abuse related health problems, foster care, and increase educational costs. This does not include the toll on the individuals and their families.

The most appalling of the budget saving measures taken two years ago was the institution of a **\$1. per month fee** on the poorest of the poor getting **public assistance** – TANF, Child Care, Old Age Pension, Aid to the Needy Disabled, Aid to the Blind, etc. SB 202 will require the State to drop this fee.

In the area of **reproductive health**, abortion restrictions were killed early in their first committee. Presumptive eligibility for Medicaid for pregnant women was restored, to allow low income women immediate access to prenatal care. The requirement that hospital emergency rooms inform rape survivors about emergency contraception easily passed the legislature, but was vetoed by the governor. Although the measure does not become law, the media coverage of the issue will certainly increase awareness of the existence and nature of emergency contraception, so that more women know it is available and can seek it out. Protect Families, Protect Choice will fight for this issue again next year.