

Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 26-0666.01 Eden Rolland x2373

HOUSE BILL 26-1243

HOUSE SPONSORSHIP

Bottoms,

SENATE SPONSORSHIP

(None),

House Committees

State, Civic, Military, & Veterans Affairs

Senate Committees

A BILL FOR AN ACT

101 CONCERNING THE REGULATION OF MEDICAL FACILITIES THAT
102 PERFORM INDUCED ABORTIONS AFTER THE FIRST TRIMESTER OF
103 PREGNANCY.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the department of public health and environment (department) to annually license, and to establish and enforce standards for the operation of, facilities that are not currently required to be licensed by the department and that perform medical or surgical induced abortions during the second or third trimester of pregnancy.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds that:

4 (a) Second- and third-trimester abortion clinics are not currently
5 regulated by the Colorado department of public health and environment,
6 also referred to as "CDPHE";

7 (b) CDPHE is authorized to license, regulate, and inspect a wide
8 spectrum of health-care facilities to ensure public health and safety,
9 including freestanding emergency departments, critical access hospitals,
10 psychiatric hospitals, community clinics, rehabilitation hospitals,
11 convalescent centers, facilities for persons with intellectual and
12 developmental disabilities, nursing care facilities, hospice care, assisted
13 living residences, dialysis treatment clinics, ambulatory surgical centers,
14 birthing centers, and home care agencies;

15 (c) Gynecologic dilation and curettage, known as a "D&C", and
16 second- and third-trimester obstetric D&C, dilation and evacuation,
17 dilation and extraction, and inductions of labor are all normally performed
18 in facilities regulated by CDPHE. The exception to this protocol is when
19 these same procedures are used during an induced abortion at abortion
20 clinics in the second and third trimester of a pregnancy.

21 (d) Birthing centers, which are licensed, regulated, and inspected
22 by CDPHE, are prohibited from inducing labor because of the associated
23 risks, but second- and third-trimester abortion clinics routinely use
24 labor-inducing drugs without any CDPHE oversight;

25 (e) Second- and third-trimester abortion procedures are associated
26 with significant risk. There is a 10% risk that a complication will arise

1 during a second-trimester abortion, including cervical laceration,
2 hemorrhage, uterine atony, anesthesia complications, uterine perforation,
3 disseminated intravascular coagulation, and retained products of
4 conception, and more than a 1.5% risk that a severe complication will
5 arise, including hospitalization, transfusion, or further surgical
6 intervention. The risk from instrument-assisted third-trimester dilation
7 and extraction abortions is substantial. Blood loss increases by 7% for
8 each additional week of gestational age.

9 (f) The risk of dying from an abortion increases 38% for each
10 week of gestation after 8 weeks. In the early second trimester, the risk of
11 dying from an induced abortion is twice the risk of dying from natural
12 childbirth, and it is greater than the risk of dying from procedures
13 performed at ambulatory surgical centers in the United States and Canada.
14 Birthing centers and ambulatory surgical centers are both regulated by
15 CDPHE.

16 (g) Within the past year, Colorado became aware of at least one
17 maternal death directly attributable to a complication of a
18 second-trimester abortion, underscoring the seriousness of these risks and
19 the urgent need for oversight; and

20 (h) The Colorado Maternal Mortality Review Committee, also
21 referred to as the "MMRC", recommends strategies to achieve equity in
22 maternal health outcomes and ways to reduce the incidence of
23 preventable maternal mortality and morbidity. Pregnancy-associated
24 mortality and pregnancy-related maternal mortality include
25 abortion-associated mortality and abortion-related maternal mortality. The
26 MMRC recommends the use of evidence-based patient safety bundles,
27 evidence-based screening tools, and improved coordination of care as key

1 elements to reduce maternal mortality. It is difficult to ensure
2 implementation of the MMRC recommendations without a licensing,
3 regulation, and inspection process for second- and third-trimester abortion
4 clinics.

5 (2) Therefore, the general assembly declares that unregulated
6 second- and third-trimester abortion clinics place Colorado women's lives
7 in jeopardy and should be regulated by CDPHE.

8 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-103, **amend**
9 (1)(a)(I)(A); and **add** (2)(e) as follows:

10 **25-1.5-103. Health facilities - powers and duties of department**
11 **- rules - limitations on rules - definitions - repeal.**

12 (1) The department has, in addition to all other powers and duties
13 imposed upon it by law, the powers and duties provided in this section as
14 follows:

15 (a) (I) (A) To annually license and to establish and enforce
16 standards for the operation of general hospitals, hospital units as defined
17 in section 25-3-101 (2), freestanding emergency departments as defined
18 in section 25-1.5-114, critical access hospitals as defined in section
19 25-1.5-114.5, psychiatric hospitals, community clinics, rehabilitation
20 hospitals, convalescent centers, facilities for persons with intellectual and
21 developmental disabilities, nursing care facilities, hospice care, assisted
22 living residences, dialysis treatment clinics, ambulatory surgical centers,
23 birthing centers, SECOND- AND THIRD-TRIMESTER ABORTION CLINICS,
24 home care agencies, and other facilities of a like nature, except those
25 wholly owned and operated by a governmental unit or agency.

26 (2) As used in this section, unless the context otherwise requires:

27 (e) "SECOND- AND THIRD-TRIMESTER ABORTION CLINIC" MEANS A

1 FACILITY THAT PERFORMS MEDICAL OR SURGICAL INDUCED ABORTIONS
2 AFTER THE FIRST TRIMESTER OF PREGNANCY AND THAT IS NOT OTHERWISE
3 PART OF ANOTHER TYPE OF FACILITY REQUIRED TO BE LICENSED BY THE
4 DEPARTMENT PURSUANT TO SUBSECTION (1)(a)(I)(A) OF THIS SECTION.

5 **SECTION 3. Act subject to petition - effective date.** This act
6 takes effect at 12:01 a.m. on the day following the expiration of the
7 ninety-day period after final adjournment of the general assembly (August
8 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
9 referendum petition is filed pursuant to section 1 (3) of article V of the
10 state constitution against this act or an item, section, or part of this act
11 within such period, then the act, item, section, or part will not take effect
12 unless approved by the people at the general election to be held in
13 November 2026 and, in such case, will take effect on the date of the
14 official declaration of the vote thereon by the governor.