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Fact Sheet on HB22-1075: What HB22-1075 would do and why is it necessary?

- 1) HB22-1075 is an attempt to make abortion vital statistics submitted to the CDPHE more accurate and actionable.
- 2) The current legally mandated CDPHE system hopes that abortion providers will consistently report their abortion data, but it has been remarkably unsuccessful in achieving that goal. Guttmacher Institute abortion figures for Colorado are 40% higher than CDPHE reporting. Abortion rates for gestational ages can fluctuate as much as 55% from year to year – which is not credible.
- 3) CDPHE has reported a 34% increase in abortions in the last 5 years and at least 13% increase in 2021 alone (from both in-state and out-of-state women). Because of the lack of trust in the data, we don't know if we have significant unrecognized forces driving increased abortion demand or whether the change simply reflects an increase in compliance.
- 4) HB22-1075 increases the questions that abortion providers are mandated to answer and submit to the Colorado Department of Public Health and Environment (CDPHE) from the current 9 to 11. The time/effort required by abortion providers to submit information should not be impacted because the bill mandates that CDPHE transitions from the current PDF submission form to 100% drop-down electronic reporting like other states (e.g., Arizona, Minnesota). Planned Parenthood is already able to submit their data directly to CDPHE electronically. All the required information should be obtained during the routine course of abortion consultation/procedural visits. (If this information is not being obtained it would constitute substandard care).
- 5) HB22-1075 will ask abortion providers to delineate the family planning method utilized, (if any), and the reason(s) a woman chose to pursue abortion. It will quantitate the medical indications for abortion using precise medical language (ICD-10 coding), the specific fetal indications for abortion and the number of abortions stemming from rape/incest. This robust data can be the basis of important maternal, child and reproductive health research. This will be invaluable for assessing the impact of medical, social, and economic interventions on abortion demand. The data can be the driving force for private/public programs to reduce unplanned pregnancies and decrease the demand for abortion services. The data obtained by the vital statistics report can be the impetus for targeted programs to support pregnant women and their families. 16 other states require that abortion providers give some information about the reason women seek abortion.
- 6) HB22-1075 increases the potential penalties for not reporting or falsifying information from exclusively fines to fines and a referral for unprofessional conduct. The enhanced penalties will serve as a strong impetus for reporting. Poor documentation is already

National Public Health and Research Organizations on Public Health Data and Abortion Surveillance

CDC: “Public health surveillance is the ongoing systematic collection, analysis, and interpretation of outcome-specific data for use in public health practice. The public health approach to problem solving includes using surveillance data to identify problems and assess the effectiveness of interventions. Without accurate and timely data, public health programs suffer.”

American College of Obstetricians and Gynecologists (ACOG): “Information from vital records is critical to identify and quantify health-related issues and to measure progress toward quality improvement and public health goals.”

“Obstetrician–gynecologists play an essential role in ensuring accurate representation of pregnancy-related and pregnancy-associated deaths and other vital statistics for policy makers, public health institutions, and researchers.”

“The American College of Obstetricians and Gynecologists (the College) recommends that obstetrician–gynecologists:

- 1) become well-informed of state and local regulations regarding medical certifications for deaths and registration of births.
- 2) ensure prompt documentation of vital events (ie, births and maternal and fetal deaths) in the medical record by appropriate personnel, using definitions from the College and the U.S. Centers for Disease Control and Prevention (CDC).
- 3) advocate for sufficient funding to modernize and standardize the vital statistics system in the United States.
- 4) advocate widespread adoption of the 2003 revised U.S. Standard Certificate of Death, the U.S. Standard Report of Fetal Death, and the National Center for Health Statistics’ (NCHS) standardized reporting guidelines, definitions, and worksheets.
- 5) support inclusion of “intended place of birth” on birth certificates to better assess extramural birth outcomes.
- 6) support training for everyone involved in vital records collection (eg, birth attendants, birth clerks, hospital administrators)”

Guttmacher Institute: “Incomplete reporting of pregnancy remains a fundamental shortcoming to the study of US fertility-related experiences. Efforts to improve abortion reporting are needed to strengthen the quality of pregnancy data to support maternal, child, and reproductive health research.”



From the Colorado Sun, February 20, 2022

Opinion: If we are going to have an abortion debate, let's start with reliable data

Colorado's vital statistics concerning abortion are not always credible. A proposed state law would improve them.

Abortion is emotional and contentious on both sides of the issue. Each faction has sincerely held beliefs and appeals to fundamental human rights. With [the Dobbs decision looming in June](#), feelings are intensifying even more. It would be easy to retreat to the comfort of our pro-life or pro-choice bubbles and ignore the hard work necessary to make abortion less divisive.

Pro-life advocates have a genuine desire to reduce abortions, regardless of the legal status of abortion rights in our state. Pro-choice advocates have a genuine interest in ensuring women have choices in their pregnancies and reject coercion of any kind. It is a reasonable assumption that both pro-life and pro-choice advocates would be in favor of reducing barriers to continuing pregnancies, especially those confronting low-income women and women of color.

So how do we start to move from our entrenched positions to a more cooperative posture? I believe by agreeing on a set of facts that accurately depicts abortion in Colorado. Accurate abortion vital statistics can show the demographics and magnitude of the issue, the causes of unplanned pregnancies and the drivers of abortion demand in Colorado.

The Colorado Department of Public Health and Environment is tasked with collecting legally mandated abortion vital statistics. The data required is limited to demographic and procedural information.

Unfortunately, we know from independent [research by the Guttmacher Institute](#) that even this limited data is off by a factor of 40%. We also know that the number of abortions at later gestational ages can vary in the data by as much as 55% per year – which is not credible.

This means that the state health department spends time and money collecting partial data that does not reflect the reality of abortion in Colorado. This partial data, in turn, corrupts the national data collected from the states by the national Centers for Disease Control and Prevention.

It is nearly impossible, without accurate vital statistics, to develop evidence-based programs to address all the issues that drive abortion demand in our state.

Without accurate data, we are unable to reliably assess the impact of current or planned public programs, such as paid family leave, subsidized daycare, or a refundable child tax credit, on abortion rates. It makes it more difficult to determine the effect that family planning interventions on abortion rates, such as programmatic long-acting reversible contraceptives.



PODIUM | Colorado needs better abortion data

- By Catherine J. Wheeler
- February 23, 2022

As an OB-GYN physician, submitting data and filing reports was not a favorite activity. For every live and still birth, data is collected as required by the National Vital Statistics System. There are at least 48 data items that are recorded, not including subsections. Though this is a lot of data, the purpose of collecting data for vital statistical analysis is critical to identify trends in health, to identify needs and disparities, to determine the impact of strategies and programs on health, and for the development of programs to improve health and health care.

We measure what we care about. I know that we all care about women and their health. Both the American College of OB-GYN (ACOG) and Guttmacher Institute, a reproductive health and rights research and policy organization, support and recommend improved abortion reporting. ACOG specifically notes that accurate data is necessary to improve "quality (of medical care), access to care, racial, ethnic, and socioeconomic disparities on maternal and infant health care." However, research quality depends on the accuracy of the data collected. Garbage in, garbage out.

Colorado has required abortion reporting of only nine items, but the current system has not been effective. Abortion data may also be voluntarily reported to the Guttmacher Institute; their abortion data for Colorado are 40% higher than Colorado Department of Public Health and Environment (CDPHE) data, and rates for later-term abortions can vary as much as 55% from year to year, suggesting inaccurate reporting. The most prominent late-term abortion provider in Colorado has not reported their data for years.

Bill HB22-1075 is about collecting health-care data. Regardless of how one feels about abortion, I believe we can all agree that improving women's health and health care matters. Helping women have expanded options in their decision making is a worthy endeavor. This requires data collection and is standard in all fields of health care. Eleven data items, by a simple electronic form, are not onerous to the provider. There is precedent in other states and countries. There is evidence for great benefit. What is the downside? Why would we not want accurate data?

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