

House Health & Insurance Committee  
HB22-1075 Induced Termination Of Pregnancy State Registrar  
Wednesday, February 23, 2022

Honorable Chairperson Lontine and members of the Committee; my name is Ingrid Moore, from Longmont. I'm a concerned citizen speaking on my own behalf to **oppose** of House Bill 22-1075.

It is tiresome to have to respond to this legislation every single year. As a woman, I am disgusted and angry!

- I can think of no possible legitimate use by the state for this data. More importantly, the bill does not explain the need for the data or its purpose. Last year, professional providers testified that they already have the capability to match patients with services and they don't need the state involved in data collection.
- The information that the bill would require be collected and reported by medical personnel goes beyond any data that they would need to provide medical care for the patient. It also goes way beyond questions a medical provider should be asking their patient in these cases. Even if this data were helpful in providing care, it should not be shared with the STATE.
- The invasiveness of the questions will put women and their families in truly anxiety-inducing situations. It could drive women away from seeking legal medical help that they need in what is likely a very fraught situation.
- This is another offensive invasion of confidential personal privacy between a woman and her doctor.
- This is an added administrative burden to medical staff that could possibly necessitate physicians having to hire additional personnel and to charge higher fees for critical services. It causes extra work for the state with no offsetting revenue.

Because of all the relentless efforts to limit or destroy a woman's legal right to choose, I have no confidence that this bill merely seeks to improve the health and safety of pregnant women and their families. Rather, it seems to be meant as yet another impediment, is invasive and disrespectful to women.

**I respectfully ask that you vote NO on this legislation.**

Thank you for your time and attention.

Ingrid Moore  
Longmont, Colorado  
22 March, 2021

My name is Dr. Michael Belmonte, and I'm a practicing Obstetrician/Gynecologist in Colorado. In my practice, I provide full-spectrum reproductive healthcare, including abortion care, to patients in Colorado, but also from surrounding states, and more recently to patients from across the country, particularly from Texas. I write in strong opposition to HB22-1075. This bill is unnecessary and invasive, interferes with the patient-provider relationship, and contains inaccurate and misleading information about abortion care and the providers, like me, who provide that care.

First and foremost, it is essential that Members of this Committee understand that abortion is health care, and it should not be singled out or treated differently than other types of essential care. I have serious concerns about the ways in which this bill could intrude upon the patient-provider relationship as physicians must be able to speak with their patients openly and foster the trust inherent within the patient-provider relationship. HB22-1075 would force providers to inquire about information that may not be medically necessary or that a patient does not wish to share, including but not limited to questioning patients about their reason for seeking abortion care, their education levels, marital status, and career aspirations. Those are private, sensitive topics that will have no bearing on the appropriate course of care, and patients should not be pressured to provide this information if they do not want to. Furthermore, physicians should be able to use their best medical judgment in deciding what information is necessary when treating a patient and what conversations are most helpful and appropriate to facilitate care without the interaction with the patient being controlled by arbitrary, medically unnecessary, and politically motivated requirements.

In addition, HB22-1075 contains wholly inaccurate and misleading information about abortion care. It is not the standard of care for abortion providers to obtain information related to sexual history or the reasons for pursuing an abortion. According to the National Abortion Federation's (NAF) clinical standards and guidelines that set the standards for abortion care in North America, it is not required that providers gather any specific information other than information that is medically necessary and relevant. Requiring providers to obtain information related to sexual history or a patient's reasons for obtaining an abortion is not only insulting to patients who have made the decision that is right for them but would further undermine the patient-provider relationship.

The breadth of personal, and potentially identifying information, HB22-1075 requires abortion providers to collect could potentially have a chilling effect for patients seeking care who already face heightened state surveillance and criminalization, particularly for Black, Indigenous, and patients of color. It is clear that the intent of this bill is to intimidate providers of abortion care and the patients for whom they care.

HB22-1075 also implies that abortion providers are not assessing whether their patients are voluntarily seeking services. The very definition of informed consent is that a health care decision is informed and voluntary. Every abortion provider obtains informed consent from a patient undergoing an abortion. If they determine that a decision is not voluntary and is coerced, or they suspect a patient is being trafficked or abused, they address the situation appropriately. As a physician, medical educator, and researcher whose work focuses on intimate partner violence and domestic violence, I frankly find the requirements of this bill insulting and I speak on behalf of the patients I serve daily when I tell you that this bill does nothing to help the people it purports to help.

HB22-1075 is nothing more than a solution in search of a problem. There is no reason to believe that physicians are not already complying with the reporting obligations applicable to them in any meaningful way. There are many reasons why national reporting on the average number of abortions

nationwide may vary from specific reporting in Colorado, including patients' individual circumstances and patients choosing to self-manage their own abortions. Threatening the licenses of providers who are working tirelessly to serve their communities with such intrusive and inappropriate reporting requirements is not the way for Members of this Committee to address serious policy concerns like maternal mortality and human trafficking.

I strongly oppose HB 22-1075 and urge Members of this Committee to vote no.

February 23, 2022

**VIA ELECTRONIC MAIL**

The Honorable Susan Lontine and Members of the Health and Insurance Committee

**Re: Letter in Opposition to H.B. 1075**

Dear Madam Chair and Members of the Health and Insurance Committee,

The Center for Reproductive Rights (“Center”) strongly opposes House Bill 1075 (“H.B. 1075”) and urges you to vote against this stigmatizing abortion restriction. The Center is a legal advocacy organization dedicated to protecting the right to access abortion and other reproductive health care services. For 30 years, the Center has successfully challenged restrictions on abortion throughout the United States.

Targeted regulation of abortion provider (“TRAP”) laws like H.B. 1075 burden abortion providers and their patients with onerous, invasive reporting requirements to intimidate and shame pregnant people. The reporting requirements proposed by H.B. 1075 single out abortion patients, asking them to report to the government the reason(s) why they decided to access care. This poses an unacceptable intrusion upon patient privacy and the patient – provider relationship.

TRAP law proponents justify abortion reporting requirements as necessary to protect the health of pregnant people, an argument rooted in the debunked theory that abortion is unsafe. The legislative declaration of H.B. 1075 employs this outdated trope, underscoring the need for accurate data on pregnancy-related deaths. To be clear, abortion is one of the safest medical procedures performed in the United States. Data that is currently collected, including from the Center for Disease Control (“CDC”), show that abortion has over a 99 percent safety record – affirming years of medical research and studies. A 2018 report from the non-partisan National Academies of Sciences, Engineering, and Medicine (NASEM) states that, “The clinical evidence clearly shows that legal abortions in the United States – whether by medication, aspiration, D&E, or induction—are safe and effective.”<sup>1</sup> The safety of abortion has also been recognized by the U.S. Supreme Court. In *Whole Women’s Health v. Hellerstedt*, the Supreme Court acknowledged that “abortions are so safe” that the restrictions Texas had enacted to purportedly make the procedure even safer made little sense.<sup>2</sup>

The reporting of certain vital statistics information is important to improving public health and there are already robust reporting systems in place for reporting on abortion. Since 1969, the CDC has collected abortion incidence data from the states to document the number and demographic characteristics of people obtaining legal induced abortions in the United States. The CDC collaborates with the National Association of Public Health Statistics and Information

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018), <https://doi.org/10.17226/24950>.

<sup>2</sup> *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292, 2312-13 (2016).

Systems to develop reporting standards and provide technical guidance for state-based vital statistics personnel who collect and summarize the state abortion data. Virtually all states, **Colorado included**, through their vital statistics offices or other central health agencies, collect basic data on abortion incidence and patient characteristics, just as they do for other vital statistics, such as births, deaths, and marriages.

On top of reporting by the CDC and the states, the Guttmacher Institute has been collecting and analyzing abortion data since abortion was legalized nationwide in 1973. Medical and University-based researchers also conduct extensive research on the incidence and safety of abortion, as well as other factors concerning the procedure. This voluntarily research can be critical to proving the safety of abortion and understanding many of the hurdles people can face in accessing care. Critically, private researchers are able to ask questions to voluntary study participants that are simply outside the proper scope of government surveillance.

H.B. 1075 is motivated by animus to abortion and a desire to intimidate and shame abortion providers and their patients. Anti-abortion advocates have a history of invading abortion patients' privacy and trying to access and then make public patients' private medical information as an intimidation tactic. This bill could make it easier for them to do that. In 2016, for example, using the pretense of abortion safety fact-finding, anti-abortion legislators in Missouri tried to access a list of the names of the women in the state who had had abortions.

Government vital statistics agencies can and should collect data to further public health but this bill clearly goes beyond public health needs. As researchers from the Guttmacher Institute have pointed out, "opponents of abortion rights have seized on abortion reporting requirements as yet another way to subvert legitimate public health policy and advance their political agenda. In doing so, they are exploiting reporting requirements that exist for public health purposes to create a legal and political tool to monitor compliance with state abortion restrictions aimed at impeding access to care and deterring women from seeking abortion services."<sup>3</sup>

We urge you to reject H.B. 1075. Please do not hesitate to contact me if you have questions or would like further information. Thank you.

Sincerely,



Lizzy Hinkley  
State Legislative Counsel, State Policy and Advocacy  
Center for Reproductive Rights  
199 Water Street, 22nd Floor  
New York, NY 10038  
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<sup>3</sup> Joerg Dreweke, *Abortion Reporting: Promoting Public Health, Not Politics*, 18 Guttmacher Pol. Rev. 40 (2015).

February 23, 2022

House Committee on Health & Insurance  
Colorado General Assembly  
200 E. Colfax Avenue  
Denver, CO 80203

Dear Chair Lontine, Vice Chair Ortiz, and distinguished Members of the Committee:

Physicians for Reproductive Health (PRH) is a physician-led national advocacy organization working to ensure access to abortion care and equitable, comprehensive reproductive health care. Our network includes physicians of all specialties from across the country, including Colorado, committed to meeting the needs of the patients they serve.

As a network of physicians, we write in opposition to HB22-1075. This bill is unnecessary and invasive, interferes with the patient-provider relationship, and contains inaccurate and misleading information about abortion care and the providers who provide that care.

First and foremost, it is essential that Members of this Committee understand that abortion is health care, and it should not be singled out or treated differently than other types of essential care. PRH has serious concerns about the ways in which this bill could intrude upon the patient-provider relationship as physicians must be able to speak with their patients openly and foster the trust inherent within the patient-provider relationship. HB22-1075 would force providers to inquire about information that may not be medically necessary or that a patient does not wish to share, including but not limited to questioning patients about their reason for seeking abortion care, their education levels, marital status, and career aspirations. Those are private, sensitive topics that will have no bearing on the appropriate course of care, and patients should not be pressured to provide this information if they do not want to. Furthermore, physicians should be able to use their best medical judgment in deciding what information is necessary when treating a patient and what conversations are most helpful and appropriate to facilitate care without the interaction with the patient being controlled by arbitrary, medically unnecessary, and politically motivated requirements.

In addition, HB22-1075 contains wholly inaccurate and misleading information about abortion care. It is not the standard of care for abortion providers to obtain information related to sexual history or the reasons for pursuing an abortion. According to the National Abortion Federation's (NAF) clinical standards and guidelines that set the standards for abortion care in North America, it is not required that providers gather any specific information other than information that is medically necessary and relevant. Requiring providers to obtain information related to sexual history or a patient's reasons for obtaining an abortion is not only insulting to patients who have made the decision that is right for them but would further undermine the patient-provider relationship.

The breadth of personal, and potentially identifying information, HB22-1075 requires abortion providers to collect could potentially have a chilling effect for patients seeking care who already face heightened state surveillance and criminalization, particularly for Black, Indigenous, and patients of color. It is clear that the intent of this bill is to intimidate providers of abortion care and the patients for whom they care.

HB22-1075 also implies that abortion providers are not assessing whether their patients are voluntarily seeking services. The very definition of informed consent is that a health care decision is informed and

voluntary. Every abortion provider obtains informed consent from a patient undergoing an abortion. If they determine that a decision is not voluntary and is coerced, or they suspect a patient is being trafficked or abused, they address the situation appropriately.

HB22-1075 is nothing more than a solution in search of a problem. There is no reason to believe that physicians are not already complying with the reporting obligations applicable to them in any meaningful way. There are many reasons why national reporting on the average number of abortions nationwide may vary from specific reporting in Colorado, including patients' individual circumstances and patients choosing to self-manage their own abortions. Threatening the licenses of providers who are working tirelessly to serve their communities with such intrusive and inappropriate reporting requirements is not the way for Members of this Committee to address serious policy concerns like maternal mortality and human trafficking.

PRH strongly opposes HB 22-1075 and urges Members of this Committee to vote no.



**James R. Potter**  
Legislative Coordinator  
Colorado Foundation for Universal Health Care  
1111 Red Feather Road  
Cotopaxi, Colorado 81223-9304  
Telephone: 719-942-3912 Cell: 864-316-1058  
Email: jamesraymonpotter@gmail.com

February 21, 2022

CORRECTED SUBMISSION

Re: Oppose HB22-1047, HB22-1079 and HB22-1079

Dear Members of the House Health and Insurance Committee:

The Colorado Foundation for Universal Health Care is a non-profit, non-partisan 501(c)(3) organization dedicated to improving health care for all Coloradans. We believe that health care is a human right which requires that access be without financial and other barriers. We support legislation that makes health care more just and more accessible, while also realizing that the entire health care system needs fundamental reform to make it truly universal.

We oppose HB22-1047, and HB22-1079 which claim to protect human life at conception by prohibiting abortions and making it a felony for health care providers to assist in a woman's right to choose, and HB22-1075, which demands that health care providers submit private data on induced abortions and penalize those who do not comply. These bills are blatant violations of the 14<sup>th</sup> Amendment to the US Constitution. They punish women for exercising their right of personal autonomy and unduly burden their right of access to reproductive services. As Justice Sotomayer recently wrote, such laws are "a brazen challenge to our federal structure...[that] ... echoes the philosophy of John C Calhoun, a virulent defender of the slaveholding South who insisted that States had the right to "veto" or "nullif[y]" any federal law with which they disagreed."

In addition, these laws undermine a woman's fundamental right to equality and thereby strengthen the privileges of men thus making women separate and unequal. No men are similarly punished for unwanted pregnancies though they are often the cause.

We urge you to vote against these bills.

Yours truly,

A handwritten signature in black ink that reads "James R. Potter". The signature is written in a cursive style with a large, sweeping initial "J".

House Health & Insurance

02/23/2022 01:30 PM

HB22-1075 Induced Termination Of Pregnancy State Registrar

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Virginia Gebhart Against Self	<p>I'm disappointed to see that Representative Luck is attempting to insert the State of Colorado into health care settings and into decisions that are private, between doctor and patient. What's the purpose? Intimidation of doctor and patient? Manipulation of doctor and patient? Punishment of doctor and patient? This invasion of privacy would be disturbing for both doctor and patient, an invasion of a private space by the Orwellian Big Brother.</p> <p>Please vote no on this bill which is an egregious invasion of privacy for both doctor and patient.</p>
Ryan Secrist For Self	<p>I would like to tell you a story. One time, I was talking with a lady whose son I had met. I innocently asked her how many children she had. Little did I know how emotionally difficult it would be for her to answer that question. She told me that she had aborted her first 2 children, and that she wanted to do whatever she could to put a stop to abortion.</p> <p>Because of that woman's vulnerable honesty, I felt an obligation to share her story with you.</p> <p>But if you've read my name, I can take a guess that this is going through your mind: "Come on, you're a guy. You have no business talking about what women should or shouldn't do."</p> <p>That's what was going through my mind when I was wrestling with whether I should become involved.</p> <p>Let me tell you what helped change my mind. I heard someone say that it had occurred to them that everyone who is arguing for abortion has already been born.</p> <p>I have a voice because I have been born. And I feel an obligation to speak up for those who don't yet have a voice.</p> <p>All you have to do is roll back the clock a hundred years or so. If legislators were talking about this topic at that time, the debate would be over the validity of <u>your</u> life.</p> <p>Thank you for reading my testimony. I ask God to give you wisdom as you make your decision.</p> <p>Yeah, I know; you're probably thinking I posted this on the wrong bill, but I didn't. I hope my testimony highlights what is at stake, and I think at least requiring some reporting from this industry would be a good idea.</p>

<p>Margarita Nelson For Self</p>	<p>Please SUPPORT HB-22-1075 to improve the reporting of statistics in the state of Colorado.</p>
<p>Tamra Axworthy For Self</p>	<p>Good afternoon,</p> <p>I write today to convey my appreciation for the sponsors of this bill. I work in an industry keenly interested in statistics on maternal and fetal health. The CDC, WHO, and Guttenmacher Institute have always been my go to sources for such statistics however, its become increasingly difficulty to find any reliable data for the state of Colorado. This is due to the lackadaisical reporting practices of abortion providers in our state. How are we to address the underlying needs women in our state face if we aren't able to discover the reasons women choose to have an abortion? How are we to know if the steps we are taking as a state to address inequities are effective if we aren't able to accurately acquire trending data? We don't need specific identifiable demographic information but a summary report would be incredibly useful. From my understanding, this is already a requirement in Colorado however it has never been enforced. This bill will help to identify domestic violence and sex trafficking victims. Regardless of your position on Abortion, we can all agree that its important to have accurate information going forward as you/we strive to protect and improve the lives of women in our state. Thank you for your consideration on this bill. I urge you to vote in favor.</p>
<p>Diane Borden For Self</p>	<p>I support HB22-1075, "Induced Termination of Pregnancy State Registrar".</p> <p>This bill, if approved, will collect accurate vital statistics on abortion and will show the demographics, the causes of unplanned pregnancies and the drivers of abortion demand in Colorado. This bill will also assist medical providers to flag women victims of sex traffic or domestic abuse. HB22-1075 will address the real needs of pregnant women without identifying the woman who had an abortion.</p> <p>And other positive outcomes too. Please support HB22-1075, "Induced Termination of Pregnancy State Registrar.</p> <p>Thank you!</p>
<p>Janet McDaniel For Self</p>	<p>Dear Representatives,</p> <p>Please SUPPORT HB-22-1075 Induced Termination of Pregnancy State Registrar. This bill will improve the accuracy of abortion vital statistics in Colorado and increase the information required by abortion providers, including the reasons women pursue abortion, and make it more difficult for perpetrators to hide sex trafficking abuses. This information is critical to provide accurate information about abortion services and the impacts on the health of women who receive abortions. It will be the basis for meaningful maternal, child and reproductive health research, including developing evidence-based new</p>

	private/public programs to address the barriers women face when continuing pregnancies. Please SUPPORT HB-22-1075.
Mark Korb For Self	<p>Induced termination of pregnancy is a hot button topic throughout the United States. Accurate information on the incidents and circumstances of the procedure will be essential to understanding the issue and public/social implications of the issue.</p> <p>Good factual information is the starting point for wisdom in legislating.</p> <p>I urge the passage of HB-22-1075</p>
Jeff Wheelock For Self	I support Bill 22-1075. The bill presents an opportunity to learn more about why women seek abortions and then use the data to reduce the number of abortions performed while directing women to life-affirming resources.
Michelle Vogel For Self	<p>Please vote YES or FOR in hearing this bill that requires health-care providers that perform induced terminations of pregnancies to report specified information concerning the women who obtain the procedure to the state registrar. I think this is very important in order to help vulnerable women get the help they need...not to get an abortion and end the life of their child..but rather to see what is causing them to want to have an abortion. They can be helped through countless agencies, churches, and individuals if given the chance. This bill also holds health care workers ACCOUNTABLE and HONEST. Change your hearts and protect those most vulnerable. Give them a chance.</p> <p>Michelle Vogel Longmont CO</p>
Stephanie McCutcheon For Self	<p>Good afternoon. I am writing in support of HB22-1075, the Induced Termination of Pregnancy State Registrar bill. I am very concerned that Colorado does not have a way currently to provide significant statistics on abortion. Abortion is a medical procedure fraught with issues. There must be a way to know whether or not someone is procuring one due to rape/incest/sex-trafficking (so they can get the help they need in these particular instances). At the very least, whether or not one is for or against abortion, we need to know the vital statistics of this medical procedure. Statistics on illnesses and other medical procedures are captured and reported (see the covid numbers), why not this medical procedure? Transparency is key and there is nothing to hide. Patient anonymity can be maintained, even while providing clear statistics.</p>



**COLORADO CATHOLIC CONFERENCE**

1535 Logan Street | Denver, CO 80203-1913  
303-894-8808 | cocatholicconference.org

2022 February 23

Thank you, Madame Chair, and thank you esteemed members of the committee.

My name is Brittany Vessely and I am the Executive Director of the Colorado Catholic Conference (CCC), which is the united voice of the four Catholic bishops of Colorado in public policy. I speak on behalf of the conference this afternoon to testify **in support** of HB 1075.

The purpose of HB 1075 is to provide transparency on a vital area of public concern: abortion rates for late gestational ages of preborn children. The bill requires providers that perform induced abortions, *which are often late-term abortions*, to report specified information to the state registrar and the registrar would then create a summary for the public. None of this information violates the privacy of a woman seeking an abortion; it merely provides Coloradans with accurate information about the prevalence of abortion in our state.

HB 1075 will NOT restrict abortion access or create administrative burden on abortion providers.

According to the Guttmacher Institute (which is a sexual and reproductive rights policy organization formerly owned by Planned Parenthood), “incomplete reporting of pregnancy remains a fundamental shortcoming to the 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.”

Yet Guttmacher reports that abortion figures for Colorado are 40 percent higher than data provided by the Colorado Department of Public Health and Environment – despite the department’s limited efforts to collect such data.

Both proponents and opponents of late-term abortion have requested the data on abortion that is submitted to the CO Department of Public Health and Environment be more accurate.

Furthermore, the administrative burden on abortion providers is minimal –as it merely increases questions already asked by the department from 9 questions to 11 questions via an online drop-down electronic portal. Additionally, HB 1075 allows this new reporting capability to flag potential sex trafficking.

Citizens of Colorado have a **right** to know basic, nonidentifying, publicly appropriate statistics on abortion in our state – regardless if they support or oppose the practice. And it is imperative that complete information on abortion in Colorado is provided to healthcare professionals and lawmakers, who can use that information best meet the needs of the people of Colorado.

We respectfully ask for a “yes” vote on HB 1075. Thank you for your time.

Sincerely,

Brittany Vessely  
Executive Director, Colorado Catholic Conference



Together we can end relationship abuse

Health and Insurance Committee Members,

Thank you for the opportunity to submit testimony on HB22-1075. Violence Free Colorado believes that anyone who can become pregnant, including survivors of domestic violence, should have access to safe and legal abortion and other reproductive healthcare services. We trust survivors to make their own decisions regarding if and when to have children and oppose policies that create barriers to reproductive healthcare. Today we are submitting this testimony in opposition to HB22-1075.

Many survivors of domestic violence experience [reproductive coercion](#), which may include their partner “not allowing [them] to control their own birth control methods, forcing [them] to either end or continue a pregnancy, pressuring [them] to get pregnant, or sabotaging birth control.” People who are experiencing domestic violence and pregnant are also at higher risk of escalating violence and homicide. [A 2021 study](#) found that homicide is the leading cause of death during pregnancy, and Black women and women under the age of 25 face the highest risk. For those experiencing domestic violence, access to abortion is a matter of both the right to healthcare and safety.

HB22-1075 would subject patients to invasive questions regarding their contraception methods, reasons for seeking an abortion, and sexual history, and would collect information about financial insecurity, drug or alcohol use, sexual assault, domestic violence, and more. This approach is not trauma-informed, and any hoped-for intervention will only reach those ready to disclose, which is less likely if that disclosure is being reported.

HB22-1075 will add additional barriers to abortion for Coloradans, particularly survivors who have privacy and safety concerns. Despite the suggested protections around personally identifiable information, concerns about the risk of identification will remain for survivors, particularly in areas with limited providers. The bill also places additional burdens on providers and may function as another of the long list of regulations attempting to close and hinder the work of clinics.

Thank you for taking the time to review our concerns, and please vote no on HB22-1075.

Amelia Lobo  
Public Policy Specialist  
Violence Free Colorado

House Health & Insurance

02/23/2022 01:30 PM

HB22-1075 Induced Termination Of Pregnancy State Registrar

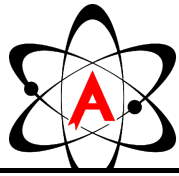
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Mark Korb For Self	<p>Induced termination of pregnancy is a hot button topic throughout the United States. Accurate information on the incidents and circumstances of the procedure will be essential to understanding the issue and public/social implications of the issue.</p> <p>Good factual information is the starting point for wisdom in legislating.</p> <p>I urge the passage of HB-22-1075</p>
Jeff Wheelock For Self	I support Bill 22-1075. The bill presents an opportunity to learn more about why women seek abortions and then use the data to reduce the number of abortions performed while directing women to life-affirming resources.
Michelle Vogel For Self	<p>Please vote YES or FOR in hearing this bill that requires health-care providers that perform induced terminations of pregnancies to report specified information concerning the women who obtain the procedure to the state registrar. I think this is very important in order to help vulnerable women get the help they need...not to get an abortion and end the life of their child..but rather to see what is causing them to want to have an abortion. They can be helped through countless agencies, churches, and individuals if given the chance. This bill also holds health care workers ACCOUNTABLE and HONEST. Change your hearts and protect those most vulnerable. Give them a chance.</p> <p>Michelle Vogel Longmont CO</p>
Stephanie McCutcheon For Self	<p>Good afternoon. I am writing in support of HB22-1075, the Induced Termination of Pregnancy State Registrar bill. I am very concerned that Colorado does not have a way currently to provide significant statistics on abortion. Abortion is a medical procedure fraught with issues. There must be a way to know whether or not someone is procuring one due to rape/incest/sex-trafficking (so they can get the help they need in these particular instances). At the very least, whether or not one is for or against abortion, we need to know the vital statistics of this medical procedure. Statistics on illnesses and other medical procedures are captured and reported (see the covid numbers), why not this medical procedure? Transparency is key and there is nothing to hide. Patient anonymity can be maintained, even while providing clear statistics.</p>
Emily Downs For Self	<p>Dear Chairwoman and Committee,</p> <p>I sat in for part of today and listened to some on the way home to the HB22-1075 Bill about the Induced Termination of Pregnancy State Registrar, and I have a question of you. Are you pro-woman, or are you only anti-pro-life and pro-abortion. If there was a better choice for these women to make, wouldn't you want to support it? We are here to show people the love of Christ and that each human being is uniquely made in the Image of God. However, this bill is not meant to end abortion, it is</p>

	<p>meant to protect women, men, and babies by finding solutions to these other hindrances of having the joy of having a baby. Wouldn't we want to support that if possible? We want to save the life of the baby, but that is not what we are doing in this bill, we are merely attempting to take care of these women and provide options. Destroying a life is tragic, and destroying a life unnecessarily is even more so. We want to empower them to keep their baby, because they can, and the baby is a human life. Are you actually trying to take care of each individual woman and what they want, or are you just trying to push the abortion agenda?</p> <p>We care, and we can care together for women, fathers, and babies.</p> <p>Thank you, Emily Downs, a student at Colorado Christian University</p>
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# AMERICAN ATHEISTS

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February 23, 2022

The Honorable Rep. Susan Lontine  
Chair, House Health and Insurance Committee  
Colorado State Capitol - Room HCR 0112  
200 East Colfax Avenue  
Denver, Colorado 80203-1784

**Re: OPPOSE HB 1047, 1075, and 1079, Letter of Opposition from American Atheists regarding legislation that inserts politicians' religious views in patients' medical care**

Dear Chairperson Lontine and Members of the House Health and Insurance Committee:

As a Colorado resident and volunteer for American Atheists, which has more than 1,300 constituents in Colorado, I write in opposition to HB 1047, 1075, and 1079, controversial bills that put politicians between patients and the doctors who provide their care. Bills like these perpetuate myths and lies about people who have abortions and the doctors who care for them. They undermine medical care for women and violate their individual rights. We urge you to reject these harmful bills.

American Atheists is a national civil rights organization that works to achieve religious equality for all Americans by protecting what Thomas Jefferson called the "wall of separation" between government and religion created by the First Amendment. We strive to create an environment where atheists are accepted as members of our nation's communities and where casual bigotry against our community is seen as abhorrent and unacceptable. We promote understanding of atheists through education, outreach, and community-building, and work to end the stigma associated with being an atheist in America. As advocates for the health, safety, and well-being of all Americans, American Atheists objects to efforts to subordinate medical care to the religious beliefs of politicians and others.

Polls consistently show that more than 6 in 10 Americans support legal access to abortion.<sup>1</sup> In Colorado, the Pew Research Center reports that 59% of adults believe that abortion should be available in all or most cases.<sup>2</sup> Despite this widespread support, some Colorado lawmakers are attempting to advance measure to criminalize abortion providers, restrict or ban access to health care, and create a disturbing database to track information about women obtaining abortion care. These bills are not about protecting women's health and well-being. They are about imposing a religious agenda on everyone else.

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Politicians have no place in the private lives of patients. Patients faced with difficult decisions need to have the ability to decide the type of compassionate care that is best for their family and their beliefs, just as they would be allowed to do at any other point in their child's life.

Every day, people across our country face the deeply personal decision of whether to continue their pregnancies. Consider Maureen's story.<sup>3</sup> Maureen was receiving regular pregnancy health care services when she learned something was very wrong around 21 weeks, through a routine ultrasound. Maureen recalls:

After an agonizing wait, the doctors confirmed our worst fears, yes one leg was shorter than the other, but **Zoey also had tumors on her liver, half her vertebrae, and water on her brain.** Our daughter Zoey had VACTERAL Syndrome. Our daughter could make it to full-term, but she had a high chance of never leaving the hospital and not living to her 1st birthday.

My husband and I were utterly devastated and drove home in silence. My husband rushed through the house and removed all Zoey's baby items knowing they could only bring more pain in the grief. Our family came over to offer their support. **This was particularly hard for my father as a life-long Republican.** But, when we were faced with the reality of Zoey's situation and the facts of his own daughter's situation, **deep down he and we all knew this late-term abortion was morally the right choice for us.** Suddenly for our family, **it wasn't about religious doctrine or politics.** The issue was our family's flesh and blood, not an abstract ideology, it was about doing what we, as an entire family, felt was best for Zoey.

We all knew it would be a short, painful and cruel life for her. **My father lent us the money** to save Zoey a short life of pain and agony, so she could go in peace. We ultimately decided that day to terminate our pregnancy. It was our last parental decision, the hardest decision I and my husband have ever made. **It was a decision made with great compassion and love for a daughter we would never meet.**

Maureen's story is heartbreaking, and it provides an example of how each pregnancy and woman's circumstances is different -- some with a healthy desired pregnancy, some with a pregnancy that is unplanned, and some with severe health conditions that modern medicine cannot fix. Politicians should acknowledge the complexities of medical decisions and respect the autonomy of pregnant people and their families to make the decision that is morally and medically best for themselves, their family, and their beliefs.

Forcing others to give birth against their will is wrong. It is not always possible for a woman to get an abortion as soon as she would like. Many things can stand in her way, such as not being able to afford it, not realizing they are pregnant, travel distance to a clinic, restrictions that have been put in place, or health issues or a fetal diagnosis later in the pregnancy. Colorado lawmakers should be working to

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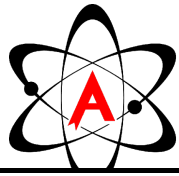
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dismantle the legal barriers and obstacles that shame patients and keep them away from abortion care earlier in pregnancies, instead of finding new ways to impose their beliefs on women.

We strongly oppose HB 1047, 1075, and 1079 because they needlessly impose politicians' religious views into the private lives of pregnant people and the doctors who care for them. We urge you to reject these harmful bills. If you should have any questions regarding American Atheists' opposition to HB 1047, 1075, and 1079, please contact Brett Parker, American Atheists' State Policy Manager, at [bparker@atheists.org](mailto:bparker@atheists.org).

Sincerely,

Sheryl Kallivrousis  
Broomfield, Colorado



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