

**Testimony of Mark Major on HB21-1183**

Ladies and gentlemen, I'm testifying today in favor of HB 21-1183 primarily as husband, a father of four daughters, and an attorney, in each of those capacities for over 40 years. Abortion is a topic that has become entirely too politicized, and that unfortunately leads to a lot of seriously inaccurate and questionable statements that do nothing to facilitate honest debate about its proper place in our community. We need reliable data to determine whether and how to focus public and/or private resources on any number of areas potentially affecting a mother's maternity challenges to the point of selecting abortion as a solution. Just a few of those areas would be:

- Access to family planning education and programs (such as LARC)
- Pregnancy discrimination in education or careers
- Access to adoption programs
- Access to perinatal hospice programs
- Impediments to abortion access.

As an example, let me tell you about Florence Crittenton Services of Colorado. They provide support services for the teenage mothers attending the Denver Public High School by the same name. This public/private partnership provides teen mothers a high school education through a combination of an early childhood education center, student and family support services, and an on-campus medical clinic. The young women have a refuge from the trauma of poverty, abuse, and discrimination so they can focus on their education and learn effective parenting skills. The result: they graduate about twice as many teen mothers as the national average. Over 80%. Those students – and their children -- go on to be productive citizens, saving this community untold millions in what otherwise would be crisis-oriented services they would require if they remained in the cycle of poverty, on the street, or in jail through their adult life.

It's all connected. Florence Crittenton's trauma-based social-emotional support and availability of child care removes the serious concerns about caring for a child, allowing the mother to effectively pursue her education. But to know how to best apply our time and money in any particular situation, in any particular community, whether it's teen mothers, low wage workers, or other scenarios, we need the data to know what other challenges there are that can be better alleviated than leaving our mothers to resort to abortion. Let's be realistic. Abortion services are not going away. But without effective support, there is really no choice for a pregnant woman to make. And without arming our legislators and this community with the facts on the challenges faced by those considering abortion, none of us can have a useful dialog on the matter, let alone make any realistic decisions to effectively address the relevant needs.

Thank you for your time and support on this critical bill.

Mark W. Major  
10768 E. Crestridge Cir., Englewood, CO 80111  
720-331-5457

**Written Testimony of Denise M. Burke,  
Senior Counsel, Alliance Defending Freedom  
In Support of Colorado House Bill 1183 (2021)**

Members of the Committee, I am Denise Burke, Senior Counsel with Alliance Defending Freedom. I am testifying in favor of the constitutionality of House Bill 1183.

The provisions of House Bill (HB) 1183 advance the State of Colorado's important interests in advancing maternal health and facilitating medical and public health knowledge about abortions (referred to in Colorado statutes as "induced terminations of pregnancies"). They are also consistent with other federal and state abortion reporting laws and comport with Supreme Court jurisprudence.

**Better Abortion Reporting is Critically Needed.**

According to analysis from the Charlotte Lozier Institute, "[n]ational and state abortion reporting laws and policies in the United States are a patchwork that falls far short of fulfilling the potential of this information to inform and guide public policy. The composite picture they reveal is at once impressionistic and incomplete, non-contemporaneous and of limited use in providing a true and timely rendering of the impact of public policies and attitudes on the reality of abortion in the United States." C. Donovan and N. Sullivan, "Abortion Reporting Laws: Tears in the Fabric," Charlotte Lozier Institute, December 2012, at 3.

Federal reporting on abortion is incomplete and routinely out-of-date. The U.S. Centers for Disease Control (CDC) have published an annual report on the incidence of abortion in the United States since 1969. States voluntarily aggregate and share their data to be included in the CDC's annual reports; however, some states, including California, Maryland, and New Hampshire, have chosen not to participate, rendering the CDC's data appreciably incomplete. The CDC's abortion reporting is also routinely out-of-date, with the most recent national abortion surveillance report containing data from 2018. Charlotte Lozier Institute, "State Abortion Reporting," October 29, 2019, available at <https://lozierinstitute.org/state-abortion-reporting/>.

Other than the CDC, the only other source for national abortion data is the private, nonprofit Guttmacher Institute which obtains survey data directly from abortion providers. C. Donovan and N. Sullivan, "Abortion Reporting Laws: Tears in the Fabric," at 4-5. However, just like the CDC's annual reports, Guttmacher's abortion reporting is of limited value because it only reflects information from voluntary sources.

Forty-six states and the District of Columbia require hospitals, facilities and physicians providing abortions to submit regular and confidential reports to state

health officials. Guttmacher Institute, “Abortion Reporting Requirements,” March 1, 2021, available at <https://www.guttmacher.org/state-policy/explore/abortion-reporting-requirements#>. The scope and breadth of these reporting vary significantly from state to state.

### **HB 1183’s Specific Requirements Mirror Current Requirements from Other States.**

HB 1183’s proposed demographic, complication, and other reporting requirements for abortion are consistent with the information being collected in other states. For example, like HB 1183:

- 46 states and the District of Columbia require demographic information on the woman seeking the abortion.
- 28 states require abortion providers to report post-abortion complications.
- 16 states require abortion providers to report certain information about the woman’s reason for seeking the abortion, specifically
  - 10 states ask whether the abortion was performed because of a threat to the woman’s health or life.
  - 7 states ask whether the abortion was performed because of rape or incest.
  - 15 states ask whether the abortion was performed because of a diagnosed fetal abnormality.
  - 9 states ask whether the abortion was performed for other reasons such as the woman’s economic or familial circumstances.

*Id.*

### **Abortion Reporting Requirements Like Those in HB 1183 Are Unquestionably Constitutional.**

Colorado “has a legitimate concern with the health of women who undergo abortions.” *Akron v. Akron Ctr. for Reproductive Health, Inc.* 462 U.S. 416, 428-29 (1983). HB 1183 advances this interest by compiling relevant data on all abortions performed in the State. It contributes directly to medical and public health knowledge about abortion procedures, the reasons abortions are sought, abortion’s short- and long-term complications, and whether certain demographics are more likely to seek abortions.

Abortion reporting requirements do not impose any burden on a woman’s freedom to choose an abortion. Rather, “[t]he collection of information with respect to actual patients is a vital element of medical research.” *Planned Parenthood v. Casey*, 505 U.S. 833, 900-901 (1992). It is essential that the medical and public health

communities have access to accurate information both on the abortion procedure and on complications resulting from abortion. HB 1183 facilitates this access and will contribute to policies that protect the health and safety of women and their children.

“Record keeping and reporting provisions that are reasonably directed to the preservation of maternal health and that properly respect a patient’s confidentiality and privacy are permissible.” *Planned Parenthood v. Danforth*, 428 U.S. 52, 79-81 (1976). HB 1183’s tailored reporting requirements will contribute to maternal health by facilitating more reliable scientific studies and research on the safety and efficacy of abortion. It also appropriately safeguards patient privacy.

\*\*\*

The Charlotte Lozier Institute has opined that “[i]mproving national abortion data collection in the United States should be a priority concern for state and federal policymakers ... more accurate data [will] ... assist[] policymakers in adopting the best approaches that protect both women and the children.” C. Donovan and N. Sullivan, “Abortion Reporting Laws: Tears in the Fabric,” at 25.

HB 1183 facilitates the achievement of these aims. It fills a critical void in current federal and state abortion reporting requirements, reflects the intended purposes of abortion reporting laws, and is constitutional under U.S. Supreme Court precedent.



**COLORADO CATHOLIC CONFERENCE**

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

2021 March 24

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

My name is Brittany Vessely. I am the executive director of the Colorado Catholic Conference (CCC). I am also 20 weeks pregnant with a baby girl myself. I am speaking on behalf of the conference to testify in support of HB 1183.

The purpose of HB 1183 is to provide transparency that will aid vital area of public concern: supporting women with their unplanned pregnancies. The bill requires health-care 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 the Coloradans with important information about the prevalence of abortion in our state.

The goal of HB 1183 is also to provide complete information to healthcare professionals and lawmakers, who can use that information best meet the needs of the Coloradans – especially women —with that information.

We are currently woefully ignorant to the true number of abortions in our state. According to the Guttmacher Institute, the true number of abortions in Colorado is 40 percent higher than reported. For instance, the Boulder abortion clinic that routinely performs late-term abortions (including abortions up-to the moment of birth), does not report their data.

Colorado is one of seven states that has no restrictions on the gestational age of a child for an abortion. This means that in Colorado unborn children can be killed at any moment up until birth. Most states in America have imposed restrictions on abortion at 20 weeks' gestation or at viability of life outside the womb. Not only is Colorado behind other states in protecting lives of preborn children, the status quo makes it impossible for Coloradans to know how many abortions occur in later stages of pregnancy.

The citizens of Colorado have a right to know basic, nonidentifying statistics on the procedure that ends the lives of preborn children.

We respectfully ask for a “yes” vote on HB 1183. Thank you for your time.

Sincerely,

Brittany Vessely

Executive Director, Colorado Catholic Conference

**House Health & Insurance**

**Testimony - HB21-1183 Induced Termination Of Pregnancy State Registrar**

First Name	Last Name	Position	Representing	Text of Testimony
------------	-----------	----------	--------------	-------------------

Members of the Health and Insurance Committee:

It has come to my attention that abortions in Colorado are poorly documented. As a physician assistant, I understand the need for data collection for the benefit of the public. Whenever there is a public health concern such as a vaccine preventable disease or a sexually transmitted infection diagnosed while under my care, I report that information to the state so we can be aware of trends and shortcomings in the healthcare system.

A reporting system of how many abortions are performed, why they are performed, at what gestational age they are performed, and the outcomes of the abortions should have been established decades ago. Concerned citizens on both sides of the abortion debate see accurate reporting of abortions as an important step to dispelling misinformation about abortions and understanding the health needs of women. The pro-choice Guttmacher Insititute and the pro-life Charlotte Lozier Institute both use abortion reporting data to increase knowledge about abortions. The Guttmacher Institute states that "Abortion reporting is an important public health tool that must be used—at both the state and federal levels—only to advance public health."

It is a shortcoming of the healthcare system that we do not have the knowledge to clearly educate on the truth about abortions in Colorado. It is a disservice to women that we do not have an understanding of why abortions are occurring. Unwanted pregnancies have long been a public health concern. If we allow ourselves to understand why abortions are occurring and how many are occurring, we will be one step closer to decreasing the number of unwanted pregnancies which is a benefit to women and society as a whole.

I urge you to support HB21-1183 for the sake of the women of Colorado.

Thank you.

Hannah	Beasley	For	Self
--------	---------	-----	------

Ed	Snyder	For	Self
----	--------	-----	------

I support HB21-1183 which requires regular reports on data on induced pregnancy terminations. I believe this requirement is essential for understanding not only the trends in abortions but also the impact of changes in state policies. Without reliable, consistent data, there's no way to understand or even know what is happening or how to effect it.

The present CDPHE and healthcare system supposedly require abortion providers to report their data; however, there is a wide discrepancy in actual results. For the sake of quality control and beneficial data to evaluate standards of care that are already pertinent to all other medical procedures, we need to have more transparency, consistency in reporting of complications, and the ability to evaluate trends in women who choose abortion. It is important to improve outcomes and understand what needs more research to benefit women's overall healthcare, including why there is demand for abortion. Quantitating medical indications, the number and type of fetal abnormalities; the number of abortions done to save the mother's life; the number of abortions done after the viability of the fetus; and the number of women who chose abortion for rape or other crimes are sorely needed. Assessment using precise medical language and coding is required for the common good of individuals and society. Please do the right thing for patients and our communities by passing H21-1183.

Ken	Stone	For	Self
-----	-------	-----	------

I am writing in support of HB21-1183. I believe it's essential for the state to collect regular, reliable data on abortions if we're to understand trends and the impact of policy decisions on the industry. This bill is also HIPAA compliant. Please support Rep Luck's HB21-1183.

Thank you.

Ellen	Snyder	For	Self
-------	--------	-----	------

Dr. Ellen Snyder  
Denver, CO

Ladies and gentlemen, I'm testifying today in favor of HB 21-1183 primarily as husband, a father of four daughters, and an attorney, in each of those capacities for over 40 years. Abortion is a topic that has become entirely too politicized, and that unfortunately leads to a lot of seriously inaccurate and questionable statements that do nothing to facilitate honest debate about its proper place in our community. We need reliable data to determine whether and how to focus public and/or private resources on any number of areas potentially affecting a mother's maternity challenges to the point of selecting abortion as a solution. Just a few of those areas would be:

- Access to family planning education and programs (such as LARC)
- Pregnancy discrimination in education or careers
- Access to adoption programs
- Access to perinatal hospice programs
- Impediments to abortion access.

As an example, let me tell you about Florence Crittenton Services of Colorado. They provide support services for the teenage mothers attending the Denver Public High School by the same name. This public/private partnership provides teen mothers a high school education through a combination of an early childhood education center, student and family support services, and an on-campus medical clinic. The young women have a refuge from the trauma of poverty, abuse, and discrimination so they can focus on their education and learn effective parenting skills. The result: they graduate about twice as many teen mothers as the national average. Over 80%. Those students – and their children – go on to be productive citizens, saving this community untold millions in what otherwise would be crisis-oriented services they would require if they remained in the cycle of poverty, on the street, or in jail through their adult life.

It's all connected. Florence Crittenton's trauma-based social-emotional support and availability of child care removes the serious concerns about caring for a child, allowing the mother to effectively purse her education. But to know how to best apply our time and money in any particular situation, in any particular community, whether it's teen mothers, low wage workers, or other scenarios, we need the data to know what other challenges there are that can be better alleviated than leaving our mothers to resort to abortion. Let's be realistic. Abortion services are not going away. But without effective support, there is really no choice for a pregnant woman to make. And without arming our legislators and this community with the facts on the challenges faced by those considering abortion, none of us can have a useful dialog on the matter, let alone make any realistic decisions to effectively address the relevant needs.

Thank you for your time and support on this critical bill.

Mark	Major	For	Self
------	-------	-----	------