



March 2024

To: Members of the House Health and Human Services Committee

Re: Letter in Opposition to HB24-1106—Require Information about Abortion Pill Reversal

Dear Committee Members:

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women around the world since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy. More than 700 community leaders are members of AAUW branches around Colorado.

Since the 1960s, Colorado has recognized and protected women's rights in regard to abortion. There have been many attempts to outlaw abortion in Colorado, but each time the Legislature and/or the voters have said "no." AAUW believes abortion is healthcare, and medical decisions—including abortion-- should be left to the patient and their doctor without interference from the government.

House Bill 1106 requires the state and healthcare providers to give patients information about treatments that are said to reverse the effects of medication abortion. But these claims haven't been proven in reliable medical studies — and they haven't been tested for safety, effectiveness, or the likelihood of side effects. The American College of Obstetricians and Gynecologists reject these untested treatment ideas. Planned Parenthood advises patients to consult their healthcare provider about any concerns they may have about a medication abortion. Requiring the state government to advise patients is unnecessary and may be injurious to patients.

For these reasons, AAUW of Colorado strongly opposes House Bill 1106, and requests your NO vote to prevent this bill from becoming law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive, flowing style.

Su Ryden

AAUW of Colorado Public Policy Co-Director

Suryden25@gmail.com • 16699 E. Kentucky Ave. • Aurora, CO 80017 • 303.898.5797

American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.



ACOG

The American College of
Obstetricians and Gynecologists
Colorado Section

August 7, 2023

Dr. Roland Flores, Jr., M.D., President and Members
Colorado Medical Board
1560 Broadway, Suite 1350
Denver, Colorado 80202

RE: Proposed Rule Regarding Abortion Reversal – Revised Recommendation from the Colorado Section of the American Congress of Obstetricians & Gynecologists

Dear Dr. Flores and Board Members,

The physicians of the Colorado Section of the American Congress of Obstetricians & Gynecologists (CO-ACOG) submitted a letter to the Medical Board on August 2, 2023. That letter set forth the concerns expressed by the physician members with the lack of substantive research that has come to characterize the discussions concerning the administration of so-called abortion reversal. The recommendation from CO-ACOG was that the boards refrain from endorsing that suspect procedure, withdraw the draft rule and proceed with a more robust review of the data.

Colorado ACOG would like to withdraw that recommendation, and for the reasons expressed further on, recommend that the board reject endorsing abortion reversal as a contemporary standard of care. In fact, CO-ACOG now recommends that the board adopt a position that the provision of the procedure is not ethical and runs the risk that patients will not receive appropriate, factual information that is essential to their health.

Several physician members of CO-ACOG participated in the August 4 stakeholder webinar on the implementation of the provisions of SB23-190. As a result of the information presented by proponents of abortion reversal, the physician members of CO-ACOG believe that the procedure cannot be recognized as a standard of care. The procedure poses real risks to patients. The proponents were not able to cite any reputable studies that adhered to a reproducible methodology that could be followed by others seeking to reach the same conclusions. If the research cannot be independently validated, then it follows that the conclusions must be considered speculative at best and fictitious at worst.

The proponents have developed a narrative that does not comport with long-standing research protocols. There has been ample time during the weeks since the General Assembly considered SB23-190 for the proponents to produce research to support the recognition of the so-called abortion reversal. It must now be considered that it is highly unlikely any such research will be produced in coming years. The proponents have failed to identify any research by one or more reputable entities that are underway and that could lend credence to the claims made by the proponents.



ACOG

The American College of
Obstetricians and Gynecologists
Colorado Section

Relying on selective narratives is little more than creating illusions. Enactment of laws and adoption of regulatory rules should not rest on a contention made from whole cloth.

The decision to be made by the Board of Medicine has implications beyond the draft rule. The simple act of endorsement or approval creates a presumption of credibility that becomes a high bar to challenge. It changes the entire responsibility from proponents being required to support their case to challengers being required to disprove the ill-defined assertion.

That credibility factor will have ripple effects through contracts, financial arrangements, and civil liability. The reality is that laws and rules become the prevailing policies that must be followed, and they remain in place until a subsequent legislative or regulatory body changes them. Laws and regulations have real world effects – that is their entire purpose.

The proposed rule, if approved, would trigger ripple effects throughout the State of Colorado. It would become embedded in how reproductive health services are provided by every practitioner irrespective of the type of license, registration, or certification that practitioner may hold.

Colorado ACOG renews its recommendation that the Board of Medicine reject the proposed rule and make a strong statement that abortion reversal is not a recognized contemporary standard of care for reproductive health care. Moreover, Colorado ACOG believes that the Board of Medicine should take strong action to hold physicians who counsel patients to undergo a medication abortion reversal procedure accountable for what is an inherently unethical practice.

Sincerely,

Lee Morgan, MD

Lee Morgan, MD
Colorado Section Chair

March 5, 2024

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

Re: HB24-1106, “Require Information about Abortion Pill Reversal”

Dear Chair Daugherty, Vice Chair Young, and members of the Committee:

Physicians for Reproductive Health (PRH) is a physician-led national advocacy organization working to ensure access to equitable, comprehensive reproductive health care for the communities we serve. This care will always include abortion. Our network includes physicians of all specialties from across the country, including Colorado, committed to meeting the needs of the patients they serve. We write in strong opposition to HB24-1106. These bills are not based in science or medicine. They are based entirely on political ideology and if passed into law will cause significant harm to patients and communities in Colorado.

HB24-1106 is rooted in an attempt to control peoples’ bodies and decision making about their lives and ignores the guidance of professional medical associations including the American Medical Association (AMA) and American College of Obstetricians and Gynecologists (ACOG). This bill attempts to intervene in the provision of safe, essential care and undermine the integrity of the patient-provider relationship. HB24-1106 is a cruel attempt to force abortion providers to share stigmatizing, medically inaccurate information with the patients they care for. Abortion “reversal” is not a medical term. Instead, it is language used by those who are anti-abortion to describe a medically unproven protocol in which a high dose of progesterone is given after the first of the two medications used in medication abortion are administered with the unfounded belief that this will “reverse” an abortion. This relies on experimental treatment that does not follow standard research protocol put in place to protect patients and keep them safe. Proponents of so-called “reversal” rely on case series, the lowest level of evidence. Case series cannot prove cause and effect.

In December 2019, the results from the first randomized control study (the highest level of scientific study) on abortion “reversal” were published. This study had to be stopped because of significant safety concerns about the so-called reversal regimen, namely heavy bleeding that in some cases required blood transfusion and even emergency surgery. The study concluded that the efficacy of progesterone for nullifying the effects of mifepristone could not be estimated due to these significant safety concerns. Notably, the American College of Obstetrics and Gynecology (ACOG), which publishes practice guidelines for OB-GYN care including abortion, opposes the practice, stating that “claims of medication abortion reversal are not supported by the body of scientific evidence, and this approach is not recommended in ACOG’s clinical guidance on medication abortion.” As shown by the failed study referenced above, this approach is not safe, effective, nor is it based on medical evidence.

Coercing healthcare providers into providing state-mandated information that is medically and scientifically inaccurate not only goes against any provider’s ethical imperative, it violates the patient-provider relationship and makes a mockery of the principles of informed consent. The informed consent

process in health care ensures patients are given all the information about their health condition, including testing and treatment options, to make decisions about their care. Forcing providers to share false and misleading information undermines a patient's ability to make decisions about their health care. Patients need medically accurate information, not state-mandated deception, coercion, or shame.

This bill is a clear attempt to control Coloradans' access to abortion care. Abortion is part of the full spectrum of reproductive health care, and any attempts to curtail this care results in harm to our community. Patients should be trusted to make their health care decisions in consultation with their care provider whom they trust. The patient-provider relationship is the cornerstone of compassionate care. When the government intervenes in this relationship, whether it be through forced speech or dictating medical practice, that relationship deteriorates. Providers are no longer free to practice medicine in line with the best and most current research and evidence. Instead, providers are forced to become agents of the state, scrutinizing, persecuting, and stigmatizing those seeking care. Coloradans deserve better than that.

Members of the Committee have an opportunity to ensure law and policy is based on sound science and medical evidence. Under no circumstances should Colorado politicians attempt to insert themselves into the practice of medicine. Together, we can achieve a future where equitable access to reproductive health care is available to every Coloradan. PRH urges you to oppose HB24-1106.

Respectfully,

Dr. Jamila Perritt, MD, MPH, FAACOG
President & CEO
Physicians for Reproductive Health



HB24-1106 - Provide Information on Abortion Pill Reversal – Strongly Oppose

March 5, 2024 Colorado House Health and Human Services Committee hearing

Dear Madam Chair and members of the House Healthcare and Insurance Committee,

My name is Thalia Oster and I am a volunteer lobbyist for the Colorado League of Women Voters' Legislative Action Committee.

As you all likely know, The League of Women Voters has been a nonpartisan organization for all of its 103 years.

The League supports the constitutional right of privacy of an individual to make reproductive choices. Public policy must affirm this constitutional right of privacy without undue government restrictions. The League also believes that every US resident should have access to a basic level of quality health care at an affordable cost, including abortion.

The Colorado League's position is exemplified in the CO Reproductive Health Equity Act, signed into law in 2022, which declares that every individual has a fundamental right to continue a pregnancy and give birth or to have an abortion.

This law also prohibits state and local public entities from denying, restricting, interfering with, or discriminating against an individual's fundamental right to continue a pregnancy and give birth or to have an abortion.

By requiring physicians and other healthcare providers to provide state-prepared information concerning reversing the effects of taking the first of 2 abortion medications, House Bill 1106 would not only impose an undue burden on healthcare providers and pregnant people but would base this requirement on unproven and unresearched assumptions.

The American College of Obstetricians and Gynecologists' position is that these reversal procedures are 'unproven and unethical' and "Legislative mandates based on unproven, unethical research are dangerous to women's health." <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>

Thank you for this opportunity to testify. The League **strongly opposes** HB 1106.

Respectfully,

Thalia Oster, Volunteer Lobbyist
LWVCO Health care Task Force Chair
League of Women Voters of Colorado
1410 Grant Street, Suite B-204
Denver, CO 80203
303-863-0437

House Health & Human Services

03/05/2024 Upon Adjournment

HB24-1106 Require Information about Abortion Pill Reversal

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Alethea Wingert For themselves	<p>The Abortion Pill Reversal information ought to be given to every woman seeking an abortion. This should be given because we as a state claim "freedom of choice" therefore we should be transparent with ALL the choices that women have. I am saddened that this has to be a bill at all. It should never be a choice to murder pre-born children; but as the murder of children is happening daily, it seems we should be consistent and transparent by giving all the choices that are truly available. This includes choices that this committee may disagree with. Women should be fully informed about their ability to change their mind and have the opportunity to stop their medically induced murder.</p> <p>Vote in favor of this bill. Be consistent with the mantra that you champion - choice.</p>
Sabrina Balister For themselves	<p>I stand in support of HB 24 - 1106. I thank Rep. Bottoms for sponsoring this Bill. This effort was tried in 2017, but was killed in committee.</p> <p>This Bill would ensure that mothers, in an unplanned pregnancy, know that the option exist for a safe reversal of the abortion pill, mifeprestone.</p> <p>I have heard eye witness testimony of young mothers, that tearfully and copiously thank the nurses and doctors at Crisis Pregnancy Centers, for helping to save their babies, through a medically supervised administration of the very safe hormone, progesterone, These young mothers had a change of heart, after they took the abortion pill, and decided they really wanted to keep their baby. They were so very relieved to know there is an option to reverse the termination of their pregnancy.</p> <p>Democrats have championed choice and options for women.</p> <p>I will absolutely consider every Democrat on this Committee, that casts a NO vote for this Bill, as a disgusting hypocrite. You have no excuse to vote</p>

	<p>NO. Your credibility is already in the toilet with a vast majority of Colorado voters, including me.</p> <p>Thank you for your time in reading this testimony. I hope it will be read during public testimony.</p>
<p>Lloyd Benes For themselves</p>	<p>Lloyd Benes: "YES" on "APR Information Act", HB24-1106</p> <p>I'm Lloyd Benes and represent myself. Please vote "yes" requiring fully informed consent to be provided to abortion-clinic clients. Citations I reference below are in the printed version I passed out & the written-testimony I uploaded today.</p> <p>Let's settle the science issue: The AMA said human life begins at fertilization over a century ago (citation = tinyurl.com/4kf7p4jr). Don't open yourself to an accusation of being a "science-denier" saying this is "philosophical claim" or "just a religious claim".</p> <p>Opponents cite ACOG to claim APR is not supported by science. Dr Catherine Wheeler strips ACOG of any authority on APR in her written testimony with 11 arguments (citation = tinyurl.com/4wcdd25m, pages 1248 to 1252).</p> <p>Dr. Delgado's studies show APR's success at saving babies ranges from 64% to 68% (citation = tinyurl.com/4wcdd25m, Page 9). Delgado began the Abortion Pill Rescue Network & >4500 women have saved their babies via APR (tinyurl.com/3fycxvf5). I admire that man.</p> <p>Dr. Creinin's double-blind study is often cited as proof of APR's danger & ineffectiveness, but closer inspection reveals the opposite. Among the 5 women who completed the full APR protocol, "four had a continuing pregnancy" -- that's 80% effectiveness! (citation = tinyurl.com/ypf4eusv). The fifth woman experienced a miscarriage with bleeding, but "no intervention was needed" at the hospital. Creinin attacked APR before Legislative committees last year, and failed to disclose he's a paid consultant for Danco Laboratories who sells the abortion drug in the US. Do I admire Dr Creinin?</p> <p>Abortion clinics pose greater danger to the mother than APR. Whistleblowers uncovered dangers like unreported sex trafficking (citations = tinyurl.com/25kyy6hx, tinyurl.com/mpjfds8k, acourageousrose.org), untrained personnel conducting ultrasounds (citations = tinyurl.com/4vz4tz4m, tinyurl.com/5xrptwm, tinyurl.com/yc7wmz6f), and unsafe medical practices (citations = tinyurl.com/y6u86tan, tinyurl.com/yc7wmz6f, tinyurl.com/mpjfds8k).</p> <p>Last night I heard pro-choice Legislators say, "abortion should be a decision between a woman and her doctor". That should also apply to APR. Legislators who vote against this Bill invalidate their claim of being pro-</p>

	<p>choice. If you support choice only when it leads to a baby’s death and refuse to permit a choice that could save a baby, informed voters will be repulsed by your actions. Please vote yes on this bill.</p>
<p>Catherine Wheeler For themselves</p>	<p>HB24-1106</p> <p>Provide Information About Abortion Pill Reversal</p> <p>In Support</p> <p>Catherine J. Wheeler, MD</p> <p>Board-certified Ob-Gyn Physician</p> <p>I represent myself in support of this bill</p> <p>As a board member of AAPLOG I represent thousands of physicians nationwide who support women receiving fully informed consent, including about APR.</p> <p>As an Ob-Gyn physician who performed abortions, I reflect on how differently we offer informed consent with abortion compared to other medical procedures.</p> <p>With tubal ligations, I informed women of the risk of failure, the potential for reversal, but without guarantee of being able to conceive normally.</p> <p>With hysterectomy, I described the procedure in detail, with risks, benefits and alternatives, including finality of loss of fertility.</p> <p>With abortion, I did NOT describe the procedure in detail, nor how I would dismember the preborn baby. This was wrong, and it is the standard “informed consent practice” for abortions. There is a notion that the woman might feel “guilty” or “bad” – that we should spare her the details. However, knowing all the facts is a woman’s RIGHT. Sure, she might make a different choice if she knew all the details. But isn’t that what informed consent is about – having ALL the relevant information? Who are we to infantize and deceive women in this way?</p> <p>For a woman who begins a medication, or chemical, abortion, and changes her mind, natural progesterone taken within 72 hours of mifepristone,</p>

	<p>provides a 67% chance of saving her baby’s life. Who would deny this desperate woman that opportunity? The FDA classifies progesterone as safe during pregnancy, research consistently shows that progesterone is effective, and more than 4500 babies’ lives have been saved with progesterone as APR.</p> <p>A dear friend of mine recently succumbed to a severe form of multiple myeloma. As one treatment after another failed, her physician offered off-label treatments. A large proportion of medications are used off-label. Doctors are very capable of explaining this to our patients. We can’t guarantee the effectiveness of any medications or surgeries. During informed consent we explain the available options, relative safety and effectiveness in similar situations, and risks.</p> <p>Offering women ALL the relative information is essential, and our DUTY, especially when a life is at stake. It is frankly cruel to not tell women of this life-saving, safe option.</p> <p>Please vote in favor of HB24-1106.</p>
<p>Jeany Rush For themselves</p>	<p>TO: HEALTH & HUMAN SERVICES COMMITTEE</p> <p>SPONSOR BOTTOMS 3-5-24</p> <p>HB-24-1106 REVERSAL TO PEOPLE SEEKING A MEDICATION-INDUCED ABORTION "ABORTION PILL REVERSAL INFORMATION ACT"</p> <p>FROM: JEANY RUSH, COLORADO SPRINGS CONCERNED CONSTITUENT</p> <p>VOTE: FIRM YES ON THIS BILL</p> <p>This bill allows women to make a decision to reverse their actions of aborting their babies. Further, by asking for information, options, medications, to do so, it actually allows for those who might have had second thoughts.</p> <p>Further, The information should be given up front, with a period of consideration and may, therefore, give a woman the chance to reconsider even before going through with the procedure.</p> <p>As a 74 year old woman, I can tell you, the care for women in America is in the Dark Ages Often. The quality of care is not what it should be, and I</p>

	<p>firmly believe it is on purpose. It is like being a secondary of importance citizen. Currently we are busy giving more care to those who come here in illegal ways. But I am going off topic. Many women do not understand what the implications of their actions in this process may do to their minds and bodies. So yes, I believe there is a need for this bill.</p>
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Testimony in Support of HB24-1106
Require Information about the Abortion Pill Reversal
Wendy J. Smith, Acute Care Nurse Practitioner- retired

My name is Wendy Smith. I am a retired Acute Care Nurse Practitioner. I am submitting my written testimony and ask that you **support HB24-1106, *Require Information about the Abortion Pill Reversal***. I currently volunteer with 4 different anti-sex trafficking organizations, three of which are in Colorado. I am representing girls I have mentored and survivors I have known, who are or were victims of sex-trafficking.

In their landmark report entitled, Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities (2014), Laura Lederer and Christopher Wetzel reported , “The prevalence of forced abortions is an especially disturbing trend in sex trafficking.” ¹

The concern is even greater with the increased availability and access to chemical abortion. Not only in the setting of sex-trafficking, where chemical abortion enables the trafficker, affording them greater control over their victims, but also in the setting of domestic abuse and dating relationships.

It is therefore imperative, and ethical, to require that girls/women receive full informed consent, not only about the chemical abortion but also about the abortion pill rescue (APR). At least if they are forced or pressured to take Mifepristone they have a window of opportunity to seek help and choose for themselves to save their baby.

“The American Association of Pro-Life Obstetricians and Gynecologists strongly supports efforts to require all women presenting for abortion to be given information about abortion pill reversal as part of informed consent prior to abortion.”²

The American Medical Association (AMA) Code of Medical Ethics, under section 2.1.1, defines the components of *Informed Consent*:³

“Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well- considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making.

The process of informed consent occurs when communication between a patient and physician results in the patient’s authorization or agreement to undergo a specific

medical intervention. In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians should:

(a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.

(b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

- (i) the diagnosis (when known);
- (ii) the nature and purpose of recommended interventions;
- (iii) the burdens, risks, and expected benefits of all options, including forgoing treatment.

(c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record. "

"Access to understandable health information is essential to empower patients to participate in their care and patient-centered organizations take responsibility for providing access to that information." IOM *Crossing the Quality Chasm* <https://www.nap.edu/read/10027/chapter/2>

Informed consent is absolutely critical in the area of chemical abortion, using Mifepristone alone or as recommended in combination with Misoprostol. When approved by the FDA informed consent for prescribing chemical abortions included a *Black Box Warning*, because of the potential life threatening bleeding and/or serious life threatening infections. Though recently prescription requirements for Mifepristone were relaxed, these potential risks still exist and are far more serious than progesterone, which is prescribed for reversal of the chemical abortion pill Mifepristone. In addition, legal cases are currently considering reversing the FDA's position. Girls/women who receive the chemical abortion without informed consent run the following risks:

Black box warning "use of misoprostol during pregnancy may cause abortion, birth defects, or premature birth. Uterine rupture has been reported when used to induce labor after the eighth week of pregnancy (in 2016 FDA approved use of this protocol up to 10 weeks of pregnancy). Black box also indicates written and verbal warnings concerning the hazards of misoprostol should be provided. Other potential side effects include nausea, vomiting, arterial thrombosis, arthralgia, back pain, bronchitis, bronchospasms, cardiac arrhythmias, CVA (stroke), hyper or hypotension, and others (lengthy list) – see a FDA package insert information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020687s022lbl.pdf

Progesterone has never required *Black Box warning*:

- a. Progesterone has been available since the 1930s. It has been used for over 50 years in the treatment of early pregnancies who are threatening to miscarry when the mother's progesterone level is low. It has also been used for over 3 decades in women who conceived with in vitro fertilization.
- b. How it works in reversing mifepristone: progesterone competes with mifepristone for the progesterone receptors, potentially reversing the effects of mifepristone.
- c. How it is taken: The woman has an ultrasound to confirm viable pregnancy, then receives Progesterone 200mg IM, daily x 5 days, then twice a week until the end of the first trimester, after that time progesterone is tapered.
- d. **There are no black box warnings for Progesterone alone and/or for natural progesterone (form used for abortion reversal).** Potential side effects of progesterone oil *injection* are mainly related to injection site redness, itching, rash.

Progesterone is vital in maintaining a viable pregnancy. Mifepristone acts to terminate a pregnancy by blocking progesterone resulting in the death of the fetus. Therefore, Progesterone is used in abortion pill rescue to override the Mifepristone, with 65-70% effectiveness.

Natural progesterone has over 50 year use in pregnancy and fertility care, is known to be safe, in pregnancy, and has a track record of 65% effectiveness in reversing the effects of mifepristone, reversing chemical abortion.

Please vote in favor of HB24-1106 "Require Information about the Abortion Pill Reversal"

1. 2019 AAPLOG Position Statement on Abortion Pill Reversal <https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf>
Retrieved 3/3/24.
2. Lederer L, Wetzel C, The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann Health Law*. 2014;23(1):61-91.
3. <https://code-medical-ethics.ama-assn.org/sites/amacoedb/files/2022-08/2.1.1.pdf>
Retrieved 23/3/24.