

February 17, 2023

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

**Re: HB23-1150, “Provide Information On Abortion Pill Reversal” and HB23-1097, “Painkiller Administration Prior to Abortion.”**

Dear Chair Daugherty, Vice Chair Kennedy, 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 HB23-1150 and HB23-1097. 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.

The bills before you today, HB23-1150 and HB23-1097, are rooted in attempts 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). Both of these bills attempt to intervene in the provision of safe, essential care and undermine the integrity of the patient-provider relationship. HB23-1150 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.

We also write in strong opposition to HB23-1097. This bill is an attempt to spread misinformation, shame patients who need abortion care later in pregnancy, and attack health care providers committed to providing their patients with quality, evidence-based health care. This bill dictates that providers must take actions that are contrary to their medical training and clinical judgment and in opposition to a patient's and their families' wishes. We see the bill's true goals for what they are: they are designed to mislead the public with dangerous rhetoric and interfere with the patient-provider relationship. Furthermore, the assertions in this bill are not based in current medical or scientific understanding and directly conflict with research endorsed by ACOG and other leading medical organizations. The real intent of this bill is to take decisions around abortion care away from patients and their providers with the ultimate goal of ending access to abortion.

Both HB23-1150 and HB23-1097 are clear attempts to control Coloradans' access to abortion care. Abortion is part of the full spectrum of reproductive health care, and any attempt 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 HB23-1150 and HB23-1097.

Respectfully,

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President & CEO  
Physicians for Reproductive Health