Second Regular Session Seventy-third General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 22-0653.01 Kristen Forrestal x4217

HOUSE BILL 22-1075

HOUSE SPONSORSHIP

Luck, Pico, Ransom

SENATE SPONSORSHIP

(None), Kirkmeyer

House Committees

Health & Insurance

Senate Committees

	A BILL FOR AN ACT
101	CONCERNING INFORMATION REGARDING INDUCED TERMINATIONS OF
102	PREGNANCIES REPORTED TO THE STATE REGISTRAR OF VITAL
103	STATISTICS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill 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 of vital statistics in the department of public health and environment in an electronic format as prescribed by the state registrar. The reported

information must not include information that could identify the women who obtained induced terminations of pregnancies.

The bill requires the state registrar to annually create a summary report of the information reported by health-care providers and to make the report available to the public. The bill places limitations on how and to whom the state registrar may release the information reported to the state registrar. A physician or physician assistant who falsifies or fails to submit the required information engages in unprofessional conduct pursuant to the "Colorado Medical Practice Act". An advanced practice registered nurse who falsifies or fails to submit the required information is subject to discipline pursuant to the "Nurse and Nurse Aide Practice Act".

Be it enacted by the General Assembly of the State of Colorado:

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2 **SECTION 1. Legislative declaration.** (1) The general assembly hereby finds and declares that:

- 4 (a) The goals of the department of public health and environment 5 (department) regarding the vital statistics program include:
- 6 (I) Analyzing and disseminating timely, complete, and 7 high-quality vital statistics data;
 - (II) Transforming data into products and information that drive evidence-based decisions;
- 10 (III) Helping to translate data into meaningful information and action;
- 12 (IV) Assisting with disease, injury, and violence prevention;
- 13 (V) Supporting maternal and child health activities;
- 14 (VI) Informing the public about policy and health promotion 15 efforts; and
- 16 (VII) Improving the health and lives of all Coloradans;
 - (b) Current vital statistics data regarding induced terminations of pregnancies are inaccurate and, according to the department, health-care providers do not consistently report such vital statistics to the state. The

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Guttmacher Institute has previously reported that abortions occur approximately 40% more frequently than the figures published by the department suggest.

- (c) Regardless of one's position on abortion rights, accurate vital statistics data is widely regarded as crucial to reproductive health research and public health policy. The American College of Obstetricians and Gynecologists recognizes that "Obstetrician-gynecologists play an essential role in ensuring accurate representation of pregnancy-related and pregnancy-associated deaths and other vital statistics for policy makers, public health institutions, and researchers." As noted in Maternal Health, "Incomplete reporting of pregnancy remains a fundamental shortcoming to the study of US fertility-related experiences. Efforts to improve abortion reporting are needed to strengthen the quality of pregnancy data to support maternal, child, and reproductive health research." Without accurate abortion statistics, it is impossible for the state to assess the impact of public and private health interventions on the incidence of abortion in Colorado.
- (d) The reasons women pursue abortion in Colorado are incompletely understood. National surveys by the Guttmacher Institute have identified the principal reasons women seek abortions at large abortion clinics. However, these surveys are compromised by poor participation and do not reflect the specific demographics of Colorado.
- (e) The standard of care for abortion providers entails obtaining a complete reproductive health-care history, including family planning methods, sexual history, and reasons for pursuing an abortion; and
- (f) Sex trafficking of adolescents and young adults is both a human rights violation and a public health problem in Colorado. Studies

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1	suggest that 3/% to 50% of sex trafficking victims encounter health-care
2	providers while they are being trafficked. Abortion providers are one of
3	the well-recognized health-care interfaces, and thus abortion providers
4	can play an important role in the identification of and response to the sex
5	trafficking of minors. Studies have suggested that over 50% of victims
6	have an abortion and 30% reported having multiple abortions because of
7	sex trafficking. Conducting a comprehensive reproductive health-care
8	history is one way to flag at-risk individuals.
9	(2) Therefore, the state of Colorado has a compelling interest in
10	requiring:
11	(a) Health-care providers who perform induced terminations of
12	pregnancies to report to the state registrar of vital statistics certain
13	information concerning women who obtain the procedure; and
14	(b) The state registrar to annually create a summary report of such
15	information and make the report available to the public.
16	SECTION 2. In Colorado Revised Statutes, 12-240-121, add
17	(1)(hh) as follows:
18	12-240-121. Unprofessional conduct - definitions.
19	(1) "Unprofessional conduct" as used in this article 240 means:
20	(hh) FALSIFYING OR FAILING TO SUBMIT TO THE STATE REGISTRAR
21	OF VITAL STATISTICS INFORMATION CONCERNING INDUCED TERMINATIONS
22	OF PREGNANCIES AS REQUIRED BY SECTION 25-2-110.3.
23	SECTION 3. In Colorado Revised Statutes, 12-255-120, amend
24	(1)(gg); and add (1)(ii) as follows:
25	12-255-120. Grounds for discipline - definitions. (1) "Grounds
26	for discipline", as used in this part 1, means any action by any person
27	who:

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1	(gg) Is diverting or has diverted a controlled substance, as defined
2	in section 18-18-102 (5), or any other drug having similar effects from the
3	person's place of employment; or
4	(ii) Falsifies or fails to submit to the state registrar of
5	VITAL STATISTICS INFORMATION CONCERNING INDUCED TERMINATIONS OF
6	PREGNANCIES AS REQUIRED BY SECTION 25-2-110.3.
7	SECTION 4. In Colorado Revised Statutes, add 25-2-110.3 as
8	follows:
9	25-2-110.3. Induced termination of pregnancy - report
10	required - unprofessional conduct - rules - definitions. (1) AS USED IN
11	THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:
12	(a) "HEALTH-CARE PROVIDER" MEANS:
13	(I) A PHYSICIAN OR PHYSICIAN ASSISTANT LICENSED PURSUANT TO
14	ARTICLE 240 OF TITLE 12;
15	(II) AN ADVANCED PRACTICE REGISTERED NURSE, AS DEFINED IN
16	SECTION 12-255-104 (1); OR
17	(III) A HEALTH FACILITY LICENSED OR CERTIFIED PURSUANT TO
18	SECTION 25-1.5-103.
19	(b) "ICD-11 CODE" MEANS A CODE CONTAINED IN THE ELEVENTH
20	REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES CODING
21	SYSTEM CREATED BY THE WORLD HEALTH ORGANIZATION, WHICH
22	CLASSIFICATION IS USED BY HEALTH-CARE PROVIDERS TO CLASSIFY AND
23	CODE ALL DIAGNOSES, SYMPTOMS, AND PROCEDURES.
24	(2) A HEALTH-CARE PROVIDER THAT PERFORMS INDUCED
25	TERMINATIONS OF PREGNANCIES IN THIS STATE SHALL FILE A REPORT WITH
26	THE STATE REGISTRAR, IN AN ELECTRONIC FORM AND MANNER PRESCRIBED
27	BY THE STATE REGISTRAR OF EACH INDUCED TERMINATION OF

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1	PREGNANCY. THE REPORT SHALL BE BASED ON A COMPLETE
2	REPRODUCTIVE HEALTH-CARE HISTORY OF EACH WOMAN WHO OBTAINS AN
3	INDUCED TERMINATION OF PREGNANCY AND SHALL INCLUDE:
4	(a) THE WOMAN'S AGE;
5	(b) THE WOMAN'S RACE AND ETHNICITY;
6	(c) THE WOMAN'S MARITAL STATUS;
7	(d) The number of previously induced terminations of
8	PREGNANCIES THE WOMAN HAS RECEIVED, IF ANY;
9	(e) THE NUMBER OF LIVING CHILDREN THE WOMAN HAS, IF ANY;
10	(f) A CLINICAL ESTIMATE OF THE GESTATIONAL AGE OF THE FETUS;
11	(g) THE METHOD OF FAMILY PLANNING EMPLOYED BY THE WOMAN
12	AT THE TIME OF HER PREGNANCY, INCLUDING:
13	(I) NO METHOD UTILIZED;
14	(II) NATURAL FAMILY PLANNING TECHNIQUES;
15	(III) ORAL CONTRACEPTIVE PILLS; OR
16	(IV) LONG-ACTING REVERSIBLE CONTRACEPTIVES;
17	(h) THE REASON FOR THE INDUCED TERMINATION OF PREGNANCY,
18	IF INDICATED BY THE WOMAN, INCLUDING WHETHER THE REASON WAS
19	ELECTIVE DUE TO:
20	(I) Interference with the woman's education;
21	(II) INTERFERENCE WITH THE WOMAN'S EMPLOYMENT OR CAREER;
22	(III) THE FINANCIAL INSECURITY OF THE WOMAN, INCLUDING IF
23	SHE IS:
24	(A) UNEMPLOYED;
25	(B) CANNOT SEPARATE FROM EMPLOYMENT TO CARE FOR A CHILD;
26	(C) CANNOT AFFORD CHILD CARE;
27	(D) CANNOT AFFORD HOUSING; OR

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1	(E) CANNOT RELY ON ASSISTANCE FROM A PARTNER;
2	(IV) THE WOMAN'S DETERMINATION THAT SHE WAS NOT READY OR
3	WILLING TO BECOME A PARENT BECAUSE SHE:
4	(A) IS NOT EMOTIONALLY OR MENTALLY PREPARED;
5	(B) IS NOT READY FOR ANOTHER CHILD;
6	(C) IS TOO YOUNG OR TOO OLD;
7	(D) Does not want others to know she was sexually
8	ACTIVE OR PREGNANT; OR
9	(E) DOES NOT WANT TO HAVE A CHILD OR PLACE A CHILD UP FOR
10	ADOPTION;
11	(V) A DYNAMIC RELATED TO THE WOMAN'S PARTNER, SUCH AS
12	SHE:
13	(A) HAS NO PARTNER;
14	(B) HAS A NEW PARTNER;
15	(C) HAS A PARTNER THAT IS UNSUPPORTIVE AND DOES NOT WANT
16	A CHILD;
17	(D) HAS DETERMINED HER PARTNER TO BE WRONG FOR HER;
18	(E) HAS AN ABUSIVE PARTNER; OR
19	(F) WANTS TO BE MARRIED BEFORE HAVING CHILDREN;
20	(VI) THE WOMAN'S DETERMINATION THAT SHE NEEDS TO FOCUS ON
21	HER OTHER CHILDREN;
22	(VII) THE OPPOSITION OF THE WOMAN'S FAMILY, FRIENDS, OR
23	COMMUNITY;
24	(VIII) MATERNAL HEALTH CONSIDERATIONS, SPECIFIED BY ONE OR
25	MORE ICD-11 CODES;
26	(IX) A CONCERN WITH THE HEALTH OF THE FETUS AS A RESULT OF
27	DRUG, ALCOHOL, OR PRESCRIPTION DRUG EXPOSURE DURING EARLY

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1	PREGNANCY;
2	(X) A FETAL ABNORMALITY, SPECIFYING THE SPECIFIC
3	ABNORMALITY;
4	(XI) THE PREGNANCY WAS THE RESULT OF INCEST OR RAPE; OR
5	(XII) ANY OTHER REASON SPECIFIED BY THE WOMAN;
6	(i) The type of induced termination of pregnancy
7	PERFORMED, INCLUDING MEDICAL, SUCTION CURETTAGE, SHARP
8	CURETTAGE, DILATION AND EVACUATION, HYSTEROTOMY, OR
9	HYSTERECTOMY; AND
10	(j) The name and type of health facility in which the
11	INDUCED TERMINATION OF PREGNANCY WAS PERFORMED, IF PERFORMED
12	IN A HEALTH FACILITY.
13	(3) IN ADDITION TO ANY OTHER PENALTIES AVAILABLE PURSUANT
14	TO THIS ARTICLE 2:
15	(a) A PHYSICIAN OR PHYSICIAN ASSISTANT WHO FALSIFIES OR FAILS
16	TO SUBMIT THE INFORMATION AS REQUIRED BY SUBSECTION (2) OF THIS
17	SECTION ENGAGES IN UNPROFESSIONAL CONDUCT PURSUANT TO SECTION
18	12-240-121 (1)(hh); AND
19	(b) AN ADVANCED PRACTICE REGISTERED NURSE WHO FALSIFIES
20	OR FAILS TO SUBMIT THE INFORMATION AS REQUIRED BY SUBSECTION (2)
21	OF THIS SECTION IS SUBJECT TO DISCIPLINE PURSUANT TO SECTION
22	12-255-120 (1)(ii).
23	(4) A HEALTH-CARE PROVIDER SHALL NEITHER IDENTIFY A WOMAN
24	WHO HAS OBTAINED AN INDUCED TERMINATION OF PREGNANCY IN THE
25	REPORT REQUIRED BY SUBSECTION (2) OF THIS SECTION NOR INCLUDE ANY
26	INFORMATION OR IDENTIFIER THAT WOULD MAKE IT POSSIBLE TO IDENTIFY
27	THE WOMAN IN ANY MANNER OR LINDER ANY CIRCUMSTANCES

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1	(5) (a) THE STATE REGISTRAR:
2	(I) SHALL ANNUALLY CREATE A SUMMARY REPORT OF THE
3	INFORMATION PROVIDED TO THE STATE REGISTRAR PURSUANT TO
4	SUBSECTION (2) OF THIS SECTION AND MAKE THE SUMMARY REPORT
5	AVAILABLE TO THE PUBLIC;
6	(II) SHALL NOT PERMIT INSPECTION OF OR DISCLOSE INFORMATION
7	PROVIDED TO THE STATE REGISTRAR PURSUANT TO SUBSECTION (2) OF THIS
8	SECTION OR COPY OR ISSUE A COPY OF ALL OR PART OF THE INFORMATION,
9	UNLESS THE STATE REGISTRAR IS SATISFIED THAT THE APPLICANT HAS A
10	DIRECT AND TANGIBLE INTEREST IN THE INFORMATION;
11	(III) MAY PERMIT THE USE OF INFORMATION REPORTED IN
12	SUBSECTION (2) OF THIS SECTION FOR STATISTICAL OR RESEARCH
13	PURPOSES, SUBJECT TO CONDITIONS THE STATE REGISTRAR MAY IMPOSE.
14	THE INFORMATION MUST NOT BE FURNISHED FOR RESEARCH PURPOSES
15	UNTIL:
16	(A) THE STATE REGISTRAR HAS PREPARED, IN WRITING, THE
17	CONDITIONS UNDER WHICH THE RECORDS OR INFORMATION WILL BE USED;
18	AND
19	(B) THE STATE REGISTRAR HAS RECEIVED AN AGREEMENT SIGNED
20	BY A RESPONSIBLE AGENT OF THE RESEARCH ORGANIZATION AGREEING TO
21	THE CONDITIONS.
22	(IV) MAY DISCLOSE INFORMATION REPORTED PURSUANT TO
23	SUBSECTION (2) OF THIS SECTION TO FEDERAL, STATE, COUNTY, OR
24	MUNICIPAL AGENCIES OF GOVERNMENT, OR DESIGNEES OF THE AGENCIES
25	OF GOVERNMENT, THAT REQUEST THE INFORMATION IN THE CONDUCT OF
26	THE AGENCIES' OFFICIAL DUTIES.
27	(b) NOTWITHSTANDING SUBSECTION (5)(a) OF THIS SECTION, THE

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1	STATE REGISTRAR SHALL NOT RELEASE ANY INFORMATION THAT
2	IDENTIFIES THE NAME OF ANY HEALTH FACILITY WHERE AN INDUCED
3	TERMINATION OF PREGNANCY IS PERFORMED OR ANY HEALTH-CARE
4	PROVIDER WHO PERFORMED AN INDUCED TERMINATION OF PREGNANCY.
5	(6) The executive director of the department of public
6	HEALTH AND ENVIRONMENT MAY PROMULGATE RULES AS NECESSARY
7	CONCERNING THE INFORMATION REQUIRED TO BE REPORTED PURSUANT TO
8	THIS SECTION AND THE ELECTRONIC FORM, TIMELINESS, AND MANNER IN
9	WHICH THE INFORMATION MUST BE REPORTED.
10	SECTION 5. Act subject to petition - effective date. This act
11	takes effect at 12:01 a.m. on the day following the expiration of the
12	ninety-day period after final adjournment of the general assembly; except
13	that, if a referendum petition is filed pursuant to section 1 (3) of article V
14	of the state constitution against this act or an item, section, or part of this
15	act within such period, then the act, item, section, or part will not take
16	effect unless approved by the people at the general election to be held in
17	November 2022 and, in such case, will take effect on the date of the

official declaration of the vote thereon by the governor.

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