



Rebecca Weaver, Director of Advocacy and Policy
AAPLOG Action
Written Testimony in OPPOSITION to HB26-1335

May 6, 2026

Chair Mullica, Vice Chair Jodeh, and Members of the Committee,

Thank you for the opportunity to submit written testimony in opposition to HB26-1335.

AAPLOG Action is the advocacy arm of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG). AAPLOG is a medical professional organization representing approximately 8,000 women's healthcare professionals. We are passionate about providing excellent, evidence-based healthcare to ALL our patients. While we represent the vast majority of OB/GYNs who do not perform induced abortion, and we recognize based on the medical evidence that induced abortion is not healthcare, we also want the highest standards of safety for our maternal patients should they choose induced abortion.

This bill would mandate that institutions of higher education with student health centers prescribe and facilitate access to abortion drugs, regardless of whether those facilities are equipped to safely provide this care. It imposes sweeping requirements without establishing basic medical safeguards, creating significant risks to women's health and undermining standards of care.

First, HB26-1335 fails to require adherence to U.S. Food and Drug Administration (FDA) safety protocols. Mifepristone is approved only for use up to 10 weeks' gestation and requires accurate pregnancy dating and screening for ectopic pregnancy—a life-threatening condition. Yet this bill contains no requirement for ultrasound, in-person evaluation, or confirmation of gestational age.

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Second, the bill ignores well-documented complication rates, which increase with gestational age. These complications include hemorrhage, incomplete abortion, and infection.ⁱ A recent report shows that as many as 11% of women experience serious adverse events within 45 days.ⁱⁱ These risks are incompatible with campus health settings that lack surgical capability, emergency infrastructure, and 24/7 physician coverage.

Third, student health centers are not equipped to manage the potentially profound complications from abortion drugs. Most lack ultrasound capability, trained obstetric staff, or the ability to perform emergency surgical intervention for incomplete abortions or hemorrhage. This bill effectively shifts the burden of complications onto emergency departments without ensuring continuity of care.

Fourth, HB26-1335 raises serious concerns regarding coercion and patient safety. By allowing prescribing without in-person dispensing, the bill increases the risk of forced or coerced abortion—an issue already documented in criminal cases. College-aged women are a particularly vulnerable population, with high rates of sexual assault and mental health challenges.

Fifth, the bill contains no provisions for data collection or transparency. There is no requirement to track complications, hospitalizations, or outcomes—despite broad consensus in medicine that accurate data are essential to patient safety and quality improvement. This lack of accountability is deeply concerning.

Additionally, the bill fails to include conscience protections for medical professionals, potentially compelling participation in procedures that violate deeply held ethical and professional convictions.

Finally, the broader implications cannot be ignored. Mandating abortion drug access in campus settings will likely increase utilization without corresponding safety oversight, raising medical, ethical, and financial concerns. It may also expose institutions to increased liability and impose new costs on taxpayers, students, and healthcare systems.

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In summary, HB26-1335 is dangerous, ignoring essential medical safeguards for young women.

AAPLOG Action urges this Committee to reject HB26-1335 and instead support policies that ensure comprehensive, ethical, and truly patient-centered healthcare for women.

Thank you for your time and consideration.

Respectfully submitted,

Rebecca Weaver
Director of Advocacy and Policy
AAPLOG Action

ⁱ <https://aaplog.org/wp-content/uploads/2021/04/AAPLOG-Statement-on-FDA-removing-mifepristone-REMS-April-2021-1.pdf>

ⁱⁱ <https://eppc.org/stop-harming-women/>

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May 2026

To: Senate Health & Human Services Committee

AAUW SUPPORTS HB26-1335-Abortion Medication Access on College Campuses

Dear Committee Members:

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women 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.

AAUW has led the fight on women's health and safety issues, and we have made progress over the years. Yet there is still work to do. House Bill 1335 recognizes that healthcare should be provided to women in college, and that abortion medication services should be treated as any other healthcare service. The bill requires higher ed institutions that operate student health centers to provide on-site abortion medication services through the student health center. An institution's on-site pharmacy should also maintain such medications for its students, or make those medications accessible to the students off-campus.

AAUW of Colorado strongly supports House Bill 1335 and requests your AYE vote in committee and throughout the process of becoming law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive style and is enclosed in a light blue rectangular border.

Hon. Su Ryden
AAUW Colorado Advocacy Director

16699 E. Kentucky Ave.
Aurora, CO 80017
303.898.5797
suryden25@gmail.com

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.

Thank you, Chair and members of the committee. My name is Leticia Higdon, Executive Director with the Colorado Pregnancy Care Alliance, a coalition of pregnancy care centers across our state that walk with women through some of the most vulnerable moments of their lives. I'm here today to respectfully **oppose HB-1335**.

I want to begin by acknowledging something we all agree on: Colorado students deserve to be safe, supported, and cared for. They deserve access to real healthcare, real guidance, and real human connection when they're facing difficult decisions. HB-1335 does not move us toward that goal. Instead, it places colleges and universities in the position of distributing a powerful medication without the medical infrastructure required to ensure students' safety.

The abortion pill regimen is not a simple or risk-free process. It involves significant bleeding, pain, and the possibility of complications that can be frightening when a young woman is alone in a dorm room, far from home, and unsure whether what she's experiencing is normal. Even the FDA acknowledges that serious complications can occur — and they require timely medical evaluation. College campuses are not equipped to provide that level of care, nor are resident advisors or campus security officers trained to respond to these emergencies.

We also cannot ignore the mental and emotional realities students face. Many are already navigating academic pressure, isolation, and anxiety. Adding a physically and emotionally intense medical process — often carried out in private, without medical supervision — increases the risk that students will suffer in silence.

Colorado has worked hard to expand mental-health resources for young adults. HB-1335 moves in the opposite direction by normalizing a medical event that can be traumatic and isolating.

There is a better path. Students deserve access to comprehensive healthcare, real counseling, and community-based medical providers who can walk with them through whatever they're facing — not a system that hands them a medication and leaves them to manage the rest alone.

For these reasons, I respectfully ask you to vote **No** on HB-1335. Thank you for your time and consideration.

My name is Lloyd Benes, representing myself. I request a "NO" vote on the bill - or please amend it to address serious risks to women's safety. I especially urge committee Democrats to explicitly respond to safety issues raised.

The worst risks are from abortion drugs. An analysis of over 865,000 Mifepristone abortions found that 1 in 9 women (10.93%) experienced sepsis, infection, or hemorrhage within 45 days - <https://eppc.org/stop-harming-women/>. You can read this study now by using the first QR code I provided or the https web-site. The death of Holly Patterson highlights how shockingly high these risks are, for she died of septic shock seven days after taking Mifepristone (tinyurl.com/holly18yrstory). You can read her story right now at the second QR code I supplied you. I challenge you to kill this bill or amend it to require informed consent that warns women they face a 1 in 9 chance of severe reaction, or even death from Mifepristone.



Another major risk is lack of in-person pill dispensing. Studies show 64–74% of women seeking abortions report coercion, often tied to abuse or sex-trafficking (tinyurl.com/64coerced). Read the report via the 3rd QR-code. Kill this Bill or amend it to require campus clinic-training to detect and report coercion and sex-trafficking. This bill does not require ultrasounds. Without them, ectopic pregnancies (about 2% of all pregnancies) will go undetected. A ruptured ectopic pregnancy can cause fatal internal bleeding within hours. Kill this Bill or amend it to require ultrasound testing before dispensing.



Past hearings on this bill featured silence by Democrats about these deadly risks. Democrats, choose now, will you prioritize abortion access over women's safety?

Senate Health & Human Services

05/06/2026

HB26-1335 Abortion Medication Access on College Campuses

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Karen Pennington Against Concerned Women for America	<p>Chair and members of the Committee, I am Dr. Karen Pennington, professor of nursing and State Director for Concerned Women for America (CWA) of Colorado. Today I am testifying for Concerned Women for America Legislative Action Committee in opposition to HB26-1335.</p> <p>We can all agree that women deserve full access to health care. HB22-1279 (RHEA, Reproductive Health Equity Act) codified legal rights to abortion and that health plans in Colorado must provide contraceptive services. Thus, this bill is unnecessary as students already have options for abortion access. This bill simply promotes a dangerous drug to end a pregnancy.</p> <p>First, by stocking campus clinics with this drug, women are sent a message that abortion is the only choice they have, thus, eliminating their “choice” to choose life for their pre-born. There is nothing “choice” about this bill. Instead, we should be ensuring female students have access to information on all their options, including adoption plans and parenting support. Instead, we are asked to settle for abortion.</p> <p>Second, according to the Ethics and Public Policy Center, 13% of women experience serious adverse events such as hemorrhaging, sepsis, and infections from the abortion pill, and there has been a shocking 52% increase in mail-order abortion pill prescriptions for ectopic pregnancies which can be deadly for the woman. Campus health clinics are not equipped with ultrasounds, physician follow-up care, or medical counseling, all of which help prevent serious adverse events for the student.</p> <p>Last, while the CDC reports a declining birth rate for the United States, a fertility rate of 1.62 per woman—well below the 2.1 replacement</p>

	<p>level, Colorado continues to promote a single option for pregnancy-abortion. Colorado continues to promote a culture of death and not life. Additionally, it ignores the religious convictions of individual nurses who seek to serve our students on college campus, and most fundamentally, rejects the right to life for pre-born Coloradans.</p> <p>HB26-1335 is unnecessary; access to abortion is granted; contraceptive services are guaranteed. Promote real options for students on campus by opposing this one-size-fits-all mandate. Vote “no” on HB26-1335.</p> <p>Thank You</p>
<p>Michael Dennis</p> <p>Against themselves</p>	<p>Honorable Members of the Senate and Human Services Committee,</p> <p>I wish to express opposition to HB26-1335 Abortion Medication on College Campuses. My thought is that as a society we make death for unborn children more of a priority than educating young college bound students. I absolutely disagree with the legislature on making a public institution provide abortion pills or a location for them to be used.</p> <p>We must do more as a culture to mentor young people in their personal ideas about sexuality. Sexuality taken out of context destroys relationships, destroys unborn children, and misguides young people on what a loving relationship looks like. This relationship should happen between two committed people in marriage.</p> <p>Forcing any public institution supported by my tax dollars to hand out death in a pill bottle is immoral and lacks basic humane ideals. The state embraces death as moral relativism to protect a woman from being excluded from economic gain when it is actually just the opposite. We as a society forgot to respect women for all the persons, they could be from a leader to a mother. It is the narrow mindedness of this culture that destroys families and dupes another young woman that abortion is the only escape from a momentary lapse in judgement. Women should be the cornerstone of our society and allowed to embrace all the possibilities instead of simply telling them a child will derail her future.</p> <p>The state of Colorado enshrined abortion as reproductive freedom and made this a standard procedure. I do not think politicians should be allowed to force moral relativism on society then celebrate it as a false</p>

	<p>freedom. Freedom comes when one is allowed to live. You can't obtain true freedom for anyone when you embrace abortion as the only solution. Vote no on this legislation and embrace true freedom. Thank you!</p>
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April 14, 2026

Colorado Senate Judiciary Committee
Colorado Legislature
200 E. Colfax Ave
Denver, CO 80203

Re: House Bill HB26-1335 – Oppose

Dear Chair Weissman and Honorable Members of the Senate Judiciary Committee:

The Pacific Justice Institute (PJI) is a national non-profit law firm focusing on the defense of religious freedom, parental rights and other civil liberties. Please consider this the official statement of opposition to House Bill 26-1335. While the bill may be presented with compassionate intentions toward pregnant students, HB26-1335 poses profound ethical, medical, and societal risks. It undermines the sanctity of human life, endangers the health of young women, and substitutes state-driven ideology for genuine informed consent and comprehensive care.

BACKGROUND

HB26-1335 would require every institution of higher education in Colorado that operates a student health center to provide on-site abortion medication services. Institutions with an on-site pharmacy must stock abortion medication and dispense it directly to enrolled students. Those without an on-site pharmacy must either send prescriptions off-campus or dispense the medication through the student health center itself. The bill contains no requirements for pre-procedure counseling, ultrasound confirmation of gestational age or intrauterine pregnancy, or mandatory follow-up medical care. Religious institutions are exempt only if providing the medication would violate their bona fide religious beliefs.

The bill makes no provision for the student who might consider options other than abortion. Instead, it effectively tells every pregnant college student: “We want you to abort your baby. There is no other option.” In reality, there **are** other options—prenatal care, parenting support, adoption services, and financial aid for student parents—and the legislation deliberately withholds those pathways from young women in crisis. Added to this, the bill’s choice of language may be confusing to many as men are not typically associated with seeking abortions. The use of terms that blur biological differences when it comes to medical procedures may minimize the serious medical and ethical questions at stake.

ARGUMENTS IN OPPOSITION

We will focus here on the medical, ethical, and practical implications of HB26-1335. The bill threatens the health of Colorado's college students and risks turning campus health centers into distribution points for a procedure that carries documented risks when performed without proper medical oversight.

I. Medical and Ethical Concerns

The bill does nothing to ensure proper follow-up care—the very safeguard that medical professionals have long recognized as essential after pharmaceutical abortion. Medication abortion (typically mifepristone followed by misoprostol) is not risk-free, especially when unsupervised. Research shows that unsupervised or inadequately supervised use is associated with significantly higher rates of serious complications. A 2025 study found that approximately 10.9% of women experienced serious adverse medical events within 45 days of taking the abortion pill, with over 3% experiencing hemorrhaging and nearly 3% requiring follow-up surgery for incomplete abortion. Other peer-reviewed analyses have documented elevated risks of incomplete abortion, failed abortion, hemorrhage, infection, sepsis, and missed ectopic pregnancy when the regimen is self-administered or dispensed without confirmatory ultrasound and scheduled follow-up.

By mandating on-campus access to these drugs while imposing no follow-up requirements, the bill leaves vulnerable young women—often far from home and without immediate family support—to manage potentially life-threatening complications on their own. This is not compassionate care; it is reckless policy that prioritizes ideological access over patient safety.

II. Inadequate Safeguards and Practical Problems

HB26-1335 is objectionable not only for what it contains but for what it lacks. The following are just some of the missing protections:

- No Requirement for Follow-Up Care — There is no mandate for post-abortion medical evaluation, ultrasound confirmation of completion, or monitoring for complications such as retained tissue, hemorrhage, or infection.
- No Pre-Procedure Safeguards — The bill contains no requirement for gestational-age dating, ruling out ectopic pregnancy, or informed-consent counseling that presents alternatives to abortion.

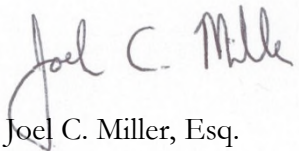
- No Room for Other Options — The legislation makes no provision for referral to pregnancy resource centers, parenting support programs, or adoption services. It sends a clear message that abortion is the only path the state is willing to facilitate.
- No Protection for Coerced or Rushed Decisions — College students in crisis—facing academic pressure, financial stress, or relationship instability—are offered a quick pharmaceutical solution with no meaningful exploration of life-affirming alternatives.
- Use of Language that Blurs Essential Biological Differences Necessary to Recognize in Medical Settings — The bill’s gender-neutral framing introduces uncertainty and risk in the administration of medical procedures that very clearly are different depending on biological sex.

This is not about expanding healthcare options; it is about enforcing a singular orthodoxy that abortion is the preferred—and only—solution for pregnant college students. Colorado families and young women deserve better. They deserve real support that includes accurate medical information, access to comprehensive counseling, and genuine pathways to continue their education while parenting or placing a child for adoption if they so choose.

CONCLUSION

We urge you to reject this ill-advised measure. HB26-1335 would endanger student health, eliminate meaningful informed consent, and deliberately steer pregnant college women toward abortion while withholding every other option. Instead of mandating unsupervised pharmaceutical abortions on campus, policymakers should focus on expanding genuine support for pregnant students: robust prenatal care, mental-health services, parenting resources, and adoption assistance. Colorado’s college women deserve compassionate, comprehensive care that values both their futures and the lives of their unborn children.

Respectfully submitted,



Joel C. Miller, Esq.
PACIFIC JUSTICE INSTITUTE