



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

April 15, 2026

Chair Lukens, Vice Chair Martinez, 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.

☎ 254-654-8356

✉ director@aaplogaction.org

👍 @AAPLOGAction

📍 1025 W. Rudisill Blvd. Box 28
Fort Wayne, IN 46807



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.

☎ 254-654-8356

✉ director@aaplogaction.org

👍 @AAPLOGAction

📍 1025 W. Rudisill Blvd. Box 28
Fort Wayne, IN 46807



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/>

☎ 254-654-8356

✉ director@aaplogaction.org

👍 @AAPLOGAction

📍 1025 W. Rudisill Blvd. Box 28
Fort Wayne, IN 46807



March 2026

To: House Education Committee

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

Dear House Education 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 YES 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.

Leticia Higdon

Colorado Pregnancy Care Alliance

Opposing HB26-1335

Good afternoon, members of the committee. My name is Leticia Higdon and I'm the Executive Director of the Colorado Pregnancy Care Alliance. Thank you for the opportunity to speak today in opposition to CO HB26-1335.

This bill would transform our college health centers—places meant to support student wellness—into distributors of abortion drugs. I urge you to vote no, and here's why.

First, this bill puts students' physical health at risk.

Chemical abortion using mifepristone and misoprostol is not a simple, low-risk procedure. The FDA's own adverse event reports, document serious complications, including hemorrhage, infection, and incomplete abortions requiring emergency surgical intervention. As of December 2024, 36 deaths had been associated with mifepristone per the FDA website.

College health centers are not equipped to handle these emergencies. They lack the diagnostic imaging to rule out ectopic pregnancies—a potentially fatal condition that chemical abortion drugs cannot treat and may mask. They lack the surgical capability to address severe bleeding. When a student hemorrhages in her dorm room at 2 a.m., a campus clinic cannot save her.

Second, this policy bypasses the medical safeguards that exist for a reason.

Proper administration of these drugs requires confirming gestational age, ruling out ectopic pregnancy, and ensuring a patient has access to emergency care and follow-up. Campus health centers handing out pills cannot replicate the standard of care a woman deserves.

Third, this bill creates serious legal and institutional liability.

Campuses will face the costs of retooling facilities, training staff, and defending against lawsuits when complications inevitably arise. These are resources that should go toward education—not toward making universities complicit in a procedure many students, staff, and taxpayers find morally objectionable. studentsforlife.org

Finally, this bill ignores the conscience rights of healthcare workers and students.

While the bill includes a narrow religious exemption for institutions, it offers little protection for individual nurses, pharmacists, or physicians who object to participating in abortion. Forcing healthcare professionals to choose between their careers and their convictions is not tolerance—it's coercion.

Our universities should be places where students are supported, not places that facilitate ending the lives of their children. If we truly want to help pregnant students, let's invest in resources that allow them to continue their education *and* their pregnancies—housing support, childcare, flexible scheduling, and enforcement of Title IX protections.

I respectfully urge a **no** vote on HB26-1335. Thank you.

Good afternoon, Madam Chair and members of the committee. My name is Elise Geno, and I am a senior at Colorado State University. I am submitting this testimony in support of HB26-1335.

This bill is important to me both personally and as a college student in Colorado. Like many women, I have a history of reproductive health issues, including endometriosis and uterus didelphys, which make access to abortion care especially important for my health and safety. Because of these conditions, I understand how crucial it is for students to be able to access timely reproductive health care without unnecessary delays or barriers.

HB26-1335 is also important because many college students do not have access to a car or other reliable transportation. When medication abortion is not available on campus, students may have to find a ride, miss class, miss work, or pay additional costs to travel to another pharmacy. For students already balancing academics, employment, and personal responsibilities, these barriers can make time-sensitive care even harder to access.

At Colorado State University, the CSU Health Network Pharmacy is already located on campus and would be a practical, accessible place for medication abortion to be available. Students should be able to get abortion care where they already receive other health services, without having to leave campus and disrupt their education.

Colorado has strong legal protections for abortion, but practical barriers still prevent many students from accessing care. Delays can make care more expensive and place an even greater burden on low-income students, rural students, first-generation students, undocumented students, and students of color. Making medication abortion available through campus health centers would help reduce these barriers and allow students to access timely, confidential care where they already live and study.

Please support the Medication Abortion on Campus bill. Thank you for your time.

House Education

04/16/2026

HB26-1335 Abortion Medication Access on College Campuses

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Anthony Apodaca Against themselves	<p>Thank you for taking the time to read this short summary of 3 reasons not to pass bill 26-1335:</p> <p>1. Abortion guilt and regret</p> <p>The one-way nature of abortion, with no way to take it back, makes such a decision an extremely weighty matter. Because emotions surrounding post-abortion can leave lasting scars, it is not a decision to be made lightly or hastily.</p> <p>There are many reasons why women can and do feel regret post abortion:</p> <ul style="list-style-type: none">-Some women feel coerced to get an abortion-Some women have to deal with deep guilt after the fact, some describing it as "unbearable"-Getting an abortion is very isolating. Since abortion is a very controversial topic in our culture, many women choose not to talk about it <p>Making such a monumental decision shouldn't be made in haste, and unfortunately, having abortion pills on campuses will make hasty decisions more likely.</p> <p>2. Campuses should be able to determine for themselves if this is the right move</p> <p>The amount of controversy surrounding abortion is no secret, so it makes more sense to allow campuses to decide themselves whether or</p>

	<p>not they provide abortion pills. By forcing all campuses to provide abortion pills, the divide between political parties and other groups will only increase and become agitated. More division is <i>*not*</i> what our country needs right now.</p> <p>3. Fertility rates are at an all-time low</p> <p>With fertility rates in the U.S. at an all-time low in 2024 (1.6 births per woman), it’s time for our country to take seriously the need of bringing the next generation into the world. Countries like South Korea and Japan are on the brink of completely disappearing from the world, and with such low birth rates, it’s not unreasonable to be concerned about following in the footsteps of these other countries. Having abortion pills on campuses will only make this issue worse—not better.</p> <p>Thank you for you time,</p> <p>-Anthony Apodaca</p>
<p>Bennett Rutledge</p> <p>Against themselves</p>	<p>Chair Lukens and Members of the committee,</p> <p>Looking at the Fiscal note for HB26-1335 - Abortion Medication Access on College Campuses, I see this is supposed to cost the taxpayers NOTHING?!? Quit kidding around!</p> <p>Vote NO on HB26-1335 - Abortion Medication Access on College Campuses</p>
<p>Everett Jirik</p> <p>For themselves</p>	<p>Good afternoon, Madam Chair and members of the committee. My name is Everett, and I am a student at CU Boulder and a member of Buffs4RR. I am here today to speak in support of the Medication Abortion on Campus bill.</p> <p>This bill matters greatly to my community and peers because all of us have faced barriers toward attending university, and even when we can access higher education, many of us further struggle with finances, transportation, and managing professional and familial obligations. All of these reasons compound into the importance of access of abortion medication. The age demographic that it impacts is in no way equipped</p>

	<p>to raise a child, and increasing the likelihood of them being forced to would severely negatively impact two lives.</p> <p>Please support the Medication Abortion on Campus bill. Thank you for your time.</p>
<p>Ingrid Moore</p> <p>For themselves</p>	<p>I fully support this bill. Please vote YES to pass committee.</p> <p>If people have religious or moral objections to providing abortion medications to the demographic most likely to need them - for reasons private to themselves and within their rights - then objectors do not have to make use of this services.</p> <p>Imposing the religious or moral standards of some on others in order to deny them their personal rights is un-American.</p> <p>Please vote YES on this bill.</p>
<p>Jerry Pasi</p> <p>Against themselves</p>	<p>Requiring colleges and universities to stockpile abortion pills will destroy more human life and cause serious physical, emotional and mental harm to many young women.</p> <p>By expanding abortion access in this way, the bill prioritizes abortion over other options and raises concerns about whether women are being fully informed of all their choices and the potential risks involved. Rather than promoting comprehensive care and support, this legislation focuses on increasing access to abortion services.</p> <p>I believe this bill is unnecessary and moves Colorado in the wrong direction.</p>
<p>Kyriaki Council</p> <p>For themselves</p>	<p>Dear House Education Committee:</p> <p>My name is Kiki Council, and I am an abortion rights, health, and justice (RRHJ) attorney and advocate here in the state of Colorado. I am writing to advocate for the passage of HB26-1335. I am intimately familiar with how this bill will help support students across the state of Colorado in both seeking and accessing critical healthcare. I dedicate 100% of my working time to RRHJ work at the state and city level as Managing Attorney, Reproductive Rights at the Public Rights Project and am also an at-large board member of the Abortion Freedom Fund (AFF). AFF provides funding to providers who mail abortion pills by post. In the past, I helped draft the Reproductive Freedom Act here in Colorado, and have participated in other legislative advocacy around RRHJ issues. As stated in the legislative declaration, access to reproductive healthcare is a fundamental right for every Coloradan. Both this legislative body and the people of Colorado have spoken repeatedly in favor of reproductive healthcare rights and access. In order to meet the</p>

	<p>demands of our state constitution, higher education institutions operating student health centers must provide access to abortion services, and the easiest, cheapest, and most consistent way to do that is through the provision of abortion medication as required by the proposed legislation. The bill notably comports with the requirements of the Hobby Lobby case by excluding institutions where providing such services would be against that institution's bona fide religious beliefs. College students are often at a loss when they discover they are pregnant and wish to end that pregnancy, particularly because abortion healthcare has been siloed away from other modalities of healthcare. Navigating how to locate and abortion, travel to said clinic, and pay for an abortion can be nothing short of overwhelming for busy college students, especially those who might be from out-of-state or who are enrolled in schools in rural parts of Colorado where abortion clinics are harder to access. While efforts have been made to educate students on the accessibility and affordability of pills by post, there still remain those who are ignorant to these options. By providing abortion medication directly on campus, these issues and barriers are removed, thus ensuring equal access to reproductive healthcare by all students enrolled in the state. The committee should pass this bill as it is in the best interest of students.</p>
<p>Margarita Nelson Against themselves</p>	<p>Abortion pills should not be mandated on college campuses. It is dangerous to give young women abortion pills to go through labor on their own and then proceed to abort their baby in the toilet. There is also no medical supervision or follow up once abortion pills are given.</p>
<p>Rhonda Jeanneret Against themselves</p>	<p>Please give strong consideration as you decide whether the State of Colorado should place a MANDATE on the colleges and universities. This decision should be their decision whether to provide the services to their student body.</p> <p>Each Community may already have this service in place and therefore is unnecessary for the College to provide.</p> <p>The extra cost of this State mandate will raise the cost of attending a higher education Institute, which is already an extreme burden to the citizens of Colorado.</p> <p>Thank you for your time</p> <p>Rhonda Jeanneret</p>
<p>Sakthi Asokan For themselves</p>	<p>Good afternoon, Madam Chair and members of the committee. My name is Sakthi Asokan, and I am a current second year medical student. I attend medical school at CU Anschutz. I am also a college</p>

	<p>graduate from CU Denver. I am providing written testimony in support of Medication Abortion on College Campuses.</p> <p>Access to medication abortion on college campuses is important to me both as a current and past student in Colorado universities and as a future physician. When I attended CU Denver, I firsthand experienced and witnessed the vital nature of the Health Center at Auraria which provides healthcare for all students on this tri-institutional campus including CU Denver, Metro State, and CCD. Particularly for students who are far from home for their education, on campus health centers provide essential healthcare, such as sexual and reproductive care including medication abortion. I and many of my friends personally received important reproductive care at the Health Center at Auraria including STI testing and both emergency and regular contraception during our time as CU Denver students. Without the on-campus accessibility, flexible hours to accommodate busy class schedules, and affordability, our reproductive healthcare would have been delayed or maybe wouldn't have even happened given limited connection to in state providers and lack of transportation to urgent cares.</p> <p>As a current medical student, I can verify that many of the patients we see in family medicine and OBGYN clinic are outside of the traditional college age range of late teen to early twenties. Part of this is because many of them have moved for college, which further supports needing abortion care on college campuses to meet these students where they are. As a future physician who hopes to practice in Colorado, supporting this bill highlights the importance of "meeting patients where they're at" in medicine. Medication abortion on college campuses ensures timely care, promotes health and safety, and upholds education and students' ability to stay in school and pursue their career goals.</p> <p>Please support HB26-1335 regarding Medication Abortion on College Campuses. Thank you for your time.</p>
<p>Tamra Apodaca Against themselves</p>	<p>I, Tamra Apodaca, live in Fort Collins, CO and would like to submit my concerns for this bill.</p> <p>First, anytime a bill like this requires all campuses to provide a controversial product, we need to ask why? And, for what benefit?</p>

	<p>I submit to you that the risks involved in passing the bill HB26-1335 is far greater than the risk of not passing it. I have four reasons:</p> <p>One. This will encourage irresponsibility with women and men for their own bodies. Women will be taken advantage of since the option to abort a baby in the event of pregnancy will be so easily accessible. Two. Taking the freedom away from campuses to make their own decisions to provide or not provide controversial medical products is contrary to what our country stands for. Three. There are countless mothers (and fathers) who have regretted making the decision to abort their child when they were in a vulnerable stage of life. Their decision, could have been more informed and carefully made. We all know young people have a lot of pressure to succeed. But not many get the true care they need. True care is more than being handed a pill. Four. The success of our country is dependent on people being born and raised with strong character. Not just with an impressive degree or career. Babies being born are a good thing if done responsibly. It keeps us from coming to a point of losing a whole generation that will take the country on to a greater future.</p> <p>This bill may make it easier to have an abortion and will very likely bring a lot more revenue to the companies who make the abortion products. But it also encourages a dangerous mindset that could destroy our future as a country.</p>
<p>Yakira Teitel For themselves</p>	<p>My name is Dr. Yakira Teitel and I am submitting written testimony on my own behalf in support of the Medication Abortion on Campus bill. I hope that sharing my experience implementing a medication abortion protocol at a college health center and my expertise providing medication abortions at our college health center will help shed light on why this is an important piece of legislation to pass. I also hope that my own experience can assuage some concerns about the logistical and financial costs of expanding access to medication abortion at college health centers. Our college health center is many of our students' only medical home, and I take that responsibility very seriously. College students, like all of us, deserve to make decisions about their own bodies and do what they believe is in the best interest of their own health and wellbeing. As our college is in a rural area and many students do not have access to transportation, bringing medication abortion services onto campus has made a tangible difference in honoring our commitment to protecting their health and wellbeing.</p> <p>When we implemented a medication abortion protocol more than two years ago, our process was thoughtful and thorough, but the costs were minimal to none. The medications we use are not only safe and</p>

	<p>effective, they are also very affordable to stock. We work with a trusted national generic manufacturer that accepts return shipments of unused expired medication. This allows us to be judicious with our use of medication and removes any pressure to use medication that has been stocked. College health centers generally stock a number of medications to be able to dispense to students; there is nothing different about the medications used in medication abortions other than the political stigma surrounding them.</p> <p>I strongly encourage the members of this committee to think about whether you want to allow college health professionals to practice within their full scope of practice, or whether you will allow them to be hampered by the political stigmatization of a basic, safe and effective health care intervention.</p> <p>Thank you for considering my comments in support of Colorado's Medication Abortion on Campus bill.</p>
--	---

Roopa Bhat, Medical Student
University of Colorado School of Medicine

Written Testimony in Support of HB26-1335

Dear Madam Chair and members of the committee,

My name is Roopa Bhat, and I am a medical student at the University of Colorado. I am writing to you to speak in support of the Medication Abortion on Campus bill.

During my clinical training in rural Colorado, I saw firsthand what happens when students do not have access to medication abortion. These are young people who come into our clinic worried about an upcoming English paper or an exam and leave facing a life-changing decision.

I remember one student who came in for an unrelated visit. Before she left, she hesitated, looked at me, and said, “You seem young—you might understand.” Then she started crying. She had just found out she was pregnant and had no idea what to do. Every hospital in her area was religiously affiliated and did not provide abortion care. The nearest Planned Parenthood had closed years ago, and the closest clinic was over three hours away. She was overwhelmed and alone. She thought about ordering medication abortion online but didn’t know how to calculate how far along she was, what medications she needed, how much it would cost, or how to fit this into her school schedule. She was terrified of waiting too long and losing her options.

I saw another student who had an IUD and came in with spotting, even though she hadn’t had a period in years. She thought it was just due to stress given her upcoming midterms but wanted to check it out just in case. Pregnancy wasn’t even on her mind, but when the test came back positive, everything changed in an instant. One moment she was telling me about her favorite coffee to get while studying, and the next, she was trying to understand what to do with her future. And medically, she faced serious risks, including the possibility of an ectopic pregnancy.

Moments like these are devastating, and sadly they are not rare. As a clinician-in-training, I was put in an impossible position. I could not provide the care these students needed. I could only point them to outside resources that were hours away, difficult to access, or confusing to navigate. It troubled me so much that I sought out additional training on self-managed abortion and even helped develop education for clinicians on how to support patients who present after one.

But that raises an important question: if I, as a medical student—with training, resources, and support—struggled to navigate these systems, how can we expect an 18-year-old in crisis to do it alone? We are asking students, many of them just beginning to live independently, to make

urgent, complex medical decisions without access, guidance, or care. Are we really willing to accept that their health and futures depend on their ability to navigate a complex medical system in moments of crisis, often exacerbated simply because of their zip code?

This bill offers a straightforward solution. It ensures that students can access medication abortion through student health centers, places they already trust, already use, and can easily reach regardless of whether they live in Denver or in a small town of 8,000 people.

This bill is not only about ease and dignity for the vulnerable members of our community, but also about their safety. No student should have to sit alone in a dorm room, scared and unsure, trying to make a medical decision that will shape the rest of their life without support or care. As clinicians, we cannot continue to send young college students out of our clinics with more fear than answers. This bill offers an opportunity to ensure that no student is left without care when they need it most.

Please support the Medication Abortion on Campus bill. Thank you for your time.

Mifepristone

David C. Simon, MD, specialist in Pediatric and Adolescent Medicine, US Army trained and retired 8 months ago following 55 years of medical practice in the greater Denver area.

I Oppose HB26-1335.

The FDA has approved Mifepristone for induced abortion through 70 days of pregnancy (prior to 10 weeks). According to AI “Mifepristone is considered safe and effective for early abortion, with serious complications occurring in less than 1% of cases.”

AI also states that, “At 10 weeks pregnant (8 weeks after conception), the baby officially transitions from an embryo to a fetus, marking the end of the most critical development phase. Now about the size of a strawberry or prune (roughly inches), the fetus has developed limbs that can bend, functional organs, and distinct facial features.” This now is a dependent but functioning human being at 10 weeks. AI

further reports “As of December 31, 2024, the FDA reported 36 deaths associated with mifepristone out of over 7.5 million users since 2000, representing an extremely low mortality rate of approximately 0.0005%. No deaths have been directly attributed to the drug itself, with reported cases often linked to underlying infections, ectopic pregnancies, or unrelated factors.”

Mifepristone is frequently compared to acetaminophen (AKA Tylenol) in its safety.

AI states “The death rate from proper, therapeutic dosing of acetaminophen in adults is extremely low and generally considered safe.” ***My personal experience of 55 years of medical practice treating thousands of infants, children and adults is that I have not seen one complication associated with acetaminophen when taken as recommended. In contrast, today you have heard about the multiple mild and severe complications of those taking mifepristone.***

The NIH states in their research of the OPV that, “The evidence establishes a causal relation between OPV and death from vaccine-strain poliovirus infection, including infection that results in paralytic poliomyelitis.... However, the risk of death from OPV-related polio infection would seem to be extraordinarily low.” However, many will recall that following this research, the OPV was pulled from administration and the reformulated IPV injection replaced it. It is of intense interest that OPV was not allowed to continue to be utilized in the United States due to the concerning causal events in comparison to mifepristone which does have documented mild and serious complications.

Al states, “Nationally, medication abortion using mifepristone is highly effective, with a 99.6% success rate, a 0.4% risk of major complications (or 400 pregnant mothers), and a mortality rate of less than 0.001% (0.00064% or ~0.65 per 100,000).” ***It is sobering to know***

that 99.6% per 100,000 living human beings that reside within a pregnant mother that are being destroyed by mifepristone is considered 'success'. Add to this that approximately .65 per 100,000 pregnant mothers die from its use. I view this as the only medication known that results in a death rate greater than 50% of those in whom it is utilized.

In conclusion, a pregnant mother, especially the young and college-aged, should be informed regarding the mifepristone risk, knowledge of the stage of development of her fetus and the potential post abortion physical and mental complications such as depression and suicidal ideation. This information should be provided by a qualified medical person prior to being prescribed mifepristone.

We here today have the opportunity to enact this process to allow her to make the right and informed decision.

Thank you.

Reasons to Oppose HB26-1335

- 1) **At a time of substantive budget cuts, it is fiscal malpractice to make elective and controversial financial demands on our public universities.** [Colorado taxpayers already fund 10 to 30 percent of public university budgets.](#) When the state imposes new mandates without funding, those costs do not disappear. They are either shifted to students through fees/tuition, absorbed through cuts to other critical educational services, or ultimately paid by the state in the form of increased funding
- 2) **Colorado's campus abortion law would require millions in startup and operational funding.** In states where similar mandates have been instituted, [such as California](#), the state has typically allocated \$200,000 per campus health center to implement the directive and conditioned implementation on a multi-million-dollar initial investment. The bill requires new infrastructure, protocols, and referral systems that don't currently exist. Colorado does not have the money to implement this mandate in our 32 public colleges and universities. Even if Colorado established a separate, dedicated, voluntary taxpayer donor funding mechanism as some states have done, it would divert funds from other governmental priorities and doesn't address the long-term maintenance costs of such a program.
- 3) **Mandating abortion provision transforms student health centers beyond their traditional scope.** Student health centers are designed for primary care, preventative services, and limited outpatient management of common diseases. They are not equipped to deal with complex reproductive health services that commonly require follow-up and surgical interventions.
- 4) **Selecting eligible women for a drug induced abortion is not as simple as it seems and introduces risk to a campus-based abortion service.** Approximately [2-4% of patients](#) may be incorrectly classified as eligible for medication abortion using self-assessment methods. To mitigate this risk, campus health centers should have ultrasound capabilities which introduces another layer of clinical expertise and cost that would be required. Mifepristone doesn't treat ectopic pregnancies which can be life threatening and are a risk without uniform ultrasonographic screening.
- 5) **Even when executed based on clinical best practices, drug induced abortions carry substantial risk.** We shouldn't be distracted by baseless tropes such as "mifepristone is safer than Tylenol". When taken as directed, acetaminophen is "[harmless](#)". It is only when taken in an overdose, that acetaminophen carries any risk. On the contrary, when taken as directed, mifepristone can be anticipated to cause significant adverse effects. [According to the FDA package insert](#), 85% of

women can anticipate an adverse reaction. While serious adverse effects are uncommon, the FDA cites a 0.3-0.5% requirement for transfusion, 0.2% incidence of sepsis, 2.6% requirement for surgical intervention, 2.9-4.6% utilization of Emergency Departments, and 0.04-0.6% need for hospitalization. [Higher frequency and higher acuity emergencies](#) are more common after drug induced abortions than following surgical abortion or live birth. This will impact many women seeking abortion services on Colorado campuses that are ill-equipped to deal with this level of physical harm.

- 6) **The introduction of drug induced abortion services on college campuses will exacerbate an already endemic mental health crisis amongst young adults.** [Studies of mental health in college student](#) populations demonstrate an alarming incidence of mental health problems. The Colorado Assembly should not be proposing mandates that are known to exacerbate existing mental health problems and precipitate problems in otherwise mentally healthy students. [Recent research](#) suggests a markedly increased incidence of hospitalization for psychiatric disorders (81% higher), substance abuse disorders (157% higher), and suicide attempts (116% higher) in women who had undergone abortion. This adds to a [growing body of international literature](#) on the adverse mental health impacts of abortion.
- 7) **The bill does nothing to address the abuse of drug induced abortion by partners and sexual traffickers.** HB26-1335 does not require in-person dispensing which increases [the risk that coercion](#) on campuses will not be detected and that an abortion might be the choice of partners or traffickers and not the woman.
- 8) **Drug induced abortions on campus will increase the risks of biohazard exposure in college dormitories.** Students and staff will be unprepared for the additional exposure to bloodborne pathogens and medical waste that accompanies drug induced abortions. Hemorrhage is the most common and anticipated result of the procedure. This introduces a whole new source of jeopardy to the student body and increases state liability.
- 9) **Abortion is morally repugnant to a sizable minority of Coloradoans and mandating the procedure on campuses is an affront to those sensibilities.** The bill does not include conscience objections. It flagrantly violates Hippocratic tenets of medical professionals and the moral principles of approximately 40% of the state's population.

Tom Perille MD
Democrats for Life of Colorado
Englewood, Colorado – House District 37

My name is Rachel Kleinschmit and I am a concerned citizen of Fort Collins, CO. I am writing to strongly urge you to oppose legislation that would require public university student health centers to provide abortion-inducing drugs on campus. Bringing abortion pills onto campus health centers is a dangerous initiative that places women's health at risk and transforms academic institutions into primary care abortion providers. I urge the committee to consider the following points:

1. Danger of Abortion Medication and Lack of In-Person Supervision.

Chemical abortions are not risk-free. According to a 2025 analysis of medical data, a high percentage of women taking these drugs endure severe pain, immense bleeding, and in some cases, life-threatening complications that require emergency care. Mandating that campuses dispense these drugs allows them to be given without the appropriate, in-person, comprehensive medical screening (such as an ultrasound to rule out ectopic pregnancy) that ensures safety.

2. Coercion and Intimate Partner Violence

College students are often vulnerable to coercion by partners, abusers, or traffickers. The removal of in-person screenings makes it easier for abusers to force women to take these drugs without a doctor witnessing the coercion. Allowing these drugs on campus makes the campus health center a tool for perpetrators rather than a safe haven for students.

3. Mental Health and Campus Environment

The experience of a chemical abortion—where the abortion takes place entirely alone at home or in a dorm room—can be psychologically traumatic. Students have reported feeling intense pain and fear, passing pregnancy tissue while being away from medical professionals. Providing these drugs on campus turns residential areas and academic health centers into sites of trauma, creating a hostile, rather than supportive, environment for pregnant students.

4. Failure to Address Real Student Needs

Instead of dedicating resources to terminating pregnancies, colleges should support pregnant students with resources to complete their education, such as prenatal care, on-campus childcare, and housing assistance.

In conclusion, the focus of our educational institutions should be on providing comprehensive support that empowers students to succeed academically while navigating pregnancy. Resources would be better spent on prenatal care, flexible housing, and childcare services. Prioritize holistic health and safety of students by voting no HB26-1335.

Hello, my name is Lloyd Benes, and I urge a NO vote on HB26-1335.

This bill mandates that college campuses with health clinics carry and dispense—or prescribe—medical abortion drugs. If you read the Bill, it does not even limit the recipients to women! Thus a boyfriend could obtain the pills and secretly dose his girlfriend – and the internet is rife with examples of this happening throughout the US.

About 1 in 9 women who take these drugs experience serious side effects within 45 days—such as hemorrhaging, sepsis, Emergency Room visits, or infection, according to an enormous study of 865,727 insurance claims. [You can see this study for yourself at eppc.org/stop-harming-women](https://eppc.org/stop-harming-women)

The bill also ignores the mental health toll: there is 81% higher hospitalization rates for psychiatric disorders, and substance abuse is 157% higher, and suicide attempts are 116% higher compared to non-induced-abortion women. [Data available at \(tinyurl.com/emotionalharmofabortions\)](https://tinyurl.com/emotionalharmofabortions)

Finally, this Bill provides no conscience protections for healthcare workers or pharmacists, inviting judicial reversal—just as SB23-190 was struck down. On August 1, 2025, Judge Domenico permanently enjoined that law, stating, “There is no question whether Section Three (of SB23-190) burdens Bella Health’s free exercise of religion.” [\(tinyurl.com/freeexerciseofreligion\)](https://tinyurl.com/freeexerciseofreligion).

On January 6, 2026, Colorado was ordered to pay Bella Health & Wellness \$5.4 million. With Colorado again facing a \$1 billion shortfall, HB26-1335 promises still more litigation costs.

To prevent physical and mental harm to women—and more costly constitutional litigation—please vote NO on HB26-1335.