July 26, 2023

To the Colorado State Medical Board, the Colorado State Pharmacy Board and the Colorado State Nursing Board:

As endorsers of the Safe Access to Protected Healthcare Package, we believe Coloradans have the right to treatments based in science that meet clinical standards. To that end, **we are writing to express our disappointment in the draft rules to implement the requirements of section 12-30-120(2), C.R.S published on Thursday, July 20.**

12-30-120(2)(a) established that "a licensee, registrant, or certificant engages in unprofessional conduct or is subject to discipline pursuant to this title 12 if the licensee, registrant, or certificate provides, prescribes, administers, or attempts medication abortion reversal in this state **unless** the [Boards], in consultation with each other, each have in effect rules finding that it is a generally accepted standard of practice to engage in medication abortion reversal."

12-30-120(2)(b) requires the Boards to promulgate rules "concerning **whether** engaging in medication abortion reversal is a generally accepted standard of practice." Instead, the Boards have proposed a complaint-based system in which each instance will be reviewed after the "reversal" has been attempted. Furthermore, the Boards have specified that those administering medication abortion reversal must provide patients with informed consent that includes information on risks, benefits, efficacy, and likelihood of intended outcome.

We are concerned with this proposal for many reasons.

1. 12-30-120(2) plainly states that attempting so-called "medication abortion reversal" is unprofessional conduct **unless** the Boards adopt rules finding that so-called "medication abortion reversal" is a generally accepted standard of practice. The Boards are charged with making that determination;
2. The proposed complaint system seeks to address harm *after* it has already occurred rather than preventing harm in the first place; and,
3. The information required in informed consent does not exist, because so-called "medication abortion reversal" has not been legitimately studied enough to determine the risks, benefits, or efficacy levels. A biased case series is among the weakest possible forms of evidence. There is no informed consent when the professional medical consensus is that a treatment is not based in science and does not meet clinical standards. Surely the Boards would not permit licensed health care

providers to administer "magical mineral solution"[1] for the treatment of autism or HIV so long as providers obtained informed consent.

We understand that these Boards "do not regularly adopt rules establishing a single standard of care applicable to all situations" and that they investigate "generally accepted standards of medical practice on a case-by-case basis." However, 12-30-120(2) demands the Boards act out of the norm and **determine whether or not so-called "medication abortion reversal" is a generally accepted standard of practice**.

As written, the Board's draft rule skirts this question, ignoring the guidance of the most relevant professional organizations including the American Medical Association and the American College of Obstetricians and Gynecologists, who have both denounced medication abortion reversal, as well as people who are seeking safe, accessible, and transparent reproductive care across the West.

The American College of Obstetricians and Gynecologists (ACOG) says that "Claims regarding abortion 'reversal' treatment are not based on science and do not meet clinical standards. The American College of Obstetricians and Gynecologists (ACOG) ranks its recommendations on the strength of the evidence and does not support prescribing progesterone to stop a medication abortion."[2]

The American Medical Association says that "**Because there is no credible, scientific evidence that a medication abortion can be reversed, physicians cannot, without misleading them, tell their patients that it may be possible**" to do so, "nor can they tell their patients that information and assistance is available to reverse a medication abortion **without misleading them**."[3] They further say that this is "a claim wholly unsupported by the best, most reliable scientific evidence, contravening their ethical and legal obligations as medical providers."[4]

Not based on science, does not meet clinical standards, no credible scientific evidence, misleading to patients, wholly unsupported – if that is not indicative of unprofessional conduct, what is?

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[1]https://www.fda.gov/consumers/consumer-updates/danger-dont-drink-miracle-mineral-solution-or-similar-products
[2]https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science
[3]https://www.ama-assn.org/delivering-care/patient-support-advocacy/doctors-battle-state-law-forces-them-mislead-patients
[4] American Medical Association v. Stenehjem, Complaint, Case No.: 1:19-cv-125 (2019)

This is a time to stand firmly in the fact that there is a right, and there is a wrong, and misleading patients by claiming to offer a treatment not based in science is unethical and unprofessional conduct. We stand behind the legislative mandate created in 12-30-120(2) and urge the Colorado Medical, Nursing, and Pharmacy Boards to **issue a rule addressing whether attempting so-called "medication abortion reversal" meets generally accepted standards of practice.**

Katherine Riley
Policy Director
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
katherine@colorlatina.org

Tash Berwick
Political Director
New Era Colorado
natasha@neweracolorado.org

Jack Teter
Regional Director of Government Affairs
Planned Parenthood of the Rocky Mountains

Meredith Gleitz
Policy Manager
One Colorado
meredithg@one-colorado.org

Maggie Gómez
Colorado State Director
SiX Action
Maggie@stateinnovation.org

Isabel Cruz
Policy Director
Colorado Consumer Health Initiative
icruz@cohealthinitiative.org

Briana Simmons
Black Health & Reproductive Justice Coordinator
Soul 2 Soul Sisters
briana@soul2soulsisters.org

Austin Blumenfeld
Executive Director
Centennial State Prosperity
austin@centennialstateprosperity.org

Beth Hendrix
Executive Director
League of Women Voters of Colorado
bhendrix@lwvcolorado.org

National Abortion Federation

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

Philip Shimel
Policy Associate
Cobalt Advocates
philip@cobaltadvocates.org

Anaya Robinson
Senior Policy Strategist
ACLU of Colorado
arobinson@aclu-co.org

Jordan T. Garcia
Program Director
American Friends Service Committee, Colorado
jgarcia@afsc.org

Kayla Frawley
Legislative Director
ProgressNow Colorado
kayla@progressnowcolorado.org

K. Sennholz MD
Lifelong and 3rd Generation Women's and Health Advocate
DrSennholz@gmail.com

Sarah Peterson, MD, MS
Vice Chair Colorado Section of ACOG
CU Medicine Ob/Gyn East Denver
sarahfpeterson@gmail.com

Shara Smith
Executive Director
Interfaith Alliance of Colorado
Shara@interfaithallianceco.org

Michal Duffy
Director of Education & Research
Out Boulder County
mduffy@outboulder.org

Bruce Parker
Deputy Director
Out Boulder County
bparker@outboulder.org

Cleveland Piggott, MD, MPH, FAAFP
President
Colorado Academy of Family Physicians
Family Physician in Aurora