



Americans
**United
for Life**

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In Support of House Bill 1313

Submitted to the House Committee on Judiciary Committee

February 11, 2026

Dear Chairman Alexander and Members of the Committee:

My name is Emily Hoegler, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide testimony in support of House Bill No. 272 (“H.B. 1313” or “bill”). This bill would empower women with information and resources regarding abortion and its alternatives, which can be provided by sidewalk counselors. Current New Hampshire law creates a “buffer zone” of up to 25 feet around entrances, exits, and driveways of reproductive healthcare facilities, prohibiting congregating, patrolling, picketing, or demonstrating within this zone.³ This effectively prevents sidewalk counselors from providing support and assistance to women within

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Jan 20, 2026). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

² *Defending Life: State Legislation Tracker*; AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Jan. 20, 2026).

³ *New Hampshire Rev. Stat. Ann. § 132:37 et seq.*

this area. H.B. 1313 would repeal the existing New Hampshire law and enhance protections for women, who receive vital information from sidewalk counselors. For these reasons, I urge the Committee to support H.B. 1313.

I. New Hampshire Law Effectively Eliminates a Source of Critical Information to Help Women Address the Unique Challenges Related to Abortion.

Current New Hampshire law prohibits women from receiving information regarding hope, compassion, and alternatives to abortion on public sidewalks outside of abortion clinics. H.B. 1313 would restore this support for women.

a. H.B. 1313 will help women receive information and resources to empower them to make fully informed reproductive choices.

H.B. 1313 will allow women to receive vital information and support resources, empowering women to make an informed and authentic choice to continue their pregnancies. For example, Coalition Life—a sidewalk counseling organization—explains that their volunteers “empower[] women to make a positive choice for life . . . [and] provide loving and effective advocates for life . . . [as] a last line of defense for every mother and child in crisis.”⁴

Informing pregnant women about alternative sources of support is especially important in light of the statistics that “[a] majority of women who had abortions [60%] reported they would have carried to term if they had received more support from others or had felt more financial security.”⁵ Additionally, sidewalk counseling provides women with vital information they are often not given at abortion clinics. For example, studies have found that 66.8% of women were not counseled before their abortion, 79.2% were not informed of abortion alternatives, and 84.0% felt that they received insufficient counseling before their abortion.⁶ H.B. 1313 should be enacted because it allows women to receive this critical information.

b. H.B. 1313 will help provide women with a necessary protection against coerced and involuntary abortion.

H.B. 1313 will empower women by providing a safeguard against abortion coercion. Safeguards against abortion coercion are critical because many women are pressured or coerced into having abortions. In a 2017 study about women’s abortion

⁴ *Volunteer*, COAL. LIFE, <https://coalitionlife.com/volunteers/> (last visited Dec. 12, 2025).

⁵ David C. Reardon et al., *The Effects of Abortion Decision Rightness and Decision Type on Women’s Satisfaction and Mental Health*, CUREUS 1, 1, 9 (2023).

⁶ Vincent M. Rue et. al., *Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women*, 10 MED. SCI. MONITOR SR5, SR9 (2004).

experiences, 73.8% of women said that they “disagreed that their decision to abort was entirely free from even subtle pressure from others to abort,” and 28.4% of women said that they “aborted out of fear of losing their partner if they did not abort.”⁷ Additionally, in a 2023 national study published in *Cureus* medical journal, researchers found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.⁸ That abortion is often coerced and involuntary can also be seen by the fact that nearly half of women who receive abortions experience persistent post-abortion distress disorder for decades following their abortion.⁹

Women may be coerced into having an abortion due to intimate partner violence (“IPV”) or reproductive control from an intimate partner, family member, employer, or sex-trafficker.¹⁰ There are “[h]igh rates of physical, sexual, and emotional IPV . . . among

⁷Priscilla K. Coleman et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 J. AM. PHYSICIANS & SURGEONS 113, 113-15 (2017) (finding that, of a given group of women who received abortions, 58% reported having their abortions just to make others happy; 28% reported that they thought they would lose their partner unless they received an abortion; 74% reported experiencing at least some pressure to abort; and 68% reported that the decision to get an abortion was one of the hardest decisions of their lives); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, CHARLOTTE LOZIER INST., at 2 (Mar. 2022), https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that “[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that ‘they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.’”).

⁸ David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, 15 CUREUS 1 (2023).

⁹ D. Paul Sullins, *Persistent Emotional Distress after Abortion in the United States*, 10 INT. J. WOMEN’S HEALTH CARE 1, 7 (2025).

¹⁰ See Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); see, e.g., *Testimony Directory*, SILENT NO MORE AWARENESS, <http://www.silentnomoreawareness.org/testimonies/> (last visited Dec. 1, 2025) (testimonies from women who were coerced into having an abortion and the devastating effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, BOSTON.COM (Sept. 18, 2006), http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/; Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, CHRONICLE HIGHER EDUC. (Sept. 17, 2002), <https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/>; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, WASH. POST (September 16, 2002), <https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/>; Damon Sims, *Cleveland Man Accused of beating 16-year-old Pregnant Daughter*, CLEVELAND.COM: COVERING NORTHEAST OHIO (July 8, 2008), http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html; Associated Press, *Girl, 16, Forced to Drink Turpentine to Induce Abortion*, N.Y. SUN (Sept. 27, 2006), <https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce-forced-abortion-in-america>, THE ELLIOT INST., 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

women seeking a[n] abortion.”¹¹ In fact, the prevalence of IPV for women seeking an abortion is nearly *three times greater than a woman continuing a pregnancy*.¹² IPV victims who do obtain abortions also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”¹³

Additionally, victims of sex trafficking are among the number of women who experience abortion coercion. A 2014 study on the health consequences for sex trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, “[w]ithout accounting for possible underreporting.”¹⁴ “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”¹⁵ A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”¹⁶

In addition to coercion, economic constraints and lack of support often make women feel they have no real choice but abortion. Most women who seek abortions do so because they are not financially able to raise a child.¹⁷ Some women also report that they were forced to receive an abortion by a parent, would have been kicked out of the home, or did not have sufficient support to raise a child.¹⁸

The high rates of coerced and unwanted abortions are especially notable in light of the negative mental health ramifications suffered by women who feel they are forced to receive abortions they did not want. Women who experienced pressure to abort (61% in this study)¹⁹ experienced significantly more negative emotions; greater disruptions to their daily lives, work, and relationships; more frequent posttraumatic stress symptoms, grief, and sadness about the abortion; more conflict about the abortion; and an overall decline in mental health that they attributed to the abortion.²⁰ Similarly, another study found that women who aborted wanted pregnancies experienced a 43% higher risk of

¹¹ Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 PLOS MED. 1, 15 (Jan. 2014).

¹² COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

¹³ Hall, *supra* note 30, at 15.

¹⁴ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014).

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Lawrence B. Finer et al., *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives*, 37 PERSP. SEXUAL & REPROD. HEALTH 110, 117–18 (2005).

¹⁸ See FREDERICA MATHEWES-GREEN, *REAL CHOICES* (1997).

¹⁹ Readon & Longbons, *supra* note 27, at 8.

²⁰ *Id.* at 3.

mental health issues compared to those who aborted unwanted pregnancies.²¹ This includes an increased risk of both depression and suicidality.²² The study noted, “[c]ompared to corresponding births, abortions of wanted pregnancies are associated with a greater risk of negative psychological affect, particularly depression and suicide ideation . . . than are abortions of unwanted pregnancies.”²³

In sum, for many pregnant women, the decision to receive an abortion is not their own. Sidewalk counselors provide a defense against abortion coercion by meeting with women, counseling them, and providing them with resources that will assist them in making their own authentic decision about their reproductive health.²⁴ This includes resources that will help a woman keep a wanted pregnancy and escape a dangerous situation, such as an abusive partner or a sex trafficker.²⁵ H.B. 1313 should be enacted because it will allow woman suffering from coercion a supportive presence.

c. H.B. 1313 will help women receive necessary information regarding the unique dangers of chemical abortion.

H.B. 1313 will enable women to be provided information on the risks associated with chemical abortion drugs, facilitating informed decisions based on those facts. Chemical abortions make up more than half of all abortions performed in the United States annually.²⁶ A chemical abortion consists of a regimen of two drugs, mifepristone and misoprostol.²⁷ The abortion pill has substantial – and sometimes deadly – consequences for women’s health and safety, and women have a right to be informed of these consequences before receiving the abortion pill.²⁸

Medical evidence demonstrates that chemical abortions can pose significant risks to women. The largest-known study of the abortion pill found that, out of 865,727

²¹ Donald Paul Sullins, *Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study*, 55 *MEDICINA* 741, 754–68 (2019).

²² *Id.*

²³ *Id.*

²⁴ See *Volunteer*, *supra* not 22; *The Coalition Life Mission*, *supra* not 23; see also *2023 Impact Report*, *supra* not 23.

²⁵ See *Volunteer*, *supra* not 22; *The Coalition Life Mission*, *supra* not 23; see also *2023 Impact Report*, *supra* not 23.

²⁶ *Medication Abortion Now Accounts for More than Half of All US Abortions*, GUTTMACHER INST. (updated Dec. 1, 2022), <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.

²⁷ See *Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

²⁸ *Mifepristone U.S. Post-Marketing Adverse Events Summary Through 06/30/2022*, U.S. FOOD & DRUG ADMIN. 1, 1–2 (June 30, 2022), <https://www.fda.gov/media/164331/download>.

prescribed mifepristone, 94,605 women suffered serious adverse events.²⁹ Nearly 11% of women taking mifepristone experience sepsis, infection, hemorrhage, or another serious adverse event within 45 days of taking the drug.³⁰ The risk of serious complications from the abortion pill is 22 times higher than the FDA warning label on the abortion pill bottle suggests, meaning that women who take the abortion pill are not properly informed of its risk.³¹

Alarming, chemical abortion may be even more dangerous than the data indicate, as there is no way to ensure that all adverse reactions are reported. Since 2016, the FDA has only required adverse events reporting for deaths resulting from chemical abortion drugs; reporting is otherwise voluntary. As one study concludes, “FAERS [the FDA Adverse Event Reporting System] is inadequate to evaluate the safety of mifepristone” due to reporting discrepancies, and the fact that the FDA no longer mandates reporting of non-lethal adverse events.³² Even so, the FDA has received FAERS Mifeprex reports through June 30, 2022, documenting 28 deaths, 4,213 adverse events, 1,048 hospitalizations (excluding deaths), 604 blood loss incidents requiring transfusions, 414 infections, and 71 severe infections.³³ Importantly, the manufacturer of Mifeprex admits that “[n]early all of the women who receive Mifeprex [RU-486] and misoprostol will report adverse reactions, and many can be expected to report more than one such reaction.”³⁴

Given the high rates of serious and adverse reactions, the discrepancy between the FDA-reported risks and other data indicating a higher risk, and the inability to obtain data accurately reporting all adverse reactions, information regarding the risks and uncertainties surrounding chemical abortion is indispensable to a woman making the life-changing decision of whether to undergo a chemical abortion. Sidewalk counselors help ensure that women are empowered to make a fully informed decision about chemical abortion. Therefore, H.B. 1313 should be enacted because it will allow women to receive this vital information.

²⁹ See Jamie Hall & Ryan Anderson, *The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experience a Serious Adverse Event*, EPPC (Apr. 28, 2025), <https://eppc.org/publication/stop-harming-women/>; FFROA, *New Research Reveals Undisclosed Dangers of Chemical Abortion*, (Apr. 25, 2025), <https://www.ffroa.com/wp-content/uploads/2025/04/FFROA-Chemical-Abortion-Data-Review.pdf>.

³⁰ Hall & Anderson, *supra* note 48.

³¹ *Id.*

³² Christina A. Circucci et al., *Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act*, HEALTH SERVS. RSCH. & MANAGERIAL EPIDEMIOLOGY 1, 1, 4 (Dec. 21, 2021).

³³ *Mifepristone U.S. Post-Marketing*, *supra* note 47.

³⁴ See *Mifeprex Final Printed Labeling*, available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.pdf.

d. H.B. 1313 will protect women’s access to necessary information regarding abortion pill reversal.

H.B. 1313 will provide women with an avenue to receive information regarding abortion pill reversal to ensure they are fully informed about their chemical abortion choices. It is essential that a woman be empowered to understand she may revoke her informed consent during the chemical abortion and seek to reverse the abortion process before taking the second drug of the two-drug abortion regimen.

This [chemical abortion] reversal process is based both on understanding the basic pharmacology of mifepristone as well as animal studies and human retrospective studies. Mifepristone works by blocking a natural pregnancy hormone called progesterone. Progesterone is produced by the mother’s body to allow her womb to grow the placenta—the organ needed to provide nourishment to the baby. Mifepristone blocks progesterone’s actions in a woman’s uterus. When mifepristone blocks progesterone, the placenta deteriorates and can no longer provide nourishment to the baby. During the development of mifepristone, researchers clearly demonstrated that mifepristone is a reversible blocker of progesterone. Thus, if a woman’s progesterone is blocked with mifepristone, and then, within a limited time period, a physician administers more progesterone, the mifepristone blockade may be overcome, and the effects of mifepristone nullified. By giving a woman progesterone, the mifepristone abortion can be stopped and the chances of the baby surviving increase from 25% (the survival rate without natural progesterone) to 68% (the best protocol survival rate after giving natural progesterone). This is a significantly increased chance of the baby surviving the attempted chemical abortion after mifepristone. For a woman who changes her mind after starting a chemical abortion, the administration of progesterone can give her real hope of saving her unborn child.³⁵

Sidewalk counselors seek to help women access critical medical information about the possibility of discontinuing the abortion pill process before taking the second drug. Abortion pill reversal is especially important in light of the research demonstrating that many women experience regret after taking the abortion pill. As one study explained, it is “not a matter of course for a woman’s decision to be absolute when she arrives at the clinic. Health personnel have learned that the decision to terminate a

³⁵ Clarke D. Forsythe & Donna Harrison, *State Regulation of Chemical Abortion After Dobbs*, 16 LIBERTY U. L. REV. 377, 407–408 (2022).

pregnancy might be challenging and that some women may change their minds.”³⁶ Workers in that study recounted examples of women attempting to make themselves vomit after ingesting mifepristone.³⁷ Similarly, other studies have found that many women “experience a high degree of internal turmoil and immediate regret upon taking mifepristone.”³⁸ Abortion pill reversal provides hope for women by protecting them from being forced to finish an abortion they regret.

Despite the hope that abortion pill reversal provides to women who regret taking the abortion pill, doctors in New Hampshire are not legally required to provide women with access to any information about abortion pill reversal. Sidewalk counselors assist in rectifying this issue by empowering women with the information necessary to revoke their consent to and reverse a chemical abortion.

II. Conclusion

H.B. 1313 will protect women against coercion and empower women with critical information about abortion risks and alternatives by restoring sidewalk counseling. To ensure that women are fully informed about their reproductive decisions, the Committee must vote in favor of H.B. 1313.

Respectfully Submitted,



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AMERICANS UNITED FOR LIFE

³⁶Marianne Kjelsvik et al., *Walking on a Tightrope—Caring for Ambivalent Women Considering Abortions in the First Trimester*, 27 J. OF CLINICAL NURSING 4192 (2018).

³⁷ *Id.*

³⁸ Tessa Cox & Katherine Rafferty, *Women Report Abortion Drug as More Difficult Choice than Abortion Pill Reversal*, CHARLOTTE LOZIER INST. (Jan. 17, 2024), <https://lozierinstitute.org/study-women-report-abortion-drug-as-more-difficult-choice-than-abortion-pill-reversal/>.