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# SENATE COMMITTEE ON EDUCATION

Senator Connie Leyva, Chair

2019 - 2020 Regular

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**Bill No:** SB 24 **Hearing Date:** April 24, 2019  
**Author:** Leyva  
**Version:** April 8, 2019  
**Urgency:** No **Fiscal:** Yes  
**Consultant:** Chanel Matney

**Subject:** Public health: public university student health centers: abortion by medication techniques.

## SUMMARY

This bill requires public university student health centers to offer medication abortions to its students by January 1, 2023.

## BACKGROUND

Existing law:

- 1) Authorizes a licensed physician, or a nurse practitioner, certified nurse-midwife, or physician assistant, who complete specified training and complies with specified standardized procedures or protocols, to perform an abortion by aspiration techniques during the first trimester of pregnancy. (Business and Professions Code § 2253 and § 2725.4)
- 2) Provides for the regulation of health plans by the Department of Managed Health Care under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act). Existing law exempts from the Knox-Keene Act a plan directly operated by a bona fide public or private institution of higher learning which directly provides health care services only to its students, faculty, staff, administration, and their respective dependents. (Health and Safety Code § 1340 et seq, § 1343, and § 1345)
- 3) Establishes the California Commission on the Status of Women and Girls (CCSWG) and requires CCSWG, among other things, to recommend, develop, prepare, or coordinate materials, projects, or other activities, and to give technical and consultative advice to public or private groups or persons concerned with preventing or minimizing problems brought about by the changing roles and responsibilities of women; and, developing programs to encourage and enable women to be fully contributing members of society. (Government code § 8240, et seq.)
- 4) Licenses and regulates clinics, including primary care clinics and specialty clinics such as surgical clinics, by the Department of Public Health. Provides for exemptions from licensing requirements for certain types of clinics, including federally operated clinics, local government primary care clinics, clinics affiliated with an institution of higher learning, clinics conducted as outpatient departments of hospitals, and community or free clinics. (HSC §1200 and 1206)

**ANALYSIS**

This bill:

- 1) Requires on-campus student health centers within the University of California (UC) or California State University (CSU) that provide primary health care services to students to offer abortion by medication techniques onsite by January 1, 2023. Permits this service to be performed by providers on staff at the student health center or by providers associated with a contracted external agency.
- 2) Requires the California Commission on the Status of Women and Girls (CCSWG) to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund (Fund), which is established by this bill for the purposes of providing private monies to public university student health centers (SHCs) for medication abortion readiness. This bill permits CCSWG to receive moneys from nonstate entities, including, but not limited to, private sector entities and local and federal government agencies, and to deposit these moneys in the Fund. This bill continuously appropriates funds to CCSWG for allocation to SHCs for medication abortion readiness.
- 3) Requires CCSWG to utilize fund moneys to:
  - a) Provide a grant of \$200,000 to each SHC to pay for the cost, both direct and indirect, of medication abortion readiness. This bill defines “medication abortion readiness” to include, but not be limited to, assessment of each individual clinic to determine facility and training needs before beginning to provide abortion by medication techniques, purchasing equipment, making facility improvements, establishing clinical protocols, creating patient educational materials, and training staff. Excludes from the definition of “medication abortion readiness” the provision of abortion by medication techniques. Requires allowable expenses under these grants include, but are not be limited to:
    - i) Purchase of equipment used in the provision of abortion by medication techniques;
    - ii) Facility and security upgrades;
    - iii) Costs associated with enabling the SHC to deliver telehealth services;
    - iv) Costs associated with training staff in the provision of abortion by medication techniques; and,
    - v) Staff cost reimbursement and clinical revenue offset while staff are in trainings.
  - b) Provide a grant of \$200,000 to both UC and CSU to pay for the cost, both direct and indirect, of the following, for each university system:

- i) Providing 24-hour, backup medical support by telephone to patients who have obtained abortion by medication techniques at a student health center (SHC);
    - ii) One-time fees associated with establishing a corporate account to provide telehealth services; and,
    - iii) Billing specialist consultation.
  - c) Maintain a system of financial reporting on all aspects of the Fund.
- 4) Requires SHC grantees to, as a condition of receiving a grant award, participate in an evaluation of its medication abortion readiness and its provision of abortion by medication techniques.
- 5) Requires this bill to be implemented only if, and to the extent that, a total of at least \$10,290,000 in private funds is made available to the Fund in a timely manner by January 1, 2020.
- 6) Prohibits this bill from being interpreted to mean that University of California (UC) or California State University (CSU) are required to use General Fund moneys or student fees for medication abortion readiness.
- 7) Requires California Commission on the Status of Women and Girls (CCSWG), working with SHCs, to assist and advise on potential pathways to access public and private payers to provide funding for ongoing costs of providing abortion by medication techniques.
- 8) Requires CCSWG, by December 31, 2021, by December 31 of each year thereafter until December 31, 2026, to submit a report to the Legislature that includes, but is not necessarily limited to the following, separately for UC and CSU:
  - a) The number of SHCs that provide abortion by medication techniques;
  - b) The number of abortions by medication techniques performed at SHCs, disaggregated, to the extent possible, by student health center;
  - c) The total amount of funds granted by CCSWG to UC and CSU and their SHCs that is expended on medication abortion readiness, and, separately, the total amount of any other funds expended on medication abortion readiness and the source of those funds, disaggregated by function and, to the extent possible, disaggregated by SHC; and,
- 9) Requires the report and any associated data collection to be conducted in accordance with existing state and federal privacy law, as specified. Makes these reporting requirements inoperative on January 1, 2027.
- 10) States legislative findings and declarations relating to:

- a) Abortion as a constitutional right and integral part of comprehensive sexual and reproductive health care.
- b) The state's interest in ensuring that abortion is accessible to those who are seeking to terminate a pregnancy.
- c) The safety of medication abortion.
- d) The financial and logistical barriers that students face when seeking to terminate a pregnancy.
- e) The intent of the legislature that medication abortion should be accessible, cost-effective, and provided as a basic health service.

### STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, this bill expands medication abortion services to student health centers (SHCs) on public college and university campuses. Currently, all SHCs offer some reproductive health services, while many offer comprehensive reproductive health services. Services at most SHCs include pregnancy testing/counseling, contraceptives, sexually transmitted infection (STI) and HIV counseling/testing, and cervical cancer screening/pap tests. Providing these health services on college campuses ensures that students do not have to travel away from their school and work commitments to receive comprehensive reproductive health care.

According to the author, early pregnancy termination is as clinically easy and safe to provide as the existing services SHCs already offer. Yet, up to 500 public university students currently must leave campus each month to access medication abortion, resulting in delayed care as well as travel and cost barriers.

According to the author, accessing medication abortion services on campus will allow students to remain focused on their studies, helping to improve academic success. Students should be able to decide when and if they choose to have a family. By ensuring the provision of medication abortion services on campus, this bill eliminates logistical and financial barriers and allows students to exercise an important constitutional right.

- 2) ***Medication abortion.*** Medication abortion is the use of medications to terminate a pregnancy. According to the National Institute of Health (NIH), ending a pregnancy with a medication abortion is a viable option for women who are less than ten weeks pregnant and would like to have an abortion at home with a less invasive procedure.

According to the American College of Obstetricians and Gynecologists, medication abortion usually involves two visits to a qualified provider. At the first visit, a standard medical evaluation is completed to ensure full eligibility for medication abortion. This includes an ultrasound examination to confirm a pregnancy of a gestational age of ten weeks or less. If the patient is eligible to

proceed, the first medication, mifepristone, is provided to the patient by the medical provider during the in-office visit. This medication disrupts the attachment of the pregnancy to the uterus and facilitates the first stages of a medication abortion. Before the patient leaves, the provider reviews the use of additional home medications that will complete the process, provides instructions regarding symptom monitoring, and advises the patient on when to seek medical attention in the rare event that a complication occurs. The patient is then sent home with a second medication, misoprostol, to take at a specified time (ranging from 6-72 hours after mifepristone ingestion). The second medication induces uterine cramping and bleeding, which expels the pregnancy. The bleeding experience is comparable to a heavy menses or miscarriage. A follow-up appointment is strongly recommended to ensure a full completion of the abortion. Most commonly, this includes an in-office visit where ultrasound imaging is used to confirm that the pregnancy has been terminated. Side effects from medication abortion are generally mild, and may include nausea, vomiting, diarrhea, thermoregulatory effects such as sensation of warmth or chills, or headache.

According to the American College of Obstetricians and Gynecologists, the World Health Organization, and the National Academies of Sciences, Engineering, and Medicine - medication abortion is safe and effective. Clinical studies report that medication abortion is 93-99 percent effective in successfully terminating a pregnancy without the need for subsequent hospitalization – whether due to an incomplete termination of the pregnancy requiring a surgical abortion, or whether due to severe side effects.

- 3) ***Medication abortion at student health centers.*** According to Advancing New Standards in Reproductive Health, all on-campus health centers do provide primary care services, including basic sexual and reproductive health care and contraception. In regards to reproductive health, all on-campus health centers provide emergency contraception on-site or by prescription from a pharmacy.

At present, no student health centers at the University of California (UC), California State University (CSU), or the California Community Colleges (CCC) provide medication abortion. Campus-based health centers currently refer students to local health clinics for such services

- 4) ***Student health care center services.*** UC. There are ten universities as part of the UC system and 11 UC services to student health centers (SHCs) (UC Hastings Law School has its own SHC), open Monday through Friday, with a 24-hour after-hour counseling service call line available. These centers provide basic student health care with physicians and nurses on staff.

CSU. Each campus of the CSU has a health center, open Monday through Friday. All students have access to all services provided by the SHC, no matter their Medi-Cal status or insurance coverage. Basic health services provided by CSU SHCs include primary care consistent with skills and scope of staff, family planning services excluding surgical procedures, preventative services such as immunizations, health education, basic x-ray, and referral to off-campus health care providers. Not all campuses have their own pharmacy unit, sending students off campus to drug stores to pick up medications.

In regards to reproductive health, California State University (CSU) SHCs also provide access to birth control, Plan B, and pregnancy tests but do not provide ongoing pregnancy-related services.

- 5) ***Student health insurance.*** University of California (UC) requires students to have adequate health insurance, which is minimum essential coverage under the Affordable Care Act (ACA). The UC system offers its students the Student Health Insurance Plan (SHIP) through each campus, providing medical, pharmacy, dental, and vision benefits, as well as mental and substance use disorder services. Students who already have adequate health insurance may apply to waive enrollment in SHIP. SHIP includes coverage for abortion, including abortion by medication.

CSU. Health insurance is not mandatory for students at the CSU and no plan is offered through the university. According to Advancing New Standards in Reproductive Health, about half of the CSU student health centers do not bill any insurance program for services rendered.

- 6) ***Cost of care at student health centers.*** UC. Student fees fund SHIP, which vary by campus and type of student. Generally, the fees start at about \$500 per quarter for a single undergrad and start at about \$1100 per quarter for a single graduate student. While students enrolled in SHIP have abortion coverage, including medication abortion, the service is not offered at UC campus health centers and students are referred to local family planning clinics for the procedure.

CSU SHCs are funded through mandatory student fees. Twenty-two campuses have a health facilities fee, which is \$19 on average per academic year, and all campuses have a health services fee, which is \$320 on average per academic year. The mandatory fees cover basic services, the SHCs do not charge students' insurance policies, are not reimbursed by Medi-Cal for services, and there is no co-pay for a student to visit a health center. Students may incur additional fees when laboratory tests must be sent externally, for the actual cost of acquiring vaccines, medications, or health devices, or for augmented services outside of the basic services. If a service is considered to be beyond the scope of basic care, students may pay a fee-for-service in order to access it at the SHC.

- 7) ***How are campus health centers funded?*** UC. According to UC, its student health care centers receive little to no state funding. The UC health centers are funded through a combination of funding (varies by campus) including student service fees, referendum-based fees, income, Health Insurance Fund, campus support and endowments. It spends an aggregate of \$210 million in annual operating costs for all eleven health centers, with \$164.5 million going towards student health and \$45.4 million toward counseling. The source of this funding comes mainly from student service fees. A few campuses have also elected, through the Health Service Referenda, to charge themselves an annual fee specifically designated to support health care delivery services and/or facilities on campus.

For CSU, each campus health center is funded entirely through student fees. The fees are mandatory for all enrolled students and vary across campuses, with an average cost of \$269 per student per year.

- 8) **Cost of an abortion.** According to Advancing New Standards in Reproductive Health, the average out of pocket costs for medication abortion is \$604 for students who do not have health insurance, whose insurance does not cover abortion, or who chose not to utilize their insurance for medication abortion services. According to the Planned Parenthood website, the out-of-pocket costs for its medication abortion services range between \$300 and \$800, depending on the patient's insurance coverage and financial need.
- 9) **Use of the fund.** According to the authors, a consortium of funders raised \$10.3 million dollars to be provided to the California Commission on the Status of Women and Girls (CCSWG) to support UC and CSU to prepare to provide medication abortion. Each SHC and each of the systems will receive grants of \$200,000 to prepare to provide medication abortion. The CCSWG will have funds to hire staff to oversee grant distribution to SHCs, to provide technical assistance, including on billing options, and to gather five years of evaluation data. SHCs can also use some of the funds to increase the contraceptive services available for students.
- 10) **Report from sponsors.** At the request of the Senate Health Committee, the sponsors of this bill facilitated the completion of two surveys, conducted by the University of California San Francisco, School of Medicine, Advancing New Standards in Reproductive Health (ANSIRH). Surveys were completed by all 11 UC campuses and by 20 of the 23 CSU campuses. The results of the surveys were compiled into two reports: *Evaluating University of California and California State University Capacity to Provide Medication Abortion* and *Assessing Barriers to medication Abortion among California's Public University Students*. According to the Senate Committee analysis for this bill, the reports made the following findings and conclusions:

Capacity. The UC is better equipped to implement this bill due to their requirement for students to have adequate health insurance, which covers abortion. The CSU offers less specialized care and does not require students to have health insurance. Visiting clinicians and telemedicine could be models to provide medication abortion at sites that have limited internal capacity. With adequate funding for training and ultrasound machines, services could be integrated into the health care provided at all of the on-campus health centers. Additional funding would be needed to support implementation of this bill.

Primary area of need is ultrasound and training: Six campuses (both University of California (UC) and California State University (CSU)) have ultrasound machines, and 6 have at least one staff member trained in pregnancy dating.

Transportation and distance to local clinics: Twenty-two campuses (both UC and CSU) are more than 30 minutes away from the closest abortion provider via public transportation. For these students, the multiple visits for a medication abortion require a minimum of two hours travel by public transportation. Fifteen

campuses are further than 5 miles from the nearest provider. The median time by public transit to the closest provider is 34 minutes one-way. The maximum was 55 minutes for UCs (Davis), and 1 hour 32 minutes for CSUs (Stanislaus). Travel time for 5 campuses is one hour each way.

*Time to appointment:* Only 15 percent of providers closest to campuses are open on weekends. Students have to wait an average of one week for the next available appointment; cumulative delay can make a student ineligible for medication abortion (must be within the first 10 weeks of pregnancy).

*Costs:* Paying for an abortion may be a significant financial stressor as students may go to a provider that does not accept their student or other private health insurance, may not want to use their health insurance so they can keep the abortion private, may not have health insurance that covers abortion, or may not have insurance coverage at all.

The average out-of-pocket cost of medication abortion at the providers closest to campuses was \$604. On-campus health centers could offer medication abortion at a lower cost because on-campus health centers wouldn't need to charge to cover facility overhead.

*Estimated demand:* Based on national statistics on the demand for abortions by women aged 18-24, it is estimated that on average, there will be demand for 10-17 medication abortions per month per UC campus, and 9-15 medication abortions per month per CSU campus.

*SHC capacity to provide medication abortion.* Advancing New Standards in Reproductive Health (ANSIRH) notes that in California, any physician or advanced practice clinician trained to do so may provide medication abortion. The provider must be able to assess the pregnancy duration, diagnose ectopic pregnancy, and provide surgical intervention if needed, either personally or by referral. Required facilities and equipment needed include a private room for pelvic exams (not required for all medication abortions) and counseling, ultrasound capability for pregnancy dating and to rule out ectopic pregnancy, on-site laboratory for urine pregnancy testing, hemoglobin, and Rh Status (or the ability to refer to a lab), and a 24-hour telephone hotline staffed by clinicians to answer questions and refer as needed to emergency care. The chart below illustrates SHCs' capacity for implementing medication abortion services given current resources:



SHC capacity	UC (n=11)	CSU (n=20)
Require modification of physical space for patient care (to have private exam room)	0	0
Require pregnancy assessment tools (urine and/or pelvic exam)	0	0
Require licensed physician or clinician on site (physician or clinician currently never on site)	0	0
Require training in medication abortion (including ultrasound training)	11	20
Require training in drawing blood and/or on-site lab testing (currently unable to perform necessary lab tests on site and unable to draw blood to send to outside lab)	1	4
Require ultrasound machine	7	18
Require 24-hour nurse/physician telephone line	0	10
Need to develop relationships with community physicians to provide aspiration services in case of incomplete abortion and ongoing pregnancy	11	20

While all of the SHCs have the minimum requirements for medication abortion provision: a private exam room, ability to do pregnancy testing and counseling, and licensed clinicians, none of them are fully equipped to provide medication abortions. All SHCs would need training; even though a few sites have a clinician trained in abortion care, they are not currently providing care. Most CSU SHCs would also need an ultrasound machine and nurse hotline.

Concerns of each segment: On-campus health centers are most concerned with the need for follow-up care and back up care for emergencies. UCs are concerned about security and low perceived demand. CSUs are concerned about provider training and the need to prioritize basic services given limited fee-based funding.

- 11) **Heard by the Senate Health Committee.** This bill was heard by the Senate Health Committee on April 3, 2019, where it passed on a 7-2 vote. Please see that Committee's policy analysis for a more detailed discussion about the health-related aspects of the provision of medication abortion by on-campus health centers.
- 12) **Prior legislation.** SB 320 (Leyva of 2018) was substantially similar to this bill. SB 320 was vetoed by Governor Brown, who stated, in part:

**“Access to reproductive health services, including abortion, is a long-protected right in California. According to a study sponsored by supporters of this legislation, the average distance to abortion providers in campus communities varies from five to seven miles,**

**not an unreasonable distance. Because the services required by this bill are widely available off-campus, this bill is not necessary.”**

## **SUPPORT**

ACCESS Women's Health Justice (co-sponsor)  
 ACLU California (co-sponsor)  
 ACT for Women and Girls (co-sponsor)  
 California Latinas for Reproductive Justice (co-sponsor)  
 NARAL Pro-Choice California (co-sponsor)  
 Students United for Reproductive Justice (SURJ) at University of California Berkeley (co-sponsor)  
 Women's Foundation of California/Women's Policy Institute (co-sponsor)  
 American Academy of Pediatrics - California  
 American Association of University Women - California  
 American College of Obstetricians and Gynecologists  
 American Congress of Obstetricians & Gynecologists - District IX  
 American Medical Women's Association  
 American Nurses Association of California  
 American Public Health Association – Sexual and Reproductive Health Section  
 Anti-Defamation League  
 Associated Students, UC Barbara  
 Associated Students, UC Berkeley  
 Associated Students, UC San Diego  
 Associated Students, San Jose State University  
 Berkeley City Council  
 Business Professional Women of Nevada County  
 California Academy of Family Physicians  
 California Commission on the Status of Women and Girls  
 California Faculty Association  
 California Medical Association  
 California Nurse-Midwives Association  
 California Women's Law Center  
 Center for Relationship Abuse Awareness  
 Center for Reproductive Rights  
 Center on Reproductive Rights and Justice  
 Coalition of California Welfare Rights Organizations  
 Code Blue, UC Davis School of Medicine  
 Equal Rights Advocates  
 Equality California  
 Feminist Majority Foundation  
 Forward Together  
 If/When/How: Lawyering for Reproductive Justice  
 IGNITE  
 Innovating Education in Reproductive health  
 Korean Resource Center  
 Lawyers Club of San Diego  
 League of Women Voters of California  
 Legal Services for Prisoners with Children  
 Los Angeles Coalition for Reproductive Justice

Los Angeles County Democratic Party  
Medical Students for Choice  
Medical Students for Choice, California Northstate University College of Medicine  
Medical Students for Choice, Stanford University  
Medical Students for Choice, Touro University California College of Osteopathic  
Medicine  
Medical Students for Choice, UC Davis School of Medicine  
Medical Students for Choice, UCSF  
National Abortion Federation  
National Association of Social Workers, California Chapter  
National Center for Lesbian Rights  
National Center for Youth Law  
National Council of Jewish Women, California  
National Council of Jewish Women, Long Beach  
National Health Law Program  
National Institute for Reproductive Health  
National Organization for Women (NOW), Hollywood  
National Partnership for Women and Families  
National Women's Health Network  
National Women's Law Center  
National Women's Political Caucus of California  
Ob/Gyn Student Interest Group, Stanford Medical School  
Our Bodies Ourselves  
Pharmacists Planning Services Inc.  
Physicians for Reproductive Health  
Planned Parenthood Action Fund, Central Coast  
Planned Parenthood Action Fund, Orange and San Bernardino Counties  
Planned Parenthood Action Fund, Pacific Southwest  
Planned Parenthood Advocates, Pasadena and San Gabriel Valley  
Planned Parenthood Affiliates of California  
Planned Parenthood, Mar Monte  
Positive Women's Network, USA  
Public Health Justice Collective  
Reproductive Health Access Project  
Reproductive Health Interest Group, UC Los Angeles  
RHEDI/Reproductive Health Education in Family Medicine  
San Francisco Bay Area Physicians for Social Responsibility  
Sexuality Information and Education Council of the United States  
Students for Reproductive Justice, UC Santa Barbara  
SIA Legal Team  
Stonewall Democratic Club  
Training in Early Abortion for Comprehensive Health Care (TEACH)  
University of California Global Health Institute (UCGHI) Women's Health, Gender, and  
Empowerment Center (WHGE-COE)  
Unite for Reproductive and Gender Equity (URGE)  
University of California Student Association  
Western Center on Law & Poverty, Inc.  
Women's Catalytic Fund  
10 individuals

**OPPOSITION**

Americans United for Life  
Berkeley College Republicans  
California Catholic Conference  
California Family Council  
California Right to Life Committee, Inc.  
Californians for Life  
California ProLife Council and Right to Life Federation  
Concerned Women for America of California  
Faith and Public Policy  
Pro-Life San Francisco  
Right to Life of Kern County  
Right to Life of Central California  
Students for Life of America  
Students for Life at Berkeley  
Students for Life at CSU Fullerton  
Students for Life at Fresno State  
Tulare-kings Right to Life, Inc.  
One individual

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