
SENATE COMMITTEE ON EDUCATION

Senator Benjamin Allen, Chair

2017 - 2018 Regular

Bill No: SB 320 **Hearing Date:** January 10, 2018
Author: Leyva
Version: January 3, 2018
Urgency: No **Fiscal:** Yes
Consultant: Lynn Lorber

Subject: Public health: public postsecondary education: on-campus student health centers: abortion by medication techniques

SUMMARY

This bill requires each public university student health center to offer abortion by medication techniques by January 1, 2022.

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 as essential health benefits the Kaiser Small Group HMO plan along with the following ten federally mandated benefits under the Patient Protection and Affordable Care Act as well as other existing state mandated benefits including basic health care services:
 - a) Ambulatory patient services;
 - b) Emergency services;
 - c) Hospitalization;
 - d) Maternity and newborn care;
 - e) Mental health and substance use disorder services, including behavioral health treatment;
 - f) Prescription drugs;
 - g) Rehabilitative and habilitative services and devices;
 - h) Laboratory services;
 - i) Preventive and wellness services and chronic disease management; and,

- j) Pediatric services, including oral and vision care.
(HSC § 1367.005 and Insurance Code § 10112.27)

ANALYSIS

This bill requires each student health center on a campus of the University of California and California State University to offer abortion by medication techniques by January 1, 2022. Specifically, this bill:

- 1) Requires each public university student health center to offer abortion by medication techniques by January 1, 2022.
- 2) Provides that the requirements of this bill are to be implemented only to the extent that sufficient private monies are made available to the Fund.

Fund

- 3) Requires the State Treasurer to establish and administer the Medication Abortion Implementation Fund for the purposes of providing private funds in the form of grants to on-campus student health centers at public and private colleges and universities for the implementation of abortion by medication techniques.
- 4) Authorizes the Treasurer to receive monies from non-state entities, including but not limited to private sector entities and local and federal government agencies, and deposit these monies in the Fund.
- 5) Requires the Treasurer to establish an implementation schedule over the three-year time period that will take into account student health centers that are prepared to begin providing medication abortion in the first, second, or third year based on criteria to be established, which may include whether the clinic has already trained providers and ultrasound machines.
- 6) Requires the Treasurer to use the fund to do all of the following:
 - a) Provide grants to public university student health centers to pay for the cost, both direct and indirect, of implementing abortion by medication techniques.
 - b) Hire appropriate individuals or contract with external organization(s) to provide consultation to each public university student health center to establish plans and budgets for implementation of abortion by medication techniques.
 - c) Hire appropriate individuals or contract with external organization(s) to create and provide appropriate training for staff of each public university student health center.
 - d) Hire an evaluator with experience in evaluating abortion services, to determine provider, staff, and patient satisfaction and experience with the implementation of abortion by medication techniques at each grantee, as

well as report on usage and outcomes.

- e) Provide overall coordination of the Fund.
 - f) Pay itself direct costs and overhead.
 - g) Maintain a system of financial reporting and accountability.
- 7) Authorizes the Treasurer to directly expend funds for certain aspects of implementation, such as equipment purchases for grantees, if the Treasurer determines that such expenditures would be financially prudent and timely.
- 8) Authorizes the Treasurer to additionally provide grants to student health centers at other public and private postsecondary educational institutions to pay for direct costs associated with implementing abortion by medication techniques. This bill requires the Treasurer to prioritize grants to public university student health centers over grants to student health centers at other public and private postsecondary educational institutions.
- 9) Requires the Treasurer, working with the public university student health centers, to assist and advise on potential pathways for their student health centers to access public and private payers to provide funding for ongoing costs of providing abortion by medication techniques.
- 10) Provides that the monies in the Fund are continuously appropriated to the Treasurer for allocation pursuant to this bill.

Advisory Council

- 11) Requires the Treasurer to establish the Medication Abortion Implementation Advisory Council, in accordance with all of the following:
- a) The council is to develop the objectives and priorities of the Fund, actively participate in the overall management of the Fund, and make final recommendations on which student health centers should be funded based on the technical merits of their proposals.
 - b) The council is to determine the qualifications and scope of work in a request for proposals to select an organization that will provide one-on-one support to each public university student health center for the purposes of creating individual student health center implementation plans, proposals, and budgets.
 - c) The Treasurer is to work in close collaboration with the council and seek the consent of the council before taking an action different from the action recommended by the council.
 - d) The council is to consist of at least nine and no more than 11 members representing a range of expertise and experience, appointed by the Treasurer. This bill authorizes individuals and organizations to submit

nominations to the Treasurer, and the Treasurer is to solicit nominations from relevant organizations and individuals.

- e) Requires the composition of the council to be as follows:
 - i) Two members from the California non-profit organizations providing supportive services to individuals seeking abortions.
 - ii) Three members who are scientists or clinicians who study or provide abortion by medication techniques.
 - iii) Two members who are currently students at a public university, who have utilized student health services in the past 12 months, and who seek to expand access to abortion by medication techniques on campus.
 - iv) Two members drawn from the ranks of staff and/or providers at a public university student health center.
- 12) Provides that, if the Treasurer appoints more than 9 members, it is the intent of the Legislature that the proportional representation remains substantially the same as in (e).
- 13) Provides that Members of the Council are to serve at the pleasure of the Treasurer, with any vacancies filled by the Treasurer, in consultation with the remaining council members, keeping the proportional representation as set forth in (e).
- 14) Provides that members of the council are to serve without compensation, but authorizes members to receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties.

Miscellaneous

- 15) Requires each grantee, as a condition of receiving a grant award from the Fund, to participate in an evaluation of their implementation of abortion by medication techniques.
- 16) Requires the Treasurer to report to the Legislature, by December 31, 2020, and again by December 31, 2021, the number of public university student health centers which have begun providing medication abortion.
- 17) Defines the following terms:
 - a) "Council" means the Medication Abortion Implementation Advisory Council.
 - b) "Fund" means the Medication Abortion Implementation Fund.

- c) “Grantee” means any qualifying student health center at a public or private college or university.
 - d) “Implementation of abortion by medication techniques” includes but is not limited to assessment of each individual clinic to determine facility and training needs prior to beginning to provide medication abortion, purchasing equipment, making facility improvements, establishing clinical protocols, creating patient educational materials, and training staff.
 - e) “Public university student health center” means a clinic providing primary health care services to students that is located on the campus of a university within the University of California or the California State University systems.
- 18) States findings and declarations relative to the need for medication abortion at on-campus health centers.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “California public institutions of higher education strive to offer comprehensive reproductive health care for students in on-campus student health centers. Currently, none of the student health care centers at California’s public institutions of higher education provide medication abortion services, despite how clinically simple the service is to offer. In fact, medication abortion is safer and less complicated than much of the care already offered at college health centers, including diabetes management, mental health care, or diagnosis/treatment of sexually transmitted infections. It is important that college students have access to safe and reliable reproductive health care on campus which should include early pregnancy termination. If a public institution of higher education already has a student health center, it makes sense that they provide this health care service within that facility so that students do not have to travel many miles away from their work and school commitments in order to receive care.”
- 2) ***Medication abortion.*** According to the Guttmacher Institute, medication abortion is the use of medications to terminate a pregnancy. Patients are eligible for medication abortion up to 10 weeks gestation. According to the American College of Obstetricians and Gynecologists, medication abortion usually involves two visits to a qualified provider. At the first visit, pregnancy dating is confirmed by ultrasound and a standard medical evaluation is completed to ensure full eligibility for medication abortion. The first medication, mifepristone, is provided to the patient in-office by the medical provider. This medication acts on the attachment of the pregnancy to the uterus. The provider reviews the use of additional home medications that will complete the process and provides instructions regarding symptom monitoring and 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 based on the plan made with the provider (ranging from 6-72 hours after mifepristone ingestion). Misoprostol induces uterine cramping and bleeding, which expels the pregnancy. The bleeding experience is comparable to a heavy menses or miscarriage.

Follow-up is recommended to ensure completion of the abortion and can be completed several different ways depending on provider and patient preference. Most commonly, this includes an in-office visit for ultrasound confirmation that the pregnancy has passed. According to the American College of Obstetricians and Gynecologists, the safety and efficacy of mifepristone and misoprostol have been thoroughly evaluated by scientific research; this regimen is very safe and effective 93-99 percent of the time, meaning that 1-7 percent of patients will require a surgical abortion to complete the abortion. Side effects from these medications are mild and can include nausea, vomiting, diarrhea, thermoregulatory effects such as sensation of warmth or chills, or headache.

- 3) ***On-campus health centers.*** None of the health centers on campuses of the University of California (UC) or California State University (CSU) provide medication abortion. Campus-based health centers currently refer students to local health clinics for such services. According to Advancing New Standards in Reproductive Health, all on-campus health centers provide primary care services, including basic sexual and reproductive health care and contraception. All on-campus health centers provide emergency contraception on-site or by prescription from a pharmacy.

Health care at CSU. Each campus of the CSU has a health center, providing basic student health services (to students who have paid the campus health fee) that are available Monday through Friday. Basic health services include primary care consistent with skills and scope of staff, basic sexual and reproductive health care and contraception, preventative services such as immunizations, health education, basic x-ray, and referral to off-campus health care providers. Health services vary from campus. For example:

- Sacramento State provides urgent care, x-ray, a vision center, and individual and group counseling.
- Stanislaus State provides mental health consultation and general women's and men's health services.

Health care at UC. Each of UC's 11 campuses have a health center (open Monday through Friday, with a 24-hour after-hour counseling service call line available). These centers provide basic health care services. Health services vary from campus. For example:

- UC Berkeley provides urgent care, lab, optometry, radiology, pharmacy, physical therapy, a specialty clinic (dermatology; ear, nose and throat; podiatry), and social services (counseling, alcohol/drug, eating disorders, relationship violence, sexual violence, transgender/gender identification counseling).
- UC Merced provides mental health consultation, and general women's and men's health services.

- 4) **Services currently provided beyond basic health care services.** The health centers based on the campuses of the University of California (UC) and California State University (CSU) currently provide services beyond basic health care, and prioritize which services to provide at each campus. As described above in #4, those services vary from counseling to specialty clinics. None of the on-campus health centers have chosen to provide medication abortion, even though some appear able (or nearly able) to provide such services.

Should on-campus health centers be required to provide medication abortion while other high-need areas of health care, such as mental health care services, are not a required component of on-campus health care?

- 5) **Capacity to provide medication abortion.** According to Advancing New Standards in Reproductive Health (see Comment #9), none of the health centers on campuses of the UC or CSU currently have the capacity to immediately provide medication abortion although they all have the minimum requirements for medication abortion (private exam room, ability to do pregnancy testing and counseling, licensed clinicians). On-campus health centers would need a varying level of funding and support to have the appropriately trained staff, equipment, and procedures necessary to provide medication abortion. This bill proposes to provide funding and support to on-campus health centers by establishing:
- a) The Medication Abortion Implementation Fund to provide grants on-campus health centers to pay for the cost, both direct and indirect, of implementing abortion by medication techniques; hire a consultant to each on-campus health center to establish plans and budgets; and, hire a consultant to create and provide appropriate trainings for staff at each on-campus health center.
 - b) The Medication Abortion Implementation Advisory Council to, among other things, select organizations to provide one-on-one support to each on-campus health center.
- 6) **How are campus health centers funded?** 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.

According to UC, its student health care centers receive little to no state funding; the 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.

This bill makes implementation contingent upon sufficient private monies being available to the Fund. **Staff recommends an amendment** to clarify that implementation is contingent upon private monies being made available to the Fund in an amount sufficient to fund all of the costs for public university student health centers to allow implementation by January 1, 2022, and through 2024, require the Treasurer to consult with the Department of Public Health and the

governing bodies of the public universities in making the determination whether funds are sufficient, and prohibit public universities from being required to use state General Fund monies or student fees to support the implementation of this bill.

- 7) ***Health coverage and costs for abortion.*** The University of California (UC) requires students to have adequate health insurance, which is minimum essential coverage under the Affordable Care Act. The UC 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. Student fees fund SHIP, which vary by campus and type of student. Generally, the fees start at about \$500 per quarter for an undergraduate student who is single, and start at about \$1,100 per quarter for a graduate student who is single. SHIP includes coverage for abortion, including abortion by medication.

Health insurance is not mandatory for students at the California State University (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 and CSU would need help creating a system for billing insurance.

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.

- 8) ***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. 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*. 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.

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.

<https://www.ansirh.org/sites/default/files/publications/files/sb320evaluating-access12-20-17.pdf>

<https://www.ansirh.org/sites/default/files/publications/files/sb320barriers12-20-17.pdf>

- 9) **Fiscal impact.** This bill is likely to impose significant costs. According to the sponsors, a range of funders have offered to fund the implementation of this bill.

“Funding will be available for equipment, training, payor support, and facility safety assessment.” This bill requires grant funds to be used for direct or indirect costs, consultation, training, evaluation, and authorizes funds to be used for equipment.

- 10) ***Heard by the Senate Health Committee.*** This bill was heard by the Senate Health Committee on April 19, 2017, where it passed on a 6-2 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.

SUPPORT

ACCESS Women’s Health Justice (co-sponsor)
 ACT for Women and Girls (co-sponsor)
 California Latinas for Reproductive Justice (co-sponsor)
 Women’s Policy Institute (co-sponsor)
 All Rise Alameda
 American Academy of Pediatrics
 American Association of University Women of California
 American Civil Liberties Union
 American Congress of Obstetricians and Gynecologists, District IX
 American Nurses Association/California
 Associated Students of the University of California
 California Immigrant Policy Center
 Californians United for a Responsible Budget
 California State Council of the Service Employees International Union
 California Voices for Progress
 California Women’s Law Center
 Center for Reproductive Rights
 Citizens for Choice
 Coalition of California Welfare Rights Organizations
 Economic Development & Justice Giving Circle, Women’s Foundation of California
 Equality California
 Equal Rights Advocates
 Essential Access Health
 Fresno Barrios Unidos
 Having Our Say Coalition
 If/When/How: Lawyering for Reproductive Justice
 Innovating Education in Reproductive Health
 Korean Community Center of the East Bay
 Korean Resource Center
 Latino Coalition for a Healthy California
 Los Angeles LGBT Center
 Maternal and Child Health Access
 Medical Students for Choice
 Mixteco/Indígena Community Organizing Project
 NARAL Pro-Choice California
 National Association of Social Workers, California Chapter
 National Center for Lesbian Rights

National Center Youth Law
National Council of Jewish Women-California
National Health Law Program
National Network of Abortion Funds
National Partnership for Women & Families
Physicians for Reproductive Health
Planned Parenthood Affiliates of California
Planned Parenthood Mar Monte
Positive Women's Network – USA
Reproductive Health Access Project
RHEDI/Reproductive Health Education in Family Medicine
South Asian Network
Studio M Visual Design
Training in Early Abortion for Comprehensive Healthcare
Western Center on Law & Poverty
Women's Foundation of California
Youth Justice Coalition
An individual

OPPOSITION

California Catholic Conference
California Family Council
Californians for Life
California Nurses for Ethical Standards
California ProLife Council
California Right to Life Committee, Inc.
Capitol Resource Institute
Chico State Students for Life
Concerned Women for America
Crusaders for Life, Kolbe Academy and Trinity Prep
Faith and Public Policy
Fresno State Students for Life
Right to Life of Central California
Right to Life of Kern County
Salt & Light Citizenship Ministry
Salt & Light Council
Students for Life at Berkeley
Numerous individuals

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