

Date of Hearing: May 18, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

AB 1918 (Petrie-Norris) – As Amended April 20, 2022

Policy Committee:	Higher Education	Vote:	9 - 3
	Health		9 - 3

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill establishes, in the Department of Health Care Access and Information (HCAI), the California Reproductive Health Service Corps (Corps) to recruit, train and retain a diverse workforce of reproductive health care professionals to work in underserved areas, and requires the California State Loan Repayment Program (SLRP) to support HCAI in establishing the Corps. This bill requires the Corps to do the following:

- 1) Administer and oversee scholarships and stipends for reproductive health students, loan repayment for graduates who have acquired debt from attending a reproductive health professional school and other types of direct financial support for scholars, in exchange for a three-year term of obligated service in California at a corps-approved site.
- 2) Pay a learning institution, teaching facility or approved clinical training site directly on behalf of scholars, including for tuition, fees, facility costs and preceptor time.
- 3) Identify and create opportunities for scholars to receive supplemental training in comprehensive sexual and reproductive health care, including miscarriage management, aspiration abortion and medication abortion, through partnerships with and financial support for California-based external partners providing and enabling clinical abortion training in primary care.
- 4) Prioritize the selection of scholars from historically excluded populations and underserved areas, as specified.
- 5) Require a scholar to agree to: 1) complete abortion training as part of their health care education, with the intent to participate in providing reproductive health services that include medical abortion or procedural abortion and miscarriage management, and 2) commit to working at a corps-approved site in an underserved area or with a medically underserved population, as defined.

This bill requires HCAI to conduct an evaluation five years after implementation to assess the impact and effectiveness of the Corps and to report its findings to the Legislature on or before January 1, 2029.

FISCAL EFFECT:

The costs of this bill will depend on the number of scholars to be funded and the amounts of funding to be provided to scholars, educational institutions, teaching facilities and clinical training sites. The author, along with other Members of the Assembly, have requested a one-time allocation of \$40 million in the fiscal year (FY) 2022-23 budget to fund this bill.

COMMENTS:

- 1) **Abortion Access in California.** According to a 2017 Guttmacher Institute study, “Abortion Incidence and Service Availability in the United States,” one in four women will need an abortion in her lifetime. 40% of California counties do not have an abortion provider. Many Californians already struggle to obtain the full spectrum of reproductive health care. California saw an 18% decline in the number of providers and clinics providing abortions from 2014 to 2017.
- 2) **Abortion Training.** Many healthcare professionals receive no or limited training in abortion care while in school. Only 6% of national family medicine programs guarantee their residents abortion training, and in nursing and midwifery, abortion training is even less accessible. In California, of 64 family medicine programs, 12 offer opt-out abortion training.
- 3) **Workforce Diversity.** According to the California Future Workforce Commission (Commission), by 2030, communities of color will make up over 65% of California’s population, yet they are severely under-represented in the health workforce and educational pipeline. Latinos are California’s largest single ethnic group and are projected to reach 41.5% of the population by 2030. Given that these groups will make up the majority of California’s working-age population, the Commission notes that action is needed to ensure that more people from communities of color become health professionals.
- 4) **Governor’s Budget Proposal on Health Care Workforce.** The FY 2022-23 Governor’s Budget includes a one-time \$1.7 billion investment over three years to create more innovative and accessible opportunities to recruit, train, hire and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages and health equity outcomes. These “Care Economy” investments will be jointly coordinated by the Labor and Workforce Development Agency (Labor Agency) and California Health and Human Services Agency (CHHSA) through the CHHSA/ HCAI Health Workforce Education and Training Council.
- 5) **Governor’s 2022-23 Budget Funding Proposal for Reproductive Health.** To protect the right to safe and accessible reproductive health care services, the 2022-23 Budget proposes a number of actions to maintain and improve availability of these essential services, including increasing flexibility for Medi-Cal providers to provide clinically appropriate medication abortion services. The proposal also includes one-time funding of \$20 million to HCAI to provide scholarships and loan repayments to a variety of health care provider types that commit to providing reproductive health care services, and \$20 million in grant funding to assist reproductive health care facilities in securing their physical and information technology infrastructure and to enhance facility security.