

ASSEMBLY THIRD READING

AB 1918 (Petrie-Norris)

As Amended April 20, 2022

Majority vote

SUMMARY

Establishes the California Reproductive Health Service Corps (RHSC) within the Department of Health Care Access and Information (HCAI) to recruit, train, and retain a diverse workforce of reproductive health care professionals to work in underserved areas.

COMMENTS

While abortion is normal and a common healthcare procedure, many healthcare professionals receive little to no training in abortion care during their time as students. Abortion is common and safer than carrying a pregnancy to term. All forms of abortion are safe, and the only limits to safety are limits to access. Abortion is among the most common procedures performed among women. One in four United States (U.S.) women will have an abortion in their lifetime: 18% of U.S. pregnancies (excluding miscarriages) end in abortion. Most abortions occur early in pregnancy: nearly 90% in the first 12 weeks. White patients account for 39% of abortion procedures, Black patients 28%, Hispanic patients 25%, and patients of other races and ethnicities 9%.

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, meaning there is a misdistribution of trained providers concentrated in metropolitan areas. Many Californians already struggle to obtain the full spectrum of reproductive health care. The number of providers and clinics providing abortion has declined in recent years and California saw an 18% decline from 2014 to 2017. The number of providers decreases with increasing gestational age: 95% offer abortion to eight weeks, 34% to 20 weeks, and 16% to 24 weeks. Half of the 58 counties in the state lack a facility that provides 400 or more abortions California's gap in access will only get more pronounced when patients from out of state come seeking care.

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 of them become health professionals.

The Song Brown Program, housed in HCAI, funds institutions that train primary care health professionals to provide healthcare in California's Medically Underserved Areas (MUAs). Competitive proposals demonstrate a commitment to Song-Brown goals and demonstrated success in meeting the three statutory priorities: 1) attracting and admitting underrepresented groups in medicine and those from underserved communities; 2) training students in underserved areas; and, 3) placing graduates in underserved areas. Gynecology and Obstetric specialties are included in the Song Brown Program.

MUAs and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. These designations help establish health maintenance organizations or community health centers. MUAs have a shortage of primary care health services within geographic areas such as:

- a) A whole county;
- b) A group of neighboring counties;
- c) A group of urban census tracts; or,
- d) A group of county or civil divisions.

MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care. Some examples include:

- a) People experiencing homelessness;
- b) People who are low-income;
- c) People who are eligible for Medicaid;
- d) Native Americans; and,
- e) Migrant farm workers.

Primary Care Shortage Areas (PCSAs). In 2004, the California Healthcare Workforce Policy Commission (Commission) adopted formal criteria for designating PCSAs using primary care physician counts and demographic data. During the June 2019 policy meeting, the Commission voted to modify the criteria to include weighted counts of family nurse practitioners and physician assistants. HCAI refreshed the PCSA designations by applying the updated criteria to the most recently available data. Using the updated criteria and data, the methodology would designate 268 of California's Medical Service Study Areas as PCSAs

Governors budget proposal on health care workforce. The Budget includes a one-time \$1.7 billion investment over three years in care economy workforce development – across both the Labor and Workforce Development Agency (Labor Agency) and California Health and Human Services Agency (CHHSA) – that will 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. The Care Economy investments will be jointly coordinated by the Labor Agency and CHHSA through the CHHSA/HCAI Health Workforce Education and Training Council.

Governor's 2022 Budget funding proposal for reproductive health. To protect the right to safe and accessible reproductive health care services, the 2022 Budget proposes a number of actions to maintain and improve availability of these essential services including:

Increasing Flexibilities. The Medi-Cal program provides comprehensive family planning and reproductive health services. To increase flexibility for Medi-Cal providers to provide clinically appropriate medication abortion services, the Department of Health Care Services (DHCS) will

modify its existing billing requirements to remove requirements for in-person follow up visits and ultrasounds, if not clinically indicated;

Family Planning, Access, Care and Treatment (PACT) HPV Vaccine Coverage. The Budget includes \$8 million (\$4.6 million General Fund) in 2022-23 and ongoing to add the human papillomavirus vaccine as a covered benefit under the Family PACT program, effective July 1, 2022;

Clinical Infrastructure. To support California's clinical infrastructure of reproductive health care services, the Budget includes one-time funding of \$20 million General Fund within HCAI to provide scholarships and loan repayments to a variety of health care provider types that commit to providing reproductive health care services;

Capital Infrastructure. The Budget includes one-time funding of \$20 million in grant funding to HCAI to assist reproductive health care facilities in securing their physical and information technology infrastructure and to enhance facility security; and,

Covered California Subsidies. The Budget includes \$20 million General Fund in 2022-23 for Covered California to support the One-Dollar Premium Subsidy program which subsidizes the cost of Covered California consumers for health plans due to federal policy concerning abortion coverage.

According to the Author

Reproductive freedom is under assault in this country. California has long been a strong leader in protecting reproductive rights, but many Californians lack access to reproductive care: 40% of California's counties don't have a single abortion provider. The Future of Abortion Council has made myriad suggestions to protect and expand abortion access in California, and this bill will fulfill one of their critical policy recommendations: to create the RHSC in HCAI. A RHSC will improve our healthcare education pipeline by recruiting, training, and retaining a diverse workforce of medical professionals – from Doctors to Nurses to Licensed Midwives – trained in abortion and sexual and reproductive healthcare and assigned to teams in underserved areas across our state. The author states that the RHSC will invest in training our future reproductive healthcare workforce with scholarships, loan repayment, living wage stipends, and vital wrap-around services to ensure that Members can achieve their educational goals. Importantly, the RHSC is dedicated to addressing the systemic barriers that historically excluded populations face. The author concludes that we know how vital it is that medical professionals reflect those they are serving – and these medical professionals will reflect California's diverse racial, ethnic, and linguistic communities.

Arguments in Support

Training in Early Abortion for Comprehensive Healthcare (TEACH) is the sponsor of this bill and states that it will fund the development of abortion training within schools, clinical sites, and training programs to build their capacity to provide hands-on abortion training, miscarriage management, and sexual and reproductive healthcare curriculum, allowing for full integration of these services as essential parts of primary and reproductive healthcare. TEACH states that by creating an innovative malpractice insurance fund, this bill will allow existing providers, recent graduates, and retirees to continue to teach, train, and provide comprehensive, equitable healthcare to California's underserved communities.

The California Nurse Midwives Association states in support of this bill, that while abortion is normal and a common healthcare procedure, many healthcare professionals receive little to no training in abortion care during their time as students. Without diverse and sustained educational and training pathways, California's workforce of healthcare professionals cannot acquire the necessary skills to refer, counsel, educate or provide comprehensive sexual and reproductive healthcare, including abortion care to underserved communities in California.

Arguments in Opposition

The California Catholic Conference (CCC) is opposed to this bill and states that nationally, most low-income people identify as prolife, and 68% of Latinos and African Americans support restricting abortion to the first trimester or ending it entirely. Clinicians from these communities do not want to perform abortions and should not be coerced into abortion training against their consciences, with their scholarships hanging in the balance.

CCC states that there is no lack of access to abortion in California. The state already funds abortions through tax dollars, with over 400 facilities performing abortions, and abortions offered by nurse practitioners, nurse midwives, physician assistants, via telehealth, on college campuses, and through a dozen sources by mail. On the other hand, doctors in overwhelmed metros like Riverside, LA, and Sacramento are assisting at hundreds of births per year, while several rural California counties have no obstetrician or gynecologist at all. CCC concludes that women in maternity care deserts and HRSAs don't need more abortion providers, but more doctors who can safely deliver their infant.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, 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 2022-23 budget to fund this bill.

VOTES

ASM HIGHER EDUCATION: 9-3-0

YES: Medina, Arambula, Bloom, Gabriel, Irwin, Levine, Low, Santiago, Akilah Weber

NO: Choi, Kiley, Valladares

ASM HEALTH: 9-3-3

YES: Wood, Aguiar-Curry, Arambula, Maienschein, McCarty, Nazarian, Rodriguez, Santiago, Cristina Garcia

NO: Waldron, Bigelow, Flora

ABS, ABST OR NV: Carrillo, Mayes, Luz Rivas

ASM APPROPRIATIONS: 12-4-0

YES: Holden, Bryan, Calderon, Carrillo, Mike Fong, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Wilson

NO: Bigelow, Megan Dahle, Davies, Fong

UPDATED

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