
SENATE COMMITTEE ON HEALTH

Senator Dr. Richard Pan, Chair

BILL NO: AB 1918
AUTHOR: Petrie-Norris
VERSION: June 14, 2022
HEARING DATE: June 29, 2022
CONSULTANT: Melanie Moreno

SUBJECT: California Reproductive Health Service Corps

SUMMARY: Establishes the California Reproductive Health Service Corps in the Health Care Access and Information for the purposes of recruiting, training, and retaining a diverse workforce of reproductive health care professionals who will be part of reproductive health care teams to work in underserved areas.

Existing law:

- 1) Replaces the Office of Statewide Health Planning and Development with the Department of Health Care Access and Information (HCAI), and requires HCAI to establish and administer multiple workforce development programs and conduct related activities. [HSC §127000, et seq.]
- 2) Requires HCAI to collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. Establishes the Health Professions Education Foundation within HCAI to, among other functions, develop criteria for evaluating applicants for various scholarships and loans. [HSC §127750, et seq.]
- 3) Establishes the Song-Brown Health Care Workforce Training Act (Song-Brown) which includes a state medical contract program with accredited medical schools, teaching health centers, programs that train primary care physician assistants, primary care nurse practitioners, registered nurses, hospitals, and others to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics, or in nursing and to maximize the delivery of primary care and family physician services to specific areas of California where there is a recognized unmet priority need for those services. [HSC §128200-§128235]

This bill:

- 1) Establishes the California Reproductive Health Service Corps (Corps) in HCAI for the purposes of recruiting, training, and retaining a diverse workforce of reproductive health care professionals who will be part of reproductive health care teams to work in underserved areas. Requires the HCAI director to ensure that adequate staff are provided to effectively administer the Corps, and requires the California State Loan Repayment Program to support HCAI in administering the Corps.
- 2) Requires the Corps to:
 - a) Administer and oversee scholarships and stipends for new reproductive health students, loan repayment for graduates who have acquired debt from attending a reproductive

- health professional school in the past, 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. Defines “scholar” as a person in the Corps who is a student who has been accepted in a school or a program that graduates reproductive health care professionals or who is an existing reproductive health professional who desires more training and professional development in abortion care to provide this service;
- b) Pay a learning institution, teaching facility, or approved clinical training site directly on behalf of scholar, including for tuition, fees, facility costs, and preceptor time;
 - c) Provide an annual payment for education-related costs and a monthly stipend to cover living expenses directly to a scholar, as specified;
 - d) Offer existing reproductive health professionals an option for loan forgiveness for each year of service;
 - e) Offer scholars stipends or reimbursement for childcare, eldercare, housing, health care coverage with coverage for mental health services, and transportation to eliminate known obstacles of educational completion for scholars, as specified; and,
 - f) Identify and create opportunities for scholars to receive supplemental trainings in comprehensive sexual and reproductive health care, as specified, through partnerships with and financial support for California-based external partners providing and enabling clinical abortion training in primary care.
- 3) Requires the Corps to prioritize the selection of scholars from historically excluded populations and underserved areas, who reflect the patient populations they serve, to ensure greater inclusion and improved diverse representation in the reproductive health services workforce. Requires scholars from historically excluded populations to meet two or more of the following criteria:
- a) Were or currently are homeless or in the foster care system;
 - b) Were eligible for the National School Lunch Program for two or more years as a child;
 - c) Do not have or have not had parents/legal guardians who completed a bachelor’s degree;
 - d) Were or currently are eligible for federal Pell Grants;
 - e) Received support from the California Special Supplemental Nutrition Program for Women, Infants, and Children (SNAP) as a parent or child;
 - f) Grew up in a rural area or a health professional shortage area (HPSA), as designated by the Health Resources and Services Administration (HRSA);
 - g) Is a member of a racial or ethnic group that has been shown by the National Science Foundation to be underrepresented in biomedical research and health sciences, as specified; or,
 - h) Is an individual with a disability, as specified
- 4) Requires a scholar to:
- a) Agree to complete abortion training as part of their health care education with the intent to provide, or participate on a team that provides, reproductive health services with the inclusion of medical abortion or procedural abortion and miscarriage management;
 - b) Commit to working for three years at a Corps-approved site in one of the following areas or with one of the following populations:
 - i) A HPSA or a medically underserved area or with a medically underserved population, as mapped by HRSA;
 - ii) A maternity care desert, as designated by the March of Dimes;

- iii) A rural area, as designated by the federal Centers for Medicare and Medicaid Services (CMS);
 - iv) A California county identified to have no abortion services;
 - v) An area that is more than 50 miles from abortion services; or,
 - vi) An area where the majority of patients are covered under the Medi-Cal program;
- c) Agree, in writing, that if the scholar fails to complete the period of obligated service at a Corps-approved site, they will be in breach of contract.
- 5) Permits a scholar or a site to petition the Corps for approval of a site based on the reproductive health needs of specific communities or populations or the area's specific linguistic needs.
- 6) Permits a scholar, with the authorization of the Corps, to transfer to a new site to complete their obligated service. Requires the Corps to define the criteria for transfer eligibility. Requires the Corps, under certain defined conditions, to assist the scholar to find a new approved site.
- 7) Requires a scholars, when they are employed at a Corps-approved site, to be subject to the personnel system of that entity.
- 8) Requires HCAI to conduct an evaluation five years after implementation to assess the impact and effectiveness of the Corps, and to include:
- a) The number of health care providers from underrepresented racial, ethnic, socioeconomic, and geographic backgrounds that have completed the program;
 - b) The number of scholars and Corps graduates who are practicing in underserved areas;
 - c) The geographic areas served by scholars and Corps graduates and geographic placement gaps that persist;
 - d) The provider types utilizing the Corps;
 - e) The number of scholars and Corps graduates who have integrated abortion care into their practices;
 - f) The number of applicants to the Corps; and,
 - g) The number of awardees who do not meet their service requirement, by provider type.
- 9) Requires HCAI to report its findings to the Legislature by January 1, 2029.
- 10) Sunsets this bill on January 1, 2031.

FISCAL EFFECT: 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.

PRIOR VOTES:

Assembly Floor:	56 - 16
Assembly Appropriations Committee:	12 - 4
Assembly Higher Education Committee:	9 - 3
Assembly Health Committee:	9 - 3

COMMENTS:

- 1) *Author's statement.* According to the author, reproductive freedom is under assault in this country. California has been a strong leader in protecting reproductive rights, but many Californians lack access to reproductive care – 40% of California's counties do not have a single abortion provider. The California Future of Abortion Council (CA FAB 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 a Reproductive Health Service Corps in HCAI. The Corps 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 underserved areas across our state. The Corps 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 Corps is dedicated to addressing the systemic barriers that historically excluded populations face. 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.
- 2) *Health inequities.* According to a 2018 California Health Care Foundation (CHCF) report, California is the most racially diverse state in the country. Over the last 20 years, California's population has grown more diverse, as Latinos have grown from 32% to 40% of the population and Asians from 12% to 14% while whites have declined from 48% to 37%. Between 2019 and 2040, California's population is expected to increase by 6.5 million. People of color represent 93%, or six million, of the expected increase. People of color continue to face barriers to accessing health care, often receive suboptimal treatment, and are most likely to experience poor outcomes in the health care system. California also has some of the highest rates of immigrants, refugees, and undocumented people when compared to the rest of the country, and people who speak a language not considered a "threshold language" (languages spoken at a high proportional rate within a geographic region) are often unable to receive materials and services in their language. A 2018 study of refugee patients found that language barriers in accessing health care services and insufficient time to meet educational needs of refugees were major challenges outside of the clinic visit setting. Poor health literacy and difficulties communicating health needs and building trust within the interactive triad of refugee, physician, and interpreter impacted clinic visits. And a February 2022 CHCF report states that non-English speakers, people who are low-income, and people living in rural areas experience a "digital divide" that has deepened due to the pandemic and the rise of telemedicine.
- 3) *Abortion in California.* According to the Guttmacher Institute, in 2017, 132,680 abortions were provided in California, though not all abortions that occurred in California were provided to state residents. There was a 16% decline in the abortion rate in California between 2014 and 2017, from 19.5 to 16.4 abortions per 1,000 women of reproductive age. Abortions in California represent 15.4% of all abortions in the U.S. There were 419 facilities providing abortion in California in 2017, and 161 of those were clinics. These numbers represent a 6% increase in clinics from 2014, when there were 512 abortion-providing facilities overall, of which 152 were clinics. In 2017, some 40% of California counties had no clinics that provided abortions, and 3% of California women lived in those counties.

According to the Guttmacher Institute, in 2017, there were 1,587 facilities providing abortion in the U.S., representing a 5% decrease from the 1,671 facilities in 2014. Sixteen percent of facilities in 2017 were abortion clinics (i.e., clinics where more than half of all patient visits were for abortion), 35% were nonspecialized clinics, 33% were hospitals and 16% were private physicians' offices. Sixty percent of all abortions were provided at abortion clinics, 35% at nonspecialized clinics, 3% at hospitals and 1% at physicians' offices. In 2017, 89% of U.S. counties had no clinics providing abortions. Any of the 38% of reproductive-age women living in those counties who needed an abortion during that time would have had to travel out of their county to obtain an abortion. Of patients who had an abortion in 2014, one-third had to travel more than 25 miles one way to reach a facility.

- 4) *CA FAB Council.* According to the CA FAB Council website, in September 2021, with the constitutional right to abortion facing the most severe threats since *Roe v. Wade*, the CA FAB Council convened to identify the most pressing barriers to care for patients seeking abortion services in California. More than 40 organizations representing sexual and reproductive health care providers, reproductive rights and reproductive justice advocacy organizations, legal and policy experts, researchers, and advocates, with the support of California policymakers, joined together to recommend policy proposals supporting equitable and affordable access to abortion care for Californians and all who seek care here. The CA FAB Council made 45 policy recommendations relating to seven main areas of focus: a) Investment in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care; b) Cost barriers and adequate reimbursement for abortion and abortion-related services; c) Investment in a diverse California abortion provider workforce and an increase in training opportunities for Black, Indigenous, and people of color (BIPOC) and others historically excluded from health care professions; d) Reducing administrative and institutional barriers to care; e) Legal protections for abortion patients, providers, and supporting organizations, and individuals; f) Addressing misinformation and disinformation and ensuring access to medically accurate, culturally relevant, and inclusive education about abortion and access to care is widely and equitably available; and g) Efforts to collect data, conduct research, and distribute reports to assess and inform abortion care and education needs in California.
- 5) *Related legislation.* SB 1142 (Caballero) requires the California Health and Human Services Agency (CHHSA), or a designated entity, to establish a website where the public can access specified information about abortion services. SB 1142 establishes the Abortion Practical Support Fund (Fund) for the purpose of providing grants to nonprofit entities for abortion supportive services and to public research institutions for research to support equitable access to abortion. Requires the Commission on the Status of Women and Girls to administer the Fund and to provide grants to increase access to abortion services. *SB 1142 passed the Assembly Health Committee with an 11-3 vote on June 21, 2022.*

SB 1234 (Pan) requires reimbursement by the Family PACT program for services related to the prevention and treatment of sexually transmitted diseases to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. *SB 1234 is set to be heard on June 28, 2022 in the Assembly Health Committee.*

SB 1245 (Kamlager) establishes the Los Angeles (LA) County Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to the full spectrum of sexual and reproductive health care, including abortion, in LA County. *SB 1245 passed the Assembly Health Committee with an 11-3 vote on June 21, 2022.*

AB 2205 (Carillo) requires health plans and insurers providing a qualified health plan through Covered California to report the total amount of funds for abortion services maintained in a segregated account pursuant to federal law. *AB 2205 passed by a vote of 7-2 when it was heard in this Committee on June 8, 2022.*

AB 2134 (Weber): a) establishes the California Reproductive Health Equity Program (Program) to ensure abortion and contraception services are affordable for and accessible to all patients; b) permits Medi-Cal providers to apply for grant funding to provide abortion and contraception at no cost to certain uninsured or underinsured individuals; c) requires health plans and insurers that provide coverage to employees of a religious employer that does not include coverage for abortion and contraception to provide written information on the excluded benefits and services and that the abortion and contraception benefits and services may be available at no cost through the Program; d) requires an employer that provides health coverage that does not include coverage for abortion and contraception to provide the same information in writing to its employees; and, e) requires the Department of Industrial Relations to impose an annual fee on those employers, excluding religious employers, and to deposit revenues into the California Reproductive Health Equity Fund. *AB 2134 passed by a vote of 8-1 when it was heard in this Committee on June 22, 2022.*

AB 2320 (C. Garcia) requires the California Health and Human Services agency, or its designated entity, to establish and administer a pilot program to direct funds to primary care clinics that provide reproductive health care services in five counties that agree to participate. *AB 2320 passed by a vote of 7-2 when it was heard in this Committee on June 15, 2022.*

AB 2586 (C. Garcia) Requires CDPH to convene a working group to examine the root causes of the reproductive health and sexual health inequities in the state, and requires the workgroup to submit a report to the Legislature with recommendations of how to meaningfully address and eliminate reproductive health and sexual health inequities. Establishes the California Reproductive Justice and Freedom Fund (RJ Fund), and specifies that the goal of the RJ Fund is to dismantle historic and standing systemic reproductive and sexual health inequities. Requires CDPH, upon appropriation by the Legislature, to award grants from the RJ Fund to eligible organizations over a three-year period. Requires grant recipients to use any grant funds to implement a program or fund an existing program that provides and promotes medically accurate, comprehensive reproductive and sexual health education. *AB 2586 passed by a vote of 8-1 when it was heard in this Committee on June 22, 2022.*

- 6) *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. NARAL writes that this bill directly addresses two of the 45 recommendations in the CA FAB Council – the Corps is responsible for investing upfront to train our future reproductive healthcare workforce with educational scholarships, living wage stipends and wrap-around services, along with loan repayment options for existing providers and recent graduates who desire to obtain the necessary skills to increase access and offer sexual and reproductive health services—including abortion, maternity care, and miscarriage management in underserved areas in California. This includes those training, or already providing care, as physicians, nurse practitioners, registered and licensed nurses, licensed midwives, certified nurse-midwives, physician assistants, doulas, and medical assistants.

- 7) *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 HRSA's don't need more abortion providers, but more doctors who can safely deliver their infant.

SUPPORT AND OPPOSITION:

Support: Training in Early Abortion for Comprehensive Healthcare (sponsor)
 ACCESS Reproductive Justice
 ACTIONS
 American College of Obstetricians and Gynecologists District IX
 American Nurses Association
 Attorney General Rob Bonta
 Black Women for Wellness Action Project
 California Academy of Family Physicians
 California Association for Nurse Practitioners
 California Latinas for Reproductive Justice
 California Medical Association
 California Nurses Association
 California Nurse Midwives Association
 California Women's Law Center
 Citizens for Choice
 City of Los Angeles
 Eleni Kounalakis-Lieutenant Governor of California
 Essential Access Health
 NARAL Pro-choice California

National Center for Youth Law
National Council of Jewish Women - CA
National Council of Jewish Women- San Francisco Bay Area Section
National Health Law Program
Nurses for Sexual & Reproductive Health
Physicians for Reproductive Health
Planned Parenthood Affiliates of California
Reproductive Health Access Project
Urge: Unite for Reproductive & Gender Equity
Women's Foundation California
Women's Health Specialists

Oppose: California Catholic Conference
Concerned Women for America
Right to Life League

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