Date of Hearing: April 26, 2022

ASSEMBLY COMMITTEE ON HEALTH
Jim Wood, Chair
AB 2134 (Akilah Weber) – As Amended March 24, 2022

SUBJECT: Reproductive health care.

SUMMARY: Establishes the California Abortion and Reproductive Equity (CARE Act), and the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information (HCAI), to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. Authorizes a Medi-Cal enrolled provider to apply for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level (FPL) who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family Planning, Access, Care and Treatment (PACT) programs. Requires a health care service plan (health plan) or health insurer that provides health coverage to employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide an enrollee or insured with written information that abortion and contraception benefits and services may be available at no cost through the Program. Requires an employer that provides employer-sponsored health coverage or otherwise provides hospital, surgical, or major medical benefits to its employees that does not include coverage or benefits for abortion and contraception to annually provide the same information in writing to its employees. Requires the Department of Industrial Relations (DIR) to impose an annual fee ($1) on those employers, excluding religious employers, and to deposit revenues annually into the California Reproductive Health Equity Fund (Fund). Specifically, **this bill**:

Employer Requirements

1) Requires a health plan or insurer that provides health coverage to the employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide each enrollee with written information regarding both of the following:
   a) Abortion and contraception benefits or services that are not included in the enrollee or insured's health plan contract or policy; and,
   b) Abortion and contraception benefits or services that may be available at no cost through the Program.

2) Requires an employer that provides employer sponsored health coverage, or otherwise provides hospital, surgical, or major medical benefits to its employees, that does not include coverage and benefits for both abortion and contraception to, beginning January 1, 2023, and annually thereafter, provide each employee with written information regarding both of the following:
   a) Abortion and contraception benefits or services that are not included in the employee's health coverage or benefit plan; and,
   b) Abortion and contraception benefits or services that may be available at no cost through the Program.

3) Requires DIR to, beginning January 1, 2023, and annually thereafter, impose a fee on an employer that provides employer-sponsored health coverage or otherwise provides hospital, surgical, or major medical benefits to its employees that does not include coverage or benefits for abortion and contraception in the amount of one dollar ($1) per month per employee. Exempts a religious employer.

4) Requires DIR to deposit revenues of fees collected pursuant to 3) above into the Fund (established in 5) below) on or before July 1, 2023, and annually on or before each July 1 thereafter. Requires the fees collected pursuant to 3) above to also be used to pay for the administrative costs. Requires the level of expenditure by DIR for the administrative costs related to this bill to be subject to review and approval annually through the annual budget process.

Program and Fund Requirements

5) Establishes the Fund to provide grant funding to safety net providers of abortion and contraception services through the Program and to otherwise ensure affordability of and access to abortion and contraception to anyone who seeks care in California, regardless of their ability to pay for care.

6) Requires the Fund to also be used to pay for the cost of administering the Program and for any other purpose, as specified. Requires the level of expenditure by HCAI for the administrative support of the Program to be subject to review and approval annually through the annual budget process.

7) Authorizes HCAI to receive private donations to be deposited into the Fund.

8) Specifies that the money in the Fund be continuously appropriated to HCAI and requires HCAI to manage this Fund, as specified.

9) Establishes the Program within HCAI to ensure abortion and contraception are affordable for and accessible to all patients, regardless of their ability to pay, and to provide financial support for safety net providers of these services to offset the costs of providing uncompensated care to patients with low incomes who would otherwise lack access to care.

10) Allows a Medi-Cal enrolled provider, as determined by the Department of Health Care Services (DHCS), to apply for a grant, and a continuation award after the initial grant, under this bill if they agree to provide abortion and contraception services in accordance with all of the following:
    a) The abortion and contraception services provided are within the provider's scope of practice and licensure;
    b) The provider agrees to be identified, in a manner determined by HCAI, as a participating provider in the Program; and,
    c) Requires the services, to the extent services provided are Medi-Cal covered, to be provided at no cost to an individual with a household income at or below 400% of the FPL who meets both of the following criteria,:
        i) Is uninsured or has health care coverage that does not include both abortion and contraception; and,

ii) Is not otherwise eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

11) Allows an individual's self-declaration of income and source of health care coverage made to the provider at the time of service to be all that is required to determine whether the individual may be able to access no-cost services pursuant to this bill.

12) Specifies that this bill does not require a provider to accept additional patients if, in the reasonable professional judgment of the provider, accepting additional patients would endanger access to, or continuity of, care for existing patients.

13) Requires HCAI to work with DHCS to notify Medi-Cal enrolled providers of the availability of funding under this bill, including any pertinent deadlines and other requirements.

14) Requires a grant application to be made on a form to be developed by HCAI and requires an application to include both of the following:
    a) A justification of the amount of grant funds requested, including both of the following:
        i) The cost of uncompensated abortion and contraceptive services the applicant provided to patients with household incomes at or below 400% of the FPL in the previous 12 months; and,
        ii) The anticipated cost of uncompensated abortion and contraception services to be provided to patients with household incomes at or below 400% of the FPL in the upcoming 12 months; and,
    b) Other pertinent information that HCAI requires.

15) Requires the cost of uncompensated abortion and contraception services to:
    a) Be calculated based on the amount the provider would expect to receive for providing these services to a patient enrolled in the Medi-Cal program; and,
    b) Include those services provided through prescription, including laboratory and pharmaceutical, as well as services that are the result of complications related to services provided, to the extent they would be Medi-Cal covered.

16) Prohibits HCAI from requiring the submission of personal information about individuals receiving uncompensated abortion and contraception services as part of an application. Requires information required by HCAI to only include information in summary, statistical, or other forms that do not identify particular individuals.
17) Exempts a grant application from disclosure under the California Public Records Act.

18) Authorizes HCAI to, within the limits of funds available, award grants that, in HCAI's judgment, best promote the purposes described in 9) above, taking into account all of the following:
    a) The extent to which abortion and contraception services are needed locally;
    b) The ability of the applicant to advance health equity; and,
    c) The relative need of the applicant.

19) Requires HCAI to determine the amount of an award on the basis of the amount of funds requested and unless otherwise specified by the HCAI, requires an initial grant to be for a 12-month period.

20) Requires HCAI to develop a form for an application for a continuation award under this bill. Requires decisions regarding continuation awards and the funding level of those awards to be made after consideration of factors that include the recipient's anticipated level of need and the availability of funds. Provides for a continuation award to be for a 12-month period, unless otherwise specified by HCAI. Exempts an application for a continuation award from disclosure under the California Public Records Act.

21) Requires funds awarded to be expended solely for the purpose for which the funds were awarded, in accordance with the approved application and budget, implementation guidance issued by HCAI, and the terms and conditions of the grant or continuation award.

22) Requires HCAI to, in implementing the Program, consult with interested parties, including DHCS, the Department of Managed Health Care (DMHC), California Department of Insurance (CDI), abortion and contraception providers, consumer advocates, and other stakeholders it deems appropriate.

23) Requires HCAI to conduct an evaluation of the Program and to report its findings to the Legislature by no later than January 1, 2024, and on an annual basis no later than each January 1 each year. Permits HCAI to use funds in the Fund for the evaluation of the program.

24) Defines abortion, contraception, and religious employer consistent with existing law.

25) Finds and declares that to protect confidential and personal medical information, it is necessary that grant applications be protected from public disclosure.

EXISTING LAW:

1) Establishes the Reproductive Privacy Act, which prohibits the state from denying or interfering with a woman's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the woman, and makes legislative findings and declarations that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, and that every woman has the fundamental right to choose to bear a child or to choose and to obtain an abortion, as specified.

2) Establishes the federal Patient protection and Affordable Care Act (ACA), which enacts various health care coverage market reforms, including the availability of health insurance exchanges. Mandates the 10 federally required essential health benefits (EHBs) in the individual and small group market and establishes the Kaiser Small Group health plan as California's EHB benchmark plan. Codifies existing ACA law into state law that prohibits lifetime or annual limits in health plan and health insurance policies.

3) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. Establishes the Family PACT program, which is administered by DHCS, to provide comprehensive clinical family planning services, including, but not limited to, preconception counseling, maternal and fetal health counseling, general reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive

capability, medical family planning treatment and procedures, including supplies and follow-up, and informational, counseling, and educational services, to qualified, low income individuals who has a family income at or below 200% of the FPL, and who is eligible to receive these services.

4) Establishes DMHC to regulate health plans, and the CDI to regulate health insurers.

5) Requires a health plan contract to provide to enrollees "basic health care services" defined as:
   a) Physician services;
   b) Hospital inpatient services and ambulatory care services;
   c) Diagnostic laboratory and diagnostic and therapeutic radiologic services;
   d) Home health services;
   e) Preventive health services;
   f) Emergency health care services, as specified; and,
   g) Hospice care.

3) Requires a health plan contract or health insurance policy issued, amended, renewed or delivered on or after January 1, 2016 to provide coverage for U.S. Food and Drug Administration (FDA) approved contraceptive drugs, devices, and other products for women, as specified, and prohibits a health plan contract or policy, except a grandfathered health plan contract or policy from imposing a deductible, coinsurance, copayment, or any other cost sharing. Permits a religious employer to request a health plan contract without this coverage if contrary to the religious employer's religious tenets, as specified.

4) Allows a religious employer to request a health plan contract without coverage for FDA-approved contraceptive methods that are contrary to the religious employer's religious tenets. Requires a health plan contract to be provided without coverage for contraceptive methods, if requested. Defines religious employer as an entity for which each of the following is true:
   a) The inculcation of religious values is the purpose of the entity;
   b) The entity primarily employs persons who share the religious tenets of the entity; The entity serves primarily persons who share the religious tenets of the entity; and,
   c) The entity is a nonprofit organization as specified in the Internal Revenue Code.

5) Requires every religious employer that invokes the exemption to provide written notice to prospective enrollees prior to enrollment with the plan, listing the contraceptive health care services the employer refuses to cover for religious reasons.

6) Prohibits a health plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. Prohibits a health plan and an insurer subject to these requirements from imposing utilization management or utilization review on the coverage for outpatient abortion services. Requires that for a contract, certificate, or policy that is a high deductible health plan, the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year. Applies these provisions to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. Requires the DMHC and CDI to adopt related regulations on or before January 1, 2026.

7) Defines the following:
   a) Abortion as any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth; and,
   b) Contraception as all FDA-approved contraceptive drugs, devices, and other products for women, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the enrollee's provider; Voluntary sterilization procedures; Patient education and counseling on contraception; and, Follow-up services related to the drugs, devices, products, and procedures covered under this subdivision, including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal.

8) Includes in the Medi-Cal schedule of benefits, comprehensive clinical family planning services, which is the process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved. Includes a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods, FDA-approved contraceptive drugs, devices, and supplies, natural family planning, abstinence methods, and basic, limited fertility management.

9) Establishes HCAI to collect data and disseminate information about California's healthcare infrastructure, to promote an equitably distributed healthcare workforce, and publish information about healthcare outcomes.

10) Establishes DIR to protect and improve the health, safety, and economic well-being of over 18 million wage earners and helps their employers comply with state labor laws.

FISCAL EFFECT: Unknown. This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. According to the author, the CARE Act continues California's commitment to being a Reproductive Freedom State and a national leader in safeguarding and advancing reproductive freedom. This bill is essential for ensuring that all people in California can access abortion care regardless of their insurance type and providers are able supported. With the U.S. Supreme Court set to decide a case that could overturn *Roe v. Wade* later this year, it is critical that California has policy in place to meet this moment.

2) BACKGROUND. According to the California Health Benefits Review Program, under the Reproductive Privacy Act, California law prohibits the State from denying or interfering with a woman's right to choose or obtain an abortion prior to viability of the fetus, or when medically necessary. The state defines viability as the point in a pregnancy when, in the good faith medical judgment of a physician, there is a reasonable likelihood that a fetus will survive outside the uterus without "extraordinary medical measures." Abortion is considered a basic health care service in California and, therefore, is required to be covered by commercial health insurance plans and policies and CalPERS. Medically necessary follow-up services to abortions that constitute basic health care services must also be covered. However, the state does not mandate which types of abortion methods (i.e., procedural or medication) must be covered, nor does it mandate cost-sharing requirements specific to these services. California's Medi-Cal program is one of 16 state Medicaid programs that use their

own funds to cover abortion services and follow-up services for beneficiaries. The Medi-Cal program covers abortions as a physician service without cost sharing for all enrollees. California law prohibits family planning grants distributed by DHCS from funding abortions or associated services, including postabortion examinations.

Under federal law, since 1976, Congress has included a provision, the Hyde Amendment, in the annual appropriations legislation for the Departments of Labor, Health and Human Services, and Education prohibiting the use of federal funds for most abortions. The only exceptions to this prohibition are in cases of rape, incest, or if a woman suffers from a life-threatening physical injury or illness that would place her in danger of death unless an abortion is performed. Medicaid is a jointly funded program by the federal and state governments. States may choose to pay for abortion services for additional circumstances; however, they must use nonfederal funds to pay for the service. Sixteen states currently have policies that allow for Medicaid funds to be used to pay for abortions that exceed Hyde limitations, including Alaska, California, Connecticut, Hawaii, Illinois, Oregon, Maine, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Washington, and Vermont.

On December 1, 2021, the U.S. Supreme Court heard oral arguments in *Dobbs v. Jackson Women's Health Organization*, a case about a Mississippi law that would ban abortion after 15 weeks of pregnancy. This case is a direct challenge to *Roe v. Wade*, the 1973 Supreme Court decision that affirmed the constitutional right to abortion and demanding that the Supreme Court ignore established legal precedent and completely overturn *Roe*. By agreeing to hear the case, the Supreme Court has signaled its potential willingness to overturn decades of its own decisions upholding abortion rights. In a separate case, the Supreme Court allowed a Texas law banning abortion at six weeks to go into effect in direct violation of *Roe*. In May 2021, Texas Gov. Greg Abbott (R) signed legislation (S.B. 8) to ban abortion at six weeks of gestation, so early in pregnancy that many people may not even know that they are pregnant. Among other harms, it could force many people to travel dramatically longer distances to obtain abortion care. The law has made national news as it allows anyone who is opposed to abortion, regardless of where they live or whether they have any association with a patient, to sue an abortion provider or anyone who helps a patient obtain an abortion, such as by providing financial help or transportation.

a) Governor's 2022 Budget funding 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:

i) 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;

ii) Family 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;

iii) **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;

iv) **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,

v) **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.

Additionally, the author and co-sponsors of this bill are requesting $20 Million through the state budget process.

3) **SUPPORT.** Planned Parenthood Affiliates of California (PPAC), co-sponsor of this bill, writes that despite insurance coverage for abortion services, a gap still exists for employees of religious employers and employees of self-funded plans which may exclude these benefits. And many Californians without employer-based coverage earn too much to qualify for Medi-Cal, but not enough to make coverage under Covered California an option. While those with no insurance must still pay out-of-pocket. In 2022, there have been over 500 abortion restrictions introduced across 41 states. Also this year, the U.S. Supreme Court will decide on a case that directly challenges the constitutional right to abortion established under Roe v. Wade. If the Court upholds Mississippi's abortion ban, thereby overturning Roe, people in over half of the states across the country, over 36 million women and other people who may become pregnant, will lose access to abortion. In fact, millions of Texans are already experiencing this lack of access. Since Texas' S.B. 8 went into effect last fall, Texans needing abortion have been denied. The ban in Texas disproportionately impacts Black, Brown, Indigenous and other people of color, people with low-income, people living in rural areas, and other historically marginalized communities who are most likely to be forced to continue pregnancies against their will, rather than be able to travel to already overburdened clinics in neighboring states, like Oklahoma, making matters worse. Oklahoma politicians have since introduced several extreme abortion bans. According to a report released by the Guttmacher Institute, if Roe v. Wade is overturned, as many legal and health experts now anticipate, 26 states are certain or likely to ban abortion almost immediately, increasing the number of out-of-state patients who would find their nearest abortion provider in California from 46,000 to 1.4 million, an increase of nearly 3,000%. As California prepares to see patients seeking abortion services and reproductive health care in our state, we must invest in the providers and organizations that are assisting in access and already providing that care. For those that cannot afford the out-of-pocket cost for services, providers often offer sliding-fee scales and charity care as an option. In 2019, Planned Parenthood health centers in California provided about 9 million dollars of uncompensated care to patients. To support California's health care providers, this bill seeks to create the Program to provide financial support to safety net providers who offer reproductive and sexual health care services, specifically abortion and contraception, to people in California who are unable to pay out-of-

pocket for services. PPAC is proud to offer reproductive health care to anyone who walks through the health centers doors. For providers to remain financially stable and available to Californians, particularly during a time when patients are forced to come to California, displaced by cruel restrictions in other states, the cost of uncompensated care must be addressed. With the support of state funded grants, California can continue to lead as a reproductive freedom state. CDI, co-sponsor of this bill, writes that the issue of access to reproductive health and abortion services becomes even more urgent when discussing women of color. Women of color's access to abortion care is even more critical when considering the pervasive health disparities they face in comparison to white women. In nearly all aspects of reproductive health, women of color face poor health outcomes than white women, from maternal mortality rates to endometrial and cervical cancer. Additionally, women of color, particularly Black women, frequently have negative experiences in the health care system due to institutionalized racism and a history of control, coercion, and lack of bodily autonomy when it comes to their reproductive health and decision making. Health care providers and the system more broadly, must embrace a larger equity approach to reduce these disparities.

4) **OPPOSITION.** The California Catholic Conference (CCC) is opposed to abortion since it always takes the life of an innocent human being, with more than 132,000 lives lost each year in our state. Women deserve to be empowered with non-violent solutions to the challenges they face during pregnancy. However, this bill should also be rejected because it forces employers who object to abortion in conscience to pay yet another tax for abortion, beyond those paid into Medi-Cal and PACT. A majority of Americans oppose using tax dollars to pay for abortions. Furthermore, this bill compels speech from religious and non-religious employers by forcing them to advertise the options for abortion and contraception to their employees annually. The many employers who conscientiously object to abortion will have to advertise this very same moral violation against their most deeply held convictions. The right of conscience should not be abridged. 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. CCC contends what California needs is equity for the choices of pregnant and parenting women as they pursue motherhood. California women face critical issues, including maternal mortality, infant mortality, lack of prenatal and postpartum care, housing, nutrition, transportation, childcare, immigration services, intimate partner violence, and unemployment. According to CCC, this bill further prejudices the choice of abortion over the choice of birth and parenting, serving to coerce marginalized, economically challenged women to have abortions they do not want.

5) **RELATED LEGISLATION.**

   a) AB 1918 (Petrie-Norris) establishes the California Reproductive Health Service Corps within 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. AB 1918 is pending in the Assembly Health Committee.

   b) AB 2091 (Mia Bonta) prohibits compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state,

county, city, or other local criminal, administrative, legislative, or other proceeding. AB 2091 is pending a hearing in the Assembly Health Committee.

c) AB 2223 (Wicks) prohibits a person from being subject to civil or criminal liability, or otherwise deprived of their rights, based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome or based solely on their actions to aid or assist a pregnant person who is exercising their reproductive rights. AB 2223 is pending in the Assembly Health Committee.

d) AB 2320 (C. Garcia), requires, until January 1, 2028, DHCS, to establish and administer a pilot program to direct funds to community health clinics that provide reproductive health care services in five counties that agree to participate. AB 2320 is pending a hearing in the Assembly Health Committee.

e) SB 1142 (Caballero and Skinner) requires the California Health and Human Services Agency (HHSA), or an entity designated by the agency, to establish an internet website where the public can find information on abortion services in California. Requires HHSA to also develop, implement, and update as necessary, a statewide educational and outreach campaign to inform the public on how to access abortion services in the state. SB 1142 is pending in the Senate Health Committee.

6) PREVIOUS LEGISLATION.

a) SB 245 (Lena Gonzalez), Chapter 11, Statutes of 2022, prohibits a health plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. Prohibits a health plan and an insurer subject to these requirements from imposing utilization management or utilization review on the coverage for outpatient abortion services. Requires that for a contract, certificate, or policy that is a high deductible health plan, the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year. Applies to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review.

b) AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, requires Covered California, upon appropriation by the Legislature and beginning on or after January 1, 2022, to make payments to qualified health plan issuers that equal the cost of providing abortion services for which federal funding is prohibited to individuals enrolled in a qualified health plan through the Exchange in the individual market. Prohibits the payments from being less than $1 per enrollee per month.

c) SB 1053 (Mitchell), Chapter 576, Statutes of 2014, requires, effective January 1, 2016, health plans and insurers to cover a variety of FDA-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. SB 1053 prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization

management procedures if a therapeutic equivalent drug or device is offered under the plan or policy with no cost sharing.

d) SB 1301 (Sheila Kuehl) Chapter 385, Statutes of 2002, enacts the Reproductive Privacy Act which provides that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose or refuse birth control, and the fundamental right to choose to bear a child or obtain an abortion**.**

7) AUTHOR'S AMENDMENTS. The author wishes to amend this bill as follows:
- **a)** Specify that health plans and insurers must provide notice to enrollees and insureds upon initial enrollment and on an annual basis upon renewal;
- **b)** Clarify that institutional providers (like clinics and hospitals) do not have to list the names of individual clinicians who provide abortion at those institutions as a condition of receiving a grant;
- **c)** Specify a timeline for HCAI to develop, begin accepting, and review a grant application; and, postpone the HCAI report to the Legislature to accommodate implementation timeline;
- **d)** Remove the fee on employers who do not provide coverage for abortion and contraception;
- **e)** Require employers who do not provide abortion and contraception to notify DIR of what benefits are not provided;
- **f)** Require DIR to post information about the availability of services through the Program;
- **g)** Require DIR to post information reported by employers who do not provide abortion and contraception;
- **h)** Exempt religious employers from notice requirements to address concerns; and,
- **i)** Add a severability clause.

REGISTERED SUPPORT / OPPOSITION:

Support

Access Reproductive Justice (co-sponsor)
California Department of Insurance (co-sponsor)
Essential Access Health (co-sponsor)
National Health Law Program (NHeLP) (co-sponsor)
NARAL Pro-Choice California (co-sponsor)
Planned Parenthood Affiliates of California (PPAC) (co-sponsor)
American College of Obstetricians and Gynecologists District IX
American Nurses Association/California
California Academy of Family Physicians
California Department of Insurance
California Latinas for Economic Justice
California Nurse-Midwives Association
California Women's Law Center
Citizens for Choice
Having Our Say Coalition
National Council of Jewish Women, CA
National Association of Social Workers, California Chapter
Training in Early Abortion for Comprehensive Healthcare

Opposition

California Catholic Conference
Right to Life League

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