

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 1973 (Aguiar-Curry) – As Amended March 19, 2026

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Health Committee.

SUBJECT: Abortion: authorized procedures.

SUMMARY: Authorizes certified nurse-midwives (CNMs), nurse practitioners (NPs), and physician assistants (PAs) to perform abortions by medication or procedures they are trained to perform and within the scope of their license.

EXISTING LAW:

- 1) Establishes the Reproductive Privacy Act, which does the following:
 - a) Guarantees an individual’s right to choose or obtain an abortion prior to the viability of the fetus, or when the abortion is necessary to protect the life or health of the individual, as specified. (Health and Safety Code (HSC) §§ 123460-123469)
 - b) Defines for purposes of the maternal health provisions of the HSC, including the Reproductive Privacy Act, the following:
 - i) “Abortion” means any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. (HSC § 123464(a))
 - ii) “Pregnancy” means the human reproductive process, beginning with the implantation of an embryo. (HSC § 123464(d))
 - iii) “Viability” means the point in a pregnancy when, in the good faith medical judgment of a physician, on the particular facts of the case before that physician, there is a reasonable likelihood of the fetus’ sustained survival outside the uterus without the application of extraordinary medical measures. (HSC § 123464(d))
 - c) Prohibits the performance of an abortion by someone other than the pregnant person if either of the following is true:
 - i) The person performing the abortion is not a health care provider authorized to perform an abortion under the Medical Practice Act. (HSC § 123468(a); Business and Professions Code (BPC) § 2253)
 - ii) The fetus has reached viability and the physician establishes in good faith medical judgement that continuation of the pregnancy poses no risk to life of health of the pregnant person. (HSC § 123468(b))
- 2) Establishes the Medical Practice Act, and within it the Osteopathic Act, which collectively do the following:

- a) Regulate the practice of medicine and establish (1) the Medical Board of California (MBC) to administer and enforce the act as it relates to physicians and surgeons and medicine generally and (2) the Osteopathic Medical Board of California (OMBC) to administer and enforce the provisions of the act relating to osteopathic physicians and surgeons. (BPC §§ 2000-2529.8.1)
 - b) Prohibit the practice of medicine or conspiring with or aiding or abetting another to practice without a license issued under the Medical Practice Act or other appropriate practice act. (BPC § 2052)
 - c) Define the practice of medicine as (1) practicing, attempting to practice, or advertising or claiming to practice, any system or mode of treating the sick or afflicted in this state or (2) diagnosing, treating, operating for, or prescribing for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person. (BPC § 2052(a))
 - d) Specify that the unlicensed practice of medicine includes performing an abortion unless the person is licensed as a physician and surgeon or the person both (1) performs the abortion by medication or aspiration techniques in the first trimester of pregnancy and (2) is authorized to perform the functions necessary for the abortion pursuant to a license issued under the Medical Practice Act, the Osteopathic Act, the Nursing Practice Act, or the Physician Assistant Practice Act. (BPC § 2253(b))
 - e) Clarify that CNMs, NPs, and PAs must comply with the abortion provisions of their respective practice acts. (BPC § 2253(c))
- 3) Establishes the Nursing Practice Act, which does the following:
- a) Regulates the practice of nursing and establishes the Board of Registered Nursing (BRN) to administer and enforce the act. (BPC §§ 2700-2717)
 - b) Defines “the practice of nursing” as functions, including basic healthcare, that help people cope with or treat difficulties in daily living that are associated with their actual or potential health or illness problems, and that require a substantial amount of scientific knowledge or technical skill. (BPC § 2725)
 - c) Includes within the scope of the practice of nursing the following:
 - i) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures. (BPC § 2725(b)(1))
 - ii) Direct and indirect patient care services, including the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist. (BPC § 2725(b)(2))
 - iii) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries. (BPC § 2725(b)(3))

- iv) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with “standardized procedures,” or the initiation of emergency procedures. (BPC § 2725(b)(4))
- d) Defines “standardized procedures” as either of the following:
 - i) Policies and protocols developed by a licensed health facility through collaboration among administrators and health professionals including physicians and RNs. (BPC § 2725(c)(1))
 - ii) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and RNs, by an organized healthcare system that is not a licensed health facility. (BPC § 2725(c)(2))
- e) Requires standardized procedures to be subject to guidelines jointly promulgated by the MBC and the BRN, which include the following:
 - i) Standardized procedures must include a written description of the method used during development and approval. (California Code of Regulations (CCR), tit. 16, § 1474(a))
 - ii) Standardized procedures must meet form and content requirements, including that they are in writing and signed, specify the authorized functions, establish procedure protocols, detail education and training requirements, provide for evaluation and of authorized RNs, provide for the maintenance of records of authorized RNs, establish the scope of physician supervision, set forth circumstances requiring physician consultation, state limitations on settings, specify patient record keeping requirements, and provide for periodic review of the standardized procedures. (CCR, tit. 16, § 1474(b))
- f) Establishes a category of advanced practice RNs (APRNs) called CNMs and specifies the requirements for certification. (BPC §§ 2746-2746.8)
- g) Establishes the following CNM scope of practice:
 - i) Authorizes a CNM to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including interconception care, family planning care, and immediate care for the newborn, consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by the BRN. (BPC § 2746.5(a))
 - ii) Defines “low-risk pregnancy” as a pregnancy in which all of the following conditions are met:
 - (1) There is a single fetus. (BPC § 2746.5(a)(1))

- (2) There is a cephalic presentation at onset of labor. (BPC § 2746.5(a)(2))
 - (3) The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery. (BPC § 2746.5(a)(3))
 - (4) Labor is spontaneous or induced. (BPC § 2746.5(a)(4))
 - (5) The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the CNM is not qualified to independently address. (BPC § 2746.5(a)(5))
- iii) Authorizes a CNM to provide specified services in cases of non-low-risk pregnancy and childbirth under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the CNM and a physician and surgeon and specifies various conditions and requirements when providing those services. (BPC § 2746.5(b)-(c))
 - iv) Authorizes a CNM to order, furnish, and dispense drugs or devices incidental to the provision of care and services for low-risk pregnancy and childbirth and specifies the conditions under which standardized procedures are required. (BPC §§ 2746.51, 4170)
- h) Establishes a category of APRNs known as NPs and specifies the requirements for certification but does not explicitly grant additional scope of practice beyond what is authorized under standardized procedures. (BPC §§ 2834-2837.105)
 - i) Authorizes NPs who meet additional education and experience requirements to perform the following procedures independent of standardized procedures and physician oversight:
 - i) Conduct an advanced assessment. (BPC § 2837.103(c)(1))
 - ii) Order, perform, and interpret diagnostic procedures. (BPC § 2837.103(c)(2)(A))
 - iii) For radiologic procedures, order diagnostic procedures and utilize the findings or results in treating the patient and perform or interpret clinical laboratory procedures, as specified. (BPC §§ 1206, 2837.103(c)(2)(B))
 - iv) Establish primary and differential diagnoses. (BPC § 2837.103(c)(3))
 - v) Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:
 - (1) Diagnose, prescribe, and institute therapy or referral of patients to health care agencies, health care providers, and community resources. (BPC § 2837.103(c)(4)(A))
 - (2) Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances. (BPC § 2837.103(c)(4)(B))

- (3) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy. (BPC § 2837.103(c)(4)(C))
- (4) After performing a physical examination, certify disability. (BPC § 2837.103(c)(5))
- (5) Delegate specified tasks to a medical assistant. (BPC § 2837.103(c)(6))
- j) Requires an NP practicing independent of standardized procedures or specified organized settings to practice within their training and competence, to collaborate with physicians and other healing arts providers as appropriate, and to have a plan for referral of complex medical cases and emergencies. (BPC § 2837.104(c))
- k) Authorizes NPs (under standardized procedures or independently) and CNMs to perform an abortion by aspiration techniques in the first trimester of pregnancy if they achieve clinical competency through specified training requirements and perform the abortion consistent with the applicable standard of care and within the scope of their education and training. (BPC §§ 2253, 2725.4)
- l) Authorizes NPs and CNMs to obtain clinical competency in abortion by aspiration techniques by any of the following:
 - i) A BRN-approved program or in a course offered by an accredited training program for NPs or CNMs, as applicable. (BPC § 2725.4(a)(1), (b)(1))
 - ii) A course offered by a BRN-approved continuing education provider that reflects evidence-based curriculum and training guidelines or a course approved for Category I continuing medical education. (BPC § 2725.4(a)(2), (b)(2))
 - iii) A course offered by a state or national health care professional or accreditation organization. (BPC § 2725.4(a)(3), (b)(3))
 - iv) Training based on the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development, now known as the Department of Health Care Access and Information. (BPC § 2725.4(a)(4), (b)(4))
 - v) Training and evaluation of clinical competency, performed at a clinic or hospital, on performing abortion by aspiration techniques procedural abortion that is provided by any of the following who have performed the procedure themselves:
 - (1) A physician and surgeon. (BPC § 2725.4(a)(5)(A), (b)(5)(A))
 - (2) An NP or CNM authorized to perform procedural abortion by aspiration techniques. (BPC § 2725.4(a)(5)(B), (b)(5)(B))
 - (3) A PA authorized to perform procedural abortion by aspiration techniques. (BPC § 2725.4(a)(5)(C), (b)(5)(C))

- 4) Establishes the Physician Assistant Practice Act, which does the following:
 - a) Regulates and licenses PAs and establishes the Physician Assistant Board (PAB) to administer and enforce the act. (BPC §§ 3500-3545)
 - b) Defines “supervising physician” or “supervising physician and surgeon” as a physician and surgeon licensed by the MBC or OMBC who supervises one or more PAs and who is not currently on disciplinary probation prohibiting the employment or supervision of a PA. (BPC § 3501(e))
 - c) Defines “supervision” as physician and surgeon oversight and accepted responsibility over the activities of the medical services rendered by a PA. (BPC § 3501(f)(1))
 - d) Defines “practice agreement” as the writing, developed through collaboration among one or more physicians and surgeons and one or more PAs, that defines the medical services the PA is authorized to perform and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more PAs in the organized health care system. (BPC § 3501(k))
 - e) Specifies that supervision does not require the physical presence of the physician and surgeon, but does require the following:
 - i) Adherence to adequate supervision as agreed to in the practice agreement. (BPC § 3501(f)(1)(A))
 - ii) The physician and surgeon is available by telephone or other electronic communication methods at the time the PA examines the patient. (BPC § 3501(f)(1)(B))
 - f) Authorizes a PA to perform medical services if the following requirements are met:
 - i) The PA renders the services under the supervision of a physician and surgeon who is not subject to a disciplinary condition prohibiting that supervision or prohibiting the employment of a PA. (BPC § 3502(a)(1))
 - ii) The PA renders the services under a practice agreement. (BPC § 3502(a)(2))
 - iii) The PA is competent to perform the services. (BPC § 3502(a)(3))
 - iv) The PA’s education, training, and experience have prepared the PA to render the services. (BPC § 3502(a)(4))
 - g) Requires a practice agreement to include provisions that address the following:
 - i) The types of medical services a PA is authorized to perform. (BPC § 3502.3(a)(1)(A))
 - ii) Policies and procedures to ensure adequate supervision of the PA, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the PA in the provision of medical services. (BPC § 3502.3(a)(1)(B))

- iii) The methods for the continuing evaluation of the competency and qualifications of the PA. (BPC § 3502.3(a)(1)(C))
- iv) The furnishing or ordering of drugs or devices by a PA. (BPC § 3502.3(a)(1)(D))
- v) Any additional provisions agreed to by the PA and physician and surgeon. (BPC § 3502.3(a)(1)(E))
- h) Authorizes PAs to perform an abortion by aspiration techniques in the first trimester of pregnancy if they achieve clinical competency through specified training requirements and perform the abortion consistent with the applicable standard of care and within the scope of their education and training. (BPC § 3502.4, 2725.4)
- i) Authorizes PAs to obtain clinical competency in abortion by aspiration techniques by any of the following:
 - i) PAB-approved training programs. (BPC § 3502.4(a)(1))
 - ii) Training to perform medical services that augment the PA's current areas of competency under the PAB regulations. ((BPC § 3502.4(a)(2))
 - iii) A course offered by a state or national health care professional or accreditation organization. (BPC § 3502.4(a)(3))
 - iv) Training based on the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development, now known as the Department of Health Care Access and Information. (BPC § 3502.4(a)(4))
 - v) Training and evaluation of clinical competency, performed at a clinic or hospital, on performing abortion by aspiration techniques procedural abortion that is provided by any of the following who have performed the procedure themselves:
 - (1) A physician and surgeon. (BPC § 3502.4(a)(5)(A))
 - (2) An NP or CNM authorized to perform procedural abortion by aspiration techniques. (BPC § 3502.4(a)(5)(A))
 - (3) A PA authorized to perform procedural abortion by aspiration techniques. (BPC § 3502.4(a)(5)(A))

THIS BILL:

- 1) Deletes from the Medical Practice Act the limited authority for CNMs, NPs, and PAs to perform abortions by medication or aspiration techniques in the first trimester of pregnancy and replaces it with the general authority to perform abortions.
- 2) Makes conforming changes to the clinical competency and other existing requirements for CNMs, NPs, and PAs to perform abortions by aspiration techniques to instead apply to "procedural abortions."

3) Makes other technical and conforming changes.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by *Black Women for Wellness Action Project, California Nurse Midwives Association, Essential Access Health, Planned Parenthood Affiliates of California, Reproductive Freedom for All California, and TEACH*. According to the author:

California currently restricts advanced practice clinicians (APCs) from providing reproductive care, even when they are fully trained, competent, and experienced. These outdated barriers limit access to timely abortion and reproductive services. [This bill] removes these unnecessary restrictions, allowing APCs to practice to the full extent of their training and provide care using all safe, science-based methods. By modernizing California law, this bill expands access to compassionate, high-quality reproductive care, reduces delays for patients, and ensures that skilled professionals can deliver the services they are trained to provide. At a critical moment for reproductive rights, [this bill] mobilizes California's full qualified workforce, strengthens equitable access across all communities, and aligns state law with contemporary medical standards, ensuring that patients receive care when and where they need it.

Background. Existing law authorizes CNMs, NPs, and PAs to perform abortions by aspiration techniques in the first trimester if they meet specified training and supervision requirements. The training requirements were first established as part of the Health Workforce Pilot Project (HWPP) No. 171 under the Office of Statewide Health Planning and Development, now known as the California Department of Health Care Access and Information. Those training requirements have been subsequently updated to provide additional, more flexible training pathways.

This bill would expand the types of authorized abortion procedures by deleting the limitation to abortion by aspiration techniques. However, because the original training methods focused only on abortion by aspiration in the first trimester, any CNM, NP, or PA seeking to perform abortions after the second trimester or utilize other procedural abortion techniques or may have fewer options for obtaining clinical competence, such as direct provider training and evaluation.

Clinical Methods for Abortion. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), the current methods for abortion include medication, aspiration, dilation and evacuation (D&E), and induction.¹ Which method is used depends on the gestational period, patient preference, provider skill and training, the need for sedation, costs, clinical setting, and local abortion laws.

- *Medication Abortion.* Medication abortion is the use of pharmaceutical drugs to perform the abortion. Currently, CNMs, NPs, and PAs are not limited to any specific type of medication abortion, the limit is just for the gestational period (first trimester). This bill would authorize

¹ National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (Washington, DC: National Academies Press, 2018), 51, <https://doi.org/10.17226/24950>.

the use of medications for any trimester, but only if consistent with the standard of care and any training, supervision, or other requirements under existing law.

- *Procedural Abortion.* The two common procedural abortions are aspiration abortion and D&E.² Aspiration abortion, or vacuum aspiration, is a minimally invasive and common first-trimester abortion technique. It involves inserting a flexible tube into the cervical opening of the uterus and using suction to remove fetal tissue. The procedure takes about 10 minutes. It is well studied, and the risk of complications by any trained provider is very low. Where complications requiring interventions do occur, the patient is referred out for appropriate care.

After the first trimester (14 weeks), D&E is utilized. The procedure involves dilating the cervix to allow for easier aspiration or in the case of more advanced gestation other tools such as forceps. The abortion procedure itself takes about 30 minutes, but the cervical dilation period can take longer depending on the method used. Because CNMs, NPs, and PAs are not currently authorized to directly perform D&E or other less common forms of procedural abortion, there is no specific data. This bill would require CNMs, NPs, and PAs to follow existing referral and supervision limitations that apply to any procedure that they are not competent to perform.

Certified Nurse-Midwives. CNMs are RNs with additional training in the field of obstetrics and certification by the American Midwifery Certification Board or an equivalent program. Midwifery is a health care profession dealing with maternal care, similar to obstetrics. According to the World Health Organization, midwifery includes the care of a person during pregnancy, labor, and the postpartum/postnatal period, including care of the newborn. Midwifery providers aim to prevent health problems in pregnancy, detect abnormal conditions, seek medical assistance when necessary, and provide emergency services when medical help is unavailable.

As RNs, CNMs also generally have the same base scope of practice as other RNs and their additional training classifies them as advanced practice RNs. As a result, CNMs are specifically authorized to perform midwifery services and attend childbirth without physician supervision as long as certain safety provisions are met. They may also perform abortions by aspiration techniques with additional training. CNMs attend to childbirths in many settings, including the home, birth centers, clinics, and hospitals.

Nurse Practitioners. An NP is an RN who has additionally earned a postgraduate nursing degree, such as a Master's or Doctorate, and obtained a certificate from a certifying body. For state recognition to practice as an NP, the NP must also meet the educational standards established by the BRN. According to BRN regulations, an NP is an advanced practice registered nurse who meets BRN education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care or acute care.

As RNs, NPs generally have the same base scope of practice as non-NP RNs, although their additional education and training allows them to perform more advanced functions under standardized procedures. Currently, all RNs practicing outside of the basic scope of nursing operate under a supervision mechanism known as a "standardized procedure." The standardized

² *Id.* at 60-65.

procedure authorizes functions that would otherwise be considered the practice of medicine and must be based on the guidelines jointly promulgated by the Medical Board of California and the BRN.

Standardized procedures must meet specified requirements, including that they:

- 1) Are developed with the organized healthcare system or physician.
- 2) Outline the scope of the functions allowed.
- 3) Specify the circumstances under which they may be performed.
- 4) Specify any training prerequisites.
- 5) Establish a method for initial and ongoing evaluation of the competence of the RN.
- 6) Specify the level of physician supervision required (e.g. indirect, on-site, present during the procedure).
- 7) Establish physician consultation protocols.
- 8) Specify any limitations on settings where the functions may be performed.
- 9) Specify record-keeping requirements and methods for periodic review.

As the result of the more advanced NP training, standardized procedures may authorize a greater number or difficulty of functions and settings while reducing the amount of supervision needed. The Nursing Practice Act also specifically authorizes NPs under standardized procedures to order durable medical equipment; certify disability; approve, modify, and add to a home health services treatment plan; furnish and order prescription drugs; and perform abortions by aspirations techniques with additional training.

Independent NPs. NPs who meet additional training requirements, including the completion of a 3-year or 4600-hour “transition to practice” may practice independently without standardized procedures.

The law specifies two categories of independent NPs, those who practice in licensed healthcare settings where physicians practice and those who practice in any setting. Due to the variety of NP educational pathways, in order to practice independently in any setting, an NP would be required to meet the above training requirements above as well as meet additional educational experience prerequisites.

Once an NP meets the transition to practice and passes the supplemental examination if one is developed, the NP may perform the following functions independent of standardized procedures:

- 1) Conduct an advanced assessment.
- 2) Order, perform, and interpret diagnostic procedures, including radiologic procedures and specified laboratory procedures.
- 3) Establish primary and differential diagnoses.

- 4) Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:
 - a) Diagnose, prescribe, and institute therapy or referral of patients to healthcare agencies, healthcare providers, and community resources.
 - b) Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.
 - c) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.
- 5) After performing a physical examination, certify disability pursuant to the Unemployment Insurance Code.
- 6) Delegate tasks to a medical assistant.

While there are still requirements in the law that specify when an independent NP would need to consult with a physician or refer a patient, the NP is not required to establish a relationship with a physician for those purposes before practicing without standardized procedures.

Physician Assistants. PAs are healthcare providers that can provide a wide range of medical services under the supervision of a physician when authorized by a supervising physician under a document known as a practice agreement. The practice agreement outlines what a PA may or may not do based on the PA's competence and the level of physician supervision required.

Abortions in Other States. While many other states authorize the performance of abortion by aspiration within the first trimester, there is no other state that specifically authorizes CNMs, NPs, or PAs to perform abortions past the first trimester or dilation and evacuation or other procedural abortion techniques.

Prior Related Legislation. SB 385 (Atkins), Chapter 178, Statutes of 2023, expanded the training options for PAs seeking to perform abortions by aspiration techniques.

SB 1375 (Atkins), Chapter 631, Statutes of 2022, expanded the training options for NPs and CNMs seeking to perform abortions by aspiration techniques and clarified that an independent NP may perform abortions by aspiration techniques without physician supervision.

AB 890 (Wood), Chapter 265, Statutes of 2020, authorized an NP to provide specified services in specified settings without standardized procedures, or independent of any setting or standardized procedure requirements if the NP meets the additional education, examination, and training requirements specific to either situation.

SB 1237 (Dodd), Chapter 88, Statutes of 2020, authorized a CNM to attend to low-risk pregnancies and perform related incidental functions without physician supervision and higher-risk pregnancies with mutually agreed-upon policies and protocols, as specified

AB 154 (Atkins), Chapter 662, Statutes of 2013, authorized an NP, CNM, or PA to perform an abortion by aspiration techniques during the first trimester of pregnancy if they complete specified training.

ARGUMENTS IN SUPPORT:

Black Women for Wellness Action Project, California Nurse Midwives Association, Essential Access Health, Planned Parenthood Affiliates of California, Reproductive Freedom for All California, and TEACH (co-sponsors) write in support:

[This bill] removes outdated restrictions in existing law to expand the ability of nurse practitioners, certified nurse midwives, and physician assistants – also known as advanced practice clinicians (APCs) – to provide safe abortion care that they are trained and clinically competent to offer. This bill will allow patients to have greater access to health care from available and capable providers, and it will afford abortion providers the ability to increase their capacity to provide reproductive health care to their patients.

In the years following the Dobbs decision, California leaders have made significant investments and policy reforms to increase access to safe, affordable, and accessible abortion care. California voters enshrined in the state Constitution the right to reproductive freedom, including abortion, but access to abortion care is still under threat by federal actions and lawsuits instigated by anti-abortion politicians and groups whose goal is to ban abortion nationwide, even in states like California. California law has explicitly authorized APCs who have undergone specified training to provide procedural abortion care since the passage of AB 154 (2013). Since then, APCs have been a critical part of California’s abortion network, performing procedural abortions in California safely for over a decade. While certain training requirements in the law were updated in 2022 and 2023, [this bill] removes additional restrictions that create unnecessary barriers for patients and are not aligned with APCs’ training, demonstrated clinical competency, and patient’s needs. For example, some patients that show up for care must be turned away based on these arbitrary restrictions in the law, resulting in barriers and delays in time-sensitive care, even though trained, capable health professionals may be present and available to provide care.

ARGUMENTS IN OPPOSITION:

The *California Family Council* writes in opposition, “[This bill] would expand authority to perform abortions beyond the first trimester to nurse practitioners, certified nurse-midwives, and physician assistants, non-physician providers who lack the surgical training that second- and third-trimester procedures demand. It would also shield out-of-state abortion providers from professional discipline. This bill raises urgent concerns about patient safety, medical ethics, the protection of unborn life, and professional accountability.”

IMPLEMENTATION ISSUES:

Clarifications Regarding Care Coordination. Because this bill removes the bright line limits on the specific physical procedure that can be utilized and the gestational period for performing abortions, stakeholders have questioned whether there is sufficient clarity on the requirements for coordinating care. However, existing law establishes these requirements, and this bill would not change them:

- 1) For NPs practicing under standardized procedures and PAs under practice agreements—those documents are developed with supervising physicians and, if they authorize abortions at all, will specify any limits deemed necessary, such as which and when procedures may or may not be used, referrals, and emergency procedures.
- 2) For NPs practicing independent of standardized procedures in organized health settings, those systems will determine privileges and emergency protocols. For NPs practicing completely independently, the NP is required to collaborate and consult with physicians and establish a plan for referral of complex cases and emergencies.

To the extent it is still unclear how these existing requirements interact with the specific authority to perform abortions (as opposed to other generally authorized complex procedures), the author may wish to continue working with stakeholders to clarify the overlap.

AMENDMENTS:

The author has proposed the following amendments as a preliminary response to the stakeholder concerns around care coordination and for technical clean-up:

- 1) On page 5 of the bill, lines 18-22:

(e)(1) A nurse practitioner or certified nurse midwife shall perform a medication or procedural abortion pursuant to Section 2253 consistent with applicable standards of care and within the scope of their clinical and professional education and training.

(2) A nurse practitioner or certified nurse midwife performing a procedural abortion pursuant to this section shall establish and maintain procedures for consultation, collaboration, referral, and transfer of care to a physician and surgeon in complex cases and cases with complications, conditions, or emergencies requiring care that is beyond the scope of their education, training, and experience, consistent with Sections 2725, 2837.103, 2837.104, and 2746.5.

- 2) On page 5, between lines 30 and 36, insert:

(g) This section shall not be interpreted to authorize a person with a license or certificate to practice as a nurse practitioner or certified nurse-midwife to perform abortion in a manner that is not authorized Sections 2725, 2837.103, 2837.104, and 2746.5.

- 3) On page 6, line 39:

(c) A physician assistant shall ~~practice~~ perform a medication or

4) On page 7, between lines 13 and 19, insert:

(f) This section shall not be interpreted to authorize a person with a license or certificate to practice as a physician assistant to perform abortion in a manner that is not authorized by their practice agreement.

REGISTERED SUPPORT:

Black Women for Wellness Action Project (co-sponsor)
California Nurse Midwives Association (co-sponsor)
Essential Access Health (co-sponsor)
Planned Parenthood Affiliates of California (co-sponsor)
Reproductive Freedom for All California (co-sponsor)
TEACH (co-sponsor)
Access Reproductive Justice
ACLU California Action
Aria Medical
California Women's Law Center
Equal Rights Advocates
Nurses for Sexual & Reproductive Health
Reproductive Freedom for All California
Women's Foundation California

REGISTERED OPPOSITION:

California Family Council

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