

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1973 (Aguiar-Curry) – As Amended April 8, 2026

SUBJECT: Abortion: authorized procedures.

SUMMARY: Authorizes a person to perform a procedural abortion if they are authorized under the Medical Practice Act, the Nursing Practice Act, or the Physician Assistant Practice Acts to perform an abortion and deletes the restriction that the abortion be performed only in the first trimester of pregnancy. Makes conforming changes to specified training requirements imposed on nurse practitioners, qualified nurse practitioners (NPs), certified nurse midwives (CNMs), and physician assistants (PAs) to perform those abortions. Requires an NP or CNM performing a procedural abortion pursuant to this bill to 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 existing law.

EXISTING LAW:

- 1) Establishes the Reproductive Privacy Act, which prohibits the state from denying or interfering with an individual'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 pregnant person. [Health and Safety Code (HSC) § 123460, *et seq.*]
- 2) Defines noncompliance with the Reproductive Privacy Act as unprofessional conduct, restricts abortion provision to licensed physicians except that specified licensed clinicians (e.g., under nursing or physician assistant statutes) are authorized to perform first-trimester medication or aspiration abortions if properly authorized and compliant with training requirements, and prohibits California medical boards from denying, disciplining, or revoking licensure solely based on lawful abortion-related conduct, including out-of-state discipline or convictions for such acts. [Business and Professions Code (BPC) § 2253]
- 3) Makes any person who practices or attempts to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000). [BPC § 2052]
- 4) Specifies that NPs and CNMs are authorized to perform first-trimester aspiration abortions pursuant to 2) above, only after completing approved, competency-based clinical and didactic training (including hands-on patient care), and defines acceptable training pathways. Makes a violation of these provisions to constitute unprofessional conduct, permits qualified nurse practitioners to perform the procedure independently within scope and standard of care, grants liability protections for competency evaluators, and prohibits these providers from performing such procedures beyond the first trimester. [BPC § 2725.4]

- 5) Requires PAs to complete approved, competency-based clinical and didactic training (including hands-on care), before being authorized by a supervising physician to perform aspiration abortions pursuant to 2) above. Allows qualified PAs to perform first-trimester procedures without a physician's physical presence (per their practice agreement), mandates adherence to scope and standards of care, treats noncompliance as unprofessional conduct, provides liability protections for competency evaluators, and excludes training that lacks direct patient care. [BPC § 3502.4]

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

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** 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. The author states that 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. The author concludes that 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.
- 2) **BACKGROUND.** Abortion is a simple health care intervention that can be safely and effectively managed by a wide range of health care providers using medication or a surgical procedure. Comprehensive abortion care includes the provision of information, abortion management and post-abortion care. Abortion management includes induced abortion (the deliberate interruption of an ongoing pregnancy by medical or surgical means), care related to pregnancy loss (e.g., miscarriage/spontaneous abortion, missed abortion and intrauterine fetal demise), and management of complications after an abortion. Procedural abortion involves the physical removal of the embryo or fetus from the uterus. This method is typically performed in a clinical setting by a qualified healthcare provider. It is one of the two main types of abortion, the other being medical abortion, which uses medication to end a pregnancy. Common methods of procedural abortion include:
 - i) Suction Aspiration (Vacuum Aspiration): This is the most common method used in the first trimester. A suction device is used to remove the contents of the uterus. It is usually performed under local anesthesia and is a quick procedure, often completed within 10-15 minutes;
 - ii) Dilation and Curettage: This method involves dilating the cervix and using a curette (a surgical instrument) to scrape the uterine lining. It may be used in the first trimester and is sometimes performed after a miscarriage to clear the uterus; and,
 - iii) Dilation and Evacuation: Typically used in the second trimester, this method combines suction and surgical instruments to remove the fetus and placenta. It is performed under general anesthesia.

- a) **Restrictions on abortion providers.** A 2022 review, “The impact of provider restrictions on abortion-related outcomes: a synthesis of legal and health evidence,” showed the impacts of restricting who can provide abortion services, notably, that patients have worsened health outcomes due to lack of access and delays in care, as well as logistical burdens. The review recommends expanding the range and roles of qualified providers in order to improve timely and safe access to abortion care. The evidence from this review suggests that provider restrictions have negative implications for access to quality abortion, contributing to delays and recourse to unsafe abortion. The review also provides evidence that speaks to possible routes for regulatory reform, such as expanding the health workforce involved in abortion-related care, as well as expanding health workers' roles. Both of these routes could improve timely access to first trimester surgical and medical abortion, reduce costs, save time, and reduce the need for travel.
- b) **Advanced Practice Clinicians and Abortion Care Provision.** According to a 2023 American College of Obstetricians and Gynecologists issue brief, “Advanced Practice Clinicians and Abortion Care Provision,” APCs (NPs, CNMs, and PAs) have the foundational skills necessary to be trained to provide medication and procedural abortion care. Studies have found that there is no significant difference in complication rates for medication abortions performed by APCs and those performed by physicians, and that outcomes of medication abortions performed by APCs were within the established benchmarks for effectiveness and safety of medication abortion. Evidence suggests that training to foundational competence in some abortion procedures could be achieved relatively quickly through standardized competency-based training.

The issue brief notes that researchers and physicians alike have called for the range of health care professionals trained in abortion care provision to be expanded in order to protect, bolster, and increase access to abortion care. These measures would counteract legislative restrictions that ignore science and evidence in order to cut down access to critical reproductive health care. Organizations such as the National Abortion Federation, the American Public Health Association, the American Medical Women’s Association, and the World Health Organization all strongly support APCs being trained in and able to provide abortion care.

- c) **Access to abortion care.** NPs, CNMs, and PAs are more likely than physicians to serve diverse, low-income, and underserved populations. Evidence indicates that these providers are more likely to practice in rural and Health Professional Shortage Areas and to care for Medicaid, uninsured, and minority patients. By leveraging this workforce and supporting broader participation in reproductive health care delivery, the bill helps promote a provider base that more closely reflects California’s diverse population, which is associated with improved patient communication, satisfaction, and health outcomes.

Additionally, a lack of culturally competent care and representation in the healthcare workforce can reduce trust and negatively impact patient experiences and outcomes. In fact, according to an American Academy of Family Physicians workforce diversity policy brief, studies show that patient satisfaction and health outcomes are improved when health providers and their patients have concordance in their racial, ethnic, and language backgrounds.

- 3) **SUPPORT.** This bill is co-sponsored by Black Women for Wellness Action Project (BWWAP), California Nurse Midwives Association, Essential Access Health, Planned Parenthood Affiliates of California, Reproductive Freedom for All California, and TEACH. The co-sponsors state that this bill modernizes California law and increases access to abortion care provided by NPs, CNMs, and PAs. By updating the law to reflect current terminology and removing arbitrary barriers, this will allow California to better deploy its existing, qualified abortion provider workforce to meet patient needs. The cosponsors continue that this bill will particularly support those in rural communities, low-income individuals, people of color, and individuals forced to travel long distances to access basic sexual and reproductive health care. The co-sponsors conclude that at a time when access to abortion is under attack, this bill ensures California is utilizing its skilled reproductive health care workforce to meet patient needs.
- 4) **OPPOSITION.** The California Family Council is opposed to this bill and states that second- and third-trimester abortions are complex surgical interventions requiring advanced obstetric and surgical competency. NPs, CNMs, and PAs are not trained in the full scope of complications these procedures can produce, including uterine perforation, bowel injury, and sepsis. Allowing these providers to perform procedures that even experienced OB-GYNs approach with caution represents a dangerous lowering of the standard of care.
- 5) **RELATED LEGISLATION.**
- a) AB 2531 (Irwin) would authorize a Medi-Cal enrolled provider to apply for a grant or a continuation of a grant from the California Reproductive Health Equity Program within the Department of Health Care Access and Information (HCAI) if they provide services to patients who are veterans who are uninsured or have health care coverage that does not include both abortion and contraception and are not otherwise eligible to receive both abortion and contraception care at no cost through the Medi-Cal and Family PACT programs. Would require the Department of Veterans Affairs (VA) to publish a link to the Department of Public Health (DPH) abortion information website on the women veterans' resources page of its internet website. AB 2531 passed the Assembly Health Committee on April 7, 2026 with a vote of 12-3.
- b) AB 2540 (Stefani) would require a student health center on a California State University (CSU) or University of California (UC) campus, on or before January 1, 2028, to promote awareness of the services for abortion by medication techniques that the student health center offers, provide information on those services to students, and post the availability of those services on its internet website. Would require a California community college that has a student health center, upon appropriation by the Legislature, to, on and after January 1, 2028, offer the same abortion by medication techniques as described above, promote awareness of those services, provide information on those services to students, and post the availability of those services on its internet website. AB 2540 is pending in the Assembly Committee on Higher Education.
- 6) **PREVIOUS LEGISLATION.**
- a) SB 1375 (Atkins), Chapter 631, Statutes of 2022 allows for expanded training of NPs, CNMs, and clarifies that independent NPs can perform abortions by aspiration techniques without physician supervision.

- b) AB 2626 (Calderon), Chapter 565, Statutes of 2022 prohibits the Medical and Osteopathic Boards from suspending or revoking physicians and surgeons' certificates for performing an abortion if they provided it in accordance with the Medical Practice Act and Reproductive Privacy Act.
- c) AB 890 (Wood), Chapter 265, Statutes of 2020 authorized an NP to provide specified services in specified settings, without standardized procedures, if the NP meets additional education, examination, and training requirements; required the Board of Registered Nursing (BRN) to adopt regulations defining a transition to practice; required the BRN to establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the BRN on NP all issues; and required the BRN and the Department of Consumer Affairs to identify or develop an examination that tests for independent practice competency.
- d) 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 training under Health Workforce Pilot Project No. 171 or approved by the BRN and complies with specified standardized procedures or protocols.

7) **DOUBLE REFERRAL.** This bill is double referred, it passed the Assembly Committee on Business and Professions with a 14-4 vote, on April 7, 2026.

REGISTERED SUPPORT / OPPOSITION:

Support

Black Women for Wellness (co-sponsor)
 California Nurse Midwives Association (co-sponsor)
 Essential Access Health (co-sponsor)
 Planned Parenthood Affiliates of California (co-sponsor)
 Training in Early Abortion for Comprehensive Healthcare (co-sponsor)
 Access Reproductive Justice
 ACLU California Action
 Aria Medical
 Black Women for Wellness Action Project
 California Academy of Physician Associates
 California Association for Nurse Practitioners
 California Women's Law Center
 Equal Rights Advocates
 Nurses for Sexual & Reproductive Health
 Reproductive Freedom for All California
 Urge: Unite for Reproductive & Gender Equity
 Women's Foundation California

Opposition

California Catholic Conference
 California Family Council
 Real Impact.
 Sierra Pregnancy and Health

The California Baptist Capitol Ministry
One individual

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