ASSEMBLY THIRD READING
AB 1973 (Aguiar-Curry)
As Amended April 8, 2026
Majority vote

SUMMARY

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

Major Provisions

1) Expands the Medical Practice Act authority for CNMs, NPs, and PAs to perform abortions by medication or aspiration techniques in the first trimester of pregnancy, by generally authorizing them to perform abortions if they comply with their respective practice acts and the training and competency requirements for procedural abortions specified in the Medical Practice Act.

2) Transfers the existing the training and competence requirements for CNMs, NPs, and PAs to perform abortions by aspiration techniques to procedural abortions.

3) Makes other technical and conforming changes.

COMMENTS

*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.

[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.

1) *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 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.

2) *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.

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[2] *Id*. at 60-65.

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 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 three-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 specifies what a PA may or may not do based on the PA's competence and the level of physician supervision required. There are very few statutory limitations on what can be authorized under a practice agreement, but abortion is one of them.

Abortions in Other States. While many other states authorize the performance of abortion by aspiration within the first trimester, there is no state that affirmatively authorizes CNMs, NPs, or Pas to perform abortions past the first trimester or techniques besides abortion by aspiration.

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.

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.
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> 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…. This bill raises urgent concerns about patient safety, medical ethics, the protection of unborn life, and professional accountability."

FISCAL COMMENTS

According to the Assembly Appropriations Committee, no costs to the healing arts boards under the Department of Consumer Affairs.

VOTES

ASM BUSINESS AND PROFESSIONS: 14-4-1
YES: Berman, Addis, Ahrens, Bains, Aguiar-Curry, Caloza, Elhawary, Haney, Hart, Irwin, Jackson, Lowenthal, Nguyen, Pellerin
NO: Johnson, Chen, Hadwick, Macedo
ABS, ABST OR NV: Alanis

ASM HEALTH: 11-4-1
YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Mark González, Patel, Rogers, Schiavo, Sharp-Collins, Stefani
NO: Chen, Johnson, Patterson, Sanchez
ABS, ABST OR NV: Carrillo

ASM APPROPRIATIONS: 11-4-0
YES: Wicks, Bauer-Kahan, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
NO: Hoover, Ellis, Ta, Tangipa

UPDATED

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