
THIRD READING

Bill No: AB 1973
Author: Aguiar-Curry (D) and Wicks (D), et al.
Amended: 8/3/26 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 7-3, 6/8/26

AYES: Wahab, Archuleta, Arreguín, Caballero, Grayson, Menjivar, Smallwood-Cuevas

NOES: Choi, Niello, Strickland

NO VOTE RECORDED: Umberg

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 53-16, 5/18/26 - See last page for vote

SUBJECT: Abortion: authorized procedures

SOURCE: TEACH, California Nurse-Midwifery Association, Planned Parenthood Affiliates of California, Essential Access Health, Reproductive Freedom for All, Access Reproductive Justice, and Black Women for Wellness.

DIGEST: This bill updates the law governing abortion care provided by certified nurse-midwives (CNMs), nurse practitioners (NPs), and physician assistants (PAs) by replacing references to medication and first-trimester aspiration abortion with authority to perform an abortion consistent with the practitioner's education, training, and competency. Requires CNMs, NPs, and PAs to establish and maintain consultation, collaboration, referral, and transfer of care procedures in complex cases and cases with complications, conditions, or emergencies requiring care that is beyond the scope of the CNM, NP, and PA's education, training, and experience.

ANALYSIS:

Existing law:

- 1) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs (DCA) which provide for the licensing and regulation of health care professionals including: physicians and surgeons (under the Medical Practice Act); osteopathic physicians and surgeons (under the Osteopathic Medical Practice Act); NPs and CNMs (under the Nursing Practice Act); and PAs (under the Physician Assistant Practice Act). (BPC §§ 2000 et seq.; 2099.5 et seq.; 2700 et seq.; 3500 et seq.)
- 2) Establishes the Reproductive Privacy Act which finds and declares that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, and states that it is the public policy of the State of California that:
 - a) Every individual has the fundamental right to choose or refuse birth control;
 - b) Every pregnant individual has the fundamental right to choose to bear a child or to choose and to obtain an abortion, except as specifically limited by law; and,
 - c) The state cannot deny or interfere with a pregnant individual's fundamental right to choose to bear a child or to choose to obtain an abortion, except as specifically permitted by law. (Health and Safety Code (HSC) § 123462)
- 3) Defines the following for purposes of the maternal health provisions of the HSC, including the Reproductive Privacy Act:
 - a) "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))
 - b) "Pregnancy" means the human reproductive process, beginning with the implantation of an embryo. (HSC § 123464(d))
 - c) "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))
- 4) Provides that the State may not deny or interfere with a woman's or pregnant person'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 or pregnant person. (HSC § 123466)

- 5) Prohibits the performance of an abortion by someone other than the pregnant person if either of the following is true:
 - a) The person performing the abortion is not a health care provider authorized to perform an abortion under the Medical Practice Act. (HSC § 123468(a); (BPC) § 2253)
 - b) 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))
- 6) Requires the Medical Board of California (MBC), Osteopathic Medical Board of California (OMBC), Physician Assistant Board (PAB), and Board of Registered Nursing (BRN) to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license. (BPC § 870)
- 7) 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)
- 8) 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)

This bill:

- 1) Authorizes CNMs, NPs, and PAs to perform an abortion, updating current limitations that authorize abortion by medication or aspiration techniques in the first trimester of pregnancy.
- 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) Requires a NP or CNM performing a procedural abortion beyond the first trimester to establish, maintain, and follow written procedures for consultation, collaboration, referral, and transfer of care to a physician 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. Specifies that this requirement must be met through either policies and protocols that are mutually agreed upon by a physician and surgeon; standardized procedures, or policies and protocols that are developed by an organized health care system in collaboration with a physician and surgeon to perform procedural abortions.
- 4) Makes other technical and conforming changes.

Background

As a result of AB 154 (Atkins, Chapter 662, Statutes of 2013), since January 1, 2014, CNMs, NPs, and PAs in California have been providing aspiration abortion care as part of their clinical practice. Among other provisions, the bill specified that “beginning January 1, 2014, and until January 1, 2016, the training and clinical competency protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development [now known as the California Department of Health Care Access and Information (HCAI)] shall be used as training and clinical competency guidelines to meet the training requirement”.

HWPP is a program that was originally established as The Health Manpower Pilot Project in 1972 within the California Department of Public Health. It was renamed the Health Workforce Pilots Program in 2007, and is currently administered by HCAI. HWPP allows for the evaluation of various professions authorized scope of practice and where additional practice authority may be appropriate. Pilot projects may be requested by nonprofit education institutions, community hospitals, clinics, and governmental agencies engaged in health or education activities. Projects may involve teaching new skills to existing categories of health care personnel, developing new categories of health care personnel, accelerating the training of existing categories of health care personnel, and teaching new health care roles to previously untrained persons.

HWPP No. 171 was conducted from 2007-2013. Researchers with Advancing New Standards in Reproductive Health, based at the University of California San Francisco, evaluated a variety of factors to determine the role CNMs, NPs, and PAs could play in safely and competently providing early abortion care. The project collected data from nearly 20,000 patients and trained nearly 50 CNMs,

NPs, and PAs to competency in aspiration abortion care. Study findings demonstrated that CNMs, NPs, and PAs can be successfully trained to provide aspiration abortion care and that first-trimester aspiration abortions performed by these clinicians had complication rates comparable to those performed by physicians. Patients also reported high levels of satisfaction with their care regardless of whether services were provided by a CNM, NP, PA, or physician.

Since HWPP No. 171 and the enactment of AB 154, California's statutory and workforce framework has continued to evolve from a pilot-project model evaluating the role of advanced practice clinicians in abortion care toward a broader competency-based framework for abortion and reproductive health services. National clinical and professional guidance recognizes that advanced practice clinicians, including CNMs, NPs, and PAs, receive graduate-level clinical education and training in assessment, diagnosis, medication management, patient counseling, reproductive health, pregnancy-related care, referral, and evidence-based practice. While baseline professional education does not necessarily mean that every licensee has completed procedure-specific abortion training, these professions are structured around competency-based clinical practice, board oversight, and continuing accountability within each profession's practice authority. Since completion of HWPP No. 171, the Legislature has incorporated and expanded these authorities in statute, reflecting a policy determination that appropriately trained CNMs, NPs, and PAs may safely provide abortion-related services within their respective practice authority.

Additional safeguards exist on top of baseline professional preparation. CNMs, NPs, and PAs are subject to their respective practice acts, professional standards of care, clinical education and training requirements, standardized procedures or practice agreements where applicable, and the credentialing, privileging, protocols, bylaws, and quality assurance requirements of the facilities in which they practice. Recent state workforce investments, including HCAI's Reproductive Health Care Access Initiative and the Reproductive Health Service Corps, further reflect California's policy direction toward training and supporting a broader interdisciplinary reproductive health care workforce, including NPs, CNMs, PAs, physicians, nurses, licensed midwives, medical assistants, doulas, community health workers, and others.

Hospitals, clinics, and ambulatory surgery settings generally retain independent authority through medical staff bylaws, credentialing, privileging, quality assurance, peer review, and risk management processes to determine who may perform particular procedures within that facility. Even where state law authorizes

a procedure, practitioners remain subject to facility-specific competency and privileging requirements before they may perform the procedure in a given setting.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 8/10/26)

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

OPPOSITION: (Verified 8/10/26)

California Baptist for Biblical Values
California Catholic Conference
California Family Council
Fieldstead and Company, INC.
Livingwell Medical Clinic
Real Impact.
Sierra Pregnancy and Health
The California Baptist Capitol Ministry

ARGUMENTS IN SUPPORT: Supporters state that this bill removes outdated restrictions in existing law to expand the ability of nurse practitioners, certified nurse midwives, and physician assistants to provide safe abortion care that they are trained and clinically competent to offer allowing patients to have greater access to health care and increasing the capacity of abortion providers to provide

reproductive health care to their patients. This 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.

Supporters further note this is an important measure that will ensure women have access to reproductive health care services, services that are an integral component of women's health care.

ARGUMENTS IN OPPOSITION: Opponents share concerns that this bill reduces the oversight of healthcare in abortion, placing women at risk, and that it raises concerns about patient safety, medical ethics, the protection of unborn life, and professional accountability.

ASSEMBLY FLOOR: 53-16, 5/18/26

AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Caloza, Connolly, Elhawary, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Valencia, Wallis, Ward, Wilson, Zbur, Rivas

NOES: Castillo, Chen, Davies, DeMaio, Ellis, Flora, Jeff Gonzalez, Hadwick, Hoover, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

NO VOTE RECORDED: Alanis, Arambula, Calderon, Carrillo, Dixon, Gallagher, Lee, Quirk-Silva, Celeste Rodriguez, Stefani, Wicks

Prepared by: Sarah Mason / B., P. & E.D. /
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