

ASSEMBLY THIRD READING

AB 2531 (Irwin)

As Amended March 16, 2026

Majority vote

SUMMARY

Authorizes 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. Requires 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.

COMMENTS

Comprehensive abortion care is included in the list of essential health care services published by the World Health Organization (WHO) in 2020. Abortion is a simple health care intervention that can be safely and effectively managed by a wide range of health workers using medication or a surgical procedure. In the first 12 weeks of pregnancy, a medical abortion can also be safely self-managed by the pregnant person outside of a health care facility (e.g. at home), in whole or in part. This requires that the person has access to accurate information, quality medicines and support from a trained health worker (if they need or want it during the process). 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.

Coverage for abortion care. In California, the Knox-Keene Act requires the provision of basic health care services, and the California Constitution prohibits health plans from discriminating against women who choose to terminate a pregnancy. Thus, all health plans must treat maternity services and legal abortion neutrally. Exclusions and limitations are also incompatible with both the California Reproductive Privacy Act and multiple California judicial decisions that have unambiguously established under the California Constitution that every pregnant person has the fundamental right to choose to either bear a child or to have a legal abortion. A health plan is not required to cover abortions that would be unlawful under existing law. The 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.

Currently, people at or below 400% of the federal poverty level who are uninsured or have health care coverage that does not include abortion and contraception are eligible for care from the Uncompensated Care grant program. This bill's expansion of that eligibility to include veterans will ensure that veterans who are underserved and marginalized outside of that eligibility have better health care options and coverage.

Thousands of abortion restrictions have been enacted nationally since *Roe v. Wade* was decided in 1973, and this is layered on top of failures of health care and economic systems to provide Black, Indigenous and Latino communities and low-income communities access to high-quality, affordable health care. Thus, while abortion bans and other legal restrictions harm all people who are or may become pregnant, they cause greater harm to those already subject to systemic racism and economic injustice.

Effects of being denied an abortion. According to the 2020 book, "*The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion,*" by Diana Greene Foster, when compared with people who were able to obtain a wanted abortion, those denied a wanted abortion who went on to give birth were more likely to experience gestational hypertension, joint pain and headaches or migraines, fair or poor health, and death. Two people in the study died of maternal causes. Those denied abortions also had large and significant differences in their economic trajectories, facing more hardships than individuals receiving wanted abortions. Those denied abortions were more likely to raise children alone, not with family or a partner. Live in households that drop below the poverty level, with 72% of households where a person was denied an abortion living below the federal poverty level, compared with 55% of those who received the abortion. Lack enough money to pay for food, housing and transportation, with 87% of those who were denied abortions reporting that problem, compared with 70% of those who received an abortion.

Federal Department of VA final rule on reproductive health services. On December 31, 2025 the VA published its final rule in the Federal Register to reinstate exclusions on abortions and abortion counseling from the medical benefits package, which were removed in 2022. Before 2022, these exclusions had been firmly in place since the medical benefits package was first established in 1999. The VA noted that it was also reinstating exclusions on abortion and abortion counseling for the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) that were also removed in 2022, and that the VA was taking this action to, "...ensure that VA provides only needed and medically necessary and appropriate care to our nation's heroes." Since publication of the proposed rule, the Department of Justice's (DOJ) Office of Legal Counsel (OLC) issued a formal opinion concluding that the VA does not have statutory authority to provide abortion or abortion counseling under federal law. The DOJ opinion further clarifies that procedures necessary to save the life of the pregnant veteran (such as treatment for ectopic pregnancies or miscarriages) are not considered "abortions" and therefore remain permissible.

California's Uncompensated CARE Act. AB 2134 (Weber) Chapter 562, Statutes of 2022 establishes the California Abortion and Reproductive Equity (CARE Act), and the California Reproductive Health Equity Program (Program) within 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. The CARE Act 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 or reduced 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 PACT programs. This bill expands eligibility in this program to veterans who are being denied this essential health care by the VA, however, according to a recent budget briefing by HCAI, all funds previously appropriated in 2022-23 State Budget (which provided \$40 million to establish and administer an

uncompensated care fund for abortion services for individuals below 400% FPL) have been spent.

According to the Author

California voters established a constitutional right to abortion, and veterans deserve full access to essential health care through their VA benefits, including abortion. However, a recent rule implemented by the Trump administration has imposed upon the entire VA system one of the most severe abortion bans in the country, and California's VA providers are beholden to this federal ban despite California's state constitutional protections. The author notes that this bill would expand access to the Uncompensated Care grant program for veterans whose health care coverage does not include abortion. By expanding this eligibility, California ensures that the people who have served our country are not left without healthcare due to the backwards and inequitable policies of the Trump Administration.

Arguments in Support

Planned Parenthood Affiliates of California (PPAC), is the sponsor of this bill and notes that this bill responds to federal action in December 2025 that eliminated access to abortion care for veterans in the VA system by creating a pathway for California veterans or active military to obtain abortion care in this state. PPAC states that in 2022, California voters overwhelmingly approved Proposition 1 to enshrine the right to reproductive freedom in our State's Constitution. However, access to abortion care remains out of reach and, in fact, has become more restrictive for California's veterans that rely on the federally-regulated VA system for care. PPAC contends that despite California's constitutional protections, our state's veterans and VA providers are beholden to this federal abortion ban and that today, these veterans can only access abortion care through another provider outside of their health care coverage necessitating out-of-pocket costs. PPAC argues this bill would address this injustice in California by narrowly expanding eligibility in the existing Uncompensated Care Grant Program to include veterans who are seeking abortion care but don't have coverage to pay for it. This Program was created in 2022 following the Dobbs decision for this exact reason – to help ensure that one's ability to pay is not a barrier to accessing abortion or contraceptive care. PPAC points to the fact that women are the fastest growing group of veterans, and concludes that, through this bill, California is stepping up to show those who have served our country that they are not left without health care due to the backwards and inequitable policies of the Trump administration.

Arguments in Opposition

The California Family Council (CFC) is opposed to this bill and notes that state health websites carry an implicit authority. When the government curates information about medical procedures, citizens reasonably expect that information to be comprehensive, accurate, and unbiased. CFC argues that this bill directs the state website to promote abortion services without equally presenting alternatives — including adoption, pregnancy resource centers, and community support programs — it fails that standard. CFC contends that research consistently shows that women facing unintended pregnancies benefit from full information about all available options, and that many who choose alternatives to abortion report greater long-term psychological well-being. CFC explains that California is home to one of the nation's largest veteran populations and that veterans — particularly women veterans — face elevated rates of trauma, mental health challenges, and crisis pregnancies.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, cost pressures of an unknown amount, possibly high hundreds of thousands of dollars per year, to provide funding to providers serving eligible veterans through the Uncompensated Care Fund, because all funds for the Uncompensated Care Fund have been expended or awarded. HCAI anticipates administrative costs to implement this bill would be minor and absorbable.

California Department of Veterans Affairs (CalVet) anticipates absorbable costs to add a link to the abortion.ca.gov website.

VOTES**ASM HEALTH: 12-3-1**

YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Rogers, Schiavo, Sharp-Collins, Stefani

NO: Johnson, Patterson, Sanchez

ABS, ABST OR NV: Chen

ASM MILITARY AND VETERANS AFFAIRS: 6-2-0

YES: Schiavo, Ávila Fariás, Carrillo, Irwin, Quirk-Silva, Valencia

NO: Jeff Gonzalez, Davies

ASM APPROPRIATIONS: 11-4-0

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

NO: Hoover, Dixon, Ta, Tangipa

UPDATED

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