SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 2531
AUTHOR: Irwin
VERSION: March 16, 2026
HEARING DATE: June 17, 2026
CONSULTANT: Melanie Moreno

SUBJECT: Public health: abortion services

SUMMARY: Requires grant recipients of the Reproductive Health Equity Program to provide services to veterans who have health coverage through the Veterans Affairs health system, but cannot access abortion or contraception care through that system, and those who are not otherwise eligible to receive those services at no cost through the Medi-Cal and Family PACT programs.

Existing law:
1) Establishes the Reproductive Health Equity Program (referred to as the Uncompensated Care grant program) within the Department of Health Care Access and Information (HCAI), with the purpose of ensuring abortion and contraception are affordable for and accessible to all patients, regardless of their ability to pay, and to provide financial support for safety net providers of these services to offset the costs of providing uncompensated care to patients with low incomes who would otherwise lack access to care. [HSC §127632]

2) Establishes the Department of Health Care Services (DHCS) to administer the Medi-Cal program, which provides comprehensive medical coverage to low-income persons, and the Family PACT program, which provides comprehensive clinical family planning services and sexually transmitted disease screening and treatment to low-income persons. [WIC §14000, et seq. and §14132, et seq.]

3) Establishes the State-Only Family Planning Program to provide family planning services for men and women, including emergency and complication services directly related to the contraceptive method and follow-up, and consultation and referral services. [WIC § 24007]

4) Permits an enrolled Medi-Cal provider to apply for a grant through Uncompensated Care grant program if they agree to provide abortion and contraception services in accordance with the following:
   a) The services provided are within the provider's scope of practice and licensure;
   b) The provider agrees to be identified, in a manner determined by HCAI, as a Uncompensated Care participating provider, but prohibits an institutional provider from being required to identify any individual abortion provider as a condition of a grant; and,
   c) The services are provided, to the extent they are covered by Medi-Cal, at no cost or a 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 coverage that does not include both abortion and contraception; and, is not otherwise eligible to receive both abortion and contraception care at no cost through the Medi-Cal and Family PACT programs. [HSC § 127633]

This bill:

1) Requires Uncompensated Care grant program recipients to also provide services to veterans who have health coverage through the federal Veterans Affairs (VA) system, but cannot access abortion or contraception care through that system, and those who are not otherwise eligible to receive those services at no cost through the Medi-Cal and Family PACT programs. Defines "veteran" as a person who served in the active military, naval, air, or space service of the U.S. or as a member of the National Guard who was called to, and released from, active duty or active service that was for a period of not less than 90 consecutive days and who was discharged or released therefrom under conditions other than dishonorable, was discharged due to a service-connected disability within that 90-day period, or was discharged solely as a result of Executive Order No. 14183 issued on January 27, 2025 (which banned transgender individuals from military service).

2) Requires the California Department of Veterans Affairs (CalVet) to publish a link to abortion.ca.gov on the women veterans resources page of its website.

3) Makes other technical, conforming changes.

FISCAL EFFECT: 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. CalVet anticipates absorbable costs to add a link to the abortion.ca.gov website.

PRIOR VOTES:

Assembly Floor:	59 - 19
Assembly Appropriations Committee:	11 - 4
Assembly Military and Veterans Affairs Committee	6 - 2
Assembly Health Committee:	12 - 3

COMMENTS:

1) *Author's statement.* According to the author, California voters established a constitutional right to abortion, and our 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. To address this issue, 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 that the people who have served our country are not left without healthcare due to the backwards and inequitable policies of the Trump Administration. This bill also ensures that CalVet posts the link to Abortion.ca.gov on their women veterans resources webpage, so that our women veterans know this critical resource will be available to them.

2) *Background.* Sexual and reproductive health care services, including abortion care, is included in the World Health Organization's (WHO) 2020 list of essential health care services. According to the WHO, 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 a 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.

3) *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 FPL 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.

4) *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 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.

5) *California's Uncompensated CARE Act.* AB 2134 (Weber, Chapter 562, Statutes of 2022) establishes the California Abortion and Reproductive Equity (CARE Act), and the Uncompensated Care grant 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 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 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. In the 2022-23 Budget, the Legislature and the Governor allocated $40 million for the program. HCAI selected Essential

Access Health, a California-based non-profit organization with extensive experience distributing public funding to support the delivery of sexual and reproductive health services and a mission to advance reproductive equity, to administer the program. The first Request for Proposals was released on April 19, 2023, and applicants were invited to apply for funding for retroactive and/or projected costs associated with providing uncompensated abortion and contraceptive care. Retroactive funds were to cover costs from July 1, 2022 through June 30, 2023; projected funds were released to cover an agency's projected costs from July 1, 2023 through June 30, 2024. In June 2023, more than $20 million in grant funds were awarded to 12 health care organizations across the state to provide low and no-cost abortion and contraceptive care to all income eligible patients who are unable to use health insurance for care, regardless of where they live. For Year Two, $8.61 million was disbursed to 12 grantees covering costs starting July 1, 2024; and for Year Three, $9.3 million was disbursed to 15 grantees covering costs starting July 1, 2025. Grant program funding covered the costs of uncompensated care provided to 199,160 eligible patients through October 31, 2025. In the 2024-2025 grant year, there was a $2.97 million deficit among University of California (UC) grantees (services for eligible patients were not covered because of limited funds). The current (2025-2026) grantee cohort serves all 58 California counties through telehealth and in-person care: 58 counties served via telehealth by at least one grantee (most counties supported by multiple grantees); and 45 counties served with in-person services by at least one grantee. Approximately 90% of grant-supported patients report they are Californians, and the majority of patients receiving grant-funded services are 25 years or older, speak English, and identify as White or Hispanic/Latino.

Essential Access Health awarded the last of the program's funding in the current grant cycle. The Legislature's version of the 2026-27 Budget appropriates $30 million General Fund in 2026-27 for the Uncompensated Care program and an additional $10 million for the Abortion Practical Support program.

6) *Double referral.* This bill is double referred. Should it pass out of this committee, it will be referred to the Senate Committee on Military and Veterans Affairs.

7) *Related legislation.* AB 2540 (Stefani) requires a California State University or UC student health center, by January 1, 2028, to promote awareness of the services for medication abortion that it offers, provide information on those services to students, and post the availability of those services on its website. AB 2540 requires a community college that has a student health center, upon appropriation by the Legislature, to offer medication abortion, promote awareness of those services, provide information on those services to students, and post the availability of those services on its website. *AB 2540 is set to be heard in this Committee on June 24, 2026.*

8) *Prior legislation.* AB 2134 (Weber, Chapter 562, Statutes of 2022) establishes the CARE Act and the Uncompensated Care 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.

9) *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 do not 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.

10) *Opposition.* Concerned Women for America Legislative Action Committee writes that this bill is particularly troubling in its implications for veterans and individuals facing significant mental and emotional stress, including conditions such as Post-Traumatic Stress Disorder. These individuals deserve care that prioritizes healing, counseling, and long-term support, not policies that may add to emotional distress or present abortion as a primary solution during times of crisis. California Family Council states that this bill proposes modifications to California's state-operated abortion services website, yet the specific content changes have not been made available for public review. Legislation that directs the content of a state government health platform — one that reaches vulnerable Californians —should be subject to full transparency before any vote is taken. California Catholic Conference states that abortion is already free and ubiquitous in California - performed by doctors, nurse practitioners, midwives, and physician assistants, at 400 facilities, on college campuses, and via telehealth and a dozen sources by mail. Pushing unwanted abortion on our veteran communities is exploitative and is reproductive coercion.

SUPPORT AND OPPOSITION:

Support: Planned Parenthood Affiliates of California (sponsor)
Access Reproductive Justice
American Civil Liberties Union California Action
California Association of Veteran Service Agencies
California Medical Association
California Women's Law Center
Equality California
Lieutenant Governor Eleni Kounalakis
Reproductive Freedom for All California

Oppose: California Catholic Conference
California Family Council
Concerned Women for America

-- END --