

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2540 (Stefani) – As Amended March 27, 2026

SUBJECT: Public health: public postsecondary education: student health centers: abortion by medication techniques.

SUMMARY: Requires 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. Requires a community college (CCC) 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. Requires the Commission on the Status of Women and Girls (the commission) to submit a report to the Legislature, on or before January 1, 2029, that includes, but is not limited to, specified information relating to abortion by medication techniques at community college student health centers.

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) Requires, on and after January 1, 2023, each public university student health center to offer abortion by medication techniques onsite. Authorizes this service to be performed by providers on staff at the student health center, through telehealth services, or by providers associated with a contracted external agency. [Education Code (EDC) § 99250]
- 3) Requires the commission to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund, for the purposes of providing private moneys' in the form of direct allocations to the UC and CSU to support medication abortion readiness at each public university student health center. Authorizes the commission to receive moneys' from nonstate entities, including, but not necessarily limited to, private sector entities and local and federal government agencies, specifically to support the fund, and deposit these moneys into the fund. [EDC § 99251]
- 4) Requires, upon request from a public university student health center, the commission to assist and advise on potential pathways for the student health center to bill public programs and health insurance providers to help pay for the costs of providing abortion by medication techniques. Requires, on or before December 31, 2021, and on or before December 31 of each year thereafter until December 31, 2026, the commission to submit a report to the Legislature that includes, but is not necessarily limited to, all of the following information for each reporting period, separately for each public university system:

- a) The number of student health centers that provide abortion by medication techniques;
 - b) The number of abortions by medication techniques performed at student health centers, disaggregated, to the extent possible, by student health center; and,
 - c) The total amount of funds received by each system and provided to the system's student health centers that is expended on medication abortion readiness, and, separately, the total amount of any other funds expended on medication abortion readiness and the source of those funds, disaggregated by function and, to the extent possible, disaggregated by student health center. [*Ibid.*]
- 5) 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. [Welfare and Institutions Code (WIC) § 14000, *et seq.*, WIC §14132, *et seq.*]

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

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, reproductive healthcare is an essential part of student health. All students deserve the same, equitable access to critical services – no matter what type of college they choose to attend. While CSU and UC students already have access to medication abortion, CCC students, who are more likely to be low-income, working, and students of color, do not get to reap the benefits of this important service. The author states that this bill closes a gap by ensuring that 2.2 million students can access medication abortion services at their student health centers, through telehealth, or through a contracted entity. The author concludes that this bill will also require campuses to provide information about medication abortion services, so students can access care without stigma, confusion or delay.
- 2) **BACKGROUND.** 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.
 - a) **Medication Abortion.** Medication abortion is a non-surgical procedure that involves taking prescription pills to end a pregnancy, typically within the first 10 weeks of gestation. The process usually consists of two medications: 1) Mifepristone: this medication blocks the hormone progesterone, which is necessary for the pregnancy to continue. It is taken first, either in a healthcare setting or at home; and, 2) Misoprostol:

taken 24 to 48 hours after mifepristone, this medication induces uterine contractions to expel the pregnancy tissue. After taking mifepristone, most individuals will not feel any immediate effects. Following the administration of misoprostol, cramping and bleeding typically begin within a few hours, resembling a heavy menstrual period. This process may take several hours to a few days to complete. Medication abortion is highly effective, with a success rate of over 95% when used within the first 10 weeks of pregnancy. It is considered safe, with few serious complications. Common side effects include cramping, bleeding, nausea, and fatigue.

- b) **SB 24.** SB 24 (Leyva) Chapter 740, Statutes of 2019 requires each student health care services clinic on a CSU or UC campus to offer abortion by medication techniques. The bill also requires the California Commission on the Status of Women & Girls to produce annual reports of how each UC and CSU are expending funds for abortion medication services. The reports include the amount of state grant funds, expenditure details, and the number of abortions provided by medication for each campus. Below is a table summarizing this data for all UC and CSU campuses.

Table 1: Select SB 24 Data by Campus

Fiscal Year	Cumulative Total of State Grant Funds Expended by UC Campuses ⁴	Total Number of Abortions by Medication Provided on UC Campuses	Cumulative Total of State Grant Funds Expended by CSU Campuses ⁵	Total Number of Abortions by Medication Provided on CSU Campuses
2020-21	\$434,429.31	–	–	–
2021-22	\$656,503.31	72	–	0
2022-23	\$926,505.66	203	\$1,628,519.98	162
2023-24	\$1,009,379.12	276	\$2,728,740.92	412
2024-25	\$1,294,135.08	297	\$3,285,329.02	349

- c) **CCC Health Centers.** There are 115 community colleges in California that are part of the California Community Colleges system. According to the Health Services Association California Community Colleges (HSACCC) 2021–2022 survey data, 92 colleges have health centers. Services vary by campus and may include clinical care and mental health support, though not all colleges provide the same scope of services. Based on 2023–2024 survey data from HSACCC, 64% of visits were for clinical nursing and medical services and 36% were for mental health services, with 26,865 unique clinical visits and 15,376 unique mental health visits reported. Individual therapy was the most frequently provided mental health service, and 67% of colleges reported having a structured peer health support and education program. While up to 97% of colleges reported that clinical and mental health services are co-located or in close proximity, the level of integration varies. Health centers may be partially supported by student health fees; however, not all colleges charge this fee. For the 2025–2026 fiscal year, the maximum allowable health fee is 26 dollars per semester, with an average of 23 dollars. Health insurance is not required for most students, and CCCs do not generally provide health insurance through their campuses.

- 3) **SUPPORT.** This bill is sponsored by ACCESS Reproductive Justice, Black Women for Wellness Action Project, California Latinas for Reproductive Justice, the Student Senate for California Community Colleges, Reproductive Freedom for All, and URGE – Unite for Reproductive and Gender Equity. The sponsors note that The College Student Right to

Access Act (SB 24) was signed and passed into law in 2019, which requires all UC and CSU campuses to provide access to medication abortion services. These college campuses were mandated to implement services by January 1, 2023, to reduce barriers to abortion care for college students. Although the bill has been able to support students on these campuses, it left a huge gap for community college students. The sponsors state that this bill closes that gap by allowing California community colleges that have existing student health centers to provide students with medication abortion services. Community colleges are the largest educational system within the state of California with 116 campuses that serve over 2 million students every year. The sponsors argue that the pathway that community colleges offer for students is the largest starting point for college students across the state, and while all 116 CCCs are required to have basic needs services, the presence of comprehensive, fully operational on-campus student health centers varies. Multiple sources show that about 93 out of the 116 (nearly 80%) CCCs have a student health center with others relying on partnerships, referrals, or telehealth to offer services. The sponsors conclude that California college students, no matter CCC, CSU or UC, need and deserve equitable access to abortion care and that to achieve true reproductive freedom for all Californians, we must ensure that communities have equitable access to medication abortion care.

- 4) **OPPOSITION.** The California Catholic Conference (Catholic Conference) states that the Catholic Conference is always opposed to the violence of abortion. However, reducing the needs of students to abortion at the expense of every other kind of assistance and medical care is exploitative and reproductive coercion. Abortion is already free and ubiquitous in California – available on college campuses, performed by doctors, nurse practitioners, midwives, and physician assistants, as well as at 400 facilities across the state, and via telehealth and a dozen sources by mail. The Catholic Conference notes that at the same time, student parents face a lack of affordable and accessible childcare with waitlists of a year or more on campus, high family housing costs, and fewer and fewer options for medical care. Pushing unwanted abortion on our communities is exploitative and is reproductive coercion. The Catholic Conference concludes that California is failing at reproductive healthcare that women need, and lawmakers need to ensure parity for the choices of pregnant and parenting women as they pursue motherhood. These pregnancy needs ought not be ignored.
- 5) **OPPOSE UNLESS AMENDED/CONCERNS.** HSACCC states they support student access to safe, legal reproductive health care, including medication abortion, and are committed to ensuring students receive accurate information and timely referrals. However, HSACCC notes that they are opposed unless amended to this bill, as the proposed mandate is not operationally or financially feasible within the CCC system. HSACCC argues that CCC health centers vary widely in structure and capacity, with many operating under limited staffing models. A recent statewide HSACCC survey found that only 4.76% of responding colleges currently provide medication abortion onsite, while 95.24% rely on referrals to external providers. Additionally, 80.95% of respondents reported that providing these services is not feasible under current conditions. Many centers are staffed primarily by nurses without prescribing providers, limiting their ability to safely deliver this level of care. HSACCC contends that the requirements necessary to safely provide medication abortion services exceed the current capacity of most CCC health centers. Survey respondents identified significant barriers, including legal and liability concerns (85.71%), funding constraints (71.43%), lack of prescribing providers (61.90%), and limited staffing capacity (61.90%). Medication abortion provision requires access to prescribing clinicians, clinical

protocols, follow-up care, and diagnostic capabilities that are not standard in most CCC clinics.

The Chief Executive Officers of the California Community Colleges (CEOs) have concerns with this bill and state that this bill expands existing law applicable to the UC and CSU systems by extending medication abortion requirements to community colleges beginning January 1, 2028, contingent upon an appropriation. The CEO note that they align with the concerns raised by HSACCC that this bill is a mandate that fails to account for the wide variation in capacity across community college health centers. Notably, when the Legislature advanced SB 320 (Leyva, 2017) out of the Senate Health Committee, community colleges were intentionally excluded from the scope of the measure in recognition of these limitations. The CEOs argue that many centers operate with limited staffing models and lack prescribing providers, clinical infrastructure, and resources necessary to safely deliver medication abortion services. The CEOs also raise concerns that their health centers, which are primarily supported by student fees, would be at risk of diverting limited resources away from core services such as mental health, primary care, and basic needs support.

- 6) **RELATED LEGISLATION.** AB 2531 (Irwin) 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 abortion information website on the women veterans' resources page of its internet website. AB 2531 is pending in the Assembly Health Committee.
- 7) **PREVIOUS LEGISLATION.**
 - a) SB 24 requires each student health care services clinic on a CSU or UC campus to offer abortion by medication techniques.
 - b) SB 320 (Leyva) of 2018 was substantially similar to SB 24. SB 320 was vetoed by Governor Brown, who stated, in part: "Access to reproductive health services, including abortion, is a long-protected right in California. According to a study sponsored by supporters of this legislation, the average distance to abortion providers in campus communities varies from five to seven miles, not an unreasonable distance. Because the services required by this bill are widely available off-campus, this bill is not necessary."
 - c) SB 1301 (Kuehl) Chapter 385, Statutes of 2002 enacts the Reproductive Privacy Act which provides that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose or refuse birth control, and the fundamental right to choose to bear a child or obtain an abortion.
- 8) **DOUBLE REFERRAL.** This bill is double referred, upon passage in this Committee, this bill will be referred to the Assembly Committee on Higher Education.

REGISTERED SUPPORT / OPPOSITION:

Support

ACCESS Reproductive Justice (cosponsor)
Black Women for Wellness Action Project (cosponsor)
California Latinas for Reproductive Justice (cosponsor)
Student Senate for California Community Colleges (cosponsor)
Reproductive Freedom for All (cosponsor)
URGE – Unite for Reproductive and Gender Equity (cosponsor)
Alianza
American Nurses Association/California
Buen Vecino
California LGBTQ Health and Human Services Network
California Nurse Midwives Association (CNMA)
Maternal and Child Health Access
National Health Law Program
The Women's Foundation California

Opposition

California Catholic Conference

Analysis Prepared by: Lara Flynn / HEALTH / (916) 319-2097