

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Mike Fong, Chair

AB 2540 (Stefani) – As Amended March 27, 2026

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

SUMMARY: Expands existing law governing abortion by medication techniques at public university student health centers by adding student awareness requirements; and, upon an appropriation, requires California Community Colleges (CCC) with student health centers to offer abortion by medication techniques beginning January 1, 2028. Specifically, **this bill:**

- 1) Requires, on or before January 1, 2028, each California State University (CSU) and University of California (UC) student health center to promote awareness of abortion by medication techniques offered by the center, provide students with information on those services, and post the availability of those services on its internet website.
- 2) Requires, on and after January 1, 2028, and upon appropriation by the Legislature, each CCC that has a student health center to offer abortion by medication techniques onsite.
- 3) Authorizes the required service at CCC student health centers to be performed by providers on staff, through telehealth services, or by providers associated with a contracted external agency.
- 4) Requires CCC student health centers, on and after January 1, 2028, to promote awareness of those services, provide information on those services to students, and post the availability of those services on the student health center's internet website.
- 5) Requires Commission on the Status of Women and Girls (CSWG), upon request from a CCC student health center, to assist and advise on potential pathways for the center to bill public programs and health insurance providers to help pay for the costs of providing abortion by medication techniques.
- 6) Requires CSWG to submit a report to the Legislature, on or before January 1, 2029, with specified information for each CCC relating to abortion by medication techniques, including availability, number of services performed, and expenditures on medication abortion readiness.

EXISTING LAW:

- 1) Establishes the mission and function of the CCC, which, in part is to: 1) offer academic and vocational instruction at the lower division level for both younger and older students, including those persons returning to school; 2) authorizes the CCC to grant the associate in arts and the associate in science degrees; 3) requires the CCC to offer English as a Second Language instruction, adult noncredit instruction, and support services which help students succeed at the postsecondary level; and, 4) advance California's economic growth and global competitiveness through education, training, and services that contribute to continuous work force improvement (Education Code (EC) Section 66010.4).

- 2) Requires, on and after January 1, 2023, each public university student health center on a California State University (CSU) or University of California (UC) campus to offer abortion by medication techniques onsite; establishes the College Student Health Center Sexual and Reproductive Health Preparation Fund, administered by the CSWG, to support medication abortion readiness at CSU and UC student health centers; defines “medication abortion readiness” to include assessment of clinic needs, purchasing equipment, making facility improvements, establishing protocols, creating patient educational materials, and training staff, but not the provision of abortion by medication techniques; and, requires annual reporting by the CSWG through December 31, 2026, regarding implementation at CSU and UC student health centers (EC Section 99250, et seq.).

FISCAL EFFECT: Unknown

COMMENTS: *Double referral.* This measure was heard by the Assembly Committee on Health on April 7, 2026, where it passed with a vote of 12 – 3. A review of the issues germane to the health policy implications of this measure are addressed in that Committee’s analysis.

Purpose. According to the author, “the health infrastructure of the CCC system is a patchwork of on-campus clinics, third-party virtual partnerships, and community-based referrals. While there is no state mandate requiring every campus to operate a physical health center, the CCC Chancellor’s Office Vision 2030 initiative has significantly expanded access through telehealth and insurance enrollment pilots in recent years.¹ In terms of sexual health and reproductive health services, there are some schools that already provide STI/STD and pregnancy testing, contraceptives, and sexual health education.”

The author states that, “according to annual reports on SB 24 implementation, medication abortion access has been fully implemented throughout the UC and CSU systems. Reporting indicated the institutions utilized grant expenditures for facility upgrades, training, staff salaries, medical equipment, and other implementation costs. Reporting from the CCSWG also show that nearly \$400,000 remain leftover in the Fund²— creating an opportunity for the CCSWG to utilize any remaining funds to expand access to a wider population of college students.”

Further, 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, community college 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. 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. AB 2540 will also require campuses to provide information about medication abortion services, so students can access care without stigma, confusion or delay.”

Lastly, the author contends that, “due to community college students’ limited schedules, they may encounter additional barriers to accessing off-campus reproductive healthcare – including the costs to travel, higher costs of medication abortion without insurance, and/or limited time constraints. By not requiring existing health centers at community colleges to provide medication

¹ [Vision 2030 | California Community Colleges Chancellor's Office](#)

² [Full Business Meeting January 12, 2026 Meeting Minutes | CCSWG](#)

abortion services to their students, this creates a gap of critical reproductive healthcare services to our most vulnerable student population. AB 2540 would serve a greater population of students who come from low-income, first-generation communities of color.”

Current access to abortion by medication to postsecondary students. 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. This measure also requires CSWG to produce annual reports of how each campus of the CSU and UC are expending funds for abortion by 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, provided by the author, summarizing this data for all CSU and UC campuses:

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

This measure expands the framework established by SB 24 (Leyva), Chapter 740, Statutes of 2019 (which went into effect in 2023), beyond CSU and UC student health centers by, upon appropriation, extending onsite abortion by medication techniques to community college student health centers and adding awareness requirements to ensure students know those services are available.

Health centers at CCCs. Of the 116 campuses of the CCC, 115 are brick and mortar campuses. 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/per academic term, with most CCC campuses charging an average of \$23/per academic term. Health insurance is not required for most students, and CCCs do not generally provide health insurance through their campuses.

Pursuant to their letter concern, the Chief Executive Officers of the California Community Colleges, “many centers operate with limited staffing models and lack prescribing providers, clinical infrastructure, and resources necessary to safely deliver medication abortion services. We worry that our 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.”

According to the Health Services Association of California Community Colleges (HSACCC), the health centers at CCCs vary widely in structure and capacity, with many operating under limited staffing models or contracting services out to community providers and hospitals. Further, according to a recent HSACCC survey, of the CCC health centers that responded, “4% currently provide medication abortion onsite, while 95% rely on referrals to external providers.”

According to HSACCC, “many centers are staffed primarily by nurses without prescribing providers, and medication abortion is outside of a registered nurse’s legal scope of practice.”

Arguments in support. According to the Student Senate for California Community Colleges (SSCCC), co-sponsors of this measure, “reproductive health services are an essential part of student health. All students, no matter what type of college they choose to attend, deserve the same, equitable access to critical services. AB 2540 will require CCCs with existing student health centers to provide students with access to medication abortion services, which may be performed by staff at the student health center, through telehealth services, or by providers associated with a contracted external entity.”

The SSCCC states that, “this bill would provide flexibility to the CSWG to assess if any remaining monies left over from the Fund could be considered to assist community colleges, and the CSWG would be required to submit a report to the Legislature regarding the landscape of student health centers and their ability to provide reproductive services. Additionally, AB 2540 would require UC, CSU, and CCCs to increase awareness about the availability of medication abortion services available to students by publishing the information on their public website.”

Arguments in opposition. According to HSACCC, “CCC health centers operate within a public health model focused on providing accessible, short-term acute care, early intervention, and health education to support student success. Unlike UC and CSU systems, which are well resourced to offer comprehensive on-campus services, community colleges are designed to connect students to community-based systems of care rather than replicate them. Based on our direct clinical experience, we are not seeing evidence of widespread unmet need among our student populations.”

Further, HSACCC states that, “the requirements outlined in this bill exceed the current operational capacity of most CCC health centers and rely on funding that is not clearly defined or sustainable. Our centers operate within a public health model – providing referrals to trusted community providers – aligned with the broader CCC mission of delivering low-cost, high-access education that supports student success and social mobility. Any expansion of services must be grounded in this model and ensure long-term feasibility within the structure of our system.”

Committee comments and amendments. Unlike the CSU and UC mandate, which was supported by private funding deposited into the College Student Health Center Sexual and Reproductive Health Preparation Fund, the requirement for the CCC is conditioned upon appropriation by the Legislature. The reliance on a future legislative appropriation for the CCC creates uncertainty. Without guaranteed funding, many CCC health centers may be unable to meet the January 1, 2028, deadline. This could potentially render the mandate unenforceable or lead to legal challenges.

This measure raises several implementation considerations, including the readiness of CCC student health centers to provide these services, the adequacy of available funds for startup and operational support, and the degree to which CCC campuses vary in health center capacity.

Currently, CSWG continues to play a central implementation role, including fund administration, assistance to student health centers regarding reimbursement pathways, and reporting to the Legislature. While prior iterations of this measure required CSWG to assess if moneys remaining in the fund after meeting the requirements for CSU and UC could be sufficient to allocate funding to CCC to pay for the cost, both direct and indirect, this requirement is no longer

included in the provisions of this measure. It appears that CSWG no longer needs to fulfill a direct role in the implementation of the provisions in this measure.

Keeping the aforementioned in mind, the Committee has suggested, and the author accepted, the following amendments:

99252. (a) On and after January 1, 2028 **2029**, a community college that has a student health center shall do both of the following:

(1) Offer **access to** abortion by medication techniques ~~onsite~~. This service may be performed by providers on staff at the student health center, through telehealth services, ~~or~~ by providers associated with a contracted external agency, **or through partnerships with other community health providers as appropriate.**

(b) Upon request from a community college student health center, the ~~commission~~ **California Community College Chancellor's Office** shall 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.

(c) (1) On or before January 1, 2029 **2030**, the ~~commission~~ **California Community College Chancellor's Office** shall submit a report to the Legislature, in compliance with Section 9795 of the Government Code, that includes, but is not limited to, all of the following information separately for each community college:

(A) The number of student health centers that provide abortion by medication techniques- **and/or provide access to medication abortion techniques through other providers.**

(B) The number of abortions by medication techniques performed at student health centers, **or assisted through the student health center,** disaggregated, to the extent possible, by student health center.

~~(C) The total amount of funds received by the community college and provided to the community college'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.~~

Prior legislation. 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.

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."

REGISTERED SUPPORT / OPPOSITION:

Support

California Latinas for Reproductive Justice (Co-Sponsor)
Student Senate for California Community Colleges (Co-Sponsor)
Access Reproductive Justice
Alianza
American Nurses Association/California
Asian Americans Advancing Justice-southern California
Black Women for Wellness Action Project
Buen Vecino
California LGBTQ Health and Human Services Network
California Nurse Midwives Association
California Teachers Association
California Women's Law Center
Faculty Association of California Community Colleges
Indivisible CA Statestrong
Maternal and Child Health Access
National Health Law Program
Planned Parenthood Affiliates of California
Reproductive Freedom for All California
The Women's Foundation California
University of California Student Association
Urge
UrgeCA
Women's Foundation California

Opposition

California Catholic Conference
California Family Council
Concerned Women for America
Health Services Association of California Community Colleges

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