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**SENATE COMMITTEE ON HEALTH**  
**Senator Akilah Weber Pierson, Chair**

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**BILL NO:** AB 2540  
**AUTHOR:** Stefani  
**VERSION:** May 18, 2026  
**HEARING DATE:** June 24, 2026  
**CONSULTANT:** Melanie Moreno

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

**SUMMARY:** 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 their availability its website.

**Existing law:**

- 1) Requires University of California (UC) and California State University (CSU) student health centers to offer medication abortion onsite. Permits 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. [EDC §99251(a)]
- 2) Requires the Commission on the Status of Women and Girls 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 UC and CSU to support medication abortion readiness at each student health center. [EDC §99251(b)(1)]
- 3) Requires the Commission, upon request from a UC or CSU student health center, to assist and advise on potential pathways for the student health center to bill public programs and health insurance to help pay for the costs of providing medication abortion. Requires the Commission, each year until December 31, 2026, to submit a report to the Legislature that includes information about the number of health centers that provide medication abortion, the numbers of medication abortions provided, and funding used for medication abortion at student health centers. [EDC §99251(b)(4)(B) and §99251(e)]

**This bill:**

- 1) Requires community colleges that have a student health center, beginning January 1, 2029, to:
  - a) Offer access to medication abortion. Permits this service to be performed by providers on staff at the student health center, through telehealth services, by providers associated with a contracted external agency, or through partnerships with other community health providers, as appropriate; and,
  - b) Promote awareness of the services, provide that information to students, and post their availability on its website.
- 2) Requires the Chancellor of the California Community Colleges, upon request from a community college student health center, 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 access to medication abortion.

- 3) Requires the Commission on the Status of Women and Girls, by January 1, 2030, to submit a report to the Legislature, that includes, but is not limited to, the following information separately for each community college:
  - a) The number of student health centers that provide medication abortion, provide access to medication abortion through other providers, or both; and,
  - b) The number of medication abortions performed at student health centers or assisted through student health centers, disaggregated, to the extent possible, by student health center.
  
- 4) Makes the implementation of the requirements related to community colleges contingent upon an appropriation for its purposes in the annual Budget Act or another statute.
  
- 5) Requires UC and CSU student health centers to promote awareness of medication abortion services they offer, provide information on those services to students, and post their availability on their websites.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee, cost pressures to community colleges in the millions of dollars. The California Community Colleges Chancellor's Office (CCCCO) estimates one-time Proposition 98 General Fund costs between \$75,000 and \$300,000 per health center, or between \$7 million and \$27.9 million in start-up costs across all 93 health centers in the CCC system to provide abortion medication on site. CCCCCO also estimates ongoing Proposition 98 General Fund costs between \$60,000 and \$100,000 per health center, or between \$5.6 million and \$9.3 million to maintain services across all 93 health centers. CCCCCO notes that community college health centers operate with various levels of service, which are reflected in the ranges. However, this bill allows community colleges to work with partners to provide the abortion medication services. Community colleges that decide to work with partners, rather than adding services within their health centers, would likely result in much lower start-up costs across the system, potentially reducing one-time startup costs of this bill by millions of dollars. CSU and UC report minor and absorbable costs. The Commission on the Status of Women and Girls estimates minor and absorbable costs to add reporting on to its existing reporting for the UC and CSU colleges.

**PRIOR VOTES:**

Assembly Floor:	60 - 18
Assembly Appropriations Committee:	11 - 4
Assembly Higher Education Committee:	7 - 3
Assembly Health Committee:	12 - 3

**COMMENTS:**

- 1) *Author's statement.* 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 contracted external entities. 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.* Sexual and reproductive health care services, including abortion care, are 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 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, care related to pregnancy loss, and management of complications after an abortion.

According to a May 2026 KFF factsheet on medication abortion, there are two medication abortion regimens that have a long safety and efficacy record: mifepristone with misoprostol (the most common regimen in the U.S.) and misoprostol alone. Mifepristone, also known as RU-486, is sold under the brand name Mifeprex and through a generic manufactured by GenBioPro. Mifepristone works by blocking progesterone, a hormone essential to the development of a pregnancy, and preventing a pregnancy from progressing. Misoprostol, taken 24 to 48 hours after mifepristone, works to empty the uterus by causing cramping and bleeding, similar to an early miscarriage. The U.S. Food and Drug Association (FDA) has found that medication abortion is a safe and highly effective method of pregnancy termination, and approves use of medical abortions for up to ten weeks of pregnancy. In 2023, the FDA announced the in-person dispensing requirement for medication abortion was formally removed. When taken, medication abortion successfully terminates the pregnancy 91.9% to 99.7% of the time, with a 0.4% risk of major complications, and an associated mortality rate of 0.0005%. While the combined regimen of mifepristone and misoprostol for medication abortion is recommended, there is a second medication abortion protocol using misoprostol only that is more commonly used internationally. The regimen is also recommended for up to ten weeks of pregnancy. Research has shown the misoprostol-only regimen to be a safe and highly effective method of pregnancy termination; however, it may result in a higher incidence of side effects, particularly diarrhea, fever and chills. When taken, the misoprostol-only regimen successfully terminates the pregnancy approximately 80% to 100% of the time, with a complication rate of less than 1%.

- 3) *Coverage for abortion care.* The national median self-pay price for abortion medication in 2023 was \$563, although medications provided by telehealth clinics were much lower in price (\$150). Although Danco Laboratories does not make the cost of Mifeprex public, providers report that Mifeprex pills alone cost them around \$90 a pill. GenBioPro, the manufacturer of the generic mifepristone drug also does not report the cost of their pill. Federal Medicaid funding only pays for abortions when the pregnancy is a result of rape or incest or a threat to the pregnant person's life. 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 20 state Medicaid programs

that use state funds to cover abortion and follow-up services. The Medi-Cal program covers abortions as a physician service without cost sharing for all enrollees.

- 4) *Commission annual report.* SB 24 (Leyva, Chapter 740, Statutes of 2019) requires CSU and UC student health centers to offer medication abortion services, and requires the Commission on the Status of Women and Girls to produce annual reports of how each UC and CSU are expending funds for medication abortion services. According to the 2025 report, all ten UC campuses have implemented the provision of medication abortion in their student health centers on January 1, 2024. All 23 CSU campuses implemented the provision of medication abortion in their student health centers on January 1, 2023. Below is a table summarizing data for UC and CSU campuses.

Table 1: Select SB 24 Data by Campus

Fiscal Year	Cumulative Total of State Grant Funds Expended by UC Campuses <sup>4</sup>	Total Number of Abortions by Medication Provided on UC Campuses	Cumulative Total of State Grant Funds Expended by CSU Campuses <sup>5</sup>	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

- 5) *Double referral.* This bill is double referred. Should it pass out of this committee, it will be referred to the Senate Committee on Education.
- 6) *Related legislation.* AB 2531 (Irwin) 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. *AB 2531 passed by a vote of 9-1 when it was heard in this Committee on June 17, 2026.*
- 7) *Prior legislation.* SB 24 (Leyva, Chapter 740, Statutes of 2019) requires UC and CSU student health centers to offer medication abortion services.

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.”*

- 8) *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 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 to reduce barriers to abortion care for college students. Although SB 24 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 two 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 community colleges 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%) community colleges 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 community college, 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.

- 9) *Oppose unless amended.* Health Services Association of California Community Colleges (HSACCC) states they support student access to safe, legal reproductive health care, including medication abortion. However, HSACCC contends that the proposed mandate is not operationally or financially feasible within the community college system. HSACCC argues that community college 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. HSACCC contends that medication abortion provision requires access to prescribing clinicians, clinical protocols, follow-up care, and diagnostic capabilities that are not standard in most community college clinics. 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%). HSACCC recommends the following amendments:
- Prioritize referral-based models connecting students to qualified community providers;
  - Require health centers to provide pregnancy options counseling, including medication abortion, and offer direct referrals and care coordination support;
  - Invest in regional partnerships and transportation assistance where needed;
  - Provide dedicated, ongoing state funding that does not rely on student fees; and,
  - Allow local flexibility through an opt-in model based on staffing, infrastructure, and institutional capacity.
- 10) *Concerns.* The Chief Executive Officers of the California Community Colleges (CEOs) 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.

11) *Opposition.* California Catholic Conference states that 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. 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. California Family Council writes that if the California Legislature is genuinely concerned about the health and well-being of pregnant students, it should ensure that the full range of support options receives equal or greater visibility and promotion on campus. Pregnancy resource centers across California offer no-cost medical services, material support, counseling, and ongoing care to women facing unplanned pregnancies, without the documented physical risks associated with chemical abortion. Additionally, adoption is a great option that should be promoted. Concerned Women for America Legislative Action Committee states that positioning abortion as essential healthcare shapes societal attitudes toward life, implicitly suggesting that some lives are expendable. A society that affirms the value of life at all stages builds support systems for families and pregnant individuals, rather than normalizing the deliberate ending of life as a routine medical service.

#### **SUPPORT AND OPPOSITION:**

**Support:** ACCESS Reproductive Justice (co-sponsor)  
 Black Women for Wellness Action Project (co-sponsor)  
 California Latinas for Reproductive Justice (co-sponsor)  
 Student Senate for California Community Colleges (co-sponsor)  
 Reproductive Freedom for All California (co-sponsor)  
 Unite for Reproductive and Gender Equity California (co-sponsor)  
 Alianza  
 American Association of University Women – California  
 American College of Obstetricians & Gynecologists – District IX  
 American Nurses Association/California  
 Asian Americans Advancing Justice-Southern California  
 Buen Vecino  
 California Commission on the Status of Women and Girls  
 California LGBTQ Health and Human Services Network  
 California Medical Association  
 California Nurse-Midwives Association  
 California Pan-Ethnic Health Network  
 California Teachers Association  
 California Women's Law Center  
 Faculty Association of California Community Colleges  
 Health Access California  
 Indivisible CA Statestrong  
 Lieutenant Governor Eleni Kounalakis  
 Maternal and Child Health Access  
 National Health Law Program  
 Planned Parenthood Affiliates of California  
 San Francisco Marin Medical Society  
 TEACH  
 The Women's Foundation California  
 University of California Student Association

**Oppose:** California Catholic Conference  
California Family Council  
Concerned Women for America  
Fieldstead and Company, Inc.  
Health Services Association of California Community Colleges  
One individual

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