Office of Senate Floor Analyses
(916) 651-4171

THIRD READING

Bill No: AB 2540
Author: Stefani (D), et al.
Amended: 8/20/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 9-1, 6/24/26
AYES: Weber Pierson, Caballero, Durazo, Gonzalez, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas
NOES: Grove
NO VOTE RECORDED: Valladares

SENATE EDUCATION COMMITTEE: 5-2, 7/1/26
AYES: Pérez, Cabaldon, Cortese, Gonzalez, Reyes
NOES: Ochoa Bogh, Choi

SENATE APPROPRIATIONS COMMITTEE: 5-2, 8/13/26
AYES: Cervantes, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

ASSEMBLY FLOOR: 60-18, 5/26/26 - See last page for vote

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

SOURCE: ACCESS Reproductive Justice
Black Women for Wellness Action Project
California Latinas for Reproductive Justice
Plan C
Reproductive Freedom for All California
Student Senate for California Community Colleges
TEACH
Unite for Reproductive and Gender Equity California

DIGEST: This bill 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.

Senate Floor Amendments of 8/20/2026 are technical and clarifying in nature.

ANALYSIS:

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. [Education Code (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 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. Requires a community college to be deemed to provide access through a partnership with a community health provider if the health center has

established a written referral relationship, memorandum of understanding, or contract with one or more licensed providers capable of providing abortion by medication techniques.

2) Permits community colleges to satisfy this requirement by facilitating referrals or warm handoffs, assisting students in identifying support resources, and maintaining current referral information for participating providers.

3) Requires a community college that has a student health center to promote awareness of the availability of medication abortion services, provide that information to students, and post their availability on its website.

4) 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.

5) Permits the Chancellor of the California Community Colleges to enter into a statewide agreement with a health provider to provide community college student health centers with the services and resources needed to meet the requirements of this bill.

6) 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.

7) Requires the Commission on the Status of Women and Girls, in consultation with the Chancellor of the California Community Colleges, to develop a standardized reporting framework that minimizes administrative burden and protects student privacy. Requires a community college student health center to only be required to report information that is reasonably available through its existing operations and records. Prohibits this bill from requiring a community college district or student health center to collect protected health information

from an external provider, track services delivered by an external provider beyond information voluntarily provided by a student or the provider, or establish new clinical data systems for the sole purpose of meeting the reporting requirements.

8) 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 to support the cost, both direct and indirect, of meeting the requirements of this section. Permits any appropriated funds to be used for implementation readiness activities and ongoing operational costs, including, but not limited to:

   a) Telehealth infrastructure and technology;

   b) Contracts with external providers and community partners;

   c) Clinical staffing, prescribing services, and medical oversight;

   d) Staff training and professional development;

   e) Administrative and legal support;

   f) Insurance billing consultation and infrastructure;

   g) Student outreach and educational materials;

   h) Data collection and reporting; and,

   i) Other direct and indirect costs reasonably necessary.

9) 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.

Background

According to the author of this bill:

> 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.

Abortion. 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 at home. 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).

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 Administration (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 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. The misoprostol-only regimen successfully terminates pregnancy approximately 80% to 100% of the time, with a complication rate of less than 1%.

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.

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[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

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

- The California Community Colleges Chancellor's Office indicates unknown, but likely minor to moderate Proposition 98 General Fund costs, if districts satisfy the bill through referral-based partnerships with qualified healthcare providers. Based on a recent statewide survey conducted by the Health Services Association of California Community Colleges, more than 95% of community college health centers currently rely on referrals to external providers, while fewer than 5% provide medication abortion onsite. Under this referral model, costs would be primarily associated with updating protocols, training staff, providing patient education and care coordination, and conducting outreach regarding available services.

  To the extent districts instead choose to provide medication abortion onsite or through telehealth partnerships, ongoing Proposition 98 General Fund costs could increase to the millions of dollars statewide. These models would require colleges to hire or contract with prescribing clinicians, establish new protocols, purchase equipment and supplies, train staff, modify facilities and information systems, and provide ongoing clinical oversight and compliance. Because community college health centers vary considerably in staffing, clinical capacity, and available resources, implementation costs would ultimately depend on the model each district adopts.
  Minor one-time General Fund state operations costs for the Chancellor's Office to consult with the Commission on Status of Woman and Girls on collecting data for the report.
- UC and CSU anticipate minor and absorbable costs.
- The Commission on the Status of Women and Girls anticipates minor and absorbable costs.

SUPPORT: (Verified 8/20/26)

ACCESS Reproductive Justice (co-source)
Black Women for Wellness Action Project (co-source)
California Latinas for Reproductive Justice (co-source)
Plan C (co-source)
Reproductive Freedom for All California (co-source)
Student Senate for California Community Colleges (co-source)
TEACH (co-source)
Unite for Reproductive and Gender Equity California (co-source)
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
Health Services Association California Community Colleges
Indivisible CA Statestrong
Lieutenant Governor Eleni Kounalakis
Maternal and Child Health Access
National Health Law Program
Planned Parenthood Affiliates of California
Reproductive Freedom for All California
San Francisco Marin Medical Society
The Women's Foundation California
University of California Student Association

OPPOSITION: (Verified 8/20/26)

California Catholic Conference
California Family Council
Concerned Women for America
Fieldstead and Company, Inc.
Livingwell Medical Clinic
One individual

ARGUMENTS IN 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.

ARGUMENTS IN 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.

ASSEMBLY FLOOR: 60-18, 5/26/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon,

Caloza, Carrillo, Connolly, Elhawary, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: Castillo, Chen, Davies, DeMaio, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

NO VOTE RECORDED: Muratsuchi, Celeste Rodriguez

Prepared by: Melanie Moreno / HEALTH / (916) 651-4111
8/24/26 13:52:45

****** END ******