

CONCURRENCE IN SENATE AMENDMENTS

AB 2540 (Stefani)

As Amended August 20, 2026

Majority vote

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, 2029, 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, 2030, that includes, but is not limited to, specified information relating to abortion by medication techniques at community college student health centers.

Senate Amendments

Require the commission, in consultation with the office of the Chancellor of the CCC, to develop a standardized reporting framework that minimizes administrative burden and protects student privacy and clarify provisions relating to how a CCC may satisfy the of this bill requirements through a partnership with a community health provider.

COMMENTS

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.

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.

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.

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.

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.

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 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.

Arguments in Opposition

The Livingwell Medical Clinic is opposed to this bill and notes that the Ethics and Public Policy Center recently released an analysis of insurance claims data that reported complications following chemical abortions at rates higher than commonly cited in public discussions. Regardless of one's position on abortion, these findings underscore the importance of ensuring that women receive comprehensive information regarding potential risks and have access to appropriate medical care should complications arise. When complications occur, women may require emergency medical treatment, including care that is not readily available on a college campus. Livingwell Medical Clinic states that they are concerned that expanding access to abortion-inducing drugs without ensuring adequate medical oversight and emergency support may place vulnerable students at greater risk.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

- 1) The California Community Colleges Chancellor's Office indicates unknown, but likely minor to moderate Proposition 98 General Fund (GF) 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 percent of community college health centers currently rely on referrals to external providers, while fewer than 5 percent 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.
- 2) To the extent districts instead choose to provide medication abortion onsite or through telehealth partnerships, ongoing Proposition 98 GF 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.
- 3) Minor one-time GF state operations costs for the Chancellor's Office to consult with the Commission on the Status of Women and Girls on collecting data for the report.

- 4) UC and CSU anticipate minor and absorbable costs.
- 5) The Commission on the Status of Women and Girls anticipates minor and absorbable costs.

VOTES:

ASM HEALTH: 12-3-1

YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Rogers, Schiavo, Sharp-Collins, Stefani

NO: Johnson, Patterson, Sanchez

ABS, ABST OR NV: Chen

ASM HIGHER EDUCATION: 7-3-0

YES: Fong, Boerner, Jackson, Muratsuchi, Patel, Ramos, Sharp-Collins

NO: DeMaio, Macedo, Tangipa

ASM APPROPRIATIONS: 11-4-0

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

NO: Hoover, Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 60-18-2

YES: 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

NO: Castillo, Chen, Davies, DeMaio, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

ABS, ABST OR NV: Muratsuchi, Celeste Rodriguez

UPDATED

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