
THIRD READING

Bill No: AB 260
Author: Aguiar-Curry (D), et al.
Amended: 6/18/25 in Senate
Vote: 27 - Urgency

SENATE HEALTH COMMITTEE: 6-1, 6/11/25
AYES: Menjivar, Durazo, Limón, Padilla, Richardson, Wiener
NOES: Grove
NO VOTE RECORDED: Valladares, Gonzalez, Rubio, Weber Pierson

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 8-2, 6/23/25
AYES: Ashby, Archuleta, Arreguín, Grayson, Menjivar, Smallwood-Cuevas,
Umberg, Weber Pierson
NOES: Choi, Strickland
NO VOTE RECORDED: Niello

SENATE APPROPRIATIONS COMMITTEE: 5-2, 8/29/25
AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

ASSEMBLY FLOOR: 61-11, 5/19/25 - See last page for vote

SUBJECT: Sexual and reproductive health care

SOURCE: Abortion Coalition for Telemedicine Access
Access Reproductive Justice
American College of Obstetricians and Gynecologists
Attorney General Rob Bonta
Black Women for Wellness Action Project
California State Treasurer Fiona Ma
California Latinas for Reproductive Justice
Essential Access Health
Hey Jane
Lieutenant Governor Eleni Kounalakis
National Health Law Program

Planned Parenthood Affiliates of California
Reproductive Freedom for All
Training in Early Abortion for Comprehensive Healthcare

Unite for Reproductive & Gender Equity

DIGEST: This bill prohibits the California Department of Public Health (CDPH) from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for engaging in certain acts relating to mifepristone or other medication abortion drugs. Permits CDPH to adopt regulations specific to medication abortion drugs, including exempting those drugs from certain requirements if the drugs are not approved by the U.S. Food and Drug Administration (FDA) for abortion. Prohibits a health plan contract or a group or individual health insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Requires the Department of Health Care Services to update provider enrollment requirements and procedures for providers who offer reproductive health care services exclusively through telehealth. Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs. Deletes unconstitutional and obsolete provisions of existing law relating to criminal abortion penalties. Contains an urgency clause that will make this bill effective upon enactment.

ANALYSIS:

Existing law:

- 1) Establishes the Reproductive Privacy Act (RPA), which prohibits the state from denying or interfering with a woman'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 woman. [HSC §123460, et seq.]
- 2) Prohibits a person who aids or assists a pregnant person in exercising their rights under RPA from being subject to civil or criminal liability or penalty, or otherwise being deprived of their rights, based solely on their actions to aid or assist a pregnant person in exercising their rights under RPA with the pregnant person's voluntary consent. [HSC §123467]

- 3) Provides for the licensure and regulation of clinics and health facilities (hospitals, acute psychiatric hospitals, skilled nursing facilities, intermediate care facilities, congregate living facilities, correctional treatment center nursing facilities, and hospice facilities) by the California Department of Public Health (CDPH). [HSC §1200 and §1250, et seq.]
- 4) Establishes the Sherman Food, Drug and Cosmetics Law (Sherman Law), administered by CDPH, which regulates the packaging, labeling, and advertising of drugs and devices, including dietary supplements. [HSC §109875-§111929.4]
- 5) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Services Plan Act of 1975; the California Department of Insurance (CDI) to regulate health and other insurers; the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq., and WIC §14000, et seq.]
- 6) Prohibits health plans and health insurers from terminating, discriminating against, or otherwise penalizing a provider based on a civil judgment, criminal conviction, or another disciplinary action in another state if the judgment, conviction, or disciplinary action is solely based on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California. [HSC §1375.61 and INS §10133.641]
- 7) Permits DHCS to elect not to suspend a Medi-Cal provider who has a license, certificate, or other approval to provide health care suspended or revoked in another state if the revocation or suspension is based solely on conduct that is not deemed to be unprofessional conduct under California law. [WIC §14043.6(b)]
- 8) Defines "telehealth" as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. [BPC §2290.5]
- 9) Prohibits Medi-Cal providers from establishing a new patient relationship with a Medi-Cal recipient via asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other virtual communication modalities except for visits provided by specified federally qualified health center or rural health center providers using asynchronous store

and forward and audio-only synchronous interaction when services delivered through that interaction meet the applicable standard of care. [WIC §14132.725]

- 10) Permits Medi-Cal providers to establish a new patient relationship via the use of audio-only synchronous interactions when the visit is related to sensitive services as defined in state law in accordance with DHCS-specific requirements and consistent with federal and state laws, regulations, and guidance. “Sensitive services” include all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, HIV testing, including the related sensitive services that minors can consent to. [WIC §14132.725 and CIV §56.05]
- 11) Permits Medi-Cal providers to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video, and when established in accordance with DHCS-specific requirements and consistent with federal and state laws, regulations, and guidance. [WIC §14132.725]

This bill:

- 1) Prohibits CDPH from suspending or revoking a license, or otherwise taking disciplinary action against a clinic or health facility solely on the basis that it transported, distributed, delivered, received, acquired, sold, possessed, furnished, dispensed, repackaged, or stored brand name or generic mifepristone or any drug used for lawful medication abortion.
- 2) Prohibits CDPH from denying an application for licensure, suspending or revoking a license, or otherwise imposing discipline upon a clinic or health facility solely because it is licensed in another state and was convicted or disciplined in that state solely for an activity related to brand name or generic mifepristone or any drug used for medication abortion that, if performed in this state, would not be grounds for discipline.
- 3) Prohibits a health plan contract or insurance policy that covers prescription drug benefits from being issued, amended, delivered, or renewed if it limits or excludes coverage for brand name or generic mifepristone solely on the basis that: the drug is prescribed for a use that is different from the FDA-approved use; or, that varies from an approved risk evaluation and mitigation (REM)

strategy, except if the state deems it necessary to address an imminent health or safety concern regarding brand name or generic mifepristone.

- 4) Requires health plan contracts and insurance policies that cover prescription drug benefits to include coverage for brand name or generic mifepristone, even if the drug has not been approved by the FDA for abortion, except if the state deems it necessary to address an imminent health or safety concern regarding brand name or generic mifepristone. Requires coverage, in the case that name brand or generic mifepristone has not been approved by the FDA for abortion, if the drug is a recognized medication for abortion by the World Health Organization (WHO) Model List of Essential Medicines, the WHO abortion care guideline, or the National Academies of Science, Engineering, and Medicine Consensus Study Report, or if the state approves its use based on peer-reviewed studies and prior approval of the drug that is no longer in effect.
- 5) Prohibits a health plan or insurer from discriminating, with respect to the provision of, or contracts for, professional services, against a licensed provider solely on the basis of the manufacture, transport, distribution, delivery, receipt, acquisition, sale, possession, furnishment, dispensation, repackaging, or storage of brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of this state. Additionally prohibits a health plan contract or insurance policy from containing any term that would result in termination or nonrenewal, or to otherwise penalize a provider, based on those activities.
- 6) Permits CDPH to adopt regulations relating to brand name or generic mifepristone or any drug used for medication abortion by such drugs including those drugs within, or excluding those drugs from, the requirements the Sherman Law, whether or not it is in accordance with federal law.
- 7) Prohibits the Sherman Law from applying to brand name or generic mifepristone in the event of a labeling change or in the absence of its FDA approval if it is recommended for use by the WHO and its labeling was true and accurate at the time of manufacture, except if the state deems it necessary to address an imminent health or safety concern regarding brand name or generic mifepristone.

- 8) Exempts, from certain labeling requirements in the Sherman Law, a brand name or generic mifepristone or any drug used for medication abortion sold by filling or refilling a written or oral prescription of a practitioner licensed to prescribe the drug or device.
- 9) Requires DHCS to update the Medi-Cal provider enrollment requirement and procedures for remote service reproductive health care providers who offer services primarily through telehealth modalities seeking enrollment in the Medi-Cal program to report an “administrative location” as their service address. Exempts that location from the following established place of business requirements under existing law:
 - a) Displays regular and permanently posted business hours;
 - b) Being identifiable as a medical or health care provider or business by permanently attached signage that identifies the name of the provider or business as shown on the application; and,
 - c) Obtaining and maintaining liability insurance coverage, which covers premises and operation, in an amount of at least \$100,000 per claim, with a minimum annual aggregate of at least \$300,000 from an authorized insurer.
- 10) Requires DHCS to modify existing telehealth regulations to permit the use of a cellular telephone as the primary business phone for reproductive health care providers.
- 11) Requires reproductive health remote service providers to meet current Medi-Cal provider enrollment requirements and standards.
- 12) Permits a health care provider to establish a new patient relationship using asynchronous store and forward if the visit is related to reproductive health care services, if those services meet the applicable standard of care and can be appropriately delivered via the telehealth modalities, the patient requests an asynchronous store and forward modality, and the relationship is established in accordance with DHCS requirements and consistent with federal and state laws, regulations, and guidance.
- 13) Protects a healing arts practitioner who is authorized to prescribe, furnish, order, or administer dangerous drugs from a civil or criminal action or disciplinary or other administrative proceeding solely on the basis that the practitioner prescribed, furnished, ordered, or administered brand name or

generic mifepristone or any drug used for medication abortion for a use that is different from the use for which that drug has been approved for marketing by the FDA or that varies from an approved risk evaluation and mitigation strategy, except if the state deems it necessary to address an imminent health or safety concern regarding brand name or generic mifepristone.

- 14) Declares that the authority of a healing arts practitioner to prescribe, furnish, order, or administer brand name or generic mifepristone or any drug used for medication abortion is the practice of medicine, and the laws of another state or federal actions that interfere with the ability of a practitioner to prescribe, furnish, order, or administer brand name or generic mifepristone or any drug used for medication abortion if that action is lawful under the laws of the state, are against the public policy of California.
- 15) Prohibits healing arts boards from denying a license or taking disciplinary action against a licensee solely on the basis that the licensee manufactured, transported, distributed, delivered, received, acquired, sold, possessed, furnished, dispensed, repackaged, or stored brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state, including in circumstances where that protected activity resulted in criminal conviction or discipline in another state.
- 16) Prohibits an individual or state or local officer from commencing a criminal, civil, professional discipline, or licensing action concerning the manufacture, transport, distribution, delivery, receipt, acquisition, sale, possession, furnishment, dispensation, repackaging, or storage of brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state.
- 17) Permits a pharmacist to dispense brand name or generic mifepristone or any drug used for medication abortion without the name of the prescriber or the name and address of the pharmacy otherwise required to be listed on the prescription label, if the label contains a prescription number or other means of identifying the prescription.
- 18) Requires a pharmacist who dispenses, furnishes, or otherwise renders brand name or generic mifepristone or any drug used for medication abortion to maintain a log with the prescription numbers and the information otherwise required to be listed on the prescription label; provides that these records shall not be open to inspection by law enforcement without a valid, court-issued subpoena but that the investigation of an activity that is punishable as a crime

under the laws of California is not prohibited, provided that records are not shared with an individual or entity from another state.

- 19) Requires a pharmacist to inform the patient that the pharmacist is dispensing a brand name or generic mifepristone or any drug used for medication abortion under the labeling exemption.
- 20) Contains an urgency clause that will make this bill effective upon enactment.
- 21) Makes these provisions of this bill severable: if any provision or its application is held invalid, and prohibits that invalidity from affecting other provisions or applications that can be given effect without the invalid provision or application.
- 22) Deletes an unconstitutional Family Code provision prohibiting a minor from receiving an abortion without the consent of a parent or guardian.
- 23) Repeals an obsolete Penal Code provision prohibiting a defendant on trial for procuring or attempting to procure an abortion, or aiding or assisting therein, or for inveigling, enticing, or taking away an unmarried female of previous chaste character, under 18 years, for the purpose of prostitution, or aiding or assisting therein, from being convicted upon the testimony of the woman upon, or with whom the offense was committed, unless she is corroborated by other evidence.
- 24) Clarifies a Penal Code provision prohibiting a condition or restriction from being imposed upon an incarcerated person obtaining an abortion pursuant to the California Constitution and the RPA.

Comments

According to the author of this bill:

For years, California has promoted access to reproductive health care without unnecessary burdens or restrictions on patients or providers. However, recent lawsuits and actions by the federal government are exploring ways to limit states' ability to provide medication abortion drugs, posing a threat to Californians' constitutional right to reproductive freedom. This bill enhances access to medication abortion in California by protecting health care providers, facilities, and patients who access abortion medication, while also expanding overall access to reproductive health care. This bill ensures that the fundamental right to choose to have an abortion,

secured by the California Constitution, remains protected. When access to the fundamental right to health care is under attack across the nation, this bill proactively seeks to ensure that the existing standard of practice for medication abortion remains legal in California.

Background

Please see the June 11, 2025 Senate Health Committee and the June 23, 2025 Senate Business, Professions and Economic Development Committee analyses for background information.

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

According to the Senate Appropriations Committee:

DHCS estimates the following related to Medi-Cal telehealth services:

One-time cost of \$5 million (General Fund/federal funds) for system change updates to the Provider Application and Validation for Enrollment (PAVE) system during the first year of implementation to collect information regarding the specific services provided; and costs of \$460,000 (\$230,000 General Fund and \$230,000 federal funds in 2026-27 and \$433,000 (\$217,000 General Fund and \$216,000 federal funds) ongoing thereafter for staffing resources to process the new enrollment applications.

Staffing costs for increased workload due to an anticipated increased need for post-service audits, of \$819,000 (\$410,000 General Fund and \$409,000 federal funds) in 2026-27, and \$783,000 (\$393,000 General Fund and \$390,000 federal funds) ongoing thereafter.

The California State Board of Pharmacy and the California State Board of Naturopathic Medicine anticipate minor and absorbable fiscal impacts related to education of the bill's provisions.

The Osteopathic Medical Board of California estimates additional enforcement workload costs of \$25,015 per year, which would be absorbable.

CDPH estimates no fiscal impact because the bill does not change CDPH's existing policies and practices regarding facility licensure.

DMHC anticipates minor and absorbable costs for state administration (Managed Care Fund).

Likely minor costs for CDI for state administration (Insurance Fund).

SUPPORT: (Verified 8/29/25)

Abortion Coalition for Telemedicine Access (co-source)
Access Reproductive Justice (co- source)
American College of Obstetricians and Gynecologists (co- source)
Attorney General Rob Bonta (co- source)
Black Women for Wellness Action Project (co- source)
California State Treasurer Fiona Ma (co- source)
California Latinas for Reproductive Justice (co- source)
Essential Access Health (co- source)
Hey Jane (co- source)
Lieutenant Governor Eleni Kounalakis (co- source)
National Health Law Program (co- source)
Planned Parenthood Affiliates of California (co- source)
Reproductive Freedom for All (co- source)
Training in Early Abortion for Comprehensive Healthcare (co- source)
Unite for Reproductive & Gender Equity (co- source)
American Association of University Women – California
California Academy of Family Physicians
California Medical Association
California Nurse Midwives Association
California Pan-Ethnic Health Network
California Pharmacists Association
California Women’s Law Center
California Women Lawyers
Citizens for Choice
County of Los Angeles
Equal Rights California
Equality California
Green Policy Initiative
Hadassah
JCC/Federation of San Luis Obispo
Jewish Democratic Club of Marin
Jewish Community Federation and Endowment Fund
Jewish Family & Children’s Services of San Francisco, the Peninsula, Marin &
Sonoma Counties
Jewish Family & Community Services East Bay
Jewish Family Service LA
Jewish Family Service of San Diego

Jewish Family Services of Silicon Valley
Jewish Federation of the Greater San Gabriel and Pomona Valleys
Jewish Free Loan Association
Jewish Long Beach
Jewish Public Affairs Committee of California
JCRC Bay Area
JFCS Long Beach and Orange County
JVS SoCal
League of Women Voters of California
Osteopathic Medical Board of California
Parent Voices California
San Francisco Bay Area Black & Jewish Unity Coalition
Women's Foundation California
Women's Health Specialists

OPPOSITION: (Verified 8/29/25)

California Baptist for Biblical Values
California Family Council
Pacific Justice Institute – Center for Public Policy
One individual

ARGUMENTS IN SUPPORT: Supporters write that medication abortion, and broad access to it, allows individuals to receive safe and effective abortion care in a least invasive manner. Any federal threats to restrict medication abortion and the drugs used are not only dangerous and risky, but also a direct attack on the state's constitutional right to reproductive freedom. Mifepristone, a drug used in combination with a second drug – misoprostol – to terminate a pregnancy through medication abortion, was approved by the FDA in 2000. Accordingly, scientists have studied the safety of mifepristone for over 25 years, and these decades of evidence show that medication abortion and the drugs used in the process are safe and effective. President Trump's appointees to lead the Health and Human Services Agency and the FDA have both made comments in their confirmation hearings about reevaluating mifepristone policies and its safety. With these vocalized, ongoing threats to eliminate legal protections and reduce access to medication abortion at the federal level, California must continue to lead in defending and safeguarding access to safe and accessible abortion care. This bill protects medication abortion by establishing that the current standard of care for the use of mifepristone will remain legal in this state, protecting providers that legally provide mifepristone, requiring the continuation of existing coverage for medication abortion, and expanding access to reproductive health care through

telehealth. Proactively taking steps to protect care will help to ensure that there will not be an interruption of access to medication abortion care in California. When access to the fundamental right to health care is under attack across the nation, this bill proactively codifies the existing standard of practice for medication abortion so that it remains legal in California, regardless of federal actions. This bill reassures Californians that their rights to essential health care and bodily autonomy are – and will remain – protected.

ARGUMENTS IN OPPOSITION: California Family Council writes that this bill recklessly removes the most basic safeguards from the dispensing of mifepristone, a drug that is extremely dangerous to women, especially without the originally required medical safeguards. California Baptist for Biblical Values state that this bill recklessly removes the most basic safeguards from the dispensing of mifepristone, a drug that is extremely dangerous to women, especially without the originally required medical safeguards. Pacific Justice Institute – Center for Public Policy states that the FDA has already loosened safety protocols over time, removing requirements for in-person physician visits, mandatory adverse event reporting, and restrictions on prescribing to only physicians. These deregulations have coincided with increased complications, as evidenced by an Ethics and Public Policy Center study. Expanding distribution further could exacerbate these harms by reducing oversight and access to immediate medical intervention for complications like severe bleeding or incomplete abortions, which often require surgical follow-up.

ASSEMBLY FLOOR: 61-11, 5/19/25

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, Muratsuchi, Nguyen, Ortega, Pacheco, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: Castillo, DeMaio, Ellis, Gallagher, Hadwick, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

NO VOTE RECORDED: Chen, Davies, Dixon, Flora, Jeff Gonzalez, Hoover, Papan

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