

CONCURRENCE IN SENATE AMENDMENTS

AB 260 (Aguiar-Curry)

As Amended September 05, 2025

2/3 vote. Urgency.

SUMMARY

Repeals unconstitutional, and deletes obsolete provisions of current law relating to criminal abortion penalties. Authorizes the California Department of Public Health (DPH) to adopt regulations specific to mifepristone and other medication abortion drugs, including exempting those drugs from certain requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA). Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Prohibits DPH from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for manufacturing, transporting, or engaging in certain acts relating to mifepristone or other medication abortion drugs. Requires the Department of Health Care Services (DHCS) to update provider enrollment requirements and procedures for remote service providers who offer reproductive health care services exclusively thorough telehealth modalities. Prohibits a health care service plan contract or a group or individual disability insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs.

Senate Amendments

- 1) Authorize a pharmacist to dispense mifepristone or other drug used for medication abortion without the name of the patient on the label;
- 2) Revise provisions related to prescribing mifepristone or other medication abortion drugs in the absence of FDA approval to include that the drug also be recommended for use by the World Health Organization and its labeling was true and accurate at the time of manufacture;
- 3) Strike provisions of the bill that would have allowed for enrollment of Medi-Cal providers who offer reproductive services remotely or indirectly from their business address, and provisions that would have allowed for the establishment of a new patient relationship through asynchronous telehealth modalities for reproductive health care services;
- 4) Extend safe harbor from liability provisions in existing law that require businesses to enable technological capabilities to protect the privacy and security of medical information related to abortion, contraception, and gender affirming care, from January 31, 2026, to January 31, 2027;
- 5) This bill and AB 1503 (Berman) both amend the same code section. This bill is being amended to avoid chaptering out the other, should both bills be enacted; and,
- 6) Add an urgency clause.

COMMENTS

Background. Every pregnant individual in California has the fundamental right to choose to have an abortion, a right guaranteed the California Constitution and supported by other state laws

protecting access to sexual and reproductive health care in the state. However, at the federal level, there is uncertainty about the continued access of abortion care, specifically as it relates to mifepristone, a drug used for medication abortion. Since taking office, the Trump Administration has taken action to restrict access to reproductive and sexual health care and vocalized that additional steps are imminent, rolling back existing protections and advancements, access, and equity achieved for patients, providers, and health facilities. In the first week of the Administration, President Trump signed an Executive Order directing agencies to review programs and calling for more stringent enforcement of the Hyde Amendment. Notably, the order indicates an intent to expand the reach of the Hyde Amendment, by further restricting not just the funding but also the "promotion" of abortion access, even in states like California. Additionally, despite years of research, the U.S. Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. further stated during his confirmation hearing that "President Trump has asked me to study the safety of mifepristone."

Mifepristone. Medication abortion allows individuals to receive safe and effective abortion care in a less invasive manner. Over two-thirds of all abortions in the U.S. are medication abortions. Mifepristone, a drug used in combination with a second drug – misoprostol – was approved by the FDA in 2000 to terminate a pregnancy. Decades of evidence show that medication abortion and the drugs used in the process are safe and effective.

According to a March 2024 American Medical Association brief, "*Reducing access to mifepristone would harm patients*," access to mifepristone significantly improves benefits for vulnerable communities, particularly those in rural areas, people of color, and low-income individuals, by expanding access to life-saving reproductive care. Mifepristone, when used with misoprostol, allows individuals to terminate pregnancies safely at home, which is especially crucial for those who live in maternity care deserts or face hardships traveling long distances for medical procedures.

Disparities in access to care. For women of color, low-income women, and rural residents, the dangers of pregnancy in the U.S. are exacerbated, as they are more likely to experience severe maternal morbidity or even pregnancy-related deaths. Additionally, these populations are disproportionately affected by restrictions on abortion care. Studies show that people of color make up the majority of abortion patients, with 75% living at or below 200% of the federal poverty level. Moreover, pregnant individuals of color are more likely to face early pregnancy loss or miscarriage, conditions for which mifepristone is used in treatment. The ability to access abortion care via telehealth, which has been a lifeline for many in these communities, further underscores how mifepristone can be a critical tool in improving access to essential reproductive care, ensuring that vulnerable populations are not left behind in their healthcare needs.

California Abortion Coverage. California law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when medically necessary. The state defines viability as the point in a pregnancy when, in the good faith medical judgment of a physician, there is a reasonable likelihood that a fetus will survive outside the uterus without "extraordinary medical measures." Abortion is considered a basic health care service in California and, therefore, is required to be covered by commercial health insurance plans and policies. Medically necessary follow-up services to abortions that constitute basic health care services must also be covered. Similarly, Medi-Cal covers abortion and related services comprehensively as a state-funded benefit.

Shield laws. Since the overturn of *Roe v. Wade*, eight states (California, Colorado, Maine, Massachusetts, New York, Rhode Island, Vermont and Washington) have passed shield laws, which say that the state government will not comply with civil or criminal prosecutions targeting health care providers who perform abortions from their home states, including mailing medication to patients in places where the procedure is outlawed. Recently a doctor in New York was sued for mailing medication abortion to patients in Louisiana and Texas, two states in which abortion is heavily restricted. This bill seeks to mitigate the harm that could be caused if states can sue a doctor for dispensing or prescribing mifepristone by allowing pharmacists to keep certain information off of the prescription label. This policy has already been signed into law in New York.

According to the Author

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. This bill enhances access to medication abortion in California by protecting health care providers, facilities, and patients who access abortion medication. The author concludes that this bill ensures that the fundamental right to choose to have an abortion, secured by the California Constitution, remains protected.

Arguments in Support

Planned Parenthood Affiliates of California (PPAC) is the sponsor of this bill and states that medication abortion, and broad access to it, allows individuals to receive safe and effective abortion care in a least-invasive manner. PPAC notes that 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. PPAC argues that 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 and requiring the continuation of existing coverage for medication abortion. PPAC concludes that when access to the fundamental right to health care is under attack across the nation, this bill proactively codifies that the existing standard of practice for medication abortion so that it remains legal in California, regardless of federal actions.

Arguments in Opposition

The California Family Council (CFC) opposes this bill and states that over 10% of women who take mifepristone suffer serious complications such as sepsis, hemorrhaging, infection, or other dangerous adverse events within 45 days after the abortion. CFC contends that part of the reason that the abortion pill is so much more dangerous today than the clinical trials showed decades ago is that necessary safeguards have since been discarded. Women originally needed a physical exam from their doctor to check for dangerous conditions, had to report complications, and needed follow-up care. CFC concludes that at a time when women are lied to about mifepristone's safety and are already suffering because crucial safeguards have been abandoned, this bill shields reckless practices and removes any last shred of oversight, precaution, or transparency.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

- 1) 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.*
- 2) The Osteopathic Medical Board of California estimates additional enforcement workload costs of \$25,015 per year, which would be absorbable.*
- 3) The California Department of Public Health (DPH) estimates no fiscal impact because the bill does not change DPH's existing policies and practices regarding facility licensure.*
- 4) The Department of Managed Health Care anticipates minor and absorbable costs for state administration (Managed Care Fund).*
- 5) Likely minor costs for the California Department of Insurance for state administration (Insurance Fund).*

VOTES:**ASM HEALTH: 12-1-2**

YES: Bonta, Addis, Aguiar-Curry, Arambula, Carrillo, Mark González, Krell, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani

NO: Sanchez

ABS, ABST OR NV: Chen, Flora

ASM BUSINESS AND PROFESSIONS: 14-1-3

YES: Berman, Ahrens, Alanis, Bains, Bauer-Kahan, Caloza, Elhawary, Wilson, Irwin, Jackson, Krell, Lowenthal, Nguyen, Pellerin

NO: Macedo

ABS, ABST OR NV: Flora, Chen, Hadwick

ASM APPROPRIATIONS: 11-4-0

YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache

NO: Sanchez, Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 61-11-7

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, 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

NO: Castillo, DeMaio, Ellis, Gallagher, Hadwick, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

ABS, ABST OR NV: Chen, Davies, Dixon, Flora, Jeff Gonzalez, Hoover, Papan

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