

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

AB 54 (Krell)
Version: July 1, 2025
Hearing Date: July 15, 2025
Fiscal: Yes
Urgency: No
AM

SUBJECT

Access to Safe Abortion Care Act

DIGEST

The bill establishes the Access to Safe Abortion Care Act, under which the Legislature reaffirms that it has been, and continues to be, lawful to cause the delivery of, or mail, ship, take, receive, or otherwise transport, any drug, medicine, or instrument that can be designed or adapted to produce an abortion that is lawful in this state. The bill prohibits a manufacturer, distributor, authorized health care provider, pharmacist, or individual from being subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, dispensing, or administering brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state on or after January 1, 2020, in accordance with the laws of this state, applicable and accepted standards of care, and good faith compliance.

EXECUTIVE SUMMARY

In 2022, the U.S. Supreme Court published its opinion in *Dobbs v. Jackson Women's Health* ((2022) 597 U.S. 215.), overturning 50 years of precedent and revoking a constitutional right. Prior to *Dobbs*, the Supreme Court had continuously upheld the holding of *Roe v. Wade*, that found the implied constitutional right to privacy extended to a person's decision whether to terminate a pregnancy, while allowing some state regulation of abortion access as permissible. ((1973) 410 U.S. 113.) Under the *Dobbs* decision, the Supreme Court held that states should be allowed to decide how to regulate abortion and that a strong presumption of validity should be afforded to those state laws. (*Dobbs*, at 301.) As a result of the *Dobbs* decision, people in roughly half the country may lose access to abortion services or have them severely restricted. This bill seeks to address recent actions to restrict access to medication abortion, such as mifepristone, by reaffirming the legality of medication abortion in this state. The bill is sponsored by Attorney General Rob Bonta and supported by a large coalition of advocates for reproductive health care. The bill is opposed by several organizations that advocate

against the right to reproductive health care. This bill passed the Senate Health Committee on a vote of 9 to 1.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Prohibits the state from denying or interfering with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives. Specifies that this provision is intended to further the constitutional right to privacy guaranteed by Section 1 of Article I of the California Constitution, and the constitutional right to not be denied equal protection guaranteed by Section 7 of Article I of the California Constitution, and that nothing herein narrows or limits the right to privacy or equal protection. (Cal. Const., art. I, § 1.1.)
- 2) Provides that all people are by nature free and independent and have inalienable rights including, among others, the right to privacy. (Cal. Const., art. I, § 1.)
- 3) Establishes the Reproductive Privacy Act and provides that the Legislature finds and declares that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions and, therefore, it is the public policy of the State of California that:
 - a) every individual has the fundamental right to choose or refuse birth control;
 - b) every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion, with specified limited exceptions; and
 - c) the state shall not deny or interfere with a person's fundamental right to choose to bear a child or to choose to obtain an abortion, except as specifically permitted (Health & Saf. Code § 123460 et seq., § 123462.)
- 4) Prohibits the state from denying or interfering with a pregnant person'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 or pregnant person. (Health and Saf. Code § 123466(a).)
- 5) Provides that a law of another state that authorizes a person to bring a civil action against a person or entity who does any of the following is contrary to the public policy of this state:
 - a) receives or seeks an abortion;
 - b) performs or induces an abortion;
 - c) knowingly engages in conduct that aids or abets the performance or inducement of an abortion; or
 - d) attempts or intends to engage in the conduct described in a) through c). (Health & Safe. Code § 123467.5(a).)

- 6) Prohibits licensing boards from disciplining healthcare providers based on out-of-state judgments related to sensitive services, including reproductive or gender-affirming healthcare. (Bus. & Prof. Code § 852.)
 - a) Blocks the enforcement of certain out-of-state laws against individuals or providers offering such sensitive services. (Civ. Code §§ 1798.300 et seq.)

This bill:

- 1) Provides that, consistent with the public policy and constitutional guarantees of California, and to avoid any confusion or misinformation on the matter, the Legislature reaffirms that it has been, and continues to be, lawful to cause the delivery of, or mail, ship, take, receive, or otherwise transport, into California from out of state or within the boundaries of California, any drug, medicine, or instrument that can be designed or adapted to produce an abortion that is lawful in the State of California.
- 2) Prohibits a manufacturer, distributor, authorized health care provider, pharmacist, or individual from being subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, dispensing, or administering brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state on or after January 1, 2020, in accordance with the laws of this state, applicable and accepted standards of care, and good faith compliance with this chapter.
 - a) This provision is to be applied retroactively to January 1, 2020.
- 3) Provides that these provisions are severable. If any provision or its application is held invalid, that invalidity is not to affect other provisions or applications that can be given effect without the invalid provision or application.
- 4) Makes the following Legislative findings and declarations:
 - a) In 1973, the United States Supreme Court recognized a federal constitutional right to an abortion in *Roe v. Wade* (1973) 410 U.S. 113. For nearly 50 years, and through numerous challenges, the federal courts consistently upheld this fundamental right. However, in 2022, the United States Supreme Court reversed course. In *Dobbs v. Jackson Women's Health Organization* (2022) 597 U.S. 215, the Court threw out decades of precedent, overruled *Roe*, and concluded that there was no federal constitutional right to an abortion. In reaching that conclusion, the Court "return[ed]" the authority to regulate abortion to the "people and their elected representatives" (*id.* at 302).
 - b) Both before and after the *Dobbs* decision was announced, California enacted numerous measures to protect the right to an abortion at the state level. Chief among these is Section 1.1 of Article I of the California Constitution, which states that individuals in California have a constitutional right to choose to have an abortion.

- c) California's decision to protect access to abortion as a matter of both individual rights and sound public policy is consistent with the promise of the *Dobbs* decision that abortion would be entrusted to the states and the normal political processes. However, in the wake of *Dobbs*, there are numerous threats to access to abortion care and reproductive rights, even in California. In particular, an ongoing court case, *Missouri et al. v. U.S. FDA et al.*, Case No. 2:22-cv-00223-Z (N.D. Tex), threatens to upend access to mifepristone.
- d) In 2000, the United States Food and Drug Administration (FDA) approved mifepristone for use in the termination of pregnancy. In April 2019, the FDA approved a generic version of mifepristone.
- e) Mifepristone is usually used in combination with misoprostol to terminate a pregnancy. Misoprostol can also be used on its own to terminate a pregnancy. When mifepristone and misoprostol are used in combination, or when misoprostol is used alone to terminate a pregnancy, this is referred to as a "medication abortion," to distinguish it from a procedural abortion.
- f) Today, providers and researchers estimate that over 60 percent of all abortions in the United States are done using medication abortion.
- g) With over 20 years of available data, medication abortion has proven to be remarkably safe and effective. Medication abortion has only a 0.4-percent risk of major complications, and a mortality rate of only 0.00064 percent. To put these figures in perspective, this is lower than the mortality rate associated with Viagra, which carries a 0.0049-percent mortality rate. Using medication abortion is also far safer than carrying a pregnancy to term, as the United States has an overall maternal mortality rate of 0.0329 percent.
- h) Instrumentalities of the State of California regularly acquire and provide mifepristone and misoprostol. The five medical centers owned and operated by the University of California, for instance, all routinely acquire and use mifepristone and misoprostol for their patients in a variety of contexts.
- i) Pursuant to the College Student Right to Access Act, each public university student health center (including at the University of California and California State University systems) is required to offer abortion by medication techniques onsite.
- j) The widespread availability of mifepristone and misoprostol, through both state instrumentalities and private actors, furthers the policies and goals of the State of California, including safeguarding the health and welfare of Californians — as a safe, effective, and accessible means of terminating a pregnancy, and by providing medical providers with safe and effective options to treat their patients under a wide variety of circumstances.

COMMENTS

1. Stated need for the bill

The author writes:

In 2022 California voters overwhelmingly passed Proposition 1 to enshrine the right to abortion in our state's constitution. As California remains a national leader in protecting reproductive rights, attacks on bodily autonomy continue throughout the country. Californians are not on an island, our patients and healthcare providers could be harmed by hostile actions from the federal government and other states. As former Chief Legal Counsel to Planned Parenthood, I fought federal efforts to eliminate access to reproductive care in the first Trump Administration. It is essential to ensure that the supply chain process from manufacturing, to distribution of medication abortion to a patient is protected in California. AB 54 shields manufacturers, distributors, and health care providers from liability for providing medication abortion to Californians.

Attorney General Rob Bonta, the sponsor of the bill, writes:

[...] At a time when access to abortion care is under attack across this nation, Attorney General Bonta remains committed to ensuring that reproductive health care is a fundamental right protected and secured for all Californians. A vital part of abortion care is access to Medication Abortion. [...]

There are emerging threats to the availability of Medication Abortion, and we must do everything we can to ensure Californians continue to have access to this critical medication.

AB 54 will continue to safeguard the constitutional and statutory right to choose and obtain abortions in California by ensuring there is sufficient access to Medication Abortion. Additionally, AB 54 shields manufacturers, distributors, authorized health care providers, or individuals from civil or criminal liability or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, or administering Medication Abortion in accordance with the law of this state, applicable and accepted standards of care, and good faith compliance.

2. Reproductive health care

In 2022, the U.S. Supreme Court published its opinion in *Dobbs v. Jackson Women's Health* (2022) 597 U.S. 215.), overturning 50 years of precedent and revoking, for the first time, a constitutional right. Prior to *Dobbs*, the Supreme Court had continuously upheld the holding of *Roe v. Wade*, that found the implied constitutional right to privacy extended to a person's decision whether to terminate a pregnancy, while allowing some

state regulation of abortion access as permissible. ((1973) 410 U.S. 113.) In the wake of *Dobbs*, numerous states now have laws prohibiting or severely limiting abortion and have enacted laws attempting to punish those who seek safe and reliable reproductive healthcare in states where it is still legal to seek abortion care. According to the Guttmacher Institute, 16 states have effectively banned abortion and another 10 have become very restrictive or restrictive.¹

a. California is a Reproductive Freedom State

The California Supreme Court held in 1969 that the state constitution's implied right to privacy extends to an individual's decision about whether or not to have an abortion. (*People v. Belous* (1969) 71 Cal.2d 954.) This was the first time an individual's right to abortion was upheld in a court. In 1972 the California voters passed a constitutional amendment that explicitly provided for the right to privacy in the state constitution. (Prop. 11, Nov. 7, 1972 gen. elec.) California statutory law provides, under the Reproductive Privacy Act, that the Legislature finds and declares every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy; therefore, it is the public policy of the State of California that every individual has the fundamental right to choose or refuse birth control, and every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion. (Health & Saf. Code § 123462.) In 2019, Governor Newsom issued a proclamation reaffirming California's commitment to making reproductive freedom a fundamental right in response to the numerous attacks on reproductive rights across the nation.² In September 2021, more than 40 organizations came together to form the California Future Abortion Council (CA FAB) to identify barriers to accessing abortion services and to recommend policy proposals to support equitable and affordable access for not only Californians but all who seek care in the state.

In response to the *Dobbs* decision, California enacted a comprehensive package of legislation expanding, protecting, and strengthening access to reproductive health care, including abortions, for all Californians and people seeking such care in our state.³ One such law, SB 345 (Skinner, Ch. 260, Stats. 2023) provided safeguards for professional licenses of California healthcare providers from out-of-state statutes attempting to punish these professionals for providing care legal in the state. Additionally, the voters overwhelmingly approved Proposition 1 (Nov. 8, 2022 gen. elec.), and enacted an express constitutional right in the state constitution that prohibits the state from interfering with an individual's reproductive freedom in their most intimate decisions.

¹ Interactive Map: US Abortion Policies and Access After Roe, Guttmacher Institute, (as of Jun. 5, 2025), available at <https://states.guttmacher.org/policies>.

² California Proclamation on Reproductive Freedom (May 31, 2019) available at <https://www.gov.ca.gov/wp-content/uploads/2019/05/Proclamation-on-Reproductive-Freedom.pdf>.

³ Kristen Hwang, *Newsom signs abortion protections into law*, CalMatters (Sept. 27, 2022), available at <https://calmatters.org/health/2022/09/california-abortion-bills/>.

a. Out-of-state statutes denying or chilling access to reproductive health care

Many states have enacted statutes targeting providers of abortions or those who “aid and bet” a person in receiving an abortion. For example, a Texas law prohibits a physician from knowingly performing or inducing an abortion on a pregnant woman if the physician detected a fetal heartbeat for the unborn child, as specified, or failed to perform a test to detect a fetal heartbeat.⁴ (Tex. Health & Safety Code § 171.201 et seq. (enacted through Texas Senate Bill 8).) This law essentially places a near-categorical ban on abortions beginning six weeks after a person’s last menstrual period, which is before many people even realize they are pregnant and occurs months before fetal viability.⁵ The Texas law has far reaching implications, not solely for the person receiving an abortion or performing abortion services. This is evidenced in the provisions that prohibit anyone from “aiding and abetting” a person in obtaining an abortion, which could implicate and impose significant civil liability upon a person providing transportation to or from an abortion clinic, a person donating to a fund to assist individuals receiving an abortion, or even a person who simply discusses getting an abortion with someone. (Tex. Health & Safety Code § 171.208.) The Texas law provides that any person, other than an officer or employee of a state or local governmental entity in Texas, may bring a civil action to enforce its provisions, which includes liability of \$10,000 plus costs and fees if a plaintiff prevails while a defendant is prohibited from recovering their own costs and fees if they prevail. (*Id.* at § 171.201(b) & (i).) Other states have already followed suit.

Additionally, many abortion bans target providers of abortions through criminal and administrative penalties, in addition to civil liability. For example, in Texas it is a felony to perform an abortion, unless it is needed to save the life of the patient, and provides for civil liability and licensure revocation. (Tex. Health & Safety Code § 171.201 et. seq.) In six states with abortion bans – Arkansas, Georgia, Idaho, Missouri, North Dakota, and Tennessee – prosecutors can criminally prosecute health care professionals for performing abortions and providers are only allowed to offer evidence that the procedure was necessary to save the patient until after they are charged.⁶ These laws put providers in extremely difficult positions where they have to make legal and ethical judgments about treating a patient whose health or life may be in jeopardy while facing the very real potential of being held criminally or civilly liable or having their medical license threatened.

⁴ Committee staff notes that the application of the term “fetal heartbeat” as applied in restrictive abortion laws, such as ones in Texas, may be misleading. See Kaitlin Sullivan, *Heartbeat bills: Is there a fetal heartbeat at six weeks of pregnancy?*, NBC News, (Apr. 17, 2022) <https://www.nbcnews.com/health/womens-health/heartbeat-bills-called-fetal-heartbeat-six-weeks-pregnancy-rcna24435>.

⁵ See *Whole Woman's Health v. Jackson* (2021) 141 S. Ct. 2494, at 24998 (dis. opn. Sotomayor, Breyer, & Kagan).

⁶ Christine Vestal, *Some Abortion Bans Put Patients, Doctors at Risk in Emergencies*, Pew Trusts (Sept. 1, 2022), available at <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/09/01/some-abortion-bans-put-patients-doctors-at-risk-in-emergencies>.

b. Targeting of medication abortion

The FDA has approved the use of mifepristone for abortion in a two-drug regimen with misoprostol since 2000. Medication abortion does not require a clinical setting and has been demonstrated over decades of research and studies to be safe and effective.⁷ According to the Senate Health Committee analysis of this bill:

The FDA has found that medication abortion is a safe and highly effective method of pregnancy termination. Medication abortion successfully terminates the pregnancy 99.6% of the time, with a 0.4% risk of major complications, and a mortality rate of 0.00064%. Telehealth can be used to expand access to abortion services in areas where the number of clinicians who provide that care is limited. Many patients, particularly those who live in rural communities, must travel long distances to obtain abortion services even in states where abortion is still permitted. Because the updated FDA label now allows for telehealth, mifepristone has emerged as an option for patients who are either unable to travel to clinic or for other reasons wish to have an abortion in the privacy of their own home. As part of efforts to limit abortion access, some states have taken action to block the use of telehealth for abortion. Among the states that have not banned abortion, 13 states have at least one restriction that requires at least one trip to the clinic, and effectively ban telehealth for medication abortion.⁸

Just recently, the FDA Commissioner, Marty Makary, committed to reviewing the abortion drug mifepristone in response to a letter from Senator Josh Hawley of Missouri, which claims that data from the Ethics and Public Policy Center on mifepristone raises concerns about the medication's safety.⁹ However, "the study is deeply flawed and filled with what researchers have called 'junk science.'"¹⁰ Additionally, Health and Human Services Secretary Robert F. Kennedy Jr. has also asked for a review of mifepristone based on the same study.¹¹ Furthermore, the ongoing case of *Missouri et al. v. U.S. FDA et al.*, Case No. 2:22-cv-00223-Z (N.D. Tex) also threatens access to abortion medication. Under the *Missouri* case, plaintiffs are alleging that the FDA approval of the abortion drug mifepristone and FDA's regulations increasing safe access to mifepristone violate various federal laws.

⁷ Medication abortion, Guttmacher Institute, (as of Apr. 23, 2025), available at <https://www.guttmacher.org/state-policy/explore/medication-abortion>.

⁸ Sen. Health Comm. analysis SB 54 (2025-26 reg. sess.) as amended Mar. 17, 2025 at p. 3.

⁹ Alejandra O'Connell-Domenech, *FDA commissioner pledges to investigate mifepristone*, The Hill, (June 3, 2025.), available at <https://thehill.com/policy/healthcare/5330774-marty-makary-fda-mifepristone-review/>.

¹⁰ *Ibid.*

¹¹ Alejandra O'Connell-Domenech, *Reproductive-rights groups push against Kennedy's mifepristone review*, The Hill, (May 19, 2025), available at <https://thehill.com/policy/healthcare/5304436-fda-mifepristone-review-abortion-rights-advocates/>.

In May of this year, a bill passed the Texas Senate that allows Texans to sue out-of-state prescribers and distributors of abortion medication and those who help pregnant persons gain access to those drugs. (Texas Senate Bill 2880.) The bill has a civil enforcement mechanism that is similar to the one in Texas Senate Bill 8. In 2021, Texas passed Senate Bill 4, which requires in-person examinations in order to be prescribed any abortion medication and prohibits the delivery of abortion medication by mail. A violation of these provisions subjects a person to felony charges.

3. This bill enacts the Access to Safe Abortion Care Act

This bill seeks to affirm that it is and will continue to be lawful to cause the delivery of, or mail, ship, take, receive, or otherwise transport, into California from out of state or within the boundaries of California, any drug, medicine, or instrument that can be designed or adapted to produce an abortion that is lawful in this state. The bill also provides that a manufacturer, distributor, authorized health care provider, pharmacist, or individual will not be subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, dispensing, or administering brand name or generic mifepristone or any drug used for medication abortion on or after January 1, 2020, that is lawful in California. The bill provides that its provisions are severable and that if any provision of this bill or its application is held invalid, that invalidity will not affect other provisions or applications that can be given effect without the invalid provision or application. The bill is consistent with the California's public policy of being a reproductive freedom state and reinforces existing protections around medication abortion.

SUPPORT

Attorney General, Rob Bonta (sponsor)

All Above All

American College of Obstetricians & Gynecologists - District IX

California Commission on the Status of Women and Girls

California Civil Liberties Advocacy

California Medical Association

California Nurse Midwives Association

California Teachers Association

California Women Lawyers

California Women's Law Center

County of Los Angeles Board of Supervisors

CPCA Advocates, Subsidiary of the California Primary Care Association

Equality California

Essential Access Health

NextGen California

Osteopathic Medical Board of California

Planned Parenthood Affiliates of California

Reproductive Freedom for All California
San Francisco Bay Area Black & Jewish Unity Coalition
Women's Health Specialists

OPPOSITION

California Baptists for Biblical Values
California Family Council
Lighthouse Baptist Church
Pacific Justice Institute – Center for Public Policy

RELATED LEGISLATION

Pending Legislation: AB 260 (Aguiar-Curry, 2025), among other things, prohibits subjecting a healing arts practitioner who is authorized to prescribe, furnish, order, or administer dangerous drugs to civil, criminal, disciplinary, or other administrative actions for prescribing, furnishing, ordering, or administering mifepristone or other medication abortion drugs 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 under federal law, as specified. AB 260 is currently pending in the Senate Appropriations Committee.

Prior Legislation:

SCA 10 (Atkins, Ch. 97, Stats. 2022) amended the California Constitution to prohibit the state from denying or interfering with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives. SCA 10 was placed on the 2022 November general election ballot as Proposition 1, and was approved by the voters.

AB 1666 (Bauer-Kahan, Ch. 42, Stats. 2022) prohibited the enforcement in this state of out-of-state laws authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions and declares those out-of-state laws to be contrary to the public policy of this state.

AB 2091 (Mia Bonta, Ch. 628, Stats. 2022), among other things, prohibited compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action.

AB 2223 (Wicks, Ch. 629, Stats. 2022), among other things, authorized a party aggrieved by a violation of the Reproductive Privacy Act to bring a civil action against an offending state actor, as specified, and provides that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.

PRIOR VOTES

Senate Health Committee (Ayes 9, Noes 1)

Assembly Floor (Ayes 61, Noes 10)

Assembly Appropriations Committee (Ayes 11, Noes 1)

Assembly Judiciary Committee (Ayes 8, Noes 1)

Assembly Health Committee (Ayes 12, Noes 0)
