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THIRD READING

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Bill No: AB 54  
Author: Krell (D) and Aguiar-Curry (D), et al.  
Amended: 7/1/25 in Senate  
Vote: 21

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SENATE HEALTH COMMITTEE: 9-1, 6/25/25

AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber  
Pierson, Wiener

NOES: Grove

NO VOTE RECORDED: Valladares

SENATE JUDICIARY COMMITTEE: 11-0, 7/15/25

AYES: Umberg, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Wahab,  
Weber Pierson, Wiener

NO VOTE RECORDED: Niello, Valladares

ASSEMBLY FLOOR: 61-10, 5/12/25 - See last page for vote

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**SUBJECT:** Access to Safe Abortion Care Act

**SOURCE:** All Above All

Attorney General Rob Bonta  
Black Women for Wellness Action Project  
California Commission on Status of Women and Girls  
California Latinas for Reproductive Justice  
Essential Health Access  
National Health Law Program  
Planned Parenthood Affiliates of California  
Reproductive Freedom for All California

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**DIGEST:** This 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 after January 1, 2020.

**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. [Health and Safety Code (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 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: receives or seeks an abortion; performs or induces an abortion; knowingly engages in conduct that aids or abets the performance or inducement of an abortion; or, attempts or intends to engage in the aforementioned conduct. [HSC §123467.5]

This bill:

- 1) 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 mifepristone or misoprostol after January 1, 2020, in accordance with state laws, applicable and accepted standards of care, and good faith compliance with this bill. Requires this bill to be applied retroactively to January 1, 2020.
- 2) States 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 shall 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 the State of California.

- 3) Makes this bill's provisions severable: if any provision or its application is held invalid, that invalidity is prohibited from affecting other provisions or applications that can be given effect without the invalid provision or application.

## **Comments**

According to the author of this bill:

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. This bill shields manufacturers, distributors, and health care providers from liability for providing medication abortion to Californians.

## **Background**

*Abortion.* According to the Center for Diseases Control and Prevention (CDC), a legal induced abortion is defined as an intervention performed by a licensed clinician that is intended to terminate an ongoing pregnancy. Ending a pregnancy with medications is an option for women who are less than ten weeks pregnant and would like to have an abortion at home with a less invasive procedure. The CDC reports that 613,383 abortions were reported nationally from 48 reporting areas in 2022. From 2021 to 2022, the total number of abortions decreased 2%, and the number decreased 5% between 2013 and 2022. In 2022, women in their 20s accounted for more than half of abortions (56.5%). By contrast, adolescents under 15 years (0.2%) and women over 40 (3.6%) years accounted for the lowest percentages of abortions. In 2022, nearly all abortions (92.8%) were performed at or less than 13 weeks gestation. That year, the highest proportion of abortions were performed by early medication abortion at or less than nine weeks' gestation (53.3%), followed by surgical abortion at or less than 13 weeks gestation (35.5%), surgical abortion at more than 13 weeks gestation (6.9%), and medication abortion

at more than nine weeks gestation (4.3%). In 2021, the most recent year for which data was reviewed for pregnancy-related deaths, five women died as a result of complications from legal induced abortion.

*California data.* According to the Guttmacher Institute, 182,170 abortions were provided by clinicians in California in 2024, though not all those abortions were provided to state residents. In January 2025, there were an estimated 17,020 clinician-provided abortions, and that number was consistent with the previous six-month period (average of 15,000 abortions per month). Data for 2023, the first full year after the U.S. Supreme Court overturned *Roe v. Wade*, show that an estimated total of 179,120 clinician-provided abortions took place in California (an increase of 1.7%).

*Medication abortion.* According to a March 2024 Kaiser Family Foundation factsheet, medication abortion is a pregnancy termination protocol that involves taking two different drugs approved for use up to the first 10 weeks of pregnancy by the U.S. Food and Drug Administration (FDA). The World Health Organization has authorized use up to 12 weeks of pregnancy. Since the FDA first approved the drug in 2000, its use in the U.S. has grown. In 2023, 63% of abortions in the U.S. were medication abortions. The most common medication abortion regimen involves the use of two different medications: mifepristone and misoprostol. Mifepristone, also known as the abortion pill or 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 prevents an existing 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. A follow-up visit can be scheduled a week or two later to confirm that the pregnancy was terminated via ultrasound or blood test. 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.

*Post-Dobbs v. Jackson Women's Health Organization (2022)*. According to the Guttmacher Institute website (and as of June 11, 2025), since the Supreme Court overturned *Roe v. Wade*, 13 states are enforcing a near-total ban on abortion with very limited exceptions (Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia). In other states, less restrictive rules are in place and include: abortion being banned after six weeks (Florida, Georgia, Iowa, and South Carolina); a 12-week ban (Nebraska and North Carolina); and, an 18-23 week ban (Kansas, Ohio, Utah, and Wisconsin). In Arizona, Florida, Oklahoma, and Texas mailing abortion pills is also banned. In Louisiana, medication abortion can only be provided after in-person visit because state requires pills to be dispensed in person.

According to a February 16, 2023 story in the *New York Times*, one commonality among many of the bans is that enforcement is enhanced through the targeting of medical providers. 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. The Texas law also provides that any person, other than an officer or employee of a state or local governmental entity in Texas, and regardless if they suffered any actual harm, 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. Idaho enacted a similar law, which provides for liability of \$20,000 plus costs and fees if a plaintiff prevails. Oklahoma also enacted a similar law to Texas' and enacted criminal penalties for the performance of an abortion, except when performed to save the life of a pregnant person, with punishment of up to ten years in prison or fines of up to \$100,000.

In January 2025, a New York physician was indicted in Louisiana for providing medication abortion across state lines. According to a March 19, 2025 NPR report, Dr. Margaret Carpenter was charged alongside a Louisiana mother who allegedly received the mailed package and gave the pills prescribed by Carpenter to her minor daughter. The teen wanted to keep the pregnancy and called 911 after taking the pills, according to an NPR interview with the Louisiana district attorney prosecuting the case. The charges carry a possible five-year prison sentence. On February 11, Louisiana's governor signed an extradition warrant for Carpenter. He later posted a video arguing she "must face extradition to Louisiana, where she can stand trial and justice will be served." New York's governor countered by releasing

her own video, confirming she was refusing to extradite Carpenter. According to a March 27, 2025 AP story, in a separate case involving Dr. Carpenter, a Texas judge ordered her to pay a penalty for allegedly breaking that state's law by prescribing abortion medication via telemedicine. The Texas attorney general's office followed up by asking a New York court to enforce the default civil judgment, which is \$113,000 with attorney and filing fees. The acting Ulster County clerk refused, stating, "In accordance with the New York State Shield Law, I have refused this filing and will refuse any similar filings that may come to our office." According to the March 2025 NPR report, eight states (New York, Maine, California, Colorado, Massachusetts, Rhode Island, Vermont, and Washington) have passed laws since 2022 to protect doctors who mail abortion pills out of state, and thereby block them from extradition in such cases. But the Louisiana case is the first criminal test of these relatively new "shield laws."

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

Senate Rule 28.8

**SUPPORT:** (Verified 8/18/25)

All Above All (co-source)

Attorney General Rob Bonta (co- source)

Black Women for Wellness Action Project (co- source)

California Commission on Status of Women and Girls (co- source)

California Latinas for Reproductive Justice (co- source)

Essential Health Access (co- source)

National Health Law Program (co- source)

Planned Parenthood Affiliates of California (co- source)

Reproductive Freedom for All California (co- source)

American College of Obstetricians & Gynecologists- District IX

California Civil Liberties Advocacy

California Medical Association

California Nurse Midwives Association

California Primary Care Association Advocates

California Teachers Association

California Women Lawyers

Citizens for Choice

County of Los Angeles

Equality California

NextGen California

Osteopathic Medical Board of California

San Francisco Bay Area Black & Jewish Coalition  
Women's Health Specialists  
Women's Liberation Front  
One individual

**OPPOSITION:** (Verified 8/18/25)

California Family Council  
Lighthouse Baptist Church  
Pacific Justice Institute – Center for Public Policy  
One individual

**ARGUMENTS IN SUPPORT:** The sponsors of this bill write that with over 20 years of available data, medication abortion has proven to be remarkably safe and effective. It plays an important role in reducing barriers and promoting equitable access to healthcare, particularly for those who live in rural and underserved communities. This bill will preserve the constitutional and statutory right to choose and obtain abortions in the state of California by ensuring there is sufficient access to medication abortion and the ability to facilitate access. Additionally, this bill 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. Sponsors further state that providers and researchers estimate that over 60% of all abortions in the U.S. are done using medication abortion. With over twenty years of available data, medication abortion has proven to be remarkably safe and effective. Medication abortion has only a 0.4% risk of major complications, and a mortality rate of only .00064%. To put these figures in perspective, this is lower than the mortality rate associated with Viagra, which carries a .0049% mortality rate. Using medication abortion is also far safer than carrying a pregnancy to term, as the U.S. has an overall maternal mortality rate of .0329%. Medication abortion allows people to get reproductive care as early as possible when it is safest, least expensive, and least invasive. It plays an important role in reducing barriers and promoting equitable access to healthcare, particularly for those who live in rural and underserved communities.

**ARGUMENTS IN OPPOSITION:** California Family Council writes that this bill is working off of the pretense that Mifepristone is “safe and effective”, yet the Ethics and Public Policy Center (EPPC) reports that 11% of women experience Serious Adverse Events within 45 days, 22 times higher than the drug label's

claim. This includes 3,062 ectopic pregnancies, 11,707 infections, 24,563 repeated surgical abortions, and 28,658 hemorrhages, alongside 1,445 FDA-reported adverse events. Reducing oversight in the face of such data is reckless, not compassionate. Pacific Justice Institute – Center for Public Policy states that this bill’s expansion of legal protections for mailing and distributing abortion drugs would likely increase their use through channels like telehealth and pharmacies, further reducing critical medical oversight. The FDA has already weakened safety protocols by eliminating requirements for in-person physician visits, mandatory adverse event reporting, and limiting prescriptions to physicians. These changes have coincided with higher complication rates, as the EPPC study confirms. By facilitating broader distribution, this bill risks exacerbating these harms, leaving women vulnerable to severe complications like hemorrhaging or incomplete abortions, which often require urgent surgical intervention.

ASSEMBLY FLOOR: 61-10, 5/12/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Fariás, 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, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

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

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

Prepared by: Melanie Moreno / HEALTH / (916) 651-4111  
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\*\*\*\* END \*\*\*\*