SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2021-2022 Regular Session

AB 2134 (Akilah Weber)
Version: June 23, 2022
Hearing Date: June 28, 2022
Fiscal: Yes
Urgency: No
AM

SUBJECT

Reproductive health care

DIGEST

This bill establishes the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information for the purpose of providing grant funding to safety net providers of abortion and contraception services, as specified. Requires health plans and health insurers that provide coverage to employees of a religious employer, which do not include coverage and benefits for abortion and contraception, to provide enrollees with information regarding that lack of coverage and that services are available. The bill requires the Department of Industrial Relations to post information regarding the Program on its website, as specified.

EXECUTIVE SUMMARY

Reproductive rights are under attack across the nation. Since 1973, the U.S. Supreme Court has continuously held that it is a constitutional right to access abortion before fetal viability. However, on June 24, 2022 the Court voted 6-3 to overturn the holding in *Roe* and find that there is no federal constitutional right to an abortion. As a result of this, people in roughly half the country may lose access to abortion services. New tactics to deny people access are also underway as evidenced by the recent legislation in Texas. This bill strives to ensure that those seeking abortion services in California will have the information and support needed to exercise their fundamental rights.

This bill is sponsored by ACCESS Reproductive Justice, NARAL Pro-Choice California, Essential Access Health, Planned Parenthood Affiliates of California, and Ricardo Lara, California Insurance Commissioner. The bill is supported by numerous organizations, including reproductive rights and privacy rights organizations and medical associations. It is opposed by organizations against the fundamental right to access abortion. This bill passed the Senate Health Committee by a vote of 8 to 1.

PROPOSED CHANGES TO THE LAW

Existing federal law:

1) Holds that individuals have the right to obtain and use contraceptives under the federal constitution's implied right to privacy. (*Griswold v. Connecticut* (1965) 381 U.S. 479; *Eisenstadt v. Baird* (1972) 405 U.S. 438.)

Existing state law:

1) Holds that the state constitution's express 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.*)*

2) 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; and
    b) every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion, with specified limited exceptions. (Health & Saf. Code § 123460 et. seq., § 123462(a)-(b).)

3) Provides that the state may not deny or interfere with a 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 person. (Health & Saf. Code § 123462(c) & § 123466.)

4) Replaces the Office of Statewide Health Planning and Development with the Department of Health Care Access and Information (HCAI), and requires HCAI to conduct a number activities related to workforce development, health planning, and data collection and dissemination related to pharmaceutical prices and health care payments. (Hlth. & Saf. Code § 127000, et seq.)

5) Requires health plans and health insurers, except for a specialized health plan contract or a specialized health insurance policy, to provide coverage for all of the following services and contraceptive methods for women:
    a) all Food and Drug Administration (FDA) approved contraceptive drugs, devices, and other products for women, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the enrollee's or insured's provider;
    b) voluntary sterilization procedures;
    c) patient education and counseling on contraception; and
    d) follow-up services related to the drugs, devices, products, and procedures, including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal. (Hlth. & Saf. Code § 1367.25 and Ins. Code §10123.196]

6) Prohibits a health plan or disability insurer from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to 6) above, except in the case of a grandfathered health plan. Prohibits cost sharing from being imposed on Medi-Cal beneficiaries for family planning services. (Hlth. & Saf. Code § 1367.25; Ins. Code § 10123.196; Welf. & Inst. Code § 14134(a)(5).)

7) Permits a religious employer to request a health plan contract or disability insurance policy without coverage for FDA-approved contraceptive methods that are contrary to the religious employer's religious tenets, and requires a health plan contract or disability insurance policy to be provided without coverage for contraceptive methods, if requested. (Hlth. & Saf. Code § 1367.25; Ins. Code § 10123.196.)

8) Establishes the State-Only Family Planning Program to provide family planning services for men and women, including emergency and complication services directly related to the contraceptive method and follow-up, and consultation and referral services. (Welf. & Inst. Code § 24007.)

9) Provides, pursuant to the California Constitution, that the people have the right of access to information concerning the conduct of the people's business, and, therefore, the meetings of public bodies and the writings of public officials and agencies are required to be open to public scrutiny. (Cal. Const. art. I, § 3 (b)(1).)
    a) Requires a statute that limits the public's right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).)

10) Governs the disclosure of information collected and maintained by public agencies pursuant to the California Public Records Act (CPRA). (Gov. Code §§ 6250 et seq.)
    a) Provides that all public records are accessible to the public upon request, unless the record requested is exempt from public disclosure. (Gov. Code § 6253.)
    b) Defines "public records" as any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. (Gov. Code § 6252(e).)
    c) Defines "public agency" as any state or local agency. (Gov. Code § 6252(d).)
    d) Recodifies the CPRA in Division 10 of Title 1 (§§ 7920.000 - 7931.000) of the Government Code effective January 1, 2023.

This bill:

1) Establishes the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information (HCAI) for the purpose of ensuring abortion and contraception are affordable for and accessible to all patients, regardless of their ability to pay, and to provide financial support for safety net

providers of these services to offset the costs of providing uncompensated care to patients with low incomes who would otherwise lack access to care, as specified.

2) Establishes the California Reproductive Health Equity Fund whose primary purposes is to provide grant funding to safety net providers of abortion and contraception services and to otherwise ensure affordability of and access to abortion and contraception to anyone who seeks care in California, regardless of their ability to pay for care.
    a) Requires the fund to be used to pay for the cost of administering the Program and authorizes HCAI to receive private donations to be deposited into the fund.

3) Permits Medi-Cal providers to apply for a grant from the Program, and a continuation award after the initial grant, if they agree to provide abortion and contraception services in accordance with the following:
    a) the abortion and contraception services provided are within the provider's scope of practice and licensure;
    b) the provider agrees to be identified, in a manner determined by HCAI, as a participating provider in the Program;
    c) an institutional provider is prohibited from being required to identify any individual who is an abortion provider as a condition of a grant; and
    d) requires the services, to the extent they are covered by Medi-Cal, to be provided at no cost to an individual with a household income at or below 400 percent of the federal poverty level (FPL) who meets both of the following criteria:
        i. is uninsured or has health care coverage that does not include both abortion and contraception; and
        ii. is not otherwise eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

4) Provides that an individual's self-declaration of income and source of health care coverage made to the provider at the time of service is all that is required to determine whether the individual may be able to access no-cost services.

5) Requires HCAI to develop an application form and begin accepting applications for grants by January 1, 2023. Requires an application for a grant, and any continuation award, to be made on the form developed by HCAI. Requires the application form to request certain information from an applicant.
6) Prohibits HCAI from requiring the submission of personal information about individuals receiving uncompensated abortion and contraception services as part of an application. Any information required by HCAI can only include information in summary, statistical, or other forms that do not identify particular individuals.

7) Exempts applications for grants and continuation awards from disclosure under the California Public Records Act.

8) Requires health plans and health insurers that provide coverage to the employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide, in writing upon initial enrollment and annually thereafter upon renewal, each enrollee with information regarding:
    a) abortion and contraception benefits or services that are not included in the enrollee's or health plan contract; and
    b) abortion and contraception benefits or services that may be available at no cost through the Program, which is established under this bill at HCAI.

9) Requires DIR to post on its website information regarding abortion and contraception benefits that may be available at no cost through Program to employees whose employer-sponsored health coverage does not include coverage for both abortion and contraception.

COMMENTS

1. Stated need for the bill

The author writes:

> CARE Act continues California's commitment to being a Reproductive Freedom State and a national leader in safeguarding and advancing reproductive freedom. This bill ensures that health care providers who provide abortions are fully compensated for their services. This bill is essential for ensuring that all people in California can access abortion care regardless of their insurance type and providers are able supported. As the U.S. Supreme Court has decided to overturn *Roe v. Wade*, it is critical that California has policy in place to meet this moment.

2. Reproductive freedom is a fundamental right

    a. The use of contraceptives has been a federal constitutional right since 1965

The U.S. Supreme Court held in *Griswold v. Connecticut* that a state's ban on the use of contraceptives by married couples violated the right to marital privacy. ((1965) 381 U.S. 479.) A Connecticut law criminalized the encouragement or use of birth control by any person. Estelle Griswold and Dr. C. Lee Buxton were arrested and found guilty under that law. They appealed their convictions to the U.S. Supreme Court arguing the state law violated the U.S. Constitution. The Court agreed finding that the case "concerns a relationship lying within the zone of privacy created by several fundamental constitutional guarantees" and that the state law "seeks to achieve its goals by means of having a maximum destructive impact upon that relationship." (*Id*. at 485.)

In *Griswold*, the majority opinion looked to prior cases that recognized individuals have the right to make decisions about life and associations without undue state interference

and used these precedential decisions to find that various provisions of the Constitution (First Amendment, Third Amendment, Fourth Amendment, Fifth Amendment, and Ninth Amendment) create "zones of privacy" and that "the right of marital privacy is protected, as being within the protected penumbra of specific guarantees of the Bill of Rights." (*Id*. at 487.) In 1972, the Court expanded the holding in *Griswold* to also apply to unmarried individuals finding that under the Equal Protection Clause "whatever the rights of the individual to access to contraceptives may be, the rights must be the same for the unmarried and the married alike." (*Eisenstadt v. Baird* (1972) 405 U.S. 438, 453.)

b. Access to abortion had been a federal constitutional right since 1973

Roe v. Wade was the landmark U.S. Supreme Court decision that held the implied constitutional right to privacy extends to a person's decision whether to terminate a pregnancy, while allowing that some state regulation of abortion access could be permissible. ((1973) 410 U.S. 113.) The plaintiff in the case was "Jane Roe," an unmarried woman who wanted to end her pregnancy under safe and clinical conditions but was unable to obtain a legal abortion in Texas because her life was not threatened by the continuation of the pregnancy. Unable to afford travel to another state to obtain an abortion, she challenged the statute making it a crime to perform an abortion unless a woman's life was at stake. She also claimed that the Texas law abridged her right of personal privacy.

The Court struck down the Texas law, finding for the first time that the constitutional right to privacy under the Due Process Clause of the Fourteenth Amendment is "broad enough to encompass a woman's decision whether or not to terminate her pregnancy." At the same time, the high court also defined two compelling state interests that would satisfy restrictions on a person's right to choose to terminate a pregnancy: 1) states may regulate the abortion procedure after the first trimester of pregnancy in ways necessary to promote a woman's health; and 2) after the point of fetal viability outside of the womb, a state may, to protect the potential life of the fetus, prohibit abortions that are not necessary to preserve a person's life or health. In *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) 505 U.S. 833, the Court reaffirmed the basic holding of *Roe,* yet also permitted states to impose restrictions on abortion as long as those restrictions do not create an undue burden on a person's right to choose to terminate a pregnancy.

c. The U.S. Supreme Court has voted to overturn the holding in Roe and Casey

Roe has been one of the most debated U.S. Supreme Court decisions. On May 3, 2022 Politico reported that that the Court had voted to strike down the holding in *Roe* and *Casey* according to a leaked initial draft of the majority opinion in *Dobbs v. Jackson Women's Health*, which was written by Justice Alito.[1] ((2022) 597 U.S.___ (141 S.Ct.

[1] Josh Gerstein and Alexander Ward, *Supreme Court has voted to overturn abortion rights, draft opinion shows*, Politico (May 3, 2022), available at https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473.

2619).) On June 24, 2022 the Court published its official opinion and, just as the leaked opinion indicated, the Court voted 6-3 to overturn the holding in *Roe*.[2] The case involves a Mississippi law enacted in 2018 that bans most abortions after the first 15 weeks of pregnancy, which is before what is generally accepted as the period of viability. (*see* Miss. Code Ann. §41-41-191.) The majority opinion upholds the Mississippi law finding that, contrary to almost 50 years of precedent, there is no fundamental constitutional right to have an abortion. The opinion further provides 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.[3] In the wake of this decision, as many as 21 states will certainly ban abortion and a further five are very likely to due to the political make-up of their governments and historical actions.[4] According to the Guttmacher Institute, nine states still have abortion bans in their statutes from before *Roe* was decided and 12 other states currently have trigger bans that would go into effect if it is overturned.[5]

d. New challenges to exercising one's constitutional right to an abortion

Recently, Texas perniciously enacted a law with an enforcement scheme that was designed to avoid judicial scrutiny of its, at the time, clearly unconstitutional provisions under the holding of *Roe* and *Casey*.[6] On certiorari from the Fifth Circuit, the U.S. Supreme Court held that a pre-enforcement challenge to the law under the U.S. Constitution may only proceed against certain defendants but not others.[7] The court did not address whether the law was constitutionally sound. However, the court's ruling essentially insulated the private enforcement of the law from challenge, allowing the law to remain in effect. It is unclear if the scheme in Texas law will be found constitutional, especially in light of the holding in *Dobbs*.

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.[8] Other states are also considering enacting similar legislation.

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[2] *Dobbs v. Jackson Women's Health* (2022) 597 U.S. _ (141 S.Ct. 2619) at p. 5, available at https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf.
[3] *Id*. at 77.
[4] Elizabeth Nash, *26 States are Certain or Likely to Ban Abortion Without Roe: Here's Which Ones and Why*, Guttmacher Institute (Oct, 2021) available at https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why.
[5] *Ibid*.
[6] *See Whole Woman's Health v. Jackson* (2021) 142 S. Ct. 522, at 543 (conc. opn. Roberts, C.J., Breyer, Sotomayor, & Kagan) that states Texas has passed a law that is contrary to *Roe* and *Casey* because it has "the effect of denying the exercise of what we have held is a right protected under the Federal Constitution" and was "designed to shield its unconstitutional law from judicial review." (footnote omitted).
[7] *Whole Woman's Health v. Jackson* (2021) 142 S. Ct. 522, 530.
[8] *See Whole Woman's Health v. Jackson* (2021) 141 S. Ct. 2494, at 24998 (dis. opn. Sotomayor, Breyer, & Kagan).

3. California is a Reproductive Freedom State

The California Supreme Court held in 1969 that the state constitution's express 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. Existing 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; 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.) The Act further provides that the state may not deny or interfere with a person's right to choose or obtain an abortion with limited exceptions. (Health & Saf. Code § 123462(c); § 123466.) 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.[9] 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.

If the U.S. Supreme Court overturns or fundamentally weakens *Roe,* California may become a safe haven for people seeking abortion services. The Guttmacher Institute estimates that if all the 21 states expected to enact a total ban on abortion actually do, the number of patients who would find their nearest clinic in California would increase by 2,923 percent from 46,000 to 1.4 million.[10] According to CA FAB, in order for California to live up to its proclamation of being a reproductive freedom state it must be prepared and ready to serve anyone who comes to California seeking abortion services.[11]

4. The bill establishes the California Reproductive Health Equity Program

This bill seeks to ensure abortion and contraception are affordable for and accessible to all patients, regardless of their ability to pay, and to provide financial support for safety net providers of these services to offset the costs of providing uncompensated care to patients with low incomes who would otherwise lack access to care. The bill does this by establishing the California Reproductive Health Equity Program (Program) within HCAI. Under the program, Medi-Cal providers applying for a grant from the Program, and a continuation award after the initial grant, must agree to provide abortion and

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[9] 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.
[10] *If Roe v. Wade Falls: Travel Distance for People Seeking Abortion*, Guttmacher Institute, available at If Roe v. Wade Falls: Travel Distance for People Seeking Abortion | Guttmacher Institute.
[11] *Recommendations to Protect, Strengthen, and Expand Abortion Care in California*, Cal. Future Abortion Council (Dec. 2021) at 2.

contraception services within their scope of practice and licensure and agree to be identified as a participating provided in the Program by HCAI. Additionally, the services, to the extent they are covered by Medi-Cal, are to be provided at no cost to an individual with a household income at or below 400 percent of the federal poverty level who is both: uninsured or has health care coverage that does not include both abortion and contraception; and is not otherwise eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

The bill requires HCAI to develop an application form and begin accepting applications for grants by January 1, 2023. The bill exempts applications for grants and continuation awards from disclosure under the California Public Records Act. In order to protect the privacy and confidentiality of individuals receiving uncompensated abortion or contraception services, the bill prohibits HCAI from requiring the submission of personal information about individuals receiving those services as part of any application for a grant. The bill specifically limits information required by HCAI in the application to be limited to summary, statistical, or other forms that do not identify particular individuals.

Access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. (Gov. Cod § 6250.) In 2004, the right of public access was enshrined in the California Constitution with the passage of Proposition 59 (Nov. 3, 2004, statewide gen. elec.),[12] which amended the California Constitution to specifically protect the right of the public to access and obtain government records: "The people have the right of access to information concerning the conduct of the people's business, and therefore . . . the writings of public officials and agencies shall be open to public scrutiny." (Cal. Const., art. I, sec. 3 (b)(1).) Additionally, it required a statute that limits the public's right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).) A public record is defined as any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any public agency regardless of physical form or characteristics. (Gov. Code § 6252(e).)

This bill limits access to public records by prohibiting the disclosure of applications for grants and continuation awards from disclosure under the California Public Records Act. The bill declares this limitation on access to public records is needed to protect confidential and personal medical information. By exempting these records from disclosure, the bill balances the right of access to public records while ensuring that the fundamental right of privacy with respect to personal reproductive decisions is protected.

[12] Prop. 59 was placed on the ballot by a unanimous vote of both houses of the Legislature. (SCA 1 (Burton, Ch. 1, Stats. 2004).

The bill also requires health plans and health insurers that provide coverage to the employees of a religious employer, that does not include coverage and benefits for both abortion and contraception, to provide in writing upon initial enrollment and annually thereafter upon renewal, each enrollee with information regarding both: abortion and contraception benefits or services that are not included in the enrollee's or health plan contract; and abortion and contraception benefits or services that may be available at no cost through the Program. The bill also requires the Department of Industrial Relations (DIR) to post on its website information regarding abortion and contraception benefits that may be available at no cost through Program to employees whose employer-sponsored health coverage does not include coverage for both abortion and contraception.

5. Statements in support

The California Nurses Association writes in support:

> As California prepares to see patients seeking abortion services and reproductive health care in our state, we must invest in the providers and organizations that are assisting in access and already providing that care. For those that cannot afford the out-of-pocket cost for services, providers often offer sliding-fee scales and charity care as an option. In 2019, Planned Parenthood health centers in California provided about 9 million dollars of uncompensated care to patients. To support California's health care providers, AB 2134 seeks to create the California Reproductive Health Equity Program to provide financial support to safety net providers who offer reproductive and sexual health care services, specifically abortion and contraception, to people in California who are unable to pay out-of-pocket for services. The grant program, administered by the Department of Health Care Access and Information (HCAI), will be eligible to providers enrolled in Medi-Cal who provide charity care to patients with incomes under 400% of the federal poverty level. This bill also requires most employers who offer self-insured plans to notify employees in California in writing when reproductive and sexual health services are not included in their employer-based plan, and information on how to access services through the California Reproductive Health Equity Program.
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> For providers to remain financially stable and available to Californians, particularly during a time when patients are forced to come to California – displaced by cruel restrictions in other states – the cost of uncompensated care must be addressed. With the support of state funded grants, California can continue to lead as a reproductive freedom state.

6. Statements in opposition

The Concerned Women for America Legislative Action Committee writes in opposition:

> Concerned Women for America Legislative Action Committee (CWALAC) opposes AB 2134 because it forces conscientious objectors to abortion to pay yet another tax for abortion. Many Californians oppose using their taxpayer monies to fund abortion. […]

SUPPORT

ACCESS Reproductive Justice (co-sponsor)
American College of Obstetricians and Gynecologists District IX (co-sponsor)
NARAL Pro-Choice California (co-sponsor)
Essential Access Health (co-sponsor)
National Association of Social Workers, California Chapter
Planned Parenthood Affiliates of California (co-sponsor)
Ricardo Lara, California Insurance Commissioner (co-sponsor)
American Nurses Association
California Academy of Family Physicians
California Latinas for Reproductive Justice
California Nurse-Midwives Association
California Nurses Association
California Women's Law Center
Citizens for Choice
City of Los Angeles
Having Our Say Coalition
Indivisible San Jose
National Association of Social Workers, California Chapter
National Council of Jewish Women California
Stronger Women United
Together We Will/Indivisible-Los Gatos
Training in Early Abortion for Comprehensive Healthcare (TEACH)

OPPOSITION

California Catholic Conference
Concerned Women for America Legislative Action Committee
Fieldstead and Company
Right to Life League

RELATED LEGISLATION

Pending Legislation:

SB 1142 (Caballero, 2022) requires the California Health and Human Services Agency (CHHSA), or a designated entity, to establish a website where the public can access specified information about abortion services, and establishes the Abortion Practical

Support Fund (Fund) for the purpose of providing grants to nonprofit entities for abortion supportive services and to public research institutions for research to support equitable access to abortion. Requires the Commission on the Status of Women and Girls to administer the Fund and to provide grants to increase access to abortion services. SB 1142 is pending in the Assembly Health Committee.

SB 1245 (Kamlager, 2022) establishes the Los Angeles (LA) County Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to the full spectrum of sexual and reproductive health care, including abortion, in LA County. *SB* 1245 is pending in the Assembly Health Committee.

AB 1666 (Bauer-Kahan, 2022) prohibits the enforcement of out-of-state fetal heartbeat abortion restriction laws in California. AB 1666 is pending on the Senate Floor.

AB 2205 (Carillo, 2022) requires health plans and insurers providing a qualified health plan through Covered California to report the total amount of funds for abortion services maintained in a segregated account pursuant to federal law. AB 2205 is pending in the Senate Appropriations Committee.

Prior Legislation:

SB 245 (Gonzalez, Ch. 11, Stats. 2022) prohibits cost-sharing, restrictions, delays, prior authorization and annual or lifetime limits on all abortion services.

AB 133 (Committee on Budget, Ch. 143, Stats. 2021) requires Covered California, upon appropriation by the Legislature, to make payments to qualified health plan issuers that equal the cost of providing abortion services for which federal funding is prohibited to individuals enrolled in a qualified health plan through Covered California in the individual market. Prohibits the payments from being less than $1 per enrollee per month.
SB 24 (Leyva, Ch. 740, Stats. 2019) requires University of California or California State University student health centers to offer abortion by medication onsite.

PRIOR VOTES:

Senate Health Committee (Ayes 8, Noes 1)
Assembly Floor (Ayes 53, Noes 19)
Assembly Appropriations Committee (Ayes 12, Noes 4)
Assembly Health Committee (Ayes 10, Noes 3)

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