



CALIFORNIA FUTURE OF ABORTION COUNCIL
RECOMMENDATIONS TO PROTECT, STRENGTHEN, AND EXPAND
ABORTION CARE IN CALIFORNIA

DECEMBER 2021

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CALIFORNIA FUTURE OF ABORTION COUNCIL RECOMMENDATIONS TO PROTECT, STRENGTHEN, AND EXPAND ABORTION CARE IN CALIFORNIA

This year, the U.S. Supreme Court is reviewing a direct challenge to the long-standing legal protections of abortion services under *Roe v. Wade*. Should the Court overturn *Roe* or allow a pre-viability ban to remain in place, people in over half of the states in the country – over 36 million women and other people who may become pregnant - will lose access to abortion care. It is already happening. People in Texas have lost the protections under *Roe* when Senate Bill (S.B) 8 went into effect on September 1, 2021. According to a [report](#) released in October 2021 by the Guttmacher Institute, if *Roe v. Wade* is overturned or gutted as most legal observers anticipate, 26 states are certain or likely to ban abortion, increasing the number of out-of-state patients who would find their nearest clinic in California from 46,000 to 1.4 million – a nearly 3,000 percent increase.

In September 2021, more than 40 organizations joined together to form the California Future of Abortion (CA FAB) Council. Sexual and reproductive health care providers, reproductive rights and reproductive justice advocacy organizations, legal and policy experts, researchers, and advocates, with the support of California’s Governor and Legislative leadership, convened to identify barriers to abortion services and recommend policy proposals supporting equitable and affordable access to abortion care for Californians and all who seek care here.

It is imperative that California take the lead, live up to its proclamation as a “[Reproductive Freedom State](#),” and be ready to serve anyone who seeks abortion services in the state. We are releasing the following *Recommendations to Protect, Strengthen, and Expand Abortion Services in California* – a list of legislative, executive, and administrative actions for state policymakers to implement in order to meet the needs of people seeking abortions.

These recommendations reflect the actions identified by the CA FAB Council and are crucial to ensuring that California is a state where the rights of patients seeking abortion care, and those who support them, are protected. The recommendations will also enable us to track the progress our state makes in advancing them.

We expect California’s leadership to continue building on our state’s legacy of advancing reproductive freedom. We hope that the CA FAB Council’s work and California’s effort to implement these recommendations will serve as a model for other states as well as the federal government.

Letter from Senator Toni G. Atkins, Senate President pro Tempore

California is in a unique position – while our reproductive freedoms and ability to make choices about our own bodies are constitutionally protected, the same does not hold true in other areas of the country. We have seen it before, and unfortunately, we are seeing it again in legal cases that threaten reproductive freedoms.

Years ago, I saw firsthand the impact of restricted access on women and families. I spent the early part of my career working for a women’s health clinic, and served as director of clinical services. I talked directly with women who had found their way to our clinic for assistance because they lived in states with restricted access. I met a mother who lost her daughter due to an illegal abortion. We can’t afford to let extremists turn back the clock on our rights.

The California Legislature knows that access to services is key within the spectrum of health, which is why we have consistently taken action to further protect and expand reproductive rights and access to services in our state. From passing legislation requiring the University of California and California State University systems’ student health centers to offer abortion by medication, to providing critical budgetary support for reproductive healthcare services and programs, our actions and investments speak to our resolve to uphold the rights of Californians and all who come here.

My colleagues and I are grateful for the partnership of the California Future of Abortion Council, and for our collective efforts to protect quality healthcare and access to family planning options. In the coming months and years ahead, we will remain steadfast in that commitment – for ourselves, for our daughters and sons, our gender-fluid and non-binary loved ones, and all those who come after us. Together, we can shape public policy so that California can keep forging ahead along the path of progress and understanding, and continue to serve as a beacon of hope for the rest of our nation.

Warmly,

A handwritten signature in black ink that reads "Toni G. Atkins". The signature is written in a cursive, flowing style.

TONI G. ATKINS
Senate President pro Tempore
39th Senate District

Executive Summary

In September 2021, with the constitutional right to abortion facing the most severe threats since *Roe v. Wade*, the CA FAB Council convened to identify the most pressing barriers to care for patients seeking abortion services in California. More than 40 organizations representing sexual and reproductive health care providers, reproductive rights and reproductive justice advocacy organizations, legal and policy experts, researchers, and advocates, with the support of California policymakers, joined together to recommend policy proposals supporting equitable and affordable access to abortion care for Californians and all who seek care here. The CA FAB Council made 45 policy recommendations relating to 7 main areas of focus. These areas of focus are: 1) Investment in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care; 2) Cost barriers and adequate reimbursement for abortion and abortion-related services; 3) Investment in a diverse California abortion provider workforce and an increase in training opportunities for BIPOC and others historically excluded from health care professions; 4) Reducing administrative and institutional barriers to care; 5) Legal protections for abortion patients, providers, and supporting organizations, and individuals; 6) Addressing misinformation and disinformation and ensuring access to medically accurate, culturally relevant, and inclusive education about abortion and access to care is widely and equitably available; and 7) Efforts to collect data, conduct research, and distribute reports to assess and inform abortion care and education needs in California. It is imperative that California policymakers begin acting upon these policy recommendations and preparing the state to serve potentially millions more people seeking abortion care as other states adopt extreme bans on an essential health service. California must build upon its existing protections, innovate, and implement bold programs and policies to truly be a Reproductive Freedom State.

Terminology

We acknowledge that language evolves over time. Terminology in this report represents language commonly used and agreed upon by the field and community at the time of writing.

- BIPOC is used as an abbreviation and umbrella term for groups that are demographically stratified. Black, Indigenous, and people of color (BIPOC) was created to emphasize the stark differences that Black and Indigenous people experience due to systematic racial injustices caused by colonialism.
- LGBTQIA+, which stands for Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Intersex, and Asexual, is used as an umbrella term for all people who have a non-normative gender identity or sexual orientation. The “+” is an acknowledgment that there are non-cisgender and non-straight identities that are not included in the acronym.
- “Pregnant people” or “people” is used instead of “women” when talking about abortion and other sexual and reproductive health care obtained by people with uteruses because it is a gender-neutral term and because trans men and nonbinary and gender non-conforming people can also have uteruses and need to obtain these services. However, to be as accurate as possible when referring to existing research, the categories and identifiers in the original data are used, and may include gendered words like “female” or “woman.”

Agency Abbreviations

CDE = California Department of Education
CDI = California Department of Insurance

DHCS = California Department of Health Care Services
DMHC = California Department of Managed Health Care

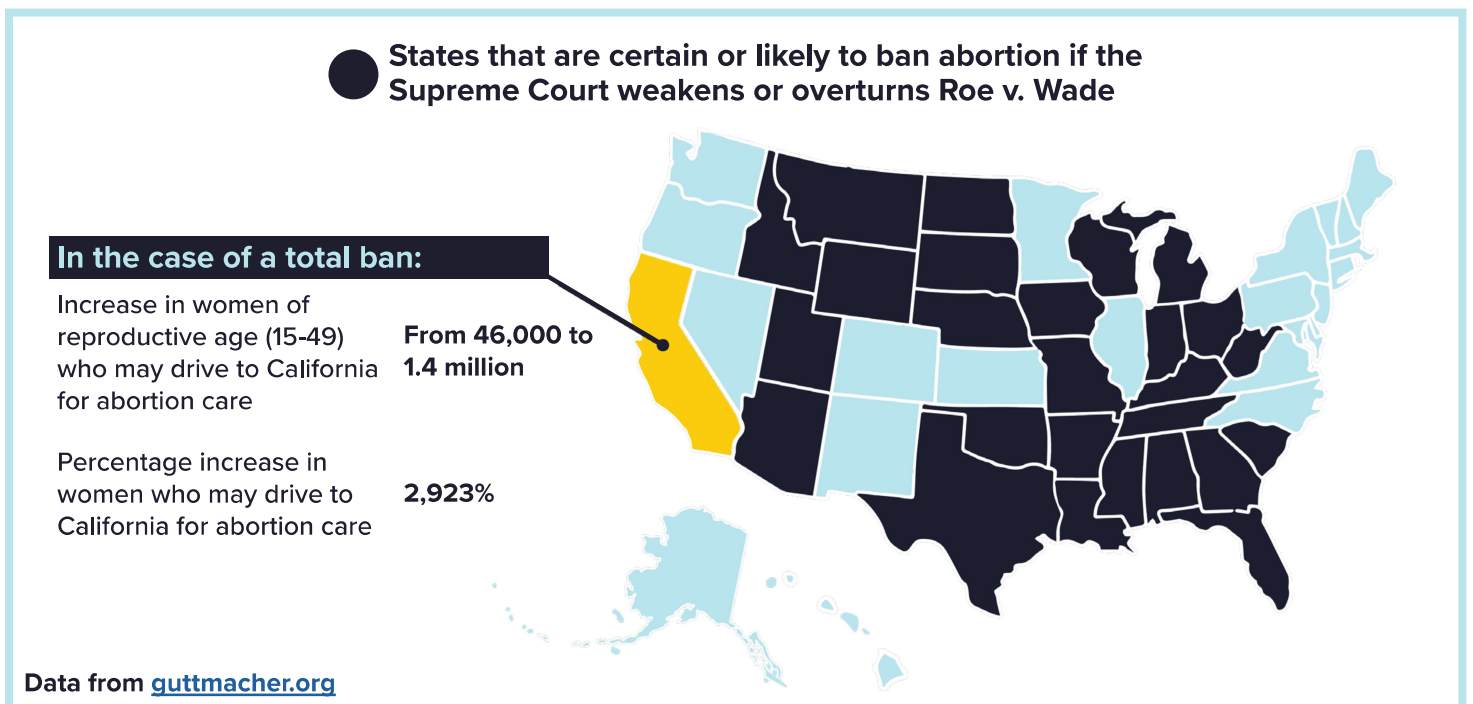
Recommendations

I. The State Must Increase Investment in Abortion Funds, Direct Practical Support, and Infrastructure to Support Patients Seeking Abortion Care

People seeking abortion care often experience obstacles to accessing care – including the cost of the medical service, distance to the nearest available provider, gas or other transportation needs, lodging, child care, lost wages due to lack of available or usable sick time, and other necessities such as food during travel. Moreover, many people such as immigrants, young people, foster youth, people with disabilities, and unhoused people experience additional barriers.

For decades, abortion funds like [ACCESS REPRODUCTIVE JUSTICE](#), funds held within clinics such as the Women in Need Fund for [Women’s Health Specialists](#), and the [Women’s Reproductive Rights Assistance Project \(WRRAP\)](#) independently fundraise to directly, and indirectly, support callers and patients with these needs. Some abortion clinics also assist their patients with practical support needs to get to their appointments. The unmet need, however, is far greater than the resources currently available. These funds assist patients seeking abortion services within California, patients traveling to California, and when patients need to travel outside of California for care.

While California has long been considered a Reproductive Freedom state, patients still experience barriers to accessing abortion including high co-pays and deductibles, a need to travel considerable distances for care within the state, and challenges finding providers who can meet their specific needs. Already in California, there is a significant need for procedural and practical support to ensure access to abortion for Californians. Additionally, patients, abortion providers, and organizations in other states are heavily impacted by the increase in abortion restrictions across the country and the need for patients to travel to receive care. As more patients come from out of state, abortion fund organizations and providers that offer practical support will strain more than ever to meet the demand of people needing care.



The following recommendations focus on ensuring sufficient financial support for abortions and practical services with an efficient integration among abortion funds, abortion providers, and other practical support organizations, such as abortion funds in other states and other mutual aid organizations.

- **Funds to support the work of abortion fund organizations, abortion providers, and other community-based organizations that secure practical support needs for patients.** These funds, drawn down over a medium-term number of years, are needed for direct logistical and practical support for patients such as gas, lodging, transportation, child care, doula support, food, lost wages, etc. Funding is needed as soon as possible with allowances to apply for funds to reimburse for expenses in 2021 (retroactive to when Texas Senate Bill 8 went into effect).
- **Invest in the development of an abortion access landing page for centralized information for people seeking abortion care in California.** Patients need a central location to access information about potential providers, insurance information, practical and procedural support options, the types of abortion available to them, language access and assistance information, and much more. A centralized site operated by the [Washington State Department of Health](#) or online resources like [New York City Health](#) or Texas' [Abortion is Healthcare](#) could serve as a model for California. This centralized system has long been needed for Californians but is now made even more urgent due to patients trying to find information and services in our state following restrictions being imposed where they live.
- **Funding for practical support infrastructure, capacity building, coordination, and safety measures for providers, clinics, patients, and funds.** People seeking abortion services in California should be able to have one point of entry to connect to the nearest abortion provider, obtain coverage or financial support for their appointment, and get practical assistance and resources for logistical and economic needs. As such, there is a significant need for flexible funding streams for abortion patient navigators and case management support, specifically to staff abortion fund organizations and providers who offer practical support. Additionally, there needs to be increased integration between providers and practical support resources while maintaining confidentiality and patient privacy. Given our state's rich, multifaceted diversity, California needs a practical support infrastructure that allows providers to give patients care - in any language they prefer - that addresses their needs specific to sexual orientation and gender identity and is responsive to racial and ethnic discrimination affecting patient health. For the sustainability of abortion fund organizations and providers that have been or will be seeing an increase in out-of-state demand, this item needs to be urgently addressed, with a goal of funds being available in 2022/early 2023.
- **Improve access to and capacity of Medi-Cal Transportation Services.** Studies show that large swaths of the state lack access to local providers – in 2017, some 40 percent of California counties had no clinics that provided abortions. [Transportation Services](#), which are offered to every Medi-Cal beneficiary, must be better utilized. To facilitate this, DHCS should make this benefit easier to utilize in order to improve access to abortion services. Actions should include, but are not limited to, easing prior authorization requirements that delay care for time-sensitive services like abortion and working with providers and plans to encourage wider use of this existing benefit by abortion patients.

II. The State Must Ensure Cost Is Not a Barrier to Care and Reimbursement for Abortion and Abortion-Related Services Is Adequate and Timely

Medi-Cal covers nearly half of all abortions provided in the state, while patients without Medi-Cal coverage may face bills in the hundreds or even thousands of dollars for abortion care. Both Medi-Cal and commercial health insurance and managed care plans impose utilization and payment rules that vary from payer to payer, resulting in considerable confusion and administrative outlay for providers. To ensure the sustainability and ongoing availability of timely clinical services through California's existing abortion provider network, the state must ensure adequate and timely reimbursement for abortion services in the Medi-Cal program, simplify and streamline health insurer and managed care payment policies, and limit the financial risk posed by out-of-pocket costs.

The following recommendations focus on ensuring that cost is not a barrier to care and there are sufficient and streamlined reimbursement rates and payment policies for abortion and abortion-related care.

- **Create and fund an uncompensated care program** to reimburse abortion providers for services they provide to individuals without other means of paying for care, including those individuals traveling from out of state who would have qualified for Full Scope Medi-Cal, Pregnancy-Related Medi-Cal, or the Medi-Cal Access Program but for the programs' residency requirements.
- **Establish a gap coverage program** to provide coverage to Californians lacking coverage for abortion and abortion-related care, including those who are either uninsured or who are underinsured due to gaps in their coverage. Enrollment for eligible individuals should be fast and allow for immediate coverage of all abortions, abortion-related services, contraceptives, and other benefits afforded to Medi-Cal beneficiaries, such as transportation and language access.
- **Eliminate cost-sharing for abortion and abortion-related services** regardless of a patient's insurance type (including commercial plans). The legislature must pass and Governor Newsom must sign SB 245, the Abortion Accessibility Act, as soon as possible.
- **Improve Medi-Cal reimbursement rates.** To ensure that rates reflect the real cost of providing care, reimbursement rates for abortion, abortion-related care, and sexual and reproductive health care should be updated and increased. To avoid stagnation, reimbursement rates for these services must be updated periodically to verify that they continue to reflect the cost to provide care. Such an update should employ a standardized methodology for evaluating costs in California, including staffing from pre-appointment to post-appointment care, case management for abortion patients, and facility costs, that can be developed by an independent third-party entity and should be subject to a statutory requirement to periodically reassess whether rates adequately cover costs at least every three years.
- **Establish a supplemental payment program** for providers that serve a high volume of Medi-Cal beneficiaries with abortion and abortion-related care to ensure that patients can access a robust network of providers.
- **Update Medi-Cal policies** so that coverage and reimbursement for abortion and abortion-related care are consistent across Medi-Cal managed care plans.
- **Limit reimbursement delays and claim denials for abortion services.** DHCS, DMHC, and CDI should work with plans to ensure that reimbursement claims are expediently processed, that denials fully explain the reasoning behind those decisions, and that patients and providers know how they can quickly appeal those denials.

- **Standardize telehealth policies** across Medi-Cal and commercial payers and ensure that all care delivered via telehealth, regardless of modality, is accessible and reimbursed on the same basis and at the same rate as if the care were provided during an in-person visit.
- **DMHC and CDI should ensure that commercial plans have fair and reasonable rates** as well as uniform utilization and reimbursement rules for abortion, abortion-related care, and comprehensive sexual and reproductive health care.

III. The State Must Invest in a Diverse California Abortion Provider Workforce and Increase Training Opportunities for BIPOC and Others Historically Excluded from Health Care Professions

If our state's abortion provider network is to provide timely care to California patients and absorb any significant portion of the increase in out-of-state patients projected should *Roe* be overturned, California must take steps now to ensure the growth of a network of clinicians trained in abortion and sexual and reproductive health care. These clinicians must reflect California's diverse racial, ethnic, and linguistic communities and patients and be equipped to meet the reproductive health needs of all people in California.

The following recommendations focus on expanding the capacity of California's health care workforce to provide high-quality and client-centered abortion care.

- **Improve the education pipeline by creating a California Reproductive Scholarship Corps**, open to those training as physicians, nurse practitioners, certified nurse-midwives, physician assistants, and in other health care professions with diverse and/or rural backgrounds dedicated to providing abortion care in underserved areas in California.
- **Optimize loan repayment** to increase retention and recruitment of clinicians who provide abortion by allocating funds for health care workforce programs.
- **Provide financial support for abortion service providers to access affordable insurance coverage.** The state should allocate funding to create a professional liability insurance fund to assist clinicians who provide abortions – physicians, residents, nurse practitioners, and certified nurse-midwives – to cover the cost of professional liability insurance premiums, support their ability to train and provide abortions, and ensure financial sustainability. Funding should also be allocated for supplemental professional liability insurance for clinics, including federally qualified community health centers, that opt to provide medication abortion and miscarriage management care and whose insurance excludes coverage for those services.
- **Require primary care and family medicine education programs to provide training in miscarriage management, medication abortion, and aspiration abortion.** Primary care graduate medical education programs for physicians, graduate programs including in family medicine, for nurse practitioners, certified nurse-midwives, physician assistants, and nursing programs should provide training in abortion care and miscarriage management to increase the number of clinicians who provide these essential health services.
- **Create and fund a grant program for abortion training and for providers serving medically underserved populations.** Grants should be available for program, operations, and efforts to support and coordinate abortion training partnerships across the State.

- **Expand the Song-Brown Healthcare Workforce Training Program to include certified nurse-midwives** and include additional financial support for training programs that support abortion training.
- **Establish funding for California-based organizations providing and enabling clinical abortion training in primary care** so that clinicians get the training they need.
- **Review competency requirements for abortion training for nurse practitioners, certified nurse-midwives, and physicians assistants** under the Health Workforce Pilot Project (HWPP) No. 171 and ensure requirements are aligned with other medical procedures with a similar safety record. Update laws related to the provision of aspiration abortion in the first trimester by nurse practitioners, certified nurse-midwives, and physician assistants to ensure consistency with current laws regulating the licensee (Business and Professions Code 2725.4 and 3502.4).
- **Provide grants to implement and/or re-introduce medication abortion in clinics**, including federally qualified health centers, community health centers, and Title X fund recipients.

IV. California Must Reduce Administrative and Institutional Barriers to Abortion Care

Though California law guarantees the right to abortion, and coverage contemplated by our state-regulated health plans and state-funded health programs is robust, several institutional and administrative barriers keep California patients from realizing the promise of these rights and benefits. California abortion providers, patients, and other stakeholders participating in the CA FAB Council identified several specific barriers that stand in the way of California embodying its vision as a true Reproductive Freedom state. Significant barriers identified include: limitations on the ability to provide medication abortion (MAB) in the Medi-Cal program; limitations on what care can be provided in health care facilities; challenges with Medi-Cal's Presumptive Eligibility for Pregnant Women (PE4PW) program; and ongoing security and privacy concerns for both patients and providers.

The following recommendations focus on eliminating key barriers to abortion and abortion-related care in California and ensuring that all pregnant people can obtain abortion care in our state.

- **DHCS must update its Medi-Cal billing policies around MAB to facilitate equitable access to MAB for Medi-Cal beneficiaries** using telehealth consistent with current clinical guidelines. This includes allowing abortion providers to use the bundled payment code without mandating the provision of any unnecessary ultrasounds, specified testing, or follow-up visit, and without a rate reduction that falls below the costs of providing the care. DHCS should also include coverage for over-the-counter pregnancy tests that beneficiaries can use prior to a telehealth counseling session with their provider.
- **The Administration should explore mechanisms, including working with other states, for California providers to offer MAB services to patients who reside in another state using telehealth.** Significant barriers exist to providing care to patients in other states. California should take the lead in forming a coalition of states to work together to overcome these legal barriers to expanding access to MAB services through telehealth.
- **Update Medi-Cal policies that limit access to abortion care**, including restrictions on coverage of abortion later in pregnancy, and ensure that Medi-Cal covers abortions to the extent allowed by state law.

- **Address existing barriers to abortion care later in pregnancy.** There must be clear and consistent guidance, including but not limited to licensing boards, regarding existing protections under the Reproductive Privacy Act. This is important to address disparities in how the law is interpreted by various health care institutions across the state and ensure that institutions do not impose unnecessary restrictions to limit abortion care that people are entitled to access under California law.
- **Assess and address gaps in abortion access in areas of the state that are served primarily by religiously-affiliated hospitals and health systems.** Patients must be able to access a full spectrum of health care, including the abortion, contraception, miscarriage management, and gender-affirming care they need and deserve regardless of where they receive their care.
- **Modernize the PE4PW program,** which provides same-day eligibility and temporary coverage for pregnancy-related care for those likely to be eligible for Medi-Cal. While the program does provide vital access to time-sensitive services, some aspects of the program, including eligibility requirements, coverage limitations, and a web-based enrollment system that frequently experiences technical difficulties, must be updated to ensure that patients receive timely care, equitable access to services available for enrollees in full-scope Medi-Cal, and that providers are adequately reimbursed for services provided to PE4PW patients.
- **Provide funding for security infrastructure and allocate funds to implement training and enforcement of existing security and privacy laws to protect reproductive health care providers, patients, and clinics.** Privacy and security concerns pose a serious threat to those providing abortion care as well as to patients. The state must invest in efforts to improve security and privacy protections for abortion providers, patients, volunteers, and staff - including funding towards facility security, cybersecurity, security personnel, and training staff.

V. California Must Strengthen Legal Protections for Abortion Patients, Providers, and Supporting Organizations and Individuals.

California must take steps to protect patients, providers, and supporters from harassment that interferes with their safety and privacy. Other states and certain California localities have increased their efforts to limit abortion access and impose criminal, civil, and administrative liability on both patients, providers, and those coordinating care. California must respond by affirmatively protecting providers and patients from liability for lawfully providing, coordinating, or receiving an abortion.

The following recommendations seek to ensure the privacy and security of abortion patients, providers, and supporters and protect them from criminal, civil, or administrative liability for providing, obtaining, or assisting in abortion care or in the event of pregnancy loss.

- **Enact legal protections from civil and criminal liability as well as disciplinary action to the extent possible for clinicians that provide abortions to patients, including to patients who reside in other states with hostile abortion laws.** California must engage any and all available legislative and administrative actions to protect abortion providers from civil, criminal, or disciplinary actions both in California and other states when they are providing abortion services for patients in accordance with California law and accepted standards of medical practice. California should expressly state that actions against California abortion providers based on hostile anti-abortion statutes in other states interfere with protected rights under the Reproductive Privacy Act.

- **Protect people from prosecutions and criminalization of abortion or pregnancy loss.** There must be clear guidance from the state Attorney General that prosecutions for pregnancy loss are inconsistent with the law and addresses prosecutorial overreach. Further, California law must be amended to expressly protect people from prosecution for pregnancy loss and repeal laws that invite criminal investigations into “suspected self-induced or criminal abortions” (Government Code §27491). Given the national landscape around abortion rights, and recent prosecutions of people for suffering pregnancy loss, including one [woman who remains incarcerated](#), in California, there is an immediate need for action.
- **Protect patients that self-manage their abortion.** The law should expressly protect patients who choose to self-manage their abortion as well as those who assist them. Individuals should not be subject to criminal liability for exercising their right under California law.
- **Protect Californians from third-party enforcement of abortion restrictions.** The recent legislation enacted in Texas (S.B. 8) banning abortion at six weeks tasks enforcement of the ban to private citizens by filing lawsuits against abortion providers and anyone who assists a pregnant person in obtaining abortion care. Other states and several local municipalities have advanced similar legislation. California must protect abortion providers and others who assist in providing abortion care from frivolous civil lawsuits and accompanying costs aimed at harassing providers, diverting resources, and shutting down clinics.
- **Repeal invalidated law requiring parental consent for abortion services.** Although California does not require minors to obtain parental consent prior to receiving abortion care, the requirement remains in statute (Health & Safety Code §123450) even though the California Supreme Court declared it unconstitutional in [American Academy of Pediatrics v. Lungren](#) in 1997. It is time for California to remove this unconstitutional provision from statute.
- **Enhance privacy protections for medical records related to abortion and pregnancy loss** to ensure that such records are not disclosed to law enforcement without a valid subpoena or warrant.
- **Ensure implementation and compliance with laws protecting patient confidentiality when they seek sensitive services** (Civil Code §56.107 and Insurance Code §791.29). DMHC and CDI must issue guidance to ensure that protections provided under [AB 1184](#) are implemented and honored by health plans to protect patients seeking sensitive services, like abortion care, and are covered under someone else’s health insurance.

VI. California Must Meaningfully Address Misinformation and Disinformation and Ensure that Access to Medically Accurate, Culturally Relevant and Inclusive Education About Abortion and Access to Care is Widely and Equitably Available.

California must ensure that all communities, including immigrants, LGBTQIA+, limited English speakers, BIPOC, foster youth, and people experiencing homelessness and other extreme barriers to information and care, have access to medically accurate, honest, inclusive, and comprehensive information about abortion services available in our state. All Californians must also have access to complete information about their rights to obtain care and programs available to make abortion accessible and affordable. In addition, the state must take meaningful action to combat and mitigate harmful and misleading information perpetuated by Crisis Pregnancy Centers (see [report by California Women’s Law Center](#)) that can delay access to time-sensitive services.

The following recommendations seek to expand, strengthen, and ensure the provision of medically accurate and inclusive comprehensive education around sexual and reproductive health, that includes robust education on abortion access and the right of all Californians to get the abortion care they need, without restrictions.

- **Adequately fund implementation and monitoring of California’s existing comprehensive sexual health education (CSE) mandate.** Despite requirements to provide medically accurate and inclusive CSE for middle and high school students in public schools, implementation of the California Healthy Youth Act (CHYA) has yet to be realized across the state, leaving students vulnerable to misinformation and programs that do not align with CHYA requirements. California must ensure that students receive the mandated CSE required under CHYA by adequately funding the implementation of this law and monitoring school districts to ensure compliance. This may mean additional funding for the California Department of Education to lead such efforts or allocating funds to county offices of education (COE) or community-based organizations with a core competency in providing CSE, to provide local-level monitoring and support.
- **Fund culturally relevant, community-based organizations that serve and provide medically accurate, comprehensive sexual and reproductive health education, including information about abortion, to communities that experience extreme barriers to care.** Community-based organizations are best equipped to reach populations that may exist on the margins and may be disconnected from traditional systems and structures of care and education. Funding should be allocated to oversee community-based grantmaking to address abortion misinformation and disinformation and increase the capacity of comprehensive sexual health educators to provide updated, medically accurate abortion (and practical support) information. Such investments will provide needed resources for community-based organizations to expand their work.
- **Allocate funding to ensure eligible beneficiaries accessing services through the Medi-Cal Minor Consent program and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits have coverage for and access to comprehensive, medically accurate, age appropriate CSE inclusive of abortion education.** Community health workers would educate beneficiaries on types of abortion, rights to access, and eligibility/coverage.
- **Require school districts to participate in the California Healthy Kids Survey (CHKS) and include a module on sexual and reproductive health care as one of the core survey modules.** The module should be developed with stakeholder input on sexual and reproductive health related questions to improve student academic performance and social-emotional, behavioral, and support overall health and wellness for California youth.

VII. The State Must Support Efforts to Collect Data, Conduct Research, and Distribute Reports to Assess and Inform Abortion Care and Education Needs in California.

Robust research and data collection are needed to determine the state of abortion access in California and identify remaining barriers to care. In particular, data must assess the needs of people experiencing barriers to care including, but not limited to, youth, BIPOC communities, people with low incomes, immigrants, undocumented folks, LGBTQIA+ folks, people whose preferred language is not English, or people who speak limited English. There must also be a better understanding of the needs of people experiencing extreme barriers to care including pregnant people who are unhoused and pregnant people with substance use disorders.

The following are recommendations for areas of research that must be funded to support research designed to inform policies and improve access to abortion care and education statewide.

- **CA FAB Council progress and impact report.** An evaluation and report on programs, policies, and innovations proposed as part of the CA FAB Council recommendations to assess progress and impacts of adopted recommendations.
- **Comprehensive community survey and research to identify unmet educational and health needs.** To accurately assess the needs and preferences of people experiencing barriers to care, a survey must be conducted, and data analyzed on all of the following:
 - The educational and health awareness needs of populations most impacted by lack of access to abortion.
 - Community preferences for types of abortion services and levels of care.
 - How youth/young people access sexual and reproductive health services and education.
 - Access to telehealth and preference for various modalities when receiving sexual and reproductive care, including abortion services.
- **Effectiveness of sexual health education in public schools.** Comprehensive data should be collected to determine and evaluate what youth are learning in school sexual health education programs related to sexual and reproductive health and how to access care.
- **Effectiveness and impact of the provision of medication abortion (MAB) in the state.** Studies should collect data on the use of telehealth in the provision of MAB, impacts during the COVID-19 public health emergency, mail-order MAB services, and which communities, if any, are left out to inform policies to increase equitable access to MAB.
- **Effectiveness of current reproductive and sexual health education interventions.** This should include research that would assess the extent to which existing reproductive and sexual health education interventions are patient-centered and/or community-based.

Conclusion

As the constitutional right to abortion faces the most severe threats since *Roe v. Wade*, the CA FAB Council has identified solutions to address the most pressing barriers to care for patients seeking abortion services in California and provided recommendations to improve the provision of abortion in the State. It is imperative that California policymakers begin acting upon these recommendations and preparing the state to serve potentially millions more people seeking abortion care as other states prepare extreme bans to an essential health service. For California to truly be a reproductive freedom state, we must take meaningful action to implement these recommendations and ensure abortion is available and equitably accessible to all.

FAB Council Participants

Steering Committee

ACCESS REPRODUCTIVE JUSTICE

Black Women for Wellness Action Project

Essential Access Health

NARAL Pro-Choice California

National Health Law Program (NHeLP)

Planned Parenthood Affiliates of California

Office of Senator Toni G. Atkins, Senate President pro Tempore

Training in Early Abortion for Comprehensive Healthcare (TEACH)

Representatives from the following organizations participated in and support the work of the CA FAB Council:

ACLU of Northern California

ACLU of Southern California

ACLU California Action

Advancing New Standards in Reproductive Health (ANSIRH)

Advocates for Youth

All* Above All

American College of Obstetricians and Gynecologists (ACOG) District IX

California Abortion Alliance

California Coalition for Reproductive Freedom

California Commission on the Status of Women and Girls

California Nurse-Midwives Association

California Latinas for Reproductive Justice

California Medical Association

California Women's Health Specialists

FPA Women's Health

Hollywood NOW

If/When/How: Lawyering for Reproductive Justice

Office of Assemblymember Rebecca Bauer-Kahan

Office of the Governor of California Gavin Newsom

Planned Parenthood California Central Coast

Planned Parenthood Los Angeles

Planned Parenthood Mar Monte

Planned Parenthood of Northern California

Planned Parenthood Orange and San Bernardino Counties

Planned Parenthood Pacific Southwest

Planned Parenthood Pasadena San Gabriel Valley

Plan C Pills

MYA Network

The Feminist Women's Health Centers of California

UC Davis Health

UCLA Law Center on Reproductive Health, Law and Policy

UCLA Health

UCSF Abortion Care Training Incubator for Outstanding Nurse Scholars (ACTIONS)

UCSF Bixby Center for Global Reproductive Health

UCSF Team Lily & HIVE

URGE: Unite for Reproductive & Gender Equity

Women's Foundation California

Women's Options Center, San Francisco General Hospital

Women's Reproductive Rights Assistance Project