

Date of Hearing: June 26, 2018

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Jose Medina, Chair

SB 320 (Leyva) – As Amended June 14, 2018

**SENATE VOTE:** 25-13

**SUBJECT:** Public university student health centers: medication abortion readiness: abortion by medication techniques: College Student Health Center Sexual and Reproductive Health Preparation Fund.

**SUMMARY:** Requires, by January 1, 2020, all student health centers (SHCs) at every campus of the University of California (UC) and California State University (CSU), to offer abortion by medication services. Specifically, **this bill:**

- 1) Defines the following, for the purposes of this bill:
  - a) "Commission" as the Commission on the Status of Women and Girls;
  - b) "Fund" as the College Student Health Center Sexual and Reproductive Health Preparation Fund;
  - c) "Grantee" as any qualifying SHC at a public college or university;
  - d) "Medication abortion readiness" includes, but is not limited to, assessment of each individual clinic to determine facility and training needs before beginning to provide abortion by medication techniques, purchasing equipment, making facility improvements, establishing clinical protocols, creating patient educational materials, and training staff. Excludes the provision of abortion by medication techniques from this definition; and,
  - e) "Public university student health center" as a clinic providing primary health care services to students that is located on the campus of a university within the UC or CSU systems.
- 2) Requires the Commission to administer the Fund, which is continuously appropriated, for the purposes of providing private moneys in the form of grants to on-campus student health centers at public colleges and universities for medication abortion readiness.
- 3) Authorizes the Commission to receive moneys from nonstate entities, including but not limited to private sector entities and local and federal government agencies.
- 4) Requires the Commission to utilize fund moneys to do all of the following:
  - a) Provide a grant of \$200,000 to each UC and CSU SHC to pay for the cost, both direct and indirect, of medication abortion readiness. Allows expenses under the grants to include, but not be limited to, all of the following:
    - i) Purchase of equipment used in the provision of abortion by medication techniques;

- ii) Facility and security upgrades;
  - iii) Costs associated with enabling the campus health center to deliver telehealth services;
  - iv) Costs associated with training staff in the provision of abortion by medication techniques; and,
  - v) Staff cost reimbursement and clinical revenue offset while staff are in trainings.
- b) Provide a grant of \$200,000 to both the UC and CSU to pay for the cost, both direct and indirect, of the following, for each university system:
- i) Providing 24-hour, backup medical support by telephone to patients who have obtained abortion by medication techniques at a UC and CSU SHC;
  - ii) One-time fees associated with establishing a corporate account to provide telehealth services; and,
  - iii) Billing specialist consultation.
- c) Paying itself for the costs, both direct and indirect, associated with administration of the fund, including the costs of hiring staff, not to exceed \$2,400,000; and,
- d) Maintaining a system of financial reporting on all aspects of the Fund.
- 5) Requires each grantee to, as a condition of receiving a grant award from the Fund, participate in an evaluation of its medication abortion readiness and its provision of abortion by medication techniques.
- 6) Specifies that implementation of this bill is contingent upon a total of at least \$9.6 million in private funds being made available to the Fund in a timely manner on or after January 1, 2019, and that nothing in this bill is to be interpreted as requiring a public university to utilize General Fund moneys or student fees for medication abortion readiness before January 1, 2022.
- 7) Requires the Commission, working with the SHCs, to assist and advise the UC and CSU SHCs on potential pathways for their SHCs to access public and private payers to provide funding for ongoing costs of providing medication abortions.
- 8) Requires the Commission to report to the Legislature, on or before December 31, 2020, and again, on or before December 31, 2021, the number of public university SHCs that have begun providing medication abortions.
- 9) Makes various findings and declarations regarding current law recognizing abortion as a basic health service, the Legislature's intent that public university SHCs make medication abortions as accessible and cost-effective for students as possible, and that the National Academies of Sciences, Engineering, and Medicine have found that prescribing abortion by medication techniques is no different from prescribing other medications.

**EXISTING LAW:**

- 1) Establishes the UC, a public trust to be administered by the Regents of the UC and grants the Regents full powers of organization and government, subject only to such legislative control as may be necessary to insure security of its funds, compliance with the terms of its endowments, statutory requirements around competitive bidding and contracts, sales of property and the purchase of materials, goods and services (Article IX, Section (9)(a) of the California Constitution).
- 2) Establishes the CSU and confers upon the CSU Trustees the powers, duties, and functions with respect to the management, administration, and control of the CSU system Board of Trustees (Education Code Sections 66606 and 89030, et seq.).
- 3) Authorizes a licensed physician, or a nurse practitioner, certified nurse-midwife, or physician assistant, who complete specified training and complies with specified standardized procedures or protocols, to perform an abortion by aspiration techniques during the first trimester of pregnancy (Business and Professions Code Sections 2253 and 2725.4).
- 4) Provides for the regulation of health plans by the Department of Managed Health Care under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act). Existing law exempts from the Knox-Keene Act a plan directly operated by a bona fide public or private institution of higher learning which directly provides health care services only to its students, faculty, staff, administration, and their respective dependents (Health and Safety Code (HSC) Sections 1340, et seq., 1343, and 1345).
- 5) Establishes as essential health benefits the Kaiser Small Group HMO plan along with the following ten federally mandated benefits under the Patient Protection and Affordable Care Act as well as other existing state mandated benefits including basic health care services:
  - a) Ambulatory patient services;
  - b) Emergency services;
  - c) Hospitalization;
  - d) Maternity and newborn care;
  - e) Mental health and substance use disorder services, including behavioral health treatment;
  - f) Prescription drugs;
  - g) Rehabilitative and habilitative services and devices;
  - h) Laboratory services;
  - i) Preventive and wellness services and chronic disease management; and,
  - j) Pediatric services, including oral and vision care (HSC Section 1367.005 and Insurance Code Section 10112.27).

**FISCAL EFFECT:** According to the Senate Appropriations Committee:

- 1) Likely one-time costs in the millions for capacity building at on-campus student health centers in the UC and CSU Systems (private funds). The universities have not provided estimates of the total costs to enable their student health centers to provide abortion by medication services. Based on surveys of student health centers and information provided by the sponsors of this bill, student health centers will need to purchase equipment, make facility upgrades, and provide training for staff. An estimate of those costs performed by the sponsors of the bill indicates that upfront costs would be about \$12 million.
- 2) Unknown ongoing costs for student health centers to continue to provide medication by abortion services (private funds). In addition to the upfront costs that would be incurred to build initial capacity, there are likely to be ongoing costs, such as replacement of equipment over time and training for new staff.

**COMMENTS:** *Double referral.* This bill was heard by the Assembly Health Committee; and passed out with a vote of 10 - 4 on June 12, 2018.

*Purpose of this bill.* According to the author, "Many California public institutions of higher education already offer reproductive health services; these services include pregnancy options counseling, contraceptives, and other health related services".

The author contends that, "Medication abortion is a safe procedure and is clinically simpler than much of the care already offered at college health centers, such as diabetes management, mental health care, and diagnosis/treatment of sexually transmitted infections".

This bill mandates that all UC and CSU campus SHCs provide abortion by medication services.

*Student health insurance options at the UC and CSU.* Systemwide, the UC requires its students to have health insurance as a condition of attendance. The UC offers a health plan for students called the UC Student Health Insurance Plan (SHIP) which is funded solely by student fees and provides comprehensive health care coverage. The 2017-18 student health premiums range from \$2,517.29 to \$4,773.29 for graduate students and from \$1,757.75 to \$3,324.00 for undergraduate students (depending on campus and other factors). To note, UC students who have preexisting health care coverage can opt out of receiving SHIP.

Systemwide, CSU students are not required to have health insurance. To note, the CSU does not offer a student health plan. However, every enrolled student is assessed a student health fee. The student health fee varies campus by campus, but systemwide, the average student health fee is \$269 per student per year.

*Student health centers at the UC and CSU.* All SHCs at every campus of the UC and CSU are supported by student fees.

Every UC campus has a SHC that provides some level of primary care, including some sexual and reproductive health services. No SHC offers abortion services. Students seeking such services are referred to providers in the community. Student health centers are traditionally open Monday through Friday, with a telephone hotline available to assist with referrals for care after hours.

Every CSU campus has a SHC that provides some health care services, although the scope of service varies by campus. No student health center offers abortion services. Students seeking such services are referred to providers in the community. Student health centers are traditionally open Monday through Friday.

*Report from sponsors.* Committee Staff understands that, at the request of the Senate Health Committee, the sponsors of this bill facilitated the completion of two surveys, conducted by the University of California San Francisco, School of Medicine, Advancing New Standards in Reproductive Health. Surveys were completed by all 11 UC campuses and by 20 of the 23 CSU campuses. The results of the surveys were compiled into two reports: *Evaluating University of California and California State University Capacity to Provide Medication Abortion* and *Assessing Barriers to medication Abortion among California's Public University Students*.

The reports, found here: <http://justcarecalifornia.org/wp-content/files/sb320barriers12-20-17.pdf>  
<http://justcarecalifornia.org/wp-content/files/sb320evaluating-access1-3-18a.pdf>, made the following findings and conclusions:

- 1) *Capacity.* The UC is better equipped to implement this bill due to their requirement for students to have adequate health insurance, which covers abortion.

The CSU offers less specialized care and does not require students to have health insurance.

Visiting clinicians and telemedicine could be models to provide medication abortion at sites that have limited internal capacity.

With adequate funding for training and ultrasound machines, services could be integrated into the health care provided at all of the on-campus health centers. Additional funding would be needed to support implementation of this bill.

- 2) *Primary area of need is ultrasound and training.* Six campuses (both UC and CSU) have ultrasound machines, and 6 have at least one staff member trained in pregnancy dating.
- 3) *Transportation and distance to local clinics.* Twenty-two campuses (both UC and CSU) are more than 30 minutes away from the closest abortion provider via public transportation. For these students, the multiple visits for a medication abortion require a minimum of two hours travel by public transportation.

Fifteen campuses are further than 5 miles from the nearest provider. The median time by public transit to the closest provider is 34 minutes one-way. The maximum was 55 minutes for UCs (Davis), and 1 hour 32 minutes for CSUs (Stanislaus). Travel time for 5 campuses is one hour each way.

- 4) *Time to appointment.* Only 15 percent of providers closest to campuses are open on weekends. Students have to wait an average of one week for the next available appointment; cumulative delay can make a student ineligible for medication abortion (must be within the first 10 weeks of pregnancy).

- 5) *Costs.* Paying for an abortion may be a significant financial stressor as students may go to a provider that does not accept their student or other private health insurance, may not want to use their health insurance so they can keep the abortion private, may not have health insurance that covers abortion, or may not have insurance coverage at all.

The average out-of-pocket cost of medication abortion at the providers closest to campuses was \$604. On-campus health centers could offer medication abortion at a lower cost because on-campus health centers would not need to charge to cover facility overhead.

- 6) *Estimated demand.* Based on national statistics on the demand for abortions by women aged 18-24, it is estimated that on average, there will be demand for 10-17 medication abortions per month per UC campus, and 9-15 medication abortions per month per CSU campus.
- 7) *Concerns of each segment.* On-campus health centers are most concerned with the need for follow-up care and back up care for emergencies. The UCs are concerned about security and low perceived demand. The CSUs are concerned about provider training and the need to prioritize basic services given limited fee-based funding.

*Comments in support.* The California Commission on the Status of Women and Girls, in their support letter, dated, June 19, 2018, state, "The Commission on the Status of Women and Girls believes this bill will allow students to focus on their future, without the added financial and logistical barriers of seeking reproductive care off campus". Planned Parenthood, in their support letter, dated June 1, 2018, state, "Delaying abortion due to appointment availability may make a student ineligible for medication abortion, may increase the cost of the procedure, and may increase the risk of side effects or complications. Eliminating barriers to access comprehensive reproductive health care, including medication by abortion, is vital to protecting the academic success of our students and ensuring they can make the best decisions about their health, their bodies, and their future".

*Comments in opposition.* Fresno State Students for Life in their opposition letter, dated, June 12, 2018, state, "Fresno State Students for Life has dedicated the last few months to educating our campus and community about the bill and have collected over 1,500 signatures to petition the California Assembly to vote 'no' on SB-320. These petitions were signed by both pro-life and pro-choice individuals, in an effort to keep our campus free of a procedure that will harm our students. Concerned Women for America, in their opposition letter, dated June 20, 2018, state, "While it appears the bill suggests that campus clinics will be equipped with ultrasound machines to detect correct gestation and location of the pregnancy, it does not explicitly make this a requirement. We are concerned that providing early medication abortions, even assuming the condition of ultrasound imaging, could be detrimental to young women's health".

*Committee comments.* As currently drafted, this bill is silent as to what can be considered a key policy question - Should the Legislature mandate a specific health service to be provided at each UC and CSU SHC when the state does not provide any form of finance assistance to these centers?

To note, all SHCs are supported entirely by student health fees and in some cases (mostly at the UC), by grants and philanthropic donations. There is no known case of the Legislature mandating any sort of required health service to SHCs.

*The Committee may wish to decide if it wants to pass out a bill that could set a precedent – of the Legislature beginning to mandate what health services should be offered and/or provided at SHCs.*

Additionally, there are other policy concerns associated with this bill:

- 1) *Proven need for abortion by medication services?* It is presently unclear if there is a demand or need at each campus of the UC and CSU for students to receive abortion by medication services at their SHCs. To note, Committee Staff understands that currently, only two institutions of higher education in the nation provide abortion by medication services.

*The Committee may wish to ask the author to create a voluntary pilot program for each campus of the UC and CSU to participate in before mandating each campus of the UC and CSU SHCs shall provide abortion by medication services.*

- 2) *Security and privacy.* What happens to students going to their SHC for other treatment needs– are they threatened? And what about those students going to their SHC seeking abortion by medication services - will their privacy be exposed?

*Moving forward, should this measure pass out of this Committee, the author may wish to ensure there is more funding in place in order to provide additional security measures to protect all students entering their SHCs for medical services. Additionally, the author may wish to ensure the SHCs are able to be remodeled in order to provide additional privacy (i.e. tinted windows, sound proof exam rooms, etc.).*

- 3) *Liability.* If a student who receives abortion by medication services should experience adverse reactions and suffer bodily or emotional harm or worse, death – who is liable? Does this bill create a situation whereby moneys that could be used for other vital student support needs are redirected by the CSU or UC in order to pay for personal injury law cases, etc. by students and/or their families?

Additionally, what happens if the ultrasound was not performed correctly at a SHC and a student receives the medication, but should not have?

- 4) *Student health fees and billing.* As mentioned above, SHCs are funded mainly through student health fees; they do not receive state funding. If students truly want to receive abortions by medication services, *the Committee may wish to consider if the better policy option would be to have students on every campus vote to increase their student health fees in order to have abortion by medication services provided.*

To note, Committee Staff understands that in most cases, students who have sought additional specific health services at their SHCs did so by a campus wide vote of the students; in some cases the vote was to increase the student health fee in order to offset the costs of the requested health service at the SHCs.

Committee Staff has heard some say that the SHCs can just bill the students' insurance companies, but to note, neither the CSU nor UC are equipped to start billing students' insurance companies (they would have to create and staff a billing office at each campus).

- 5) *Commission on the Status of Women and Girls*. This bill authorizes the Commission to:
- a) Administer the fund (as created by this bill) that will grant moneys to every campus to receive necessary equipment before providing pills to students; and,
  - b) Write a report on the success of the program.

To note, the bill authorizes the Commission to work with the SHCs in order to assist and advise on potential pathways for SHCs to access public and private payers to provide funding for ongoing costs of providing abortion by medication services. The Commission is required to report to the Legislature, on or by December 31, 2020, and then on or by December 31, 2021, the number of UC and CSU SHCs that have begun providing abortion by medication services.

However, the bill is silent as to how the Commission will have access to necessary data, etc. to write this report and the required report does not call for additional metrics (i.e. number of students, demographics (to the extent possible by age, gender, and ethnicity) of students per month who received abortion by medication services, etc.).

*Should this measure pass out of this Committee, the author may wish to amend this portion of the bill to instead authorize the systemwide offices of the UC and CSU to issue the reports to the Legislature with more specificity and/or authorize the systemwide offices to share their data with the Legislative Analyst's Office (LAO) and require the LAO to issue the reports.*

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

American Academy of Pediatrics, California  
 American Association of University Women  
 American Civil Liberties Union of California  
 American College of Obstetricians & Gynecologists - District IX  
 Associated Students, University of California, Berkeley  
 Business and Professional Women of Nevada County  
 California Academy of Family Physicians  
 California Commission on the Status of Women and Girls  
 Center on Reproductive Rights and Justice at Berkeley Law  
 Citizens for Choice  
 Having Our Say Coalition  
 National Abortion Federation  
 Planned Parenthood Affiliates of California  
 Students United for Reproductive Justice at Berkeley  
 University of California Student Association  
 Western Center on Law and Poverty

### **Opposition**

California Catholic Conference, Inc.  
 Californians for Life



Concerned Women for America  
Fresno State Students for Life  
Right to Life of Central California  
Right to Life of Kern County

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