

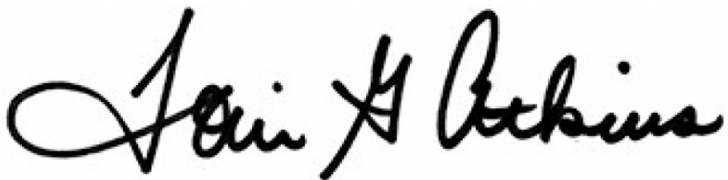


CALIFORNIA FUTURE OF ABORTION COUNCIL
DECEMBER 2022 ADDENDUM

A Message from Senate President pro Tempore Toni G. Atkins

We established the California Future of Abortion Council more than a year ago to safeguard California's commitment to reproductive freedom and strengthen access to basic healthcare. Working in concert with stakeholders, providers, and healthcare consumers, the Council issued a report and policy recommendations that served as a roadmap for the California Legislature's approach to reproductive bills. All told, the Legislative Women's Caucus championed a legislative package of more than a dozen bills that were signed into law, all of which strengthen legal protections for consumers and abortion providers, expand the reproductive health care workforce, and ensure access to affordable care for low-income residents and communities of color. California also committed more than \$200 million in the state budget for key reproductive rights investments, including millions of dollars to bolster security at clinics, backfill lost Title X family planning funds, provide financial support for health care professionals and to support clients who may need to come to California for health care.

When news of the impending United States Supreme Court ruling on *Dobbs v. Jackson* leaked, the California Legislature was ready. I, along with Speaker Rendon and more than 82 Senate and Assembly coauthors, introduced and swiftly passed SCA 10, a bill to enshrine the right to abortion and contraception in our California Constitution. The measure passed the Legislature with widespread support, and became Proposition 1, a ballot measure that was approved overwhelmingly by voters in November. We secured many victories in 2022, but there is still work to be done. The Future of Abortion Council, in partnership with the Legislature, can focus on implementation of critical policies that will continue to protect and expand reproductive health care access in our state. Though the outlook on abortion and reproductive care in America is grim, I am deeply proud of the work we have done in California to protect our reproductive rights and help all those who have had their rights eroded by their home states. The Future of Abortion Council is integral to that work, and my colleagues and I look forward to our continued partnership.

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

Overview

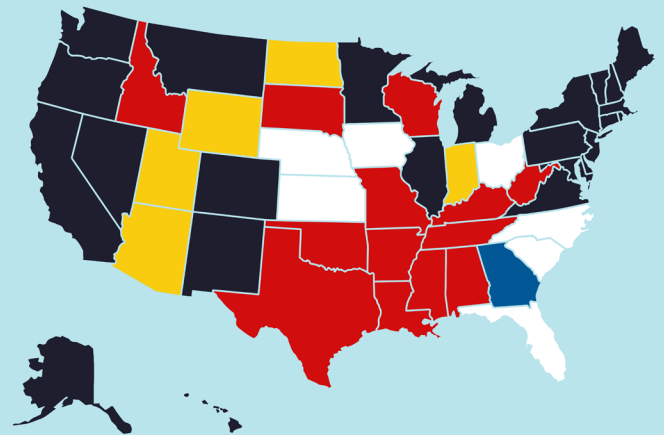
On June 24, 2022, the U.S. Supreme Court overturned the long-standing legal protections for abortion under *Roe v. Wade* with its decision in [*Dobbs v. Jackson Women's Health Organization*](#). While abortion remains legal in California, this decision took away the federal constitutional right to abortion - opening the door for hostile and extreme politicians across the country to ban and criminalize abortion services as well as the possibility of federal restrictions on abortion.

As of November 23, 2022, 13 states have total abortion bans in effect, 8 states have pre-viability gestational limits in effect, and 5 states have bans that are temporarily blocked by court challenges. Right now, [almost a third](#) of women and people who can become pregnant of reproductive age in this country live in a state where abortion is not legal or is severely restricted. This number will likely increase as legal challenges are settled in court and more state legislatures prepare to pass extreme abortion restrictions in upcoming legislative cycles now that *Roe v. Wade* has been overturned. It is likely that abortion will be banned or severely restricted in 26 states, affecting more than 36 million women and even more people who can become pregnant - and disproportionately harming youth, people with low incomes, and communities of color.

Status of Abortion Access in the United States as of November 23, 2022

- Abortion banned (13 states)
- Abortion available (24 states & DC)
- Abortion available, pre-viability gestational limit in effect (7 states)
- Abortion ban temporarily blocked, abortion legal (5 states)
- 6 week LMP gestational limit in effect (1 state)

[Source: KFF.org](https://www.kff.org)



According to the [Guttmacher Institute](#), since the *Dobbs* decision, 66 clinics across 15 states have been forced to stop offering abortions, and 26 have shut down entirely. The landscape for abortion access across the country continues to shift, impacting abortion providers, supporters, and millions of pregnant people who are unable to access not just abortion care, but a full range of reproductive and sexual health care, in their home states. In California, providers have already seen an [increase](#) in patients traveling from out of state, and this trend is likely to continue and evolve as more states pass bans and as a result of legal actions. California's abortion providers and support network know that there are unmet needs at this time. Providers and advocates hope to increase their capacity to serve additional patients when funding is included in the 2022 state budget to protect and expand access to care and information is distributed.

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 or programs, the categories and identifiers in the original data are used, and may include gendered words like “female” or “woman.”

Key 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

PE4PW = Presumptive Eligibility for “Pregnant Women”

HCAI = California Department of Health Care Access and Information

The California Future of Abortion Council

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 Governor Newsom and state 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 within the state’s borders.

The CA FAB Council issued its first [report](#) in December 2021, which included 45 recommendations for policymakers to protect, strengthen, and expand abortion access in California. Based on these recommendations, California [passed a historic 15-bill package](#) and allocated over \$200 million in the state budget to support sexual and reproductive health care, including abortion, and to protect the rights of patients seeking abortion care and those who support them. Included in this historic legislative package was Senate Constitutional Amendment (SCA) 10, introduced by Senate President Pro Tempore Toni Atkins and Assembly Speaker Anthony Rendon. SCA 10 proposed an explicit constitutional right to abortion and contraceptives and cleared the way for Proposition 1 to be included in the statewide ballot. In November of 2022, Californians overwhelmingly [voted](#) in support of Proposition 1 to enshrine the right to abortion and contraceptives in our state Constitution.

These actions have continued California’s commitment to being a Reproductive Freedom State and national leader in expanding and protecting reproductive health access and equity for all. The work continues, however, as the anti-abortion movement seeks to ban and criminalize abortion nationwide. The CA FAB Council reconvened in the fall and winter of 2022 to review California’s progress in implementing its 2021 recommendations, identify new and ongoing barriers to abortion services, and recommend additional policy proposals to support equitable and affordable access to abortion care based on lessons over the past year and ongoing and new attacks in the post-*Dobbs* environment.

The following update to the CA FAB Council Report summarizes progress made on the 2021 recommendations and includes an additional 16 recommendations that reflect the continued need to protect and expand abortion access. This update also underscores the devastating impact the *Dobbs* decision has had on providers, patients, and supporters. These additional recommendations seek to ensure that California meets the needs of people seeking abortion care and to protect these individuals and those who support them post-*Dobbs*.

We call on California’s leadership to continue leading the nation in advancing reproductive freedom, expand the state’s abortion network of providers and supporters, and reduce barriers to care for anyone seeking abortion services in California.

Letter from Rob Bonta, Attorney General of California

Fellow Advocates for Reproductive Freedom:

In the days following the Supreme Court's decision to overturn *Roe v. Wade*, some of our worst fears have come to fruition. One in three women has lost access to abortion. Patients, including children and survivors of sexual violence, have been forced to cross state lines to receive reproductive care. Pregnant people — disproportionately those of color — have been stripped of fundamental rights across a large swath of our nation.

Dobbs caused great despair, but it also resulted in an unprecedented wave of action. Providers advocated for their patients. Americans marched, rallied, and voted. States passed new laws to protect reproductive freedom.

Nowhere has this been truer than in California. Guided by recommendations put forward by the Future of Abortion Council, we passed and signed into law the largest bill package expanding reproductive rights in our nation's history. In a loud majority, Californians used their voice and their vote to pass Prop 1, enshrining the right to abortion and contraceptives in our state's Constitution. Our Legislature and Governor provided historic funding for patients and providers, a \$200 million investment, to ensure California continues to stand tall as a proud reproductive freedom state.

For my part as California's chief law enforcement officer, I pledged to use the full force of the law and the full authority of my office to defend and expand reproductive freedom. At the California Department of Justice, we followed through by implementing the FAB Council's recommendations. We issued a first-of-its-kind legal alert to prevent unlawful prosecutions for pregnancy loss. We launched a statewide legal and law enforcement task force to protect those seeking and providing abortions. We warned Californians of the misleading nature of the services provided by crisis pregnancy centers. We sponsored new legislation to protect abortion data privacy. And, we are proudly defending laws passed by the FAB Council, like the Abortion Accessibility Act (SB 245), which eliminates cost-sharing for abortion and abortion-related services.

California's historic leadership is providing a path forward that centers equity and people — not personal political agendas. In this journey, our state has been guided by the FAB Council's recommendations. When we needed it most, the FAB Council's report served as a powerful roadmap to blunt the fallout of *Dobbs* and expand reproductive freedom in our state.

As anti-access forces continue to threaten providers and further undermine patient care, our work isn't done. With this addendum report, the FAB Council is charting additional paths forward to ensure equity, access, and justice. May California, and indeed the nation, take these pages to heart and turn them into necessary action.

In solidarity,



Rob Bonta

Attorney General of California

About the Recommendations

In December 2021, the CA FAB Council [released](#) 45 policy recommendations in anticipation of the *Dobbs* decision to prepare California and Californians for the U.S. Supreme Court to overturn *Roe v. Wade*. The CA FAB Council [recommendations](#) address the following:

1. Increase investments in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care.
2. Ensure cost is not a barrier to care and reimbursement for abortion and abortion-related services is adequate and timely.
3. Invest in a diverse California abortion provider workforce and increase training opportunities for BIPOC and others historically excluded from health care professions.
4. Reduce administrative and institutional barriers to abortion care.
5. Strengthen legal protections for abortion patients, providers, and supporting organizations and individuals.
6. 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.
7. Support efforts to collect data, conduct research, and distribute reports to assess and inform abortion care and education needs in California.

The California State Legislature, led by the Legislative Women's Caucus, subsequently took action to [pass](#) a historic legislative package in 2022 that stemmed from the CA FAB Council report. The legislative package was the product of months of collaboration between advocates and policymakers and addressed the national health crisis spreading across our country in anticipation of and following the U.S. Supreme Court's decision in *Dobbs*.

Accomplishments

The following recommendations were addressed in part or completely over the past year. Many of these recommendations will likely require ongoing funding and continued advocacy to facilitate implementation.

- ✓ Fund the work of abortion fund organizations, abortion providers, or other community-based organizations that secure practical support needs for patients. ([SB 1142 \(Caballero and Skinner\)](#); Budget)
- ✓ Invest in the development of an abortion access landing page for centralized information for people seeking abortion care in California. ([SB 1142 \(Caballero and Skinner\)](#); Budget; See California Abortion Access website <https://abortion.ca.gov/>)
- ✓ Fund practical support infrastructure, capacity building, coordination, and safety measures for providers, clinics, patients, and funds. ([SB 1142 \(Caballero and Skinner\)](#); [SB 1245 \(Kamlager\)](#); Budget)
- ✓ Create and fund a program to reimburse providers for services they provide to individuals without other means of paying for care. ([AB 2134 \(Weber\)](#); Budget)
- ✓ Establish a gap coverage program to provide coverage to Californians lacking coverage for abortion and abortion-related care, including those who are uninsured and underinsured. ([AB 2134 \(Weber\)](#))
- ✓ Eliminate cost-sharing for abortion and abortion-related services regardless of a patient's insurance type. ([SB 245 \(Gonzalez\)](#))
- ✓ Standardize telehealth policies across Medi-Cal and commercial payors. ([AB 32 \(Aguilar-Curry and Rivas\)](#))
- ✓ Optimize loan repayment for clinicians. ([AB 1918 \(Petrie-Norris\)](#))
- ✓ Improve the education pipeline by creating a California Reproductive Service Corps. ([AB 1918 \(Petrie-Norris\)](#))
- ✓ Create and fund a grant program for abortion training and providers serving medically underserved populations. ([AB 1918 \(Petrie-Norris\)](#); Budget)
- ✓ Expand the Song-Brown Healthcare Workforce Training Program to include certified nurse-midwives. (Budget)
- ✓ Establish funding for California-based organizations providing and enabling clinical abortion training in primary care. ([AB 1918 \(Petrie-Norris\)](#); Budget)

- ✓ 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. (Budget)
- ✓ Enact legal protections from civil and criminal liability to the extent possible for clinicians that provide abortions to patients who reside in other states with hostile abortion laws. ([AB 1666 \(Bauer-Kahan\)](#); [AB 2223 \(Wicks\)](#); [AB 2626 \(Calderon\)](#))
- ✓ Protect people from prosecutions and criminalization of abortion or pregnancy loss. ([AB 2223 \(Wicks\)](#))
- ✓ 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. (Budget)
- ✓ Enact legal protections from civil and criminal liability to the extent possible for clinicians that provide abortions to patients who reside in other states with hostile abortion laws. ([AB 1666 \(Bauer-Kahan\)](#); [AB 2223 \(Wicks\)](#))
- ✓ Protect people from prosecutions and criminalization of abortion or pregnancy loss. ([AB 2223 \(Wicks\)](#))
- ✓ Protect patients that self-manage their abortion. ([AB 2223 \(Wicks\)](#))
- ✓ Protect Californians from third-party enforcement of abortion restrictions at the local level. ([AB 1242 \(Bauer-Kahan, Bonta, and Garcia\)](#); [AB 2223 \(Wicks\)](#))
- ✓ Enhance privacy protections for medical records related to abortion and pregnancy. ([AB 2091 \(Bonta\)](#))
- ✓ Fund community-based organizations that advance reproductive justice and provide medically accurate, culturally congruent, comprehensive sexual and reproductive health education, including on abortion, to various communities (e.g. immigrants, homeless, foster youth, BIPOC, LGBTQIA+, etc.). ([AB 2586 \(Garcia\)](#))
- ✓ Establish a supplemental payment program for Medi-Cal abortion providers. (Budget)

In addition, the following legislative actions also furthered the policy goals in the 2021 CA FAB Council report:

- ✓ Amend the California State Constitution to explicitly protect abortion and contraception ([SCA 10 \(Atkins and Rendon\)](#); [Prop 1](#))
- ✓ Expedite licensure for providers and clinicians committed to provide abortion care in California. ([AB 657 \(Cooper\)](#))
- ✓ Require qualified health plans under Covered California to report annually to the Department of Insurance and Department of Managed Health Care the total amounts of funds collected in the segregated accounts established under the ACA to hold premium payment of \$1 per member per month and from which claims for abortions must be paid. ([AB 2205 \(Carrillo\)](#))

Outstanding Recommendations

The following recommendations outlined in the 2021 CA FAB Council Report are outstanding and/or in progress. We urge policymakers to build on the work supported by the CA FAB Council and continue to work toward meaningfully addressing these recommendations. For more information on these recommendations, see the [2021 CA FAB Council Report](#).

- Improve access to and capacity of Medi-Cal Transportation Services.
- Improve Medi-Cal reimbursement rates.
- Update Medi-Cal abortion policies so that coverage and reimbursement for abortion and related care are consistent across Medi-Cal managed care plans.
- Limit reimbursement delays and claim denials for abortion services.
- Ensure that commercial plans have fair and reasonable rates.
- Provide financial support for abortion service providers to access affordable insurance coverage.
- Ensure that primary care and family medicine education programs provide training in miscarriage management, medication abortion, and aspiration abortion.
- Provide grants to implement and/or re-introduce medication abortion (MAB) in clinics.
- Update Medi-Cal billing policies around medication abortion to facilitate equitable access to MAB for Medi-Cal beneficiaries.
- Explore mechanisms, including working with other states, for California providers to offer MAB services to patients who reside in another state using telehealth.
- Update Medi-Cal abortion policies that limit access to abortion care for Medi-Cal beneficiaries.
- Address existing barriers to abortion care later in pregnancy.
- Assess and address gaps in abortion access in areas of the state that are served primarily by religiously affiliated hospitals and health systems.
- Modernize the Presumptive Eligibility for Pregnant Individuals (currently called PE4PW) Program, including eligibility requirements, coverage limitations, and the web-based enrollment system.
- Repeal invalidated law requiring parental consent for abortion services.
- Ensure implementation and compliance with laws protecting patients' confidentiality when they seek sensitive services.
- Adequately fund implementation and monitoring of California's existing comprehensive sexual health education mandate.
- Fund staff educators and community health workers in Medi-Cal Minor Consent to provide comprehensive sexual health education inclusive of abortion education.
- Require school districts to participate in the California Health Kids Survey and include a module on sexual and reproductive health care as a core survey module.
- Fund research on: 1) the CA FAB Council progress and impact; 2) comprehensive community survey to identify unmet educational and health needs; 3) effectiveness of sexual health education in public schools; 4) effectiveness and impact of the provision of medication abortion in the state; and 5) effectiveness of current reproductive and sexual health education interventions.

New Additional Recommendations

In addition to the ongoing work from last year's report, the CA FAB Council has identified the following additional policy recommendations to improve access to abortion care, support abortion providers, and address gaps in abortion access in the health care system. These recommendations reflect areas of ongoing advocacy to ensure proper implementation of actions taken in the past year as well as new issues that have been identified post-Dobbs by stakeholders who are directly seeing the impacts of abortion bans on providers, patients, and support networks in California.

1. Monitor disbursement of state funding for sexual and reproductive health, the rate at which the funds are disbursed and spent, and barriers to getting funds to organizations to support their work.

The California legislature included over [\\$200 million](#) in ongoing and new funding for sexual and reproductive health, including access to abortion care. These investments included funding for services, infrastructure, workforce, and education. It is important that this funding reaches the intended recipients in a timely manner, that the funding is adequate to support their work, and to identify and address any barriers to accessing the funds.

2. Continue to identify gaps in funding or additional needs to support California's abortion network.

While many people faced obstacles to accessing abortion prior to the *Dobbs* decision, abortion patients, providers, and those who support and assist them face an uncertain landscape with shifting laws, increased legal risks, and need to continue expanding capacity to provide the care and information patients want and need. There must be continued work to address ongoing and additional needs to protect patients and providers, increase and improve the state's abortion provider and support network, and provide ongoing funding to support policies to improve equitable access to abortion care in California.

3. Ensure meaningful implementation of the Abortion Practical Support Fund.

The California state legislature established the California Abortion Practical Support Fund and allocated \$20 million to provide grants for non-profit organizations and abortion providers that assist people facing financial barriers with direct practical support services to access and obtain an abortion. These funds will be administered by HCAI. The state should make sure that the funding is quickly distributed to the eligible organizations to support their work and assist them in building capacity to accommodate additional patients seeking abortions in California.

4. Align Medi-Cal coverage of medication abortion with evidence-based clinical guidelines.

[Research and clinical practice](#) demonstrates that medication abortion can, and is, safely and effectively provided after 70 days gestation. The Department of Health Care Services (DHCS) should align its billing policies to support full reimbursement for the provision of medication abortion to align with up-to-date clinical guidelines, subject to the provider's professional judgment and scientific evidence.

5. Update Medi-Cal policies to improve access to mifepristone and misoprostol.

DHCS should make permanent its [current policy under the Public Health Emergency](#) to facilitate the provision of medication abortion via telehealth. Further, DHCS should clarify that mifepristone and misoprostol may be provided by prescription as a pharmacy benefit as well as a medical benefit, ensure that both fee-for-service and Medi-Cal managed care formularies include mifepristone and misoprostol with no prior authorization requirements, and ensure that mifepristone and misoprostol are available to patients regardless of their pharmacy's network affiliation consistent with [APL 22-022](#).

6. Improve access to long-acting reversible contraceptives (LARCs) for those seeking abortion services.

Individuals seeking abortion services often access LARCs at the same time they receive abortion services and with their abortion provider. As a result of coverage restrictions in Medi-Cal and FPACT, patients whose abortion care is covered by Medi-Cal or the PE4PW program are often unable to access LARCs in conjunction with their abortion. Medi-Cal and FPACT coverage and reimbursement policies should be updated to ensure individuals seeking abortion care and wishing to receive a LARC in conjunction with that care are able to access them during the same visit.

7. Provide ongoing funding of Medi-Cal abortion equity and infrastructure payments and expand eligibility to include additional safety net abortion providers.

California legislature allocated \$15 million for supplemental payments for abortion services in Medi-Cal this year. This one-time funding through June 2024 is limited to community health centers that are not designated as Federally Qualified Health Centers (FQHCs). Recently, DHCS released [guidance](#) that provided, effective October 1, 2022, FQHCs, Rural Health Centers (RHCs), and Tribal Clinics with a new option to bill Medi-Cal for abortion services. The state should ensure that the supplemental payments established in the 2022 budget are ongoing and include any Medi-Cal abortion provider, including FQHCs, RHCs, and Tribal Clinics so patients accessing abortion care through the Medi-Cal program have access to a robust network of providers.

8. Clarify Presumptive Eligibility for Pregnant Individuals (currently called PE4PW) coverage policies and ensure PE4PW patients can access abortion services regardless of other health coverage.

While federal policy prohibits Medicaid coverage of federally funded prenatal services for patients who have other health coverage, the PE4PW program applies this policy more broadly than required under the federal policy to all services received by a patient with other health coverage. Services that do not receive federal funding, including abortion services, should be exempted from these restrictions so that other health coverage is not a barrier to care, including abortion care, in the PE4PW program. PE4PW policies should be updated to clarify coverage of abortion services and prenatal care services for patients with other health coverage and to better reflect that all pregnant individuals may be eligible regardless of their gender identity.

9. Secure ongoing and adequate funding for the Reproductive Health Service Corps.

Ongoing and adequate funding is needed to ensure that all aspects of the program have the necessary resources for implementation and sustainability to continue working towards a reproductive health care workforce that reflects California's diverse communities and fully integrates abortion training as normal and essential care. The California legislature allocated \$20 million for implementation of [AB 1918](#), the Reproductive Health Service Corps. Ongoing funding is needed to ensure the program's sustainability.

10. Ensure that medical malpractice insurance includes coverage for comprehensive sexual and reproductive health care.

According to [recent research](#), a major barrier to expanding access to abortion care is the cost and availability of liability insurance. The study found that physicians who want to provide abortion care must often purchase costly abortion riders while professional liability insurance carriers refuse to provide coverage altogether. Malpractice insurance for healthcare providers should include a non-discrimination clause that removes abortion exceptionalism so that all policies include coverage for sexual and reproductive health care, including abortion and gender-affirming care. Malpractice insurers should not deny coverage based on speciality, and they should be prohibited specifically from denying coverage to providers who provide reproductive health care, including abortion and gender-affirming care.

11. Provide additional safeguards for California abortion providers and other entities and individuals that serve and support abortion patients that reside in states with hostile abortion laws.

The California legislature passed several bills this year that provided protections against civil and criminal liability for patients, providers, and other entities that obtain, provide, or assist someone in accessing abortion services. Over the past year, additional safeguards have been identified that are needed to strengthen protections for California abortion providers and others against enforcement of hostile abortion laws of other states. This includes additional mechanisms to protect against criminal prosecution and third-party civil enforcement of abortion restrictions, protect property assets from out-of-state civil judgments, and protect those providing care to or assisting a patient from another state obtain an abortion. Additionally, abortion providers should be protected against adverse actions related to their participation in public benefit programs, health plan and insurance contracts, and credentialing due to enforcement of another state's hostile abortion law.

12. Enhance privacy protections for medical records related to abortion, pregnancy loss, and other sensitive services through electronic health record sharing and health information exchanges.

While interoperability and health information exchanges facilitate coordination of care, they also raise concerns about the confidentiality of sensitive patient records, including those related to abortion, when they are shared outside of California. There must be additional confidentiality protections so patient medical information related to sensitive services, including abortion, are not automatically shared with out-of-state electronic health record systems and providers who are in a state with hostile abortion laws.

13. Provide privacy protections for digital data related to patients accessing abortion services in California.

As patients travel outside their home states to access abortion, it is important that their digital data is not used to track them or used as evidence in any civil or criminal action against them for obtaining an abortion in California. The state should ensure that geofence and keyword search warrants cannot be used by law enforcement to initiate dragnet hunts for people seeking abortions and other sensitive services.

14. Protect abortion patients, providers, and those that support them by ensuring that their identities remain confidential and are not publicly disclosed.

In order to protect their security and safety, personal information about and the identities of abortion patients, providers, and those that support them should have additional protections from public disclosures and records requests.

15. Regularly update and maintain the state abortion website to ensure that it offers current, accurate, comprehensive, and inclusive information.

[SB 1142](#) required the state to establish a [state website](#) where the public can access information about abortion services in California. The state should continue to work with experts and stakeholders to make sure that the information on the website is accessible and in compliance with Americans with Disabilities Act requirements and is updated, accurate, comprehensive, and culturally relevant. Further, immediate improvements must be made to address accessibility issues identified in [this letter](#) from a coalition of organizations and networks representing people with disabilities.

16. Fund a statewide campaign to address harmful misinformation and services by crisis pregnancy centers (CPCs).

According to a [recent report](#), “crisis pregnancy centers are anti-abortion organizations that seek to reach [...] people facing unintended pregnancies to prevent them from accessing abortion and contraception.” Many CPCs use deceitful and harmful practices that include deceptive marketing, make false medical claims, and often provide limited medical services, misleading people, delaying care, and harming people’s health. The state should fund a multipronged campaign to combat these practices that includes a statewide campaign to study and address their impacts and a coordinated statewide communications and outreach strategy to reach communities targeted by CPCs and those impacted by the digital divide.

Conclusion

While the right to abortion is no longer a constitutionally protected right at the federal level, California is strengthening its abortion protections and has enshrined protections into our state's constitution to ensure that the right to access abortion and birth control is protected for generations to come. The CA FAB Council continues to build on the work it started last year and has produced additional recommendations to improve the provision of and access to essential abortion services and information statewide.

We urge local and state policymakers to act upon any ongoing, outstanding, and new CA FAB Council recommendations as outlined in last year's report and in this update, as quickly as possible. With each passing day, people across the country and here in California continue to face life-altering barriers to care.

We all must continue to take meaningful action to implement these recommendations and ensure abortion is available and equitably accessible to all in California.

FAB Council Participants

Steering Committee

ACCESS REPRODUCTIVE JUSTICE

Black Women for Wellness Action Project

California Coalition for Reproductive Freedom

California Latinas for Reproductive Justice

Essential Access Health

NARAL Pro-Choice California

National Health Law Program (NHeLP)

Office of Senator Toni G Atkins, Senate President pro Tempore

Planned Parenthood Affiliates of California

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 California Action

ACLU of Northern California

ACLU of Southern California

ACT for Women and Girls

Advancing New Standards in Reproductive Health (ANSIRH)

Advocates for Youth

All* Above All

American College of Obstetricians and Gynecologists District IX

California Abortion Alliance

California Nurse-Midwives Association

California Medical Association

California Women's Law Center

Chico Feminist Women's Health Center

Choix

Citizens for Choice

FPA Women's Health

Hollywood NOW

Ibis Reproductive Health

If/When/How: Lawyering for Reproductive Justice

Los Angeles County Department of Public Health

MYA Network

National Center for Youth Law

Office of Assemblymember Rebecca Bauer-Kahan

Office of the Governor of California Governor Gavin Newsom

Office of Senator Lena Gonzalez

Orange County Women's Health Project

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

Reproductive Health Equity Project

Roots of Labor Birth Collective

UC Davis Health

UCLA Law Center on Reproductive Health, Law, and Policy

UCSF Bixby Center for Global Reproductive Health

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

UCSF HIVE and Team Lily

Women's Foundation California

Women's Health Specialists

Women's Reproductive Rights Assistance Project