

## **SB 320: College Student Right to Access Act**

Senator Connie M. Leyva (D-Chino)

### **SUMMARY**

SB 320 would require all on-campus student health centers at public universities to provide medication for early pregnancy termination for its students.

### **PROBLEM**

California public institutions of higher education strive to offer comprehensive reproductive health care for students in on-campus student health centers. These services include pregnancy testing, pregnancy options counseling, contraception, and screening for sexually transmitted infections.

Unfortunately, every year University students seeking early pregnancy termination are unable to access this care on campus. Instead, students must travel to an unknown provider, often without reliable means of transportation. Even within the same city, public transportation can take hours and, in many cases, students need to travel out of their city, county, or even geographic region to access services. This process can be cost prohibitive and time intensive, may require students to miss class or work obligations, and adds unnecessary stress.

Delays and difficulties in accessing inexpensive, safe, and non-invasive early abortion care disproportionately interferes with the academic success and well-being of people who are female, and disproportionately impacts students of color and low-income students for whom reliable transportation and a flexible work schedule is less accessible.

Abortion care is a constitutional right, and an integral component of comprehensive sexual and reproductive healthcare and yet it is not available where student receive health care services for their other needs.

### **BACKGROUND**

Currently none of the student health care centers at California's public institutions of higher education provides medication abortion services, despite how clinically simple the service is to offer.

Recent research estimates that every month 519 students at the 34 UC and CSU campuses seek medication abortions at off-site health care facilities<sup>1</sup>.

In fact, medication abortion is safer and less complicated than much of the care already offered at college health centers including diabetes management, mental health care, or diagnosis/treatment of sexual transmitted infections. In California, medication abortion can be provided by any licensed physician, nurse practitioner, physician assistant or certified nurse midwife.

Providing medication abortion requires 4 steps: confirming that the pregnancy is inside the uterus and no more than 10 weeks; affirming that abortion is the patient's decision for how to manage the pregnancy; providing a set of pills with instructions for use; and instructing the patient on what to expect and how to access care in the event of an emergency.

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The patient can take the first pill in the company of the provider. The second set of pills are used at home by the patient 24-48 hours later, depending on when the patient would like to expel the pregnancy. Most patients can return to normal activities within 1-2 days. A follow-up appointment with the provider is made for 1-2 weeks after the initial appointment to confirm successful termination of pregnancy.

Medication abortion has a success rate of over 97% and serious adverse events exist in only 0.3% of medication abortions (safer than Tylenol and Viagra)<sup>ii</sup>.

### **SOLUTION**

Require all student health centers at public universities to provide medication abortion for students on and after January 1<sup>st</sup>, 2022.

Another study found that all campus health centers at public universities have the minimum requirements for medication abortion provision: a private exam room, ability to do pregnancy testing and counseling, and clinicians who are licensed in the state of California<sup>ii</sup>.

This proposal will benefit all students who may become pregnant attending California public higher education institutions. It will help foster a supportive environment where students can concentrate on their studies; have truly comprehensive healthcare; and avoid the added financial, logistical, and emotional burden of seeking necessary reproductive

healthcare off campus. Supporting the academic and personal success of students ultimately benefits the state as a whole.

SB 320 will also create a special Medication Abortion Implementation Fund within the California State Treasurer's office, which will provide private funds in the forms of grants to on-campus student health centers to provide training and equipment for the implementation of abortion by medication techniques.

### **PREVIOUS LEGISLATION**

**AB 2194 (Chapter 384, Statutes of 2002)** by Jackson established that all residency programs in public and private universities provide training in abortion care.

**SB1301 (Chapter 385, Statutes of 2002)** by Kuehl authorized nurse practitioners, certified nurse midwives, and physician assistants to perform medication abortions.

**AB 154 (Chapter 662, Statutes of 2013)** by Atkins authorized nurse practitioners, certified nurse midwives, and physician assistants to perform early aspiration abortions safely within the terms of their licenses.

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<sup>i</sup> UCSF, School of Medicine, Advancing New Standards in Reproductive Health. *Assessing barriers to medication abortion among California's public university students*. 2017

<sup>ii</sup> UCSF, School of Medicine, Advancing New Standards in Reproductive Health. *Evaluating University of California and California State University capacity to provide medication abortion*. 2017