



March 18, 2022

**VIA ELECTRONIC TRANSMISSION**

The Honorable Gavin Newsom  
Governor, State of California  
1021 O Street, Suite 9000  
Sacramento, CA 95814

The Honorable Toni Atkins  
State Senate President pro Tempore  
State Capitol, Room 205  
Sacramento, CA 95814

The Honorable Nancy Skinner  
Senate Committee on Budget & Fiscal Review, Chair  
1021 O Street, Suite 8630  
Sacramento, CA 95814

The Honorable Susan Talamantes Eggman  
Senate Budget Subcommittee #3, Chair  
1021 O Street, Suite 8530  
Sacramento, CA 95814

The Honorable Anthony Rendon  
State Assembly Speaker  
State Capitol, Room 219  
Sacramento, CA 95814

The Honorable Philip Ting  
Assembly Committee on Budget, Chair  
1021 O Street, Suite 8230  
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula  
Assembly Budget Subcommittee #1, Chair  
1021 O Street, Suite 6240  
Sacramento, CA 95814

**Re: California's 2022-23 State Budget and The Future of Abortion Access**

Dear Governor Newsom and Legislative Budget Leaders,

On behalf of the undersigned organizations representing reproductive health care providers, and reproductive freedom, rights, health, and justice advocacy organizations, including legal experts and researchers, we write to provide additional information on the items proposed by our coalition in a letter dated December 20, 2022. We deeply appreciate the January Budget proposals to invest \$40 million into workforce and infrastructure priorities for abortion providers. However, **additional steps must be taken to protect Californians from the intentional consequences of restrictions in other states.** With your leadership, the investment recommendations identified by the California Future of Abortion (CA FAB) Council, to expand and protect access, can become a reality.

As we await a decision by the U.S. Supreme Court in a direct challenge to the long-standing legal protection of abortion under *Roe v. Wade*, which is expected by the end of June, our nation is already experiencing the effects of abortion restrictions in Texas and other states. These state-level restrictions create a ripple effect driving those seeking abortion farther from their home state and creating appointment limitations in other states throughout the country.

Despite California's long-standing commitment to reproductive rights, barriers to care have remained, especially for those in rural areas, people with low incomes, immigrants, undocumented Californians, LGBTQIA+ communities, those who face language barriers, and Black, Indigenous, and other communities of color. The effects of reduced access in other states, resulting in patients seeking care in California, will exacerbate the challenges these Californians and the organizations that serve them are currently dealing with, such as provider shortages.

**Since our last letter:**

- It was documented soon after SB 8 went into effect in 2021 that Texans have been traveling to [at least twelve states](#) including those as far as California, Arizona, Maryland, and Washington;
- As of March 15, thirteen states – including Arizona and Idaho – have proposed legislation that copy Texas' bounty enforcement mechanism, with Idaho's bill awaiting its Governor's signature.
- Several states have begun efforts to ban abortion at 15 weeks in anticipation that the Court's decision may uphold Mississippi's 15-week ban or overturn *Roe* altogether.
- A [recent study](#) by the University of Texas found that 45% of Texans went to Oklahoma for their care, but tragically, [just last week](#), Oklahoma's legislature began passing both a 6-week and a 30-day ban which will further displace Texans.

We previously wrote to urge your consideration of investments that align with recommendations released by the CA FAB Council. Today we urge your support to protect, strengthen, and expand access to abortion services in California that can be addressed in the 2022-23 state budget:

- **Invest in Direct Practical Support, and Infrastructure to Support Patients Seeking Abortion Care, and Provide Centralized, Medically Accurate and Culturally Relevant Information.** Abortion fund organizations, whose funding comes almost entirely from charitable donations, have long worked to eliminate barriers to care one patient at a time. However, these fund organizations are already heavily impacted by the demand caused by legal restrictions and other barriers that necessitate patients to travel for care. Without a significant and immediate investment, abortion funds and health care providers that offer practical support in California will be unable to meet the demand in the months and years to come. Resources are needed to continue and reinforce the network of organizations that provide solutions to the practical barriers such as transportation, lodging, childcare, and care coordination. Additionally, it is long past time for Californians to have access to trusted information about their rights and resources. We propose following the example of [Washington State](#), [New York City](#) by funding a simple, one-stop webpage for centralized information about potential providers, insurance coverage, practical and procedural support options, and language access. These goals can be accomplished with a one-time \$20 million allocation available for up to six years.
- **Create the California Reproductive Health Equity Program to Ensure Cost Is Not a Barrier to Care.** Reproductive health providers in California have been under increasing pressure to expand services in their communities while providing uncompensated care and services to Californians. Planned Parenthood health centers alone wrote off almost \$9 million in 2019 to cover costs of providing care to patients who could not afford it. Patients may be in this situation because of their income and program eligibility requirements, or because they lack

coverage for abortion and other reproductive health care, including those who are uninsured or underinsured due to gaps in their personal coverage due to religious exemption or because their employer insurance is regulated by federal law. If providers are going to remain financially stable and available to Californians during a time when patients are displaced by cruel restrictions in other states, the cost of uncompensated care must be addressed. We propose a \$20 million one-time allocation available over six years to reimburse California providers for uncompensated reproductive health care services.

- **Provide a Limited Equity and Infrastructure Payment for Abortion Care in Medi-Cal.** Despite Proposition 56 funding and other enhancements in recent years, reimbursement rates for many medical services do not cover the cost of providing care. As abortion providers adjust under the strain of the COVID-19 public health emergency and prepare to meet the needs of everyone who seeks care in our state, it is time for California to fully fund the cost of providing this essential service for Medi-Cal beneficiaries. We estimate that administering a \$250.00 Infrastructure and Equity Payment for abortion care provided by non-FQHC Community Health Centers would be a maximum of \$15 million per year.
- **Fund a Reproductive Health Pilot in Los Angeles.** Los Angeles County accounts for over a third of all abortions in California and is home to 28% of the state's population. This disproportionate prevalence of abortions in Los Angeles County likely reflects upon how patients have better access to abortion care in the County compared to other states as well as other parts of California. Given this and the County's role as a major metropolitan transportation hub with multiple airports, it is likely that nonresidents will come to Los Angeles County for abortions they cannot access in their home state or county. We support a \$20 million one-time allocation to support innovative approaches and patient-centered collaborations within LA County.
- **Establish a California Reproductive Health Scholars Corps for Diverse Aspiring and Existing Professionals in Underserved Area Who Receive Abortion Training.** To address the lack of abortion access in 40% of California counties, and strengthen and sustain the reproductive health workforce, the state must invest in the creation of a scholarship and workforce training program with robust stipends, that will educate and train health care professionals with diverse and/or rural backgrounds dedicated to providing abortion care in underserved areas. Additionally, the state must address financial barriers to abortion training by creating an innovative insurance plan that allows reproductive health retirees, independent health professionals and staff, and recent graduates to teach, continue advanced training, or serve their communities. These goals can be accomplished with a \$40 million investment to establish the Reproductive Health Scholars Corps.
- **Create a California Reproductive Justice and Freedom Fund to Address Reproductive and Sexual Health Equity and Increase Accurate Information.** Access to medically accurate, culturally responsive, comprehensive information remains inequitable. Additionally, misinformation and disinformation about abortion and reproductive health care in general, particularly at the hands of crisis pregnancy centers, present a harmful barrier to reproductive health care access, particularly for communities at the margins. Our state can address this by funding community-based organizations that already serve as trusted messengers for hard-to-reach populations. A California Reproductive Justice and Freedom Fund would support community-based reproductive health, rights, and justice organizations that conduct outreach and education, to provide medically accurate, culturally congruent, comprehensive sexual and reproductive health education that is inclusive of abortion care, among other resources, to the communities that they serve. We respectfully request a one-time allocation of \$15 million over three years to advance these goals.

For more details and information on the items included in this letter, please contact Lisa Matsubara, Lisa.Matsubara@PPACCA.org and/or Fabiola Carrión, carrion@healthlaw.org.

Sincerely,

**The California Future of Abortion Council Steering Committee**

ACCESS REPRODUCTIVE JUSTICE

Black Women for Wellness Action Project

Essential Access Health

NARAL Pro-Choice California

National Health Law Program

Planned Parenthood Affiliates of California

TEACH (Training in Early Abortion for Comprehensive Healthcare)

For a full list of organizations and recommendations please visit [CAFABCouncil.org](https://CAFABCouncil.org).

CC: Richard Figueroa, Deputy Cabinet Secretary, Office of the Governor  
Tam Ma, Deputy Legislative Secretary, Office of the Governor  
Dr. Mark Ghaly, Secretary, CalHHS  
Brendan McCarthy, Deputy Secretary, Program and Fiscal Affairs, CalHHS  
Michelle Baass, Director, Department of Health Care Services  
Holly Martinez, Executive Director, California Commission on the Status of Women  
Lauren Babb, Chair, California Commission on the Status of Women  
Scott Christman, Chief Deputy Director, HCAI  
Caryn Rizell, Deputy Director, Healthcare Workforce Development Division, HCAI