



# **CALIFORNIA FUTURE OF ABORTION COUNCIL**

## **2026 REPORT AND RECOMMENDATIONS**

**JANUARY 2026**

# Table of Contents

1.	Executive Summary	3
2.	Terminology	3
3.	The California Future of Abortion Council History and Accomplishments	4
4.	Recommendations	4
I.	Increase Investments in Abortion Funds, Direct Practical Support, and Infrastructure to Support Patients Seeking Abortion Care	
II.	Ensure Cost is Not a Barrier to Care and Reimbursement for Abortion and Abortion-Related Services is Adequate and Timely	
III.	Invest in a Diverse California Abortion Provider Workforce and Increase Training Opportunities for BIPOC and Others Historically Excluded from Health Care Professions	
IV.	Reduce Administrative and Institutional Barriers to Abortion Care	
V.	Strengthen Legal Protections for Abortion Patients, Providers, and Supporting Organizations and Individuals	
VI.	Meaningfully Address Misinformation and Disinformation and Ensure the Access to Medically Accurate, Culturally Relevant and Inclusive Education About Abortion and Access to Care is Widely and Equitably Available	
VII.	Support Efforts to Collect Data, Conduct Research, and Distribute Reports to Assess and Inform Abortion Care and Education Needs in California	
5.	Conclusion	12
6.	Appendix	12
7.	Signatories	14



# CALIFORNIA FUTURE OF ABORTION COUNCIL

## RECOMMENDATIONS TO PROTECT, STRENGTHEN, AND EXPAND ABORTION CARE IN CALIFORNIA

Since 2022, the US Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* has enabled new, extreme state-level abortion bans, restrictions, and penalties in [23 states](#). The impacts reverberate nationwide. In two years, more than [75 independent abortion clinics](#) in 29 states closed, and providers and trainees are [moving](#) to less restrictive states. Coupled with [maternity ward closures](#), including [several in California](#), pregnant and birthing people must navigate inadequate access to reproductive care, including abortion. Even in California, health centers continue to endure [anti-abortion violence](#), including arson and death threats. Post-*Dobbs* barriers deepen health inequities rooted in systemic racism, ableism, xenophobia, and transphobia — disproportionately harming [Black, Indigenous, and other people of color](#), [immigrants](#), [people with disabilities](#), [young people](#), and [LGBTQIA+ communities](#).

In anticipation of *Dobbs*, California advocates and lawmakers worked to strengthen protections for abortion and expand access. As one of the [most protective states](#) in the country, California boasts over 30 new laws and investments since 2021 that acted on recommendations from the California Future of Abortion Council. People across the US have benefited from our state's leadership, accessing care via providers across the state, training in California health centers, and finding accurate information at [www.abortion.ca.gov](http://www.abortion.ca.gov).

Today, catastrophic threats emerge from new federal actions. The 2025 federal budget reconciliation bill (HR 1), for example, deals significant blows to Medicaid and prohibits certain abortion providers — primarily Planned Parenthood health centers — from receiving federal reimbursement for services rendered in Medicaid. In the face of compounding attacks, California must lead with innovative solutions to protect and expand access to sexual and reproductive care, including abortion.

Today, the California Future of Abortion Council presents 48 recommendations to continue strengthening abortion access. This report contains new recommendations and reiterates several existing recommendations that require additional or ongoing commitment to continue the work of securing reproductive freedom. California's leadership remains crucial to achieve equitable access to care despite federal and out-of-state threats.

# Executive Summary

In September 2021, The California Future of Abortion (CA FAB) Council, comprised of over 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, recommended [45 policy proposals](#) supporting equitable and affordable access to abortion care for Californians and all who seek care here. In the fall of 2022, the Council put forth another [16 recommendations](#). California's leadership has taken strong action to enact CA FAB Council recommendations, investing over \$200 million in 2022 and enacting more than two dozen new laws protecting abortion and contraception rights and access in the state.

This report contains new recommendations and reiterates several existing recommendations that require additional or ongoing commitment to maintain California's progress in improving equitable abortion access. The recommendations stem from two convenings in the Spring and Fall of 2025 to assess California's progress and identify a path forward.

In revisiting the recommendations, the FAB Council recognized the accomplishments California has made and identified opportunities that California can continue to pursue. Collectively, the Council identified 48 recommendations in seven categories: 1) Investment in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care; 2) Addressing 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, 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.

## 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  
**CDPH** = California Department of Public Health  
**DHCS** = California Department of Health Care Services

**DMHC** = California Department of Managed Health Care  
**HCAI** = California Department of Health Care Access and Information  
**PE4PP** = Presumptive Eligibility for Pregnant People  
**teleMAB** = medication abortion via telehealth

# The California Future of Abortion Council

## History and Accomplishments

In September 2021, more than 40 organizations convened 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, affordable access to abortion care for Californians and all who seek care here.

The CA FAB Council issued its first report in December 2021, with [45 recommendations](#) for policymakers to protect, strengthen, and expand abortion access in California. The CA FAB Council reconvened in 2022 to review progress in implementing existing recommendations, identify new and ongoing barriers to abortion services, and put forth [16 additional recommendations](#) in the post-*Dobbs* environment. **Based on these 61 recommendations, California has enacted 1 state constitutional amendment and over 30 pro-abortion bills**, described in the appendix of this report.

**Additionally, California has invested over \$200 million since 2022 to advance abortion access and reproductive freedom.** These funds, also included in the appendix, support a multi-year effort to strengthen clinical capacity, ensure patient access, and build long-term reproductive health infrastructure statewide. While most programs are permitted until 2028, the need already exceeds available resources, and some programs require additional state investments to continue their work. For more information about the status of these programs and the need for renewed investments, please see the [CA FAB Impact Report](#).

## Recommendations

The FAB Council convened in spring and fall of 2025 to review existing recommendations and identify additional suggestions to address the latest attacks on abortion access in California. This 2026 report presents 48 recommendations, reiterating a commitment to areas where California has made significant progress and adding recommendations to address emerging needs. We call on California's leadership to continue leading the nation in advancing reproductive freedom, to expand the state's abortion network of providers and supporters, and to reduce barriers to care for anyone seeking abortion services in California.

### I. Increase Investments in Abortion Funds, Direct Practical Support, and Infrastructure to Support Patients Seeking Abortion Care.

Since 2021, significant resources have been allocated to increase capacity to support individuals seeking abortion care in California so that travel, lodging, childcare, and more do not create financial or logistical barriers to abortion access. For decades prior, 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 \(WRRAP\)](#) relied on their independent fundraising to support callers and patients seeking in-state abortion services, patients traveling to California, and patients needing to travel outside of California for care. Without continued support from the state, existing investments will be depleted, and many people will be severely impacted. The following recommendations focus on the need to continue and enhance financial support for abortion and practical services with an efficient integration among abortion providers, abortion funds, and other practical support organizations.

- Expand state infrastructure to support California's sexual and reproductive health care network amidst federal attacks.** California should invest in a state-run program that allows California's provider network to ensure patient access to services is sustained without disruption or dilution. Threats to federally funded programs including Medicaid, Family PACT, and Title X, cause instability and make state investments in California's sexual and reproductive health care providers, including abortion providers, essential to maintaining and expanding services amid a shifting legal and political landscape.

- **Invest in funding for abortion providers whose federal funding is eliminated, frozen, or withdrawn.** As part of HR 1, certain abortion providers, including Planned Parenthood health centers, are prohibited from receiving federal reimbursement for services provided to Medicaid enrollees. California must act to ensure that federal defunding of prohibited entities does not compromise access to reproductive care, including abortion. While the current prohibition applies for one year, anti-abortion members of Congress initially sought a decade-long defund and have demonstrated a willingness to renew and expand this de-facto abortion ban. Should providers be forced to reduce services or close health centers, California will suffer significant blows to its abortion access infrastructure.
- **Allocate ongoing funding to support the work of abortion fund organizations, abortion providers, and other community-based organizations that secure practical support needs for patients.** California's Abortion Practical Support Fund, created in 2022, has served more than 14,000 patients and remains essential for direct logistical and practical support such as gas, lodging, transportation, childcare, doula support, food, lost wages, etc. Funds for the Practical Support program – without additional state investments – will be fully allocated by Summer 2026. HCAI should continue monitoring funding disbursement, rates, and any barriers to meaningful implementation.
- **Continue investments supporting innovation in health care delivery focusing on abortion services.** The Los Angeles County Abortion Access Safe Haven Pilot Program, funded through a \$20 million investment of state dollars in 2022, supports innovative approaches and community-and patient-centered collaborations to safeguard and expand access to abortion services and information. The pilot program focuses on quality training, education, clinical care, practical support, building secure infrastructure, and activities that increase access to care including legal support and public education. All allocated funds have been awarded and the program will be discontinued without additional investments.
- **Increase FQHC capacity to provide abortion and contraception.** California should invest in communication and collaboration on FQHCs' capacity to provide abortion and contraceptive services.
- **Continue to identify gaps in funding or additional needs to support California's abortion network.** California must continue to assess and address gaps to funding and infrastructure to support its abortion networks. While many people already faced barriers to abortion access prior to the *Dobbs* decision, the current landscape, including passage of HR 1, has created even more uncertainty. There is a persistent need to expand access to provider care and patient information. This includes protecting patients and providers, expanding and improving the state's abortion provider and support networks, and providing ongoing funding to support policies to improve equitable access to abortion care across the state.

## II. Ensure Cost is Not a Barrier to Care and Reimbursement for Abortion and Abortion-Related Services is Adequate and Timely.

To ensure the sustainability and ongoing availability of timely health 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.

- **Sustain and expand California's Uncompensated Care Grant Program.** The California Reproductive Health Equity Fund was created in 2022 for the Uncompensated Care Grant Program. This program helps ensure abortion and contraception services are affordable and accessible by supporting California safety net providers who offer these services at low or no cost to patients. The program has served more than 174,000 patients and meets an essential need to provide access for Californians and individuals forced to travel due to abortion bans in their home states. All available funds have been awarded, and the program will be discontinued without additional state investments.

- **Improve Medi-Cal reimbursement rates.** Medi-Cal reimbursement rates for abortion, abortion-related care, and sexual and reproductive health services should be updated and increased to reflect the real cost of providing care. California's legislature allocated \$15 million in the Medi-Cal Equity and Infrastructure Fund in Medi-Cal in 2022. However, inadequate reimbursement forces clinics and funds to subsidize the state's promise of access. California must ensure abortion providers are compensated equitably so communities—particularly Black, Indigenous, low-income, and rural populations—can access care without delay or burden. This is especially urgent for abortion care provided later in pregnancy, which requires specialized clinical expertise, enhanced facility infrastructure, extended appointment times, anesthesia, and post-procedure support.
- **Ensure that the cost of abortion care is never a barrier, including for public university students.** California must enforce existing law that prohibits deductibles, copays, and all other cost-sharing for abortion and related services in state-regulated health plans. Additionally, the state must support implementation of state law requiring University of California and California State University student health centers to provide medication abortion on campus. Despite these protections, many still face unexpected fees, insurance confusion, or financial uncertainty when seeking care, including on their university campus.
- **Update Medi-Cal policies** so that coverage and reimbursement for abortion and abortion-related care are consistent across Medi-Cal managed care plans.
- **DMHC and CDI should ensure that commercial plans have fair and reasonable rates and rules.** DMHC and CDI should enforce state law prohibiting commercial plans from imposing cost-sharing requirements, utilization management, and/or utilization review for abortion and abortion-related services. The departments should also ensure commercial plans abide by uniform utilization and reimbursement rules for comprehensive sexual and reproductive health care.
- **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.
- **Expand access to teleMAB for Medi-Cal enrollees** by requiring coverage for asynchronous, patient-initiated telehealth for abortion and abortion-related services. Coverage should include over-the-counter pregnancy tests used prior to teleMAB visits. These updates are essential to ensure equitable, timely access to MAB for Medi-Cal beneficiaries, consistent with best practices and clinical standards.

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

Abortion bans do not only impact availability of care, but the ability of medical education training programs in restrictive states to prepare future health care providers to offer abortion services. For our state's abortion provider network to offer timely care to California patients and all who seek care here, California must continue to bolster 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, including those with disabilities, 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 patient-centered abortion care.

- **Sustain and support the Reproductive Health Service Corps (RHSC).** RHSC is the most comprehensive and inclusive of the six publicly-funded abortion training initiatives in the nation. The RHSC has successfully leveraged key partnerships within government, education systems, private and public health sectors, residency programs, and doula collectives, to train the next generation of healthcare professionals in abortion. In the first two years, the RHSC partners have trained more than 900 diverse healthcare providers in abortion care, including direct clinical abortion training for over 200 physicians, advanced practice clinicians, and family medicine residents. Collectively, these providers speak nearly 30 languages. To ensure institutionalization and sustain implementation, the state should continue its investment in critical training infrastructure.

- **Provide incentives for the healthcare system to invest in internal abortion training for providers**, allowing them to expand access to miscarriage management and medication and procedural abortion services. Healthcare leaders and facilities need technical assistance and funding to meet the dual goals of expanding access to abortion services, and ensuring the workforce is trained and able to provide appropriate care for their patients. Additional investments are needed, health care settings where pregnant people can already receive care, such as emergency departments, primary care, labor and delivery, and outpatient clinics. The results of this investment would ensure long-term patient access and a well-prepared workforce.
- **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.
- **Fund Patient Navigators and Community Health Workers to increase coordination of care.** The Department of Health Care Services (DHCS), in partnership with reproductive health providers, should leverage Community Health Workers (CHWs) eligible for Medi-Cal reimbursements to lead care coordination efforts. CHWs can support patients by facilitating warm handoffs, offering navigation support, and connecting individuals to essential services such as housing, food, and behavioral health care. CHWs and Patient Navigators—especially those from the communities they serve—are vital bridges between systems and people, ensuring care is navigable, trustworthy, and holistic.
- **Expand access to community-based doulas and birth workers.** California must continue to invest in the implementation of the Medi-Cal doula benefit to support the full spectrum of people's reproductive journeys, including investments in training programs. Community-based doulas and birth workers offer culturally affirming, trauma-informed, and linguistically accessible care that reflects the lived experiences of their communities. These trusted support networks provide critical emotional, physical, and logistical care during abortion, birth, pregnancy loss, and post pregnancy periods—ensuring no one navigates care alone.
- **Expand Ability of Advanced Practice Clinicians to provide abortion care.** Update laws related to the provision of abortion by nurse practitioners, certified nurse-midwives, and physician assistants to reflect the extent of their training and experience in alignment with evidence-based practice to increase abortion access and reduce barriers to care.

## IV. 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. 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 People (PE4PP) program; geographic gaps in abortion care access; disparities in access for the disabled community; growing federal threats; and 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 so that all pregnant people can obtain abortion care in our state.

- **Continue investments in physical and digital security infrastructure as well as training and enforcement of existing security and privacy laws to protect reproductive health care patients, providers, and clinics.** The consistent increase of digital and physical threats to the safety and security of health center organizations that support reproductive freedom has led to significant state investments. These funds have been depleted. California must invest state dollars in efforts to allow providers to improve physical and digital security, including providers who offer remote services.

- **Expand Medi-Cal coverage to include advanced provision of abortion medication and period pills.** Coverage should also include advance provision of abortion medication and period pills. Advance provision refers to prescribing and dispensing these medications before they are immediately needed, so patients have them on hand to use, when necessary, consistent with clinical guidance. These updates would allow Medi-Cal enrollees to access medication with clinician guidance before urgent need arises, aligning with best practices in reproductive care.
- **Improve access to and capacity of Medi-Cal transportation services.** As of 2024, about [40 percent](#) of California counties had no clinics providing abortions. DHCS should make Medi-Cal's transportation benefit easier to utilize to improve access to abortion services for Medi-Cal beneficiaries. 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 benefit.
- **Address barriers to care for people with disabilities.** As California ensures that state reproductive health policies and programs meaningfully address the needs of people with disabilities, this must include ensuring physical and digital accessibility, provider training in disability-competent care, and accommodations throughout the care journey.
- **Address barriers to care for people with limited English proficiency.** The state should also support efforts to address systemic barriers to accessing care for people with limited English proficiency, including communication supports, and enforcing protections against discriminatory practices.
- **Safeguard abortion access amidst immigration enforcement.** California must protect abortion access as a human right, ensuring that immigration status, language barriers, and fear of law enforcement do not block people—especially undocumented and mixed-status families—from essential care.
- **Integrate abortion policy into broader maternal health equity efforts.** California must lead by integrating abortion access into its response to the maternal health crisis that disproportionately harms Black, Indigenous, and other communities of color. The state should embed abortion access within equity-driven investments, data systems, and anti-racist health reforms that address the full scope of reproductive oppression. Abortion access and birth justice must be seen as inseparable in a continuum of care where people can birth and parent safely while also accessing abortion without stigma or obstacles.
- **Protect and expand abortion access for LGBTQI+ youth.** Federal threats to LGBTQI+ people's privacy and bodily autonomy threaten abortion access, especially for young people, those in foster care, and those navigating immigration or carceral systems. California must act to protect and expand youth abortion access by ensuring confidentiality, expanding provider training in youth-centered, gender-inclusive care, and investing in outreach, navigation, and support services.
- **Address existing barriers to abortion care later in pregnancy.** There must be clear and consistent guidance regarding existing protections for abortion rights and access in state law. It is important to address inconsistent implementation and ensure that institutions do not impose unnecessary restrictions to limit abortion access, especially 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.** 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.

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

California has taken strong action to protect patients, providers, and supporters from efforts to interfere 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 continuing to strengthen protections for patients and providers who lawfully provide, coordinate, or receive 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 lawfully providing, obtaining, or assisting in abortion care or in the event of pregnancy loss.

- **Preserve access to care amid federal threats.** California must maximize enforcement of state authority to safeguard abortion and reproductive health care access against potential federal restrictions. This includes codifying and enforcing protections in state law for providers and patients. The state should also ensure continuity of care for people who may be impacted by shifting federal policy, including out-of-state patients.
- **Protect access to services from enforcement efforts misapplying the Comstock Act.** California must ensure that Mifepristone can continue to be transported and administered. Medication manufacturers, providers, and patients should not be punished for accessing Mifepristone for legal use under state law.
- **Continue building on legal protections from civil and criminal liability as well as from 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 continue to engage in any and all available legislative and administrative actions to protect abortion providers from civil, criminal, or disciplinary actions - including actions enforced by a third party and extradition - 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.
- **Enforce state law prohibiting criminalization of abortion or pregnancy loss and continue to protect people from prosecutions and criminalization of abortion or pregnancy loss.** The state must ensure consistent enforcement of state law to keep patients and providers from the psychological, financial, and administrative burdens caused by attempts to criminalize pregnancy loss, including in California. The California Department of Justice and local law enforcement must remain vigilant to ensure that patients' pregnancy outcomes are met with care, not criminalization.
- **Enforce and continue building on privacy protections for sensitive information about patient care.** Education and enforcement of state law is essential to ensure that sensitive medical records are not disclosed to law enforcement when prohibited by state law. The Attorney General should also work with stakeholders to ensure that California law protecting the privacy of sensitive medical records related to abortion, contraception, and gender affirming care is fully enforced.
- **Enhance privacy protections for digital data related to patients traveling to receive 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.
- **Protect abortion patients, providers, and those that support them by ensuring their identities remain confidential and are not publicly disclosed.** In order to protect their safety and security, personal information and the identities of abortion patients, providers, and those that support them should be subject to additional protections from public disclosures and records requests.

- The Administration should continue to seek opportunities for state administrations that support abortion access to share lessons learned and identify pathways to protect and expand abortion access at the state level. California leadership should continue to engage coalitions of state leaders, including The Reproductive Freedom Alliance led by Governor Newsom and the Democratic Attorneys General Association, to act on the strongest state-level strategies nationwide.

## VI. 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, disabled individuals, 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. True access includes receiving information in accessible formats. In addition, the state must take meaningful action to combat and mitigate harmful and misleading information perpetuated by anti-abortion centers that can delay access to time-sensitive services.

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

- **Continue to fund culturally relevant, community-based organizations that provide medically accurate, comprehensive sexual and reproductive health education, including information about abortion, to communities that experience barriers to care.** Community-based organizations are best equipped to reach populations that exist on the margins and are disconnected from traditional systems and structures of care and education. Funding should be re-allocated for 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.
- **Update and maintain [www.abortion.ca.gov](http://www.abortion.ca.gov), California's landing page for people seeking information, resources, and abortion services.** Abortion.ca.gov plays an essential role as California's central repository for trusted, timely information about abortion and other sexual and reproductive rights, linkages to care, and evidence-based guidelines and resources for providers and the public. Dedicated funding is needed to ensure the maintenance of the website, expanded language access, and for proactive measures to expand public awareness about this vital resource. The California Department of Public Health (CDPH) should continue its communication with stakeholders to keep this landing page up to date, in compliance with Americans with Disabilities Act requirements, and responsive to the needs and barriers faced by different communities in California.
- **Increase public awareness and destigmatize abortion care.** California should invest in sustained, multilingual public education campaigns to ensure residents know their rights and how to access abortion care. These campaigns must be clear, culturally competent, and widely distributed across media platforms to reach underserved and impacted communities. Efforts should also address stigma and misinformation by centering patient stories and medical facts.

- **Fund a statewide campaign to address harmful disinformation and services by anti-abortion centers (also called crisis pregnancy centers or CPCs).** According to a [2022 report](#), these centers are “anti-abortion organizations that seek to reach [...] people facing unintended pregnancies to prevent them from accessing abortion and contraception.” Many anti-abortion centers use deceitful and harmful practices - including deceptive marketing and false medical claims - and often provide limited medical services, thereby misleading people, delaying care, and harming people’s health. The state should fund a multipronged campaign to combat these practices, including a statewide campaign to study and address their impacts and a coordinated statewide communications and outreach strategy to reach communities targeted by anti-abortion centers and those impacted by the digital divide.
- **Combat censorship of accurate abortion information.** The state should oppose efforts to censor medically accurate, evidence-based abortion information—whether online, in schools, or in health care settings. California should protect the right to share and access truthful information about abortion, including across digital platforms.
- **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, an October 2025 [report](#) from the California State Auditor indicates incomplete implementation of the California Healthy Youth Act (CHYA), leaving students vulnerable to misinformation and curricula that do not align with CHYA requirements. National research indicates that, historically, half of students served in special education settings did not receive sex education in school. California must ensure that students are offered CHYA-compliant sexual health education by providing implementation funding and monitoring school districts to ensure compliance. This may require additional funding for the California Department of Education for oversight, and/or county offices of education, school districts, and community-based organizations with a core competency in providing CSE, to provide training, instruction, or other support.

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

Continued research and data collection are needed to determine the state of abortion access in California and identify remaining barriers to care and quality of care. This work is essential to understand and respond to the needs of people experiencing barriers to care. Research methodologies and data collection must be guided by community needs, be accountable to the people whose experiences it represents, center privacy protections at all stages, and ensure findings translate into equity-driven policy.

The following are recommendations for areas 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 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 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.
  - Barriers to sexual and reproductive care, including abortion, caused by lack of social support and [reproductive coercion](#).

- **Effectiveness and impact of the provision of medication abortion (MAB) in the state.** To increase equitable access to MAB, studies should collect data on the use of telehealth in the provision of MAB, impacts since the COVID-19 public health emergency, mail-order MAB services, and which communities could benefit from more robust access.
- **Effectiveness of current reproductive and sexual health education, including in public schools.** Building on an October 2025 [report](#) from the California State Auditor, comprehensive data should be collected to determine and evaluate what youth are learning, including in school sexual health education programs, related to sexual and reproductive health and how to access care. Research is also needed to assess the extent to which existing reproductive and sexual health education interventions are patient-centered and/or community-based.
- **Research and research centers that inform legal and policy solutions that advance reproductive justice, including abortion access, in California.** California must support academic research institutions that serve as information hubs; facilitate knowledge exchange about reproductive health, rights, and justice across disciplines; and promote collaboration on research and public education. By supporting institutions that center abortion rights and justice, California cultivates a foundation for continued innovation in identifying barriers and pathways to expanding abortion access.

## Conclusion

While the right to abortion is no longer a constitutionally protected right at the federal level, California is strengthening its abortion protections, including in 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 recommendations and insight gathered in 2021 and 2022, and offers additional recommendations to improve the provision of and access to essential abortion services and information statewide. We urge California's state leadership to realize these recommendations with urgency.

## Appendix

Below is a list of actions by California leadership that demonstrate our state's ongoing commitment to being a Reproductive Freedom State. These actions, many of which stem from CA FAB Council recommendations, have provided an innovative model for other states seeking to protect abortion rights and access. As the legal and policy landscape continues to shift, many recommendations require ongoing funding and implementation efforts.

### Bolstering California's Abortion Infrastructure

- 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))
- Streamline the clinic permitting process and improve enforcement of constitutionally protected access to care. (AB 2085 (Bauer-Kahan))

## Actions to Support the Reproductive Health Care Workforce

- Optimize loan repayment for clinicians and the whole reproductive health professional team. (AB 1918 (Petrie-Norris))
- Improve the education pipeline for the entire reproductive health clinical workforce by creating a California Reproductive Health Service Corps. (AB 1918 (Petrie-Norris))
- Create and fund a grant program for abortion training for providers and clinical teams serving medically underserved populations. (AB 1918 (Petrie-Norris); Budget)
- Expand the Song-Brown Healthcare Workforce Training Program to include certified nurse-midwives. (AB 2529 (Davies, Calderon); Budget)
- Update competency requirements for abortion training for nurse practitioners, certified nurse-midwives, and physician assistants. (SB 1375 (Atkins); SB 385 (Atkins))
- Update Medi-Cal billing policies to facilitate equitable access to medication abortion for Medi-Cal beneficiaries. (Administrative Action)
- Establish funding for California-based organizations providing and enabling clinical abortion training in primary care. (AB 1918 (Petrie-Norris); Budget)
- Expedite licensure for providers and clinicians committed to provide abortion care in California. (AB 657 (Cooper); SB 233 (Skinner))
- Ensure that medical malpractice insurance includes coverage for comprehensive sexual and reproductive health care. (AB 571 (Petrie-Norris))
- Allow abortion training sites to contract with out-of-state medical residency programs to facilitate training through guest rotations in California. (AB 1646 (Nguyen))

## Efforts to Ensure Abortion Access is Equitable

- Eliminate cost-sharing for abortion and abortion-related services regardless of a patient's insurance type. (SB 1375 (Atkins))
- Standardize telehealth policies across Medi-Cal and commercial payors. (AB 32 (Aguiar-Curry and Rivas))
- Provide grants to implement and/or reintroduce medication abortion in clinics. (Budget)
- 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)
- Clarify Presumptive Eligibility for Pregnant People Coverage Policies. (AB 1481 (Boerner))
- 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 payments of \$1 per member per month and from which claims for abortions must be paid. (AB 2205 (Carrillo))

## Legal Protections

- Amend the California State Constitution to explicitly protect abortion and contraception. (SCA 10 (Atkins and Rendon); Prop 1)
- 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 as well as disciplinary action 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); AB 1707 (Pacheco); SB 345 (Skinner); SB 487 (Atkins); AB 260 (Aguiar-Curry))
- Protect people from prosecutions and criminalization of abortion or pregnancy loss. (AB 2223 (Wicks); (SB 345) Skinner)
- 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); SB 345 (Skinner))
- Enhance privacy protections for medical records related to abortion and pregnancy. (AB 2091 (Bonta); AB 352 (Bauer-Kahan); AB 254 (Bauer-Kahan); AB 260 (Aguiar-Curry))
- Provide privacy protections for digital data related to patients accessing abortion services in California. (AB 1194 (Carrillo); SB 345(Skinner); AB 45 (Bauer-Kahan))
- Enact licensing protections for attorneys' actions related to reproductive care that are lawful in California. (AB 1525 (Judiciary Committee))
- Strengthen California law to protect against violence and harassment of patients, providers, and volunteers. (AB 1356 (Bauer-Kahan); AB 2099 (Bauer-Kahan))

# FAB Council Participants

## ***Steering Committee***

ACCESS REPRODUCTIVE JUSTICE	National Health Law Program (NHeLP)
Black Women for Wellness Action Project	Planned Parenthood Affiliates of California
California Latinas for Reproductive Justice	Reproductive Freedom for All California
California Nurse-Midwives Association	Training In Early Abortion for Comprehensive Healthcare (TEACH)
Essential Access Health	California Coalition for Reproductive Freedom

***The following organizations participated in the development of and support the recommendations made in this report:***

ACLU California Action	If/When/How: Lawyering for Reproductive Justice
Advancing New Standards in Reproductive Health (ANSIRH), a research program at UC San Francisco	Mighty Community Advocacy
All* Above All	MYA Network
American Medical Women's Association	National Center for Youth Law
BIPOC Student Midwives Fund (BSMF)	Nurses for Sexual and Reproductive Health (NSRH)
Birthworker's Of Color Collective	Plan C
California Black Women's Health Project	Planned Parenthood California Central Coast
California Commission on the Status of Women and Girls	Planned Parenthood Los Angeles
California National Organization for Women	Planned Parenthood Mar Monte
California Primary Care Association	Planned Parenthood Northern California
California Women's Law Center	Planned Parenthood of Orange & San Bernardino Counties
Center on Reproductive Rights and Justice at UC Berkeley Law	Planned Parenthood of the Pacific Southwest
CHERRY	Planned Parenthood Pasadena and San Gabriel Valley
Citizens for Choice	Sex Worker Abortion Navigation Services (SWANS)
Disability Rights Education and Defense Fund	The Period Pills Project
DuPont Clinic Los Angeles	The Reproductive Health Hotline (ReproHH)
Equal Rights Advocates	UCLA Law Center on Reproductive Health, Law and Policy
Equality California	UCSF Bixby Center for Global Reproductive Health
FPA Women's Health	URGE: Unite for Reproductive & Gender Equity
Gender Equity Policy Institute (GEPI)	Women's Health Specialists
Ibis Reproductive Health	Women's Reproductive Rights Assistance Project (WRRAP)
	Women's Foundation California