

## Safe and Early Access to Reproductive Health Care SB 1338 (Kehoe)

### What would SB 1338 do?

This bill would ensure that women receive comprehensive reproductive health care from local providers they know and trust by increasing the types of health care professionals who can safely provide the care. The measure would authorize Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs) and Physician Assistants (PAs) to provide safe and early abortion care under the terms of their licenses.

### What does the current law allow?

Under Business and Professions Code Section 2253 NPs, CNMs and PAs may currently provide medication abortions and assist in providing more complex procedures.

### Why is SB 1338 needed?

Because an estimated one in three women will decide to terminate a pregnancy by age 45, access is an important aspect of women's reproductive health. Many women, especially low-income and underserved women, often do not have sufficient access to safe, early abortion care because of the limited number of physicians providing the care in their communities. In contrast, the clear statutory authority allowing clinicians to provide medication abortions has eliminated one significant barrier to women's ability to access this safe, early reproductive health care. However, medication abortion is an option only through the first nine weeks of pregnancy. A major UCSF study has proven that trained clinicians can safely provide early abortion care throughout the first trimester, which would eliminate another barrier to care for women in underserved areas.

Almost half of the counties in California have no accessible provider, requiring women to travel a significant distance to terminate a pregnancy. By increasing the number of clinicians who are competent to provide care, this measure would allow women to receive care locally from health professionals they already know and trust through a more responsive health care delivery system.

### What evidence supports this safe, early access approach?

A major, long-term study (Health Workforce Pilot Project #171) has demonstrated that these health care professionals can safely provide this early abortion care to patients. Since March 31, 2007, researchers at the University of California at San Francisco's Bixby Center for Global

Reproductive Health have been conducting a comprehensive study under the auspices of the Office of Statewide Health Planning and Development Health Workforce Pilot Project to train and evaluate NPs, CNMs and PAs in providing first-trimester aspiration abortion. For the duration of the project, OSHPD provides a mechanism to temporarily suspend laws and regulations that might otherwise restrict NPs, CNMs and PAs from performing safe and early abortions.

Under this study, nearly 8,000 patients have received these services from trained NPs, CNMs and PAs as part of this research study. The UCSF study compares the outcomes of these early abortions performed by trained clinicians to an equal number of procedures performed by physicians, for a total of approximately 16,000 procedures. The data show similar rates of high patient satisfaction and low complications in both groups.

UCSF is collaborating with five partner organizations throughout California to carry out this study. These health care organizations have trained approximately 45 NPs, CNMs and PAs who already offer a broad spectrum of reproductive health care at their respective organizations. The preliminary results indicate that patients are highly satisfied with care provided by NPs, CNMs, PAs and physicians. Abortion-related complications for NPs, CNMs and PAs and physicians are similar and both are well below the average published rates for this procedure (less than 2 percent for this study compared to 5 percent in the published literature).

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