

Date of Hearing: April 29, 2025

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 260 (Aguiar-Curry) – As Amended March 17, 2025

NOTE: This bill is double referred and previously passed the Assembly Committee on Health on a 12-1-2 vote.

SUBJECT: Sexual and reproductive health care.

SUMMARY: Protects the authority of a licensed health care professional to prescribe, furnish, order, or administer mifepristone and other medication abortion drugs; authorizes a pharmacist to dispense those drugs without the name of the prescriber or the name and address of the pharmacy on the prescription label, subject to certain requirements; and makes additional technical and conforming changes to recognize the constitutional right to receive abortion care in California.

EXISTING LAW:

- 1) Provides that the State of California shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives. (California Constitution, Article I, § 1.1)
- 2) Enacts the Reproductive Privacy Act. (Health and Safety Code (HSC) §§ 123460 *et seq.*)
- 3) Finds and declares that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, including whether to choose to bear a child or to choose to obtain an abortion. (HSC § 123462)
- 4) Defines "abortion" as any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. (HSC § 123464)
- 5) Prohibits the state from denying or interfering with a woman's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the woman. (HSC § 123466)
- 6) Protects individuals from civil or criminal liability based solely on their actions to aid or assist a pregnant person in exercising their rights under the Reproductive Privacy Act with the pregnant person's voluntary consent. (HSC § 123467)
- 7) Provides that a law of another state is contrary to the public policy of California if the law authorizes a person to bring a civil action against a person who receives or seeks an abortion; performs, provides, or induces an abortion; or engages in related acts. (HSC § 123467.5)
- 8) Expressly provides that an abortion is unauthorized if performed by someone other than the pregnant person or a health care provider authorized to perform an abortion pursuant to state law, or if the fetus is considered viable, and the continuation of the pregnancy posed no risk to life or health of the pregnant person, in the good faith medical judgment of the physician. (HSC § 123468)

- 9) Provides that California law governs in any action in the state against a person who provides or receives reproductive health care services if the provider was located in California or any other state where the care was legal at the time of the challenged conduct. (HSC § 123468.5)
- 10) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)
- 11) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction, including healing arts boards under Division 2. (BPC § 101)
- 12) Prohibits a licensee of a healing arts board from obstructing a patient in obtaining a legally prescribed or ordered drug or device, including emergency contraception drug therapy and self-administered hormonal contraceptives. (BPC § 733)
- 13) Prohibits a licensed health facility from denying, removing, or restricting the staff privileges of a licensee of a healing arts board on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that was based solely on the application of another state's law that interferes with a person's right to receive sensitive services, including sexual and reproductive health care, that would be lawful in California. (BPC § 805.9)
- 14) Prohibits healing arts boards from denying an application for licensure or disciplining a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that was based solely on the application of another state's law that interferes with a person's right to receive sensitive services, including sexual and reproductive health care, that would be lawful in California, regardless of the patient's location. (BPC § 850.1)
- 15) Requires the specified healing arts boards to expedite the licensure process for applicants who demonstrate that they intend to provide abortions within the scope of practice of their license. (BPC § 870)
- 16) Prohibits specified healing arts boards from denying an application for licensure or suspending or revoking a license solely because the licensee performed an abortion in accordance with the Reproductive Privacy Act and their respective practice act, including abortions performed in other states that have banned or restricted abortion. (BPC § 2253)
- 17) Establishes the California State Board of Pharmacy (BOP) within the DCA to administer and enforce the Pharmacy Law. (BPC §§ 4000 *et seq.*)
- 18) Defines "pharmacist" as a person to whom a license has been issued by the BOP which is required for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription. (BPC § 4036)
- 19) Declares that "pharmacy practice is continually evolving to include more sophisticated and comprehensive patient care activities." (BPC § 4050)
- 20) Authorizes a pharmacist to do all of the following, among other permissible activities, as part of their scope of practice:
 - a) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

- b) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.
- c) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies in coordination with the patient's provider or prescriber.
- d) Administer immunizations pursuant to a protocol with a prescriber.
- e) Furnish emergency contraception drug therapy, self-administered hormonal contraceptives, HIV preexposure and postexposure prophylaxis, and nicotine replacement products, subject to specified requirements.
- f) Administer drugs and biological products that have been ordered by a prescriber.

(BPC § 4052)

21) Authorizes a pharmacist to perform the following procedures or functions in certain licensed health care facilities in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:

- a) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.
- b) Ordering drug therapy-related laboratory tests.
- c) Administering drugs and biologicals by injection pursuant to a prescriber's order.
- d) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.

(BPC § 4052.2)

22) Authorizes a pharmacist to furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the BOP and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities, and sets additional requirements for the furnishing of self-administered hormonal contraceptives by pharmacists. (BPC § 4052.3)

23) Authorizes a pharmacist to initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with appropriate prescriptive authority. (BPC § 4052.6)

24) Requires pharmacists to dispense prescriptions in containers that are labeled with specified information, including the trade name or generic name of the drug, the directions for use of the drug, the name of the patient or patients, the name of the prescriber, the date of issue, and the name and address of the pharmacy, among other required information. (BPC § 4076)

THIS BILL:

- 1) Repeals various obsolete provisions of law referencing criminal abortions and other constitutionally invalidated restrictions on abortion access.
- 2) Protects a healing arts practitioner who is authorized to prescribe, furnish, order, or administer dangerous drugs from a civil or criminal action or disciplinary or other administrative proceeding solely on the basis that the practitioner prescribed, furnished, ordered, or administered brand name or generic mifepristone or any drug used for medication abortion for a use that is different from the use for which that drug has been approved for marketing by the United States Food and Drug Administration (FDA) or that varies from an approved risk evaluation and mitigation strategy, except if the state deems it necessary to address an imminent health or safety concern regarding brand name or generic mifepristone.
- 3) Declares that the authority of a healing arts practitioner to prescribe, furnish, order, or administer brand name or generic mifepristone or any drug used for medication abortion is the practice of medicine, and the laws of another state or federal actions that interfere with the ability of a practitioner to prescribe, furnish, order, or administer brand name or generic mifepristone or any drug used for medication abortion if that action is lawful under the laws of the state, are against the public policy of California.
- 4) Prohibits healing arts boards from denying a license or taking disciplinary action against a licensee solely on the basis that the licensee manufactured, transported, distributed, delivered, received, acquired, sold, possessed, furnished, dispensed, repackaged, or stored brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state, including in circumstances where that protected activity resulted in criminal conviction or discipline in another state.
- 5) Similarly prohibits an individual or state or local officer from commencing a criminal, civil, professional discipline, or licensing action concerning the manufacture, transport, distribution, delivery, receipt, acquisition, sale, possession, furnishment, dispensation, repackaging, or storage of brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state.
- 6) Authorizes a pharmacist to, at their discretion, dispense brand name or generic mifepristone or any drug used for medication abortion without the name of the prescriber or the name and address of the pharmacy otherwise required to be listed on the prescription label, if the label contains a prescription number or other means of identifying the prescription.
- 7) Requires a pharmacist who dispenses, furnishes, or otherwise renders brand name or generic mifepristone or any drug used for medication abortion to maintain a log with the prescription numbers and the information otherwise required to be listed on the prescription label; provides that these records shall not be open to inspection by law enforcement without a valid, court-issued subpoena but that the investigation of an activity that is punishable as a crime under the laws of California is not prohibited, provided that records are not shared with an individual or entity from another state.
- 8) Requires a pharmacist to inform the patient that the pharmacist is dispensing brand name or generic mifepristone or any drug used for medication abortion under the labeling exemption.

- 9) Authorizes the California Department of Public Health (CDPH) to adopt regulations specific to mifepristone and other medication abortion drugs, including exempting those drugs from certain requirements if the drugs are no longer approved by the FDA.
- 10) Prohibits the CDPH from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for manufacturing, transporting, or engaging in certain acts relating to mifepristone or other medication abortion drugs.
- 11) Requires the Department of Health Care Services (DHCS) to update provider enrollment requirements and procedures for remote service providers who offer reproductive health care services exclusively through telehealth modalities.
- 12) Prohibits a health care service plan contract or a group or individual disability insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status.
- 13) Declares that certain provisions of the bill are severable and that if any provision is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by *Attorney General Rob Bonta, Lieutenant Governor Eleni Kounalakis, State Treasurer Fiona Ma, Planned Parenthood Affiliates of California, ACCESS Reproductive Justice, Reproductive Freedom for All, Black Women for Wellness Action Project, TEACH, California Latinas for Reproductive Access, Unite for Reproductive and Gender Equity, Essential Access Health, American College of Obstetricians and Gynecologists, National Health Law Program, Hey Jane, and the Abortion Coalition for Telemedicine.* According to the author:

For years, California has promoted access to reproductive health care without unnecessary burdens or restrictions on patients or providers. However, recent lawsuits and actions by the federal government are exploring ways to limit states' ability to provide medication abortion drugs, posing a threat to Californians' constitutional right to reproductive freedom. AB 260 enhances access to medication abortion in California by protecting health care providers, facilities, and patients who access abortion medication, while also expanding overall access to reproductive health care. This bill ensures that the fundamental right to choose to have an abortion, secured by the California Constitution, remains protected. When access to the fundamental right to health care is under attack across the nation, this bill proactively seeks to ensure that the existing standard of practice for medication abortion remains legal in California.

Background.

Abortion Rights in California. In 2002, the Legislature enacted the Reproductive Privacy Act, which recognized that every woman in California possesses the fundamental right to choose to bear a child or to obtain an abortion. Under the Reproductive Privacy Act, the state is prohibited from denying or interfering with a woman's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the woman.

The only restriction on abortion recognized by the Reproductive Privacy Act is when, in the good faith medical judgment of a physician, the fetus is viable and there is no risk to the life or health of the pregnant woman associated with the continuation of the pregnancy. Currently in California, medical providers who can perform abortions within their scope of practice are physicians and, under physician supervision, nurse practitioners, certified nurse-midwives, and physician assistants.

The Reproductive Privacy Act codified the right to choose whether to have an abortion as a form of exercising the implicit right to privacy under the Fourteenth Amendment of the United States Constitution, as previously affirmed by the Supreme Court of the United States in *Roe v. Wade*, which found that Texas’s criminal abortion statute violated the Due Process Clause. The Court ruled in *Roe* that during the first trimester, “the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman’s attending physician.” The Court ruled that during the second trimester, a state may only choose to “regulate the abortion procedure in ways that are reasonably related to maternal health,” but that states may ban abortion altogether during the third trimester, “except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother.”¹ This holding was later expanded upon in the Court’s 1992 decision in *Planned Parenthood v. Casey*, which declared state laws to be unconstitutional if they placed an “undue burden” on access to abortion before fetal viability.²

However, recent judicial activism within the Court nationally imperiled the constitutional protections previously recognized in *Roe*. In 2021, the Texas Legislature passed Senate Bill 8, referred to as the Texas Heartbeat Act. That bill criminalized abortion after the detection of embryonic or fetal cardiac activity, essentially banning abortion after approximately six weeks. The constitutionality of the Texas Heartbeat Act was challenged in *Whole Woman’s Health v. Jackson*, which sought to enforce the *Roe* precedent and overturn Senate Bill 8. However, the Court declined to enjoin the Texas Heartbeat Act, which many pro-choice advocates viewed as portending a future decision by the Court to overturn or severely diminish the constitutional rights guaranteed under *Roe*.

Subsequently, on December 1, 2021, the Court heard oral arguments in *Dobbs v. Jackson Women’s Health Organization*, a case regarding a 2018 law in the State of Mississippi that banned abortion after 15 weeks of pregnancy. *Dobbs* was a direct challenge to the legal precedents set in *Roe* and *Casey* and was the first time the Court ruled on the constitutional right to pre-viability abortion since *Roe*. On June 24, 2022, the Court published its ruling that abortion is *not* a right protected under the Constitution of the United States. This decision effectively overturned *Roe* and left the question of whether to ban abortion and other forms of reproductive care up to individual states.³

Immediately following the Court’s decision, State Senate President pro Tempore Toni Atkins sponsored Senate Constitutional Amendment 10, which placed a proposition on the 2022 ballot titled *Constitutional Right to Reproductive Freedom*. Proposition 1 explicitly made abortion and access to contraceptives a constitutional right in California. The ballot proposition passed with over 66 percent of voters in favor, formally enshrining the protections of *Roe* into the state’s constitution and securing essential reproductive rights for pregnant people in California.

¹ *Roe v. Wade*, 410 U.S. 113 (1973)

² *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)

³ *Dobbs v. Jackson Women’s Health Organization*, 597 U.S. 215 (2022)

While California law protects a pregnant person’s right to choose in a manner consistent with *Roe*, the Guttmacher Institute initially estimated that 26 states would likely seek to ban abortion with *Roe* overturned, resulting in 36 million women and other people who may become pregnant losing access to abortion care nationwide.⁴ This included 13 states with so-called “trigger ban” statutes, designed to immediately take effect following the Court’s invalidation of *Roe*, and a number of additional states with pre-*Roe* laws restricting abortion still in place.⁵

In spite of efforts by numerous states to ban or significantly restrict access to abortion, some medical professionals may still choose to provide abortions in defiance of those state laws, potentially including professionals licensed in California who may travel to other states to provide those health care services. Additionally, many residents of states that have limited abortion access may travel to states like California, where their rights remain undiminished.⁶ Following news reports that the impending decision in *Dobbs* was likely to overturn the protections of *Roe*, Governor Gavin Newsom announced that California would “maintain and improve availability of safe and accessible reproductive health care services and prepare for a potential influx of people from other states seeking reproductive health care and abortion services.” This announcement included \$1 million to launch a state-sponsored website, abortion.ca.gov, which provides both California residents and travelers from other states with information about their reproductive rights and how to seek abortion services in California.

Several states have acted to impose their abortion laws even when the services are performed in states that have remained consistent with the protections of *Roe*. The legislatures in Arkansas, South Carolina, Texas, Ohio, Missouri, and Alabama, for example, have all proposed or enacted laws to criminalize residents seeking or assisting those seeking abortions out-of-state. These state laws are arguably unconstitutional; in 2023, the United States Department of Justice filed a statement of interest in two consolidated lawsuits seeking to protect the right to interstate travel, including the right to travel to another state to obtain an abortion that is legal in the destination state. On the day that the *Dobbs* decision was officially published, the governors of California, Oregon and Washington announced a “Multi-State Commitment to defend access to reproductive health care, including abortion and contraceptives, and committed to protecting patients and doctors against efforts by other states to export their abortion bans to our states.”

To prepare for an anticipated surge in demand for abortion services following the Court’s decision in *Dobbs*, including from patients traveling from restrictive states, the Legislature enacted Assembly Bill 657 (Cooper) in 2022, sponsored by the American College of Obstetricians and Gynecologists – District IX. AB 567 requires specified healing arts boards to expedite the licensure process for applicants who intend to provide abortions. To qualify, the applicant must provide a letter declaring the applicant’s intention to provide abortions and a letter from an employer or health care entity indicating that the applicant has accepted employment or entered into a contract to provide abortions, the applicant’s starting date, the location where the applicant will be providing abortions, and that the applicant will be providing

⁴ <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>

⁵ <https://www.guttmacher.org/article/2022/06/13-states-have-abortion-trigger-bans-heres-what-happens-when-roe-overturned>

⁶ <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>

abortions within the scope of practice of their license in accordance with the Reproductive Privacy Act.

The Legislature also enacted Assembly Bill 2626 (Calderon) in 2022 to provide reassurance to California health care professionals that they would not be subjected to discipline for continuing to provide abortion care and other reproductive services following the ruling in *Dobbs*. That bill reiterated that licensing boards may not subject licensed health care professionals to serious discipline for performing an abortion that is legal under California law, protecting the license of those who provide abortions in states that have banned abortion or to patients who have traveled from those states to California to seek care. While California licensing boards do not have direct jurisdiction over care provided in other states, they are notified when a licensee was either convicted of a crime in another state or subjected to discipline by another state's licensing board. When notified, the California boards may decide whether to take disciplinary action. AB 2626 prohibited boards from suspending or revoking a license solely because the licensee performed an abortion in accordance with California law.

In 2023, Assembly Bill 1707 (Pacheco) was enacted to further protect health care professionals who perform abortions and other forms of care prohibited in other states that patients would have a right to receive in California. Specifically, the bill prohibited healing arts boards from denying or disciplining a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in California, including sexual and reproductive health care and gender affirming care. The bill also enacted similar prohibitions against discipline against health professionals by the CDPH and licensed health facilities.

In April 2024, Governor Newsom joined the California Legislative Women's Caucus and other legislative leaders and health care advocates to announce plans to sponsor "urgency legislation to allow Arizona abortion providers to temporarily provide abortion care to patients from Arizona who travel to California for care." The language in Senate Bill 233 (Skinner) was intended to be a "stopgap" to allow for Arizona physicians to provide their patients with abortion services prior to the date when an 1864 abortion ban was expected to be repealed. SB 233 went into effect immediately following its enactment on May 23, 2024 and subsequently became inoperative on December 1, 2024.

Access to Medication Abortion. Along with procedural abortions, medication can be administered to end a pregnancy. In September 2000, the FDA first approved the drug mifepristone for purposes of inducing a medication abortion during the early stages of pregnancy. Typically used in combination with misoprostol, mifepristone works by blocking the hormone progesterone, which causes the uterine lining to break down, thereby terminating the pregnancy. Prior to the drug's formal approval, the FDA's Advisory Committee for Reproductive Health Drugs found mifepristone to be safe and effective in inducing abortions early in pregnancy.⁷

The FDA has subsequently reaffirmed the safety and efficacy of mifepristone. In March 2016, the FDA approved an updated label for the drug that reflected widely recommended medication abortion protocols, which strengthened access in states with restrictions on medication abortion

⁷ "FDA panel finds mifepristone safe and effective." *Reproductive freedom news* vol. 5,13 (1996).

drugs. A generic version of mifepristone was approved by the FDA in April 2019. In January 2023, the FDA made modifications to the Mifepristone Risk Evaluation and Mitigation Strategy Program, further strengthening access to medication abortion while maintaining safety standards.

Despite repeated confirmation by experts that mifepristone is a safe and effective option for early abortion care, anti-choice activists have recently succeeded in creating uncertainty around the future of medication abortion access. In April 2023, a federal judge in Texas issued a ruling that sought to suspend the FDA's approval of mifepristone, dubious arguing that the FDA had exceeded its authority in approving mifepristone without considering safety risks during the initial approval process. Governor Gavin Newsom publicly responded to this decision, declaring that the ruling "by an extremist judge pursuing a radical political agenda, ignores facts, science, and the law – putting the health of millions of women and girls at risk." The Governor also announced that California had secured an emergency stockpile of mifepristone "to ensure California providers can continue to provide medication abortions without disruption."

The case reached the Supreme Court of the United States, where it was initially considered to be likely that the Texas judge's ruling would be upheld. In anticipation of this decision, it was announced that the Governor and legislative leaders would pursue actions to protect the ability of California pharmacists to dispense mifepristone "even if the Supreme Court suspends the drug's FDA approval," along with additional safeguards and privacy protections. However, shortly after that announcement, the Court ruled to stay the ruling of the Texas judge, providing temporary assurance that access to mifepristone would remain in place.

The Court once again considered challenges to the FDA's approval of mifepristone for medication abortion when it heard arguments in *Food and Drug Administration, et al., v. Alliance for Hippocratic Medicine* in early 2024. California joined 22 other states in filing an amicus curiae brief on behalf of the FDA's review process and its longstanding approval of mifepristone. The Court ultimately ruled that the coalition of anti-abortion activists did not have standing, with Justice Brett Kavanaugh writing an opinion that held that the FDA's approval of mifepristone did not require doctors with religious objections to abortion to prescribe that medication.⁸

While efforts to undermine access to mifepristone have been repeatedly unsuccessful in the courts, anti-choice activists have continued to pursue actions to limit or punish the use of that medication. In late 2024, Texas Attorney General Ken Paxton sued a New York physician for prescribing abortion medication to a Texas resident through telehealth. This litigation invokes a number of legal questions about the ability of states to shield practitioners and patients from draconian laws limiting access to abortion care through laws like those recently enacted in California.

This bill would seek to provide further reassurance that mifepristone will remain available in California and that health care professionals and their patients will be protected even if actions taken by activists, the courts, or the Trump Administration seek to prohibit or restrict medication abortion. The bill would unequivocally state that the authority of a healing arts practitioner to prescribe, furnish, order, or administer brand name or generic mifepristone or any drug used for medication abortion is the practice of medicine, and the laws of another state or federal actions that interfere with the ability of a practitioner to prescribe, furnish, order, or administer brand

⁸ *FDA v. Alliance for Hippocratic Medicine*, 602 U.S. ____ (2024).

name or generic mifepristone or any drug used for medication abortion if that action is lawful under the laws of the state, are against the public policy of California. The bill would additionally protect healing arts licensees who prescribe, furnish, order, administer, or dispense mifepristone and related drugs from criminal, civil, professional discipline, or licensing action.

Prescription Drug Container Labeling. Current law prohibits a pharmacist from dispensing a prescription unless they do so with a container that meets certain labeling requirements. Absent a small number of exemptions, every prescription drug container must be labeled with the following information:

- The drug’s trade name, or its generic name and manufacturer;
- Directions for the use of the drug;
- The name of the patient or patients;
- The name of the prescriber or other practitioner operating under a standardized procedure or protocol;
- The date of issue;
- The name and address of the pharmacy and the prescription number or other means of identifying the prescription;
- The strength and quantity of the drug or drugs dispensed;
- The expiration date of the effectiveness of the drug dispensed;
- The condition or purpose for which the drug was prescribed, if indicated;
- A physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except in certain cases.
- A notice that states “Caution: Opioid. Risk of overdose and addiction” when the medication is an opioid dispensed to a patient for outpatient use.

In addition, the California Patient Medication Safety Act directed the BOP to promulgate further regulations to require a “standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California.” The resulting language enacted in 16 C.C.R. § 1707.5 specifies that drug container label information must be clustered into one area of the label comprising at least 50 percent of the label, and that each item must be printed in at least a 12-point sans serif typeface. The regulations provide template language and recommend formatting to provide added emphasis.

This bill would allow for a pharmacist to choose to dispense brand name or generic mifepristone or any drug used for medication abortion without the name of the prescriber or the name and address of the pharmacy, as currently required, if the prescription is labeled with a prescription number or other means of identifying the prescription. This language is in part connected to the lawsuit brought by Texas Attorney General Ken Paxton against the physician in New York, whose prescribing of mifepristone was identified through the discovery of prescription bottles in the patient’s home. Legislation establishing a similar exemption from prescription container labeling requirements was signed into law by New York Governor Kathy Hochul in February 2025. The author believes that similar language is necessary to ensure that California health care practitioners are also fully protected from attempted prosecution.

Current Related Legislation. AB 54 (Krell) would establish the Access to Safe Abortion Care Act, which would prohibit a manufacturer, distributor, authorized health care provider, pharmacist, or individual from being subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing,

dispensing, or administering mifepristone or misoprostol on or after January 1, 2020, in accordance with state law, applicable and accepted standards of care, and good faith compliance with the provisions of the bill. *This bill is pending in the Assembly Committee on Judiciary.*

Prior Related Legislation. SB 233 (Skinner), Chapter 11, Statutes of 2024 established a temporary registration program to allow for physicians licensed to practice medicine in Arizona to perform abortions or provide abortion-related care in California to patients traveling from Arizona for that care.

SB 385 (Atkins), Chapter 178, Statutes of 2023 expanded the training options for physician assistants seeking to perform abortions by aspiration techniques.

AB 1707 (Pacheco), Chapter 258, Statutes of 2023 prohibited licensed health care professionals, clinics, and health facilities from being denied a license or subjected to discipline on the basis of a civil judgment, criminal conviction, or disciplinary action imposed by another state based solely on the application of a law that interferes with a person's right to receive sensitive services that would be lawful in California.

AB 1369 (Bauer-Kahan), Chapter 837, Statutes of 2023 authorized an out-of-state physician to practice medicine in California without a California license if the practice is limited to delivering health care via telehealth to a patient who has an immediate life-threatening disease or condition.

AB 1666 (Bauer-Kahan), Chapter 42, Statutes of 2022 declared that another state's law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions, is contrary to the public policy of this state.

AB 657 (Cooper), Chapter 560, Statutes of 2022 required specified healing arts boards to expedite the license application for an applicant who demonstrates that they intend to provide abortions.

AB 2626 (Calderon), Chapter 565, Statutes of 2022 prohibited specified licensing boards from suspending, revoking, or denying a license solely for performing an abortion that is lawful in California in accordance with the licensee's practice act.

AB 1242 (Bauer-Kahan), Chapter 627, Statutes of 2022 prohibited law enforcement and specified corporations from providing information to out-of-state entities regarding a lawful abortion under California law.

AB 2091 (Bonta), Chapter 628, Statutes of 2022 protected the private information of individuals who seek or consider an abortion, including a prohibition against the sharing of reproductive health care information in response to subpoenas related to out-of-state anti-abortion statutes.

SCA 10 (Atkins), Res. Chapter 97, Statutes of 2022 enacted a constitutional amendment to provide that the state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to have an abortion.

AB 1264 (Petrie-Norris), Chapter 741, Statutes of 2019 clarified that an "appropriate prior examination" does not require a synchronous interaction between a provider and a patient for purposes of prescribing, furnishing, or dispensing self-administered hormonal contraceptives.

SB 1301 (Kuehl), Chapter 385, Statutes of 2002 enacted the Reproductive to Privacy Act to prohibit the state's denial or interference with a woman's right to choose or obtain an abortion prior to viability of the fetus, or when necessary to protect the life or health of the woman.

ARGUMENTS IN SUPPORT:

The co-sponsors of this bill submitted a letter collectively expressing support for the bill, including *Attorney General Rob Bonta, Lieutenant Governor Eleni Kounalakis, State Treasurer Fiona Ma, Planned Parenthood Affiliates of California, ACCESS Reproductive Justice, Reproductive Freedom for All, Black Women for Wellness Action Project, TEACH, California Latinas for Reproductive Access, Unite for Reproductive and Gender Equity, Essential Access Health, American College of Obstetricians and Gynecologists, National Health Law Program, Hey Jane*, and the *Abortion Coalition for Telemedicine*. The coalition letter states: "When access to the fundamental right to health care is under attack across the nation, this bill proactively codifies the existing standard of practice for medication abortion so that it remains legal in California, regardless of federal actions. AB 260 reassures Californians that their rights to essential health care and bodily autonomy are – and will remain – protected. It is for these reasons that we are proud to co-sponsor this legislation."

Planned Parenthood Affiliates of California (PPAC), one of the bill's co-sponsors, also writes separately in support of the bill: "Medication abortion, and broad access to it, allows individuals to receive safe and effective abortion care in a least invasive manner. Any federal threats to restrict medication abortion and the drugs used are not only dangerous and risky, but also a direct attack on the state's constitutional right to reproductive freedom. Mifepristone, a drug used in combination with a second drug – misoprostol – to terminate a pregnancy through medication abortion, was approved by the FDA in 2000. Accordingly, scientists have studied the safety of mifepristone for over 25 years, and these decades of evidence show that medication abortion and the drugs used in the process are safe and effective." PPAC further writes: "AB 260 protects medication abortion by establishing that the current standard of care for the use of mifepristone will remain legal in this state, protecting providers that legally provide mifepristone, requiring the continuation of existing coverage for medication abortion, and expanding access to reproductive health care through telehealth. Proactively taking steps to protect care will help to ensure that there will not be an interruption of access to medication abortion care in California."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

Attorney General Rob Bonta (*Co-Sponsor*)
Lieutenant Governor Eleni Kounalakis (*Co-Sponsor*)
State Treasurer Fiona Ma (*Co-Sponsor*)
Planned Parenthood Affiliates of California (*Co-Sponsor*)
ACCESS Reproductive Justice (*Co-Sponsor*)
Reproductive Freedom for All (*Co-Sponsor*)
Black Women for Wellness Action Project (*Co-Sponsor*)
TEACH (*Co-Sponsor*)
California Latinas for Reproductive Access (*Co-Sponsor*)
Unite for Reproductive and Gender Equity (URGE) (*Co-Sponsor*)

Essential Access Health (*Co-Sponsor*)
American College of Obstetricians and Gynecologists (*Co-Sponsor*)
National Health Law Program (*Co-Sponsor*)
Hey Jane (*Co-Sponsor*)
The Abortion Coalition for Telemedicine (*Co-Sponsor*)
California Medical Association
California Nurse Midwives Association
California Pan - Ethnic Health Network
California Pharmacists Association
Parent Voices California

REGISTERED OPPOSITION:

1 Individual

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