

Date of Hearing: April 25, 2023

ASSEMBLY COMMITTEE ON PRIVACY AND CONSUMER PROTECTION

Jesse Gabriel, Chair

AB 352 (Bauer-Kahan) – As Amended March 23, 2023

SUBJECT: Health information

SYNOPSIS

This is one of three bills being heard in the Committee today that directly seeks to further California's goal of protecting the intimate, reproductive privacy rights of California residents and those from other jurisdictions who may have come to California to seek abortion care.

This bill is intended to prevent information on abortion care, gender affirming care, and other sensitive services in health information exchanges from being shared without a patient's permission, especially outside of California. In addition, it requires that parties be appropriately authorized to view medical information related to sensitive services, prior to gaining access to the information.

With the fall of Roe v. Wade, a number of states moved quickly to restrict abortions and punish those who are suspected of helping people obtain them. Oklahoma, for example, passed the nation's strictest abortion ban in order to immediately end the ability of people in the state to obtain the procedure. The state quickly followed the ban by making the providing of an abortion a felony punishable by a fine of up to \$100,000 and up to 10 years in prison. Even more alarming, Republicans in South Carolina proposed a bill last month, the South Carolina Prenatal Equal Protection Act, which would allow women who have abortions to be subject to the state's homicide laws, which include the death penalty or a minimum of 30 years in prison.

Given the actions of so many states to not only ban abortion and gender affirming care within their borders, but to criminalize and punish people who assist someone in obtaining that care, whether within the state or in traveling to another state, taking additional steps to secure sensitive personal medical information related to a person's reproductive health, especially abortion services, and gender affirming care that could conceivably be used as evidence to convict someone of a crime is essential.

As the examples above demonstrate, it is becoming increasingly dangerous for people to seek abortion services in many parts of the country. This bill furthers California's goal, as a reproductive freedom state, of protecting people who are seeking abortion services and gender affirming care by securing the information contained in medical records that could be shared electronically and used as evidence in a criminal case against the patient, the provider, or others assisting the person seeking care.

This bill is co-sponsored by The American College of Obstetricians and Gynecologists District IX and Planned Parenthood Affiliates of California, and is a priority bill of the Legislative Women's Caucus.

The bill previously passed the Health Committee on an 11-3-1 vote.

SUMMARY: Limits the sharing of information related to sensitive services, as defined, in electronic health records, without specific authorization from the patient. Specifically, **this bill:**

- 1) Requires a business that electronically stores or maintains medical information on the provision of sensitive services, including, but not limited to, on an electronic health record (EHR) system or electronic medical record system, as specified, to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable all of the following:
 - a) Limit user access privileges to information systems that contain medical information related to sensitive services only to those persons who are authorized to access specified medical information.
 - b) Prevent the disclosure, access, transfer, transmission, or processing of medical information related to sensitive services to persons and entities outside of this state.
 - c) Segregate medical information related to sensitive services from the rest of the patient's record.
 - d) Provide the ability to automatically disable access to segregated medical information related to sensitive services by individuals and entities in another state.
- 2) Requires any fees charged to health care providers, health care service plans, pharmaceutical companies, contractors, employers, or patients to comply with this bill to be consistent with existing federal law.
- 3) Exempts an existing EHR system that is substantially customized to fit the individual needs of a health care provider or health care service plan from the requirement specified 1) above, except that if a substantially customized EHR system is modified, other than for basic maintenance, then 1) above applies.
- 4) Defines "substantially customized" to mean that significant changes were made to existing off-the-shelf technology, or that a system was entirely custom built by a vendor according to a client's specifications.
- 5) Prohibits a health care provider, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or provide medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized under existing law. Specifies that this bill does not prohibit compliance with the investigation of activity that is punishable as a crime under California laws.
- 6) Prohibits a health care provider, health care service plan, pharmaceutical company, contractor, or employer from knowingly disclosing, transmitting, transferring, sharing, or granting access to medical information in an EHR system, or through a health information exchange (HIE), that would identify an individual and that is related to an individual seeking, obtaining, providing, supporting, or aiding in the performance of an abortion that is lawful under California laws to any individual or entity from another state, unless the disclosure,

transmittal, transfer, sharing, or granting of access is authorized under any of the following conditions:

- a) In accordance with a valid, written authorization that clearly states that medical information on abortion or abortion-related services may be disclosed, and only to the extent and for the purposes expressly stated in the authorization.
 - b) To the extent necessary to allow responsibility for payment to be determined and payment to be made or to the extent that it is not further disclosed by the recipient, as specified.
 - c) In reviewing the competence or qualifications of health care professionals, or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.
 - d) For the purpose of bona fide research and for the Institutional Review Boards to consider the potential harm to the patient and the patient's privacy when the research uses data that contains information related to abortion or abortion-related services and the research is performed out of state.
- 7) Requires disclosure of the content of the health records containing medical information described in 6) above to any of the following:
- a) A patient, or their personal representative, consistent with the Patient Access to Health Records Act.
 - b) In response to an order of a California or federal court, but only to the extent clearly stated in the order and consistent with the Penal Code, if applicable, and only if all information about the patient's identity and records are protected from public scrutiny through mechanisms, including, but not limited to, a sealed proceeding or court record.
 - c) When expressly required by federal law that preempts California law, but only to the extent expressly required.
- 8) Specifies that nothing in this bill prohibits a health care provider, health care service plan, pharmaceutical company, contractor, or employer from cooperating or complying with the investigation of activity that is punishable as a crime under the laws of California, and that took place in California.
- 9) Exempts the sharing of information related to sensitive services, as defined and to the extent not in conflict with federal law, from the Data Exchange Framework until policies and procedures are implemented to ensure appropriate safeguards for health information related to the provision of sensitive services from automatically being disclosed, transmitted, or transferred to, shared with, or accessed by, individuals and entities in another state.
- 10) Adds sensitive services providers to the list of representatives in the California Health and Human Services Agency (CHHSA) stakeholder advisory group and adds to the existing list of information and advice to the CHHSA on health information technology issues to ensure appropriate safeguards to prevent electronic health information related to sensitive services,

from automatically being disclosed, transmitted, or transferred to, shared with, or accessed by, individuals and entities in another state.

EXISTING LAW:

- 1) Provides, pursuant to the California Constitution, that all people have inalienable rights, including the right to pursue and obtain privacy. (Cal. Const., art. I, § 1.)
- 2) Provides 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 choose to have an abortion and their fundamental right to choose or refuse contraceptives. (Cal. Const., art. I, § 1.1.)
- 3) Establishes under federal law, the Health Information Portability and Accountability Act of 1996 (HIPAA), which sets standards for the privacy of individually identifiable health information and security standards for the protection of electronic protected health information, including, through regulations, that a HIPAA-covered entity may not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except under specified circumstances. Provides that if HIPAA’s provisions conflict with state law, the provision that is most protective of patient privacy prevails. (42 U.S.C. § 1320d, et seq.; 45 Code Fed. Regs. Part 164.)
- 4) Prohibits, under the state Confidentiality of Medical Information Act (CMIA), a health care provider, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as expressly authorized by the patient, enrollee, or subscriber, as specified, or as otherwise required or authorized by law. States that a violation of these provisions that results in economic loss or personal injury to a patient is a crime. (Civ. Code § 56, et. seq.)
- 5) Defines, for purposes of the CMIA, medical information to mean any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental health app information, mental or physical condition, or treatment. (Civ. Code § 56.05(i).)
- 6) Defines “sensitive services” to mean all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence. (Civ. Code § 56.05(p).)
- 7) Prohibits health care providers, health care service plans, or contractors, as defined, from sharing medical information without the patient’s written authorization, subject to certain exceptions. (Civ. Code § 56.10(a).)
- 8) Deems any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to a provider of health care at the request of the individual or the provider of health care, for purposes of allowing the

individual to manage their information, or for the diagnosis and treatment of the individual, to be a health care provider subject to the requirements of the CMIA. (Civ. Code § 56.06(a).)

- 9) Deems any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be deemed to be a health care provider subject to the requirements of the CMIA. (Civ. Code § 56.06(b).)
- 10) Establishes the Reproductive Privacy Act, which provides that the Legislature finds and declares that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care. Accordingly, it is the public policy of the State of California that:
 - a) Every individual has the fundamental right to choose or refuse birth control;
 - b) Every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion, with specified limited exceptions; and,
 - c) The state shall not deny or interfere with a person's fundamental right to choose to bear a child or to choose to obtain an abortion, except as specifically permitted. (Health & Saf. Code § 123462.)
- 11) Provides that the state may not deny or interfere with a person'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 person. (Health & Saf. Code § 123466(a).)
- 12) States that a person shall not be compelled in a state, county, city, or other local criminal, administrative, legislative, or other proceeding to identify or provide information that would identify or that is related to an individual who has sought or obtained an abortion if the information is being requested based on either another state's laws that interfere with a person's rights under subdivision (a) or a foreign penal civil action. (Health & Saf. Code § 123466(b).)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS:

1) **Purpose.** States across the country are taking unprecedented steps to penalize and bar access to abortion. With *Roe v. Wade* now fully overturned, abortion access for 33 million women is either criminalized or limited. (*Supreme Court Ruling Jeopardizes Abortion Access for 33 Million Women*, Bloomberg (Jun. 24, 2022), available at <https://www.bloomberg.com/graphics/2022-supreme-court-roe-v-wade-abortion-access/>.) Anyone supporting someone in obtaining an abortion could face arrest and extradition under current laws in other states. The fear of arrest can create a chilling effect, with providers forced

to deny care because of the legal peril they face and patients afraid to seek abortion care in California.

Though California has enacted extensive protections for abortion within the state, there are still major gaps when people come to California for care. Critically, physicians in abortion ban states can easily see all details of abortion care through health information exchanges (HIEs) – even if it is unrelated to the patient’s care. This creates the risk that out-of-state providers will report patients to authorities and endanger patients and providers.

This bill is intended to prevent information on abortion care, gender affirming care, and other sensitive services in health information exchanges from being shared without a patient’s permission, especially outside of California. In addition, it requires that parties be appropriately authorized to view medical information related to sensitive services, prior to gaining access to the information.

2) **Author’s statement.** According to the author:

In a medical setting, people should never fear that their information will be used against them. Patients who live in states with abortion bans are traveling to access needed care, but those patients risk their safety when they return to their home state. AB 352 prevents the automatic sharing of sensitive information in medical records so that anyone coming to California for care is protected.

3) **Health Information Exchanges (HIEs).** HIEs are digital services that operate across health organizations to share health care information. Health information exchanges store and exchange information about health conditions, medications, and allergies. It can also include procedures, notes and lab results. Once an organization is part of an exchange, or a member of a health information network, they have access to the information in the exchange based on the policy of the HIE. Because of federal regulations, information that is not exchanged includes substance abuse treatment, which would require written authorization from a patient.

4) **Post-Dobbs access to reproductive healthcare is being restricted across the nation.** *Roe v. Wade* (1973) 410 U.S. 113 was the landmark U.S. Supreme Court decision that held the implied constitutional right to privacy extended to a person’s decision whether to terminate a pregnancy, while allowing that some state regulation of abortion access could be permissible. *Roe* has been one of the most debated of all U.S. Supreme Court decisions, and its application and validity have been challenged numerous times, but its fundamental holding had continuously been upheld by the Court until June 2022. On June 24, 2022 the Court published its official opinion in *Dobbs* and voted 6-3 to overturn the holding in *Roe*. (*Dobbs v. Jackson Women’s Health* (2022) 597 U.S. ___ (142 S.Ct. 2228), available at https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf.)

The case involved a Mississippi law enacted in 2018 that banned most abortions after the first 15 weeks of pregnancy, which is before what is generally accepted as the period of viability. (See Miss. Code Ann. § 41-41-191.) The majority opinion in *Dobbs* upholds the Mississippi law, finding that, contrary to almost 50 years of precedent, there is no fundamental constitutional right to have an abortion. The opinion further provides that states should be allowed to decide how to regulate abortion and that a strong presumption of validity should be afforded to those state laws.

The *Roe* decision was the foundation for allowing people the ability to control their reproductive lives because it established a federal constitutional right for anyone who could become pregnant in the United States to decide when, and if, to have children and prevented criminalization of the acts of having an abortion or providing an abortion. Prior to *Roe*, legal abortion did exist in some states, but the choices available to those seeking to terminate an unwanted pregnancy were limited. Restrictions disproportionately affected those who were younger, lower income, and members of communities of color. In the wake of the *Dobbs* decision, it is very probable that abortion will be banned or severely restricted in 24 states, with 12 states already having near total abortion bans in effect. (Elizabeth Nash and Isabel Guarnieri, *Six Months Post-Roe, 24 US States Have Banned Abortion or Are Likely to Do So: A Roundup*. Guttmacher Institute (Jan. 10, 2023), available at <https://www.guttmacher.org/2023/01/six-months-post-roe-24-us-states-have-banned-abortion-or-are-likely-do-so-roundup>.)

With the announcement of the *Dobbs* decision, a number of states moved quickly to restrict abortions and punish those who are suspected of helping people obtain them. Oklahoma, for example, passed the nation's strictest abortion ban in order to immediately end the ability of people in the state to obtain the procedure. The ban allows an abortion in the case of rape or incest, if the pregnant person reports the crime to law enforcement. In addition, the ban authorizes doctors to remove a "dead unborn child caused by spontaneous abortion," or miscarriage, or to remove an ectopic pregnancy, a potentially life-threatening emergency that occurs when a fertilized egg implants outside the uterus, often in a fallopian tube and early in pregnancy. A second Oklahoma bill went into effect in August 2022, which made performing an abortion a felony, with a punishment of up to 10 years in prison and a fine of up to \$100,000. [Associated Press, *Oklahoma governor signs the nation's strictest abortion ban*, NPR, (May 26, 2022), available at <https://www.npr.org/2022/05/26/1101428347/oklahoma-governor-signs-the-nations-strictest-abortion-ban>.)

Most recently, Florida reduced its 15 week abortion ban to six weeks. In response, White House press secretary Karine Jean-Pierre noted:

This ban would prevent four million Florida women of reproductive age from accessing abortion care after six weeks — before many women even know they're pregnant. This ban would also impact the nearly 15 million women of reproductive age who live in abortion-banning states throughout the South, many of whom have previously relied on travel to Florida as an option to access care.

Along with the ban, the Florida legislation includes a particularly cruel provision requiring victims of incest or rape to provide written documentation of the crime in order to obtain an abortion between six and 15 weeks. (Associated Press, *Florida has a new abortion ban after 6 weeks, but it can't go into effect yet*, NPR, (April 14, 2023) available at <https://www.npr.org/2023/04/14/1169933395/florida-gov-desantis-signs-6-week-abortion-ban-bill>.)

Not to be outdone, along with an existing ban on abortions after six weeks, earlier this month, the Governor of Idaho signed a bill into law that makes it illegal for an adult to help a minor get an abortion without parental consent. This law is the first of its kind in the nation, creating the new crime of "abortion trafficking" by barring adults from obtaining abortion pills for a minor or "recruiting, harboring or transporting the pregnant minor" without parental consent. Anyone convicted faces two to five years in prison and can be sued by the minor's parent. However,

parents who rape their child will not be able to sue, but the abortion trafficking criminal penalties will still apply. According to a recent Associated Press article, in order to sidestep violating a constitutional right to travel between states, the law makes illegal only the in-state portion of the trip to an out-of-state abortion provider. (Associated Press, *Idaho governor signs law banning adults from helping minors get abortions*. The Guardian (April 6, 2023), available at <https://www.theguardian.com/us-news/2023/apr/06/idaho-abortion-trafficking-law-governor>.)

This bill furthers California's goal, as a reproductive freedom state by protecting people who are traveling from states where abortions and gender affirming care are illegal to California to seek care by ensuring that they are not convicted of a crime when they return home as a result of the information contained in their medical records. If the need to protect this information from other healthcare providers sounds extreme, Republicans in South Carolina proposed a bill last month, the South Carolina Prenatal Equal Protection Act, which would allow women who have abortions to be subject to the state's homicide laws, which include the death penalty or a minimum of 30 years in prison. (Shabad, *S.C. Republicans propose bill that could subject women who have abortions to the death penalty*, NBC News (March 15, 2023), available at <https://www.nbcnews.com/politics/politics-news/sc-republicans-propose-bill-subject-women-abortion-death-penalty-rcna75060>.)

5) **California is a reproductive freedom state.** The California Supreme Court held in 1969 that the state constitution's implied right to privacy extends to an individual's decision about whether or not to have an abortion. (*People v. Belous* (1969) 71 Cal. 2d 954.) This was the first time an individual's right to abortion was upheld in a court and came before the *Roe* decision. In 1972, the California voters passed a constitutional amendment that explicitly provided for the right to privacy in the state constitution. (Prop. 11, Nov. 7, 1972 gen. elec.) California statutory law provides, under the Reproductive Privacy Act, that the Legislature finds and declares every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy; therefore, it is the public policy of the State of California that every individual has the fundamental right to choose or refuse birth control, and every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion. (Health & Saf. Code § 123462.) In 2019, Governor Newsom issued a proclamation reaffirming California's commitment to making reproductive freedom a fundamental right in response to the numerous attacks on reproductive rights across the nation. (California Proclamation on Reproductive Freedom (May 31, 2019), available at <https://www.gov.ca.gov/wp-content/uploads/2019/05/Proclamation-on-Reproductive-Freedom.pdf>.)

In September 2021, over 40 organizations came together to form the California Future Abortion Council (CA FAB) to identify barriers to accessing abortion services and to recommend policy proposals to support equitable and affordable access for not only Californians, but all who seek care in this state. CA FAB issued its first report in December 2021, which included 45 policy recommendations to protect, strengthen, and expand abortion access in California. (California Future of Abortion Council, *Recommendations to Protect, Strengthen, and Expand Abortion Care in California* (Dec. 2021), available at https://www.cafabcouncil.org/files/ugd/ddc900_0beac0c75cb54445a230168863566b55.pdf.)

In response to the *Dobbs* decision and the CA FAB report, California enacted a comprehensive package of legislation, described below, that protects the rights of patients seeking abortion in the state and those supporting them. Additionally, the voters overwhelmingly approved

Proposition 1 (Nov. 8, 2022 gen. elec.), and enacted an express constitutional right in the state constitution that prohibits the state from interfering with an individual's reproductive freedom in their most intimate decisions.

Last year, several bills were enacted to further protect reproductive rights in California, among them:

1. AB 1242 (Bauer-Kahan, Chap. 627, Stats. 2022) protects reproductive digital information handled by companies incorporated or headquartered in California and prevents the arrest of individuals or the disclosure by law enforcement of information in an investigation related to any abortion that is legal in California.

2. AB 1666 (Bauer-Kahan, Chap. 42, Stats. 2022) declares that a law of another state that authorizes a person to bring 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.

3. AB 2091 (Bonta, Chap. 628, Stats. 2022) prohibits a provider of health care, health care service plan, or contractor from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or request if that subpoena or request is based on either another state's laws that interfere with a person's rights set forth in the Reproductive Privacy Act and prohibits the issuance of a subpoena, from the Superior Court or an attorney licensed in California, based on a civil action authorized by the law of a state other than this state in which the sole purpose is to punish an offense against the public justice of that state.

4. AB 2223 (Wicks, Chap. 629, Stats. 2022) prohibits a person from being criminally or civilly liable for miscarriage, stillbirth, abortion, or perinatal death due to causes that occurred in utero.

6) **Related legislation.** In the current session, AB 254 (Bauer-Kahan) revises the Confidentiality of Medical Information Act (CMIA) to include reproductive health application information, as defined, in the statutory definition of "medical information." Deems a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the individual's diagnosis, treatment, or management of a medical condition, to be a provider of health care, as specified. That bill is currently pending before this Committee.

In the current session, AB 793 (Bonta) prohibits a government entity from seeking or obtaining information from a reverse-location demand or a reverse-keyword demand, and prohibits any person or government entity from complying with a reverse-location demand or a reverse-keyword demand. That bill is currently pending before the Assembly Appropriations Committee.

In the current session, AB 1194 (Wendy Carillo) would, if the consumer's personal information contains information related to accessing, procuring, or searching for services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services, require a business to comply with the obligations imposed by the CPRA. It would also specify that a consumer accessing, procuring, or searching for those services does not constitute a natural person being at risk or danger of death or serious physical injury. That bill is currently pending before this Committee.

AB 1242 (Bauer-Kahan, Chap. 627, Stat. 2022) prohibited law enforcement from cooperating with, or providing information to, out-of-state entities regarding a lawful abortion under California law, and from knowingly arresting a person for performing or aiding in the performance of a lawful abortion or for obtaining an abortion. Prohibited specified corporations from providing information to out-of-state entities regarding an abortion that is lawful under California law, except as provided.

AB 2091 (Bonta, Chap. 628, Stat. 2022) established requirements to protect the private information of individuals who seek or consider an abortion.

ARGUMENTS IN SUPPORT: The American College of Obstetricians and Gynecologists District IX, co-sponsors of the bill, write in support:

Given the federal climate, anyone supporting someone in obtaining an abortion could face arrest and extradition under other states' current law. The fear of arrest can create a chilling effect, with providers forced to deny care because of the legal peril they face and patients afraid to seek abortion care in California. Critically, physicians in anti-choice states can easily see all details of abortion care through health information exchanges (HIEs) – even if it is unrelated to the patient's care. This creates the risk that out-of-state providers will report patients to authorities and endanger patients and providers.

AB 352 addresses this problem head-on by preventing information on sexual health abortion, and other sensitive services in health information exchanges from being automatically shared, especially outside of California. Parties must be appropriately authorized to view medical information related to sensitive services.

Echoing the sentiments of their fellow co-sponsor, Planned Parenthood Affiliates of California, also adds:

In the summer of 2022, the U.S. Supreme Court overturned the long-standing legal protections for abortion under *Roe v. Wade* with its decision in *Dobbs v. Jackson Women's Health Organization*. The decision has opened the door for states to ban and criminalize abortion services – impacting patients and providers across the U.S. Currently, 18 states have enacted a ban on abortion services or have severely restricted access to abortion. These efforts to restrict reproductive and abortion rights are intertwined with policies banning trans rights and gender-affirming care, which have been introduced in hostile states across the country.

[. . .]

To continue to meet the needs of patients in California, we must ensure our laws and systems protect abortion providers and patients. In addition to the stigma that already persists around reproductive health care, there is a new layer of legal risk since states have begun criminalizing health care services. AB 352 will ensure that patients can feel confident accessing abortion in California. . . .

ARGUMENTS IN OPPOSITION: In opposition to the bill, the Right to Life League argues:

On behalf of the Right to Life League, we urge you to reject AB 352, a bill that shields abortionists and human and child traffickers by further complicating law enforcements' requests for information

[. . .]

Its passage will frustrate enforcement of foreign laws against abortionists, abusers and human traffickers who may flee to California to escape prosecution in other states, thereby denying justice to their victims.

REGISTERED SUPPORT / OPPOSITION:

Support

American College of Obstetricians and Gynecologists District IX (co-sponsor)
Planned Parenthood Affiliates of California (co-sponsor)
CA Legislative Women's Caucus
California Health+advocates, Subsidiary of The California Primary Care Association
California Nurses Association
Electronic Frontier Foundation
NARAL Pro-choice California
Oakland Privacy
Privacy Rights Clearinghouse

Opposition

Right to Life League

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