

April 28, 2022

Sam Hawgood, Chancellor  
Erin S. Gore, Senior Vice Chancellor, Finance and Administration  
Suresh Gunasekaran, President and CEO, UCSF Health  
Won Ha, Vice Chancellor, Communications  
Erin Hickey, Interim Vice Chancellor, University Development and Alumni Relations  
Talmadge E. King Jr, Dean, School of Medicine and Vice Chancellor for Medical Affairs  
Dan Lowenstein, Executive Vice Chancellor and Provost  
Renee Navarro, Vice Chancellor, Diversity and Outreach  
Theresa O'Brien, Associate Chancellor  
Greta Schnetzler, Chief Campus Counsel and Associate General Counsel

Dear Chancellor Hawgood, Ms. Gore, Mr. Gunasekaran, Mr. Ha, Ms. Hickey, Dean King, Dr. Lowenstein, Dr. Navarro, Dr. O'Brien, and Ms. Schnetzler:

As members of the Chancellor's Executive Team, you are surely aware that access to safe abortion care—an essential component of comprehensive health care—is being eroded in many parts of the country. An egregious law has been in effect in Texas for over six months, banning abortion past 6 weeks' gestation and reducing the number of in-state abortions by half. Those unable to get care in Texas are forced either to travel out of state, attempt to self-manage their abortion, or continue the pregnancy to term. These alternatives all are associated with an increased risk of poor health and socioeconomic outcomes.<sup>1</sup> In September, Chancellor Hawgood sent an email to our UCSF community denouncing this law, writing, "It attacks our deeply held values of health equality and dignity for all people, and for evidence-based health care."

By refusing to impose a stay of the Texas law, the US Supreme Court is signaling its intent to overturn or seriously undermine *Roe v. Wade*, which many legal experts anticipate in the Court's decision in *Dobbs v. Jackson Women's Health Organization* later this term—likely in June. If this occurs, it is estimated that abortion would be prohibited in about 24 states.

With our mission of advancing health worldwide, UCSF has a critical role to play in this looming health crisis. For decades we have been leaders in service delivery, education, research, and advocacy related to safe abortion care, and many across the country will look to us for leadership in this area, similar to the way UCSF demonstrated leadership during the COVID-19 pandemic.

With broad support from a range of stakeholders across UCSF, we write to request that you consider the following actions:

1. **Prepare a strong statement to be released when the Supreme Court issues its ruling.** We would be happy to work with you to craft this statement, which could refer to any of the actions listed below that the University would be ready to take. Ideally, such a statement would be coordinated with or issued jointly with the other UC campuses and the UC Office of the President.

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<sup>1</sup> See, for example, [The Harms of Denying a Woman a Wanted Abortion: Findings from the Turnaway Study](#)

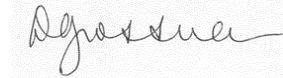
2. **Commit to providing abortion care to people unable to obtain care in their home states.** We anticipate that demand for services from out-of-state patients will grow, and we must do everything we can to facilitate access and meet these patients' needs. This may include caring for patients who travel to receive abortion care here, as well as providing telemedicine medication abortion to patients in other states (see #6 below).
3. **Commit to providing training opportunities to learners unable to obtain training where their programs are located.** Given that training in abortion care is a required part of obstetrics and gynecology residency training and a recommended part of family medicine training, there will be a large need to provide learning opportunities for trainees in other states. A UCSF-based national program, The Ryan Program, has already worked to place more than fifty Texas ob/gyn residents in sites across the country this year, including here at UCSF.
4. **Commit to including abortion care in the educational curriculum across UCSF.** With the anticipated increase in demand for care in California and the move to pharmacist-dispensing of mifepristone, there is a need to ensure that all medical, nursing, and pharmacy students receive education on abortion care. Advanced practice clinicians and residents in a range of specialties, including family medicine, internal medicine, emergency medicine, and pediatrics, should have access to abortion training opportunities. In addition, some specialists in women's health fields are interested in opportunities to retrain in abortion care if needed.
5. **Support state legislation that aims to address this health crisis.** Over a dozen bills have been introduced in the California State Legislature this session that would expand access to abortion care, including by providing state funding for people accessing care from out of state (see Appendix). We believe that the University of California has an interest in seeing these bills enacted into law, and we urge UCOP to support them.
6. **Commit to providing telemedicine medication abortion across state lines if the California bills allowing this become law.** Several of the bills would protect clinicians who provide telemedicine medication abortion across state lines to patients in states with abortion bans. This would be a game-changing strategy to expand access to care. Family planning physicians across the UC campuses are interested in providing this care if the bills pass and are signed into law.
7. **Commit to supporting the Fellowship in Complex Family Planning, a fellowship that was founded at UCSF.** In 1992 the CFP fellowship was founded by Dr. Philip Darney at UCSF, and it is now an ACGME-approved fellowship in obstetrics and gynecology. Over the last 30 years, 36 ob-gyns and 7 family physicians have been trained in the UCSF fellowship. In total, four University of California departments of ob/gyn are accredited fellowship sites: UCSF, UCD, UCLA, and UCSD. UCSF and the University of California should work to ensure these programs' sustainability.
8. **Create a structure to track UCSF's progress in addressing this crisis.** Especially if the Supreme Court decision decimates access in several states, it seems critical to coordinate efforts across the campus related to patient care, training, and advocacy that aim to mitigate the harms of the crisis. We suggest that you create a task force or at least create a system for relevant leaders to report to you at least quarterly on their progress.

We recognize that some of these actions will require financial resources. We strongly believe that in the current climate there is untapped potential among both current UCSF donors and new potential funders

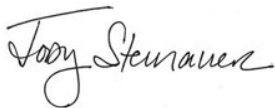
who would add to institutional resources to support these efforts. We would be happy to work with University Development in any relevant fundraising efforts.

Please let us know if you have any comments or questions. We would be very happy to meet with you.

With many thanks,



Daniel Grossman, MD  
Director, Advancing New Standards in Reproductive Health (ANSIRH)  
Professor, Department of Obstetrics, Gynecology & Reproductive Sciences



Jody Steinauer, MD, PhD  
Philip D. Darney Distinguished Professor of Family Planning & Reproductive Health  
Director, Bixby Center for Global Reproductive Health  
Director, Kenneth J. Ryan Residency Training Program  
Department of Obstetrics, Gynecology & Reproductive Sciences

#### **Appendix: Bills introduced in the California State Legislature related to abortion care, 2021-2022**

- **[AB 1666 \(Bauer-Kahan\) Protecting Abortion Providers from Civil Liability](#)**: AB 1666 will protect patients and providers in California from civil liability judgments for providing reproductive health care to patients when the claims are based on hostile laws in other states that are hostile to abortion rights and are contrary to the public policy of California.
- **[AB 2091 \(Bonta\) Medical Privacy](#)**: AB 2091 would enhance privacy protections for medical records related to abortion care under California's Reproductive Privacy Act against disclosures to law enforcement and out-of-state third parties seeking to enforce hostile abortion bans in other states.
- **[AB 2134 \(Weber/Garcia\) California Abortion and Reproductive Equity Act](#)**: AB 2134 would establish the California Reproductive Health Equity Program which will provide grants to providers who provided uncompensated care to patients with low incomes and those who face other financial barriers to accessing abortion and other sexual and reproductive health care.
- **[AB 2205 \(Carrillo\) Abortion Segregation Funds](#)**: Under the ACA, qualified health plans (QHPs) in the exchange that provide coverage for abortion services must collect a separate premium payment of \$1 per member per month and held in a segregated account from which claims for abortions must be paid. Over the last ten years of maintaining these segregated accounts, the Department of Insurance estimates that QHPs have collected several million dollars in the accounts. QHPs are prohibited from using these funds for any other purpose other than paying claims related to abortion services. This bill would require the 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 to better

understand how much money is currently in those accounts and how much is being used each year to pay claims.

- **[SB 1142](#) (Caballero/Skinner) Access + Support for Abortion Patients (ASAP) Act:** This bill will create the California Abortion Support Fund to provide grants to organizations that provide logistical and direct support to people accessing abortion services in California. SB 1142 will require the California Health and Human Services Agency to develop and maintain a website with comprehensive and accurate information regarding accessing abortion services in California, to provide patients one point of entry to connect with the nearest and most accessible abortion provider, obtain coverage or financial support for care, and get logistical assistance and resources for travel, lodging, or other needs.
- **[SB 1245](#) (Kamlager) Los Angeles County Abortion Access Safe Haven Pilot Program:** This bill will establish a reproductive health pilot project in LA County to support innovative approaches and patient-centered collaborations to safeguard patient access to abortion, regardless of residency. Funds may be used for the specific purposes of implementing Haven recommendations from the County.
- **[SB 1375](#) (Atkins) Nurse Practitioners and Abortion Care:** This bill would expand access to reproductive care and abortion services by clarifying existing laws that allow nurse practitioners meeting specified criteria to practice without physician supervision, including first trimester abortions and reproductive care.
- **[AB 1918](#) (Petrie-Norris) Reproductive Health Education Scholarships:** AB 1918 establishes a Reproductive Scholarship Corps within the Song-Brown Health Care Workforce Training Act. AB 1918 works to address priorities outlined by the California Future of Abortion Council to improve the education pipeline for providers.
- **[AB 2223](#) (Wicks) Decriminalization of Abortion & Pregnancy Loss:** AB 2223 would create clear and consistent guidance regarding existing protections under the Reproductive Privacy Act to protect people from prosecutions and criminalization of abortion or pregnancy loss.
- **[AB 2320](#) (Garcia) Reproductive Health Care Pilot Program:** AB 2320 would require the State Department of Health Care Services, until January 1, 2028, to establish and administer a pilot program to direct funds to community health clinics that provide reproductive health care services in 5 counties. The bill would also require participating health clinics to undertake specified activities to improve health care delivery for marginalized patients and annually report to the department over 2 years regarding their efforts and progress with those activities.
- **[AB 2529](#) (Davies/Calderon) Certified Nurse Midwives:** AB 2529 will expand the Song-Brown Healthcare Workforce Training Program to include certified nurse-midwives. PPAC supports allowing health care professionals to practice to the full extent of their licensure and training while preserving the quality of patient care.
- **[AB 2586](#) (Garcia/Rivas) Reproductive and Sexual Health Working Group:** AB 2586 would require the State Department of Public Health to create a working group to examine the root causes of the state's reproductive health and sexual health disparities. The bill would require the working group to submit a report to the Legislature on or before January 1, 2024, with recommendations on decreasing reproductive health and sexual health disparities that cover specified topics, including barriers to abortion access and contraception.
- **[AB 2626](#) (Calderon) Abortion Provider Protections:** AB 2626 will protect abortion providers by preventing the Medical, Nursing, and Physician Assistant Boards of California from revoking or

suspending a medical license for a licensee providing abortion care, including to a patient from another state.

- **[SB 1400](#) (Kamlager) Reproductive Health Care Services: Online Privacy:** Current law prohibits a person, business, or association from knowingly publicly posting or displaying, disclosing, or distributing on internet websites or social media, the personal information or image of any reproductive health care services patient, provider, or assistant with the intent to cause harm to that individual. The bill allows a provider or patient to sue and if they win case, be awarded at least \$25,000 (up from \$4,000).