



California's Campus Abortion Mandate is Bad Model Legislation

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SUMMARY:

California is vying to become the first state to require their 34 public universities to dispense the abortion pill through their student health centers (SHCs), impacting more than 400,000 female students. This mandate is significant as it is the first of its kind in the country and would serve as model legislation for other states. No state should consider California's campus abortion mandate as model legislation. This mandate shows a reckless disregard for the safety and health of young women and moreover creates considerable liability for the universities and all those involved, such as:

- College dorm rooms are unsafe environments to have an abortion.
- University student health centers (SHCs) are not equipped to handle adverse outcomes of on-campus abortions that may occur.
- The bill's funding mechanism is purposefully vague.
- No conscience exemptions are offered for college health center staff who may object to dispensing the abortion pill.

Other problems with California's abortion law are compounded:

- No pre-abortion counseling is offered.
- No post-abortion counseling is offered.
- No maternal assistance is offered if women choose not to abort.

Introduction

California's initial attempt to force college campuses to dispense the abortion pill was in 2018 as Senate Bill (SB) 320, but it was ultimately vetoed. In 2019, the bill reemerged as Senate Bill (SB) 24.

Last year's SB 320 and the current SB 24 are virtually identical with only minimal changes. SB 24 would still require the state's 34 public universities to make abortion pills available on campus to more than 400,000 female students.

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This is significant due to the fact that this bill could become the “first of its kind in the country and [would have] serve[d] as a model for other states in expanding reproductive health services.”¹

Bills like this attempt to reinforce the idea that abortion is health care. Elective abortion – the taking of innocent unborn life – should never be considered health care, and if anything, this type of legislation only shows a reckless disregard for the health and safety of young women and presumes that education and motherhood are not compatible.

The bill’s title deceptively includes the “Right to Access” when there has been no verifiable proof that female students do not already have access to abortion in California. In fact, California has more than 500 providers, and abortion is covered by student health insurance plans and MediCal. Under Obamacare, students can remain on their parent’s health plans, all of which cover abortions in California.² The first attempt at codifying this mandate (SB 320) was vetoed by Democrat Governor Jerry Brown. When explaining his reason for vetoing, he stated that the mandate was unnecessary due to abortion facilities already being readily accessible for college students nearby. His reasoning was in reference to a report conducted by the University of California, San Francisco (UCSF) that was actually done in support of the bill, which showed that the “barrier” to the nearest abortion facilities for most California public campuses was between 5-7 miles.³

Fortunately, Gov. Brown did not see this as a justification for turning SHCs into abortion facilities. It did however illustrate how the abortion industry targets young college women and how liberal colleges such as UCSF are collaborators with the abortion industry in targeting their own for more abortions, particularly with the abortion pill. Why? Because it’s an opportunity for the industry to cut costs while at the same time expanding their business. The abortion industry’s strategy is to aggressively market the abortion pill because increased use of the pill cuts down on the need to hire trained abortionists while at the same time expands the industry’s reach of where abortions can be performed.

The FDA-approved “abortion pill” is distributed under the brand name as Mifeprex ® and can only be prescribed by a doctor who is certified in the FDA REMS Program (Risk Evaluation and Mitigation Strategies) for Mifeprex. Being certified to prescribe Mifeprex requires physicians to inform the woman of the risk and complications associated with Mifeprex. The REMs program also ensures that Mifeprex can only be dispensed in certain healthcare settings by or under the supervision of a certified prescriber.⁴

“Expanding access” to the abortion pill with such a mandate is just one way the industry is trying to reinforce abortion as “health care” and to pressure the FDA and legislators to eventually make the abortion pill as easily accessible as an over-the-counter drug – which is the goal as stated by pro-abortion research giant the Guttmacher Institute in their 2018 policy review entitled, “Self-Managed Medication Abortion: Expanding the Available Options for U.S. Abortion Care.”⁵ Allowing SHCs to administer the abortion pill is an additional way for the abortion business to legitimize lowering the standards for dispensing the abortion pill.

By looking at abortion statistics, the abortion industry knows exactly where to target their business. The trend has been that the vast majority of abortions take place before 8 weeks

gestation on women between the ages of 20-29. The abortion pill can be administered up to 10 weeks. The latest statistics on abortion from Guttmacher show that over 30 percent of abortions in 2014 were chemical, and now make up 45 percent of all abortions obtained up to 9 weeks.⁶ Although surgical abortions are still the primary abortion procedure, the use of medication abortions is on the rise. The CDC reports that from 2006 to 2015, the use of early medication abortion increased 114 percent.⁷

Chemical (Medication) Abortions Are Not Safe or Simple

There is usually some amount of supervision for a chemical abortion that is done at an abortion facility. Prior to taking the pills, a woman should receive an ultrasound in order to confirm the pregnancy and diagnose any complicating factors, such as the possibility of a tubal or ectopic pregnancy.

A chemical abortion involves the taking of two pills several hours apart. The first pill, Mifepristone (also known as RU-486), is an anti-progestin that restricts the release of the hormone progesterone, which is needed to stabilize the uterine wall and nourish the developing baby. Mifepristone cuts this supply off, after which the baby dies in the womb. Mifepristone is typically administered orally with physician oversight. After this, the woman is sent home to take the second pill, Misoprostol (Cytotec ®) 24 to 48 hours later, which will cause contractions and bleeding to expel the baby from the womb.⁸

During this type of abortion, the woman is responsible for disposing of her child's remains. "While she could lose her baby anytime and anywhere during this process, the woman will often sit on a toilet as she prepares to expel the remains, which she will usually then flush – she may even see her dead baby within the pregnancy sac."⁹

Mifeprex ® is used for aborting babies that are up to 10 weeks old. At this point, a baby's development has progressed to where she has a head, hands, feet, fingers, toes, a heartbeat, and brain activity.¹⁰

Chemical abortions involve severe cramping, contractions, and bleeding to expel the baby. These symptoms can last from several hours to several days, and they can be very intense and painful. Many women also experience nausea, vomiting, diarrhea, abdominal pain, and headache.¹¹ Maternal deaths have occurred, most frequently due to infection and undiagnosed ectopic pregnancy.¹² The abortion business makes a chemical abortion sound safe and simple, but this is a multi-day traumatic process that, according to the Mifeprex ® medication guide, could take up to 30 days to complete!¹³

An incomplete abortion can happen at least up to 10 percent of the time during chemical abortions and the risk increases after the 9th week of pregnancy.¹⁴ If this happens, a woman has the option of taking more doses of misoprostol or having a surgical abortion by vacuum or suction aspiration to remove the baby remains through the cervix.¹⁵

The FDA released a report detailing 1,445 adverse events from 2012 to 2017.¹⁶ Here is an abbreviated timeline of acknowledgment by the FDA of the dangers of Mifeprex and their disregard for life and women's health:

2006

Six years after RU-486 was made available in the United States, the FDA acknowledged six deaths, nine life-threatening incidents, 232 hospitalizations, 116 blood transfusions, and 88 cases of infections, with a total of 1,070 adverse events reported.¹⁷

2009

In 2009, a large Finnish study of 42,600 women who underwent abortions found that women who had undergone a chemical abortion had four times as many serious complications than surgical abortions – 20 percent compared with 5.6 percent. The two events most common after chemical abortion was hemorrhage (15.6% compared with 2.1%) and incomplete abortion (6.7% compared with 1.6%).¹⁸

2011

In 2011, the FDA released the number of adverse events that were reported as a result of taking Mifepristone. The numbers were horrific: 14 deaths, 612 hospitalizations, 339 blood transfusions, and 256 cases of infections (including 48 severe infections), with a total of 2,207 adverse events reported.¹⁹

2015

In 2015, a peer-reviewed study on the safety, efficacy and acceptability of self-administration of abortion pills through 70 days, found that nearly 30 percent of the 40 pregnant women self-administering the abortion pill had taken the regimen after the approved time at 63 days – thereby resulting in 62 percent of those women having incomplete abortions. Surgical evacuation had to be performed in 68 percent of the patients, 22.5 percent had failed abortion, and 12.5 percent of the patients required surgical evacuation with blood transfusion.²⁰

2016

Despite these reports, the FDA made the drug regimen even less safe by extending the gestational period by which it can be taken from 49 days to up to 70 days as well as altering the dosage.²¹ This alteration has likely increased the chance of adverse events and life threatening complications.²² Even more egregious, this change was coupled with the elimination of a required second office visit for follow-up to confirm a complete abortion in case health complications arose from taking the drug.²³

Therefore, the FDA's extension of the limits on starting the drug regimen from 49 to up to 70 days into a pregnancy only increases the risk for an incomplete abortion and other adverse events.²⁴

2017-2018²⁵

The FDA released updated numbers on the total amount of adverse events from 2000 (the first year the drug was approved for abortion in the United States) to 2017, reporting 22 deaths, a total of 4,185 adverse events reported.

The FDA has updated their adverse events reports on Mifeprex ® with two more deaths as of December 31, 2018. There were also reports of two cases of ectopic pregnancy resulting in death; and several cases of severe systemic infection (also called sepsis), including some that were fatal." From 2000 to 2018, the total number of adverse events is now 24 deaths, 97 ectopic pregnancies, 1,042 hospitalizations, 599 blood transfusions, and 412 infections (including 69 severe infections), with a total of 4,195 adverse events reported. And these are just the events reported to the FDA.

Real Women, Real Stories

A former Planned Parenthood manager, Abby Johnson, had this experience with her chemical abortion:

"A blood clot the size of a lemon had fallen into my bath water. Was that my baby? I knew this huge clot was not going to go down the drain, so I reached down to pick it up. I was able to grasp the large clot with both hands and move it to the toilet.

Then came the excruciating pain again. I jumped out of the shower and sat on the toilet. Another lemon sized blood clot. Then another. And another. I thought I was dying. This couldn't be normal. Planned Parenthood didn't ever tell me this could happen."²⁶

A pro-abortion advocate shared her experience in this *Marie Claire* article:

Nothing-not the drug literature, not the clinic doctor, not even my own gyno-had prepared me for the searing, gripping, squeezing pain that ripped through my belly 30 minutes later...For 90 minutes, I was disoriented, nauseated, and, between crushing waves of contractions that I imagine were close to what labor feels like, racing from the bed to the bathroom with diarrhea... I bled for 14 days. A follow-up ultrasound confirmed I'd aborted. And that's when my problems really began.²⁷

After experiencing a range of adverse effects from boils and extreme fatigue to depression, she finally informed her gynecologist, who admitted, "**I think it's underreported, but probably one in three women have dramatic side effects.**"

The doctor prescribed antidepressants and said, "One day, you'll feel just like your old self."

With her body in hormonal chaos as pregnancy hormones were colliding with antipregnancy and stress hormones, she states it took nine months to feel like her "old self."

One young girl and her boyfriend share their experience here:

The day she took the final pill and came back to my flat to wait for it to pass truly drew a new line in the sand. The hours of pain she suffered, it utterly ripped me apart to see her writhing in agony, interspersed with trips to the toilet as the process started. It culminated in one trip from which she didn't return, all I heard was sobs, drained of energy she couldn't even cry with the force the pain deserved. I soon discovered that it wasn't the pain the sobs were for, it was for what she had seen in the toilet. A recognizable shape. Then flushed away.²⁸

You can find more stories at: AbortionPillRisk.org.

One of the co-sponsors for the mandate, ACT for Women and Girls, says that requiring college campuses to dispense the abortion pill is "about making sure that our young people are prepared for their life."²⁹

We know already that abortion negatively impacts a woman's mental health. One study in the *British Journal of Psychiatry* analyzed 22 studies that detailed women who were post-abortive and found that they were more likely to have issues with substance abuse and had greater anxiety, depression, and suicidal thoughts than non-abortive women.³⁰

What makes chemical abortions unique from surgical abortions is that the mother will have to see and dispose of the remains of her aborted child. It is more than obvious that extreme mental trauma would occur to a young woman who sees her abortion take place in her college dorm room, in addition to being forced to endure the physical trauma of excruciating pain.

Instead of "preparing" women for life, the abortion pill is setting them up to be more traumatized through life.

Mandates that convert institutions of higher education into abortion facilities are dangerous for the physical and psychological health of women, and no state should consider it for model legislation.

The Cultural Impact

Making abortion pills widely available on college campuses does not prepare men or women for life or teach them how to take responsibility for their actions and make wise, moral choices.

In reality, having the abortion pill readily available steps from college dorm rooms would only incentivize the prevailing hook-up culture. Will the future of college "sex weeks"³¹ not only include condoms but abortion pills too?

Neither would this mandate enhance the dignity of women. Instead, college abortion mandates treat women as sex objects, implying that "if she wakes up pregnant, it's no big deal, since she can easily go to the health center to get some abortion pills."

No accountability, no responsibility – the gifts of modern feminism.

Modern feminists place opposition between education, work, and family for women. If you're a young college student who thinks she is pregnant, modern feminists say abortion is the safest route to ensure you will not be uneducated and poor (as if this is the worst thing that can happen to you... the slight elitism should not go unnoticed). Feminists proudly tout they are pro-choice, but the only choice they are in favor of is telling you to abort your child.

The Campus Abortion Mandate Leaves Serious Concerns Unaddressed

There are serious concerns that are not addressed in these mandates that clearly indicate they were rushed through passage for political reasons. Here are some of the current concerns with SB 24:

- **College dorm rooms are no place to have an abortion.** Chemical abortions are a multi-day process, and there is no requirement that trained and licensed physicians in SHCs will oversee the entire abortion. This means that a young woman will be left to simply obtain the pills from the health centers and then be responsible to complete her abortion alone, in her dorm room. It's more than clear that a college dormitory does not provide the proper sanitary conditions for women who are inducing a chemical abortion. Also, what kind of privacy does a dorm bathroom have for an abortion that could last for up to 30 days?
- **University SHCs are not equipped to handle the adverse outcomes of on-campus abortions.** These campus abortion mandates do little to resolve the liability concerns for universities, who would be forced to be directly involved in providing abortions. Potential complications that can arise from taking the abortion pill range from excessive bleeding, infection, to an incomplete abortion (that may require surgery) and even death. The concern that even abortion facilities in the state have no admitting privileges to nearby hospitals in case of complications will be compounded by SHC who are not used to dealing with abortion-related complications. Given the trauma that some women experience is so severe, a phone line is insufficient medical care for after-hour emergencies given the traumatic experience of passing an aborted baby in the toilet.
- **No pre-abortion counseling is offered.** It is disturbingly common for young women who are pregnant to feel pressure from the father of her child as well as her family to abort, especially in abusive situations. Would college health centers be able to determine if women are being pressured or forced to have an abortion? A study published in the *Journal of American Physicians and Surgeons* found that over 73 percent of women who have had abortions admitted that they experienced at least subtle forms of pressure to abort their babies.³²
- **No post-abortion counseling is offered.** It is well documented that many women who have had abortions suffer from Post Abortion Stress Syndrome (PASS),³³ but this mandate offered no counseling to assist women who may suffer from PASS. As Frederica Mathewes-Green has written: "[Abortion] can't push the rewind button on life and make it so she was never pregnant. It can make it easy for everyone *around* the

woman to forget the pregnancy, but the woman herself may struggle. When she first sees the positive pregnancy test she may feel, in a panicky way, that she has to get rid of it as fast as possible. But life stretches on after abortion, for months and years – for many long nights – and all her life long she may ponder the irreversible choice she made.”³⁴

- **The bill’s funding mechanism is purposefully vague.** The campus abortion mandate claims that it would have private funding until a certain date, but this ignores the fact that a school clinic’s overhead is paid by taxpayers, and the language of the mandate leaves open the possibility of taxpayer-funded abortion by providing no safeguard to prohibit state funds or student fees from paying for the ongoing support of the program. Public funding of abortion is something that a majority of Americans strongly oppose. According to a recent Marist poll, 60 percent of Americans strongly oppose the use of their tax dollars to pay for abortions.³⁵ With already skyrocketing college tuition costs, students and parents may well wonder if their increasing student fees go towards abortion-inducing pills. Such a mandate needs to specifically exclude the use of state general funds, university funds, and student fees.
- **No conscience exemptions are offered.** The campus abortion mandate would require college health center staff to be directly involved in administering abortion pills with no mention of conscience protections if staff members do not want to engage in administering these pills to students.
- **No maternal assistance is offered if women choose not to abort.** The Institute for Women’s Policy Research found that over a quarter of all undergraduate students are raising dependent children. Women make up 71 percent of all student parents and are disproportionately likely to be balancing college and parenthood, many without the support of a spouse or partner.³⁶ The campus abortion mandate does nothing to provide support for pregnant and parenting students who want to keep their babies. According to one report, most campus health centers do not provide prenatal care or childbirth services.³⁷ One woman who had an abortion said, “Everyone around me was saying they would ‘be there for me’ if I had the abortion, but no one said they’d ‘be there for me’ if I had the baby.”³⁸ The mandate makes no effort to provide non-abortion alternatives such as pregnancy and adoption resources and child-care assistance as they continue their education.

While such a mandate goes out of its way to provide abortions to female students who may be pregnant, it does nothing to increase the awareness of their rights under Title IX if they choose to keep their baby. All public and private schools, school districts, colleges, and universities that receive any federal funds must comply with Title IX, which prohibits discrimination on the basis of sex – including women who are pregnant and have parental status in educational programs and activities. A student has the right to file a complaint with the U.S. Department of Education’s Office for Civil Rights if they believe their school has violated this federal law. To learn more about how Title IX protects you from discrimination at school if you are pregnant or parenting, visit the U.S. Department of Education’s “Know Your Rights” webpage.³⁹

Conclusion

As you can see from here the abortion business is just that – a business. Also that when it comes to policy every word means something or nothing at all. Without careful scrutiny, over 400,000 women in California’s public colleges and universities would be laid vulnerable to a profit-hungry agenda.

Thankfully, abortions are in decline, and women are choosing better options.⁴⁰ As abortion facilities are closing,⁴¹ pregnancy resources centers are thriving.⁴²

The abortion business is threatened by this and it is evident by their desperate attempt to try to force pro-life pregnancy centers to advertise for taxpayer-funded abortions.⁴³ This was of course brought on by a California bill set specifically to target pro-life pregnancy centers and the case made its way to the Supreme Court in the 2018 *NIFLA v. Becerra* case. Thankfully the court prohibited the action and recognized their freedom of pro-life beliefs and speech.⁴⁴ But these pro-life centers are doing more for women than abortion providers ever could.

Right to Life California has it right in stating: “We believe California should place a greater priority on resources like on-campus childcare, mother-child-family living arrangements, flexible exam schedules, opportunities for pregnant and parenting students to take a temporary leave without losing scholarships or loans, or other resources for student-mothers like car seats, diapers, maternity clothes, transportation assistance, baby clothes, job training, housing assistance, strollers, and parenting classes. Motherhood is not incompatible with educational success, and women who choose this path should be supported.”⁴⁵

Take 24-year-old single mom Briana Williams for instance, who graduated from Harvard Law School with her one-year-old daughter,⁴⁶ and many other students have shared their stories.⁴⁷

As the abortion industry creates victims, the pro-life movement creates victors.

Campus abortion mandates are not empowering or safe for women. No state should consider these mandates for model legislation. Better options are prevailing, and those efforts should be supported and funded.

Resources

Pregnantoncampus.com

Pregnant on Campus is an initiative started by the Students for Life of America to empower women to choose life by providing resources and support for pregnant and parenting students on campus.

AbortionPillReversal.com

If a woman takes the first pill of the abortion pill regime and then has second thoughts, there is way to forgo the effects of the medication abortion. For more information, visit AbortionPillReversal.com. For emergencies, there is a hotline at 877-558-0333.

Find a Pregnancy Center

Care Net pregnancy centers offer accurate and helpful information in a compassionate environment. If you think you may be pregnant and are in search of information about pregnancy options, a free pregnancy test, or post-decision support, the experts at your local Care Net pregnancy center can help. To find one near you, visit care-net.org/find-a-pregnancy-center.

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