



California's Campus Abortion Mandate is Bad Model Legislation

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SUMMARY:

The California bill SB 320 would have required the state's 34 public universities with on-campus student health centers to make abortion pills available on campus to more than 400,000 female students by January 1, 2022. SB 320 passed both chambers and was recently vetoed by the Governor. This is significant due to the fact that this bill would have become the first of its kind in the country and would have served as a model for other states to turn their student health centers into abortion clinics. Legislation like SB 320 shows a reckless disregard for the physical and psychological health of young women and presumes that education and motherhood are not compatible. No state should consider SB 320 for model legislation.

Introduction

The California bill SB 320 – also known as the “College Student Right to Access Act” – would have required the state's 34 public universities¹ with on-campus student health centers to make abortion pills available on campus to more than 400,000 female students by January 1, 2022.² If signed, California would have been the first state to require access to chemical abortions on campus, which would have made SB 320 model legislation for the rest of the country. The bill was sponsored by State Sen. Connie M. Leyva (D-Chino) in conjunction with The Women's Foundation of California, a publicly funded liberal feminist organization that has succeeded in getting 32 of their sponsored bills signed by the governor.

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Legal abortion has created a pathway for bills like SB 320 that try to reinforce the idea that abortion is healthcare. Elective abortion – the taking of innocent unborn life – should never be considered healthcare, and if anything, legislation like SB 320 shows a reckless disregard for the health 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 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.⁴ In explaining his veto, Governor Brown observed that having to commute a few miles off-campus for an abortion is not an inconvenience for students.⁵

SB 320 is dangerous for the physical and psychological health of women, and no state should consider it for model legislation.

Chemical Abortions Are Not Safe

Chemical abortion involves the taking of two pills several hours apart.⁶ The first pill, Mifepristone (also known as RU-486), 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. The second pill, Misoprostol, artificially induces a miscarriage, causing the baby to be expelled out of the uterus. Chemical abortion can be used for aborting babies that are up to 10 weeks old. At this age, the baby has a head, hands, feet, fingers, toes, a heartbeat, and brain activity.⁷

We've known since 2006 that the abortion pill regimen is dangerous, with thousands of reported adverse health events, including several deaths. Yet by 2010, the pill was granted increased access to women through the use of telemedicine, in which women are given guidance over Skype with an abortion clinic on the proper method for taking abortion pills.⁸ Just recently, the FDA released a report detailing 1,445 more adverse events from 2012 to 2017.⁹ Here is a timeline of the history of the abortion pill, which clearly shows the danger that this drug poses to the physical health of women:

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.¹⁰

2009

In 2009, a large Finnish study of 42,600 women who underwent abortions was released. The study 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.¹¹

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.¹²

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.¹³ This alteration has likely increased the chance of adverse events and life threatening

complications.¹⁴ 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.¹⁵

In 2015, before the FDA changed the maximum gestational period for taking the drug regimen, one peer-reviewed study of the implications of self-administration of abortion pills 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.¹⁶

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.¹⁷

2017

The FDA released updated numbers on the total amount of adverse events from 2000 to 2017, reporting 22 deaths, 97 ectopic pregnancies, 1,041 hospitalizations, 598 blood transfusions, and 411 infections (including 69 severe infections), with a total of 4,185 adverse events reported.

Real Women, Real Stories

A former Planned Parenthood manager, Abby Johnson, had this experience with her medical 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.”¹⁸

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.”¹⁹

One of SB 320’s co-sponsors, ACT for Women and Girls, says SB 320 is “about making sure that our young people are prepared for their life.”²⁰

Language like this has duped young women into taking the abortion pill as a more “natural” option, saying it’s more like having a miscarriage. But there is nothing natural about ingesting a manufactured chemical that disrupts the body’s natural process of pregnancy.

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.²¹

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.

The Cultural Impact of SB 320

SB 320 would not have prepared men or women for life, 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 have incentivized the prevailing hook-up culture. Will the future of college “sex weeks”²² not only include condoms but abortion pills too?

Neither would it have enhanced the dignity of women. Instead, SB 320 treats 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.

Serious Flaws with SB 320

There are serious concerns that are not addressed in SB 320 that clearly indicate the bill was rushed through passage for political reasons.

- **College dorm rooms are no place to have an abortion.** It’s more than clear that a college dormitory does not provide the proper sanitary conditions for women who are inducing a chemical abortion.
- **University student health center are not equipped to handle the liability involved in providing on-campus abortions.** SB 320 did little to resolve the liability concerns for

universities, who would have been forced to be directly involved in providing abortions. Potential complications that can arise from taking the abortion pill range from excessive bleeding and infection to an incomplete abortion requiring surgery and even death. No admitting privileges to nearby hospitals or emergency assistance in case the young women experience a complication were addressed in this bill.

- **No verification of the unborn baby's gestational age is required.** These college health centers do not have ultrasound equipment, which are vitally important to determine the unborn baby's gestational age and in order to diagnose the possibility of an ectopic pregnancy. This poses the very real danger of young women self-administering the abortion pill too late in the pregnancy, thereby increasing her chance of experiencing physically hazardous complications.²³
- **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 have been 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.²⁴
- **No post-abortion counseling is offered.** It is well documented that many women who have had abortions suffer from Post Abortion Stress Syndrome (PASS),²⁵ but SB 320 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."²⁶
- **There is no requirement to inform women of the health risks of taking the abortion pill.** College health centers that dispense the abortion pill are not required to inform the young women of all the risks and complications that can result from ingesting the drug, unlike abortion clinics in a number of states that are required to. This begs the question: will there be counseling provided for women who may undergo shock and trauma in her dorm room at the sight of her abortion?
- **The bill's funding mechanism is purposefully vague.** SB 320 claimed that it would have private funding until 2021, but this ignores the fact that a school clinic's overhead is paid by taxpayers, and the language of the bill left open the possibility of taxpayer-funded abortion after 2021 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.²⁷ With already skyrocketing college tuition costs, students and parents will be less than enthusiastic about student fees being raised, especially if those fees go towards abortion-inducing pills.

- **No conscience exemptions are offered.** The bill would have required 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. This bill would have potentially violated the federal Weldon Amendment as a result.
- **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.²⁸ SB 320 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.²⁹ 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.”³⁰ SB 320 made no effort to provide non-abortion alternatives such as pregnancy and adoption resources and child-care assistance as they continue their education.

While this bill went out of its way to provide abortions to female students who may be pregnant, it did 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.³¹

Conclusion

Abortions are in decline, and women are choosing better options.³² As abortion clinics are closing,³³ pregnancy resources centers are thriving.³⁴

In trying to give greater access to abortion earlier this year, California tried to force pro-life pregnancy centers to advertise for taxpayer-funded abortions,³⁵ before the Supreme Court prohibited the action in *NIFLA v. Becerra*.³⁶ But these centers are doing more for women than abortion 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.”³⁷

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

For instance, 24-year-old single mom Briana Williams graduated from Harvard Law School with her one-year-old daughter,³⁸ and many other students have shared their stories.³⁹

SB 320 was not empowering or safe for women. No state should consider it 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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