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## AB-2586 Reproductive and sexual health inequities. (2021-2022)

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### Assembly Bill No. 2586

#### CHAPTER 564

An act to add Section 140 to the Health and Safety Code, relating to health.

[ Approved by Governor September 27, 2022. Filed with Secretary of State September 27, 2022. ]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2586, Cristina Garcia. Reproductive and sexual health inequities.

Existing law establishes the State Department of Public Health to implement and administer various programs relating to public health. Existing law requires the department to develop a coordinated state strategy for addressing the health-related needs of women, including implementation of goals and objectives for women's health.

This bill would establish the California Reproductive Justice and Freedom Fund and would require the department, upon appropriation by the Legislature, to award grants to eligible community-based organizations over a 3-year period. The bill would require a grant recipient to use grant funds to implement a program or fund an existing program that provides and promotes medically accurate, comprehensive reproductive and sexual health education. The bill would also make related findings and declarations.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

#### THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

##### **SECTION 1.** The Legislature finds and declares all of the following:

(a) Reproductive justice is a framework created by Black women in 1994 to address the intersectional and multifactored issues that women of color and their families face in society.

(b) Reproductive justice is the human right to control our bodies, sexuality, gender, work, and reproduction. That right can only be achieved when all people, particularly women and girls, have the complete economic, social, and political power and resources to make healthy decisions about their bodies, families, and communities in all areas of their lives. At the core of reproductive justice is the belief in the right to bodily autonomy, the right to have children, the right to not have children, and the right to parent the children we have with dignity and respect in safe and sustainable communities.

(c) The United States is seeing a dramatic rollback of reproductive rights that has not been seen since the Roe v. Wade ruling. In 2021, states across the country passed more anti-abortion laws than in the last 30 years. In 2022, over 200 anti-abortion bills have been introduced nationwide.

(d) Abortion care is a constitutional right and an integral part of comprehensive sexual and reproductive health care and overall health and well-being.

(e) In May 2019, the Governor signed the California Proclamation on Reproductive Freedom, reaffirming California's commitment to ensuring access to reproductive health care services, including abortion.

(f) Since the United States Supreme Court overturned the protections under Roe v. Wade, people in more than one-half of the states in the country, more than 36,000,000 women and other people who may become pregnant are projected to lose access to abortion care.

(g) In December 2021, more than 40 organizations, California legislative leaders, and policymakers, with the support of the Governor, joined together to form the California Future of Abortion Council to identify barriers to abortion services and recommend proposals to support equitable and affordable access to abortion care for Californians and all who seek care in California. This bill would codify one or more of the recommendations of the California Future of Abortion Council.

(h) California is committed to building upon existing protections that preserve the right to abortion and implement innovative and bold programs and policies to truly be a reproductive freedom state.

(i) Although California continues to affirm and demonstrate its commitment to reproductive freedom, Black, Indigenous, and other People of Color (BIPOC), particularly young BIPOC people, and gender expansive people bear the burden of high reproductive and sexual health inequities. The reality is that BIPOC communities lack tangible access to wraparound reproductive and sexual health care, as well as the comprehensive, medically accurate, culturally congruent information necessary to make the best choices for themselves and their families.

(j) Issues such as racism, homophobia, transphobia, economic inequality, sexism, climate change, the criminal system, and lack of affordable housing are all issues that impact the ability and decision to protect our bodily autonomy, have a child, and raise a family.

(k) For every \$100 of wealth held by White men, White women have \$74, Latinas have \$3, and African American women have \$0.80.

(l) California has the largest population of unhoused people, where one in three women, and 1 percent of transgender people, who were unsheltered have experienced domestic violence.

(m) Twenty-one percent of Black and Latina women and girls live in poverty, an issue closely related to reproductive freedom. A study by the Guttmacher Institute showed that economic status was one of the top reasons why women sought abortions.

(n) According to a State Department of Public Health report published in 2021, Black women were overrepresented among pregnancy-related deaths from all causes. In fact, the report revealed that racial and ethnic disparities in pregnancy-related mortality ratios widened between 2008 and 2016, and from 2014 to 2016, inclusive, the pregnancy-related mortality ratio for Black women was four to six times greater than the mortality ratios for women of other racial and ethnic groups.

(o) California has a long history of reproductive oppression, including forced sterilizations, that have disproportionately impacted BIPOC people, immigrants, people with disabilities, lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people, people in carceral settings, young people, and people living in poverty. Although California's eugenics law was repealed in 1979, state-sponsored forced sterilizations continued to take place in California prisons as recently as 2010. The legacy of eugenics and forced sterilizations continues to impact communities to this day.

(p) California has made a commitment to ensuring access to medically accurate, comprehensive sex education as evidenced by the passing of the California Healthy Youth Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of Division 4 of Title 2 of the Education Code). Despite the state mandate that middle and high schools offer medically accurate, school-based, comprehensive sex education, an overwhelming number of school districts fail or refuse to provide this critical education. Additionally, dissemination of misinformation, disinformation, or incomplete information about abortion and reproductive health care in general, particularly at the hands of organizations with a demonstrated interest in limiting choice that often misrepresent themselves as health centers, imposes a harmful barrier to reproductive health care access, especially for communities most impacted by a number of other obstacles to care.

(q) California ranks fourth in the country for syphilis rates, 15th for chlamydia, and 18th for gonorrhea. Youth, Black, and LGBTQI+ people bear the disproportionate burden of infection. Health equity demands that efforts are employed to eliminate disparate health outcomes, so that members of all communities can lead full, healthy lives.

(r) Statewide data indicates that California youth 15 to 24 years of age, inclusive, account for over one-half of all sexually transmitted infections. Currently, young Black women are 500 percent more likely to contract gonorrhea and chlamydia than their White counterparts. Inequitable access or lack of access to medically accurate, culturally congruent sexual health counseling, education, and services are responsible for these disparate numbers.

(s) To truly realize its status as a reproductive freedom state, California must meaningfully address the reproductive and sexual health inequities that persist in the state. A multipronged approach that employs short-term and long-term strategies is critical. There is a need to examine the root causes of these inequities through a lens grounded in reproductive justice principles by experts of diverse lived and professional experience, to publish a report on the findings, and to develop policy recommendations to be implemented by the Legislature. There is a need for equitable access to medically accurate reproductive and sexual health education that includes information on access to abortion care, rights, services and procedures, health effects and outcomes, resources, practical support, etc., delivered in a culturally congruent and responsive manner. Community organizations are trusted messengers equipped to effectively reach populations most impacted by the above-discussed inequities, and therefore must be engaged and supported to conduct this critical outreach to the communities that they serve.

(t) There is a need for equitable access to medically accurate reproductive and sexual health education that includes information on access to abortion care, rights, services and procedures, health effects and outcomes, resources, and practical support, delivered in a culturally congruent and responsive manner.

(u) Community organizations are trusted messengers equipped to effectively reach populations most impacted by the above-discussed inequities, and therefore must be engaged and supported to conduct this critical outreach to the communities that they serve.

**SEC. 2.** Section 140 is added to the Health and Safety Code, to read:

**140.** (a) The California Reproductive Justice and Freedom Fund (RJ Fund) is hereby established. The goal of the RJ Fund is to dismantle historic and standing systemic reproductive and sexual health inequities through medically accurate, culturally congruent education and outreach, as well as to create innovative strategies that meaningfully address and function to eliminate root causes of reproductive oppression.

(b) Upon appropriation by the Legislature, the State Department of Public Health shall award grants from the RJ Fund to eligible community-based organizations over a three-year period.

(1) On or before July 1, 2023, the department shall post the grant application on its internet website and solicit applications.

(2) On or before December 31, 2023, the department shall award grants to selected entities based on the eligibility criteria.

(c) A grant recipient shall use any grant funds awarded pursuant to this section to implement a program or fund an existing program that provides and promotes medically accurate, comprehensive reproductive and sexual health education.

(d) A program funded pursuant to this section shall do all of the following:

(1) Promote reproductive justice.

(2) Provide medically accurate, culturally congruent reproductive and sexual health education that is inclusive of information on abortion rights, care, and services. The education or outreach provided by a program shall include information on how to obtain an abortion or provide abortion referrals, especially upon request.

(3) Be targeted at communities that have experienced or continue to experience high reproductive or sexual health inequities or disparities. This includes communities that have experienced reproductive or sexual health inequities or disparities because of historic and systemic oppression, including based on their race and ethnicity, immigration status, sexual orientation, gender expression, foster youth status, or disability.

(e) A grant recipient may use a portion of grant funds to pay for costs associated with carrying out grant activities. An assessment of associated costs shall contemplate the community-based organization, the community served, and the nature of services it provides, and may include all of the following:

(1) Building staff capacity.

(2) Development and dissemination of materials.

(3) Travel costs.

(f) The department shall not spend more than 5 percent of the funds appropriated for the purposes of this section on administrative costs.

(g) For purposes of this section:

(1) "Community-based organization" means a public or private not-for-profit organization that provides education, resources, or services and is representative of a disparately impacted community or significant segments of a community or has demonstrated status as a trusted part of the community that it serves.

(2) "Culturally congruent education" means education that takes account of the cultural beliefs, values, norms, patterns, way of life, or practices of the target audience to provide appropriate and meaningful education. Culturally congruent education and outreach fits a person's or community's lifestyle, values, and systems of meaning. It requires acknowledgment, respect, and adaptation of information to the cultural needs of the communities served. Additionally, it contemplates sociocultural and situational factors into education.

(3) "Medically accurate" means factual information, verified or supported by research conducted in compliance with scientific methods, published in peer-reviewed journals, if appropriate, and recognized as accurate and objective by the relevant professional organizations.

(4) "Racial equity" means the condition achieved when race can no longer be used to predict life outcomes and when conditions for all groups are improved. Racial equity includes transforming the behaviors, institutions, and systems that harm disparately impacted communities, including by increasing access to power, redistributing and providing additional resources, and eliminating barriers to opportunity, in order to empower Black, Indigenous, and communities of color to thrive and realize their full potential.

(5) "Reproductive health" means the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. "Reproductive health" implies that a person is able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

(6) "Reproductive justice" means the human right to control our sexuality, our gender, our work, and our reproduction, which can only be achieved when all people, particularly women and girls, have the complete economic, social, and political power and resources to make healthy decisions about their bodies, their families, and their communities in all areas of their lives. At the core of "reproductive justice" is the belief that all people have the right to have children, the right to not have children, and the right to parent the children they have with dignity and respect, in safe and sustainable communities.

(7) "Sexual health" means the state of physical, emotional, mental, and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction, or infirmity. "Sexual health" requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.