



CaliforniansForLife.org

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**Senate Education Committee SB 320 Letter of Opposition**

December 30th, 2017

Dear Chairman Senator Benjamin Allen and members of the Senate Education Committee,

Pregnant students deserve assistance, resources, and support to complete their educational and life goals, not abortion. We oppose SB 320, which would require University of California (UC) and California State University (CSU) Student Health Centers to distribute the Chemical Abortion Pills, for these reasons:

**1. Chemical Abortion deliberately ends a human life up to 10 weeks of pregnancy and hurts many women for a lifetime.** According to the National Geographic Endowment for Human Development (EHD.org), the fetal heart begins beating at 5 weeks. By 9 weeks, his or her arms, legs, and hands move. By 10 weeks her fingers and toes are fully formed. Chemical Abortion involves two drugs. The first drug Mifepristone kills the fetus by blocking progesterone. The second drug Misoprostol causes the woman's uterus to contract and expel the now dead human being.



**2. Chemical Abortion is especially painful and traumatic for women.** During the Chemical Abortion, women are much more aware of the pain and visual reality of the abortion process, which may require days to complete. The Chemical Abortion Pill label warns of heavy bleeding, defined as soaking through two full-size sanitary pads per hour and/or passing blood clots larger than the size of a lemon. Other symptoms include nausea, vomiting, diarrhea, and fever which can be a sign of serious infection, an ectopic pregnancy or incomplete expulsion of the dead fetus. See the attached personal testimony of a woman's Chemical Abortion. Imagine this painful experience happening in the dorm toilet late at night with no one to call for help!

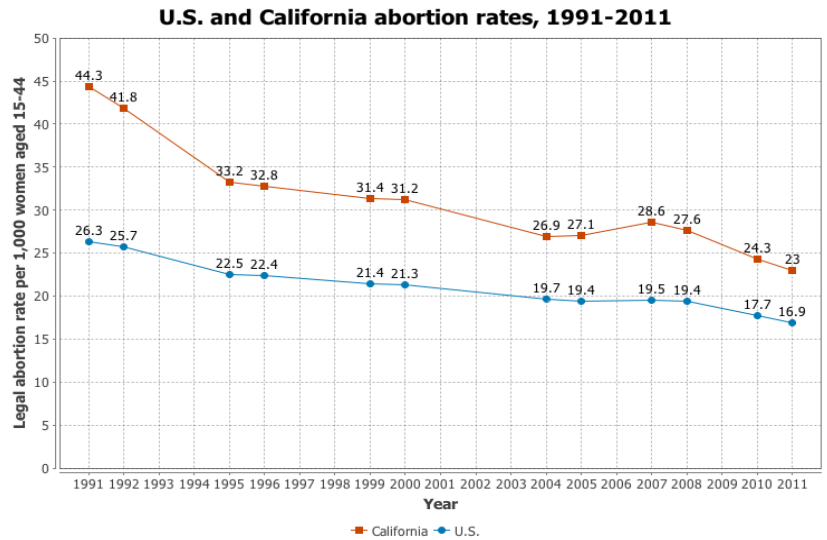
**3. Student Health Centers are not equipped,** lacking ultrasound capability to determine whether a pregnancy is ectopic or uterine in location, often do not have the necessary laboratory tests for bloodwork, nor can they accurately determine the size and development of the growing fetus, which is critical since Chemical Abortion cannot be used beyond 10 weeks of pregnancy. Universities will endure increased risk of liability, malpractice, and added expenses. Health Center staff who did not plan to work in an abortion clinic will now be forced to participate in ending human lives. According to the Senate Health Committee analysis, "this bill may result in either shutting down the centers or substantial increases in student fees to pay for the additional services due to new staffing and equipment necessary to provide them."

**4. There is no lack of access to Chemical Abortion.** On average, there is a Chemical Abortion business within 6 miles of every UC and CSU campus. See the attached Table 1 chart for details. For example, according to Kim LaPean, spokesperson for the UC Berkeley University Health Services, "There are four facilities within four miles of the UC Berkeley campus that provide abortion pills".

[www.eastbayexpress.com/SevenDays/archives/2017/03/21/uc-berkeley-students-inspire-legislation-that-would-make-california-colleges-provide-abortion-pill-on-campus](http://www.eastbayexpress.com/SevenDays/archives/2017/03/21/uc-berkeley-students-inspire-legislation-that-would-make-california-colleges-provide-abortion-pill-on-campus)

**5. California abortion numbers are at a historic low, dropping 27% since 2008.**

<http://www.sacbee.com/news/local/health-and-medicine/article132053889.html> The Guttmacher Institute shows a 48% decline in California abortion rates since 1991, with medical and surgical combined. Planned Parenthood in California is seeing fewer patient visits each year. See the attached Tables 2, 3, and 4 for details. With declining demand for abortion, we do not need to force our university health centers to become abortion clinics.



When we are concerned about rising student tuition fees, why burden UC/CSU students with all of these unnecessary costs and liability risks while abortions can already be obtained at nearby locations?

**6. Chemical Abortion is a big money maker for the abortion industry.** According to Planned Parenthood, women are charged \$668 for the Chemical Abortion, while Planned Parenthood pays only \$86 for the Chemical Abortion pills. See <http://www.earlyoptionpill.com/state/california/> for pricing details. Although the abortion industry sees Chemical Abortion on campus as a lucrative opportunity, the legislature should not mandate UC and CSU student health centers to incur this unnecessary risk and compel their involvement in ending human life.

If we are truly sincere in our efforts to help pregnant students “improve their academic success”, let us work together to increase our support for pregnant and parenting students.

**Pregnant students and future students deserve life, not abortion.**

**Vote NO on SB 320.**

Sincerely,

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helping one person might not change  
the whole world,



but it could change the world for  
one person.

chibird

## Abby Johnson's Abortion Pill Story



In 2003, I was 23 years old, a volunteer at Planned Parenthood and a college student. I didn't want a baby so I had a solution...abortion.

Instead of a surgical abortion, I thought I would choose a more "natural" way to abort...the medication abortion. It was all pills and that seemed really simple. Everything was done at home. It was private, on your schedule, under your control and seemed less invasive.

"Nothing worse than a heavy period," according to Planned Parenthood. Sounded pretty easy to me. There didn't appear to be any risks or side effects... Surely if there were risks, they would have told me about them, right?

They gave me a Mifeprex (mifepristone) pill and a brown bag of pills to take home. After taking the Mifeprex, I felt great! No side effects...just like they said. The next day, I took the 4 pills in my brown bag called Misoprostol. They told me these were the pills that would start my bleeding and cramping...but nothing a few Ibuprofen couldn't take care of.

Ten minutes later, I started to feel pain in my abdomen unlike anything I had ever experienced. Then the blood came. It was gushing out of me. I couldn't wear a pad...nothing was able to absorb the amount of blood I was losing. The only thing I could do was sit on the toilet. I sat there for hours...bleeding, throwing up into the bathroom trashcan, crying and sweating.

### **Sitting in a Tub of Blood**

I had vomit all in my hair and on my legs, not to mention how sweaty I was. I filled the tub and climbed in. The cramps kept coming. I opened my eyes after 15 minutes and was horrified. My bathwater was bright red. It looked like I was sitting in the middle of a crime scene. And I guess it was...I had murdered my child. I knew I had to get up and wash the blood off of me

### **Excruciating Pain, Heavy Bleeding & Blood Clots the Size of Lemons**

I felt a pain worse than any other I had experienced. I began to sweat again and felt faint. I grabbed on to the side of the shower wall to steady myself. Then I felt a release...and a splash in the water that was draining beneath me.

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. I 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. This must be atypical. I decided that I would call them in the morning...if I didn't die before then. It was around midnight and I had been in the bathroom for a good 12 hours. I knew I couldn't leave yet. I didn't want to lay in the bed...the bleeding was too heavy. And the clots were still coming; not as often, but they were still coming. So, I decided to sleep on the bathroom floor that night...right by the toilet.

### **Was This a Normal Experience?**

The next morning, I called Planned Parenthood as soon as they opened and asked to speak to the nurse. I was told she would call me back soon. She did. I told her about my previous day. She told me, "That is not abnormal." WHAT?? She could not be serious. All of the bleeding, the clotting, the pain...that was NORMAL??? "Yes," she said. "Use heating pads, soak in a warm tub, and take Ibuprofen." I was angry. How could they not tell me the side effects? I felt betrayed. Eight weeks passed. Eight weeks of blood clots. Eight weeks of nausea. Eight weeks of excruciating cramps. Eight weeks of heavy bleeding.

Table 1: From the Senate Health Committee Analysis: *What problem is this bill attempting to solve? The author and supporters state that this bill is necessary, in part, so that students do not have to travel far distances to receive abortions. However, no data, except some anecdotal estimates, has been provided to support the assertion that access to this service is currently limited.*

**FACT: The average distance from UC/CSU campus to the nearest Chemical Abortion provider is 5.97 miles.**

University	Distance to nearest Chemical Abortion	Nearest Chemical Abortion Provider
CSU Bakersfield	5.8 miles	Planned Parenthood Bakersfield
CSU Cal Maritime	2.8 miles	Planned Parenthood Vallejo
CSU Channel Islands	10.0 miles	Planned Parenthood Thousand Oaks
CSU Chico	3.5 miles	Planned Parenthood Chico
CSU Dominguez Hills	7.6 miles	Planned Parenthood South Bay Lawndale
CSU East Bay	2.3 miles	Planned Parenthood Hayward
CSU Fresno	1.9 miles	Planned Parenthood Fresno
CSU Fullerton	5.3 miles	Planned Parenthood Anaheim
CSU Humboldt	9.9 miles	Planned Parenthood Eureka
CSU Long Beach	6.9 miles	Planned Parenthood Long Beach
CSU Los Angeles	8.4 miles	Planned Parenthood Hollywood
CSU Monterey Bay	4.5 miles	Planned Parenthood Seaside
CSU Northridge	5.9 miles	Planned Parenthood Canoga Park
CSU Cal Poly Pomona	4.9 miles	Planned Parenthood Pomona
CSU Sacramento	3.2 miles	Planned Parenthood Sacramento
CSU San Bernardino	11.1 miles	Planned Parenthood San Bernardino
CSU San Diego	1.4 miles	Planned Parenthood College Avenue
CSU San Francisco	5.4 miles	Planned Parenthood San Francisco
CSU San Jose	4.5 miles	Planned Parenthood San Jose
CSU Cal Poly San Luis Obispo	1.7 miles	Planned Parenthood San Luis Obispo
CSU San Marcos	4.1 miles	Planned Parenthood Escondido
CSU Sonoma	8.2 miles	Planned Parenthood Santa Rosa
CSU Stanislaus	15.3 miles	Planned Parenthood Modesto
UC Berkeley	3.5 miles	Planned Parenthood El Cerrito
UC Davis	11.8 miles	Planned Parenthood Woodland
UC Irvine	6.7 miles	Planned Parenthood Costa Mesa
UCLA	5.6 miles	Planned Parenthood Santa Monica
UC Merced	5.6 miles	Planned Parenthood Merced
UC Riverside	6.5 miles	Planned Parenthood Riverside
UC San Diego	6.2 miles	Planned Parenthood Mission Bay
UC San Francisco	3.4 miles	Planned Parenthood San Francisco
UC Santa Barbara	10.7 miles	Planned Parenthood Santa Barbara
UC Santa Cruz	3.3 miles	Planned Parenthood Westside

## Table 2: Planned Parenthood California Affiliates

### Planned Parenthood Number of Patient Visits, Planned Parenthood Number of Abortions, and Planned Parenthood Revenue in Excess of Expenses

Data is provided by the seven California Planned Parenthood  
Affiliate Annual Reports

Planned Parenthood, the largest abortion provider in the country,  
continues to see fewer patients each year, even here in California,  
according to their own Annual Reports.

The demand for abortion continues to decline,

so why do we need to force universities to become abortion providers?  
Planned Parenthood obtains millions of dollars each year in “Revenue in  
Excess of Expenses”- if access is perceived as needing to be improved,  
Planned Parenthood should be responsible for those costs, not universities.

Planned Parenthood Affiliate	2013-14 #Patient Visits	2016-17 #Patient Visits	Percent Change in #Patient Visits/year	2013-14 #Abortions	2016-17 #Abortions	Revenue in Excess of Expenses 2016-17 for each Affiliate
Mar Monte	461,849	396,484	↓ -14%	18,169	17,884	<b>\$2.3 million</b>
Los Angeles	270,600	242,071	↓ -10%	12,718	11,329	
Northern California	201,000	188,842	↓ -6%	6,030	3,776	<b>\$6.3 million</b>
Central Coast	<i>No Annual Report available</i>	54,968		<i>No Annual Report available</i>	3,857	
Pasadena San Gabriel Valley	47,819	<i>Not provided in Annual Report</i>		956	1,200	
Pacific Southwest	276,648	277,847	+0.4%	13,932	16,079	<b>\$1.2 million</b>
Orange & San Bernardino	171,832	182,947	+5%	8,591	9,434	<b>\$1.5 million</b>
Totals	1,381,929	1,288,191	↓ -7%	60,396	59,702	

**Table 3 and 4: The number of Chemical Abortions in California continues to decline as documented by the Medi-Cal Fee for Service data for 2013 and 2014**

**These two charts show a 14% drop in the number of California Chemical Abortions in one year**

**Table 3: 2013 California Medi-Cal Reimbursed Fee for Service Abortion Numbers by Abortion Type**  
[http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal\\_Funded\\_Abortions\\_2013.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Funded_Abortions_2013.pdf)

Procedure Type	Number of Induced Abortions	Percent of Induced Abortions	Total Expenditures	Average Expenditures	Percent of Expenditures
Dilation and Curettage	30,325	46.9	\$12,102,781	\$399	43.0
Dilation and Evacuation	5,596	8.7	\$3,182,237	\$569	11.3
Medical Abortion (RU-486)	28,579	44.2	\$12,656,595	\$443	44.9
Other	119	0.2	\$221,698	\$1,863	0.8
<b>Total</b>	<b>64,619</b>	<b>100.0</b>	<b>\$28,163,311</b>	<b>\$436</b>	<b>100.0</b>

**Table 4: 2014 California Medi-Cal Reimbursed Fee for Service Abortion Numbers by Abortion Type**  
[http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal\\_Funded\\_Abortions\\_2014.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Funded_Abortions_2014.pdf)

Procedure Type	Number of Induced Abortions	Percent of Induced Abortions	Total Expenditures	Average Expenditures	Percent of Expenditures
Dilation and Curettage	24,781	46.0	\$10,857,867	\$438	39.4
Dilation and Evacuation	4,438	8.2	\$2,809,737	\$633	10.2
Medical Abortion (RU-486)	24,591	45.62	\$13,804,740	\$561	50.0
Other	97	0.2	\$119,037	\$1,227	0.4
<b>Total</b>	<b>53,907</b>	<b>100.0</b>	<b>\$27,591,381</b>	<b>\$512</b>	<b>100.0</b>

**Table 5: Perceived Benefits and Concerns of Chemical Abortion on Campus**

Analysis provided by UCSF Advancing New Standards in Reproductive Health ANSIRH 2017

**Note:** No UC administrators and less than half of the CSU administrators predict “improved access to services” as a result of SB 320.

Similarly, there is minimal predicted improvement in continuity of care, reduced delays to care, or reduced costs.

Both UC and CSU express concern that “other services take priority”.

CSU conveys “Staff Opposition” as a concern in 8/17 respondees.

MAB= Medical Abortion = Chemical Abortion

Benefits of on-campus MAB	UCs (n=10)	CSUs (n=16)	Concerns related to on-campus MAB	UCs (n=10)	CSUs (n=17)
Improved access to services	0	7	Need to improve security	7	11
Convenience	7	8	Other services take priority	5	12
Normalizing abortion care	3	5	No/Low demand for MAB	4	3
Improved privacy	2	4	Lack of community support	4	3
Improved continuity of care	2	7	Staff opposition	2	8
Reduced delays to care	1	9	Limited support from administration	2	6
Reduced costs	0	7	Lack of support from families	2	2
No benefits	1	5	Fear of losing philanthropic support	1	2

**Table 6: Are Student Health Centers (SHCs) equipped to provide Chemical Abortions?**  
Analysis provided by UCSF Advancing New Standards in Reproductive Health ANSIRH 2017

**Note:** Important bloodwork, ultrasounds, and after hour triage are not available.

**Green:** Elements marked green are fully or nearly adequate to provide MAB as is. Any gaps that exist would require minimal funding and/or support to meet.  
**Yellow:** Elements marked yellow require more attention, but with funding and support can be addressed. These would vary by site and are not necessarily required.  
**Red:** Elements marked red are necessary and far from being met. Funding would be needed to address these deficiencies.

TABLE A	University of California SHCs (n=11)	California State University SHCs (n=20)
<b>Physical Space</b> Private exam room	All have a private exam room. For more detail on equipment available, see Table 4.	All have a private exam room. For more detail on equipment available, see Table 4.
<b>Pregnancy assessment</b> Urine pregnancy tests and/or pelvic exam	All have pregnancy testing and counseling (urine test), see Table 5. All have exam table for pelvic exams, see Table 4.	All have pregnancy testing and counseling (urine test), see Table 5. 19 have exam table for pelvic exams, see Table 4.
<b>Lab tests</b> On-site or send out	7 have hemoglobin and hematocrit tests. 5 have serum quantitative hCG. 4 have Rh Factor. 10 send blood draws to outside lab. See Table 5.	14 have hemoglobin and 13 have hematocrit. 6 have serum quantitative hCG. 4 have Rh Factor. 16 send blood draws to outside lab. See Table 5.
<b>Ultrasound</b> Machine and trained staff for pregnancy dating and ectopic diagnosis	4 have ultrasound machine: see Table 4. 2 have at least one staff member trained in pregnancy dating, but none do it at SHC currently. Current referral patterns for ultrasound in Table 3.	2 have ultrasound machine: see Table 4. 4 have at least one staff member trained in pregnancy dating, but none do it at SHC currently. Current referral patterns for ultrasound in Table 3.
<b>Trained Providers</b> Physicians or advanced practice clinicians (NP, PA, CNM)	All have at least one advanced practice clinician. 2 have a clinician trained in abortion and women's health. Current SRH services in Tables 1 and 2. 9 have an average of 3 staff trained in abortion counseling (range: 0-7).	All have at least one advanced practice clinician. 5 have a clinician trained in abortion and women's health. Current SRH services in Tables 1 and 2. 18 have an average of 3 staff trained in abortion counseling (range: 0-14).
<b>After-hours triage</b> Hotline or consultation	10 have 24-hour nurse advice hotlines. 1 has physician consultation.	9 have 24-hour nurse advice hotlines. 10 do not have any after-hours triage.
<b>Aspiration or surgical abortion</b> In case of incomplete MAB or ongoing pregnancy, on-site or by referral	None provide at SHC. 5 refer to Planned Parenthood. 5 refer to hospital/urgent care facility. 1 refers to private physician's office. See Table 3.	None provide at SHC. 18 refer to Planned Parenthood. 4 refer to hospital/urgent care facility. 6 refer to private physician's office. See Table 3.
<b>Management of complications</b> Referral to specialist in case of complications	Current referrals for miscarriage: See Table 3. 15 refer to hospital/urgent care. 5 refer to private physician's office. 7 refer to local clinic.	Current referrals for miscarriage: See Table 3. 17 refer to local clinic or Planned Parenthood. 12 refer to private physician's office. 17 refer to hospital/urgent care.

**Table 7: Current Reproductive Health Services Provided at Student Health Centers**  
Analysis provided by UCSF Advancing New Standards in Reproductive Health ANSIRH 2017

**Note:** Student Health Centers are unprepared for miscarriage care and have only 1 onsite Ultrasound.

Sexual and Reproductive Health (SRH) Service	UCs (n=11)	CSUs (n=20)
Well woman exam	11	20
Cervical cancer screening/Pap smear	11	20
Sexually transmitted infection testing	11	20
Sexually transmitted infection treatment	11	20
HIV counseling/testing	11	19
Pre-exposure prophylaxis for HIV (PrEP)	11	6
Contraception	11	20
Pregnancy Testing/counseling	11	20
Transgender care	11	9
Rape crisis counseling	8	16
Miscarriage management care	3	1
Abortion care	0	0
On-site pregnancy test	11	19
Counseling about all options in case of a positive pregnancy test	11	19
On-site ultrasound	1	0