

## **SUMMARY OF THE BILL**

SB 320 (Leyva) would require the University of California (UC) and the California State University (CSU) to provide abortion by medication services at each campus student health center. The bill provides a one-time privately funded grant of \$200,000 to each student health center to pay for direct and indirect cost of medication abortion readiness. Allowable expenses include equipment, facility and security upgrades, telehealth services, trainings, etc. The bill provides an additional \$200,000 to the UC system to pay for direct and indirect cost associated with readiness. The private grant funding specified in the bill would end 2022. Senator Leyva and proponents of the bill assert that with the completion of the private funding period, campus student health centers can bill Medi-Cal and other California-based insurances as the source of reimbursement to cover costs instead of student fees and/or general fund.

## **POSITION**

UC has taken a position that in order to provide abortion by medication at the student health center on UC campuses, implementation must be cost-neutral. Cost-neutral means no increase to student fees and/or increase to the UC base budget from state general fund allocations. UC student health centers are supported by student fees, and the entire system is highly sensitive to any policy change that would cause an increase in student fees or adding to the UC base budget from state general fund allocations (general fund).

UC supports student reproductive rights and choices for reproductive health by providing a wide range of services in student health centers, including;

1. Pregnancy testing, if a student tests positive, counseling and referral information on prenatal care, adoption, and abortion is available at the Student Health Center (SHC).
2. Primary care homes for students and specialty services on a referral basis. For abortion services, SHCs have relationships with community providers including Planned Parenthood, private gynecologist and other women's' health clinics.
3. A wide range of counseling services for reproductive health. Some SHCs have a Health Educator who provides information on all form of contraception including emergency contraception (morning after pill).
4. A wide range of contraceptive services.

## **FISCAL IMPACT**

UC has determined that there would be significant fiscal impact during the "readiness" phase (Pre-2022) and additional significant ongoing costs that could increase either student fees and/or general fund.

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Pre-2022, a private foundation is pledging funds \$200k per campus. The pre-readiness expenses to the UC are primarily for new equipment purchases, training additional medical staff and physical modifications to student health center structures for security concerns. Therefore, the pre-2022 amount of \$200k is inadequate to cover these costs and would therefore, require additional investment either from student fees and/or general fund costs.

Post 2022, ongoing costs are for additional healthcare personnel in the health centers with the professional licensure and capacity to administer the medication to students. The cost for additional health care workers would be a direct cost to the student health center, which could impact student fees and/or state general fund.

## **BACKGROUND**

### **Student Health Centers (SHC)**

The UC SHCs provides a wide variety of medical, mental health and wellness services to all registered students regardless of insurance coverage. The UC system has 10 campuses and there are 11 SHCs. (The 11<sup>th</sup> SHC is located at the Hastings School of Law). The primary sources of funding for SHCs is mainly from student service fees. All students are assessed a student service fee and a percentage of the fee supports SHCs.

### **Campus-based Referendum – Increase Student Fees**

Students can increase fees through the student referendum process, where by vote, students can elect to pay additional fees on their own campus for additional services or initiatives. Through the years, a few campuses have elected to charge themselves an annual fee specifically designated to support health care delivery services and/or facilities on campus. A referendum vote by students occurs when students believe the service(s) or issue is important enough to warrant increasing fees.

There are a range of referendums varying from campus to campus. For example, students at UC Berkeley have passed referendum relating to housing, food and financial security, and student wellness programming, which includes the expansion of mental health services. At UC Davis, there is a Health Fee Oversight Committee (HFOC) made up of students who operate under bylaws established in 1996. Any increases to the Health Fee, Service Fees, or reductions in services offered at UC Davis must be approved by this committee. In the past 20 years, the HFOC have only elected to increase the Health Fee 6 times. To pass a new referendum requires active student support.

### **Insurance**

UC-sponsored Student Health Insurance Plans (SHIPs) were created to help UC registered domestic and international students meet the Regents' mandate that every student have adequate

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health insurance. All SHIP plans are ACA compliant, offering comprehensive medical, mental/behavior health, substance abuse, pharmacy, dental and vision benefits through a world-wide network of providers. SHIP benefit packages are comparable to platinum California. SHIP plans also allow students to access primary care and some preventive services at no or low-cost at campus student health centers (which typically do not bill other insurance plans).

UC SHIP is a self-funded plan, which provides a full array of health benefits including coverage for abortion services. Students are able to waive out of coverage with the approval of UC. A little more than 47% of UC students have UC SHIP, 52.3% of UC students waive SHIP coverage with some type of adequate health insurance coverage (i.e., Medi-Cal, TriCare, private insurance).

**Insurance Billing**

At UC, many of the services provided in the student health centers are either free or low-cost. SHCs generally do not bill insurance providers. If there is a service provided by the SHC that can be reimbursed by insurance, it is the student's responsibility to submit a claim to h/her insurance. Adding a billing function would add layers of administrative costs to the student would impede the goal of continuing to offer free and low-cost services.

**CONCLUSION**

The goal of SB 320 is to provide access to reproductive services to students. To the extent we can provide those services in a cost neutral manner to students, we are already providing that care.