

Oppose SB 24!

THINGS TO KNOW ABOUT SB 24 AND WHY YOU SHOULD OPPOSE IT



MEDICATED ABORTION PILLS TO COME TO COLLEGE CAMPUSES

SB 24 allows for RU-486 (aka mifepristone), a chemical compound that, taken in pill form, can induce abortion in women up to 10 weeks pregnant, to be provided in all public colleges and universities through their student health centers. (2)

1.) ACCESS TO ABORTION ISN'T NEEDED

California's abortion laws are the leanest in the country. Students have easy access to abortion already. On average, there is an abortion clinic within 6 miles of every UC & CSU. This bill is unnecessary and ineffective.



2.) RU-486 IS PAINFUL AND TRAUMATIC FOR WOMEN



RU-486's 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. 24 deaths have occurred as of December 2018. (1)

3.) EXTREME LIABILITY FOR THE CAMPUSES

Universities could face liability issues should a woman die when consuming these drugs, and women have died when taking them, according to the U.S. Food and Drug Administration. (1) This would result in increased costs for the colleges and universities.



4.) STUDENTS & TAXPAYERS WILL HAVE TO FUND THESE ABORTIONS



SB 24 creates a private fund that is set to run out in 2023. After that, there is no clarification on where the money will come from to fund these abortions. If it doesn't come from the General Fund (taxpayer \$), then the cost will fall on students since the student health centers are funded by student fees.(2)

TAKE ACTION!



Write to your Assembly Member and ask them to vote NO on SB 24!

www.tinyurl.com/STOFSB24

Additional Information

- SB 24 is the previously opposed SB 320 bill from last legislative session. The bill was vetoed by then Governor Brown with the recognition that the average distance to abortion providers on college campuses vary from 5-7 miles, which he saw as an unreasonable distance. In his veto message, he states "**[b]ecause the services required by this bill are widely available off-campus, this bill is not necessary.**"
- Dr. Daniel Grossman, a witness testifying on behalf of this bill several times in the past year and a half, stated that at least 3% of the time, the woman requires a follow-up surgical abortion, though numerous sources, including one that Grossman co-authored, state that the failure rate is about 3% only when the woman has an abortion at 6 weeks pregnancy. If the woman is in the later-accepted stages, the failure rate is over 15% (The American College of Obstetricians and Gynecologists). If the estimate of this bill's proponents is correct, about 500 students would utilize these services each month. This means that between 15-75 students per month will need a follow-up surgical abortion to complete the process.
- No government-funded institution, medical or counseling center, should ever provide only one set of services. **If this bill is truly about providing choices for female students, the state should then also require and fund life-affirming services on campus.** In fact, these alternatives are usually offered free of charge. Offering state-funded abortions as the only alternative to pregnancy undermines the ability of a state academic institution to promote the value of diversity and the empowerment of women.
- Physicians should always have the option of either performing a procedure or referring it out. SB 24 institutionalizes a type of state discrimination against any student with a different viewpoint. Clarification that these rights are protected is not offered in this bill.

www.cacatholic.org

(1) www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex

(2) www.leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB24