

ASSEMBLY BILL

No. 2586

Introduced by Assembly Member Cristina Garcia

February 18, 2022

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

LEGISLATIVE COUNSEL'S DIGEST

AB 2586, as introduced, Cristina Garcia. Reproductive and sexual health working group.

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 require the department to convene a working group with specified membership to examine the root causes of reproductive health and sexual health disparities in the state. The bill would require the working group to submit a report to the Legislature on or before January 1, 2024, with recommendations of how to decrease reproductive health and sexual health disparities that cover specified topics, including barriers to abortion access and contraception. The bill would also make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

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

3 (a) Reproductive justice is a framework created by Black women
4 in 1994 to address the intersectional and multifaceted issues of
5 women of color with a human rights framework.

6 (b) Reproductive justice looks at the human right for people to
7 be able to control their bodies, sexuality, gender, work, and
8 reproduction. That right can only be achieved when all women
9 and girls have the complete economic, social, and political power
10 and resources to make healthy decisions about their bodies,
11 families, and communities in all areas of their lives. This includes
12 the ability to have a child, not have a child, and raise a family with
13 dignity and respect in a safe environment.

14 (c) Issues such as racism, homophobia, transphobia, economic
15 inequality, sexism, climate change, the criminal system, and lack
16 of affordable housing are all issues that impact the ability and
17 decision to have a child and raise a family.

18 (d) For every \$100 of wealth held by White men, White women
19 18 to 64 years of age, inclusive, have \$74, Latinas have three
20 dollars \$3, and African American women have \$0.80.

21 (e) California has the largest population of homeless people,
22 where 1 in three women, and one percent of trans folks, who were
23 unsheltered are victims of domestic violence.

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

28 (g) California has a long-standing commitment to ensuring
29 access to reproductive and sexual health services. However, people
30 of color, and particularly young women of color, experience large
31 reproductive and sexual health disparities. Although California in
32 recent years has made a commitment to reproductive freedom,
33 women of color and gender expansive people have high
34 reproductive and sexual disparities.

35 (h) California has a long history of reproductive oppression,
36 including the forced sterilization of Mexican immigrants and
37 incarcerated women that continued until 2011.

1 (i) California has made pivotal investments in increasing access
2 to medically accurate, comprehensive sex education as evidenced
3 by the passing of the California Healthy Youth Act (Chapter 5.6
4 (commencing with Section 51930) of Part 28 of Division 4 of Title
5 2 of the Education Code). Despite the state mandate that middle
6 and high schools offer medically accurate, school-based,
7 comprehensive sex education, an overwhelming number of school
8 districts fail or refuse to provide this critical education.
9 Additionally, misinformation and disinformation about abortion
10 and reproductive health care in general, particularly at the hands
11 of crisis pregnancy centers, is a harmful barrier to reproductive
12 health care access, particularly for communities at the margins.

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

19 (k) Statewide data indicates that California youth 15 to 24 years
20 of age, inclusive, account for over half of all sexually transmitted
21 infections. Currently, African American young women are 500
22 percent more likely to contract gonorrhea and chlamydia than their
23 White counterparts.

24 (l) There is a need for medically accurate education that includes
25 information on access to abortion care, rights, services and
26 procedures, health effects and outcomes, resources, practical
27 support, etc., delivered in a culturally competent, culturally
28 responsive manner. Community organizations are trusted
29 messengers in the community and are able to be effective and
30 trusted messengers for hard to reach populations.

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

33 140. (a) The State Department of Public Health shall convene
34 a working group to examine the root causes of reproductive health
35 and sexual health disparities in the state.

36 (b) The working group shall include appropriate health and
37 human health care officials and representatives from appropriate
38 public health departments, reproductive justice organizations,
39 organizations engaged in reproductive and sexual health services,
40 community organizations that educate on reproductive health and

1 sexual health, organizations serving communities that are
2 disproportionately impacted by negative reproductive health and
3 sexual health outcomes, and health care providers, and researchers
4 from public and private universities. The working group may
5 consult with other individuals, groups, or organizations for
6 additional insight or expertise on issues under consideration by
7 the working group.

8 (c) On or before January 1, 2024, the working group shall submit
9 a report to the Legislature with recommendations of how to
10 decrease reproductive health and sexual health disparities. The
11 recommendations shall cover all of the following topics:

12 (1) Barriers to abortion access and contraception, including
13 intersectional issues such as housing and other economic issues.

14 (2) Barriers to assisted reproductive technology and causes of
15 infertility.

16 (3) How to decrease sexually transmitted infection disparities.

17 (4) Disparities in access or outcomes for people who identify
18 as members of marginalized groups, including all of the following:

19 (A) Black, Indigenous, and people of color.

20 (B) Lesbian, gay, bisexual, transgender, queer, and questioning.

21 (C) Young people 12 to 17 years of age, inclusive.

22 (D) Foster youth.

23 (E) Immigrants.

24 (d) The report submitted pursuant to subdivision (c) shall be
25 submitted in compliance with Section 9795 of the Government
26 Code.

27 (e) For purposes of this section:

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

35 (2) “Reproductive justice” means the human right to control
36 our sexuality, our gender, our work, and our reproduction, which
37 can only be achieved when all women and girls have the complete
38 economic, social, and political power and resources to make
39 healthy decisions about their bodies, their families, and their
40 communities in all areas of their lives. At the core of “reproductive

1 justice” is the belief that all people have the right to have children,
2 the right to not have children, and the right to nurture the children
3 they have in a safe and healthy environment.

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