

June 23, 2026

Dear President Trujillo and members of the Board,

We are writing to urge the BRN to issue a support position on AB 1973 which would enable Advanced Practice Clinicians (APCs) to provide abortion to the full extent of their licensure training, including nurse-midwives, nurse practitioners, and physician assistants. This statute is critical to preparing the existing Advanced Practice Clinician (APC) workforce to decrease delays in care in areas of provider shortages, especially rural areas. This issue is increasingly urgent, as **California is currently projected to face a shortage of 1,100 OB/GYNs by 2030**. By requiring competency-based progression, AB 1973 ensures our existing healthcare workforce is safely and effectively equipped to fill these widening regional gaps.

As reproductive health providers and expert trainers in abortion, **patient safety is our highest priority**, and we remain deeply committed to ensuring that future healthcare providers receive the most rigorous, evidence-based training in abortion care. Training for Complex Family Planning (CFP) fellows (who are all physicians), Ob/Gyn residents, Family Medicine residents, and Advanced Practice Clinicians (APCs) frequently occurs within the same clinical settings, utilizing the same dedicated faculty and academic mentors, including many of the undersigned.

Should current legal limitations be lifted, second-trimester training for APCs would seamlessly follow the established institutional and professional training pathways currently used by all physicians, whether OB/GYN, family medicine, post graduate, or resident. Before providing second-trimester abortion care independently, APCs would be required to achieve the exact same clinical benchmarks and demonstrate the same rigorous competencies as physicians. Just as with physician training, APC training will consist of **highly structured, in-person, proctored clinical training under the direct supervision of experienced providers**. These educational competencies are strictly aligned with national evidence-based standards established by the Society of Family Planning (SFP) and the National Abortion Federation (NAF).

Furthermore, under AB 1973, all existing protocols regarding patient referral, inter-departmental consultation, and emergency transfer for complex cases would remain strictly in effect. **AB 1973 simply modernizes California statute to align with these rigorous clinical training models used in other states**. Colleagues at Planned Parenthood of Northern New England report that APCs have safely and effectively provided second-trimester abortion and pregnancy loss care over the past 13 years, significantly expanding access for underserved and rural populations, with low complication rates – identical to or less than that of physician colleagues. (please see attached letter from Planned Parenthood of New England)

This legislation is urgent because access to care for pregnant people living in California has been significantly derailed by the statewide closure of [50 maternity wards](#) over the last decade, a trend accelerated in the past four years. These closures, often attributed to high costs and labor shortages, have left large regions of the state without local access to comprehensive [reproductive health care](#). Compounding this challenge, the state is expected to reach a [shortage of 1,100 OB/GYNs by 2030](#). This myriad of pressures not only impact childbirth but also strain access to time-sensitive essential services like miscarriage management and abortion care.

The resulting lack of health care professionals who provide both pregnancy and abortion care exacerbates existing health disparities. [People of color, rural residents, incarcerated individuals, and those with low incomes are all disproportionately harmed](#) when comprehensive reproductive health care is not locally available. Currently, patients in California are being turned away from their scheduled appointments with APCs for being even just one day over the gestational limit. Especially for rural patients, these delays in care result in loss of work, increased transportation and childcare costs, and two-day procedures.

Thank you for your continued leadership and dedication to protecting patient safety and expanding high-quality healthcare access in California. **We strongly support the passage of AB 1973 to ensure that clinicians trained to the highest academic standards can offer this care, and we hope you will join us in supporting this vital legislation.**

Respectfully,

Bethany Golden RN CNM PhD,
Reproductive Health Service Corps, Training for Early Abortion for Comprehensive Healthcare (TEACH)

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President-Elect, California Nurse-Midwives Association

cc:

Loretta Melby

Marissa Clark

January 28, 2026

Dear California Assembly Members and Senators,

At Planned Parenthood of Northern New England, clinicians (Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives) have been providing abortions, including second trimester procedures, for more than 13 years. Our extensive experience demonstrates clinicians provide safe and effective abortion care.

From November 2022 through December 2025, clinicians provided over 8,000 abortions, including 201 second trimester abortions. Physicians provided over 1,000 abortions including 333 second trimester abortions.

Our 2nd trimester abortion complication rates for clinicians and physicians were comparable, 2% for procedures provided by clinicians and 3% for procedures provided by physicians. 1st trimester complication rates are unavailable.

Our family planning care is almost exclusively led by clinicians. Mirroring this in our abortion care allows for more predictable access, reduces burden for patients, dismantles stigma, and decreases operational complexity for health care delivery. Clinicians are a vital part of the comprehensive care we provide serving rural areas of Maine, New Hampshire, and Vermont.

Sincerely,

Planned Parenthood of Northern New England