

CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
BUDGET AND LEGISLATIVE ANALYST
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Policy Analysis Report

To: Supervisor Ronen
From: Budget and Legislative Analyst's Office
Re: Costs of Providing Safe Abortions to Out-of-State Residents with City Funds
Date: June 28, 2022



Summary of Requested Action

You requested that our office calculate the cost of establishing a fund to provide out-of-state persons with safe and free travel, accommodation, and abortion services in San Francisco in the most economical way. The goal of this potential pilot program for Fiscal Year 2022-23 would be to sponsor 1,000 patients. You also requested that we provide cost escalators for every 100 patients to assist with funding decisions. Finally, you requested that we detail any similar State programs or funding opportunities that could work in conjunction with a local program.

For further information about this report, contact Fred Brousseau, Director of Policy Analysis at fred.brousseau@sfgov.org or 415-552-9292

Executive Summary

- We have estimated the costs of the City providing abortions to for up to 1,000 low-income patients in states where abortion is now or will soon be illegal or severely restricted due to the Supreme Court's recent decision in Dobbs v. Jackson Women's Health Organization that overturned the Roe v. Wade decision of 1973. We estimate that the costs for the procedures and related travel, lodging, childcare, and outreach would range from \$3.8 to \$4.5 million, as detailed in the three scenarios presented in Exhibit A.
- The range of costs depends on the configuration of providers, with one scenario being that the City and County of San Francisco (City) provides all necessary staffing and performs all procedures for 1,000 patients at City facilities at Zuckerberg San Francisco General Hospital (ZSFGH) with outreach and logistical support services being contracted to an organization with that

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expertise, to two other scenarios in which some procedures are provided at City facilities and others are performed by a third-party organization, paid for by the City, such as Planned Parenthood Northern California or another provider that is equipped and readily able to provide abortion services to additional patients.

- The reason to distribute cases between the City and a third-party organization, as assumed for Scenarios 2 and 3 in Exhibit A, is to minimize the impact of the additional caseload on any one organization and to take particular advantage of the City’s specialized clinic at ZSFGH that is experienced in providing abortions for later term or more complicated cases whereas more routine procedures could be performed by other providers.

Exhibit A: Total Projected Cost for 3 Scenarios of 1,000 Abortion Procedures

	Scenario 1: All Procedures at ZSFGH		Scenario 2: 500 Procedures at ZSFGH; other 500 Third-Party		Scenario 3: 300 Procedures at ZSFGH; 700 Third Party	
	SFGH	3 rd Party Organization (e.g., Planned Parenthood)	SFGH	3 rd Party Organization (e.g., Planned Parenthood)	SFGH	3 rd Party Organization (e.g., Planned Parenthood)
Unit Cost	\$2,329	\$1,413	\$2,329	\$1,413	\$2,329	\$1,413
# Procedures	1,000	0	500	500	300	700
	\$2,329,000	\$0	\$1,164,500	\$706,500	\$698,700	\$989,100
Travel, lodging, etc.	\$2,005,000		\$2,005,000		\$2,005,000	
Outreach & support	\$150,000		\$150,000		\$150,000	
Total	\$4,484,000		\$4,026,000		\$3,842,800	

- If a lesser amount than those shown in Exhibit A is appropriated for this fund, the number of procedures that could be provided would be reduced accordingly. We estimate that the costs of providing 500 procedures instead of 1,000 would be between \$1.8 and \$2.2 million, depending on how many procedures are provided at City facilities and how many are provided by a third-party organization. If funding appropriated is less than the \$1.8 to \$2.2 million, it may be more cost-effective to contract with a third-party organization to provide all procedures rather than attempting to add small increments of additional staff at ZSFGH.

- The Board of Supervisors should consult with the City Attorney on various potential legal issues related to providing abortions to patients from states where abortion is now or soon will be illegal or severely restricted. Among the issues identified by health professionals and legal counsel for the University of California Office of the President (speaking to us as an individual and not representing her employer) are: potential liability of physicians overseeing medication abortions if they are not licensed in the patient's home state and the possible liability of providers and support staff providing services to patients in states where abortions are illegal or severely restricted. The confidentiality of medical and travel records should also be assessed as patient medical and other records may be subject to disclosure through subpoenas and public records requests.
- There are abortion funds in place in California and throughout the country with whom the Board of Supervisors could also consider establishing partnerships and funding arrangements in lieu of or in addition to providing direct services, particularly for patient navigation and logistical support.
- A number of bills have been proposed in the California State legislature to provide greater protections to abortion providers and support staff and, in one proposed bill, to establish an Abortion Practical Support Fund to assist low-income patients with travel and related costs associated with their obtaining an abortion in California. If this is adopted by the State, it could be another avenue for the Board of Supervisors to consider as a means of providing financial support to low-income out-of-state patients who come to California for abortion services.

Project Staff: Fred Brousseau, Karl Beitel

Introduction

The Supreme Court decision announced June 24, 2022 in the *Dobbs v. Jackson Women’s Health Organization* case overturned the landmark 1973 *Roe v Wade* decision that established the constitutional right to abortion. Twenty-six states are now likely to either outlaw all abortion or criminalize termination after six weeks of pregnancy: twenty-two states currently have laws or constitutional amendments in place that would severely limit or outlaw abortion and an additional four states have enacted recent restrictions of women’s access to abortion that are likely precursors to outright criminalization.¹

In anticipation of this Supreme Court decision, your office requested that we estimate the costs for the City and County of San Francisco (the City) to establish a fund to provide up to 1,000 free abortions annually to persons residing in states where abortion is expected to become illegal or unavailable after an early point in the pregnancy term. The proposal would commit City monies to pay for abortion procedures, travel expenses, lodging, food costs, and childcare incurred while travelling to California for the procedure, where abortion is legal, as well as patient outreach, navigation and support services. The program would target low income persons in particular.

If funding is approved for this proposal, the abortions could be performed at the City’s Women’s Option Clinic at Zuckerberg San Francisco General Hospital (ZSFGH), at other non-City facilities in San Francisco or elsewhere in California such as Planned Parenthood clinics, or a combination of City and non-City facilities.

As proposed, low-income persons would be given preference in accessing City-supported abortion services but to reduce complexity and minimize administrative costs, eligibility could be determined on the basis of self-attestation.

Our calculations indicate the annual cost of providing 1,000 abortions and related services would be between \$3.8 and \$4.5 million as detailed below. We have provided estimated costs under three scenarios involving using City facilities and staff only and using a combination of City staff and facilities and those of third-party organizations in partnership with the City.

¹ See Guttmacher Institute <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>

Options for providing abortions in San Francisco to out-of-state patients

We have estimated costs for the following three options for providing 1,000 abortions paid for by the City to low-income patients from the states where it would no longer be available in any or most instances.

- 1) Performing all 1,000 procedures by City staff at City facilities,
- 2) Performing half of the 1,000 procedures by City staff at City facilities, with the other half paid for by the City but performed by a third-party organization at their facilities such as Planned Parenthood, and
- 3) Performing the majority of procedures, 700, or 70 percent, by a City-paid third-party organization, with City staff performing the other 30 percent, or 300, that would include later term and/or more complex cases.

Using City facilities only for the 1,000 procedures would give the City control of the services provided and staffing and would eliminate the need and time associated with establishing and administering contracts with third party organizations. Further, the City's clinic at ZSFGH provides a higher proportion of later term, and sometimes more complex, abortions than many other clinics and would therefore be able to offer services to patients needing a higher level of care with their existing practices and protocols. However, the ZSFGH clinic would need to enhance its staffing to accommodate the increased workload and hiring City employees can take months. The Women's Option Clinic currently provides approximately 3,400 abortions per year, so an increase of 1,000 procedures, a 29 percent increase, would necessitate additional staffing, according to DPH.

We contacted Planned Parenthood Northern California (PPNorCal), the local affiliate of Planned Parenthood Federation of America that provides reproductive health services, including abortion, locally and throughout the country. They reported that they have a facility in San Francisco that could accommodate an increase in patients but that they would need to enhance their staffing to accommodate an increase of up to 1,000 more patients in a year. However, as a non-City organization, they would likely be able to hire new staff faster than the City. The City could potentially enter into a partnership with another organization to provide abortion services but we limited our analysis to Planned Parenthood Northern California only due to its specialized experience and ability to provide a high volume of abortion services.

Combining forces so that the City takes a portion of the 1,000 new cases and the rest are provided by a third-party organization such as PPNorCal may offer a reasonable approach so that the impact of the additional cases is not too disruptive for either organization and, together, the clinics would be able to readily serve patients no matter how far along they are in their pregnancy. It would allow for taking advantage of the City's Women's Option Clinic's experience and specialization in later term and more complex cases.

We have prepared cost estimates for each of the three options outlined above. We have also estimated costs for travel and lodging, logistic, and patient support costs that would be covered by the proposed funding. Details on each of these cost components are now presented.

Both DPH and PPNorCal report that they provide medication abortions which involves the patient taking two different drugs 0 to 48 hours apart. There is strong evidence that for patients who qualify, they may safely and effectively obtain a medication abortion fully remotely by phone or video, or without an in-person consultation. However, because of current or likely laws in the 26 states that are expected to ban or severely limit abortion services now that Roe v. Wade has been overturned, as well as regulatory laws around California medical licensure, patients may need to come to California and be under the supervision of a health care provider licensed by the State of California. Therefore, the average costs for these patients are assumed to be similar as patients who would come to San Francisco for a surgical abortion even though their physical presence may not be medically necessary.

Cost for Abortion Services at City Facilities

The Department of Public Health estimates that the additional staffing that would be needed to provide 600 additional abortions per year is \$1,097,612, or \$1,829 on average. We added another \$500 to this average cost estimate to cover the cost of post-procedure contraception, for an average total cost \$2,329. This would result in a total medical cost for 1,000 patients treated, before travel and other expenses, of \$2,329,000.

DPH's estimated staffing detail for 600 additional abortions is provided in Exhibit 1. As with many DPH clinical facilities, staff at the Women's Option Clinic is composed of UCSF and DPH personnel. The non-payroll costs shown cover supplies and materials and other non-personnel costs supporting these staff positions.

Exhibit 1: Staffing and Costs for Providing 600 Abortions at DPH Facilities

CSF Payroll	FTE	Cost
Ob-Gyn MD	0.5	\$194,900
Abortion counselors	2.0	\$220,600
Assistant Social Worker	0.5	\$46,300
Patient Navigator	0.5	\$55,100
Subtotal: staff costs	3.5	\$516,900
Non-payroll costs		\$49,800
SUBTOTAL UCSF		\$566,700
DPH Payroll		
Nurses (career)	1.2	\$320,400
Nurses (per diem)	0.4	\$117,200
Subtotal: staff costs	1.6	\$437,600
Non-payroll costs		\$93,312
SUBTOTAL DPH		\$530,912
TOTAL DPH + UCSF	5.1	\$1,097,612
Average cost for 600 procedures		\$1,829
Average cost for contraception per patient		\$500
Total average cost per procedure		\$2,329
Total average cost applied to 1,000 patients		\$2,329,000

Source: Department of Public Health

DPH reports that their facility at ZSFGH provides more later term and complex abortions than many other facilities in the area and thus their average costs build in higher cost staffing than may be necessary if most patients were receiving routine procedures earlier in their pregnancy terms.

DPH's costs shown in Exhibit 1 are greater than fees charged by the clinic to its patients and/or Medi-Cal. The fees are negotiated amounts that do not capture all Department costs.

Costs for abortion services at a non-City organization such as Planned Parenthood

We interviewed representatives of PPNorCal who provided their average abortion cost of \$1,413 based on the detail shown in Exhibit 2. As can be seen, their average cost is lower than the \$2,329 average for DPH staff. According to representatives of PPNorCal, the difference in costs is due to the in-hospital vs. outpatient context of abortion procedures at the two organizations, as well as the type of health care providers. At ZSFGH, nearly 100 percent of abortions are provided by physicians. Procedures are provided within the hospital, and must therefore factor in associated ancillary costs such as anesthesia, operating rooms, blood banks, etc. Procedures provided at PPNorCal are all outpatient, which are generally lower cost. In addition, staffing costs are lower at PPNorCal due to the use of Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives, who provide all medication abortions and approximately 20 percent of surgical abortions,

Exhibit 2: Planned Parenthood average costs for abortion services

Procedure	\$788
Sedation	\$125
Contraception	\$450
Emergency contraception	\$50
Average cost per patient	\$1,413
Cost of 1,000 procedures	\$1,413,000

Source: Planned Parenthood

Cost Estimate: Patient Transport and Support

Providing abortion access with the proposed funding would include not only the costs of the procedure detailed above but also the costs of travel, food, and lodging for an out-of-state patient to travel to California from one of the 26 states where abortion is expected to become illegal or severely restricted. We have also estimated costs for patient navigation, or support, to cover the costs of helping patients arrange for air travel and ground transportation in their home state and in San Francisco, to process reimbursements, and for guidance and arrangements for lodging and meal options.

Exhibit 3 shows the estimated travel, food, and lodging expenses for a two night stay in San Francisco. Using information from major internet travel sites (Priceline, Kayak, and

Expedia), the cost as of June 2nd, 2022 to rent a non-luxury but clean and safe hotel room in San Francisco between June 14 and June 17, 2022 ranged from a low of \$120 to \$275-350. We use an average cost of \$200 per night for our estimates, assuming the City could negotiate a lower set rate for a guaranteed number of bookings.

For air travel, a search on June 2, 2022 for round-trip flights from seven selected midwestern and southern cities yielded an average ticket cost of \$900.² We assume a meal budget of \$60 per day. The cost of taxi service to and from the airport and to and from the clinic is set at \$160. We included a fifteen percent adjustment for fees and taxes related to lodging and ten percent of the air fare to cover excise taxes and miscellaneous local fees applied to the \$900 air fare ticket price, and \$100 for unforeseen contingencies. Finally, we included \$200 for ground transportation for half the patients to get to the airport in their home state, either because they live in an area far from the airport, or because they do not have readily available transportation options in their home city. This results in a total average cost of \$1,830 for half the patients who do not need ground transportation in their home state and \$2,030 for half of the patients who do. Altogether, this amounts to a total cost for 1,000 patients of \$1,930,000, as detailed in Exhibit 3. These costs are assumed for all three scenarios considered.

We have also included funding for childcare costs for some patients during a patient's appointment. The majority of patients seeking abortion care have had at least one previous birth and are parents.³ In California, monthly childcare costs average \$1,412, or 47.06/day.⁴ On that basis, we have added a \$100 cost for childcare for an assumed 75 percent of patients to cover an average of two days of childcare during which time the patient is travelling and receiving their procedure. This adds \$75,000 to the total costs.

² Cities included Sioux Falls SD, Green Bay WI, Tulsa OK, Jackson MS, Mobile AL, Austin TX, Bismark, ND.

³ <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>

⁴ <https://www.procaresoftware.com/resources/child-care-costs-by-state-2020/#:~:text=California,-Monthly%20Child%20Care&text=California%20is%20one%20of%20the, costs%20an%20average%20of%20%24956>.

Exhibit 3: Cost of Patient Transport and Support

	Total	x 1,000 persons
Round-trip air fare	\$900	\$900,000
Taxes on air fare @ 10%	90	90,000
Lodging for 2 nights (@ \$200)	400	400,000
Hotel taxes, incidentals	60	60,000
Food	120	120,000
Ground transportation	160	160,000
Contingency	100	100,000
Subtotal	\$1,830	\$1,830,000
Ground transportation allotment for 500 patients	200	100,000
2 days of childcare for 750 patients	\$100	\$75,000
Total including ground transportation in home state & childcare	\$2,130	\$2,005,000

Source: BLA

Patient Outreach and Navigation Costs

Both PPNorCal and DPH report that their average costs include the cost of patient navigators, who assist patients by providing information and assistance with the logistics of scheduling their appointments, transportation, and other support. Given that patients receiving services from the proposed funding would be coming from out of state and may not be familiar with San Francisco, clinic and hotel locations, transportation options, etc., the proposed funding would cover patient outreach and navigation support to assist patients with the logistics of airline travel, arranging for hotels and meals, ground transportation between airports, hotels and clinics, and to process patient reimbursements. This service could be provided by City staff or it could be contracted out to a third-party organization such as Access Reproductive Justice, an Oakland-based nonprofit organization that currently provides such services to patients seeking abortions in California. While there are likely other organizations that could provide these services, we interviewed Access Reproductive Justice and identify them in this report because they currently provide such outreach and support services for abortion patients from in- and out-of-state and would be able to expand such services to cover additional patients without any ramp-up time of establishing systems and networks to provide these services such as outreach geared to low-income patients in other states.

We have included \$150,000 in funds for outreach and patient support services for one year through a third-party organization. The alternative for the City would be to include this function in the services provided by City staff. However, doing so would require enhancing staff and establishing systems and expertise for reaching out, supporting, and reimbursing low-income patients in other states with travel and logistical arrangements.

Security services are assumed to be included in the units costs at City and non-City facilities.

Estimated costs for three alternative approaches to providing abortion services to 1,000 out-of-state patients

As shown in Exhibit 4, estimated total costs to provide abortion services to 1,000 patients from out of state would range from \$3.8 to \$4.5 million, including the procedures, all travel, lodging, and related costs. The range in costs would depend on how cases are distributed between the City and third-party organizations such as PPNorCal and Access Reproductive Justice.

Exhibit 5: Total Projected Cost for 3 Scenarios of 1,000 Abortion Procedures

	Scenario 1: All Procedures at ZSFGH		Scenario 2: 500 Procedures at ZSFGH; other 500 Third-Party		Scenario 3: 300 Procedures at ZSFGH; 700 Third Party	
	SFGH	3rd Party Organization (e.g., Planned Parenthood)	SFGH	3rd Party Organization (e.g., Planned Parenthood)	SFGH	3rd Party Organization (e.g., Planned Parenthood)
Unit Cost	\$2,329	\$1,413	\$2,329	\$1,413	\$2,329	\$1,413
# Procedures	1,000	0	500	500	300	700
	\$2,329,000	\$0	\$1,164,500	\$706,500	\$698,700	\$989,100
Travel, lodging, etc.	\$2,005,000		\$2,005,000		\$2,005,000	
Outreach & support	\$150,000		\$150,000		\$150,000	
Total	\$4,484,000		\$4,026,000		\$3,842,800	

Source: DPH, Planned Parenthood, and BLA estimates.

The cost estimates presented in Exhibit 5 can be adjusted in the event that the level of funding appropriated by the Board of Supervisors is less than the amounts shown in the table. This would mean fewer than the 1,000 patients assumed would be served and DPH staff enhancements would be lower than what is presented in Exhibit 1 earlier in this report.

Assuming approximately half the number of procedures assumed in Exhibit 5 are provided, or 500 total, costs and caseload could be distributed as shown in Exhibit 6, with total costs reduced to between \$1.8 and \$2.2 million depending on the configuration of providers. We assumed that at least 300 procedures would be provided at ZSFGH to enable economies of scale, with 200 procedures provided by a third-party organization such as Planned Parenthood Northern California. We also included a scenario with all procedures provided by the third-party organization, which results in the lowest cost of \$1.8 million. Travel, and support lodging costs have been adjusted proportionately for these alternative scenarios. Exhibit 6 presents these alternatives.

Exhibit 6: Total Projected Cost for 3 Scenarios of 500 Abortion Procedures

	Scenario 4: All Procedures at ZSFGH		Scenario 5: 300 Procedures at ZSFGH; other 200 Third-Party		Scenario 6: All 500 Procedures Third Party	
	SFGH	3rd Party Organization (e.g., Planned Parenthood)	SFGH	3rd Party Organization (e.g., Planned Parenthood)	SFGH	3rd Party Organization (e.g., Planned Parenthood)
Unit Cost	\$2,329	\$1,413	\$2,329	\$1,413	\$2,329	\$1,413
# Procedures	500	0	300	200	500	0
Travel, lodging, etc.	\$1,164,500	\$0	\$698,700	\$282,600	\$0	\$706,500
Outreach & support	\$1,002,500		\$1,002,500		\$1,002,500	
	\$75,000		\$75,000		\$75,000	
Total	\$2,242,000		\$2,058,800		\$1,784,000	

Source: DPH, Planned Parenthood, and BLA estimates.

If less than the amounts shown in Exhibit 6 are appropriated, it may be more economical to have all procedures performed by one organization: either all DPH or all a third-party organization such as Planned Parenthood.

Legal Considerations

As the Board of Supervisors contemplates establishment of this fund, questions will need to be resolved about any legal impediments or risks to DPH and the Women's Option Center providing abortions to persons living in states where abortion is outlawed and where severe penalties are imposed on clinicians that provide abortion services. We recommend that the Board of Supervisors consult with the City Attorney on these

matters but present some issues raised by individuals that we interviewed in preparing this report.

Tele-medicine medication abortion

We interviewed Dr. Daniel Grossman, Professor of Obstetrics and Gynecology at UCSF and associated with the California Future of Abortion Council, to gauge current sentiments among abortion providers regarding the legal impacts of the Supreme Court decision. Dr. Grossman indicated he did not believe punitive laws in other states would create disincentives to San Francisco-based providers of abortion services for procedures provided in California.⁵ However, regarding the provision of tele-medication abortions, Dr. Grossman cautioned that California-based providers of these services could potentially face legal consequences, due to the fact that providing any type of telemedicine care typically requires the provider to have a medical license in the state in which the patient is located. A California-based physician who provided telemedicine medication abortion to a patient in a state where the physician did not have a license could possibly face criminal and civil penalties, as well as potential loss of their California license. The California legislature or the federal government may limit these risks, but it is unknown at this time if such protections will be implemented.

Potential liability of providers and support personnel

Ms. Rachel Nosowsky, Deputy General Counsel-Health Affairs, Privacy & Data Protection, at the Office of the President, University of California, spoke to us in her individual capacity only, and not as a representative of her employer. She also recommended that the Board of Supervisors consult with the City Attorney on the following issues concerning the proposed funding.

She raised concerns over the uncertain legal liability of providers and those who assist access to abortion on behalf of persons residing in states where abortion has become restricted or criminalized. SFGH, medical providers, and persons providing logistical support could potentially be subject to *criminal charges* depending on the laws in the patient's

⁵ Dr. Grossman has worked closely with the California Future of Abortion Council and outside legal experts to explore how to protect California abortion providers in a post-Roe environment.

home state. Abortion facilities, providers, and those that assist access could also be subject to *civil penalties* and judgments rendered in other states, Ms. Nosowsky stated.

California Governor Gavin Newsom signed AB 1666 on June 24, 2022, a bill that provides protections for patients, providers, and others from civil judgments rendered in non-California courts. This addresses the full faith and credit legal tenet that might otherwise leave California providers and abortion support staff subject to civil judgements rendered under other states' laws.

A package of other bills currently pending in the California Legislature could buttress protections for providers, clinics, and other persons assisting individuals from out of state seeking abortions in California. For example, Senate President pro Tempore Toni Atkins recently introduced a California Constitutional Amendment to better protect reproductive health care services against government interference and that bill already has passed in the State Senate.

Legal risks associated with outreach

Potential legal issues related to outreach or advertising for abortion services were also raised by Ms. Nosowsky. Specifically, she stated that lawsuits could be filed in states restricting abortions seeking civil penalties against entities or persons publicizing abortion services and engaging in public relations and outreach campaigns targeting persons in states where abortion is restricted or criminalized. She believed untargeted advertising of services appropriately provided in California would be less risky than targeted outreach, but again deferred to the City Attorney for an opinion specific to the City and its plans and circumstances.

Privacy protections

Ms. Nosowsky also raised the issue of privacy protections for information collected through court subpoenas or under the California Public Records Act in connection with a program that might be established with the proposed funding. She noted that HIPPA and the California Confidentiality of Medical Information Act (CMIA) provide strong protection for patient medical records, but even they do not protect against disclosure in response to valid subpoenas. Moreover, records of other actions - payments for travel and lodging, airline, hotel, and restaurant receipts, etc., likely enjoy less protection. Ms. Nosowsky also raised concerns regarding the public release of information under the California Public Records Act. At present, it is unclear what documents and information would be protected, and what would be subject to review by the public. For this reason,

the Board of Supervisors may want to advocate that the California Legislature consider further revisions to the California Public Records Act.

Other approaches to supporting abortions for out-of-state patients

Besides the City funding and providing services itself, a City appropriation could potentially be made in the form of grant(s) to various organizations that already provide abortion and related support services to out-of-state patients. These could include the two organizations identified in this report, Planned Parenthood and Access Reproductive Justice, or other similar organizations and abortion funds. In addition, a bill has been proposed in the California State legislature that would create an Abortion Practical Support Fund to assist low-income patients with travel and related costs associated with their obtaining an abortion in California.⁶ As an alternative means of providing financial support to low-income out-of-state patients by the City, the Board of Supervisors could consider collaboration with the State in this endeavor if it is adopted by the State legislature.

Contracting with third-party organizations

Other issues to be resolved if this funding is approved and used for the purposes described above is how contracts would be established and administered with third-party organizations to provide at least some procedures and to provide outreach and support services.

⁶ Senate Bill 1142