



April 14, 2026

The Honorable Mia Bonta, Chair
Assembly Health Committee
1021 O Street, Room 1100
Sacramento, CA 95814

RE: AB 1973 (Aguiar-Curry) Abortion: authorized procedures – Oppose

Dear Chair Bonta and Honorable Members of the Assembly Health Committee,

The California Catholic Conference **opposes AB 1973 (Aguiar-Curry)** as amended 4/8/26. This bill allows physician assistants, nurse practitioners and nurse midwives to perform abortions at any stage of pregnancy.

We are always opposed to the violence of abortion. However, this bill should also be rejected because it reduces the oversight of healthcare in abortion and places women at risk. Most second and third trimester abortions are major surgery and can take up to three days to complete, with greater risk of rare complications including infection, hemorrhage, incomplete abortion, damage to the uterus or cervix, or uterine perforation, and increased incidence of PTSD. The complication rate doubles when non-physicians perform aspiration abortion.

In second trimester medication abortions, a series of studies show these have a 33% failure rate, meaning either the deceased unborn child is not delivered and surgery must follow, or a live birth occurs at a time when the infant is too young to survive. Increasing complication rates does not serve the goal of women's health and safety. And while some claim that second and third trimester abortions are only for fetal anomaly or for the woman's health or life, the data from the UCSF Bixby Center, the Guttmacher Institute, Kaiser Family Foundation, and Dr. Warren Hern show nearly all late term abortions are in fact elective, resulting from logistical and financial barriers earlier in pregnancy.

For the advanced practice clinicians, what impact does it have on them to provide late term abortions? Studies by Dr. Warren Hern in CO, a famous late term abortionist, show his staff reported "few positive comments", with "reactions to the fetus ranged from not wanting to look at it to shock, dismay, amazement, disgust, fear, and sadness." Others expressed "resentment" and "anger" at the patients for delaying, "feared major complications," and that these abortions were "more difficult to rationalize", because of the "visual impact of the fetus" and "the violence of D&E". They reported experiences of nightmares, anxiety, nausea, denial, anguish, and belief that participation in the three-day dilation and evacuation procedures up to 23 weeks would "damage them psychologically." It is unjust to subject California healthcare professionals to such devastating moral injury and impact on their mental health.

Abortion is already free and ubiquitous in California – performed by doctors, nurse practitioners, midwives, and physician assistants, at 400 facilities, on college campuses, and via telehealth and a dozen sources by mail. Pushing unwanted abortion on our communities is exploitative and is reproductive coercion.

What women in maternity care deserts and HRSA's cannot find are enough doctors and health care professionals who can safely monitor them through pregnancy and deliver their infants. California is failing at reproductive healthcare that women need, and lawmakers need to ensure parity for the choices of pregnant and parenting women as they pursue motherhood. These pregnancy needs ought not be ignored.

The California Catholic community is 12 million strong, and we are the largest private nonprofit provider of healthcare, education, and social services for the common good in our state. The Conference advocates for the dignity of every human person and policies that help cultivate strong, healthy families.

For these reasons, as the official public policy voice for the Catholic Church of California, we request that you vote **"no" on AB 1973**. Should you have any questions regarding our position please contact Molly Sheahan, Associate Director for Healthy Families at (916) 313-4019 or mshahan@cacatholic.org.

Sincerely yours,

Kathleen Domingo
Executive Director