Postsecondary Education & Workforce Committee

HB 1677

- **Brief Description:** Concerning access at public postsecondary educational institutions to medication abortion.
- **Sponsors:** Representatives Thai, Nance, Reed, Doglio, Ramel, Ormsby, Salahuddin, Parshley, Macri, Simmons and Zahn.

Brief Summary of Bill

- Requires public institutions of higher education to provide access to, or referrals for, medication abortion.
- Requires public institutions of higher education to maintain a website with comprehensive reproductive health resources.

Hearing Date: 2/18/25

Staff: Saranda Ross (786-7068).

Background:

Abortion and Reproductive Health Care Services.

In 2022 the United States Supreme Court issued a decision in *Dobbs v. Jackson Women's Health Organization*, No. 19-1392, 597 U.S. (2022), finding that the United States Constitution does not confer a right to abortion, and therefore, individual states can regulate any aspect of abortion not otherwise protected by federal law. Regulations must rationally relate to a legitimate state interest. Some states prohibit or limit access to abortion, while other states maintain legalized access to abortion.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Washington law prohibits the interference with a pregnant woman's right to choose to have an abortion prior to viability or to protect the woman's life or health. Certain types of health care providers are authorized to terminate a pregnancy in these circumstances.

Medication Abortion.

Medication abortion refers to prescription drugs used to end an intrauterine pregnancy, typically through 10 weeks gestation. The most common regimen involves two medications:

- mifepristone (or Mifeprex, the brand name for mifepristone) blocks the hormone progesterone, which is needed for pregnancy to continue; and
- misoprostol causes the uterus to contract and expel the pregnancy tissue.

This method is sometimes called the "abortion pill," "self-managed abortion," medical abortion, or medication abortion. It is different from emergency contraception, like Plan B, which prevents pregnancy before it starts. The United States Food and Drug Administration first approved Mifeprex in 2000 and approved the generic version in 2019.

A pregnant woman can access medication abortion through clinics, telehealth providers, and some pharmacies. There is no parental consent required, no mandatory waiting period, and medication abortion can be mailed to eligible patients.

Public Institutions of Higher Education.

Washington has six public four-year institutions of higher education and 34 community and technical colleges. Certain campuses operate student health centers offering a comprehensive range of medical services to students, faculty, staff, alumni, and the public. While services at these centers vary, they generally offer in-person, phone, and telemedicine consultations for services such as primary care, mental health, immunizations, gynecology and reproductive health services, gender-affirming care, and physical therapy and sports medicine. All six public baccalaureate institutions have dedicated student health centers on at least one campus:

- University of Washington Seattle Husky Health Center
- Washington State University Pullman Cougar Health Services
- Western Washington University Bellingham Student Health Center
- Evergreen State College Student Wellness Services
- Central Washington University Ellensburg Student Health Services
- Eastern Washington University Cheney Counseling and Wellness Services

Summary of Bill:

By the start of the 2026-27 academic year, each public institution of higher education operating a student health center must, with the utmost privacy and discretion, offer students access to medication abortion either through providers at the student health center, through at least one public program that connect patients to reproductive health services, or through other delivery methods.

By the start of the 2026-27 academic year, each public institution of higher education that does

not operate student health center must, with the utmost privacy and discretion, provide information and referral services for medication abortion to students seeking such services. Such referrals must be to qualified health care providers who can lawfully administer medication abortion and must include the contact information for at least two qualified health care organizations, including telehealth organizations. Upon a student's request for telehealth accommodation for medication abortion, these institutions must offer: (a) a private and accessible space on campus for the student to participate in telehealth appointments; (b) any necessary technical support for using telehealth services including reliable internet access; (c) and electronic devices to access telehealth services.

Regardless of whether a public institution of higher education operates a student health center, all institutions must maintain a comprehensive health services website that provides:

- clear, accessible information and resources regarding reproductive health services including, prenatal care and options for pregnancy termination;
- detailed instructions for scheduling appointments, with contact information for both pregnancy-related services and behavioral health services; and
- links and contact information for campus resources that assist students in requesting academic accommodations, including absences, rescheduling exams, or adjusting other academic requirements due to pregnancy, recovery from medical treatment, or related conditions.

Appropriation: None.

Fiscal Note: Requested on February 13, 2025.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.