

EXPANDING MEDICATION ABORTION

ON COLLEGE CAMPUSES



A Guide for Advocates
September 2025

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How to Use This Guide

Making medication abortion (MAB) easier to access on college campuses is an important step toward supporting students' health, well-being, and ability to make their own choices. Many college students face real challenges when trying to get abortion care - from not knowing where to go, to not being able to afford it. These barriers are often even greater for students from low-income families, immigrant backgrounds, communities of color, and others who already struggle to get the healthcare they need. To help close these gaps, some states have started passing laws that require public colleges to provide MAB services, refer students to care, or prepare to expand what they provide.

This guide was developed by researchers in the Sexual and Reproductive Justice Hub at the CUNY School of Public Health in partnership with youth advocates, state public health and policy institutions, college stakeholders, and implementation experts. We hope to inspire and guide efforts [among student advocates, policymakers championing reproductive rights and justice](#), and [college health stakeholders to implement MAB on campuses](#). As part of these efforts, we have focused on tools to help such stakeholders develop, pass, and implement effective and student-centered legislation to enhance college students' access to MAB. The [laws in your state](#) will govern what is permissible.

Advocates can utilize this guide to:

Engage student organizers, legislators, college health center staff, college administrators, state-based institutions, and reproductive health, rights, and justice organizations to promote MAB access on public and private college campuses.

Identify common challenges and strategies to effectively implement MAB care on college campuses.

Access national resources to support MAB service implementation and legislative advocacy.

Understand common challenges to developing, passing, and implementing mandates for MAB on college campuses.

Tailor strategies, best practices, and key considerations for developing, passing, and implementing mandates to the campus and state culture.

Getting Involved

Key Advice for Advocates



Grassroots student organizing is essential!

Start with students and allies. Students must be part of the process from the beginning.



Build a sustainable student leadership pipeline.

Legislation may take years; campus administration may wait out current advocates.



Leverage national politics and broader reproductive rights efforts.

This increases urgency, especially during a time of existing heightened support.



Continually put internal (i.e., administration) and external (i.e., media, protests) pressure on the school.



Use effective, consistent, repetitive messaging around ease, safety, and need for MAB on campus.



Different university systems may be opposed to MAB provision for different reasons (e.g., anti-abortion, don't want additional burden of a state mandate, health center capacity concerns, variation of health centers within university systems)

Understand campus culture to find the best strategy. Anticipate resistance, even in very protective states and progressive institutions.

Be mindful of potential opposition!



Campus groups that are anti-abortion, legislators who are anti-choice. Connect with **implementation experts** (e.g., [Essential Access](#)) with supporting implementation and integration of MAB services on college campuses.

Remember to consider the [laws and policies](#) governing medication abortion access in your state.



In states with bans, gestational age limitations, [ultrasound requirements](#), and other unnecessary, medically unsound policies, providing MAB may not be possible. Offering other early pregnancy services, like pregnancy testing, gestational age dating, and warm abortion referrals can facilitate timely, student-centered access to [care](#).

For legislative [advocacy](#):



- “Stories and statistics” are key – at hearings, advocates need student storytellers to give voice to why MAB on campus is essential, allied clinicians with experience in MAB discussing why it’s necessary and feasible, and research about how many need this care and how far students would need to travel [otherwise](#).
- Bring together a coalition of reproductive health, rights, and justice advocates and experts in the state to strategize on how to get such a bill [passed](#).
- Put your strongest bill language forward first (MAB provision on campus, include all campuses), and negotiate from there. Confer with allies in advance about what you are willing to compromise on and what is non-negotiable.
- Keep pressure on the governor at all stages until the bill is signed.
- Tap into experience of other states and student groups who have passed legislation.
- The role of student advocates does not end with getting the bill passed. Students play a critical role in holding campuses accountable to fulfilling the legislation and ensuring truly student-centered access to care, in particular making students aware that the service is available.

If funding comes with legislation, priorities can be:



- Paying student organizers and reimbursing student storytellers for their time (see [How can hired community organizers advance student advocacy?](#)).
- Contracting implementation experts to support training and other implementation logistics (See [Clinical and Implementation Partners](#)).
- Covering the cost of MAB pills for students without the ability to pay.
- Improving resources and supplies within the campus health center (e.g. training, 24-7 call line, hotel room, care kits, abortion doula services, medical supplies).
- Training students to become volunteer abortion doulas on campus.
- [National Abortion Federation \(NAF\) membership](#), including site visit for security assessment of campus health center.
- Upgrades to health center infrastructure.
- Student advisory board to work in tandem with implementation experts and school staff to guide implementation phase.
- Hire researcher to assess each health center for readiness and capacity, estimate average time students would need to get to closest off-campus abortion provider, and estimate the number of students who may seek abortion at each health center.



Stay informed of ever-changing national and state policies regarding abortion.



Find the joy in resistance!



Establish (or Join) a Reproductive Justice Student Club



What can student advocates do within reproductive justice-related student clubs to build membership and consciousness?

Educate

- Provide education on MAB and other SRH topics so students can have informed conversations.
- Develop a social media campaign on abortion education.
- Participate in campus events like tabling and share information about SRH topics.
- Co-host events with other student groups that focus on social justice topics.
- Provide education on “crisis pregnancy centers.”

Engage

- Investigate predatory “crisis pregnancy centers” (fake abortion clinics) near campus and publish findings in the school newspaper.
- Create a one-pager or zine of what ideal MAB access on campus looks like (might include: availability every day; free of charge; care kits with supplies like heating pads, tea, journal, candle; peer doula availability; campus education; mental health services).

- Organize petitions and sign-on letters with professors and other student groups to increase access to early abortion care for students.
- Create artwork, plays, etc. about abortion access and the importance of abortion access for your campus.
- Host a storytelling training to empower students to share their stories about abortion, SRH, healthcare access, and more.
- Engage with campus and local stakeholders, such as the health center, to begin conversations about what expanding SRH services on or near campus entails. Partnering and collaborating early on with these stakeholders can be beneficial in establishing allies and moving the mission forward.

Document

- Maintain a record of all activities your club participates in to ensure institutional knowledge carries on as students graduate and new students join the club.

Ensure all education, activities, and organizational structure incorporates a reproductive justice and intersectional lens. This means establishing community guidelines that center inclusion, shared language around reproductive justice and autonomy, and decriminalization. Ensure **all** students, especially queer and trans students, feel welcome and represented in the organizing and storytelling.



How Can Hired Community Organizers Advance Student Advocacy?

Formally hired community organizers can:

Travel to campuses to bolster advocacy and engagement.

Identify and mentor student champion(s) on each campus who can find more student and faculty allies and build an advocacy base.

Prepare student advocates with key talking points during lobby days, meetings with legislators, etc.

Organize virtual and in-person lobby meetings, press conferences, rally days, and demonstrations at the state capitol to elevate student voices.

Power map with students on respective campuses to identify allies and powerful stakeholders, and to help address campus politics.

Engage students in writing op-eds, gathering written testimonies, coaching on providing oral testimony, organizing “resist bot actions” to text and send letters to elected officials.

Conduct educational seminars with student advocates, including trainings in lobbying, community organizing, power-mapping, storytelling, reproductive justice, abortion, how to speak to legislators, and more.

Train student advocates on dealing with people testifying against the proposed legislation (especially anti-abortion protesters), and how to manage administrative hurdles when engaging with campuses and different personalities involved in the advocacy.

Facilitate mentorship programs to build student leadership and the sustainability of advocacy efforts.

Finding Allies in the Community



To find community allies to support legislative efforts, consider partnering with:

- Local abortion providers and other medical professionals providing sexual and reproductive healthcare.
- Local university-based researchers who can pursue studies on SRH services provided on campus and abortion access, availability, and barriers for students.
- Local university-based faculty and staff whose work supports reproductive justice work (sociology, gender studies, civic engagement, social justice, etc.)
- Your university health center staff and/or student affairs administrative leadership.
- Centralized campus governing bodies involved in public colleges and health care.
- An organization with the ability to draft and develop a bill, find a legislative author, and oversee the policy process (e.g. [Reproductive Equity Now](#), [State Innovative Exchange](#), [Reproductive Freedom for All](#), [Choice Matters](#)).
- Local reproductive health, rights, and justice organizations that can come together to form a coalition; together they can potentially co-sponsor the bill, apply political pressure, and align interests and strategies to get the bill passed.
- Legislative/governmental affairs divisions within departments of health.
- Local elected officials.

Preparing for Legislative Hearings

“ I think the thing that really turned this was two key issues. One was the stories, you know, of just how utterly devastating this was for young people... so we had the stories, and we had the studies, and it was pretty clear that, you know, this was a problem that needed to be fixed. ”

— Legislative Champion

At every hearing, bring and incorporate:

- Diverse student storytellers from various campuses throughout the state.
- A visibly supportive group of allies for the bill (e.g. wear matching shirts, have signs) -- you can draw on your coalition of organizations, students, and public supporters to be present during hearings.
- Physicians and other medical professionals who can testify or submit written testimony.
- Research evidence demonstrating the need for improving students' access to abortion on campus.
- Talking points and fact sheets to give to legislators.



Effective Messaging Points

Adapt these effective messaging points in communications and campaigns to convince stakeholders of the importance and feasibility to expand access to MAB on college campuses. These messaging points are useful for engaging college and legislative stakeholders to convince them that implementation of MAB on college campuses is important and feasible, and state policies are helpful. Be sure to incorporate your own stories and experiences within these messaging points. The most effective and persuasive way to influence stakeholders to your cause is to combine real data with personal stories and testimonials.

Demystify MAB provision:

MAB is extremely safe and effective, serious complications are very rare. All medical treatments have [potential risks](#) (e.g. anaphylaxis after penicillin), and absolute risks involved in MAB are small and straightforward to manage. Pregnancy carries much [higher risks](#) than MAB.

Only one to three percent of patients may require follow-up care (e.g., repeat doses, antibiotics, referral for surgical management).

The rare necessity of emergency room attendance does not justify making MAB unavailable as a treatment option. In one [study](#), only 0.31% of patients had a major complication.

Compare MAB safety to other commonly used medications. MAB is safer than many medications, including Tylenol.

A patient taking MAB pills will likely experience something like a heavy period and maxi pads can be used to manage the bleeding.

Other riskier services are often offered at student health centers.

MAB does not require specialists; campus health centers are ideal for servicing students with this essential healthcare.

What infrastructure and supplies are really needed? For example, ultrasound is not required to provide MAB. Only unique circumstances may require an ultrasound (i.e. unable to date pregnancy, suspected ectopic pregnancy, IUD in place). If a campus health center does not have access to an ultrasound, they can still provide MAB but make warm referrals for these unique circumstances where ultrasound may be needed. Most health centers already have these systems in place with local hospitals or healthcare systems for other health issues. Note that state requirements for ultrasound differ; some states may require ultrasound prior to MAB even though it is not medically necessary.

Recognize how MAB provision can fit within different capacity limitations of student health centers. For example, some health centers do not have trained providers.

Focus on meaningful access to abortion:

What good is being “pro-choice” if early abortion isn’t accessible?

Compare access to abortion to importance of timely access to other healthcare services: “We wouldn’t accept traveling four hours plus round trip to go to the dentist. Why should abortion care be any different?”

Emphasize how students need and deserve to be able to focus on their studies, work, and lives; barriers in accessing abortion care deeply interferes with that.

Abortion is SRH and SRH is primary care. Health center clinicians are primary care providers and MAB is within their scope.

Emphasize the role of college campuses, student health centers, and related offices in ensuring safe, timely healthcare access for their students:

Compare timely abortion access to the importance of timely access to other healthcare services already provided or enabled by campus student health centers.

MAB can be an easy addition to other SRH services already provided.

Not having timely access to abortion care impedes students' abilities to thrive in school and to do their best.

Planned Parenthood clinics and local Abortion Funds are stressed, understaffed, under-resourced, and overwhelmed, and this is expected to worsen under the current political landscape. This contributes to delays in scheduling and long wait times. Offering MAB on college campuses creates more access points for a vulnerable population that has additional needs for timely access to care.

Students are reliant on their campus health centers for healthcare; it is a disservice to require your students to go off campus for certain healthcare services and contributes to stigma and siloing of SRH.

On campus health services exist to help keep students well and, when unwell or in need of medical treatment, provide the necessary care so that students can return to their academic, social, and professional responsibilities as quickly as possible. MAB care is an essential component of that care and student success.

Discuss and investigate the unique and real barriers students face, even in protected and high-access states:

Transportation, distance/time to travel, missing school, missing work, scheduling delays, wait times, lack of appointment availability during non-class/work hours, harassment at community-based clinics. This also delays abortion to later in the pregnancy, creates undue stress, and makes students to feel pressured to disclose to classmates and professors why they needed to miss school.

College-aged students have the highest rates of unwanted pregnancies and can lack financial ability to cover costs of abortion.

Being pregnant when you do not want to be impedes your education and career opportunities.

Even in states with protective abortion policies, significant barriers to accessing abortion care – especially for students – exist. Let's strive for true equitable access for all, instead of just good enough.



Main Talking Points for Legislators, Campus Administration, and Health Center Staff

Why focus on college students?

College-aged students have the highest rates of unwanted pregnancies and can lack financial ability to cover costs of abortion.

Emphasize how students need and deserve to be able to focus on their studies, work, and lives.

Why is on-campus access important?

Highlight student barriers to abortion (transportation, missing school, missing work, scheduling delays/wait times at local abortion clinics, cost, insurance status).

Compare abortion access to the importance of timely access to other healthcare services. Abortion is SRH care and SRH care is primary care. This is within the scope of services campus health centers already provide.

Focus on meaningful access to abortion (“pro-choice” is not a real choice without access).

Role of college student health centers and related offices is to ensure safe healthcare access for their students.

How can campus health centers do this?

MAB can be provided by various provider types, depending on the state, and does *not* require OB/GYNs; campus health centers are ideal for servicing students with this essential healthcare.

MAB is very safe and effective and a medically straightforward addition to other outpatient SRH services.

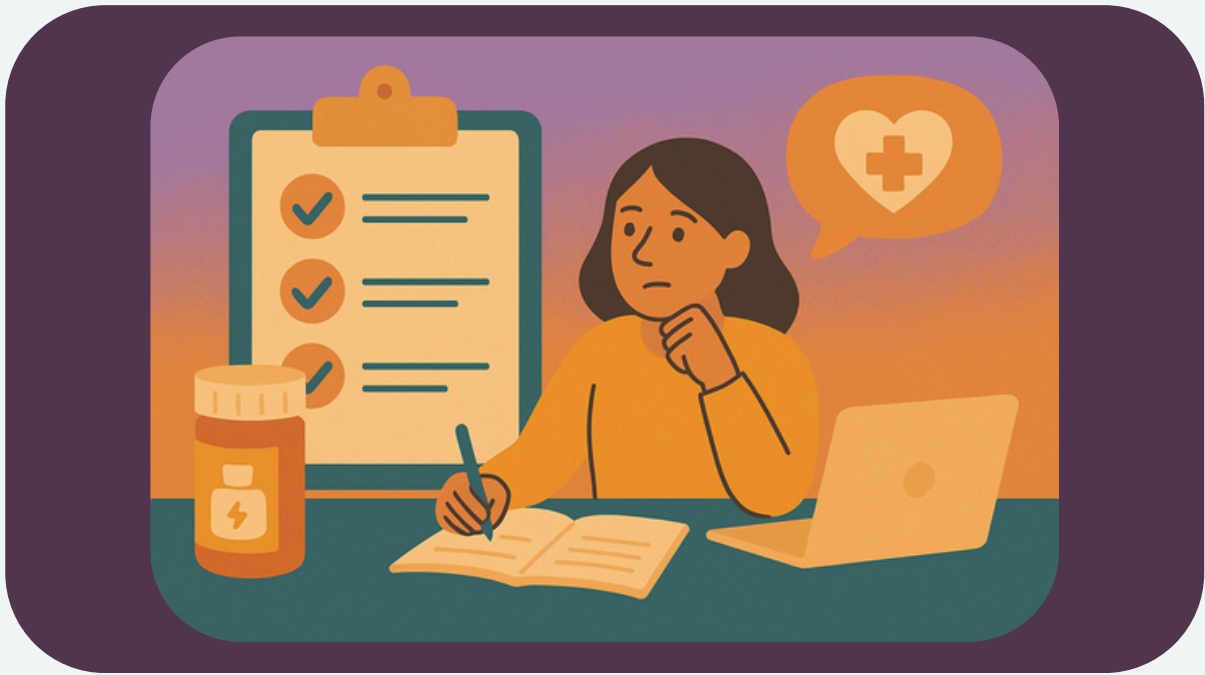
All medical treatments have potential risks (e.g. anaphylaxis after aspirin), and absolute risks involved in MAB are small and straightforward to manage. Only one to three percent of patients may require follow-up care.

The rare necessity of emergency room attendance does not justify making MAB unavailable as a treatment option.

If some campuses do not have brick and mortar health centers or sufficient resources to do direct care provision, there are other options such as telemedicine MAB. Campus clinicians can help students navigate care and receive the pills by partnering with local abortion providers.



Addressing Health Center Concerns



Campus stakeholders may hold misconceptions about or concerns with implementing MAB services on campus. Most of these concerns can stem from a lack of education and understanding around what MAB entails and the societal stigma surrounding abortion. Therefore, it is important to be empathetic, open-minded, and respectful when approaching these conversations and addressing these concerns and questions. Here are common concerns that may come up and potential talking points to help address them.



Concern: *There Will Be Protesters/Security Concerns*

Talking Points

- Integrating MAB in a setting that provides a range of healthcare services offers students and staff privacy and means that no one knows why a student is there or the kind of healthcare they are seeking.
- Any review or updates to security protocols should apply to improving student safety across the board.
- Those providing MAB on college campuses that we interviewed report that they have not experienced threats, protests, or other security concerns since implementation MAB on campus.



Concern: *MAB Appointments Will Take Too Much Time*

Talking Points

Those providing MAB on college campuses have been able to maintain the same appointment slot times as prior to implementation.

Thorough counseling on the MAB process and what to expect and utilizing patient information sheets that the student can take home, helps students' comfort with the process and reduces the likelihood of calling with questions about whether symptoms are normal or abnormal.



Concern: *It Costs Too Much Money*

Talking Points

Funding can be helpful for implementation, but MAB provision can be done without substantial resources. Some campuses that received funding struggled to use it, and more often allocated the funds toward developing infrastructure and health center renovation projects that benefited the entire campus health center but were not necessary or related to MAB.

The only (potentially) required costs to provide new MAB services involve the opportunity cost or real cost of training staff. But free, reputable training resources exist online and potentially from national organizations like [RHAP](#), and [Essential Access Health](#), and [TEACH](#).

Campuses may need to pay a small upfront cost to stock and dispense the medications if they do not utilize brick and mortar or online pharmacies (mifepristone and misoprostol for one MAB costs about \$50). Taking advantage of insurance and Medicaid reimbursement rates in states that allow state funding to go toward abortion will help cover (and likely exceed) the actual costs of providing abortion. For schools that don't currently dispense medication in their campus health center, check with the board of pharmacy on how to seek the necessary approvals to dispense MAB. For schools with an existing formulary (list of approved medications to dispense), the health center administration should know the process to add medications to that list; they will likely want to see safety and efficacy data.

Other optional costs may include an ultrasound machine and probes (see below about ultrasounds not being medically required, but state requirements differ), student care packages, or membership to the National Abortion Federation. But none of these are necessary costs to providing MAB on campus.



Concern: *We Need an Ultrasound to Provide MAB*

Talking Points

MAB is routinely provided without utilizing an ultrasound to date or locate the pregnancy. Only unique circumstances may require an ultrasound (i.e. unable to date pregnancy, suspected ectopic pregnancy, IUD in place). If a campus health center does not have access to an ultrasound, they can still provide MAB but make warm referrals (connections facilitated by the health center staff on behalf of the patient) for these unique circumstances where ultrasound may be needed.

Best practice and evidence-based guidelines recommend a “no-touch” or “no-ultrasound” MAB protocol ([NAF](#), [RHAP](#)). Note that state requirements for ultrasound differ; some states may [require ultrasound](#) prior to MAB even though it is not medically necessary.



Concern: *We Need an On-Call, After-Hours Clinician*

Talking Points

When students receive comprehensive counseling and easy-to-understand patient education materials to walk them through the MAB process, students won’t have a reason to call with questions. And just like **any other medical emergency**, if (in the extremely rare case) there is a MAB-related complication or emergency, a student will know how to access an ambulance and other urgent healthcare services.

There is a nationally available [“Miscarriage and Abortion Helpline”](#) run by volunteer clinicians that can serve as an out-of-hours support line for students.



Concern: *Impacts on Local Business*

Talking Points

Staff members who are responsible for student health and well-being should not place the financial interests of local businesses and abortion providers over the health and wellness of their students.

Increasing timely, student-centered healthcare access also means being able to provide abortion services right where students already access the majority of their healthcare, in a setting they are familiar with and trust.

Potential Partners

Spotlight on a Partner: The NYC Abortion Access Hub



The [NYC Abortion Access Hub](#) (1-877-NYC-AHUB) launched shortly after *Roe v. Wade* was overturned in 2022. The Hub is run by the New York City (NYC) Department of Health and Mental Hygiene to provide abortion-seekers from anywhere with confidential help in finding an abortion provider in NYC, scheduling an appointment, getting financial assistance, and finding transportation and lodging regardless of one's age, state residence, or immigration status. Hub staff develop and sustain meaningful partnerships with abortion providers and community-based clinics that provide abortion throughout NYC to create a robust and timely healthcare referral network. As many public college campuses in New York do not have formal health centers with primary care services directly offered by clinicians, the Abortion Access Hub partnered with these campuses to ensure students were aware that they can call the Hub for support in accessing abortion care.

The success of the NYC Abortion Access Hub demonstrates the possibility of any city or state health agency to develop a robust, secure referral network of abortion providers and serve as a centralized source for making timely referrals to abortion care. Such a program can be particularly useful in states with abortion restrictions (making integration of abortion care on campus health centers difficult) and in cities and states with many college campuses without health centers.





National Outreach Organizations: resources to build a coalition of activists who support developing and passing a MAB mandate

- [ACLU](#): defends and supports the advancement of civil liberties and rights through advocacy and public education.
- [Advocates for Youth](#): champions policies and programs supporting young people's sexual health and rights; provides technical assistance and support to students engaging in abortion on campus campaigns; trains and supports youth abortion storytellers.
- [National Network of Abortion Funds](#): aides in removing financial and logistical barriers to abortion access through grassroots support.
- [Physicians for Reproductive Health](#): can connect with local clinicians (including abortion providers) to provide testimony, engage in media advocacy, etc.
- [Planned Parenthood](#): a large-scale nationwide provider of reproductive health care, education, and advocacy.
- [Reproductive Freedom for All](#): a campaign focused on protecting and expanding legal access to abortion and reproductive rights across the U.S.
- [RHAP's Reproductive Health Access Network](#): can connect with local primary care clinicians working and advocating at the intersection of primary care and sexual and reproductive health to provide testimony, engage in media advocacy, and serve as training resources.
- [We Testify](#): can train and support abortion storytellers.



Local Organizations: in addition to the above national organizations with state-level chapters and presence, the following are examples of types of local organizations that can help build a coalition of activists and whose support is necessary to effectively implement a mandate

- Abortion Funds and Practical Support Organizations (e.g. [Access Reproductive Justice](#), [Tides for Reproductive Freedom](#), etc.)
- City and State Departments of Health (family planning, sexual and reproductive health, maternal child and infant health related divisions)
- Reproductive Justice Organizations (e.g. [SURGE Reproductive Justice](#), [SisterSong](#), [Colorado Organization for Latina Opportunity and Reproductive Rights](#))
- Reproductive Rights Organizations (e.g. [Reproductive Equity Now](#), [Planned Parenthood](#) Affiliates)
- Youth-based Organizations (e.g. [MOASH](#), [Advocates for Youth](#), [URGE](#))
- Existing Coalitions Organizing Around Reproductive Justice (e.g. [California Future of Abortion Council](#), [Unrestrict Minnesota](#), [Reproductive Freedom Alliance](#))

Campus Outreach Partners: examples of potential campus-based organizations and departments to conduct outreach to engage students, faculty, and other campus stakeholders in passing a MAB mandate and/or implementing MAB in campus health centers

- **Allied student clubs:** Premed, Public Health, Reproductive Justice, College Democrats, Take Back the Night, Planned Parenthood Generation, Social Justice-related clubs, Feminist groups, Health-related clubs, Nursing organizations, LGBTQIA+ Alliance, Student government
 - **Academic departments:** Women's Studies, Gender Studies, Public Health, Premed/Medicine, Community Health, Social Work, Nursing, Social Justice
 - **Campus departments:** Student Health Center/Student Health Services, Campus Public Safety, Health and Wellness, Health Promotion, Title XIV Office, Counseling Services, College Resident Advisors/Residence Life, Student Life, Civic Engagement Office
-

Clinical and Implementation Partners: resources to support training and implementation of MAB provision or referrals on college campuses

- [American College Health Association](#): this toolkit provides guidance and relevant resources to help campus professionals navigate the changing landscape in reproductive health care and develop strategies to mitigate the impact of legislation that reduces access to comprehensive reproductive health care.
- [Essential Access Health](#): tailored trainings including clinical and values clarifications, technical assistance to implement services and referrals.
- [National Abortion Federation](#): membership organization with specialized programs, training, and support for abortion providers.
- [Reproductive Health Access Project](#): patient education resources, clinical tools and training, technical assistance to implement services and referrals.
- [ReproHH](#): clinician hotline to answer questions about sexual and reproductive health.
- [Repro TLC](#): clinical training rotations in ultrasound, MAB, procedural abortion, and more.
- [Society of Family Planning](#): membership organization with clinical guidance and resources to support evidence-based abortion provision.
- [TEACH](#): clinical training, including renowned Early Abortion Workbook for self-study.

Other Organizations for Education and Referrals

- [All-Options Talkline](#): a hotline offering peer-based counseling and support for pregnancy, parenting, abortion, and adoption experiences.
 - [California Academy of Family Physicians](#): supports family physicians through educational activities designed to advance patient-centered sexual & reproductive health care.
 - [Charley Chatbot](#): a chatbot that provides confidential, personalized support on abortion options and resources.
 - [Crisis Pregnancy Center Map](#) (to help avoid referring to these clinics): an interactive map designed to help users avoid anti-abortion fake clinics and find real reproductive health services.
 - [Guttmacher Institute](#): a research and policy organization committed to advancing SRH and rights.
 - [I Need an A](#): helps users find accurate, up-to-date abortion access information based on their location.
 - [Jane's Due Process](#) (Texas only): provides confidential legal and practical support for Texas minors seeking abortion care.
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Other Organizations for Education and Referrals

Continued

- [Massachusetts Abortion Project](#) (MAP): uses asynchronous telemedicine to provide medication abortion to abortion seekers throughout the United States.
- [M+A Hotline](#): medical professionals offering guidance on self-managed miscarriage or abortion.
- [National Abortion Federation \(NAF\) Hotline](#): a free, confidential helpline offering abortion referrals, funding support, and information.
- [National Network of Abortion Funds](#): connects people with local funds to help cover the cost and logistics of abortion care.
- [Plan C Pills](#): shares evidence-based information on how to access abortion pills online safely and discreetly.
- [Scarleteen](#): a comprehensive, inclusive sex education resource for teens and young adults.



Medication Abortion Mandates by State Context

To hold college campuses accountable for taking meaningful and feasible efforts to expand student-centered access to MAB, state-wide legislation may allow for some flexibility, in that college campuses that can provide onsite MAB are mandated to do so and campuses without the clinical capacity are mandated to provide student-centered referrals. Remember to [understand the laws and policies governing medication abortion access in your state](#). In states with bans, gestational age limitations, and [ultrasound requirements](#), providing MAB may not be possible or may require additional workflows to enable access. Regardless, offering other early pregnancy services, like pregnancy testing, gestational age dating, and warm abortion referrals can facilitate timely, student-centered access to care.

Below are examples of different levels of campus medication abortion requirements from the states included in our interviews.

Medication Abortion Access Requirements	Type of College and State Policy Context	Key Considerations
<u>Provision</u>: Onsite provision of MAB services on campus <u>Example</u>: California	- Colleges with clinical care capacity, like those that already provide some primary care and/or other sexual and reproductive health (SRH) services - At least one clinician (physician, nurse practitioner, physician assistant, certified nurse midwife) on staff - States with protective or mixed abortion policies	To be successful, this requires thoughtful implementation roll-out, some funding, staff training, and support on clinical and logistical aspects of providing MAB.

Referrals: Telehealth or clinic-based abortion referrals

Example: New York, Delaware

- Colleges with minimal healthcare services available
 - Community colleges and commuter campuses
 - Only health educators, nurses (RNs, LPNs), and other non-clinicians on staff
 - States with mixed or restrictive abortion policies
- Design mandates for abortion referrals to center students' needs and experiences.
 - Involve more than just a list of places to make an appointment.
 - Provide awareness about pregnancy crisis centers and ensure such centers are excluded from referrals, given the potential harm they can cause pregnant students.
 - Ensure warm hand-offs and support (e.g. scheduling help, pre/post abortion education, counseling, and related healthcare services). Build relationships with local abortion providers. Developing a Memorandum of Understanding or formal protocol to ensure specific processes are followed.
 - Be aware of the laws and policies in your state. It is possible that some laws limit clinicians' abilities to provide information on abortion, how to use the pills, or how to obtain an out-of-state appointment.

<u>Readiness:</u> Prepare and complete readiness assessments <u>Example:</u> Massachusetts	All college campuses and abortion policy contexts.	• MAB readiness assessments are an essential first step that can help a college campus begin to take needed steps to provide MAB care or establish referral partnerships. • In restrictive states, offering early pregnancy services, like pregnancy testing, gestational age dating, and warm MAB referrals can facilitate timely, student-centered care.
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Unique Considerations for Private Colleges

Most of the guidance in this toolkit can apply to private colleges. However, there are some unique considerations for stakeholders from private colleges who want to provide MAB at their campus health centers.

Influence of Board of Trustees



While a college's Board of Trustees is **not** required to make medical decisions about services provided at campus health centers, they may play an outsized influence in deciding what happens on campus due to their positions of power. Boards of trustees may not agree with efforts to increase access to abortion on campus and therefore influence campus health centers' abilities to provide or influence leadership's support of increasing access to abortion.

Religious Affiliations



Some private colleges are religiously-affiliated. Not all religiously-affiliated schools are anti-abortion, but there may be policies in place that inhibit the provision or discussion of sexual and reproductive health care, like contraception and abortion. Understanding your college's policies and culture around reproductive health is crucial before starting a MAB implementation effort.

State Mandates



Due to the relationship between state governments and public universities and colleges, legislative mandates about abortion access on campus are only likely to apply to public colleges and universities. This may reduce the accountability private colleges have in implementing MAB on campus.

Access to Funding and Resources from State Mandates



Private colleges located in states that mandated provision or expansion of access to abortion on college campuses may not be able to access funding and resources that come from such legislation as they are usually directed toward publicly funded colleges and universities.

Appendices

A. Detailed Recommendations by Stage and Stakeholder Type

i. Recommendations for **advocates** (students, organizers, allied legislators, etc.)

Stage: Ideation of MAB on campus/Pre-Bill Development	
Challenge: Organizing Students	
Strategies	Approaches
Establish or join a reproductive justice-related (RJ) student club; build membership and consciousness: • Offer education on MAB and other SRH topics so students can have informed conversations • Organize activities like investigating predatory pregnancy “crisis” clinics near campus and publishing in the school paper • Organize petitions, sign-on letters with professors, zine/art about abortion access & importance of abortion access for your campus • Create one-pager or zine of what ideal MAB access on campus looks like (might include: availability every day; free of charge; care kits with supplies like heating pads, tea, journal, candle; peer doula availability; campus education; mental health services)	Use classic community organizing frameworks and practices. Build social media presence (effective for raising awareness, sharing information, recruiting students). Web search of clubs on campus related to gender, reproductive health, social justice, Planned Parenthood, etc. to find allies. Email/call/direct message students in gender studies, public health, and other departments to connect with instructors to visit their class and talk about campaign. Use RJ and intersectional lens (gender-neutral, RJ framing of reproductive control, criminalization).

Challenge: Organizing Students (continued)

Strategies	Approaches
• Ensure various roles for students with different skillsets and interests (e.g., social media, lobbying, event planning, documenting activities for institutional knowledge) • Organize students while in discussions with college leadership and health center staff. • Support students in seeing and understanding their role as advocates. • Connect local and new student organizers to those in other states who have done this work before (e.g., via Advocates for Youth). • Create archives and documents for student groups to maintain longevity.	Participate in activities on campus: tabling, events, form partnerships with other student groups that focus on social justice topics. Make all students, esp. queer and trans students, feel welcome and represented; need to be intentional about creating inclusive spaces for people to share stories. Understand state infrastructure around reproductive rights advocacy; some players might not support bill for different reasons. Working with a larger structure of student organizing can help empower and support students to engage in this advocacy process. This can help create a sense of belonging within the legislative advocacy world, which often feels like something gatekept and where students shouldn't be involved. Remember, students are volunteering their time, skillset, and passion to ensure fellow students can exercise their bodily autonomy. Focus on sustainability early, as student turnover is common in long, multi-year advocacy processes.

Challenge: Finding Allies on campus & in the community

Strategies

Cast a wide net to find allies. Intersections with abortion can be found in unlikely places. Partner with:

- Faculty with relevant work (and institutional clout)
- Student government
- Other rights-based student clubs
- At least one college administrator/staff

Partner with:

- Abortion providers and other medical professionals with training/interest in SRH advocacy ([Physicians for Reproductive Health](#) has a directory of such physicians in each state)
- Local university-based researchers to conduct studies on SRH services provided, on campus and abortion access, availability, and barriers
- Centralized governing bodies involved in public colleges and health care
- Legislative/governmental affairs divisions within departments of health
- An organization with the ability to draft and develop a bill, find a legislative author, and oversee the policy process (e.g. [Reproductive Equity Now](#), [Women's Foundation](#))
- Local organizations to form a coalition and co-sponsor or apply political pressure, align interests and strategies to get the bill passed
- Legislators, advocates, and partners in other states that have MAB on campus or passed similar legislation: “there’s no need to reinvent the wheel.” Invite them to testify in your state on why and how something like a bill is feasible.

Approaches

Building a network of allies early will help down the road as they will show up for events to build legislative support and ease the process of implementing a MAB mandate.

Challenge: Engaging with campus leadership and health center staff

Strategies

Engage campus leadership: share student stories about barriers to abortion (transportation, missing school, missing work), harm created by status quo.

Present realistic estimate of cost and workload for MAB implementation.

Learn to anticipate and push back against misconceptions about what it means to provide MAB.

School communications team can manage PR if needed.

Leverage institutional strengths (e.g., capital/resources money, campus expertise, complementary services).

Approaches

Institutional culture may influence your engagement strategy.

Lean on advocates/leadership of other campuses who have done this before, if there are any.

Challenge: Working with Campuses

Strategies

Have students arrange MAB education on campuses to demystify services, address safety concerns of pills and security concerns of campus.

Bring in a clinician champion to talk to staff about MAB, ease concerns about health center security and patient safety.

Prepare to encounter health center staff with low knowledge of MAB and low motivation to train/upskill staff.

Connect with campus health center staff to understand the range of SRH services currently offered.

Approaches

Goal to destigmatize and demystify MAB.

Stage: During Discussions about MAB on campus/Bill Development & Passage

Challenge: Find supporters and co-sponsors (for bill development)

Strategies

Research potential supporters and legislative co-sponsors and investigate their position on MAB on campus.

Advocate for students to be supporters of the bill and have decision-making and leadership power, since they are the ones impacted.

Approaches

Once organizations and legislators start to co-sponsor, this will help create tipping point for momentum.

With differing beliefs and values around abortion, the impetus to keep everyone happy may detract from the larger goal. Stay focused on the goal of MAB provision on your campus, or whatever your group agreed is the priority.

Challenge: Organizing Students

Strategies	Approaches
Hired community organizers are ideal. They can: • Travel to campuses to bolster advocacy • Identify student champions on each campus who can find allies and build an advocacy base • Conduct educational seminars, including trainings on advocacy, power-mapping, storytelling, RJ, MAB, how to organize, how to speak to legislators, main talking points during lobby days, etc. • Hand out flyers in classes (in line with the university or professor's policies about distribution) • Facilitate mentorship programs • Train on how to deal with anti-choice people, how to manage administrative hurdles and different personalities. Example trainings: Calling In, Advocates for Youth, and Reproductive Equity Now. • Organize virtual and in-person lobby meetings, press conferences, rally days, and demonstrations at state capitol to sustain student engagement and voices • Power map with students on respective campuses and help address campus politics • Engage students in writing op-eds, gathering written testimony, coaching on providing oral testimony, organize “resist bot actions” to text and send letters to elected officials Involve students in different types of roles aligned to different skills, interests, and comfort levels: documentation of activities (record-keeping for sustainability), recruitment, legislative process, storytelling/testimony, etc.	Secure funding for community organizers, and can cover expenses for storytellers who give testimony, help student clubs to retain members and provide food during meetings and swag. Funding should prioritize students, as it demonstrates their value and validates their work. Find best ways to communicate with students: social media, text, calling, email and what time (on way to class, etc.). Use a humanistic approach to engaging students (check in on them, come without a personal agenda) vs. transactional. Build an authentic student-run campaign: by and for young people.

Challenge: Working with Campuses

Strategies

Have students arrange MAB education on campuses to demystify services, address safety concerns of pills and security concerns of campus.

Bring in a clinician champion to talk to staff about MAB, ease concerns about health center security and patient safety.

Prepare to encounter health center staff with low knowledge of MAB and low motivation to train/upskill staff.

Connect with campus health center staff to understand the range of SRH services currently offered.

Approaches

Goal to destigmatize and demystify MAB.



Challenge: Effective Messaging

Strategies

Strategic and destigmatized messaging to increase public support and legislative buy-in

Focus on meaningful access to abortion:

- What good is being “pro-choice” if abortion isn’t accessible?
- Compare access to abortion to importance of timely access to other healthcare services
- Emphasize how students need and deserve to be able to focus on their studies, work, and lives: barriers in accessing abortion care deeply interferes with that

Frame voting against bill as anti-abortion.

Emphasize:

- Safety of MAB
- Role of college student health centers and related offices to ensure safe healthcare access for their students
- Unique and real barriers students face, even in a protected and high-access state
- Predatory tactics of pregnancy crisis centers and the harm they can cause to students.

Approaches

Sample talking points:

- “We wouldn’t accept traveling four hours plus round trip to go to the dentist. Why should abortion care be any different?”
- “If a student isn’t able to access abortion care here [on campus], it impedes their ability to thrive in school and do their best.”

It’s unfair to put students in a position of needing to explain to classmates and professors their absence because they had to travel for abortion care.

Most effective testimony for legislators has both the personal testimonial in the story, but also has facts behind it.

Challenge: Getting Evidence

Strategies

Partner with local schools of public health faculty for research. Review the professional literature for published evidence.

In addition to student stories, campus administration and legislators will likely want statistical data to demonstrate need. See studies by: [Carrie Baker et al](#) and [ANSIRH](#) that demonstrated significant challenges in accessing abortion care, including cost, scheduling, and travel barriers. They may also want an assessment of campus health centers to determine capacity.

Approaches

Example: Conduct a ‘mystery shopper’ study to call abortion clinics a student would normally have to go to in order to understand appointment availability, scheduling, insurance coverage, and estimated public transportation distances/times.

Challenge: Getting legislative support (if applicable)

Strategies

Engage legislators early and often; set up regular meetings to discuss progress and challenges. Identify a committed primary sponsor who will introduce the bill.

Anticipate questions and concerns that legislators will have. Prepare to advocate using inclusive, pro-abortion language.

At every hearing, you should have:

- Diverse student storytellers from various campuses
- Visibly supportive group (wear matching shirts)
- Physicians and other medical professionals (see [PRH](#) for directory of clinicians trained in advocacy)
- Research evidence
- External organizations
- Talking points/fact sheets to give to legislators

Approaches

Work with your legislative coalition partners and student organizers to ensure a range of testimony for public hearings.

Having expert testimony (medical professionals) can alleviate legislator safety concerns about MAB.

Challenge: Getting legislative support (if applicable), continued

Strategies	Approaches
Provide support in numbers for storytellers (highlight their unique and historic contribution) and fund their trip. Engage legislators in interactive activities and exercises to understand and experience students' barriers to access. Have bill sponsors engage in 1-1 conversations with legislators about the bill and the reality of MAB. Many legislators do not truly understand what MAB is and why improved access is needed, and how it differs from emergency contraception. Utilize public-facing advocacy activities (e.g. media outreach, rallies, coordinated testimony) to put public pressure and urgency on legislators to support the bill. Organize on-campus events to raise awareness of the bill and invite students and faculty from other schools, local community members, elected officials, bill sponsors, abortion providers, and other community partners. Have legislative author or bill sponsors meet with campuses to understand their concerns and needs.	Have a private conversation with every legislator to fully explain the bill, the safety, simplicity, and feasibility of MAB on college campuses, affordability, and other common myths and misunderstandings that need clarification. They may be more responsive to hearing from students or campus staff directly. Example interactive activity: Public and live-streamed "Repro Ride" on public transport traveling from campus to abortion clinic. Legislators collaborating across states can facilitate expansion of bills to mandate MAB on campuses.

Challenge: Bill language (if applicable)

Strategies	Approaches
Include consequences for campuses that do not meet requirements of the mandate (not a fine but some strategic solution), create an accountability system based on a positive incentive (don't want to punish underfunded public schools). Need deadline for implementation. Mandate needs to be clear: what constitutes a referral? Use bill language to define a meaningful referral: ensure abortion referrals are truly student-centered, safe, and supportive. Also clarify if there are "opt out" requirements for health centers (e.g., "not equipped"), what that means, who is required to offer MAB on campus, and what constitutes an exception. Consider requiring: • MAB provision on campus health centers; include as part of comprehensive SRH care including pregnancy tests, PrEP, STI screening and treatment, emergency contraception pills • Mandatory values clarification training for all health center staff including administrative and non-clinical staff (and potentially campus administration). Clinical staff will require additional training • Submissions of needs/readiness assessments to demonstrate progress toward implementation • Development of an implementation plan • Tailored implementation based on what campuses are medically able to offer (e.g. community colleges, versus smaller colleges without health centers, versus larger colleges with health centers)	One size does not fit all, but bill language should give everyone the opportunity to learn, access the same information about what it means to provide MAB, and then make an informed decision about the extent of access they will be able to provide on campus. Bill language is important to get right, because otherwise it can cause implementation difficulties downstream. Too much flexibility in the bill language to account for campus variation may make it too easy for campuses to defer to referrals instead of direct provision or meaningful, student-centered referrals.

Challenge: Bill language (if applicable), continued

Strategies	Approaches
Consider requiring: (continued) • Participating in a structured implementation program before deciding type of abortion care provided (in-clinic MAB, telehealth MAB, referral) • Health centers to become Medicaid billers to cover costs (where possible) • Advertising MAB availability on campus (i.e., on website, etc.) to make students aware of services • Evaluation and reporting data on performance outcomes (potentially to be public or have request for data process) Consider funding staff training and covering cost of MAB pills: • Model of mini grants for colleges to apply from one central source (with guidance on ideas of how to use the funds) • If campus funds secured, may need to find third party to manage and distribute (department of health, etc.) • Match funding requests to realistic costs of integrating MAB If bill does not require MAB provision (just readiness plan or referral), still provide resources for campuses to train clinicians to ensure patient-centered referrals or to offer MAB if they choose, as well as all-options pregnancy counseling training. Keep student advocates informed about possible bill language changes.	Lack of funding can be misused as an excuse to not move forward with MAB implementation. Public funding for the bill (as opposed to private funding) helps to destigmatize abortion care.

Stage: Implementation of MAB/mandate

Challenge: Working with campuses

Strategies	Approaches
Advocacy needed to ensure accountability to providing MAB on campus (e.g. fulfillment of mandate): • Extent to which MAB or referrals are student-centered • Promoting and raising awareness that MAB is available (or should be available) on campus • Combining MAB implementation efforts with student SRH education and services broadly • Continuous reflection on whether services are available, accessible, affordable, and student-centered • Connect with student advocates across campuses to support one another with best practices and strategies to move implementation forward	Collaborate with national reproductive justice organizations like URGE or Advocates for Youth to launch student advisory boards for coordinated MAB organizing and advocacy on campus. Consider the various leaders across campus (student leaders, RAs, community leaders, Dean of students) that can play a role in spreading the word about MAB availability on campus to destigmatize this care especially when campuses may not want to market it publicly. Financially support student organizing even after bill passage: reimbursement for attending trainings, food or event space for club meetings, etc.

Challenge: Working with campuses (continued)

Strategies	Approaches
Engage with campus staff: • Leverage existing SRH services (MAB as an easy addition) • Work together to create student-run programming (abortion doula program, abortion as part of sexual education, “clinic escorts” to referral sites) • Work together to develop a marketing strategy • Identify and address ongoing student barriers (e.g. affordability, transportation)	Mentors and state-based student organizers can help students navigate difficult conversations and empower them to feel confident and qualified to have these conversations with various stakeholders. “Tread lightly” and learn how to appropriately make demands and work with various personalities and administrators. Frame requests for change respectfully and avoid criticism - start with a question. Prioritize in-person engagement over emailing. Identify the group you are part of when asking for a meeting. Sharing barriers to access that students experience is illuminating to health center staff; have students communicate with staff directly. Integrate concrete projects (i.e. Doula Program) into existing student groups and initiatives to ensure continuation.

ii. Recommendations for college health center champions and implementation experts (who may be hired to facilitate the implementation)

Stage: Implementation of MAB	
Challenge: Engaging with students	
Strategies	Approaches
Create a student advisory board (and if funding is available, pay student members) for advisement during implementation.	Student participation in implementation is critical; this helps to hold campuses accountable for fulfilling the mandate and raising student awareness. Students may be interested in establishing student support systems like abortion doula collectives on campus.

Challenge: Engaging with partners

Strategies

Identify state-level partners to support coordinated implementation efforts: Departments of Health; Departments of Education; reproductive health, rights, and justice organizations; abortion funds; and practical support organizations; school membership organizations, etc.

Connect with them early in the implementation process.

Gaining the support of school membership organizations can give MAB implementation programs a “stamp of approval.”

Develop formal policies and procedures for abortion service referrals and engaging with local abortion clinics/providers.

Approaches

Relationship-building is critical.

Partner and stakeholder networks are often informally developed.

Public health departments play an important leadership role in bringing stakeholders together to normalize abortion care and share best practices around campus abortion access.

Challenge: Engaging with campuses

Strategies	Approaches
Implementation experts hoping to train staff may need to start with blind outreach (web search and cold emailing) to campus leadership and health centers. Encourage partners (e.g. Departments of Health) to make warm referrals to college stakeholders. Offer presentations to health, wellness, and student life departments to begin conversations about MAB implementation. Create database of key leaders, health center information (which insurance accepted, services offered, pharmacy availability, political environment on campus). Prioritize time in implementation planning for stakeholder engagement: relationship-building encourages campus stakeholders to agree to work with and trust implementation partners. Campus leadership support is critical and can help health center staff focus time on implementation. Identify one clinical champion at each campus health center. Acknowledge administration and staff concerns regarding safety of MAB pills, necessary resources and funding, security, etc.	A dedicated staff person is needed to keep lists updated and to “chase” no replies, bounce-backs, etc.; consistent communication and perseverance with health centers is necessary. Use soft approach of offering implementation services. Can offer values clarification trainings and all-options pregnancy counseling training to start. Developing a toolkit (example) with clear guidance to support campuses through the process of implementation (series of steps, easy to visualize what incremental change can look like) can ease concerns. Such a toolkit requires cross-disciplinary (legal, administrative, clinical) input. *See Appendix C for resources and other sections of this guide Use first campuses (“early adopters”) in a given state as champions to help spread the word to others about implementation experts. They can also provide legitimacy that the implementation expert is someone to be trusted.

Challenge: Engaging with campuses (continued)

Strategies

Bring in experts (i.e., physician champion) to discuss ease and safety of MAB:

- Clarify what MAB looks like (e.g., heavy period) if student is in shared restroom space. [Pregnancy tissue](#) may be visible, but a formed fetus would not be visible until about 12 weeks gestation.
- Engage a consultant to identify and address challenges.
- Bring in partners who can debunk myths about challenges (e.g. installing security fixtures, but never using them because concerns didn't pan out).
- Get legal expertise on how public schools can approach security.
- Utilize existing resources (e.g. clinical resources, fact sheets, trainings available online) to give factually correct information about MAB and implementation.

Connect various stakeholders (administration, health center staff, students, community partners, and legislative partners as MAB regulations may change).

Develop and share clear implementation guidance (a resource on how to implement MAB).

Prepare for staff turnover and plan for health centers to be able to train new staff (incorporate a "train-the-trainer" model or sustainable training plan).

Approaches

Use iterative process and be flexible to change implementation approach along the way depending on reflections and learning.

Common concerns and misconceptions to anticipate and potential talking points include:

- Security: connect security protocol updates to applying for student safety across the board; thus far, on campuses with MAB provision that we interviewed, protests and security have not been issues
- Takes too much clinical time: campus clinicians have been able to maintain same appointment slot time
- Need a lot of money: you don't, just because California had it available does not mean it was used
- Need ultrasound: in places that have it, it's not often used for MAB
- Need for ER: MAB complications requiring urgent emergency care are very rare
- Impacts on local business
- Need on call providers after-hours: these lines haven't been heavily utilized, especially due to comprehensive counseling and education during appointments

Can turn opponents into allies with time and discussion.

Challenge: Engaging with campuses (continued)

Strategies	Approaches
Readiness planning: Bills that require readiness planning to be submitted can serve as a systematic needs assessment of how campuses are equipped to implement MAB. This assessment is best done by a third party in collaboration with the campus health center. Training staff: • Values clarification and introduction to MAB training for staff at all levels for buy-in. • Need to demystify MAB and correct misinformation (i.e., ultrasound not medically required- see state requirements, don't need to be OB/GYN); may have low-level of MAB knowledge and motivation to train/upskill; expect stigma and abortion exceptionalism; may encounter third-party contracted clinicians on campus who refuse to provide MAB care. • Trainings on what is MAB, state laws, values clarifications, clinical training for provision (can be virtual and large-scale – across campuses), training in options counseling and student-centered referrals.	Continue de-stigmatization of MAB during implementation. Make staff feel heard and address their concerns. For readiness planning, may not get survey responses, can shift to getting information through conversations with health center staff. Staff capacity among implementation experts is needed to analyze and utilize readiness assessments as needs assessments effectively. Use student voices and training videos that incorporate students' perspectives to relay importance of MAB to the student body they serve. Maintain flexibility; different health centers may have different needs. Utilize existing evidence-based training resources and MAB guidance: NAF, RHAP, TEACH, etc.

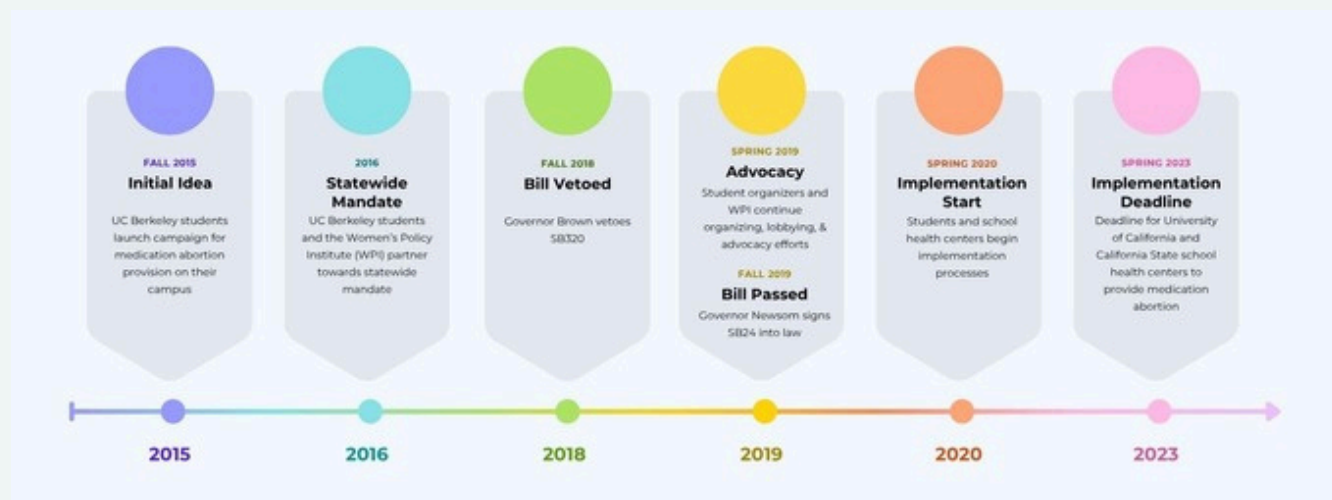
Challenge: Engaging with campuses (continued)

Strategies	Approaches
After trainings and misinformation rectified, help to develop health center protocols and procedures (i.e., if/how student cost, how patient visits for MAB are organized in the system, talking to the local emergency room, hiring new staff, accommodating staff who are unsupportive of provision, having script for front desk staff, options counseling, workflows for ordering and storing pills, which pharmacies prescribe, updating electronic health record and billing procedures with IT, etc.) and communication plan to advertise MAB availability (i.e., widespread, on website/social media, through verbal communication at orientation and other events/clubs, etc.). Plan for sustainability in training efforts: many college campus clinics are small, there's limited bandwidth, turnover may have an impact on starting or continuing MAB services. Potential training strategies: • Learning community sessions that are open to any college stakeholder • Invite speakers with experience implementing/providing MAB on college campuses to share their experiences • Hold clinical office hours to ask 1-1 questions about implementation, though open for non-clinician college stakeholders to join and learn • Try not to restrict training opportunities to public colleges only	Values clarification discussions allow staff to have conversations about how they feel about MAB and affirm the right for others to choose, even if they would personally not. The more education and training you can provide everybody with early on, the fewer questions, concerns, and problems will arise down the road. Use a “train-the-trainer” model in anticipation of potential staff turnover. Anyone working in college health should at least understand MAB (how it works, medical eligibility, counseling, normal vs abnormal symptoms), even if you are just doing referrals.

B. State Profiles

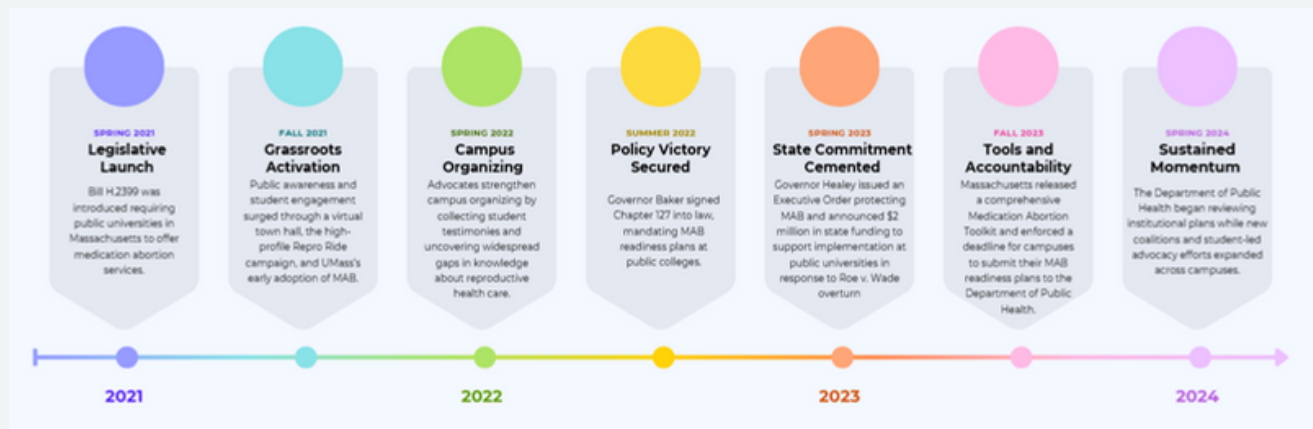
California

California was the first state to mandate public universities provide medication abortion (MAB), which aligns with the state's reputation as a trendsetter for progressive policies. The mandate was first ideated by students at the University of California Berkeley, who advocated for MAB on their campus but were met with roadblocks from the administration. The Reproductive Justice Team of the Women's Foundation of California's Women's Policy Institute (WPI; now [Solis Policy Institute](#)) heard about this effort and took on its expansion, striving to pass statewide legislation to mandate MAB provision on all California university public campuses. The mandate, authored by Senator Connie Leyva, took on two iterations: SB320 and SB24. SB320 was introduced in February 2017 and vetoed by Governor Jerry Brown in October 2018. In December 2018 Senator Leyva reintroduced the bill as SB24, which was signed into law by Governor Gavin Newsom in October 2019. The mandate required schools within the University of California and California State University systems provide MAB through staff of campus health centers, telehealth, or contracted external services. **Two Reproductive Justice teams, student organizers and WPI staff achieved legislative success by organizing and elevating the voices of college students across the state, forming partnerships with reproductive health and social justice organizations, and lobbying politicians.** They were further supported by an anonymous donor that funded organizing, advocacy, campaign, and implementation activities.



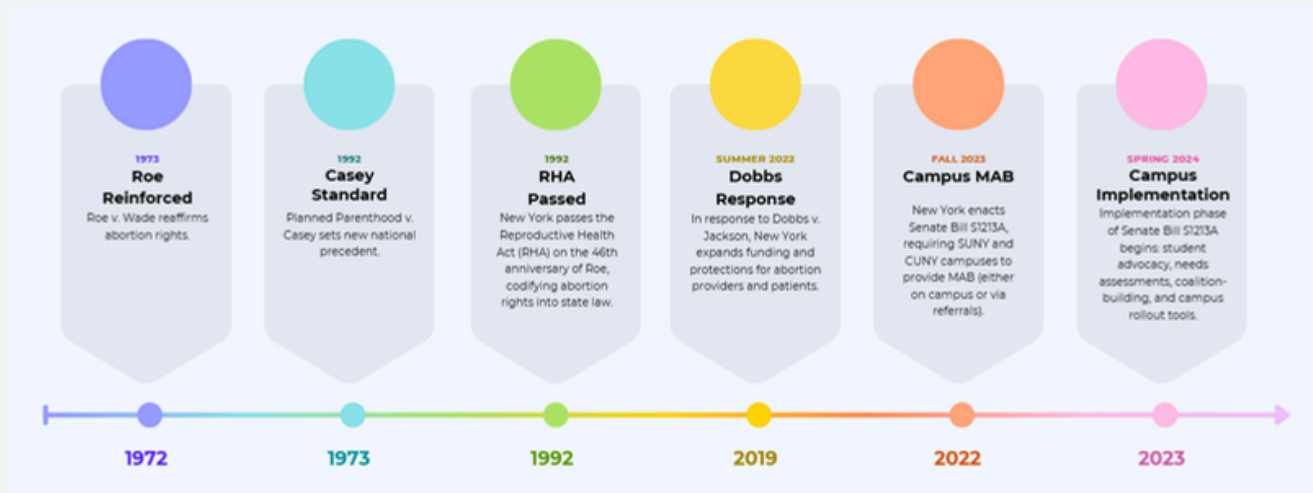
Massachusetts

Current abortion-related legislation in Massachusetts has strong legal protections. As a result of the Supreme Court's decision to overturn *Roe v. Wade* in 2022, Massachusetts had increased their efforts to further fund and protect reproductive healthcare. Part of these efforts have focused on student access to comprehensive sexual and reproductive healthcare services on public college campuses, including increased access to MAB. In 2022, Massachusetts passed a law requiring medication abortion readiness planning among public institutions of higher education. The intention of the bill was to prepare colleges to provide MAB or offer warm referrals to a MAB provider. A two-million-dollar investment was put toward helping public colleges and universities in Massachusetts plan and provide MAB on their campuses. Colleges/universities and the Department of Health collaborated to develop efficient and inclusive readiness plans regarding their plans to provide MAB on site. **Students from several pioneer universities have developed toolkits to widely expand these efforts.** Since the legislation passed, [Advocates for Youth](#) has been mobilizing students to learn more about sexual and reproductive healthcare, and how to improve access to sexual and reproductive healthcare services on their campus and sustain that momentum beyond MAB.



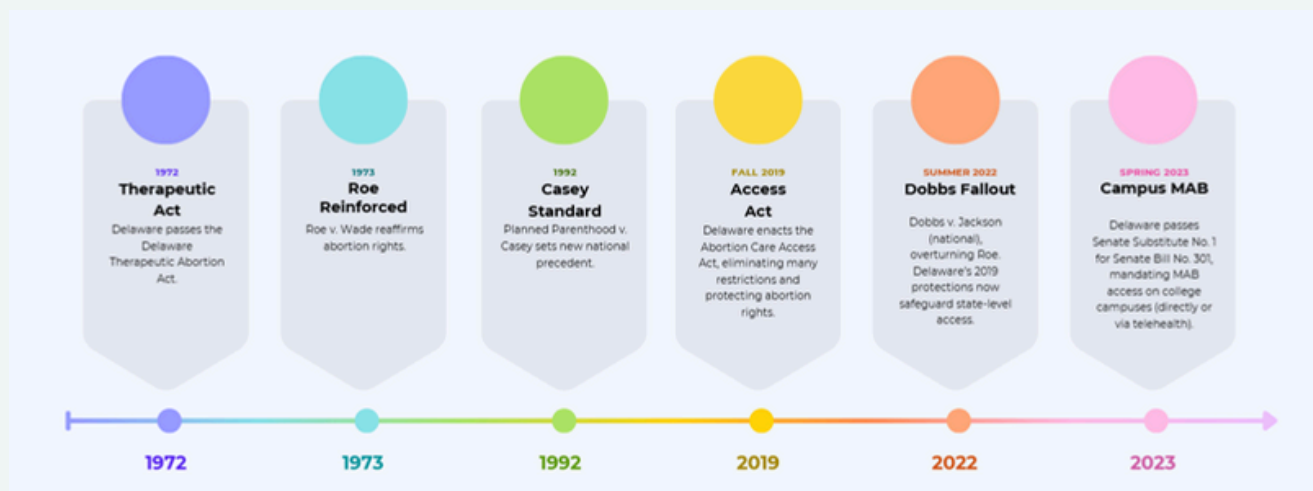
New York

New York has long upheld strong legal protections for abortion access, including the Reproductive Health Act (RHA) of 2019, which codified the right to abortion into state law. In response to the 2022 *Dobbs v. Jackson* decision, the state reaffirmed its commitment through public health initiatives, funding, and expanded protections. In 2023–2024, New York went a step further by enacting Senate Bill S1213A, which requires all State University of New York and City University of New York campuses to provide access to MAB prescription drugs either on campus or through referrals. This landmark legislation made New York one of the first states to guarantee MAB access across its entire public university system. **Advocacy groups such as [NYCLU](#) and [Advocates for Youth](#) played a key role in pushing for this change, and student leaders across campuses continue to conduct needs assessments, form advocacy coalitions, and develop campus-specific implementation tools to ensure the law is rolled out equitably and effectively.** Advocates are hoping for further legislation to provide funding to support implementation.



Delaware

Delaware is recognized for its progressive stance on reproductive rights, ensuring broad access to abortion services. Abortion in Delaware is legal under the Delaware Therapeutic Abortion Act (1972) and was further protected following the *Roe v. Wade* decision in 1973. In 2019, Delaware passed the Abortion Care Access Act, which solidified the right to access abortion and eliminated several state-level restrictions. However, while abortion access has expanded, recent legislative proposals, including Senate Substitute No. 1 for Senate Bill No. 301 (2023), directly addresses MAB access on public college campuses. This bill mandated that public campuses provide medication abortion care directly on-campus, or if campuses cannot provide the service, they must facilitate access through telehealth programs, reducing logistical barriers for students seeking MAB. Despite the increasing number of reproductive health bills being reviewed and passed in Delaware, there has been limited input from students on the matter of MAB access specifically on college campuses. **The absence of student voices in these conversations could lead to missed opportunities for ensuring the accessibility, effectiveness, and convenience of such services on campuses.**



Other State Bills:

[Maryland Bill](#)
[Connecticut Bill](#)
[Illinois Bill](#)

Storytelling Guide

[We Testify](#) is an organization dedicated to elevating people who've had abortions as leaders and storytellers- especially those from marginalized communities, including across race, class, rural or conservative backgrounds, queer identity, disability, and immigration status. Their goal is to shift media narratives and reduce stigma by centering real experiences. As part of this work, We Testify has developed a [sample storytelling guide](#) to support individuals in sharing their abortion stories safely, ethically, and with impact.

Evidence for MAB on College Campuses

1. [Becker CN, Mathis J. Barriers to medication abortion among Massachusetts public university students. Contraception. 2022;110:39-43. doi:10.1016/j.contraception.2022.01.009](#)
2. [Hui C, Davis, R. Survey: Campus Reproductive and Sexual Health Access. A Report from Hey Jane and Advocates for Youth. 2024. https://www.advocatesforyouth.org/wp-content/uploads/2024/02/Advocates-and-Hey-Jane-Health-Survey.pdf. Accessed July 9, 2025.](#)
3. [Riley T, Ralph LJ, Biggs MA. Demand for medication abortion among public university students in Washington. Contraception. 2023;118:109813. doi:10.1016/j.contraception.2023.109813](#)
4. [Rohrer CD, Modrek S. Decreasing reproductive and abortion care barriers: findings on the student health center's role from a student survey. J Am Coll Health. Published online 2023. doi:10.1080/07448481.2023.2173457](#)
5. [Upadhyay UD, Koenig LR, Meckstroth KR. Safety and efficacy of telehealth medication abortions in the United States. Obstet Gynecol. 2021;137\(4\):613-622. doi:10.1097/AOG.0000000000004297](#)



Resources for MAB Implementation:

- American College Health Association: [Implementation toolkit](#) for promoting reproductive health care access on Campus*
- [Essential Health Access](#)
- [Legislative Advocacy Training](#), developed by Niharika Rao
- [National Abortion Federation](#)*
- [RHAP's Implementing MAB Toolkit](#)
- [Sample: Toolkit for Public Colleges & Universities](#)
- [Sample: health center communication plan](#)
- [Sample: campus implementation team](#)
- [Sample: student intern job description](#)

**Members only*

D. Data Collection

Below is a description of the data collection and analytic methods we used to create this guide.

Study design and data collection

Our research team conducted virtual, audio-recorded in-depth interviews and focus groups (FGs) with advocates, implementation experts, college staff, and legislative partners in California, New York, Massachusetts, and Delaware from November 2024 to May 2025. Initial participants were identified by [Advocates for Youth](#), a partner organization involved in supporting state bills and student abortion advocacy. We utilized snowball sampling to recruit other participants; if study participants identified someone who may be interested and relevant to this work, we contacted them for participation. In addition, we reached out directly to the state's public college system's health centers and legislators who authored the bill. We contacted a total of 128 key informants and 32 agreed to participate and were interviewed. Semi-structured interview guides were tailored to the participant's respective role and asked about their involvement in the legislation, and challenges, strategies, and lessons learned from advocating for and implementing the bill mandates. Prior to audio-recording, we discussed the informed consent form previously emailed to the participant and obtained verbal consent. The research team iteratively refined the guides after the initial interviews. Interviews and focus groups lasted an average of 60 minutes (range: 26-104 minutes) and were transcribed by the team or an external, professional service. During most interviews, a research assistant took extensive notes. Student advocates were paid \$50 for their time; other participants were not reimbursed, as the interview was considered part of their professional role. Participants were asked to choose a pseudonym, and we did not identify participants by name for this guide or any other materials created from the findings.