SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguín, Chair
2025 - 2026 Regular

Bill No:	AB 2164	**Hearing Date:**	June 16, 2026
Author:	Bauer-Kahan		
Version:	April 23, 2026		
Urgency:	No	**Fiscal:**	Yes
Consultant:	ML		

Subject: ***Legally protected activities***

HISTORY

Source: Abortion Coalition for Telemedicine

Prior Legislation: SB 497 (Wiener), Ch. 764, Stats. of 2025
AB 82 (Ward), Ch. 679, Stats. of 2025
SB 107 (Wiener), Ch. 810, Stats. of 2022
SB 345 (Skinner), Ch. 260, Stats. 2023
AB 2091 (Bonta), Ch. 628, Stats. of 2022
AB 1666 (Bauer-Kahan), Ch. 42, Stats. of 2022

Support: American Association of University Women – California; American College of Obstetricians & Gynecologists - District IX; CA Commission on the Status of Women and Girls; California Chapter of the American College of Emergency Physicians; California Legislative LGBTQ Caucus; California Nurse Midwives Association; California Public Defenders Association; California Women's Law Center; Planned Parenthood Affiliates of California; Reproductive Freedom for All California; Reproductive Futures

Opposition: California Family Council; Cause: Californians United for Sex-Based Evidence in Policy and Law; Democrats for an Informed Approach to Gender

Assembly Floor Vote: 57 - 14

PURPOSE

The purpose of this bill is to prohibit, except when required by federal law, the Governor from recognizing any demand for extradition of any person who receives, assists, or materially supports, as specified, any legally protected health care activity, unless the executive authority of the demanding state alleges that the accused was physically present in the demanding state at the time of the commission of the alleged crime; and to extend existing California protections to any person who has previously undertaken any act in another state to aid or encourage another in the exercise of their rights to reproductive health care services or gender-affirming health care services.

Existing law defines "legally protected health care activity" as any of the following:

- The exercise and enjoyment, or attempted exercise and enjoyment, by a person of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California or the provision by a health care service plan contract or a policy, or a certificate of health insurance, that provides for such services.

- An act or omission undertaken to aid or encourage, or attempt to aid or encourage, a person in the exercise and enjoyment or attempted exercise and enjoyment of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California.

- The provision of reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services by a person duly licensed under the laws of California or the coverage of, and reimbursement for, those services or care by a health care service plan or a health insurer, if the service or care is lawful under the laws of California, regardless of the patient's location. (Pen. Code, § 1549.15, subd. (b)(1)(A)-(C).)

Existing law provides that "gender-affirming health care" and "gender-affirming mental health care" means medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, interventions to suppress the development of endogenous secondary sex characteristics; interventions to align the patient's appearance or physical body with the patient's gender identity; and interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. (Pen. Code, § 1549.15, subd. (a).)

Existing law states that "reproductive health care services" means and includes all services, care, or products of a medical, surgical, psychiatric, therapeutic, diagnostic, mental health, behavioral health, preventative, rehabilitative, supportive, consultative, referral, prescribing, or dispensing nature relating to the human reproductive system provided in accordance with the constitution and laws of this state, whether provided in person or by means of telehealth services. Defines "reproductive health care services" to include but is not limited to, all services, care, and products relating to pregnancy, the termination of a pregnancy, assisted reproduction, or contraception. (Pen. Code, § 1549.15, subd. (c).)

Existing law defines "anti-reproductive-rights crime" to mean a crime committed partly or wholly because the victim is a reproductive health services client, provider, or assistant, or a crime that is partly or wholly intended to intimidate the victim, any other person or entity, or any class of persons or entities from becoming or remaining a reproductive health services client, provider, or assistant. (Pen. Code, § 13776, subd. (a).)

Existing law requires the Department of Justice (DOJ) to direct local law enforcement agencies to report annually to the DOJ specified information related to anti-reproductive-rights crimes. (Pen. Code, § 13777, subd. (a)(2).)

Existing law requires the DOJ to carry out certain functions relating to anti-reproductive-rights crimes in consultation with the Governor, the Commission on Peace Officer Standards and Training (POST), and other subject matter experts. (Pen. Code, § 13777, subd. (b).)

Existing law requires POST to develop an interactive training course on anti-reproductive-rights crimes and make the telecourse available to all California law enforcement agencies through an online portal or platform. (Pen. Code, § 13778, subd. (a).)

Existing law mandates that every law enforcement agency in this state develop, adopt, and implement written policies and standards for officers' responses to anti-reproductive-rights calls by January 1, 2023. (Pen. Code, § 13778.1.)

Existing law prohibits a state or local law enforcement agency or officer from knowingly arresting or knowingly participating in the arrest of any person for performing, supporting, or aiding in the performance of an abortion in this state, or obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Pen. Code, § 13778.2, subd. (a).)

Existing law prohibits a state or local public agency, or any employee thereof acting in their official capacity, from cooperating with or providing information to any individual or agency or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency regarding an abortion that is lawful under the laws of this state and that is performed in this state. (Pen. Code, § 13778.2, subd. (b).)

Existing law provides that a law of another state that authorizes the imposition of civil or criminal penalties related to an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state, is against the public policy of this state. (Pen. Code, § 13778.2, subd. (c)(1).)

Existing law prohibits a state court, judicial officer, or court employee or clerk, or authorized attorney from issuing a subpoena pursuant to any state law in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Pen. Code, § 13778.2, subd. (c)(2).)

Existing law provides that the investigation of any criminal activity in this state that may involve the performance of an abortion is not prohibited, provided that information relating to any medical procedure performed on a specific individual is not shared with an agency or individual from another state for the purpose of enforcing another state's abortion law. (Pen. Code, § 13778.2, subd. (d).)

Existing law prohibits a person from posting on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or a threat of violence against a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address. (Gov. Code, § 6218.01, subd. (a)(1).)

Existing law provides that the above is punishable by a fine of up to $10,000 per violation, imprisonment of either up to one year in a county jail or by imprisonment for 16 months, two

years, or three years, or by both that fine and imprisonment. (Gov. Code, § 6218.01, subd. (a)(2).)

Existing law provides that a violation of the above that leads to the bodily injury of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, is a felony punishable by a fine of up to $50,000, imprisonment for 16 months, two years, or three years, or by both that fine and imprisonment. (Gov. Code, § 6218.01, subd. (a)(2).)

Existing law provides that the state may not deny or interfere with a person's right to choose or obtain an abortion prior to viability of the fetus or when the abortion is necessary to protect the life or health of the person. (Health & Safe. Code, § 123462, subd. (c), 123466.)

Existing law prohibits under the Confidentiality of Medical Information Act (CMIA), providers of health care, health care service plans, or contractors, as defined, from sharing medical information without the patient's written authorization, subject to certain exceptions. (Civ. Code § 56, et seq.)

Existing federal law states that a person charged in any state with treason, felony, or other crime, who shall flee from justice, and be found in another state, shall on demand of the executive authority of the state from which he fled, be delivered up, to be removed to the state having jurisdiction of the crime. (U.S. Const., art. IV, sec. 2, cl. 2.)

Existing law states that it is the duty of the Governor of this State to have arrested and delivered up to the executive authority of any other State any person charged in that State with treason, felony, or other crime, who has fled from justice and is found in this State. (Pen. Code, § 1548.1).

Existing law states that, notwithstanding specified state laws, the Governor's Office must decline any request received from the executive authority of any other state to issue a warrant for the arrest or surrender of any person charged with a criminal violation of a law of that other state where the violation alleged involves the provision, receipt, or assistance with reproductive health care services, unless required by the U.S. Constitution or the acts forming the basis of the prosecution of the crime charged would also constitute a criminal offense under the laws of California. (Governor's Exec. Order N-12-22 (June 27, 2022).)

This bill prohibits, except when required by federal law, the Governor from recognizing any demand for extradition of any person who receives, assists, or materially supports, as specified, any legally protected health care activity unless the executive authority of the demanding state alleges in writing that the accused was physically present in the demanding state at the time of the commission of the alleged crime, and that thereafter such accused fled from that state.

This bill extends existing California protections for legally protected health care activities to any person who has previously undertaken any act in another state to aid or encourage another in the exercise and enjoyment of their rights to reproductive health care services or gender-affirming health care services. States that such protections would only apply if the act was permissible under the laws of the jurisdiction in which the person was located at the time.

This bill states that legally protected health care activity includes reproductive healthcare services, as defined, and gender-affirming-healthcare services, as defined.

COMMENTS

1. Need for This Bill

The author writes:

> Despite California's strong protections, laws in states across the nation penalizing access to abortion pose a threat to our California providers. Under other state[s]'s laws, anyone aiding or assisting someone in obtaining an abortion could face arrest. These bills are not empty threats; Louisiana has sued and sought extradition of California reproductive health care providers.
>
> The increase of restrictive laws passing around the country has resulted in more patients relying on California providers for reproductive and gender affirming care, and California has the unique opportunity to protect this right for the millions in need. The current laws that protect California doctors from extradition to other states with punitive health care laws allow the California Governor discretion over when an extradition request is denied or accepted. While the current Governor has been a strong ally in the fight to protect patients and providers in California, the individuals providing these lifesaving services should not be subject to potentially shifting political winds. One gubernatorial candidate has already stated that they would accept future extradition requests if elected.
>
> AB 2164 prohibits future Governors from recognizing a request for extradition of a person providing or aiding reproductive health care services or gender affirming care that is legal in California and further strengthens our shield laws in alignment with other states.

2. Attacks on Gender-Affirming Care and Reproductive Rights

a. Gender-Affirming Care

In the past few years, numerous states have introduced legislation targeting transgender individuals in an attempt to prohibit or limit their ability to obtain gender-affirming care. More recently, on the first day of President Trump's second term, he issued an executive order titled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government" which states that "the United States recognizes two sexes, male and female."[1]

In 2025, the federal DOJ announced that it had sent more than 20 subpoenas to doctors and clinics providing gender-affirming health care to minors.[2] Along with other states, California's

[1] Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025), available at <https://www.federalregister.gov/documents/2025/01/30/2025-02090/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal>.

[2] U.S. Department of Justice, *Department of Justice Subpoenas Doctors and Clinics Involved in Performing Transgender Medical Procedures on Children*, (Jul. 9, 2025) available at:

Attorney General has worked to prevent the federal government and out-of-state officials from obtaining these kinds of records.[3] However, the California DOJ's ability to successfully prevent disclosure is directly tied to the Attorney General having the authority to intervene in disputes regarding the provision of this information, and having notice of an inquiry in the first instance.

Since then, the President has issued an executive order banning transgender girls and women from participating in women's sports, and another one banning the use of federal funding for youth gender-affirming care, including funding for research on gender-affirming care.[4] Although some of these orders are currently being challenged in court, the outcome of those cases is uncertain. The Trump Administration has also rescinded all existing federal policies protecting transgender people from sex and disability discrimination; revoked the ability to obtain passports and federal documents reflecting their gender identity; denied transition-related healthcare to federal employees; and directed federal prisons to deny medical treatment and house transgender people according to sex assigned at birth.[5]

Some California healthcare providers are beginning to scale back care for transgender youth, following efforts by the Trump administration to restrict access to such care. Stanford is the second provider in this state that has begun restricting gender-affirming health care because of the recent actions of the Trump administration. Stanford recently issued the following statement on the matter:

> After careful review of the latest actions and directives from the federal government and following consultations with clinical leadership, including our multidisciplinary LGBTQ+ program and its providers, Stanford Medicine paused providing gender-related surgical procedures as part of our comprehensive range of medical services for LGBTQ+ patients under the age of 19, effective June 2, 2025.[6]

b. Reproductive Rights

In 2022, the U.S. Supreme Court published its opinion in *Dobbs v. Jackson Women's Health* (2022) 597 U.S. 215, overturning 50 years of precedent and revoking, for the first time, a constitutional right. Prior to *Dobbs*, the Supreme Court had continuously upheld the holding of *Roe v. Wade*, that found the implied constitutional right to privacy extended to a person's decision whether to terminate a pregnancy, while allowing some state regulation of abortion access as permissible. (*Roe v. Wade* (1973) 410 U.S. 113.)

<https://www.justice.gov/opa/pr/department-justice-subpoenas-doctors-and-clinics-involved-performing-transgender-medical>.

[3] See California Department of Justice, *Attorney General Bonta Joins Multistate Opposition to U.S. DOJ's Attempt to Subpoena Gender-Affirming Care Records*, (Oct. 22, 2025) available at: <https://oag.ca.gov/news/press-releases/attorney-general-bonta-joins-multistate-opposition-us-doj%E2%80%99s-attempt-subpoena>.

[4] See Exec. Order No. 14201, 90 Fed. Reg. 9279 (Feb. 5, 2025), available at <http://www.federalregister.gov/documents/2025/02/11/2025-02513/keeping-men-out-of-womens-sports>; Exec. Order No. 14187, 90 Fed. Reg. 8771 (Jan. 28, 2025), available at <https://www.federalregister.gov/documents/2025/02/03/2025-02194/protecting-children-from-chemical-and-surgical-mutilation>.

[5] Jennifer Levi, GLAD Law, *From the Front Lines: The Fight for Transgender Rights Is a Fight for Democracy*, (Feb. 10, 2025), available at <https://www.glad.org/the-fight-for-transgender-rights-is-a-fight-for-democracy/>.

[6] See KTVU Staff, "Stanford No Longer Providing Gender-Affirming Surgeries for Children," *KTVU FOX 2*, June 25, 2025, <https://www.ktvu.com/news/stanford-no-longer-providing-gender-affirming-surgeries-children>.

In the wake of *Dobbs*, numerous states now have laws prohibiting or severely limiting abortion and have enacted laws attempting to punish those who seek safe and reliable reproductive healthcare in states where it is still legal to seek abortion care. According to the Guttmacher Institute, 16 states have effectively banned abortion and another 10 have become very restrictive or restrictive.

In 1969, the California Supreme Court held that the state constitution's implied right to privacy extends to an individual's decision about whether or not to have an abortion. (*People v. Belous* (1969) 71 Cal.2d 954.) This was the first time an individual's right to abortion was upheld in a court. In 1972 the California voters passed a constitutional amendment that explicitly provided for the right to privacy in the state constitution. (Prop. 11, Nov. 7, 1972 gen. elec.)

The Reproductive Privacy Act includes findings and declarations that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy; therefore, it is the public policy of the State of California that every individual has the fundamental right to choose or refuse birth control, and every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion. (Health & Saf. Code, § 123462.)

In 2019, Governor Newsom issued a proclamation reaffirming California's commitment to making reproductive freedom a fundamental right in response to the numerous attacks on reproductive rights across the nation.

In response to the *Dobbs* decision and federal attacks on gender-affirming care, California enacted legislation expanding, protecting, and strengthening access to reproductive health care and gender-affirming care for all Californians and people seeking such care in our state. In 2022, AB 2091 (Bonta), Chapter 628, Statutes of 2022, prohibited providers, health care service plans, contractors, and employers from releasing medical information related to abortion services or information related to a person allowing a minor to receive gender-affirming health care and gender-affirming mental health care in response to a subpoena/investigation-related request, as specified. AB 1666 (Bauer-Kahan), Chapter 42, Statutes of 2022, prohibited California courts from applying another state's laws authorizing civil action for receiving, seeking, providing, and/or aiding abortion in deciding the cases before them or from enforcing civil judgments under those laws, and designating those laws as contrary to California public policy, among other provisions. Additionally, the voters overwhelmingly approved Proposition 1 (Nov. 8, 2022 gen. elec.), and enacted an express constitutional right in the state constitution that prohibits the state from interfering with an individual's reproductive freedom in their most intimate decisions.

Furthermore, SB 107 (Wiener), Chapter 810, Statutes of 2022 enacted various safeguards against the enforcement of other states' laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California. SB 497 (Wiener), Chapter 764, Statutes of 2025, added to those protections.

SB 345 (Skinner), Chapter 260, Statutes of 2023, provided safeguards for professional licenses of California healthcare providers from out-of-state statutes attempting to punish these professionals for providing care legal in the state. Finally, AB 82 (Ward), Chapter 679, Statutes of 2025, expanded safe haven protections against adverse action for aiding and assisting the access of legally protected health care activities in California, prohibited the reporting of testosterone and mifepristone to California's Prescription Drug Monitoring Program (PDMP), and required bail to be set at zero dollars for an individual who has been arrested in connection

with a proceeding in another state regarding the individual performing, supporting, or aiding in the performance of "a legally protected health care activity."

3. Extradition

The right to extradition is established by the U.S. Constitution which provides:

> A person charged in any state with treason, felony, or other crime, who shall flee from justice, and be found in another state, shall on demand of the executive authority of the state from which he fled, be delivered up, to be removed to the state having jurisdiction of the crime. (U.S. Const., art. IV, sec. 2, cl. 2.)

California's extradition statute provides that it is the duty of the Governor to have arrested and delivered up to the executive authority of any other state any person charged in that state with treason, felony, or other crime, who has fled from justice and is found in this State. (Pen. Code, § 1548.1).

Extradition is designed to provide a summary executive process by which states may promptly aid one another in bringing to trial persons accused of crime who have sought asylum (fled to another state) against the processes of justice (*Biddinger* v. *Commissioner of Police* (1917) 245 U.S. 128, 132.) The constitutional provision for extradition is in the nature of a treaty stipulation entered into for the purpose of securing a prompt and efficient administration of the criminal laws of the states (*Appleyard* v. *Massachusetts* (1906) 203 U.S. 222, 227.) Under this constitutional provision, extradition is not a matter of mere comity, but an absolute right of the demanding state and duty of the asylum state. (*In re Russell* (1975) 12 Cal.3d 229, 234).

The legality of a fugitive's arrest under a governor's warrant for extradition may be tested by an application for a writ of habeas corpus in the appropriate superior court. Although the extradition statutes specifically refer to habeas corpus relief only following an arrest under a governor's warrant, an earlier petition for a writ is not prohibited. (Pen. Code, § 1550.1.) If the writ is granted, the accused must be released. In such a case, he or she remains vulnerable to the institution of new extradition proceedings by the demanding state. (*Id*.)

The focus of a judicial inquiry in habeas corpus proceedings challenging extradition is on the fugitive status of the accused and not on the substantive crime charged. (*In re Golden* (1977) 65 Cal. App. 3d 789, 796.) Extradition is a summary procedure, and an asylum state court is limited to ascertaining whether or not the extradition requirements have been met. The extradition inquiry, therefore, is limited to the sole consideration of whether or not: (a) the extradition documents are in order on their face; (b) the accused is charged with a crime, (c) the accused is the person named in the extradition request, and (d) the accused is a fugitive. (*California v. Superior Court (Smolin)* (1987) 482 U.S. 400, 408.) A judicial determination of probable cause on the issue of guilt is prohibited. (Penal Code, § 1553.2).

An accused's claim of denial of due process or other constitutional deprivation in the demanding state cannot be raised in habeas corpus proceedings in the asylum state. (*Pacileo v. Walker* (1980) 449 U.S. 86, 88.) For example, the asylum state may not judicially inquire into whether the defendant is a refugee from injustice; rather, that type of query must be decided in the demanding state. Nor may the asylum state consider a circumstance such as whether a defendant's health and physical well-being will be endangered by being extradited to another state.

It remains untested whether another state may sue California for enforcement of an extradition warrant for providing abortion services or gender-affirming care either from this state or in another state. As explained below, requesting states may also allege a violation of the Full Faith and Credit Clause.

4. Effect of This Bill

This bill prohibits the Governor from recognizing any demand for extradition of any person who receives, assists, or materially supports, as specified, any legally protected health care activity, unless the executive authority of the demanding state alleges in writing that the accused was physically present in the demanding state at the time of the commission of the alleged crime, and that thereafter such accused fled from that state. The Governor would still be required to recognize a demand for extradition if required by federal law.

Notably, in 2022, Governor Newsom signed an executive order requiring the Governor's Office to decline any request received from the executive authority of any other state to issue a warrant for the arrest or surrender of any person charged with a criminal violation of a law of that other state where the violation alleged involves the provision, receipt, or assistance with reproductive health care services, unless required by the U.S. Constitution or the acts forming the basis of the prosecution of the crime charged would also constitute a criminal offense under the laws of California. (Governor's Exec. Order N-12-22 (June 27, 2022).) This bill is intended to codify the 2022 executive order.

Furthermore, this bill extends existing California protections for legally protected health care activities to any person who has previously undertaken any act in another state to aid or encourage another in the exercise and enjoyment of their rights to reproductive health care services or gender-affirming health care services. Such protections would only apply if the act was permissible under the laws of the jurisdiction in which the person was located at the time. This provision is a "reciprocity statute," modelled after one recently enacted by Vermont. (Vt. Sen. Bill No. 28 (2025-2026 Reg. Sess.) The goal of this provision is to protect people who practice legally protected health care activities in another state (such as Vermont), who then visit California, from being criminally prosecuted by another state (such as Texas) while in California.

5. Constitutional Issues

a. Full Faith and Credit Clause

The Full Faith and Credit Clause of the United States Constitution states:

> Full faith and credit shall be given in each state to the public acts, records, and judicial proceedings of every other state. And the Congress may by general laws prescribe the manner in which such acts, records, and proceedings shall be proved, and the effect thereof. (U.S. Const., art. IV, sec. 1.)

Because this bill prohibits government actors in this state from cooperating with another state for the purpose of enforcing another state's laws on what we characterize as "legally protected healthcare activity," it potentially implicates the Full Faith and Credit Clause. Generally, the laws of the state regulate conduct that occurs within that state. However, situations may arise

where more than one state's laws may apply such as collection of income taxes or child support obligations from another state.

The purpose of the Full Faith and Credit Clause "is to alter the status of the several states as independent foreign sovereignties, each free to ignore obligations created under the laws or by the judicial proceedings of the others, and to make them integral parts of a single nation throughout which a remedy upon a just obligation might be demanded as of right, irrespective of the state of its origin." (*Baker v. General Motors Co.* (1998) 522 U.S. 222, 232.)

The Supreme Court has also made a distinction between the strength of the Full Faith and Credit Clause's applications to judgments versus state law:

> The Full Faith and Credit Clause does not compel "a state to substitute the statutes of other states for its own statutes dealing with a subject matter concerning which it is competent to legislate. Regarding judgments, however, the full faith and credit obligation is exacting. A final judgment in one State, if rendered by a court with adjudicatory authority over the subject matter and persons governed by the judgment, qualifies for recognition throughout the land." (*Baker v. General Motors Co., supra,* 522 U.S. at 232-233.)

This concept is often referred to as the "public policy exception" meaning statutes in one state are given effect only if they do not contravene the public policy of the other state. If this bill were challenged based on the Full Faith and Credit Clause, California would argue that enforcing the anti-reproductive criminal statutes of other states is contrary to the public policy of California.

b. Extraterritorial Jurisdiction

This bill attempts to address situations where another state might prosecute someone for conduct that occurred in California—or in another third state. The Supreme Court has held "a state does not acquire power or supervision over the internal affairs of another State merely because the welfare and health of its own citizens may be affected when they travel to that State." (*Bigelow v. Virginia* (1975) 421 U.S. 809, 824.) *Bigelow* involved a Virginia newspaper editor who was convicted in Virginia for printing an advertisement for an abortion referral service in New York. The Supreme Court overturned the conviction.

However, other cases do not follow a strict prohibition on the application of one state's laws on another state. The Supreme Court has also held that even when criminal conduct takes place outside of the state, extraterritorial jurisdiction may be proper when the conduct was intended to produce or did produce harmful effects within the state. (*Strassheim v. Daily* (1911) 221 U.S. 280.)

6. Argument in Support

Planned Parenthood of California writes:

> AB 2164 strengthens California's shield laws by prohibiting future governors from honoring extradition requests for individuals who provide or assist with reproductive health care services or gender-affirming care that are protected by California's shield laws. By removing discretionary authority in these

circumstances, the bill ensures that California health care providers cannot be arrested or extradited to states seeking to criminalize care that is lawful under our state's laws.

As states across the country continue to enact laws that restrict or criminalize reproductive health care, this legislation is urgently needed. Health care providers delivering care that is permitted under California law should not have to practice under the uncertainty of shifting political winds. AB 2164 provides the clarity and certainty needed to ensure that abortion care remains safe and accessible.

7. Argument in Opposition

Californians United for Sex-Based Evidence in Policy and Law writes:

AB 2164 seeks to protect providers of psychologically harmful, medically unnecessary, function destroying and irreversible psychiatric and medical interventions given to minors and vulnerable adults for the sole purpose of making them believe 1) they can become the opposite sex via harm to their body, and 2) that such interventions are needed to alleviate mental health disorders. Both claims are false.

AB 2164 arrives just as the human cost of the popularization of these extremist interventions is becoming undeniable, when people harmed by these interventions are filing malpractice lawsuits in growing numbers. Less than 5 months ago, a young woman in New York won the first major jury award for a "detransitioner." She had been harmed by her psychologist who approved, and surgeon who performed, her cosmetic double mastectomy. Two months ago, a major longitudinal study from Finland was published that explodes the myth these interventions are helpful for promoting mental wellness. Finally, earlier this year, the American Association of Plastic Surgeons publicly announced there was "insufficient evidence" of benefit from surgical treatments for gender dysphoria in anyone under age 19. At such a moment, it is madness for the California legislature to cement into law an extension of legal cover to providers who ignore the evidence and continue to cause irreversible harm to their patients.

…

The medical and legal reckoning for irreversible interventions on gender-dysphoric or simply unhappy and confused minors has arrived. The informed consent failures that produced a generation of injured young people are currently being adjudicated. This Legislature should not, at this critical moment, extend legal cover to those who may bear direct responsibility for those injuries.

-- END --