

**California's Stabilizing of Reproductive Autonomy Amid Major Policy Shifts:
Punctuated Equilibrium Theory in Action**

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ABSTRACT

Background: On June 24, 2022, the United States (US) Supreme Court's decision in *Dobbs v Jackson Women's Health Organization (Dobbs)* upholding Mississippi's ban on abortions after 15 weeks and overturning the 50-year precedent set by *Roe v. Wade (Roe)* marked a significant disruption in US abortion policy. The constitutional right to abortion was eliminated, granting individual states the power to determine abortion's legality. At this pivotal moment in the US abortion policy landscape, California (CA) emerged as a prominent advocate for progressive reproductive policies. In response to *Dobbs*, CA took a transformative step by proposing Proposition 1 (Prop 1) in November 2022 elections. The proposition received overwhelming support, amending the CA Constitution to enshrine the right to abortion and contraceptives. **Purpose:** This paper analyzes CA's Prop 1 within the theoretical framework of the Punctuated Equilibrium Theory (PET). Proposed by Baumgartner and Jones, this theory contends that public policies usually have long periods of stability punctuated by short periods of significant change. The significant "punctuation" by CA through Prop 1 aligns with the core concept of a punctuated equilibrium as posited by the theory. **Summary:** Key informants confirmed that that the policy "punctuation," represented by Prop 1, was instigated by various factors, including the *Dobbs* ruling and assaults on women's healthcare and reproductive rights across the nation, such as the Texas Heartbeat Act (Senate Bill 8). In response to these challenges, CA strategically leveraged the November 2022 elections as its policy venue to secure the passage of this constitutional amendment. The analysis offered a deeper understanding of the developmental dynamics surrounding Prop 1 and CA's efforts to maintain policy stability. Additionally, the analysis sheds light on the central role played by CA in protecting abortion rights in response to the ever-changing and disruptive terrain of abortion policy within the US.

INTRODUCTION

Abortion has long been a contentious issue in the United States (US), sparking heated decades-long debates and legal battles over the fundamental rights and autonomy of women. On June 24, 2022, the US Supreme Court upheld Mississippi's ban on abortions after 15 weeks in *Dobbs v. Jackson Women's Health Organization (Dobbs)*.¹ With this ruling, the Supreme Court also overturned the 1973 landmark case, *Roe v. Wade (Roe)*, ending a 50-year-old constitutional right to abortion.¹ This decision delegated to the states the authority to determine the legality of abortion. Some states adopted strict laws and regulations to ban or restrict abortion access, consequently limiting individuals' options for reproductive choices, and other states took proactive steps to protect and improve abortion access.² California (CA) has emerged as a significant player in advancing and safeguarding reproductive rights within this complex policy landscape. The overturning of *Roe* prompted CA to propose Proposition 1 (Prop 1), initially known as Senate Constitutional Amendment 10 (SCA 10), to put explicit safeguards for reproductive services on the ballot in November of 2022, which passed with a majority of over two-thirds of the vote.³ Prop 1 successfully amended the CA Constitution to enshrine the right to abortion and contraceptives. By enacting this amendment, the state ensured the preservation of access to safe and lawful abortion services, extending this protection not only to its residents but also to patients coming from outside its borders.

In this paper, CA's Prop 1 is analyzed within the framework of the Punctuated Equilibrium Theory (PET). Proposed by political scientists Baumgartner and Jones in 1993, the Punctuated Equilibrium Theory posits that policy change often occurs through extended periods of stability punctuated by abrupt and substantial shifts.⁴ The rapid and transformative step CA took by amending its constitution reflects the theory's concept of a punctuated equilibrium. The

purpose of this study is to investigate the stability and punctuation of CA's abortion policies, specifically Prop 1. Semi-structured interviews with key informants revealed several themes regarding CA's policy choices after *Dobbs*. Understanding the dynamics of Prop 1 in the context of Punctuated Equilibrium Theory provides valuable insights into policy development and reform and a valuable framework for examining the impact and implications of CA's progressive approach to safeguard reproductive autonomy within its borders.

BACKGROUND

History of Abortion Rights in the US

Abortion has long been a contentious issue in the US, sparking heated decades-long debates and legal battles over the fundamental rights and autonomy of women. Historically, abortion rights in the US have witnessed alternating periods of acceptance and restriction. Prior to the early 1800s, abortion was broadly accepted and unregulated under common law. It was permissible before 'quickening,' which denotes the first fetal movement, usually occurring around four months into pregnancy. Skilled midwives, nurses, and other unlicensed female healthcare providers were providing abortion services and were subject to minimal oversight.^{5,6} However, restrictive abortion laws were commonplace in the US during the 1800s and early 1900s.⁷ The changes in social class, and family dynamics played a significant role in influencing these abortion restrictions.⁸ During the late 1800s, abortion was largely associated with upper-class white women who were opting to delay starting families and limit the size of their households.⁸ This shift towards greater female independence was perceived as a threat to the established male power and patriarchal structures.⁸ In addition, concerns about ethnic and racial dynamics in the US fueled anxiety among white men.⁸ The declining birthrate among the white

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upper class raised fears of an influx of immigrants, prompting a desire to control population growth.⁸ Amidst these tensions, American male physicians found themselves in competition with homeopaths, midwives, and other unlicensed female abortion providers.⁸ In an effort to assert the authority and legitimacy of male-dominated scientific medicine, a coalition of male doctors, backed by the American Medical Association, the Catholic Church, and sensationalist newspapers, began advocating for the criminalization of abortion.⁸ The male-dominated medical profession prevailed in their quest for dominance, and by the turn of the century, they had largely succeeded in restricting women's access to reproductive healthcare.

The 1960s marked the beginning of abortion law reform in the US. Thalidomide-associated birth defects in the late 1950s and early 1960s led to increased support for abortion law reform.⁷ Additionally, the 1960s and 1970s saw the second wave of feminism movement which pushed for equality in the workforce and abortion rights.⁹ In 1966, the US saw one of the initial measures for reforming abortion laws when nine doctors (also known as the “San Francisco Nine”) were sued in CA for performing abortions on women who had been exposed to rubella, a known cause of birth defects.^{7,10} Medical professionals from across the nation rallied together in support of these doctors.¹¹ This eventually led to one of the earliest abortion reform measures in the US when CA modified its existing abortion ban to allow hospital committees to approve abortion requests in 1967.⁶

Roe v. Wade: The Right to Privacy

During the latter part of the 1960s, there was a comprehensive initiative across the US with the aim of revising abortion legislation in almost every state.¹¹ Because of these efforts, Alaska, Hawaii, New York, and Washington completely repealed their abortion bans between 1967 and 1973, while thirteen other states expanded exceptions.^{10,11} In 1973, the Supreme Court's ruling in *Roe v. Wade* legalized abortion nationwide, making abortion services safer and more accessible throughout the country.⁶ For the first time, The US Supreme Court recognized that the constitutional right to privacy “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy.”⁶ *Roe* became widely recognized as the case that legalized abortion. By granting women complete autonomy over their pregnancies, the decision enabled them to make personal healthcare choices that had a profound impact on their lives. Justice Harry Blackmun, who authored the *Roe* decision, considered it a necessary step towards the full emancipation of women.¹² Justice Blackmun wrote, “Few decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy, than a woman's decision – with the guidance of her physician and within the limits specified in *Roe* – whether to end her pregnancy. A woman's right to make that choice freely is fundamental ...” The ability to control reproductive choices granted by *Roe* played a significant role in allowing women to participate more equally in educational, economic, and political spheres, leading to far-reaching consequences for gender equality in the US.¹² The US witnessed another landmark case in 1992, *Planned Parenthood of Southeastern Pennsylvania v. Casey* which reaffirmed the constitutional protection for the right to abortion, and the majority famously held that “the ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”¹³ *Roe v. Wade* and *Planned Parenthood v.*

Casey empowered two generations of women (Boomers and Gen X) by enabling them to exercise their right to individual liberty and bodily autonomy and to make informed decisions regarding family planning and future goals. As a result of these landmark legal decisions, the number of women graduating from high school, enrolling in college, and working in a variety of professions increased significantly, indicating the expansion of opportunities.

The *Dobbs* Decision

On June 24, 2022, the US Supreme Court upheld Mississippi's ban on abortions after 15 weeks in *Dobbs v Jackson Women's Health Organization*.¹ With this ruling, the Supreme Court also overturned the 1973 landmark case, *Roe v. Wade*, ending a 50-year-old constitutional right to abortion.¹ In the majority opinion, Justice Alito contended that the right to abortion is not "deeply rooted in this nation's history and tradition."¹⁴ This decision delegated to the states the authority to determine the legality of abortion.^{1,14} This has led to pronounced variations in the availability of abortion services between states, resulting in a fragmented regulatory landscape disproportionately impacting reproductive autonomy and choices. The Supreme Court issued its decision just after 10 am, and by the end of the day, nine of the fifty states had banned or restricted abortions.¹⁴ Some states adopted strict laws and regulations to ban or restrict abortion access, consequently limiting individuals' options for reproductive choices,² and other states took proactive steps to protect and improve abortion access.²

According to the Guttmacher Institute, in 2022, 26 US states were prepared to implement multiple abortion prohibitions, 13 of which were "trigger" laws that went into effect automatically when *Roe v. Wade* was overturned.¹⁵ Eleven states had early gestational age restrictions, prohibiting abortions after the first trimester or at a later stage of pregnancy.¹⁶ In 14

states, abortion is currently outlawed with a few exceptions.¹⁶ At the same time, there are 15 states and DC that have laws in place that are protective of abortion.¹⁶ In August 2022, Kansas became the first state where voters rejected a proposed constitutional amendment that would have paved the way for abortion bans.¹⁷ Later in November 2022, voters in Michigan, CA and Vermont voted to enshrine abortion rights in their state constitutions.¹⁷ In early 2023, the Minnesota legislature became the first to pass a law (PRO Act) that guarantees the right to abortion.¹⁸ As some states continue to enact restrictions and others work to codify abortion rights, the current landscape is confusing and time-consuming for pregnant people to navigate.

Additionally, new state-level restrictions are likely to deepen inequities in access to care. Between July and December 2022, the US witnessed an average reduction of 5,377 abortions per month.^{19,20} The total average number of terminations during this period was 77,073, representing a 7% decline compared to April and May of 2022.²⁰ Notably, in states with the most stringent restrictions, including Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin, the average number of monthly abortions dropped to 265 from July to December, reflecting a substantial 96% decrease from April and May.²⁰ The geographical accessibility of abortion facilities has also been affected, with the average American now residing 275 miles further from such facilities compared to before *Dobbs*.²⁰ This disparity disproportionately impacts Black, Indigenous, and other people of color, who experience the most significant increases in travel time.²⁰ To navigate these challenges, an increasing number of patients are turning to telehealth services for abortion care.²⁰ The report reveals that virtual care accounted for 4% of all abortions in April, rising to 11% by December.²⁰ However, the future of telehealth for abortion care faces jeopardy due to an ongoing legal battle concerning mifepristone, commonly recognized as the abortion pill. The

outcome of this legal battle could potentially lead to further disruption and uncertainty for the American women.²⁰

History of Abortion Rights in California

CA has emerged as a significant player in advancing and safeguarding reproductive rights within this complex policy landscape. CA's position on abortion rights can be traced back to the state's early history. Prior to the 19th century, abortion was generally unregulated and widely accepted in CA. However, during the mid-19th century, CA underwent a shift towards adopting more stringent abortion laws, following the prevailing national trend.²¹ The 1850 CA statute, Section 274 of the CA Penal Code, imprisoned anybody who "administered or caused to be administered" an abortion-causing substance or instrument for two to five years.²¹ Physician-performed abortions to save the mother's life were the lone exception and were approved by therapeutic abortion committees at hospitals.²¹ The 1850 law served as the governing legislation for abortions in CA for over a century until the late 1960s. During the mid-20th century, CA emerged as a center for burgeoning reproductive rights movements. Inspired by the feminist movement and the wider struggle for gender equality, advocacy groups and individuals mobilized to advocate for the protection and accessibility of women's reproductive rights, including the right to safe and lawful abortion.⁷ After the "San Francisco Nine" incident in 1966, the drive for reforming CA's abortion laws intensified significantly.^{7,10} Because of this case, CA passed the 1967 Therapeutic Abortion Act and established Therapeutic Abortion Committees through which physicians would approve women's abortion requests.²¹ A significant milestone in CA's journey towards abortion rights came in 1969 with the landmark case of *People v. Belous*, 71 Cal.2d 954.⁷ The state supreme court declared CA's abortion law unconstitutional as it was

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vague and denied people due process.⁷ In the coming years, CA took further steps to solidify and protect abortion rights. In 1972, CA added a “right to privacy” in the state constitution.²² In *Committee to Defend Reproductive Rights v. Myers*, decided in 1981, the CA Supreme Court ruled that the constitutionally protected right to privacy included the right to choose abortion and reproductive care.²³ In 2002, California passed the Reproductive Privacy Act. This law made it the official public policy of the state that a woman has the basic right to choose whether or not to have a child or to choose and get an abortion.²³

California's Abortion Policy Action Post-*Dobbs*

The state has consistently taken a leading role in promoting progressive reproductive healthcare policies and enacted some of the most robust abortion protections in the nation following the *Dobbs* decision. CA lawmakers initiated preparations for the possible repercussions of the overturning of *Roe vs. Wade* in 2021.²⁴ Governor Newsom requested organizations such as Planned Parenthood Affiliates of California and numerous other supporters to devise a strategy to transform the state into a safe haven for individuals who are denied abortion services in other states.³ The overturning of *Roe v. Wade* prompted CA to propose Prop 1, initially known as Senate Constitutional Amendment 10 (SCA 10), to put explicit safeguards for reproductive services on the ballot in November of 2022.^{3,25} With a majority of over two-thirds of the vote, Prop 1 successfully amended the CA Constitution to enshrine the right to abortion and contraceptives.²⁵ This amendment ensured that access to safe and legal abortion would be protected within the state.²⁵ Prop 1 added Section 1.1 to Article I of the CA Constitution. The following text was added:

“The state shall not deny or interfere with an individual’s reproductive freedom in their

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most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives. This section is intended to further the constitutional right to privacy guaranteed by Section 1, and the constitutional right to not be denied equal protection guaranteed by Section 7. Nothing herein narrows or limits the right to privacy or equal protection.”³

Subsequently, CA has implemented various additional legislations to guarantee access to comprehensive reproductive healthcare services. These measures include protections for patients, abortion providers, and access to affordable or free abortion care.

Policy Action for Patients: CA has implemented a series of laws aimed at protecting privacy and access to abortion services within the state. AB 2091 safeguards the privacy of patients by preventing out-of-state subpoenas and information requests from accessing medical records.²⁶ Similarly, AB 1242 prohibits state law enforcement agencies from assisting with investigations related to out-of-state abortions.²⁷ Furthermore, AB 2223 provides protection for individuals by disallowing coroners from conducting inquests after a fetal death, shielding them from potential legal repercussions for pregnancy loss or abortion.²⁸ SB 523 requires health plans to cover specific over-the-counter birth contraception without cost sharing for all genders. In addition, SB 1142 requires the establishment of a website where people can access information about abortion services.^{29,30} Notably, SB 24, which became effective on January 1, 2023, is a pioneering law, first in nation, that mandates public colleges and universities to stock abortion pills and offer medication abortions through their campus health centers.³¹

Policy Action for Abortion Providers: AB 2626 prevents licensing boards from taking punitive actions such as license suspension, revocation, or denial solely based on a healthcare provider's performance of a legal abortion.³² Additionally, SB 1375 grants trained nurse practitioners the authority to conduct first-trimester abortions without requiring direct supervision from

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physicians, and AB 657 expedites the licensing process for health care practitioners who come to CA to perform abortions.^{33,34}

Policy Action for Abortion Funding: AB 2134 established the "California Reproductive Health Equity Program," which aims to ensure that abortion and contraception services are affordable and easily accessible.³⁵ The program also offers grants to healthcare providers who offer reproductive healthcare without charge to individuals facing financial barriers, particularly those with low income.³⁶ On the other hand, SB 245 eliminates out-of-pocket costs associated with abortions, including co-pays, which can range from approximately \$300 for medication abortion to nearly \$900 for procedural abortion.³⁶ To support and uphold access to abortion services, the CA Budget Act of 2022-2023 has allocated over \$200 million.³⁷ This funding is part of the larger allocation of \$231.3 billion to the Health and Human Services Agency, with the specific goal of providing care to vulnerable individuals in CA.³⁸

Additionally, in March 2023, the CA Legislative Women's Caucus and the California Future of Abortion Council announced their 2023 bill package that includes 17 pieces of legislation focused on expanding access to reproductive health care and strengthening CA's standing as a safe haven for abortion, contraception, and pregnancy care.³⁸ These bills aim to protect healthcare providers in CA from legal action in other states, enhance privacy rules for digital apps like fertility trackers, safeguard medical records related to abortion or pregnancy loss shared electronically, protect individuals from digital surveillance related to reproductive healthcare, ensure medical malpractice insurance covers sexual and reproductive health, and mandate health insurance companies outside CA to cover abortion and gender-affirming care for policyholders in the state.

California Abortion Data:

CA currently does not collect or report abortion data, as the CA Department of Public Health discontinued the tracking of such information in 1997,³⁹ though the reasons behind the state's decision remain unclear. The Centers for Disease Control's abortion surveillance report in 1997 was the last instance where CA data was included.^{39,40} It is optional for states to report abortion data to the Centers for Disease Control (CDC). In addition to CA, Maryland and New Hampshire are the only other states that do not submit abortion data to the CDC.⁴¹

The only publicly available data regarding abortions in CA is through Medi-Cal, the state's health insurance program designed for individuals with low income, which covers approximately one-third of the state's population.⁴¹ According to the Medi-Cal data, there has been a decline in the abortion rate among program enrollees since 2014. In 2020, a total of 100,741 abortions were funded by Medi-Cal, whereas in 2014, the number was 137,490.⁴² The Guttmacher Institute estimates that in 2020, there were 154,060 abortions conducted in CA, which represents a 16% increase from 2017.⁴³ However, the data do not specify the number of abortions performed on non-residents. Additionally, Guttmacher projects a substantial 30-fold increase in the number of abortions in CA as other states enact restrictive abortion policies.⁴² According to ACCESS Reproductive Justice, a nonprofit for reproductive justice & healthcare access, women from states beyond Arizona are actively seeking abortion services in CA. Their clients include individuals from a total of 18 different states.⁴² Notably, during the period from January to April 2023, ACCESS received twice the number of calls from individuals seeking assistance compared to the corresponding period in the previous year.⁴² Around 30% of these calls originated from individuals residing outside of CA.⁴²

Punctuated Equilibrium Theory: An Overview

After 50 years of stability, abortion policies in the US and CA underwent a dramatic shift with the *Dobbs* decision. Punctuated Equilibrium Theory explains how societal disruptions can impact public policy. Baumgartner and Jones researched different public policies in the US and found that political systems generally maintain stability over extended periods. However, they also observed that there are occasional instances of “punctuated” and unpredictable change that disrupt this stability.⁴⁴ The punctuated equilibrium model seeks to provide an explanation for the pattern observed in public policies, where extended periods of stasis or incremental change are punctuated by brief periods of significant and transformative change.⁴⁵

Policymaking may move forward smoothly with minor, or incremental, adjustments, but it is also frequently torn by sudden, significant departures from the incremental past. During stasis, policymaking becomes dominated by a limited set of political actors who retain power within a particular policy subsystem.⁴⁵ On the other hand, moments of significant transformation occur due to the breakdown of power within these policy subsystems, leading to a transfer of policymaking from the subsystem to the broader macro-political landscape.⁴⁵ The theory also consists of the concept of boundedly rational decision making or bounded rationality. Since decision-makers cannot address all matters simultaneously, bounded rationality suggests that they prioritize a small subset of issues and ignore other issues.⁴⁵ This selective inattention to certain issues explains stasis or why most policies do not shift. A sudden intense focus on a specific policy issue may lead to a “punctuation” to address the policy problem.⁴⁵ These departures or punctuated changes are usually sparked by a pivotal event that dismantles policy monopolies and enables significant policy shifts and radical reorganizations.⁴⁵ This pivotal event can be a massive shock or an occurrence that can't be ignored, or something that can build up

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over time.⁴⁵ The policy that arises as a result of this pivotal event will remain unchanged and endure until the next crisis occurs.⁴⁵ Additionally, research indicates that broader societal anxiety or concerns regarding particular events also result in periods of rapid policy change or punctuations.⁴⁶ The punctuated equilibrium model involves the interplay between two central ideas: policy images and policy venues.⁴⁵

Policy Image: Baumgartner and Jones use the term "policy image" to describe the outcome of public and media discussions surrounding a public policy.⁴⁵ Some authors call it the framing of a public policy.⁴⁵ The image of a public policy is formed by a collection of facts that are interpreted through the lens of beliefs and values, which can lead to distortion of factual information due to factors such as limited awareness of risks, perpetuation of myths surrounding contentious measures, and so on.⁴⁵ The image of a policy can be either positive or negative and as perception shifts, the likelihood of a radical policy shift increases.⁴⁵ A positive policy image tends to result in gradual changes, while a negative image is more likely to trigger punctuation leading to a significant and abrupt shift in the policy.⁴⁵ Baumgartner and Jones suggest that a radical change is less the result of a material change and more the result of a change in a policy's image.⁴⁵

Policy Venues: Policy venues refer to the institutional settings where authoritative decisions regarding a specific issue are made.⁴⁵ While some of these policy venues make decisions, others serve as public discussion spaces and image-altering catalysts.⁴⁵ Policy venues suffer from their own decision-making bias due to differences in participants, values, concerns, and decision-making processes.⁴⁵ When a question or issue is introduced in a new policy venue, the balance of power can shift, with previous dominators becoming the minority and former minority potentially gaining influence.⁴⁵ An issue that lacks an audience within one venue may indeed

attract interest in another policy venue.⁴⁵ Dissatisfied organizations typically seek to bring about a policy punctuation by presenting their position on an issue in new policy venue in the hopes of finding a more receptive audience.⁴⁵

Interaction between Policy Image and Policy Venues: According to the PET model, the policy's image and its venue are closely intertwined.⁴⁵ When a policy venue remains unchallenged and holds a monopoly in a specific domain, the likelihood of an image change is low.⁴⁵ Positive policy images that protect subsystems discourage the emergence of new policy venues.⁴⁵ This dynamic, known as negative feedback, promotes subsystem stability.⁴⁵ On the other hand, policy image and venue can act as mutually reinforcing catalysts for change.⁴⁵ If a policy's image undergoes a transformation, new policy venues are likely to emerge, and a change in venue may also result in an image shift.⁴⁵ This process, referred to as positive feedback, can lead to punctuation in the form of significant policy changes, ranging from minor alterations to complete subsystem collapse.⁴⁵ Although punctuations are often unpredictable, Baumgartner and Jones identify three situations that may contribute to subsystem collapse: mobilization of the general public, involvement of concerned outsiders aligning with discontented actors, and decision-makers from another venue seeking to expand their influence.⁴⁵ Discontented actors usually seek these tactics like changing policy image, broadening the scope of conflict to involve previously uninvolved actors, and exploring new policy venues.⁴⁵ Consequently, the punctuated equilibrium model explains why governments often persist with policies favoring certain actors despite compelling arguments for change and also elucidates how governments can adopt policies that represent significant departures from the past.⁴⁵

In March 2018, the Mississippi Legislature passed the Gestational Age Act, prohibiting abortions after 15 weeks of pregnancy, with limited exceptions.⁴⁷ Jackson Women's Health

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Organization, Mississippi's only abortion clinic, immediately sued state officials to challenge the law's constitutionality.⁴⁷ The case went to the U.S. District Court for the Southern District of Mississippi, which ruled in favor of the clinic and issued an injunction in November 2018, preventing enforcement of the Act.⁴⁷ The state appealed to the Fifth Circuit, which upheld the ruling in December 2019.⁴⁷ Another injunction was issued in May 2019 against Mississippi's heartbeat bill, which banned most abortions once a fetal heartbeat could be detected.⁴⁷ The Fifth Circuit upheld this injunction in February 2020.⁴⁷ Eventually, Mississippi appealed to the Supreme Court in June 2020.⁴⁷ After the first oral arguments in December 2021, court observers anticipated that the conservative majority of SCOTUS would uphold the state's law and potentially overturn *Roe v. Wade* and *Planned Parenthood v. Casey*.⁴⁷ On June 24, 2022, the SCOTUS reversed the Fifth Circuit's decision in a 6-3 judgment.⁴⁷ The conservative majority declared that abortion was not a protected right under the Constitution, overturning *Roe* and *Casey*, and delegated abortion regulations back to the states.⁴⁷

Mississippi, a discontented actor, kept shopping for alternative policy venues until they found the ideal one, the Supreme Court (SCOTUS) with a conservative majority, where they believed they would encounter a more sympathetic audience aligned with conservative values and decision-making norms. This strategic selection of a new policy venue eventually led to a significant policy shift, the overturning of *Roe v. Wade*. The Supreme Court's policy decision to overturn *Roe v. Wade* received strong criticism and developed a negative policy image among Californians. Consequently, this negative image prompted a rapid and substantial policy change within the state. CA strategically sought out an appropriate policy venue that aligned with its goals and values, ultimately leading to the implementation of a constitutional amendment to safeguard the right to abortion at the state level.

METHODOLOGY

Literature Review: The literature review for this study involved a comprehensive and systematic search of academic databases, including but not limited to PubMed and Google Scholar. A keyword search was conducted using a combination of relevant terms and phrases related to the research topic. The list of keywords included the following in various combinations: Punctuated Equilibrium Theory, CA Prop 1, *Roe*, *Roe v. Wade*, *Dobbs*, Abortion access, California Therapeutic Abortion Act, *People v. Belous*, Abortion clinics, Abortion law, and Abortion policies. The inclusion criteria for selecting literature were based on relevance to the policy analysis and the quality of the studies.

Grey Literature: In addition to the results obtained from academic literature, a search was carried out to include grey literature sources. This approach involved a more comprehensive search strategy, involving relevant organizations' websites, technical reports, white papers, newspaper articles, and government publications. Grey literature sources proved especially valuable in providing a comprehensive and well-rounded view of the available evidence. The search for grey literature involved using the internet search engine Google, with relevant keywords and phrases to find unconventional sources of information. To ensure the reliability and authenticity of the identified grey literature, a thorough evaluation of the sources was conducted, prioritizing reputable institutions and well-established organizations.

Data Collection: Institutional Review Board (IRB) determined this project to satisfy the necessary conditions for exemption. A qualitative research methodology was employed in this study, involving four semi-structured interviews with key informants. The selection of participants was based on their subject matter knowledge and expertise in the policy field.

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Efforts were made to recruit participants through outreach emails and LinkedIn messages, resulting in the successful engagement of four participants who agreed to take part in the interviews. The participants were emailed a Participant Information Sheet describing the purpose of the research, procedure, and their rights as participants. The interviews were conducted virtually through the video conferencing platform Zoom. Each interview followed a semi-structured format, allowing for a balance between predetermined questions and the participants' inputs. The interview questions were crafted based on insights from the literature review and the theoretical framework of the Punctuated Equilibrium Theory. The duration of the interviews ranged from 30 to 40 minutes, providing time for in-depth discussions on the topic. The interview sessions were recorded using Zoom's recording feature. These recordings were later transcribed using Microsoft Stream, generating textual data for analysis. All interviewees were assigned numerical identifiers to preserve confidentiality.

Data Analysis: Qualitative thematic analysis was selected as an appropriate methodology for the study. In accordance with the qualitative thematic approach, the interview data were transcribed using Microsoft Stream. This was followed by multiple readings of the transcripts. Subsequently, distinctive elements of the data were systematically coded using the qualitative data analysis software "Delve." These codes were further categorized into potential themes. This iterative process was applied to all the transcripts. The primary investigator was responsible for conducting all coding and thematic analyses. A comprehensive thematic review was carried out, leading to the development of a preliminary thematic map representing the analysis.

DISCUSSION

The passage of Proposition 1 in CA can be considered a “punctuation” in the state's abortion policies, after five decades of relative stability in this domain. To investigate this punctuation, the Punctuated Equilibrium Theory was used as the analytical framework. This section presents the key findings obtained from the key informant interviews. Additionally, it concludes by addressing the study's limitations and highlighting potential areas for future research. In accordance with the premises of the Punctuated Equilibrium Theory, the ensuing themes were identified through a thematic qualitative analysis of the key informant interviews.

Theme 1: Disruption because of *Dobbs* and nationwide threats to reproductive freedom

According to PET, large shifts in legislative decision-making are often precipitated by a focal event that breaks open policy monopolies.⁴⁵ *Dobbs* primarily instigated CA's Prop 1 “punctuation” and can be considered the focusing event for this major legislative decision. However, three key informants mentioned that other factors, such as the Texas Heartbeat Act (Senate Bill 8) and attacks on women's healthcare and reproductive rights across the nation, also played a critical role in prompting this punctuation within the state. In a proactive move, Governor Newsom called for the establishment of the Future of Abortion Council (FAB) in 2021, with the specific objective of upholding CA's leadership as a Reproductive Freedom state. (Key Informant 3, July 5, 2023) The FAB Council's main goal was to conduct a comprehensive assessment of CA's existing laws and policies, aiming to identify areas for enhancement and address any shortcomings. Through this proactive approach, the state sought to be well-prepared for any potential disruptions that might arise following the possible overturning of *Roe v. Wade*. The CA FAB Council report in December 2021 provided a strategic framework of policy

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recommendations and solutions, designed to fortify, safeguard, and ensure equitable access to reproductive healthcare in CA, especially in a post-*Dobbs* era.

"...even before the Dobbs case, states were further restricting abortion. Republicans at the national level, there were starting to be whispers of like, oh, how can we further restrict abortion at the national level.... And then you had Texas and the SB-8 bill, and I think it was a culmination of all of those factors that really kind of lit the fire under advocates in California to say we need to do this now." (Key Informant 1, June 22, 2023)

Key informants also revealed that worries about another disruption or trigger event persist as a result of federal and/or interstate regulations. In the words of Key Informant 4, *"...this year there certainly have been court cases, abortion court cases that have ripple effects that California can't stop. The biggest one being the Mifepristone case out of Texas.... there are sort of national strategies and national court cases in opposition to abortion that will have aftershocks within California."* (Key Informant 4, July 17, 2023) Key informant 1 voiced similar concerns, *"Even California's much more progressive stance on abortion can be impacted if there is a nationwide abortion ban....all it takes for that to happen is, you know, you have a Republican Senate, a Republican Congress and a Republican president, which we've had before."* (Key Informant 1, June 22, 2023)

This policy disruption also caused an influx of out-of-state patients to CA. Anti-abortion activists have attributed this influx solely to Prop 1. However, the majority of key informants concurred that the influx is due to the passage of anti-abortion laws in other states. CA started seeing an influx of out-of-state patients when Texas passed its Heartbeat Bill in September 2021. In words of key informant 3, *"...the problem is with the states that are passing anti-abortion laws... initiating this, all this influx of out-of-state patients... we started seeing an influx when Texas passed their law, which was in September of 2021.... Prop 1 really one way or the other can't stop that as long as the state legislatures in anti-abortion states keep passing those laws."*

(*Key Informant 3, July 5, 2023*) Key informant 1 also attributed this influx of patients to the anti-abortion laws of other states and said, “*Regardless of this constitutional amendment ... people still would have been coming to California from other states...*” (*Key Informant 1, June 22, 2023*)

Theme 2: California's pursuit of policy stability by becoming a safe haven for abortion seekers

CA viewed the *Dobbs* ruling as a more extensive concern that would affect the future of reproductive freedom not only within the state but across the entire US. As a result, over the course of one year (between June 2022 and present) CA has passed Prop 1 and several other laws to protect the right to abortion in the state in order to maintain the policy stability. This theme includes two subthemes – The need for Proposition 1 and utilizing the shift in policy image and appropriate policy venue.

Subtheme 1: The need for Proposition 1: The question arises as to why CA expeditiously introduced Prop 1, given the pre-existing protection of abortion access via the constitutional right to privacy since 1967, four years before *Roe v. Wade*. This can be explained through PET's concept that the policy process consists of extended stretches of gradual change interspersed with shorter stretches of punctuated change because of triggering events.⁴⁴ The existing status quo in CA was called into question by *Dobbs* and other attacks on abortion rights such as Texas Heartbeat Act, Senate Bill 8. *Dobbs* decision questioned the 14th Amendment, the right to privacy and before Prop 1, California's laws protecting abortion were based on right to privacy arguments. According to PET, policymaking shifts from a specific subsystem to the broader macropolitical environment when it garners attention and scrutiny from those outside the subsystem.⁴⁵ In case of CA, the convergence of a mounting social anxiety, public apprehension

and mobilization, media focus, and increasing rhetoric from conservative politicians propelled abortion rights to the forefront of the state's political agenda, triggering intensified political focus. In the words of key informant 1, *"Republicans at the national level, there were starting to be whispers of like, oh, how can we further restrict abortion at the national level."* (Key Informant 1, June 22, 2023) Several key informants suggest that CA hopes to achieve and maintain another period of stability with Proposition 1, followed by gradual, incremental policy changes as required. As key informant 4 mentioned, *"...a constitutional amendment is kind of the broadest level there is. And then the details happen in the regulatory process."* (Key Informant 4, July 17, 2023)

CA was compelled to reassess its current abortion policies and explore alternative options to strengthen and safeguard abortion rights within its jurisdiction. The decision to enshrine abortion rights in the state constitution was made to ensure another long period of stability in the face of threats posed by the conservative majority on the US Supreme Court and to mitigate the impact of any potential future challenges by the Supreme Court or restrictive abortion policies on a national level. Majority of the key informants agreed that CA took deliberate measures to safeguard the right to reproductive freedom through the enactment of this constitutional amendment, with particular emphasis on abortion and contraception. Key informant 1 highlighted that without such explicit language in the state constitution, the judiciary could potentially negate the right to abortion, citing its absence in the constitutional framework. Additionally, Proposition 1 acts as a safeguard, preventing future conservative state legislature from infringing upon individuals' reproductive rights, unless the constitutional amendment is overturned. Key informant 1 also discussed the situation in Iowa where the courts had interpreted a right to abortion based on privacy, albeit not explicitly stated. However, due to a significant

change in the composition of the court after a previous conservative-leaning election, the interpretation was subsequently overturned, primarily because the right to abortion was not explicitly enshrined in the law. (Key Informant 1, June 22, 2023)

“Without that explicit language in the state constitution, a court could say no, there is no right to abortion.... if this conservative majority took over California and the public and the elected officials, they couldn't pass any additional laws restricting abortion without overturning this constitutional amendment first.” (Key Informant 1, June 22, 2023)

“...to just ensure that no matter who's the governor and who's leading the legislature, Democratic or Republican, that for the long-term access to abortion is protected in California. ...we live in this uncertain future that because Roe doesn't exist anymore, a federal ban is really imminent.... if there was something passed federally, it's probably going to go into effect in California too.... Prop 1 adds an extra layer of protection by adding more legal ambiguity into the question. It would make it harder for a federal ban to go into effect in California.” (Key Informant 3, July 5, 2023)

“Proposition 1...tries to potentially get ahead of future Supreme Court battles.... Dobbs decision has lingering constitutional effects, because they called into question the 14th Amendment and the right to privacy.... California's laws protecting abortion were based on that right to privacy arguments.... So, by putting it explicitly in the state constitution, legislators at least were attempting to explicitly guarantee the right to abortion without having to rely on that additional sort of theoretical constitutional argument.” (Key Informant 4, July 17, 2023)

All the key informants agreed that CA was also striving to position itself as a leader in reproductive freedom through Prop 1. According to key informant 1, CA has emerged as a pioneer in championing reproductive rights, standing at the forefront of ensuring access to reproductive healthcare. It can be viewed as a potential model for other states seeking to enhance their reproductive healthcare accessibility. Key informant 3 pointed out that Prop 1 was intended to convey a message that CA is a stronghold for reproductive freedom. The state also wanted to provide reassurance to out-of-state patients that their rights would be protected, and they would receive privacy and care while in CA. Furthermore, key informant 4 highlighted that CA's Democratic politicians have enthusiastically embraced the cause of defending abortion access

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within the state, integrating this commitment into the party's identity. By presenting CA as a paradigmatic state in direct opposition to the prevailing national narrative on abortion, they seek to establish it as a leading example for other regions to emulate. Key informant 4 also posited that Prop 1's connection to Governor Newsom's political aspirations cannot be disregarded, given his conspicuous emphasis on abortion rights as a foundational element of his policy platform. Speculation abounds that Governor Newsom may be strategically positioning himself for a future presidential bid in the subsequent election cycle, with the objective of bolstering his national visibility and becoming a familiar figure among voters across the entire nation. However, key informant 2 voiced dissatisfaction with CA's position, observing it to be at odds with the approaches adopted by other states. This informant also criticized CA's characterization of itself as an "abortion sanctuary." Furthermore, key informant 2 pointed out that CA has substantially expanded abortion access by removing copays and deductibles for both private and public insurance, thereby shifting the financial responsibility onto the taxpayers of the state. According to the insights provided by Key informant 2 (KI 2), Prop 1 resulted in the elimination of the previous fetal viability restriction in CA, thereby permitting late-term abortions. KI 2 and their agency hold the view that abortion access should be restricted, and this aspect of Prop 1 raised concerns for them. KI 2 also mentioned that the language of the constitutional amendment is broad and does not specify the fetal viability limitation. However, the perspectives of all the other key informants differed from KI 2's view. They asserted that Prop 1 merely serves to protect existing abortion rights in CA and has not introduced any substantive changes to the existing viability limitation. Regarding the late-term abortion claims, key informant 3 mentioned, *"...that term is a common anti-abortion talking point. It's not medically accurate. There are clear guidelines provided by the FDA and clear medical guidelines around how far in pregnancy*

you can have; you can perform a safe abortion.” Similarly, key informant 4 asserted, “...it's an additional protection in the constitution, it really didn't change the laws in California, which still prohibit abortions after 24 weeks.”

Subtheme 2: Shift in policy image and appropriate policy venue: The significant change witnessed in CA's abortion policy agenda within a brief timeframe aligns with PET's positive feedback concept.⁴⁵ For more than five decades, before Prop 1, CA had already safeguarded abortion access through a constitutional right to privacy, permitting abortions up to the point of fetal viability. However, *Dobbs*, Texas' SB 8, and other anti-abortion laws in the US led to the fears of disruption of this stability and received strong criticism among Californians. These anti-abortion policies led to widespread societal anxiety in CA and set in motion PET's positive feedback loop, which propelled the abortion rights matter into the forefront of public and media attention, resulting in increased societal calls for government intervention. The lawmakers in CA were cognizant of this evolving policy image and substantial voter backing for abortion rights. CA strategically sought out an appropriate policy venue that aligned with its goals and values. A ballot initiative in November 2022 emerged as an appropriate policy venue for policymakers to successfully accomplish their objectives and proposed punctuation in the form of a constitutional amendment. The following quotes from interviews with key informants cast light on the policy's image and favorable policy venue.

“...they knew that they had the support, too. Yeah, they had no trouble getting the required numbers of signatures for it to be on the ballot.” (Key Informant 1, June 22, 2023)

“Prop 1 still passed by a huge margin. So that really shows that even folks that might not agree with the governor or their party might be like Republicans, they still voted for Prop 1. So, even though they didn't agree with our governor, access to abortion was still an issue that was important for them.” (Key Informant 3, July 5, 2023)

“Even among independents and Republicans, there is still a pretty hefty amount of support for abortion. People may not be saying that publicly, but when you take a private survey or when you vote, it does show up.” (Key Informant 4, July 17, 2023)

Theme 3: Right to abortion is not right to abortion access

This theme is not explicitly associated with PET, but it was evident across all the interviews and is critical. Having a right to abortion does not automatically guarantee access for individuals. In KI 1's words, *“...constitutional right to abortion does not guarantee access... it can still be a stretch for people to be able to afford it...”* *“Having the right to abortion doesn't always translate into having access to abortion.” (Key Informant 3, July 5, 2023)*

A right to abortion does not necessarily ensure the availability of nearby abortion clinics or healthcare facilities. This situation is particularly evident in the Central Valley region of CA, which houses a substantial rural population, comprising a significant number of low-income individuals. Accessing abortion services in these areas might prove challenging, as individuals might not have access to nearby clinics within a short distance or a convenient 20-minute drive. These populations may have to undertake significantly longer journeys, facing obstacles like limited public transportation options. If there are clinics nearby, they have a long wait time.

Key informant 4 recounted an interview they conducted with a woman residing in Bishop, a rural mountain community in CA. *“...she went to Oregon to get an abortion, which was like 700 miles away. And that was the clinic that could take her in the timeline.” (Key informant 4, July 17, 2023)* Furthermore, key informant 4 noted that CA's healthcare infrastructure, encompassing abortion services, is evidently lacking, leading to prolonged waiting periods at clinics and an insufficient capacity to meet the healthcare needs of the state's population. These circumstances emphasize the intricate challenges involved in effectively

translating the right to abortion into concrete and equitable accessibility to abortion and reproductive healthcare services. CA's reluctance to collect abortion data can make these disparities even worse. *"We have anecdotes of it being hard for them to access abortion as well. But we don't have any data."* (Key informant 4, July 17, 2023) Even though CA has budgeted millions of dollars for this, *"...when we are talking about spending taxpayer dollars and whether or not this money is being used appropriately or even going to the communities that need it the most, the result is that we have no idea."* (Key informant 4, July 17, 2023)

Opportunities for Future Research

Given the recent nature of Prop 1, numerous promising avenues for future research emerge. Firstly, an investigation is warranted to assess the extent to which Prop 1 has successfully translated the constitutional right to abortion into equitable and accessible reproductive healthcare services for diverse populations across various geographical regions in CA. Secondly, a comparative study between CA and other states would be instructive in comprehending the varying outcomes resulting from distinct legal frameworks and policy approaches concerning abortion access and reproductive rights. Analyzing these differences can provide valuable insights into the effectiveness of policy measures and offer potential lessons for other states grappling with similar issues. Lastly, a comprehensive examination of potential legal challenges pertaining to Prop 1 is essential to identify potential areas of contention and anticipate future legal battles that may impact abortion access and reproductive rights in the state.

LIMITATIONS

Some key informants demonstrated a clear partisan bias during the interviews, expressing fervently held opinions aligned with their political affiliations. To ensure the veracity and dependability of the data, a thorough fact-checking process was applied to the information provided by these specific key informants. It was discovered that some of the data furnished by one of the key informants were inaccurate and considered unreliable. As a measure to preserve the integrity of the research, any erroneous data originating from this specific informant were excluded from the analysis.

CONCLUSION

In accordance with the principles of PET, CA responded to the disruption caused by trigger events that targeted the nation's reproductive policies. CA responded to these events with a punctuation, Proposition 1, in an effort to maintain stability in the state's abortion policy. Aligned with CA's established reputation as a national policy leader, the state demonstrated its leadership once more through Proposition 1. The analysis revealed that Prop 1 was instigated by various triggers, including the *Dobbs* case, the Texas Heartbeat Act, and nationwide attacks on women's healthcare and reproductive rights. CA not only sought to safeguard abortion rights for its residents but also extended protection to out-of-state patients seeking abortion services within its borders. In an effort to establish stability after the nationwide disruption caused by *Dobbs*, CA enshrined right to abortion and contraceptives in its state constitution and implemented additional legislation, positioning itself as a safe haven for abortion services. However, concerns persist regarding another potential disruption in the form of a nationwide abortion ban, which may have implications for CA's reproductive healthcare landscape. Additionally, despite having

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a constitutional right to abortion and contraceptives, the analysis showed that access to abortion services remains a challenge for many Californians, especially those in rural areas with limited healthcare infrastructure. While Prop 1 aimed to secure the right to abortion in CA's constitution, it does not guarantee immediate and equitable access to reproductive healthcare for all individuals. In conclusion, Proposition 1 represents a pivotal juncture in CA's abortion policies, reflecting the state's responsiveness to disruptions and its commitment to ensuring stability by safeguarding reproductive freedom. While the right to abortion is now constitutionally protected, ensuring equitable access remains an ongoing challenge that warrants continued attention and research. Furthermore, PET can be used to investigate the policy shift in states that have enacted post-*Dobbs* abortion bans or restrictions.

REFERENCES

1. Dobbs v. Jackson Women's Health Organization. Center for Reproductive Rights. Accessed May 21, 2023. <https://reproductiverights.org/case/scotus-mississippi-abortion-ban/>
2. Historical Abortion Law Timeline: 1850 to Today. Planned Parenthood. Accessed May 17, 2023. <https://www.plannedparenthoodaction.org/issues/abortion/abortion-central-history-reproductive-health-care-america/historical-abortion-law-timeline-1850-today>
3. Senate Constitutional Amendment No. 10. California Legislative Information. Accessed May 20, 2023. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SCA10
4. Amri MM, Drummond D. Punctuating the equilibrium: An application of policy theory to COVID-19. *Policy Des Pract.* 2021;4(1):33-43. doi:10.1080/25741292.2020.1841397
5. Sauer R. Attitudes to abortion in America, 1800-1973. *Popul Stud.* 1974;28(1):53-67. doi:10.1080/00324728.1974.10404578
6. Joffe C. Portraits of three "Physicians of Conscience": Abortion before legalization in the United States. *J Hist Sex.* 1991;2(1):46-67
7. Reagan LJ. Crossing the border for abortions: California activists, Mexican clinics, and the creation of a Feminist Health Agency in the 1960s. *Fem Stud.* 2000;26(2):323-348. doi:10.2307/3178537
8. Scarlet letters: Getting the history of abortion and contraception right. Americanprogress.org. August 8, 2013. Accessed July 23, 2023. <https://www.americanprogress.org/article/scarlet-letters-getting-the-history-of-abortion-and-contraception-right/>
9. Second wave feminism: Collections. Gale. Accessed July 23, 2023. <https://www.gale.com/primary-sources/womens-studies/collections/second-wave-feminism>

10. 'San Francisco Nine': The case that prompted California's expansion of abortion laws.
Kron4. Accessed May 17, 2023. <https://www.kron4.com/news/san-francisco-nine-the-case-that-prompted-californias-expansion-of-abortion-laws/>
11. Gold RB. Lessons from before Roe: Will past be prologue? Guttmacher Institute. March 1, 2003. Accessed May 21, 2023. <https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue>
12. Roe v. Wade: Its history and impact. Planned Parenthood. Accessed July 23, 2023.
https://www.plannedparenthood.org/files/3013/9611/5870/Abortion_Roe_History.pdf
13. Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833 (1992). Justia. Accessed May 21, 2023. <https://supreme.justia.com/cases/federal/us/505/833/>
14. Tanne JH. US Supreme Court ends constitutional right to abortion. *BMJ*. 2022;377:o1575.
doi:10.1136/bmj.o1575
15. 13 states have abortion trigger bans-Here's what happens when roe is overturned.
Guttmacher. Accessed July 12, 2023. <https://www.guttmacher.org/article/2022/06/13-states-have-abortion-trigger-bans-heres-what-happens-when-roe-overturned#:~:text=Of%20those%2026%20states%2C%2013,Texas%2C%20Utah%2C%20and%20Wyoming>
16. Felix M, Sobel L, Salganicoff A. A Review of Exceptions in State Abortions Bans: Implications for the Provision of Abortion Services. Kaiser Family Foundation. Accessed July 12, 2023. <https://www.kff.org/womens-health-policy/issue-brief/a-review-of-exceptions-in-state-abortions-bans-implications-for-the-provision-of-abortion-services/>

17. Voters uphold abortion rights in Michigan, California, Vermont ballot measures. PBS.
November 9, 2022. Accessed July 12, 2023. <https://www.pbs.org/newshour/politics/voters-uphold-abortion-rights-in-michigan-california-vermont-ballot-measures>
18. Karnowski S. Minnesota governor signs broad abortion rights bill into law. AP News.
January 31, 2023. Accessed July 12, 2023. <https://apnews.com/article/abortion-politics-minnesota-state-government-timothy-walz-11c3b1d5269c929e442b979ff1bac73b>
19. Butler K. Legal Abortions down by 96% in states with most restrictions since the end of Roe. Time. April 11, 2023. Accessed July 12, 2023. <https://time.com/6270530/abortion-rates-post-roe/>
20. #WeCount Report. Society of Family Planning. April 11, 2023. doi:
<https://doi.org/10.46621/143729dhcsyz>
21. Pendleton B. The California Therapeutic Abortion Act: An analysis. *Hastings Law J.* 242 (1967). Accessed May 12, 2023.
https://repository.uclawsf.edu/hastings_law_journal/vol19/iss1/11/
22. Aquino R. California's constitutional privacy guarantee needs a reset. SCOCA Blog. April 9, 2021. Accessed May 17, 2023. <https://scocablog.com/californias-constitutional-privacy-guarantee-needs-a-reset/>
23. Walker NL. Committee to Defend Reproductive Rights v. Myers: The Constitutionality of conditions on public benefits in California. *The Hastings Law J.* 1982;33(6):1475.
https://repository.uclawsf.edu/hastings_law_journal/vol33/iss6/5/
24. California has been preparing for Supreme Court to overturn Roe v. Wade for years. The Sacramento Bee. May 5, 2022. Accessed July 12, 2023.
<https://www.sacbee.com/news/politics-government/capitol-alert/article261022527.html>

California's Stabilizing of Reproductive Autonomy Amid Major Policy Shifts:
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25. California continues to lead the nation's fight for reproductive health care. Office of California Surgeon General. Accessed May 20, 2023. <https://osg.ca.gov/reprorights/>
26. AB-2091 Disclosure of information: Reproductive health and foreign penal civil actions. California Legislative Information. September 28, 2022. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2091
27. AB-1242 Reproductive rights. California Legislative Information. September 28, 2022. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1242
28. AB-2223 Reproductive health. California Legislative Information. September 28, 2022. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2223
29. California Senate Bill 523. LegiScan. Accessed July 12, 2023. <https://legiscan.com/CA/text/SB523/id/2609428>
30. SB-1142 Abortion services. California Legislative Information. September 28, 2022. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1142
31. SB-24 Public health: Public university student health centers: Abortion by medication techniques. California Legislative Information. October 14, 2019. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB24
32. AB-2626 Medical Board of California: Licensee discipline: Abortion. California Legislative Information. September 28, 2022. Accessed July 12, 2023. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2626

California's Stabilizing of Reproductive Autonomy Amid Major Policy Shifts:
Punctuated Equilibrium Theory in Action

33. SB-1375 Nursing: Nurse practitioners and nurse-midwives: Abortion and practice standards.

California Legislative Information. September 28, 2022. Accessed July 12, 2023.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB1375

34. AB-657 Healing arts: Expedited licensure process: Applicants providing abortions.

California Legislative Information. September 28, 2022. Accessed July 12, 2023.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB657

35. AB-2134 Reproductive health care. California Legislative Information. September 28, 2022.

Accessed July 12, 2023.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2134

36. SB-245 Health care coverage: Abortion services: Cost sharing. March 23, 2022. Accessed July 12, 2023.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB245

37. New protections for people who need abortion care and birth control. Office of Governor Gavin Newsom. September 27, 2022. Accessed July 12, 2023.

<https://www.gov.ca.gov/2022/09/27/new-protections-for-people-who-need-abortion-care-and-birth-control/>

38. CA Legislative Women's Caucus announces 2023 priority bill package. California

Legislative Women's Caucus. March 30, 2023. Accessed July 12, 2023.

[https://womenscaucus.legislature.ca.gov/news/2023-03-30-ca-legislative-women%E2%80%99s-caucus-announces-2023-priority-bill-](https://womenscaucus.legislature.ca.gov/news/2023-03-30-ca-legislative-women%E2%80%99s-caucus-announces-2023-priority-bill-package#:~:text=SACRAMENTO%20%E2%80%93%20The%20California%20Legislative%20Women's,of%20Council%20(FAB%20Council).)

[package#:~:text=SACRAMENTO%20%E2%80%93%20The%20California%20Legislative](https://womenscaucus.legislature.ca.gov/news/2023-03-30-ca-legislative-women%E2%80%99s-caucus-announces-2023-priority-bill-package#:~:text=SACRAMENTO%20%E2%80%93%20The%20California%20Legislative%20Women's,of%20Council%20(FAB%20Council).)

[%20Women's,of%20Council%20\(FAB%20Council\).](https://womenscaucus.legislature.ca.gov/news/2023-03-30-ca-legislative-women%E2%80%99s-caucus-announces-2023-priority-bill-package#:~:text=SACRAMENTO%20%E2%80%93%20The%20California%20Legislative%20Women's,of%20Council%20(FAB%20Council).)

39. Hwang K. California fails to collect basic abortion data — even as it invites an out-of-state influx. *Cal Matters*. June 27, 2022. Accessed July 12, 2023. <https://calmatters.org/health/2022/06/abortion-data-california/>
40. Abortion reporting: California. Charlotte Lozier Institute. May 24, 2023. Accessed July 12, 2023. <https://lozierinstitute.org/abortion-reporting-california/>
41. Hwang K. California fails to collect basic abortion data — even as it invites an out-of-state influx. *LAist*. June 27, 2022. Accessed July 12, 2023. <https://laist.com/news/california-fails-to-collect-basic-abortion-data-even-as-it-invites-an-out-of-state-influx>
42. Abortion-related services funded by Medi-Cal, Calendar Years 2014-2020. *Health Data.Gov*. Accessed July 12, 2023. <https://healthdata.gov/State/Abortion-Related-Services-Funded-by-Medi-Cal-Calen/yesb-z8au>
43. State facts about Abortion: California. *Guttmacher*. Accessed July 12, 2023. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-california>
44. Amri M, Drummond D. Punctuating the equilibrium: An application of policy theory to COVID-19. *Policy Des Pract*. 2021;4(1):33-43. doi:10.1080/25741292.2020.1841397
45. An introduction to punctuated equilibrium: A model for understanding stability and dramatic change in public policies. National Collaborating Centre for Healthy Public Policy. January 22, 2018. https://www.ncchpp.ca/docs/2018_ProcessPP_Intro_PunctuatedEquilibrium_EN.pdf
46. Jennings W, Farrall S, Gray E, Hay C. Moral panics and Punctuated Equilibrium in public policy: An analysis of the criminal justice policy agenda in Britain. *PSJ*. 2020;48(1):207-234. doi:10.1111/psj.12239

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47. Sobel L, Ramaswamy A, Salganicoff A. Abortion at SCOTUS: Dobbs v. Jackson Women's Health. Kaiser Family Foundation. May 04, 2022. Updated July 7, 2022. Accessed July 12, 2023. <https://www.kff.org/womens-health-policy/issue-brief/abortion-at-scotus-dobbs-v-jackson-womens-health/>