CSUEU/CSU MEMORANDUM OF UNDERSTANDING

SB 24 (Senate Bill 24)

1. This Agreement ("Agreement") is entered into between the Board of Trustees of the California State University, ("CSU") and California State University Employees Union ("CSUEU") all of whom are designated collectively as the "Parties" to this Agreement regarding Senate Bill 24 ("SB24") (CSU Health Center Services) at CSU. The parties concluded negotiations on July 19, 2022.

2. On February 1, 2022, the CSU provided notice to CSUEU regarding health service requirements for CSU under SB24. CSU provided an updated notice on March 14, 2022 with a copy of SB24 text bill.

3. Both Parties agree each has fully satisfied its obligation to meet and confer regarding the implementation of SB24. This Agreement does not alter or abridge the rights and obligations contained in the January 31, 2018 – July 31, 2022 Collective Bargaining Agreement between CSU and CSUEU.

4. As a result of the meet and confer, the Parties agree as follows:

   a. CSUEU represented employees who are licensed medical professionals, as identified in SB24, will have the right to opt-out of providing abortion by medication techniques if declaring a moral, ethical, or religious basis for refusing to participate in accordance with California Health and Safety Code section 123420. Employees will use the attached form if they elect to opt-out.

   b. CSUEU agrees the CSU shall have the right to contract out abortion by medication techniques required under SB24, when there is a need due to staffing shortages. CSU agrees the contracting out is not intended to replace, displace, or layoff existing staff.

   c. CSUEU agrees CSU has fully satisfied its obligation to meet and confer regarding contracting out for the abortion by medication techniques required under SB24. This Agreement does not alter or abridge the rights and obligations contained in the January 31, 2018 – July 31, 2022 Collective Bargaining Agreement between the Parties.

5. This MOU shall not create a precedent at the CSU or any campus within the CSU system.

6. Any dispute regarding the enforceability of the terms of this Agreement will be adjudicated in accordance with the arbitration procedures contained in Article 7 of the Collective Bargaining Agreement in effect at the time any dispute arises.

For the CSUEU: For the CSU:

[Signature] [Signature]

Jessica Westbay Christina Checel
VP for Representation AVC, Labor & Employee Relations

Aug 2, 2022 Aug 2, 2022
Employee Request to Opt-out of Providing Medication Abortion Services

California’s College Student Right to Access Act (Senate Bill 24) requires the California State University’s (CSU) on-campus student health centers to provide medication abortion services effective January 1, 2023. The induction or performance of an abortion, including abortion by medication, is a component of providing health care and family planning services to students. In recognition of licensed healthcare professional employees’ personal views on the matter and in compliance with California Health and Safety Code Section 123420, CSU shall acknowledge and accommodate a licensed healthcare professional’s refusal to directly participate in the induction or performance of an abortion, including abortion by medication, when a currently employed licensed healthcare professional has filed a written statement declaring their moral, ethical, or religious basis for refusing to participate in the abortion.

This form may be used by a licensed healthcare professional currently employed and directly involved in providing health care and family planning services to declare that they have a moral, ethical, or religious basis for their refusal to participate in an abortion.

This form must also be signed by the appropriate administrator and placed in the employee’s personnel file.

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<th>Employee Name</th>
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<th>Name of Appropriate Administrator</th>
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I, the above-named, declare that I have a moral, ethical, or religious basis for refusing to participate in an abortion. Therefore, I request to opt-out of providing medication abortion services in the student health center. By signing this form, I attest that this is true and accurate. I understand that the appropriate administrator is required to acknowledge and sign this statement to ensure that appropriate measures are taken to uphold and accommodate my request.

Employee Signature ........................................ Date

Appropriate Administrator Signature .......................... Date