



District II



Memo of Support April 2023

In June 2022, the Supreme Court ended the federal constitutional right to abortion, handing the power to determine whether abortion is legal to the states and stripping millions of their reproductive decision making. In the wake of that decision, newly enacted laws across the country have left one third of people with the capacity for pregnancy living in states where abortion has been banned or severely restricted.¹ These barriers to care continue to fall hardest on those who experience discrimination more broadly, in particular women of color, young people, those who lack resources and LGBTQ people.

In response New York, long a beacon of access, took swift action. Indeed, a series of policies were enacted to protect providers and patients, critical funding was released to expand access, and the legislature took steps to create a state constitutional amendment that broadly protects reproductive autonomy within an equality framework. Unfortunately, it will take years to rebuild what the Supreme Court and anti-equality policy makers have stripped away, and even then we must do more to not only restore the right to abortion and reproductive autonomy, but to build a system of care and decision-making rooted in equity and access for all who need it. New York must continue to meet this moment with bold and innovative policies and investments that will break down barriers to care and foster a future where everyone has the ability to control their own bodies, lives, families, and futures.

As we continue to grapple with the devastating loss of our federal constitutional right to abortion, we must fight for a more just and equitable future for all. It is in that spirit that we welcome the following Assembly bills and support their passage:

- **Reproductive Freedom and Equity Program (A.361-A Gonzalez-Rojas):** While the Reproductive Health Act of 2019 created a legal framework for the provision of abortion care in New York, that framework is meaningless without access. Even before *Roe* was overturned, gaps in abortion accessibility have existed in our state and across the country. Many people lack the money necessary to pay for abortion care and to cover the cost of travel, lodging, childcare, and other expenses required to obtain that care. This legislation would create a sustained funding mechanism through the New York State Department of Health to provide grants to abortion providers, abortion funds, and practical support organizations – the entities that help individuals navigate otherwise insurmountable barriers to accessing care and make the right to care a reality for people seeking abortions.
- **Hospital Transparency (A.733-A Rozic):** No one should be turned away from a hospital when they need health care. And yet, hospitals often deny treatment based on the bureaucratic decision-making of non-medical personnel rather than sound medical science. To make matters worse, because information about what care hospitals provide is often impossible to decipher, patients cannot determine whether their local hospital provides the care they need. This legislation will give New York the tools to identify

¹ Kirstein, M., Dreweke, J., Jones, R., Philbin, J., "100 Days Post-Roe: At least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care" (2022, October 6). <https://www.guttmacher.org/2022/10/100-days-post-roe-least-66-clinics-across-15-us-states-have-stopped-offering-abortion-care>

regions in the state where particular types of care are unavailable and to understand the impacts of such gaps on communities statewide. Further, it will offer prospective patients the tools they need to determine whether the hospital, or hospitals, in their area provides the care they seek prior to admission. This is particularly important as more people travel to New York for abortion care and some abortion providers see longer wait times.

- **Comprehensive Sex Ed (A.4604 Gonzalez Rojas):** There is currently no requirement that New York schools provide any sex education. Of the public schools in New York State that do offer sex education, the curriculum is often inaccurate, incomplete, or biased. LGBTQ relationships are often stigmatized or ignored entirely. Even basic information about anatomy is inaccurate, and materials often reinforce negative gender stereotypes and sexism. This bill would require that public and charter school students receive medically accurate, age-appropriate, inclusive comprehensive sex ed. Comprehensive sex ed supports young people to make healthy decisions and have healthy relationships. Students who receive comprehensive sex ed are more likely to delay sexual initiation, and when they do become sexually active, they are more likely to engage in risk-reduction behaviors. It is the only upstream tool we have for preventing sexual violence and sexual harassment before they occur. And, it helps to create inclusive school communities by showing LGBTQ youth that they are not alone and showing their peers that they exist. By requiring comprehensive sex ed in public and charter schools in grades K-12, we can ensure that all of New York's youth has access to information to make informed choices about their health and relationships as they navigate into adulthood. Access to this crucial education shouldn't depend on which school district a child resides in.
- **Increasing Access to Medication Abortion on College Campuses (A.1395 Epstein):** Access to abortion care can be particularly challenging for college students in New York. New York public universities' health clinics offer a range of health services to their students, such as reproductive health exams, STI testing, and immunizations, but those services do not include abortion. When students are forced to travel off campus, the distance to a provider may pose greater barriers to access for some. Requiring that SUNY and CUNY either offer medication abortion on campus or make arrangements to ensure that students can access this service through community providers would increase access to this vital health care service for those who need it. It would also remove some pressure from community providers, who are facing the increased demand for abortion care in New York State.
- **Prohibiting Professional Misconduct Findings for All Providers of Reproductive Health Care and Gender Affirming Care (A.6269 Rosenthal):** The provision of reproductive health care and gender affirming care is being attacked across the country. This bill would build upon protections enacted last session that shield physicians and physician assistants from findings of professional misconduct based solely on the provision of reproductive health care in two important ways. First, the bill would prohibit a finding of professional misconduct based solely on the provision of gender affirming care. Second, it would expand the protections passed last year to prohibit a finding of professional misconduct for all types of medical professionals involved in the delivery of reproductive health care and gender affirming care, namely nurse practitioners, midwives, and registered nurses.
- **Protecting Provider Conscience (A.5297 Paulin):** Although it seems unthinkable, some hospitals limit the provision of medically accurate information and health care services for reasons that are not based on sound medical science or hospital capacity but instead on the bureaucratic decision-making of non-medical personnel. In practice, these exclusions can limit access to critically needed care. This legislation would ensure providers can follow their own consciences when it comes to ensuring patients get the health care they need in two critical ways. First, it would prohibit hospitals from preventing health care

providers from communicating medically accurate and comprehensive information about a patient's diagnosis, prognosis, and treatment options, as well as information about available services and where and how to obtain them. Second, it would prohibit hospitals from limiting the provision of services to treat pregnancy complications and miscarriages when those services are consistent with accepted standard of care or when the absence of medical attention would pose a risk to the patient's life or cause bodily harm.

- **Providing Protections to Health Providers Who Perform Legally Protected Health Activities (A.1709 Reyes):** Last session, New York lawmakers passed a series of bills aimed at protecting providers and patients against attacks from hostile states for the provision of, receipt of, or assistance in accessing abortion care. This legislation builds on these important provisions to further clarify that New York State will not be complicit in attempts by other states to punish the provision, receipt, or support of reproductive health care services, including abortion care.
- **Prohibiting the Use of Restraints on People Who are Pregnant, Birthing, and Post-Pregnancy (A.2155 Rosenthal):** Shackling people who are or pregnant, in labor or delivery, or recovering from a pregnancy outcome is dangerous, degrading, and an unnecessary violation of human rights. New York prohibited this practice in 2009; however, pregnant people continue to be subjected to shackling and other restraints as a result of loopholes and shortcomings in the existing law. This bill would strengthen protections for people who are pregnant, in labor or delivery, and post-pregnancy by narrowing the exceptional circumstances in which shackling may be permitted and by extending the prohibition to include people in law enforcement custody who are not formally incarcerated.
- **Supporting Breastfeeding and Nursery Access for Incarcerated Parents (A.3483 Rosenthal):** Every pregnant person has a right to be treated with dignity and have the necessary resources and supports that enable them to truly exercise agency in their reproductive decision-making. This legislation would bring this right closer to reality for people who are incarcerated while pregnant or parenting. It would provide resources and supports to facilitate breastfeeding and lactation, including personal pumping equipment. It would also improve access to nursery programs by extending the time a child may remain with their parent and requiring data collection on nursery program participation. This legislation would additionally entitle pregnant and birthing people to pregnancy options counseling, improve their ability to have a support person present during labor and delivery, and ensure access to standard accommodations and supplies for those giving birth at a hospital or medical facility. Although incarceration inherently undermines reproductive autonomy, these commonsense measures would constitute an important step towards upholding the reproductive health, rights, and dignity of incarcerated pregnant and parenting people.

We look forward to continuing to work with the legislature on these and other policies that reflect and advance reproductive freedom and access for all.