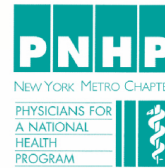




District II



MEMO OF SUPPORT REPRODUCTIVE FREEDOM AND EQUITY PROGRAM

A.361-B González-Rojas/S.348-C Cleare
2024

In June 2022, the Supreme Court ended the federal constitutional right to abortion. 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.ⁱ In New York, over 240,000 women of reproductive age in New York lived in a county without an abortion provider in 2020.^{ii,iii}

Even before *Roe* fell, New York sought to position itself as a beacon for abortion access, passing the Reproductive Health Act of 2019 to preserve the legality of abortion in the state. Since June 2022, New York has taken several actions to ensure reproductive autonomy. Unfortunately, those actions are not enough. The right to abortion is meaningless without access.

New York’s abortion providers continue to struggle with limited capacity to provide care to all who need it. This is the reality we face in New York:

- Despite recent investments in sexual and reproductive health care providers, these providers are still reimbursed for certain services at a far lower rate than it costs to deliver the care.
- New York has recently begun investing in abortion providers. However, key needs, such as capital funding, remain unaddressed.
- New York has made no investments in abortion funds or logistical support funds to assist individuals in overcoming barriers to accessing care.
- Abortion providers are finding it increasingly challenging to maintain staff in a competitive market, given their limited resources. This limits access to care by increasing waiting times for appointments, delaying care, which can exacerbate existing health disparities and negatively impact health outcomes; and
- Hospitals and hospital-based clinics continue to face severe staffing shortages and capacity issues. These providers need access to workforce training and development resources to ensure enhanced access to complex family planning services.

For New York to truly be a beacon of abortion access, we must invest in access. The **Reproductive Freedom and Equity Fund (S.348-C/A.361-B)** would create a **sustainable funding mechanism** through the NYS Department of Health **to provide grants to abortion providers and abortion and logistical support funds**, the organizations that make the right to care a reality for people seeking abortions.

The bulk of this funding will be spent in New York to support New Yorkers. In addition to the funding that will flow directly to New York providers, the New York Abortion Access Fund (NYAAF) reports that in 2023, 66% of callers seeking assistance were resident New Yorkers, and 96% of callers, regardless of where they hailed from, received care in New York.^{iv} And the need in New York is great. NYAAF pledged more than \$1.8 million in direct abortion funding to 1,869 people in 2023 – a 46% increase from 2022 and a 228% increase from 2021.^v

In the wake of *Roe v. Wade*'s overturn, 22 million women of reproductive age live in states where abortion is banned or severely restricted.^{vi} As of June 2023, over 40% of women in the U.S. do not have access to an abortion facility within a 30-minute drive, and almost 30% of women do not have access to an abortion facility within a 60-minute drive.^{vii} As a result, there has already been a significant increase in need for travel funding to support patients seeking an abortion; the National Abortion Federation reported a 235% increase in the number of plane or bus trips they helped pay for in the year following *Dobbs*.^{viii}

Despite the increase in funds raised in the wake of the *Dobbs* decision, the surge of donations is slowing. The Brigid Alliance, a New York-based logistical support fund, reported their revenue has gone down by 152% in May 2023 as compared with May 2022.^{ix} Already, some of the nation's abortion funds have run out of money and had to stop issuing grants.^x The only way that sexual and reproductive health services, including abortion, in New York will remain available to all is if New York commits to long-term investments to support access. Passing S.348-C/A.361-B will ensure that State funding will continue to be a reliable source of support in the years ahead for abortion access.

Restrictions on abortion impact Black, Latinx, Indigenous, and rural communities most. Communities of color have suffered a long history of oppression in the United States. Our country's legacy of systemic racism and discrimination has led to lower wages,^{xi} lower rates of insurance coverage,^{xii} and lower access to quality health care overall.^{xiii} Black women are three times more likely to die from a pregnancy-related cause than white women.^{xiv}

Since the *Dobbs* decision, 14 states have implemented total abortion bans,^{xv} forcing all clinics in those states to stop offering abortions, and seven more have enacted abortion restrictions which would have been unconstitutional under the protection of *Roe*.^{xvi} With fewer facilities offering abortions, an additional one in four Black people and one in five of Latinx and Indigenous people must travel over an hour to reach an active abortion facility.^{xvii} 43% of Latinas ages 15 – 49 live in the 26 states that have banned or are likely to ban abortion.^{xviii} The lack of nearby providers forces women and others with the capacity for pregnancy to overcome obstacles to care – like travel, childcare needs, or lack of coverage for care – or to continue an unwanted or higher-risk pregnancy. No one should have to risk their health or their life because they are unable to access the care they need. It is imperative that we build a sustained funding mechanism in New York focused on supporting patients and providers to ensure abortion access for all.

Decisions around pregnancy are deeply personal. Everyone deserves the freedom to make decisions about their care without legal interference and without regard to their financial status. To truly be an access state, New York must provide resources to ensure our providers have the capacity to offer care and that patients have the necessary funds to overcome any obstacles they may encounter when seeking an abortion.

Access to abortion and other reproductive care is already non-existent in many parts of the country – even for some people here in New York. **[Now is the time for New York to be bold.](#)** Our state must be a leader in the fight for abortion justice by advancing key policies to expand access for all, including **passing S.348-C/A.361-B.**

ⁱ 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>

ⁱⁱ Jones, R., Kirstein M., Philbin, J. Guttmacher Institute, "Abortion incidence and service availability in the United States, 2020" <https://onlinelibrary.wiley.com/doi/10.1363/psrh.12215> (2022, November 20)

ⁱⁱⁱ United States Census Bureau, "Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2020 to July 1, 2022 (SC-EST2022-AGESEX), New York" <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>

^{iv} Email from Chelsea Williams-Diggs, Interim Executive Director, New York Abortion Access Fund, to Andrea Miller, Executive Director, National Institute for Reproductive Health (Sept. 29, 2023) (on file with author). Some New Yorkers were forced to travel out of state for care due to limited availability of New York providers.

^v Email from Chelsea Williams-Diggs, Interim Executive Director, New York Abortion Access Fund, to Niharika Rao, Political and Legislative Affairs Associate, National Institute for Reproductive Health (December 13, 2023) A year of resilience.

^{vi} 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>

^{vii} Alterio, M., Von Davies, R., Tobias, M., Koehl, A., Tang, J., Kopp, D. "A Geospatial Analysis of Abortion Access in the United States After the Reversal of *Roe v Wade*" (2023 July 26) https://journals.lww.com/greenjournal/Fulltext/9900/A_Geospatial_Analysis_of_Abortion_Access_in_the.824.aspx

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- ^{viii} National Abortion Federation. (2023, June 7) "A Year After Dobbs, More People Than Ever Are Traveling for Abortion Care" <https://prochoice.org/a-year-after-dobbs-more-people-than-ever-are-traveling-for-abortion-care/>
- ^{ix} Durkee, A., Davis, D. "Roe V. Wade Overturned One Year On: Here's Where The Money's Going" (2023, June 24) <https://www.forbes.com/sites/alisondurkee/2023/06/23/roe-v-wade-overturned-one-year-on-heres-where-the-moneys-flowing-abortion/?sh=7ee314f97028>
- ^x Rowland, C. "Groups that aid abortion patients pull back, fearing legal liability" (2022, July 15) <https://www.washingtonpost.com/business/2022/07/15/abortion-aid-drying-up/>
- ^{xi} US Department of Labor, Earning Disparities by Race and Ethnicity. <https://www.dol.gov/agencies/ofccp/about/data/earnings/race-and-ethnicity>
- ^{xii} Artiga, S., Hill, L., Orgera K., Damico, A. "Health Coverage by Race and Ethnicity, 2010-2019."
- ^{xiii} Buchmueller TC, Levy HG. "The ACA's Impact On Racial And Ethnic Disparities In Health Insurance Coverage And Access To Care." (2020, March) <https://pubmed.ncbi.nlm.nih.gov/32119625/>
- ^{xiv} Marian F. MacDorman, Marie Thoma, Eugene Declercq, & Elizabeth A. Howell, *Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016 - 2017*, 111 Am. J. Public Health 1673 - 81 (2021).
- ^{xv} Guttmacher Institute "State Bans on Abortion Throughout Pregnancy" (As of: 2023, August 29). <https://www.guttmacher.org/state-policy/explore/state-policies-later-abortions>
- ^{xvi} Forouzan, K., Guanieri, I & Guttmacher Institute. "State Policy Trends 2023: In the First Full Year Since Roe Fell, a Tumultuous Year for Abortion and Other Reproductive Health Care." <https://www.guttmacher.org/2023/12/state-policy-trends-2023-first-full-year-roe-fell-tumultuous-year-abortion-and-other> (2023, December)
- ^{xvii} Rader B, Upadhyay UD, Sehgal NKR, Reis BY, Brownstein JS, Hswen Y. Estimated Travel Time and Spatial Access to Abortion Facilities in the US Before and After the *Dobbs v Jackson Women's Health* Decision. *JAMA*. Published online November 01, 2022. <https://jamanetwork.com/journals/jama/fullarticle/2798215>
- ^{xviii} Katherine Gallagher Robbins, Candace Gibson, & Shaina Goodman, *State Abortion Bans Threaten 6.7 Million Latinas: Largest Group of Women of Color Living Under Bans*, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, Oct. 2023, <https://nationalpartnership.org/report/state-abortion-bans-threaten-latinas/>.