

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN'S ISSUES

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January 21, 2014  
Start: 1:16 p.m.  
Recess: 2:50 p.m.

HELD AT: 250 Broadway - Committee Room  
16th Floor

B E F O R E: LAURIE A. CUMBO  
Chairperson

COUNCIL MEMBERS:

Darlene Mealy  
Elizabeth S. Crowley  
Karen Koslowitz  
Ben Kallos

## A P P E A R A N C E S (CONTINUED)

Kelly Baden  
Center for Reproductive Rights

Jenny Dodson Mistry  
NARAL Pro-Choice New York  
National Institute for Reproductive Health

Katherine Bodie, Policy Counsel  
New York Civil Liberties Union  
Reproductive Rights Program

Dr. Kathleen Morrell, Obstetrician/Gynecologist  
Physicians for Reproductive Health

Julianne Verde, Director  
Government Relations  
Planned Parenthood of New York City

Caitlin Borgmann, Board of Directors  
National Abortion Federation (NAF)  
Professor of Law, CUNY Law School

Alison Turkos, Co-Chair  
Board of the New York Abortion Access Fund (NYAAF)

2 CHAIRPERSON CUMBO: Okay. Good afternoon  
3 everyone. I am Laurie Cumbo and I'm Chair of the  
4 Committee on Women's Issues. We are now formally in  
5 session. [gavel] I'd like to thank everyone here  
6 today particularly the co-sponsors of this resolution  
7 Council Members Crowley and Johnson as well as the  
8 members of the Women's Issues Committee who are  
9 present along with the staff to the Women's Issues  
10 Committee for their work. I'd like to acknowledge  
11 Council Member Crowley as well as Council Member  
12 Koslowitz for being here today.

13 The 1973 Supreme Court Decision *Roe v.*  
14 *Wade* concluded that abortion lies within a pregnant  
15 woman's zone of privacy and, therefore, is a  
16 fundamental right protected by the Constitution. In  
17 other words, her body and the choices she makes with  
18 it and in regard to it belong to her, and to her  
19 only. Since the decision, numerous challenges have  
20 been mounted in various ways including through  
21 policy, legislation, budgetary restrictions, and  
22 public campaigns. Many states have passed laws  
23 limiting a woman's ability to access abortion often  
24 without consideration to maternal health and privacy.

2           In just the last few years, states have  
3 enacted 231 abortion restrictions, and I would also  
4 like to add that many of the proponents looking to  
5 restrict or overturn *Roe v. Wade* are also those same  
6 that are against raising the minimum wage, universal  
7 healthcare, pay equity, and so many other critical  
8 issues. And I believe in Obama's State of the Union  
9 yesterday he so eloquently put it when he said, "Try  
10 raising a family on \$15,000 a year, and if you can do  
11 that, then do it."

12           In order to whittle away at a woman's  
13 rights, some anti-choice legislators got creative and  
14 implemented regulations to hinder providers and  
15 facilities. Many of these created numerous delays  
16 and hardships for women such as denial of access to  
17 early procedures, increased risks to health, and  
18 increased expenses, as well as burdensome logistical  
19 planning. Very often, these burdens fall more  
20 heavily on low-income women, women of color, young  
21 women, and women living in rural areas.

22           In the last Congressional Session, the  
23 Women's Health Protection Act, or WHPA, was  
24 introduced in order to put some of these measures to  
25 rest. The WHPA unfortunately died when the last

2 session ended. The new Congressional Session has  
3 just started, and already there are measures seeking  
4 to impede women's access to safe and legal abortion.  
5 Women's choice is under attack, and let's be clear  
6 about that. And it is important that we stand up to  
7 this. Forty-two years ago women's choice was ruled a  
8 fundamental right protected by the Constitution. It  
9 still is. I along with my colleagues will continue  
10 fighting to secure this right for all women.

11 Today, we are calling upon Congress to  
12 pass legislation to protect this fundamental right in  
13 every woman's life. I want to note that since we  
14 will be voting on this resolution today once we have  
15 a quorum, and we do, we will pause the testimony and  
16 the committee will vote on the resolution. We will  
17 resume testimony once the vote is complete. And at  
18 this time, because we have three of the five members  
19 present, and I'm so pleased that Council Member  
20 Koslowitz is here in order for us to have a quorum.  
21 She has another committee meeting that she must  
22 partake in. So that we are actually going to call up  
23 the vote now so that she can vote on this historic  
24 resolution. And then she can also go and be a part

1 COMMITTEE ON WOMEN'S ISSUES

6

2 of another committee where her voice and vote is  
3 needed as well. Thank you.

4 CLERK: William Martin, Committee Clerk.

5 Roll call vote, Committee on Women's Issues

6 Preconsidered Resolution. Chair Cumbo.

7 CHAIRPERSON CUMBO: Aye.

8 CLERK: Koslowitz.

9 COUNCIL MEMBER KOSLOWITZ: May I be  
10 excused to explain my vote?

11 CHAIRPERSON CUMBO: Yes.

12 COUNCIL MEMBER KOSLOWITZ: I remember the  
13 other way when things were totally illegal, and  
14 people went into back rooms and had abortions and  
15 died. So, this piece of legislation is really a very  
16 important piece of legislation. And we must continue  
17 to fight for our rights that we deserve. It's our  
18 body. It's our decision. So thank you very much for  
19 doing this, for introducing this and, of course, I  
20 vote aye.

21 CHAIRPERSON CUMBO: Thank you.

22 CLERK: Crowley.

23 COUNCIL MEMBER CROWLEY: May I have  
24 permission to explain my vote?

25 CHAIRPERSON CUMBO: Yes.

2 COUNCIL MEMBER CROWLEY: First, I vote  
3 aye. I want to thank both my colleagues here today,  
4 first Council Member Cumbo for introducing this  
5 meaningful resolution. It's so important to protect  
6 a woman's right to access abortion for her health.  
7 And, you know, Council Member Cumbo referenced the  
8 President yesterday. He also said that in the record  
9 of recent years keeping track of the amount of  
10 teenage pregnancies and abortions that we are having  
11 fewer and fewer each and every year. And I think  
12 this is an important statistic to recognize because  
13 we need to do more to make sure that young people  
14 have access to birth control. So that they're not in  
15 a situation. However, when a woman is in a situation  
16 where she feels that it is necessary for her to have  
17 an abortion, she should have every right to access to  
18 have an abortion. And I want to thank Karen  
19 Koslowitz for her advocacy going back to the years  
20 when it was--

21 COUNCIL MEMBER KOSLOWITZ: [off mic] The  
22 years. [sic]

23 COUNCIL MEMBER CROWLEY: But I don't--42  
24 years, well, you know you referenced how when a woman  
25 does not have the ability to have an abortion that

2 there were back rooms. Unfortunately, that happens  
3 in countries today, and we should make sure that it  
4 never happens in our country. So, I want to thank  
5 you again, Council Member Cumbo, for your leadership--  
6 --

7 CHAIRPERSON CUMBO: [interposing] Thank  
8 you.

9 COUNCIL MEMBER CROWLEY: --and I vote aye.

10 CHAIRPERSON CUMBO: Thank you.

11 CLERK: By a vote of 3 in the  
12 affirmative, 0 in the negative and no abstentions,  
13 the item is adopted.

14 CHAIRPERSON CUMBO: Wow, thank you.  
15 Thank you so much. We have done a very great thing  
16 here in New York City today, and I am hopeful that in  
17 the state as well as the nation that others will  
18 continue to follow our lead. At this time, we are  
19 now going to hear from our first panel, and I will  
20 call the names. We have Kelly Baden from the Center  
21 for Reproductive Rights. We have Jenny Dodson from  
22 NARAL Pro-Choice New York, and we also Katherine  
23 Bodie.

24 [pause]



2 CHAIRPERSON CUMBO: All right. We will  
3 begin with our first panelist. Thank you.

4 KELLY BADEN: Great. Thank you. To the  
5 Honorable Laurie Cumbo and members of the New York  
6 City Committee on Women's Issues, thank you for your  
7 consideration and now passage of this resolution to  
8 urge the United States Congress to pass legislation  
9 that protects women's access to reproductive  
10 healthcare, specifically the Women's Health  
11 Protection Act. To say that we need such legislation  
12 is an understatement. Today, our Constitutional  
13 Rights as recognized 42 years in *Roe v. Wade* are  
14 under attack subject to numerous barriers enacted by  
15 state legislatures throughout the country.

16 In just the last four years, politicians  
17 opposed to reproductive freedom have enacted more  
18 than 230 new laws restricting access to abortion.  
19 Where not blocked by court orders, this new wave of  
20 sham restrictions is shutting down clinics across  
21 huge swaths of the country, closing off essential  
22 services, and harming women all under the pretext of  
23 protecting women's health. That's why we need the  
24 Women's Health Protection Act. This historic piece  
25 of legislation would ensure a woman's health and

2 rights in healthcare do not change based on what  
3 state she happens to live in. Take the State of  
4 Mississippi where the state's single abortion  
5 provider is at risk of being closed down due to a  
6 medically unnecessary law. Women in that state have  
7 been teetering on the precipice of the reality  
8 similar to the dark days before *Roe v. Wade* where  
9 reproductive healthcare options were limited at best,  
10 and lie threatening at worst. A woman who lives in  
11 Mississippi should not need to depend on a court  
12 order to keep the doors open of the only clinic  
13 providing abortion care in her state. And she  
14 shouldn't have to rely on the neighboring state to  
15 ensure that here Constitutional rights are protected.  
16 This is unacceptable, unconstitutional and contrary  
17 to the consensus of the strong majority of Americans  
18 who do not want to see *Roe v. Wade* overturned.

19 Here in New York a woman's ability to  
20 access the healthcare she needs may not be subject to  
21 the same restrictions and barriers that a woman in  
22 Mississippi faces. But that's all the more reason  
23 that New Yorkers should take a stand to ensure that a  
24 women--that women everywhere have access to the same  
25 rights that we do. Congress can advance the Women's

2 Health Protection Act, which was just re-introduced  
3 to us today, and put a stop to the sham laws that are  
4 leaving women without access to the safe healthcare  
5 services they need.

6 I commend the New York City Council for  
7 considering this resolution, and urge you to pass it  
8 with the tens of thousands of voices including city  
9 and county elected officials in Austin, Texas;  
10 Houston, Texas; San Francisco; and Dean County,  
11 Wisconsin and calling on Congress to pass this bill.  
12 Thank you so much.

13 CHAIRPERSON CUMBO: Thank you so much for  
14 your testimony.

15 JENNY DODSON MISTRY: Thank you,  
16 Chairwoman Cumbo and members of the Committee for the  
17 opportunity to speak this afternoon. My name is  
18 Jenny Dodson Mistry, and I'm here today representing  
19 NARAL Pro-Choice New York and the National Institute  
20 for Reproductive Health, which work in New York State  
21 and across the country to ensure that every woman has  
22 the right and ability to make the reproductive  
23 healthcare decisions that are best for her life and  
24 her family. This includes preventing unintended

2 pregnancy, bearing healthy children and using safe  
3 and legal abortion.

4           The resolution before you marks the 42nd  
5 anniversary of *Roe v. Wade*, the Supreme Court Ruling  
6 that recognized a woman's constitutional right to  
7 determine the course of her pregnancy. This landmark  
8 decision invalidated scores of criminal abortion bans  
9 and immediately and dramatically reduced material  
10 mortality and morbidity in the United States. *Roe*  
11 also gave women the opportunity to determine our  
12 futures and become more equal members of society.  
13 Indeed, as former Supreme Court Justice Sandra Day  
14 O'Connor stated so eloquently when she refused to  
15 become the fifth vote to overturn *Roe* in 1992, "The  
16 ability of women to participate equally in the  
17 economic and social life of the nation has been  
18 facilitated by their ability to control their  
19 reproductive lives."

20           In recent years, however, we have  
21 witnessed what amounts to be a human rights crisis in  
22 this country. The Anti-Choice majority in Congress  
23 seems obsessed with introducing bills that restrict  
24 access to abortion and contraception. In just the  
25 first three days of the new legislation session,

2 member of Congress introduced five extreme abortion  
3 restrictions. Tomorrow, the House of Representatives  
4 is expected to pass one of them, an unconstitutional  
5 20-week abortion ban that would disproportionately  
6 harm low-income individuals, young people, and those  
7 facing medical complications or feel abnormalities  
8 during pregnancy. The situation in state  
9 legislatures across the nation has been perhaps even  
10 worse in recent years. As this resolution notes,  
11 over the past four years states have enacted 231  
12 abortion restrictions. Even in New York, an  
13 overwhelming pro-choice state, the Senate took a cue  
14 from its extremist counterpoints and the U.S.  
15 Congress by starting this year off with blatant  
16 hostility to reproductive rights. As one of its  
17 first acts in this legislative session the Senate  
18 passed an incomplete women's inequality--women's  
19 equality package disregarding the federal health  
20 protections for abortion guaranteed under *Roe v.*  
21 *Wade*.

22           But all hope is not lost. At the federal  
23 level, pro-choice members of Congress stood up to the  
24 anti-choice status quo by introducing the Women's  
25 Health Protection Act, which would greatly increase

2 abortion access for women nationwide by limiting  
3 state restrictions to abortion services. Over the  
4 past year state legislators in more than 30 states  
5 introduced proactive positive legislation like the  
6 WEA, and local officials across the country from  
7 Seattle to Travis County Texas have passed  
8 resolutions similar to the one we are discussing  
9 today to demonstrate their support for insurance  
10 coverage abortion and the Women's Health Protection  
11 Act, as currently written.

12           These trends are reflective of the demand  
13 for lawmakers to protect reproductive rights and  
14 ensure access to reproductive healthcare. From  
15 women's suffrage to workplace reforms to marriage  
16 equality, activists in the Empire State have been  
17 pioneers in securing our most sacred rights. With  
18 the growing onslaught of antagonism towards  
19 reproductive rights across the country and the U.S.,  
20 New York must stand firmly behind its strong history  
21 of protecting individuals from discrimination and  
22 advancing civil liberties. The New York City Council  
23 has exemplified that respect for women's health  
24 rights and safety time and again to proactive  
25 legislation and resolutions like the one before us

2 today--before you today. We thank the Council for  
3 not only commemorating this important anniversary,  
4 but also for using its bully pulpit to once again  
5 call on their colleagues in congress to do the right  
6 thing and pass the Women's Health Protection Act.

7 NARAL Pro-Choice New York and the  
8 National Institute for Reproductive Health look  
9 forward to continuing to work with elected officials  
10 and agencies here in New York and in cities across  
11 the country to improve access to reproductive  
12 healthcare, and to guarantee women's full equality  
13 under the law. We thank the Council for the  
14 opportunity to speak today and for passing this  
15 important resolution.

16 CHAIRPERSON DICKENS: Thank you very  
17 much. Thank you.

18 [background comment]

19 KATHERINE BODIE: Good afternoon. My  
20 name is Katherine Bodie. I'm a Policy Counsel with  
21 the New York Civil Liberties Union's Reproductive  
22 Rights Program. And I would like to thank the  
23 Committee and Chairwoman for inviting us to speak in  
24 support of--

2 CHAIRPERSON CUMBO: [interposing] Thank  
3 you.

4 KATHERINE BODIE: --today's resolution.  
5 The NYCLU is the state affiliate of the ALCU. We  
6 have 50,000 members across the state in eight offices,  
7 and we work to defend and expand civil liberties and  
8 civil rights under the U.S. Constitution and New  
9 York's Constitution, and this includes the rights of  
10 privacy, personal autonomy, and equality that are  
11 really the foundation of reproductive freedom. My  
12 colleagues have spoken about the importance of *Roe*,  
13 and I think that certainly the importance of *Roe*  
14 cannot be understated. *Roe v. Wade* established that  
15 access to abortion was--that abortion was a  
16 fundamental right. And, we have seen how this right  
17 impacts every aspect of a woman's life from her  
18 ability to access a job to go to school to ensure  
19 that can remain healthy and that her family can  
20 remain healthy. And, while the importance of *Roe*  
21 looms very large for women and families across this  
22 country, the promise of *Roe* has become a fiction for  
23 far too many women across the country.

24 We know that *Roe* prohibits states from  
25 interfering with a woman's decision to terminate a



2 pregnancy prior to viability. And really makes  
3 women's health and lives paramount. But we see  
4 states passing an astounding number of restrictions.  
5 And these restrictions fall most heavily, and are  
6 felt most acutely by communities that already  
7 experience political, social, and economic  
8 inequalities. So, on the eve of the 42nd anniversary  
9 of Roe, we should not only commemorate Roe's promise  
10 of women's autonomy and equality, we should be using  
11 Roe as a rallying cry to fight back against this  
12 movement. And that means on the federal level  
13 passing the Women's Health Protection Act--

14 CHAIRPERSON CUMBO: [interposing] Uh-huh.

15 KATHERINE BODIE: --as my colleagues have  
16 described. And on the State level it means that New  
17 York has to recapture its position as a leader for  
18 reproductive freedom. New York law does not  
19 adequately protect the right to seek abortion, and  
20 ultimately prevents healthcare providers from  
21 offering the best reproductive healthcare possible.  
22 Our law continues to regulate it in the criminal  
23 code, and despite Constitutional safeguards, does not  
24 allow a woman to get an abortion if her health is at  
25 right, or in the very tragic circumstance during

2 pregnancy when her fetus is not viable. Further, New  
3 York law deters qualified licensed healthcare  
4 practitioners from providing abortion care that is  
5 within their training and expertise unnecessarily  
6 restricting the number of providers available to  
7 women throughout the state. And this falls  
8 particularly heavily on communities that have a  
9 historical--historically difficult time accessing the  
10 healthcare system.

11           Despite overwhelming support for changing  
12 the law across the state, opponents have misconstrued  
13 the facts and legislators in Albany have been unable  
14 to move past partisan divides to reform New York's  
15 abortion law. The NYCLU urges our State Legislature  
16 to reject partisan politics, and reform our outdated  
17 abortion law to ensure that all women in New York  
18 State have meaningful access to abortion. The NYCLU  
19 is so very grateful for the New York City Council's  
20 steadfast support of reproductive freedom. It is  
21 this support and leadership that is going to  
22 potentially change the tide for us. So I thank you  
23 and that's it.

24           CHAIRPERSON CUMBO: Thank you. Thank  
25 you. I have questions, but I want to note that we

2 have been joined by Council Member Darlene Mealy, and  
3 want to note that both Council Members Crowley and  
4 Mealy chair our Women's Caucus. So together I'm very  
5 happy that all three of us are here today for this  
6 very special hearing. I have a few questions, and  
7 then I'll turn it over to my colleagues if they  
8 should happen to have some questions as well. I  
9 wanted to know in terms of when the President--and I  
10 was very proud of the State of the Union because he  
11 addressed a lot of issues that are impacting women  
12 particularly as it pertains to women's equality. I  
13 wanted to know what did you think or what did you  
14 attribute the decrease in abortions nationally, what  
15 did you attribute that to?

16                   KELLY BADEN: Well, thank you for the  
17 question. I think that what we currently attribute  
18 that to is largely a rise in the use of  
19 contraception, and especially more effective  
20 contraception like Long-Acting Reversible Contraction  
21 or LARC. At this point, there's the research around  
22 the impact of abortion restriction has not quite  
23 caught up to the timeline because the bulk of state  
24 abortion restrictions really began in 2011. And so,  
25 we're really kind of waiting to see ultimately what

2 the research will show regarding the impact of clinic  
3 shutdown laws throughout the country and how that may  
4 impact abortion rates and people's access to care.  
5 But above all, I was grateful to the President for  
6 recognizing that we need to make sure young people  
7 have access to the care that they need. And that  
8 abortion needs to remain legal and accessible. And I  
9 am especially grateful for his veto throughout  
10 yesterday for the 20-week ban that Congress plans to  
11 vote on tomorrow in the House.

12 CHAIRPERSON CUMBO: Also I wanted to ask  
13 in terms of education what role or factor has  
14 education played in the reduction as well. Because I  
15 know like in New York we have in our curriculum sex  
16 education or health classes that offer a semester in  
17 middle school and in high school. I think we need to  
18 be doing way more than that. And, we're not even at  
19 this time quite sure how many schools are actually  
20 participating and implementing that curriculum. But  
21 are there some states that you know of that have  
22 really got it right in terms of education as it  
23 pertains to the health and sexual education and  
24 reproductive education? And I'm just asking these  
25 questions because I'm curious, and you may have more

2 information as you're areas of expertise focus on  
3 this a bit more than us.

4 JENNY DODSON MISTRY: Sure. I think that  
5 we all agree the research shows that Comprehensive  
6 Sex Education has an impact on an unintended teen  
7 pregnancy as well as many other outcomes that we want  
8 to improve including the increased use of  
9 contraception, delayed first intercourse. I think  
10 it's been difficult to parse what impact of  
11 Comprehensive Sex Ed has been on teen pregnancy in  
12 particular because it is such patriarchal policies  
13 across the nation. As you noted, even in New York  
14 City we're unsure of what's happening in each school.

15 CHAIRPERSON CUMBO: We will be doing a  
16 hearing on it.

17 JENNY DODSON MISTRY: That's great.

18 CHAIRPERSON CUMBO: So I wanted to let  
19 you all know that.

20 JENNY DODSON MISTRY: That's great  
21 because it is really important. We also know it's  
22 challenging to regulate such a large school system.  
23 That being said, I do think that Colorado has passed  
24 a law requiring Comprehensive Sex Education, which is  
25 a great model. And that Chicago and Boston have both

2 adopted very holistic [coughs] policies related to  
3 sex education. Boston's encompasses a lot of  
4 different indicators related to health including  
5 wellness and exercise folded in with Comprehensive  
6 Sex Education. And the University of Chicago has  
7 adopted a policy-- I'm sorry, the City of Chicago  
8 has adopted a policy that requires some form of sex  
9 education from K to 12. So I think that those are  
10 really great models to look to. Of course, then the  
11 next step is evaluating implementation and ensuring  
12 that schools have the resources to actually put the  
13 curriculum in place. But I would look to those, and  
14 we can give you more information on those as well.

15 CHAIRPERSON CUMBO: Thank you very much.

16 KATHERINE BODIE: Well, just to add I  
17 think that Broward County as well just passed a  
18 policy that was Comprehensive Sex Ed K through 12,  
19 and similar to Chicago, there is an acknowledgement  
20 that, you know, passing a policy is not--we're not  
21 going to wake up tomorrow and have trained teaches in  
22 our school.

23 CHAIRPERSON CUMBO: Right.

24 KATHERINE BODIE: So, there is an  
25 implementation process that's built into the policy.

2 There is a feedback loop so that parents and  
3 communities can get involved with student's  
4 education. And while, you know, it's difficult to  
5 see the direct impact, we know that having  
6 information about using contraception and using  
7 contraception correctly can reduce unintended  
8 pregnancy. And I think New York State is one of the  
9 highest states in the country with-- Regarding it's  
10 unintended pregnancy rate. And I know that our  
11 country as a whole is past the world average, and  
12 pretty far past other developed countries when it  
13 comes to unintended pregnancies.

14 CHAIRPERSON CUMBO: Thank you. I just  
15 want to note that we've been joined by Council Member  
16 Ben Kallos, the only male member of the Women's  
17 Issues Committee, and he is certainly a He for She.  
18 So we're certainly happy to have him. I wanted to  
19 ask as well in terms of-- We spoke about the other  
20 230 abortion restrictions that have been implemented  
21 across the nation. Can you tell me like what are  
22 some of the common ones that we see continuously from  
23 different states as far some of the restrictions or  
24 the more common restrictions that they're looking to  
25 place in opposition to *Roe v. Wade*?

2           KELLY BADEN: Sure. So one of the more  
3 common and challenging ones are what we call TRAP  
4 laws, Targeted Restrictions of Abortion Providers.  
5 And one of example of those would be medically  
6 unnecessary requirements that abortion providers have  
7 admitting privileges at a particular hospital,  
8 usually within 30 miles of the clinic. And since an  
9 admitting privilege is really kind of a business  
10 arrangement with the hospital, there are a lot of  
11 reasons that hospitals don't want to grant such  
12 admitting privileges to abortion providers. And one  
13 of those reasons is that often there is a requirement  
14 that the doctor have a certain number of patients  
15 admitted to the hospital per year. And because  
16 abortion is so overwhelmingly safe with a more than  
17 99% safety record, an abortion provider can't meet  
18 that minimum to the hospital because there aren't  
19 enough patients who need to be admitted to a hospital  
20 after an abortion procedure because it's so safe. So  
21 there are also political reasons that hospitals don't  
22 want to get involved in the hostile climate in some  
23 states like Louisiana or Mississippi or Texas.

24           And so, they want to avoid the issue  
25 altogether, and therefore don't grant such privilege



2 to providers. So that puts the clinic at risk of  
3 having no provider who is able to provide the care  
4 even though it is extremely safe healthcare and  
5 quality healthcare that's being provided. So  
6 admitting privileges are a huge trend, and really are  
7 resulting in clinics being forced to close their  
8 doors. And that's the kind of law that I mentioned  
9 in my testimony that has the only clinic in the State  
10 of Mississippi at risk of being shut down.

11 KATHERINE BODIE: I would just add two  
12 more types to what Kelly just described. And, I  
13 think that those are funding restrictions, as well as  
14 restrictions that burden women's decision-making  
15 ability, if you will, and those include waiting  
16 periods, ultrasound requirements, scripts. Things  
17 that interfere with the patient-provider  
18 relationship, and make it more difficult to access  
19 abortion. And in many instances are designed to  
20 shame women in their decision-making process. And I  
21 think the funding restrictions are particularly in  
22 CDS just because they target low-income women. You  
23 know, the Height Amendment has been established as  
24 part of a federal law annually since-- for many years  
25 since '76, and that restricts Medicaid money from

2 going to abortion. And I think that women and  
3 advocates have had to find other ways to pay for  
4 abortion care services for low-income women. But it  
5 continues to be a burden and a challenge.

6 CHAIRPERSON CUMBO: And my final question  
7 before I turn it over, as we know about many of the  
8 challenges and I just want to speak about it on the  
9 record with the Women's Equality Act, I wanted to  
10 talk a bit about late-term abortions. And wanted to  
11 understand if you could talk about what are some of  
12 the medical reasons why a woman would choose a late-  
13 term abortion. And how often is it that a late-term  
14 abortion is simply because a woman just decided to  
15 change her mind?

16 [pause]

17 KELLY BADEN: So I can start that. I  
18 mean I know every provider in the room, so they will  
19 also be able to answer some of these questions, and  
20 this particular questions as well. So the first  
21 thing I would note is that the complex maze of  
22 abortion restrictions that we've about talked here  
23 result in the situation where a woman really needs to  
24 navigate a lot of different things including  
25 insurance coverage or how to pay for the procedure

2 before she can get access to care that she needs. So  
3 I think we see as a result that often times women  
4 have to delay the care that they're seeking because  
5 otherwise they--otherwise they would try to get the  
6 procedure earlier, but because there is this complex  
7 web of things that they have to navigate enacted by  
8 the State it makes it difficult to do that. I would  
9 say that any time-- No matter--I think no matter how  
10 a person feels about abortion I would think that we  
11 could all agree that a woman, especially a woman in a  
12 crisis situation should be able to get the healthcare  
13 that she needs. So whether that is because she has a  
14 healthcare risk or she-- there's a risk to the fetus.  
15 Or, if she simply wasn't able to access earlier care  
16 because she had all of these barriers in her way,  
17 then we need to protect her ability to access care  
18 later in pregnancy. And unfortunately, that's the  
19 Bill that the House of Representatives is going to  
20 vote on tomorrow, which would be a very cruel and  
21 dangerous ban on abortions after 20 weeks. And those  
22 are also things that we see happening in the states a  
23 lot. Another trend that we need to stop so that  
24 women can access care that they need.

25 CHAIRPERSON CUMBO: Uh-huh. Thank you.

2 KATHERINE BODIE: Just to add to what  
3 Kelly said, I think that, you know, the 20-week ban--  
4 most problems in pregnancy are detected around 20  
5 weeks so, you know, it becomes a challenge if  
6 something has gone seriously wrong in a pregnancy to  
7 then seek abortion care for a number of different  
8 reasons. And this law would--obviously goes toward  
9 that. In 2013, the NYCLU took on a story collection  
10 project New York State because we wanted to figure  
11 out how New York law deters providers from providing  
12 necessary care to women even later in pregnancy. And  
13 care, abortion care later in pregnancy is a very  
14 loaded conversation. And one that is often used by a  
15 opponents to misconstrue facts, and misconstrue what  
16 we're trying to do here. But it is often a necessary  
17 healthcare procedure that women seek. There are lots  
18 of different reasons why women would seek an abortion  
19 after 20 weeks. It's not just one reason. Sometimes  
20 there are fetal indications. Sometimes there is  
21 something that has gone terribly wrong with the  
22 woman's health. So those stories have been  
23 documented throughout New York State. Unfortunately,  
24 New York law because it does not have a provision  
25 that allows for doctors to provide this type of care.

2 When a woman's health is at risk, or when a fetus is  
3 not viable, women are often sent out of state to get  
4 the care they need. So I'm happy to share those with  
5 the Council and the Committee, and yeah So, thanks.

6 CHAIRPERSON CUMBO: Thank you. I will  
7 turn it over to my colleagues, but wanted to also let  
8 you know that we have on other panel, and the other  
9 panel are also representatives from Planned  
10 Parenthood, Physicians for Reproductive Health, the  
11 Abortion Access Fund, and CUNY Law School. So some  
12 of the questions can also be answered by my  
13 colleagues--by the other presenters that will be  
14 coming forward. But wanted to see did any of my  
15 colleagues have questions? Council Member Crowley.

16 COUNCIL MEMBER CROWLEY: All right. I  
17 want to thank the advocates for testifying today, and  
18 for your advocacy. Now, when it comes to New York  
19 State I think one advocate here mentioned that there  
20 is already legislation that has been introduced to  
21 prevent access. When we could do more to help  
22 locally than congressional members in other states,  
23 but we could try to implement to the State Senate to  
24 pass the full Women's Quality Act. So I'm just

2 curious to know what they're working against? What  
3 did they do recently?

4 KATHERINE BODIE: Did they? So the New  
5 York State Senate?

6 COUNCIL MEMBER CROWLEY: Yeah, the New  
7 York State Senate.

8 KATHERINE BODIE: So when the New York  
9 State Senate passed eight provisions of the Women's  
10 Equality Act they did not pass the provision that  
11 would reform New York's Abortion Law in the ways that  
12 I discussed earlier. But that I think Kelly was  
13 referring to was the 20-week ban on the federal  
14 level.

15 JENNY DODSON MISTRY: [off mic] I did  
16 mention-- [on mic] Well, actually the eight points.  
17 [sic] I'm not sure.

18 KATHERINE BODIE: So, so, right, so they  
19 did not--the Senate did not pass the Women's Equality  
20 Act with the abortion provision. That means that we  
21 are unlikely unless the Senate has a change of heart  
22 to see that provision passed this session. Advocates  
23 I think will continue to hold the Senate accountable  
24 for that.

2 COUNCIL MEMBER CROWLEY: Now if you have  
3 certain insurances abortions are covered, but if you  
4 have Medicaid it's not covered?

5 KATHERINE BODIE: It is up to the state  
6 to provide that type of funding. New York State does  
7 provide that type of funding.

8 COUNCIL MEMBER CROWLEY: And if somebody  
9 does not have insurance, there's Planned Parenthoods  
10 or other ways of accessing the free abortion services  
11 in the City?

12 KELLY BADEN: [off mic] I think I would  
13 defer to Alison Turkos from the New York-- [on mic]  
14 Allison Turkos from the New York Abortion Access Fund  
15 I think will be on the next panel and can really  
16 speak on a frontline basis about that. But yes,  
17 there are abortion fund throughout the country who  
18 serve as a stopgap for people who can't afford  
19 abortion care.

20 COUNCIL MEMBER CROWLEY: Okay. I have no  
21 further questions.

22 CHAIRPERSON CUMBO: Council Member Mealy.

23 COUNCIL MEMBER MEALY: Yes, I just want  
24 to thank the activists, and the President was awesome  
25 last night. I just have one question. That's

2 probably going to be my questions for all the panels.

3 How can we ensure that the population that's most  
4 affected, mainly low and moderate--low-income  
5 immigrants they can get these--they know about their  
6 options? How are we getting the information out  
7 there to them that they know they have options? Or  
8 what would be the best way to make sure that--

9 KATHERINE BODIE: Well, I think that  
10 there's--

11 COUNCIL MEMBER MEALY: --we inform them.

12 KATHERINE BODIE: --many different  
13 strategies for approaching what we're dealing with  
14 right now with reduced access. In New York City  
15 surely there are policies that can be passed  
16 including wider access to contraceptives in  
17 conjunction with Comprehensive Sex Education.

18 COUNCIL MEMBER MEALY: But how are we  
19 informing? Like immigrants just coming here. How  
20 are we getting them the information that they may  
21 need right away? I'm just trying to find out what  
22 are we-- You know, the activists are doing to make  
23 sure, or do you know of any things that others are  
24 doing that is right on point? So someone needs help



2 they are there to get help, and they know exactly  
3 where to go?

4 KATHERINE BODIE: From the NYCU  
5 standpoint we work with a lot of healthcare  
6 providers, and those healthcare providers are often  
7 the people that will see the person, the impacted  
8 person and can provide them the information they  
9 need. We try to also find other organizations that  
10 are direct representative organizations so that they  
11 have materials, and they can get that information out  
12 in communities.

13 COUNCIL MEMBER MEALY: But I ask you, if  
14 someone go to Bellevue, and they need those services,  
15 is it ready information there for them to tell them  
16 exactly where to go, or pamphlets or counseling? Is  
17 that on staff do you believe?

18 KATHERINE BODIE: Yes, and I hope they  
19 can get an abortion at Bellevue. I think they should  
20 be able to.

21 COUNCIL MEMBER MEALY: Okay, thank you.  
22 Thank you so much, and keep up the good work.

23 CHAIRPERSON CUMBO: Thank you. Council  
24 Member Ben Kallos, our He for She.

2 COUNCIL MEMBER KALLOS: Thank you for  
3 joining us today. I want to praise our Chair Laurie  
4 Cumbo for leading Women's Issues. We had a very  
5 thought-provoking conversation around vaccination--

6 CHAIRPERSON CUMBO: Uh-huh.

7 COUNCIL MEMBER KALLOS: --and the fact  
8 that we can stop men and women from getting cancer.  
9 So, along those lines I would love to just say that a  
10 lot of these issues that we're talking about  
11 shouldn't just be a woman's issue. They should be  
12 everybody's issue.

13 CHAIRPERSON CUMBO: That's right.

14 COUNCIL MEMBER KALLOS: But until we can  
15 live in that future, at least I can be a part of it.  
16 So I first want to also acknowledge and say thank you  
17 to NARAL Pro-Choice of New York for your support. I  
18 would not be here without you. As a result, you can  
19 actually pick up the New York City condoms from my  
20 office. We're a condom distribution location. We're  
21 officially registered. The funny part is we actually  
22 have more seniors taking condoms from my office than  
23 anybody else. Along those lines, what can we do as a  
24 city to make sure that whether it's seniors, or I  
25 think where the focus of our conversation is today,

2 our youth, that all ages have access to reproductive  
3 health and to treatment, and to any service that they  
4 might need within in our schools. So that it's a  
5 matter of everyone having access regardless of  
6 whether they're a Title 1 or otherwise and just  
7 everyone having the access they need during their  
8 school hours?

9 KATHERINE BODIE: I would say that the  
10 biggest thing that the New York City legislators and  
11 agencies can do is to pass a policy mandating  
12 Comprehensive Sex Ed K through 12. There is a, you  
13 know, a good deal of people who are in our schools  
14 that want to make sure that students stay in school,  
15 that they stay healthy. That they are in healthy  
16 relationships, and we need to make sure that every  
17 student is getting that information, and can access  
18 the healthcare services they need confidentially.

19 CHAIRPERSON CUMBO: Thank you. All  
20 right. We will hear from our next panel, but before  
21 we do that I first wanted to thank you all because  
22 you all provided a great deal of information. And  
23 really this is a very historical time, and it's so  
24 very important that all our voices are raised around  
25 these very important issues. So I thank you all for

2 the work that you have done, and we're going to  
3 continue to be strong champions in the Council. And  
4 I'm happy to see that this conversation is happening  
5 nationally on the State level as well as locally.

6 Tomorrow, I just wanted to let you all  
7 know that we'll be have a *Roe v. Wade* rally on the  
8 steps of City Hall tomorrow. That will be January  
9 22nd at 9:15 a.m. sharp. We are also going to have  
10 presentations from the feminist legendary band Betty  
11 as well as Girl Be Heard and many other  
12 organizations. So I do hope that you all will raise  
13 your voices, and come out tomorrow at 9:15 because we  
14 have to make sure that New York City is at the center  
15 of making sure that a woman's right to choose is  
16 protected. Thank you.

17 [pause]

18 CHAIRPERSON CUMBO: Before we call up the  
19 next panel, I would like to have Council Member  
20 Kallos as well as Council Mealy to vote on the  
21 Resolution calling upon the United States Congress to  
22 pass legislation to protect a woman's health, her  
23 right to determine whether and when to bear a child,  
24 and her ability to exercise that right by limiting  
25 government interference with the provision of

2 abortion services. And ensuring legal, safe abortion  
3 care is available to any woman who needs it.

4 CLERK: Council Member Mealy.

5 COUNCIL MEMBER MEALY: I vote aye.

6 CLERK: Council Member Kallos.

7 COUNCIL MEMBER KALLOS: On the condition  
8 that I may be added as a sponsor, I vote aye.

9 CHAIRPERSON CUMBO: All right.

10 CLERK: The final vote on the Resolution  
11 is now 5 in the affirmative, 0 in the negative, and  
12 no abstentions. The item is adopted.

13 CHAIRPERSON CUMBO: Thank you. We are  
14 now going to call Dr. Kathleen Morrell, Physicians  
15 for Reproductive Health; Julianne Verde, Planned  
16 Parenthood of New York City; Caitlin Borgmann, CUNY  
17 Law School; and I apologize if I pronounce this  
18 incorrectly, Alison Turkos, New York Abortion Access  
19 Fund.

20 [pause]

21 CHAIRPERSON CUMBO: We can get close.

22 [pause]

23 CHAIRPERSON CUMBO: We're all family  
24 here. We definitely can get close. We're going to

2 get a lot closer over these next few years. All  
3 right, we can begin from left to right.

4 DR. KATHLEEN MORRELL: Good afternoon.  
5 I'm Dr. Kathleen Morrell. I'm a Board Certified  
6 Obstetrician/Gynecologist, and I've been living and  
7 practicing in New York City for nine years. I  
8 trained at Albert Einstein Montague Medical Center in  
9 the Bronx, and completed a fellowship training in  
10 abortion and contraception, as well as a Master's in  
11 Public Health at Columbia University. I'm currently  
12 the Reproductive Health Advocacy Fellow at Physicians  
13 for Reproductive Health, which is a doctor led  
14 advocacy organization that uses evidence-based  
15 medicine to promote sound reproductive health  
16 practices.

17 As physicians, patient safety is our top  
18 priority. This is why we are dismayed by the actions  
19 of politicians across the country that has passed  
20 harmful restrictions on abortions in the name of  
21 patient safety. In many states, the effect has been  
22 catastrophic, as politicians have increasingly sought  
23 new ways to interfere with the patient-provider  
24 relationship, and undermine women's access to safe  
25 abortion care. Abortion is one of the safest medical

2 procedures in the United States. Rates of infection  
3 and serious complications following a medical or  
4 surgical abortion are incredibly low. In fact, data  
5 from the Center for Disease Control and Prevention  
6 found that abortion has an over 99% safety record,  
7 and less than one percent complication rate.

8           Even so, we are always working to find  
9 new ways to make it safer. State lawmakers are  
10 actually harming women by decreasing access to safe  
11 and legal abortion care. As physicians, we want to  
12 provide the highest quality, most compassionate,  
13 safest medical care, and in some states now, we are  
14 unable to because of unnecessary laws. These  
15 restrictive state laws are hurting my colleagues'  
16 ability to practice medicine, and jeopardizing our  
17 patient's health and lives include laws mandating  
18 unnecessary visits to a clinic, hospital admitting  
19 privileges requirements as we've heard about already.  
20 Unnecessary regulations that single out abortion.  
21 Measures limiting the provision of medication  
22 abortion, and bans on second trimester abortion care.

23           For example, Ohio mandates the use of  
24 outdated protocols for medication abortion. A woman  
25 in Ohio must make four separate visits to the clinic

2 to take the second medication in the clinic or  
3 doctor's office rather than in the comfort of her own  
4 home. For women able to access medical abortion,  
5 this protocol subjects them to higher rates of side  
6 effects. Medication abortion can begin to work  
7 within an hour so women coming to Ohio from Kentucky  
8 or West Virginia could begin to feel the effects on  
9 their ride home. Women are much better served by  
10 being in the comfort of their homes rather than on  
11 the road. This Ohio law does nothing to make  
12 abortion safer. All it does is limit access to safe  
13 medication abortion.

14 But in New York where I practice I can  
15 talk to a woman about her options, and give her the  
16 medications if she so chooses on the same day. Then,  
17 she can take the second set of pills and complete the  
18 abortion in the privacy of her own home, and at a  
19 time that is convenient for her. My patients are  
20 grateful that they can receive their care without  
21 being forced to make multiple trips to see me. The  
22 care I'm able to provide is the high quality  
23 evidence-based care that we strive to deliver as  
24 medical professionals. As physicians, we are  
25 obligated by professional ethics to provide the best



2 care possible to our patients. Why would we give  
3 more medication than necessary, or require a woman to  
4 make an unnecessary trip to a doctor when she does  
5 not need to? Why should a state single out abortion  
6 for needless regulations not imposed on other medical  
7 procedures?

8           These medically unjustified laws have  
9 replaced medical judgment with political agendas.  
10 These intrusions into the practice of medicine are  
11 offensive to doctors and to the women who we take  
12 care of. And ominously threaten medical and  
13 scientific integrity. We, therefore, encourage and  
14 thank you for supporting the resolution that's under  
15 consideration today calling upon the U.S. Congress to  
16 pass the legislation to protect a woman's health, her  
17 right to determine whether and when to bear a child.  
18 And her ability to exercise that right by limiting  
19 governmental interference with the provision of  
20 abortion services. And ensuring legal, safe  
21 abortion care is available to all women who need it.

22           I would like to, if you would allow me  
23 to, to answer some of the questions that came up on  
24 the panel, if you don't mind. The first one Chairman  
25 Cumbo the question that said about why would women

2 particularly need later abortions? Half of the  
3 abortion care that I did during my training was women  
4 over 20 weeks. So I can speak very personally to  
5 this. These are the women who you don't know their  
6 story. There is a very easy reason why we don't know  
7 their story. These are the voiceless women who have  
8 become so marginalized by the stigma not just of  
9 abortion, but the stigma of having an abortion later  
10 on in their pregnancy. Unfortunately, most of these  
11 women do not get there because they necessarily have  
12 some very obvious reason that would make it easy for  
13 them to think about it. These were women who were  
14 bounced around to clinics. They came to me from out  
15 of state. These were women who for whatever life  
16 reason happened to them. They got more and more  
17 barriers put before them. And the problem that I'm  
18 concerned about as these restrictions across the  
19 country happen is we're going to see women later and  
20 later. Because when you sit and listen to a woman  
21 who is trying to bring--find money because she  
22 doesn't have the joy of living in New York State and  
23 have her Medicaid covered. It takes time in order to  
24 get the money together, and each week--

25 CHAIRPERSON CUMBO: [interposing] Hmmm.

2 DR. KATHLEEN MORRELL: --it's further and  
3 further. And so these are the really super  
4 disadvantaged women in our country. They're the  
5 marginalized women. And so, what we know about this  
6 is that it's not just the women that it's easy for  
7 them to tell their story or blog about their fetal  
8 anomaly. Those cases certainly happen, but  
9 unfortunately, there are also the other women who  
10 aren't going to blog about it, and are going to talk  
11 about it. And those are really the women that we are  
12 trying to fight for, the voiceless women who are  
13 really going to be most affected by this. Because  
14 that's why it passes state to state. These women  
15 don't come out and speak about it. There is way too  
16 much stigma, and they feel like they're powerless.  
17 And so, we need as their physician who take care of  
18 them, we need to speak for them.

19 CHAIRPERSON CUMBO: Thank you.

20 DR. KATHLEEN MORRELL: I also wanted to  
21 speak, Councilwoman Mealy, to your question about  
22 what you think we need to do in the--in the  
23 community. And I think that Council Member Kallos  
24 kind of also alluded to it. I also wear the hat of  
25 working with the New York City Department of Health,

2 and some of their school based initiatives around  
3 reproductive health. There's a program called CATCH,  
4 which is a nurse-based program. So the school nurse  
5 who is actually already in the school, I'm their  
6 medical advisor. And so the schools are having the  
7 nurse actually give reproductive counseling to mostly  
8 young women who end up coming in. It's an incredibly  
9 small program that started about three or four years  
10 ago. They need more money. They got more money with  
11 the new Department with the new Department of Health  
12 that changed over. They did get refunding, but they  
13 always need more. And there is also the school-based  
14 clinics that are obviously happening in New York  
15 City's schools. So if they got funding to do that,  
16 and I've talked to people from other cities across  
17 the country that are absolutely blown away by the  
18 fact that that even exists.

19           So these are things that if we could  
20 spread that I mean they're only in a couple dozen  
21 schools now, and they're expanding all the time. But  
22 these things that literally the student just walks  
23 down the hall, and she can get emergency  
24 contraception, a pregnancy test, counseling, a  
25 referral to a local clinic. She can find out what

2 hours they're open, and the nurse can do that in a  
3 confidential way in order for them to talk. So I  
4 think that these are things that we can really-- If  
5 we put the money behind it, it can take place in like  
6 maybe the school and the classroom not being a place  
7 where people feel comfortable asking those kinds of  
8 questions. But it's in a confidential way right in  
9 their school that students can actually have that  
10 education. Thank you very much.

11 CHAIRPERSON CUMBO: Thank you.

12 JULIANNE VERDE: Good afternoon. I'm  
13 Julianne Verde, Director of Government Relations at  
14 Planned Parenthood of New York City, and I'm pleased  
15 to be here today to provide testimony in support of a  
16 resolution calling on Congress to pass the Women's  
17 Health Protection Act. PPNYC thanks our strong  
18 supporter and Chair of the New York City Council  
19 Committee on Women's Issues is the Honorable Council  
20 Member Laurie Cumbo for her leadership in convening  
21 this hearing. For almost a century, thousands of  
22 women, teens and families have relied on PPNYC for  
23 professional non-judgmental and confidential  
24 reproductive health care. As such, we know first  
25 hand that access to the full range of reproductive

2 healthcare options including abortion is essential to  
3 women's health and central to women's social and  
4 economic equality.

5           Tomorrow, January 22nd, marks the 42n  
6 anniversary of the U.S. Supreme Court Decision *Roe v.*  
7 *Wade*. This landmark ruling confirms that the  
8 Constitutionally protected right to privacy includes  
9 every woman's right to make her own personal medical  
10 decisions without the interference of politicians.  
11 Despite the clear legal precedent, reproductive  
12 healthcare has been under an unprecedented attack in  
13 the U.S. for over a decade. In the first few days of  
14 Congress this year alone, Congress has introduced six  
15 anti-abortion bills. Included in the six is a bill  
16 that would defund Planned Parenthood, which would  
17 cripple Planned Parenthood's ability to provide  
18 essential sexual and reproductive healthcare to  
19 millions of Americans who rely on us everyday.

20           Also, we've seen an even greater  
21 onslaught of attacks on the State level. According  
22 to the Guttmacher Institute, 57% of women now live in  
23 a state that is either hostile or extremely hostile  
24 to abortion rights. Meaning that the state has at  
25 least four abortion restrictions in place.

2 Traditionally, hostile states have targeted women by  
3 focusing on regulations that seek to delay access to  
4 care. Or, attempt to shame women for their  
5 healthcare decisions such as a mandatory 24-hour  
6 waiting periods, parental involvement and mandatory  
7 ultrasound laws. As egregious as these restrictions  
8 are, in recent years we've seen a troubling shift of  
9 trend towards legislation targeting healthcare  
10 providers, and their ability to provide abortion  
11 care.

12           These abortion restrictions aim to reduce  
13 the number of providers or eliminate them completely  
14 under the guise of protecting women's health. These  
15 restrictions are aggregately referred to as Targeted  
16 Regulation of Abortion Providers or TRAP. TRAP laws  
17 take various forms such as requiring providers to  
18 have admitting privileges at hospitals, or dictating  
19 rigid, often unobtainable clinic standards. Other  
20 restrictions seeking to restrict access to abortion  
21 include bounds on types and timing of abortions like  
22 the 20-week abortion ban, and medically unnecessary  
23 regulations involving medication abortion.

24           PPNYC understands how national and  
25 statewide attacks on reproductive healthcare impact

2 us locally. Nearly 8% of abortions performed in New  
3 York City are provided to women who have traveled  
4 from out of state. Restrictions enacted in other  
5 parts of the U.S. have a direct effect on the care we  
6 are able to provide, and furthers the divide among  
7 economic lines. The Women's Health Protection Act  
8 would uphold and enforce the Constitutionally  
9 protected right to abortion services under *Roe*  
10 invalidating any state or local legislation that does  
11 not adhere to federal protections. The act would  
12 prohibit a variety of laws and regulations that  
13 single out abortion providers and abortion care for  
14 unnecessary and burdensome restrictions.

15           New York City has long been touted as a  
16 national leader when it comes to reproductive rights.  
17 New York was one of the first states [buzzer] to  
18 legal abortion in 1970, three years before *Roe*. And  
19 Planned Parenthood first opened here in New York City  
20 nearly a hundred years ago. However, we face many of  
21 the same battles that are currently playing out  
22 across the country. Just last week the New York  
23 State Senate again failed to pass legislation  
24 codifying a person's right to an abortion, and  
25 ensuring the decades old ruling into New York's



2 Health Law. These actions are very discouraging as  
3 we have always advocated, but women's equality cannot  
4 be fully achieved without first ensuring women have  
5 the ability to make the basic healthcare decisions.

6 As attacks across the country become even  
7 more egregious, we must become even more vocal and  
8 ensuring that access to reproductive healthcare will  
9 be safeguarded in New York. It is time for New York  
10 City to take a proactive lead and assert the right of  
11 all individuals to control their personal medical  
12 decisions as well as ensure everyone has access to a  
13 full range of reproductive healthcare services.  
14 PPNYC strongly urges the City Council to pass this  
15 important resolution, and calls on Congress to  
16 reintroduce and pass the Women's Health Protection  
17 Act. thank you.

18 CHAIRPERSON CUMBO: Thank you very much.  
19 Next panelist.

20 CAITLIN BORGMANN: [off mic] Good  
21 afternoon and thank you. [on mic] Good afternoon.

22 CHAIRPERSON CUMBO: Good afternoon.

23 CAITLIN BORGMANN: My name is Caitlin  
24 Borgmann. I'm a member of the Board of Directors of  
25 the National Abortion Federation and a Professor of

2 Law at CUNY Law School. I would like to thank the  
3 Committee this morning for the opportunity this  
4 afternoon to testify on this resolution. And  
5 particularly, Chairwoman Cumbo, for your leadership  
6 on this issue and the Committee for passing the  
7 resolution--

8 CHAIRPERSON CUMBO: Thank you.

9 CAITLIN BORGMANN: --today. The National  
10 Abortion Federation of NAF is the professional  
11 association of abortion providers in North America.  
12 NAF's mission is to ensure safe, legal, and  
13 accessible abortion care, which promotes health and  
14 justice for women. NAF helps ensure quality abortion  
15 care by providing evidence-based quality clinical  
16 policy guidelines, accredited continued medical  
17 education and training, and support to health  
18 professionals who provide abortions. The Women's  
19 Health Protection Act would protect women's health  
20 and equality by preventing harmful legislation aimed  
21 at curtailing access to abortion.

22 As we've heard, in particular the act  
23 would bar the insidious and stunningly effective  
24 category of laws known as Targeted Regulation of  
25 Abortion Providers or TRAP. TRAP laws target

2 abortion facilities and providers with special  
3 onerous regulations that impose often prohibitive  
4 costs. They are designed to fly under the radar by  
5 mimicking ordinary health regulations. But their  
6 real purpose is not to make abortion safer, but  
7 harder to get. Some TRAP laws require abortion  
8 providers to obtain admitting privileges we've heard  
9 at nearby hospitals even though hospitalization after  
10 abortion is extremely rare. And trained emergency  
11 room personnel are legally required to treat patients  
12 already. Hospitals have a wide discretion, again,  
13 we've heard to deny privileges for reasons totally  
14 unrelated to medical competence. And if they do, the  
15 provider will be unable to continue offering  
16 services. Other TRAP laws compel abortion clinics to  
17 meet the Building and Construction requirements of  
18 ambulatory surgical centers. Even though abortion is  
19 far simpler and less risky procedure than many of  
20 those that are performed at such centers. Abortion  
21 providers often find it logistically or financially  
22 impossible to renovate their facilities to meet these  
23 requirements, and so must close. Indeed, that is the  
24 very point. About half of Texas' clinics have shut  
25 their doors since recent TRAP regulations went into

2 effect there, and Mississippi's last clinic was on  
3 the verge of doing so until a court intervened.

4           The Supreme Court is likely to consider  
5 one of these TRAP laws soon, but it is unlikely to  
6 resolve the issue in a way that will adequately  
7 protect women's rights. Even if the court strikes  
8 down a particular TRAP law as imposing and  
9 unconstitutional undue burden on the right to  
10 abortion, the court is likely to do so on narrow  
11 grounds that will not prevent states from continuing  
12 to experiment with other burdensome regulations. The  
13 Women's Health Protection Act is a strong proactive  
14 legislation that will stop TRAP laws across the  
15 country, and save the need for endless litigation to  
16 protect access to abortion. By passing this  
17 resolution, the New York City Council will send an  
18 important message to Congress that a woman's right to  
19 an abortion should not depend on her zip code. Thank  
20 you.

21           CHAIRPERSON CUMBO: Thank you very much  
22 for your testimony.

23           ALISON TURKOS: Thank you to the New York  
24 City Council and specifically this committee for  
25 introducing and now passing this important

2 resolution. My name is Alison Turkos, and I am Co-  
3 Chair of the Board of the New York Abortion Access  
4 Fund, also known as NYAAF. NYAAF supports anyone who  
5 isn't able to pay fully for an abortion, and is  
6 living in or traveling to New York State by providing  
7 financial assistance and connections to other  
8 resources. When an abortion clinic encounters a  
9 patient who needs financial assistance, NYAAF is one  
10 of the potential funding sources to which they turn.  
11 Over the last 12 years, NYAAF has pledged over  
12 \$465,000 to help more than 1,500 people access--  
13 excuse me--access abortion services. We are run  
14 completely by volunteers, are funded almost entirely  
15 by individual donations, and every single grant we  
16 make goes directly to an abortion clinic on behalf of  
17 a patient who cannot afford the cost. People come  
18 from all over the country to access abortion services  
19 in New York City for a variety of reasons. NYAAF has  
20 helped people from as close as Pennsylvania and New  
21 Jersey to as far as California, Texas, Utah, and  
22 France. For some, abortion may be more affordable in  
23 New York City than in their home states. While  
24 others come because they may be able to have  
25 procedures done at later stages of pregnancy.

2           Many people that NYAAF has helped found  
3 that New York has fewer barriers accessing abortion  
4 care than surrounding states. Some have even come  
5 from areas where there are no abortion providers at  
6 all. Many states have a limited number of providers,  
7 which leads to fewer clinics, which often means more  
8 travel time for many patients. Low-income  
9 individuals who seek funding from an abortion fund  
10 like NYAAF not only have a hard time coming up with  
11 the money for an abortion, but many times have to  
12 consider their time off work, childcare, travel and  
13 hotel costs. We work every day with clients who sell  
14 their belongings, go hungry for weeks as they save up  
15 their grocery money, or risk eviction by using their  
16 rent money to pay for an abortion.

17           New York is lucky in that we don't have  
18 some of the more onerous restrictions like we've seen  
19 in recent years in Texas, which has succeeded in  
20 closing the doors of many of the state's already  
21 over-burdened clinics. Ensuring that safe, legal  
22 abortion care is available to anyone who needs it  
23 require institutional and political support for  
24 abortion providers. Clinics should be able to stay  
25 open without unnecessary structural requirements or

2 other governmental hoops to jump through, hoops that  
3 serve not to protect patient's health, but rather to  
4 delay access to safe, legal services.

5           While we are privileged to live in a  
6 state where Medicaid covers abortion costs, and where  
7 laws do not restrict access to abortion care, there  
8 are still many in New York who are unable to access  
9 abortion care. These are the many patients who turn  
10 to the New York Abortion Access Fund for assistance.  
11 As the growing need for NYAAF's funding shows,  
12 legalities can be meaningless when countless other  
13 barriers stand in your way. We are thankful for  
14 these courageous City Council members who recognize  
15 that while abortion needs to be safe and legal, it  
16 also must be affordable and accessible. We hope this  
17 resolution will push people to think about abortion,  
18 not just within the limiting framework of choice.  
19 But as a crucial component in the broader fight for  
20 economic and reproductive justice. Thank you.

21           CHAIRPERSON CUMBO: Thank you. I want to  
22 thank all of you for your testimony. It provided a  
23 great deal of insight, and I know that my colleagues  
24 also have questions. I just wanted to continue with  
25 some of the questions that we asked previously, and

2 it brought up some new questions in your testimony.  
3 Can you explain to me how an organization such as  
4 Planned Parenthood or many others when a young woman  
5 is coming to Planned Parenthood-- When I was a  
6 teenager, and I went to Planned Parenthood for  
7 services it was almost--it was on a pay scale of  
8 sorts. So you would identify whatever sources of  
9 income, or what your situation was. And that would  
10 be the way that you would pay for any range of the  
11 services that happen there. Has that changed and/or  
12 how does one qualify for something like Medicare in  
13 order get-- Excuse me, Medicaid in order to get  
14 services?

15           And Council Member Darlene Mealy brought  
16 up a great point. So you walk into a hospital such  
17 as Bellevue, and you want to have an abortion  
18 performed. How does that even happen? How does  
19 someone even know that that's a place that they can  
20 go to? Because I know when I was a teenager, it  
21 never crossed my mind that an abortion could be  
22 performed at a hospital. I had always assumed that  
23 it would only happen at clinics. And as a young  
24 woman in a community of color growing up, the way we  
25 found out about it--to Council Member Mealy's



2 question--was on Hot 97, the radio program. So, you  
3 know, it's one of those things where how do we get  
4 that word out, and that information. But wanted to  
5 understand the pay scale, and now those particular  
6 dynamics work for a young woman seeking an abortion.

7 JULIANNE VERDE: I'll be happy to speak  
8 to Planned Parenthood. So Planned Parenthood of New  
9 York City cares no matter what. So if you are a  
10 patient coming into Planned Parenthood, and you're  
11 unable to pay, we'll see you regardless. So we do  
12 have a sliding scale that, you know, if you're able  
13 to pay a little we can work with you. If you have  
14 health insurance, obviously we do take health  
15 insurance. But we also have entitlement counselors.  
16 So if a patient comes in and they don't have  
17 healthcare insurance, we'll screen them, and we can  
18 screen them for public programs, but also for the New  
19 York State Health Portal for the private programs as  
20 well. New York State is fortunate to have something  
21 called the Family Planning Benefit Program, which is  
22 really helpful in helping young people in particular  
23 access family planning services through contraception  
24 and that sort of thing. Even if they already have

2 health insurance through their parents, but they're  
3 afraid to use the insurance.

4           Because there's an issue in New York  
5 State, and it's something that we're interested in  
6 working on. Is that the explanation of benefits when  
7 you use your insurance, the explanation of benefits  
8 goes to the policyholder, not to the individual  
9 patient. So if you're coming from an abusive  
10 household or if you're a minor and you don't want  
11 your parents to know that you're going to Planned  
12 Parenthood or that you're trying to get  
13 contraception. And, you've seen an OBGYN, or you've  
14 had STI testing, and those sort of things, you don't  
15 want your significant other or your parent to see  
16 those records. Though, right now they're sent right  
17 home to the policyholder. So sometimes our patients  
18 come in and, they do have health insurance, but  
19 they're afraid to use it. So we help them get  
20 services no matter what. And it puts a strain our  
21 financial ability to provide care. So we really--we  
22 really rely on City Council funding, and other forms  
23 of funding to help us take care of our patients.

24           CHAIRPERSON CUMBO: I think it's very  
25 interesting in your first testimony where you spoke

2 about those that become late-term abortions in terms  
3 of the amount of resources and funding and money and  
4 travel time, and the ability to get to the city.  
5 Once you get to New York City, do you qualify as an  
6 out-of-state resident for the programs, and the  
7 programs that we have here in New York City. Or, is  
8 it that you still have to bring whatever it would be  
9 in order for you to pay for the abortion. Or, do you  
10 qualify for some of the in-state programs in New York  
11 City even though you're an out-of-state resident?

12 ALISON TURKOS: That's a really wonderful  
13 question. If you live outside of New York State, you  
14 are not eligible to apply for New York State  
15 Medicaid. We at NYAAF serve a large population of  
16 patients coming from Pennsylvania, and so if you are  
17 enrolled in Pennsylvania State Medicaid, it is not  
18 eligible to be used out of state. And so, that's  
19 something that not many patients might know. And so  
20 a patient might let's say hypothetically walk into a  
21 clinic and say I have Medicaid. I'm all set. The  
22 clinic worker would then verify that insurance, would  
23 then see that they actually, in fact, have an out-of-  
24 state Medicaid. And so, most like what a clinic  
25 would do is that they would then call the New York

2 Abortion Access Fund. They would check in with the  
3 patient, and say your abortion services are going to  
4 be approximately \$650.

5           And then the patient really starts to  
6 panic and say, Oh, my goodness. I only have \$300 and  
7 I have to pay for a hotel tonight and X, Y, Z. And  
8 so, then the clinic worker would maybe,  
9 hypothetically if it were Planned Parenthood, they  
10 would see an entitlement counselor who would then  
11 contact us at NYAAF. And we would do a full intake  
12 with that patient. And so much of Planned Parenthood  
13 it's exceedingly important with us at NYAAF that no  
14 one is ever turned away due to their income level.  
15 And so, we would then make a pledge to the clinic on  
16 behalf of that patient. And bridge the gap between  
17 how much that patient is bringing into the clinic,  
18 and how much the abortion costs in full. And so,  
19 that's one of the ways we can do that.

20           JULIANNE VERDE: And I just also wanted  
21 to touch on reaching the immigrant community and just  
22 highlight a program that we actually have at Planned  
23 Parenthood that I think is--that we're really proud  
24 of. It's called our Promotores de Salud Program, and  
25 it's a program--

2 CHAIRPERSON CUMBO: [interposing] Would  
3 you say that name again for me?

4 JULIANNE VERDE: Promotores de Salud.

5 CHAIRPERSON CUMBO: Okay.

6 JULIANNE VERDE: So it's a program where  
7 we have Spanish speaking sort of advocates, who are  
8 trained and they learn about-- They're able to give  
9 workshops, and were not--in different languages, and  
10 so where we work with different communities. Right  
11 now they focus in the Bronx and Northern Manhattan,  
12 but we are looking to expand the program. And they  
13 also meet women where they are. So they'll go to  
14 hair salons, and nail salons and other places where  
15 people congregate to talk to them about Planned  
16 Parenthood, and Planned Parenthood services. We also  
17 have a great relationship with the Mexican Consulate,  
18 and have been doing a lot of work there to try to  
19 reach communities, and help them understand what  
20 their healthcare right are. Where they can access  
21 care, and also the full range of birth control  
22 options. And we make sure the material is always  
23 translated into English and Spanish. But as we also  
24 move into Queens, we're going to be opening up a new  
25 center in May. We're making sure that-- We know

2 there are 169 different languages in Queens. So  
3 we're making sure that we translate into other  
4 languages as well.

5 CHAIRPERSON CUMBO: Thank you. I only  
6 have two more questions before I turn it over. The  
7 first one is what is the-- If you were to have no  
8 insurance or you were to go to a provider that's not  
9 receiving any sort of governmental support or  
10 anything of that nature, how much or what would the  
11 range be for having a medical abortion at this time?

12 ALISON TURKOS: By medical abortion do  
13 you a medication abortion through the abortion pill  
14 or just abortion services in general?

15 CHAIRPERSON CUMBO: I really meant  
16 abortion services where it's a medical procedure, but  
17 would also be interested in finding out how it would  
18 be--how much would it be if you just were going to be  
19 taking-- How would you refer to it, a medical pill or  
20 something like that?

21 ALISON TURKOS: It's medication abortion  
22 and a regular abortion.

23 CHAIRPERSON CUMBO: A medication  
24 abortion, yeah.

2 ALISON TURKOS: A medication abortion is  
3 available only at this rate depending on the clinic,  
4 but until nine weeks of pregnancy.

5 CHAIRPERSON CUMBO: Okay.

6 ALISON TURKOS: I would say it also  
7 depends on your zip code how much you abortion is  
8 going to cost. So hypothetically let's just work  
9 it's very, very true. And so hypothetically in New  
10 York City I would say the lowest rate that you would  
11 pay in clinic abortion depending on your anesthesia  
12 choice would be approximately only about \$500. Local  
13 anesthesia being that you are fully awake is a little  
14 bit less, versus deep sedation, which is where you're  
15 fully asleep. And each clinic obviously offers a  
16 plethora of services, and medication abortions are  
17 approximately between \$600 and \$650. And as Caitlin  
18 mentioned earlier the further along that you are in  
19 your pregnancy the higher are the prices. And so, in  
20 New York State you are legally able to access an  
21 abortion up until 24 weeks. And again depending on  
22 the clinic. Here in New York City we have a few  
23 providers who go into 24 weeks. However, once you  
24 get upstate into Buffalo and other regions of  
25 Northern New York they only go to about 19 or 22

2 weeks. But for a procedure of that much, you're  
3 looking at approximately I'd say between \$1,200 to  
4 maybe \$1,500.

5 CHAIRPERSON CUMBO: Thank you, and my  
6 next question. What were your thoughts in terms of  
7 the dismantling of the ten-point equity Women's  
8 Equality Act? Excuse me, the Women's Equality Act in  
9 that way? What did you think in terms of the  
10 dismantling of the eight and the two? Did you feel  
11 that it was worth it in order to pass the pieces of  
12 legislation that were really critical? Did you think  
13 that they should have waited it out, or do you feel  
14 any hope on the horizon for the other two remaining?

15 DR. KATHLEEN MORRELL: I think that  
16 dismantling the whole is a perfect analogy to how  
17 women are treated in this country, and how abortion  
18 specifically is treated in this country. That  
19 abortion is continually treated as separate. What I  
20 do as an abortion provider puts me in the stigma just  
21 because of the fact that I provide a piece of  
22 reproductive healthcare for women. So it doesn't  
23 shock me. It appalls me and makes me incredibly sad  
24 that New York State, which I feel like is the one  
25 place that tries very hard to be a bastion for



2 women's reproduction health. And, so many of my  
3 patients don't understand how lucky they are because  
4 they shouldn't need to understand how lucky they are.  
5 But they are lucky especially when I speak to my  
6 providers in Texas and Ohio and Kansas. But I think  
7 it just reaffirms that even in places like New York  
8 State where people think that we are really  
9 protecting women's rights here, we yet again are  
10 treating abortion as different. And this I think  
11 just really reaffirms that.

12 CHAIRPERSON CUMBO: Thank you.

13 JULIANNE VERDE: And I'll just clarify.  
14 So there were the ten original points. So there was  
15 actually one that was passed, one of the ten was  
16 passed and signed into law in 2013. So there were  
17 actually nine.

18 CHAIRPERSON CUMBO: Nine.

19 JULIANNE VERDE: So they passed. The  
20 senate passed the eight. So, you know, we're  
21 disappointed. While we, you know, have always  
22 advocated that in order for women to really have  
23 economic and social equality, they need to have  
24 control over their bodies. And so, this is a really  
25 critical part of the Women's Equality Agenda. But

2 we're hopeful. It's only January so we're hopeful  
3 that the State Legislature will focus on women's  
4 health and pass the full Women's Equality Agenda.

5 CHAIRPERSON CUMBO: Uh-huh. Okay. Any  
6 of my colleagues? We have Council Member Kallos  
7 followed by Council Member Crowley.

8 COUNCIL MEMBER KALLOS: You mentioned  
9 Buffalo and that's actually where I went to law  
10 school where I learned from Lucinda Finley who  
11 represented Dr. Slapien. So 1998 seems like so long  
12 ago, but it was within a generation. And so I just  
13 want to first say thank to all of you who--

14 CHAIRPERSON CUMBO: [interposing] Uh-  
15 huh.

16 COUNCIL MEMBER KALLOS: --do what you do,  
17 and take your lives in your hands knowing that you're  
18 doing something amazing and fighting for choice. And  
19 you're literally on the front lines. And it is not  
20 without risk, and it is not without conflict, but  
21 that is something that we need to change. So I just  
22 wanted to acknowledge that. Sorry for bringing it  
23 up, but it's just we carry it with us.

24 CHAIRPERSON CUMBO: [interposing] Uh-  
25 huh.

2 COUNCIL MEMBER KALLOS: I also want to  
3 thank Planned Parenthood New York City for your  
4 endorsement and support. You're how I got here. So  
5 I want to say thank you for the Safe Sex Kits. Those  
6 are actually more popular than the New York City  
7 condoms. [laughter] And this is me asking for more.  
8 We need more in the office. I also want to  
9 acknowledge Julianne Verde. I've known you for  
10 years, and it's a pleasure to see two people who are  
11 on the Executive Board of New York State and  
12 Democrats both being able to citywide policy.

13 I'm going to just bundle all my questions  
14 together. Are Planned Parenthood and other  
15 reproductive services, whether they're offered by HHC  
16 or others, available through 311? If I call 311  
17 right now, and say I need access to these services,  
18 will 311 provide me access to those services the same  
19 way that they provide services and a connection to  
20 the Samaritans for mental health support? And I also  
21 want to mention that Planned Parenthood I was invited  
22 to a Teen Night. It actually was amazing. If you  
23 haven't been to it, you should stop by. I actually  
24 got to meet with a bunch of teens who were saying  
25 they were getting their sex education from Planned

2 Parenthood because at their high schools where they  
3 had high teen pregnancy rates, they weren't going to  
4 get sex ed until they were seniors in their last  
5 semester. So has the city gotten any better with the  
6 new Administration? For Kathleen Morrell, I'd like  
7 to learn more about the details of the program, and  
8 whether you can forward that to my office later or  
9 just give us the name, and how to contact them.

10 Last but not least, I had the pleasure,  
11 honor, distinction or whatever you want to call it of  
12 meeting with all the public schools in my district.  
13 And talking to them about age-appropriate health  
14 education. And after our hearing HPV vaccines, I  
15 asked the fifth grade parents whether or not they  
16 would allow us to start doing HPV vaccines in their  
17 school, which did not go over very well? [laughter]  
18 I went to the middle schools and asked them about  
19 bringing reproductive health into their schools as  
20 well as the high schools. And I represent the East  
21 Side Roosevelt Island, Midtown, Eastern El Barrio  
22 [sic]. We have none of these problems. And then, of  
23 course, for the record that's sarcasm. [laughter] I  
24 guess the last question is if there are any plans to  
25 start organizing PTAs so that it isn't a matter of

2 having a brave council member trying to convince  
3 people to take advantages of the services that are  
4 there. But actually organizing them so that they can  
5 come to instead and say we want these services. Can  
6 you help them happen. So those are the questions,  
7 and pleas answer in whatever order you wish.

8 [background comment]

9 JULIANNE VERDE: [laughs] Yes, thank you  
10 for highlight our Center Teen Nights. We're really  
11 proud of it. So we actually had a Teen Advocates  
12 program that they do workshops in schools, and they  
13 also do straight based outreach as well. So we're  
14 really proud that they-- They not only do evidence-  
15 based workshops, but they also are reach disconnected  
16 youth who probably are at an even higher risk of STIs  
17 and unintended pregnancies and we do-- we would love  
18 to have all of our other council members come and  
19 visit one of our center Teen Nights. They're really  
20 wonderful. The center Teen Nights our teen advocates  
21 put on these-- Almost like a party within the center  
22 to help introduce Planned Parenthood to their  
23 friends, and schoolmates and the people that they  
24 meet. And it's a really good introduction to our  
25 services. And we are really proud of the education

2 that we provide in the schools. We have--we have  
3 educators that do after school programs and things  
4 like that. But we know it's not enough, and we know  
5 that we need Comprehensive K through 12 Sex Education  
6 in our schools. And it's something that we're really  
7 passionate. I know that it's really critical. So,  
8 yeah, thank you for pointing those out.

9 DR. KATHLEEN MORRELL: I guess I can just  
10 speak briefly to the program in particular that I was  
11 talking the acronym for it is CATCH, which really  
12 doesn't help because it's dumb. It's for Connecting  
13 Adolescents and Teens to Comprehensive Healthcare,  
14 which doesn't really tell you what it is. But  
15 basically, the schools that they have to do work  
16 ahead of time obviously to make sure that the  
17 principals are okay with it. And obviously the  
18 nurses that are currently there have to also be okay  
19 with it. So I'm the one who trains the nurses, and  
20 then also trains the doctors who comes there once or  
21 twice a month. So what they have available in all of  
22 the sites that are up and running, which I believe is  
23 just shy of 20 at this point, but they're going to be  
24 expanding to 30 very quickly if the principals all  
25 say okay sooner than later. Is that the nurses can

2 do pregnancy tests. They can do emergency  
3 contraception. They can do contraception counseling,  
4 and then if the student decides that she wants to  
5 take either birth control pills or Depo, she can get  
6 that on the day once or twice a month when the doctor  
7 is actually physically there. So the doctor can  
8 actually administer a Depo shot or hand her a couple  
9 packs of pills to start her birth control at that  
10 time when the doctor--excuse me--is there.

11           This is an opt out program. So there is  
12 an intensive three ways of allowing parents to opt  
13 out. Meaning that it's put in the backpack. It's  
14 also sent home, and made available at parent/teacher  
15 nights. And the opt out rate has only been about 5%.  
16 So parents have the ability to check off certain  
17 particular things that they do or do not want their  
18 student to be a part of. And everyone is pretty much  
19 all or nothing. That they either will allow their  
20 student and child to have all of it, or they don't  
21 want them to have any of it. And only about 5% have  
22 decided that they wanted nothing. So they always  
23 check before they start talking to a student whether  
24 or not they're on that list. But 95% of the parents

2 have been okay with it behind closed doors.

3 [laughs]

4 COUNCIL MEMBER KALLOS: Okay, STI  
5 treatment and testing?

6 DR. KATHLEEN MORRELL: Unfortunately, in  
7 this particular program it's not available because  
8 it's such a tiny program. The school based health  
9 centers, which are, as I said, a much larger program,  
10 render this, New York City Department of Health. Or  
11 for larger schools they have not only the support of  
12 the administration. And so, there's a lot more of  
13 those, and I can't tell you those numbers because I'm  
14 not as in-depth with that program. But those have  
15 been happening in New York City for years, and  
16 probably someone actually in this room probably knows  
17 more about them than I do.

18 JULIANNE VERDE: And I could just say we  
19 have a good relationship with several schools, but  
20 are looking to speak to different school nurses and  
21 school educators about referrals. And just making  
22 sure that we, you know, referral materials are in the  
23 schools. So that, you know, when a student goes to  
24 the school nurse and these services aren't offered



2 there, that they are given appropriate referrals so  
3 that they can get services as quickly as possible.

4           And I'll also mention you mentioned  
5 reaching out to parents, and one of the things that  
6 we do we have a training institute where we do  
7 different trainings on things like birth control,  
8 STIs. And one of our trainings, which I think is  
9 really great is about speaking about sexuality with  
10 confidence. And it's really to help trusted adults  
11 and other people who work with, maybe parents, and  
12 other adults that work with children, you know, how  
13 to talk about sexuality with confidence. And not be-  
14 -and talk about these tough issues. So, that might  
15 be something we can get to with a full training  
16 schedule with all of our different trainings that we  
17 offer. A lot of them are free, or at very low cost.  
18 And some of those might be helpful to figure out how  
19 to have PTAs talk about these issues, and be a little  
20 bit more comfortable with them.

21           COUNCIL MEMBER KALLOS: The only last  
22 question that wasn't answered is 311. If I call 311  
23 will they connect me with a provider?

24           DR. KATHLEEN MORRELL: They're not going  
25 to connect you with a provider. I do know one

2 specific thing that I know that they definitely have  
3 access to is there's something called the Teens in  
4 New York City App, which has a bunch of clinics  
5 throughout the city in all five boroughs that has  
6 been secret shoppered, meaning that we know that they  
7 are confidential and adolescent friendly. So I know  
8 that that is definitely are confidential and  
9 adolescent friendly. So I know that that is  
10 definitely available for 311, but I don't know beyond  
11 that.

12 JULIANNE VERDE: Yeah, and that mystery  
13 shopper program is DOHMH run. They offer grants, and  
14 I know Planned Parenthood was one of the recipients  
15 of the grants and our teen advocates did mystery  
16 shopper calls. So that's a DOHMH program.

17 [pause]

18 CHAIRPERSON CUMBO: Thank you member--  
19 thank you Council Member Kallos. We'll now hear from  
20 Council Member Crowley followed by Council Member  
21 Mealy.

22 COUNCIL MEMBER CROWLEY: [off mic] I  
23 have two questions. [on mic] My first question has  
24 to do with cost. It's surprising and hopefully you  
25 can explain why. I understand if you're getting a

2 regular abortion procedure under 20 weeks where it's  
3 like \$500 to \$700 or whatever, and then it gets more  
4 expensive as a fetus grows older. But the pills at  
5 eight weeks or under why are they \$600? It seems  
6 like a lot of money, and I think I heard that right.  
7 You would think that if it's a medicine and you don't  
8 have to go under anesthesia, and you can take it in  
9 the comfort of your own home, why is it so expensive?

10 DR. KATHLEEN MORRELL: I mean it's mostly  
11 just the pharmaceutical. The pill itself is actually  
12 incredibly expensive. So if you can figure out a way  
13 to reform the pharmaceutical industry in this country  
14 to make drugs cheaper-- But, it is just the drug  
15 itself, and often times the multiple visits are  
16 within that bulk payment as well.

17 COUNCIL MEMBER CROWLEY: But how many  
18 years has that been administered?

19 DR. KATHLEEN MORRELL: That has been  
20 legal in the United States since 2001, if I remember  
21 that correctly?

22 COUNCIL MEMBER CROWLEY: Okay, so it  
23 probably will end. It probably will end in a few  
24 years. They might reduce that.

2 DR. KATHLEEN MORRELL: I don't think  
3 anyone is trying to make it off patent. It's been  
4 off patent for quite some time. There's a non-profit  
5 organization who is making it but--

6 COUNCIL MEMBER CROWLEY: [interposing]  
7 Okay, so it's expensive. Secondly, it has to do with  
8 the LARC. I understand that it's the most error  
9 proof way for women to protect themselves from  
10 pregnancy outside of abstaining. But there are many  
11 women who have health insurance that don't even know  
12 that that's covered. Because their doctors don't let  
13 them know it. So this is really a question for Dr.  
14 Morrell. You know, if Medicare covers this, why  
15 aren't more New Yorkers getting this procedure done?  
16 And why aren't doctors not wanting it? Is it my  
17 belief or am I wrong or do doctors not want to  
18 administer this? Please help me.

19 DR. KATHLEEN MORRELL: Sure. So there  
20 are two main reasons. The first is the easiest for  
21 me because even though I feel and look young, it was  
22 not that long ago that during my training, we were  
23 told not to put IUDs in women who hadn't children.  
24 And so, I was not trained all that long ago, which  
25 means that everyone that trained ahead of me was also

2 told that same thing. Luckily, I became a specialist  
3 in contraception and learned the right way of  
4 evidence-based medicine, and am now very well  
5 trained. However, many, many providers especially in  
6 New York City private providers are uncomfortable.  
7 And so they either tell people that they just don't  
8 do it, or they falsely claim that it's just something  
9 they should do. And so I have found when I got my  
10 MPH at Columbia not that long ago I was in class with  
11 many young women. And when they found out I was an  
12 OBGYN they all came to me telling me can I come to  
13 you to get my IUD because my doctor won't give me  
14 one. And so that training is the number one thing.

15           The second thing is that as a physician  
16 you can't necessarily eat the upfront cost of the  
17 device and stock it in your office. So it often  
18 requires an ordering ahead of time. Because I know  
19 at my office in particular we lost tens of thousands  
20 of dollars one years on implants because we ended up  
21 not getting reimbursed for them by the insurance  
22 company. So the upfront cost of the device itself as  
23 well. It's often not as big of an issue for Medicaid  
24 patients. I worked in a Title 10 clinic where we  
25 were able to stock them because we had decreased

2 pricing with the 340B pricing. So we were able to  
3 stock them when they come the same day. But for  
4 patients with private insurance, it was a more  
5 complicated process.

6 COUNCIL MEMBER CROWLEY: Right. Well  
7 shame on the gynecologists in the City of New York  
8 because their profession isn't all that wide. When  
9 it comes to looking at contraception there are only a  
10 handful of options, and only a few are very  
11 effective. And so, I think we need to get the word  
12 out more about how safe this protection is, and how  
13 important it is for young women to decide when their  
14 ready. It's at no cost to them because they have--  
15 their insurance has to pay for it.

16 DR. KATHLEEN MORRELL: Uh-huh.

17 COUNCIL MEMBER CROWLEY: So hopefully we  
18 can work more together.

19 CHAIRPERSON CUMBO: I was just saying.  
20 It could be a potential hearing.

21 COUNCIL MEMBER CROWLEY: Yes, absolutely.

22 CAITLIN BORGMANN: I just want to chime  
23 in on the cost issue, and the fact that I think that  
24 a large-- I mean I'm just guessing, but I imagine  
25 that large number of women who have coverage under

2 their private insurance now, under the Affordable  
3 Care Act don't know that their plan should be  
4 covering abortion services. I mean I had a nightmare  
5 of a time trying to find out whether my CD plan under  
6 CUNY Law School covers abortion and contraceptive  
7 services free of charge. And it turns out it doesn't.  
8 I think there is some sort of a loophole, but I'm a  
9 lawyer. I know about the Affordable Care Act, and it  
10 was--it's been almost impossible for me to find an  
11 answer to this. So I don't know if there is a New  
12 York City solution that could be provided to this.  
13 But I think we need better sources of information  
14 about the fact that most of them should be having  
15 coverage of their contraceptive care under the  
16 Affordable Care Act.

17 COUNCIL MEMBER CROWLEY: I think  
18 advertisements from non-profit, and maybe there's one  
19 that wants to put a proposal for the Council to help  
20 pay for it, and we could try to think of something  
21 together. But I especially want young women to know  
22 that LARC is available because I don't think that  
23 there is anything more effective based on what I've  
24 read recently.

2 JULIANNE VERDE: So we have program  
3 called Building Healthy--Building Healthy Futures,  
4 which we're getting it out. Sort of like we have it  
5 in various forms. There are pamphlets, and bigger  
6 cards, little small cards and we're working with some  
7 partners to get them out. They list the full range  
8 of contraceptives. And then there's website that a  
9 card responds to that you can learn more about each  
10 one, and also you can actually plug in a zip code or  
11 whatnot and try to find a provider. It's not just  
12 plan for ahead, but you find a provider near you who  
13 can provide to you these contraceptives. So the way  
14 that we try to talk about contraceptives we know that  
15 LARCs are pretty effective. They are one of the most  
16 effective, but we also know that it's a personal  
17 choice on that. So we don't want to be, you know,  
18 pushing as a provider in saying you should go--you  
19 should have LARC. We also know that there's--  
20 there's a stigma associated with that, and there is  
21 also a history of certain populations having it and  
22 sort of pushed on them. So, we're very mindful of  
23 that.

24 So I think there's a fine line between,  
25 you know, making sure that women know about the full



2 range of options. And also, you know, just making  
3 sure that it's their choice. And so, I think it's  
4 great if there are ways that we work together to help  
5 really bring attention to the wide range of options.  
6 And the other thing that I'll just add, there's a  
7 task force. It's the IUD Task Force and they did  
8 this great presentation where they talked about how  
9 women don't necessarily think of their birth control  
10 being effective as just being about reducing  
11 pregnancy. But that big look at the other things  
12 that birth control can maybe do. Well, it makes my  
13 periods lighter or it helps my acne. Or, you know,  
14 they look at all of that in terms of effectiveness.  
15 So, I think that, you know, there's a greater  
16 education component, and just really understanding  
17 that there are lots of different options.

18 CHAIRPERSON CUMBO: Council Member Mealy.

19 COUNCIL MEMBER MEALY: Yes. I have  
20 another meeting, but I only have one thing for  
21 Planned Parenthood. I hear how much you talk about  
22 your teen program. Within that program do you all  
23 teach them abstinence? Is it a-- Is there a part in  
24 there to teach our young people that just as well?

25 JULIANNE VERDE: Absolutely. So when we--

2 COUNCIL MEMBER MEALY: I think it's the  
3 best 100% pure?

4 JULIANNE VERDE: Yeah, absolutely. When  
5 we talk about Comprehensive Sex Education, we always-  
6 -abstinence is always a part of it. But, you know,  
7 we are non-judgmental about it, and really give the  
8 range of information. So abstinence, of course, is a  
9 component, but--

10 COUNCIL MEMBER MEALY: How long is your  
11 component in this training? [laughs]

12 JULIANNE VERDE: I mean there's  
13 different-- So the teen advocates go through specific  
14 training, and then within their training it's a  
15 component in the workshops that they provide. And  
16 they provide a series--like a series of workshops,  
17 and I can get you the information about what the  
18 series looks like and what the curriculum that they--  
19 that they provide. Most of the curricula that they  
20 provide is evidence-based. So they've gone through--  
21 so evidence-based programs have gone through sort of  
22 federal investigation into whether or not they're  
23 effective programs, right? So, they've already kind  
24 of gotten a sign off that these are--these are good  
25 programs. They're effective programs. And so

2 that's--that's mostly what we do, but we do have some  
3 more motivative programs that go beyond evidence-  
4 based work.

5 COUNCIL MEMBER MEALY: That's good. I  
6 just don't want our young people to really just think  
7 it's okay to have sex. Abstinence is a great way as  
8 well. And one thing I want to just make a statement.  
9 I appreciate all that you do. We have to inform  
10 everyone. Like my colleague here said seniors are  
11 having--they're doing their thing just as well. So  
12 we have to keep up with them also. And one thing we  
13 have to know. In New York City we are blessed  
14 because just to hear how many women have to come all  
15 the way here to get services. I never really thought  
16 about it. I just thought that it was a given right  
17 that we women and those resources are there for  
18 everyone. And here it is. We are really kind of  
19 privileged. So we are blessed, and I hope that we  
20 can pass it down to all our other states to make sure  
21 that women have a right to choose. Thank you.

22 CHAIRPERSON CUMBO: I want to thank all  
23 of my colleagues. It is rare for a hearing that you  
24 have as many colleagues give this amount of time and  
25 attention to a particular topic. So this really

2 speaks volumes to the importance that the City  
3 Council is putting behind this. Again, I want to  
4 stress that tomorrow the *Roe v. Wade* Rally will be on  
5 the steps of City Hall tomorrow at 9:15. That's  
6 January 22nd for those of you who are watching at  
7 home, and I hope that you all will be here. I want  
8 to thank all of the advocates that have come here  
9 today to testify. I thank you for the work that you  
10 are doing, and that you're bringing so much attention  
11 to this issue. Because it's going to be here in New  
12 York City where our voices will be so very important  
13 to shape our national conversation. So I thank you  
14 all vey much, and I hope to see you tomorrow. Thank  
15 you. If there are no more questions, this meeting is  
16 adjourned. [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date January 28, 2015