



**Testimony of the New York Abortion Access Fund
Before the Committee on Women's Issues
New York City Council
January 21, 2015**

Thank you to the New York City Council for introducing this important resolution.

My name is Alison Turkos and I am Co-Chair of the Board of Directors of the New York Abortion Access Fund (NYAAF). NYAAF supports anyone who is unable to pay fully for an abortion and is living in or travelling to New York State by providing financial assistance and connections to other resources. When an abortion clinic encounters a patient who needs financial assistance, NYAAF is one of the potential funding sources to which they turn. Over the last twelve years, we've pledged over \$465,000 to help more than 1,500 people access abortion services. We are run completely by volunteers, are funded almost entirely by individual donations, and every single grant we make goes directly to an abortion clinic on behalf of a patient who cannot afford the cost.

People come from all over the country to access abortion services in New York City, for a variety of reasons. NYAAF has helped people from as close as Pennsylvania and New Jersey to as far as California, Texas, Utah, and France. For some, abortion may be more affordable in NYC than in their home states, while others come because they may be able to have procedures done at later stages of pregnancy. Many of the people that NYAAF helps find that New York has fewer barriers to accessing abortion care than surrounding states; some even come from areas where there are no abortion providers at all.

Many states have a limited number of providers, which leads to fewer clinics, which often means more travel time for many patients. Low-income individuals who seek funding from an abortion fund like NYAAF not only have a hard time coming up with funds for the abortion, but many times have to consider time off work, childcare, travel and hotel costs. We work every day with clients who sell their belongings, go hungry for weeks as they save up their grocery money, or risk eviction by using their rent money to pay for an abortion.

New York is lucky in that we don't have some of the more onerous restrictions like those we've seen in recent years in Texas, which have succeeded in closing the doors of many of the state's already over-burdened clinics. Ensuring that safe, legal abortion care is available to anyone who needs it requires institutional and political support for abortion providers. Clinics should be able to stay open without unnecessary structural requirements or other governmental hoops to jump through – hoops that serve not to protect patient health, but rather to delay access to safe legal services.

While we are privileged to live in a state where Medicaid covers abortion costs and where laws do not restrict access to abortion care, there are still many in New York who are unable to access abortion care. These are the many patients who turn to the New York Abortion Access Fund for funding. As the growing need for NYAAF's funding shows, legalities can be meaningless when countless other barriers stand in your way. We are thankful for these courageous city council members who recognize that while abortion needs to be safe and legal, it also must be affordable *and* accessible. We hope this resolution will push people to think about abortion not just within the limiting framework of "choice", but as a crucial component in the broader fight for economic and reproductive justice. Thank you.

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Testimony of Caitlin Borgmann, Board Member, National Abortion Federation,
and Professor of Law, CUNY School of Law

IN SUPPORT OF the preconsidered "Resolution calling upon the United States Congress to pass legislation to protect a woman's health, her right to determine whether and when to bear a child, and her ability to exercise that right by limiting government interference with the provision of abortion services and ensuring legal, safe abortion care is available to any woman who needs it."

Before the Committee on Women's Issues
January 21, 2015

My name is Caitlin Borgmann, and I am a member of the board of directors of the National Abortion Federation. I am also a Professor of Law at CUNY School of Law, specializing in constitutional law and reproductive rights, and I am editor of the Reproductive Rights Prof Blog. I thank the Committee on Women's Issues for the opportunity to testify today on the Resolution urging Congress to pass the Women's Health Protection Act.

The National Abortion Federation (NAF) is the professional association of abortion providers in North America. NAF's mission is to ensure safe, legal, and accessible abortion care, which promotes health and justice for women. Among other important work, NAF sets the standards for quality abortion care through evidence-based clinical policy guidelines and provides accredited continuing medical education and professional training and support to health care professionals so that they can provide the highest quality abortion care.

The Women's Health Protection Act would protect women's health and equality by preventing harmful legislation aimed at curtailing access to abortion. In particular, the Act would bar the insidious - and stunningly effective - category of laws known as Targeted Regulation of Abortion Providers, or TRAP. TRAP laws target abortion facilities and providers with special, onerous regulations that impose often-prohibitive costs. They are designed to fly under the radar by mimicking ordinary health regulations. Their real purpose, though, is to make abortion not safer but impossible to get.

Some TRAP laws require abortion providers to obtain admitting privileges at nearby hospitals, even though hospitalization after abortion is extremely rare, and trained emergency room personnel are legally required to treat patients in such circumstances. Hospitals have wide discretion to deny privileges for reasons

unrelated to medical competence, and if they do, a provider will be unable to continue offering services.

Other TRAP laws compel abortion clinics to meet the building and construction requirements of ambulatory surgical centers, even though abortion is a far simpler and less risky procedure than many of those performed at such centers. Abortion providers often find it logistically or financially impossible to renovate their facilities to meet these requirements and so must close. Indeed, that is the very point. About half of Texas' clinics have shut their doors since recent TRAP regulations went into effect there, and Mississippi's last clinic was on the verge of doing so until a court intervened.

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

**Testimony of Kathleen Morrell, MD, MPH
Physicians for Reproductive Health
Before the Committee on Women's Issues
New York City Council
January 21, 2015**

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I am a board-certified obstetrician/gynecologist and have been living and practicing in New York City for nine years. I trained at Albert Einstein/Montefiore Medical Center in the Bronx and completed fellowship training and a Master's in Public Health at Columbia University. I am the Reproductive Health Advocacy Fellow at Physicians for Reproductive Health, a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies.

As physicians, patient safety is our top priority. This is why we are dismayed by the actions of politicians across the country who have passed harmful restrictions on abortion in the name of patient safety. In many states, the effect has been catastrophic, as politicians have increasingly sought new ways to interfere with the patient-provider relationship and undermine women's access to safe abortion care. Abortion is one of the safest medical procedures in the United States. Rates of infection and serious complications following a medication or surgical abortion are extremely low. In fact, data from the Centers for Disease Control and Prevention found that abortion has an over 99 percent safety record with a less than one percent complication rate.¹ Even so, we are always working to find new ways to make it safer. State lawmakers are actually harming women by decreasing access to safe and legal abortion care. As physicians, we want to provide the highest quality, most compassionate, safest medical care, and in some states now, we are unable to because of unnecessary laws.

These restrictive state laws that are hurting my colleagues' ability to practice medicine and jeopardizing our patients' health and lives include laws mandating unnecessary visits to a clinic, hospital admitting privilege requirements, unnecessary regulations that single out abortion, measures limiting the provision of medication abortion, and bans on second-trimester abortion care. For example, Ohio mandates the use of outdated protocols for medication abortion. A woman in Ohio must make four visits to the clinic and take the second medication in the clinic or doctor's office rather than in the comfort of her home. For women able to access medication abortion, this protocol subjects them to higher risk of side effects. Medication abortion can begin to work within an hour, so women coming to Ohio from Kentucky or West Virginia could begin to feel effects on their ride home. Women are much better served by being in the comfort of their homes than on the road. This Ohio law does nothing to make abortion safer—all it does is limit access to safe medication abortion.

But in New York, where I practice, I can talk with a woman about her options and give her the medications on the same day. Then she can take the second set of pills and complete the abortion in the privacy of her own home. My patients are grateful that they can receive their care without being forced to make multiple trips to see me. The care I am

¹ Karen Pazol et al., Centers for Disease Control and Prevention, *Abortion Surveillance – United States, 2009*, Morbidity and Mortality Weekly Report 61:1-44, Table 25 (Nov. 23, 2012). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6108a1.htm>. Accessed January 20, 2015.

able to provide is the high-quality, evidence-based care we strive to deliver as medical professionals.

As physicians, we are obligated by professional ethics to provide the best care possible to our patients. Why would we give more medication than necessary? Or require a woman to make an unnecessary trip to see a doctor when she does not need to? Why should a state single out abortion for needless regulations not imposed on other medical procedures? These medically unjustified laws replace medical judgment with political agendas. These intrusions into the practice of medicine are offensive to doctors and to the women for whom they care, and ominously threaten medical and scientific integrity. We therefore encourage you to support the resolution under consideration today, calling upon the United States Congress to pass legislation to protect a woman's health, her right to determine whether and when to bear a child, and her ability to exercise that right by limiting government interference with the provision of abortion services and ensuring legal, safe abortion care is available to any woman who needs it.

Planned Parenthood of New York City

**Planned Parenthood of New York City
Testimony on the Women's Health Protection Act
January 21, 2015**

Good afternoon. I am Julienne Verdi, Director of Government Relations at Planned Parenthood of New York City (PPNYC). I am pleased to be here today to provide testimony in support of a resolution calling on the U.S. Congress to pass the Women's Health Protection Act. Planned Parenthood of New York City thanks our strong supporter and Chair of the New York City Council Committee on Women's Issues, the Honorable Council Member Laurie Cumbo for her leadership in convening this hearing. We'd also like to thank Speaker Melissa Mark-Viverito, the Committee on Women's Issues and the entire City Council for their dedication to these issues and we welcome the opportunity to discuss ways we can protect access to sexual and reproductive health care for all New Yorkers.

For almost a century, thousands of women, teens, and families have relied on Planned Parenthood of NYC (PPNYC) for professional, nonjudgmental, confidential reproductive health care. PPNYC serves more than 50,000 patients annually in our health centers currently located in Manhattan, Brooklyn, Staten Island and the Bronx. We are also proud to announce that a new health care center in Queens is under construction and is due to open in May of 2015. PPNYC provides sexual and reproductive health services including birth control; emergency contraception; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; pregnancy testing, options counseling (including adoption) and abortion. As such, we know firsthand that access to the full range of reproductive health care options, including abortion, is essential to women's health and central to women's social and economic equality.

Tomorrow, January 22, marks the 42nd anniversary of the United States Supreme Court decision, *Roe v. Wade*. This landmark ruling confirmed that the constitutionally protected right to privacy includes every woman's right to make her own personal medical decisions, without the interference of politicians. A majority of Americans support and respect the decision each woman must make about her own pregnancy and oppose efforts to overturn *Roe v. Wade*.

Despite clear legal precedent, reproductive healthcare has been under unprecedented attack in the United States for over a decade. In the first few days of 2015 alone, Congress has already introduced six anti-abortion bills. The targeted onslaught against reproductive freedom is clear. Included in the six, is a bill that would defund Planned Parenthood. This move would cripple Planned Parenthood's ability to provide essential sexual and reproductive healthcare to millions of Americans who rely on us every day. Additionally, during the last four years, we've seen an even greater onslaught of attacks on the state level. Since 2010, the states have enacted 231 restrictions on abortion. According to the Guttmacher Institute, 57% of women now live in a state that is either hostile or extremely hostile to abortion rights, meaning that the state has at least four abortion restrictions in effect.¹

Traditionally, hostile states have targeted women specifically, by focusing on regulations that seek to delay access to care or attempt to shame women for their health care decisions, such as mandatory 24-hour waiting-periods, parental involvement, and mandatory ultra-sound laws. As egregious as these restrictions are, in recent years we've seen a troubling shift of trend toward legislation targeting health

¹ <https://guttacher.org/media/inthenews/2015/01/05/index.html>

Planned Parenthood of New York City

care providers and their ability to provide abortion care. These abortion restrictions aim to reduce the number of providers or eliminate them completely, under the guise of “protecting women’s health.” These restrictions are aggregately referred to as Targeted Regulation of Abortion Providers (TRAP). TRAP laws take various forms, such as requiring providers to have admitting privileges at hospitals or dictating rigid, often unattainable clinic standards. Studies have shown that limiting the supply of abortion has a more powerful affect than traditional demand-side tactics.² TRAP laws have resulted in the closing of clinics and have increased the number of women who live more than fifty miles away from the nearest abortion-provider.³ Statistics also show that TRAP restrictions don’t actually result in a decline in abortion rates. Rather, some suggest that supply-side restrictions, delay access and cause a “sizeable number of women” not to forgo an abortion altogether, but rather to wait “later to have a more expensive surgical procedure, sometime driving twice to a facility hundreds of miles away.”⁴ For example, researchers tracking the effect of TRAP laws in Texas noted a “70% decline in medical abortion” which is “[i]n contrast to the national trend toward an increase in the proportion of abortions that are medical.” Researchers noted that this decline was “dramatic evidence of the law’s effect.”⁵

Other restrictions seeking to restrict access to abortion also include bans on types and timing of abortions like 20-week abortion bans and medically unnecessary regulations involving medication abortion. Also, troubling, one of the first bills of 2015 introduced in multiple states, a so-called sex-selective abortion ban, seizes on racial stereotypes and harmful stigmas against certain ethnic communities to deceive constituents and confuse supporters of access to quality medical care.

PPNYC understands how national and statewide attacks on reproductive healthcare impact us locally. Nearly eight percent of abortions performed in New York City are provided to women who have traveled from out of state. Restrictions enacted in other parts of the US have a direct affect on the care we are able to provide and furthers the divide along economic lines.

And yet, many of the same elected officials who introduced or supported attacks on reproductive health also campaigned on a pro-women’s health platform, because they know the majority of Americans strongly support a woman’s right to make personal decisions about when and whether to have a child. Now is the time for us to hold these politicians accountable and push for meaningful legislation that would improve the lives of women and families across the country.

The Women’s Health Protection Act would uphold and enforce the constitutionally protected right to abortion services under *Roe v. Wade*, invalidating any state or local legislation that does not adhere to federal protections. The Act would prohibit a variety of laws and regulations that single out abortion providers and abortion care for unnecessary and burdensome restrictions, restrictions which not placed on comparable medical practices. The Act would enable and ensure that qualified providers can continue to offer safe, legal, high-quality reproductive health care without political interference. This legislation is needed, because a woman’s access to the full range of sexual and reproductive healthcare should not depend on her zip code.

² http://www.washingtonpost.com/blogs/wonkblog/post/the-supply-side-economics-of-abortion/2011/10/20/gIQApcl70L_blog.html

³ http://go.nationalpartnership.org/site/News2?page=NewsArticle&id=45665&news_iv_ctrl=0&abbr=daily3

⁴ http://www.news-journal.com/opinion/forum/foster-cutting-supply-won-t-touch-abortion-demand/article_61434aec-f87a-5e65-9f56-24505bf0aa0d.html

⁵ Id.

Planned Parenthood of New York City

The Women’s Health Protection Act is a vital step in protecting and strengthening our constitutional rights, but it is not the only step. We must also pass legislation so that all women, no matter their income or ability to pay, have access to affordable and comprehensive health care services, including abortion care.

New York City has long been touted as a national leader when it comes to reproductive rights. New York was one of the first states to legalize abortion in 1970 – three years before *Roe v. Wade* – and Planned Parenthood first opened here in New York City nearly 100 years ago. New Yorkers continue to overwhelmingly support access to safe and medically accurate reproductive health care. While the federal government currently restricts Medicaid coverage of abortion in nearly all cases, New York has been a leader in removing such economic barriers to health care, so that every woman can access safe, affordable abortion care when she needs it. However, we face many of the same battles that are currently playing out across the country. Just last week, the New York State Senate again failed to pass legislation codifying a person’s right to an abortion and enshrine the decades-old ruling into New York’s health law. These actions are very discouraging as we have always advocated that women’s equality cannot be fully achieved without first ensuring women have the ability to make basic decisions when it comes to her own medical care. As attacks across the country become even more egregious, we must become even more vocal and forthright in ensuring that access to reproductive healthcare will be safeguarded in New York.

While states and local governments nationwide continue to try to roll back *Roe*, we see hope in some areas where the tide is turning. Progressive communities across the country are standing up for equal access to healthcare and looking forward not back. Council Members in Austin, Texas recently issued a letter urging passage of the Women’s Health Protection Act and the San Francisco City Council passed a resolution in support of the bill.

It is time for New York City to join the progressive leaders across the country in taking a proactive lead and assert the right of all individuals to control their personal medical decisions, as well as, ensure everyone has access to a full range of reproductive health care services. Every individual must have access to safe, legal abortion services without interference from politicians. The Women’s Health Protection Act would put women’s health needs first and stop state restrictions that infringe upon constitutionally protected healthcare access and options. By passing a resolution in support of women’s health and safety in abortion care, the New York City Council can continue to lead the nation in sexual and reproductive health equity and take a stand against the growing nationwide restrictions on abortion. PPNYC strongly urges the City Council to pass this important resolution and calls on Congress to re-introduce and pass the Women’s Health Protection Act.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

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Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of reproductive health services and education for New Yorkers. Through a threefold mission of clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers—and, in fact, people around the world—will have access to the full range of reproductive health care services and information.

Testimony to the New York City Committee on Women's Issues
January 21, 2015

Submitted by Kelly Baden, Director of State Advocacy, Center for Reproductive Rights, in support of the preconsidered "Resolution calling upon the United States Congress to pass legislation to protect a woman's health, her right to determine whether and when to bear a child, and her ability to exercise that right by limiting government interference with the provision of abortion services and ensuring legal, safe abortion care is available to any woman who needs it."

To the Honorable Laurie Cumbo and members of the New York City Committee on Women's Issues, thank you for your consideration of this resolution to urge the United States Congress to enact legislation that protects women's health and rights to make her own reproductive health care decisions.

To say that we need such legislation is an understatement. Today, our constitutional rights as recognized 42 years ago in *Roe vs. Wade* are under attack, subject to numerous barriers enacted by state legislatures throughout the country. In just the last four years, politicians opposed to women's reproductive freedom have enacted more than 230 new state laws restricting access to abortion. Where not blocked by court orders, this new wave of sham restrictions is shutting down clinics across huge swaths of the country, closing off essential services, and harming women—all under the pretext of protecting women's health.

This is why we need the Women's Health Protection Act. This historic piece of legislation would ensure a woman's rights and health care do not change based on what state she happens to live in.

Take the state of Mississippi, where the state's single abortion provider is at risk of being closed down due to a medically unnecessary law. Women in Mississippi have been teetering on the precipice of a reality similar to the dark days before *Roe v. Wade*, where reproductive health care options were limited at best and life-threatening at worst. A woman who lives in Mississippi should not need to depend on a court order to keep the doors open of the only clinic providing abortion care in her state or rely on a neighboring state to ensure that her constitutional rights are protected.

This is unacceptable, unconstitutional, and contrary to the consensus of the strong majority of Americans who do not wish to see *Roe's* constitutional protections overturned.

Here in New York, a woman's ability to access the health care she needs may not be subject to the same restrictions and barriers that a woman in Mississippi. But that is all the more reason that New Yorkers should take a stand to ensure that a women everywhere have access to the same rights that we do.

Congress can advance the Women's Health Protection Act and put a stop to the sham laws that are leaving women without access to the safe health care services they need.

I commend the New York City Council for considering this resolution and urge you to pass it, joining the tens of thousands of voices – including city and county elected officials in Austin, Houston, San Francisco and Madison – who have called on Congress to pass the Women's Health Protection Act. Thank you.

Kelly Baden, Director of State Advocacy, Center for Reproductive Rights
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**NARAL
Pro-Choice New York**

Testimony of NARAL Pro-Choice New York

before

**The New York City Council
Committee on Women's Issues**

regarding

Resolution calling upon the United States Congress to pass legislation to protect a woman's health, her right to determine whether and when to bear a child, and her ability to exercise that right by limiting government interference with the provision of abortion services and ensuring safe, legal abortion care is available to any woman who needs it.

January 21, 2015

Thank you, Chairwoman Cumbo and members of the Committee, for the opportunity to speak this afternoon. My name is Jenny Dodson Mistry, and I am here today representing NARAL Pro-Choice New York and the National Institute for Reproductive Health, which work in New York state and across the country to ensure that every woman has the right and ability to make the reproductive health care decisions that are best for her life and her family. This includes preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion.

The resolution before you marks the 42nd anniversary of *Roe v. Wade*, the Supreme Court ruling that recognized a woman's constitutional right to determine the course of her pregnancy. This landmark decision invalidated scores of criminal abortion bans and immediately and dramatically reduced maternal mortality and morbidity in the United States.

Roe also gave women the opportunity to determine our futures and become more equal members of society. Indeed, as former Supreme Court Justice Sandra Day O'Connor stated so eloquently when she refused to become the fifth vote to overturn *Roe* in 1992, "The ability of women to participate equally in the economic and social life of the nation has been facilitated by their ability to control their reproductive lives."

In recent years, however, we have witnessed what amounts to a human rights crisis in this country. The anti-choice majority in Congress seems obsessed with introducing bills that restrict access to abortion and contraception. In just the first three days of the

new legislative session, members of Congress introduced five extreme abortion restrictions. Tomorrow, the House of Representatives is expected to pass one of them, an unconstitutional, 20-week abortion ban that would disproportionately harm low-income individuals, young people, and those facing medical complications or fetal abnormalities during pregnancy.

The situation in state legislatures across the nation has been perhaps even worse in recent years. As this resolution notes, over the past four years, states have enacted 231 abortion restrictions.

Even in New York, an overwhelmingly pro-choice state, the Senate took a cue from its extremist counterpoints in the U.S. Congress by starting this year off with blatant hostility to reproductive rights. As one of its first acts in this legislative session, the Senate passed an incomplete women's equality package, disregarding the federal health protections for abortion guaranteed under *Roe v. Wade*.

But all hope is not lost. At the federal level, pro-choice members of Congress stood up to the anti-choice status quo by introducing the Women's Health Protection Act, which would greatly increase abortion access for women nationwide by limiting state restrictions to abortion services. Over the past year, state legislators in more than 30 states introduced pro-active, positive legislation like the WEA. And local officials across the country, from Seattle to Travis County, Texas, have passed resolutions similar to the one we are discussing today to demonstrate their support for insurance coverage of abortion. These trends are reflective of the demand for lawmakers to protect reproductive rights and ensure access to reproductive health care.

From women's suffrage to workplace reforms to marriage equality, activists in the Empire State have been pioneers in securing our most sacred rights. With the growing onslaught of antagonism toward reproductive rights across the country and in the U.S., New York must stand firmly behind its strong history of protecting individuals from discrimination and advancing civil liberties.

The New York City Council has exemplified that respect for women's health, rights, and safety time and again through pro-active legislation and resolutions like the one before you today. We thank the Council for not only commemorating this important anniversary, but also for using its bully pulpit once again to call on their colleagues in Congress to do the right thing and pass the Women's Health Protection Act.

NARAL Pro-Choice New York and the National Institute for Reproductive Health look forward to continuing to work with elected officials and agencies here in New York and

in cities across the country to improve access to reproductive health care and to guarantee women's full equality under the law. We thank the Council for the opportunity to speak today, and we urge you to pass this important resolution.



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Testimony of the New York Civil Liberties Union

before

The New York City Council

Committee on Women's Issues

regarding

Proposed Resolution Calling on the United States Congress to pass the Women's Health Protection Act

January 21, 2015

Good afternoon. My name is Katharine Bodde and I am a Policy Counsel with the New York Civil Liberties Union's Reproductive Rights Program. I would like to thank the Committee on Women's Issues for inviting us to provide testimony today in support of this proposed resolution calling upon the United States Congress to pass the Women's Health Protection Act.

The New York Civil Liberties Union ("NYCLU"), the state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state, and nearly 50,000 members. The NYCLU's mission is to defend and promote the fundamental principles, rights and constitutional values embodied in the Bill of Rights of the U.S. Constitution and the Constitution of the State of New York. This includes the rights to privacy, personal autonomy, and equal opportunities that are the foundation of reproductive freedom. The NYCLU strongly supports the proposed resolution calling upon Congress to ensure that all women have access to abortion care by passing the Women's Health Protection Act.

Decided in 1973, Roe v. Wade, 410 U.S. 113 (1973) establishes a fundamental right to choose abortion rooted in the Fourteenth Amendment's concept of personal liberty. 410 U.S. at 153. The significance of Roe cannot be overstated. The right to decide when, whether, and how to have and parent a child is the cornerstone of women's equality, autonomy, and

dignity. This right impacts every aspects of a woman's life – her economic status, educational aspirations, career goals, personal health, as well as the health of her family. As Justice Ginsburg writes, the fundamental right to choose an abortion “center[s] on a woman's autonomy to determine her life's course and thus to enjoy equal citizenship status.” Gonzales v. Carhart, 550 U.S. 124, 172 (2007) (Ginsburg, J., dissenting).

While the importance of Roe to women's lives looms large, the promise of Roe has become a fiction for far too many women across our country. While Roe both prohibits states from interfering with a woman's decision to terminate a pregnancy prior to viability and considers the life and health of the woman paramount, an astounding number of restrictions have passed that seek to burden women's ability to access abortion. And these restrictions are felt most acutely by women in communities that already face political, economic, and social inequalities. States enacted 230 abortion restrictions between 2011 and 2014, more than in the entire previous decade combined. Among these, states have banned pre-viability abortion care, prohibited coverage in the states' health-insurance exchanges, and placed burdensome and unnecessary requirements on reproductive health care facilities. And these attacks are far from over.

On the eve of the 42nd anniversary of Roe, we should not only commemorate Roe's promise of women's autonomy and equality, we should use it as a rallying cry to push back against restrictions that seek to eliminate access to abortion. On the federal level, the Women's Health Protection Act would prohibit States from passing restrictions that target access to abortion and do not advance women's health. Congress must stand up for women and pass the Women's Health Protection Act.

On the state level, New York must recapture its position as a leader for reproductive freedom. New York law does not adequately protect the right to seek abortion and ultimately prevents health care providers from offering the best reproductive health care possible. Our law continues to regulate abortion in the criminal code and, despite constitutional safeguards, does not allow a woman to get an abortion if her health is at risk or in the circumstance when a fetus will not survive. Further, New York law deters qualified, licensed medical professionals from providing abortion care that is within their training and expertise, unnecessarily restricting the number of providers available to women throughout the state, and in particular, to communities that already have significant barriers to accessing the health care

system. Despite overwhelming support for changing the law, opponents have misconstrued the facts and legislators in Albany have been unable to move past partisan divides to reform New York's abortion law. The NYCLU urges our state legislature to reject partisan politics and reform our outdated abortion law to ensure all women in New York State have meaningful access to abortion.

The NYCLU is grateful for the New York City Council's steadfast support of reproductive freedom. It is this continuing support and leadership that will ensure that women's equal opportunities and access to abortion care are not things of the past, but part and parcel of our future and our fundamental liberties. Thank you.

FOR THE RECORD



**Testimony of Mary Beth Morrissey
President, Public Health Association of New York City**

**Public Hearing of the New York City Council
Submitted to NYC Council Committee on Women's Issues, Laurie Cumbo, Chair
Regarding Preconsidered Resolution 2015-2352
January 21, 2015**

Thank you, Chair Cumbo, and the members of the Council Committee on Women's Issues for this opportunity to discuss a critically urgent public health concern, and a top priority for the Public Health Association of New York City. My name is Mary Beth Morrissey and I serve as the current President of this organization.

Founded in 1936, the Public Health Association ("PHANYC") provides a forum to convene public health professionals, students of public health programs and our city's decision-makers to help advance thoughtful health policies for our city. PHANYC has grown to be one of the largest affiliates of the American Public Health Association.

PHANYC has a robust policy agenda and seeks to address various aspects of public health that impact New Yorkers in diverse communities throughout our metropolitan area. New York State's Women's Equality Act and other legislative proposals that foster access to reproductive health and freedom from discrimination and violence are policy priorities for our organization.

PHANYC supports the proposed Council Resolution being considered today that urges Congress to pass the Women's Health Protection Act. The Women's Health Protection Act is necessary legislation that will serve to protect the long-established constitutional right of women to access necessary reproductive health services.

For far too long, and in far too many jurisdictions, many politicians have sought to weaken or undermine a woman's right to appropriate reproductive healthcare. As a result, many American women are now endangered by a lack of access to abortion services. This creates a dangerous environment where women are not safe and not protected, and reproductive health is marginalized.

Every pregnancy is unique and a woman has a constitutionally protected right to make her own decisions based upon her personal values, with the guidance of her trusted medical professionals. Politicians must not be allowed to interfere with complex and private medical decisions.

Congress must pass the Women's Health Protection Act this session so that we can universally protect women by safeguarding our reproductive health. By making local or state restrictions unlawful, our country can promote a safer, higher-quality healthcare system for all women.

Thank you, Chair Cumbo, Council Member Crowley and Council Member Johnson for your support of this resolution. We look forward to seeing every Council Member sign on in support of the Women's Health Protection Act, and we hope that Congress gives the resolution due consideration as we move into this new session.

Contact Information:

Mary Beth Morrissey

President, Public Health Association of New York City (PHANYC)

president@phanyc.org / www.phanyc.org / mamorrissey@fordham.edu

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Brinkin, Gorman

Address: CUNY Law School, 12 Court Sq

I represent: Manhattan City, NY 11101

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 1/2/15

(PLEASE PRINT)

Name: Alison Tuck

Address: 937 Park Ave, Apt 2D, NYC

I represent: New York Association Access Fund

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 1/2/15

(PLEASE PRINT)

Name: Jenny Dodson

Address: 470 Park Ave S, New York, NY 10016

I represent: NARAC Pro-Choice New York

Address: 470 Park Ave S, New York 10016

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 1/21/15

(PLEASE PRINT)

Name: Julienne Verda, ne Godde

Address: 26 Bleecker St NYC

I represent: Planned Parenthood of NYC

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 1/21/15

(PLEASE PRINT)

Name: Katharine Godde

Address: 125 Broad St NYC

I represent: NyCLU

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 1/21/14

(PLEASE PRINT)

Name: Kelly Boden

Address: 120 Wall St

I represent: Center for Reproductive Rights

Address: 120 Wall St

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 1/21/15

(PLEASE PRINT)

Name: Dr. Kathleen Morrell

Address: 97 Butler St #1F Brooklyn 11231

I represent: Physicians for Reproductive Health

Address: 55 W 39th St, Suite 1001, NY NY 10018

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