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| Committee on Women and Gender Equity: | Brenda McKinney, *Counsel*Anastassia Zimina, *Policy Analyst*Eisha Wright, *Finance Unit Head* |

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**The Council of the City of New York**

**COMMITTEE REPORT**

**OF THE HUMAN SERVICES DIVISION**

Andrea Vazquez, *Legislative Director*

Smitha Deshmukh, *Deputy Director, Human Services Division*

**COMMITTEE ON WOMEN & GENDER EQUITY**

Hon. Tiffany L. Cabán, *Chair*

July 1, 2022

**Oversight: Reproductive Rights**

**Int. No. 458:**  By the Speaker (Council Member Adams) and Council Members Louis, Hudson, Brannan, Hanif, Brooks-Powers, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Won and Bottcher

**Title:**  A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to maintain language access services for abortion providers

**Administrative Code:**  Adds § 17-174

**Int. No. 465:**  By Council Members Cabán, Louis, Hudson, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Avilés and The Speaker (Council Member Adams)

**Title:**  A Local Law to amend the administrative code of the city of New York, in relation to a report on the provision of medical services related to reproductive health care

**Administrative Code:**  Adds § 17-199.3.2

**Int. No. 466:** By Council Member Cabán, the Public Advocate (Mr. Williams) and Council Members Hanif, Hudson, Joseph, Nurse, Gutiérrez, Abreu, Restler, Avilés and The Speaker (Council Member Adams)

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to prohibiting the use of city resources to enforce abortion restrictions and create a private right of action related to detention

**Administrative Code:** Adds § 10-184.

**Int. No. 475:** By Council Members Hanif, Cabán, the Public Advocate (Mr. Williams) and Council Members Louis, Rivera, Hudson, Farías, Avilés, Powers, Krishnan, Brannan, Joseph, Dinowitz, Ung, Menin, Schulman, Richardson Jordan, Abreu, Restler, Won and The Speaker (Council Member Adams)

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to creating a private right of action related to interference with medical care

**Administrative Code:** Amends Title 17 by adding Chapter 21

**Int. No. 507**: By Council Members Rivera, Gutiérrez, Joseph, Louis, Hudson, Hanif, Nurse, Abreu, Restler and Avilés

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make mifepristone and misoprostol available free of charge at its health centers, health stations, health clinics and other health facilities

**Administrative Code:**  Adds § 17-184.1

**Res. No. 195:** By Council Members Brewer, Menin, Rivera, Louis, Hudson, Brannan, Hanif, Joseph, Nurse, Bottcher, Abreu, Narcisse, Restler, Won, Avilés and The Speaker (Council Member Adams)

**Title:** Resolution calling upon the New York State Legislature to pass, and the Governor to sign, The Reproductive Freedom and Equity Program (S.9078/A.10148A), which would establish a grant program to provide funding to New York abortion providers and non-profit organizations to increase access to abortion care

**Res. No. 196:**  By Council Members Brooks-Powers, Louis, Hudson, Hanif, Joseph, Nurse, Ung, Bottcher, Abreu, Restler, Won, Avilés and The Speaker (Council Member Adams)

**Title:**  Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.9137/A.10357, which would allow out-of-state physicians to provide reproductive health services in this state while awaiting full licensure

**Res. No. 197:**  By Council Members Cabán, Velázquez, the Public Advocate (Mr. Williams) and Council Members Hudson, Brannan, Hanif, Brewer, Joseph, Nurse, Ung, Louis, The Speaker (Council Member Adams), Restler, Won and Avilés

**Title:**  Resolution declaring New York City a safe city for all those in need of abortion-related care

**Res. No. 200:**  By Council Members Menin, Hanif, Brooks-Powers, Nurse, Ung, Abreu, Louis and The Speaker (Council Member Adams), Restler and Avilés

**Title:**  Resolution declaring January 22, 2023 as Roe v. Wade Day in the City of New York to commemorate the 50th anniversary of the landmark United States Supreme Court decision.

**Res. No. 245:**  By the Public Advocate (Mr. Williams) and Council Members Cabán, Hanif, Louis, Narcisse and Avilés

**Title:**  Resolution calling on the United States Senate to pass and the President to sign the Women's Health Protection Act

1. **INTRODUCTION**

On July 1, 2022, the Committee on Women and Gender Equity, chaired by Council Member Tiffany L. Cabán, will hold a hearing on the oversight topic of *Reproductive Rights*, as well as consider a package of legislation. The package of legislation includes five bills and five resolutions covering a range of issues pertaining to reproductive health and rights, or:

* Introduction Number (Int. No.) 458, sponsored by Speaker Adrienne Adams, a Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to maintain language access services for abortion providers;
* Int. No. 465, sponsored by Council Member Tiffany Cabán, a Local Law to amend the administrative code of the city of New York, in relation to a report on the provision of medical services related to reproductive health care;
* Int. No. 466, sponsored by Council Member Tiffany Cabán, the Public Advocate (Mr. Williams), and Council Member Shahana Hanif, A Local Law to amend the administrative code of the city of New York, in relation to prohibiting the use of city resources to enforce abortion restrictions and create a private right of action related to detention;
* Int. No. 475, sponsored by Council members Shahana Hanif, Tiffany Cabán, The Public Advocate (Mr. Williams), and Council Members Farah Louis, Carlina Rivera, Crystal Hudson, and Amanda Farías, A Local Law to amend the administrative code of the city of New York, in relation to creating a private right of action related to interference with medical care;
* Int. No. 507, sponsored by Council Members Carlina Rivera, Jennifer Gutiérrez, and Rita Joseph, a Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make mifepristone and misoprostol available free of charge at its health centers, health stations, health clinics and other health facilities;
* Resolution Number (Res. No.) 195, sponsored by Council Members Gale Brewer and Julie Menin, a Resolution calling upon the New York State Legislature to pass, and the Governor to sign, The Reproductive Freedom and Equity Program (S.9078/A.10148A), which would establish a grant program to provide funding to New York abortion providers and non-profit organizations to increase access to abortion care;
* Res. No. 196, sponsored by Council Member Selvena Brooks-Powers, a Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.9137/A.10357, which would allow out-of-state physicians to provide reproductive health services in this state while awaiting full licensure;
* Res. No. 197, sponsored by Council Members Tiffany Cabán, Marjorie Velázquez, The Public Advocate (Mr. Williams) and Council Member Crystal Hudson, a Resolution declaring New York City a safe city for all those in need of abortion-related care;
* Res. No. 200, sponsored by Council Member Julie Menin, a Resolution declaring January 22, 2023 as Roe v. Wade Day in the City of New York to commemorate the 50th anniversary of the landmark United States Supreme Court decision; and
* Res. No. 245, sponsored by the Public Advocate (Mr. Williams), Calling on the United States Senate to pass and the President to sign the Women’s Health Protection Act, and other topics.

Witnesses invited to testify include the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), NYC advocacy groups, health professionals and other interested parties.

1. **BACKGROUND**

*Reproductive Health*

Reproductive health, broadly defined, refers to the health and social conditions of human reproductive systems during all life stages.[[1]](#footnote-2) This includes, but is not limited to:

* Family planning services and counseling, terminating a pregnancy (also known as abortion), birth control, emergency contraception, sterilization and pregnancy testing;
* Fertility-related medical procedures;
* Sexual health education;
* Access to medical services and information; and
* Sexually transmitted disease prevention, testing and treatment.[[2]](#footnote-3)

While this Committee Report adopts a broader definition in the interest of understanding the full spectrum of issues relating to reproductive health, it should be noted and is perhaps not surprising that many definitions of reproductive health focus more narrowly on addressing the reproductive health needs of women.[[3]](#footnote-4) These definitions include, but are not limited to, those addressing reproductive decisions—whether a woman seeks to reproduce or avoid reproduction, the impact of the process of reproduction on health and the associated issues related to a woman’s autonomy, privacy and agency over such decisions.[[4]](#footnote-5)

The World Health Organization (WHO) identifies 17 “Reproductive Health Indicators” which further provide a framework for assessing the state of reproductive health.[[5]](#footnote-6) These WHO indicators include:

1. The total fertility rate;
2. Contraceptive prevalence;
3. The maternal mortality ratio;
4. The percentage of women attended by health personnel during pregnancy;
5. The percentage of births attended by skilled health personnel;
6. The number of facilities with basic obstetric care;
7. The number of facilities with comprehensive obstetric care;
8. The perinatal mortality rate;
9. The percentage of live births with low birth weight;
10. The positive syphilis serology in pregnant women;
11. The percentage of anemia in pregnant women;
12. The percentage of obstetric admissions owing to abortion;
13. The percentage of women with genital cutting, also known as female genital mutilation or female circumcision (“FGM/C”)[[6]](#footnote-7);
14. The percentage of women who report trying for a pregnancy for two years or more;
15. The incidence of urethritis in men;
16. HIV prevalence in pregnant women; and
17. Knowledge of HIV-prevention practices.[[7]](#footnote-8)

Research has shown that deficiencies in these indicators are largely conditions that can be alleviated with a combination of better access to health services, improvement in economic and social conditions and increased protections for those seeking reproductive health care services.[[8]](#footnote-9) Accordingly, in recent years, important measures have been established at the federal, state and local levels to ensure that the right to receive reproductive health services are protected, a process often referred to as reproductive justice.[[9]](#footnote-10) Generally speaking, reproductive justice seeks to ensure reproductive rights,[[10]](#footnote-11) or the rights of individuals to have access to sexual and reproductive healthcare and autonomy in sexual and reproductive decision-making.[[11]](#footnote-12)

*Reproductive Rights*

Reproductive rights comprise a range of civil, economic, political and social rights, including the rights to health and life, the rights of equality and non-discrimination, privacy, information, and the right to be free from torture or ill-treatment.[[12]](#footnote-13) This may include an individual’s right to plan a family, terminate a pregnancy (also known as abortion), and use contraceptives as well as to have access to reproductive health services and sex education in public schools.[[13]](#footnote-14) In fact, studies have shown that women and girls[[14]](#footnote-15) who are afforded such rights have better maternal/reproductive health outcomes, reducing rates of maternal morbidity and empowering women.[[15]](#footnote-16) Accordingly, comprehensive healthcare for women should include reproductive care.

Reproductive rights are fundamental to an individual’s control over their own life, and are therefore crucial to achieving gender equity.[[16]](#footnote-17) They are founded upon the promise of human dignity, self-determination and equality;[[17]](#footnote-18) including those enshrined in and endowed by numerous international and national doctrines.[[18]](#footnote-19) The UDHR, the foundational document of international human rights law adopted by the United Nations General Assembly (UNGA) in 1948, affirms an individual’s right to not be “subjected to torture or to cruel, inhuman, or degrading treatment or punishment.”[[19]](#footnote-20) The International Covenant on Economic, Social and Cultural Rights (ICESCR), a multilateral treaty adopted by UNGA in 1966,[[20]](#footnote-21) recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”[[21]](#footnote-22) as well as “to enjoy the benefits of scientific progress and its applications.”[[22]](#footnote-23) Other examples of the enshrinement of reproductive rights are present in many other international doctrines which have been built on and affirmed over the years.[[23]](#footnote-24) These include the right to access to educational information related to family planning and the right to safe, effective, affordable, and acceptable methods of family planning of their choice, such as the regulation of fertility.[[24]](#footnote-25) However, comprehensive healthcare for women that even broadly includes reproductive healthcare is not yet the standard.[[25]](#footnote-26)

*The National Landscape of Abortion Rights in the U.S.*

Reproductive rights for women has historically been a controversial issue in the U.S. due to the perceived ethical, moral, and religious connotations associated with abortion, birth control and family planning.[[26]](#footnote-27) In 1967, Colorado became the first state to broaden the circumstances under which a woman could legally receive an abortion.[[27]](#footnote-28) By 1970, 11 additional states had made similar changes to their abortion laws.[[28]](#footnote-29) During this time period, abortion rights advocates also began to launch a series of legal challenges related to abortion.[[29]](#footnote-30) While most of these arguments were rejected by state and lower federal courts, in the early 1970s, the Supreme Court began to change this setting by agreeing to hear the abortion-related case of *Roe v. Wade*.[[30]](#footnote-31)

While the U.S. Constitution does not explicitly mention reproductive rights, for most of the 20th Century, the Court generally recognized the right to reproduce as “fundamental” and one which extends to procreation (*Skinner v. State of Oklahoma, ex rel. Williamson)*,[[31]](#footnote-32) contraception (*Eisenstadt v.* Baird*)*,[[32]](#footnote-33) family relationships (*Prince v. Massachusetts*),[[33]](#footnote-34) child-rearing decisions (Pi*erce, Governor of Oregon, et al. v. Society of the Sisters of the Holy Names of Jesus and Mary*),[[34]](#footnote-35) and that a person’s right to privacy is enshrined in the Fourteenth Amendment of the U.S. Constitution (*Roe v. Wade*).[[35]](#footnote-36) However, on June 24, 2022, the U.S. Supreme Court delivered its decision in *Dobbs v. Jackson Women's Health Organization* case,[[36]](#footnote-37) holding in a 6-3 majority opinion that the U.S. Constitution does not confer any right to abortion.[[37]](#footnote-38) In doing so, the Court overruled both *Roe v. Wade* and *Planned Parenthood v. Casey;*[[38]](#footnote-39)reversing almost 50 years of precedent and permitting individual states to decide the legal status of abortions.[[39]](#footnote-40) The debate over abortion remains perhaps the single most controversial reproductive rights issue in the country, including whether a woman should have the “right” to terminate a pregnancy that has the potential to result in human life.[[40]](#footnote-41) While the full effect of the Court’s decision in *Dobbs v. Jackson* has yet to be seen,[[41]](#footnote-42) it has so far lead to a cluster of U.S. states installing a total ban on abortion procedures.[[42]](#footnote-43) Abortion remains legal in both NYC and New York state.

*Abortion and the Current Legal Landscape in New York City and State*

New York was among the first state in the country to make abortion legal in 1971, if a pregnant woman requested it,[[43]](#footnote-44) and in 2019, the New York state legislature passed, and former-Governor Cuomo signed, the Reproductive Health Act (RHA)[[44]](#footnote-45) into law, expanding the protections conferred by the state and ensuring that the full protections previously provided under *Roe v. Wade*[[45]](#footnote-46) were codified into New York state law.[[46]](#footnote-47) The RHA did not enact any major changes in the way abortion is provided in New York, but it is significant in that it brought New York into line with *Roe v. Wade* by:

* Removing abortion from the state Penal Code,[[47]](#footnote-48)
* Legalizing abortions performed after 24-weeks’ gestation in cases of fetal non-viability or threat to a woman’s health;[[48]](#footnote-49)
* Expanding upon those who can provide abortions to include health-care professionals other than doctors, such as nurse practitioners and physician assistants;[[49]](#footnote-50) and
* Repealing Public Health Law § 4164,[[50]](#footnote-51) which required an abortion after the 12th week of pregnancy be performed in a hospital and only on an in-patient basis, and repealing Penal Law §§ 125.40, 125.45, 125.50, 125.55 and 125.60, related to homicide, self-abortion, and related offenses.[[51]](#footnote-52)

On May 6, 2022,[[52]](#footnote-53) New York state Health Commissioner Dr. Mary T. Basset, released a statement[[53]](#footnote-54) highlighting three important features of the RHA for patients in New York, specifically regarding (1) defining at what point pregnancy begins; (2) the criteria for abortion after 24 weeks of pregnancy; and (3) the ability to consent to abortion at any age. To quote the release, the Commissioner pointed out that:[[54]](#footnote-55)

“(1) As per Public Health Law 2599-BB, abortion is legal in NYS when the patient is “within 24 weeks of the commencement of pregnancy.” The NYS Department of Health (DOH) clarifies that for these purposes, pregnancy begins with the implantation of a blastocyst(s). This is an improved, more scientifically accurate understanding of how pregnancy is defined and is a change from the 1993 interpretation that previously defined commencement of pregnancy at conception. Therefore, a patient may seek an abortion for any reason within 28 weeks of the onset of their last menstrual period (LMP).

(2) Abortion after 24 weeks of pregnancy (or 28 weeks from the onset of LMP) is permitted in NYS under Public Health Law 2599-BB when “there is an absence of fetal viability or the abortion is necessary to protect the patient’s life or health” … [and]

(30 As per Article 25-A of the NYS RHA, as well as Public Health Law 2504, any pregnant person, regardless of age, can consent to an abortion without parental consent.”[[55]](#footnote-56)

This statement further underscored the importance of the RHA and clarified for providers that abortion remains legal in New York state. Additionally, on June 13, 2022, New York State Governor Kathy Hochul signed a comprehensive, six-bill package “to further preserve, protect, and strengthen abortion rights for patients and providers in New York.”[[56]](#footnote-57) The legislation “takes specific actions to address a variety of legal concerns, including the establishment of a cause of action for unlawful interference with protected rights and the inclusion of abortion providers and patients in the Address Confidentiality Program … in addition to prohibiting misconduct charges against healthcare practitioners for providing reproductive services to patients who reside in states where such services are illegal and disallow medical malpractice insurance companies from taking adverse action against an abortion provider who provides legal care.”[[57]](#footnote-58)

1. **BILL ANALYSIS**

**Int. No. 458:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to maintain language access services for abortion providers

This bill would require the Department of Health and Mental Hygiene (DOHMH) to maintain prompt languages access services, defined as interpretation or translation services, for an abortion provider to ensure an individual obtaining an abortion communicates with an abortion provider in their preferred language. This bill would also require DOHMH to annually report on the language access services to the Mayor and the Speaker of the Council and post such report on its website. This bill would take effect 120 days after it becomes law, except that the commissioner of Health and Mental Hygiene would take such measures as are necessary for the implementation of this local law, including the promulgation of rules, before such date.

**Int. No. 465:** A Local Law to amend the administrative code of the city of New York, in relation to a report on the provision of medical services related to reproductive health care

This bill would require the Department of Health and Mental Hygiene (DOHMH) to annually report on the number of individuals who sought and received medical services related to reproductive health care, including abortions, in the City. This bill would also require DOHMH to report the total projected numbers of individuals who will seek and receive reproductive health care, including abortions, in the City in the next year. DOHMH would also be required to identify any challenges faced by licensed medical providers to provide reproductive health care, assess the capacity of licensed medical providers in the City to provide reproductive health care, and make recommendations for increasing the capacity of such providers to provide reproductive health care. This bill would take effect 30 days after it becomes law.

**Int. No. 466:** A Local Law to amend the administrative code of the city of New York, in relation to prohibiting the use of city resources to enforce abortion restrictions and create a private right of action related to detention

The bill would prohibit City agencies from using City resources, including, but not limited to, time spent by employees and the use of city property, to detain persons for performing or aiding with abortions or to cooperate with out-of-state entities related to abortions performed in New York state. The bill would also create a private right of action for any person detained in violation of this law. This bill would take effect immediately after it becomes law.

**Int. No. 475**: A Local Law to amend the administrative code of the city of New York, in relation to creating a private right of action related to interference with medical care

This bill would create a private right of action for interference with medical care. A person would be able to bring a claim of interference with medical care when a lawsuit is commenced against such person on the basis of medical care that is legal in New York City and which was provided, in whole or in part, in New York City. This bill would take effect immediately after it becomes law.

**Int. No. 507:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make mifepristone and misoprostol available free of charge at its health centers, health stations, health clinics and other health facilities

This bill would require DOHMH to provide mifepristone and misoprostol at no cost to the patient in its health centers, health stations, health clinics or other health facilities which also offer services relating to sexual and reproductive health. DOHMH would provide mifepristone and misoprostol to patients who seek to terminate their pregnancy, when, according to the provider’s reasonable and good faith professional judgment based on the facts of the patient’s case, the patient is within 11 weeks from the commencement of a pregnancy, and the patient has provided informed consent. DOHMH would also provide counseling and timely referrals to other health facilities and qualified family planning providers, if needed, for other services. This bill would take effect one year after it becomes law.

**CONCLUSION**

 At this hearing, the Committees will seek feedback on the legislation being heard and information on the current state of sexual and reproductive rights in NYC, including issues related to access to abortion.

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| Int. No. 458 By The Speaker (Council Member Adams) and Council Members Louis, Hudson, Brannan, Hanif, Brooks-Powers, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Won, Bottcher, Avilés and Cabán A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to maintain language access services for abortion providers Be it enacted by the Council as follows:            Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-174.1 to read as follows:§ 17-174.1 Language access services for abortion providers. a. Definitions. For purposes of this section, the following terms have the following meanings:Abortion. The term “abortion” means (i) the procedure to terminate a pregnancy for purposes other than producing a live birth, including, but not limited to, a termination using pharmacological agents and (ii) any services related to such procedure, including, but not limited to, pre-abortion and post-abortion counseling.Abortion provider. The term “abortion provider” includes, but is not limited to, a hospital or a licensed medical provider that is located in the city and provides abortions.Interpretation services. The term “interpretation services” means oral, contemporaneous interpretation of oral communications.Language access services. The term “language access services” means interpretation services or translation services.Translation services. The term “translation services” means oral explanation or written translation of documents.b. The department shall maintain prompt language access services for each abortion provider, including, but not limited to, any equipment or any staff necessary for such services, to ensure an individual obtaining an abortion may communicate with an abortion provider in such individual’s preferred language.c. The department, in consultation with abortion providers, shall inform individuals seeking an abortion of the availability of language access services as required by subdivision b of this section. Nothing in this section shall preclude an individual from having an adult, including, but not limited to, a friend or a relative, accompany such individual to the abortion provider to provide language access services.d. Beginning no later than one year after the effective date of the local law that added this section, and annually thereafter, the department shall report on the language access services as required by subdivision b of this section. The department shall submit such report to the mayor and the speaker of the council and post such report on its website. Such annual report shall include, but not be limited to, the following information for the previous calendar year:1. A description of the language access services that the department provided to abortion providers including how many times each language was requested;2. The timeframe it took the department to provide such language access services; and3. Any difficulties that the department had in maintaining prompt language access services and the department’s efforts to address such difficulties.§ 2. This local law takes effect 120 days after it becomes law, except that the commissioner of health and mental hygiene shall take such measures as are necessary for the implementation of this local law, including the promulgation of rules, before such date.    NLBLS #91375/18/2022 |

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| Int. No. 465 By Council Members Cabán, Louis, Hudson, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Avilés and The Speaker (Council Member Adams) A Local Law to amend the administrative code of the city of New York, in relation to a report on the provision of medical services related to reproductive health care Be it enacted by the Council as follows: Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-199.3.2 to read as follows:§ 17-199.3.2 Report on medical services relating to reproductive health care. a. Definitions. As used in this section, the following terms have the following meanings:Abortion. The term “abortion” means the procedure to terminate a pregnancy for purposes other than producing a live birth, including, but not limited to, a termination using pharmacological agents.Medical service. The term “medical service” means a service provided by a licensed medical provider that includes any treatment, procedure, medication, examination, diagnostic test, assessment or counseling.Reproductive health care. The term “reproductive health care” means any medical services provided to a person who can become pregnant relating to the reproductive system and its processes, functions and organs. Reproductive health care includes, but is not limited to, contraception, sterilization, preconception care, maternity care, abortion care and counseling regarding reproductive health care.b. No later than March 1, 2023, and annually thereafter, the department shall submit a report to the mayor and the speaker of the council on the provision of medical services in the city related to reproductive health care, including, but not limited to, the following:1. The total number of individuals who sought medical services related to reproductive health care in the city in the preceding calendar year;2. The total number of individuals who received medical services related to reproductive health care in the city in the preceding calendar year;3. The total number of individuals who sought medical services related to an abortion in the city in the preceding calendar year;4. The total number of individuals who received medical services related to an abortion in the city in the preceding calendar year;5. The total number of individuals who are residents of New York city that sought medical services related to reproductive health care in the city in the preceding calendar year;6. The total number of individuals who are residents of New York city that received medical services related to reproductive health care in the city in the preceding calendar year;7. The total number of individuals who are residents of New York city that sought medical services related to an abortion in the city in the preceding calendar year;8. The total number of individuals who are residents of New York city that received medical services related to an abortion in the city in the preceding calendar year;9. The total number of individuals who are residents of other municipalities located in New York state that sought medical services related to reproductive health care in the city in the preceding calendar year;10. The total number of individuals who are residents of other municipalities located in New York state that received medical services related to reproductive health care in the city in the preceding calendar year;11. The total number of individuals who are residents of other municipalities located in New York state that sought medical services related to an abortion in the city in the preceding calendar year;12. The total number of individuals who are residents of other municipalities located in New York state that received medical services related to an abortion in the city in the preceding calendar year;13. The total number of individuals who are residents of other states that sought medical services related to reproductive health care in the city in the preceding calendar year;14. The total number of individuals who are residents of other states that received medical services related to reproductive health care in the city in the preceding calendar year;15. The total number of individuals who are residents of other states that sought medical services related to an abortion in the city in the preceding calendar year;16. The total number of individuals who are residents of other states that received medical services related to an abortion in the city in the preceding calendar year;17. The projected total number of individuals who will seek medical services related to reproductive health care in the city in the next year;18. The ability of licensed medical providers in the city to accommodate such projected total number of individuals who will seek medical services related to reproductive health care in the next year, and any potential issues with providing medical services to such number of individuals;19. The projected total number of individuals who will seek medical services related to an abortion in the city in the next year;20. The ability of licensed medical providers in the city to accommodate such projected total number of individuals who will seek medical services related to an abortion over the next year, and any potential issues with providing medical services to such number of individuals;21. Recommendations for increasing the capacity of medical services provided to individuals in the city related to reproductive health care, including medical services related to abortions;22. Any challenges or limitations faced by licensed medical providers or individuals seeking medical services related to reproductive health care in the city, including medical services related to abortions, in providing or receiving such medical services, such as access to such providers and language barriers;23. Any additional resources needed to provide support to licensed medical providers and individuals in the city seeking medical services related to reproductive health care, including medical services related to abortions; and24. Recommendations for improving the provision of medical services in the city related to reproductive health care, including medical services related to abortions.c. The report required by subdivision b shall be created in consultation with the commissioner of the mayor’s office for people with disabilities, at least two individuals who have experience and expertise in advocating for gender equity in the medical field, at least two individuals who have experience and expertise in advocating for racial equity and culturally competent care in the medical field, at least two individuals who have experience and expertise in the area of criminal justice and reproductive health care, at least two individuals who have experience and expertise in protecting the privacy of individuals who travel to New York city to seek or receive medical services related to reproductive health care, and at least one individual who has experience and expertise in travel support for individuals seeking access to medical services.d. Information required to be reported pursuant to this section shall be reported in a manner that does not violate any applicable provision of federal, state or local law relating to the privacy of personally identifiable information.§ 2. This local law takes effect 30 days after it becomes law.     JEFLS # 91895/25/2022 1:11pm   |

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| Int. No. 466 By Council Member Cabán, the Public Advocate (Mr. Williams) and Council Members Hanif, Hudson, Joseph, Nurse, Gutiérrez, Abreu, Restler, Avilés and The Speaker (Council Member Adams) A Local Law to amend the administrative code of the city of New York, in relation to prohibiting the use of city resources to enforce abortion restrictions and create a private right of action related to detention Be it enacted by the Council as follows: Section 1. Chapter 1 of title 10 of the administrative code of the city of New York is amended by adding a new section 10-184 to read as follows:§ 10-184 Abortion enforcement. a. Definitions. As used in this section, the following terms have the following meanings:Abortion. The term “abortion” has the same meaning as is set forth in subsection (a) of section 20-815.City property. The term “city property” means any real property leased or owned by the city that serves a city governmental purpose and over which the city has operational control.b. No city resources, including, but not limited to, time spent by employees, officers, contractors, or subcontractors while on duty, or the use of city property, shall be utilized for:1. Detaining persons for performing or aiding in the performance of an abortion within this state, or in procuring an abortion in this state, if the abortion is performed in accordance with the provisions of article 25-a of the public health law or any other applicable law of this state, or2. Cooperating with or providing information to any individual or out-of-state agency or department regarding the provision of a lawful abortion perform in this state.b. Nothing in this section shall prohibit the investigation of any criminal activity in this state, provided that no information relating to any medical procedure performed on a specific individual may be shared with an out-of-state agency or any other individual.c. Any person detained in violation of this section may bring an action in any court of competent jurisdiction for a claim of unlawful detention in violation of this section, for any damages, including punitive damages, and for declaratory and injunctive relief and such other remedies as may be appropriate. The court, in issuing any final order in any section brought pursuant to this section, may award costs of litigation, to the prevailing party whenever the court determines such an award is appropriate. This section does not limit or abrogate any claim or cause of action such person has under common law or by other law or rule.§ 2. This local law takes effect immediately.      BMLS #9130/9144/9421/95325/27/22 12:00p |

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| Int. No. 475 By Council Members Hanif, Cabán, the Public Advocate (Mr. Williams) and Council Members Louis, Rivera, Hudson, Farías, Avilés, Powers, Krishnan, Brannan, Joseph, Dinowitz, Ung, Menin, Schulman, Richardson Jordan, Abreu, Restler, Won, Riley and The Speaker (Council Member Adams) A Local Law to amend the administrative code of the city of New York, in relation to creating a private right of action related to interference with medical care Be it enacted by the Council as follows: Section 1. Title 17 of the administrative code of the city of New York is amended by adding a new chapter 21 to read as follows:CHAPTER 21Interference with Medical Care§ 17-2101 Interference with medical care. a. A person is subject to interference with medical care if any civil action is commenced against such person in any state and:1. Liability, in whole or in part, or any theory of vicarious, joint, several or conspiracy liability derived therefrom, is based on the alleged provision, receipt, assistance in receipt or provision of, or material support for medical care that is legally permitted in the city; and2. The acts that formed the basis for liability occurred, in whole or in part, in the city.b. Interference with medical care shall not include the commencement of any civil action that is founded in tort, contract or statute and for which a similar claim would exist under the laws of the state of New York or of the city and which is:1. Brought by the patient who received the medical care or the patient’s authorized legal representative for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient; or2. Brought by a party with a contractual relationship with the person that is the subject of the action.§ 17-2102 Civil action for interference with medical care. Any person allegedly subject to interference with medical care as set forth in section 17-2101 may bring an action in any court of competent jurisdiction for any damages, including punitive damages, and such other remedies as may be appropriate. The court, in issuing any final order in any action brought pursuant to this section, may award costs of litigation to the prevailing party whenever the court determines such an award is appropriate. This section does not limit or abrogate any claim or cause of action such person has under common law or by other law or rule.§ 2. This local law takes effect immediately.   NABLS #9119/9131/917405/25/22 11:15AM |

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| Int. No. 507 By Council Members Rivera, Gutiérrez, Joseph, Louis, Hudson, Hanif, Nurse, Abreu, Restler, Avilés and Cabán A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make mifepristone and misoprostol available free of charge at its health centers, health stations, health clinics and other health facilities Be it enacted by the Council as follows: Section 1. Chapter one of title 17 of the administrative code of the city of New York is amended by adding a new section 17-184.1 to read as follows:§ 17-184.1 Availability of mifepristone and misoprostol. a. The department shall make available mifepristone and misoprostol at no cost to the patient in its health centers, health stations, health clinics or other health facilities operated or maintained by the department which also offer services relating to sexual and reproductive health. The department shall provide such mifepristone and misoprostol to all patients who seek to terminate their pregnancy, when, according to the provider’s reasonable and good faith professional judgment based on the facts of the patient’s case, the patient is within 11 weeks from commencement of pregnancy, and the patient has provided informed consent. The department shall also provide counseling and timely referrals to other health facilities and qualified family planning providers, if needed, for other services.§ 2. This local law takes effect 1 year after it becomes law.       HKALS #36975/26/22 |

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| Res. No. 195 Resolution calling upon the New York State Legislature to pass, and the Governor to sign, The Reproductive Freedom and Equity Program (S.9078/A.10148A), which would establish a grant program to provide funding to New York abortion providers and non-profit organizations to increase access to abortion care By Council Members Brewer, Menin, Rivera, Louis, Hudson, Brannan, Hanif, Joseph, Nurse, Bottcher, Abreu, Narcisse, Restler, Won, Avilés, Cabán, Gutiérrez, Powers, Ossé, Ung, Schulman and The Speaker (Council Member Adams) Whereas, Abortion, a simple and common medical procedure that ends a pregnancy, is essential healthcare for millions of individuals; andWhereas, A lack of access to safe, timely, affordable and respectful abortion care poses a risk to not only the physical, but also the mental and social well-being of women, girls and others who can become pregnant; andWhereas, In 1970, the State of New York (“New York” or “State”) became one of the first states in the country to decriminalize abortion, three years prior to the Supreme Court of the United States (“Supreme Court” or “SCOTUS”) decision in *Roe v. Wade*, which created the constitutional right to seek an abortion; andWhereas, Despite a constitutional and state right to abortion care, barriers to accessing abortions persist, disproportionately impacting those who have trouble accessing healthcare, especially people of color and other marginalized, low-income people; andWhereas, Barriers to accessing abortion care can include an inability to afford the cost of care, the distance one must travel to access it, the costs associated with travel, such as transportation, childcare, lodging, lost wages and more; andWhereas, Such barriers to care are often intensified for immigrants, young people, people with disabilities and those living in rural areas; andWhereas, According to a recently leaked initial draft majority opinion by the Supreme Court in the case *Dobbs v. Jackson Women’s Health Organization*, SCOTUS has voted to strike down the landmark *Roe v. Wade* decision; andWhereas, According to an analysis conducted by the Guttmacher Institute, if SCOTUS overturns or fundamentally weakens *Roe v. Wade*, 26 states have laws or constitutional amendments already in place that would make them certain or likely to ban abortion; andWhereas, As a consequence, at least 36 million women, girls and others who can become pregnant would lose access to care; andWhereas, Access to abortion varies by geographic region; many of the most hostile states are concentrated in the Midwest, the Plains and the South, meaning that accessing care by traveling to a neighboring state may not be possible for many; andWhereas, Following state bans on abortion across the country, New York would be the nearest provider of care for an estimated 190,000 to 280,000 more individuals of reproductive age; andWhereas, Prior to *Roe v. Wade*, per historian Ruth Rosen, “[a]dvocates of abortion reform estimated that close to one million women had illegal abortions annually… and they attributed some five thousand deaths directly to illegal abortions”; andWhereas, Rosen’s quote exemplifies how, throughout history, laws banning abortion do not prevent them from happening and instead makes them humiliating and unsafe, to the point of sometimes being fatal; andWhereas, Between 1970 and the passage of *Roe v. Wade*, New York was a magnet for women who wanted abortions but were unable to access care in their home state; andWhereas, During that time, health officials estimated that more than 400,000 abortions were performed in the State, nearly two-thirds of which were for women who had traveled from outside New York to take advantage of the policy; andWhereas, Abortion restrictions are borne out of discrimination and systemic racism  and disproportionately impact those who have limited resources to overcome financial and logistic barriers, including young people, people with disabilities, people who identify as LGBTQI+, people with low incomes and those in rural areas, as well as Black, Indigenous and other people of color; andWhereas, S.9078/A.10148A, sponsored by State Senator Cordell Cleare and State Assembly Member Jessica González-Rojas respectively, would establish the Reproductive Freedom and Equity Program (“Program”) to provide support to abortion providers, increase access to care, fund uncompensated care, and address the support needs of individuals accessing abortion care; andWhereas, Under the Program, which will be funded through the State budget process, the State Department of Health would issue grant funding for which abortion providers and non-profit organizations that facilitate access to care are eligible to apply; andWhereas, This funding would support provider capacity building in the event *Roe v. Wade* is overturned or otherwise diminished, fund uncompensated care for those who lack coverage or for those whose coverage is not usable and support the practical support needs for individuals facing barriers to abortion care; andWhereas, In 2019, the State Legislature passed the Reproductive Health Act to codify the protections of *Roe v. Wade*into State law, affirming the right of an individual to access abortion care in New York; andWhereas, New York City (“City”) has also been a leader in abortion care access; in 2019, the City Council made history when it allocated $250,000 to the New York Abortion Access Fund allow about 500 low-income women who travel from other states to obtain abortions in the City; andWhereas, Establishing the Program is a necessary extension of the State legislature’s work to protect the right to abortion in New York; andWhereas, With SCOTUS poised to overturn or dramatically weaken federal protections around the right to abortion care, the State must be prepared to respond to the dramatically changing national landscape of abortion access; andWhereas, By supporting access to abortion, New York will be standing up for the human rights of pregnant people and doing its part to ensure abortion is affordable and available for everyone who needs it; now, therefore be it                     Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass, and the Governor to sign, The Reproductive Freedom and Equity Program (S.9078/A.10148A), which would establish a grant program to provide funding to New York abortion providers and non-profit organizations to increase access to abortion care. CGRLS #9237LS #923805/26/22 |

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| Res. No. 196 Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.9137/A.10357, which would allow out-of-state physicians to provide reproductive health services in this state while awaiting full licensure By Council Members Brooks-Powers, Louis, Hudson, Hanif, Joseph, Nurse, Ung, Bottcher, Abreu, Restler, Won, Avilés, Cabán and The Speaker (Council Member Adams) Whereas, Abortion care is an essential component of sexual and reproductive healthcare that nearly one-in-four women in the United States (U.S.) will obtain by age 45, per an analysis by the Guttmacher Institute; andWhereas, In 1970, the State of New York (“New York” or “State”) became one of the first states in the country to decriminalize abortion, three years prior to the Supreme Court of the United States (“Supreme Court” or “SCOTUS”) decision in *Roe v. Wade*, which created the constitutional right to seek an abortion; andWhereas, Between 1970 and the passage of *Roe v. Wade*, New York was a magnet for women who wanted abortions but were unable to access care in their home state; andWhereas, During that time, health officials estimated that more than 400,000 abortions were performed in New York, nearly two-thirds of which were for women who had traveled from out-of-state to take advantage of the policy; andWhereas, Now, according to a recently leaked initial draft majority opinion by the Supreme Court in the case *Dobbs v. Jackson Women’s Health Organization*, SCOTUS has voted to strike down the landmark *Roe v. Wade* decision that had stood for nearly 50 years; andWhereas, According to an analysis conducted by the Guttmacher Institute, if SCOTUS overturns or fundamentally weakens *Roe v. Wade*, 26 states have laws or constitutional amendments already in place that would make them certain or likely to ban abortion; andWhereas, As a consequence, at least 36 million women, girls and others who can become pregnant would lose access to care; andWhereas, Following state bans on abortion across the country, New York would be the nearest provider of care for an estimated 190,000 to 280,000 more individuals of reproductive age; andWhereas, As such, it is anticipated that, once again, an influx of out-of-state residents will seek reproductive health services in New York; andWhereas, The State must therefore be prepared to respond to the dramatically changing national landscape of abortion access; andWhereas, S.9137/A.10356, sponsored by State Senator James Gaughran and State Assembly Member Kimberly Jean-Pierre respectively, would allow out-of-state physicians who are board certified in obstetrics and gynecology, and who are in good standing in their home state or territory, to provide reproductive health services in New York while awaiting full licensure; andWhereas, This bill is meant to ensure that New York will have enough providers to meet increased demand; andWhereas, It is not uncommon for New York to permit out-of-state practitioners practice privileges in the State; out-of-state practitioners were granted practice privileges in New York during the COVID-19 pandemic, and they are also regularly provided with temporary practice authority for largely attended events, such as marathons; andWhereas, In 2019, the State Legislature passed the Reproductive Health Act to codify the protections of *Roe v. Wade*into State law, affirming the right of an individual to access abortion care in New York; andWhereas, New York City (“City”) has also been a leader in abortion care access; in 2019, the City Council made history when it allocated $250,000 to the New York Abortion Access Fund allow about 500 low-income women who travel from other states to obtain abortions in the City; andWhereas, Abortion restrictions are borne out of discrimination and systemic racism and disproportionately impact those who have limited resources to overcome financial and logistic barriers, including young people, people with disabilities, people who identify as LGBTQI+, people with low incomes and those in rural areas, as well as Black, Indigenous and other people of color; andWhereas, New Yorkers cannot remain silent as the Supreme Court is poised to violate the human rights of pregnant people in complete disregard for the human right to bodily autonomy, which could also set a dangerous legal precedent to overturn healthcare and other legal rights for other marginalized and vulnerable people; now, therefore be it                     Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass, and the Governor to sign, S.9137/A.10357, which would allow out-of-state physicians to provide reproductive health services in this state while awaiting full licensure.     CGRLS #932805/26/22   |

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| Res. No. 197 Resolution declaring New York City a safe city for all those in need of abortion-related care By Council Members Cabán, Velázquez, the Public Advocate (Mr. Williams) and Council Members Hudson, Brannan, Hanif, Brewer, Joseph, Nurse, Ung, Louis, The Speaker (Council Member Adams), Restler, Won and Avilés Whereas, According to Amnesty International, an abortion is a medical procedure that ends a pregnancy; andWhereas, Abortion is a basic healthcare need for millions of people who can become pregnant, and, worldwide, an estimated 1 in 4 pregnancies end in an abortion every year; andWhereas, Regardless of whether abortion is legal or not, people still require and regularly access abortion services; andWhereas, According to the Guttmacher Institute, a United States-based reproductive health non-profit, the abortion rate is 37 per 1,000 people in countries that prohibit abortion altogether or allow it only in instances to save a person’s life, and 34 per 1,000 people in countries that broadly allow for abortion, a difference that is not statistically significant; andWhereas, According to the World Health Organization, lack of access to safe, timely, affordable, and respectful abortion care poses a risk to not only the physical, but also the mental and social, well-being of people who can become pregnant; andWhereas, Worldwide, 45 percent of all abortions are unsafe; andWhereas, According to the Kaiser Family Foundation, in recent years many states in the United States have passed laws restricting access to abortion, and the Trump administration had made a number of changes to federal reproductive health policy, including major changes to the federal Title X family planning program; andWhereas, On Monday, May 2, 2022, the news outlet Politico published what appears to be an initial draft majority opinion, written by Justice Samuel Alito and reportedly circulated inside the court, suggesting that the U.S. Supreme Court intends to strike down *Roe v. Wade,* which established a person’s constitutional right to abortion; andWhereas, Since the leak, advocates and policymakers have reignited their efforts to either protect or restrict abortion access; andWhereas, According to a Kaiser Family Foundation poll released in 2020, a majority of the public do not want to see the Supreme Court overturn *Roe v. Wade*; andWhereas, While most Republicans (57 percent) would like to see *Roe* overturned, larger majorities of Democrats (91 percent) and independents (70 percent) do not want it overturned; andWhereas, Most people (67 percent) think state regulations on abortion providers or people seeking abortions are intended to make access to abortion more difficult as opposed “to protecting the health and safety of women” (32 percent); andWhereas, According to a 2022 Pew Research Center survey, approximately six in 10 U.S. adults (61 percent) believe abortion should be legal in “all or most cases”; andWhereas, The American College of Obstetricians and Gynecologists (ACOG), along with other medical organizations, opposes interference with the patient-clinician relationship and affirm the importance of this relationship in the provision of high-quality medical care; andWhereas, ACOG affirms that individuals require access to safe, legal abortion, and that adolescents, people of color, those living in rural areas, those with low incomes, and incarcerated people can face disproportionate effects of restrictions on abortion access; andWhereas, Despite public opinion and the growing need to increase access to high quality and equitable health care, including care to combat the maternal health crisis, many states and the Supreme Court have nonetheless indicated the threat of continued abortion restrictions; andWhereas, One can look at Texas, where abortion is effectively outlawed by prohibiting abortion after six weeks, to see how restricted access to abortion can impact a person’s care; andWhereas, National Public Radio (NPR) reported that individuals seeking abortions in Texas have been put in potentially life-threatening situations and have needed to seek care outside of the state, which is unattainable for many individuals due to financial and logistical reasons; andWhereas, In many states, abortion care is hard to access due to lack of health care infrastructure, education, and other factors; andWhereas, As we continue to see the rights of women, girls, and people who can become pregnant restricted, New York City publicly declares that it is a safe haven for all those needing abortion-related care; andWhereas, New York City and State are committed to providing care and support to those needing abortion-related care, and are acting swiftly to draft and pass abortion-related legislation furthering the protections of those seeking abortions both within the state and from other parts of the country; andWhereas, Abortion is health care, and access to health care is a fundamental human right; now, therefore, be itResolved, That the Council of the City of New York declares New York City a safe city for all those in need of abortion-related care.  EB/CPLS 9095/9101/911005.27.2022 |

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| Res. No. 200 Resolution declaring January 22, 2023 as *Roe v. Wade* Day in the City of New York to commemorate the 50th anniversary of the landmark United States Supreme Court decision. By Council Members Menin, Hanif, Brooks-Powers, Nurse, Ung, Abreu, Louis and The Speaker (Council Member Adams), Restler, Avilés and Cabán                      Whereas,  In 1970, Jane Roe filed a lawsuit on behalf of herself and others against Dallas County Texas District Attorney Henry Wade, challenging a Texas law making abortion illegal except by a doctor’s orders to save a woman’s life; andWhereas,  In the lawsuit, Roe argued the state abortion laws were unconstitutionally vague and abridged her right of personal privacy as protected by the First, Fourth, Fifth, Ninth and Fourteenth Amendments; andWhereas,  On January 22, 1973, the United States (U.S) Supreme Court issued a 7-2 decision in favor of Jane Roe, ruling that women had a fundamental right to choose whether or not to have an abortion without excessive government restriction, thereby striking down Texas’s abortion ban as unconstitutional; andWhereas, *Roe v. Wade* ruled the U.S. Constitution provided a right to privacy protecting a person’s right to choose, it also decided the right to abortion is not absolute and must be balanced against the government’s interest in protecting health and prenatal life; andWhereas,  According to the World Health Organization (WHO), unsafe abortion is a leading but preventable cause of maternal deaths and morbidities around the world, and the proportion of unsafe abortions is significantly higher in countries with highly restrictive abortion laws than in countries with less restrictive laws; and Whereas,  According to the 2020 WHO list of essential health care services, comprehensive abortion care can be effectively managed by a wide range of health workers using medication or a surgical procedure and is deemed a safe health care intervention; andWhereas, In 1970, New York State legalized abortion up to 24 weeks into a pregnancy, becoming the first state in the country to provide the freedom of choice for individuals to terminate their pregnancies regardless of residency; andWhereas, On January 22, 2019, New York State enacted the Reproductive Health Act (RHA), removing abortion (as a homicide exception) in the State criminal code, codifying the rights to an abortion laid out in *Roe v. Wade*, and expanding the types of health care professionals permitted to practice abortion health services; andWhereas, A recent first draft majority opinion circulated inside and outside the court written by Justice Samuel Alito, would, if adopted, seemingly rule in favor to strike down the landmark *Roe v. Wade* decision; andWhereas, According to the Centers for Disease Control and Prevention (CDC) in 2019, 7,000 or nine percent of pregnancy termination procedures in New York state were for people from other states, and in preparation for a potential dismantling of Roe v. Wade, the CDC estimated the number of pregnancy terminations in New York state to increase by four and half times to 32,000 from Ohio and Pennsylvania residents alone; andWhereas, In anticipation of the Supreme Court overturning *Roe v. Wade*, New York State Governor Hochul’s Fiscal Year 2023 Budget announced a $35 million investment to directly support abortion providers and enshrined into law a requirement for health plans to cover abortion services without cost-sharing in order to provide access for the possible influx of individuals seeking safe and affordable care; andWhereas, New York has historically upheld a person’s right to reproductive healthcare choices by safeguarding and expanding legislative protections in favor of promoting gender equality and reproductive justice for all; now, therefore be itResolved, That the Council of the City of New York recognizes January 22, 2023 as *Roe v. Wade* Day in the City of New York to commemorate the 50th anniversary of the landmark United States Supreme Court decision.  CDLS 72225/26/22   |

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| Res. No. 245 Resolution calling on the United States Senate to pass and the President to sign the Women’s Health Protection Act By the Public Advocate (Mr. Williams) and Council Members Cabán, Hanif, Louis, Narcisse, Avilés and Joseph Whereas, A citizen’s rights to make decisions about their own bodies, their families, and their lives are basic human rights; andWhereas, Reproductive rights and abortion services are essential health care and the cornerstone of a sound public health system; andWhereas, Ensuring access to abortion care is central to the pursuit of reproductive justice; andWhereas, According to the Guttmacher Institute, nearly 1 in 4 women in America will have an abortion by age 45; andWhereas, The 1973 U.S. Supreme Court case Roe v. Wade was a landmark decision in which the Court ruled that a person may choose to have an abortion until a fetus becomes viable (usually between 24 and 28 weeks after conception), based on the right to privacy contained in the Due Process Clause of the Fourteenth Amendment; andWhereas, Nonetheless, access to abortion services has been obstructed across the United States in various ways, including blockades of health care facilities, restrictions on insurance coverage, medically unnecessary regulations and many more that neither confer any health benefit nor further the safety of abortion services; andWhereas, According to the Center for Reproductive Rights, nearly 500 state laws restricting abortion have been enacted since 2011, nearly 90 percent of American counties are without a single abortion provider and five states are down to their last abortion clinic; andWhereas, The harms of abortion restrictions fall especially heavily on people with low-income, immigrants, women of color, those in the LGBTQ+ community, people with disabilities, and other marginalized or multi-marginalized groups; andWhereas, According to a study by Advancing New Standards in Reproductive Health (ANSIRH), individuals who are forced to carry an unwanted pregnancy are more likely to experience intimate partner violence, health problems, poverty, and ongoing financial distress and eviction than those who are able to access wanted abortion care; andWhereas, With a leaked draft opinion from the Supreme Court suggesting that Roe v. Wade is on the brink of being overturned in the highest court in the land, it is essential to enshrine the right to abortion access into federal law; andWhereas, S.1975, sponsored by U.S. Senator Richard Blumenthal, and H.R. 3755, sponsored by Representative Judy Chu, also known as the Women Health Protection Act (WHPA), would protect the federal right to abortion and would block the barrage of state bans and restrictions on abortion intended to impede or outright deny access; andWhereas, The House of Representatives passed WHPA on September 24, 2021, yet the Senate has failed to move forward with the bill; and Whereas, WHPA would protect a person’s freedom to make decisions about their own reproductive health care and a health care provider’s ability to provide the full range of reproductive health services, including abortion; andWhereas, Reproductive justice is a human right that can and will be achieved when all people regardless of race, color, national origin, immigration status, sexual orientation, age, or disability status, have the economic, social, and political power and resources to define and make decisions about their bodies, health, sexuality, families, and communities; now, therefore, be itResolved That the Council of the City of New York calls upon the United States Senate to pass and the President to sign the Women’s Health Protection Act. VM5/23/2022LS#6203               |

1. National Institute of Environmental Health Sciences, *Reproductive Health*, the National Institute of Health (n.d.), *available at* <https://www.niehs.nih.gov/health/topics/conditions/repro-health/index.cfm>; *See* NYC Commission on Human Rights, *FACT SHEET: Protections Against Employment Discrimination Based on Sexual and Reproductive Health Decisions* (n.d.), *available at* <https://www1.nyc.gov/assets/cchr/downloads/pdf/publications/SexualReproHealthDecisions_KYR_8.20.2019.pdf>; *See, e.g.,* Mahmoud Fathalla, *Promotion of Research in Human Reproduction: Global Needs and Perspectives*, 3 HUM. REPROD. 7, 7 (1988) (defining reproductive health as requiring, among other things, “that people have the ability to reproduce and the ability to regulate their fertility”). [↑](#footnote-ref-2)
2. NYC Commission on Human Rights, *FACT SHEET: Protections Against Employment Discrimination Based on Sexual and Reproductive Health Decisions* (n.d.), *available at* <https://www1.nyc.gov/assets/cchr/downloads/pdf/publications/SexualReproHealthDecisions_KYR_8.20.2019.pdf>. [↑](#footnote-ref-3)
3. *See* Rebecca Cook, Bernard Dickens & Mahmoud Fathala, *Reproductive Health and Human*

*Rights: Integrating Medicine, Ethics and Law*, 14-18 (2003) (explaining the importance of gender differences in the context of reproductive health). [↑](#footnote-ref-4)
4. See, e.g., Ruth Bader Ginsburg, *Some Thoughts on Autonomy and Equality in Relation to Roe v. Wade*, 63 N.C. L. REV. 375, 383 (1985) (noting that a woman’s ability to control her reproductive capacity is equivalent to her ability to take autonomous charge of her life); Lance Gable, *Reproductive Health as a Human Right*, 60 Case W. Res. L. Rev. 957, 957 (Summer 2020). [↑](#footnote-ref-5)
5. World Health Organization [hereinafter “WHO”], *Reproductive Health Indicators for Global Monitoring*, WHO Second Interagency Meeting, Geneva, Switz., 20-23 (July 17-19, 2000), *available at* <http://whqlibdoc.who.int/hq/2001/WHO_RHR_01.19.pdf>; *See also*, Ritu Sadana, *Definition and Measurement of Reproductive Health*, 80 BULL. WHO. 407 (2002); Lance Gable, *Reproductive Health as a Human Right*, 60 Case W. Res. L. Rev. 957, 957 (Summer 2020). [↑](#footnote-ref-6)
6. Note: This paper utilizes the term “female genital cutting,” rather than “female genital mutilation” to give deference to the affected women and girls, often migrants, who live in the midst of a dominant discourse categorizing them as “mutilated” and sexually disfigured. While “female circumcision” is another common term, “female genital mutilation” is also referenced in recognition of the fact that it is the most commonly used term, including in terms of usage in legislation and treaties. Further, while this paper also utilizes the acronym FGC, FGM is also often shortened to FGM/C in recognition of updated and current language. *See* S. Johnsdotter, *The Impact of Migration on Attitudes to Female Genital Cutting and Experiences of Sexual Dysfunction Among Migrant Women with FGC*, 10(1) Current Sexual Health Reports 18-24 (2018), *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5840240/>; S. Fried, A. Mahmoud Warsame, V. Berggren, E. Isman & A. Johansson, *Outpatients’ Perspectives on Problems and Needs Related to Female Genital Mutilation/Cutting: a Qualitative Study from Somaliland*, 2013(1) Obst. and Gyn. Intl (2013), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3784275/; U.S. Department of Health and Human Services, Office on Women’s Health, *Female Genital Mutilation or Cutting* (n.d.), *available at* https://www.womenshealth.gov/a-z-topics/female-genital-cutting; New York Department of Health, *Female Genital Mutilation/Female Circumcision Reference Card for Health Care Providers* (n.d.), *available at* <https://www.health.ny.gov/community/adults/women/female_circumcision/providers.htm> (explaining why it is “more appropriate” to use FGC/FC than FGM). [↑](#footnote-ref-7)
7. WHO, *Reproductive Health Indicators for Global Monitoring*, WHO Second Interagency Meeting, Geneva, Switz., 20-23 (July 17-19, 2000), *available at* <http://whqlibdoc.who.int/hq/2001/WHO_RHR_01.19.pdf>; *See also*, Ritu Sadana, *Definition and Measurement of Reproductive Health*, 80 BULL. WHO. 407, 407 (2002). [↑](#footnote-ref-8)
8. Lance Gable, *Reproductive Health as a Human Right*, 60 Case W. Res. L. Rev. 957, 957 (Summer 2020). [↑](#footnote-ref-9)
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22. *Id.* at Article 15.1(b). [↑](#footnote-ref-23)
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24. *Id.* [↑](#footnote-ref-25)
25. Karen Freund and Chloe Bird, C*omprehensive Healthcare: Why is the Inclusion of Reproductive Health Controversial for Women but Not Men?*, Women’s Health Issues, Vol. 22, No. 4 (Apr. 2012), *available at* [https://www.whijournal.com/article/S1049-3867(12)00034-5/pdf](https://www.whijournal.com/article/S1049-3867%2812%2900034-5/pdf). [↑](#footnote-ref-26)
26. Karen Freund and Chloe Bird, *supra* note 15; See Carrie Blanza, Michawl Lipka and John Gramlich, Key facts about the abortion debate in America (

BY CARRIE BLAZINA, MICHAEL LIPKA AND JOHN GRAMLICH [↑](#footnote-ref-27)
27. *Id.* [↑](#footnote-ref-28)
28. Further, New York and three other states, Washington, Hawaii and Alaska, completely decriminalized abortion during the early stages of pregnancy during this period. *Id.* [↑](#footnote-ref-29)
29. *Id.* [↑](#footnote-ref-30)
30. *Id.* [↑](#footnote-ref-31)
31. *Skinner v. State of Oklahoma, ex rel. Williamson*, 316 U.S. 535 (1942). [↑](#footnote-ref-32)
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50. Public Health Law § 4164*, available at* <https://codes.findlaw.com/ny/public-health-law/pbh-sect-4164.html>. [↑](#footnote-ref-51)
51. *See* New York Penal Law § 125.05, § 125.20, § 125.40-60. [↑](#footnote-ref-52)
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