



**Testimony in Support of New York City Council Resolutions 666, 670, and 672**

**New York City Council  
Committee on Health**

March 1, 2011

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**I. Introduction**

Thank you for the opportunity to submit testimony before your committee. We submit this written testimony to the committee to supplement the testimony given by Ms. Goldberg before the committee today. The Center for Reproductive Rights strongly supports Resolutions 666, 670 and 672.

The Center for Reproductive Rights (“the Center”) promotes women’s equality worldwide by securing reproductive rights as constitutional and international human rights. We litigate in state and federal courts, including the U.S. Supreme Court. In addition to our U.S. work, the Center brings groundbreaking cases under international law before the United Nations and regional human rights bodies. We envision a world where every woman is free to decide whether and when to have children; where every woman has access to the best reproductive healthcare available; where every woman can exercise her choices without coercion or discrimination. More simply put, we envision a world in which every woman participates with full dignity as an equal member of society.

Since the new Congress took control in January, the attack on women’s health and rights has been relentless. Three particularly pernicious bills stand out: the Protect Life Act (H.R. 358), the No Taxpayer Funding for Abortion Act (H.R. 3), and the Title X Abortion Provider Prohibition Act (H.R. 217). These sweeping measures would threaten women’s lives, impose

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This ban impacts the millions of unsubsidized individuals and small business employees expected to participate in the insurance exchanges. Over time, these restrictions will affect more and more women, as the health insurance exchanges are designed to grow over time to encompass the large-employer market.<sup>8</sup>

H.R. 358 would also decrease – or even eliminate – abortion coverage in the private market. A George Washington University Medical Center School report found after analyzing the similarly onerous Stupak-Pitts ban that “the treatment exclusions required . . . will have an industry-wide effect, eliminating coverage of medically indicated abortions over time for all women, not only those whose coverage is derived through a health-insurance exchange.”<sup>9</sup>

H.R. 358 would forsake the fundamental promises of healthcare reform. It would deny women the protection of insurance coverage for abortion despite stringent restrictions that already assure that federal funding is segregated from payments for coverage, and would threaten or eliminate coverage that women already have for abortion in the private insurance marketplace.

*H.R. 358 Would Expand the Culture of Refusal and Intensifies a Discriminatory Refusal Policy.*

Current law amply protects healthcare providers who have religious or moral objections to the provision of abortion services. Since 1973, the Church Amendment has provided that no individual may be discriminated against because they performed or refused to perform an abortion based on their religious beliefs or moral convictions. Other federal laws bolster opt-outs specifically for those who refuse to provide abortions services.<sup>10</sup> The Affordable Care Act left each of these laws intact, and as well as adding a new, one-sided provision barring health plans from discriminating against healthcare providers or facilities because of their *refusal* to “provide, pay for, provide coverage of, or refer for abortions.”<sup>11</sup>

Women seeking abortion services, however, must often overcome significant hurdles in finding a provider – from the Guttmacher Institute: “87% of all U.S. counties lacked an abortion provider in 2008; 35% of women in the U.S. live in those counties.”<sup>12</sup>

Against this backdrop, H.R. 358 heightens and dramatically expands dangerous refusal provisions that are at odds with prevailing standards of care, and out-of-step with international and human rights law.<sup>13</sup>

*H.R. 358 Would Allow Any Entity, for Any Reason, to Obstruct Access to Abortion Services*

The refusal provision in H.R. 358 goes far beyond protecting individual conscience. Instead, it allows corporations to interfere with the doctor-patient relationship, regardless of the doctors’ own beliefs or the patients’ medical needs. It is a basic tenet of ethical healthcare

a clinic that would provide abortions.<sup>19</sup> Persistent harassment and discrimination, including retaliation that prevents residents from even being offered the opportunity to receive training in abortion services when requested has led to a shortage of abortion providers.

The H.R. 358 refusal provision does nothing to protect the men and women who provide abortion services or otherwise support their provision. The lopsided provision violates a fundamental principle of American law by allowing discrimination based on viewpoint, and is inconsistent with the concepts of balance and fairness that undergird our legal system.

The new private right of action created by H.R. 358, which applies only to those who refuse involvement (even tangential) in abortion services, would allow those healthcare entities to sue more easily than someone who has been discriminated against because of her religious beliefs unconnected to abortion.

#### *H.R. 358 Would Allow Denial of Emergency Care, Threatening Women's Lives*

A late addition to the revised version of H.R. 358 would allow the expansive refusal provision described above to trump patient protections in a key federal health law, the Emergency Medical Treatment and Active Labor Act (“EMTALA”)<sup>20</sup>, as well as similar patient protections in state laws.<sup>21</sup> As the name implies, a particular focus of concern under EMTALA is the health and safety of pregnant women, who must be able to go to the nearest emergency room for adequate care throughout a pregnancy.

Just last year, the Affordable Care Act expressly maintained EMTALA and like state laws.<sup>22</sup> Indeed, of the numerous refusal provisions Congress has passed in the past, it has never overridden laws requiring emergency care. Notably, the sponsor of the Weldon Amendment – the most expansive federal refusal law – asserted that “in situations where a mother’s life is in danger a health care provider must act to protect the mother’s life.”<sup>23</sup> H.R. 358 goes where no federal law has gone before – it expressly sacrifices women’s lives.

Allowing refusal objections to interfere with even those emergency measures necessary to save the life of a pregnant woman would mean that women entering a hospital are unwittingly allowing others to play Russian Roulette with their lives. Several months ago, the Bishop of an Archdiocese in Arizona excommunicated a nun who had permitted a life-saving pregnancy termination at St. Joseph’s hospital for a mother of four who was 11 weeks pregnant. The Catholic status of the hospital was also subsequently revoked.<sup>24</sup> In a letter about the case, Bishop Olmsted argued that there was no way to provide life-saving treatment for the pregnant woman in question consistent with Church doctrine. Referring to the life-saving abortion, Bishop Olmsted wrote, “[t]he end does not justify the means.”<sup>25</sup>

In the fair balance struck during healthcare reform, the Affordable Care Act does not affect any state law regarding coverage or funding of abortion services – either prohibiting or requiring it.<sup>28</sup> H.R. 358 would destroy this even-handed protection for state policies, and instead would protect only those state laws that restrict or prohibit coverage of abortion, undermining the sovereignty of states that may choose to treat abortion services like other healthcare services.

#### H.R. 358 Would Interfere with the Private Market Decisions of Insurance Plans

The Affordable Care Act allows insurers to determine whether or not a plan provides coverage of abortion services.<sup>29</sup> It also ensures that there will be at least one multi-state plan that does not provide coverage of abortion services, allowing for a range of options.<sup>30</sup> H.R. 358 would interfere with the private market decisions of insurance plans by barring all such coverage in any multi-state plan.<sup>31</sup>

#### H.R. 358 Includes Gag Provisions that Would Deny Access to Reproductive Health Information

H.R. 358 prohibits anyone implementing the Affordable Care Act – the Department of Health and Human Services, the state-based exchanges – from ensuring “access” to abortion services.<sup>32</sup> Under this new and far-reaching language in H.R. 358, therefore, women could be barred from even receiving information about abortion services. For example, H.R. 358 could prevent a state that chooses to ban coverage of abortion in their exchange from requiring that information regarding alternate coverage of abortion be made available to those in their exchange. The bill could also prohibit the Secretary from requiring that patient “navigators,” who help enroll individuals in qualified health plans using “fair and impartial information,” give individuals information about which plans cover abortion.

### **III. No Taxpayer Funding for Abortion Act (H.R. 3):**

First and foremost, this bill is about interfering with private healthcare choices. It does so by imposing draconian tax penalties on small businesses and middle-class families; by making the harmful and discriminatory Hyde Amendment even more intractable; and by heightening dangerous refusal provisions that are at odds with prevailing standards of care, and out of step with international and human rights law.

#### *H.R. 3 Would Impose an Abortion Tax.*

This radically broad bill – essentially, an Abortion Tax – is clearly intended to prevent all women from obtaining health insurance coverage for abortion services. H.R. 3 creates burdensome new tax penalties that will raise taxes on millions of Americans and is designed to make coverage of abortion unavailable through private health insurance policies – stripping away coverage that millions of women currently have.

abortion services. The lopsided provision violates a fundamental principle of American law by allowing discrimination based on viewpoint, and is inconsistent with the concepts of balance and fairness that undergird our legal system.

Abortion is an essential part of reproductive healthcare and one of the most common medical procedures. That is why a majority of employer-based health plans today include abortion coverage.<sup>37</sup> H.R. 3 promises to take away that coverage from millions of Americans.

#### **IV. Title X Abortion Provider Prohibition Act (H.R. 217):**

Recent proposed bills in Congress also would prevent access to contraception and other critical preventive reproductive health services. The Title X family planning program funds low-cost, confidential family planning services that would otherwise be out of reach for many women. The services provided through Title X include contraception, treatment of sexually transmitted infections, preventive services, such as screening for breast and cervical cancer, pregnancy tests and counseling, and educational programs. H.R. 217 would prevent healthcare providers who provide abortion services from receiving Title X funds to provide this important care.

Under existing law, Title X funds cannot be used for abortion services. H.R. 217 attempts to elide that basic fact in an effort to impose extreme new restrictions that serve no purpose other than to threaten essential healthcare for millions of low and middle-income women.

#### **V. Conclusion**

New York City has been a leader in protecting access to reproductive health care service for all women. We urge the New York City Council to adopt these resolutions condemning the three Congressional proposals, which would seriously harm women's health.

#### **Endnotes**

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<sup>1</sup> Patient Protection and Affordable Care Act, Pub L. No. 111-148, § 1303, 124 Stat. 119, 168-171 (codified at 42 U.S.C.A. § 18023 (West 2010)) (hereinafter "PPACA").

<sup>2</sup> PPACA § 1303(b)(1)(B)(i).

<sup>3</sup> *Liberty University v. Geithner*, No. 6:10-cv-00015-nkm, 2010 WL 4860299, at \*24 (W.D. Va. Nov. 30, 2010) (explaining further that "In plans that do provide non-excepted abortion coverage, a separate payment for non-excepted abortion services must be made by the policyholder to the insurer, and the insurer must deposit those payments in a separate allocation account that consists solely of those payments; the insurer must use only the amounts in that account to pay for non-excepted abortion services. Act § 1303(b)(2)(B), (C). Insurers are prohibited from using funds attributable to premium tax credits or cost-sharing reductions in out-of-pocket maximum limits for

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<sup>21</sup> California's Health and Safety Code requires hospitals and physicians to treat any condition that presents the "danger of loss of life, or serious injury or illness." See Cal. Health & Safety Code § 1317. Though California accommodates doctors' personal beliefs, a doctor's personal beliefs do not trump the health and life of her patients. The state excuses from providing abortions those providers who have notified their health-care facility, in writing, of a moral, ethical or religious objection to participating in abortion procedures. But for obvious reasons, the "conscience clause" does not apply to "medical emergency situation[s] and spontaneous abortions." See Cal. Health & Safety Code § 123420(d).

<sup>22</sup> PPACA § 1303(d).

<sup>23</sup> 151 Cong. Rec. H176-02 (daily ed. Jan. 25, 2005) (statement of Rep. Weldon) (emphasis added).

<sup>24</sup> See Laurie Goodstein, *Arizona: Hospital Loses Catholic Affiliation*, N.Y. Times, Dec. 22, 2010, at A25.

<sup>25</sup> See Bishop Thomas J. Olmsted, *Statement in Response to Abortion Performed at St. Joseph's Hospital* (May 15, 2010).

<sup>26</sup> Lori R. Freedman, et al., *Where There's a Heartbeat: Miscarriage Management in Catholic-Owned Hospitals*, 98 Am. J. of Pub. Health 1774 (2008).

<sup>27</sup> See, e.g., Helen Alvare, *How the New Health Care Law Endangers Conscience* (June 2010), available at <http://www.thepublicdiscourse.com/2010/06/1402>; United States Conference of Catholic Bishops, "Issues of Life and Conscience in Health Care Reform: An Analysis of the 'Patient Protection and Affordable Care Act' of 2010" at <http://www.usccb.org/healthcare/PPACA-Analysis-5-24-10.pdf> (stating that the Affordable Care Act "includes provisions that promote or could promote coverage for contraception, sterilization and other services to which Catholics and others may have moral objection").

<sup>28</sup> PPACA § 1303(c)(1).

<sup>29</sup> PPACA § 1303(b)(1)(A)(ii).

<sup>30</sup> PPACA § 1334(a)(6).

<sup>31</sup> Protect Life Act, 112th Cong. § 2(b) (2011).

<sup>32</sup> Protect Life Act, 112th Cong. § 2(a)(3) (2011).

<sup>33</sup> See I.R.C. § 45R.

<sup>34</sup> See I.R.C. § 36B.

<sup>35</sup> Center for Reproductive Rights, *Whose Choice? How the Hyde Amendment Harms Poor Women 28-29* (2010), available at <http://reproductiverights.org/en/feature/whose-choice-how-the-hyde-amendment-harms-poor-women>.

<sup>36</sup> Statement of DJ Feldman on Harmful Impact of Abortion Coverage Restrictions, Nov. 16, 2009 at <http://reproductiverights.org/en/feature/no-abortion-ban-statement-by-dj>.

<sup>37</sup> Guttmacher Institute, *Memo on Private Insurance Coverage of Abortion*, Jan. 19, 2011, available at <http://www.guttmacher.org/media/inthenews/2011/01/19/index.html>.



**NARAL  
Pro-Choice New York**

**Testimony of NARAL Pro-Choice New York  
before  
The New York City Council  
Committee on Health  
regarding  
Resolutions 666, 670 and 672  
March 1, 2011**

NARAL Pro-Choice New York works to protect safe, legal abortion and expand the full range of reproductive rights for women regardless of age, race or income. As an organization devoted to reproductive freedom for women, we submit this testimony in support of Resolutions 666, 670, and 672, all of which call upon the U.S. House of Representatives to reject proposed bills that would severely restrict the ability of women in the U.S. to make the reproductive decisions best for their families and themselves.

The new leadership of the U.S. House of Representatives has wasted no time in showcasing their true agenda: attacking women's access to reproductive health care. This is not what members of Congress campaigned on and not what the American people want.

So far this winter, we have seen a Congressional hearing on H.R.3, a bill to use our tax code to make it nearly impossible for women to buy insurance plans that include abortion coverage. Currently, 87% of private insurance plans include such coverage<sup>i</sup>. This bill could result in tax increases for millions of individuals and small businesses if they want to keep the health coverage they currently have. Using the tax code to attack women's health care is abominable; we know that restricting insurance coverage of abortion does not reduce the need for abortions. It only creates a barrier for women to access the safe medical care they need, and may force some women to resort to drastic measures.

H.R.3 would also make permanent restrictions on abortion coverage for the tens of millions of women who depend on the government for their health care, even when an abortion is necessary to protect her health. These restrictions particularly burden women facing financial hardship, making it extremely difficult to have coverage for abortion. It's wrong to deny woman coverage for a legal medical procedure just because some people are opposed to it. H.R.3 goes beyond the already-harmful restrictions of the Hyde Amendment and makes a bad policy worse.

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<sup>i</sup> Guttmacher Institute. Memo on Private Insurance Coverage of Abortion.  
<http://www.guttmacher.org/media/inthenews/2011/01/19/index.html> Accessed 2/25/11.

We've also seen a House committee pass H.R.358, a bill that would endanger women's lives by permitting health care providers to deny life saving care in emergencies. It would also make it virtually impossible for private insurance companies that participate in the new health system to offer abortion coverage to women. As a result, women entering the new health system could lose coverage they already have. If insurance companies want to provide abortion coverage, politicians shouldn't interfere. It's wrong for the government to make it hard for women to keep the coverage for abortion they already have, or to make it harder to get that coverage if they want it.

Additionally, we have recently seen a vote in the House of Representatives to eliminate Title X funding, the federal program signed by President Nixon that has helped millions of women access vital preventive reproductive health services like breast and pelvic exams, STD and HIV screening and prevention, and contraception. The House also voted to specifically bar Planned Parenthood health centers from all federal funding for birth control, cancer screenings, HIV testing, and more. These attacks on Title X are extreme and defy common sense, both economically and morally.

Through Title X family planning funding, millions of low-income women and men across the country are able to access the services they need to stay healthy and to prevent unintended pregnancies. In 2008, New York's Title X family planning agencies helped prevent 64,700 unintended pregnancies and therefore 27,000 abortions. This saved our state more than \$261,546,000 in one year.<sup>ii</sup> Where will thousands of women and men in New York go if Congress succeeds in slashing Title X funding and closing Planned Parenthood health centers? How does this help our economy or create more jobs?

When viewed together, these bills must be seen as nothing less than an all-out war on women. The resolutions being considered by the New York City Council recognize this war on women and, if passed, will help send a strong message to Washington. New York City won't stand for these attacks on women's health care.

The New York City Council must recognize the importance of Title X to the health and well-being of women and families in our city. The Council must recognize abortion as part of the full spectrum of comprehensive reproductive health care. Attempts to restrict insurance coverage of abortion are attempts to marginalize abortion, a legal medical procedure already covered by a vast majority of health plans. Many things can happen in a pregnancy that are beyond a woman's control, so having insurance coverage for abortion is important to make sure every woman can get the health care she may need. Taking away a woman's insurance coverage does not reduce the need for abortions, but it may force some women to resort to drastic measures.

NARAL Pro-Choice New York supports Resolutions 666, 670, and 672, and applauds the New York City Council's efforts to stop this war on women's health care. We urge the Council to adopt these resolutions and stand up for women's health care.

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<sup>ii</sup> Guttmacher Institute. State Facts About Title X and Family Planning: New York. <http://www.guttmacher.org/statecenter/title-X/NY.html> Accessed 2/25/11.





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**RIGHT TO LIFE COMMITTEE, INC.**

EDUCATIONAL TRUST

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**TESTIMONY OF BARBARA MEARA, CHAIRMAN OF  
THE NEW YORK STATE RIGHT TO LIFE COMMITTEE  
BEFORE THE NY CITY COUNCIL HEALTH COMMITTEE-  
MARCH 1, 2011**

On July 1, 1970 I began to realize the intent of some of those who supported legal abortion.

Friends of mine had been lobbying and demonstrating for improved maternity care and emergency services in a South Bronx hospital and were repeatedly told that there was no money for those services. But, on July 1, 1970-- the day the New York State abortion law went into effect-- a half million dollars of abortion equipment was moved into the hospital. No money for life-saving maternity and emergency services, but plenty for abortion- for the death of unborn children in the South Bronx.

And, in fact, one legislator actually said to me: "But what will we do with the overcrowded schools and housing in the South Bronx?" My answer was then, as it is now "We don't kill to solve our problems."

Fast forward to 2011 and we see an outcry against cutting the use of taxpayer funds of abortion and for organizations like Planned Parenthood that provide abortion.

In spite of the incredible statistics from the New York State Department of Health that show that New York City aborts 41% of the children conceived while the rate for the country as a whole is 19%. the City Council is opposed to the restriction of taxpayer funding of abortion. Please reconsider your support for taxpayer funded abortions. The Guttmacher Institute estimates that abortions decrease by 25% when not funded by tax dollars.

In spite of the revelations of abuses in Planned Parenthood clinics around the nation--including one in the South Bronx--which showed that a young couple posing as sex traffickers of girls as young as 13 or 14 had no trouble

in getting information on how to arrange for "services" for their employees. Please oppose federal funding for Planned Parenthood.

Isn't it time to value all lives and take actions to protect them and to stop supporting efforts to use tax dollars to pay for the killing of our next generation? Most Americans and most New Yorkers, even those who call themselves pro-choice, are against the use of taxpayers' dollars for abortions.

Isn't it time to stop harassing pregnancy care centers that offer help to pregnant women. Bills like Int.371 requires pregnancy care centers to put up signs saying they don't provide abortions. Why don't you ask abortion clinics to tell the truth to the young women who come to them- for instance they should tell them that the baby who will be killed by abortion is not just a clump of cells or a blob of protoplasm, but has a beating heart at 18 to 21 days, has recordable brainwaves at 6 weeks, and by 8 weeks has all her organs and fingerprints that are the same as they will be at 8 months, 18 years, or 80 years.

And at a time when we are all conscious of federal, state and city debt, how about looking at the cost of the aftermath of abortion: the premature births in subsequent pregnancies, the alcohol and drug problems, the increase in breast cancers.

The New York State Right to Life Committee implores the City Council to reject Resolutions 666,670 and 672.

# PLANNED PARENTHOOD OF NEW YORK CITY

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Testimony before  
The New York City Council, Committee on Health  
Resolutions Nos. 670-A, 666-A, and 672-A

Traci Perry, Vice President Public Affairs  
Planned Parenthood of New York City  
March 1, 2011

Good afternoon. I am Traci Perry, Vice President of Public Affairs at Planned Parenthood of New York City. I am pleased to be here today to provide testimony in support of Resolutions 670-A, 666-A, and 672-A, which condemn three dangerous bills in Congress.

I want to take this opportunity to thank Committee Chair Arroyo for all your support of Planned Parenthood of New York City and all of the Council Members who will be supporting the resolutions.

For more than 90 years, Planned Parenthood has been the most trusted name in reproductive health. In 2010 we provided high-quality, personalized care to more than 50,000 women, men, and adolescents at our three health centers in the Bronx, Brooklyn, and Manhattan. No one is turned away from PPNYC if he or she cannot pay; we help clients obtain public insurance or meet their needs with a sliding-fee scale. The majority of Planned Parenthood's clients are at or below the poverty level, more than one-third use public insurance to pay for their care, and over two-thirds of our clients are women of color. Our clients come from all five boroughs.

## Res. No. 672-A

Two weeks ago, the United States House of Representatives voted for H.R. 217 which bars Planned Parenthood from receiving federal funds for any purpose, including providing basic primary and lifesaving preventive health care to women and families. This proposal was attached to the FY11 Continuing Resolution, which completely eliminates the national family planning program Title X.

The elimination of Title X funding would directly impact the ability of our health centers and the city's other family planning providers to provide **lifesaving** cancer screenings, gynecological care, contraception, pregnancy testing, testing and treatment for sexually transmitted infections, and HIV testing and counseling. It would drastically impede our capacity to help the more than 50,000 New Yorkers we see annually, not to mention the tens of thousands more we reach through our street outreach and sex education programs.

Last year we provided 21,000 HIV tests, 12,000 cancer screenings, and 56,000 family planning visits. Two-thirds of the patients we see rely on Medicaid, or receive our services for a reduced fee or for free. Additionally, Planned Parenthood of New York City recently received federal grants to teach evidence-based sex education programs in targeted at-risk neighborhoods throughout Manhattan, the Bronx and Brooklyn. All this funding would be at risk if the leaders in the House of Representatives have their way.

This policy of attempting to undermine Planned Parenthood, which does more than any other organization in the United States to encourage the use of contraception for those wanting to avoid pregnancy, certainly guarantees an increase in the number of unintended pregnancies. It is difficult to understand why people

who say they are opposed to abortion would do so much to undermine the family planning and contraception that prevent the need for it.

#### **Res. No. 670-A**

Also introduced in the House of Representatives, the misleadingly named “No Taxpayer Funding for Abortion” bill (H.R 3), is an aggressive attempt to take away comprehensive, private health insurance coverage for abortion that millions of women have today.

This legislation would impose tax penalties on individuals who have health insurance coverage that includes abortion because they will not be able to claim tax deductions and credits for the cost of their health care that exist now. Small businesses that offer their employees comprehensive health insurance coverage including coverage for abortion would also face tax penalties because they will not be able to claim deductions that exist now.

Ultimately, H.R 3 could end private health insurance coverage for virtually all abortions, including private insurance coverage that Americans pay for with their own money. This legislation would even prevent women from getting comprehensive coverage in some cases when the women’s health is in danger. As a result, a woman who has to terminate a pregnancy because of medical complications could face bankruptcy, as costs can reach \$10,000 or more.

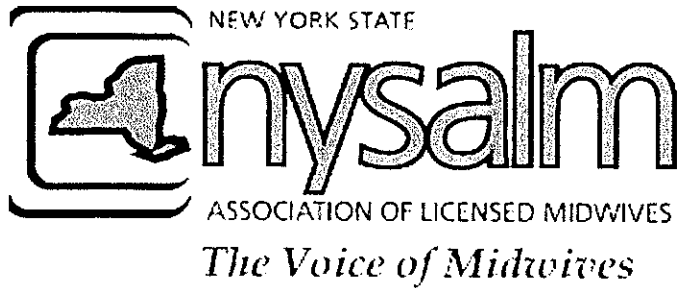
#### **Res. No. 666-A**

Today, the majority of health insurance plans in the United States include coverage of abortion. H.R 358 revives the rejected Stupak abortion coverage ban in the health care exchanges and establishes new restrictions on Americans’ ability to get information about abortion coverage options from private health insurance plans.

This is an extreme bill that would result in millions of women losing the private health care benefits they have today. It would force health plans to drop comprehensive coverage in state health insurance exchanges cutting millions of women off from the benefits they have today. Furthermore, this legislation allows health care entities to refuse to “participate in” abortions. This could mean that a hospital employee could refuse to process bills, handle medical records, or set up an exam room.

Planned Parenthood of New York City strongly supports the passage of Resolutions 666-A, 670-A and 672-A. We are fortunate to have leaders who will stand up for women’s health and send a message to Washington that the New York City Council will not support extreme, out-of-touch measures that make it more difficult for New Yorkers to access essential reproductive health care and educational services.

Thank you.



City Council Hearing

March 1, 2011

Re: Ref No. 666 against HR 358 Protect Life Act  
Ref No. 670 against HR 3 No Taxpayer Funding for Abortion Act  
Ref No. 672 against HR 217 Title X Provider Prohibition Act

Presenter: Patricia Burkhardt, LM, DrPH

Thank you for your efforts to assure that at the national level women are provided their full range of reproductive rights. What is mandated in Washington clearly impacts the women of NYC.

Thank you, also, for inviting me to lend the support of the midwives of New York State. I speak as president of the New York State Association of Licensed Midwives and on behalf of the more than 1400 licensed midwives of NY.

These bills are a fuselage against a woman's right to choose to have a wanted pregnancy, rather than one foisted on her by nature or luck. They constitute an attach on not only low income women who have long been the target of the right wing anti abortionists but also now include women able to afford private health care. When women cannot have access to safe abortion care nor appropriate and adequate family planning services they are left with the 'abstinence only' construct. How destructive of relationships and degrading to women and their partners.

The major element in all of these bills is the use of taxpayer money, my tax dollars, to fund abortion services. HR 3 No Taxpayer Funding for Abortion Act addresses this directly and elaborates on every possible program of women's health care services that receives federal funding that would be prohibited from providing abortion care. I think of this as the rifle approach, a clean straight shot.

One new additional element, in HR 358, is mandating that private health insurers' premiums, and costs related to abortion care, are not tax deductible by the woman when she does her taxes as all other health care costs are. This is the shotgun approach, spreading the shot wider to do greater damage.

The final new element, in HR 217, and the most grotesque, is denying Title X family planning grants, to any entity that performs abortions. This is the automatic weapon approach, spraying widely and indiscriminately. With this bill, women's health care services are held hostage while agencies are forced to decide to suspend one essential service, i.e, abortions, in order to not lose their ability to provide other essential services, services that help protect women from cancer, from sexually transmitted infections, including HIV and Hepatitis B and from unintended pregnancy. This diabolical approach to women's health care must be stopped. On the premise of halting abortions they will also stop essential preventive health care services, including contraception services which, of course, will result in more unwanted pregnancies. What a twisted and illogical approach to control women's lives and choices.

Title X fundings's goal is to develop healthy families providing resources to women for decision making about whether and when to have children and to prevent unintended pregnancies. This encroachment into preventive care and services beyond abortion and into dollars beyond tax monies demonstrates the insidiousness and malevolence of the intent of these laws, and these lawmakers. Women's right to choose continues to shrink when the anti abortionists cast their net broadly to gain their ultimate goal of outlawing the care needed by women with unintended and unwanted pregnancies. Women are being forced back to the time before contraception became available, to a time when clothes hangers in inept hands were the only recourse, when there were no choices. We cannot go back there. We cannot allow others to take us back there. Women's reproductive choices matter. Their lives matter.

We stand strongly in support of the three City Council <sup>Initiation</sup> ~~Referendums~~ opposing HR 358, 3 and 217.

Thank you for doing this on behalf of the women of New York City.