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**Testimony of the New York Civil Liberties Union
Before the Joint Legislative Budget Hearing on Health/Medicaid**

February 10, 2026

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony for the Joint Legislative Budget Hearing on Health/Medicaid. The NYCLU advances civil rights and civil liberties so that all New Yorkers can live with dignity, liberty, justice, and equality. Founded in 1951 as the state affiliate of the national ACLU, we deploy an expert mix of litigation, policy advocacy, field organizing, and strategic communications. Informed by the insights of our communities and coalitions and powered by 90,000 member-donors, we work across complex issues to create more justice and liberty for more people. As the legal arm of New York's reproductive rights movement, the NYCLU strives to ensure that New York remains a beacon for equality and bodily autonomy and the full range of reproductive rights, from access to abortion care to birth justice. The NYCLU also fights for LGBTQ New Yorkers by advancing access to health care, as well as protections in the workplace, education, housing, and more. We fight the criminalization of trans lives and abuse in prisons and jails. We advocate for state recognition of LGBTQ identities and help New Yorkers know their rights.

I. Introduction and Background

In order to meet this moment in history, New York State must prioritize health dollars and policies to reduce health disparities and support communities and people targeted by those in power, including women and transgender, gender nonconforming, nonbinary, and intersex people – and members of these communities facing interlocking forms of oppression because of their race and class.

The Trump presidency is an existential threat to reproductive freedom and LGBTQ rights. Trump and his allies have made clear that overturning *Roe v. Wade* was just the beginning – their ultimate aim is to eliminate access to abortion across the country and erase transgender people from public life. The Trump administration has already excluded Planned Parenthood, the nation's largest provider of abortion care and New York's largest provider of gender-affirming care, from the Medicaid program,¹ and it intends to restrict, and possibly eliminate,

¹ Rolonda Donelson, Laurie Sobel, & Alina Salganicoff, *Filling in the Gap in Federal Medicaid Funding to Planned Parenthood: State Responses*, KFF, Jan. 9, 2026, <https://www.kff.org/womens-health-policy/filling-in-the-gap-in-federal-medicaid-funding-to-planned-parenthood-state-responses/>.

access to mifepristone, a medication used in half the abortions in this country.² Additionally, Trump and his allies promise to drastically cut, if not fully eliminate, federal funding for reproductive health care and gender-affirming care,³ including by eviscerating Title X family planning funding⁴ and eliminating or seriously undermining Medicaid funding for reproductive health and gender-affirming care, further jeopardizing access for low-income New Yorkers.⁵

In fact, Trump's attacks on transgender people and access to gender-affirming care have been among his most vicious. At the end of last year, the Trump Centers for Medicare and Medicaid Services proposed two new rules. The first would prohibit federal Medicaid coverage for gender-affirming care for young people.⁶ The second would prohibit general hospitals that provide gender-affirming care to young people from receiving federal Medicare and Medicaid dollars.⁷ Although neither rule is final, the latter rule is an existential crisis to New York's – and the nation's – gender-affirming care ecosystem and, if it goes into effect, will require the development of new models of care delivery and care access points. Simultaneously, federal Health and Human Services Secretary Kennedy issued a declaration⁸ that purports to essentially effectuate the conditions of participation rule in advance of the rulemaking process.⁹ And, these are simply the most recent federal assaults on access to gender-affirming care.¹⁰

Therefore, the NYCLU calls upon the Governor and legislature to adequately fund reproductive health care and gender-affirming care in the FY2027 state budget. The legislature must also include provisions in the Article VII legislation that support access to health care. Specifically, the legislature should maintain HMH Part F, which fixes drafting errors in the effective dates of two critical provisions that were enacted in last year's budget. Moreover, the legislature must

² See generally *Trump on Abortion*, ACLU, <https://www.aclu.org/trump-on-abortion> (last visited Nov. 19, 2024).

³ See e.g. Exec. Order No. 14187, 90 Fed. Reg. 8771 – 73 (Feb. 3, 2025).

⁴ Millions of people rely on Title X funding each year to access free sexual and reproductive health care. The last Trump administration imposed a gag rule barring Title X providers from talking about abortion. Its reinstatement will likely force New York to withdraw from the Title X program, as it did during the first Trump administration.

⁵ Threats to Medicaid funding include efforts to administratively terminate abortion providers and gender-affirming care providers from participating in Medicaid; weaponization of the Weldon Amendment to withhold Medicaid funds from states like New York that require private insurance plans to cover abortion; and prohibiting Medicaid dollars from being used to pay for gender-affirming care. (Under the Hyde Amendment, they already cannot be used for abortion care.)

⁶ Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 441 and 457).

⁷ Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 482).

⁸ U.S. DEPT OF HEALTH & HUMAN SERVICES, DECLARATION OF THE SECRETARY RE: SAFETY, EFFECTIVENESS, AND PROFESSIONAL STANDARDS OF CARE FOR SEX-REJECTING PROCEDURES ON CHILDREN AND ADOLESCENTS (Dec. 18, 2025).

⁹ See generally Press Release, New York State Attorney General Letitia James, Attorney General, Attorney General James Leads Lawsuit Challenging Federal Attack on Gender-Affirming Care (Dec. 23, 2025) (<https://ag.ny.gov/press-release/2025/attorney-general-james-leads-lawsuit-challenging-federal-attack-gender-affirming>).

¹⁰ See *infra* n. 32.

add hospital transparency (S.8965) to their one house budgets and ensure that it remains in the final enacted budget. Unfortunately, citing cost, the Governor has twice vetoed this important bill that would help patients identify where to access needed health care; for this reason, the budget is the appropriate place to advance this legislation.

II. Spending Bills

A. New York Must Adequately Fund Access to Reproductive Health Care.

In the wake of the *Dobbs* decision, more than half of states have severely restricted access to abortion¹¹ – and thirteen states have completely banned abortion.¹² Nationwide, at least 66 clinics have stopped providing abortion care, and 26 have shut down completely.¹³ The impacts of being denied abortion care are profound¹⁴ and most deeply impact those who are already burdened by systemic racism and economic injustice.¹⁵

To meet this moment, New York must codify and fund an access agenda.

In 2019, the Reproductive Health Act created important statutory protections for abortion care in New York, and in the 2024 general election, we enshrined those protections in our state constitution. In addition, since the *Dobbs* decision eliminated the federal constitutional right to abortion, New York has taken steps to make abortion access a reality for more people who need it through new grant funding to abortion providers¹⁶ and, importantly, by enacting the Reproductive Freedom and Equity Program in the FY2025 state budget.¹⁷ But, abortion remains out of reach for many New Yorkers because they cannot afford the cost of travel, lodging, childcare, and other expenses associated with accessing care.

¹¹ *Interactive Map: US Abortion Policies and Access After Roe*, GUTTMACHER INSTITUTE, Jan. 30, 2026, <https://states.guttmacher.org/policies/>.

¹² *After Roe Fell: Abortion Laws by State*, CENTER FOR REPRODUCTIVE RIGHTS, <https://reproductiverights.org/maps/abortion-laws-by-state/> (last visited Feb. 4, 2026).

¹³ Marielle Kirstein, Joerg Dreweke, Rachel K. Jones, & Jesse Philbin, *100 Days Post-Roe: At Least 66 Clinics Across 15 States Have Stopped Offering Abortion Care*, GUTTMACHER INSTITUTE, Oct. 6, 2022, <https://www.guttmacher.org/2022/10/100-days-post-roe-least-66-clinics-across-15-us-states-have-stopped-offering-abortion-care>.

¹⁴ *The Turnaway Study*, ANSIRH, <https://www.ansirh.org/research/ongoing/turnaway-study> (last visited Feb. 27, 2023).

¹⁵ Liza Fuentes, *Inequity in US Abortion Rights and Access: The End of Roe is Deepening Existing Divides*, GUTTMACHER INSTITUTE, Jan. 17, 2023, <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-ro-deepening-existing-divides>.

¹⁶ See Press Release, Governor Kathy Hochul, Governor Hochul Announces Nation-leading \$35 Million Investment to Support Abortion Providers in New York (May 10, 2022) (<https://www.governor.ny.gov/news/governor-hochul-announces-nation-leading-35-million-investment-support-abortion-providers-new>); Press Release, Governor Kathy Hochul, Governor Hochul Announces \$13.4 Million Awarded in the Second Round of Abortion Provider Support Fund (Oct. 12, 2022) (<https://www.governor.ny.gov/news/governor-hochul-announces-134-million-awarded-second-round-abortion-provider-support-fund>).

¹⁷ N.Y. Public Health Law 2599-bb-1.

We are grateful that the Governor maintained from last year \$25 million for the **Reproductive Freedom and Equity Fund** in her Executive Budget. Standing with community partners and abortion providers, we encourage the legislature to increase that figure by \$5 million to **\$30 million** and to **make logistical support for abortion care an eligible expense by including S.135/A.2137**, which recently passed the Senate, in one house budgets and ensuring that it remains in the enacted budget.

Logistical support covers critical patient needs that enable them to access care, such as bus tickets, childcare, and lodging. It also covers services like UberHealth to ensure that patients who do not have an escort are able to safely travel home after a procedure that required sedation.

The need is great. For example, the New York Abortion Access Fund (NYAAF) pledged more than \$1.8 million in direct abortion funding to 1,869 people in 2023 – a 46% increase from 2022 and a 228% increase from 2021.¹⁸ And, the need continues to grow. Between July 2024 and June 2025, NYAAF distributed \$2.24 million to 3,294 people.¹⁹ The Brigid Alliance, a New York-based logistical support fund, reports that their revenue decreased by 152% between May 2022 and May 2023.²⁰

What is more, in 2024, the NYCLU worked with students in Columbia Law School’s Sexuality and Gender Law Practicum to interview abortion providers about the efficacy of existing state funding streams for abortion. While providers emphasized how critical state funding is to enable them to continue to provide – and in some cases expand access to – care, they articulated logistical support for patients as a top unmet need.

The vast majority of logistical support resources will be spent in New York and on New Yorkers. Many New Yorkers, particularly those in rural areas or upstate New York, must travel significant distances to access abortion care. Nearly 40% of New York’s counties do not have an abortion clinic,²¹ and even in counties with an abortion provider, that provider may not offer certain types of specialized care, forcing some people to travel based on the circumstances of their pregnancy. Indeed, in 2024, the most recent year for which there is data, at least 920 New Yorkers left the state to access care.²² In addition, while there has been an increase in abortions provided in New York since the Supreme Court overruled *Roe*, travel from to New York

¹⁸ Email from Chelsea Williams-Diggs, Interim Executive Director, New York Abortion Access Fund, to Niharika Rao, Political and Legislative Affairs Associate, National Institute for Reproductive Health (December 13, 2023).

¹⁹ *2025 Highlights*, 2025 IMPACT REPORT (NYAAF, New York, NY), 2025.

²⁰ Alison Durkee & Darreonna Davis, *Roe v. Wade Overturned One Year On: Here’s Where the Money’s Going*, FORBES, June 24, 2023, <https://www.forbes.com/sites/alisondurkee/2023/06/23/roe-v-wade-overturned-one-year-on-heres-where-the-moneys-flowing-abortion/?sh=34e21e507028>.

²¹ Rachel Jones et. al, *Abortion incidence and service availability in the United States, 2020*, GUTTMACHER INSTITUTE (December 2022), <https://onlinelibrary.wiley.com/doi/epdf/10.1363/psrh.12215>.

²² *Monthly Abortion Provision Study*, GUTTMACHER INSTITUTE, <https://www.guttmacher.org/monthly-abortion-provision-study> (last visited Feb. 4, 2026).

accounted for only 5% of the increase between 2020 and 2023;²³ in 2024, that percentage rose to 6%.²⁴ The rest of the increase reflects an increase in New Yorkers accessing care within the state.

By expanding the Reproductive Freedom and Equity Program to cover logistical support, New York will join fellow access states like California, Oregon, Illinois, Connecticut, and Vermont as well as municipalities like New York City and Ithaca, to address persistent barriers to abortion care by investing public dollars not only in abortion providers and abortion funds, but also in logistical support funds.²⁵

The legislature must also maintain the **\$20 million in grant funding** included in the Executive Budget, as well as last year's **\$5 million legislative add, to support the provision of medication abortion and care later in pregnancy**. Medication abortion accounts for more than half of all abortions in New York, as well as nationwide,²⁶ and while care later in pregnancy is less frequent, the procedures are more complex and therefore more expensive to provide.²⁷ Because Medicaid reimbursement rates in New York have been stagnant for a decade and are significantly below the cost of providing care, providers lose money every time they provide abortion care.²⁸ While other access states, like California, Oregon, and Illinois,²⁹ have increased their reimbursement rates, we are urging New York to make providers whole for the care they deliver through grant funding to ensure that the funding stream continues even if the Trump administration succeeds in excluding abortion providers from the totality of the Medicaid program. As New York providers strive to meet the current moment, it is simply untenable to ask them to operate continually at a loss.

We were surprised that the Executive budget reduces the funding available for **clinic security and capital projects** to \$10 million; we encourage the legislature to restore the appropriation to last year's **\$15 million** level. In addition to funding for logistical support, the need for funding for capital expenditures to improve and expand facilities was the other top unmet needs

²³ Kimya Forouzan, Amy Friedrich-Karnik, and Isaac Madow-Zimet, *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*, GUTTMACHER INSTITUTE (December 7, 2023), <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>; see also *Monthly Abortion Provision Study*, GUTTMACHER INSTITUTE, <https://www.guttmacher.org/monthly-abortion-provision-study> (last visited Feb. 4, 2026) (estimating that from January – June 2023, only 5% of abortions provided within the formal health care system in New York were to patients traveling from out of state).

²⁴ *Monthly Abortion Provision Study*, GUTTMACHER INSTITUTE, <https://www.guttmacher.org/monthly-abortion-provision-study> (last visited Feb. 2, 2026).

²⁵ *Building Support for Abortion Coverage Through Municipal Resolutions: Policy Win*, NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH (2022), <https://nirhealth.org/our-impact/building-support-for-abortion-coverage-through-municipal-resolutions/>.

²⁶ *Id.*

²⁷ Tess Catlett, *How Much Does a Medication or Procedural Abortion Cost*, HEALTHLINE, Sept. 6, 2023, <https://www.healthline.com/health/how-much-does-an-abortion-cost>.

²⁸ *SEE TESTIMONY OF PLANNED PARENTHOOD EMPIRE STATE ACTS, TESTIMONY BEFORE THE JOINT LEGISLATIVE BUDGET HEARING ON HEALTH AND MEDICAID (2023).*

²⁹ *Id.*

abortion providers cited during interviews conducted by the NYCLU about provider experiences with the current state abortion funding streams. We also encourage the legislature to expand permissible uses to include debt retirement, recognizing that the process to get state dollars to providers can be lengthy, and, as a result, sometimes providers will go into debt to improve their facilities while awaiting state reimbursement.

As you are aware, the Trump administration has excluded Planned Parenthood from the Medicaid program,³⁰ and we anticipate that it will try to make this exclusion permanent. We understand that the **\$35 million backfill to support Planned Parenthood** to continue to care for New York Medicaid patients is included in the Governor's Medicaid budget, and we urge the legislature to maintain this appropriation.

Finally, the legislature should continue the state's **\$38.75 million (inclusive of a \$1 million legislative add) investment in the family planning grant**. Holistic investment in family planning services is essential to ensure that New York's sexual and reproductive health care providers can continue to provide comprehensive care to meet this moment. Moreover, because we expect the Trump administration to once again impose a gag rule on recipients of federal Title X dollars that would prohibit them from talking about or referring for abortion and that would preclude New York's participation in the program,³¹ we echo partner organizations' request that the legislature add an **additional \$15 million** to New York's Family Planning Grant to ensure that our sexual and reproductive health infrastructure can continue in the absence of federal funding.

B. New York Must Adequately Fund Gender-Affirming Care.

From the first days of his administration, Trump has engaged in a concerted effort to eliminate access to gender-affirming care,³² culminating in the proposed rules to prohibit federal Medicaid

³⁰ Rolonda Donelson, Laurie Sobel, & Alina Salganicoff, *Filling in the Gap in Federal Medicaid Funding to Planned Parenthood: State Responses*, KFF, Jan. 9, 2026, <https://www.kff.org/womens-health-policy/filling-in-the-gap-in-federal-medicaid-funding-to-planned-parenthood-state-responses/>.

³¹ See generally, Ruth Dawson, *Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half*, GUTTMACHER, Feb. 2020, <https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half>.

³² In the first days of his administration, Trump issued an executive order (EO) purporting to redefine "sex" for federal purposes based on ideas that sex is only male or female, cannot be changed, and is based solely on reproductive cells at conception. Exc. Order No. 14168, 90 Fed. Reg. 8615 – 18 (Jan. 30, 2025). He then issued a second EO explicitly targeting health care for transgender young people, and, among other provisions, instructing the federal Department of Health and Human Services to change Medicare and Medicaid conditions of participation or conditions for coverage with the aim of making it impossible for participating providers to deliver gender-affirming care. Exc. Order No. 14187, 90 Fed. Reg. 8771 – 73 (Feb. 3, 2025). To be clear, these orders are, for the most part, not enforceable on their face. See e.g. Letter from Letitia James, N.Y. Attorney General, to Colleague (Feb. 3, 2025) (<https://ag.ny.gov/sites/default/files/letters/ag-james-to-hc-providers-re-tro-letter-2025.pdf>). But, the Trump administration has continued its relentless attacks on transgender people and the health care providers who take care of them: it launched a tipline, see Christopher Wiggins, *Doctors warn of 'terrifying' effects as Trump creates snitch line to report gender-affirming care patients*, THE ADVOCATE, April 17, 2025, <https://www.yahoo.com/news/doctors-warn-terrifying-consequences-trump->

coverage for gender-affirming care for young people³³ and prohibit general hospitals that provide gender-affirming care to young people from receiving federal Medicare and Medicaid dollars.³⁴ Unfortunately, this effort has had its intended effect – even before the proposed rules go into effect, a significant number of hospitals in New York State (and nationwide) have voluntarily ceased to provide gender-affirming care. In order to ensure that transgender New Yorkers can continue to access the care they need to live in their bodies with dignity and health, the State must step in to pay for care and to support the development of new care access points.

Specifically, the legislature must include **S.7924/A.8841, which would establish a new state-funded program to help cover the cost of gender-affirming care, in its one house budgets, along with \$8 million in initial funding for the program.** (Note that the bill will soon be amended to better meet the needs identified by the transgender community and gender-affirming care providers.) This initial money would support trans New Yorkers’ ability to continue to access the health care they rely upon to be themselves and chart their own futures even when the proposed federal Medicaid rules go into effect.

Similarly, in light of the devastating attacks on the transgender community and the increased need for supportive resources and services, we echo community partners’ request to increase the **Lorena Borjas Transgender Wellness and Equity Fund appropriation to \$10 million.**

004626861.html, and issued whistleblower guidance, U.S. Dep’t of Health & Human Services, Guidance for Whistleblowers on the Chemical and Surgical Mutilation of Children (Apr. 14, 2025), inviting health care workers, clinic staff, and others to report gender-affirming care providers and patients to the federal government. U.S. Attorney General Bondi issued a memo prohibiting the federal government from relying on WPATH SOC8 and directing the federal Department of Justice to conduct Food, Drug, and Cosmetic Act and False Claims Act investigations of puberty blocker and hormone manufacturers and distributors and health care providers delivering gender-affirming care. Memorandum for Select Component Heads from the Attorney General (April 22, 2025) (<https://www.justice.gov/ag/media/1402396/dl>). In June, the Federal Trade Commission took up the mantle, hosting a workshop on “Unfair or Deceptive Trade Practices in ‘Gender-Affirming Care’ for Minors.” Press Release, Federal Trade Commission, FTC Announces Workshop on Exploring Unfair or Deceptive Trade Practices in “Gender-Affirming Care” for Minors (June 9, 2025) (<https://www.ftc.gov/news-events/news/press-releases/2025/06/ftc-announces-workshop-exploring-unfair-or-deceptive-trade-practices-gender-affirming-care-minors>). And this past summer, the federal Justice Department began to issue subpoenas demanding confidential patient information from doctors and hospitals that provide gender-affirming care to young people. Azeen Ghorayshi & Glenn Thrush, *Justice Dept. Demands Patient Details From Trans Medicine Providers*, NY TIMES, July 10, 2025, <https://www.nytimes.com/2025/07/10/health/transgender-medicine-minors-trump-subpoena.html>. We understand that these subpoenas have been targeted to access states and that some New York providers have received subpoenas.

³³ Medicaid Program; Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 441 and 457).

³⁴ Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 482).

III. New York Must Enact Hospital Transparency (S.8965) in the FY2027 Budget.

Since assuming office, the Trump administration has been doing everything it can to coerce hospitals into denying gender-affirming care,³⁵ and it has promised to give cover to those who would withhold reproductive health care. In this moment, it is more important than ever that patients have the tools to find out whether the hospital in their area provides the care they need and to lay the foundation to address health care deserts in our state. Indeed, as hospitals in New York have begun to deny gender-affirming care in reaction to Trump's relentless attacks on this care,³⁶ distraught families and advocates have been desperate for a reliable way to find out which hospitals are denying care in order to determine whether and where it is still being offered.

Unfortunately, at the end of the year, the Governor vetoed hospital transparency for the second time. This bill would have offered prospective patients the tools they need to determine whether the hospital in their area provides the care they seek prior to admission and before ending up in a maze of phone calls, and it would have advanced access to time-sensitive health care here in New York. **The Governor cited cost in her veto message,³⁷ and therefore we strongly urge the legislature to include hospital transparency (S.8965) in their one house budgets and to ensure the legislature's will that the bill becomes law.**

Critically, S.8965 is substantially revised to address the Governor's reservations. The proposal now minimizes the implementation work for the Department of Health by aligning with Colorado's existing hospital transparency law³⁸ in such a way that would make it possible to simply utilize service availability forms that have already been developed;³⁹ it also eliminates the required report on hospital rule-based exclusions to the legislature and Governor. In addition, the new bill significantly reduces the impact on hospitals by narrowing the categories of care that the bill covers to those services that are most frequently denied. Our understanding from Colorado's implementers is that they were ultimately able to neutralize hospital opposition by emphasizing that hospital transparency is not about increasing hospital liability but rather about making sure prospective patients have information to know where to access needed health care.

³⁵ Exc. Order No. 14187, 90 Fed. Reg. 8771 – 73 (Feb. 3, 2025).

³⁶ Caroline Lewis, *AG James tells NY hospitals refusing gender-affirming care could violate state Human Rights Law*, GOTHAMIST, Feb. 3, 2025, <https://gothamist.com/news/ag-james-tells-ny-hospitals-refusing-gender-affirming-care-could-violate-state-human-rights-law>.

³⁷ Veto #140 on Senate Bill Number 3486 (Dec. 19, 2025); veto #126 on Senate Bill Number 1003-A (Dec. 21, 2024).

³⁸ Colo. Rev. Stat. §§ 25-58-101 – 07 (2023).

³⁹ See Health Facility Service Availability, Colorado Dep't of Public Health & Environment, <https://cdphe.colorado.gov/health-facilities/health-facility-service-availability> (last visited Feb. 4, 2026).

IV. The NYCLU Supports Sections 2 and 3 of HMH Part F.

Last year's enacted budget made two critical changes that are supportive of access to reproductive health care. First, New York clarified hospitals' obligations to provide emergency care, including emergency abortion care. Second, the state modernized pregnancy loss reporting and removed unnecessary regulatory requirements that create barriers to patient-centered abortion care. Unfortunately, both provisions included drafting errors in the effective dates that would cause critical portions of both laws to unintentionally sunset. Sections 2 and 3 of HMH Part F fix those drafting errors, and the legislature should maintain these essential fixes.

The NYCLU thanks the legislature for the opportunity to provide testimony and for your work on the budget.