



FY2027 New York Joint Legislative Budget Hearing on Health and Medicaid
Testimony of the National Institute for Reproductive Health Action Fund
Submitted: February 10, 2026

The National Institute for Reproductive Health Action Fund (NIRH-AF) is grateful for the opportunity to comment on the FY2027 New York State Executive Budget Proposal. We have worked in New York for over 55 years, and our roots go back to 1968 as NARAL NY, which launched as a grassroots political 501(c)4 organization advocating for the legalization of abortion in the Empire State. Since then, we've expanded our fight to new states and localities. We work with state and local reproductive health, rights, and justice organizations, as well as other groups invested in this fight, to pass laws that expand access to just and equitable reproductive health care and build political power for reproductive freedom.

Reproductive Freedom and Equity Program: \$25M in continued funding + \$5M in new investments + \$1M continued funding for the New York Abortion Access Fund.

The FY2026 enacted budget included \$25 million for the Reproductive Freedom and Equity Program (RFEP), as well as a \$1 million legislatively added allocation for the New York Abortion Access Fund (NYAAF). The FY27 Executive Budget continues this program with the same funding amount. However, this funding has been plagued by contracting delays, and many grantees have yet to receive a contract or award letter from DOH, leaving them unable to plan or commit those public dollars on any predictable timeline. Due to these delays, any unallocated funds must be reappropriated. These administrative barriers put continued pressure on safety-net providers and abortion funds, and this investment does not yet meet the full scope of need in New York. From July 2024 to July 2025, NYAAF pledged a record high of \$2.24 million, an increase of 54% from their previous funding total, and supported 3,294 callers. Sixty-four percent of those assisted were New York residents, underscoring that financial and logistical barriers to abortion care persist even within our own state. These barriers also disproportionately impact people who are low-income and working class, people of color, young people, and immigrants.¹ To ensure that RFEP fully delivers on its promise to expand access to abortion care, we urge the state to allocate an additional \$5 million in the FY2026 budget, increasing total RFEP funding to \$30 million, and continue the designated abortion fund allocation of \$1 million.

¹ Fuentes, Liza. 2023. "Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides." Guttmacher Institute. January 17, 2023.
<https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>.



Investments in Medication Abortion and Later Abortion Care: \$25M in continued funding (inclusive of a \$5M Legislative add).

The legislature's creation last year of flexible funding streams due to the inadequate Medicaid reimbursement rates of Medication Abortion and Later Abortion Care was included in the FY2027 budget, and this investment must continue. The rates continue to lag far below what it costs to provide care and what is necessary to ensure the sustainability of the state's sexual and reproductive health care network, and this has led to increased strain on and a lack of later abortion care providers.

Later abortion care costs can range from \$2,000 to more than \$25,000, depending on the complexity of the care required. For some procedures, providers may lose tens of thousands of dollars. This financial shortfall places a substantial burden on providers and abortion funds. Patients often need support to travel from across New York State to New York City, where the vast majority of later care clinics are located. The limited number of clinics providing later abortion care also forces some residents to travel out of state for the services they need. In 2024, NYAAF assisted 51 New Yorkers traveling out of state for care and, in 2023, 44 — many of whom had to travel to D.C. or Maryland. Without additional options for care within New York State, abortion care remains out of reach for many who need it most. Being delayed in getting or having to forgo abortion care is not only an affront to one's dignity and self-determination, but it also has long-term impacts. Research has shown that being denied an abortion significantly increases the likelihood of staying in contact with an abusive partner while also leading to long-term economic hardship—including a higher risk of poverty, greater debt, lower credit scores, and reduced ability to afford necessities like food, housing, and transportation.² Continued support of this type of care through the \$25M investment is essential.

In addition, we recommend that the FY2027 budget also include the following:

- Backfill of Planned Parenthood's Medicaid Defund: \$35M.
- Capital and Security Funding for Abortion Providers: \$15M in continued funding.

² Foster, Diana Greene, M. Antonia Biggs, Lauren Ralph, Caitlin Gerdts, Sarah Roberts, and M. Maria Glymour. 2018. "Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States." *American Journal of Public Health* 108 (3): 407–13. <https://doi.org/10.2105/ajph.2017.304247>.



- Family Planning Grant (FPG): \$ 38.75M in continued funding (inclusive of a \$1M Legislative add) + \$15M in additional funding.
- Comprehensive Adolescent Pregnancy Prevention (CAPP): \$8.5M in continued funding + \$3.5M in backfill funding.
- Personal Responsibility Education Program: \$2.3M in contingency funding.

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