

**Testimony of the National Institute for Reproductive Health  
Submitted to the Joint Legislative Budget Hearing on Health and Medicaid  
January 23rd, 2024**

The National Institute for Reproductive Health (NIRH) is grateful for the opportunity to comment on the SFY2025 New York State Executive Budget proposal. NIRH has been working in New York for over 55 years, beginning as NARAL NY in 1968, which was launched as a grassroots political, 501(c)4 organization with the mission of legalizing abortion in New York. Since then, we've expanded our fight to new states and cities, helping others across the country push forward to protect and advance reproductive freedom.

While the legislature has enacted much-needed policies to protect patients and providers in the wake of the overturning of *Roe v. Wade*, it is now vital that New York creates sustained, long-term investments in reproductive health so that we can bridge the gap between care being legal to care being accessible and equitable. For the past two fiscal years, the Governor has invested \$35 million in infrastructure and security for abortion providers, and we believe similar investment is required for grassroots organizations. With that in mind, **our first budget recommendation is for \$35 million in funding to be used to seed the Reproductive Freedom and Equity Program (A.361-B González-Rojas/S.348-B Cleare)**. The Reproductive Freedom and Equity Program (RFEP) creates a sustainable funding mechanism through the New York State Department of Health to provide grants to abortion providers and abortion and logistical support funds. These funds will be spent in New York – either directly through care received at New York abortion providers or through organizations, like the New York Abortion Access Fund (NYAAF), which funds abortions for anyone having abortions in New York. Close to 70% of NYAAF's funds go to directly covering abortions for New Yorker residents, the out-of-pocket costs for which range from \$600 for medication abortions to \$25,000 for abortions at later gestational ages.<sup>1</sup> Further, we know that inaccessibility to care presents the greatest barrier to people in rural areas, with over 240,000 women of reproductive age in New York living in a county without an abortion provider in 2020,<sup>2</sup> and people of color who already face steep inequities in access to care, including through far lower rates of insurance coverage.<sup>3</sup> The recurring grant structure in the RFEP is also vital, as one-time injections of funding are not enough to create the sustainable infrastructure and resources our reproductive health care system requires in this moment of national crisis. Funding the RFEP would represent New York's long-term commitment to investment in the true grassroots work that bridges the gap between legality and access in our state.

Through NIRH's work with Just Making a Change (JMAC) for Families, which advocates for individuals and families harmed by the child welfare system, **we support efforts to pass the New York Informed Consent Act (A109-B Rosenthal/S320-B Salazar) mentioned in the Governor's FY2025 Budget Book**. Healthcare providers routinely drug test pregnant people and their newborn babies without the informed consent of the parenting patient. These "test and report" practices have a disproportionate impact on low-income Black and Latinx people by restricting their access to postnatal care and increasing the risk of family separation.<sup>4</sup> Further, Black mothers are tested at higher rates than white mothers,<sup>5</sup> despite not being more likely to test positive for substance use.<sup>6</sup> As New York faces a maternal mortality crisis for its Black mothers,<sup>7</sup> criminalizing and separating families instead of investing in their health furthers these existing inequities.

To provide much-needed standardization of health education across New York State, NIRH also **supports the funding of a Health Coordinator position at the New York State Education Department (SED) and the passage of Comprehensive Sex Education (A.4604 González-Rojas)**. Under the bill, the State Department of Education establishes statewide learning standards, model curricula, and training resources for comprehensive health education. The Health Coordinator position would be responsible for the implementation of this curricula, amongst other duties. Unfortunately, this position has remained unfunded at SED for over 10 years. We estimate the cost of this position to range from \$95-110k plus benefits. Comprehensive Sex Education goes beyond unintended pregnancy and STIs – it also covers issues like healthy relationships, consent, body image, and self-esteem. More than two-thirds of teenagers who have been in a relationship report experiencing sexual, physical, or emotional abuse.<sup>8</sup> A 2021 study of three decades of research found that CSE outcomes include “intimate partner violence prevention, prevention of child sex abuse, improved social/emotional learning, appreciation of sexual diversity, and increased media literacy.”<sup>7</sup>

We also appreciate the Governor considering **access for young people to reproductive healthcare** in her budget but would request further clarification and discussions with advocates on the areas of the law being modified and the best language to use.

### Further Budget Requests:

- **Increased Reimbursement for Medication Abortion:** The FY2024 Budget’s increases in the Medicaid reimbursement rate for abortion services were much needed, but did not cover the method used by a majority of New Yorkers: medication abortion. New York’s reimbursement rates lag behind other states, and we’re requesting a much-needed reimbursement rate increase for medication abortion to \$550.
- **Safe Motherhood Initiative (SMI):** ACOG District II’s Safe Motherhood Initiative is responsible for enacting the evidence-based recommendations issued by the New York State Maternal Mortality Review Board (MMRB) to combat maternal mortality and morbidity. Instead of the usual yearly funding method of a \$250,000 legislative add-on in the Budget, we request that the SMI be funded as a multi-year program.
- **Increased Reimbursement for Vaginal Deliveries:** Currently, NYS Medicaid reimburses vaginal deliveries at 67% of the full Medicare rate, a fee designed for uncomplicated, low-risk vaginal deliveries. Given the increase in higher-risk deliveries, especially for people of color, we are requesting a 10% increase and a requirement that Medicaid Managed Care payers reimburse the same increased rate as fee-for-service vaginal deliveries.
- **Family Planning Grant:** We are requesting a 4% increase in the family planning grant, which was only increased in FY2022 for the first time in over a decade, to help providers deal with the rising costs of care.

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<sup>1</sup>New York Abortion Access Fund. “2023 NYAAF Impact Statement.” Press release, December 2023.

<sup>2</sup>Jones, Rachel K., Marielle Kirstein, and Jesse Philbin. “Abortion Incidence and Service Availability in the United States, 2020.” *Perspectives on Sexual and Reproductive Health* 54, no. 4 (November 20, 2022): 128–41. <https://doi.org/10.1363/psrh.12215>.

<sup>3</sup>Office of the New York State Comptroller Thomas P. DiNapoli. “Health Insurance Coverage in New York State.” *Office of Budget and Policy Analysis*, August 2023.

<sup>4</sup>Kunins, Hillary V., Eran Bellin, Cynthia Chazotte, Evelyn Du, and Julia H. Arnsten. “The Effect of Race on Provider Decisions to Test for Illicit Drug Use in the Peripartum Setting.” *Journal of Womens Health* 16, no. 2 (March 1, 2007): 245–55. <https://doi.org/10.1089/jwh.2006.0070>.

<sup>5</sup>Rabin, Roni Caryn. “Black Pregnant Women Are Tested More Frequently for Drug Use, Study Suggests.” *The New York Times*, April 14, 2023. <https://www.nytimes.com/2023/04/14/health/black-mothers-pregnancy-drug-testing.html>.

<sup>6</sup>Jarlenski, Marian, Jay Shroff, Mishka Terplan, Sarah C. M. Roberts, Brittany L. Brown-Podgorski, and Elizabeth E. Krans. “Association of Race with Urine Toxicology Testing among Pregnant Patients during Labor and Delivery.” *JAMA Health Forum* 4, no. 4 (April 14, 2023): e230441. <https://doi.org/10.1001/jamahealthforum.2023.0441>.

<sup>7</sup>Howell, Elizabeth A. “Reducing Disparities in Severe Maternal Morbidity and Mortality.” *Clinical Obstetrics and Gynecology* 61, no. 2 (June 1, 2018): 387–99. <https://doi.org/10.1097/grf.0000000000000349>.

<sup>8</sup>Federal Interagency Working Group on Youth Programs. “Prevalence of Teen Dating Violence.” Youth.Gov, 2021. <https://youth.gov/youth-topics/prevalence-teen-dating-violence>.

<sup>9</sup>Goldfarb, Eva S., and Lisa D. Lieberman. “Three Decades of Research: The Case for Comprehensive Sex Education.” *Journal of Adolescent Health* 68, no. 1 (January 1, 2021): 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>.