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

****

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

**COMMITTEE REPORT**

**OF THE HUMAN SERVICES DIVISION**

Andrea Vazquez, *Legislative Director*

Smita Deshmukh, *Deputy Director, Human Services Division*

**COMMITTEE ON WOMEN & GENDER EQUITY**

Hon. Tiffany L. Cabán, *Chair*

July 14, 2022

**Int. No. 465-A:**  By Council Members Cabán, Louis, Hudson, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Avilés, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Marte, Ayala, Williams, Sanchez 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 § 17-199.2.1

**Int. No. 466-A:** By Council Member Cabán, the Public Advocate (Mr. Williams) and Council Members Hanif, Hudson, Joseph, Nurse, Gutiérrez, Abreu, Restler, Avilés, Farías, Ossé, Louis, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Sanchez 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

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

**Int. No. 475-A:** 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, Ossé, De La Rosa, Narcisse, Brewer, Marte, Ayala, Sanchez 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 cause of action related to interference with reproductive or endocrine medical care

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

**Int. No. 507-A**: By Council Members Rivera, Gutiérrez, Joseph, Louis, Hudson, Hanif, Nurse, Abreu, Restler, Avilés, Cabán, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Sanchez and The Speaker (Council Member Adams)

**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 medication abortion available at no cost to a patient at its health clinics

**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, Cabán, Gutiérrez, Powers, Ossé, Ung, Schulman, Krishnan, Farías, Williams, The Speaker (Council Member Adams), Restler, De La Rosa, Dinowitz, Marte, Ayala and Sanchez

**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-A:**  By Council Members Brooks-Powers, Louis, Hudson, Hanif, Joseph, Nurse, Ung, Bottcher, Abreu, Restler, Won, Avilés, Cabán, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Williams 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.10356, 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, Avilés, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Marte, Krishnan, Ayala and Sanchez

**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, Avilés, Cabán, Farías, Ossé, De La Rosa, Dinowitz, Narcisse and Marte

**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, Avilés, Joseph, Farías, Ossé, De La Rosa, Dinowitz, Marte, Krishnan, Ayala, Sanchez and The Speaker (Council Member Adams)

**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 14, 2022, the Committee on Women and Gender Equity, chaired by Council Member Tiffany Cabán, held a vote on four bills and five resolutions covering a range of issues pertaining to reproductive health and rights, including:

* Introduction Number (Int. No.) 465-A, 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-A, 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;
* Int. No. 475-A, sponsored by Council members Shahana Hanif, Tiffany L. 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 a cause of action related to interference with reproductive or endocrine medical care;
* Int. No. 507-A, 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 medication abortion available at no cost to a patient at its health clinics;
* 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-A, 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.10356, 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.

This legislation was originally heard at a joint oversight hearing of this Committee on July 1, 2022, at which the Committee heard testimony from the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), advocacy groups, health professionals and other interested parties.

**UPDATE**

On July 14, 2022, the Committee on Women and Gender Equity adopted this legislation by a vote of six in the affirmative, none in the negative and no abstentions for all legislation. Accordingly, the Committee recommends its adoption.

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)

1. **BILL ANALYSIS**

**Int. No. 465-A:** 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. 465-A would require DOHMH to annually report on the number of births and the number of abortions provided in the city each year, for both individuals who were residents of New York City (NYC) at the time of such birth or abortion and for those who were not residents. DOHMH would also be required to assess the ability of licensed medical providers in the city to provide reproductive health care, identify any challenges faced by licensed medical providers to provide reproductive health care, and make recommendations for increasing the capacity of such providers to provide reproductive health care.

Since introduction, this bill was amended to reflect that the information reported aligns with data being collected and to require that the report be submitted to also align with the most recently published Annual Summary of Vital Statistics data; to clarify that the information being collected relates to the total number of births and the total number of abortions; and to remove the projections and amend the reporting requirements to better reflect the information that DOHMH will have available in making recommendations regarding medical services in the city related to reproductive health care.

This bill would take effect 30 days after it becomes law.

**Int. No. 466-A:** 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

Int. No. 466-A 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.

Since introduction, this bill was amended to update the definition of abortion, to ensure it is consistent with other legislation and to clarify that the bill would cover pre-procedure and post-procedure counseling; to add language clarifying that the bill would not affect any other law or rule of the state that provides a person with rights to information or documents to which they are legally entitled, in order to recognize situations such as those in which patients or persons need to request medical records or copies of death certificates, and to remove the private right of action for any person detained in violation of the law.

This bill would take effect immediately after it becomes law.

**Int. No. 475-A**: A Local Law to amend the administrative code of the city of New York, in relation to a cause of action related to interference with reproductive or endocrine medical care

Int. No. 475-A would create a private right of action for interference with reproductive or endocrine medical care. Pursuant to the bill, a person would be able to bring a claim of interference with reproductive or endocrine medical care when a lawsuit is commenced against such person on the basis of medical care relating to the human reproductive or endocrine systems that is legal in New York City and which was provided, in whole or in part, in New York City.

Since introduction, the bill was amended to clarify that the private right of action refers to interference with reproductive or endocrine medical care and to update and further clarify permitted damages.

This bill would take effect immediately after it becomes law.

**Int. No. 507-A:** 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 medication abortion available at no cost to a patient at its health clinics

Int. No. 507-A would require DOHMH to provide FDA-approved medication for medication abortion, at no cost to a patient, at health clinics operated by DOHMH. DOHMH would provide such medication to patients who seek to terminate their pregnancy, when the use of such medication is indicated and in accordance with the medically reasonable and good faith professional judgment of such patient’s medical provider. DOHMH would also provide counseling and timely referrals to other health facilities and qualified family planning providers, if needed, for other services.

Since introduction, this bill was amended to utilize the clinical term “medication abortion” rather than the names of specific drugs, to clarify that such medication for medication abortion would be FDA-approved, available subject to sufficient appropriations, and available at those health clinics under DOHMH’s jurisdiction where the department knows there is need among patient population.

This bill would take effect one year after it becomes law.

***(Page intentionally left blank)***

Int. No. 465-A

By Council Members Cabán, Louis, Hudson, Brewer, Joseph, Nurse, Ung, Gutiérrez, Abreu, Restler, Avilés, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Marte, Ayala, Williams, Sanchez 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

..Body

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 17-199.2.1 to read as follows:

§ 17-199.2.1 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” has the meaning given to the term “induced termination of pregnancy” as such term is defined in subdivision c of section 203.01 of the health code.

Reproductive health care. The term “reproductive health care” means any medical service provided to a person relating to the reproductive system and its processes, functions and organs. Reproductive health care includes, but is not limited to, services related to contraception, sterilization, preconception care, maternity care, abortion care and counseling regarding reproductive health care.

b. No later than January 30, 2023, and on January 30 annually thereafter, the department shall submit a report to the mayor and the speaker of the council, based upon the data included in the most recently published annual summary of vital statistics, on data regarding the provision of medical services in the city related to reproductive health care, to the extent such data is available to the department, disaggregated by borough and, to the extent possible without revealing personally identifiable information, further disaggregated by age, ethnicity, and race. Such report shall include, but need not be limited to, data on the following reproductive health care provided in the city based upon the data included in the most recently published annual summary of vital statistics:

1. The number of births and the number of abortions provided;

2. The number of births and the number of abortions provided to individuals who were residents of New York city at the time of such birth or abortion;

3. The number of births and the number of abortions provided to individuals who were not residents of New York city at the time of such birth or abortion;

c. The report required pursuant to this section shall include an assessment of the ability of licensed medical providers in the city to accommodate individuals seeking medical services related to reproductive health care, including but not limited to assessing potential issues such providers or individuals might face in providing or receiving such services, and recommendations for increasing the capacity of medical services provided in the city.

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.

JEF/BM

LS # 9189

7/6/22 10:45 PM

Int. No. 466-A

By Council Member Cabán, the Public Advocate (Mr. Williams) and Council Members Hanif, Hudson, Joseph, Nurse, Gutiérrez, Abreu, Restler, Avilés, Farías, Ossé, Louis, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Sanchez 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

..Body

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” means the procedure to terminate a pregnancy for purposes other than producing a live birth, including a termination using pharmacological agents, and any services related to such procedure, including pre-procedure and post-procedure counseling.

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. The detention of a person known to have performed or aided in the performance of an abortion, or to have procured an abortion, unless there is reasonable cause to believe the abortion was not performed in accordance with article 25-a of the public health law or any state or local law that applies in New York city; or

2. Cooperating with or providing information to any individual or out-of-state agency or department that would confirm, deny, or identify any person associated with an abortion that has been lawfully performed.

c. Nothing in this section shall prohibit the investigation of criminal activity which may involve the performance of an abortion not performed in accordance with article 25-a of the public health law or any other applicable state or local law, provided that no information that would identify any person associated with an abortion that has been lawfully performed may be shared with an out-of-state agency or any other individual without the prior consent of such person associated with such abortion.

d. Nothing in this section shall affect any other law or rule of this state or this city that provides a person a right to any information or document to which they are legally entitled.

e. Nothing in this section shall prevent a city agency from cooperating with or providing information to any individual or out-of-state agency or department for scientific study or research being undertaken for the purpose of the reduction of morbidity and mortality or the improvement of the quality of medical care.

§ 2. This local law takes effect immediately.

BM

LS #9130/9144/9421/9532

7/6/22 10:45 PM

Int. No. 475-A

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, Ossé, De La Rosa, Narcisse, Brewer, Marte, Ayala, Sanchez 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 cause of action related to interference with reproductive or endocrine medical care

..Body

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 21

Interference with Reproductive or Endocrine Medical Care

§ 17-2101 Claim for interference with reproductive or endocrine medical care. a. A person may bring a civil action for interference with reproductive or endocrine medical care when a civil action is commenced against such person in any state, for which liability, in whole or in part, or any theory of vicarious, joint, several or conspiracy liability derived therefrom, is based on the provision, receipt, assistance in receipt or provision of, or material support for, medical care relating to the human reproductive or endocrine systems, which was lawfully provided in the city.

b. A claim for interference with reproductive or endocrine medical care may not be based upon 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; or

2. Brought by a party with a contractual relationship with the person that is the subject of the action.

c. A plaintiff who prevails on a claim alleging interference with reproductive or endocrine medical care shall be awarded statutory damages of $10,000. In addition, the court, in issuing a 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.

NAB / BM

LS #9119/9131/9174

7/6/22 10:45 PM

Int. No. 507-A

By Council Members Rivera, Gutiérrez, Joseph, Louis, Hudson, Hanif, Nurse, Abreu, Restler, Avilés, Cabán, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Sanchez and The Speaker (Council Member Adams)

..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 medication abortion available at no cost to a patient at its health clinics

..Body

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 17-184.1 to read as follows:

§ 17-184.1 Availability of medication abortion. a. Subject to sufficient appropriations to meet the requirements of this subdivision, the department shall make available medication approved by the United States food and drug administration for medication abortion at no cost to a patient at health clinics operated by the department where services relating to sexual health are offered and where the department determines making such medication available would be appropriate for the patient population served by such clinic. At such clinics, the department shall make medication for medication abortion available to a patient who seeks to terminate a pregnancy when the use of such medication is indicated and in accordance with the medically reasonable and good faith professional judgment of such patient’s medical provider.

b. The department shall provide counseling and timely referrals to other health facilities and family planning providers in accordance with the assessment of the needs of a patient by the department.

c. Nothing in this section shall require the department to provide to a patient any medication that the department or a medical provider providing services in a health clinic described in subdivision a of this section does not find to be indicated in such provider’s professional judgment. Nor shall anything in this section prevent the department from offering any other service not described in this section at any location where it provides medical care.

d. Nothing in this section shall create a private right of action, nor be the basis of a claim of medical malpractice against the department or against any medical provider providing services in a health clinic described in subdivision a of this section.

§ 2. This local law takes effect 1 year after it becomes law.

HKA / BM

LS #3697

7/6/22 11:00 PM

|  |
| --- |
| 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, Krishnan, Farías, Williams, The Speaker (Council Member Adams), Restler, De La Rosa, Dinowitz, Marte, Ayala and Sanchez 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 |

|  |
| --- |
| Res. No. 196-A Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.9137/A.10356, 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, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Brewer, Marte, Krishnan, Ayala, Williams 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.10356, which would allow out-of-state physicians to provide reproductive health services in this state while awaiting full licensure.     CGRLS #932805/26/22   |

***(Page intentionally left blank)***

|  |
| --- |
| 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, Avilés, Farías, Ossé, De La Rosa, Dinowitz, Narcisse, Marte, Krishnan, Ayala and Sanchez 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 |

|  |
| --- |
| 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, Cabán, Farías, Ossé, De La Rosa, Dinowitz, Narcisse and Marte                      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   |

***(Page intentionally left blank)***

|  |
| --- |
| 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, Joseph, Farías, Ossé, De La Rosa, Dinowitz, Marte, Krishnan, Ayala, Sanchez and The Speaker (Council Member Adams) 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)
9. *See*, e.g., Elizabeth Nash, Lizamarie Mohammed, Zohra Ansari-Thomas, and Olivia Cappello, *Laws Affecting Reproductive Health and Rights: State Policy Trends at Midyear, 2018***,** Guttmacher Institute (July 2018) , *available at* <https://www.guttmacher.org/article/2018/07/laws-affecting-reproductive-health-and-rights-state-policy-trends-midyear-2018>. [↑](#footnote-ref-10)
10. *See*, e.g., National Council of Jewish Women, *Understanding Reproductive Health, Rights, and Justice* (n.d.), *available at* <https://www.ncjw.org/wp-content/uploads/2017/12/RJ-RH-RR-Chart.pdf>. [↑](#footnote-ref-11)
11. Amnesty International USA, *Reproductive Rights: A Fact Sheet* (2007), *available at* [https://web.archive.org/web/20070714111432/http://www.amnestyusa.org/women/pdf/reproductiverights.pdf](https://web.archive.org/web/20070714111432/http%3A//www.amnestyusa.org/women/pdf/reproductiverights.pdf). [↑](#footnote-ref-12)
12. Center for Reproductive Rights, *Breaking Ground 2018: Treaty Monitoring Bodies on Reproductive* Rights, 3 (Feb. 2018), *available at* https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Breaking-Ground-2018.pdf; Carmel Shalev, *Rights to Sexual and Reproductive Health: The ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women*, Health and Human Rights, Vol. 4, No. 2, 1, 38 (2000), *available at* www.jstor.org/stable/4065196. [↑](#footnote-ref-13)
13. United Nations Foundation Universal Access Project, *Briefing Cards: Sexual and Reproductive Health and Rights (SHSR) and the Post-2015 Development Agenda*, 3 (Sept. 2014), *available at* <http://www.unfoundation.org/what-we-do/campaigns-and-initiatives/universal-access-project/briefing-cards-srhr.pdf>. [↑](#footnote-ref-14)
14. Hereinafter, the term “women” is intended to include both women and girls, as well as non-binary/genderqueer people dealing with pregnancy, childbirth, nursing and parenting. *See* Chamindra Weerawardhana, Reproductive Rights and Trans rights: Deeply Interconnected Yet too often Misunderstood, Medium (Feb. 9, 2016) *available at* [https://medium.com/@fremancourt/reproductive-rights-and-trans-rights-deeply-interconnected-yet-too-often-misunderstood-8b3261b1b0de](https://medium.com/%40fremancourt/reproductive-rights-and-trans-rights-deeply-interconnected-yet-too-often-misunderstood-8b3261b1b0de). [↑](#footnote-ref-15)
15. Center for Reproductive Rights, *supra* note 2; Impassioned Advocates for Women and Girls, *Making the Connection between Maternal Health and Reproductive Rights* (Jul. 2015), *available at* <https://pai.org/wp-content/uploads/2015/07/Maternal-Health-Policy-Brief.pdf>. [↑](#footnote-ref-16)
16. United Nations General Assembly, T*he Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet—Synthesis Report of the Secretary-General on the Post-2015 Sustainable Development Agenda* (Dec. 4, 2015), 21-2, *available at* <http://www.un.org/disabilities/documents/reports/SG_Synthesis_Report_Road_to_Dignity_by_2030.pdf>. [↑](#footnote-ref-17)
17. Amnesty International USA, *Reproductive Rights: A Fact Sheet* (2007), *available at* https://web.archive.org/web/20070714111432/http://www.amnestyusa.org/women/pdf/reproductiverights.pdf. [↑](#footnote-ref-18)
18. *See* Amnesty International USA, supra note 7. [↑](#footnote-ref-19)
19. United Nations, *Universal Declaration of Human Rights/General Assembly Resolution 217A*, Article 5 (Dec. 10, 1948), *available at* <http://www.un.org/en/universal-declaration-human-rights/index.html>. [↑](#footnote-ref-20)
20. United Nations, *International Covenant on Economic, Social and Cultural Rights*, Article 10.1 (Dec. 13, 1966), *available at* <https://treaties.un.org/doc/Treaties/1976/01/19760103%2009-57%20PM/Ch_IV_03.pdf>. [↑](#footnote-ref-21)
21. *Id.* at Article 12.1. [↑](#footnote-ref-22)
22. *Id.* at Article 15.1(b). [↑](#footnote-ref-23)
23. *See* Amnesty International USA, *supra* note 7. [↑](#footnote-ref-24)
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)