

healthcare for millions of individuals; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, Such barriers to care are often intensified for immigrants, young people, people with disabilities and those living in rural areas; and

Whereas, 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; and

Whereas, 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; and

Whereas, As a consequence, at least 36 million women, girls and others who can become pregnant would lose access to care; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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”; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, 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; and

Whereas, Establishing the Program is a necessary extension of the State legislature’s work to protect the right to abortion in New York; and

Whereas, 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; and

Whereas, 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.

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