

ABORTION.
SAFE + LEGAL FOR ALL
IN NEW YORK CITY.

For abortion services and care, call 1-877-NYC-AHUB
to connect to the Abortion Access Hub.

NYC
Health

**Abortion Access
in NYC: A Public
Health Response
to *Dobbs v.
Jackson Women's
Health
Organization***

Abortion-Related Legislative and Policy Landscape, 2023

Abortion Access in New York City: A Public Health Response to *Dobbs v. Jackson*
Tuesday, November 14, 2023, 1:30-2:30 p.m.

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Agenda

- Key Abortion-Related Cases
- Post-*Roe v. Wade* Landscape in the U.S.
- Local, State, and Federal Legislative and Policy Responses to *Dobbs v. Jackson Women's Health Organization*

Key Abortion-Related Cases

Key Abortion-Related Cases: *Roe v. Wade*

Background

- In 1970, Norma McCorvey (“Jane Roe”) filed a lawsuit challenging a Texas law making abortion illegal except by a doctor’s order to save a person’s life.

Decision

- In 1973, in a 7-2 decision for Roe, the U.S. Supreme Court (SCOTUS) found that **inherent in the Due Process Clause of the 14th Amendment to the U.S. Constitution is a fundamental right to privacy that protects a pregnant person’s decision to have an abortion.**
- The decision prohibited states from making abortion illegal and established a trimester framework.

Key Abortion-Related Cases: *Planned Parenthood v. Casey*

Background

- In 1988 and 1989, the Pennsylvania legislature amended its abortion control law to require, prior to an abortion procedure, informed consent and a 24-hour waiting period; for married people, spousal notice; and, for minors, consent from at least one parent or permission from the court.

Decision

- In a 5-4 decision, SCOTUS reaffirmed parts of *Roe*, but upheld most of the Pennsylvania abortion control law provisions.
- SCOTUS imposed a new standard to determine the validity of laws restricting abortions: **whether an abortion regulation has the purpose or effect of imposing an “undue burden,”** defined as a “substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.”

Key Abortion-Related Cases: *Dobbs v. Jackson Women's Health Organization*

Background

- In 2018, Mississippi passed the Gestational Age Act, which prohibits all abortions after 15 weeks of pregnancy, with exceptions for medical emergencies or severe fetal abnormality, but not for rape or incest. Jackson Women's Health Clinic, the state's only abortion clinic, filed suit to block the law.
- In May 2022, Politico published a leaked draft of the SCOTUS majority opinion. The draft, later confirmed to be authentic but not final, would overturn *Roe*.

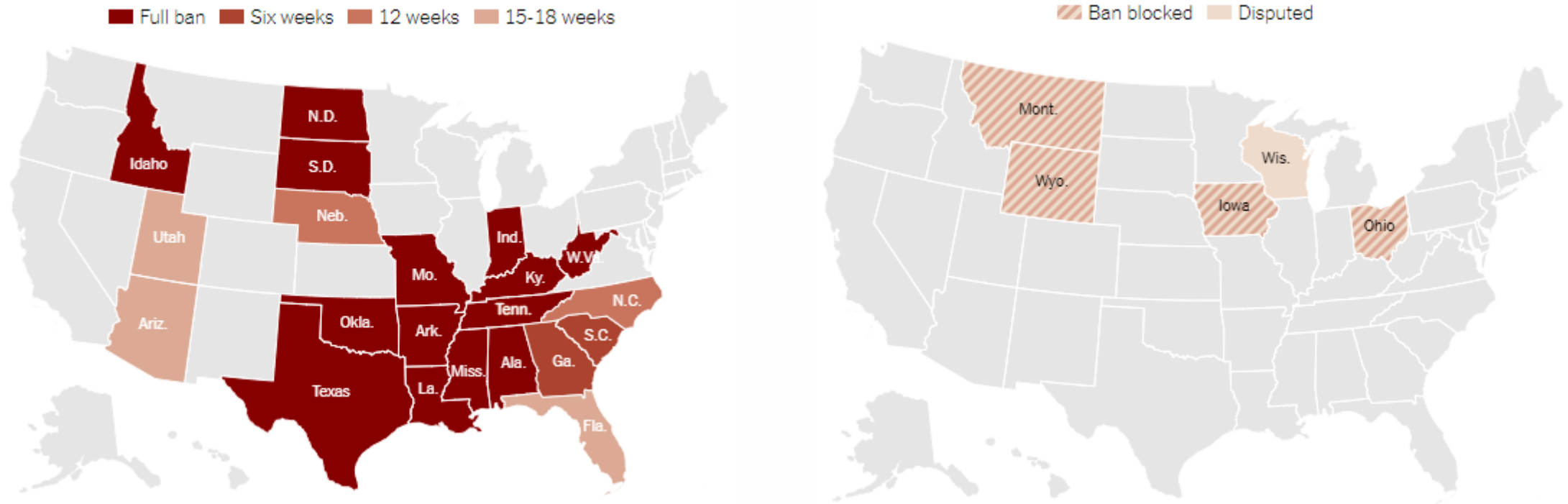
Decision

- On June 24, 2022, in a 6-3 decision for Mississippi, SCOTUS found that the **U.S. Constitution does not confer a right to abortion and returned the authority to regulate abortion to the people and their elected representatives**. The decision effectively overturns *Roe* and *Planned Parenthood*, reversing nearly 50 years of precedent.

Post-*Roe v. Wade* Landscape in the U.S.

Post-*Roe v. Wade* Landscape in the U.S.

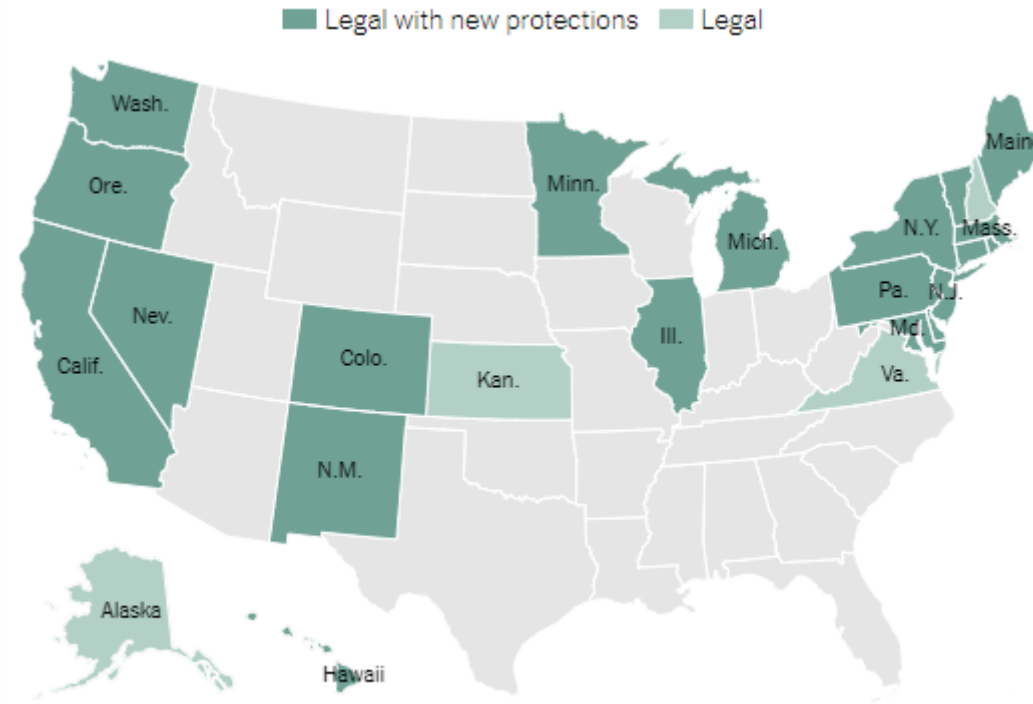
Since *Dobbs*, more than half of U.S. states have prohibited or restricted abortion or are expected to do so.



Last accessed November 7, 2023.

Post-*Roe v. Wade* Landscape in the U.S.

Some states, including New York State, are working to protect and expand access to abortion.



Last accessed November 7, 2023.

Local Legislative and Policy Responses to
Dobbs v. Jackson Women's Health Organization

New York City Mayor Adams and Health Commissioner Vasan Respond to *Dobbs*



Following the *Dobbs* decision, Mayor Eric Adams and Health Commissioner Dr. Ashwin Vasan condemned the decision, emphasizing that **safe and legal abortion is still available in New York City**. They shared plans to:

- Expand access to medication abortion through the City's Sexual Health Clinics;
- Increase abortion provider capacity; and
- Support people traveling to New York City for abortion care.

Mayor Adams Signs Abortion and Reproductive Health Care Bills into Law

On August 12, 2022, Mayor Adams signed into law a series of **abortion- and reproductive health care-related bills**, including:

- **Int 465-A**, which requires the City to annually report the number of births and abortions in the city, assess licensed medical providers' ability to provide reproductive health care, and make recommendations for increasing provider capacity;
- **Int 466-A**, which prohibits the use of City resources to detain people who perform or aid with abortions, or cooperate with out-of-state entities related to abortions performed in New York State;
- **Int 474-A**, which requires the City to conduct a public information and outreach campaign on the protections and rights available to reproductive health care patients and providers in New York City;

(cont.)

New York City Mayor Adams Signs Abortion and Reproductive Health Care Bills into Law

(cont.)

- **Int 506-A**, which requires the City to conduct a public information and outreach campaign on facilities that are deceptive or misleading when promoting their reproductive health services; and
- **Int 507-A**, which requires the City to offer FDA-approved medicine for medication abortions at its health clinics at no cost to patients, as well as provide counseling and timely referrals to health facilities for other services, as needed.

New York City Council Commits \$1 Million to Expanding Access to Abortion Care

On September 13, 2022, New York City Council Speaker Adrienne Adams and the Women's Caucus announced that the City Council will provide \$1 million toward expanding access to abortion care in New York City. The funding supports:



- **New York Abortion Access Fund**, which provides financial assistance and connection to other resources for people who are unable to fully pay for an abortion and is living in or traveling to New York State; and
- **Brigid Alliance**, which provides travel, food, lodging, childcare, and other logistical support for people seeking abortions.

State Legislative and Policy Responses to
Dobbs v. Jackson Women's Health Organization

New York State Governor Hochul Responds to *Dobbs*



Prior to the *Dobbs* decision, in May 2022, Governor Kathy Hochul announced a new **public awareness campaign** on abortion, and a **Know Your Rights website** featuring an **abortion provider locator** at www.ny.gov/programs/abortion-new-york-state-know-your-rights.

Governor Hochul also announced a **\$35 million investment to protect and expand abortion access**, including \$25 million to expand abortion provider capacity and ensure patient access, and \$10 million for security grants to help ensure the safety of patients and providers.

Governor Hochul Signs Abortion and Reproductive Health Care Bills into Law

In June 2022, Governor Hochul signed into law a series of abortion- and reproductive health-related bills, including:

- **A10372A/S9077A**, which provides certain legal protections for abortion service providers, including protection from extradition, arrest, and legal proceedings in other states relating to abortions legally performed in New York State;
- **A10094A/S9039A**, which establishes a cause of action for unlawful interference with protected rights, allowing individuals to bring a claim against someone who has sued or brought charges against them for facilitating, aiding, or obtaining reproductive health care in New York State;

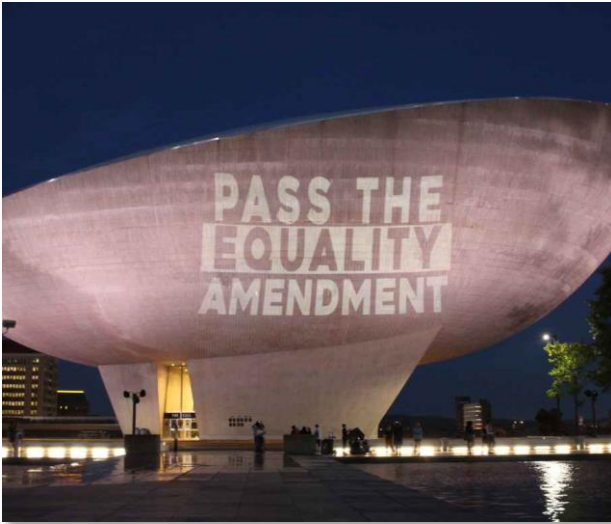
(cont.)

Governor Hochul Signs Abortion and Reproductive Health Care Bills into Law

(cont.)

- **A9687B/S9079B**, which prohibits professional misconduct charges against health care providers in New York State for providing reproductive health care to patients from states where such services are illegal;
- **A9718B/S9080B**, which prohibits medical malpractice insurance companies from taking adverse action against health care providers in New York State for providing reproductive health care to patients from states where such services are illegal;
- **A9818A/S9384A**, which adds reproductive health care service providers, employees, volunteers, patients, and immediate family members of reproductive health care service providers to the New York State Address Confidentiality Program; and
- **A5499/S470**, which requires the State to issue a report examining pregnant women's unmet health and resource needs and the impact of limited service pregnancy centers.

New York State Legislature Advances Equal Rights Amendment, Clearing Way for Voter Ratification



On January 24, 2023, the New York State legislature passed A1283/S108A, the **Equal Rights Amendment**, for the second time. (Bills amending the New York State Constitution require Assembly and Senate passage in two consecutive legislative sessions.) The amendment will appear on voters' ballots in November 2024.

If enacted, the Equal Rights Amendment will protect New Yorkers from discrimination on the basis of race, color, ethnicity, national origin, age, disability, creed or religion, or sex – including sexual orientation, gender identity, gender expression, pregnancy, pregnancy outcomes, and reproductive health care and autonomy. Existing protections cover only race, color, religion, or creed.

New York State Attorney General James Issues Advisory on Legal Protections for Abortion

Office of the New York State Attorney General Letitia James

Abortion is Legal and Protected in New York State

New York State first legalized abortion in 1970—three years prior to *Roe v. Wade*.¹ Even with *Roe* overturned, New York state has robust protections in place to ensure that anyone who can get pregnant—including transgender men and nonbinary people—can get an abortion. In 2019, New York passed the Reproductive Health Act,² codifying the protections of *Roe* and ensuring access to a safe and legal abortion. New York recognizes that abortion is basic health care.

NEW YORK GUARANTEES ACCESS TO ABORTION CARE:

- New York guarantees the unqualified right to abortion up to 24 weeks from the start of pregnancy.³
- Abortion is permitted after 24 weeks if the fetus is not viable or if the pregnant person's life or health (including mental health) is at risk.⁴
- In New York, minors may responsibly access abortion or other reproductive health services without parental notification or consent.

NEW YORK PROHIBITS DISCRIMINATION AND HARASSMENT FOR REPRODUCTIVE DECISION-MAKING:

- State law prohibits employment discrimination based upon "reproductive health decision making," which can include the decision to use a particular medication, medical device, or medical service.⁵
- The New York Clinic Access Law prohibits anyone from using force, threat of force, or physical obstruction to injure, intimidate, or interfere with anyone (or attempt to do so) because they are seeking reproductive health services.⁶

ABORTION SERVICES IN NEW YORK ARE CONFIDENTIAL:

- A health care provider generally may not disclose medical records or any information about a pregnant person's appointment or procedure without their consent.⁷ This includes not informing their partner, their parents or guardians, or anyone else without their permission.
- Employers are prohibited from accessing an employee's personal information regarding their or their partner's reproductive health decision-making.⁸

NEW YORK REQUIRES INSURANCE COVERAGE OF ABORTION:

- New York provides public funding for abortion.⁹
- New York requires state-regulated private insurers to cover "medically necessary" abortion care.¹⁰
- Beginning January 1, 2023, every private insurance plan offering maternity care coverage must cover abortion.¹¹



¹NY Penal Law § 205.05(1)(3).
²NY Pub. Health Law §§ 2099-aa to bb.
³NY Pub. Health Law §§ 2099-aa(1).
⁴NY Pub. Health Law §§ 2099-aa(1).
⁵NY Pub. Health Law §§ 2099-aa(1).
⁶NY Pub. Health Law §§ 2099-aa(1).
⁷NY Pub. Health Law §§ 2099-aa(1).
⁸NY Pub. Health Law §§ 2099-aa(1).
⁹NY Pub. Health Law §§ 2099-aa(1).
¹⁰NY Pub. Health Law §§ 2099-aa(1).
¹¹NY Pub. Health Law §§ 2099-aa(1).

On June 24, 2022, New York State Attorney General Letitia James issued an **advisory** reminding New Yorkers that abortion is legal and protected in New York State under the 2019 Reproductive Health Act and other state legislation and regulations.

Attorney General James Issues Advisory on Legal Protections for Abortion

The advisory states that in New York State:

- New Yorkers are guaranteed the unqualified right to abortion up to 24 weeks from the start of pregnancy. After 24 weeks, abortion is permitted if the fetus is not viable or if the pregnant person's life or health, including their mental health, is at risk.
- Minors may responsibly access abortion or other reproductive health services without parental notification or consent.
- Abortion services are confidential.
- Discrimination and harassment related to reproductive health decision making are prohibited.
- Medicaid covers abortion and state-regulated private insurers cover medically necessary abortions. All private insurance plans offering maternity care coverage cover abortion.

Attorney General James Launches Abortion Legal Hotline, Online Resources

On June 28, 2022, Attorney General James launched a **24-hour hotline providing free legal information and resources on accessing abortion in New York State**. The hotline is open to New Yorkers seeking an abortion, people traveling to New York State for an abortion, health care providers, and anyone providing material support related to abortions. Trained attorneys offer services in the 12 most common languages spoken in New York State.

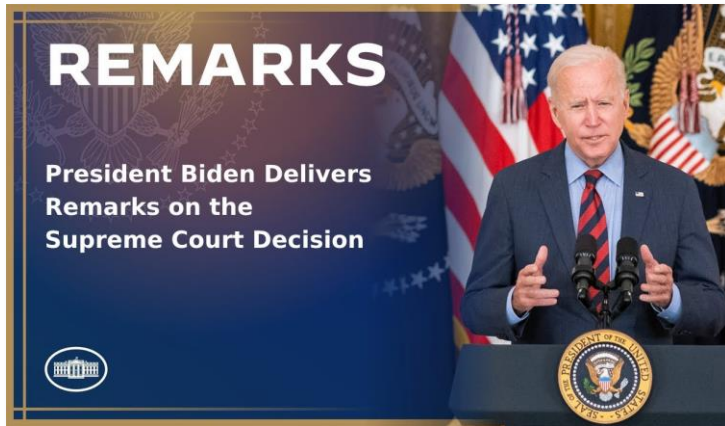
To reach the hotline, call 212-899-5567.

Attorney General James also launched a **website with resources and FAQs on accessing reproductive health care**, including abortion, in New York State, at ag.ny.gov/reproductivehealth.

Federal Legislative and Policy Responses to
Dobbs v. Jackson Women's Health Organization

President Biden Responds to *Dobbs*

Following the *Dobbs* decision, President Biden condemned the decision and urged Congress to restore *Roe* protections as federal law.



In July and August 2022, President Biden issued two **executive orders** to protect and expand access to reproductive health care, and launched an interagency task force. In January 2023, he issued a **Presidential memorandum** directing his administration to consider new actions to protect access to medication abortion.

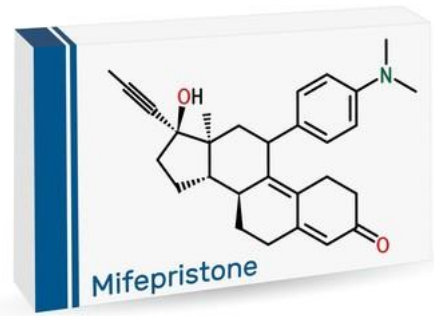
In October 2022, President Biden announced \$6 million in **grants** to expand family planning services and new **guidance for students and schools** on Title IX protections against discrimination on the basis of pregnancy, including pregnancy termination.

HHS Issues Letter on EMTALA

On July 11, 2022, the U.S. Department of Health and Human Services (HHS) issued a letter to health care providers directing them to guidance on pregnancy- and abortion-related protections and obligations under the **Emergency Medical Treatment and Active Labor Act (EMTALA)**.

EMTALA requires that all Medicare-participating hospitals that offer emergency medical services provide evaluation and, if necessary, stabilizing treatment to anyone who presents at the emergency department with emergency medical condition, including active labor, regardless of their ability to pay. If abortion is the stabilizing treatment necessary to resolve the emergency condition, a physician must provide that treatment, regardless of any state laws or mandates that prohibit abortion and do not include an exception for a pregnant person's life and health.

U.S. District Court Suspends FDA Approval of Mifepristone; DOJ Appeals



- On April 7, 2023, in *Alliance for Hippocratic Medicine, et al. v. U.S. Food and Drug Administration, et al.*, a **U.S. District Court judge in Texas suspended the FDA's 2000 approval of mifepristone**, the first drug in a two-drug regimen used in medication abortion. The judge accepted the plaintiffs' claim that the FDA lacked the legal authority to approve mifepristone and that mailing abortion drugs violates the federal Comstock Act of 1873. **The order represents the first time in U.S. history that a federal court has invalidated an FDA determination that a drug is safe and effective.**
- On April 10, 2023, the U.S. Department of Justice (DOJ) filed an emergency stay motion with the U.S. Court of Appeals for the Fifth Circuit.

SCOTUS Stays U.S. District Court's Mifepristone Ruling, Returns Case to Fifth Circuit

- On April 12, 2023, the Fifth Circuit rejected the lower court's suspension of the FDA's approval of mifepristone for medication abortion, but upheld other aspects of the order blocking a seven-year effort by the FDA to expand access to the medication.*
- On April 14, 2023, DOJ appealed the ruling to SCOTUS, which stayed the ruling twice to allow the justices time to consider the DOJ's request. On April 21, 2023, SCOTUS stayed the ruling again, this time blocking the lower court's decision in full pending the Fifth Circuit's decision on the merits of the case and a potential appeal of that decision.
- The case returned to the Fifth Circuit, and arguments began on May 17, 2023.

* FDA actions since 2016 to expand access to mifepristone for medication abortion include: increasing the period during which the medication can be taken from seven weeks gestation to 10 weeks gestation; authorizing certified retail pharmacies to dispense the medication; eliminating the requirement of in-person dispensing, thus allowing the medication to be administered via telehealth, distributed by mail, and taken outside clinical settings; allowing non-physicians to prescribe or administer the medication; and approval of a generic version of the medication; among other actions.

Fifth Circuit Ruling Restricts Access to Mifepristone

- On August 16, 2023, the Fifth Circuit issued a decision that ruled mifepristone should remain legal in the U.S., but with significant restrictions to access.
- The Fifth Circuit ruled that **mifepristone should not be prescribed past seven weeks of pregnancy or via telehealth.*** The previous stay by SCOTUS means this will not go into effect right away. **Mifepristone remains on the market in states where abortion is legal and available by telehealth and mail for the time being.**
- On September 8, 2023, DOJ petitioned SCOTUS to review the case.
- If SCOTUS hears the case in the fall of 2023, it will likely rule in spring 2024. Its stay will likely remain in effect until SCOTUS rules.

* FDA actions since 2016 to expand access to mifepristone for medication abortion include: increasing the period during which the medication can be taken from seven weeks gestation to 10 weeks gestation; authorizing certified retail pharmacies to dispense the medication; eliminating the requirement of in-person dispensing, thus allowing the medication to be administered via telehealth, distributed by mail, and taken outside clinical settings; allowing non-physicians to prescribe or administer the medication; and approval of a generic version of the medication; among other actions.

Current Status of Mifepristone Access

For now, **FDA approval of mifepristone for medication abortion remains in place.** In states that have not enacted their own restrictions on medication abortion, including New York State, mifepristone:

- Can be taken during pregnancy up to 10 weeks gestation;
- Can be dispensed by certified retail pharmacies;
- Can be administered via telehealth, distributed by mail, and taken at home;
- Can be prescribed by non-physicians; and
- Is available as an FDA-approved generic.

On April 11, 2023, Governor Hochul announced that New York State will begin stockpiling a five-year supply of misoprostol, the second drug in the two-drug medication abortion regimen. She also committed \$20 million in State funding to support access to other care methods if mifepristone is taken off the market.

Current Status of Mifepristone Access

(cont.)

- On May 2, 2023, Governor Hochul signed legislation:
 - Allowing pharmacists to dispense contraception over the counter pursuant to a non-patient specific standing order from a physician or nurse practitioner
 - Requiring that every SUNY or CUNY campus provide access to abortion medication to their student body either by employing or contracting with authorized individuals who may prescribe abortion prescription drugs.

On May 3, 2023, Governor Hochul announced actions to strengthen abortion protections and access as part of the **NYS FY 2024 Budget**:

- Enacts protections for personal data of women seeking abortion care
- Increases Medicaid reimbursement rates for reproductive health care services
- Includes measure that requires private insurers to cover medication abortion when prescribed off-label for abortion
- \$100.7 million in new funding to support abortion providers and reproductive health care.

New York City Files Amicus Brief in *Alliance for Hippocratic Medicine v. FDA*

Nos. 23-235 & 23-236

IN THE
Supreme Court of the United States

U.S. FOOD AND DRUG ADMINISTRATION, *et al.*,
Petitioners,
v.
ALLIANCE FOR HIPPOCRATIC MEDICINE, *et al.*,
Respondents.

DANCO LABORATORIES, L.L.C.,
Petitioner,
v.
ALLIANCE FOR HIPPOCRATIC MEDICINE, *et al.*,
Respondents.

On Petitions for a Writ of Certiorari to the
United States Court of Appeals
for the Fifth Circuit

**BRIEF FOR AMICI CURIAE THE CITY OF NEW
YORK AND NYC HEALTH + HOSPITALS,
THE COUNTY OF SANTA CLARA, AND
FOUR OTHER LOCAL JURISDICTIONS
IN SUPPORT OF PETITIONERS**

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The City of New York and New York City Health + Hospitals filed an amicus brief along with the County of Santa Clara and four other jurisdictions in support of the FDA. The brief argues:

- It is a uniquely difficult time to operate a public health care system;
- Staying the FDA’s 2016 and 2021 actions related to mifepristone will undermine public health; and
- The ruling will threaten to undermine confidence in public health care systems.

Thank you!

Contact Information

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Abortion Access in NYC: Medical context and background

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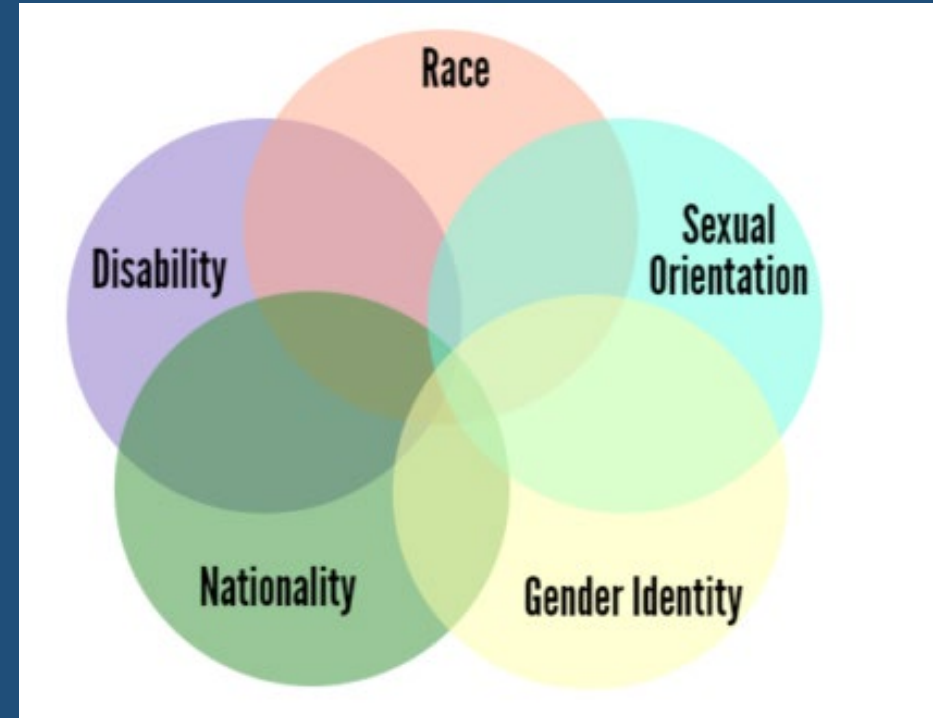
Department of Health & Mental Hygiene — City of New York

Overview

- 1 Why Abortion is a Public Health Issue
- 2 Abortion 101: What every clinician needs to know
- 3 Abortion Access in NYC

Reproductive
choice:

Not everyone
has the same
options



Intersectionality

Frameworks for addressing Reproductive Oppression

<u>Reproductive Health</u>	<u>Reproductive Rights</u>	<u>Reproductive Justice</u>
<p>Addresses clinical service availability for individuals</p> <p><u>Strategy:</u> Establish clinics, train health professionals, and provide health care</p> <p><u>Limitation:</u> Services can be siloed and do not address root causes of inequality in access</p>	<p>Addresses the legal right to care</p> <p><u>Strategy:</u> Working with lawyers, judges, elected officials</p> <p><u>Limitation:</u> A legal right to services does not mean that care is affordable, equitably distributed, or without stigma.</p>	<p>Addresses historical, social, and economic factors contributing to the disempowerment of individuals</p> <p>Gives a voice to people of color, immigrants, youth, people in poverty or the carceral system, and other marginalized</p>



Reproductive health outcomes are directly linked to **social injustice** and inequity around access to basic resources, such as:



- Public education (including sexuality education)
- Affordable housing and living wages
- Healthy foods and safe outdoor spaces
- Interactions with foster care and law enforcement
- Transportation and distance to health care

The Native American Women's Health Education Resource Center



Abortion 101

Common Abortion Myths

Myth	Reality
Breast cancer	Women who have abortions do NOT have an increased risk of developing breast cancer
Mental health	While people may experience a range of emotions, having an abortion is not associated with long-term psychological distress
Fertility	Well-conducted research has not found any link between abortion and infertility, ectopic pregnancies, miscarriage, or preterm birth
Safety	The rate of major complications from abortion is similar to that for colonoscopy, and less than the complication rate for wisdom tooth extractions and tonsillectomy; Almost 1/3 of hospital deliveries involve a complication.



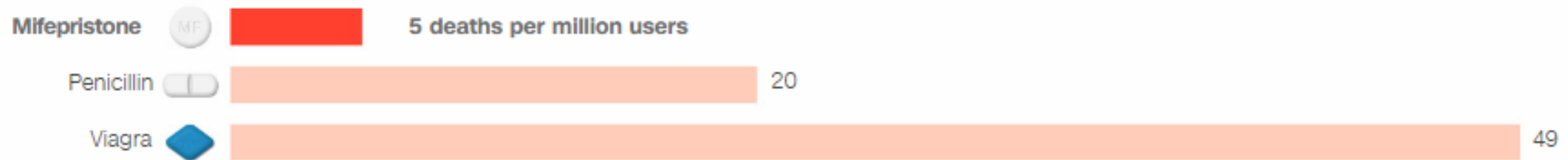
How safe is the abortion pill compared with other common drugs

By Annette Choi and Will Mullery, CNN

Updated 6:55 PM EDT, Fri April 21, 2023

Medication abortion is safer than penicillin and Viagra

Commonly prescribed drugs like penicillin and Viagra have higher death rates than medication abortion.



Sources: US Food and Drug Administration; ANSIRH; "Anaphylaxis in the United States: an investigation into its epidemiology," 2001, A I Neugut et al, Columbia University; "Some Men Who Take Viagra Die—Why?," 2000, Mike Mitka, JAMA
Graphic: Annette Choi and Will Mullery, CNN



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Contents lists available at [ScienceDirect](#)

Contraception

journal homepage: www.elsevier.com/locate/contraception

Commentary

Society of Family Planning Committee Statement: Abortion nomenclature[☆]

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Words
Matter

Emergency contraception is NOT abortion

Emergency contraception (EC) Aka “the morning after pill”

- **Prevents** a pregnancy
- Works by **delaying ovulation**
- Can buy at a **pharmacy**
 - Levonorgestrel (Plan B)
 - NO prescription needed
 - Ulipristal acetate (ella)
 - requires prescription

Medication abortion Aka “the abortion pill”

- **Ends** a pregnancy
- Works by **stopping a pregnancy** from growing and causing cramps
- Need to obtain directly from a **medical provider**
 - Mifepristone (Mifeprex)
 - Misoprostol (Cytotec)

Abortion in the U.S.

Is extremely common

- One in five (20.6%) pregnancies in 2020 ended in abortion.
- About one in four women will have an abortion by age 45.

Typically happens early in pregnancy

- 65% of abortions were before 8 weeks
- 88% of abortions were before 12 weeks

Can be done with medication or a procedure

- In 2020, 54% of abortions were medication abortions
- Medication abortion increased by 73% between 2008 and 2017

U.S. Abortion Patients

INCOME

75% poor or low income

RELIGION

62% religiously affiliated

FAMILY SIZE

59% already have a child

AGE

60% are in their 20s (only 12% are teens, of which 4% are minors)

RACE

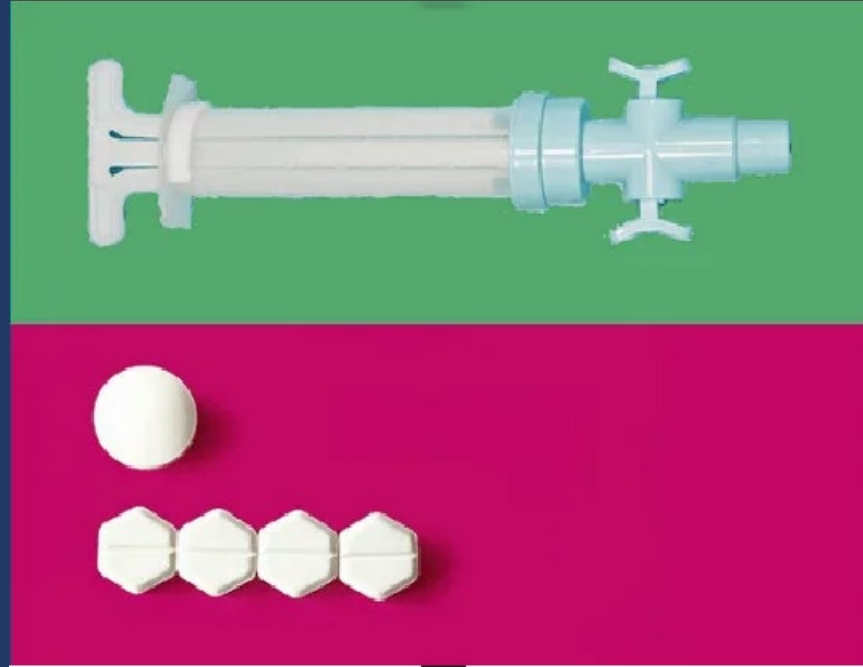
39% White

28% Black

25% Hispanic

6% Asian/Pacific
Islander

3% Other

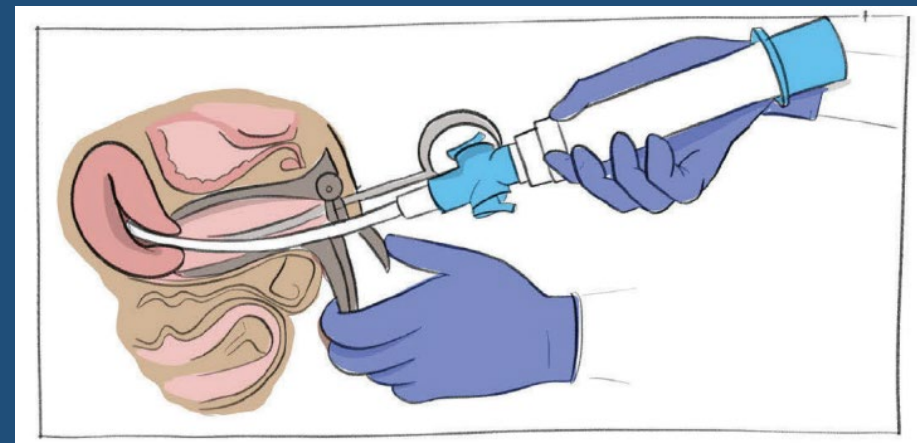


Procedure vs Medication

Procedural abortion



<https://www.reproductiveaccess.org/resource/elenas-aspiration-abortion-zine/>

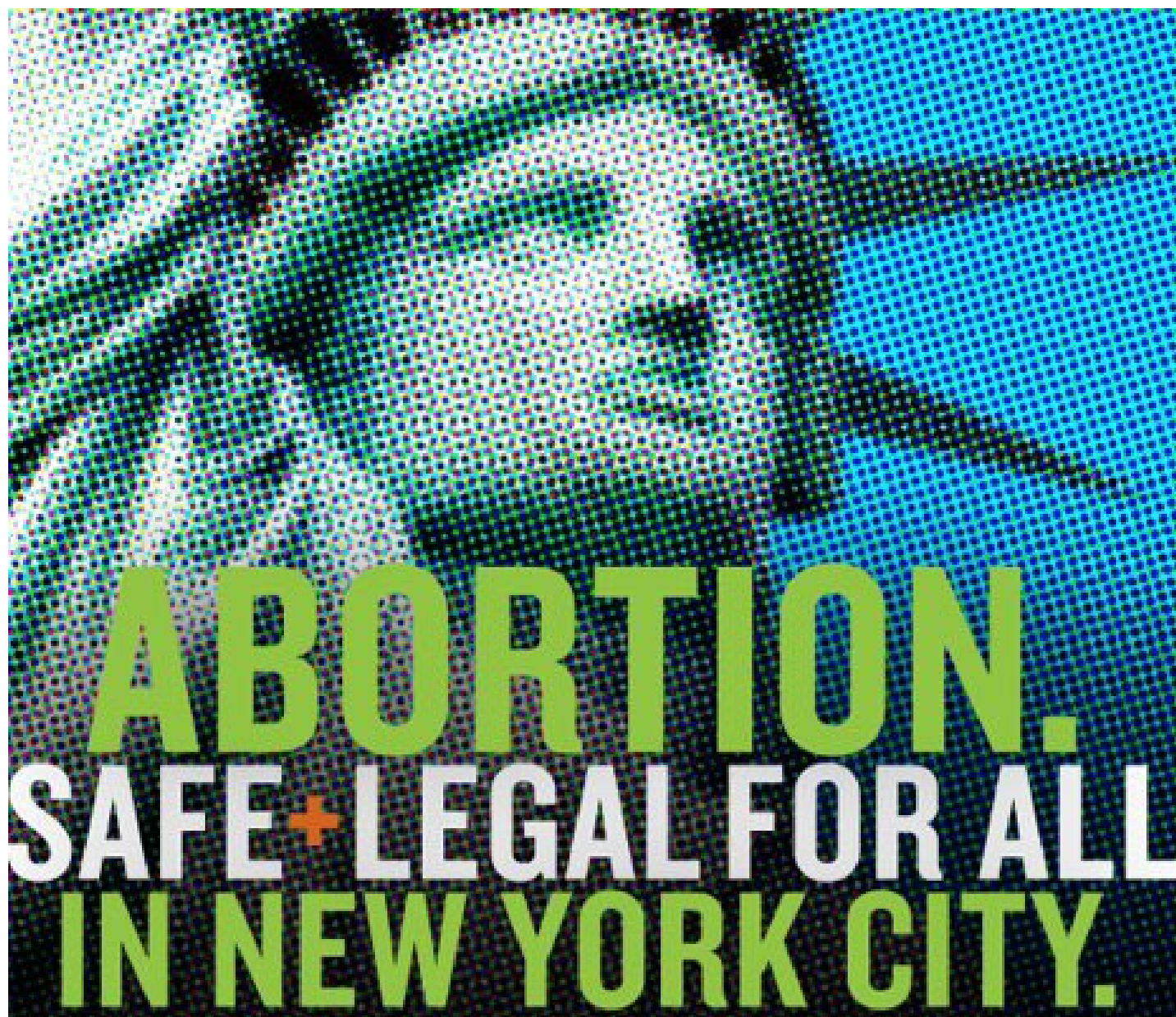


Medication abortion



Resources for abortion in NYC:

- ➔ Abortion Access Hub
- ➔ Medication Abortions at
Public Health clinics
- ➔ Medicaid coverage



ABORTION.
SAFE + LEGAL FOR ALL
IN NEW YORK CITY.

For abortion services and care, call 1-877-NYC-AHUB
to connect to the Abortion Access Hub.



NYC Abortion Access Hub **1-877-NYC-AHUB**

- Launched on November 1, 2022
- Provides confidential help finding an abortion provider and scheduling an appointment
- Monday through Friday 8am – 8pm
 - Can connect callers to providers that assist with financial help, travel, etc.
 - Language services available in 13 most popular languages
 - Staff of 8, including 4 Navigators whose primary responsibilities are to field incoming calls and connect callers to abortion providers



Referral Partners

- 35+ Clinical Referral Partner Sites (NYC only)
 - H+H public hospital system
 - Private hospital systems
 - Independent providers
 - Telemedicine-only sites
 - DOHMH sexual health clinics

Out-of-state Promotion

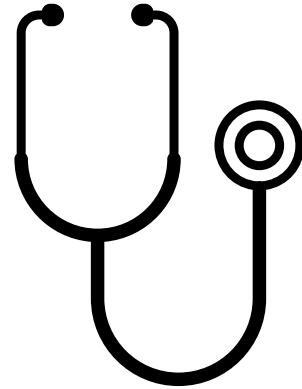
- Promotion in Florida, Georgia and Texas from January-June 2022
- Digital ads
 - Running through June 30, 2022
- Google optimized Search
- Seeing results of ads driving call volume to the Hub



A digital billboard in Augusta, Ga., advertising abortion access in New York City.
Abraham Kenmore/The Augusta Chronicle/USA Today Network

DOHMH Sexual Health Clinics

- **Three clinics currently provide on-site medication abortion care:**
 - Morrisania
 - Jamaica
 - Central Harlem
- Medication abortion services available during routine clinic hours: M-F 8:30AM-3:30PM
- **Telemedicine hotline: 347-396-7959, M-F 9AM-3:30PM**
 - For pre-counseling, appointments, referrals, and patient questions
- Walk-ins accepted for medication abortion until 2 pm



Reproductive Health Insurance Coverage

Medicaid for Pregnant New Yorkers

Eligibility

- Available regardless of immigration status
- Income up to 223% FPL
- Presumptive eligibility to receive Medicaid services for 30 days from the date of the screening form
 - Even if application is later denied, services are still covered during the presumptive eligibility period (bill fee for service Medicaid)
- Do not need a social security number to enroll

Coverage

- Comprehensive coverage beyond reproductive care
 - Essential Health Benefits
- **Covers abortion services**
- Coverage lasts up to 12 months post-pregnancy, regardless of how pregnancy ends
 - For pregnancies ending in birth, benefits extend to newborns for one year



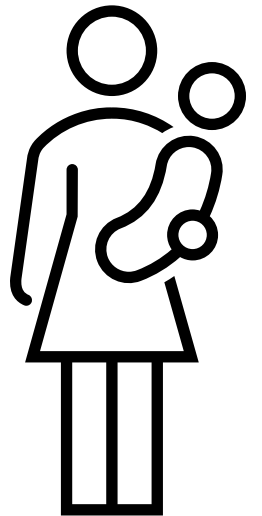
Family Planning Benefit Program (FPBP)

- **Eligibility criteria:**

- NYS resident
- Income up to 223% FPL
- US citizen, National, Native American, or lawfully present
- Not already enrolled in Medicaid

- **Covered services:**

- Most FDA approved birth control methods, devices, and supplies
- Emergency contraception services and follow-up care
- Male and female sterilization
- Preconception counseling and preventive screening and family planning options before pregnancy
- Transportation to family planning visits



Resources

- **Abortion Access Hub**
 - **1-877-NYC-AHUB (1-877-692-2482)**
 - **nyc.gov/abortion**
- **DOHMH Sexual Health Clinics**
 - **347-396-7959**
- **Office of Health Insurance Services (OHIS) at the NYC DOHMH**
 - **nyc.gov/health/healthcoverage**
 - **call 347-665-0214**

Thank you