

MEMORANDUM OF SUPPORT
The Reproductive Health Act (RHA)
A. 1748 (Glick)/ S. 2796 (Krueger)

This legislation would strengthen and update New York's abortion statute to protect and preserve access to abortion services for women in New York State. ACOG District II strongly supports women's access to safe, legal abortion and therefore, **the American Congress of Obstetricians and Gynecologists (ACOG), District II strongly supports this legislation.**

ACOG District II supports the availability of safe, high-quality reproductive health services for all women and is committed to improving access to abortion as a necessary component of women's health care. Although abortion is legal in the United States, it has become increasingly marginalized from mainstream medical care with access being threatened by multiple forms of restrictions across the country.¹

Abortion is one of the safest medical procedures performed in the United States.² The risk of death associated with childbirth is approximately 14 times higher than that with abortion.³ Serious complications from abortion at all gestational ages are rare.⁴ ACOG District II strongly supports legislative action to remove restrictions in order to ensure abortion remains an integral component of women's health care.

The Reproductive Health Act (RHA) would reform New York's abortion law by removing it from the criminal code and putting it into the public health law consistent with the regulation of other health care services; would provide protections for abortion care when a woman's health is at risk, or when a fetus is not viable; and would clarify the ability of advanced practice clinicians (APCs) to provide abortion care, in line with their expertise and training.

As women's healthcare physicians, obstetricians and gynecologists have a unique and first-hand understanding of the many factors which influence or necessitate a woman's decision to have an abortion.⁵ These factors include, but are not limited to, contraceptive failure, barriers to contraceptive use and access, rape, incest, intimate partner violence, fetal anomalies, illness during pregnancy, and exposure to teratogenic medications.⁶ Ensuring

¹ The American College of Obstetricians and Gynecologists, Committee Opinion Number 613. November 2015.

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Increasing-Access-to-Abortion>

² Brief for Amici Curiae American College of Obstetricians and Gynecologists, American Medical Association, American Academy of Family Physicians, American Osteopathic Association, and American Academy of Pediatrics in Support of Petitioners. *Whole Woman's Health v. Hellerstedt*. 2016.

³ The American College of Obstetricians and Gynecologists, Committee Opinion Number 613. November 2015.

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Increasing-Access-to-Abortion>

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

The American Congress of Obstetricians and Gynecologists (ACOG), District II represents over 4,000 board certified obstetrician-gynecologists in New York State who deliver health care to New York's women. The Albany office offers the State Legislature its resources as a non-profit, scientific, and educational organization dedicated to accessible and quality health care for women. For further information, please contact the office at 518-436-3461 or info@ny.acog.org.

all women's access to high-quality abortion services is of paramount importance to ob-gyns in respecting the diverse needs of their patients.

Outdated legislative restrictions on the provision of abortion care, including state law that regulates abortion through the criminal code, or has the effect of curtailing the scope of practitioners who can provide abortion services, fundamentally interferes with the patient-provider relationship and decreases access to abortion for all women.⁷ This is particularly true for low-income women and those living long distances from health care providers.⁸

New York's abortion law, enacted in 1970 with bipartisan support was landmark legislation at the time of enactment. Unfortunately, the law has not kept pace with subsequent case law which further protects and affirms women's abilities to access abortion services. Notably lacking from New York State law are affirmative protections in circumstances where a woman's health becomes compromised during pregnancy, or in the event of fetal anomalies inconsistent with life. Pregnancy complications, including placental abruption, bleeding placenta previa, preeclampsia or eclampsia, and cardiac or renal conditions, may be so severe that abortion is the only measure to preserve a woman's health or save her life.⁹

In addition, current law does not account for the changing health care landscape which now recognizes advanced practice clinicians within our care delivery system, and the abilities of these practitioners, when appropriately trained and credentialed, to provide safe early abortion services.

Ensuring women's access to high-quality abortion services, regardless of race, income or geography is strongly supported by the women's health physicians across New York State. Abortion is health care. The RHA is a proactive measure to ensure New York women are provided the best and most comprehensive health care and **for these reasons ACOG, District II strongly encourages the Legislature to pass the Reproductive Health Act.**

March 2017

⁷ Ibid.

⁸ Ibid.

⁹ Facts are Important: Abortion is Health Care. American Congress of Obstetricians and Gynecologists. Washington, DC: American College of Obstetricians and Gynecologists: October 2015.