

NY's Reproductive Health Act Was Supposed To Make It Easier To Get Late Abortions. It Hasn't.

BY FRED MOGUL, WNYC - NOVEMBER 8, 2019



Cuomo signs Reproductive Health Act Legislation during a ceremony in the Red Room at the State Capitol in Albany, N.Y. on January 22nd, 2019. DARREN MCGEE/AP/SHUTTERSTOCK

With great fanfare, Governor Andrew Cuomo took the stage in the first week of 2019 and told Hillary Clinton and a cheering room of supporters at Barnard College that he and the lawmakers would make passing the Reproductive Health Act one of year's top priorities. Among other things, the legislative package would codify Roe v Wade at the state level – in case anything ever happened at the federal level.

More immediately, the RHA was to provide a real-world change in New York by making it easier for women to get abortions in the third trimester, after 24 weeks of pregnancy. Cuomo signed the bill into

law, with further fanfare celebrating the Democrats' majority in all three branches of government since they won back control of the state Senate.

Yet the reality for women seeking late abortions in New York has barely changed. Almost no abortion providers offer third trimester abortions in the state, and women who need them must travel to Maryland, Washington, DC, or as far away as Colorado or New Mexico.

"What is legal is not necessarily accessible," said Odile Schalit, executive director of Brigid Alliance, a national organization which assists women who need help traveling for abortions. "There are large numbers of women across the state who are not able to access this expanded scope of care."

To be clear: a relatively small proportion of women need third trimester abortions. The Centers for Disease Control and Prevention estimate only about 1.3 percent of abortions occur after 21 weeks. That includes abortions three weeks before the third trimester, but it's the closest estimate available. In New York, that translates to almost 1,100 abortions, according to figures from the Guttmacher Institute, a think tank that supports abortion rights.

Schalit's organization helps women travel for abortions when they're not available in their areas. A few times a month, that means transporting women and facilitating the procedure out of state, for late abortions; more often, it means getting them from one low-access region of New York to a high-access one for typical abortions up to 24 weeks. (According to Guttmacher, about 75 percent are in the first trimester.)

Schalit recently helped a 33-year-old woman in a homeless shelter come to New York City for an abortion she couldn't get near her home in rural Pennsylvania — only to find her pregnancy was too far progressed for any local facility here to handle. The Brigid Alliance immediately arranged to transport to her an independent clinic in Washington, DC, and get her back in time to keep her spot in the shelter. In another recent case, a Bronx mother of two with an advanced pregnancy also couldn't get any caregivers in the city to help and the organization helped her and a traveling companion quickly get to Maryland and back.

"When they go out of state, it's because that's the only option," Schalit said. "We try to connect with women as early on as possible, but the reality is that a lot of the women we talk to have been trying for weeks if not months to get care, and we — and the providers we work with — are their last shot."

Currently in New York City, one private clinic provides abortions up to 26 weeks, Parkmed, which was willing to be identified but declined to comment. Schalit and Danielle Castaldi-Micca, from the National Institute for Reproductive Health, said "a few hospitals" perform third-trimester abortions, but they would not specify which ones, or how late in pregnancy, to avoid those facilities becoming targets of harassment from anti-abortion activists.

"Hospital administrators aren't immune to stigma, and they're not immune to the question of safety concerns," said Castaldi-Micca. Providers frequently receive death threats, and activists have murdered several of them, including Dr. Barnett Slepian, in Buffalo, 21 years ago.

Gothamist/WNYC informally surveyed all the major providers and received a mixed response: like Parkmed, New York City Health and Hospitals, the country's largest public hospital system, provides abortions up to 26 weeks and is "exploring how we can expand this timeframe." NYU Langone Health said it performs them only up to 24 weeks, and Planned Parenthood said the same thing but added its network is "currently exploring abortion care at later gestational age," because "the procedure requires extensive training and expertise."

Montefiore Medical Center said it complies with state law but declined to elaborate. Northwell Health said “We prefer not to respond,” and Mount Sinai and New York-Presbyterian did not reply to multiple requests for comment.

Schalit and Castaldi-Micca said even at hospitals where third-trimester abortions are an option, they are “case-by-case,” which can leave women who need to travel long distances and don’t have any time to waste in a precarious position.

Others only offer the service to existing patients, not new ones, said Castaldi-Micca, “which is super useful to the people who are already in that system but not to the general public.”

She and Schalit are sympathetic to the logistical, medical and security challenges facing healthcare systems.

“There is figuring out who to hire, how to train them, how to raise the funds to train them, making sure your facility has the capacity, the space, for these abortions,” Schalit said. “It’s not simply a provider – you also have a medical assistant and a nurse and a social worker. Are you advertising it? These are all questions that are complicated to answer, and they take some time.”

Informed by Gothamist/WNYC about the dearth of third-trimester abortion providers, State Senator Liz Krueger, one of the primary authors of the Reproductive Health Act, said she was both surprised and disappointed.

“If you’re a Catholic hospital, okay, I get it, but otherwise it’s not acceptable to not address women’s emergency needs,” Krueger said.

She said one contributing factor could be the lack of revised regulatory guidelines from the state.

“Given the importance of this legislation and the need for clear medical guidance, I’m disappointed that 10 months out we haven’t seen anything from the [state] Health Department,” she said. “I’ve dealt with hospitals a lot over the years, and they have a fear of legal liability. They need to have something their lawyers can stare at and say, ‘Yup, here’s the regulation.’”

A spokesman for the Health Department disputed that the Reproductive Health Act was ever intended to expand pregnant women’s access to third-trimester abortions.

“The language did not change current practice, only codified what is already being done into law,” said spokesman Jonah Bruno. “This was done as a protection in the event Roe v Wade was overturned. The enacted language did not require DOH to promulgate new regulations.”

Krueger said she planned to meet with staff members on Friday to further evaluate access to abortions in New York and craft a response.

Source: <https://gothamist.com/news/nys-reproductive-health-act-was-supposed-make-it-easier-get-late-abortions-it-hasnt>