

Katie:

Thanks for joining. Good afternoon. Welcome to today's session on how the Dobbs versus Jackson Women's Health Organization ruling has impacted the delivery of family planning services in New York State. We are excited to be here with you today and have, hopefully, an interactive discussion about your experiences and your colleagues' experiences in the last couple of months or what you're anticipating your experiences may be in the coming months.

So this is going to be a really interactive discussion. You'll hear me say that a couple of times. You all, as providers in the field, are the best ones to say kind of what the impacts observed and or anticipated are. So we really want to hear from you. We also have some staff from the New York State Department of Health on today to help kick us off the discussion and ground us in some actions that the state has taken, which is where we will start.

So tell us to start, just introduce yourself in the chat. Would love to know your agency and your role. We're going to have a few times today where we are using the chat to have a conversation. So let's just kick that off. Tell us in the chat your agency, your role so we can get a sense of who is in the room with us today. As you do that, I will just kind of orient us to what you can expect from this session.

So we'll start today with a discussion of what's happening at the state level to increase family planning program provider capacity to meet clients' reproductive health needs. As I mentioned, we'll hear from a couple of New York State Department of Health staff who will lead us through that discussion. One of the recent state-level changes has been to provide some additional funding for family planning program providers to expand their capacity to provide abortion services.

While this funding is for abortion, we do anticipate that the increased funding also impacts your ability to meet family planning service demands. So we will spend some time hearing from you and discussing the implications of this funding for your family planning services. We'll then move into some discussion about what you as providers are observing or are anticipating as impacts of the Dobbs ruling on your family planning service delivery.

We do really want to focus today's discussion on the impacts of these recent policy changes on your family planning services, clients' access to contraception, including emergency contraception, STD services, preconception health, and such related services. Finally, we will close with a recap of just a couple of Title X program requirements as well as some new supportive resources on topics that we've heard are coming up for providers as they're, again, observing and anticipating effects of the Dobbs ruling.

So I am now delighted to introduce a couple of our speakers for today. Delighted to be joined today by a couple of members of the New York State Department of Health team. Kirsten Siegenthaler is the director of the Division of Family Health in the New York State Title V director. In this role, she provides leadership on the Title V Maternal and Child Health Services Block grant and the division's portfolio of programs that serve women, adolescents, and children, including children, youth with special healthcare needs.

And Emily DeLorenzo serves as the associate director of the Division of Family Health. She provides programmatic and administrative leadership with a particular focus on integrating behavioral health into the division's programs. Emily also has experience as a clinical social worker in the New York City's foster care and juvenile justice systems, Crisis Intervention Services, and Transitional Living Services for youth exiting the foster care system.

We're also joined today by a couple of team members from the family planning program who you may recognize, including Emily Moss, who is the new Title X director, as well as Rae Ann Augliera, who I know

many of you know well already. Rae Ann is the associate director of the Bureau of Women, Infant, and Adolescent Health. So I'm now excited to turn it over to Kirsten to get us started.

Kirsten Siegenthaler:

Great, thank you. And thank you for having us today. We're excited to share information with you and some of it very recent updates. So we get a basic question, which I know all of, but just to share that here in New York State, abortion is legal. The US Supreme Court ruling did not impact legal access to abortion. We just want to start with that always. In addition to that basic fact, New York State is investing.

So we'll go through a few different investments that we're doing right now, but we'll talk about a public education campaign. We'll talk about the expansion of comprehensive family planning programs, strengthening legal protections, collaboration with partners, educating teams, and establishment of a program for abortion access.

So here's a link, and you can see a press release but also an image of the campaign, which has completed but ran for a number of months. The department wanted to ensure that subsequent to the Supreme Court decision that people here in New York knew that abortion is still their choice in New York State that it's safe, legal, and accessible. So you can use this link and find out more information, but this was one of the immediate reactions and responses to the Supreme Court decision. Now I'm going to turn it over to Emily to talk about the legal protections.

Emily DeLorenzo:

Sure. Thanks, Kirsten. So in New York State, the legal protection to reproductive healthcare and abortion care, in particular, was really codified even before Roe v. Wade in our Reproductive Health Act of 2019. And so this act really established that reproductive healthcare is a foundational component of health, privacy, and equality, and that our state shall not discriminate against, deny or interfere with the exercise of these right to reproductive healthcare.

In addition, it also established a right to abortion care for individuals within 24 weeks from the commencement of pregnancy or where there is an absence of fetal viability or if the abortion is necessary to protect the patient's life or health. The Reproductive Healthcare Act also established that any pregnant person, regardless of age, may consent to an abortion without parental consent.

We also just wanted to highlight that in New York State, Medicaid is required to cover abortion care. And New York State also requires that all state-regulated private health insurance plans include coverage for medically necessary abortions. And there's just a note [inaudible 00:07:33]. Oh, sorry. That's fine. Go ahead. In this past legislative session, our governor signed a suite of six different bills to really... that sort of address a lot of the issues in the system in general.

And the first four are bills that are... the purpose of are to really support the legal rights of healthcare providers in our state who provide services to people coming to our state from a state where abortion is no longer legal. So I included the Senate and the assembly bill numbers here, folks want to look up the text of the bills. But the first one is really to amend Civil Rights law to establish a cause of action for unlawful interferences with protected rights.

And this is really just protecting providers from any civil litigation that could come in response to providing abortion care to someone coming from another state where it's no longer legal. The second bill provides legal protections for abortion services... for abortion service providers, including protection from extradition, arrest, and legal proceedings in other states related to abortions legally performed in

New York State. And the third bill prohibits misconduct charges against healthcare practitioners for providing reproductive health services to patients who reside in states where services are illegal.

The fourth is in a similar vein. It prohibits medical malpractice insurance companies from taking adverse action against reproductive healthcare providers who provide legal care in New York State. So those first four bills are really bills to enhance protection for providers who are legally providing services in our state, whether it's to a resident of our state or someone coming to our state from another state where abortion is now prohibited.

The fifth bill adds reproductive healthcare service providers, employees, volunteers, or patient, or family members of reproductive healthcare services providers to the address confidentiality program. And so, basically, this bill says that reproductive healthcare, it's people seeking reproductive healthcare services or providing or even their families or employees can engage in this address confidentiality program, which basically shields their actual address, and they're allowed to sort of have their mail forwarded to a substitute address in order to protect their actual home address.

And it was a program that was originally established to provide victims of domestic violence and stalking, human trafficking to shield their address and use a substitute address. And so, now they're just adding folks who provide reproductive healthcare services and their families to that program. The sixth bill authorizes a study to examine the unmet health and resource needs and the impact of limited-service pregnancy centers, also known as crisis pregnancy centers.

And these are centers that normally have the express purpose of providing assistance to people who wish to keep their pregnancies. And those are not the entities that this bill is targeting. This bill is really targeting entities that don't expressly make it clear that the goal of their site is to have people keep their pregnancies and entities who may be sharing misinformation or advertising that they are... that have medical care available when they don't.

And so that is what the target of this bill is and really just to see if what the impact of those centers are on individuals who are trying to access reproductive healthcare in New York State. Another part of our work really over the past... I've been in this position for about six months, but this work has even predated me, is our collaboration with our partners. So since January 2022, we've been working with providers and people seeking care, advocates, stakeholders, and we formed an Abortion Access Work Group.

And really the primary goal of the work group was to develop recommendations to remove barriers to abortion access and ensure equitable access to abortion care for both New York State residents and people traveling from other states. And we knew that if Roe fell, we would have to really expand access for people coming to our states. So it really had the dual purpose of looking at ways that we can expand access for people who live in our state, but also people who will be coming to our state once they can no longer access care where they live.

So that larger group broke up into four small groups, and we focused on provider capacity, legal protections, patient access and awareness, and administrative and regulatory changes. And we just recently completed a report that came from multiple meetings with our Abortion Access Group, and we have about 27 recommendations that we are now working to operationalize. And some of that work has already begun. And we are collaborating with other parts of the Department of Health AIDS Institute, in particular, to create an online training for providers and people who are seeking care in New York State around rights and legal protections that our state affords.

And we're also creating just more public information and more information on our website that is publicly available. And we'd also started working on preparing for the study on the limited-service pregnancy centers. So we have a comprehensive report. There are a lot of recommendations that span

many different parts of our system, and we've really just begun the work to operationalize some of those recommendations.

Katie:

Thanks so much, Kirsten and Emily. I think this is a great place to pause for just a minute and let folks reflect on what we've heard about the state-level actions, both recent and not-so-recent, but potentially refreshing actions as well as protections. So just want to start with what, if anything, was surprising to you about what Emily and Kirsten shared. Surprising and or resonated for me. Kind of interested in particular about the study on the crisis pregnancy centers and what comes out of that study.

But curious about what others... Yeah, Wendy, seconds that the study of unmet needs and resources of crisis pregnancy centers, other things that were surprising or resonate with you about what was shared. Also, want to just have this be an opportunity too for open for questions. So what was surprising? What resonated? But also, what comes up for you as questions in response to what you heard?

I saw someone come off mute, which reminds me that if you do want to raise your hand and share over the phone, we're happy to hear voices. If you are looking for how to raise your hand, I believe it's under reactions. Becky can maybe chat out the instructions for how to raise your hand. She's nodding under reactions. You can click raise hand, which will let us know you're trying to jump in.

Kirsten Siegenthaler:

While people are reflecting, I can share in terms of the study of unmet needs. The legislation requires that the Department of Health establish a temporary task force on pregnancy, and it will be comprised of nine individuals, three of whom are nominated by the governor's office, three by the assembly, and three by the Senate. So in terms of that component, and it should start within six months, so on or around the middle of December would be the anticipated initiation of that.

And so, we have identified three individuals. The legislation provides different categories from which people need to be included. So we have to make sure that we fulfill those categories as well as include diversity of sort of individuals' demographic characteristics, as well as their geographic location. So ensuring we have geographic representation. So our goal is to begin the work of that task force in December. They will meet virtually, but we are in the process of awaiting the vetting of those individuals.

And the legislation has some specific directives, but a lot of the work will be really directed by that temporary task force, which is to be in place for 18 months, approximately. And we will need to really do some study and analysis, and Emily is leading that with some of our support from some fellows that we have in the commissioner's office as well as another intern from the School of Public Health. So right now, we're in the process of really doing more research on the different publicly available research that's already been done, meaning we don't want to do work that's already been done.

So they're in the process really of gathering the formative analytic and or qualitative information that's been gathered about these limited service pregnancy centers. And we are engaging with people who have really been at the forefront of this work. So we've really just begun this work, and we'll be happy to share updates with the anticipation that in the next 18 months to two years that this study will be concluded.

Katie:

Great. Thanks Kirsten.

Kirsten Siegenthaler:

So Molly said she joined late. If we want, we could go back to this legislative slide. And so the question is about what are we doing around criminal but also civil charges? So Emily reviewed the suite of comprehensive legislation that the governor signed into law this past legislative session. And just at a high level, the first one addresses civil lawsuits. The second is really the legal and criminal. Right. Avoiding extradition arrests. And the third is around misconduct charges against patients.

So against providers, meaning attacking, for example, their licensure. And then the fourth is about medical malpractice. Trying to address essentially the different avenues that criminal, civil, administrative licensure attacks could be mounted. Hopefully, that helps, and Emily included the [inaudible 00:20:47] information so you could look up the actual language.

Katie:

I did circulate the slides to anyone who had registered by around 10:30 this morning. We'll also send around the slides to folks who attended today for anyone who registered in that last 90-minute window before I was able to get you the slides. But did want you to make sure you had these numbers for reference if you want to go back and review the protections later.

Great. Well, I think we can segue to our next area of discussion around some of the new funding around expanding abortion access. I'm going to turn it back over to Kirsten for that discussion.

Kirsten Siegenthaler:

Sure, happy to. And so, legislation is certainly important, and we want to protect providers. We also recognize that there is going to be an impact on service delivery. And so, the state has really sought to further invest and ensure that our network of providers for teen pregnancy, family planning, as well as newly established funding for abortion care, would be enacted. And so, separate from abortion care but related to family planning, there has been an increased investment in family planning.

So the state appropriates funding every budget year. The state maintained sort of its investment as well as a slight increase to that investment. In addition, the New York State Department of Health was able to reapply for federal Title X funding through the Office of Population Affairs. And so the combination of these funding sources allowed the Department of Health to increase the number of family planning programs from 34 to 37, increase our base operating funding, recognizing that some clinics that were not large in nature really required a greater base so that they could be able to recruit staff and keep their operations as part of the network.

And then, an overall increase to all programs, recognizing that there had not been an increase in many, many years, and the cost of operations has gone up. So we were able to really utilize these fund sources to expand the network and strengthen the network. In addition, we have been investing and are going to be actually reprocurring for a new round of education programs for teens. And we have three programs that really support adolescents and talks about healthy relationships, family planning, use of contraception, and decisions about engaging safely in sexual health and sexual behaviors.

And then the next big announcement, as many of you know, is that the governor released \$35 million overall to support abortion access. So this is the first time in New York State where we've been able to fund abortion access. All of you on the phone know very well that there are restrictions on the federal funding as well as the state funding related to family planning such that direct abortion access care is not allowed under that funding source. And so this really represents an investment in a new public health safety sort of infrastructure.

And so the first part of that \$35 million is under the purview of the New York State Department of Health. So 25 million invested to expand abortion provider capacity and ensure access for patients seeking care. And the first phase, which we'll be talking more about but many of you are familiar with, was directly provided to family planning program providers. And so we were able to distribute \$10 million to 13 family planning programs in over 60 clinics in the state, providing tens of thousands abortion based on the list data reported.

That contract went into place on or around August 15th. The second phase was a solicitation of interest released more broadly to providers to apply for a pool of \$15 million, essentially too similar to the phase one, all the same eligibility and the same, well, not eligibility, the same requirements, and same eligible expenses. And so in that \$15 million, we were able to release that solicitation of interest receive applications, and we, just last week, released the award letters. I think it was last week. Time goes so quickly.

So we released those award letters, and so that information is now publicly available. Within that second phase there were family planning program providers who were funded, who were not funded in phase one, so they were able to apply under phase two if they were not able to apply under phase one. And in addition, we have many more organizations that have... some of whom have never worked with the New York State Department of Health previously.

So we're very excited to announce that we have 13 contracts through phase one, and we've just announced 37 contracts through phase two. So a grand total of 50 new contractors who are receiving funding to really support expanding their capacity. Many are hiring staff or expanding the hour staff are working on abortion. They're using it for infrastructure such as equipment medication, or other supplies or for operations. So this represents the \$25 million that the governor has announced.

The final pool of money is for \$10 million for security grants, and this is being administered through the Division of Criminal Justice Services. So I can't really speak too much about it. We can certainly connect you to DCJS, but they are, I believe, using a request for application process to elicit applications to support security funding using the... to fully round out the \$35 million. So it's been really great to be able to work with many of you and be able to ensure that we have a dedicated state resource that will fund abortion access.

It currently is for a 12-month period, but we are optimistic and awaiting hearing more to see whether this will be annualized. So we don't know that right now, but our hope is that this will be turned into not a one-time emergency funding but an annualized state investment. So more to come on that when we're able to know what the final state budget is.

Katie:

Thanks, Kirsten. Very exciting investments in both the family planning program as well as for other providers across the state. We are going to hear from providers now about some of kind of the implications of this. But before we do that, I did just want to open it up for questions about investments that Kirsten just talked about.

So again, through the chat, or if you want to raise your hand and speak up, that's totally fine too. I do see we have one question about a security grants. Any idea of the timing of those looks in reference to an RFA that was withdrawn? So, Kirsten.

Kirsten Siegenthaler:

Yeah. Yeah. They did release it and withdrew it. I actually don't know the circumstances for why it was withdrawn. I would have to reach out to DCJS to understand their timing, but we can certainly do that

and try to get that information back out to the family planning program network and give you that information. I can't answer it today.

Katie:

Thanks, Kirsten. What other questions do those on the phone have about any of this funding?

Kirsten Siegenthaler:

Oh, someone just said DCJS re-released at the end of last week, so apologies.

Katie:

Thank you, Alexis.

Kirsten Siegenthaler:

I must have missed that. So we'll work on circulating that. Usually, there's a link to that funding application through their website. Thank you, Alexis.

Katie:

I'm checking the chat. Keep going with your questions about this. We're going to be talking about this for a while, so questions are welcome. I do also want to start kind of opening up to some of the implications of this funding from the perspective of you all on the phone. So we know this funding is new, especially if you were funded in phase two with just award letters coming out last week. So some of this discussion around implications we anticipate is going to be expected or anticipated impacts.

But just to start, wanted to get a sense of who in the room is receiving some of this additional funding to support expanded access to abortion services. A couple of ways you can do that. I'm going to suggest using the reactions feature, which you can. If you hover over the bottom of your screen, reactions will come up, give you the option to either click the green check box or the red X. Thank you, Rae Ann, for dropping that application in the chat.

Or if we're not seeing that also just dropping in the chat, yes or no. Yes, we're receiving. No, we're not, or not sure if you're not sure your agency is. I'm seeing a couple of yeses and one no so far. Curious to hear from the rest of you. "Not sure." Not sure is totally fine too. Expect there to be a range. Couple of no's, couple of not sures. Okay. Anyone else? I'm seeing a few checkmarks, a few checkmarks and a few no's, and a few not sures. That's great. We want to hear from all of you at the next couple of questions.

For those of you that are receiving funding. I see at least five of you on the phone, and I'm imagining there are others. [inaudible 00:32:29] six I see yes in the chat. Curious, we're curious. I imagine that your colleagues are curious too to know kind of what you're expecting and or have observed already if you've hit the ground running. And August 15th. It feels like it was yesterday to me, but it was, I guess, two months ago. If you are receiving those funds, what changes have you experienced or are you preparing for as it relates to your family planning services? I'm going to suggest we've thrown out a couple of ideas here, but certainly, we don't anticipate this is a full exhaustive list.

If curious, then you can just chat in a number or numbers if any of these resonate with you in the chat. So if you are experiencing or anticipating an increased demand for contraceptive services, for example, typing in a one. If we know there's been some increased staff expecting some hires, so maybe some increased staff capacity chat in a two. Or if some other observation or experience you are seeing drop in

a four. We'd love to know what that is. And also, it's totally fine if you're not sure yet. We again know that this is new. There's a lot of change happening in the world right now, so not sure is also totally fine.

I'm seeing a couple of ones and twos coming in, which is exciting. So some increased demand for contraceptive services as well as increased staff capacity. Love to see that. I would love to invite someone who did chat in a one or two, one and two, one or two, to say a little bit about that either is that something you're observing? Is it something you're anticipating? And just a little bit more about why those numbers resonated with you.

I'm not sure if Francis or Molly will jump in. Francis is saying, "Anticipating." Okay, so kind of starting to prepare for it. How about you, Molly? Is this something you're observing or anticipating? And welcome you to jump in on the phone too if you want to come off mute.

Molly:

Can you hear me?

Katie:

Yes.

Molly:

Okay.

Katie:

Hey, Molly.

Molly:

So we're using the funding to hire additional staff, which we have not yet hired because the corporation that we work for is paperwork, et cetera. But we're looking forward to hiring additional clinical staff on the nursing side to help with the sort of anticipated increase in volume for people coming for abortion care.

Personally, it feels like it's busier. For contraception, though, I don't have any concrete data to show about that, but it just feels like we're always really busy now, and everyone is coming and interested in birth control. I don't know that we've seen an increase in volume yet for abortion care. However, I think we're getting more referrals from within New York State.

So one of the things people had suggested was because we're bordered by states that are similarly open for abortion, but those states border other states. So Pennsylvania borders Ohio. So people are going from Ohio to Pennsylvania. So we might see more people coming from Western New York and coming from Pennsylvania into our area, and I think we've started to see some of that.

Katie:

Super interesting. Thank you, Molly, for sharing that. Others who are receiving funding, whether you've chatted in or not, would love to open the floor for observed or anticipated impacts.

Francis:

Hi, this is Francis. I work for the same corporation as Molly. So we also have those same challenges when it comes to hiring. But we do plan to hire a nurse practitioner as well as a, oh my gosh, the

navigator. We're anticipating, as demand goes up, that they would also be a demand for contraceptives. So we're preparing and getting ourselves ready. And also ordering a new equipment to accommodate the influx.

Katie:

Great. Thank you, Francis. I see Caitlin Doyle chatted in, "Not yet seeing a volume difference, but are experiencing increased self-reports of confusion and anxiety around what's legal even in New York State." That certainly is concerning and makes sense, Kirsten. Emily, not sure if you're [inaudible 00:37:49]-

Emily DeLorenzo:

Yeah. No, I saw that comment, Katie. And I was going to say that that's definitely something that was reflected back to us in our Abortion Access Work Group, and it's one of the first things we started working on out of that. Is just like a very straightforward training on what is legal in New York State. Because I think as much as we have our public information campaigns, there's so much information, and we just want to make sure that both providers and people in our state and also people coming to the state know what the protections are.

And so that work is already underway, and that's feedback that we've gotten from our provider groups. And Kirsten just added the link to the governor's website that has a lot of our public information so far on abortion access in New York State.

Katie:

Thank you.

Emily DeLorenzo:

Mm-hmm.

Katie:

Kirsten, I saw you come off mute there. Did you want to add something?

Kirsten Siegenthaler:

Yeah. We also, and I'll get it and added to the chat. In addition to that, the attorney general, the state's attorney general has established a phone line specifically about these legal questions and concerns. It's a 212 number, but it's not for New York City. It really is meant to help statewide. So I would just, if you want to mark these down, you can use these potentially as resources.

And it did seem like many of our contractors were really interested in hiring some kind of navigator or some sort of support because recognizing that the clinical care is one side of it, another substantive part of the work is receiving the phone calls, talking with the people and... Oh, there you go. Emily gave us the website.

But receiving the information, helping people, knowing how to connect them to services, and then maybe other supports that that may not be covered with this fund such as travel or childcare or some of the additional costs that may be associated working with foundations and other groups that are covering those costs.

So [inaudible 00:40:22] definitely hear you and recognize that challenge, and we'll definitely seek to hear from you if there are other specific challenges within that and then if you have ideas how we can help alleviate those stressors. And I do think another thing we're doing is I'll mention we're having quarterly calls with everyone who's funded specifically about abortion. So it's a subset of this group and it will soon add in the phase two awardees.

So we had a kickoff call, and so that will definitely be a space where we will talk with our programs that are funded, and I would hope within your calls within family planning, certainly to hear from all of you because you'll be on the proverbial sort of frontline of talking with patients, clients. So thank you for that feedback, and hoping those resources are helpful.

Katie:

Thanks, Kirsten. I'd love now to bring in folks who are not receiving the funding to hear a little from you and bringing you into the conversation. Those that have received funding, I encourage you to keep adding your thoughts in the chat. But if you aren't receiving funding, what are you anticipating in terms of what this means for your family's planning programs, priorities, and service delivery?

Again, we kind of put some ideas out there of things we're maybe anticipating. Organizations potentially becoming new referral partners or increasing your referral capacity, potential collaborations on community engagement activities. But again, don't expect that that's everything. I'm sure are other things that are on your mind. Would love to know what those are, and again, know that and you might not be sure right yet. This is still really new.

So if you're not receiving funding, do either of these resonate with you, or do you have other things that are on your mind of what you're anticipating or how you can engage or partner with agencies that are receiving funding? I know there were a few that said... I saw a few Xs, a few no's. Welcome, Sherry. Thank you for joining.

Those of you that are not receiving funding, are you seeing potential opportunities? If not, that's okay too. It's okay to not be sure yet where we go with from here. I will take a quiet as maybe we're not sure. Again, that's totally fine. Curious to know or see how this evolves for those either not receiving funding. What opportunities come up for you over the coming weeks and months?

Again, we know this funding is new, so a lot of this is up in the air. But if things come to mind, feel free to drop them in the chat. We want to kind of broaden this discussion even just slightly a little bit further now at this point. We've talked a little bit already about some impacts, some kind of immediately related to the expanded funding in the state. But we also anticipate there might be some impacts even beyond that discussion of funding.

So would love to just take one more opportunity, hear from you about what you're seeing or what you're anticipating at this point. Again, kind of stepping back slightly more broader scope of a question in terms of what impacts you're experiencing or anticipating as it relates to this ruling.

Again, kind of some of the things... here are some things that we're hearing from others about what they're either have started observing or are anticipating some increased demand for long-acting methods, increased demand for emergency contraception, telehealth services as kind of correlated with increased demand for services in general.

We are hearing potential observation or anticipation of getting referrals from out-of-state providers for family planning services. That is something from the Title X perspective that [inaudible 00:45:20] has said is allowable. So from that, the other states would be referring, or providers in other states would be referring for Title X services in New York State.

Again, we think that this might not be everything, though. So do any of these impacts resonate with you? I know we heard from Molly kind of anecdotally hearing some or seeing some increase in demand for contraception. Know that the data might not be there yet. That's totally fine. We're really kind of looking for your gut instincts about what you're seeing or what you're starting to prepare for.

Molly jumped in and said the decision prompted [inaudible 00:46:05]... prompted Molly to work on adding ella to their hospital's formulary is a very concrete impact of seeing couple of two's. So increased demand for EC. Yep. That's something we're hearing a lot of. Was curious to know if that was something we're starting to see in New York State as well.

Sherry in Buffalo saying, "There's definitely starting to see some additional calls related to EC as well as out-of-state referrals." Looks like we... Alyssa's saying, "Trained some additional providers in anticipation of increased demand for LARC is how I'm interpreting that."

Anyone that's chatted in so far, would love to, if you do want to weigh in on a little bit more of what's led you to chat in that number, whether it's anticipated or observed or kind of just a little bit more about how your organization's thinking about this. Would love to invite you to come off mute and join the conversation, Alyssa or Wendy or Sherry, those of you that chatted in.

Sherry:

Oh yes. Hi, Sherry.

Katie:

Hi, Sherry. Welcome.

Sherry:

Hi, thank you. Yes, usually I'm assisting or helping out if the MAs working on scheduling a patient. I'll pick up a call. And I have had some opportunities to partake in incoming calls from patients seeking information about emergency contraceptive. And then also asking because, like I said, college is back in session, so a lot of our students may not all be from the State of New York.

They come from various places in Canada since we're close to Canada. So that's not a state but another country. But those requests do, and I noticed them coming in. Not a lot, but enough just kind of testing the waters, getting some questions answered, and just seeing what's available if it's a need.

Katie:

Great. Thank you, Sherry, for sharing that. Alyssa or Wendy or Francis, anything to add?

Alyssa:

Hi, this is Alyssa at CHN. And yeah, we are expecting some increased demand for Nexplanon and other IUDs. And so I think in anticipation of that, we are trying to make sure that we can provide those at all our facilities, and its insertion and removal and management of that to meet client demand for those services.

Katie:

Thank you, Alyssa.

Francis:

It's Francis. Basically the same. We're preparing for increased demand. We're ordering more contraceptive, and we're just getting ready.

Katie:

Sounds like that's the theme of the day to me, or at least my takeaway kind of preparing for all of this. I think, Francis, you chatted in preparing for one through four, preparing for a little bit of everything. Kind of at this stage seems like we're anticipating still... We're anticipating this increased demand. Will be very interested to keep this conversation going with you all to know how that evolves over time, over the next few months, years, potentially.

In our last few minutes, feel free to keep dropping in your reactions or questions in the chat with our last 10 minutes here. I did just want to highlight a couple of things before we close out for the day. And this has been really great discussion, and thank you all for weighing in with how you are preparing and what you are seeing. I know you know this. I would be remiss if I didn't just remind folks of the Title X regulations, especially since they did change in 2019.

As you may recall, the 2019 regulations repealed this requirement. But as of 2021, this is a requirement for the program. We just want to make sure that's really clear for folks since we have gotten some questions about that. But staff working in Title X-funded settings like the family planning program are required to offer non-directive pregnancy options counseling, including the opportunity for counseling on prenatal care and delivery, infant care, foster care adoption, as well as pregnancy termination.

Staff must provide neutral, factual information and non-directive counseling on each of the options and referrals upon request, except with respect to any options that the client does not wish to receive information and counseling. So that non-directed counseling and referrals are required under the Title X program.

I want to highlight a couple of resources from the Reproductive Health National Training Center recently released based on feedback we were hearing from the field about, again, kind of similar discussions of what we're anticipating providers are going to need in response to this decision. One request we had was for information on emergency contraception.

As you know, we just heard from Sherry starting to get more calls and increased demand for EC. So in recent weeks, the RHNTC developed several resources to support EC provision with a variety of audiences in mind. So that includes both clients and providers. That includes a social media toolkit. That's what the image on the right is for. It's an adaptable image. You can add your agency's information, use those social media images to make sure accurate information about EC is getting out to clients.

Becky's going to chat out those emergency contraception resources. Thank you so much, Becky. In addition to the EC resources, the RHNTC also updated a few resources related to referrals. So that includes the toolkit mentioned here as well as a sample policy template for non-directive counseling and referrals. The RHNTC also working on a new set of counseling resources or counseling videos, demonstrating scenarios, counseling scenarios, between a provider and a patient.

We're still working on those. They're coming soon. But we do have existing videos that you can use in the interim that we're just updating. So Becky will chat out those resources, the link to the referral template in particular, and the videos for reference if you are interested in exploring those further.

As we just close out here, I'd love to know what's one thing that you will take back from the session to your agency today. Something that stood out to you. Either one, something you heard from a colleague, something you heard from our speakers, something you're thinking about. No wrong answer. Just one

thing you plan to take back, and it can be one or two words. Don't feel like you need to write along chat. But just curious what stood out to you from this conversation.

Great. Wendy says, "Social media info." Yeah, that emergency contraception social media toolkit is, it's really exciting. The RHNTCs also developed a couple of social media toolkits recently. One to promote family planning services more generally. Also, a brand new one on engaging male and non-binary clients into family planning services. So if you're looking for social media content, I encourage you to go to the RHNTCs website and just search social media. A few things will come up there. All free, adaptable. Go crazy with getting them out there. That's what they're meant for.

Nice. Looks like a couple of social media toolkit interests. Also, just wanted to acknowledge Caitlin's comment. Yeah, working on... Caitlin says they're working on in-reach to train other providers on contraceptive counseling and option counseling, including providers in their psych, general medicine, and pediatric ed disciplines. That's very exciting, Caitlin. Thank you for sharing that.

Feel free to drop any final questions in the chat as I move on to our last slide. I just want to say thank you all so much for joining today. Please join me in thanking Emily and Kirsten as well for representing the Department of Health and sharing some exciting things that the state's been working on. It's really nice to work in a state that is so supportive and doing so many exciting things. Becky just chatted out the evaluation link.

I would love, love if you could click on that and take two minutes before you leave today, tell us what you think. We do really read all the comments. We use that information to make these sessions better. So take two minutes, let us know what you thought in the evaluation. Caitlin says, "Thank you for support and transparency." I imagine that's directed for you, Kirsten, and Emily. So thank you very much.

I hope you all have a wonderful rest of your day. Thank you all for doing this great work, and we will look forward to continuing this discussion over the next few months and years as this policy landscape continues to evolve. Bye, everyone.