

**How has the *Dobbs v. Jackson Women's Health Organization* ruling impacted the delivery of Family Planning Program services in New York State?**

October 19, 2022

# Objectives

- Describe what is happening at the state level to increase family planning program provider capacity to meet clients' reproductive health needs
- Understand the implications of additional FPP provider funding for FPP providers
- Describe observed and anticipated impacts of the Dobbs ruling on family planning providers
- Review relevant Title X program requirements and supportive resources

**Introduce yourself in the chat.** Share your agency and role.



Department  
of Health

# **Supporting Reproductive Health Care in New York State: Division of Family Health Initiatives**

October 19, 2022

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# What about NYS?

- Abortion is Legal. US Supreme Court Ruling did not impact legal access to abortion
- NYS is investing:
  1. Public Education Campaign
  2. Expansion of Comprehensive Family Planning Program
  3. Strengthening Legal Protections
  4. Collaboration with Partners
  5. Education of Teens about Pregnancy
  6. Establishment of Program for Abortion Access

**SAFE  
LEGAL  
ACCESSIBLE  
ALWAYS**

**Abortion is still your choice**  
in New York State.

[ny.gov/abortion](https://ny.gov/abortion)



**Abortion Access Always: Governor Hochul  
Announces Robust, Multi-Platform Public  
Education Campaign for All Seeking  
Reproductive Healthcare**

REPRODUCTIVE HEALTH HEALTH MEDIA

<https://www.governor.ny.gov/news/abortion-access-always-governor-hochul-announces-robust-multi-platform-public-education>



# Reproductive Health Act of 2019

NYS Public Health Law ensures right to abortion care:

- [Laws of New York \(state.ny.us\)](https://state.ny.us) – go to Public Health and section 2599
- 2599-AA: Reproductive health care is a fundamental component of health, privacy and equality; state shall not discriminate against, deny, or interfere with the exercise of the rights
- 2599-BB: Right to abortion care for individuals within twenty-four weeks from the commencement of pregnancy, or there is an absence of fetal viability, or the abortion is necessary to protect the patient's life or health.
- Any pregnant person, regardless of age, may consent to an abortion without parental consent.

# Access to Abortion Coverage

- New York State requires Medicaid to cover abortion care.
- New York State requires all state-regulated private health insurance plans to include coverage for “medically necessary” abortions
  - Beginning January 1, 2023, every state-regulated private health insurance plan that offers maternity coverage must provide coverage for abortion without cost sharing (co-payment or deductible).

# Governor Signs Comprehensive Abortion Legislation

1. S.9039A/A.10094A: Amend civil rights law to establish a cause of action for unlawful interferences with protected rights. Purpose: protect the rights of individuals seeking abortion care or gender affirming care in NYS.
2. S.9077A/A.10372A: 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 this state.
3. S.9079B/A.9687B: Prohibits misconduct charges against healthcare practitioners for providing reproductive health services to patients who reside in states where such services are illegal.
4. S.9080B/A.9718B: Prohibits medical malpractice insurance companies from taking adverse action against a reproductive healthcare provider who provides legal care.
5. S.9384A/A.9818A: Adds reproductive health care services providers, employees, volunteers, patients, or immediate family members of reproductive health care services providers to the Address Confidentiality Program (a program established to provide victims of domestic violence, stalking, sexual offense, and human trafficking to shelf their address and use a substitute address. Mail is forwarded daily to the substitute address).
6. S.470/A.5499: Authorizes a study to examine unmet health and resource needs and impact of limited-service pregnancy centers (aka crisis pregnancy centers).



# Collaboration with Partners

- Since January 2022, in order to elicit guidance from providers, people seeking care, advocates, and other stakeholders, New York State convened an Abortion Access workgroup.
- The Abortion Access workgroup included representatives from abortion providers (doctors, PAs, nurses, midwives and doulas), attorneys with expertise in reproductive rights policy, researchers with expertise in reproductive health, partners at NYC DOHMH and within DOH.
- The primary goal of the workgroup 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 travelling from other states.
- The group broke up into 4 smaller groups to focus on recommendations pertaining to: provider capacity, legal protections, Patient Access and Awareness, Payment, Administrative, Operations and Regulatory Changes.
- DFH has just completed a report that provides an overview of the workgroup process, and outlines the 27 recommendations (many of these recommendations have multiple parts).
- DFH has begun to operationalize these recommendations by collaborating with AI to create an online training for providers and people who are seeking care regarding their rights and legal protections in NYS.
- Also preparing to include information on abortion access on the DOH website, and beginning to prepare for a study on the Crisis Pregnancy Centers.

# Discussion Questions

- What was surprising about these state-level protections/actions?
- What questions do you have about state-level protections/actions?

# Family Planning & Teen Pregnancy

- Comprehensive Family Planning Program Investment:
  - Increase number of programs from 34 to 37.
  - Increase base operating funding
  - Increase to all programs
- Public Health Programs to Educate Teens:
  - DFH has 3 programs to support adolescents

# Funding to Support Abortion Access

- \$25 million to expand abortion provider capacity and ensure access for patients seeking abortion care in New York State, administered by NYSDOH
  - Phase 1: \$10M to Family Planning Providers
  - Phase 2: \$15M through a Solicitation of Interest
- \$10 million for security grants to help ensure the safety of providers and patients
  - through Division of Criminal Justice Services (DCJS)

# Poll

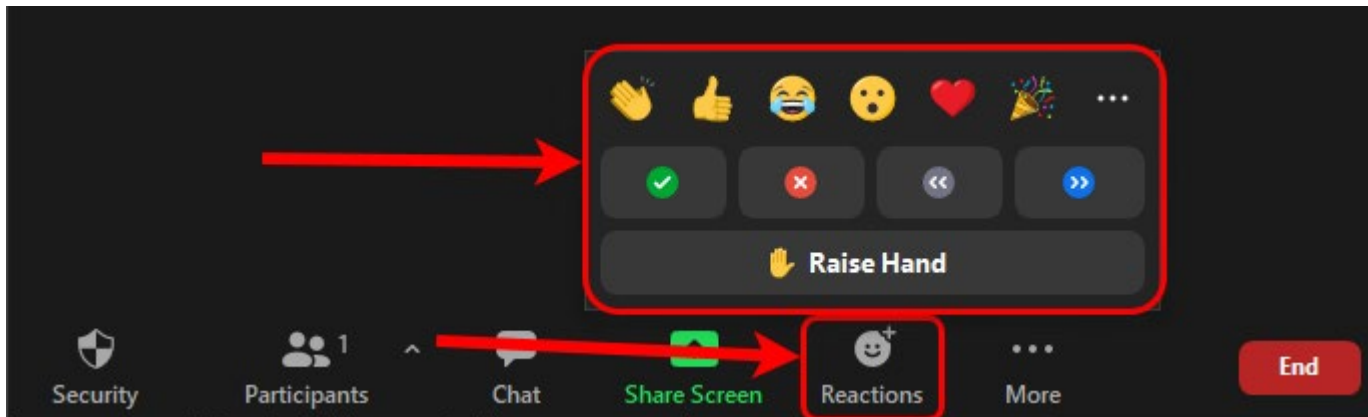
Is your agency receiving additional funding from NYSDOH to support expanded abortion access?



Yes



No



# Discussion Question

If you **are** receiving the additional funds, what changes are you experiencing and/or preparing for *as it relates to your family planning services*?

1. Increased demand for contraceptive services
2. Increased staff capacity for family planning services (e.g., new hires)
3. Reduced staff capacity for family planning services
4. Other?
5. Not sure yet

# Discussion Question

If you **are not** receiving the additional funds, what opportunities do you see (or can you anticipate) for your agency to engage/partner with agencies that are receiving additional funding to advance your family planning program priorities?

1. New referral partners/increased referral capacity
2. Collaboration on community engagement efforts
3. Other?
4. Not sure yet

# Observed and anticipated impacts of the Dobbs ruling on family planning providers: *Provider experiences*



# Discussion Question

What impacts have you experienced and/or are you anticipating that the ruling in *Dobbs v. Jackson Women's Health Organization* has had/will have on your family planning services?

1. Increased demand for long-acting methods
2. Increased demand for emergency contraception
3. Increased demand for telehealth services
4. Referrals from out-of-state providers for family planning services
5. Other?
6. Not sure yet

# Title X regulations

## Staff must provide non-directive pregnancy options counseling


Title X providers are required to:

- Offer pregnant clients the opportunity to be provided information and counseling regarding *each of these options*:
  - (A) Prenatal care and delivery;
  - (B) Infant care, foster care, or adoption; and
  - (C) Pregnancy termination.
- *Provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not want information and counseling.*

# A Few Relevant Resources

## Emergency Contraception

- EC Facts for Family Planning Staff
- EC Fast Facts Job Aid
- EC Methods Table
- EC Social Media Toolkit



**Have questions  
about emergency  
contraception (EC)?**

**We have answers!**

**Contact Us.**

# A Few Relevant Resources

## Referrals

- Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers
- Nondirective Counseling and Referral Sample Policy Template
- Exploring All Options: Pregnancy Counseling Without Bias Video Series – new videos coming soon!

[SAMPLE TEMPLATE]

[INSERT AGENCY NAME AND LOGO]

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Nondirective Counseling and Referral

Title X projects must not provide abortion as a method of family planning (42 CFR 59.5 (a)(5)). Title X projects must offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options (42 CFR 59.5 (a)(5)(i))

- Prenatal care and delivery;
- Infant care, foster care, or adoption; and
- Pregnancy termination.

If requested to provide such information and counseling, Title X projects must provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling (42 CFR 59.5 (a)(5)(ii)).

Policy Title	Nondirective Counseling and Referral
Effective Date	
Revision Dates	
Review Due Date	
References	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pgs. 4–20) <a href="https://www.cdc.gov/reproductivehealth/contraception/qfp.htm">https://www.cdc.gov/reproductivehealth/contraception/qfp.htm</a>  Code of Federal Regulations 42 CFR 59.5 (a)(5)(i-ii) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>
Approved by Signature	
Approved Date	

**Purpose:** The purpose of this policy is to describe *(insert Agency Name)* process for ensuring grantee and subrecipient compliance with the requirements that the project: 1) will not provide abortion as a method of family planning and 2) will offer pregnant clients the opportunity to be provided information and counseling regarding: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. This policy also describes the process by which, if requested to provide such information and counseling, *(insert Agency Name)* will provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request.

**Note:** The RHNTC can provide direct grantee technical assistance (TA) related to developing nondirective counseling and referral policies and resources as a result of recent or anticipated changes to state laws. To request TA, [contact the RHNTC](#).

**Policy:** *[Agency may want to include the following]*

Updated August 2022

# Final Reflection

What is one thing you'll take from this session back to your agency?

Any final questions?

Contact us at [nysfptraining@jsi.com](mailto:nysfptraining@jsi.com)

# Thank you