

TUESDAY, MARCH 28, 2023

1:35 P.M.

ACTING SPEAKER AUBRY: The House will come to order.

In the absence of clergy, as we pause for a moment of silence, let's keep in our minds and thoughts Evelyn, Hallie, William, Cynthia, Katherine and Mike, victims of the Nashville shooting, and their families and all those who grieve for them.

(Whereupon, a moment of silence was observed.)

Visitors are invited to join the members in the Pledge of Allegiance.

(Whereupon, Acting Speaker Aubry led visitors and members in the Pledge of Allegiance.)

Visitors are invited -- excuse me -- a quorum being present, the Clerk will read the Journal of Monday, March 27th.

MRS. PEOPLES-STOKES: Mr. Speaker, I move to dispense with the further reading of the Journal of Monday, March the 27th and ask that the same stand approved.

ACTING SPEAKER AUBRY: Without objection, so ordered.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, sir.

Colleagues and guests that are in the Chambers, I would like to begin our work today with a quote. This one is from Amanda Gorman. She's an American poet and activist. Her work focuses on issues of oppression, race and marginalization of people. Ms. Gorman was the first person to be -- young person to be named National Youth Poet Laureate. Her words for us today, Mr. Speaker and colleagues, is There is always light. If only we're brave enough to see it. If only we're brave enough to be it. Again, those words from Amanda Gorman.

Mr. Speaker and colleagues have on their desk a main Calendar, and after you have done any housekeeping and/or introductions we'll be calling for committees to meet on Ways and Means and Rules. These committees are going to produce an A-Calendar which we are going to take up today. We will start our work on the floor today by taking up resolutions on page 3. We will then pick up on consent where we left off on yesterday beginning with Calendar No. 92, it's on page 13. Colleagues, today will also begin the process of passing the State's budget beginning with the Debt

Service Bill which will be on the A-Calendar. So I'm going to ask for members' patience and cooperation as we have a busy and very important week ahead of us. Members should also be aware that after we take up the A-Calendar, we will take up the following bills from the main Calendar on debate: Rules Report No. 110 on page 4 by Ms. Paulin, Rules Report No. 112 on page 4 by Mr. Zebrowski and Rules Report No. 113 on page 5 by Mrs. -- Ms. Hunter. There may be a need for further floor activity as the day proceeds, Mr. Speaker. When that time arises I will make everyone aware of it. The Majority should also be aware that there will be a need for a conference at the conclusion of our floor work. And as always we'll consult with our colleagues on the other side of the aisle to determine what their needs might be. Mr. Speaker, that's the general outline. If you have any introductions or housekeeping now will be a perfect time.

ACTING SPEAKER AUBRY: No housekeeping, Mrs. Peoples-Stokes, but we do have introductions starting with yourself.

MRS. PEOPLES-STOKES: Thank you, sir. Thank you very much. It gives me a lot of honor and pleasure to introduce Dr. Ilyasah Shabazz, an award-winning author, educator and producer. She has authored five historical novels, has served as the project advisor for PBS award-winning film *Prince Among Slaves* documentary and is currently producing a television series based on her latest two publications, *X: A Novel* and *The Awakening of Malcolm X* with Sony Pictures Television TriStar. She is the

chairperson of the Malcolm X and Betty Shabazz Memorial and Educational Center, the Shabazz Center. In her work to preserve the legacy of her parents, she has dedicated herself to the institute -- institution building and intergenerational leadership development with teams of diversity, equity and inclusion. Dr. Shabazz has furthered her community impact with the City University of New York, Office of Academic Affairs where she created curriculum to encourage higher education in underserved inner-cities high school dropouts. She worked with the Office of the Mayor of Mt. Vernon as the Director of Public Relations and Special Events. She founded and produced a young adult development program to provide historical context to Social Justice. Encouraging personal empowerment and community service is a way of life. As President and Founder Dr. Shabazz Enterprises, she produces a variety of forms dedicated to power, possibilities and sovereignty. Dr. Shabazz holds a Master's Degree in Science, in Education and Human Resource Development from Fordham University, a Bachelor of Science in Biology from SUNY New Paltz and currently she is an adjunct professor at John Jay College of Criminal Justice in New York City where she teaches perspective on justice in the African World. Grounded in her commitments to her parents, Dr. Shabazz emphasis empowerment and inclusion in her teaching and her scholarship. Please Mr. Speaker, on behalf of all of us would you welcome Dr. Shabazz to our Chambers and offer her the cordialities of the House.

ACTING SPEAKER AUBRY: Certainly. Dr.

Shabazz, on behalf of Mrs. Peoples-Stokes, the Speaker and all the members, we welcome you here to the New York State Assembly. We extend to you the privileges of the floor. Our congratulations on extraordinary work that you are doing and doing now and have done in the past. Know that you are always welcome here. Know that we will always admire you. Thank you so very much.

(Applause)

Mr. Meeks.

MR. MEEKS: Thank you, Mr. Speaker. I rise on behalf of myself, Members Bronson, Byrnes, Clark, Hawley, Jensen and Lunsford to recognize our labor brother Dan DiClemente for his many years of service to the Rochester City School District and the Rochester community. As the President of BENTE Local 2419, Dan continues to exemplify his unwavering commitment to fighting for better pay, safer jobs, safer work conditions and standing up for the members in a wide range of industries and sectors. Dan is an active member of the Rochester Area Labor Council Executive Board as well as the President of AFSCME Council 66 since 2017. And he is a current international vice-president of AFSCME. Mr. Speaker, I ask that you welcome Mr. Dan DiClemente and extend all the cordialities of the floor. Thank you.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Meeks, Mr. Brown, Mrs. Byrne, Mr. [sic] Clark, Mr. Hawley, Mr. Jensen, Ms. Lunsford, we welcome you here, sir, to the New York State Assembly and your crowd. On behalf of the Speaker and all the

members, we thank you again for being with us working to improve their community and continuing the great work that you've done in the past. Know that you are always welcome here. Thank you, sir.

(Applause)

Mr. Ramos for the purposes of a introduction.

MR. RAMOS: Mr. Speaker, I rise for an introduction. In dedication to Women's History Month, today I have a group of women who've come from Long Island, please stand -- who have come from Long Island. These women here are leaders in all different areas in our community. We have people here who have broken barriers. We have the first African-American woman to be County Executive -- Deputy County Executive. We have the first Latina Deputy Mayor here amongst the crowd. Too many of them for me to mention but each and every person here has advocated, has broken barriers, have created new laws and have developed milestones on Long Island. For that reason we brought them up to celebrate the women in my community, the contribution that they've made, the communities that have been far too long had disparities in them and these are the champions who have really fought to help with those disparities and bring a better community. So Mr. Speaker, I ask that you extend to them all the privileges of the House and please give them a warm welcome.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Ramos, the Speaker and all the members, we welcome this group of extraordinary women here to the New York State Assembly.

We recognize that you also have met some of the fellows in your crowd. We appreciate the diversity that you provided. I'm sure sometimes that diversity wasn't provided to you. So we're happy to have you. We extend the privileges of the floor. Continue the great work and know that you are very well-represented here in the New York State Assembly, the People's House. Thank you so very much.

(Applause)

Mrs. Peoples-Stokes for the purposes of a
announcement.

MRS. PEOPLES-STOKES: Mr. Speaker, would you please call the Ways and Means Committee to the Speaker's Conference Room?

ACTING SPEAKER AUBRY: Certainly. Ways Committee -- Ways and Means Committee, Speaker's Conference Room immediately, thank you.

ACTING SPEAKER EACHUS: Resolutions page 3, the Clerk will read.

THE CLERK: Assembly No. 238, Ms. Lupardo. Legislative Resolution memorializing Governor Kathy Hochul to proclaim March 2023, as Brain Injury Awareness Month in the State of New York.

ACTING SPEAKER EACHUS: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly No. 239, Ms. Walsh.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 9-15, 2023, as Public Safety Telecommunicators Week in the State of New York.

ACTING SPEAKER EACHUS: Mr. DeStefano on the resolution.

MR. DESTEFANO: We're back to that again, huh? It's DeStefano. Thank you, Mr. Speaker, for the opportunity to allow me to speak on this very personal resolution. And I want to thank the sponsor Mary Beth Walsh for always remembering those that work every day keeping our communities safe by always being ready to answer the call of duty. As some of you may know, the second week of April is National Public Safety Telecommunications week. During this week we pay tribute to the men and women who we call when we need help, whether it's reporting a house fire, alerting the police to a crime being committed or an individual who is having a medical emergency it's the people on the other side of the phone who work to make sure that the fire trucks, police cars and ambulances get to go to where they need to be. The history of National Public Safety Telecommunications Week dates back to 1981 at the Contra Costa Sheriff's Office. The Sheriff, Richard Rainey, decided to treat his administration staff to lunch for all of their hard work they did throughout the year. Before going to lunch the administrative staff forwarded all of their calls to dispatch and left. Dispatch was flooded with calls relating to admin problems and calls for help. When the administration staff came back, Mrs. Patricia Anderson who was a

dispatcher went to the sheriff and gave him a piece of her mind. The sheriff apologized later that day and the sheriff and undersheriff went to the dispatchers with a cake and said Happy Dispatchers Week. The sheriff and undersheriff would go to there every April to thank the dispatchers for the hard work they did every day for the people in their district. In 1991, President Clinton signed into law recognizing National Public Safety Telecommunications Week every second week of April. I served, as many of you know, in the Suffolk County Sheriff's Office for 27 years. And while I received many calls asking for help, the tremendous amount of calls at times were overwhelming. I answered calls for many car accidents that were very serious in nature, kidnappings, CPR in progress, childbirths, suicides and homicides. In 2021 Governor Hochul signed into law a bill that I had drafted to recognize an act defining the term first responders in communication. What that does is offer many valuable tools to our telecommunication workers with more opportunities to be recognized for the important work that they perform in each and every one of our communities.

So, Mr. Speaker, in conclusion I ask my colleagues to join me in recognizing the hardworking dedication of our telecommunicators as we celebrate National Public Safety Telecommunications Week. Thank you.

ACTING SPEAKER EACHUS: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly No. 240, Ms. Barrett.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 2023, as Lyme Disease Awareness Month in the State of New York.

ACTING SPEAKER EACHUS: Ms. Barrett on the resolution.

MS. BARRETT: Thank you, Mr. Speaker. On the resolution. When I first took office 11 years ago, Lyme and Tickborne Disease Awareness Month was actually held in May and lyme disease was generally considered a problem limited to the Hudson Valley, Lyme, Connecticut and maybe a few other places. Right now pretty much every month is Lyme and Tickborne Month because ticks are active whenever the temperature is above 45 degrees, some would say freezing. Climate change has expanded the geographic range of these ticks as well with lyme disease reported in every state in our country. Further, there are more than a dozen tick-borne illnesses in the United States and one tick may carry more -- many more diseases resulting in coinfection from just one single tick bite. According to the CDC there are 476,000 new cases of lyme disease in the U.S. every year. A number that's actually thought to be low because many people have no recollection of a tick bite, there are people who get false-negatives and -- and many suffer chronic lyme disease for a long time after experiencing symptoms well after. Lyme is actually known as the great imitator. Its coinfections and other tick-borne diseases generally are harder to diagnose because the symptoms often mimic everything

from flu-like symptoms to mental health to Alzheimer's. Lyme and tick-borne diseases have not gotten the investment they deserve at the national or state level which is why it's important every year that we remember and have this awareness resolution. Last year the National Institutes of Health funding -- funding for lyme was about \$63 per patient and you contrast that with West Nile disease or malaria which respectively received 13,600 per patient for West Nile and 118,00 and change for malaria. And I think many more of us know people who are suffering and struggling with lyme and tick-borne disease. Here in our State we have two cutting-edge centers working on this lyme and tick-borne disease research and diagnosis. One is at Upstate Medical Center in Syracuse which has an incredible clinic brought here from Texas and the other is Columbia University in New York City, and most of these are funded with private dollars. So, we must do more here in New York State to increase awareness and investment in the research and in the treatment of lyme and tick-borne diseases. So here's a startling figure to bring this crisis home. Two hundred children get lyme disease every single day. That's four school buses of children in a single day. So I ask you all, colleagues, to please join me and as our office says "# GetTickedOff" and support this resolution. Thank you very much. Thank you, Mr. Speaker.

ACTING SPEAKER EACHUS: Thank you, Ms. Barrett and I'm sorry about the noise. A very important resolution, though.

On the resolution, all those in favor signify by saying

aye; opposed, no. The resolution is adopted.

Page 12, Calendar No. 92, the Clerk will read.

THE CLERK: Assembly No. A04927, Calendar No. 92, Paulin. An act to amend the Public Health Law, in relation to the duty to inform maternity patients about the risks associated with cesarean section for patients undergoing a primary cesarean section and to inform maternity patients about the reason for performing primary cesarean section delivery.

ACTING SPEAKER EACHUS: Read the last section.

THE CLERK: This act shall take effect on the 180th day.

ACTING SPEAKER EACHUS: The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Manktelow to explain his vote.

MR. MANKTELOW: Thank you, Mr. Speaker. As I looked over this bill and I did a little bit of research, I was really glad to hear and -- and see that ACOG, the American College of Obstetricians and Gynecologists, of women healthcare physicians came out with an abstract of this. And what I liked about it was in 2011 one of three women gave birth in the United States that did so through cesarean delivery. That birth can be lifesaving to the fetus, to the mother and both in certain cases. I just want to make note of that because as I read through that, it was really great to see these

physicians come out and talk about life, and it was so great to see that they consider the fetus life. So I just wanted that to be said here on the floor. I'm really thankful for what they did and what they stood for and what they came out with. So thank you for allowing me to speak.

ACTING SPEAKER EACHUS: Mr. Manktelow in the affirmative.

Mr. Goodell to explain your vote.

MR. GOODELL: Thank you, Mr. Speaker. I'm also supporting this legislation because I think it's important that health care patients in New York State have full knowledge and full consent. And as you can tell there's a whole bunch of people behind me that apparently agree, at least I think they're agreeing, it's hard to tell, they're just screaming. I think we should take this concept, though, and apply it in other situations. So I think we should be very clear that if you buy a GORE-TEX coat, your health risk is so small we haven't yet figured it out, although we are banning GORE-TEX eventually. And I think we should say that if you're taking the abortion medication -- drugs that terminate abortion, that risk of side effects is actually quite high. And there's a recent study that was put out that was cosponsored by the Planned Parenthood of Central New York -- Central U.S. that point out that out of 2,400 abortions by the abortion medication, 125 required medical follow-up, eight required transfusions. And the likelihood of extraordinarily serious consequences is somewhere between one half of one percent. So I'd like the idea of notifying people of risk, but let's notify people of all the risks, not just some so

that people can make a thoughtful, informed choice that maximize their health and the health of their unborn child. Thank you, sir.

ACTING SPEAKER EACHUS: Thank you, Mr. Goodell. Mr. Goodell in the affirmative.

Mr. Lavine.

MR. LAVINE: I will be voting in favor of this. Both my children were born with cesarean surgeries. And it's only right that mothers-to-be be informed of dangers. But a fact. The risk of pregnancy is infinitely greater than any risks associated with abortion. And to me to take a bill like this and to manipulate it to torture the language to justify anti-abortion is an exercise in cynicism but we all know that. But I will be voting in favor of this bill.

ACTING SPEAKER EACHUS: Mr. Lavine in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. If you would please call the Rules Committee to the Speaker's Conference Room.

ACTING SPEAKER EACHUS: Rules Committee to the Speaker's Conference Room.

Page 13, Calendar No. 93, the Clerk will read.

THE CLERK: Assembly No. A05073, Calendar No.

93, Hunter, Steck, Wallace, Buttenschon, Hawley. An act to amend the Real Property Tax Law, in relation to prohibiting mortgagees from requiring mortgagors of certain real property to purchase flood insurance exceeding certain limits.

ACTING SPEAKER EACHUS: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER EACHUS: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes and Mr. Anderson.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker, for the opportunity to interrupt our proceedings to introduce guests of our colleague Khaleel Anderson. These are some really important guests, Mr. Speaker, because they are the leaders of Tenant Councils of NYCHA in Queens. We have Miguel Hernandez from Ocean Bay houses [sic], we have Edith Spinelli of Carleton Manor Homes, we have Doris McLaughlin of Carleton Manor Homes as well, Kimberly Comes from Redfern Houses and Margareth Massiac of Ocean Side [sic] Apartments. Mr. Speaker, if you would please welcome our guests to the Chambers and offer them the cordialities of the floor.

ACTING SPEAKER EACHUS: On behalf of Mrs. Peoples-Stokes and Mr. Anderson, I'd like to -- and the Speaker and all the members here of the Assembly, I'd like to welcome you to the People's House at this point and extend the privileges of the floor and hope that you enjoy the proceedings that you have seen. I want to thank you very much for everything that you have done and please thank you again and may your work continue to grow.

(Applause)

Page 13, Calendar No. 94, the Clerk will read.

THE CLERK: Assembly No. A05375, Calendar No. 94, Paulin, L. Rosenthal, Colton, Sayegh. An act to amend the Public Health Law, in relation to hospital establishment.

ACTING SPEAKER EACHUS: The bill is laid aside.

THE CLERK: Assembly No. A05396, Calendar No. 95, Gunther, Weprin, Burdick, Colton. An act to amend the Correction Law, in relation to providing information regarding Medicare Part B coverage to certain individuals.

ACTING SPEAKER EACHUS: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER EACHUS: The Clerk will record the vote.

(The Clerk recorded the vote.)

ACTING SPEAKER AUBRY: Are there any other

votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

THE CLERK: Assembly No. A05516, Calendar No. 96, Hunter, Weprin, Burdick. An act to amend the Banking Law, in relation to criteria for the establishment of banking development districts.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker, for the opportunity to again interrupt our proceedings for the purposes of an introduction. You all may recall the experiences that we have had in the great City of Buffalo during year 2022, particularly the massacre of our people, but I can tell you that there's no way we've gotten through all of this without the three gentlemen and many others like them in the City of Buffalo. They are Pastors Mark Blue who is the President -- also the President of the NAACP and the Second Baptist Church in Lackawanna. We have Pastor Kinzer Pointer who

is the Pastor of Agape Fellowship Baptist Church in the great City of Buffalo and Pastor Dennis Lee who is the Pastor of Hopewell Baptist in the great City of Buffalo. And I can't reinstate enough, Mr.

Speaker, the value of having really strong clergy in your community when you go through the challenges that we've been through in the great City of Buffalo. So if you would welcome these gentlemen to our Chambers and offer them the cordialities of the House, I would greatly appreciate it.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mrs. Peoples-Stokes, the Speaker and all the members, we welcome you here to the New York State Assembly. Combined clergy, we're certainly pleased that you could join us. Appreciate the spiritual strength that you provided Buffalo in these trying times. Continue to do that work. Know that you are always welcome here. Thank you so very much to everyone.

(Applause)

THE CLERK: Assembly No. A05604, Calender No. 97, Magnarelli, Fahy. An act to amend the Vehicle and Traffic Law, in relation to the display of green lights on the vehicles of members of mobile crisis teams.

ACTING SPEAKER AUBRY: The bill is laid aside.

THE CLERK: Assembly No. A05609, Calendar No. 98, Rozic, Jacobson. An act to amend the Workers' Compensation Law, in relation to providing language access services.

ACTING SPEAKER AUBRY: The bill is laid aside.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. Members now have on their desk an A-Calendar and I now move to advance that Calendar.

ACTING SPEAKER AUBRY: On Mrs.

Peoples-Stokes' motion the A-Calendar is advanced.

Mrs. Peoples-Stokes.

Page 3, Rules Report No. 114, the Clerk will read.

THE CLERK: Assembly No. A03002, Rules Report No. 114, Budget Bill. An act making appropriations for the legal requirements of the State debt service and lease purchase payments and other special contractual obligations.

ACTING SPEAKER AUBRY: An explanation is requested, Ms. Weinstein.

MS. WEINSTEIN: Yes, thank you, Mr. Speaker.

Today the State is Assembly is considering passing its first budget bill for fiscal year '23-'24. The Debt Service bill appropriates 15.6 billion for this coming fiscal year. The Debt Service bill makes appropriations for the payments of principal and interest and related expenses on fixed and variable rate bonds for the State's general obligation bonds, personal income tax revenue bonds, sales tax revenue bonds, lease purchase payments and other special contractual obligations to Public Authorities. The Debt Service will also include an appropriation. This Debt Service includes an appropriation of 500 million from the Debt Reduction Reserve Fund that would provide the

State with the flexibility to pay off high-cost debt and pay hard dollar for capital projects that would otherwise be financed through issuing bonds. And Mr. Speaker, I ask our colleagues to support this bill so we can maintain favorable credit ratings with the rating agencies for bonds that we have already issued. And with that I'm happy to respond to other questions.

ACTING SPEAKER AUBRY: Thank you, Ms. Weinstein.

Mr. Ra.

MR. RA: Thank you, Mr. Speaker. Would the Chair yield for questions?

MS. WEINSTEIN: Yes.

ACTING SPEAKER AUBRY: Sponsor yields.

MR. RA: Thank you. So it's good to be starting this process. I think we've called it the beginning of the beginning in the -- in the past. And we're doing it in the light of day and a bill that actually has aged for three days which I hope is maybe a good sign for things to come. But I just want to start with -- and I think I know what the answer is, but obviously when we look at the Executive Budget or we look at the one-House's we have a complete picture of what's going on. This being our first budget bill, do we have any sense of where things are, what the overall spending numbers are going to end up being in this budget?

MS. WEINSTEIN: At this time negotiations are still continuing so we do not have a final number.

MR. RA: Okay. Do we have any idea regarding whether there will be tax increases like there was included in the one-House budget?

MS. WEINSTEIN: As I said, the discussions are continuing and that issue has not been resolved.

MR. RA: Okay. One piece of debt it's different than the State debt in this bill but that was addressed in -- in the one-House budget was the unemployment insurance debt. Is there anything going on with regard to that and your proposal that would have bonded some money to pay down that debt?

MS. WEINSTEIN: No. That's still subject to ongoing discussion.

MR. RA: Okay. And are we still operating at this point on the Governor's projections for the total debt being \$66.7 billion for this fiscal year, this coming fiscal year?

MS. WEINSTEIN: Yes.

MR. RA: Okay. So in terms of this bill itself, how much does this Debt Service bill appropriate?

MS. WEINSTEIN: The -- debt service appropriation is 15.6 billion. Anticipating your next question, the debt service spending is 3.5 billion which is a decrease of 5 billion from this current fiscal year.

MR. RA: Okay. And so 3.5 billion. So, is that what we believe will be in the financial plan in the enacted financial plan?

MS. WEINSTEIN: It is unclear since negotiations

are continuing.

MR. RA: Okay. Now, as you know the Governor has proposed a fourth round of short-term liquidity financing totaling 5 billion and the Debt Service bill before us today has appropriation authority to cover the cost if this short-term option is used. Do we anticipate actually having that in the enacted budget?

MS. WEINSTEIN: It -- right now it is in -- it's an Article VII proposal so that is still part of discussions.

MR. RA: Okay. Thank you.

MS. WEINSTEIN: I -- I would just say that we -- we -- we -- we haven't used it recently, even though we had authorized it so it's unclear where we will end up. But as I said we're still having negotiations.

MR. RA: Okay. Are there any plans that you're aware of to issue short-term, more short-term debt?

MS. WEINSTEIN: I'm not aware of any plans.

MR. RA: Okay. In terms of our debt cap, how much room is under the debt service cap for 2024 fiscal year?

MS. WEINSTEIN: So for 2024 there is 14,415,000,000.

MR. RA: Now as -- as you know, what we have room under the cap, the Comptroller's projected that the debt service is going to consume an increasing share of State operating funds spending over the next five years growing from 5.4 percent to 5.9 percent. And with cash debt service payments projecting to increase

over 42 percent within the same time frame, this is going to leave fewer cash resources available for other spending. So how's the State planning for increased dependency on future debt issuances and increasing debt service payments?

MS. WEINSTEIN: We -- as we discussed during our debate on the one-House, we believe that there is enough income revenue to the State to account for any -- any -- this debt service and any additional debt service that may come out of the negotiations on the final budget.

MR. RA: Okay. And assuming we're still facing this on the 30-day financial plan, in what year does the debt outstanding cap reach its lowest capacity and how much is that?

MS. WEINSTEIN: In fiscal year '28 it's predicted that the debt cap will be \$171 million.

MR. RA: And one of the other things that came up in the Comptroller's report was I think about \$20 billion that was excluded from the debt outstanding cap during the pandemic. So, if that had been counted, we -- am I correct that we would be above the debt cap at this point?

MS. WEINSTEIN: Yes, or right about it, yes.

MR. RA: Just in terms of our general debt. You know, New York State relies primarily on personal income tax receipts and sales tax receipts to back our bonds. Do you believe that with our population declining and the impact of inflation and interest rate increases that we are too reliant on those two revenue back bond

structures?

MS. WEINSTEIN: No, I do not.

MR. RA: And in terms of the current, you know, Federal actions that have been ongoing, you know, the Federal Reserve having now increased rates nine times to combat inflation, do we know how that has impacted our cost of issuing debt as a State?

MS. WEINSTEIN: Well, it -- it has definitely had some increase in our cost of the interest rate that we are having on -- on debt. And when we talked about the debt service spending and I mentioned the decrease of the 5 billion, some of that has to do with our prepayment of -- of debt and that gives us a bit of a cushion.

MR. RA: Okay. But you don't know of any, you know, analysis of having been done in terms of how much these increases in -- in the rates are going to impact our debt service costs over the next couple of years?

MS. WEINSTEIN: No, we do not have that information.

MR. RA: Okay. We were looking at the State's credit ratings and there seemed to be a discrepancy between what's listed on the Division of Budget website that says our general obligation bond rate is AA1 but there was a memo from, you know, the Assembly Ways and Means department saying that it was AA2. Do you know what the State's credit ratings currently are?

MS. WEINSTEIN: So I'll go through a couple of the rating agencies. Standard & Poor's is AA+, Fitch is AA+, Moody's is

AA2 for -- and that has to do with the -- the personal and for the PIT bonds. In terms of the sales tax bonds Standard & Poor's also is a AA+. Fitch is AA+. Moody's is AA2. And it's similar for the general obligation bond, so all three are similar. I had the same rating, obviously there's a slight discrepancy between Standard & Poor's, Fitch and Moody's.

MR. RA: Okay. And the Comptroller also stated that debt outstanding will grow by 42 percent or 88 billion in fiscal year 2027 which equates to 7.3 percent annual growth. If you compare that to the previous 20 years, debt outstanding increased by only 2.5 percent annually. Moody's ranks New York as having the second- largest debt burden in the nation behind California and in a review done by Standard & Poor's, New York's moderately high and growing debt levels is one factor from preventing it from achieving a higher credit rating. So do you anticipate anything in this budget that is going to help deal with this problem going forward?

MS. WEINSTEIN: As -- as I said, we feel that we have the revenues to support the debt and in terms of the budget going forward we still are having negotiations so I couldn't really speak to how our final debt picture will -- will look.

MR. RA: Thank you. In terms of the State's overall debt, we have what's accounted for as State debt and then we have what we're all familiar with, you know, that people describe as backdoor borrowing through a lot of the -- the authorities. But State debt that's issued on behalf of the State constitutionally is -- is

supposed to be taxpayer approved. So do you know how much of our current debt is -- was actually approved by the voters of New York State?

MS. WEINSTEIN: I believe \$2.6 billion.

MR. RA: \$2.6 billion, thank you. That's all I have right now.

MS. WEINSTEIN: That's -- that's the out -- outstanding debt --

MR. RA: The outstanding debt.

MS. WEINSTEIN: -- that's been approved.

MR. RA: That's taxpayer-approved. So that leaves how much debt is it?

MS. WEINSTEIN: 224 billion, plus I believe 48 billion of the MTA.

MR. RA: Okay. Thank you.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, Mr. Ra.

MR. RA: Thank you. So, you know, as I said this is -- this is an important part of the process. It's obviously important that the State, you know, made its obligations and -- and that's why I think this is always the first bill we're taking up to kind of send a message at least that we're meeting our obligations even as we're waiting for a final budget to be done. But as I mentioned, number one, we're taking up a budget bill not knowing what the complete picture is going to be and some of the issues with regard to debt are impacted by that. If we

have -- if we see personal income tax increases in this enacted budget, that affects our debt cap. If we see spending that many of us have thought to be pushing to really high and unsustainable levels in the last few years, that could have a, impact going forward on -- on our State. And I -- I want to point out again, you know, we have the second highest debt in the country behind California. And you know, we've started to compare ourselves to California a lot because our budget numbers overall are increasing theirs despite them having nearly double the population. So I don't think that's -- whether it's in the overall budget spending or in our debt that somebody we want to be competing for that dubious distinction with. A couple of things that I think this State really needs to be thinking about with regard to our debt. You know, during the pandemic there was a lot of uncertainty, we didn't know that the Federal government was going to come in with the money that they ended up coming in with, and the previous Governor decided to have debt that year completely exempted from our debt cap. We did that two years in a row and as I said, it's almost \$20 billion that doesn't count as the debt cap. We would be over our debt cap at this point if not for those actions having taken place. Now it's great that we have room under the debt cap but that doesn't change the fact that that is debt that our State will have to repay at some point. So one thing that I -- that I think we should be thinking about is making the debt cap a constitutional provision rather than a statutory provision that subjects it to, you know, the whims of the Legislature to say *hey, we're not going to count this -- this debt*

this year. As I said, the State-supported debt is projected to increase from 6 -- 61.9 billion to 88 billion in '26-'27, which is an increase of 26 billion or 42 percent. And as I mentioned previously, annual growth is 7.3 percent compared to the previous 20 years which was only a 2.5 percent annual increase. And approximately 97 percent of State-supported debt outstanding is from Public Authorities through personal income tax and sales tax revenue bonds issued by the State. By that '26-'27 year, debt service is projected to take up 5.9 percent of State operating funds spending which will cut into crucial spending needed to support our State and all of the programs that we have been adopting and trying to support the last few years. I -- I think this is obviously a issue that maybe is a little dry, one that not everybody thinks about on a day-to-day basis but really thinking about how we issue debt in the State and how we deal with our debt going forward is -- is important.

One of the other things that I want to reiterate, not only do we have this debt that we have exempted from the cap but we also have the situation that I talked about earlier, the backdoor borrowing. We have a constitutional provision that requires the voters to approve debt, yet only a miniscule amount of our outstanding debt is actually taxpayer-approved. I'm talking about things like, you know, last year great. We went out to the voters. We had the Environmental Bond Act. The voters approved of that debt. That's how it's supposed to work so that the taxpayers can have a say in the debt that this State is taking on. So I -- I hope that as we go forward

there is a conversation about looking at the reforms that we had done back in the early 2000s regarding debt and making sure that we're taking action going forward to properly reflect the needs of this State. You know, we -- we are -- we're taking on debt for really important things; infrastructure, whether it's water, whether it's our roads, important things that we need for this State to move forward, but we do have to keep an eye on the fact that our debt is one of the biggest burdens on this State and compared to other states we are not doing so well in that regard. So thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Mr. Ra. Mr. Smullen.

MR. SMULLEN: Thank you, Mr. Speaker. Would the sponsor yield for a few questions, please?

MS. WEINSTEIN: Yes.

ACTING SPEAKER AUBRY: Ms. Weinstein yields, sir.

MR. SMULLEN: Thank you very much, Chair. Just so I make sure, you know this is the first of our many budget bills and I just want to make sure we frame the discussion going forward here regarding debt service. This is the bill that's going to allow New York to properly pay its obligations that have been agreed to, and if we didn't pass this bill we would essentially not meet those obligations. Is that a fair estimate?

MS. WEINSTEIN: Yes.

MR. SMULLEN: I -- I appreciate that. Looking at

where we were last year to where we are today, I have it down somewhere in the -- in the neighborhood of New York having about \$58 billion of debt. Is that the current figure?

MS. WEINSTEIN: Outstanding debt.

MR. SMULLEN: Right. And then going this year we'll have somewhere in the -- in the nature of 67 -- almost \$67 billion of debt.

MS. WEINSTEIN: 66.7 billion, correct.

MR. SMULLEN: Thank you. That's an \$8.2 billion increase from last year or 14.1 percent. Where does the lion's share of that increase that obligation? Where is that obligated towards? Is it the Environmental Bond Act or is it some other program?

MS. WEINSTEIN: It's -- it's not one particular item. Some of the capital appropriations are Transportation, Transit is the largest one at 8.59 billion and Health and Mental Health at 3.68, Education and Higher Education 2.2 billion and so on for Economic Development, General Government, Public Protection, Parks and Environment, Social Welfare, Housing and an assortment of other capital appropriations that add up to 2.3 billion.

MR. SMULLEN: So -- so if I heard you correctly, most of it's transportation for the MTA and the rest is across the programs throughout the budget?

MS. WEINSTEIN: I would say transportation and education make up the bulk of it.

MR. SMULLEN: Very good. Thank -- thank you

very much for that. I'm just trying to get a sense. And as my -- as my colleague (inaudible) to you, we're not talking about the \$8 billion that we borrowed from the Federal government for our unemployment insurance requirements that we met during the pandemic, those remain outstanding but they are not in this bill.

MS. WEINSTEIN: Yes, correct.

MR. SMULLEN: Okay. So when we're -- when we're talking about aggregate debt load, that \$8 billion, which I think is going to be paid back by an increased unemployment insurance tax, I'm sure we'll talk about that later in the budget, we didn't -- we didn't take any of our federal COVID money and pay off that debt to the Federal government like 33 other states did.

MS. WEINSTEIN: No.

MR. SMULLEN: And so we're going to have our businesses pay that back spread across the three years?

MS. WEINSTEIN: That is subject of the unemployment insurance fund and its deficit is the subject of ongoing negotiations.

MR. SMULLEN: Right. And I noticed -- I noticed from the Comptroller he had estimated we lost about \$11 billion in -- in lost claims, the Labor Commissioner says it's about 4 billion. So somewhere between 4 and 11 billion of lost claims, 8 billion that we're out -- outstanding, 6 billion in which our -- our businesses are going to pay back going forward, not included in the debt service for New York State.

MS. WEINSTEIN: Not included in this proposal, yes.

MR. SMULLEN: Thank you -- thank you very much for that. And just to -- just to clarify and quantify. The \$329 billion of State-supported debt through the Public Authorities, that's about 97 percent of State-supported debt overall at this point.

MS. WEINSTEIN: I -- I don't have my calculator handy but I'll accept your percentage.

MR. SMULLEN: Thereabouts sort of thing. A billion here, a billion there all has to be paid back by the taxpayers of New York.

Mr. Speaker, could I go on the bill?

ACTING SPEAKER AUBRY: You most certainly go on the bill, sir.

MR. SMULLEN: Thank you very much, Chair. I -- I appreciate your comments. The reason I -- I talk about this today is because I think this New York State debt is just the tip of the iceberg for New York State taxpayers. And I think it's really important to talk about as we start this budget discussion of which we're going to have 200-and-some billion dollars worth of spending that we're going -- that we're going to vote on in the coming days. The reason I say that is is right now the current Federal debt is \$31.46 trillion. You would say well, we're talking about New York debt in this Assembly and that's true, and we're talking about New York's budget during this budget week, but it's in context of massive Federal spending that's out

there. The data so far says that it's \$93,950 per person for the -- for the Federal debt that's outstanding. For the 19.8 million New Yorkers, that equates to about \$1.86 trillion as New Yorkers' taxpayer share of that debt. So we have Federal debt, we have State debt, we have Public Authorities debt and then we have spending that we're going to talk about in the -- in the coming weeks or so. And like I said, I think that's just the tip of the iceberg. This -- this bill is the tip of the iceberg from a process standpoint, that fiscal responsibility requires restraint and that includes in how we service our debt. Many other states, 30 or so by my count, have actually taken some of their Federal COVID funds and paid off parts of the debt that they owe going forward, because now they won't have to borrow money at higher interest rates going forward, because it's -- it's been the over-borrowing at the Federal level which has caused the inflation which is now hitting all 19 million of all of our taxpayers. And I think that's an insidious way to punish some of the citizens who are least able to bear those costs by taking on more debt, layering it on other forms of debt over which we, as a Body, do have control and we should take action. So for those reasons, from a process standpoint, I think this is a big foul. And I think all of my colleagues on both sides of the aisle ought to seriously consider a hard look about how we service our debt in New York State and make a stand, make a statement and vote no on this bill that we have before us today. Thank you very much, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Mr.

Smullen.

Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. Would the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Weinstein, will you yield?

MS. WEINSTEIN: Yes.

ACTING SPEAKER AUBRY: Ms. Weinstein yields, sir.

MR. GOODELL: Thank you, Ms. Weinstein. I just want to make sure I was clear on a couple of numbers. So as I understand it, there's about 66.7 billion in outstanding State debt?

MS. WEINSTEIN: Correct.

MR. GOODELL: And is all that 67 -- 66.7 billion, was that debt all incurred by or on behalf of the State of New York?

MS. WEINSTEIN: Well, 2.7 billion of that is voter-approved debt.

MR. GOODELL: And so the other 64 billion was not incurred by or on behalf of the State?

MS. WEINSTEIN: It was not approved by voters. It was approved contractually through the budget process.

MR. GOODELL: And that budget process, was that then that was incurred through the budget process incurred by or on behalf of the State?

MS. WEINSTEIN: The debt -- not the debt itself.

The payment of the servicing of the debt is incurred by the State of New York.

MR. GOODELL: I see. So we have 64 billion of debt that was not incurred by or on behalf of the State but the State is obligated to pay the debt on it?

MS. WEINSTEIN: It is through contractual agreements that the State is obligated to pay the debt on the face of the bonds. It -- it clearly states that there -- that the State is not liable and does not guarantee the -- the bond.

MR. GOODELL: So if we're not liable for 64 billion in debt, why are we asking the taxpayers to ante up all of these funds to pay the debt service?

MS. WEINSTEIN: Because we have voted for these expenditures, this authorization for the Public Authorities in the capital budget.

MR. GOODELL: Okay. So we're asking the taxpayers to spend what? I think this had \$3.5 billion in debt service for debt they did not approve that the State is not legally obligated to pay; is that correct?

MS. WEINSTEIN: Correct.

MR. GOODELL: And of course the 3.5 billion, that's almost \$1 billion more than the entire amount of outstanding voter-approved debt, right?

MS. WEINSTEIN: It -- it --

MR. GOODELL: I think you said there was \$2.6

billion --

MS. WEINSTEIN: It was 2.6.

MR. GOODELL: -- of voter-approved debt and 3.5 billion in debt payments. So we could pay off all the voter-approved debt completely and still have almost 1 billion left, right?

MS. WEINSTEIN: If you do the math you come -- come to that conclusion.

MR. GOODELL: Now I saw the one-House budget included an additional 2 billion of recommended borrowing to pay part of the unemployment debt that my colleague was talking about.

MS. WEINSTEIN: Correct.

MR. GOODELL: Does this -- are we envisioning then that this 66.7 billion includes that 2 billion?

MS. WEINSTEIN: It does not -- it does not at this time. That is still subject -- subject to negotiation.

MR. GOODELL: And so if the one-House budget proposal is accepted, are we anticipating then increasing our debt from 66.7 billion to 68 billion?

MS. WEINSTEIN: Right. No.

MR. GOODELL: An additional 2 billion?

MS. WEINSTEIN: Not -- not at this time.

MR. GOODELL: So what's happening to the 2 billion that was --

MS. WEINSTEIN: That debt -- that debt -- that bond, the way we proposed it in our one-House would be repaid by

the businesses that benefit from having that, the unemployment fund restored to liquidity.

MR. GOODELL: I see. So even though we talked about borrowing 2 billion to make a payment to the Feds, that 2 billion would be added to the remaining 6 billion so that businesses would still owe 8 billion?

MS. WEINSTEIN: That was what was in our one-House -- the subject -- the subject of the unemployment insurance deficit is part of the ongoing budget negotiations.

MR. GOODELL: Okay. I was always a little confused by that because it looked like we were borrowing on one credit card, if you will, to pay -- make a payment on the other credit card without changing our overall debt and that's still in essence your understanding.

MS. WEINSTEIN: Yes. If you want to put in those kind of terms, yes.

MR. GOODELL: Thank you very much for clarifying those numbers.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, Mr. Goodell.

MR. GOODELL: My colleague, I very much appreciate her insights and information as I certainly appreciate Mr. Ra and his staff as well for doing a phenomenal job on a complex area. And the reason why I kept saying is -- is this debt incurred by or

on behalf of the State of New York is because our Constitution provides that quote, "No debt shall be incurred' -- I'm sorry -- "no debt shall hereafter be contracted by or on behalf of the State unless that debt has been approved by the voters." Contracted by or on behalf of the State." And we just heard that of the 66.7 billion only 2.7 billion has been approved by the voters. And as a result, the other 64 billion legally has not been incurred or contracted for by or on behalf of the State, but we're asking all those voters who never have voted to approve that debt to pay for it. Now the State Constitution has this language because that language was added way back in the 1800s, 1894, it was a little bit before my time, but it was added to the State budget because our forefathers and others were painfully aware of what happens when a current legislature borrows money, spends money, takes the political credit and sends the bill to the future generations to pay. That language is in there very clearly and very explicitly to prevent the very thing we are asked to approve today. And the numbers are stark, right? We have 2.6 billion that's been approved by the voters. Then we're asking the voters to pay 3.5 billion, \$1 billion more for other debt. We could pay off all the voter-approved debt and have almost \$1 billion. So I understand that there's this legal loophole that we keep trying to use where we authorize so-called backdoor borrowing, which as my colleague mentioned now totals 272 billion. Now think about that, 2.6 -- 2.6 approved by the voters, 272 billion outstanding. Our debt between the State and the agencies that this Legislature over time has approved is 100 times

higher than what the voters have approved. A hundred times higher. This is not the way the Constitution was intended to be applied, it's not good fiscal management and we, as a Legislature, should finally get the strength, the political strength to say we're going to fund projects as we go, we're going to ask the voters for approval if we need to borrow and we're not going to authorize rampant borrowing through the back door without voter approval as we move forward. Thank you, Mr. Speaker, and again, thank you to my colleagues.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: A Party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed. Now certainly those who support it can vote in favor here on the floor of the Assembly. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. The Majority Conference is going to be in favor of this piece of legislation. However, there may be some that choose to be an exception. If they're in the Chamber you'll have to press your buttons. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Slater to explain his vote.

MR. SLATER: Thank you, Mr. Speaker. I will be supporting this particular budget bill because I think it's important that we as a State pay our obligation to protect our -- our credit rating but I think as it was articulated earlier by my colleagues, I think we have to pause and recognize the staggering numbers that we're facing when it comes to debt as a State. Obviously the State Comptroller ranks New York State as the second-most indebted only behind California and when looking at the projections they are quite staggering. And so I hope moving forward we're able to recognize the -- the potential position we're putting future generations in when it comes to spending. I hope we also recognize obviously the impact that inflation is having, and so when we're going through the rest of this budget process being more prudent with what we saddle future generations of New Yorkers with should be a priority for this Body. Thank you, Mr. Speaker, for the opportunity to explain my vote.

ACTING SPEAKER AUBRY: Mr. Slater in the affirmative. Thank you.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 3, Rules Report No. 115, Clerk will read.

THE CLERK: Assembly No. A05057-B, Rules Report No. 115, Bores, Walker, Dinowitz, Chandler-Waterman,

Eichenstein, Gibbs, González-Rojas, Hevesi, Lavine, Lee, Paulin, Pheffer Amato, Raga, D. Rosenthal, Rozic, Seawright, Septimo, Simone, Zaccaro, Ra, Braunstein, Kelles, Bichotte Hermelyn, Weprin, Stern, Levenberg, Glick, Sillitti. An act to amend the Election Law, in relation to the dates to file a designating petition; and providing for the repeal of such provisions upon expiration thereof.

ACTING SPEAKER AUBRY: An explanation is requested, Mr. Bores.

MR. BORES: Thank you, Mr. Speaker. This bill shifts the final day for filing petitions when you're running for office from April 6th of this year, which is the first day of Passover to April 10th. It expires at the end of the year and it only makes a change to petitioning this year.

ACTING SPEAKER AUBRY: Mr. Norris.

MR. NORRIS: Thank you, Mr. Speaker. Will the sponsor yield?

ACTING SPEAKER AUBRY: Mr. Bores, will you yield, sir?

MR. BORES: I'll yield.

ACTING SPEAKER AUBRY: Mr. Bores yields.

MR. NORRIS: I just want to ask a couple clarifying questions about the legislation. First, the deadline for the actual signatures being on the petition will remain Thursday, April 6th; is that correct?

MR. BORES: That's correct.

MR. NORRIS: And the filing period will only be extended to Monday, April 10th; is that correct?

MR. BORES: Correct.

MR. NORRIS: Very good. I just have one follow-up question. I just want to verify for the legislative record in case the courts look at this one day. As you know sometimes there are a lot of filings and court challenges. Just want to verify that the following certificates will also be extended by the operation of law which would include acceptance or declinations, authorizations, Wilson Pakulus (phonetic) which is also known as Wilson Pakula substitutions, and also the date for -- the final date for instituting judicial proceedings under Article 16. All of them will be extended appropriately by the operation of law; is that correct?

MR. BORES: Correct. In statute they are all tied to the day of filing petitions. Because this moves that date, they all move as well.

MR. NORRIS: They just all move by the operation of law.

MR. BORES: Correct.

MR. NORRIS: Thank you very much. I appreciate you answering my questions.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. NORRIS: Mr. Speaker, I am pleased to support this legislation, particularly due to the Passover period and I think it is

appropriate and I urge all my colleagues to please vote for it. Thank you very much, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Bores to explain his vote.

MR. BORES: Thank you, Mr. Speaker. By a quirk of the -- of the calendar this year, Jewish candidates would have one less day to file petitions. But more to the point, Jewish staff or volunteers or consultants might be forced to work on a day when they should be celebrating a seder with their family. And so this bill, which I'm proud has bipartisan support, simply moves the date for filing petitions that have already been collected to weekdays to Monday April 10th so that everyone can celebrate a holiday with their family with the perhaps lone exception of legislators still sorting out the budget. I appreciate the bipartisan support and I look forward to passing this bill. Thank you.

ACTING SPEAKER AUBRY: Mr. Bores in the affirmative. Don't jinx us, Mr. Bores.

(Laughter)

ACTING SPEAKER HUNTER: Are there any other votes? Announce the results.

(The Clerk announced the results.)

ACTING SPEAKER HUNTER: The bill is passed.

Page 4, Rules Report No. 110, the Clerk will read.

THE CLERK: Assembly No. A01060-A, Rules Report No. 110, Paulin, Thiele, Cook, Rivera, Seawright, Dinowitz, Bichotte Hermelyn, Barrett, Kelles, Hevesi, González-Rojas, Sillitti, Dickens, Reyes, Mamdani, Rozic, Epstein, Jackson, Steck, L. Rosenthal, Carroll, Burdick, Simon, Burgos, Lunsford, Gallagher, Lavine, Clark, Glick, Otis, McDonald, Raga, McMahon, Wallace. An act to amend the Education Law and the Public Health Law, in relation to the dispensing of self-administered hormonal contraceptives.

ACTING SPEAKER HUNTER: An explanation has been requested, Ms. Paulin.

MS. PAULIN: Yes, of course. The bill would allow a licensed pharmacist to dispense a non-patient specific order of self-administered hormonal contraceptives when prescribed by a physician, nurse practitioner or the Commissioner of Health.

ACTING SPEAKER HUNTER: Ms. Walsh.

MS. WALSH: Thank you, Madam Speaker. Will the sponsor yield for some questions?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. PAULIN: Absolutely.

ACTING SPEAKER HUNTER: The sponsor yields.

MS. WALSH: Great, thank you very much. So this

bill was taken up last year like at 3:00 in the morning right at the very, very end of Session. We didn't really have a full debate so this will be our opportunity to really do that for the first time and really kind of walk through the bill and see what -- see what it does, see what it does. There is a Senate companion now, correct?

MS. PAULIN: Yes.

MS. WALSH: There is a -- okay, yep. That's what I thought. I wasn't quite sure when I was going through but it looks like there is. So this bill allows licensed pharmacists to dispense self-administered hormonal contraceptives like the pill, for example, like the pill --

MS. PAULIN: Right.

MS. WALSH: The vaginal ring or the patch; is that correct?

MS. PAULIN: That's correct.

MS. WALSH: Are those the only three types of self-administered contraception that's covered by the bill?

MS. PAULIN: I'm afraid I'm too old to know.

MS. WALSH: Well, I have a daughter so let me tell you what I know.

(Laughter)

For example, there's -- there's an implant that you can get in your arm that this bill doesn't speak to that.

MS. PAULIN: No. Right.

MS. WALSH: There's a - there's a shot, a

Depo-Provera shot. And obviously an IUD is not something that a pharmacist is going to be fitting --

MS. PAULIN: Right.

MS. WALSH: -- thankfully. Okay. So now, it mentions in the bill, it talks about a non-patient specific order. What is that? What does that mean?

MS. PAULIN: Sure. So someone who has the -- the ability to prescribe under New York State law would write a script or write a -- you know, an individual script would be if I was the physician I would write one for you. A general non-patient specific one is I write it and give it to the pharmacist and say anybody of this age or this -- this gender or what have you that comes through your door I'm writing a script on their behalf. So it's a general non-patient specific script.

MS. WALSH: Okay. So, again, just for the benefit of our colleagues, so that means that the -- the woman, the woman does not have to actually see a nurse practitioner or doctor and can physically get a script or have one sent over to the pharmacy. This will allow a woman or girl to go into the pharmacy and get an oral contraception patch or vaginal ring directly from that pharmacist; is that correct?

MS. PAULIN: That's correct.

MS. WALSH: Okay. So in an example that I was thinking of is it's kind of like the COVID boosters, for example. You know, we didn't have to actually get a script from our doctor, we could

go right in to CVS or Walgreens or any of those places and fill out a questionnaire, you know, all that stuff and receive counseling, but then we were able to get it directly at the pharmacy.

MS. PAULIN: That's exactly the same.

MS. WALSH: Okay, very good. So -- so is there any age requirement discussed in the bill itself?

MS. PAULIN: No. That would be up to the prescriber who is writing the script.

MS. WALSH: Okay, all right. Is there any legislative intent about a floor or is it just any sexually active woman or girl can come in and get the oral contraception?

MS. PAULIN: Again, it would be up to the prescriber to write the script about what -- they could write a script that said only 21 and over. They could write a script that says any sexually active at the -- at the admission of the person coming in. They -- they -- it would be up to them just like they would be writing a script, me the physician to you.

MS. WALSH: I saw in the bill that there are -- the Department of Health is going to get involved in putting forward a questionnaire and some fact sheets and things like that. Is there an intention that the Department of Health Commissioner will get involved in providing any kind of guidance to the physician or the nurse practitioner that will be writing this non-patient specific order?

MS. PAULIN: If they already have the authority in the law to write the order, then I would imagine that the

Commissioner would not be involved. There is a requirement in the bill for the pharmacist to go through an education process in order to administer (inaudible).

MS. WALSH: I guess what I don't understand is -- so who are these doctors and nurse practitioners? Is it -- does CVS or Walgreens contract out with a doctor to do that to write that non-patient specific order or where -- you know, who are they? Who are they exactly?

MS. PAULIN: So we've done similar things. We, you know, under the law for non-patient specific and often it does fall back on the Health Commissioner which is why that's in the current bill to cover those pharmacists who may want to dispense. And yet, they don't know how or they don't have -- they weren't able to secure a -- a prescriber. So there is that backup of the Health Commissioner who may write a general script. And if that's not being done, their -- most pharmacists have active relationships with so many prescribers that I -- I can't imagine that it would be that difficult.

MS. WALSH: Okay. But the prescriber again does not need to have a -- a physician/patient relationship with that -- oops, sorry -- woman or girl that's walking in to get the over-the-counter birth control.

MS. PAULIN: That's correct.

MS. WALSH: Okay. So interesting to me that the bill kept referring to the patient, but whose patient is she? You know, when I go to my CVS and -- and get things in there I'm a customer.

I'm getting -- I'm getting items at -- at the pharmacy and I don't consider myself to have -- are we creating a -- a pharmacist/patient relationship? Is that the -- is that the patient?

MS. PAULIN: I think we were saying a non-patient specific script because a script is usually -- I mean it still is a patient to the prescriber. You know, that's the relationship. You know, the prescribers actually saying you who are coming in are my patient. And I though don't need to see you as you say, but I want to allow you to you get this medication.

MS. WALSH: So it's like this anonymous nurse practitioner or physician that's doing this, though, but doesn't know the number of women or the histories of these women or anything about these women, it's just a blanket. It's almost like it's covering the -- the pharmacists within the -- the pharmacy that are doing the dispensing it seems to me, because there's nothing in the bill that requires at any time that the girl or woman go back to or get a script later from a physician or ever see a physician on this issue, right? She could -- she could just keep coming back over-the-counter and just continuing to get a supply of whatever birth control she's getting and a doctor never has to see her; isn't that right?

MS. PAULIN: So that -- that's correct. And that was at the strong advocacy of ACOG, which are the physicians that we're talking about here. You know, the American College of Obstetricians and -- and Gynecologists. And they believe strongly that the risk of pregnancy is so much far greater than the risk of any birth control

method that we're allowing that they believe that this will save lives. So that's why we -- at their strong advocacy, we organized it this way.

MS. WALSH: Okay, very good. Now there's a notification process. Could you just -- that the bill requires as far as the girl or woman and if she has a physician or nurse practitioner or family practice or whatever, there's a notification requirement. Could you just run through that as far as what the bill requires in terms of notification?

MS. PAULIN: So I have to remember.

MS. WALSH: Okay.

MS. PAULIN: Can you just point me the sentences, you know.

MS. WALSH: I'm sorry?

MS. PAULIN: I see. A pharmacist shall notify the patient's primary health care practitioner unless the patient opts out of such notification. So -- so I think that on its face is, you know, what we landed on. Again, that was at the strong advocacy of the -- of the doctors involved or the doctors that were advocating for this. They actually believe it should be over-the-counter. This is one step from that. And their -- again, their belief comes down to the fact that these -- these methods of birth control are -- have minimus risk and therefore we should be allowing for that relationship. So the -- the thought was that, you know, if -- if somebody comes in and it's convenient, it's easier for that person to have the pharmacist notified, but if someone doesn't want that notification to take place. Like, for

example, in a situation of domestic violence --

MS. WALSH: Mm-hmm.

MS. PAULIN: -- or a situation where you are intimidated by your parents or your -- your boyfriend. You -- you wouldn't have to be sending that notice because there would be a concern that that information would be revealed.

MS. WALSH: Yep. Okay. I want to go back a minute to the idea of these scripts that are going to be issued. Are they -- can they vary by region then, because you're going to have different doctors and NPs, nurse practitioners around the state, we live in a big state. Could they vary by region?

MS. PAULIN: They could, and that's why we have as the backup the Health Commissioner, because this way they could have a uniformity that was done at that level. You know, if we see either areas that don't have the ability for women to have this access or we see that inconsistency, the Health Commissioner could write a script to give that uniformity.

MS. WALSH: Okay, all right. And how would we find that out? There's going to be data collected about --

MS. PAULIN: I imagine that this will be something that providers and the -- the community that's of most interest, which are the women, are going to be divulging this information so if that -- there's an inconsistency, I bet you everyone here will know that.

MS. WALSH: Okay, okay. So one region then around the State could have a script or scripts that are completely

silent as to age.

MS. PAULIN: They could.

MS. WALSH: They could, okay. Very good. So -- so you talked a little bit about the opting out process and I -- I can appreciate that in that circumstance. We -- that -- we haven't had -- we didn't have that, for example, for like the COVID vaccine. There was notification back to your physician. There was no -- there was no opt-out process about that, but I appreciate your explanation as to why that might be. So it says in the bill that the pharmacists can refuse to dispense if in his or her professional judgment believes adverse -- potential adverse effects due to interactions with other therapeutic complications could endanger the health of the patient. My question is how -- how ever would the pharmacist know that? I mean like for example, like a clotting disorder or if the patient has a history of fibroids. I mean you're -- you're not -- the pharmacist is not going to have a -- a portal to get that patient's full record, right? This is based solely on self-reporting of the woman when she walks in. She's going to say what her health history is and there's no verification that's -- that's being required of the pharmacist, right?

MS. PAULIN: So I would suggest that, you know, pharmacists unlike any other health professional has more background in training on drugs and how they -- how they react to one another. And often frankly are the information portal for, you know, for prescribers. Prescribers often rely on pharmacists to give them the very information that these women would have access to on a very

immediate level. So I don't -- I don't -- I think that they're actually in the best hands when a pharmacist is dispensing this drug because the pharmacist is so knowledgeable about how drugs react to one another.

MS. WALSH: Sure. As far as drug reactions, fine, but there's no requirement here that the girl or the woman go to her regular pharmacy. She can go to any pharmacy, right? I mean she can go --

MS. PAULIN: Yes.

MS. WALSH: She can be visiting in another part of the State and go into a pharmacy and be able to get -- where the pharmacist that doesn't even know her name, doesn't know her at all, doesn't know her history or have any record in the -- in the -- in their own database of other medications that she might be taking or any contraindications. The pharmacist really I -- I believe is -- is kind of operating kind of blind here - and I have every respect for pharmacists and their ability to ask really important questions and pertinent questions, but it's -- it's only as good as the information that the pharmacist is going to be getting from -- from the woman that wants the birth control.

MS. PAULIN: So I'm -- I'm -- I'm hearing your point. I think though, however, the pharmacist because they are going to be required to take a course in this before they are allowed to be part of this program would get that education about those specific things that they should be looking for. The -- the physicians that are -- helped advanced this idea didn't think there were any or that there

were any, if any, kinds of situations. So -- so -- so I would imagine, though, if there are any, the pharmacist would learn about them and then be able to ask those direct questions, just like if the young woman or other more senior women went to a Planned Parenthood or another provider that was also unfamiliar with their health background. So I don't know that there's really a difference here as long as we educate the pharmacists about what those questions should be and -- and these women are then going to self-report as they would to another more anonymous situation like a Planned Parenthood provider, which is no one's questioning their ability to give these out.

MS. WALSH: Okay. I think my first time has elapsed. I think I'm going to go ahead and take the second, please. Thank you.

So you said earlier something interesting, you said that this -- that a lot of the doctors felt that this should just be simply over-the-counter, but that this is like one step away from that. Isn't it really? Are we really? This is essentially over-the-counter, right, because there's no -- what's the difference between -- it seems like if there is a step it's an extremely small step away from over-the-counter.

MS. PAULIN: Out-patient specific scripts would be behind the counter so that's the only difference. But the access would be hopefully the same unless someone was intimidated by actually requesting it at the desk of the pharmacist.

MS. WALSH: All right, very good. Thank you so much to the sponsor.

Madam Speaker on the bill.

ACTING SPEAKER HUNTER: On the bill.

MS. WALSH: Thank you. So, first of all, you know, let me say that I agree with the -- the overall goal of trying to reduce the number of unwanted pregnancies, right? I mean I agree with that because I think that the fewer unwanted pregnancies we have, the fewer abortions we're going to be requiring or needing in the State and -- and -- and I'm opposed to abortion. I think -- I worry about this bill for a couple of reasons, and I think that hopefully my questioning kind of told you what they were but let me go over them again. I think that I'm okay with the pharmacist giving me a flu shot, I am. I'm okay with a pharmacist giving me a COVID booster, but when we get into something like contraception, there -- there are a lot of variables that need to be considered. I completely appreciate what the sponsor is saying about -- and I talked -- I spoke with my sister who's a nurse practitioner, right, and there is a body of thought in the medical world that says if a -- if a young girl is sexually active and is -- and is presenting herself with a desire to -- to prevent an unwanted pregnancy, you get that girl some contraception, I totally understand that. But when we're talking about a risk versus a benefit, I think that there are other ways that this bill could have been crafted which would've probably yielded a few more yes votes over on my side of the aisle and I'd just like to kind of put these out there for some thought. I think that when a young woman becomes sexually active, I think that's a real touch-point in her -- in her -- kind of her health

journey. I think that that is, generally speaking, I know it was true in -- in my family and with my children, that's -- that's the time that you schedule that first appointment to go see a -- a family practitioner whether it's a nurse practitioner, whether it's a doctor and get that initial workup, you know, get that initial workup, have a discussion about STDs, have a discussion about what safe sex looks like, take a full history of that girl, do -- do an exam, if appropriate. I think that I would be more supportive of a bill that was -- would have the young person go to a -- a health practitioner first, and then if they needed refills at -- you know, or refills had expired, give the permission to get that extra six months or three months until they could go back to their doctor. Okay. I get that. You don't want to -- you don't want to disrupt birth control as it's being taken. I think that -- I think a woman of childbearing years should be seen at least once a year by a doctor and I think what -- what troubles me about this bill and I am -- I am honestly astounded that the medical society has taken no position on it and that the OBGYNs are in favor of it. I mean I guess they're seeing the risk benefit differently than I do certainly, but there are a lot of gaps and holes in the way that this bill has been created. You know, forthcoming rules and regulations provide little assurances about whether the bill's intent will be carried out safely and ethically and in a medically-appropriate manner. And I'm very troubled by the fact that we could have discrepancies across the State of an age requirement. And there's no parental consent, oh, my goodness, there's no parental consent at all that's required in this bill. And I

think that there are a lot of parents that are going to be unhappy about that. You know, we had -- we had 42 no votes last year when we took this up in the dead of the night. It was probably a Party vote, I would imagine. The Conservative Party does oppose it and -- as well as the Catholic Conference. I think that this bill could -- there's -- there's a grain of real truth in this bill. I think that I can appreciate it but I think the way that it's worded right now I can't -- I can't support it in the current format. I think there are more reasonable guardrails that could be put on it that will -- that would be a lot -- a lot more safe. So, for those reasons I'm not going to be able to support it in its current form but I thank the sponsor for her answers to my questions.

ACTING SPEAKER HUNTER: Mr. Angelino.

MR. ANGELINO: Thank you, Madam Speaker.

Will the sponsor from the 88th District yield?

ACTING SPEAKER HUNTER: Ms. Paulin, will you yield?

MS. PAULIN: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MR. ANGELINO: Thank you, ma'am. You would think after I sat here listening intently to my learned colleague asking all these questions and I feel like an interloper now joining in but as the debate was going back and forth it raised some other questions. First off, probably a pretty easy one. This is Education Law only because of the licensing, the (inaudible) agency?

MS. PAULIN: Yeah.

MR. ANGELINO: Okay. Because I was confused easily by you being Health Chair.

MS. PAULIN: Yes.

MR. ANGELINO: Thank you. So what prevents a young woman from getting this script over-the-counter and then going to another pharmacy and getting another over-the-counter and giving it to someone else?

MS. PAULIN: Nothing.

MR. ANGELINO: Okay, because we went through this once before and we put into place the -- the opioid registry for pharmacies. Is that something that we should worry about with this or is this...

MS. PAULIN: I haven't heard that taking more of these pills helps you prevent a pregnancy more than taking one of these pills. If someone went in and wanted to get it for a friend or a relative, I think that just as if it was over-the-counter as ACOG supports, that would be a possibility and probably would be one that everybody who does support the bill would cheer.

MR. ANGELINO: So how much would this cost at an average pharmacy? I -- I don't know and that's why --

MS. PAULIN: Would cost?

MR. ANGELINO: Yeah. Is there a cost involved in this? Somebody's going to have to give the pharmacy money?

MS. PAULIN: So I know that in the Governor's bill there is a provision that would allow the pharmacist to actually

prescribe, which is not something that in New York we have done yet. So under that scenario there was a fee that was attached and the -- and the pharmacist would be reimbursed, but we haven't included that in the bill.

MR. ANGELINO: Okay. And as I was listening back and forth there was discussion about the prescription. Explain this to me like I'm five years old. This is an open prescription. So some doctor -- is it a one-for-one? One doctor per prescription or does one doctor or nurse practitioner write a script to the drugstore that they can give it out unlimited.

MS. PAULIN: So we have a lot of models for this already. You know, for example, nurses don't prescribe. So when you want a -- and you have a public health crisis like we just recently had and you want more people to actually administer or dispense the drugs, the prescriber does a script that would authorize that route. So, for example, if it was a clinic, the physician could write a script and say every nurse, you know, in the clinic can give the COVID shot. Every nurse in the clinic could dispense birth control pills. So, you know, it's -- it's specific to whatever the prescriber writes, but -- but it could be as general as everyone who walks in the door of the pharmacy can get this -- can get this medication or drug.

MR. ANGELINO: Okay, thank you so much.

Madam Speaker, may I go on the bill, please.

ACTING SPEAKER HUNTER: On the bill, sir.

MR. ANGELINO: Well, thank you very much to the

-- to the sponsor of this for answering these questions and being patient with me. It bothers me that there is no age limitation on this. But if there is a young lady 13, 14, 15 years old that's bold enough to go to a drugstore asking for a contraceptive, there's probably good reason and that -- that person probably needs it. There is the opt-out provision that I don't know if that's going to help a parent be alerted to this, but parental rights in this really needs to be considered. Overall there is a crisis going on and the crisis is there's more people, more children being aborted in New York City than are being born and that's the crisis that needs to be changed. And if we could prevent the pregnancy to begin with by contraceptive no matter what the age, I urge my colleagues to think about this. If you're really that much pro life, maybe we should start right where it starts. And I'm debating in my own mind how I am going to vote on this but I am pro life and this will end a lot of needless abortions. Thank you, Madam Speaker.

ACTING SPEAKER HUNTER: Thank you.

Ms. Glick.

MS. GLICK: Thank you, Madam Speaker. Briefly, the issue is whether or not you prevent an unintended pregnancy or somebody has an intended pregnancy with for many people many more complications. So this is why the health care professionals who are obstetricians and gynecologists fully support this because they understand that an unintended pregnancy is more dangerous than any of the contraceptives that are on the market. We also allow for some additional training to a pharmacist, but we -- we allow pharmacists

non-patient specific prescriptions for a lot of things like a shingles vaccine, which can have all sorts of side effects, the second shot in particular. But, generally speaking, you can go to any pharmacy and get a vaccination and they do because they are professionals that have a license and training, they do ask you various questions even though they never clapped an eye on you before. So the notion that somehow a young person or an older person goes in and gets contraceptives is somehow different from what we've been doing and in some way is dangerous is just a misguided notion. Pharmacists are licensed professionals. They know what they are doing. They are capable of providing the medication almost over-the-counter with the questions that they will ask because that's part of the training. So, this is an overdue measure. It's what happens in countries all over the place. The notion that again, legislators, we may be having more abortions in this State because there are legislators in other states who've decided that they're going to interfere with the access to medical attention for people in their own states and so people are forced to come here. So I think this is a long overdue step and one that will be positive for some members of our State and will in fact reduce other necessary medical treatment of -- that could be more complicated for people, especially young people and we know that people are sexually active. Their parents may not like it but some of their parents are parents because they were sexually active before they were married. So somehow there's a little bit of -- of forgetting who we were when we were young. So I think it's a great bill and look forward to its passage.

Thank you.

ACTING SPEAKER HUNTER: Mr. McDonald.

MR. MCDONALD: On the bill.

ACTING SPEAKER HUNTER: On the bill.

MR. MCDONALD: Well, first of all, I want to thank my colleague for sponsoring this legislation and I think she did a remarkable job answering the questions that my other colleagues have asked which are good questions asked and I don't debate that by any stretch. Being actually one of the few pharmacists, I thought maybe I can build upon some of Member Paulin's comments. First of all, for the last 18 years every pharmacist who graduated throughout the State of New York is graduating with a PharmD, a doctor of pharmacy, extra year of college, extra year of experience and in many other states they do a lot more in their profession. I'm a BS, Bachelor's of Science by the way, don't interpret it a different way.

(Laughter)

So I didn't have that luxury, but every pharmacy student coming out of college has been getting trained for years on how to do a COVID test, how to administer a vaccine, how to work with a patient and determining what the oral contraceptive they should be taking is. This is part of what they do. Four years particularly of education on the medication. Most doctors will tell you, most nurse practitioners will tell you and PAs will tell you they wish they had that many years of education on medication, they do an excellent job of diagnosing. Like usually pharmacology is about six months of their

education, and obviously their learning experience as they go forward. So I'm not tooting my horn but I'm tooting the profession's horn. They are the experts when it comes to medication, plain and simple. I will say I was saddened but I don't blame you for one of your comments that you mentioned about the fact that when I go into the pharmacy I'm a customer. You're not a customer. A customer buys motor oil, hand cream, paper towels. You are a patient. Member Paulin and I had this conversation during working on this bill that people tend to forget that pharmacists are health care professionals, they are. They're in the Office of Professions in the Education Department. They are professionals and therefore although we may look smart, we actually are much smarter than we look. We actually do have some great knowledge. And there was some very good questions about how do they know the patient, because you're right. It's a non-patient specific order, basically any patient come in on any given day right now and get a COVID shot, can get a nose swab to get a COVID test, whatever it may be. They can get Narcan, too, by the way. With a patient's permission and funded by this Body, by the way, for the last several years, pharmacists just like doctors and nurse practitioners have access to the -- in the Capital Region it's called HIE, the Health Information Exchange. If AJ said to me I want you to look at my records, I have a question. I have his permission. I can go in and look at the patient's information and everything that -- the doctor's notes are actually posted and uploaded and we are actually trained on how to read them. We know how to understand them. The other thing you don't know

that's happening more and more frequently, next time you go to your doctor's office ask them, do you have any pharmacists on staff? More and more offices now than ever before are hiring pharmacists to make the decision on what medication. Doctors and nurse practitioners, they do the diagnosing. But it's actually the pharmacists deciding what's the proper medication for better compliance with the patient. And also by the way, matching up with their insurance plan which is an art all to itself that has nothing do with anything but experience to be honest with you. There were concerns about age. I understand the conversation. Once again, these medications are approved by the FDA. They have age ranges when an individual can be prescribed these medications. So I think -- I know some people may not want to trust the FDA, that is a -- an independent guide to talk to. There was a concern about walking from one pharmacy to another to get prescriptions. That was a good question, too. And the truth of the matter is in most situations if a young woman is coming into a pharmacy, more than likely they have some kind of insurance plan. The pharmacist will do the assessment, make the determination, select the proper medication, process the claim through their insurance. If that young lady walks down the street and tries to do the same thing, different pharmacy, they'll get an alert saying hey, you just got this bill last week, two hours ago, a month ago, what's going on? Pharmacists do this every single day 8 to 12 hours a day of the week, or 8 to 12 hours a day every day of the week. So that concern initially I'm like oh, you're right. I can understand why you raise that concern but the

reality is that should not be a concern that you should be concerned about. The other sad reality is this. Because of the health care system we have we continue to lose primary care providers, OBGYNs, some of the laws in this State make it very difficult for practitioners, doctors particularly to practice in this State. We are seeing more and more medical deserts pop up in our urban centers, in our rural centers and yes, actually in the suburbs as well. Therefore, this legislation actually speaks to trying to address part of our problem in health care. We need to make sure that every health care provider who has the proper training is on board and is working in collaboration, not competition with other providers. In many other states collaborative practice agreements are the norm. Doctor, pharmacist, patient with the doctor in charge making the decision. This is a classic example of that. Classic, classic example. So I want to thank the sponsor. She's done a remarkable job in making sure this -- this legislation is sound and is prudent. There was a concern about costs like I said. Pharmacists, according to her bill, they're not reimbursed anything different for this. Pharmacists will be compensated the way they normally are. There is nothing for them to be gained here except to make sure that a young woman looking for health services is served properly. Thank you. Obviously I'm supporting this legislation.

(Applause)

ACTING SPEAKER AUBRY: Mr. Pirozzolo.

MR. PIROZZOLO: Thank you, Mr. Speaker. Would the sponsor yield, please.

MS. PAULIN: Yes.

ACTING SPEAKER AUBRY: The sponsor yields, sir.

MR. PIROZZOLO: Just a couple of informational questions if I might. Are you aware, do any other states do this?

MS. PAULIN: Yes.

MR. PIROZZOLO: Okay. Is it possible, like so many pharmacies there's basically two types of pharmacies, right? There are chains and some of them are national chains and then there's your local pharmacists. So is it possible for a pharmacist working for a chain from another state or for a doctor, I apologize, a doctor who works, you know within a pharmacy, you know, on the board or whatever, who's going to write this prescription? Is it possible for a doctor from another state to write this prescription for a New York State patient?

MS. PAULIN: That's a good question. I -- whatever the rules are currently for prescribers would be the same rules as they are for this.

MR. PIROZZOLO: I understand --

MS. PAULIN: I get --

MR. PIROZZOLO: -- you may not know --

MS. PAULIN: Yeah.

MR. PIROZZOLO: -- but that doesn't fill me with, you know, joy knowing that it's possible a doctor from Ohio can be writing a (inaudible) for someone in New York just because of who

they work for or because many states have that. So let's break it down a little bit more. How about regional? Would it be possible from a doctor from Utica to write a prescription for a patient on Staten Island?

MS. PAULIN: Yes.

MR. PIROZZOLO: Okay. Is there going to be any tracking that you know of let's say there are complications if a person who retakes this medication does develop a problem and they go into a clinic or hospital? Is there going to be any mandatory -- mandatory might not be the right word, but is there going to be any tracking so that for future statistics we can see if this was a beneficial thing to do or may be tweaked as far as prescribing?

MS. PAULIN: I would tell you that birth control pills are probably one of the most tracked medications that we've ever had. So will there be additional tracking? No. But do we need it? Probably not.

MR. PIROZZOLO: Well, I'm not talking about tracking of the prescription itself. I'm talking about tracking of if there is a problem because we're taking that prescription, because there was a contraindication from the medication that the pharmacist didn't know about or just in general if something, you know, if something doesn't go well.

MS. PAULIN: Those kinds of things are tracked normally. There's not going to be special tracking for this.

MR. PIROZZOLO: Okay. And then in the

conversation we've had we're -- we're using the term girl and woman. But is it possible for someone of any gender to go and get this medication?

MS. PAULIN: Yes, similarly to a condom. A girl could go in and buy a condom, a woman could go in and buy a condom, as could any young man or older man and it's exactly the same for this.

MR. PIROZZOLO: Okay. So --

MS. PAULIN: Unless the script is written that it was gender specific.

MR. PIROZZOLO: So do we know if that's going to happen or not happen?

MS. PAULIN: No, we don't.

MR. PIROZZOLO: Okay. So men will be able to get the same --

MS. PAULIN: If -- if the script says that if a man walks in and wants birth control pills, I would imagine we don't speak to that but it's highly unlikely.

MR. PIROZZOLO: Well, my concern is really for the safety of the -- of the female, okay, because, you know, abuse of relationships or just other things where, you know, a man may go in and say you're going to take this, you know, take this pill and just opens the door to other things.

MS. PAULIN: It's -- it's almost always the other way around, you know, where the woman loses control as -- as you're

suggesting. So allowing the anonymity and -- and for her to be able to get the pills if she's being raped by her abuser is very, very empowering.

MR. PIROZZOLO: Thank you. Thank you for the legislation.

Mr. Speaker, I don't really have any other questions. Thank you so much.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Jensen.

MR. JENSEN: Thank you very much, Mr. Speaker. Would the sponsor yield for a few questions?

ACTING SPEAKER AUBRY: Ms. Paulin, will you yield?

MS. PAULIN: Absolutely.

ACTING SPEAKER AUBRY: Sponsor yields, sir.

MR. JENSEN: Thank you kindly. I want to revisit a couple of things that our first questionnaire asked is regarding the educational requirements. Would you be able to expand at all on what types of components would be contained in that educational requirement that the pharmacist would have to --

MS. PAULIN: It has to be approved by the Commissioner.

MR. JENSEN: Okay. Who would be -- would it be completely up to DOH to determine what is being professionally educated? And if it's outside of DOH, who would be involved in that

development? Would it be OB-GYNs, primary care, who would be involved in that?

MS. PAULIN: So it's actually the Education Commissioner that makes the approval in consultation. I believe we have in consultation with the DOH Commissioner, so it would be up to them as they are competent to do that. We believe that they would bring in whoever they would need to do -- to make that decision.

MR. JENSEN: Okay. One of the concerns that was raised earlier was that if a patient chooses to maybe not disclose all of their medical history to the pharmacist and there is an adverse reaction to the prescription that's written. Who would be liable if there is an adverse reaction? Would it fall on the pharmacist, would it fall on the patient themselves, what's the liability of the -- of the adverse reaction (inaudible)?

MS. PAULIN: Well, I imagine if somebody thought that there was an adverse reaction to a -- a medication as is now, they usually sue the deep pockets so I would imagine they're going to sue the -- the drug companies.

MR. JENSEN: Okay. So wouldn't -- the liability wouldn't fall on the prescriber, in this case the pharmacist, because they were making a professional judgment based on the information they were provided by the patient in front of them.

MS. PAULIN: Of course you can sue whoever you want. The court would likely make that decision I would imagine.

MR. JENSEN: Okay. Thank you very much,

Chairwoman Paulin.

Would Mr. McDonald be up for some questions?

ACTING SPEAKER AUBRY: Mr. McDonald, will you yield?

MR. MCDONALD: Why not?

ACTING SPEAKER AUBRY: Why not he said.

(Laughter)

Well, I could give you a reason but...

No. Mr. McDonald yields.

MR. JENSEN: Thank you very much, John McDonald, BS. I appreciate that. I want to go back to something you raised about the portal that all pharmacists have access to now when looking at patient history and prescribing data. What type of information would a pharmacist see when they're looking at this portal never being a pharmacist myself.

MR. MCDONALD: (Inaudible/mic off) organization -- I can't hear. There you go. That's better. So a pharmacist who actually participate in the Regional Health Information Organization, the RHIO as it's called, have access to whatever medical records the patient's providers have uploaded to the RHIO.

MR. JENSEN: So you mentioned that the Capital Region has this -- this portal. Does every -- are these -- is this portal -- is there something similar in every region of the State or is there --

MR. MCDONALD: Yes, there is. There is. We actually -- New York State has over the past several years invested

heavily in billing out this -- this option. And once again, I want to clarify. It's an option. If patients -- when you go to the doctor, you go to the urgent care, you go to the hospital, you have to sign off on giving consent to have your information uploaded to whatever the RHIO is.

MR. JENSEN: Okay. So -- and this is asking a general question not necessarily for your own practice as a -- as a pharmacist but is the portal consulted 100 percent of the time by a pharmacist when they're filling prescriptions and prescribed?

MR. MCDONALD: No. No, it's not.

MR. JENSEN: Okay.

MR. MCDONALD: It -- now that being said, you know, going back to Member Paulin's -- the education component and, you know, just to be clear, I didn't know how to do a point-of-care test to do a COVID test back in March of 2020, right? But all of a sudden they said pharmacists, we need you to start doing nose -- nose tests. So I took a 20 hour course in a span of two weeks to best understand how to do it, just like I took a 12 hour course to learning how to take a vaccine. And these programs, these courses, are nationally accredited. It is up to the Education Department to decide what programs they want to have here in New York State. What I will tell you is there's not too many of them and they're all very consistent from state to state to state to state. So when you -- you know, you take the -- I forget where I was going with this.

MR. JENSEN: I'm trying to find the breadcrumbs to

try to get you back.

MR. MCDONALD: What's that? So anyways. The bottom line is when the -- when the pharmacists will take, you know, for a contraceptive I think it's a 12 hour program that we'll take -- and by the way, there's a real test and you really have to pass it. It's not as if you just turn on the video and after 12 hours you're done, you need to pass the exam and you need to be certified. And as a pharmacist you need to have that on hand at all times because this is a change to your scope of practice. You will now have this covered as part of your liability and therefore it's incumbent upon you to make sure you have that. Your employer will make sure you have that as well.

MR. JENSEN: So would it make sense that when the Education Commissioner is determining that education -- the professional education component to be able to prescribe that there is a mandated process about having to check the portal for any sort of contradictions on a patient's medical records.

MR. MCDONALD: So that will -- that may be recommended in the -- in the program. However, I think where that option is probably best served is with the actual ordering provider who is going to make that determination. As Member Paulin mentioned, it could be the Commissioner of Health who is issuing a non-patient specific order. That really has not been done in this State except with the prior commissioner who did an Narcan standing order because of the -- of the crisis we're dealing with. But it is possible that the new commissioner could do that, we'll see. Our county health

commissioners have the ability but any commissioner -- any -- any provider. I can see very clearly, particularly in a rural area, the town doctor saying listen, I don't have the ability to see these patients. Here is what I want in this standing order. And they will put that in the order, and they may very well require that, but I -- I don't think it has to be mandated.

MR. JENSEN: Okay. I mean I guess how -- so how quickly does the portal get updated with medical records? How -- how quickly do things get uploaded in there so that way you could see --

MR. MCDONALD: It's much better today than it used to be, I can tell you because I go on it at least once or twice a week for valid reasons. And, you know, you just hit the refresh button and you'll see appointments from a couple days before. It's like anything else in this world. If the provider is -- has a good system where they're updating their records on a regular basis, it's in real time. I mean technically, you know, within a couple of hours if you were at the doctor's office I could be looking at your records but every case is going to be different.

MR. JENSEN: So in theory a patient signs off on having their medical records shared with the portal. A pharmacist would be able to see, as close to real time as possible, any sort of contradictions that a birth control order could have with any sort of underlying medical condition or existing prescription that may be already be taken or, you know, something like smoking that I know

has some adverse reactions on the effectiveness of birth control.

MR. MCDONALD: Yeah, and by the way most pharmacies today, I don't think people have appreciation for how robust their -- their pharmacy systems are. We get warnings quite regularly when we're dispensing contraceptives about potential, not existing, but potential medical conditions, and that's something that we do. Once again, you don't see it because we're not at the counter talking about this but there's a lot of different -- there's a lot going on in the background that people don't realize.

MR. JENSEN: Okay. So it would still be possible, under the provision of this legislation, that a pharmacist could dispense a medication that would result in an adverse effect due to the lack of either the patient opting out of sharing their information with another protected entity under HIPAA protection as well as not being forthcoming in the survey that they would have to fill out as written as part of this.

MR. MCDONALD: So whether it's a pharmacist or a nurse practitioner or a doctor or a physician's assistant, there's always potential for an adverse side effect, always, with every medication. Happens every single day. Obviously, if I was a pharmacist doing this, I would strongly encourage, but not mandate, the individual to allow me to share their records so I could make sure that we don't have any unintended consequence.

MR. JENSEN: Okay. Thank you very much, Mr. McDonald and thank you to Chairwoman Paulin and Chairman

McDonald for their yielding and answering my questions. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Mr. Jensen.

So my learned counsel tells me that that whole dialogue we just went through actually was out of order because Mr. McDonald could've asked Mr. Jensen to yield, but Mr. Jensen asked Mr. McDonald to yield since he was not the prime sponsor of the bill. However, you -- you -- such a wonderful dialogue, we allowed it to continue for the edification of the Body.

Ms. Lunsford.

MS. LUNSFORD: Thank you, Mr. Speaker. And I want to thank the sponsor of this bill.

On the bill, please.

ACTING SPEAKER AUBRY: On the bill. That's -- that's totally in order.

MS. LUNSFORD: There's been a lot of conversation today about the first prescription about the 15-year-old who goes to a pharmacist to access oral contraception for the first time, but I don't think that that's who you're going to see utilizing this law. What you're going to see primarily are adult women who can't make it to their OB-GYN, who have fallen off their birth control because their OB-GYN's in another county or they're working full-time or they have three kids at home and they can't get to the doctor. That's who accesses this. I was a 15-year-old girl on birth control, I had

polycystic ovarian syndrome. If not for birth control I probably wouldn't have had my son today. So I understand how important it is to talk about young people's access. But what we're missing is that this is a health care access bill. This is for people of reproductive age who need oral contraceptives. Oral contraceptives, which I'd like to point out, are hormonal. This is more akin to melatonin than it is an opioid. Your body produces these hormones. They're not introducing a foreign substance. Tylenol and Benadryl pose a greater risk to your health than oral contraceptives. And it's important that we consider the impact on low income women, on rural women, on urban women who are working three jobs, who have to take a bus to a Medicaid clinic with they're waiting six months for an appointment. More unintended pregnancies happen to women who already have children than women who don't because they can't access health care. It is imperative that we support this bill. There's also been some talk about the medical experts. I'd like to mention that the American College of Obstetricians and Gynecologists not only supports this bill, they support making oral contraceptives available over-the-counter because that's how safe these are. I applaud the sponsor. I thank you for indulging me as I needed slightly more than two minutes to make my point and I will be in support of this bill. Thank you very much.

ACTING SPEAKER AUBRY: Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. Would the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Paulin, will you

yield?

MS. PAULIN: Happily.

ACTING SPEAKER AUBRY: Ms. Paulin yields.

MR. GOODELL: Thank you, Ms. Paulin. I'll talk to Mr. McDonald later.

(Laughter)

And I -- I think you answered this, but am I correct the Health Commissioner could be the one that writes a Statewide script that covers anyone at any age; is that correct?

MS. PAULIN: Yes.

MR. GOODELL: We, earlier today, passed a bill that had mandatory disclosure for women that were considering a C-section that listed all the risks -- known risk factors. Does this bill have a comparable mandatory disclosure for the known risk factors for self-administered hormonal contraceptives?

MS. PAULIN: There aren't believed to be any, so no.

MR. GOODELL: We also today, I think, passed legislation requiring a statutory notice be placed in lactation centers about the risk of sexual trafficking. Is there any comparable required notice for pharmacies that are dispensing oral contraceptives about the risk of human trafficking?

MS. PAULIN: You're picking all my bills on purpose.

(Laughter)

MR. GOODELL: I just want to let you know I've

read your bills for today.

MS. PAULIN: I never doubted that.

MR. GOODELL: Is there any comparable language for pharmacies?

MS. PAULIN: No.

MR. GOODELL: Now, you said that with a non-specific prescription, unless the prescription limits it to gender, any one of any gender --

MS. PAULIN: I -- I actually don't know that, you know, for sure. I mean, obviously if you're a prescriber, as all of these are, you know, and you're prescribing to a patient, it -- you know, unless there would be a medical reason to prescribe to a -- a male, I -- I would imagine that competent and professional prescribers would not include men on their script.

MR. GOODELL: But with many prescriptions, of course, a husband can pick up a prescription for his wife, and we certainly, as one of my colleagues mentioned, wouldn't want anyone to fall off with their prescription. So am I correct that a male could pick up --

MS. PAULIN: Could pick it up.

MR. GOODELL: And that's no -- there's nothing in this bill that would require the male to demonstrate any specific connection to any particular woman, is there?

MS. PAULIN: Similar to be -- to a condom, yes.

MR. GOODELL: So as an example -- never mind,

I'll -- I'll continue.

Is there any obligation in this bill that the pharmacy provide any specific advice or counseling about the risk of sexually-transmitted diseases? And, as you might guess, that is often a discussion, as I understand it, when young women or girls first have this discussion with their primary care physician. Is there anything in this legislation that requires that type of discussion?

MS. PAULIN: The discussion is the same as, again, buying condoms.

MR. GOODELL: Is there any obligation on the part of the pharmacist to discuss the effectiveness of any particular contraceptive? For example, I think the literature is pretty clear that the pill is not the most effective contraceptive. In fact, out of every 100 unintended pregnancies, on average about nine of the 100 are people who were on the pill during the first year that they're on the pill, and of 100 pregnancies of people who've been on the pill for ten years, that rises to 61, 61 percent of unintended pregnancies are people who are on the pill for ten years. Is there any statutory obligation that the risk of pregnancy be discussed by the pharmacy as it relates to different contraceptive alternatives?

MS. PAULIN: I would imagine that that's going to be part of any training that the pharmacist would have so that they would be able, in their conversation with the patient that comes in, to have that conversation.

MR. GOODELL: Any obligation under this bill for

the pharmacist to talk about safe sex or abstinence?

MS. PAULIN: No, similar to a condom.

MR. GOODELL: I see. And am I correct that the common side effects of hormonal contraceptives, according to the American Academy of Family Physicians include headaches, irregular periods, weight gain, mood changes, nausea, amongst others?

MS. PAULIN: Just like a pharmacist is obligated to talk about a drug that you pick up that has any kind of complication in that manner, they would provide those kinds of same details.

MR. GOODELL: I see. Any obligation that the pharmacist maintain any particular data as to age, background, family status, relationships, prior health examinations relating to pregnancy for people that come in seeking this over -- non-patient-specific hormonal --

MS. PAULIN: I think when we were crafting this there was a great deal of concern that we didn't want any woman coming in the door to have any hesitation, and collecting data about her might have done that. So although we didn't talk about that specifically, I would imagine we would have rejected it.

MR. GOODELL: Any discussion in this bill or any existing legislation regarding who pays?

MS. PAULIN: It would be eligible for insurance. We did -- we do have that in the bill; however, if you, just like now, you can always pay out of pocket if you choose not to use your insurance.

MR. GOODELL: Thank you very much.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GOODELL: I -- I think our -- our first and foremost priority ought to always be the health of our young women and older women. Our girls, our women. That -- their health should be our first priority. And what I'm concerned about is what this bill does is eliminate the need for any interaction at all between a young girl or a woman and her physician as it relates to something that's extraordinarily important. There's no requirement for discussion about sexually-transmitted disease, there's no physical inspect -- examination, no physical examination. There's no required discussion of the effectiveness, and it's well known that the pill loses its effectiveness over time. There's no required discussion about other alternatives, whether it's safe sex or other types of birth control. There's no real requirement for detailed documentation accompanied by a physical examination, which is the safest way to do it. There's no discussion or required discussion about the dangers of sexually-transmitted disease and, obviously, if it's a young girl that's coming in who's just becoming sexually active, that's a very, very important discussion. And I don't imagine that discussion is going to be conducted by a pharmacist while there's a line waiting behind the young woman and the pharmacist is, what, going to start talking about safe sex, other alternatives, the risk of pregnancy? And no age restriction, no obligation for parental notification or any involvement

in parental -- parental notification. And as my colleague mentioned, this is a great bill if you're engaged in human trafficking, isn't it? If you're a pimp, this is great. You don't have to have any -- you can pick up all you want. And so why is it that we require notices about human trafficking in lactation rooms, but completely ignore it when it comes to birth control? Why is it we have mandatory warnings about the side effects of cesareans, but not on birth control? Why do we have mandatory discussions about the effectiveness of alternatives, but not when it comes to birth control? And the answer is we don't treat it the same way.

Thank you, sir, for allowing me to express these concerns.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Epstein.

MR. EPSTEIN: Would the sponsor yield?

MS. PAULIN: Yes, thank you.

ACTING SPEAKER AUBRY: Ms. Paulin yields.

MR. EPSTEIN: Ms. Paulin, do you know what limitations exist in trying to get condoms in a -- in a pharmacy?

MS. PAULIN: I've never bought one myself, so I'm unaware. But I don't think they're hard to find.

MR. EPSTEIN: Do you think as a woman you'd be able to buy a condom in a pharmacy?

MS. PAULIN: I know some women who have bought condoms in pharmacies.

MR. EPSTEIN: And do you think there's any restrictions on doing that?

MS. PAULIN: Not that I'm aware.

MR. EPSTEIN: About, like, Viagra? Could you go into a store and buy Viagra?

MS. PAULIN: I've never done that either.

(Laughter)

MR. EPSTEIN: Do you think there are restrictions in that?

MS. PAULIN: I would imagine that you need a script, right?

MR. EPSTEIN: But anyone can go pick it up, right?

MS. PAULIN: Yes.

MR. EPSTEIN: Even -- even if they may not be the person. Maybe someone might want to get it for their -- their wife or their husband or for anyone else in their family.

MS. PAULIN: Right.

MR. EPSTEIN: Maybe their -- their child.

MS. PAULIN: Right. And actually the -- the -- the age of -- my current age would -- would lend to that.

(Laughter)

MR. EPSTEIN: Thank you, Ms. Paulin.

On the bill, Mr. Epstein.

ACTING SPEAKER AUBRY: On the bill, Mr. Epstein.

MR. EPSTEIN: So I want to applaud the sponsor for her leadership here. I think it's a bit of humor here, but the reality is people have the right to make choices over their own bodies, and this is about reproductive freedom. And for a whole host of reasons people have to make choices about their own reproductive choices. And I don't care if you're 15 or 50, this is about your choice and your body, and that's exactly what this bill does.

So I really want to thank you for your leadership, I want to thank you for the time you've put into doing this, and I encourage everyone here to vote in favor of this bill.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect on the 180th day.

ACTING SPEAKER AUBRY: A Party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference will be generally opposed to this, although there may be some that wish to vote in favor of it on the floor of the Assembly.

Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. The Majority of the Conference is going to be in favor of this progressive piece of legislation; however, there may be a few who

would choose to do -- be an exception, they're certainly willing to do so, sir.

ACTING SPEAKER AUBRY: Thank you, Mrs. Peoples-Stokes.

The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Novakhov to explain his vote.

MR. NOVAKHOV: Thank you, Mr. Speaker. You know, I was debating with myself on how to vote on this, and I really wanted to vote yes. I really like the bill, thank you so much. I think the only problem with this bill is the age restriction because we all know -- I mean, teens, come on. Sometimes they look older, sometimes they look younger, so I -- I can't imagine how a pharmacist shall identify the age of -- of a teenager. And also, we -- we compared condoms to other contraceptives. That -- that's a completely different thing, because condoms protect from sexually-transmitted diseases and other contraceptives don't. And making this easier to -- to get is, you know, something that just -- you know, we don't want young girls to start their sexual life earlier just because, you know, they have access to -- it's going to be easier for them to get the contraceptive. And also, you know, men and boys would think it is definitely better than the condoms.

So, this is the only reason I voted no. And also, you know, I did a little research on Census. We always discuss bills that -- bills in regards to abortions, regards to contraceptives, but, you know,

we never discuss something that I think needed to be promoted in the State of New York because we're number one. Unfortunately, we're number one in losing population. The State of New York lost 180,000 -- over 180,000 people from July 2021 to July 2022. We're number one in the country.

ACTING SPEAKER AUBRY: Mr. Novakhov, your time has elapsed. How will you vote?

MR. NOVAKHOV: In the negative, thank you.

ACTING SPEAKER AUBRY: Thank you, sir.

Ms. González-Rojas.

MS. GONZÁLEZ-ROJAS: Thank you. I rise in support of this bill that allows New York State pharmacists to execute a non-patient specific order from a licensed physician, certified nurse practitioner or the Commissioner of Health for the dispensing of self-administered hormonal contraceptives. I have dedicated my life to fighting for reproductive health, dignity and justice for all people, no matter their zip code, how much money they have in their pocket, or their source of insurance. There's overwhelming data that demonstrates that contraceptives are safe and effective if taken as prescribed, safer even than aspirin. However, oftentimes the right to reproductive health care cannot be realized without access to that right. In fact, many medical associations support full over-the-counter access to contraceptives. This bill will eliminate a current barrier to birth control for many individuals of reproductive age that may not have access to insurance or a regular provider.

I commend the sponsor for her relentless advocacy for this bill, and I'm very, very proud to vote in the -- in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. González-Rojas in the affirmative.

Mr. Angelino to explain his vote.

MR. ANGELINO: Thank you, Mr. Speaker, to explain my vote. I will be voting in the affirmative on this, and I urge anybody who might be listening, because I found out there are, I had some text messages and e-mails coming to me when I explained that I wasn't sure how I was going to vote on this. Constituents urged me to vote in favor of this and they sent me data explaining why. But I am voting yes and I urge parents, now is the time to have the conversation with children about the difference between love and sex, because this is where it's going to happen. And I appreciate the -- the sponsor from the 88th District bringing this forward. Thank you, ma'am.

ACTING SPEAKER AUBRY: Mr. Angelino in the affirmative.

Mr. Lavine to explain his vote.

MR. LAVINE: So this bill is really straightforward. It allows women to get reproductive contraceptives -- or contraceptives, rather -- easily, which is a good thing. So I'm looking at the board, and while I have great respect for anyone in the Minority who's voting in favor of this, with tremendous respect, everybody voting against this seems to be a Republican. Now, this is

symptomatic -- symptomatic --

(Boos/jeering)

-- it's symptomatic of a nationally-debilitating and damaging condition, and it's W-R-O-P, and the P stands for phobia. Now, a phobia is an overwhelming and terrifying fear of an object, place --

MR. GOODELL: Mr. Speaker, Mr. Speaker --

MR. LAVINE: -- situation, feeling or animal.

MR. GOODELL: Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Goodell, why do you rise?

MR. GOODELL: We do not allow individuals, as a general rule, comedy to call other people names, either individually or in a group, on the floor of this Assembly. And so I would ask you to remind our colleague that we don't engage in name-calling. Thank you, sir.

MR. LAVINE: And -- and -- I won't, I promise. I swear. I -- I don't want to offend. But I hope that my time is restored. So, a phobia is also -- what -- what happens with a phobia is people develop an exaggerated or an unrealistic sense of fear over a situation or an object. And I think that the condition being exhibited by those voting against this is W-R-O-P. And you may not be familiar with it, but it's women's reproductive organ phobia. And there's a treatment, and it's a self-administered treatment --

MR. GOODELL: Mr. Speaker, again, I object.

ACTING SPEAKER AUBRY: Excuse me, sir?

MR. GOODELL: The speaker has no right to ascribe anything to how others are voting or why they are personally voting this. This was brought up by the Majority Leader once before when one of my colleagues --

ACTING SPEAKER AUBRY: Your point is well-taken, Mr. Goodell.

MR. GOODELL: Thank you, sir.

Mr. --

MR. LAVINE: So, I will conclude simply by saying that this particular phobia is very easily treated with some self-administered, over-the-counter relief, a medication containing only two components; one is education and the second is the respect for human rights, and women's rights are human rights.

Thank you to the sponsor, I'm voting in the affirmative.

ACTING SPEAKER AUBRY: Mr. Lavine in the affirmative.

Ms. Fahy to explain her vote.

MS. FAHY: Thank you. I rise as the new Chair of the Higher Ed Committee, so this is was one of the very first bills that came before my Committee, so I had to go through this with the sponsor and I want to commend her for her patience in moving this bill, as well as her -- her perseverance in really trying to answer a number of questions that also came up on the floor today. And I think

in the end, so many questions have come up because we do have such limited and -- and increasingly scarce access to health care. So this became important because almost -- an answer to each question became, what is the alternative, what is the alternative? And often the alternative is that young women, young girls, do not have the access, do not have health homes, as we would love to see for every young person, let alone every family. And in turn, that health professional is the pharmacist. And at least there is more access, even though we lately are talking about more and more pharmacy deserts as well. But the bottom line is, I think for each question answered today, it was what is the alternative. And the alternative is often not having access to health care, not having access to reproductive information -- information on reproductive choices, and not having access to critical contraceptions -- contraceptive medication that could prevent unwanted pregnancy. So, many states have already adopted this. Again, I commend the sponsor, as well as the Speaker, for helping us to bring this bill to the floor because in the end, I think this will provide better health care, better access for young women.

Thank you, and with that I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Fahy in the affirmative.

Ms. Kelles to explain her vote.

MS. KELLES: Thank you, to explain my vote. I just wanted -- wanted to add one piece to the conversation that -- that really stands out to me, which is the frustration that we seem to be

having the same conversation that women have had to have for -- for decades and decades and decades. And I had a conversation with a colleague just now that reminded me of something I think that is particularly important, which is we have a misconception that if we keep people ignorant of a topic, then they won't engage in that topic. If we keep -- we keep adolescents ignorant of how to protect themselves, how to engage in sexual activity. We don't talk about sexual activity at all. They won't participate in sexual activity at all, and I think that that is incredibly ignorant and I think that it is incredibly dangerous. And we end up with many situations, of course, where people and adolescents end up in situations that are deeply unfortunate. We know that having open conversations, we know that building trust with our children is literally the best way that we can be supportive. And particularly, avoiding the conversation and taking away any of the support systems is literally going back into what we have seen in this discussion and has been called the Dark Ages, and I really hope that we can move on from this conversation.

I stand in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Kelles in the affirmative.

Mr. Dinowitz to explain his vote.

MR. DINOWITZ: Speaking of name calling... so maybe I've heard wrong, but just a few minutes ago I thought I heard somebody say that the only reason somebody would support this is if they were a human trafficker or a pimp. Now, perhaps that was said

facetiously, it certainly wasn't said with much wisdom, but the truth is this is really important stuff when we're talking about the fact that people's rights, women's rights and health care are being threatened around the country.

This is a very sensible and simple bill that makes a lot of sense, and I -- I'm very pleased that the sponsor has put this bill forth and I enthusiastically vote yes.

ACTING SPEAKER AUBRY: Mr. Dinowitz in the affirmative.

Ms. Walsh to explain her vote.

MS. WALSH: Thank you, Mr. Speaker. I'll be brief. You heard me on debate earlier, but just to make it clear about why I'm opposed to this, I think that -- that what the bill says is that a prescription can be written for 12 months of a supply of whatever oral contraception is required. So once a year -- once a year, the woman or girl is going to have to go to the pharmacy and get another year's worth of medication. I don't -- I mean, I -- I believe that there needs -- there needs to be access, I think that there needs to be a lot of conversations with our girls, our daughters, about safe sex, STDs. I don't -- I just don't want to take doctors completely out of the equation, as they are here. I think doctors are important. I think that PharmDs are, too, and I think, you know, with all respect to my colleague who -- who is a -- is a pharmacist, you know, I think doctors are important. And I think one trend I'm kind of seeing with a lot of these bills is the erosion of the role of doctors to develop a patient

relationship. I understand, we've had a lot of talk here about deserts and women have a lot to do, and women can't make the time, they've got a lot on their plate. We're talking about, like, once a year a woman's got to go see her doctor, say, *I need birth control*, and go get it filled. I don't think that that's a heavy burden. And I think it's more protection for women, young and old. And, you know, I -- I prefer to not vote in favor of this bill, despite the good intentions, I think, behind it because I think that doctors still have a role in our society, despite some of the bills we're seeing coming out of our Chamber.

So I'll be in the negative. Thank you.

ACTING SPEAKER AUBRY: Ms. Walsh in the negative.

Ms. -- Ms. Levenberg.

MS. LEVENBERG: Thank you, Mr. Speaker. I just wanted to say that, you know, I've been listening to this debate for some time and I'm just becoming more and more enraged. I want to commend the sponsor of this bill for her patience with the line of questioning and just point out that it doesn't seem like anyone has the concern about boys interacting with their doctors or anyone else before -- to be educated before becoming sexually active. I -- I think this is just really about access and empowering women to have control again over their bodies and over their reproductive freedom and their choices that they make. And I can't believe that we're still fighting for women to have that right to control their own bodies. It's extremely frustrating. And I also commend my colleague for bringing up the

issue about Viagra. I think, again, having access to condoms and having access to birth control, again, you don't have to consult your doctor for that and I don't think that you should have to consult your doctor about controlling it in another way that is also for your own benefit, especially when you have a pharmacist there to make sure that they're prescribing it correctly.

So, thank you again to the sponsor. I will be voting in the affirmative.

ACTING SPEAKER AUBRY: Ms. Levenberg in the affirmative.

Ms. Simon to explain her vote.

MS. SIMON: Thank you, Mr. Speaker. I want to commend the sponsor for this bill and -- and for, you know, this fine debate. I, too, am concerned about some of the opinions that have been expressed, or concerns that have been expressed. But I want to say something to my so many of colleagues who've raised age as an issue, and that is that we don't have an age limit for boys to go out and buy condoms. And when push comes to shove, it is always the girls that end up holding the bag, and whether they are 16, 18, 15, 14, 13 or even younger.

So I am voting enthusiastically in support of this bill.
Thank you.

ACTING SPEAKER AUBRY: Ms. Simon in the affirmative.

Ms. Barrett to explain her vote.

MS. BARRETT: Thank you, Mr. Speaker. I, too, want to thank the sponsor of this legislation for her leadership and for her patience. It's 2023, and the New York State Assembly is debating access to birth control. And as somebody who has been involved in the reproductive rights movement since I was a teenager, I just find this so incredibly troubling. This is about birth control access health care for women. It doesn't matter the age if somebody even thinks they need birth control. And, as my colleague said, a boy can go and buy a condom, but we're putting restrictions on girls in ways that we don't do with boys. It's just wrong.

So thank you to our colleague for leading this charge, and thank you to all of my other colleagues for the thoughtful words that they shared. I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Barrett in the affirmative.

Mr. Burdick.

MR. BURDICK: Thank you, Mr. Speaker. Having heard all of the debate, or nearly all of the debate, I -- I have to agree with those of my colleagues who say that they're really astounded and disappointed that there should even be this kind of debate in 2023. This just shouldn't be happening. This should be just something that sails right though with absolutely no opposition. This is a right that should be -- as we're trying to enshrine certain rights into our State Constitution, this is something that should be an absolute right of any woman of whatever age. And it is just something that has required so

much perseverance on the part of the sponsor, and I want to commend the sponsor and the Speaker for bringing this to the floor today, and I enthusiastically vote in the affirmative.

ACTING SPEAKER AUBRY: Mr. Burdick in the affirmative.

Mr. Flood.

MR. FLOOD: Good afternoon. I rise in support of this bill today. As my colleague did mention, I -- I am pro-life, and I think we have to do what -- what we can to keep people from having to make these type of decisions. I'm also the father of five children, three of them little girls. I want to make sure that they have the ability to keep themselves from having to make that ultimately difficult decision of having an untimely pregnancy and having to decide whether to keep that pregnancy or terminate it. I think this bill puts in a large step in allowing, you know, people having the opportunities to not have to make that decision, because as my colleague did say, you know, we're not looking to encourage teenage sex, but the pragmatic part of me says it happens. And I'd like to be able to ensure that everyone has the basic opportunity to not add mistake on top of mistake.

So I'll be voting in the affirmative. I actually encourage my colleagues to do the same. Thank you.

ACTING SPEAKER AUBRY: Mr. Flood in the affirmative. Thank you.

Mrs. Peoples-Stokes to explain her vote.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. I have to say, I -- I've listened to most of the debate here today, and everybody has an opinion on this topic, and I actually believe that this is a topic that should be discussed in somebody's kitchen or somebody's bedroom, between the family who is making the decision to use this. But, unfortunately, this is an issue that does come before government on a regular basis, and I am proud to be a part of government that will vote in support of it.

ACTING SPEAKER AUBRY: Mrs. Peoples-Stokes in the affirmative.

Mr. Goodell.

MR. GOODELL: Thank you, sir. I listened to the debate, the comments. Thank you to my colleagues. What I find interesting is a lot of the comments I didn't think actually related to this bill. I'm not aware of anyone in this Chamber today who has argued against allowing oral contraceptives, hormonal therapy, to be available. That is not what this bill does. The bill doesn't say we're going to take something that's illegal and now make it legal. We're going to take the pill and make it now legal. That's not what this bill does. This bill does one thing only; it eliminates any requirement that a girl or a woman get a prescription for these contraceptives from a physician after an examination or discussion with the physician or with -- with a member of the physician's office. That's all this bill does. So there are several colleagues of mine who think it's important for a physician to be involved in the process. That's not saying that

my colleagues who support having a physician involved in the process are opposed to allowing anyone to have contraceptives. That's not what this bill does. That's not what it's about. It's not about access, it's about physician review. It's not about empowerment, it's about whether a physician is involved in the process. I agree with my colleagues that there shouldn't be a debate over the role of physicians in reviewing this issue with a patient.

For that reason, I oppose it. Thank you, sir.

ACTING SPEAKER AUBRY: Mr. Goodell in the negative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, I would ask that you would please welcome some guests that are -- that are in our Chambers. Actually, Pastor Greg Merriweather from our colleague Mr. Zebrowski's district has been here with us for awhile. He is the Pastor from Calvary Baptist Church in Haverstraw, New York. And again, Mr. Speaker, he is a guest of our colleague Mr. Zebrowski.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mrs. Peoples-Stokes, Mr. Zebrowski -- sir, it's been a long day. Glad that you could be with us. We extend to you the privileges of the floor. Hope that you have enjoyed the debate and understand a little

bit better the legislative process. We will certainly be happy to have you again. Thank for your perseverance, we appreciate it.

(Applause)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, we actually have another guest in our Chambers of our colleague, Mr. Billy Jones. She is the Mayor of Malone and she's also a Franklin County -- County Legislator. Her name is Andrea Dumas. Would you please welcome her to our Chambers.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mrs. Peoples-Stokes and Mr. Jones, Andrea, welcome to the New York State Assembly. We extend to you the privileges of the floor. Hope you have enjoyed the debate as we've engaged today. Know that you are always welcome here in the People's House. Thank you so very much.

(Applause)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, if you could please call on our colleague Mr. Jacobson for an announcement.

ACTING SPEAKER AUBRY: Mr. Jacobson for the purposes of an announcement.

MR. JACOBSON: I know that all of our -- my colleagues in the Majority have been wondering will we or won't we, and we will, have conference immediately after this Session in Hearing Room B.

ACTING SPEAKER AUBRY: Majority Conference, Hearing Room B immediately following Session.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, do you have further housekeeping or resolutions?

ACTING SPEAKER AUBRY: Fine resolutions we have here, Mrs. Peoples-Stokes. We'll take them up in one vote.

On the resolutions, all those in favor signify by saying aye; opposed, no. The resolutions are adopted.

(Whereupon, Assembly Resolution Nos. 241-248 were unanimously adopted.)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. Before we adjourn, I want to alert members that there's going to be a time change for Session on tomorrow that was previously announced. And so now I will move that the Assembly stand adjourned until 1:00 p.m., Wednesday, March 29th, tomorrow being a Session day.

ACTING SPEAKER AUBRY: It bears repeating. Session tomorrow, 1:00 p.m.

The Assembly stands adjourned.

(Whereupon, at 4:50 p.m., the House stood adjourned until Wednesday, March 29th at 1:00 p.m., that being a Session day.)