

**TUESDAY, APRIL 18, 2023**

**2:03 P.M.**

ACTING SPEAKER AUBRY: The House will come to order.

In the absence of clergy, let us pause for a moment of silence, and then we support our Chaplain, Chaplain Elia, who lost her mother this past weekend.

(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.)

A quorum being present, the Clerk will read the Journal of Monday, April 17th.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, I move to

dispense with the further reading of the Journal of Monday, April the 17th and that the same stand approved.

ACTING SPEAKER AUBRY: Without objection, so ordered.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, sir. To colleagues and guests that are in the Chambers, I want to share a quote with you today from the late, great professional basketball player Kobe Bryant. His words for us today: *Learn to love the hate. Embrace it. Enjoy it. You earned it. Everyone is entitled to their own opinion and everyone should have one about you. Haters are a good problem to have. Nobody hates the good ones, they hate the great ones.* Again, words from Kobe Bryant, the late great Kobe Bryant. Mr. Speaker, colleagues have on their desk a Main calender. After any housekeeping and/or introductions, we're going to begin our work today by taking up resolutions on page 3. Our principal work for today will be taking up Rules Report No. 111 by Mr. Epstein. That one's on page 5. There could be a need for additional floor work, should that happen, I will be happy to advise at that moment. Majority members should already know that there will be a need for a conference immediately following the close of Session. And we, as always, Mr. Speaker, will confer with Mr. Goodell to see what the needs of his conference are. That is the general outline of where we're going today, Mr. Speaker. Now would be a great time for your introductions and/or housekeeping.

ACTING SPEAKER AUBRY: No housekeeping but an introduction and it is from you, Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Oh, awesome. Thank you, sir. It's my pleasure. I am, as people know, a great fan of football. Buffalo Bills, I'm a fan of Buffalo Bills, win or lose I'm with them. But I'm also a fan of high school football, and I'm particularly a fan of high school football from the high school that I graduated from, Bennett High School. So it is my honor and my pleasure to have them here with us today. I want to first present their coach who - please stand up - who has done an amazing job. His name is Stevenson McDuffie. He has the whole entire team with him as well as the cheerleaders and the entire coaching staff. Mr. Speaker, I think it's important to understand that these players have gone through a lot. We are a part of a sectional sports organization that doesn't always prefer to have to play players like these, and sometimes they have to go into communities where they are harassed and calling out of their names. The great ones, that's what happens to the great ones, people call you names, people hate. But they -- this particular time they were doing so well in the sectionals that there was games taken from them that they had already won in an effort to keep them from going further, it didn't work. They still went further and they still are the sectional champions. In the entire State of New York there's not a better football team than this one. And they proved it, not by what they said, but for what they did on the field of the game. These are the winners of the section for the whole entire State of New York. And I

want you to please great them and offer them the cordialities of our floor not just for the hard work that they've done, but for the work that they're going to do in the future as future leaders of America.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mrs. Peoples-Stokes, the Speaker and all the members, we welcome this football family here to the New York State Assembly. We commend you on the achievements that you have made this year. We hope that the lessons of winning and becoming champions are one that stays with you your entire life and that you use it as an inspiration to be a champion in your life and a champion to others. And so we're so pleased to have you here. We congratulate you and we glory in your victories. Thank you so very much.

(Applause)

Mr. Gallahan for the purposes of a introduction.

MR. GALLAHAN: Thank you, Mr. Speaker. It is with great pride that I rise today along with my colleague Assemblyman Steve Otis, Hobart and William Smith alumnus and hockey player to introduce Hobart and William Smith hockey team and coaches for their extraordinary accomplishments and achievements of the team's victory in the NCAA Division III National Championship. The storied tradition of intercollegiate athletic success at Hobart and William Smith Colleges has now risen to a new level. The Hobart Men's hockey team's victory in the NCAA Division III National Championship game in a dramatic 3 to 2 overtime victory over defending champion Adrian College on Sunday, March 26th,

2023 at the Raymond J. Bourque Arena in Beverly, Massachusetts to secure Hobart's first national championship in the history of the program. The achievement follows the building of one of the most solid and consistent Division III programs in the country finishing the season with a 29 and 2 record ranked number one or two in the nation for most of the '22-'23 season led by (inaudible) scoring skaters able to score goals in close games against challenging opponents and noted for a stingy defense only allowing 37 goals in their championship run. The Hobart's Statesmen program has been built by Head Coach Mark Taylor, who is with us here today, who for past the 23 years has brought together skilled collegiate hockey players to create a team balanced by outstanding defense, wide strategy and team work where every player is prepared to get the job done one shift at a time. Hobart Hockey took advantage of home ice in downtown Geneva's field called "The Cooler" with an undefeated 19-0-0 record. The first undefeated home rink record in the program's history. Fans of Geneva and visiting rinks were firsthand witnesses to collegiate hockey at its best and recognized this special team in every game. Defenceman - and I may blow a couple of these names, forgive me, Defenceman Logan [sic] Bulger, Kevin Lassman, Gagik Malakyan, Austin Mourar, Matthew Perryman, Cooper Swift, Jason [sic] Patterson and Matthieu Wuth. Forwards: Mateo Albinati, Jonah Alexander, Luke Aquaro, Ignat Belov, Artem - this a tough one - Buzoverya? Thank you. Brenden Howell, Matthew Iasenza, Shane Shell, Zach Tyson, Tristan Fasig, Wil Crane and Tanner Daniels. Christian Duvall, Kahlil

Fontana, Tannel Hartman -- Tanner Hartman, I'm sorry and Ethan Mulhearn are goaltenders. David -- Damon Beaver - great season, Graham Burke and Mavrick Goyer. These players were supported by Hobart and William Smith President Mark Gearan, Director of Athletics Brian Miller, Head Coach Mark Taylor and his team Assistant Coach Tom Fiorentino. Hockey Operations Assistant Joel Stoneham, Facility-Athletic Fellow John Halfman, Strength and Conditioning Head Coach Chris Gray, Head Equipment Coordinator Kevin McDonald, Associate Director of Athletic Communications Mackenzie Larson and Assistant Athletic Trainer Sara Moore.

Among Hobart hockey's other achievements this season for winning the NEHC Tournament Championship, winning the last 12 games of the season scoring 123 goals while only allowing 37 goals against that included nine shutouts in the season's 31 games and allowing only four goals in the NCAA tournament. Celebration and recognition is shared by the current and past parents, alumni players, college leadership and boosters who have supported the Hobart ice hockey for decades and we offer special recognition to former Athletic Director Bill Stiles who made the decision in 1977 at the urging of one of my colleagues in this room Assemblyman Otis, to form and join NCAA Division III. To elevate the decades-old hockey club team was an honor and a -- and a privilege and -- and look what they've done now with this national championship.

Mr. Speaker, would you please offer the cordialities of this floor to the Hobart and William Smith hockey team and their

guests for their outstanding achievement. Thank you.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Gallahan, the Speaker and all the members, Hobart, we welcome you, we congratulate you, we extend to you the privileges of the floor. Today is a day for champions here in the New York State Assembly. Hobart meet East Side. Congratulations. Take a picture together. Remember you are joined in winning.

(Applause)

Mr. Giglio for the purposes of a introduction. One minute. I think they're departing. Gentlemen, go right ahead.

Proceed, Mr. Giglio.

MR. GIGLIO: Thank you, Mr. Speaker. Thank you for allowing me to interrupt our proceedings for the purposes of an announcement or a welcome. I am very fortunate today to welcome St. Bonaventure University students here today. They have come over 300 miles to visit us. They are the state and local government class there. It is -- it is -- they're here to see how things work. We took them through the Chambers earlier, we showed them both Chambers and they're very interested in state and local government. The fact of the matter is is that we also have two alumni from St. Bonaventure sitting here today. Mr. Morinello and Mr. Palmesano and another adopted alumni almost but we've adopted MaryJane Shimsky and Scott Gray who took them around today and he had to tell me how much work he did today so we thank him, too. But the fact of the matter is I'd like to welcome them here to their [sic] Chambers, they

see what's going on. It is always a privilege for somebody from home to come here and St. Bonaventure University is a jewel of Southwest New York. So I thank you for welcoming them.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Giglio, the Speaker and all the members and your alumni who are here in this House, welcome to the New York State Assembly. We extend to you the privileges of the floor. Hope that you have had a day of experiences here in the State Capitol and will enjoy proceedings as we begin to debate bills. Thank you so very much. Hope that your interest in government continues throughout your life. Thank you so very much.

(Applause)

Resolutions, page 3, the Clerk will read.

THE CLERK: Assembly No. 300, Mr. Sayegh.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 2023 as Celebrate Diversity Month in the State of New York.

ACTING SPEAKER AUBRY: Mr. Sayegh on the resolution.

MR. SAYEGH: Thank you very much. You know, we here in this Body often and usually on a daily basis whenever we meet either have resolutions or acknowledging holidays, acknowledging ethnicities and race, and we all realize the urgency and the importance of developing more dialog, more understanding and more awareness because the polarization that has taken place not only



in our State but the nation of the world is to a point where either hatred or division causes enormous feelings of mistrust and a lack of moving forward. So this resolution specifically focuses on our need to respect diversity, respect each other's ethnicities, our race, our gender and our religions. And when we recognize as all of us are members of the human race, we realize that there's so much more in common than what divides us or makes us different. So I thank you for allowing us to present this resolution.

ACTING SPEAKER AUBRY: Certainly.

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

THE CLERK: Assembly No. 301, Ms. Solages.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim May 19, 2023 as Human Milk Day in the State of New York, in conjunction with the observance of World Human Milk Day.

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

THE CLERK: Assembly No. 302, Ms. Jackson.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 11 - 17, 2023, as Black Maternal Health Week in the State of New York.

ACTING SPEAKER AUBRY: Ms. Jackson on the resolution.

MS. JACKSON: Thank you, Mr. Speaker, for allowing me to speak on this resolution. April 11th to the 17th is Black Maternal Health Week. Our country has the highest maternal -- mortality rate disproportionately impacting Black mothers. Within New York City, Mr. Pretlow, within New York City Black women are eight times, eight times more likely to die from a pregnancy-related cause and more likely to experience severe maternal morbidity than non-Black women. Even more alarming, the Bronx has the highest number of Black deaths when it comes to our children. And it's interesting because, you know, as a mom when I was 18 I didn't worry about my daughter coming to life at -- at 18 years old. When I turned 37 I had more fear of bringing my son full-term because I heard about stories like Amber Isaac who died three days after having a C-section. And stories like Serena Williams who almost died having her daughter and she is, you know, arguably the best female athlete in our time. And these stories are -- are not uncommon around the Black community. So many of my sisters have never gotten an opportunity to hold their children, to hear their first word, to watch them go off on their first day of school, so the question is how do we address this issue? We address it by stop ignoring it. We create and fund, we create and fund doula programs, birthing centers and pipelines for Black women to become OB-GYNs. And we call a thing of thing, right? There's institutional racism that exists in our hospitals and we get to acknowledge it and we get to emanate it. To the Black moms, there's no way I can pay you back but my plan is to show you that I

understand. You are appreciated. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Ms. Solages on the resolution.

MS. SOLAGES: Mr. Speaker, I -- I come before you today with a passionate plea. As we observe maternal health week, Black Maternal Health Week, we must acknowledge the pressing need to prioritize doula care. The health disparities that Black women face are a crisis that demands the immediate attention and doula care could be a critical part of that solution. We cannot afford to turn a blind eye while Black women continue to experience higher maternal mortality and morbidity rates. This year's theme of Black Maternal Health Week is "Our Bodies Belong to Us: Restoring Black Autonomy and Joy." And that speaks to the critical need to empower Black women and to take charge of our health and well-being. Research shows that -- excuse me. Research demonstrates that Black women who receive doula care are more likely to have positive maternal health outcomes. A systematic review published in 2020 found that Black women with a doula were 22 percent more likely to experience pre-term birth, 17 percent less likely to receive a C-section than those without a doula. In addition, Black women with a doula were more likely to initiate breastfeeding and have better overall satisfaction when it comes to experiencing childbirth. These figures illustrate doula care is a significant impact on promoting positive maternal health outcomes for Black women. We must continue, excuse me, we must continue to invest in community-based doula programs and ensure that they're

accessible and affordable to all. It's also essential for us to work to remove the barriers that prevent pregnancy -- pregnant individuals from accessing doula care, such as lack of insurance coverage and limited availability in certain areas. Providing accessible doula care is not just about improving maternal health outcomes, but also about promoting equality and justice in health care. It's about empowering pregnant individuals to take care and control of their health care and ensure that we're all treated with dignity and respect. The stress and trauma associated with systematic racism can adversely affect the mental health of Black women and we have to move forward to create a safe and supportive environment that can make them heal and thrive. So I urge all my colleagues to support this resolution. I thank the sponsor for putting it forward and I hope that we can prioritize maternal health care and mental health care for Black mothers. Let's move towards a society where women can experience pregnancy and childbirth with joy, autonomy and dignity. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Ms. Bichotte Hermelyn.

MS. BICHOTTE HERMELYN: Thank you, Mr.

Speaker, for allowing me to speak on this very important resolution on Black Maternal Health Week. Black Maternal Health Week was founded and led by a group called the Black Mamas Matter Alliance. Black Mamas Matter Alliance is an initiative that aims deep in the conversation around Black maternal health in the US. And on April 13th, 2021 President Joe Biden signed a proclamation which

established Black Maternal Health Week to highlight the racial disparities and maternal mortality rates in the -- in the United States. This year marks the sixth anniversary of the Black Maternal Health Week campaign. In 2018 Congresswomen Alma Adams introduced the First Congressional Resolution recognizing Black Maternal Health Week with then Senator Kamala Harris. When you're pregnant, it's the start of a new -- of new beginnings. It's supposed to be a celebratory time, but when the health care system is not equitable because of your race and socioeconomic status, it fails families, Black families, Brown families, families of color not knowing if a Black mother or a Black infant will come out of the hospital alive just to leave us mourning. Pregnancy-related deaths in the United States are skyrocketing and Black women are more at risk than women of any other race. Black infant mortality is also nearly twice as high than it is for White babies. Women in New York City, especially Black women are facing a maternity health care crisis. In New York City, Black women are eight times more likely than White women to die from a pregnant-related cause and nearly three times more likely to experience severe maternal morbidity than White women. Black infants, as mentioned, are more than twice as likely to die from premature birth than babies of other races. We remember Amber Rose Isaac, we remember Sha-Asia Washington, two Black women who died giving birth in New York City. Unfortunately, I experienced that disparity firsthand when I lost my own son Jonah Bichotte Cowan in 2016 after being turned away from New York Presbyterian

Columbia Medical Hospital in an incredibly high-risk situation. Since then, I passed a Jonah Bichotte Cowan Law in memory of my late son to address the standard care -- of care for expectant mothers experiencing pre-term labor. Through God's grace and faithfulness, I now have my bundle of joy and a blessing in my life, Daniel Jean-Jacques Hermelyn who continues to push me to fight for all mothers. Bringing life into the world shouldn't cost a life of a mother or the child. Black Maternal Health Week brings awareness to the work we need to continue to do for us to birth a nation of heroes and heroines. In our district, in Flatbush Brooklyn, the Morris Heights Health Center opened up the Maternal Health Center of Excellence which aims to improve health equity in women health and eliminate racial disparities in Black maternal care. Yes, we need more doula care, we need more birthing centers, we need more midwives, we need comprehensive health care. The pain of losing a child is unimaginable. During this week of awareness we must take action to stop structural racism from claiming additional lives. I want to thank Wyckoff Hospital in Bushwick, New York for saving my life and taking me in in 2016 and helping me deliver my newborn son in 2022. I would also like to thank the sponsor of this resolution in which I fully support and advocates like the Birthing Justice, the Shirley Chisholm Institute, the NAACP, the National Birth Equity Collaboration, Star Legacy Foundation, the Baby Resource Center, March of Dimes, PUSH for Pregnancy, BabyQuest and so many others who are in the fight with me in ensuring that Black mothers and

Black babies get the justice they need. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Ms. Darling on the resolution.

MS. DARLING: Thank you so much Mr. Speaker, for allowing me to speak on this resolution. I didn't plan on speaking on this resolution because it's such a sensitive topic but I want to support this resolution in honor of my Godchild who died during childbirth. My -- my Spelman sister was having a baby and she decided that she wanted to trust a midwife over a medical doctor because she thought she would get a more sound and holistic experience. And I believe she was receiving that until she was dropped off at my house and she looked like she was in the process of losing the baby and she was told to take a bath and lay down in my house. I did not feel comfortable letting her take a bath so I brought her to the hospital excited to receive my Godchild and they couldn't find a heartbeat so they rushed her back into surgery. I was expecting my first child at the time as well so I was just really excited to have this experience right before my experience. And the doctor came out and said that she had made it through surgery. And at the time I didn't think there'd be a reason she wouldn't make it through surgery, but they said unfortunately the baby did not make it. And we were able to hold my dead Godchild and see a baby who, you know, we were prepared to bring home that day. And this was a young woman who had just graduated from college and it was at that moment that I realized how dire Black maternal health is in this country and how

some people do view our lives as disposable across industry. You know from health care, to public safety, to economic development and I just want to say that I've been in spaces where I've had medical professionals say that our pain tolerance is higher than other people's pain tolerance. So when we come in and we complain of headaches or illness, oftentimes we are sent away which is what happened to my colleague and we have to do better. We have to really attack this -- this institutional racism where there's a difference between us and other people. So, I just want to thank the sponsor so much for this -- this bill. It's very important to me and, excuse me -- this resolution is very important to me and we have a lot of work to do in this House in the State of New York. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Ms. Chandler-Waterman.

MS. CHANDLER-WATERMAN: Thank you so much, Mr. Speaker. I'm a mother of four beautiful, amazing children and I'm glad to be able to stand here to tell you to live through that process to tell you about these amazing children. So many of our sisters, our Black and Brown sisters, unfortunately didn't have that opportunity. But right now I can tell you about the discrimination that Black women like me face when they are in the midst of what should be one of the most glorious, precious times of their life. Disrespect, dismissal when asking questions of sharing or a concern and racist and pre-justice assumptions and unnecessary roughness. In 2018 there were 41 pregnancy-related deaths in our State and statistically show



approximately 3,000 women come close to death or experience complications during childbirth. Black women are eight times more likely to die from pregnancy-related complications than White women. However, we refer to ourselves as a progressive state far ahead of others. Well, I would dare to say we are almost as bad as the countries which carries a shame of having the highest maternal mortality and morbidity rate when compared to ten of the most developed countries in the world. Sadly, the rates have increased since 2000. This epidemic is rooted in the system -- systemic racism engraved in our health care system. We can start by investing in birthing centers and doula services and legislation that is just common sense. We can make our voices heard to extend Medicaid coverage for birthing people one year after birth and support the monumous [sic] act of the Federal level that -- that my own very congresswoman Yvette Clark is pushing. We can join groups like MomRising [sic], Black Mamas Matter and our State advocates for Paid Family Leave, mandatory doula midwifery services. I stand here as a mother and join my sisters across the country to demand better treatment for the women so many elected -- elected officials took to get into office. I join with my sisters in this legislative Body to pass this resolution and most importantly, do more than from -- than form another working group, another task force, we need real action. I thank the sponsor, my chairmates for this resolution. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Ms. Zinerman.

MS. ZINERMAN: Thank you, Mr. Speaker, for allowing me to speak on this bill. I, too, rise today to thank the sponsor for having the -- the courage to lift up this resolution. You've heard from the women in this conference who spoke before me so eloquently about the need for this resolution and action on the part of this Body and others. But today I want to -- I want to draw you back to the theme for this year, restoring Black autonomy and Black joy. Why is that so important at this time? We've been repeating these statistics to you for a number of years now. Most people can quote chapter and verse how many Black women have died in childbirth despite their age, despite their station in life, despite their education, but still the statistics remain. Every year we come here looking for support in order to get birthing centers and -- and doula services and just for people to see us. So, I know that resolutions are (indiscernible) so that when you hear the resolution and you hear Black - if you're not Black - your attention goes somewhere else. When you hear maternal health, your attention goes somewhere else. But I want to talk to each and every one of you today as parents, as grandparents, as would-be parents, and even those who will never be parents, who may be suffering fertility issues. This is an American phenomenon. Are we not all Americans? Do we not, those of us who are parents, remember the joy that we first felt when we -- that we felt when we found out that we were pregnant or someone in our circle was pregnant. The elation when that child was born. The -- the fight to be the first one to hold that child in your arms and buy them their

first outfit, their first toy, their first US bond. All of those things are important. These are all things that we've experienced as Americans. What we are saying here to you today is Black females, Black mothers, absolutely, absolutely have to matter as important as each and every one of your family members, because too many of us have not had the joy of going home from the hospital with a little one who's going to continue the legacy of our family swaddled in our arms and in our care. So please pay attention to this. Please look in the budget for the things that we've asked for -- asked for and please support them because we are Americans and we support this country in millions of ways every single day. And without us, this does not work, so help us preserve the next generation by supporting this resolution and supporting those items that we've lifted up in the budget. I thank you all for your time and attention. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Ms. Jean-Pierre.

MS. JEAN-PIERRE: Thank you, Mr. Speaker, for allowing me to speak on this resolution. I would like to commend the sponsor of this resolution as well as Black Mamas Matter Alliance for highlighting the importance of the State of Black maternal health in the United States and we need to be doing to address the root causes of the disparities we observe in the area of public health. During Black Maternal Health Week we recognize that the United States has the highest maternal mortality rate amongst developed nations and that we experience disproportionately higher rates, sometimes up to

four times higher for Black women. This harsh reality underscores the need to ensure comprehensive continuous maternal health, insurance coverage during pregnancy and in your months and years immediately following the birth of our children. There are other mechanisms we pursue like expanding maternal health, resources in rural communities and requiring implement implicit bias training for health care providers. Most importantly we need to continue amplifying the voices and perspectives of those Black women of Black Mammias who have lived these experiences that we can best advocate for the elimination of maternal mortality once and for all. We have an obligation to ensure we are not failing pregnant women due to socioeconomic status, due to race status. As a mom of two beautiful children who have experienced two difficult C-sections, I'm truly grateful for the folks that I had around me, but not everyone has that. Once again, I want to thank the sponsor of this resolution and proudly support and looking forward to continuing to work with this entire legislative Body. Unrealistic solutions such as birthing centers, funding the -- funding the review board of maternal mortality and doulas. Again, I thank you again, Mr. Speaker, and thank you to the sponsor.

ACTING SPEAKER AUBRY: Thank you.

Ms. Levenberg.

MS. LEVENBERG: Thank you, Mr. Speaker. I rise to support -- in support of this resolution and to be so grateful to my colleagues who have introduced it and spoke on it today and all of the

facts. I had the honor and privilege of seeing the film *Aftershock* for Black History Month which was sponsored by the Peekskill NAACP in my district, and I just wanted to urge all of my colleagues to take the time to get a copy of that film and to take a look at exactly what all of my colleagues have just illuminated about Black maternal health and this incredible injustice that is happening in our State and in our country. I, again, would like to support all of the various efforts that were mentioned and I hope that we as a Body can continue to do so whether it's doulas or birthing centers or continued coverage. It is so important that we focus on this issue. Thank you and thank you again to the sponsor.

ACTING SPEAKER AUBRY: Thank you.

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

THE CLERK: Assembly No. 303, Mr. Magnarelli.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 16 - 22, 2023 as Abusive Head Trauma/Shaken Baby Syndrome and Awareness Week in the State of New York.

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

THE CLERK: Assembly No. 304, Mr. Slater.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 17 - 21, 2023 as Work Zone

Awareness Week in the State of New York.

ACTING SPEAKER AUBRY: Mr. Slater on the resolution.

MR. SLATER: Thank you, Mr. Speaker. Each day men and women across New York State show up to work and they show up to work to perform essential services that really improve our quality of life. Reality is, they often have to be working in dangerous settings and in those settings they are seen but disrespected and I've witnessed this first hand with our local water departments, highway departments and others where they're often cursed at, spat at, motorists speed up through work zone -- working zones. The reality is the unthinkable tragedies do occur to these workers who are just there showing up to do their jobs, to provide for their families and to improve our quality of life. And the reality is the unthinkable does happen and it did happen on September 14th, 2022. In my community Jake Arcara, a member of the Town of Yorktown Highway Department was killed in a work zone. He was flagging while his co-workers were working on a drainage project on the local road. Jake was a machine equipment operator at NEO, he had a heart of gold and the stories about Jake are truly legendary. He would often take his grandmother out for breakfast, so often it became a weekly tradition every -- every Sunday. His mom Kelly said that Jake would honk the horn of his truck whenever driving by in the middle of town so that she knew he was doing well. Jake loved fishing, he loved his dog Gunner and of course a cold beer on a hot day. This resolution is

important because we need to raise awareness about the dangerous work conditions that these men and women are facing every single day. This resolution is important for people like Jake's mom Kelly, his dad Jack, his sister Amanda, his fiancée Katie, the entire Yorktown Highway Department and the entire Yorktown working force and all the public employees across our State who perform the essential work we rely on. Their lives matter and during this week especially we want to make sure we show them the respect they're due but not just this week, it should be every week and every day. Mr. Speaker, thank you.

ACTING SPEAKER AUBRY: Thank you.

On the resolution, all those -- Ms. Levenberg on the resolution.

MS. LEVENBERG: Thank you, Mr. Speaker. I rise in support of this resolution. As a former town supervisor in the neighboring town to Yorktown and also representing that community, we all know how important it is to make sure that we protect our public workers. I don't think any of us think too much about what's going on out there but in such tiny and -- and small towns and big towns and cities across the State, we need to make sure that we slow down and respect our work zones and there's no better way to do it than with this resolution today and to continue to support our safety enforcement and our safety -- our safe laws. So thank you again to my colleague for sponsoring this resolution and I support it.

ACTING SPEAKER AUBRY: Thank you.

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

THE CLERK: Assembly No. 305, Ms. Giglio.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 15 - 22, 2023 as Dark Sky Week in the State of New York.

ACTING SPEAKER AUBRY: Ms. Giglio on the resolution.

MS. GIGLIO: Thank you, Mr. Speaker. I rise today to ask my colleagues to support this resolution for April 15th through the 22nd as Dark Sky Week in the State of New York. As we all know, light pollution affects our environment and has significant economic costs. Light pollution, waste energy and resources, its affect on human health and wildlife can result in costly consequences for our communities. Additionally, light pollution can affect the tourism industry by obscuring the beauty of the night sky and diminishing the appeal of outdoor recreational activities that require darkness. As Dark Sky Week, we provide an opportunity to raise awareness about the importance of turning off unnecessary nighttime glare. Our goal should be to reduce light pollution and enjoy the beautiful night sky. By working together to preserve dark skies, we can protect our environment, conserve our natural resources and support our economy. I urge you to join me in supporting this resolution to declare Dark Sky Week in New York State. Together we can create a more sustainable and prosperous future for all New Yorkers. Thank



you for your attention and consideration.

ACTING SPEAKER AUBRY: Thank you.

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

THE CLERK: Assembly No. 306, Mr. Santabarbara.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 2023 as Autism Acceptance Month in the State of New York.

ACTING SPEAKER AUBRY: Mr. Santabarbara on the resolution.

MR. SANTABARBARA: Thank you, Mr. Speaker, for the opportunity to speak on this resolution. This month was once known as Autism Awareness Month and that evolved into Autism Acceptance Month to better support and accept and create a more welcoming society for -- for all of New York State and across the country. We are passing this resolution here in conjunction with a number of other states across the entire country. I was very pleased to have my son Michael here not too long ago in recognition of Autism Acceptance Month and over the years since he was diagnosed with autism, we've gone through many of the challenges that many people face. The numbers continue to grow of people effected by autism, millions of Americans each day and a lot of those families here in New York State, but I'm very pleased with the work that we've done here in this Body and in New York State to pass legislation funding that supports these families, it makes a difference for them. It

improves their lives, it puts them on the path to independence whether that's supporting Special Education or programs in -- in our community. Each one of them have been very important and over the years I've been very pleased to be a part of passing those bills and supporting all people with disabilities. So with that, I urge all of my colleagues to support this resolution and I look forward to continuing that good work supporting people with autism and supporting those families that are affected. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Ms. Walsh.

MS. WALSH: Thank you, Mr. Speaker. I want to thank the sponsor of the resolution and I obviously support it, I've spoken on it for the last few years. I wanted to share some information with my colleagues. One of the things that I was able to do, it's actually going to be this Thursday, we'll see how Thursday goes around here, but Thursday in my district we're holding the first -- First Responder Autism Awareness Training Program. It's going to be held at one of our public safety buildings. We know that first responders coming to the scene of any number of things, it could be a medical emergency, it could be a fire, it could be to a school where there's a problem, it could be any number of reasons should learn how to effectively engage with individuals who have autism. And we know that it is a very wide spectrum, Autism Spectrum Disorder. You're going to have individuals that could be non-verbal, somewhat verbal, they -- they could present in a way that might strike the first

responder as being unusual and challenging and we don't want the reaction to be escalated by ignorance. So I think it's very important. This training will educate on what autism is and how people are effected by it, different levels of autism and how to deal with it, tools to help identify people with autism and sensory issues, calming techniques and, when necessary, restraints if they're required and important tips on where to look for a lost autistic child when reported missing. So I just recommend that to -- to my colleagues, it might be something you might want to bring into your districts. And if you want to come and talk to me later, I'm happy to tell you how it goes on Thursday, but I'm looking forward to it and I -- I do try in April in Autism Awareness Acceptance Month to try to come up with programs that are helpful. And I just really want to thank the Autism Society for partnering in this, I think is a really important thing. So, thank you very much, Mr. Speaker and thank you to my colleague for bringing this resolution forward.

ACTING SPEAKER AUBRY: Certainly, thank you.

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

Page 5, Rules Report No. 111, the Clerk will read.

THE CLERK: Assembly No. A01395-C, Rules Report No. 111, Epstein, Dinowitz, Jacobson, González-Rojas, Cruz, Seawright, Forrest, Reyes, Burdick, Paulin, Burgos, Simon, Kelles, Raga, Mamdani, Thiele, Lunsford, Dickens, De Los Santos, Gibbs, Wallace, Glick, Hevesi, Sillitti, Cunningham, Levenberg, Shimsky,

O'Donnell, Ardila, Otis, McMahon. An act to amend the Education Law, in relation to providing access to medication abortion prescription drugs at the State University of New York and the City University of New York.

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

MR. EPSTEIN: Thank you, Mr. Speaker. This bill would require SUNY and CUNY to provide enrolled students with access to medication abortion either by prescription or by referral.

ACTING SPEAKER AUBRY: Ms. Walsh.

MS. WALSH: Thank you, Mr. Speaker. Will the sponsor yield?

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

MR. EPSTEIN: Happy to.

ACTING SPEAKER AUBRY: Mr. Epstein yields.

MS. WALSH: Thank you very much. I guess, first of all, let me just say that this bill appears to have been introduced every year since 2019 but this is the first time that this Body will be voting on this bill. And that there is a Senate companion bill; is that correct?

MR. EPSTEIN: That is correct.

MS. WALSH: Okay. So let's talk first about applicability. Does this bill apply to every SUNY, CUNY in the State?

MR. EPSTEIN: Yes.

MS. WALSH: What about community colleges that are affiliated with SUNY and CUNY? For example, in my area we have SUNY Adirondack, we have SUNY Schenectady, they're community colleges but they go under the SUNY umbrella.

MR. EPSTEIN: If they're a SUNY they're a SUNY.

MS. WALSH: Okay. Does it apply to full-time and part-time students?

MR. EPSTEIN: All students.

MS. WALSH: Does it apply to high school students who maybe through a P-TECH program taking classes at a community college that is under the SUNY auspices?

MR. EPSTEIN: If they're enrolled in a SUNY institution or a CUNY institution it covers them.

MS. WALSH: Okay. Does each SUNY or CUNY throughout the State have a full medical practice on campus?

MR. EPSTEIN: Not that I know of.

MS. WALSH: So they don't necessarily have doctors on staff, PAs, nurse practitioners or pharmacy.

MR. EPSTEIN: Some SUNY and CUNYs have health care facilities on -- on site and some do not.

MS. WALSH: Is it fair to say that as we look at different sized SUNYs throughout the State and I imagine CUNY as well, that there's a big difference between say a SUNY Binghamton or a SUNY Albany, SUNY Buffalo, larger institutions and some of the

smaller ones like SUNY Fredonia, SUNY Cortland, something that's a little bit on the smaller side. Does that impact at all the offerings that they may have in terms of an infirmary or an on-campus medical facility?

MR. EPSTEIN: I don't know if you're saying smaller schools don't have health facilities and largers do. There are some large facilities that do and some large schools that don't and some small schools that do and some small schools that don't.

MS. WALSH: Okay. Is there any plan to standardized medical care at all on campuses throughout the SUNY CUNY system?

MR. EPSTEIN: There is no plan right now. Just standardized medical care across the SUNY system that I know of because each campus has its own approach and its own staffing requirements. So some have a referral-based system and some have on-campus support.

MS. WALSH: In terms of the referral basis, I would imagine that a referral could be made to an off-campus clinic, perhaps a Planned Parenthood or something like that. Is that what it -- it means to say when it talks about a referral?

MR. EPSTEIN: Exactly.

MS. WALSH: Has there have been any kind of study or inventory to make sure that all SUNY and CUNY facilities around the State have a referral that's nearby?

MR. EPSTEIN: So it's been represented to us that

they either have the ability to do an on-campus or have a referral network in place.

MS. WALSH: Okay, very good. So now what I'd really like to talk about is what exactly medication abortion is. So can you talk about what -- what it is and what this bill is specifically requiring that SUNY CUNY either directly provide to part-time or full-time enrolled students or provide referrals to get.

MR. EPSTEIN: So there's a few drugs available on the market that are FDA-approved that help terminate a pregnancy in the early stages of pregnancy. And those drugs would be made available to students who are requesting access to it through a health care provider.

MS. WALSH: So the two that I was familiar with were - and I'm probably going to butcher this, I'm sorry, I'm sorry - Mifepristone and Misoprostol.

MR. EPSTEIN: You did a very nice job, you did well.

MS. WALSH: Did I do okay? All right. So the first medication, Mifepristone, what does that do to a pregnant woman?

MR. EPSTEIN: Yeah. So I'm not a doctor and that's not related to the bill. The bill talks about making access and making access with their health care provider. There are two approved drugs right now available to the people who need abortion care and those drugs are -- been FDA-approved and that's what the health care facilities are going to do to help people who want to make that choice

that have access to health care.

MS. WALSH: So is it your position then that when examining this bill which will require SUNY CUNY schools to provide these two pills that will terminate a pregnancy that we should not care whether or not they're safe?

MR. EPSTEIN: Well, of course we care --

MS. WALSH: Or do you believe that the inquiry just ends at FDA-approval?

MR. EPSTEIN: Yeah. The FDA's been approved for decades, the FDA has approved these drugs and if the FDA approves it we can make a determination that they're safe according to the FDA.

MS. WALSH: Okay. But there is pending Federal litigation concerning the FDA's approval of this Mifepristone which is the -- the first dose that's given to a -- a pregnant woman which -- which ends the pregnancy for -- I'll put it that way -- which ends the pregnancy. So, in fact, the Federal order which halts the FDA approval of this is stayed until midnight tomorrow. So shouldn't we wait until there is better clarity on this matter before considering this legislation?

MR. EPSTEIN: I mean, first of all, there is clarity on it. The FDA approved these drugs over 20 years ago. There was no stay in effect across the nation and what we're asking the SUNY and CUNY systems is to provide the providers. It's not -- the schools aren't giving out the medication. They're making a referral or having internal providers provide health care like they provide health care to



all sorts of students on their campuses for a variety of issues that -- for drugs that are FDA-approved.

MS. WALSH: All right. So let's say that there is -- let's just take an example where there is an infirmary on one of these college campuses and the pregnant woman goes to the infirmary and are you saying that -- they're not -- if they have the medication that's there, they do -- they can't dispense it directly to the young person, correct, the young woman?

MR. EPSTEIN: A provider can dispense it. If there's a certified health care provider on the campus who has the authority to dispense the medication they can do that --

MS. WALSH: Okay.

MR. EPSTEIN: -- like they can dispense any other -- like an antibiotic that they may dispense on a campus if they determine someone needs an antibiotic.

MS. WALSH: And who is qualified on a college campus to dispense this -- this medication?

MR. EPSTEIN: You're asking who on a campus right now is qualified?

MS. WALSH: Yes.

MR. EPSTEIN: Someone who's taken the required courses to be qualified to dispense the medication. There's specific courses that are required to dispense medication and I don't know those people exist on any campus in New York State right now, but they will either exist on campus or they'll exist at a health care

provider for a referral system like a Planned Parenthood as you mentioned.

MS. WALSH: Okay, wait a minute. So, I'm sorry. So if there is a physician's assistant that is working in a campus infirmary, are they able to dispense?

MR. EPSTEIN: Only if they're qualified to dispense the medication.

MS. WALSH: And what will qualify -- they're qualified by taking a course or --

MR. EPSTEIN: There -- there are Federal and State regulations around qualifications to allow people to dispense the medication. There's classes and courses that people need to take to be approved to certify to dispense that medication and that's who will be qualified.

MS. WALSH: So it's not --

MR. EPSTEIN: It's not like a teacher in a classroom is going to be able to dispense the medication or every health care provider. It's people who are specifically qualified to dispense the medication.

MS. WALSH: So in other words it's not done based on the -- the scope of practice of a particular profession. So a nurse practitioner, a physician's assistant, a pharmacist, a physician. It's based -- any of them or none of them may be qualified. It depends on whether or not they have received specific authorization to be able to do that?

MR. EPSTEIN: Yeah. So -- so everyone gets trained to a -- you know, a scope of practice. If someone's either been qualified or not been qualified to dispense the medication. If they're qualified they can dispense medication like other medication. If they're not qualified they don't have the authority to dispense the medication.

MS. WALSH: And are you saying that this is -- that these two drugs specifically, the Mifepristone and the Misoprostol, that they would require specific authorization that would be separate and distinct from dispensing something like an antibiotic or something that would not have a black box warning like these do.

MR. EPSTEIN: So they have a specific qualification in their scope of practice, and so if they're qualified to dispense antibiotics they can get qualified to do that. If they're qualified to dispense medication for abortion they can -- they'll be qualified for that. I'm not clear how you're making a distinction here.

MS. WALSH: Well, I'm trying to figure out if there is specific training and authorization that comes for these drugs specifically or are we talking about -- like a pharmacist may dispense -- may dispense medications, right?

MR. EPSTEIN: Right. So an example a pharmacy would be able to dispense this medication if their script was written by an appropriate health care provider who is qualified within their scope of practice to write that script.

MS. WALSH: But -- but right now I guess where I'm

confused is you're -- you're not telling me that each SUNY CUNY within the State would have anybody on campus that would be qualified to dispense these two drugs; is that correct?

MR. EPSTEIN: That's exactly right. We don't know if they have anybody, they're not required to have anybody. They're either going to do it on campus or they're going to make a referral and we're not telling. We believe in local control of these institutions and we want to make sure the CUNYs make the best choice -- thank you -- the best choice that they can make for their campus to ensure whether they do referrals or have on-campus they have to do the work.

MS. WALSH: Okay.

MR. EPSTEIN: That's why there's a referral option or on-campus option because we don't want to make decisions for every campus. We don't know their -- their situation.

MS. WALSH: Okay. So just because -- so just because there's a campus that has a doctor on staff, for example, that doctor may not necessarily be authorized to write the prescription for this?

MR. EPSTEIN: You know, I didn't go to medical school so I don't --

MS. WALSH: No, me neither. I'm -- I'm truly asking. I don't know the answer either.

MR. EPSTEIN: So I think the doctor will determine whether they're qual -- within their scope of practice they're qualified to dispense it. If they are, they'll be able to dispense it and if they're

not, they'll have to figure out another way to dispense the medication for students.

MS. WALSH: Okay, all right. So the first -- the first dose of the pill ends the pregnancy and then the second series of pills expels what is inside the uterus and is essentially bled out and passed over nine to 15 days. So how effective is this -- is this medication abortion or chemical abortion, do you know?

MR. EPSTEIN: Well, you know, about 50 percent of abortions in the United States happen through medication abortion. It's been proven effective by the FDA. Millions of women have used it. The safety record is clear and the FDA has approved it. So I think it's a really good say after decades of use in the United States.

MS. WALSH: Would you be surprised to know that the treatment does not work in about two to seven out of every 100 women?

MR. EPSTEIN: Out of what you said?

MS. WALSH: Two to seven women out of 100 it's not effective for them.

MR. EPSTEIN: So between two percent it's not effective to seven percent it's not effective?

MS. WALSH: Yes.

MR. EPSTEIN: I thought it was a little lower than that. I thought it was only one percent not effective but if you're saying it's two percent, I believe you.

MS. WALSH: So in 2000 there was emergency FDA

approval and around -- well, greater than five million women have taken the drug since the approval in 2000 to now. So that means that therefore between 100,000, which would be two percent, and 350,000, which would be seven percent of Mifepristone users had unsuccessful chemical abortions and had to get an abortion in another way. Does that -- does that concern you at all as far as or -- are you -- are you -- are you fine as long as it's FDA-approved, you're fine with that.

MR. EPSTEIN: I would say every drug that we've ever taken in the history of the world has some rate of -- of not being effective. And whether it's the COVID vaccine that we all recently took or the flu shot that we've all gotten or vaccinations for polio that we've gotten, there's always been a percentage, you know, low percentage of noneffective rates. And this is in the exact zone where -- where it's mostly effective for most people. Compared to what we've seen -- we have talked about Black maternal death where, you know, we've lost I think in 2022 over 800 women died during pregnancy during childbirth. So, you know, there's a risk to everything, you know, risk to childbirth and we're trying to help people make their best choices they can and the earlier people take -- if they want to get an abortion, the earlier they do it, the safer it is. So this is the safest thing. If people want to make that choice, we're trying to make it accessible for them. And where they are and for college students where they are is on college campuses.

MS. WALSH: I'm so glad that you raised the idea of what's safer because I want to, for my colleagues and for the benefit of

the Body, point out that there's a big difference between what we've colloquially -- colloquially referred to as the morning-after pill or Plan B and these medication abortion pills. The morning-after pill or Plan B, that prevents pregnancies from occurring. Medication abortion ends the pregnancy. Is that fair? That's your understanding as well, right?

MR. EPSTEIN: Yeah, that is my understanding.

MS. WALSH: Okay. So once the -- once the medication is dispensed to the student, is there any required notification to her treating physician?

MR. EPSTEIN: Is there any requirement for what?

MS. WALSH: Any notification to her treating physician required?

MR. EPSTEIN: I -- I think, you know, since someone above's 18 will make the decision. They will either allow their treating physicians aware of that or not. That person will make that decision, like we all do when we go get health care, they say do you want this information to go back to your primary care physician, we make that decision as -- as receiving the health care.

MS. WALSH: But there's nothing in the bill that specifically speaks about treating physicians being notified after the -- the pills are dispensed, correct?

MR. EPSTEIN: There's nothing in the bill that says that at all because we couldn't mandate someone to require their treating physician to find that information if the person doesn't want

their primary --

MS. WALSH: Well, so you mentioned --

MR. EPSTEIN: -- physicians to know.

MS. WALSH: So you mentioned the age of 18, so I -- I happened to start college a little earlier, I started at 17.

MR. EPSTEIN: You're smarter than the rest of us so thank you.

MS. WALSH: Well, I was just younger, that's all, not that I was smarter. I was definitely pretty naive when I went to campus. It was my first time away from home, it was my first time living with people who were not my family members in a dorm, it was my first time trying to seek out any kind of medical assistance when I came down with mono my -- my first -- my first semester in school so I was a pretty young 17. So how does that impact --

ACTING SPEAKER AUBRY: Ms. Walsh, you're on your second fifteen.

MS. WALSH: Yes, thank you, I'm aware of that. Thank you, Mr. Speaker. How does -- how does the fact that I was 17, how would that impact -- does it impact it at all my ability to have gotten these -- the medication abortion pills on campus?

MR. EPSTEIN: It doesn't effect it at all.

MS. WALSH: Okay. Before the pills are dispensed - and I'm referring specifically to the way that your bill reads - is there anything that talks about the girl being physically examined, sonogram, anything to determine the stage of pregnancy?



MR. EPSTEIN: That's -- that's a decision between the patient and the -- the medical provider. And that's -- that's their decision. If that's something that the patient wants or the provider wants, that's the conversation that a doctor or a health care provider will deal with their patient.

MS. WALSH: And -- and really we don't know who these -- okay. We don't know who these providers are going to be but whoever's --

MR. EPSTEIN: (Inaudible) providers --

MS. WALSH: -- within the scope of their practice they'll figure it out, right? There's nothing in the bill that talks about whether the -- the women's prior medical records are going to be reviewed, any confirmation of the stage of pregnancy that the woman is in. Do we just go by the -- her word as to the date of her last period and would you acknowledge that some girls might not be truthful about that or may be ignorant about that? For example, girls that are athletes or who have eating disorders may have irregular periods. Is -- is there any consideration to that or are we just leaving that to the -- to these providers who are going to be authorized to dispense?

MR. EPSTEIN: So it's an interesting question about whether we trust a health care provider to provide good health care to patients in New York State. And this bill is just saying that this -- decisions are being made between a patient and their health care provider and whether the health care provider is on campus or off campus, these decisions are made all the time. So we're not telling a

health care provider what to do, like we don't tell a health care provider whether they should give someone an antibiotic when they come in the door or give someone, you know, pain meds when they walk in the door. These are really decisions between these providers and all we're saying is that this should be accessible to students on college campuses because it's easier to get health care where you are and the earlier you get the health care, the better it is for you. Like you said the morning-after pill, it's even earlier. Sometimes people don't know soon enough that they might be pregnant so they may miss that window. This is a second window that they have and, you know, later -- the later in the pregnancy it gets, the more complicated it gets if people are making health decisions or health choices about an having abortion. We're just trying to encourage people to have access and that's what this bill is doing. We're not undermining the patient/client relationship.

MS. WALSH: It's so interesting that you say that because one of the -- one of the groups that opposed this bill specifically said that they're opposed on the grounds that this bill would not provide actual patient care in a student health environment with a doctor/patient relationship. And that's actually one of my biggest concerns about the bill, too, because it's one thing to dispense medication and then send the girl back home to her dorm and say hey, you know, if you -- if you bleed extremely, you know, you might want to go get that checked out. Is there really a doctor/patient privilege that's being created or a relationship that's being created at all under

this bill?

MR. EPSTEIN: Well, I presume that every provider whether they're at a Planned Parenthood or on a campus create a doctor/patient relationship and are giving good advice. I trust that health care providers across the State of New York, especially, you know, the ones on campus are providing good -- good health care to those students already. And I assume they will continue to provide good health care under this requirement for medication abortion or their referrals to a place like Planned Parenthood that you made [sic] earlier, I presume we're providing good health care and providing comprehensive health care to patients who are going there. I presume they will provide comprehensive health care in the future. I assume and I presume because these people care about their patients that they're -- are being seen that they're going to do the best they can to help the patients that are going before them.

MS. WALSH: So I -- I appreciate your optimism. I -- I think that the bill as written though leaves a lot of these questions kind of hanging out there. And I think that, you know, once -- once dispensed -- well, let me back up. As -- before this bill is passed, what's our current state of affairs? If a pregnant woman walks into her clinic on campus, what's happening? Isn't she getting referred out to Planned Parenthood anyway? Why do we need this bill?

MR. EPSTEIN: So, first of all, we don't know what's happening because there's -- not every health care, every school has a clinic on campus.

MS. WALSH: Yeah.

MR. EPSTEIN: And maybe they are and maybe they're not or maybe there is no Planned Parenthood within 80 miles of their school. And as, you know, parts of our State are large, not a lot of our students get cars while they're on college -- while they're in college, maybe they can't get to the health care provider, this is creating a structure in the system to make it more accessible for the students. And the second thing I'll say is the reason we put a reporting requirement in on the bill is to ensure that we learn what's happening on campuses all over our State to figure out what's happening to ensure that our young people, our college students are getting the best health care that they -- they need.

MS. WALSH: You know, it just seems to me like there are a lot of open issues here. There's an open issue of how are all of our campuses set up around the State? What do they currently have? What's the inventory of what's available? Who is available? Who is going to be eligible to prescribe? Are there nearby clinics? Why -- why then would this law be effective in August of 2023 that it's just mere months from now? How is that going to be enough time to actually ramp up and have these things all answered so that it's rolled out right? And for -- and for contrast, let me say that in other states - California, Massachusetts, they have given long dates before effective presumably to give time for effective implementation. Why make this effective in August?

MR. EPSTEIN: Because we've been represented by

the SUNY and CUNY systems that they can get this stuff up and running by the time the fall semester happens this year. So I believe the presidents of SUNY and CUNY and our chancellors are telling us that they can do it so I believe that they can get it done. And the report will help us determine how they got it done and if there's any holes or deficiencies in what's happening, we can then step in and provide support. This is about our SUNY and CUNY campuses and we have to trust the people we put into leadership positions to be able to do what we've asked them to do. And they've both articulated to us that they can get this done in the time frame we've requested.

MS. WALSH: Well -- so the report, though, is due 24 months after the effective date of the legislation which would be August 1st of 2025. And -- but this bill's going to take effect on August 1st, 2023. So isn't the report going to be coming in after the effective date by like two years?

MR. EPSTEIN: The report's going to tell us what they did over the last two years and how they set up their program. And it gives them the time to be able to tweak with the programs if they feel like they're doing it in a referral system and they think they can actually have the capacity in-house, they can then set up the capacity in-house. It allows them to get this up and running and then make sure that it's working for their campus. And we don't want to then say oh, you just started so give us a report. Yeah, we want to give them time to get their systems and structures in place and to work out any kinks that might happen along the way.

MS. WALSH: Okay. Thank you very much for answering my questions.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, ma'am.

MS. WALSH: I -- I think that last response was very interesting because to me it just demonstrates that we're -- I believe that we're putting kind of the cart before the horse here. Even if we look at other states, very progressive states like California, Massachusetts, they're even giving more time to actually get the rollout right on this. I found it very interesting and very moving a lot of the statements that were made by my colleagues as we were talking about Black Maternal Health Month because some of the things that my colleagues were talking about were disrespect, not being heard, being dismissed, implicit bias, unnecessary roughness. You know, it's the way that we're treating our -- our young Black women who are pregnant. And, you know, I would say when I went to school at 17, I -- listen. I mean I'm sure that there were many, many women wiser than I starting school, but it is the first time for many, many women that they are away from their families, their away from home. When I was 17 and turning 18, you know, that was -- that was when I lived on my own away from my parents for the first time. I said I got sick my first semester. I didn't even know where the infirmary was. I had my first real relationship my first semester away from school and it really scares me and it worries me that at the thought of a young woman going through this ordeal, perhaps dealing with the kinds of bias that

we talked about earlier in our Session today and doing it basically on her own. Even with being dispensed this medication, this is not Advil. These have black box warnings these drugs. They don't -- some of the risks associated with medical abortion are failure to abort. My God, if the woman has an ectopic pregnancy, these pills aren't going -- are only working on the uterus to expel the pregnancy. And if you have a pregnancy outside the womb, you could end up really harming a woman. Heavy bleeding can last nine to 15 days. Some may need surgical scraping to stop the bleeding. There is emotional trauma that comes from this as well. And what I'm envisioning is that you're going to get -- dispense these pills that have black box warnings. Two women who are young, who are young and in many cases alone and say go back to your dorm and good luck. And if you're having a real problem, maybe come back and see us, you know, good luck. I don't think that that's kind to women, you know, I really don't. I don't think that that's empowering, I don't think that that's anything to be lighting up buildings about. I think it's really troublesome and I think that if we want to get this right, let's get it right. But I don't think that a situation where we're dispensing medication like this, this is different from the Morning-after pill, this is different from Plan B and this is different from the contraception bill that we -- that we debated just a couple of weeks ago. I think that there's a reason why this House has not taken this up since 2019. It is concerning. And I just want to in my remaining time which is not very long, I want to talk a little bit about this FDA-approval because I think that the sponsor of the

legislation put an awful lot of faith in the fact that the FDA has approved this so therefore it's safe and it can be dispensed. And he's very hopeful that there will be a doctor/patient or somehow a medical professional/ patient relationship here on the college campus or close enough outside of it.

In 2000 the FDA approved Mifepristone to be marketed with the brand name Mifeprex. And there was -- I want to get this right. There's an acronym called REMS. So they were looking at risk mitigation that would be applied to try to make sure that when they rolled this approved -- FDA-approved medication out that it would be done in a safe manner. So they had different -- different guide rails or guardrails that were put out and imposed including limiting the drug to pregnant women and girls for use through 49 days of gestation, 49 days. Requiring three in-person office visits. The first to administer Mifepristone, the second to administer the Misoprostol and the third to assess any complications and ensure that there was no fetal remains in the womb. Three, required the supervision of a qualified physician. And four, required the reporting of all adverse effects from the drugs. Those were the guardrails that were put in place in 2000. And we, collectively as a society, we lived with those rules for 14 years. And then in 2016 the FDA removed four of the original safety restrictions by increasing the maximum gestational age from 49 days to 70 days, reduced the number of required in-person office visits from three to one, allowed non-doctors to prescribe and administer the chemical abortion drugs



and eliminated - this is important - eliminated the requirement for prescribers to even report nonfatal events from the chemical abortion. So when they did that in 2016 - and there were -- there were changes that were made subsequently even expanding this program even more. But in 2016 by eliminating the requirement that nonfatal adverse events must be reported to the FDA, after eliminating that reporting requirement, the FDA then turned around in 2021 and declared that there's an absence of nonfatal adverse event reporting and that means that Mifepristone is safe. Well, that was described by the Fifth Circuit as being an ostrich's head in the sand approach and described that as being deeply troubling. I think it is deeply troubling. These drugs are serious, they have serious impacts on a woman's body and I don't think that this is something that should be taken lightly and I worry about our young ladies going off to school being alone being dispensed this medication without really any guarantee of a real patient/medical provider relationship. And for those reasons I will be -- obviously, I hope you know this, voting in the negative. And I believe that there will be bipartisan opposition to this -- this piece of legislation. Thank you very much, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. DiPietro.

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

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

MR. EPSTEIN: Happy to yield.

MR. DIPIETRO: Thank you, Mr. Epstein.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. DIPIETRO: Thank you, sir. Not knowing a lot about this and getting a lot of questions from constituents, just -- two pills, correct? What's the time between you take the first pill and the second pill?

MR. EPSTEIN: You know, so I'm not a doctor and I'm not a health care provider, so that's really something that I don't really need to know about. It's between the patient and the doctor to make those decisions.

MR. DIPIETRO: Is that usually -- but it's not -- they don't take them together from what I understand.

MR. EPSTEIN: You know, from what I understand they don't take them together, either. But again, I'm not a health care provider.

MR. DIPIETRO: Okay. What is the -- the timeline that they're going to be dispensing these? I mean, how long -- what is the date a woman can actually get those?

MR. EPSTEIN: So just remember, we're not -- campuses are not dispensing, they're prescribing. So a pharmacist is probably dispensing the medication and -- and the health care provider is prescribing the medication.

MR. DIPIETRO: Right. And if a woman is -- a girl is pregnant then -- I should say the person, if the person is pregnant

then you can get -- they're going to go and they're going to get the medication whether it's by prescription or by -- correct?

MR. EPSTEIN: Yes. So a doctor will prescribe it, they'll likely get to a pharmacy and the pharmacist will dispense the medication and then they will either have follow-up visits with the doctor or the health care provider either on campus or through a referral system.

MR. DIPIETRO: And -- and is this -- someone -- I just was reading, 10 weeks, 20 weeks, 5 weeks. What's the timeline where they can take the first and the second pill before they cannot take it, so-to-speak?

MR. EPSTEIN: So, that's, you know, again, this is going to be a decision to the health care provider and the patient about how it's getting -- you know, the prescription will lay out what the time frame is. Like all medications, you get antibiotics, they tell you to take it, you know, whatever, for ten days in a row and then you go back to see the doctor and hopefully you've gotten better from what you had. Here, the same thing. The health care provider will prescribe the medication, the pharmacist will dispense it and they'll make the determination when you come back to see your health care provider, whether it's the provider on the campus or, as another member said, maybe at your primary care physician, depending on what the patient wants.

MR. DIPIETRO: Okay. So you use -- a -- a person uses this medication. Can you explain -- from what I understand, the

second -- the first pill kills the baby, the second one expunges it. Can you explain how that -- that procedure -- how does it get expunged? I don't understand that.

MR. EPSTEIN: I'll just say, you know, I'm not a health care provider and I don't think the fetus is a baby. So we have -- actually have different language. My understanding about the -- the fetus is that the medication works in tandem together to ensure that the abortion happens successfully for the individual.

MR. DIPIETRO: Okay. Well, so the way I understand it is that when you take that second pill there is a probability that the fetus would be expunged possibly with -- before you could get to a doctor. Before you could -- say you take it, you take it home and you don't have a -- a way to get to a health care, what happens?

MR. EPSTEIN: I'm -- I'm not sure exactly what that question was, if you can repeat it.

MR. DIPIETRO: How is the baby expunged?

MR. EPSTEIN: Like, you know, people have periods, you know, some people monthly, some people irregularly, and you have a contrac -- you know, have some kind of cramping and then you have a period and whatever happens to get expunged gets expunged. If it happens over three days or seven days, everyone's body's different, and so it's the same thing as people having periods.

MR. DIPIETRO: Sure. So -- so let me ask you, the pregnancy has come along and there's a fetus, and as they do with

Planned Parent [sic] and such, could that woman sell the placenta privately in some cases for money because stem cells and such are in high demand?

MR. EPSTEIN: I -- I -- I really don't know how to answer that question because it's not related to this bill at all and I have no idea.

MR. DIPIETRO: Well, it sort of is because they're going to be expunging a baby (inaudible/cross-talk) --

MR. EPSTEIN: (Inaudible/cross-talk) not a baby.

MR. DIPIETRO: (Inaudible/cross-talk). This is going to be -- if it's far along in the pregnancy there's going to be a placenta, there's going to be a fetus, there's going to be eyes, there's going to be ears, there's going to be feet, there's going to be organs, no matter how small. And that's -- that's actually worth a lot of money. Just go on Planned Parenthood and see what they do. That's -- that's worth money. So couldn't -- do you know, will a woman have the chance if she expunges that to keep it intact of some sort and sell any of the parts? It's an honest question.

MR. EPSTEIN: I -- I honestly really -- I just -- I think we just look at this very differently. I don't -- so I believe that people have a right to make decisions over their own body and in whatever decisions they're making about their reproductive health is their decision. And if someone's having a period and they're bleeding out whatever, they're bleeding out, that's -- there's a -- you know, there's a medical process -- if people need to see doctors to -- to deal

with whatever their body's going through, they can. But I don't know why someone would go to a health care provider just because they're discharging the fetus or -- and blood that's in -- in their uterus.

MR. DIPIETRO: Well, okay. Maybe they could -- would this prohibit someone being pregnant, taking that and partnering with Planned Parenthood or any other abortion provider if they're looking to maybe sell these parts?

MR. EPSTEIN: So -- so this bill allows the SUNY and CUNY campuses to either provide -- prescribe the medication on campus or have a referral. If the referral is to a separate health care provider like a Planned Parenthood as you mentioned, I'm sure the patient would work with the physicians at Planned Parenthood to make the best health care choices for themselves. On the issue of selling, I -- I -- this just seems something that's beyond the scope of this bill and also beyond what actually happens in real life.

MR. DIPIETRO: Well, I think this is -- goes beyond, but that's just my opinion.

On the disposal on the baby, sir, are there -- so a woman, say, six weeks along, eight weeks, ten and she can't get there and she expunges the baby on her bed, she's going through huge cramps and she expunges this baby, how do they get rid of it? Are there any parameters on that? I've never been to an abortion center and see how they get rid of them, because I know -- but I do know they dispose of them in a certain way. Are there going to be certain ramifications? Are they going to be using a special government-

issued container to put this fetus in? Is there going to be -- is it going to be a special container we're going to have made up if the woman is at home? Is it going to be -- you know, these are all -- you might not like it, but these are all questions that people are going to ask. I mean, is this going to be something you're going to have -- you can get a container at a Rite Aid, at a pharmacy? Are you going to be ready and be able to go out and get it at a Walmart or a Lowe's to -- you know, you want to have a baby, you want to expunge it at eight, ten weeks, that's a viable -- that's not a little -- a little clot of blood. And a lot of people, a lot of women, when they go -- if they go through that experience are going to be mortified when they see that as an actual baby and they're going to want to know what to do with it. So what are we telling them to do with it if they can't get to a doctor in time or to a medical facility to handle it?

MR. EPSTEIN: So, first of all, people are making choices for themselves and we have to trust people making good choices for themselves with their health care provider. And, you know, if people are deciding to choose to take -- get a medication abortion, then the health care provider and themselves will make these decisions. Again, people are not in a health care setting, they're taking medication, and they're taking medication likely to be in their homes. They may come back for other visits, but this is mostly happening on an outpatient -- it's exclusively basically happening on an outpatient process. So people are -- get support the way they get support with their families and loved ones, with their friends. And so, it's just -- I

mean, not to go back to the -- what I said earlier about people having a period, but basically we're asking people who are basically having a period, and mostly what's coming out is blood. And so that's what's happening here, and people use whatever support that they need to ensure that they're safe with their health care choices. And this is something happening for millions of people across this country and it's safe and it's effective. The FDA has said so. And the stories about what you're raising is really belied by what's happened for millions of people in this country.

MR. DIPIETRO: But these are what I've talked to medical practitioners. These are actual scenarios that can happen where a woman can have that pregnancy at home while she's -- while she's on the bed, when she's not feeling well, before she -- she can't drive, she can't get to a medical facility, and as we just -- that was mentioned earlier that these are -- these are possibilities of people will not be able to get to those facilities, so that's why I'm asking.

MR. EPSTEIN: Yeah, I mean sure. There's a difference between late-term abortions or people having abortions later and so there are, you know, more health risks for the women when they have abortions later term. That's why it's really important to do that in a clinical setting. But we're talking about early-term pregnancies where medication abortion would apply. Obviously, things that are later term or you can't use medication abortion and that's when you really need to be under the care -- you know, under the care of a physician in a medical facility like a Planned Parenthood



or a doctor's office or a hospital.

MR. DIPIETRO: Right, but that doesn't always happen. And as we know --

MR. EPSTEIN: Well, pregnancies don't always happen at hospitals, either. Sometimes people give birth in their car or in their homes. It's not an ideal setting, but it happens, unfortunately, way too often. And if someone's having an abortion, a medication abortion, and they're bleeding, you know, while they're in a restaurant that's unfortunate, but there's the support for families because that exists in this country.

MR. DIPIETRO: So, I know with Planned Parenthood there are certain procedures, with any medical procedure where when they perform an abortion it has to be handled the correct way, not just medically, but Statewide through law. There's different things. So I'm wondering if this happens at home, it's far out, but a woman is -- she has -- takes the second pill, she's sick, she can't move, she's in bed, she expunges this baby, is she going to be held to the same standards like an OSHA standard for getting rid of this -- this expunged baby? Is there going to be -- is there going to be instructions on this -- on these packages that tell them what to do in case of emergency?

MR. EPSTEIN: I -- I would say like any health care provider for any illness, you know, they're going to talk about the potential side effects for the medication that you're taking and the risks associated with that medication. And if things aren't going well,

what your options are as -- as the patient to be able to get follow-up support. Like lots of people who've gone through surgeries where things haven't gone perfectly or taking medication and something's gone awry. That's why you get advice and hear about the side effects, and if there are any risk factors you learn about those risk factors like a doctor does on any other medication that they prescribe, you learn what to do.

MR. DIPIETRO: Well, I'll tell you, I know people who don't know how to put a quarter in a gumball machine. So with any of these things there's going to be problems and people who don't read the instructions. A girl might wait until after 10 or 15 weeks and say, *I'm going to take this*. She might not follow it, she might not read it. She might take the second pill first, she might take the first -- not take the first pill. So let's say a girl waits, does not follow the instructions and procedures, takes the pill after an allotted time and the baby comes out alive. What do we do?

MR. EPSTEIN: Not sure what the question is there.

MR. DIPIETRO: Well, to you it might not be.

On the bill, sir.

ACTING SPEAKER AUBRY: On the bill.

MR. DIPIETRO: All right. You know, I -- I find it ironic. We just had a resolution on Maternal Health Week and I listened to a number of women talk about the health of the mother and the health of the baby, and a half hour later now we're talking about the easiest way to kill a baby, all the way up -- we've got full-term

abortion. When does it stop in this State? When does it ever stop? When was it not enough? When would the Governor (inaudible) 100 years of supply in New York State? This is crazy. But this what we get. The Chamber talks out of both sides of its mouth within a half hour. But for me, I go in a different direction. I'm not going to sit here and argue all the health aspects and any of the other mental aspects down the road. I do want to say, with me it's about faith. And in my faith -- everyone's different, but in me and in my time to talk I'm going to just tell you that in the Bible, the King James Bible, Deuteronomy says, *I call Heaven and Earth to record this day against you that I have set before you life and death, blessing and cursing. Therefore, choose life that both thou and thy seed may live.* Jude -- in the King Jude 14 says, *And Enoch also - that's a great story - the seventh from Adam, prophesied of these, saying, Behold, the Lord cometh with ten thousands of his saints. Jude 15, to execute judgment upon all, and to convict all who are ungodly among them of all their ungodly deeds which they have committed in an ungodly way, and of all the harsh things which ungodly sinners have spoken against Him.*” It's -- it's written. *These are murmurers, complainers, walking after their own lusts; and their mouth speaketh great swelling words, having men's persons in admiration because of advantage.* That's us. Jeremiah 1, 4 and 5 said, *Then the word of the Lord came unto me, saying, Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee, and I ordained thee a prophet unto the nations.*

So with that, Mr. Speaker, I'd be happy to talk to anyone about what the Bible says because that's where I go with my faith and my belief instead of all the other things on this bill. And with that, I'll be voting against it and I thank the sponsor for answering some questions. I know they didn't seem maybe important to them, but to some people they were. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Ms. Glick.

MS. GLICK: On the bill.

ACTING SPEAKER AUBRY: On the bill, ma'am.

MS. GLICK: The bill is fairly simple. It asks that our public higher education institutions provide access either on campus or through a referral with a health care provider off campus, a medication that is FDA-approved. It may not be judicially-approved by some people, but it is medically-approved based on science. And the science changed over time, which is why some of the regulations regarding the medication changed. That's called report and science and study and making determinations based on science and experience. So, over the 23 years, the medication was deemed eminently safe, used by truly millions of people. Now, why would we want this to be available to college students? I have a distant remembrance of what happens in college. Maybe not everybody does, but sometimes people have sex. And the only -- if it results in a pregnancy, the only individual that is impacted is the pregnant person. There may be another person involved, but the pregnant person may

decide that they are, for many reasons, not interested, not capable financially, emotionally to carry -- nor did they intend to be pregnant. Like millions of Americans, they decide that it's appropriate for them to end that early pregnancy. Now, there are lots of -- we all watch TV, we all see those medications of varying types, and they all have downsides. But they're still out there and millions of people are taking it. There is, in fact, a reason why one wouldn't take Viagra if you have a heart condition. But millions of people use Viagra, and I bet some of them have a heart condition. Now, it may not have been detected ahead of time by their physician because they hadn't done extensive testing. And I bet there isn't a person in here who hasn't at some point in time gone to urgent care where you don't have a longstanding relationship with the person who is seeing you. And they take care of you, and you follow the instructions that they give you. They have said, *You have a fever. You don't have COVID, but I can hear the chest congestion. I'm giving you an antibiotic.* They don't know you from Adam. They've never clapped an eye on you. But you take that prescription to the drugstore and you follow the instructions that were provided by the pharmacist and the health care professional. And you may or you may not go back to see that person. Then you're somewhere else and something else happens and you go to another urgent care, and they've never seen you before. But you follow the instructions that they give you around the medication that is all FDA-approved. Nobody goes and says, *You know what? I don't know, I'm not sure about that antibiotic you're trying to give me. I*

*heard that that could give me a yeast infection, so I don't know if I should do that. I'd rather cough for the next two months.* No, you take the antibiotic. This is not any different. This is about medical treatment. Medical treatment that is safe and effective for the condition that you have. And it's not pleasant. It's not pleasant to have a miscarriage at any point. But millions of women have had miscarriages, and sometimes they didn't even know they were pregnant. And I don't think any of them collected the remains to sell to somebody. So we get off the rails whenever this has to do with women and their health care, and I am sick of it. Women have a right to control their own bodies, they have a right to determine that they're not ready to be a parent. They had sex, which they're allowed to do. They're allowed to have sex. It's always better if you have protected sex, but you know what? Sometimes that just isn't in the cards. So if you find out that the result of that encounter was *OMG*, you have the right to take the medication that does not put on you a sanction of having to go through an unwanted, unintended pregnancy. It's pretty simple. And I will just say that if -- if men were subjected to pregnancy, this would not be an issue at all. And I -- I appreciate that people have deep faith. I respect that. And I don't think anybody should be forced to have an abortion if that is not what they believe in. Some people who have deep faith find themselves terribly conflicted later in pregnancy when their life is at risk, and they have the right to make the choice whether they'll take the risk or not. That's their choice. And we respect that. But we don't respect women who want

to say, *You know what? This is a mistake and I don't want it to be a lifelong mistake. Not for me, and not for the child that would be the result of a pregnancy.* Not the fetus that is the result of an early abortion.

So I want to thank the sponsor for trying to answer questions and for not being completely mystified by some of the questions. I give him credit for a valiant effort. But I would hope we could grow up. This is basic life stuff. And across this country, women are standing up and saying, *I've had it up to here.* I have lived my entire adult life fighting for the basic right of women to control their own bodies. And they are going to recognize that people in our line of work have no business in their business.

I want to thank the sponsor and I look forward to voting in the affirmative.

ACTING SPEAKER AUBRY: Thank you.

Mr. Manktelow.

MR. MANKTELOW: Thank you, Mr. Speaker.

Would the sponsor yield for just a few questions?

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

MR. EPSTEIN: Happy to yield.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. MANKTELOW: Thank you, Mr. Epstein. I'll keep this brief and to -- to the point. Do you know how many other states do this right now?

MR. EPSTEIN: California and Massachusetts.

MR. MANKTELOW: They're the only two in the United States?

MR. EPSTEIN: They're the two that have recently enacted this.

MR. MANKTELOW: And -- and how long have they been doing it?

MR. EPSTEIN: I think California has been -- I think the bill passed two years ago, in Massachusetts I think it was last year.

MR. MANKTELOW: Okay. And have you heard of any pros and cons from -- from this happening?

MR. EPSTEIN: Say it again?

MR. MANKTELOW: Have you heard from either state about the pros and cons to the -- to the young lady?

MR. EPSTEIN: So, the only comment I've heard was from Massachusetts, that they did a lot of referrals instead of doing on-campus services. And there was concern from people involved in moving this bill forward that they'd see people be forced to do referrals, farther away from their campus, and really wanted to get as much on-campus support as possible, and to limit the amount of referrals, especially long distances. As you know, parts of the State they -- people may need to travel a long way to get to a provider, and it would be detrimental to the students if they had to travel a long distance.

MR. MANKTELOW: All right. So right now on our



campuses, whether it's SUNY, CUNY what -- what does a young student do now?

MR. EPSTEIN: I -- I don't really know what every individual student does. I'm sure some go to their provider from where they're from, from their home. Maybe others go to their local health clinic and others probably go to a local Planned Parenthood.

MR. MANKTELOW: So, we -- you know, we talked about the -- the students, we talked about the mother who's pregnant or the possible mother down the road if -- if she decides to go forward. As we've talked about the mental state, mental state of so many young people in today's society, but what are we doing for that mother? Are we doing any pre-counseling at this point prior to seeking an abortion?

MR. EPSTEIN: I'm sure the decision that the student is making with their health care provider accounts for all factors that they're thinking about. Their physical health, their mental health, like a health care provider would do for any other health care that they're providing. And whether the person does it on campus or gets a referral, we have to assume because doctor/patients relationships have existed a very long time that doctors take their role and medical professionals take their role seriously and will refer and advise the patient picking their best case.

MR. MANKTELOW: So, I've listened to the debate quite a bit here today, and -- and we've talked about the mindset of the woman. But what about the mindset of the young man who gets the young woman pregnant? I understand that once he takes care of

getting her pregnant, you know, he's -- could be out of the picture. I understand that. But what about his mindset long-term or short-term? Is anything being looked at there as well? If I'm -- if I'm the young man that gets a woman pregnant, you know, I had a part to play in this, I -- I understand the laws in New York State -- is there any counseling that's available for that young person?

MR. EPSTEIN: I'm sure there's counseling available on campus or by referral for every student or, you know, if they're not students on campus, every person, you know, hopefully will have access to the mental health support that they need. Not directly related to this bill, because this bill is all about the person making decisions for themselves. But if people need help because they have mental health concerns, you know, we want people to get the help that they need.

MR. MANKTELOW: Well, I just want to be sure that -- you know, we're putting this on our campuses, we're putting this on our CUNY and SUNY schools, just like in -- in schools now with elementary kids, we're asking our teachers to be on the lookout for mental points that could come across to -- to help that individual. Are our professionals going to have that same ability to do so for that young lady or that young man that are involved in this sexual experience?

MR. EPSTEIN: Well, we spent a lot of time in this Body talking about the mental health support for our college-age students, and what we're trying to do is expand support for mental

health services. A lot of our colleagues here talk a lot about mental health and the need for mental health support, and we want to expand resources for mental health support. And while not related to this bill, I believe that people who need access to mental health services should get it, and I think there's a lot of ways for people to access to their -- their own mental health provider or something provided on campus.

MR. MANKTELOW: So I guess -- I guess I'm puzzled a little bit by your comment. You said that this mental health dilemma or whatever we just talked about isn't part of this bill. But it is part of this bill because if a young woman goes and gets this done -- I -- I've talked to many different young ladies that have contemplated this both ways, and I know long-term and short-term there's a lot of mental health that's involved with that young lady long-term, you know, maybe a year down the road, maybe two years down the road. What -- are -- are we doing everything we can as -- colleges, if we're going to ask them to do this, are they going to follow through with providing that mental health while that young person's -- person is on campus?

MR. EPSTEIN: So, again, I'll say I think our colleges do the best they can with the resources they have to provide mental health support for our -- our young people. If, you know, we've been asked to give them more resources and I think in our one-House budget we expanded resources to our SUNY and CUNY campuses because they needed those resources. And I think if someone needs -- because they're making a decision to have an

abortion and if they needed ongoing support after that, I think if they're in college or even beyond college they should get access to that. We're luckily in a state where we have access to health care and, you know, over 95 percent of all New Yorkers have access to some kind of health care and mental health care is part of that. So I encourage people to get the support they need. What this doesn't talk about is -- you know, this is about a doctor and a patient, and the doctor and a patient will make a decision together, and that's what this allows to happen on a campus like a doctor and a patient will make a decision together, you know, on all kind of health care decisions that we all make every day in our lives.

MR. MANKTELOW: All right. And earlier you talked about referrals. Where would those referrals go to?

MR. EPSTEIN: Well, the campus will make a decision about what local health care providers that they have, who they have a relationship with. Some schools already make referrals to their local health care facility, whether it's the Planned Parenthood, as we mentioned, or our local urgent care or other health care facility, and they will set up a relationship, some kind of written instrument which will define that students can go there and how they'll get services. Some of it will be related to the health care they might get on campus, some SUNY and CUNY students get health care through the campus. Some people get health care through their family's health care. And so depending on how they get access to that health care will depend about, you know, how those, you know, how the

payments are going to get made, whether it's about any campus making a decision about the best relationship they have related to medication abortion.

MR. MANKTELOW: So, I -- I know Planned Parenthood is already one. Are there any pro-life groups out there that they'll be referred to as well as someone like Planned Parenthood?

MR. EPSTEIN: So, if someone's looking to get a medication abortion, I'm not sure that the best place to be turning towards is a pro-life place because they won't be dispensing medication abortion.

MR. MANKTELOW: So I'm thinking more about the mental aspect long-term, making sure the young individual, the young lady, has both sides of the story and really weighs all the options out. That's -- that's where I was going with that.

MR. EPSTEIN: People need access to mental health support for a referral, I know our campuses want to give access to mental health support for our students. So -- and I'm sure they've referred people to other places but for mental health support, but for access to medication abortion is to ensure that that place they're referring actually prescribes medication -- abortion medication.

MR. MANKTELOW: Thank you. As the campuses start to do this, this procedure, who's going to handle the medical liability to the colleges?

MR. EPSTEIN: I'm sorry, can you repeat that?

MR. MANKTELOW: Yeah, it's okay. As this starts

to happen, if it does move forward and it happens, who -- who's gonna -- who's gonna to take up the cost of the medical liability to all the colleges?

MR. EPSTEIN: Take out the liability for what?

MR. MANKTELOW: For the colleges. Let's say a -- a young woman takes the pill, she unfortunately passes away from some -- something tragic that -- after she took it. Who's gonna handle that liability at that point?

MR. EPSTEIN: Well, every licensed -- licensed medical professional has malpractice insurance, and whether they're -- if they're physician that works in a facility or as a -- the institution has services on campus, they all have insurance. So the insurance would be covered through whatever insurance provider they have. And, you know, just to remind us all that doctors and medical professionals are obligated to provide options and information to all their patients. And so all they're doing is giving patient options, and then once they explain them all their options, to follow through on the wishes of their patients and to provide whatever services they want. And this would include in this case if someone wanted medication abortion, a prescription for medication abortion.

MR. MANKTELOW: So then -- so then that liability will not be on the colleges, it will be on the -- the provider or the -- the doctor that's gonna prescribe this stuff?

MR. EPSTEIN: Yeah, like every malpractice insurance. I'm a lawyer, I have malpractice insurance so if I -- you

know, if I ever get sued -- luckily I didn't get sued. I got sued here more than I ever got sued there.

(Laughter)

But if I ever got sued as a lawyer, I would have malpractice insurance to cover me.

MR. MANKTELOW: Sure. Sure. So, you know, we've talked about the tuition hikes for CUNY and SUNY. Is part of that cost, part of that tuition hike going to cover the expenses that will deal with this?

MR. EPSTEIN: Well, as you may have read in our one-House budget, we -- we rejected the proposed tuition hike because we don't think that -- that we should be taxing lower-income New Yorkers and that's what our students are, and that we should ensure that people who have more resources can pay what they need to New York State and then put money into SUNY and CUNY. So if we tax millionaires and then not tax our college students, we can have a better equitable system that we believe in, and that the resources that we give to CUNY and SUNY will provide services across the board, whether it's to a health care facility, their teaching faculty, the support services that they provide students with disability services across the board, we want to provide additional resources for our students.

MR. MANKTELOW: So -- so my question, is as a parent, my child's going to a SUNY school, I'm paying the tuition. So part of the money that I'm paying that provides all the services at the -- at the colleges will help -- will -- will be paying for part of this

service, correct?

MR. EPSTEIN: It -- they might be, but if they have a referral system with a, let's say, a Planned Parenthood, as we mentioned earlier, they -- maybe it won't cost the campus money because they'll have a referral. And for the campuses that are spending money on doing it on, it's like costs associated with any services. Some people get access to, you know, writing support that your tuition dollars are going towards. Like when my daughter went to SUNY Albany she didn't use all the services, but our tuition dollars went to provide support for the entire campus, even if she never went into the swimming pool.

MR. MANKTELOW: Sure. Back to an earlier question I had asked about some of the other states and you had referenced California and Massachusetts. When -- when did California start this?

MR. EPSTEIN: I think it was 2021, and I think Massachusetts was 2022.

MR. MANKTELOW: So -- so the information I saw was California started January of '23, this year, with no record of what's going on there.

MR. EPSTEIN: I think you're right. I think the bill passed in 2021 and then implementation for 2023.

MR. MANKTELOW: And then -- and then in Mass it -- it will not start until November of '23. And the reason I'm bringing this up --



MR. EPSTEIN: I think the bill passed in Massachusetts in '22 with implementation (inaudible). So I'm talking about when the -- I apologize, it was when the bill was passed.

MR. MANKTELOW: No, no worries. I just want to be sure we're -- we're talking about the right thing. So they won't be starting, it did start in January, we'll be starting in November. My concern here, like anything, when we make radical changes to a system or doing things I just want to be sure we're looking out for the best welfare of the student. And sometimes it's better to take a step back, hold off a little bit to see what happens in other states, how it all progresses forward. I hope that the Department of Health will follow this through.

And -- and my last question is, I know speaking to many parents back home that will send their students to SUNY and CUNY, they have grave concerns over this. I mean, to the point where they may not send their child to a SUNY or CUNY school because they don't agree with that. And I know -- I understand that that's not your decision or not your -- your way of making it happen, but my concern -- well, I don't have a question, I'll go on the bill.

So, Mr. Sponsor, thank you for your time.

Madam Leader, on the bill.

ACTING SPEAKER SOLAGES: On the bill.

MR. MANKTELOW: So my -- my -- my concern here is, of course, everybody knows I'm pro-life and -- and I value every life out there. And as I look at this bill, I -- I know it's going to

pass this floor because they have the votes. My other concerns here is one I'm hearing from my constituents from the side of the financial side of what's it really going to cost our SUNY and CUNY schools? What's going to be the liabilities? And right now I just looked up 19 school, SUNY schools, that have deficits of over a \$1 million of a total of \$160 million. Is this a way of spending money wisely, or do we cut those deficits and spend -- instead of spending more money in -- in this direction? Because these students can already get these services taken care of in other ways, and I just think that we want to promote our SUNY and -- SUNY and CUNY schools not only here in New York but across the United States. And there's a lot of states that are not happy with this, and I -- I just question it -- as I said, I -- I will definitely vote against it, but I just think it's a wrong time and a wrong place for us to move forward as New York.

So, thank you, Madam Speaker.

ACTING SPEAKER SOLAGES: Mr. Reilly.

MR. REILLY: Thank you, Madam Speaker. Will the sponsor yield?

ACTING SPEAKER SOLAGES: Will the sponsor yield?

MR. EPSTEIN: Happy to yield for you.

ACTING SPEAKER SOLAGES: The sponsor yields.

MR. REILLY: Thank you, Mr. Epstein. So, the question I have for -- in the legislation, I was reading it, is if the

student is under 18, would parental notification be included?

MR. EPSTEIN: No.

MR. REILLY: So if a -- a student who's enrolled, say, with CUNY and they're in a College Now program and they're a 15-year-old sophomore in a New York City DOE public school, in a high school, and they're in a College Now program and they are enrolled in, let's, for instance, the College of Staten Island as a student. Under this legislation it says "are a student", they'd be eligible for the access to this. Would that 15-year-old be eligible for access without parental consent?

MR. EPSTEIN: Assuming they're either a full- or part-time student at a SUNY or CUNY campus they are eligible to -- to get access to medication abortion. But they have access to medication abortion already because a 15-year-old who lives on Staten Island can find a Planned Parenthood on Staten Island or any other borough as far enough off as, like, Manhattan to get access to medication abortion as well.

MR. REILLY: But they're not currently able to do that on a CUNY campus, correct?

MR. EPSTEIN: Well, they may not do it on a CUNY campus under this bill, either, because the CUNY campus may suggest a referral system.

MR. REILLY: So without parental consent -- so if -- if they don't do it on an SUNY currently -- say they don't do it on a college campus. If this bill -- when this bill passes, gets signed into

law, currently there -- they wouldn't be required to have a parental consent?

MR. EPSTEIN: There's no requirement under the law to have parent -- parental consent for -- you meant I think 15- or 16-year-olds you said?

MR. REILLY: Fifteen years old, yes.

MR. EPSTEIN: Yeah, at 15 years old they wouldn't require parental consent now under the law. So this doesn't change the law, it just says they have would access to it on the campus or on the referral system.

MR. REILLY: Okay. So being that they would have access to it on a government entity, would that change the scenario about whether there should be parental consent?

MR. EPSTEIN: Not -- not under the law and not in my opinion.

MR. REILLY: Okay. All right. So the -- the question I have next is about certain ramifications of taking the abortion pill, and the reason why I ask about the 15-year-old and parental consent is due to some of those implications it can have and some of those side effects. So I just want to read them off to you first; uterine bleeding and hemorrhaging, infection and sepsis, increased risk of pelvic inflammatory disease, mental health conditions and certain preexisting conditions. Now, the reason why I'm -- I'm saying that and reading this list is, do you think it would be advantageous if under the SUNY and CUNY program that this bill would institute,

that parental notification should be a requirement? Especially for a New York City Department of Education high school 15-year-old attending a campus and they may have these conditions and now parents may have them at home and they're having complications and they didn't know what happened.

MR. EPSTEIN: So, I mean, first of all, I don't think parental consent should happen whether they're on a SUNY campus or in a New York City public high school or living their lives anywhere in New York. I actually don't think parental consent should be required, period, because I think people ought to make their decisions over their own reproductive decisions. And every family's different. In some families the -- the child may not have parents who would be supportive of their choices, and we see that time and time again where we're allowing people to make their own reproductive decisions and this supports that decision that's been longstanding in New York State.

MR. REILLY: So that -- so that anybody 15, 16, 17 should have the -- the responsibility and the -- they should know the decisions that they make. You think -- they have -- they have the culpability --

MR. EPSTEIN: I mean --

MR. REILLY: -- and the mental culpability to do that?

MR. EPSTEIN: I mean -- well, responsibility is -- it's a really good question because, you know, we want to ensure that people can make their own health care decisions, and I 100 percent

support people making their own health care decisions. People make mistakes. I mean me as a 15-year-old made some really, really bad mistakes. And I -- I -- those mistakes were with me -- are with me in my life, and I hope not to be judged my whole life by those mistakes that I made. And I think people at 15 will have to make decisions for themselves because they live in the world on their own.

MR. REILLY: Okay. So do you -- do you think it will be worth studying that and looking into whether there should be a consent aspect to it with -- when it comes to, like, the College Now program for New York City DOE?

MR. EPSTEIN: It's not something that I would be willing to put my time and energy into because I don't believe that we need that. But I, you know, respect your ability and desire to -- to look into it and, you know, I support you making those choices for yourself. Because I'm pro-choice here, Mike. I'm pro-choice.

MR. REILLY: I understand that. I understand. I respect that. I respect it. So you -- you don't think that -- in your opinion, you don't think it's a little confusing that we need parental consent to sign a 15-year-old up for an AP class, but they don't need parental consent to make a medical decision when it comes to -- on the SUNY and CUNY campuses?

MR. EPSTEIN: Yeah, I don't think that's -- I don't think that's odd to me.

MR. REILLY: Wow. Okay. Thank you, Mr. Epstein.

On the bill, Madam Speaker.

ACTING SPEAKER SOLAGES: On the bill.

MR. REILLY: So, I think I've set a little bit of a tone there where we're seeing an issue here that can happen, especially on our CUNY campuses, where we have New York City public school students as young as 15 who will be attending summer classes there on our CUNY campuses and they can have access. But now if there's an issue where they have a medical emergency due to taking this and maybe they have a preexisting condition or they're taking another medication that could cause a complication, without letting the parents know, they wouldn't contact their pediatrician. Because those 15-year-olds are seeing a pediatrician. And maybe they would be able to save that person's life if they do have that complication. That's a reality that we're going to face with this. And I think there needs to be some safeguards there with parental notifications. You know, if we need to give parental notification for them to take an AP class in New York City public schools but we don't need parental notification for them to get access to this medication at 15 years old, we're upside down because the AP class won't jeopardize their life. But this medication can. And that's why it's important that we pause and realize that maybe we need to look at that study from those other states and see if they have any similar issues or concerns, and we don't have to rush to be the third in the country to do it. But we could maybe wait and revisit and maybe get it right and make sure that we have those safeguards in place. I think it's something that we all need

to pause and think about.

Thank you, Madam Speaker.

ACTING SPEAKER SOLAGES: Mr. Goodell.

MR. GOODELL: Thank you, Madam Speaker.

Would the sponsor yield?

ACTING SPEAKER SOLAGES: Will the sponsor yield?

MR. EPSTEIN: Happy to yield.

ACTING SPEAKER SOLAGES: The sponsor yields.

MR. GOODELL: Thank you, Mr. Epstein. I see that this bill would require every campus to either prescribe or refer people for abortion medication. Is there any obligation in this bill to provide medical care or referrals for a young woman that might want to keep the baby, like a referral to a qualified OB-GYN?

MR. EPSTEIN: So, if they already have a health care facility on campus they already have that obligation, and any health care provider who's advising a patient on -- on whether they're going to terminate a pregnancy or not are also going to give them advice about if they don't want to terminate a pregnancy. So they're going to give them the whole sort of -- you know, are obligated under their medical license to give people all the options available to them.

MR. GOODELL: But this bill only requires referrals for those who are seeking medical abortion. It doesn't require referral services for those who are pregnant but not seeking medical abortion,



right? Your bill is just requiring referrals for medical abortion, correct?

MR. EPSTEIN: That -- that's right, because people who are keeping their fetuses may not need a referral because they already have an OB-GYN.

MR. GOODELL: We hope. Although we just had a resolution today about how dangerous sometimes pregnancies can be. But your bill doesn't cover those who want keep the baby.

MR. EPSTEIN: No, but there are lots of other things we're doing in the State of New York to deal with women who want to keep their -- keep their babies.

MR. GOODELL: Now I -- I looked at the -- Article 129 of the Education Law, which this amends, and am I correct when I look at it that -- I'll continue until Madam --

ACTING SPEAKER SOLAGES: I'd like to recognize Mrs. Peoples-Stokes. Why do you yield?

MRS. PEOPLES-STOKES: Madam Speaker, a point of order. We did not have a resolution today about the risk of pregnancy. We had a resolution today about the racist way clinical services delivered to Black women. Let's be clear.

(Applause)

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

Mr. Goodell.

MR. GOODELL: Thank you for that clarification.

And obviously we had many people speak about the dangers of pregnancy and the much, much higher risk of mortality among Blacks and Browns. But -- and so thank you, Madam Speaker, for clarifying that.

Looking at this, am I correct that there's no mandatory provision of service or referral under the existing Education Law for, say, a student that needs antibiotics, right? There's no statutory reference for that.

MR. EPSTEIN: For what?

MR. GOODELL: For a student that might need antibiotics.

MR. EPSTEIN: Right, there's no obligation for a referral for students that might need -- need antibiotics.

MR. GOODELL: And there's no statutory provision dealing with the provision of service or referrals for those students that might be suffering from suicidal thoughts or mental health issues or -- or things of that nature, right? There's no statutory requirement for that.

MR. EPSTEIN: I mean, I think almost -- I think every SUNY and CUNY campus either has -- my understanding has either health care services on campus or has a referral system for their students.

MR. GOODELL: But there's no statutory requirement for those types of services, correct?

MR. EPSTEIN: I don't know if there is or isn't.

MR. GOODELL: I see. And there's no statutory requirement for any services to be provided at every SUNY and CUNY or referral services for, say, drug or alcohol abuse even though we know that between suicide and drug abuse those are the largest killers of students on campus, correct? There's no statutory referral requirement.

MR. EPSTEIN: I -- there's access to mental health services available on campus, and the ratio is I think 1 to 1,200 students. And -- and so within the context of people needing mental health support, maybe they also need drug treatment support. So there's access to those services.

MR. GOODELL: Thank you very much for your comments.

On the bill, Madam Speaker.

ACTING SPEAKER SOLAGES: On the bill.

MR. GOODELL: Thank you. Let's be clear that what we're talking about is a drug-induced abortion. It's two steps; the first drug kills the baby. That's what it does. The first drug kills the baby. The second drug induces delivery of the dead baby. I don't know why we feel that it is a public policy for New York State to mandate the -- that we do everything we can to make this process widely available. This bill, by comparison, does not require referral services to an OB-GYN if the woman wants to keep the baby. It only requires referrals if you want to kill the baby and induce the delivery of the dead child. There's no statutory obligation, and we're not

considering one here today, to require that all campuses provide services that would include the prescription or referral for antibiotics or mental health services or suicide prevention or drug overdoses. That's not what's being considered and not even part of our statute. So why do we have a public policy that we're voting on today, designed to maximize the availability and access to drugs that are anything but benign? So we're told today the FDA has determined that this drug is safe and effective. From whose perspective? Not from the baby's perspective. It's 95 percent fatal. Fatal. And what about from the woman's perspective? According to the FDA's own data and the mandatory patient consent that's approved by the manufacturer, this drug is ineffective between 2 and 7 percent of the time. Think about that statistic. One out of 20 people is anticipated to have a problem? One out of 15? That's 7 percent. One out of 20, that's 5 percent. One out of 22? This is not a drug that has a 1 in 1,000 percent of adverse reactions or one in a million. We're talking 1 out of 15. There's a comprehensive survey of data that was cosponsored, by the way, by Planned Parenthood, and the data that came out was astounding. Out of about 2,400 respondents who took this pill, 125 required additional medical intervention. And that included transfusions, intensive care for sepsis, excessive hemorrhaging and bleeding, and other serious complications. I would hope that our campuses are focusing on their primary mission, which is the education of our children. And that they make their own decisions on the level of health care that they want to provide, but that they focus first and foremost on the most

serious issues facing our children. And we know what those are. It's suicide. It's drug overdoses. It's bacterial infections and the need for antibiotics. But that's not what we're talking about here. We're talking about making abortion medication, with its known substantial health risks, widely available. You know, ironically, in 1998 Bill Clinton as President said abortion should be safe, legal and rare. Today we are promoting a drug that we know has serious ramifications for many women, 2 to 7 percent. We not only want to make it legal, but we want to make it common. It's a sad state of affairs when we go from safe, legal and rare to less safe, legal and common.

And for that reason I will not be supporting it. Thank you, Madam Speaker.

ACTING SPEAKER SOLAGES: Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Madam Speaker. One question for the sponsor, please.

ACTING SPEAKER SOLAGES: Will the sponsor yield?

MR. EPSTEIN: Of course.

ACTING SPEAKER SOLAGES: The sponsor yields.

MRS. PEOPLES-STOKES: Are any of the students who are enrolled at CUNY and/or SUNY going to be required to ask for this prescription?

MR. EPSTEIN: No, ma'am, they're not.

MRS. PEOPLES-STOKES: Thank you, sir.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect August 1, 2023.

ACTING SPEAKER AUBRY: A Party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. The Republican Conference is generally opposed to this legislation. Those who wish to support it are certainly free to vote in favor of it 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 a few of us who would like to be an exception. They should feel free to do so.

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

The Clerk will record the vote.

(The Clerk recorded the vote.)

Ms. González-Rojas to explain her vote.

MS. GONZÁLEZ-ROJAS: Thank you, Mr. Speaker.

As both a mom who chose to have a family and the former Executive Director of the National Latina Institute for Reproductive Justice, I have committed my life towards the achievement of reproductive justice for all people. The key to achieving true reproductive justice is the ability to determine if, when and how to create a family and to be able to raise that family with dignity. Central to that belief is fighting not just for the right to abortion care, but access to that care to make sure that right is a reality. This bill will eliminate a barrier that many CUNY and STUDY -- SUNY college students face in seeking abortion care, and assure that students have access to a health provider to dispense abortion medication on campus or near campus at a local provider. This is critical, because particularly in a hostile environment across the country where our right to control our bodies are being attacked. The abortion medication regimen that this bill addresses was deemed safe and effective, approved by the FDA 23 years ago and was backed by decades of robust science. In fact, the risk of death by penicillin is four times greater than it is for Mifepristone. And the risk of death by taking Viagra is ten times greater than Mifepristone. It is only a Trump-appointed judge in Texas that recently challenged that approval process, using a politically vile and unscientific term like "unborn human" in the legal decision. However, it is important to note that simultaneous -- simultaneously, another judge in Washington State sided with the FDA and science and to maintain the availability of -- of medication abortion in the United States.

I commend the sponsor of this legislation. I thank the campus activists who fought for this bill, particularly the fierce women of color of the reproductive justice collectives. And for my colleagues on the other side of the aisle --

ACTING SPEAKER AUBRY: How do you --

MS. GONZÁLEZ-ROJAS: -- who are concerned about mental health --

ACTING SPEAKER AUBRY: -- vote?

MS. GONZÁLEZ-ROJAS: -- and sex ed --

ACTING SPEAKER AUBRY: Ma'am, how do you vote?

MS. GONZÁLEZ-ROJAS: -- I hope you support my legislation --

ACTING SPEAKER AUBRY: How do you vote, please?

MS. GONZÁLEZ-ROJAS: Thank you very much. I

--

(Audio is cut off)

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

Mr. Lavine.

Remember, we only have two minutes to explain your vote.

MR. LAVINE: Thanks for the reminder. And thanks for letting me explain my vote. A couple of troubling things in the



discussion. First is, can't trust. Those who are going to vote against this say can't trust. Can't trust the FDA established by FDR in 1938 which has done damn good work protecting American citizens. Can't -- can't trust health care providers. Who else can't you trust if you can't trust the experts. If you can't trust those who know. Who are you going to trust? Those who argued against this bill, anyone listening would know what I'm talking about.

Secondly, there's been a -- an attack on Planned Parenthood, and that's another theme that I've heard from several of those who have attacked this legislation. So, I'm a big supporter of Planned Parenthood and I want everybody to know that two things: First of all, I'm commending the sponsor. Secondly -- I'm a liar, I'm going to do three things now -- I commend -- commend the sponsor. I'm going to vote in favor of this bill. And thank you to my colleagues. When work is done tonight I'm going to write a nice big check to Planned Parenthood.

I vote in favor.

ACTING SPEAKER AUBRY: Mr. Lavine in the affirmative.

Ms. Kelles.

MS. KELLES: I stand to explain my vote. I actually want to take a moment to apologize for any health care provider that provides reproductive rights, because if they were listening to what happened today, I -- I personally, if I were them I would be deeply offended by some of the -- the insinuations. Because providing

abortion care is health care. These are people who have licenses to provide this care. It specifically says in this bill "individuals authorized within their lawful scope of practice." There is procedure and there are procedures and protocols specifically outlined about how to do everything with respect to engagement with patients. They have a procedure in place where they explain all the risks and all the benefits and all the options. We've all had health care, we all know this. Why would it be any different here? When we talk about safety, to go through a pregnancy is four times more risky than to go through this procedure with medication abortions. Four times more risky. And the younger you are, of course, the more damage that can cause. So when we talk about this being risky and we use inflammatory statements and we use colorful language and we try to make it sound as emotional and horrible as possible, but we don't acknowledge that the opposite is equally painful. That's excruciating. And when OSHA brought up -- was brought up, I had to walk out of the room for a second. As someone who had a miscarriage, are you telling me that I can't take remains and plant it under a tree to express my feelings? When we have an animal, do we not put it in the ground and bury it in a ceremony? So to say this is any different is repugnant, and it is inflammatory intentionally.

I stand in the affirmative and I hope that all my colleagues do as well.

ACTING SPEAKER AUBRY: Ms. Kelles in the affirmative.

Ms. Levenberg.

A reminder two minutes, please.

MS. LEVENBERG: Thank you, Mr. Speaker. It is dismaying that we are still, in 2023, having a conversation about who controls women's bodies. This medication is FDA-approved, and there is no difference between this situation and any other, as mentioned by my colleague earlier. If we are truly concerned about people and their lack of education around this issue, if we are truly concerned about young men and how they feel in these situations, we should be supporting comprehensive sex education rather than constraining people's choices.

Thank you. I will be voting in the affirmative.

ACTING SPEAKER AUBRY: Ms. Levenberg in the affirmative.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker, for the opportunity to explain my vote really quickly, within two minutes. First, I want to commend the sponsor of this legislation. And I just want to remind my colleagues that, you know, for at least the last three to four weeks we have had regular conversations about polling and how, you know, 71 -- or 70 percent of the people across the State of New York have been coaxed, duped and into fear mongering about bail and we should somehow be fixing bail because these polls say that. Well, let me tell you right today, 85 percent, not just of New Yorkers, but of Americans, believe that the right to choice

is theirs and it does not belong in this room. And so if we want to follow polls some of the time, let's start following them today. We should all be supporting this because it gives people a choice. No one is forced to ask for this pill, no one is forced to take it. People have a choice, let them have it.

I support this legislation.

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

Ms. Simon to explain her vote.

MS. SIMON: Thank you, Mr. Speaker. I want to commend the sponsor of this legislation, and to tell how very happy I am to be able to vote in favor of it. I think we've heard -- basically, this Chamber has been a fact-free zone in terms of a lot of the conversation today, and that is things like when a pregnancy occurs, when an embryo is an embryo and when a fetus become a fetus. And in reality, a pregnancy that is six weeks or seven weeks, we are not talking about a baby, we are talking about an embryo. So let us deal with facts as they are. And now that Passover is over, I think there's a question we should ask, which is why is this conversation different from every other conversation. And that is because it's about women's bodies. Viagra, by the way, is only 63 to 82 percent effective. Mifepristone is 95 to 99 percent effective. I'm going with the Mifepristone.

Thank you.

ACTING SPEAKER AUBRY: Ms. Simon in the

affirmative.

Ms. Wallace to explain her vote.

MS. WALLACE: Thank you, Mr. Speaker. I rise primarily to correct the record of misinformation that I've heard about from -- from several of our colleagues today about the safety of this medication. There are some who have suggested that it -- taking it would jeopardize the life of the women, which is absolutely not supported at all by science. In fact, there had been over 100 studies covering over 124,000 abortions over 30 years, spanning 26 countries - so not just the FDA - that have found unequivocally that this -- that this medication is safe. In fact, 99 percent of patients have no serious complications, and medical providers say that it's safer than Tylenol or Viagra, which perhaps some people in this Chamber may take one or both of those.

(Laughter)

The bill simply requires that all students at SUNY campuses either have access through a licensed medical provider or they get a referral to a licensed medical provider who can provide that medication. I think it's appropriate, and I -- just like I think it's appropriate to have access to contraceptive care at SUNY and CUNY campuses or a referral to contraceptive care. Someone in -- one of our colleagues suggested that folks might not be sending their students to SUNY campuses. I beg to differ. I am the proud parent of a SUNY student, and as a parent of a SUNY student I want her to have access to whatever medication or treatment she may need, whether it's

through a licensed medical provider on campus or to a referral.

So I vote in the affirmative and I want to thank the sponsor.

ACTING SPEAKER AUBRY: Ms. Wallace in the affirmative.

Ms. Shimsky.

MS. SHIMSKY: Thank you very much. This debate over this particular medication has gone past some of the supposed technicalities here today. It really is about female personhood. Not fetal personhood, female personhood. We have many states in this union now where women are risking serious complications and infections that can result in sterility or death because doctors in those states are unwilling to prescribe the drug to treat miscarriages because some Repub -- some politician may think that, well, they induced an abortion. We've got lots of young women who are in various situations, some of which involve compulsion and rape on our college campuses. Some of which involve young women who had failed contraception. Some of whom are in committed relationships, some of whom just did something once and, well, the -- the odds were played out against them. But when we're talking about an early-term miscarriage as if it's a stillbirth, this betrays not just a shocking lack of knowledge about basic gynecology, it also shows a refusal to acknowledge female personhood.

I will be voting in the affirmative.

ACTING SPEAKER AUBRY: Ms. Shimsky in the

affirmative.

Mr. Goodell to explain his vote.

MR. GOODELL: Thank you, Mr. Speaker. As I hope everyone in this Chamber knows, this bill is not about legalizing medically-induced abortions or prohibiting them. That's not what this bill does, does it? What this bill does is take one particular health issue, health care issue, and mandates that every single campus provide prescription services or a referral for one particular objective, and that is to terminate a pregnancy using drugs. This bill doesn't talk about a health care plan that addresses the most serious issues facing our students like suicide or drug overdoses. It doesn't deal with the health care issues faced by students who want to keep the baby. It has just one objective, and that's to maximize access to drug-induced abortions.

Now, some of my colleagues are pro-life, some are pro-choice. But when we look at what the public policy ought to be in the State, it seems to me that if we're mandating everything we ought to start with what's most important by ensuring that our students are not dying from drug overdoses, are not committing suicide. That they have the broad range of health care services available to them. Not just medically-induced abortions, but OB-GYN if they want to keep the child and the full range. This bill doesn't do it. It sends the wrong message. It's the wrong approach. And for that reason I will not be supporting it.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Goodell in the negative.

Ms. Walsh to explain her vote.

MS. WALSH: Thank you, Mr. Speaker. So, a girl comes to campus at 17, like I did, and becomes pregnant. She's in denial and she waits a few months, hoping to get her period but it never comes. And by week ten she goes to the campus clinic. She has been examined, there's no sonogram. She misrepresents how far along she is. Her family doctor isn't notified, her parents are certainly not notified. She's prescribed pills and given instructions on how to take them. She's given the first one in the office and then is sent home with the other ones, or back to her dorm. She takes the next four pills over the next two days and then she's in her dorm room bleeding. She's expelling the pregnancy, she continues to bleed. This goes on for nine to 15 days. She's scared, maybe. She's alone, she's without family supports. She's got a potential, in addition to the heavy bleeding, for sepsis and other health problems. There is no follow-up care. There -- there's no need for follow-up care under this bill. There's no floor on the age. I have a problem with that. I think that the FDA guardrails that they put up in 2000 were smart ones, to keep a doctor actually having a real relationship. I -- I don't believe -- I do not trust necessarily that there will be some kind of strong physician/patient relationship with this student. That's what I worry about. I don't think that this is kind to women. I believe that women do have a right to prompt, quality, thorough, thoughtful, safe medical



care and I don't believe that this bill provides it and I won't support it.

ACTING SPEAKER AUBRY: Ms. Walsh in the negative.

Mr. Tague.

MR. TAGUE: Thank you, Mr. Speaker. I was just wondering what budget bill are we on, sir? I will be voting in the negative. Thank you.

ACTING SPEAKER AUBRY: Mr. Tague in the negative.

Mr. Otis.

MR. OTIS: Thank you, Mr. Speaker. I'd like to thank the sponsor for his good presentation today. I'd just say, I think probably everybody in the room has the self-perspective that we believe in freedom. But I think we have a problem in our society, around the world, and certainly in -- in -- on this issue where here's a simple bill to make sure that legal medication is available to college students. And we're bending over backwards to see how to nibble away at what is really, in essence, freedom. And so when we think about freedom, not just in the context of this bill, but more broadly, we should be thinking about what things do we do legislatively we are -- where we're telling somebody else, especially in their private matters, what to do. That government and legislators are telling people what to do. It's really none of anyone's business if we live in a free society.

Thank you. I vote aye.

ACTING SPEAKER AUBRY: Mr. Otis in the affirmative.

Mr. Epstein to close.

MR. EPSTEIN: Thank you, Mr. Speaker. I rise to explain my vote. So, reproductive rights are under attack, and this is an opportunity to stand up and fight back. We do not take this -- I do not take this lightly. My daughter, who graduated from a SUNY, SUNY Albany, and I wish she had access to all the health care that she needed on that campus. Think about the risks associated with people who are pregnant. The lowest risk is medication abortion, second is later term abortions, and third, the most dangerous, is childbirth. So here we're trying to say this is effective, safe and available. You have to trust the patient and we've got to trust health care providers. We've seen that the risk of complications is less than 1 percent, the risk of death is less than 0.0001 percent. College students with their busy schedules need to have access to services. That's all this does. So we want to make sure that people have the opportunity to end unwanted pregnancies as early as possible. That's why this bill is here. That's why we want it on campuses, because that's where the students are at and that's where they can make well-informed health care decisions.

I'm voting in favor of this bill and encourage my colleagues to do the same.

ACTING SPEAKER AUBRY: Mr. Epstein 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: Mr. Speaker, do you have any further housekeeping or resolutions?

ACTING SPEAKER AUBRY: No housekeeping, but resolutions for sure. We'll take them up with one vote, Mrs. Peoples-Stokes.

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

(Whereupon, Assembly Resolution Nos. 307-316 were unanimously adopted.)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, would you please call on Mr. Jacobson for the purposes of an announcement?

(Boos/jeering)

ACTING SPEAKER AUBRY: Mr. Jacobson, joy maker, for an announcement.

MR. JACOBSON: Well, after that -- Mr. Speaker, after that spirited debate I want my colleagues in the Majority to know that we will have a spirited conference immediately following the end of Session in Hearing Room B.

ACTING SPEAKER AUBRY: Spirited conference in Hearing Room B for the Majority.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: I now move that the Assembly stand adjourned until Wednesday, April the 19th, tomorrow being a legislative day, and that we reconvene at 10:00 a.m., April the 20th, Thursday being a Session day.

ACTING SPEAKER AUBRY: The Assembly stands adjourned.

(Whereupon, at 4:47 p.m., the House stood adjourned until Wednesday, April 19th, that being a legislative day, and to reconvene on Thursday, April 20th at 10:00 a.m.)