

TUESDAY, JANUARY 22, 2019

3:17 P.M.

ACTING SPEAKER AUBRY: The House will come to order.

Rabbi Rubin will offer a prayer.

RABBI ISRAEL RUBIN: In the book of Ecclesiastes Kohelet, the wise King Solomon teaches there's a time and there is a season for all things under the sun. A time to plant, a time to uproot, a time to sow and a time to harvest. It may thus seem strange, even ironic, that the Jewish calendar schedules *Tu Bishvat*, the New Year for Trees, in the freezing dread cold of winter, when trees and men shiver in the cold, and the bare branches are dressed in white snow instead of wearing their natural foliage of leaves and fruit. But this is a time of inner planning and preparation. At this very time we are told the arteries of the tree deep within begin to flow with fresh sap,

preparing to grow in the months ahead to spring forth and flourish in the spring and summer and eventually yield its precious fruit and bounty.

The Bible in Deuteronomy teaches us for man is a tree in the field. Similar to the trees standing outside, distinguished men and women in this historic Capitol assemble to plan ahead for what is best for the people of the State of New York. These views and perspectives flow through the various branches of government, eventually producing the budget as the fruit of their extensive debate and discussion.

Almighty God, we are so thankful with gratitude for the past, and pray for Your blessings in the future. Inspired by this New Year for Trees, we pray that You grant wisdom and understanding to the men and women of this important Assembly. May the legislative seeds sown here now yield good fruit, enabling the people and programs of the great State of New York to flourish and to blossom. Amen.

ACTING SPEAKER AUBRY: 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, January 21st.

Mrs. Peoples-Stokes.

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

dispense with the further reading of the Journal of January 21st, and ask that the same be approved.

ACTING SPEAKER AUBRY: Without objection, so ordered.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, as you know, yesterday we celebrated around the State and around the country and, quite frankly, around the world, the life of Dr. Martin Luther King. And so, my quote for today, Mr. Speaker, comes from Dr. King. It reads as: "We need leaders not in love with money, but in love with justice. Not in love with publicity, but in love with humanity." Those are the words of the great Dr. Martin Luther King.

With that, Mr. Speaker, we may have quite a bit going on today, but I think it's important that we kind of lay out our schedule right now. And so, members have on their desk a main Calendar, and after a couple of introductions and some housekeeping, our principal work for today will be to take up three women's rights bills: Calendar No. 1 is the Reproductive Health Act by Assemblymember Glick; Calendar No. 7 is the legislation by Assemblymember Jaffee dealing with discrimination by employers on employee reproductive health decisions and Calendar No. 8 is the comprehensive contraceptive coverage by Assemblymember Cahill.

Mr. Speaker, we also have a series of Rule changes that have been proposed by the Minority and we will take those up immediately after dealing with the issues of reproductive -- women's

health issues.

And so, that's the general outline, Mr. Speaker. And if there is some introductions or housekeeping that you think is appropriate, now would be the appropriate time.

ACTING SPEAKER AUBRY: Certainly.

We have a (sic) introduction by Ms. Fahy.

MS. FAHY: Thank you, Mr. Speaker. And thank you for allowing me to do a very special welcome today to Rabbi Rubin, who just opened with our opening prayer, and in such eloquent words started us off today. And I -- I have to say, I love the comments that the legislative seeds sown here today, that the good wishes that he mentioned will hopefully bear fruit, especially since today is a very special day with the *Tu Bishvat*. And I'm sorry if I'm not saying it right, Rabbi, I'm -- but it is the New Year of Trees.

Rabbi Rubin, along with a number of others, and especially a number of students, young students, are here today to join in that celebration with this New Year of Trees. It celebrates the revival of nature and an ecological awareness day in Israel. It's a very special day, particularly with the -- the students here. And every year that I have been here, and I know many years before that, Rabbi Rubin has been up here to bless us with his kind and thoughtful words, and each year he has been up here to also celebrate the day.

I just want to note that not only, though, is Rabbi Rubin a renowned spiritual leader in the Capital District, he's really known for his youth outreach and his work with the youth, which is

exemplified yet again today with all the young women here, that he also makes sure is -- are always a part of any celebration and any activity.

So, if you would, Mr. Speaker, please grant him the cordialities of the House. Thank you.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Fahy, Mr. Weprin, the Speaker and all the members, we welcome you here to the New York State Assembly, extend to you the privileges of the floor. Hope that you will be with us again next year and remind us again of the beginning of spring. Thank you so very much.

(Applause)

Mr. Seawright for an introduction.

MS. SEAWRIGHT: Thank you, Mr. Speaker, for allowing me the privilege of this introduction. Today, I'm joined by a very dear friend, former boss and mentor, the Honorable Dr. Sarah Weddington, the distinguished attorney who successfully argued and won Roe v. Wade. Forty-six years ago today, our highest court in the nation struck down a Texas statute banning abortion in 1973. Dr. Weddington, a State Legislator in the Texas House of Representatives, hired as her secretary a young woman named Ann Richards, who later became Governor of Texas. Dr. Weddington was the first General Counsel of the U.S. Department of Agriculture, and served as a Senior Advisor to President Jimmy Carter in the White House, where she chose the Honorable Ruth Bader Ginsburg to be appointed to the

Tenth Circuit Court of Appeals. She has served as -- as a distinguished professor of gender studies and sex-based discrimination.

Dr. Weddington has faced a lot of discrimination in her life. When she graduated one of only five women in her law school class of 200, no law firm would hire her because she was a woman. When she applied for a credit card in her own name, she was told she needed her husband's signature. She asked why, since she was the one employed as a clerk/typist for the Texas Legislature, putting her husband through law school. So, she decided to run for a seat in the Texas Legislature, and she changed the credit laws.

In my capacity as former Chair of the Board of Directors of the Feminist Press, we were honored to commemorate the 40th anniversary of Roe v. Wade by publishing Dr. Weddington's popular memoir, *A Question of Choice*. This popular memoir has become an academic course adaption used in university classes around the country.

Dr. Weddington was handed down the decision when she was just 26 years old. She argued Roe v. Wade before the United States Supreme Court at age 24 not once, but for a second time for President Nixon's new appointees to the Supreme Court. She learned that she had won the case when a *New York Times* reporter called her, it was the day that President Lyndon Baines Johnson had died, and she thought they were calling for a quote on LBJ. Instead, they informed her she had won the case 7-2.

I remember fondly meeting Sarah Weddington when I was 19 years old. I still have the letter she wrote me offering me a job in her Washington, D.C. office. She helped form my outlook on women's health and equal rights. Mr. Speaker, it is an honor to have Dr. Weddington in the Chamber today. I ask you extend the privileges, and we also have a proclamation to present to her. Thank you.

ACTING SPEAKER AUBRY: Certainly.

(Applause)

Dr. Weddington, on behalf of Ms. Seawright, the Speaker and all the members, we welcome you here to the New York State Assembly, extend to you the privileges of the floor, and our thanks for your tireless and endless struggle, which will end today in New York State. Thank you so very much.

(Applause)

Mr. McDonough.

MR. MCDONOUGH: Thank you, Mr. Speaker. I rise today for a very special introduction. The young lady standing -- sitting next to me here, Campbell Conard, is an exceptional student. Now, let me tell you what happened. A little over a year ago, we introduced a bill about education, and the Education Law that simply now says that all public schools must report any instances of abuse or violence. All public schools. There's 3,100,000 students in the State of New York, of which 490,000 are in private schools. Campbell is in a private school, girls' school, Chapin -- The Chapin School in

Manhattan. She saw this bill, and it was finding its way through the Legislature, and I got some help from Assemblywoman -- who now is the Deputy Speaker, I don't see her here today, but anyway... and she started a petition, an online petition to get this bill moved forward so the Governor could sign it.

And because of her efforts uniquely, 12,000 signatures, 12,000 signatures she got all over to present to the Governor, *Please sign this bill*, after we successfully passed in it this Chamber and in the Senate and it's something that was long overdue. Now, all students, those in public schools as well as private schools, are protected under this new law, which the Governor signed on December 7th.

So, I'm here to thank Campbell for the job that she's done, and ask you -- and her parents are joining us, as proud as they are today, for the first time -- they're all first time here visiting the Capitol, and I ask you to extend the courtesies of the House to Campbell and her family.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Certainly. On behalf

--

(Applause)

Yes, please.

(Applause)

On behalf of Mr. McDonough, the Speaker and all the members, Campbell, and your mother and father, we welcome you

here to the State of New York Assembly. We extend to you the privileges of the floor here in the People's House, and commend you on such tremendous work that you've done and the work that you've done to protect others. Thank you so very much. Continue that work. We hope to see you here again and again and again. Thank you so very much.

(Applause)

Assemblymember Rosenthal.

MS. ROSENTHAL: Thank you, Mr. Speaker. I would like to recognize a very important constituent of mine, who is also the State Committee member for the 67th Assembly District, Debra Cooper. Debra Cooper is on the Board of the National Institute of Reproductive Health, which in previous iterations was NARAL Pro-Choice. She has been involved in pro-choice issues probably for her entire adult life. She's a member of the Progressive Caucus Center Board in D.C. She is a dear friend. She's a great campaigner out on the streets, but she is really here to witness this historic day in the Capitol of New York, and I hope that you can welcome her and give her the cordialities of the House.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Rosenthal, the Speaker and all the members, we welcome you here to the New York State Assembly, extend to you the privileges of the floor, welcome you on this historic day. We know you take great pleasure and pride in the things that you've accomplished, and that will be demonstrated today. Thank you so very much.

(Applause)

Assemblymember Seawright.

MS. SEAWRIGHT: Thank you, Mr. Speaker, for allowing me the privilege for the introduction. I -- we have in the Chamber today very good friends from Manhattan, Dr. Barbara Rosen, she's a psychologist, a leader and an activist, as well as her wife, Patricia Martone, who's an accomplished trial attorney. And I ask that you please extend to them the cordialities of the House. Thank you.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. -- Ms. Seawright, the Speaker and all the members, we welcome you both here to the New York State Assembly, extend to you the privileges of the floor, and certainly our joy for having you join us today. We hope you will come back again and again and again. Thank you so very much. It is important to be here. Thank you.

(Applause)

Ms. Seawright for another introduction.

MS. SEAWRIGHT: Thank you, Mr. Speaker. I'm very pleased to have my son and my daughter, and my son's girlfriend, visiting the Chamber today. Bradley Hershenson is a graduate student at the University of Albany, a former Intern for Assemblyman Brian Kavanagh; and Haley Hershenson is a student senator at SUNY New Paltz and is a published author. She's written a paper published by *Teen Vogue* on lowering the voting age; and Katie McDermott is also

a University of Albany graduate student. And I'm very pleased to have them in the Chamber and ask that you extend to them the courtesies of the House. Thank you.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Seawright, your mother and friend, we welcome you here to the New York State Assembly. We extend to you the privileges of the floor, know that you are proud to see mom do her thing. We hope you will enjoy the rest of the proceedings. Thank you.

(Applause)

Resolutions, page 3. The Clerk will read.

THE CLERK: Assembly Resolution No. 40, Ms. Paulin. Legislation Resolution memorializing Governor Andrew M. Cuomo to proclaim January 20-26, 2019 as Certified Registered Nurse Anesthetist (CRNA) 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.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, if we could begin our work now on page 4 of the Calendar, Bill No. 21 by Member Deborah Glick.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly No. A00021, Calendar No. 1, Glick, Gottfried, Lupardo, Heastie, Peoples-Stokes, Jaffee, Titus, Simotas, L. Rosenthal, O'Donnell, Cahill, Solages, Abinanti, Arroyo,

Barrett, Barron, Bichotte, Blake, Braunstein, Bronson, Buchwald, Carroll, Cook, Cymbrowitz, De La Rosa, DenDekker, Dilan, Dinowitz, D' Urso, Englebright, Fahy, Gale, Gantt, Hevesi, Hunter, Hyndman, Jean-Pierre, Jones, Kim, Lavine, Lifton, Magnarelli, Mosley, Nolan, Otis, Paulin, Perry, Pheffer Amato, Pichardo, Pretlow, Quart, Rodriguez, Rozic, Seawright, Simon, Steck, Stirpe, Thiele, Wallace, Weinstein, Weprin, Williams, Woerner, Wright, Niou, Ortiz, Fernandez, Griffin, Cruz, Frontus, Jacobson, McMahon, Raynor, Romeo, Reyes, Epstein, Fall, Taylor, Zebrowski. An act to amend the Public Health Law, in relation to enacting the Reproductive Health Act and revising existing provisions of law regarding abortion; to amend the Penal Law, the Criminal Procedure Law, the County Law and the Judiciary Law, in relation to abortion; to repeal certain provisions of the Public Health Law relating to abortion; to repeal certain provisions of the Education Law relating to the sale of contraceptives; and to repeal certain provisions of the Penal Law relating to abortion.

ACTING SPEAKER AUBRY: Ms. Glick, an explanation is requested.

MS. GLICK: Certainly, Mr. Speaker. Much has changed in our world since 1970, but not New York's laws regarding abortion. Abortion is a medical procedure and it is long overdue that we treat abortion in that fashion. This bill creates Article 25-A of the Public Health Law. It establishes the fundamental right of every individual to determine the course of her pregnancy. It ensures that a

woman's health, as well as her life, is fully protected in New York State, consistent with current Federal protections. Additionally, it ensures that licensed, certified and authorized health care practitioners acting within the scope of their practice can provide reproductive health services, guaranteeing that these services are available in a timely fashion.

And let me be clear: This does not involve every health care professional. This will not permit dentists, podiatrists, chiropractors or others to provide these services. In addition, using their professional medical judgment, health care practitioners can provide abortion services within 24 weeks of the start of a pregnancy, or when the fetus is non-viable, or to protect the health or life of their patient. And by placing the public health -- abortion into the Public Health Law, we also repeal sections of law that criminalized abortion services.

For years, we've heard the notion that this legislation is not necessary to protect New York women, but it is clear that Federal efforts continue to threaten these basic services crucial to women, and it is our obligation to protect the life and health of New York women.

ACTING SPEAKER AUBRY: Mr. Goodell.

Shh.

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

ACTING SPEAKER AUBRY: Ms. Glick, will you

yield?

MS. GLICK: Yes.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. GOODELL: Thank you very much, Ms. Glick.

With your support and permission, I wanted to just review the major components of this legislation. I think others will go maybe in more depth, but I thought it would be helpful for us if we all understood what this bill does or doesn't do.

As I understand it, starting right at the beginning, Section - I have to turn the page here - right at the beginning it talks about, in Section 2, allowing non-surgical abortions to be performed by other than physicians. As I understand it, the current law requires physicians to perform all abortions. And this has two parts, one would be non-physicians could do it if it was a non-surgical procedure, including, if I'm correct, nurse practitioners, physician assistants and midwives, as well as physicians. And then after 12 weeks or if -- or if it involves a surgical procedure, it would be more limited to physicians and physician assistants; is that correct?

MS. GLICK: It is -- it allows midwives, who are licensed by the State, and nurse practitioners, both acting within their prescriptive authority, to provide medical abortions, which is to say to provide a prescription for RU486 or a similar medication and to follow -- do the follow-up care. And they do not -- they are not permitted to do surgical abortions; that is limited to physicians and physician assistants.

MR. GOODELL: And under current law, all abortions, as I understand it, have to be performed in a hospital. This eliminates the requirement that an abortion must be performed in a hospital; is that correct?

MS. GLICK: That limitation was viewed as unconstitutional, and so this is -- follows the Constitutional authority to perform abortions in appropriate medical facilities.

MR. GOODELL: But -- so, no longer would you be required to be in a hospital, is that correct, for any abortion?

MS. GLICK: Yes, that is true, and as many people can attest to, a great many procedures, invasive procedures are performed within ambulatory settings.

MR. GOODELL: Now, under current law, as you know, if it's a -- an abortion after 12 weeks, or a later term abortion, the current law requires two physicians to be present, I -- as I understand it with the idea that if the baby is born alive, that you have one physician who can attend to the baby, while the other physician focuses on the health of the mother. Am I correct that this bill eliminates the requirement for two physicians?

MS. GLICK: That -- that is accurate in that that was deemed unconstitutional, and we are following Constitutional protections.

MR. GOODELL: Now, of course, this bill not only eliminates the requirement for two physicians, it actually eliminates the requirement for any physician, correct? I mean, it could be a

physician assistant.

MS. GLICK: Physician assistants operate under their licensed scope of practice, which means that they perform their duties under the supervision of a physician.

MR. GOODELL: Now, under current law, as I understand it, we have Penal Law provisions that define, as a homicide, the death of a (sic) unborn child that would otherwise be able to survive outside the womb. This bill eliminates those criminal protections for the unborn child; is that correct?

MS. GLICK: All of our criminal code, whether it is a homicide, manslaughter, assault, relates to assaults or murder or attempted murder on a person. And under our criminal code, a "person" is someone who has been born and is alive.

MR. GOODELL: So, my question, just so we're all clear, under current law, if an unborn child under -- over the age of 24 weeks, I guess that's a -- it says, "Has been pregnant for more than 24 weeks," under current law there is a separate criminal charge if that unborn body is killed. That separate criminal charge is eliminated by this bill, isn't it?

MS. GLICK: Not assault, not murder. That is -- what we do have are very strict laws for assault on a pregnant woman, and so -- or any individual who is alive. So those assault penalties, whether it's in the first degree or the second degree, are very stringent and, actually, far more strict than any charge related to an abortifacient act.

MR. GOODELL: Perhaps I wasn't clear enough in my question, but looking on page 3, line 7, 8 and 9, am I correct that homicide will no longer include as part of its definition, *The death of an unborn child with which a female has been pregnant for more than 24 weeks*. That is being stricken from the Penal Law under that section of this bill, correct?

MS. GLICK: That is -- yes, it is a general statement that abortion in -- is being eliminated in the criminal code.

MR. GOODELL: So, just as a simple example, a pregnant woman who has been pregnant more than 24 weeks, if she's mugged and, as a result of the mugging, her unborn child is killed, under current law, the mugger could be charged with homicide. Under the new law, if this goes into effect, the mugger would only be charged for the assault of the woman, could no longer be charged for homicide; is that correct?

MS. GLICK: No, that's not correct. Homicide in the criminal code refers to a person, and a person, under the criminal code, is identified as somebody who is born and alive. So, no, that is not an accurate representation. But, a woman who's pregnant and suffers serious physical injury, and there are court cases that indicate that *serious physical injury* includes the loss of a pregnancy, that individual can be charged with very serious crimes that provide up to 25 years in jail. So, we are not making it easier or less -- we -- we do not -- we're not suggesting that there would be less of a penalty to someone in that circumstance you refer to.

MR. GOODELL: But if the mother is attacked and survives, but her baby is killed, if this bill goes into law, no longer can the assailant be charged with homicide, correct? Could be charged with --

MS. GLICK: No. You are not --

MR. GOODELL: I understand --

MS. GLICK: You are not correct.

MR. GOODELL: Just to be clear --

MS. GLICK: You are not correct.

MR. GOODELL: -- let me just finish. I understand that anyone who assaults the mother can be charged with assault. I understand that, but this bill eliminates homicide as a charge that can be filed if the unborn baby is killed, and the mother is not.

MS. GLICK: That is inaccurate. The --

MR. GOODELL: Okay. So, then under what law can a person be charged with homicide for killing an unborn baby?

MS. GLICK: Currently, no law.

MR. GOODELL: Well, currently, it's in the Penal Law, because that's what's being struck, it's Section --

MS. GLICK: No.

MR. GOODELL: -- 125.00, which defines *homicide* as the *death of a person* --

MS. GLICK: That is a general description of *homicide*. That is not what is in the Penal Code, because, I repeat, in the existing Penal Law, which is left unchanged, it defines a *person*.

And a *person*, when referring to the victim of a homicide, means a human being who has been born and is alive.

MR. GOODELL: I guess we're going to have to -- I guess my question, then, is why do you have, in your bill on page 3, lines 7, 8, 9, why are you striking from the definition of *homicide* the death of an unborn child which a female has been pregnant for for more than 24 weeks. Why are you striking that language if it doesn't mean that you no longer want that included in the definition of *homicide*?

MS. GLICK: We are -- that is a general description of *homicide*, and we are cleaning up the Criminal Code and removing references to abortion in the Criminal Code because it is not a crime, it is a medical procedure. Now, I can't answer to what the men in this room did 100 years ago, I am just saying that under today's criminal statute, *homicide* relates today, currently, relates to a person who is born and alive. And so, we are not making a dramatic change, we are -- by placing abortion where it belongs in the Public Health Law, we are cleaning up antiquated and irrelevant statutes in the Criminal Code.

MR. GOODELL: Now, the criminal -- our current Criminal Code also makes it a crime to perform an illegal abortion. Am I correct that your proposed language -- I'm sorry, this proposed language eliminates an illegal abortion as a ground for a criminal charge?

MS. GLICK: Well, if someone tried to do a -- an

abortion who was not a licensed professional that is authorized under their scope of practice, then they would be practicing medicine without a license and would be charged as such.

MR. GOODELL: And what is the penalty for practicing without a license?

MS. GLICK: It's a Class E felony.

MR. GOODELL: Thank you.

Now, there's a number of things that this bill doesn't cover, I don't think, but I wanted to make sure I understood. Does this bill require the individual who's performing the abortion to provide the mother with known risks, side effects, the impact on the ability of the woman to have a future pregnancy? Is there a requirement for informed consent before the abortion procedure is conducted?

MS. GLICK: All medical procedures fall under the basic code of both a person's license and the ethics for their profession, and they are -- they provide that information. They do not provide some strict, legislatively-constructed discussion of possible side effects, because the Legislature is not a medical body, but a legislative Body. So, normally, in discussing any procedure, medical professionals provide the information to a patient that is appropriate for the procedure which the patient is receiving.

MR. GOODELL: Now, as you know, with very few exceptions in the history of mankind, it takes two people to create a baby, a male and a female, mom and dad, mother and father. Is there any rights under your bill, this language, to the father, whether it's

notification to the father that the mother wants to terminate this baby's life, or consent needed from the father to terminate the baby, or any consultation with the father? Any rights whatsoever under this bill for a father as it relates to their unborn child?

MS. GLICK: Well, aside from the fact that the Supreme Court has indicated that spousal approval is unconstitutional, I would suggest to you that, you know, women do not have the right to consent to prescriptions for Viagra.

MR. GOODELL: But I think, going back to the Constitutional issue, the Supreme Court has not ruled it unconstitutional that the father be notified.

I -- I see we're out of time. Again, thank you very much for walking through the bill with me.

MS. GLICK: My pleasure.

MR. GOODELL: Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Ra.

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

ACTING SPEAKER AUBRY: Will you yield, Ms. Glick?

MS. GLICK: Certainly.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. RA: Thank you. So -- so as not to repeat some of what you went through with -- with Mr. Goodell with regard to the

homicide definition, I did want to touch on some of the other Penal Law provisions that are being repealed by this, that are going to be impacted by this and, in particular, abortion in the first degree and abortion in the second degree. Now, those are both being repealed as part of this piece of legislation, correct?

MS. GLICK: Yes.

MR. RA: And those are crimes that could be used in a situation where a pregnant woman is assaulted, and have been used in cases when a pregnant woman is assaulted?

MS. GLICK: Are you stating a fact --

MR. RA: Well, I'm --

MS. GLICK: -- or asking a question?

MR. RA: Well, I am stating a fact, actually, they have been used in those situations. So, I -- I think the question is, how can we say that we're not taking away protections when those very statutes which we're repealing have been used to prosecute those cases?

MS. GLICK: Well, I will say to you that we have statutes on the books for assault in the first degree, the second degree, whether there's physical injury or serious physical injury. There are also, as you may know, there are, when a judge is dealing with a -- a sentence, they will look at whether there are mitigating circumstances or aggravated circumstances. And there is case law that the loss of a pregnancy during an assault is viewed as an aggravating factor and, therefore, subject to a greater prison term.

MR. RA: Okay. But nevertheless, there would be one less crime that could be charged to that individual under the provisions of this act; do you not agree?

MS. GLICK: There are, obviously, other crimes, and crimes, frankly, with greater severity that could and would be charged.

MR. RA: With regard to the mother, it would -- there would be no -- actually, let me ask this a different way.

If this bill is signed into law, would there be any provisions within New York State Penal Law that protect an unborn child?

MR. GLICK: Well, in the case of a pregnant person, all of the criminal acts are directed at the pregnant person, or a non-pregnant person, and we have sufficient statutes to hold people accountable.

MR. RA: Okay. So, is -- is that -- is that a no?

MS. GLICK: I gave my answer.

MR. RA: I'm sorry?

MS. GLICK: I gave my answer.

MR. RA: All right. Thank you.

Mr. Speaker, on the bill.

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

MR. RA: So, the last few times that we've debated this bill I -- you know, speaking about these issues and I think everybody in this Chamber has -- has really heartfelt and passionate views about -- about this topic and I -- and I don't doubt that. But,

we've talked about this issue of these criminal -- these criminal laws that are being changed and maybe we can agree to disagree that we're not diminishing, you know, certain rights under the law, but the bottom line is there are criminal sections that are used to prosecute these cases. I cited one in the last few years from Brooklyn from a few years where -- where a -- an individual researched for months how to best assault his ex-girlfriend, attacked her and caused the death of their unborn child.

Unfortunately, there's a much more recent case that just happened in Saratoga County just this past December, where a gentleman -- well, you know, I'm not going to call him a gentleman at all, but he -- he was charged with second degree abortion, which is being repealed by this bill, for repeatedly punching the abdomen of a woman he knew to be 26 weeks pregnant. His intentions were to harm that unborn child.

Now, we can talk about the procedure itself, whether it belongs in the health law, all these other things, but one of the biggest topics that have been in the press with regard to this bill for years is this dispute as to does this just codify Roe v. Wade or does it go beyond Roe v. Wade. I don't think there's anything in that decision that necessitates or requires us to ensure there are no criminal protections for the unborn in New York State. In fact, many states have fetal homicide laws that are -- that are fully valid and Constitutional. And we have had certain provisions in the law that have allowed people to be charged.

And I just want to read you something quickly that says, "With respect to the State's important and legitimate interest in potential life, the compelling point is at viability. This is so because the fetus, then, presumably has the capability of meaningful life outside the mother's womb. State regulation protective of fetal life after viability has both logical and biological justifications. If the State is interested in protecting fetal life after viability, it may go as so far to prescribe abortion during that period, except when it's necessary to preserve the life or health of the mother."

So, we're talking about life for health with regard to, you know, the act that -- that a woman goes to her doctor and has occurred, but what I just read, it's not from just some conservative journal or anything like that, it's from the text of the Roe v. Wade decision. So, there is no way one can argue that with regard to a pregnant woman who is assaulted that we cannot have laws on her -- our books to protect that unborn child. The argument can't be made. It's right there in the decision that -- that is supposed to being codified today.

So, I -- I think that's something we all need to think about. If this bill passes and is enacted into law, there will be zero, zero protections of an unborn child until they first take their first breath outside the womb. And I'm not talking about in a medical setting, I'm talking about when somebody is assaulted, when that mother, completely against her will, has that unborn child taken from her. And I think that's something we all need to keep in mind both

today and in the future as we talk about this issue. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. Lalor.

MR. LALOR: Thank you, Mr. Speaker. Will the sponsor yield for a few more questions?

ACTING SPEAKER AUBRY: Will you yield, Ms. Glick?

MS. GLICK: Sure.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. LALOR: We're -- we're talking about when life begins and when it's acceptable to end it. Does the sponsor have a position on when human life begins?

MS. GLICK: It's irrelevant to the bill what my personal beliefs are. This is a matter of medical judgment. We, in many instances, defer to the medical professions for these determinations. So, those are folks who have been trained and educated in the sciences, et cetera, and who deal with this actually every day. And so, we focus our -- this is why it is in the Public Health Law, that medical professionals acting within the licensed and legal scope of practice make these determinations, not individuals distant from them sitting here in this Chamber.

MR. LALOR: So, the medical experts who informed your drafting of this bill, when do they say human life begins?

MS. GLICK: That -- that was not the question that

we asked. We asked --

MR. LALOR: Clearly.

MS. GLICK: I'm sorry?

MR. LALOR: That -- that -- I said clearly it wasn't.

MS. GLICK: Do you have another question?

MR. LALOR: When was -- when is an unborn child entitled to legal protections?

MS. GLICK: Well, it is not a -- Constitutionally, since that was raised by another member, the justice, Justice Blackmun, said that all of our Constitutional laws based on the presumption of laws affecting individuals post-natally. So, that is, I believe, that all of our laws are based on people who are born and alive.

MR. LALOR: So, how about a -- a child who is partially extracted, his or her head makes it out into the atmosphere here, is that -- is that child or fetus entitled to any legal protections?

MS. GLICK: Well, I'm not sure exactly what you're referring to, but there was a particular procedure that has been banned and was banned in -- over 10 years ago, and that -- well, medical professionals indicated that they thought that that was a political argument and not a medical one, and in some instances that procedure was probably the safest to use in a termination for the woman. Nonetheless, the Federal ban on what was called "partial-birth abortion" still stands today. And nothing here in this bill changes that.

MR. LALOR: I know you cited some provisions of

this bill that are in place because the old provisions were ruled unconstitutional, but I haven't heard a case citation or whether the court that gave that decision was a court that has binding precedence over our system here in New York. So, can -- can you give us the case?

MS. GLICK: Well, I think we all took an oath to uphold the U.S. Constitution, so I think it does apply to the United -- to New York State.

MR. LALOR: Sure. But one of our colleagues asked if it was accurate to say that under this legislation, abortions after 12 weeks of pregnancy would no longer require a hospital setting. And you said that's because to do otherwise was unconstitutional. I'm asking you, who said it was unconstitutional? What court? Is it a court that has binding precedence value over this State?

MS. GLICK: The Supreme Court of the United States, City of Akron v. The Akron Health Center, that -- that it places an undue burden on women seeking services and did not have any medical necessity.

MR. LALOR: Thank you. Shifting to the -- the Penal Law aspect of this, I'm going to read just a few sentences from an article from just last month right down the road in Saratoga County. *A Northumberland man was arrested Sunday for allegedly punching a pregnant woman's abdomen in an effort to kill her unborn child, police said Monday. Steven J. Miller, 39 of Colebrook Road was charged with second degree abortion, a felony and misdemeanor*

reckless endangerment after he repeatedly punched the abdomen of a woman he knows who was 26 weeks pregnant, according to the Saratoga County Sheriff's Office. The Sheriff said Miller was trying to cause a miscarriage. So, my question is this: Under the current state of law, the authorities in Saratoga County last month were able to charge this perpetrator, the perpetrator of this heinous crime with a felony, second degree abortion, which is a felony. If your law was in place when this happened, would that felony be able to be charged?

MS. GLICK: Well, certainly, assault in either the second degree or -- which is a --

MR. LALOR: No, I'm talking about the second degree abortion felony. He was charged with two crimes, a misdemeanor and a felony. The only felony was the second degree abortion.

MS. GLICK: Well, that is actually, in my humble opinion, rather poor on the part of the prosecutor. The prosecutor could have charged a -- a second --

MR. LALOR: You have an opinion on the prosecutor, but not when life begins? Is that -- is that your position?

MS. GLICK: -- an assault in the second degree and that would have been a more appropriate charge, it's a violent felony, and would have actually been subject to a greater jail time than what was charged by the prosecutor. I'm not going to opine on whether or not the prosecutor was trying to make a point, but there is a -- a violent felony that could have been charged, and perhaps should have

been charged instead of that crime.

MR. LALOR: You know, I'm going to give the -- the law enforcement agencies and the prosecutors the benefit of the doubt, they know the facts and what they're able to prove. They believe they could prove two crimes, one's a misdemeanor, one's a felony. Under your bill, they could not charge that felony, correct? That specific felony.

MS. GLICK: They -- they couldn't -- they could not charge the felony that they chose to, but they could have and should have chosen a violent felony assault.

MR. LALOR: Thank you. This -- this bill that we're debating today, it protects abortion rights throughout the pregnancy if it's -- if the abortion is done to protect the health of the mother; is that correct?

MS. GLICK: Yes.

MR. LALOR: And how do we define in this legislation the "health of the mother?"

MS. GLICK: We don't. You don't go to the Legislature when you're sick, you go to a doctor. So, we leave that to a doctor.

(Applause)

MR. LALOR: So, is it accurate to say even the most minor health conditions would allow for a nine-month abortion?

MR. GLICK: Mr. Lalor, I'm going to try to be respectful here, but let me just say that the constant attempt to suggest

that women choose abortion late in pregnancy on a whim because they have a headache or a hangnail is insulting to the moral fiber of women in the State.

MR. LALOR: I -- I didn't suggest that at all, I just asked a question.

(Applause)

Let me move on.

(Applause)

ACTING SPEAKER AUBRY: Thank you. We don't need applause at this point in time, thank you.

MR. LALOR: Presently, Public Health Law Section 4164, it contains a provision relating to the rights of infants who are born alive. Specifically it says, a viable infant born alive following an abortion performed after 20 weeks' gestation, "shall be accorded immediate legal protection under the laws of New York." Your bill repeals this, why?

MS. GLICK: That section of law has been held unconstitutional because of the requirement for additional medical personnel, which is an undue burden on providing the services needed.

MR. LALOR: So, is it accurate to say right now on the books we have a law that says an aborted fetus that survives the abortion is entitled to nothing? No protections?

MS. GLICK: Well, the line is, if you are born alive, you are alive. If you are not born alive, you are not born alive.

MR. LALOR: In a situation where that happens, when a child is born alive, under this bill, what would happen? There's no -- there's no command in the law to try to give aid to that child who's struggling for breath, whose heart is beating, who is out here on the Earth?

MS. GLICK: That is totally a matter of medical judgment. If that fetus is capable of surviving, I can assure you that medical personnel would do everything in their power to try to save that fetus. But the question remains whether or not the fetus can survive outside of the mother's womb. And if a fetus is somehow delivered and is alive, then it becomes a person under New York State Law and is granted all of the rights of a person, if it is alive.

MR. LALOR: But we're not going to mandate that the doctor actually treat it. We're going to leave it up to the doctor? We're not going to put it on our -- in our statutes the call to actually treat this child?

MS. GLICK: Well...

MR. LALOR: And if so, why not?

MS. GLICK: The purpose of the bill is to ensure that we provide medical judgment and respect the medical judgment of those involved. And so --

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

MR. RAIA: Will Ms. Glick just yield for one quick question?

MS. GLICK: I don't have my -- it's not on my time,
Mr. --

MR. RAIA: One quick clarification based on what
they're discussing.

MR. LALOR: I yield.

ACTING SPEAKER AUBRY: Mr. Lalor has the
floor, you have to ask him to yield.

MR. RAIA: Oh, Mr. Lalor, will you --

MR. LALOR: Sure.

MR. RAIA: -- will you yield and will Ms. Glick
yield for a quick question?

ACTING SPEAKER AUBRY: Mr. Raia has a
question for you.

MS. GLICK: Sure.

MR. RAIA: Thank you. I -- I just -- I want to just
zero in on the fact you mentioned if -- if a fetus is born alive, then it's
alive. But is it not true that under the provisions that we're going to be
dealing with, currently there needs to be two doctors present during an
abortion specifically for the purpose, one to tend to the mother and the
second to tend to potentially a live birth of the fetus? But now we're
eliminating the two doctors and just having one, correct?

MS. GLICK: Yes.

MR. RAIA: Thank you.

ACTING SPEAKER AUBRY: You may continue,
Mr. Lalor.

MR. LALOR: Will you continue to yield to my questions?

MS. GLICK: I'm sorry?

MR. LALOR: Will you continue to yield?

MS. GLICK: Yes.

MR. LALOR: Thank you. Does this bill expand Roe v. Wade?

MS. GLICK: No.

MR. LALOR: Does Roe v. Wade require states to allow non-physicians to perform abortions?

MS. GLICK: Well, not everything in Roe v. Wade deals with all aspects of New York State Law. New York State licenses medical professionals and it is the State Law that controls whether or not a -- what medical professions are licensed. And since in the last 50 years a great many things have changed in health care, as many of us have experienced. And so, in the 50 years, New York State has added several other licensed professionals who deal with reproductive health services. They include a physician assistant, who operates with the same practice scope as a physician, but operates under the supervision of a -- of a physician; a nurse practitioner and a licensed midwife. Now, we've been clear at the beginning of my explanation of what the bill does that the physician and physician assistant can do surgical abortions, whereas the licensed nurse practitioner and the licensed midwife can do a medical abortion and do the follow-up care necessary.

MR. LALOR: Thank you. Does your bill contain any conscience protections if a doctor or hospital doesn't want to engage in these practices, is there anything to protect their conscience? Is there anything to protect them from losing their license or losing funding?

MS. GLICK: Well, we don't do that in this bill because there's already existing law that protects the hospitals in that regard, and physicians individually.

MR. LALOR: Is there any provision in this bill that will allow for funding or require counseling for women who've had abortions and they regret it and they seek counseling -- or need counseling?

MS. GLICK: No. The -- it's my understanding from extensive reading by the -- of the surveys done by the Guttmacher Institute that it is overwhelmingly, women are pleased that they had the choice to decide when to become a parent or not.

MR. LALOR: Are you saying it's 100 percent, that no one regrets it?

MS. GLICK: I didn't say that.

MR. LALOR: So, is there any funding or any support for those who do?

ACTING SPEAKER AUBRY: Mr. Lalor, your time is up, if you so choose.

Mr. DiPietro.

MR. DIPIETRO: Thank you. Would the sponsor

yield?

ACTING SPEAKER AUBRY: Will you yield, Ms.

Glick?

MS. GLICK: Yes, Mr. DiPietro.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. DIPIETRO: Thank you. I've talked to a number of doctors, and I won't go into the arguments of whether a woman can have an abortion at birth, but the fact remains in this bill, that is a possibility, correct? There could be an abortion up 'til birth?

MS. GLICK: If the fetus is non-viable or the woman's health or life is at risk under the judgment of the medical professionals, an abortion can be provided based on that judgment.

MR. DIPIETRO: Well, let's go to the term *health* because that's been discussed here and it's -- it's been left out because you don't want to get involved with the medical profession. So, let's just say that there is a health issue and a woman wants to have an abortion, she comes in, maybe she's coming in fully expecting to have a baby, and she gets at the point where she's ready to have the baby and then she decides there's a health reason, she doesn't want it. A doctor would like to know where -- at what point, because we do have a law, correct, in New York State against partial birth abortion, right? Correct? Is there a law against partial birth abortion?

MS. GLICK: There is a Federal ban, yes.

MR. DIPIETRO: Yes, okay. So that would apply to New York State?

MS. GLICK: Well, in your question, you said that it -- the woman doesn't want -- doesn't want to deliver.

MR. DIPIETRO: Any health reason, that's right because there's --

MS. GLICK: Not any health reason.

MR. DIPIETRO: Okay, but let's --

MS. GLICK: If it is a risk --

MR. DIPIETRO: You don't specify a health reason, Ms. Glick. So let's say any health reason, just for the sake of argument.

MS. GLICK: Well, I don't accept that that's a proper premise. The issue --

MR. DIPIETRO: Then why didn't you put it in the bill if you don't have -- if you have acceptance (sic) why aren't those acceptances (sic) in the bill?

MS. GLICK: Well, we don't list every possible condition, because there are myriad conditions. When people go to the doctor, they may think they are going to the doctor because they are tired and they think they just need something to pick them up. And then they find out, well, it could be a heart problem, it could be leukemia, it could be a serious respiratory illness. That is why we say that we leave it up to the judgment of the doctor whether or not the health condition risks is (sic) so risky that there needs to be a termination of the pregnancy. And there are women who have had health problems late in their pregnancy, a wanted pregnancy, a desired

pregnancy, who find that their health is so compromised that they have to travel out of New York State to another state to have their health situation dealt with where they can get an abortion somewhere else. That is unacceptable. It is an undue burden on the women in the State of New York, that their health or their life has to be at risk in the State of New York. Their life has to be at risk, not their health. That is unacceptable.

MR. DIPIETRO: I understand. Well, that's why you must not have paid attention to my question because I said for any health reason which you have deemed reasonable, and then you just -- and I understand you went out on a long diatribe there, but I said, for any health reason --

MS. GLICK: I can answer the questions the way I like.

MR. DIPIETRO: -- any health reason that -- that is viable, when is it considered partial birth? Does the fetus have to be seen? Let me see -- let me ask you that. Does the fetus have to be seen from the womb for it to be -- for a doctor to perform and have it be a partial birth under this bill?

MS. GLICK: First of all, I think we've already established that partial birth is actually a political term, not a medical one --

MR. DIPIETRO: Well, I'm asking you --

MS. GLICK: There -- I'm sorry, Mr. DiPietro --

ACTING SPEAKER AUBRY: Let's --

MS. GLICK: -- if you ask me, you have to let me answer.

ACTING SPEAKER AUBRY: Ms. Glick, for a minute, please. We ask a question, we let it be answered. You ask a question, she answers it. So --

MR. DIPIETRO: Thank you, sir.

ACTING SPEAKER AUBRY: -- don't cut her off in the middle of the explanation, if you can, please.

Ms. Glick, proceed.

MS. GLICK: There is no medical terminology called "partial birth." There is a political slogan. There is a procedure that was deemed associated with that slogan, and that procedure has been banned. So there is no -- it's -- you're asking me a question about something that does not actually exist.

MR. DIPIETRO: Wow, okay. That's a -- that's the answer. Then, under your bill, for a health reason, if the water breaks and the -- and the -- it has to be aborted, that would not be a partial birth, that would not be subject to any violation of law for a doctor for any kind of retribution or legal action?

MS. GLICK: Well, I'm not an obstetrician, so, I'm a little bit confused about what your question is.

MR. DIPIETRO: I'm asking --

MS. GLICK: If a woman is pregnant and her water breaks, that's usually -- my understanding is that is the beginning of the onset of labor.

MR. DIPIETRO: Well, that's what I'm asking. I have doctors asking these questions, Ms. Glick. They want to know because right now under your bill they're worried about --

MS. GLICK: I don't think so -- I don't think those are doctors asking the question.

ACTING SPEAKER AUBRY: We're --

MR. DIPIETRO: May I answer the question? May I answer -- may I finish my question? I have doctors asking these questions because under Federal law, they don't want to be arrested and lose their practice because they don't know exactly where your bill begins and ends on the abortion.

MS. GLICK: Well, let me assure you that we have had conversations with the American College of Obstetricians and Gynecologists and they understand clearly and fully support the legislation.

MR. DIPIETRO: That's not Supreme Court and that's not legal -- that's not a legal declaration. I'm talking about legal, as a doctor wants to maintain his license and not get under arrest and lose his license. So, that's why I'm asking specifically -- this has been your bill for a number of years, I'd -- I would think some of these you would know. So, a water breaks, would that -- would that constitute -- how about the umbilical cord?

MS. GLICK: What about it?

MR. DIPIETRO: Well, you said in your bill that under the -- under your -- under your own words that this is -- that life

is when it's outside the womb or some sort of like that, you -- you've mentioned that. Let me ask you this: If a woman gives birth, the -- the baby is still on the umbilical cord which means it's still tethered to its mother and it's not technically, under this bill, alive; can it be killed?

MS. GLICK: Well, I -- it's been a while since I've taken biology, but I do think that most births occur, and at the point when the baby has left the mother, they are -- they are -- may still be -- the cord has not been cut, but the baby may be crying. So, perhaps there are women who've gone through natural childbirth here who can be more precise about this, but I -- if there is any doctor who has been unclear about whether or not at that juncture they are performing a delivery or an abortion, then I think they should be reported to the State Education Department --

MR. DIPIETRO: I agree with you on that.

MS. GLICK: -- because it's pretty clear.

MR. DIPIETRO: We've got -- we've got some legal ramifications and they just would like to be clear under this bill to your own -- to your own acknowledgment, they don't define any health reasons. So, I think it's --

MS. GLICK: That's not --

MR. DIPIETRO: -- very obviously, the doctor would want something some of these clarified so when he's on the table trying to give birth and something comes up, arises that might be something that you deem necessary, he wants to make sure it's

necessary.

MR. GLICK: I'm sorry, Mr. DiPietro, but the decision as to whether the health of the mother is under serious risk, so serious that the alternative in that situation is to perform an abortion, that is left to medical professionals. It is not my opinion and it is not your opinion; it is left to professionals who are educated and trained to understand when a mother's health, not you have bronchitis, but her health could be severely impacted. So, the instances that you have posited are, with all due respect, absurd.

MR. DIPIETRO: Well, unfortunately, I think this bill's absurd, Ms. Glick. So, let's go on to another question. Let's go on to -- you just said you're trying to put -- I did not say anything -- I did not bring up one health-related issue. You did. I'm not saying what it was. I said under the circumstance where you say the woman's health is -- is going to determine whether she keeps or aborts, and I'm saying, okay, any one of your decisions. And so I'm asking these on behalf of a doctor, okay, if she -- if there is -- if there's a grey area, which this bill is full of grey areas, don't answer any questions, which I'm surprised after six years I've been debating this, not one of my questions has been put into the bill, and I understand why. So, let's -- so -- so, please, don't -- don't -- don't flatter me with -- with condescending attitude with that. I'd appreciate it.

MS. GLICK: Okay.

MR. DIPIETRO: On the bill.

ACTING SPEAKER AUBRY: On the bill, Mr.

DiPietro.

MR. DIPIETRO: Well, I'm going to be coming back, but on this bill, there's a -- in the Hebrew language, you know, there's no swear words, it's pretty amazing. So, I know a couple of Hebrews or people that speak the language and when they swear, they use American words. Same thing in Africa, there's a number of -- of nations that abortion is not in their language. Not -- no slang, no trimester, first trimester, nothing, it's not even in their language, it's so abhorrent to them; yet, we're developing it over there. And I just think that's a -- we -- we keep exporting this. And I want you to read you something here.

Most of you -- I'll read something I read last year:

Most of you all recognize me, and my real name is Norma McCorvey. Okay? She is also known as Jane Roe, the plaintiff in the Supreme Court case Roe v. Wade which legalized abortion in America and changed our nation in an unprecedented way. Back in 1973, she says, I was a very confused 21-year-old with one child and facing an unplanned pregnancy. At that time I fought to obtain a legal abortion, but the truth be told, I have three daughters and have never had an abortion. However, upon knowing God, I realize that my case, which legalized abortion on demand, was the biggest mistake of my life. You see, abortion has eliminated 60 million innocent babies in the U.S. alone since 1973. Abortion scars an untold number of post-aborted mothers, fathers and families, also. You read about me in history books, but now I'm dedicated to spreading the truth about

conserving the dignity of all human life from natural conception to natural death. That is from the woman whose name was put on the lawsuit that we are -- are debating here today.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Ms. Melissa Miller.

MS. MILLER: Thank you, Mr. Speaker. Will the sponsor yield for just a couple of questions?

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

MS. GLICK: Certainly.

ACTING SPEAKER AUBRY: The sponsor yields.

MS. MILLER: I just wanted to clarify, if I may. I know you -- you said no -- no dentists, no podiatrists, obviously. You did say physician assistants, nurse practitioners, midwives, all who would operate under the supervision of a doctor, but the doctor is not required to be in the room, correct?

MS. GLICK: Not 100 percent, Ms. Miller. Under -- operating under their licensed scope of practice. So, a physician assistant has to be under the supervision of a physician. The nurse practitioners and midwives would not be doing surgical abortions, it would be a medical abortion --

MS. MILLER: Only a medical.

MS. GLICK: -- and they would be operating with a -- under their own scope.

MS. MILLER: But they can perform -- not -- not

perform surgical --

MS. GLICK: Right.

MS. MILLER: -- abortions, only medical --

MS. GLICK: Right. That would be medical --

MS. MILLER: Okay.

MS. GLICK: So they -- they can write a prescription and do the follow-up care that goes along with that.

MS. MILLER: And no other type of doctors, not a family practitioner?

MS. GLICK: No.

MS. MILLER: No.

MS. GLICK: No.

MS. MILLER: Okay. And then after 24 weeks, only surgeons can perform, it would be considered a surgical procedure, so then nurse practitioners and midwives would no longer be able to perform this?

MS. GLICK: I do not know what the pharmaceutical limits are, so I can't directly answer that. But I would assume that that would not be a medical abortion, but a surgical one.

MS. MILLER: So then it would be --

MS. GLICK: A physician or a physician assistant.

MS. MILLER: Okay. And then just back to what somebody had mentioned, I'm not even sure who at this point, with the not having two doctors in the room if there were to be a procedure where there was a live birth, and not having -- at what point is that

cutoff where there are not two doctors in the room anymore, or two practitioners?

MS. GLICK: That has not been in place, it is -- it was ruled unconstitutional. This is a cleanup, not changing what has been the case based on Constitutional Law.

MS. MILLER: So that is already in place?

MS. GLICK: The Department of Health has not enforced it because of the unconstitutional ruling, for some many years.

MS. MILLER: So this is just a technical --

MS. GLICK: Yes.

MS. MILLER: -- language in there.

MS. GLICK: Yes.

MS. MILLER: I see. Thank you.

MS. GLICK: Thank you.

ACTING SPEAKER AUBRY: Mr. Raia.

MR. RAIA: Thank you, Mr. Speaker. Will the sponsor just yield for a quick couple of questions?

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

MS. GLICK: Certainly.

MR. RAIA: Thank you.

ACTING SPEAKER AUBRY: Ms. Glick yields.

MR. RAIA: Thank you. There's been a lot of rhetoric on this whole issue, and I guess one of my main concerns is,

you know, a lot of that rhetoric is what happens in New York if Roe v. Wade is overturned. Let me ask you, what would happen under New York -- in New York State if Roe v. Wade were overturned or all -- most of our laws were done prior to Roe v. Wade, correct?

MS. GLICK: Well they were, and so the health of the mother is not protected in New York State, and that has resulted in many instances where doctors were uncomfortable. They're protected by Federal law, but not necessarily State law, and it has placed a burden on women who have to go out-of-State to get health care because we do not have a health exception in New York State currently, and that's what this bill seeks to remedy.

MR. RAIA: But we could have done that with or without Roe.

MS. GLICK: Yes, we could have --

MR. RAIA: Okay.

MS. GLICK: -- but we didn't 50 years ago and that's why we're here today to fix what --

MR. RAIA: Okay.

MS. GLICK: -- what we didn't do then.

MR. RAIA: Getting back to the -- the two doctors in the room aspect. I noticed -- you mentioned that that was found unconstitutional. I'm not sure there was actually ever an affirmative court ruling that presented that as an undue burden. It's only unconstitutional if having two doctors in the room would be deemed --

deemed an undue burden. Do you know of a court case in which it was actually declared an undue burden?

MS. GLICK: It was the Akron case that I referred to earlier.

MR. RAIA: Okay. I'll look into that. You know, but there is actually very good reason to have two doctors there in case -- well, let me give you a scenario. It's not even a scenario, it's actually real life. It was brought to my attention by one of the best research people out there dealing with health issues, and I can say that because he actually works for me. His wife had an emergency C-section at 33 weeks. The baby was born not breathing. Would the parents have had a right to just say, okay, don't revive that -- that child that was born not breathing because -- hold on -- because that child was revived and is very much alive today. My concern would be this: In a scenario where you have one doctor doing an emergency C-section in which now you have a mother that is -- is in a surgical procedure, you have a baby that's just been born not breathing, it's pretty hard to do both things at once. So, would they -- so I guess the question is, would they have -- would they have had a right to say, *No, just leave the baby there and don't try reviving it?* Because it wasn't born breathing, and in your definition, the child needs to be born breathing, correct?

MS. GLICK: No. That -- Mr. Raia, first of all, when somebody undergoes a C-section, that's very serious surgery.

MR. RAIA: That's right.

MS. GLICK: And so there are more than just one person in a delivery room where there is a C-section --

MR. RAIA: But maybe only one doctor.

MS. GLICK: There are other medical professionals who can, in fact -- all medical professionals are trained in CPR and the appropriate --

MR. RAIA: So am I, but I don't think I'm qualified.

MS. GLICK: I'm glad you think this is so funny, Mr. Raia, this is serious stuff --

MR. RAIA: It is very serious --

MS. GLICK: -- and I'm trying to give you an answer.

MR. RAIA: -- that's why I'm bringing it up. Very serious. Please answer. I'm sorry.

ACTING SPEAKER AUBRY: I will --

MR. RAIA: I apologize.

ACTING SPEAKER AUBRY: -- remind you. Please, you know better than that. Thank you.

MS. GLICK: In an emergency C-section, there -- it is the medical professionals who are obligated to do what they can to save the patient and once the baby has been delivered, they have an obligation to revive the baby.

MR. RAIA: But the baby wasn't born breathing and under your definition --

MS. GLICK: We have not given a definition.

MR. RAIA: -- if it's not a person until they -- take a

breath, correct?

MS. GLICK: No, I did not --

MR. RAIA: You said that before.

MS. GLICK: -- say that. I did not say that.

MR. RAIA: We can go back in the record. And you used the words "breath."

(Pause)

MS. GLICK: This -- I'm not sure how this relates to someone who is seeking an abortion versus someone who is seeking an emergency C-section. So, perhaps you could clarify to me what your point is.

MR. RAIA: I'm actually asking for the clarification because would -- and it's a simple question, would those parents at that point of time, because it's considered a breath, had the right to let that child just stay on the table without being revived?

MS. GLICK: You have --

MR. RAIA: It's a simple question.

MS. GLICK: -- already indicated that this is an emergency C-section. A C-section is an attempt to deliver the child. To deliver the child. And if the child is not breathing in an emergency C-section circumstance, then it is the medical profession's obligation to try to revive that delivered child.

MR. RAIA: So, if a baby is born at nine months -- well, let's not -- let's say not born, but if somebody went to have an abortion at nine months for the health of the mother, which I get, I

understand and I support. But, if during that abortion that child was born, technically alive, there is -- they don't have to try and revive them anymore, correct?

MS. GLICK: I will repeat: You're either born or you're not. Asked and answered.

MR. RAIA: Well, the way it's actually read is it's -- it has to be born breathing.

MS. GLICK: That's not in this bill.

MR. RAIA: Oh. Okay.

MS. GLICK: That's probably case law, but not --

MR. RAIA: I guess we'll agree to disagree. Thank you.

ACTING SPEAKER AUBRY: Mr. Reilly.

MR. REILLY: Thank you, Mr. Speaker.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. REILLY: So, we -- we had some discussions, my colleagues were talking about the law and how we're striking abortion from the Penal Law. With my experience in the police department and with assault and harassment -- I want to put it to you like this: Let's say that you have a man and a woman, the man is married and he has an affair with a woman and she gets pregnant. He doesn't want his wife to find out. He goes up to her, like the cases that we heard mentioned before and he repeatedly punches her in the stomach. Well, now it causes her to miscarriage, she lost that baby.

But she doesn't receive serious physical injury where it would be prosecuted as an Assault 2, which is a felony. And then we look at, is it an Assault 3, a misdemeanor? Well, we don't know. Because what if the injury isn't that substantial? We are now forcing our prosecutors to look at harassment, a violation. Not even a misdemeanor.

So, the intent on the bill, I understand. It could actually be accomplished without removing the Penal Law, because you're taking away the prosecutorial efforts to protect not only the unborn child, but the mother. That is a reason why I have to vote no for this bill. Thank you.

ACTING SPEAKER AUBRY: Mr. Fitzpatrick.

MR. FITZPATRICK: Thank you, Mr. Speaker. You know, we've debated this bill many times and as we find out today, we no long -- we're not talking to each other, we're speaking or talking at each other and over each other. Neither side is having an impact on the other. And we knew this day would come on Election Day this past November, that this legislation would -- would pass this House as well as the Senate, and the Governor is going to sign it this evening.

So, all I have to say is I'm just going to continue to pray for a change of heart by people on this issue. There are many ways to help a young woman deal with an unplanned or unintended pregnancy. There is -- life is a gift. Always was, always will be. And, you know, this past Sunday, I had the pleasure of welcoming my new granddaughter, little Maeve Rosario, born at Mount Sinai West in Manhattan at quarter to three in the morning on Sunday. And, you

know, she was little. Five pounds, 10 ounces; little bit of a thing. But she is gorgeous. She's beautiful and she has a wonderful life to look forward to.

And it's an old expression, *Babies bring their own luck*. So all of those unfortunate cases where that little child, their life was taken from them, they didn't have the opportunity to enjoy the luck that their life will bring. And to the parents of those children, many of whom -- many of whom regret the decision they made.

I'm going to continue to pray for a change of heart that some day, you know, we no longer have to -- that abortion just becomes just something you don't want to do. It really is taking of a human life and I still believe it's wrong. I believe it always will be wrong. Nothing is going to change that. So, I'll be voting no on this legislation and I'm just to keep praying for a change of heart.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Ms. Simon.

MS. SIMON: So, I -- I would like to speak on the bill. I am grateful to have the privilege to speak up and to speak out on the Reproductive Health Act today and to cast my vote for a woman's right to the full panoply of reproductive health care. I commend the sponsor for her steadfast commitment to women and for having the guts and the heart to suffer the slings and arrows thrown at her throughout the years as she shepherded this bill to its passage today, when it will finally pass both Houses of our Legislature.

Codifying the Constitutional protections of

Roe v. Wade into State laws is critical to the health and safety of New York's women and families. Previously, I worked with deaf and hearing women for many years, counseling and coaching them through their abortion procedures at a clinic in Washington, D.C. The experience affected me deeply and taught me a great deal. While I learned much from the doctors and nurses, I learned most from the one-on-one counseling of over 1,000 women of all ages, races and life circumstances.

So, I counseled women, including mothers of five whose dangerously high blood pressure made the pill no longer a healthy option, but whose husbands refused to use condoms; the women working on Capital Hill who were paralyzed with fear that their bosses would find out; and the young women whose bravery inspired me, including all those teenagers, many from Southeast D.C. born of very difficult life circumstances and whose pregnancies were most likely the result of rape or incest, but who nevertheless had the guts to place their trust in medical professionals and some woman they'd never see again.

There's altogether too much myth and mystery and scare tactics promoted to the public about what happens during abortion procedures and who undergoes this medical procedure. These myths were on display graphically and inaccurately during the last Presidential Election, and in the halls of our Capitol the last few weeks. Our current law is 50 years old and needs updating to reflect the present realities of medical care, including guaranteeing a

woman's right to make her own personal health care decisions throughout the course of her pregnancy, especially when her health is endangered, including if complications arise later in pregnancy. Current State law contradicts Federal law by not allowing for abortion care after 24 weeks when a woman's health is at risk or the fetus is not viable. It also legislates abortion through the Penal Code instead of the Health Code, where it belongs. Abortion care is health care.

In New York, we believe in science and medicine, not myth. Today, New York will finally ensure that the rhetoric does not supplant science and that New Yorkers' rights to obtain abortion services will be fully accessible, safe and protected in the Health Law.

Forty years after I began caring for women undergoing abortion procedures, I remain appalled that this country is still arguing about a woman's fundamental right to choose, and to choose safely. So, today I'm honored to vote in favor of this bill to guarantee reproductive freedom to all New Yorkers.

ACTING SPEAKER AUBRY: Mr. Ashby.

MR. ASHBY: On the bill, Mr. Speaker.

ACTING SPEAKER AUBRY: On the --

MR. ASHBY: What are we telling expectant New York families today? That your unborn child has no legal protections in our State. This is a poisonous message for expectant mothers and families to contend with. It's a sad day for all New Yorkers, whether they're born or unborn. I'll be voting in the negative.

ACTING SPEAKER AUBRY: Ms. Walker.

MS. WALKER: On the bill.

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

MS. WALKER: I would like to first document my most sincere congratulations to the sponsor of this bill and also to this Body for this historic *herstoric* occasion. As I sat here and I listened to the debate, it brought me back to other debates that we've had on this very floor. At one point in time, we had a conversation about young men and women who lost their lives while either in custody of law enforcement agencies, or due to some interaction with a law enforcement agency. And while the person wound up being deceased, the question has always been, were they murdered? Or, as we have this conversation about gun laws and the protections of the Constitution over guns, and no matter how much we say how divisive guns are in terms of the number of deaths that occur in our communities, the Constitution always gets cited as a reason for why we need more guns in our streets and in our communities.

But unfortunately today what I'm hearing is that we don't deserve the protection of the Constitution with respect to our minds, our bodies and ourselves as women. Many instances we've had an opportunity to have this conversation, even the last one -- the last time it hit the floor. One of the things that I heard was that the most dangerous place for a black child was in his mother's womb. Not only was that the most vile comment that I thought I could ever hear on this topic, it made me reflect on the privileges that I have as a parent today. But I did have an early pregnancy in my lifetime that

has caused me to make the decision in the past to have an abortion. It was one of the most difficult decisions I think I've ever made. It was a scary decision for me. But, quite frankly, it was definitely one of the best decisions that I made, and I'm proud to have had the freedoms by which to make it. I remember stories of my aunt, who would tell me that when she wanted to make decisions and choices about her own reproductive freedoms, that they would have to go into closets and very unsafe scenarios by which to have an abortion.

And so while I recognize that I don't want to go back to that date, I am proud to be able to stand in support of this bill. I represent one of the very first female reproductive clinics ever in the history of New York State, the Margaret Sanger Clinic. That clinic was located in Brownsville for a short nine days when Margaret Sanger was arrested. But prior to her arrest, she saw 450 women in that clinic in that short amount of time. And that was in 1916. So while we are here many years after that time, I think the conversation is just as justifiable today as it was on (sic) those days in the Brownsville community, why it's so important for us to be able to make this decision.

I do agree that while I look at this piece of legislation, I don't find that the Criminal and the Penal Code is the proper place for us to talk about a medical conversation. We need to have this conversation where this conversation is definitely justifiable.

It has taken us a long time to get to this point, I know very many years prior to my actually arriving to this Body. But I look

forward to taking this vote and speaking to women all across the State and all across our country to say that even if no one else has stood up for you, New York State stands with you, recognize the importance of choice and the importance of our bodies, our selves, our minds and women being in control of those decisions, as opposed to having men making decisions with respect to our ovaries, our uterus and whatever decisions we decide to make with those organs.

Thank you so much. I support this bill and will vote in the affirmative.

ACTING SPEAKER AUBRY: Mr. Gottfried.

MR. GOTTFRIED: Thank you, Mr. Speaker. You know, a couple of things have been said on the floor repeatedly that are just not the case, and I'm concerned that people may go home not only and repeat them, but might go home and believe them and feel troubled by it. The notion that somehow if this bill becomes law or when this bill becomes law, there will be "no protection for the fetus". Well, you could say, is there any protection for somebody's brain, or for their heart, or their bones? Read the Penal Law from beginning to end, you find no mention of any particular organs and, yet, if you assault someone and damage one of those organs or impair its functioning, you're guilty of a very serious crime.

And so, does the law protect our bones? Yes, even though they're not mentioned. Will the law continue to protect the fetus? Yes, even though it may not be mentioned in the Penal Law because an assault that causes the destruction of a fetus, or even injury

to a fetus, is subject to more severe penalties when defined as an assault than if it's defined as an unjustified abortion. So, this bill is not removing any protection for a fetus, it is preserving the much greater protections in the law for a fetus than some of the opponents of the bill have been cited -- have been citing.

Similarly, the question of, you know, if the fetus is born alive, this bill is removing any protection. That's just not true. However a fetus becomes alive, whether it is as a result of an abortion that -- or an attempted abortion that did not accomplish its purpose and the fetus was born alive, or -- or in a delivery, where a fetus is born alive, instantly there is a whole panoply of legal, and even -- well, certainly medical, and even criminal, obligations that -- that immediately apply that protect what is, in that instant, a person. It might not be breathing at first. But you don't have to be breathing to be alive. That's why we have such a thing called resuscitation. A fetus that is born alive is today protected by laws that never use the word abortion and is today -- and will be protected if this bill become -- when this bill becomes a law.

I just want to say a little bit about the role of nurse practitioners. A nurse -- exactly what services, clinical services a nurse practitioner may perform, depend on the specialty in which he or she is recognized by the State Education Department. As I understand it, I don't think there are today any surgical procedures that nurse practitioners perform, but in theory, State Education could -- could recognize such a nurse practitioner specialty, and require an

appropriate level of training.

Finally, we are here today at a -- at an extraordinary moment in a movement that -- that I've been aware of has been functioning -- working for over 50 years. Actually, it's been going on long before my earliest experiences with it. It's a movement that has been created and sustained and enabled us to reach this day by an army of extraordinarily dedicated and -- and talented and humane advocates. And we would not be discussing this bill today were it not for that extraordinary movement.

And the last thing I want to say is, I just want to congratulate and thank the sponsor of the bill, Deborah Glick, who, as an individual and as a legislator has been one of the great leaders of that army and has not only today, but on numerous occasions, given a -- a really sterling explanation in defense of this legislation, and generations of women and men in New York will owe her a deep debt of gratitude.

ACTING SPEAKER AUBRY: On a motion by Ms. Glick, the Senate bill is before the House. The Senate bill is advanced.

Ms. Bichotte.

MS. BICHOTTE: Thank you, Mr. Speaker. I -- on the bill. I want to thank the sponsor for reintroducing this bill year after year, not giving up, this bill called the Reproductive Health Act, and spearheading to guarantee reproductive freedoms for women everywhere.

I'm proud that I will vote today to support the right of women in the State to make their own decisions about their own bodies and their own health. Those decisions may include access to contraceptives and/or terminating a pregnancy. This bill would also allow abortions to be performed by licensed health care practitioners in a particular scope in a very safe manner. Lastly, and very important, this bill would make a repeal on the Criminal Code which includes abortion as a criminal act.

Since the beginning of this country, it has been a struggle of women to gain their right to agency that is due to them. When I was pregnant, I was about to give birth at five-and-a-half months. And they asked -- and the doctors asked me, *Do I want to abort my child?* I told them no, and I had my son and my son was born alive. Although my son didn't make it past two hours, at the end of the day, it was my choice. It was my choice of what I wanted to do. When we think about this bill, it's about choice, whether you choose to keep the fetus, or whether you choose to abort. It's still a woman's choice.

Today's is the 46th anniversary of the landmark case Roe v. Wade, which made it unconstitutional to enact paternalistic legislation concerning a woman's right to choose contraception. With that in mind, I support this bill that will codify New York law to protect and strengthen a woman's Constitutional right to choose.

Thank you, Mr. Speaker. And I will -- and I hope my colleagues will vote in the affirmative.

ACTING SPEAKER AUBRY: Mr. Byrne.

MR. BYRNE: Thank you, Mr. Speaker. Will the sponsor yield for some short questions?

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

MS. GLICK: Certainly.

ACTING SPEAKER AUBRY: Ms. Glick yields.

MR. BYRNE: Thank you, Ms. Glick, hopefully this won't take too much time. I know there's been a lot of questions asked and answered already, and while we may respectfully disagree on some of the contents within this bill, I -- I'll try to drill down to my -- my question. It's been stated a couple of times now, I think the Federal ban on partial-birth abortion from back in 2003, you may not agree with the terminology, but could you run through what that procedure was you referenced before, could you run through that one more time?

MS. GLICK: That was -- is referred to in medical terms as an "intact dilation and extraction."

MR. BYRNE: Okay. Can you go into detail a little bit more than that, or no?

MS. GLICK: No. I'm not a (sic) obstetrician.

MR. BYRNE: Okay. I thought I heard you say earlier that it was the safest procedure. I just wanted to make sure I got that right.

MS. GLICK: No. What I said, to correct the record,

was that in some instances when the ban was proposed, medical professionals opposed it because in some instances they felt it was the safest procedure to protect the life and health of the woman.

MR. BYRNE: The mother, okay. Now, that's current Federal law, that ban is still in existence today, correct?

MS. GLICK: Correct.

MR. BYRNE: Correct. And I heard this before from some of our colleagues that the purpose of this legislation is to also, that our current laws or State laws contradict Federal law; is that accurate? That this is your interpretation to codify the Federal Roe v. Wade?

MS. GLICK: Well, New York State law protects only the life of the mother, not her health; Roe v. Wade protects both her health and life. And so, that question has been around since 1973 and presumably medical professionals have had 46 years to determine what that means.

MR. BYRNE: Okay. Understood. I know I have heard from our colleagues this afternoon that they would like to see the State law not contradict Federal law. Has there have been any thought to amend the legislation to include the Federal ban in this statute. So should, if Roe v. Wade ever gets changed, that's, in part -- part of the reason for this legislation, correct? What about if that Federal ban ever changes --

MS. GLICK: The Federal ban is separate from.

MR. BYRNE: So, has there been any thought to -- to

amend it and include a ban to mirror the Federal ban here at the State level?

MS. GLICK: No.

MR. BYRNE: Okay. One other question, too. Well, it's not necessarily something required for legislation. I know sometimes colleagues put up a request that legislation goes for its public hearings and solicits public feedback. I know this is something we've talked about for years and decades and it's very controversial within our families and friends. We all know people, I think, on both sides on this issue. Has there been any input or attempt to conduct a public hearing on this -- on this legislation?

MS. GLICK: Well, having debated this about eight or 10 times, I think that the public has had an opportunity to hear all of the questions that -- and answers rather thoroughly.

MR. BYRNE: Okay. So that answer is no, no public hearing in addition to -- to the debates.

MS. GLICK: Oh, I can -- I think -- I think the debate on the floor is a very dramatic public hearing.

MR. BYRNE: Okay. But no public testimony, people from our districts aren't giving testimony and questions and answers, things like that.

MS. GLICK: (No response.)

MR. BYRNE: Okay. Anyway -- again -- my -- thank you, Ms. Glick, I appreciate it. And, Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. BYRNE: I wasn't really prepared or planning to speak on this bill this afternoon. This might be the last time we vote on this and I know while some people may be celebrating that, I certainly will not be. It's something that I feel in my heart, but also I find it interesting because just last week I voted and supported a package of legislation for social justice measures, because I believe every human life has value regardless of what may make us different, and that also includes the child in the womb. I don't believe they deserve any less protections than anyone else. So, I will be voting in the negative, Mr. Speaker. And thank you, Ms. Glick, and thank you to my colleagues for your time and your listening and your attention.

ACTING SPEAKER AUBRY: Ms. Davila.

MS. DAVILA: On the bill.

ACTING SPEAKER AUBRY: On the bill.

MS. DAVILA: For the past six years, I've been coming back and forth to Albany dreading, dreading coming up with this topic, only because the -- the moments that the women here had to get up to defend themselves, sometimes it was really egregious. We were even accused as women of color to performing genocide and that is strong. When you accuse someone of genocide, that's a strong word. I'm just -- I just feel extremely privileged today to be able to stand here and say that finally, finally we're going to be passing this bill.

Women's rights are human rights and no one during the week that we honor Dr. Martin Luther King's legacy should deny

anyone a right based on gender. There should be nothing more fundamental to women's equality than a woman's right to control her own reproductive health. We don't need lawyers deciding the merits of sound medical decisions. This bill ensures that the health of the pregnant person is a factor in deciding the course of treatment. So, if you walk through all of the New York City hospitals that perform these medical procedures, I assure you that you will find a numerous amount of women coming from other states because they're being deprived of this right. So today, I vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Ms. Linda Rosenthal.

MS. ROSENTHAL: Thank you, Mr. Speaker.

On the bill.

In 1970, when New York's abortion law became law three years -- let me begin again, I'm sorry. In 1970, when New York's abortion bill became law three years before Roe was decided, the bill's future hung in the balance because it was shy the votes needed for passage by one vote. At the last minute as the Clerk was poised to read the final vote count and announce the bill had failed, a tearful Upstate Democrat, George Michaels of Auburn, New York stood to change his vote. He rose, choking back tears and said, *I know, Mr. Speaker, that I am terminating my political career, but I cannot in good conscience sit here and allow my vote to be the one that defeats this bill. I ask that my vote be changed from no to yes.* Chaos ensued, but Michael's vote was enough to push the bill over the

finish line and send it to the Senate for consideration and it became law in New York State. Assemblymember Michaels did go on to lose his next election, but he did the right thing for himself and for his family, as he said later on.

His action was heroic then and, over the years, we have fought to pass the Reproductive Health Act and so many brave advocates have taken action to see that this bill would become law. Like the Christensen family who have bravely shared their story to provide tangible proof of why the Reproductive Health Act is needed in New York State. At the end of the day, each one of us will experience a handful of defining moments, moments when we are called upon to take courageous actions, moments that shape who we are and shape others. Today is one of those days and this is one of those moments, although given the immense popularity of enacting this bill into law, I don't think anybody's career will suffer.

After having voted personally to pass the Reproductive Health Act many, many times in maybe 10, 11 years, I am proud once again to support its passage into law. Abortion has always been a lightning rod issue, but the anti-abortion extremists are emboldened by a new Administration in Washington they view as sympathetic to their cause. These extremists have weaponized their opposition to reproductive health care and women's health and are now engaging in an all-out assault on a woman's right to choose here in the United States and across the world. From efforts to defund Planned Parenthood and mar its reputation, to efforts to place onerous

and costly restrictions on termination services that do not make the procedure safer, to personhood amendments that have been introduced in some states across the country, to the gag rule and the outsourcing of anti-abortion sentiment across the world. These extreme ideologists will stop at nothing on their path to endanger the lives of countless women and children by making abortion illegal and reproductive healthcare services harder to obtain.

For years, we were confident that Roe and the cases that followed and strengthened it would never be overturned, but we now see the folly of our ways because the Administration in Washington is stacking the Federal bench and the Supreme Court with justices who have sworn to turn back women's reproductive rights. New York's women have always led the way from the days of Seneca Falls to today. And today, we in New York are voting to enshrine women's reproductive health care in law and guarantee it against ideological attack.

I want to thank the indefatigable Deborah Glick who has sponsored this bill since the beginning, and the countless advocates whose work has made this day possible. I proudly cast my vote for the Reproductive Health Act in the affirmative.

MS. BYRNES: Thank you, Mr. Speaker. No matter what your opinion might be on pregnancies and abortion in an early stage, I do believe that it's fundamentally wrong to allow for a full-term, healthy, viable baby to be killed in utero for some undefined health reason. Worse, that no provisions are included in order to

account for if that baby is born alive. I'll be voting no and I absolutely implore the other members of this Assembly to vote likewise. If every society is gauged by how it takes care of those who are most vulnerable and most in need, then you must vote no on this bill.

Thank you. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. Epstein.

MR. EPSTEIN: On the bill, Mr. Speaker.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. EPSTEIN: I just want to thank you for the opportunity to speak on this really important moment and my colleagues for standing here, and the sponsor of the bill for her leadership on this issue. We've heard a lot of conversations around what we're doing to women's reproductive health and the concerns that people raise around the fetus, but I just want to remind people where we are today. We are in this country where we're so divisive that people can't control what's happening with their own bodies. Some people may have disagreements around what reproductive health is, but at the end of the day, this is a woman and a decision between her and her health care provider is what's critical.

Now, some people may disagree saying this is about life, but again, this is a disagreement about your views and your philosophies versus someone else's. And today, we're standing here in a historic moment realizing that we stand with women and their ability to make choices about their own reproductive health. Thank you for

being here. Thank you for the Senate being here. This is a moment that we should remember, as the State of New York takes leadership on such a critical issue. I'm proud to be a supporter of this bill.

ACTING SPEAKER AUBRY: Thank you.

Ms. Reyes.

MS. REYES: I want to thank the sponsor of the bill for her leadership and conviction in defending the reproductive health of women. I rise not just as a woman and as a mother who has benefitted from the access -- from access to reproductive health care, but I rise as a registered nurse and a medical professional. I am troubled by the insinuations that doctors who perform abortions are divorce of the moral and ethical burdens of their practice. There is no such thing as abortion-on-demand. It is important to note that late-term abortions are rare. And when we talk about medical conditions that necessitate termination of pregnancy because of the health of the mother, these are numerous and patient-specific.

Women's bodies and their respective state of health are so individualized that it would be impossible and intrusive to legislate. We see women with preexisting medical conditions who become pregnant and have complications so severe that it possesses a threat to their lives. In my practice as an oncology nurse, I have cared for women who have received a diagnosis while pregnant and have stood by their side while they have to decide whether they continue their pregnancy or seek treatment so they can be alive to see that child.

I would like to speak on the scope of practice of medical professionals other than doctors. A nurse practitioner is at minimum a master-trained nurse. Many possess a doctorate and, in many cases, have more clinical experience than resident doctors in their first, second, third or fourth year of residency. Nurse midwives are advanced practiced nurses with a specialty in women's reproductive health. They literally deliver babies alive and not, every day of their practice. And it's important to note that physician assistants and nurse practitioners perform and assist in surgical procedures every day, as well.

This is about increasing access to reproductive health care. Currently, early-term abortions are ambulatory procedures and adjusting the scope of practice is paramount in ensuring women in every corner of our State can access safe, comprehensive reproductive health and I will be voting in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Richardson.

MS. RICHARDSON: Thank you, Mr. Speaker. You know, there's a saying that goes that anything that's worth having doesn't come easy and what true, let me tell you, we have been fighting in this legislative Body for such a long time to pass the Reproductive Health Care Act. I'm so proud of the sponsor of this legislation. People don't that behind the scenes as legislators when we take a stand for an issue, unfortunately we endure a lot of backlash at times, and the sponsor has stood strong for decades fighting for women's right. And as a woman, as a mother, I stand here for all New

Yorkers across the State of New York to say that it is our bodies, it is our choice, it is our voice, it is our right and with this piece of legislation, we are opening up the doors for access for health care and we say to all the women, and I want to say to all the advocates, this is your day, this is your time, this is your moment. You guys have stood on top of us -- well, on top of us, but beside us. You know, you have pushed us to ensure that this issue stays at the forefront of our legislative agenda. So, I'm so happy to be in this Chamber at this moment of time to vote in the affirmative. Thank you.

(Applause)

ACTING SPEAKER AUBRY: Ms. Seawright.

MS. SEAWRIGHT: Thank you, Mr. Speaker, on the bill.

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

MS. SEAWRIGHT: On behalf of the women and families in my district on the Upper East Side, Yorkville and Roosevelt Island and across this great State, I rise in support of this critically important legislation to protect a woman's reproductive freedom. I commend the bill's sponsor, Chairwoman Deborah Glick, and Senator Liz Krueger who's in the Chamber, for being the sponsors time and time again of this important legislation.

"Advancing the rights of women and girls is the great unfinished business of the 21st Century," said Hillary Clinton. About 10 percent of New York's women live in a county without an abortion provider according to a research group that supports choice. New

York State was one of the first states to provide women with the right. In 1970, New York passed the most permissive abortion law in America, one that defined the State as the country's abortion refuge and where women sought relief.

So, many years after the journey for reproductive freedom started, today we will see this bill through to reality in New York State. On this historic day, New York State will once again be a leader in reproductive health by codifying Roe v. Wade, ensuring regardless of what occurs on the Federal level that women will continue to see New York State as a beacon where they can safely make choices. Today, I'm honored to cast my vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Arroyo.

MRS. ARROYO: Thank you, Mr. Speaker, for allowing me to raise my voice in this bill. Unfortunately, this bill will cover only the State of New York. But we are here to support each other as a woman. I have six grand -- grandchilids (sic) that are women. I have four great-grandchildren that are women, and I have four girls of my own. In the name of all of them, I thank God that gave me the opportunity to understand the rights of the woman to choose what she wants to do with her body, with whom and how. I'm voting in the affirmative.

ACTING SPEAKER AUBRY: Mr. DiPietro for a second.

MR. DIPIETRO: Thank you, Mr. Speaker. I rise

today, as I have in years past, to encourage my colleagues to vote against this ungodly legislation in order to protect the sanctity and dignity of human life. There is no more debate. No more debate over life in the womb. As technology has advanced, it is impossible for those who support the taking of innocent lives, to feign ignorance about human life in the womb. No longer can they claim that life is just a random collection of cells. With new 3D and 4D ultrasounds, it becomes a self-evident truth that this is a human being. Under the light of the ultrasound, the truth is revealed. This is life. This is why I sponsor legislation each year that would require an ultrasound be done before an abortion can take place. What's the harm in that? Every piece of information should be made available to the woman making these decisions. It's called "choice". Give her all the tools she needs. They should see the human life that hangs in the balance of their decision.

Studies have shown 70 percent, 70 percent of mothers who see the ultrasound choose to keep the baby. Why wouldn't we want them to see an ultrasound? Did you know that 80, 80 percent of fathers when they see an ultrasound want to keep the baby. That's right. A baby. Do you know, the legal definition of death is when the heart stops beating. Wouldn't it be commonsense, then, that life begins when the heart's beating? There is no commonsense in this law.

I ask, why does the Majority refuse to put the sonogram bill up for a vote? It's clear. It's an added tool for choice.

What is the harm in letting a pregnant mother see a sonogram?

Instead of empowering women for all the resources necessary to make a decision, the pro-abortion crowd seeks the comfort of the dark shadows, like rats scurrying to holes in the wall when the light of truth shines on them. It's easier to mock my legislation to save lives than it is to change the culture of death that surrounds the abortion industry. I'm tough enough to handle it, for what I go through is nothing compared to being chopped up and dismembered by forceps and then pieces of the eyes, the fingers, the legs, the mouth, head, toes and all the other body parts vacuumed up and out into the garbage.

For something to be a choice, there has to be multiple options present and the person making the decision should have all available information, not just some. This shouldn't be a controversial opinion or a controversial bill. But the pro-death crowd and members of this Assembly refuse to allow women any help. They refuse to allow women a choice to see a sonogram. They refuse to allow women a choice to seek counseling. In matters of life and death, which this is, all information should be considered before a decision is rendered. Make no mistake. This is a decision between life and death. This is a choice between killing and living. It's scientific. It's proven. There's no doubt. There's no argument. The only way a procedure is as brutal and disfiguring as abortion can continue to exist is through the ignorance of those involved. Cold, calculated medical terms that we have seen and heard here today have fostered an environment that endangers human life. To this day, a human being

in the womb has never transformed into something else. It doesn't become a turtle. It doesn't become a plant. You ended a human life. As other states are moving to protect life, New York doubles down on ending it.

If we were to find the smallest cell on Mars with living material, it would be celebrated. It would be celebrated and preserved. But when it comes to here on Earth, we debate how late up to when the baby is being pulled out of the womb it is -- is it acceptable to murder a human life. I am no longer mincing words. The ending of a human life is murder. Back in the day of King Ahaz, he sacrificed his sons and other children by throwing them into the fire as worship to Pagan Gods. Even today, the process hasn't abated. The sacrifice of children to the harsh Gods of convenience, economy and whim continues in sterile medical facilities in numbers that would astound and embarrass King Ahaz.

It is written very clearly: Truly, children are a gift. Let's talk about the baby. The bond between the mother and her baby is truly remarkable. While in the womb, babies begin learning language from their mothers. They also learn to recognize different words. This is while they're still in the womb they can recognize language. After birth, they will still remember some of these words, even being able to distinguish between their mother tongue and other languages. Let me repeat that. They will still remember these words even being able to distinguish between mother tongue and another language - that's incredible - while in the womb. Babies may also

respond to their mother's touch by displaying more movements as a way of communication. Did you know when the mother's heart, when the mother's heart is injured, stem cells from the fetus, from the baby, migrate to the injured site and repair the damage when a mother's heart is hurt. Male babies in the womb leave traces of their DNA on the mother's brain which protects the mother from Alzheimer's Disease.

It doesn't end here. Antibodies travel from the mother to her baby through the placenta. Breastfeeding boosts the baby's immune system before and after birth and protects the baby from deadly bacteria and viruses. After the baby is born, breast milk is customized according to the sex of the baby. Mothers produce different biological recipes for sons and daughters. I didn't know that. In 25 days -- a woman gets pregnant, in 25 days the heart chamber develops. In 32 days, that's one week later, 32 days, one month, arms and hands begin developing. Thirty-six days, four days later, 36 days begins the vertebrae's development. The first five weeks are the most rapid development in this child's life in the womb. This is five weeks. It is not a blob of tissue. It's a baby. At six weeks, brainwaves are detectable. At 45 days, the heart is beating twice as fast as the mother's. Yes, that's a human heart, not an animal heart. It's not a blob of tissue. It's a heart. It's beating twice as fast as the mother's; it's alive and well. At seven weeks, seven weeks, 49 days, eyelids, toes form. The nose is distinct and the baby is kicking and swimming. That is just the first 49 days. You can still receive an abortion for

another 127 days, but let me repeat that, now you can receive it for more than seven months. At week eight, eight weeks, two months, every organ is in place. Bones begin to replace cartilage and fingerprints form; fingerprints, DNA. Week 11, all the organs are functioning and the baby can grasp objects placed in its hands; not even three months, the baby can grasp something. At week 12, the baby has all the body parts capable of feeling pain. We know that now. We did not know that in 1973. Twelve weeks, three months, the baby can feel pain. Nerves, spinal cord, thalamus, the vocal cords are complete and the baby can suck its thumb. By the end of the fourth month, this unmistakably human life is eight to 10 inches in length. The heart is pumping 25 quarts of blood a day and it weighs almost a pound. Twenty-five quarts of blood a day. Is there anyone who can look at that and say it is not a human life?

At week 18, the baby will begin to hear. At week 19, the baby can routinely be saved. At 19 weeks you can save that baby. No need for abortion. At 20 weeks, this child feels pain and feels every agonizing part of the abortion process. I have submitted a bill that all abortions must stop at 20 weeks. I don't think it's ever going to see the light of day in here, correct? Correct. At 21 weeks, that's not even, what's that, four months, five months, the baby can swallow. At week 23, the baby will develop taste buds. It can taste what the mother eats. At week 24, the baby is growing real hair. All of this development occurs during the period where an abortion is still an option. How is this fair to life?

During months seven through nine, the baby is using four of their five senses; vision, hearing, taste and touch. They know the difference between waking and sleeping. They can relate to the mother's mood and the heart begins pumping 300 quarts of blood a day. Someone want to tell me that's not life? I hope none of you have eaten recently, because the vast majority of abortions are handled in a manner so gruesome it is unfitting to the world's lone superpower, let alone the State of New York. Through the first 100, 110 days, twice the time it took this child to gain retinas and nose and fingers it can be terminated via vacuum aspiration. This can be done manually or electronically. A tube is inserted into the womb and an electric pump or manual pump creates such a suction that the baby is sucked from the womb and killed. A baby that has just developed eyelids and legs and is unmistakably human has been sucked into a vacuum like dust on the living room carpet. This is preferred, though, by Planned Parenthood because they have a way of keeping the organs.

Second most common form of surgical abortion is the curettage method in which an instrument is inserted into the womb and scrapes the walls of the uterus of any trace of human life. It's the same type of instrument used by the dentist to clean tartar off your teeth. The instrument is called a curette. A new life is removed from a woman in the same manner that tartar is scraped from your teeth. Our innate human instinct of self-preservation does not begin outside the womb. During these horrific procedures, because we know now because of technology, the baby will actually turn away, it'll turn away

from the medical instruments. They try to save themselves from being ripped apart. They try to save themselves from being vacuumed up like common trash and debris. They want to live and, yet, they've been sent to death.

National Right to Life estimates the number of human lives ended by abortion here to be 60 million since the Roe v. Wade decision, an unfathomable number of human lives. Instead of ending this infanticide, we focus our life-saving efforts on things like stripping Americans of our 2nd Amendment rights. It would save more human lives by employing an ultrasound than it would by any safe storage bill. Jeremiah 1:5 says, "Before I formed you in the womb, I knew you. Before you were born, you were set apart." I know most of you are not of faith. I know some of you follow the God's religions. But I'm always asked, and for those who are curious, there is a passage that sticks out in my mind. It uses the word "woe". A very strong and powerful word, a very bad word used by God. It says, *If anyone causes one of these little ones, those who believe in Me to stumble, it would be better for them to have a large millstone hung around their neck and to be drowned in the depths of the sea. Woe to the world because of the things that cause people to stumble, such things must come, but woe to the person through whom they come.*

We cannot and must not allow for this infanticide to continue. Every child deserves a chance at life. A chance to improve their well-being. A chance to be part of our world just like all of us.

Let's come together and end this injustice. I would like to thank Jesus Christ, my Lord and Savior, for opening my eyes. I will be voting in the negative and encourage all of you to do, also. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Barron.

MR. BARRON: Thank you, Mr. Speaker. I don't want any woman in this place to feel guilty about what you heard. There's always a very dramatic presentation to have you go through a guilt trip. But the same people that make these dramatic presentations after the baby is born, we can't get them to vote for things that help our children in our neighborhoods.

(Applause)

After the baby is born --

ACTING SPEAKER AUBRY: Please.

MR. BARRON: -- after the baby is born, we can't get criminal justice legislation to keep our babies out of jail. After the baby is born, we can't even get the health care that our families need. We cannot get food, clothing, shelter that our family needs. We cannot curb corporations from exploiting our neighborhoods because they're protected by these same people that love human life so much.

(Applause)

This is a major, major contradiction. And don't let them whip God on you, because I read a passage in the Bible where the God said, *Go into the promised land and kill everybody. The women, the children, kill everybody.* God said that, too. So when

they take pieces out of the Bible to make you feel guilty for exercising your right, it is your right to determine. No man, no matter how descriptive they make the abortion sound, no man has a right to tell a woman what to do with her body.

(Applause)

No man has that right. Not even a self-righteous Christian man has a right to do that.

So let me just say to you that I support this because I support your right. And I'm looking forward to all those pro-life people, I'm looking forward to their pro-life positions on life after we're born, after we're born and we're trying to extend life so that we can get into life expectancy, so we can live long lives with better housing. And when the police murder us after we get out of the womb, I want to see them stand up and put them murderous cops to jail for killing life after birth. And if you can't do it then, then I don't want to hear from you now because that's hypocrisy. With that, I vote in the affirmative.

(Applause)

ACTING SPEAKER AUBRY: Mr. Manktelow.

MR. MANKTELOW: Thank you, Mr. Speaker.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. MANKTELOW: I've heard a lot of comments here today and I'd just like to make a few comments. I know of two women that decided not to abort their children. I see these women

each and every single day and, by the way, I've never met them in person. These two women had the tenacity to go ahead and go through with this and give birth to two beautiful children, a young girl and a young boy. Why I get to see those two women every single day, that young boy and that young girl are my children. I was able to adopt those two children and as we've talked many, many times and in the first Session as a newbie, one of the words that was said on this floor in this Session was "family first." Because of these two women, they were able to give me and my wife a family, and I am truly thankful for that opportunity to have the chance to raise those two children. And the oldest one now has two children, which are my grandchildren.

So there are a lot of options out there. There are things that happen, but we adopt a lot of kids in this country and if we could just help these individuals get to the point where we could give these children up for adoption, we could -- we could tackle some of these issues. And that option's out there, and I would really like to see us pursue that.

And, lastly, as I know, I'm not a woman, but I am a father of five and this is what I can say. As a Christian guy, I do believe in death -- or life after death, but I do believe this, as well. If you took my five children, two adopted, three through a second marriage, if you put those five children up against the wall and said, Mr. Manktelow, if you can do anything to save them, it's your life or them, I would always, always, always give my life first because those

five children needed to have the opportunity to grow and become Americans and become New Yorkers. Just as I took an oath to defend this country, I took an oath as a father to defend my five children and I will always do that. And I ask you to vote no on this because there are so many other options out there other than what we're looking at. I applaud you for the opportunity to vote here today, but please, please just think about the vote. Thank you.

(Applause)

ACTING SPEAKER AUBRY: Mr. Goodell for a second.

MR. GOODELL: Thank you, Mr. Speaker.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GOODELL: In 1970, three years before Roe v. Wade, our State authorized abortions. Earlier today on the floor of this Assembly, we introduced the attorney who represented "Roe" and she received a great applause from many members. We did not introduce today on the floor of the Assembly "Roe", perhaps because since that landmark case, she has been one of the strongest advocates for pro-life.

Today, we're not asked to codify Roe v. Wade, even though that's what the press has said. That's not the bill we're voting on. We don't vote on concepts, do we? We vote on language. We all know, everyone of us in this Chamber know that in New York under current law, there's no restriction on any abortion. You can get it on

demand at any time for the first two trimesters, no restrictions. From 2012 to '14, it's the latest data I pulled up from the New York Department of Health, there were 285,000 abortions in New York State. There were 400 abortions for every 1,000 live births. Availability of abortion in New York State is not what we're voting on today.

So, what does the actual language do in this bill?

Section 2, it eliminates the need for a physician to be at an abortion. No matter what stage, you no longer have to have a physician. It can be done, even a late-term abortion, by a physician assistant. Section 2 no longer limits abortions to where the life of the mother is at risk. Now it can be done if someone, namely the mother, says her health is at risk, but this bill does not give any guidance at all about what that means, does it? You all have a copy in front of you. It doesn't say serious health risk, atypical, unusual; no restriction at all. Section 3 eliminates that the requirement that an abortion be performed in a hospital, even a late-term abortion just before the baby would otherwise be born. Under this language, it could be done in an outpatient clinic or a storefront. Section 3 also, as we discussed, eliminated the requirement that there be two physicians for a late-term abortion. A late-term abortion is when the baby is fully formed, has a heartbeat and can live outside the womb. No longer are we asking for protection for the woman and the child who is already fully formed.

Sections 5 and 6 eliminate any criminal protection for the unborn child, not just in the context of abortion, but in any

context. Under current law, "homicide" is defined as the killing of an unborn child after the first 24 weeks. An unjustified killing of an unborn child is defined as homicide. We take that out of the law with this bill. A pregnant mother who is attacked and mugged and her child is killed, sure there's a criminal charge for attacking the mom, but not for killing the child. No criminal protections for the unborn child. Just to make that clear, Section 11 of this bill, by the way, eliminates the authority of a coroner to investigate a suspected criminal abortion. Think about that for a minute. We are, by law, eliminating the authority of a coroner to investigate the death of an unborn child.

Most of us here came here with the objective of doing our utmost best to represent everyone, right? And we know there's a special obligation on us to represent those who are not powerful, who aren't wealthy, who are downtrodden, right? We have that special obligation to stand up for the weak and the frail and those who otherwise have no voice. And, my friends and colleagues, that includes those who are not yet born that are fully formed, fully formed in the womb. We will be judged on how we treat those who don't have a voice.

Now, make no mistake about it. When we expand the availability of late-term abortions that involves killing the baby, stopping the heartbeat, dismembering the baby and removing it from the womb; do we want to allow more of that to happen in New York?

ACTING SPEAKER AUBRY: Ms. Seawright, why

do you rise?

MS. SEAWRIGHT: Will the gentleman yield?

ACTING SPEAKER AUBRY: Will you yield, Mr. Goodell?

MR. GOODELL: Certainly.

ACTING SPEAKER AUBRY: Mr. Goodell yields.

MS. SEAWRIGHT: Mr. Goodell, you mentioned the plaintiff in Roe v. Wade. Her name was Norma McCorvey and I'd like to know if you know how much money she made when she switched her position and the lucrative deals that she -- and the contracts that she signed?

MR. GOODELL: I do not.

MS. SEAWRIGHT: Thank you.

MR. GOODELL: Nor do I -- nor do I think it's relevant because I think what is relevant is what we are doing today. We are eliminating criminal protections. We are amending the Penal Law. We're eliminating the safety protections that we have and we're expanding the availability of abortions after the baby has fully formed and can survive outside the womb. That, my friends, is a very, very serious issue and I urge each of us, myself included, to reach into our conscience and make sure we are comfortable in our heart, soul and mind that that is what we want to do for the State of New York. Thank you, Mr. Speaker, and thank you to my colleagues.

(Applause)

ACTING SPEAKER AUBRY: Mr. Lavine.

MR. LAVINE: Thank you. Thank you, Mr. Speaker.

On the bill.

It's been said that this may be the last time that we ever vote on this subject. Well, I thought we stopped voting on this subject in 1970 in New York State, and I thought we stopped legislating this after Roe in 1973, but that's apparently not the case. And perhaps those of us who believe in human rights have to come to the conclusion that as soon as we attain any human right, we have to continue to defend it over and over and over again. So I doubt very much this will be the last time we discuss this. After all, we've heard this afternoon people advancing their own bills to stop a woman's right to an abortion, as if laws have ever, ever had that sort of desired effect except on the weak, except on the poor, except on those who are not able to exercise their monetary power to travel to where an abortion was available, and that's the way it was.

Now, I am married to someone who's a very proud Planned Parenthood volunteer, and I worry about her safety and the safety of every other Planned Parenthood volunteer and people who work at Planned Parenthood. And one of the reasons that I worry has been demonstrated here perfectly. The people who support a woman's right to an abortion work within our Constitutional framework. They work. They dedicate themselves to something that is perfectly protected by our laws. They are not rats. They are not pro-death. They are not killers. They are not murderers. And Planned Parenthood does not keep organs. But the sort of language, the

hyper-religiosity of the language that is -- that is used serves only to enable those unstable people who will commit acts of violence to commit those acts of violence. And, to me, that is not anything religious. To me, the utilization of that language is nothing less than blasphemy and I condemn it and it should be condemned.

So Ruth Bader Ginsburg had this to say - excuse me - in her confirmation hearing back in 1993. "It is essential to women's equality with man that she be the decisionmaker, that her choice be controlling. If you impose restraints that impede her choice, you are disadvantaging her because of her sex." So, I am going to be very, very pleased to vote for this bill and I want to thank, as well, the sponsors both here and in the Senate. And I want to simply say that only second-class states have second-class citizens and, today, we in the Senate and we in the Assembly demonstrate very clearly that New York State is no second-class State. I will be very honored to vote in the affirmative on this bill. Thank you.

(Applause)

ACTING SPEAKER AUBRY: Ms. Glick to close.

MS. GLICK: Thank you, Mr. Speaker. This is a historic day, but I would be remiss if I did not think of the women who have died through illegal and botched abortions, women who lost the ability to conceive after a botched abortion. That is the reality when abortion is illegal and in states across the country where there are attempts to turn back the clock, they are attempting to deny women not just the right to choose, but perhaps the right to conceive

children when they choose to.

I have supported a woman's right to choose since before 1970, because I was in college before 1970 and I saw unintended pregnancies result in women being disappeared by their families who felt shame. But make no mistake, wealthy women could get on a plane, go to another country and they were fine. They could get a legal safe abortion elsewhere. But if you were young, if you were poor or just middle-class and uncertain of how to proceed, you wound up risking your life, your life, because you were not prepared to be a parent.

That is really what we are talking about, ensuring that going forward, New York women will have better access to good reproductive health care, quality health care, that they will be able to make a choice when their health is at risk. The notion that women willy-nilly make a decision late in a wanted pregnancy, they change their minds is the kind of nonsense that is promulgated by others who simply oppose abortion in all instances. Women do not make those decisions late in a pregnancy for no good reason. They do it because they make a decision that the fetus is non-viable. Women in New York State will no longer be forced to carry to term a non-viable fetus. Some women are forced to go out-of-State to have a procedure that should be available to them in their own State and now they will be able to. This is about ensuring better health outcomes and if my colleagues on the other side are concerned about women having proper support and counseling, they have that now through

organizations like Planned Parenthood that offer women options.

This is a very personal decision, whether or not to become a parent. And it is not appropriate to suggest that women should be vessels so that other people can be parents. There are lots of children in foster care, lots of children who have no homes. We -- if there were so many people concerned and wanted to take children into their homes, there are plenty of children waiting for a forever family. Young women should not be forced into an unwanted, unintended pregnancy and make no mistake, yes, it takes two to tango, but the only one who has to bear the burden is the woman. And so, this is about making those decisions. And those who have religious concerns, they have a choice. They are simply seeking to deny other people their choice.

So, I am proud to have sponsored this bill for 10 or 12 years. It is beyond exciting and rewarding to know that going forward, the women of New York State will have their rights protected regardless of what happens in Washington, D.C. I thank you, Mr. Speaker, and I will be proudly voting in favor.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

MRS. PEOPLES-STOKES: Colleagues --

ACTING SPEAKER AUBRY: Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: -- believe it or not, this is our first vote of the day.

(Laughter)

ACTING SPEAKER AUBRY: Well, actually it's the first vote of the evening, but...

MRS. PEOPLES-STOKES: And know that we still have work yet to be done. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: You're welcome.

Mr. Rivera to explain his vote.

MR. RIVERA: Thank you, Mr. Speaker. I rise today in the name of Jessica Letora Rivera, who has given me three wonderful granddaughters. I rise in the name of Jean Carlo, the son of my daughter, Naomi Rivera, who has given me a great-granddaughter. To my right, also -- on behalf of my wife, who is probably somewhere in this building watching this debate, but to my right I have my Chief-of-Staff, Jasmin Clavasquin. When she came to me to hire new workers, I said to her, *You know best, you make the choice*. She has given me a total of four great workers in my office, all women. I don't stand in her way, it's her choice.

So, on behalf -- as I rise here, I say all women have a right. It's your right. It's not my right to tell you what to do. It's your right. So having said that, Mr. Speaker, I hope this is the last time we have to get up on this floor and continue this type of debate. I hope that the other side and the Second Floor, I am sure they're waiting for how we end this debate today and I'm sure they're rushing to put a

final end to all this. So, on behalf of all the women, I vote yes for their rights. Thank you.

ACTING SPEAKER AUBRY: Mr. Rivera in the affirmative.

Mr. Ortiz.

MR. ORTIZ: Thank you, Mr. Speaker, for allowing me to explain my vote. First of all, I would like to thank Planned Parenthood. When I first got elected in 1994, they reached out to me and just to my district to, just to go to Atlantic Avenue, and on Nevins Street, we used to have a Planned Parenthood located in between Nevins Street close to Atlantic Avenue. And they opened the door to me to explain all these issues and the magnitude of the problems they were facing. And I would say to them that I'm very proud today to have you then and to have you today and for welcoming me to be part of your family.

This is an issue that is very critical, very important, as a woman has a fundamental right to make medical decisions about her own body and the course of pregnancy. I do believe that we did draconian public policy that are coming from Washington and trying to defund Planned Parenthood is unacceptable. I think it's very important that we, as we are here making a historical moment, not just the bill passing the Senate, but now passing in the Assembly, I would like to say to all of you, thank you very much for giving my three daughters the opportunity to choose by themselves. May God bless you. Thank you very much. I'm voting in the affirmative, Mr.

Speaker.

ACTING SPEAKER MCDONALD: Mr. Ortiz in the affirmative.

Mrs. Barrett.

MRS. BARRETT: Thank you, Mr. Speaker. First, I want to congratulate and thank the sponsor. She persisted and we are grateful that she persisted. In 1982, I joined the board of Planned Parenthood of New York City as a young professional woman and I couldn't think of anything more important at that point than making choices about my own body, as all women should be able to do. So, 36 years later, I'm thrilled to vote in the affirmative. My own children are the ages that I was at that time and I now know that my daughter will have the same rights and opportunities and protection that my son has, and there's nothing more that a mother could want. Thank you.

ACTING SPEAKER MCDONALD: Mrs. Barrett in the affirmative.

Ms. Malliotakis.

MS. MALLIOTAKIS: Thank you, Mr. Speaker. Over the last few weeks, I received many calls to my office from people who are both pro-life and pro-choice saying that they are opposed to this legislation. I think we need to be honest with the public and say that this bill does not simply codify Roe v. Wade. The Roe decision says a woman has a right to abortion until fetal viability. That was affirmed later on by Casey decision and that further stated that viability occurs 24 weeks. This is already protected by New York

State law with no restriction at all.

What this bill does is expands abortion up to birth in the third trimester, which roughly two-thirds of New Yorkers oppose. Roe also indicates a physician licensed by the State should perform the abortion, yet, this bill removes that requirement and allows physician assistants, nurse practitioners and midwives to perform the abortions. But perhaps most horrific is that this bill amends Section 125 of the Penal Law which defines "homicide". The current law reads, "Homicide means conduct which causes the death of a person or an unborn child with which a female has been pregnant for more than 24 weeks". We're removing that unborn child from the Penal Law and what that means is, we all remember the Scott Peterson case where he killed his wife Laci, right, that was in 2004. Well, he was charged and convicted of first degree murder and second degree murder. That second degree murder charge and conviction would not stand in New York State.

But there are New Yorkers who are also affected by this. There was a woman, Mia Jones of Brooklyn. She was seven months pregnant when she was punched and kicked by the father-to-be in 2014, causing a miscarriage. Liv Abreu, from the Bronx, who was actually at the Capitol today, lost her baby in a vicious domestic violence attack this past May, also losing her baby. And last year in Saratoga County, a woman who was 26 weeks pregnant was --

ACTING SPEAKER MCDONALD: Ms.

Malliotakis, how do you vote?

MS. MALLIOTAKIS: -- was assaulted and caused her to miscarry. Being assaulted and losing your baby is not a woman's choice. I vote no and I urge my colleagues to do the same.

ACTING SPEAKER MCDONALD: Ms. Malliotakis in the negative.

Mr. Buchwald.

MR. BUCHWALD: Thank you, Mr. Speaker, to explain my vote. Put simply, on behalf of the women in my life, on behalf of women across New York State, and on behalf of everyone in the Empire State that believes that women's health care decisions should be between them, their doctors and those they choose to consult, and as a co-sponsor of this legislation I am pleased to say this is the final time I'll be voting for the Reproductive Health Act because today it becomes law. Mr. Speaker, I vote yes.

ACTING SPEAKER MCDONALD: Mr. Buchwald in the affirmative.

Ms. Simotas.

MS. SIMOTAS: Thank you for the opportunity to explain my vote. I rise to thank the sponsor for her dogged determination and consistent commitment to ensure that the Reproductive Health Act is finally enshrined in New York State Law.

This bill is fundamentally about equality. Women should have every right to make their own choices about their bodies and their health. Men do. Why do we want to restrict this right to

women? It is about time that we remove antiquated restrictions from our laws to ensure women in New York never again have to suffer the indignity of being forced to travel out-of-State to receive medically necessary care. Beyond the public health implications, securing access to safe, legal abortion care is crucial towards the State's progress towards social, political and economic equality.

In this critical moment in the fight for gender equality across our nation, passing this legislation makes a powerful statement. With the passage of the RHA, New York recognizes women as full citizens with an unalienable right to personal autonomy and the freedom to make decisions about every area of their lives without unwarranted interference. Again, I thank the sponsor and all my colleagues. I withdraw my request and I proudly vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Simotas in the affirmative.

Mr. Otis.

MR. OTIS: It's somewhat ironic that I'm here to explain my vote. Forty-nine years after this House and the Senate gave the -- women the right to choose in New York State and 46 years after the Supreme Court gave women the right to choose, all over the country and here in Albany today we're having to explain why women should be in control of their own medical decisions. Truly unbelievable. But we're here and we're doing the right thing in New York State. Across the country, other states are trying to go in the

wrong direction and the Supreme Court is trying to go in the wrong direction.

In Washington and in Congress there's a group called the Freedom Caucus; they've dubbed themselves that. But it seems that on a series of issues, they're not interested in individual freedom that Americans know, they are interested in freedom for them to tell others what to do. That's not what this country is about and that's not what we're doing today. New York can again be proud that we are standing up for women and we're standing up for, with the other pieces of legislation we're going to deal with today, people's right to make their own individual decisions regarding health care without the interference of government, without the interference of courts, without the interference of employers or anybody else. That's the way it should be. Thank you. I vote aye.

ACTING SPEAKER AUBRY: Mr. Otis in the affirmative.

Mr. Blake.

MR. BLAKE: On this 46th anniversary of Roe v. Wade, we say once again that women know what is best to do with their own bodies. First, I want to congratulate the sponsor for her continual leadership and all that she has said and done to step up and stand up for our communities. To all women, we say to you thank you for being "sheroes", each and every day. Thank you to Planned Parenthood, in particular, who my mother credits for giving her an opportunity for care in Jamaica.

It is amazing to me that men, we continue to try and tell a woman what is best for her body. It is always amazing to me also as a person of faith that we seem to pick and choose scripture to validate our faith, because I never hear men use scripture to talk about how King Herod tried to go after young babies, but when it comes to a woman, they want to tell them what's best at that time. Have the same passion when you ask about who shall be judged when it comes to serving the least of these. Do you have that same passion when children are being separated? Did you have that same passion when a child did not have food to eat? Did you have that same passion when a child did not have a bookbag?

So, I ask you today to remind ourselves that at the end of the day, we should listen to our women because women know best to do with their body, not us at any time; that you can be a man and a feminist at the same time; that since the Lord gave us free will, so shall we support the free will of women. So, for women in New York and women across our country, come to you and say you have marched, you have stood up and you have voted and you have made your voices heard and that is why I am proud to stand and vote in support in passing the Reproductive Health Act on today. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Blake in the affirmative.

Ms. Fernandez.

MS. FERNANDEZ: Thank you, Mr. Speaker, for

allowing me to explain my vote. And additional and grand thanks to the sponsor for continually fighting for this and for your tenacity towards it. The full passage of the women's reproductive rights has been long overdue in this State -- in the State legislature and, as a result, women have been forced to go through unnecessary and dangerous means just to have their freedom of choice, and that is what this bill is about. It is about the woman's right to choose what happens to her body.

New York is meant to be a progressive beacon of hope, yet we have denied women the most basic human right. But that ends today happily. This is not the government's position to interfere -- or it is not the government's position to interfere in the choice a person makes with their body. I'm happy that this year we will codify the right to ensure that no more women and girls have to be denied that choice. And with that, as you see, I vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Fernandez in the affirmative.

Ms. Fahy.

MS. FAHY: Thank you, Mr. Speaker. I rise to explain my vote. For me, the Reproductive Health Act is about an update to a law from now nearly 50 years ago and it is, for me, about decriminalizing abortion. It is about getting a law that had been in the Criminal Code into the Public Health Code to treat it as a public health issue. I think it is important that this be done now because of

what we are seeing with rollbacks on a whole host of fronts from the Federal government. But in the end, this is fundamentally, for me, a Constitutional issue and a women's rights issue and about protecting that right to access services safely and privately.

So much of this is about the right to privacy. I'm just old enough to remember stories and articles about back alley abortions, particularly from my days in Chicago, and it deeply influenced me. These are not -- anybody who knows me knows these are not easy issues for me at all, but, quite frankly, they're not easy issues for most women I know, or virtually any woman. They're very deeply held personal and difficult issues and difficult decisions. I do commend the advocates for their many years of work on behalf of women and this right to choose, this right to choose safely and privately, and I commend the sponsors. And with that, Mr. Speaker, I vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Fahy in the affirmative.

Ms. Seawright.

MS. SEAWRIGHT: Thank you, Mr. Speaker, for allowing me to stand and explain my vote. I want to commend Speaker Heastie for allowing this legislation to come to the floor so quickly the second week of Session, and to Chairwoman Deborah Glick for her leadership year after year on this important issue, as well as all the advocates for standing up today on this important issue. It's your body, your choice. I'm honored to cast my vote in the affirmative

on this historic day, the 46th anniversary of Roe v. Wade. Thank you.

ACTING SPEAKER AUBRY: Ms. Seawright in the affirmative.

Ms. McMahon.

MS. MCMAHON: Thank you, Mr. Speaker, for allowing me to explain my vote. First, I would like to commend the sponsor for her enduring efforts to promote the RHA over the years. Enactment of this legislation we know is long overdue. I wish to cast my vote today in the affirmative in honor of two individuals who lived and practiced in my district. Until her recent retirement, Ilene Alt was an OB-GYN Nurse Practitioner and longtime advocate for women's health and reproductive choice in Western New York. We stand on the shoulders of women like Ilene who have fought tirelessly to defend our rights. And today, I also remember Dr. Barnett Slepian. He was a dedicated physician in Western New York who was murdered in his home by a sniper's bullet on the evening of October 23, 1998. He was killed solely because he was courageous enough to provide safe and legal reproductive health services to his patients at a time when other practitioners would not do so.

Today, we take a major step forward to protect the rights of the women of New York. With a Supreme Court Majority that is determined to overturn the protections of Roe v. Wade, we must update our laws to ensure that all women continue to be protected in New York. I cast an affirmative vote in Ilene Alt's honor and in Barnett Slepian's memory, and with conviction that the right to

reproductive choice has been strengthened for all women. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you. Ms. McMahon in the affirmative.

Ms. Glick.

MS. GLICK: Thank you, to explain my vote. I want to thank my colleagues. I want to thank the advocates. This has taken a very long time. And I want to thank the New York State Coalition Against Domestic Violence which stood in support of this legislation and who made a statement that said, in part, "In the horrible circumstance where an individual assaults a woman and she loses a pregnancy, the individual would be charged with first degree assault." This bill does not allow domestic violence perpetrators to go free as some have erroneously implied.

This is about women. This is about young women, poor women, women who have the right to make a decision when to become a parent or not and I hope that as we go forward, those who have opposed this measure will join us in supporting measures that provide access to contraceptives so that we can avoid unintended pregnancies. I withdraw my request and vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Glick in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

(Applause)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, thank you for the opportunity to quiet the Chambers down just for a few minutes. Clearly, we are all excited. There are some things to be excited about. But, Mr. Speaker, if I could ask that we would take a 20 minute recess and remind my colleagues that we really need to be back in 20 minutes. We still have yet two pieces of legislation that deal with women's health issues, as well as some proposed Rules changes.

So, if we can take a 20 minute recess. Apparently, there's something going on on the Second Floor that some people want to attend. Hopefully, folks will come back in 20 minutes and Mr. Cahill will be on and ready. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: The House will stand in recess for 20 minutes.

(Whereupon, the House stood in recess.)

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MRS. PEOPLES-STOKES: Mr. Speaker and colleagues, thank you for your patience in us pulling our Session back to order. We are now on Calendar No. 6, page 5. My apologies, Mr. Speaker. We're actually on Calendar No. 8. It's a Cahill bill, No. 585-A, Mr. Cahill.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly No. A00585-A, Calendar No. 8, Cahill, Seawright, Heastie, L. Rosenthal, Glick, Jaffee,

Simotas, Gottfried, Barron, Blake, Barrett, Magnarelli, Bronson, Lavine, Carroll, Galef, Otis, Simon, Hyndman, Ramos, D'Urso, Peoples-Stokes, Pichardo, Ortiz, Woerner, Burke, Cruz, Fall, Frontus, Griffin, Jacobson, McMahon, Raynor, Romeo, Reyes, Sayegh, De La Rosa, Perry, D. Rosenthal. An act to amend the Insurance Law and the Social Services Law, in relation to requiring health insurance policies to include coverage of all FDA-approved contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow up services and prohibiting a health insurance policy from imposing any cost-sharing requirements or other restrictions or delays with respect to this coverage.

ACTING SPEAKER AUBRY: On a motion by Mr. Cahill, the Senate bill is before the House. The Senate bill is advanced.

An explanation is requested, Mr. Cahill.

MR. CAHILL: Thank you, Mr. Speaker. This bill is called the Comprehensive Contraceptive Care Act. We have considered it in this House three times previously and it does the following: It will match up State law with Federal requirements under the Affordable Care Act in the realm of contraception coverage. The Federal Affordable Care Act requires contraceptive coverage in a variety of different areas without any coinsurance charges. A survey that was conducted by the Office of the Attorney General determined that it was being unevenly administered by insurance companies

across New York State and, as a consequence, this law was -- this bill was written. We have modified it ever so slightly - excuse me - compared to versions that have been considered in this House in years past, but it remains essentially the same and principally the same as has been previously discussed.

ACTING SPEAKER AUBRY: Mr. Garbarino.

MR. GARBARINO: Thank you, Mr. Speaker. Will the sponsor yield for a couple questions?

ACTING SPEAKER AUBRY: Will you yield, Mr. Cahill?

MR. CAHILL: With great pleasure, thank you.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. GARBARINO: Mr. Cahill, you mentioned that we passed this bill several times, but there have been some changes this year. Can you go over some of the changes for this bill?

MR. CAHILL: Yes, I will, Mr. Garbarino, as soon as I find them. They're largely technical in nature. The first change is that the severability clause has been removed. It had been put in there with what we believe now to be an overabundance of caution and is no longer necessary. We removed the section specifically requiring non-patient specific regimen orders with regard to emergency contraception. The proposal now would be that emergency contraception would be administered for those who pay for their health insurance in a way similar to those who receive it under Medicaid, as it is done there; it's been working just fine. And we

added language that would allow the DFS to establish a process via regulation that would allow for non-formulary contraceptives to be covered by the insurance company at the direction of the physician. Those are the fundamental changes that have occurred and, as you can see, they are almost very technical in nature and not particularly substantively different from what we've considered in the past.

MR. GARBARINO: There was a -- I believe in the past there was something that allowed a scope of practice to be expanded. I believe -- has that been taken out of this?

MR. CAHILL: That had been taken out of a previous version of this.

MR. GARBARINO: It had been taken out previous, so there's no expansion of scope of practice in here?

MR. CAHILL: There is not.

MR. GARBARINO: Okay. You mentioned that this just codifies in New York what current Federal law is. Can you go over what types of contraceptives are covered under current Federal law?

MR. CAHILL: Well, there are, I believe, a total of 18 categories. I will find the exact categories and go over them with you, it would be my pleasure.

(Pause)

So, these are the FDA approved contraceptive -- contraception methods, there are 18 identified for women under the FDA guidelines, and the methods are sterilization surgery for women,

surgical implantation for women, IUD copper, IUD with progesterone, implantable rod shot injection, oral contraceptive combined pills, oral contraceptive extended continuous-use combined pills, oral contraceptives progesterone-only, a patch, vaginal contraceptive ring, diaphragm, sponge, cervical cap, female condom, spermicide, emergency contraception Plan B and emergency contraception, a different medication that apparently is known as Ella.

MR. GARBARINO: You just read off all the female contraceptives. This bill mandates that all FDA-approved contraceptive drugs, devices and other products be covered with no cost-sharing. The Governor just put out in his budget language that this did not include condoms because condoms aren't an FDA-approved device. Is the intent of this bill, even though it doesn't speak directly to it, to not include condoms?

MR. CAHILL: It is the intent of this bill to not specifically include condoms, but if you will note from the language of the bill, we have not specifically excluded anything. But I would just draw to your attention that -- that health services -- Health Resources and Service and Administration guidelines specifically excludes male reproductive capacity as the preventative measure, and Section 2713(a)(4) of the U.S. Public Health Law defines the preventative care to include contraceptive methods for women only. So, by definition, male condoms are not a part of the covered areas under the Affordable Care Act.

MR. GARBARINO: And I -- I read that regulation

and I noticed the footnote and saw, but I was just -- this bill doesn't specifically mention anything about -- it just says FDA-approved and so I just wanted to confirm that condoms are not intended to be --

MR. CAHILL: Consider it confirmed.

MR. GARBARINO: Thank you very much. This bill also specifically says that -- it specifically covers voluntary sterilization procedures. Does that include vasectomies for males, male sterilization voluntary procedures?

MR. CAHILL: Mr. Garbarino, Mr. Speaker, the coverage for male sterilization procedures is derived from a different section of the law and that is under the Affordable Care Act, every state is required to designate what is called an essential benefits plan. In New York State, it's the -- it's the Oxford Small Group Plan. And within the Oxford Small Group Plan, there is a benefit for vasectomies. And as a result of that, it is an obligation on the part of insurance companies in New York State to cover it, but it is not specifically included in the Federal law and it is the one area that we added. But we've added it because it is Federally mandated that it be added through that circuitous route of the Essential Health Benefits Plan.

MR. GARBARINO: Okay. Thank you. So, now like you said, Medicaid and the Affordable Care Act, they have certain coverages already, but those are all prescription coverages. Now we're going to be including non-prescription, over-the-counter medication. Is there a process set up in this bill for how the insurance

is going to cover that -- the over-the-counter drugs? Right now for prescriptions you go to the pharmacist, they fill it and there's no cost sharing. If a female goes and buys spermicide or a sponge, is there a way for her to -- does she have to take that to the pharmacist? What's -- what's the process for her so there's no cost sharing on her part?

MR. CAHILL: The process that we're going to adopt for commercial insurance is the same process that has worked successfully under our Medicaid program where the individual will go into the pharmacy, make the purchase and there will be no charge and the pharmacy will bill the insurance company, and that would go for EC, that would go for the sponge that you've mentioned a few times, and other methods, as well.

MR. GARBARINO: Okay. Thank you. So we're hoping to get it done through the pharmacy, not some other place?

MR. CAHILL: Correct.

MR. GARBARINO: Okay, wonderful. Also included in this bill is a requirement for the insurance company to cover up to a 12-month's supply. It doesn't really mention who determines what a 12-month supply of spermicide or a sponge is; is there something set up for that?

MR. CAHILL: Well, generally speaking, a 12-month supply is something that a doctor would determine with a patient and I think that generally speaking that refers to oral contraceptions not EC, because there is no such thing as a 12-month supply of EC, just as there is no such thing as a 12-month supply of certain other forms of

birth control, particularly those that are used on a per-incident basis. When you look at a 12-month supply, there's a clinical reason and a good reason why we are saying that if a doctor says a 12-month supply is a good idea, it should not be for the insurance company to second guess it.

A number of studies have pointed out that -- that women who are on a 12-month oral contraceptive regimen have significantly lower rates of unintended pregnancies than those who take a pill sporadically or take it for a lesser period of time and then have to go seek having it renewed. I should point out that nothing in this legislation would prevent a doctor from saying, *No, we just want you to see through this for three months and then we'll come back and take another look.* There's also nothing in this bill that would prevent a patient from deciding because, in consultation with their medical professional, that a one-month supply 12 times is the appropriate way to go.

MR. GARBARINO: And I agree, but my main concern was for the over-the-counter medication or devices, who determines that, because they are included in the 12-month supply list, but I...

MR. CAHILL: You know, as you know from personal experience and otherwise, a 12-month supply could be anything. You know, if you are particularly sexually active, a 12-month supply may be a lot. If you are particularly sexually inactive, it may be a lot less. But, there is no definition of a 12-month

supply there so, therefore, it would not apply to those particular products or procedures or whatever.

MR. GARBARINO: Thank you, Mr. Cahill. As to that 12-month supply, now what happens if -- if the insured gets a 12-month supply filled of whatever device or pill prescription or non-prescription, what happens if two months in they lose that -- they lose that supply, they misplace the pills they -- the house is flooded, something happens.

MR. CAHILL: Sure, yeah. The same thing that would happen if it was any other prescription, it becomes the responsibility of the patient of the subscriber to the plan. The plan doesn't have an obligation to keep replacing it if the patient loses it for good or bad reason.

MR. GARBARINO: Thank you. I want to move on to cost now. There's a lot more being covered now than most -- than previously under these plans and what's the anticipated costs to -- for this bill?

MR. CAHILL: It's interesting that you phrase it the way you did, Mr. Garbarino, and Mr. Speaker. There are not more contraceptives being included here. They are exactly the contraceptives that have been required of plans all along. And when plans submitted their rate requests to the Department of Financial Services, presumably they covered all of their mandatory benefits. So, presumably, you and I have been paying for this benefit that has been unevenly administered by the insurance companies over the years so --

so there should not be any additional cost for -- for the clarification of this benefit.

Let me add one more thing about this, however; clearly, an ounce of prevention is worth a pound of cure. And if this prevents an unwanted or an unexpected or an unplanned pregnancy, that can inure to the great benefit of, among other people, the insurance company. They could save a lot of money. So, we believe it to be at a minimum, revenue neutral.

MR. GARBARINO: Okay. And I -- I -- I understand what you're saying, 'cause there are certain categories that are -- that are covered and -- but the difference I think now is, you know, the insurance companies only had to cover at no cost one item compared to now they have to cover all, so they can choose --

MR. CAHILL: You're talking about the cost-sharing component.

MR. GARBARINO: Yes.

MR. CAHILL: Okay. So the cost-sharing component is very interesting. Cost-sharing component is something that the Federal government has said is always up to the states and it is not considered an expansion of benefits when a state decides to not allow or not allow an insurance company to impose cost-sharing.

MR. GARBARINO: So you -- you believe that at -- at the -- at the worst, it's going to be revenue neutral.

MR. CAHILL: I think at the worst it's going to be revenue neutral. And understand, too, that even though the cost of

many of these prescriptions and many of these methods are relatively small, they still provide a block to access for people who maybe are of limited means. So, by eliminating that barrier, people will be making their decision based upon their family planning needs, based upon their health needs, as opposed to based upon whether they will pick this over something else that they need in their life that they can't afford either.

MR. GARBARINO: All right. Thank you. Just one last question. Does this bill -- does this bill apply to self-insured plans?

MR. CAHILL: No. It does not apply to self-insured plans because we don't have jurisdiction over self-insured plans, the ERISA plans; however, I would point out that the ACA applies to ERISA plans and the ACA requires this so, in effect, they are also under the same Federal mandate that we are. The difference is that we don't have enforcement authority over those plans. So, the -- the short answer to your question is this bill does not apply to self-insured plans. The honest answer to your question, which is a little longer than the short answer, is those plans are equally obligated to provide these benefits.

MR. GARBARINO: All right. I don't have any further questions. Thank you, Mr. Cahill.

MR. CAHILL: Thank you.

ACTING SPEAKER AUBRY: Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. Would

the sponsor yield?

ACTING SPEAKER AUBRY: Will you yield, Mr. Cahill?

MR. CAHILL: Yes, Mr. Speaker.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. GOODELL: Thank you, Mr. Cahill. Under current law as I understand, it each insurance company has to cover at least one contraceptive amongst a class of contraceptives, and there's six classes; isn't that correct?

MR. CAHILL: There are actually the 18 classes that I enumerated and the Federal law is that each one of -- each one of those categories must be covered.

MR. GOODELL: I believe it's one hormonal drug? The insurance company can select out of that group which one is covered; one barrier, can select amongst those groups. That's my understanding.

MR. CAHILL: There is -- there is one other technical change that we've attempted to work on in this bill and I'm not going to kid you. We may be back with a Chapter to finish working on it, but that is in the area of equivalencies. And where there are equivalencies that a doctor prescribes, we will require coverage of that unless it can be determined that there's an availability issue.

MR. GOODELL: When you refer to equivalency, you're referring to the difference between a brand name or generic in a

sense?

MR. CAHILL: Primarily that's what it would be.

MR. GOODELL: Now under the current law, am I correct that non-prescriptive Plan B day-after contraceptive is not covered under current law?

MR. CAHILL: It is covered under our Medicaid Law right now. Not specifically under commercial insurance.

MR. GOODELL: And so, that's one area where we're dealing with an expansion of coverage over-the-counter and my indications are that that runs about \$50 per treatment or per dose; is that correct?

MR. CAHILL: I think your -- your numbers might be right. I don't know. I haven't had any personal experience with it, but if I can find that list, I do think it is on the Federal list.

(Pause)

Mr. Goodell, indeed it is on the -- two different categories of emergency contraception are included on the FDA approved methods of coverage areas.

MR. GOODELL: Right, but under current law it would only cover those that require a prescription, correct?

MR. CAHILL: If the doctor writes a prescription under current law they would be covered. Under our bill, we've eliminated the need for that prescription.

MR. GOODELL: Thank you, Mr. Cahill.

On the bill.

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

MR. GOODELL: From my perspective, this is an expansion of what we currently have. Currently it's my understanding that Federal law requires, A, that insurance companies cover a single method within one of six categories. So, hormonal therapy, for example, one of six approaches, at least one must be covered. Barrier, same concept. This expands it so that all 18 of FDA-approved contraceptive devices are available for free. And, of course, I always appreciate it when someone tells me something is free because the older I get, the more I realize that nothing's really free. Someone else is paying.

And so, who pays when we expand coverage? And the answer is every one who has insurance will pay a higher premium so that some people can have free contraceptives. It means those on fixed income, senior citizens, those who are not exchanged in sexual relationships, all of them will pay more, all of our constituents will pay more so someone else gets free contraceptives. This is a little bit of an unusual concept under insurance because normally most of us think about insurance as covering factors that are outside our control; accidents, illness, outside our control. And when you think about insurance in other context, you buy insurance for your house, it might cover a fire, accidental fire or loss. It doesn't cover you, by the way, if you light your house on fire yourself. You can buy life insurance, but it doesn't cover you if you commit suicide. By the way, you wouldn't

be around to collect anyway, but if you were, it wouldn't cover you. You can buy car insurance to protect you in the event your car's in an accident, but it doesn't cover you if you enter your car in a demolition derby or intentionally cause an injury.

So, under the guise of insurance we're providing coverage not for an accident or an illness, not for something that's outside our control, but we're raising the premium for everyone else to cover an act that's intentional and would not normally fall within the concept of insurance.

One other thing I would point out: This bill only excludes coverage from religious organizations who focus on one faith, who hire people from one faith and who serve primarily people of one faith. And that exception that's in the current law is unchanged by this does not meet Constitutional requirements. What the Constitution has said under the Hobby Lob -- the Supreme Court has said that Constitutionally under Hobby Lobby, a closely hold private -- closely held private corporation can be excused from paying for contraceptive coverage that violates the religious tenants of the owners of that corporation. Likewise, by the way, under Hobby Lobby and its prodigy, a religious organization that's here to serve others, not just its own faithful, but others is entitled to protection not included in this law.

So for those reasons, I think we should keep the current system, which does provide coverage, without expanding this coverage and increasing costs for all those who don't need, use or

want these contraceptives or who have religious objections against it.

Thank you, Mr. Speaker and, again, thank you, Mr. Cahill.

ACTING SPEAKER AUBRY: Mr. Cahill to close.

MR. CAHILL: Thank you, Mr. Speaker. And I want to thank my colleagues for -- for enduring this debate year after year. And I particularly want to thank Mr. Garbarino and Mr. Goodell for their -- for their important questions that were being asked. We do not agree on some basic facts, however. There are 18 categories under current FDA guidelines, not six. We are making no changes whatsoever to -- to the religious laws that protect institutions from having the obligation of providing insurance against their religious objections. We make no expansion of that.

The coverage under this law is, for all intents and purposes, preventative coverage. If you take the word "contraception" out and just look at it as preventative coverage, it looks a lot like all the other preventative coverages that were provided under the ACA for which there is no coinsurance charge. So, although it has been said that this is coverage for a voluntary act, it's coverage for something that only a sector of society participates in and everybody has to pay for it, that is of the very nature of insurance. We are socializing the costs of coverage over all of us. We don't all have car accidents, but we still pay for car insurance. We don't all overeat and we're not all obese, but we still pay for people who have heart conditions because they are. We don't all get pregnant, but some of us do and we pay for the coverage for people who get pregnant and have

babies.

We cover a lot of things with insurance that don't have any specific benefit to each one of us. That is, in fact, the nature of it. What we are doing here, however, is not expanding one bit of that coverage. What we're doing here instead is recognizing that the Federal government issued a rule, a law that was not adhered to by our insurance companies in this State and all we are doing here today is making it clear to those insurance companies that, indeed, they will have to abide and we're going to give them a clear path to do so, and one that is permanent under statute. So with that, Mr. Speaker, I withdraw my request.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Ms. Glick to explain her vote.

MS. GLICK: Thank you, Mr. Speaker. I rise to thank the sponsor for his years of work on this measure and for his commitment to ensuring greater access to contraceptives for women. If you don't -- if you can't afford it, you can't get it. So, this is a very important measure and for those who are voting no, this is one way to ensure that people don't actually need to have an abortion because of an unintended pregnancy. So, this is something that we should all be supporting across the board. I withdraw my request and happily vote

in the affirmative.

ACTING SPEAKER AUBRY: Ms. Glick in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

(Applause)

The Clerk will read.

THE CLERK: Assembly No. A00584, Calendar No. 7, Jaffee, Heastie, Dinowitz, Cook, Galef, Gottfried, Cahill, Fahy, Titus, Mosley, Zebrowski, Pichardo, Simon, Steck, Simotas, Arroyo, Joyner, Aubry, Seawright, Abinanti, Paulin, L. Rosenthal, Hunter, Bichotte, Jean-Pierre, Hyndman, De La Rosa, Blake, D'Urso, Carroll, Bronson, Otis, Burke, Cruz, Fall, Frontus, Griffin, Jacobson, McMahon, Raynor, Romeo, Reyes, Sayegh, Epstein, Lavine, Taylor, Thiele. An act to amend the Labor Law, in relation to discrimination based on an employee's or a dependent's reproductive health decision making.

ACTING SPEAKER AUBRY: On a motion by Ms. Jaffee, the Senate bill is before the House. The Senate bill is advanced. An explanation is requested, Ms. Jaffee.

Shh. Please, members.

MS. JAFFEE: Thank you, Mr. Speaker. This legislation is about simple fairness. No one should have to experience discrimination in the workplace or risk losing their job because of

their private and personal health decisions. This legislation would afford important protections to individuals and families in the State of New York by ensuring that employees and their dependents are able to make decisions about their reproductive health, including accessing care related to pregnancy, family planning or any other reproductive health service while encountering discrimination or facing retaliatory personal action in the hands of their employer.

This bill would also prohibit an employer from accessing an employee's personal information regarding their reproductive health decisions without the employee's informed written consent. In addition, employees would be able to bring a civil action against any employer alleged to have violated these rights. New York has a long history of protecting individuals from discrimination in the workplace. Decisions about pregnancy, using contraception and other personal health matters should also be protected under the law. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. Goodell.

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

ACTING SPEAKER AUBRY: Will you yield, Ms. Jaffee?

MS. JAFFEE: Certainly.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. GOODELL: Thank you very much, Ms. Jaffee.

You mentioned that the purpose of this bill was to eliminate discrimination by employers based on an employee's reproductive health decisions. Is that discrimination occurring today in New York?

MS. JAFFEE: Yes.

MR. GOODELL: And where is that discrimination occurring? Can you give me some examples?

MS. JAFFEE: Well, there are many employers and we have -- I have definitely -- there have been a number of incidents where the employers have found information about personal, you know, decisions, about contraception or certain reproductive health care and then they attack and they file or they punish their workers, and it happens in a variety of places.

MR. GOODELL: And do you have any studies that document that?

MS. JAFFEE: Yeah, could you repeat it?

MR. GOODELL: Sure. Do you have any studies documenting the nature or extent of any discrimination that's occurring now?

MS. JAFFEE: Yes. There are -- well, there are and I have them -- I have them listed here. They -- we have Illinois, Michigan, North Carolina, Ohio and the District of Columbia have all introduced similar legislation in the last few years to prohibit employment discrimination based on reproductive health decisions. In New York City, actually, recently passed their own Boss Bill to include sexual and reproductive health decisions as a protected status

in the Human Rights Law.

MR. GOODELL: So my question is you mentioned that New York City already has something like this on a City level and I would assume that it's working reasonably well in the City. So, is it your position then that this bill only applies to Upstate?

MS. JAFFEE: Yeah, it would apply to the State. It would be the whole State.

MR. GOODELL: And do you have any studies for Upstate New York that document any discrimination that's occurring now with employers based on employee's health care reproductive decisions?

MS. JAFFEE: Well, you know this -- this -- will -- will certainly make clear that in New York State, this will protect the ability of citizens to make reproductive health decisions without the fear of getting fired or demoted or facing other repercussions in the workplace and this is, you know, something that's so essential. It's not an insurance bill and it doesn't require employers to provide contraceptive coverage from employees, but -- but it does, you know, provide that freedom for employees to have that ability to make their own personal decisions without being punished or, you know, really pushed aside.

MR. GOODELL: In the bill language, and I have read it, but I didn't see any exceptions for any employers; is that correct? There's no exceptions under this bill language?

MS. JAFFEE: Yes. There really aren't -- there are no

exceptions. The legislation applies to all employers and does not contain any mention of religious beliefs. The First Amendment's ministerial exception may be used as a defense in court, but it's not a jurisdictional bar for being -- for bringing a discrimination claim against an employer.

MR. GOODELL: So let me just give you some specific examples. Is there anything in this language, for example, that would prevent a fire department from preventing a (sic) eight-month pregnant firefighter from being on active duty? In other words, moving her from active duty to maybe light duty? Is that a discriminatory action that would be banned by this --

MS. JAFFEE: Would you repeat that -- the fire department?

MR. GOODELL: Certainly. So there are a number of occupations where an employer, it seems to me, rightfully wants to restrict employment opportunities for pregnant women. And an example might be a firefighter, a woman firefighter who's eight months pregnant. Would it be a violation under the language of this bill for the fire department to take that woman off from active duty and require her to either be on light duty or on administrative leave?

MS. JAFFEE: Well, yes. Well, no; actually, there -- there are different levels of discrimination pieces here and that -- that goes in a much different direction and this is -- this is the way the employers practice their -- their discrimination.

MR. GOODELL: So is it your view then that an

employer who has a pregnant woman and who won't let her work on high voltage lines anymore or won't let her work as a firefighter anymore or won't let her work as a police officer anymore, those employers would not be violating this law? Is there anything in this law that would exempt them?

MS. JAFFEE: Would you fire -- would you fire a firefighter, a male firefighter who impregnates -- impregnated a single woman?

MR. GOODELL: No. I'm just referring -- because this deals with the reproductive decision.

MS. JAFFEE: So why would you suggest that a woman should be fired for her --

MR. GOODELL: Normally, I ask questions, but I'll try to answer yours anyway. This bill purports to ban discrimination based on a person's decision whether or not to have a child, correct?

MS. JAFFEE: Yes.

MR. GOODELL: And so if a woman firefighter wants to have a child and, God bless her, I support her, but I also support the right of the fire department to say that if at some point during the pregnancy, it's no longer safe for you be on top of a ladder or running upstairs or dealing with very physically demanding challenges, correct?

MS. JAFFEE: Well --

MR. GOODELL: It might not even be within the safety --

MS. JAFFEE: But that's not within the context of this law.

MR. GOODELL: Okay. That's what I was trying to get at.

MS. JAFFEE: There are different provisions.

MR. GOODELL: So that's excluded? That type of situation is excluded?

MS. JAFFEE: There are different -- there are different provisions of law that deal with pregnancy discrimination. That isn't germane to this bill.

MR. GOODELL: Okay. What about religious organizations? For example, it's my understanding that a religious organization that practices abstinence or -- or practices sexual relations only in the context of marriage frowns if their ethics teachers become pregnant outside of marriage. Would that -- would the language of this bill prevent them from enforcing their religious precepts?

MS. JAFFEE: No. This legislation applies to all employers and does not contain any mention of religious beliefs. And, you know, the First Amendment's ministerial exception may be used as a defense, as I noted earlier, in court, but is not a jurisdictional bar for bringing a discrimination complaint against an employer. And the court would then determine whether or not the employee is considered a minister for the purposes of religious organization that is being accused of this -- of this kind of a discrimination.

MR. GOODELL: Now I see the bill language states that if an employee sues their employer and wins, the employee is entitled to damages, obviously, but also attorneys' fees and other related expenses. If that employee sues the employer and the employer wins, is the employer entitled to be reimbursed for their legal fees or other expenses?

MS. JAFFEE: That would be something that would be determined by -- by the courts if there was that kind of determination.

MR. GOODELL: Is there anything in the language of this bill that says either party that wins is entitled to be treated the same way or is it just one-sided?

MS. JAFFEE: As I noted that earlier, that the employee can bring this to court and then the court would determine what -- what the circumstances were and what the decision --

MR. GOODELL: But there's no language in your bill that allows -- that states an employer would be reimbursed legal fees if the employer wins; is that correct?

MS. JAFFEE: The court would determine what the response -- what -- what would need -- needed to be responded.

MR. GOODELL: I apologize - is there any language - for not being clear -- is there any language in this bill that states an employer would be reimbursed for their expenses if the employer wins?

MS. JAFFEE: Not within the context, no.

MR. GOODELL: Okay. Now, as you know, many employees in New York State are at-will employees, correct? I mean, they can be let go for no reason at all. If one of those at-will employees makes a complaint, does that then convert them into a for-cause employee that can only be fired for cause?

MS. JAFFEE: Could you repeat that, please?

MR. GOODELL: Certainly.

MS. JAFFEE: I'm having trouble...

MR. GOODELL: Most employees -- most employees in New York State are at-will employees. Does this bill convert them into employees that can only be laid off for-cause if the employee makes a complaint?

MS. JAFFEE: This is -- the role of this legislation is to protect the employees, not to allow that kind of action.

MR. GOODELL: Thank you very much, Ms. Jaffee. I appreciate your comments.

On the bill.

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

MR. GOODELL: To be absolutely clear, I support the general concept that an employee's reproductive decisions overall in general are none of the business of the employer. So if an employee wants to have children, it's a gift from God and I hope that God will bless them. And if an employee wants to take contraceptives and not have a child, that's their call. It's a personal relationship. It's

between them and their spouse or their partner. And God bless them. And if they want to practice abstinence and not have any sexual relations, that's their call, not up to the employer. And that belief applies to the vast majority of employment situations.

So for the vast majority of employment situations, I agree with the sponsor. It's not the employer's business. But as with other bills that we've dealt with today and we'll deal with in the future, we just don't vote on general concepts. We vote on actual language. And this language is not carefully drafted. Why? Because we all know there are exceptions to the general rule. We know we don't want a very pregnant woman - by very pregnant I mean in the last stages of her pregnancy - we don't want a very pregnant firefighter fighting fires for her own safety and for the safety of her unborn child and for our safety. We don't want that situation, do we? Nor a policewoman.

And we know that there are many religious organizations that are very clear about how their view of morality is in terms of sexual relationships, particularly those sexual relationships that are outside of marriage. Does this language have any exception for a church? If a nun becomes pregnant, can the church fire the nun? A nun, that's correct. There's no exception for any church. And what if the church is practicing abstinence and they discover that the person who is teaching that class is violating the very things that that church stands for.

There's one other aspect on this bill that's very

troubling. It's very one-sided. If the employee sues and wins, the employee gets legal fees, they get punitive damages, they get liquidated damages. But what happens if the employer wins? Now, some people here have the concept that all employers are rich and wealthy. I wish that was the case because I was a small business operator for many years. I still have a small firm. If I get sued, it's my pocket to span the defense and if that lawsuit is wrong, it's false, there's no basis for it, we should have the same standards apply to both sides, shouldn't we? Either you don't get your legal fees or whoever wins gets their legal fees; it should be one or the other.

And there's an unanticipated consequence in that this legislation inadvertently converts at-will employees to for-cause employees simply by having the employee make a complaint. If the employee makes it -- let's say your organization is downsizing because of business concerns. And you're afraid of losing your job, pick up the phone and say I'm being laid off because my reproductive health rights, boom, you trigger this provision. They have to establish now affirmatively that's not the reason.

So while I appreciate the sponsor's overall concern and I agree with it for many employers, this language goes too broadly and too far. Thank you very much, Mr. Speaker and, again, thank you Ms. Jaffee.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record

the vote.

(The Clerk recorded the vote.)

Ms. Jaffee to explain letter vote.

MS. JAFFEE: Thank you, Mr. Speaker, the argument for this legislation is plain and simple, basically. Employers should not be allowed to use their personal beliefs to discriminate against their employees. Over the years, various Federal and State laws have been enacted with the commitment to protecting individuals against employment discrimination. However, employees are still vulnerable to discrimination based on their reproductive health decisions, and this happens quite frequently, unfortunately. When employers are allowed to discriminate in the workplace because they disagree with an employee's or their dependents private reproductive health decision, their actions not only create an unfair and intimidating work environment, but they also jeopardize the overall health, safety and livelihoods of women and their families. Women, not their bosses, should get to decide when, whether and how they start a family. Individuals should not have to worry about the risk of being fired, getting demoted or facing threats and retaliation at the hands of their employer simply because they choose to use birth control or access other reproductive health services. No employee in the State of New York should ever be discriminated or retaliated against by their employer for these personal and private decisions regarding their reproductive health.

On this remarkable day, this bill, the Boss Bill, will

help to ensure that the rights offered to women afforded to women by legislation such as the Reproductive Health Act and the Comprehensive Contraception Coverage Act will be protected from unwelcome interference by employers. It has been an honor to sponsor this legislation in the Assembly over the last five years and I'm proud to be a part of this historic moment as we move to protect women's reproductive health choices and their families in New York State. Thank you, Mr. Speaker, and I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Jaffee in the affirmative.

Mr. O'Donnell.

MR. O'DONNELL: Well, I thought it must be June because I have to stand up at 8:00 and make a point of clarification about the Catholic church. Nuns are not employees. They're never employees. They're members of orders and they live collectively. I know a little bit about it because my stepmother was a nun before she married my father and put the Sound of Music in a whole new perspective.

(Laughter)

But -- but to stand here on the floor and act as if nuns can be fired for getting pregnant is wrong. I believe all orders of nuns are not permitted to have sexual relations and I imagine there are probably sanctions involved, but getting fired as an employee by the employer, the Catholic church, is actually factually inaccurate. I'll be voting yes.

ACTING SPEAKER AUBRY: Ms. Simon.

MS. SIMON: Thank you, Mr. Speaker, to explain my vote. The Boss Bill is about discrimination based on reproductive freedom and this bill ensures that New York will protect workers' abilities to make reproductive health decisions without the fear of getting fired or other repercussions. I commend the sponsor for her work on this bill and her commitment to this issue for so long.

This bill would protect an individual's employment status when the employee's reproductive health decisions do not match those the boss deems acceptable. Reproductive health choices are personal, private health care decisions and there is no place for a boss to interfere in these decisions. This may entail a worker accessing birth control, an LGBT couple adopting, a person having a child outside of marriage, using in vitro fertilization or having a vasectomy. And these are all private decisions and workers have the right to make these decisions free from fear of retaliation by their boss because their boss holds other views. Workers should be evaluated on their work performance and not their reproductive health decisions.

I want to thank all the advocates for their work on this bill. I'm very pleased to vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Simon in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

(Applause)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. It's been quite a day. I think this is the new norm. For as the New York State Assembly, we actually start early and work late. But there are still yet some things to do, Mr. Speaker. They (sic) are 15 proposed Rule changes from the Minority. I, because we have been here so long, Mr. Speaker, I don't choose to try and speak on every piece of their proposals that they are going to submit, but I would be remiss if I didn't make members aware that in many cases, the effort here is to change the Majority rule to Minority rule. And I think that, you know, we have been in this position as changing Rules many times in our past. If we think from a historical perspective, it kind of started in 1975 when this House actually changed, in terms of its Party affiliation. And then in 2005, when we used to be able to vote in our office from the LOB, and in 2007 when a lot of things changed. And, certainly, Mr. Speaker, under the leadership of our current Speaker, Mr. Heastie, many things have changed. Many of our Rules have changed to make it more transparent, more available to both our constituencies, as well as our families and staff that are watching these proceedings.

So, Mr. Speaker, I appreciate and honor the fact that our colleagues on the other side of the aisle have these 15 amendments or changes that they would like to make to our Rules, 13 of which we have previously voted down; we will have 15 of them

before us today. I would ask my members to please stay with us as we go through this process. And, you know, we'll hear their comments, but, Mr. Speaker, I -- I'm going to ask that we give all due consideration to the fact that our Rules are in a fairly decent shape, they have been since Mr. -- Speaker Heastie has been our Speaker. And we look forward to working in the future with our colleagues on the other side of the aisle to craft some new Rules and Regulations that are truly bipartisan, as opposed to what's before us today.

With that, Mr. Speaker, if we can have comments, I'm sure, from Mr. Goodell and we can begin with Rule --

ACTING SPEAKER AUBRY: Certainly.

MRS. PEOPLES-STOKES: -- change number one.

ACTING SPEAKER AUBRY: We would certainly --

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: We want to give Mr. Goodell equal time, but only equal.

MR. GOODELL: Thank you very much, Mr. Speaker. And thanks for those comments, Majority Leader.

I -- as you know, we always look for the best ideas, right? And when we have an open mind and a thoughtful approach, we often see there's opportunities to improve on what we're doing. And you'll see that we have several very fine proposed Rules -- Rule amendments. And we would welcome your bipartisan support on all

of them. Some of which you may, privately or publicly, hopefully publicly, also rejoice. Opportunities to increase your ability, for example, to get a bill on the floor of the Assembly for a vote, more transparency in our Committee Meetings, implementing the normal and customary rules of mathematics and calculating percentages. All of these great ideas are embodied in these Rules and I look forward to your strong and enthusiastic bipartisan support.

Thank you, Mr. Speaker, and thank you to my colleagues.

ACTING SPEAKER AUBRY: Thank you, Mr. Goodell. And we shall start.

Mr. Stec for the first of these spectacular recommendations.

(Laughter/Applause)

MR. STEC: I like your attitude, Mr. Speaker. Happy New Year.

I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: Proceed, Mr. Stec.

MR. STEC: Thank you. This resolution would require that a standing Committee be discharged from consideration of a bill or resolution when the same measure is supported by at least six -- 76 members of the Assembly. This proposal mirrors one advanced by the Bipartisan Problem Solvers Caucus in their report entitled, *Break the Gridlock*, which was recently agreed to by Speaker Pelosi.

When a bill or resolution has the support of the majority of the House, a motion to discharge shall be in order. Since the motion itself requires a majority to pass, it only makes sense that if we get 76 sponsors among the members of this House, it should go straight to the floor to be considered for a vote. Holding an up or down vote helps ensure all good ideas supported by a majority of the House receives a chance.

I urge your consideration of this nonpartisan resolution so we can increase member involvement in determining what bills should make it to the floor, and expand timely and easy online access to all floor votes.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 25, Mr. Kolb. Assembly Resolution amending Section 7 of Rule IV of the Assembly Rules in relation to Committees.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Hawley.

MR. HAWLEY: Thank you, Mr. Speaker. I offer the following resolution and request an opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

MR. HAWLEY: Briefly explaining, we have all read

--

ACTING SPEAKER AUBRY: One minute. Let the Clerk read, and then you'll explain it.

MR. HAWLEY: Good.

ACTING SPEAKER AUBRY: Okay? Good.

THE CLERK: Assembly Resolution No. 27 (sic), Mr. Kolb. Assembly Resolution amending Section 7 of Rule III of the rule -- of the Assembly Rules in relation to the reading of bills.

ACTING SPEAKER AUBRY: And now, Mr. Hawley.

MR. HAWLEY: Thank you, Mr. Speaker. We've all read the editorials that have expressed displeasure with the Legislature debating and voting on controversial and complex bills in the middle of the night. The citizens and businesses of this State also share the very same and real concerns. The Message of Necessity leaves the Legislature with insufficient time to review and properly consider such legislation, and the public with insufficient time to review and comment.

These are fair criticisms. We should not abuse the Message of Necessity process, which circumvents the aging process for legislation. Messages of Necessity should be used and approved by this Body only whether the facts necessitate immediate action, which should be few and far apart. Transparency in the light of day

for all our citizens should be our primary goal as representatives.

While the Rules currently provide that messages of necessity must be approved by majority vote in the Rules Committee, we believe these extraordinary measures should only be taken when approved by two-thirds of the members of the entire House. The public, the media and each of us deserve no less. Again, let us take a step toward greater transparency by ensuring that we only use or accept the message of necessity process when absolutely warranted, and that we don't unduly interfere with the public's ability to review and give us their input before legislation is voted on. I urge your consideration of this resolution.

Thank you so much, Mr. Speaker.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Crouch.

MR. CROUCH: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 27, Mr. Kolb. Assembly Resolution amending Section of Rule IV of the Assembly Rules in relation to Standing Committees.

ACTING SPEAKER AUBRY: Mr. Crouch.

MR. CROUCH: Yes, Mr. Speaker. This amendment applies the mathematic principles we use in our everyday aspect of our lives, and -- to the membership of the Standing Committees of the Assembly. These -- there are currently a 150 members of the State Assembly, with 43 members in the Minority. The Majority represents 71.3 percent. This resolution amends the current Rule that provides for "all fractional members are credited to the Majority," to provide that all -- fractional members of one-half or greater be credited to the Majority.

This amendment merely applies to the basic -- applies the basic math rule of rounding up taught in every elementary school math class in this State. We do not seek an unfair advantage, we just believe that nearly six million New Yorkers represented by members of the Minority Conference should also be represented fairly on Committees. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Palumbo.

MR. PALUMBO: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain

it, please.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 28, Mr. Kolb. Assembly Resolution amending Section 5 of Rule III of the Assembly Rules, in relation to the introduction of resolutions.

ACTING SPEAKER AUBRY: Mr. Palumbo to explain.

MR. PALUMBO: Thank you, Mr. Speaker. Procedure is the cornerstone of the legislative process. The Legislature uses resolutions to make declarations, State policies and render decisions. Legislators should not be expected to vote on resolutions if they have not been afforded ample time to review and research.

This resolution would amend our existing Rule requiring that before the House can vote on a resolution, copies of the resolution must be placed on each member's desk at least three days prior to such vote. This resolution seeks to make a simple yet very important change to our legislative process. Currently, we require that no bill be considered for the Third Reading unless it shall have been -- shall have been on the Calendar on two legislative days, but we have no such requirement for resolutions. The three-day requirement will allow all members to be fully informed about the contents of any resolution placed before the House, enabling informed votes on the same to -- to the benefit of all citizens of this State.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Johns.

MR. JOHNS: Yes, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 29, Mr. Kolb. Assembly Resolution amending Section 2 of Rule V of the Assembly Rules, in relation to ensuring that each member is entitled to have at least one substantive piece of legislation discharged from Committee and brought to a vote during each two-year term.

ACTING SPEAKER AUBRY: Mr. Johns to explain the resolution.

MR. JOHNS: Mr. Speaker, we vote for a lot of bills down here and we label them as one form of equality or another. What I'm proposing here is legislative equality. And what this bill, or what this Rule change suggests is that every member of this Chamber, Democrat, Republican, Majority or Minority member would be allowed to bring one bill to the floor every two years. That isn't really equality, but it's the least that you can ask for. You can't have less than one piece of legislation every two years.

And, as the Majority Leader says, these bills could still go through Committee. They could be voted up or down in Committee, but we know the bills come out of Committee and never come up to the floor for a vote. So, whether the bill passes Committee or not, we would be able to bring one piece of legislation, Statewide significance, to the floor for a debate, a discussion, an up or down vote. The public back home ask me why don't we vote on term limits, two-year budget cycles, unicameral legislature; it would save \$150 million a year. Get rid of gerrymandered districts. Have referendum bills. None of these come up for a vote. But just think about it. If we had legislative equality, we could be bringing these bills forward, get ourselves on record, pass good reform legislation and force the Senate to take up the bills and have them be accountable, as well.

Thank you very much, Mr. Speaker.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Ra.

MR. RA: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 30, Mr.

Kolb. Assembly Resolution amending Rule V of the Assembly Rules, in relation to the limiting time of the number of terms of the Minority Leader of the Assembly or the Majority Leader of the Assembly.

ACTING SPEAKER AUBRY: Mr. Ra to explain his...

MR. RA: Thank you, Mr. Speaker. I -- I always get worried about offering this one, that I'm being set up in some way, but...

In order to best serve the public, it's -- it is important that the Legislature continues to evolve and permit a fresh flow of ideas to improve the quality of life for all New Yorkers. In short, stagnation limits progress. The purpose of this amendment is to limit the time a member may serve as Majority Leader of the Assembly or Minority Leader of the Assembly to four consecutive two-year terms. Changing leadership periodically would help provide fresh perspective and limit the absolute power perceived -- perceived from long tenures of holding the same leadership position.

(Speaker Heastie takes a seat by Mr. Ra.)

(Laughter)

Mr. Goodell has the one that applies to Speaker, Mr. Speaker. This is just -- - this is just for Majority and Minority Leader.

SPEAKER HEASTIE: All right. I'll be back.

(Laughter)

MR. RA: So, I -- with the great work that our -- our new Majority Leader is doing, with all due respect to that, and,

certainly, Leader Kolb, this is a -- a measure that exists in the Rules of -- of our State Senate and, in fact, was one of the issues that was raised with the new Majority in the U.S. House of Representatives with Speaker Pelosi. And that's just one of the things she actually agreed to in order to get some of the votes that she was struggling to get for Speaker, was that there would be some type of term limit for leadership going into the future.

This is -- this is a measure designed, like I said, to -- to keep fresh ideas and fresh leadership coming forward, and I urge our members to support it. Thank you.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Byrne.

MR. BYRNE: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly No. 31, Mr. Kolb.

Assembly Resolution amending Section 2 of Rule IV of the Assembly Rules, in relation to Committee agendas.

ACTING SPEAKER AUBRY: Mr. Byrne --

MR. BYRNE: Thank you --

ACTING SPEAKER AUBRY: -- proceed.

MR. BYRNE: Thank you, Mr. Speaker. This resolution will require that no bill can be removed from the Committee agenda once voting on the bill has started. It would also require Committee roll calls to be provided to the Ranking Minority member. The Committee process is a vital part of the business of the Assembly. Committee members play an integral role by reviewing, debating and voting on bills in their respective Committees.

However, this important Committee work is sometimes obstructed when a vote does not go on as planned. In cases when a vote does not go as intended, the Chair can pull the bill from the agenda instead of recording the vote as it happened. The debate and the vote on the bill are thereby erased from existence. Only those who watch the Committee meeting know what happens, there is no public record and, consequently, the public will never know how its representatives voted on an important bill in Committee.

In 2016, this House took an important step towards transparency by reforming the Assembly Rules to require that Committee votes be posted electronically. Now, I urge this House to take the next step and require that all Committee votes be recorded, regardless if the outcome is different than was intended.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir. On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Norris.

MR. NORRIS: Mr. Speaker, I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 32, Mr. Kolb. Assembly Resolution amending Subdivision (c) of Section 1 of Rule I of the Assembly Rules, in relation to substitution of Committee members, and amending Section 2 of Rule IV of the Assembly Rules, in relation to the substitution of Committee members.

ACTING SPEAKER AUBRY: Mr. Norris to explain.

MR. NORRIS: This resolution would prohibit the Speaker from substituting a member of a Committee and the Chair from permitting a substitution unless 24-hour notice is given to the Ranking Minority member of the Committee. Committee members gain expertise over laws and topics that are regularly considered by the Committee. That is why the Committee process is an integral step so that the bills are vetted by members with knowledge and experience before they make it to the Assembly floor for a vote.

It is also important that we keep the integrity of each Committee intact. Members should not be substituted at the very last minute to ensure a vote goes a certain way or to protect a member

from having to take a difficult vote.

In 2016, we amended the Rules to require Committee meetings to be televised, and we're looking forward to seeing that happen soon. Next, we should take another step towards transparency and require that 24-hour notice is given for any Committee substitution so that there are no surprises at the time of the meeting.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Ms. Walsh.

MS. WALSH: Thank you, Mr. Speaker. I offer the following resolution and request an opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 33, Mr. Kolb. Assembly Resolution amending Subdivision (a) of Section 3 of Rule III of the Assembly Rules, in relation to processing of multi-sponsorship forms.

ACTING SPEAKER AUBRY: Ms. Walsh on the resolution.

MS. WALSH: Yes, thank you. This resolution would require that all multi-sponsorship forms signed by the

introducer and the multi-sponsor must be processed by the Index Clerk within five days of the date of submission. The Assembly Rules permit any number of Assemblymembers to sign on as multi-sponsors of a bill. The Rules also state that the introducer retains exclusive control of a bill at all times. Therefore, when an introducer signs a multi-sponsorship form, the intent is clear: The introducer has given his or her permission for the member to sign onto the bill. Therefore, once the receive -- once received, the Index Clerk should process the multi-sponsorship form as soon as possible.

Currently, the Assembly Rules do not provide a timeframe, though, for the -- for the Assembly Index Clerk to process multi-sponsorship forms. I urge you to join me in adopting this resolution so that we can set a reasonable timeframe for multi-sponsorship in the Assembly Rules.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? The Clerk will announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Morinello.

MR. MORINELLO: Mr. Speaker, I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 34.

Assembly Resolution amending Section 4 of Rule IV of the Assembly Rules, in relation to public hearings.

ACTING SPEAKER AUBRY: Mr. Morinello to explain the resolution.

MR. MORINELLO: Thank you, Mr. Speaker. In this time of much needed reform, we must provide the public greater access to our Committee process and, frankly, bring about the meaningful reform desired by all New Yorkers who support the cause of good government and enhanced transparency while increasing respect for this House and all who serve in it. That starts with the public fully vetting legislation on a contentious issue.

This amendment would require a Committee Chairperson to call a public hearing upon a petition signed by one-third of the members of the Committee. Neither Conference has an absolute monopoly on good ideas and we all benefit from public hearings on controversial or complex legislation or issues. This amendment would empower Committee members to call for public hearings should they feel that additional input is needed or the public generally wants to be heard on important legislative matters, while preserving the understanding that majority rules. The best input we, as legislators, receive is from the constituents we represent. By bringing greater openness to the legislative process through public hearings, we would be giving every single New Yorker an opportunity to have their voices heard.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Montesano.

MR. MONTESANO: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 35, Mr. Kolb. Assembly Resolution amending Section 9 of Rule V of the Assembly Rules, in relation to staff, materials and other perquisites.

ACTING SPEAKER AUBRY: Mr. Montesano to explain the resolution.

MR. MONTESANO: Thank you. This resolution would amend our existing rule regarding the additional allotment of staff and other resources provided to members in the Majority and Minority Committee, Subcommittee and Task Force leadership positions. Specifically, this resolution would ensure Ranking members of Committees or members in Minority leadership positions have sufficient staff and resources necessary to deal with the activity of that Committee or position.

For example, under this proposal, the Ranking Member of the Codes Committee would receive an allowance for staff and other prerequisites that is 61.1 percent of the additional allowance provided to the Committee Chair. While Ranking members of Committees do not share all of the responsibilities of Committee Chairs they do, in fact, have similar responsibilities. They must have sufficient staff and resources to review all bills that are referred to their Committee and perform the same fair-minded analysis and thorough oversight functions as the Majority Chair.

The current system of allocating resources is unjust and disproportionate. It punishes not just our members, but also the constituents they serve. Simply stated, there needs to be a fair allocation of resources for Assemblymembers to fulfill their official duties.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. I offer the following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 36, Mr.

Kolb. Assembly Resolution amending --

(Speaker Heastie enters Chamber floor.)

(Laughter)

Assembly Resolution amending Rule I of the
Assembly Rules in relation to a vacancy in the Office of the Speaker.

ACTING SPEAKER AUBRY: Mr. Goodell to
explain the resolution.

(Speaker Heastie takes a seat beside Mr. Goodell.)

(Laughter)

MR. GOODELL: Thank you, Mr. Speaker.

(Addressing Speaker Heastie) Thank you, Mr.
Speaker.

(Laughter)

We can never have too many Speakers in the room.

(Laughter)

This Rule change would provide for an eight-year
term of office for the Speaker. Now, we all know how hard the
Speaker works.

(Laughter)

It is an extraordinarily demanding job.

(Laughter)

It's much like the CEO of a large corporation.

(Laughter)

We can only imagine how taxing and difficult and draining this job can be. Changing the Speaker periodically gives the Speaker a break from these demanding responsibilities.

(Laughter)

And enables one of the rest of us, presumably a Republican --

(Laughter)

-- to step forward and share those awesome responsibilities. And for that reason, Mr. Speaker, Mr. Speaker and my colleagues, I urge your support of this humanitarian resolution.

(Laughter)

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? It's a lonely world, Mr. Goodell.

(Laughter)

Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Raia.

MR. RAIA: Thank you, Mr. Speaker. In three more hours, this prospective Rules change would mean a whole lot more to us, but in my 17 years serving in this august Body, many of our finest moments -- finest pieces of legislation we've been -- we've passed,

have been in the middle of the night. That's not been one of our finest moments. Passing legislation in the middle of the night means the public doesn't get a chance to see what we're doing. That's partial because this House has chosen to conduct many of its key legislative votes in the middle of the night. Certainly, there's no sunshine in that. With this -- you know, I screwed up.

ACTING SPEAKER AUBRY: Yes, you did.

MR. RAIA: Mr. Speaker, I offer the following resolution and request the opportunity to explain it.

(Laughter)

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 37, Mr. Kolb. Assembly Resolution amending Section 2 of Rule II of the Assembly Rules, in relation to hours in Session.

ACTING SPEAKER AUBRY: Mr. Raia, from where you stopped.

MR. RAIA: Absolutely. You see --

ACTING SPEAKER AUBRY: Thank you, sir.

MR. RAIA: -- but this is why those really long nights are not good for any of us, because we get a little tired and tongue-tied.

That being said, today, I propose another good government reform designed to make the New York State Assembly a more accountable and responsive part of State government. This amendment to Section 2 of Rule II would increase the number of

members needed to override the Rules controlling the hours in Session from a simple majority to two-thirds of members elected to the Assembly. The People's work should and would be done in the light of day, not in the middle of the night. Good government watchdog groups and taxpayers have spoken loud and clear, all-night Sessions do not serve the constituents, or us, in this great State.

Late night Sessions reduce openness, transparency, accountability and are a glaring impediment to citizens' oversight of their Legislature. Today, we have a chance to show real leadership and build upon our previous successes. By joining me in voting for this wonderful resolution, we will honor the voices of all the voters, strengthen the legislative process and take back the People's House and get a good night's sleep once and for all.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mr. Brabenec.

MR. BRABENEC: Top of the evening, Mr. Speaker.

ACTING SPEAKER AUBRY: Top of the evening to you, Mr. Brabenec.

MR. BRABENEC: I offer the following resolution

and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 38, Mr. Kolb. Assembly Resolution amending Rule IV of the Assembly Rules, in relation to the term of a Committee Chairperson.

ACTING SPEAKER AUBRY: Mr. Brabenec to explain the resolution.

MR. BRABENEC: Thank you, Mr. Speaker.

Assembly Committees are tasked with an important role of vetting all legislation prior to it reaching the floor for a vote by the entire membership. The Legislature and the residents of New York State would be better served by a more open exchange of ideas and solutions in Assembly Committees. The purpose of this amendment is to limit the time a member may serve as a Committee Chairman for a particular Committee to eight years. Changing Committee Chairs periodically would help to inspire fresh perspectives from Committees and allow more members the opportunity to serve in an important Committee Chairman's role.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Mr. Brabenec.

On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Ms. Malliotakis.

MS. MALLIOTAKIS: Thank you, Mr. Speaker. I offer to following resolution and request the opportunity to briefly explain it.

ACTING SPEAKER AUBRY: The Clerk will read.

THE CLERK: Assembly Resolution No. 39, Mr. Kolb. Assembly Resolution amending Section 2 of Rule IV of the Assembly Rules, in relation to broadcast of Committee meetings.

ACTING SPEAKER AUBRY: Ms. Malliotakis to explain the resolution.

MS. MALLIOTAKIS: Thank you, Mr. Speaker. For years, as you may recall, the Assembly Minority Conference had offered a resolution that required that all our Committee meetings be recorded and broad -- broadcast live on the Assembly website. After being rejected numerous years in a row, we finally did pass that Rules change on March 21st, 2016 in a bipartisan manner, which was a great step; however, here we are more than two Sessions later, and we have not yet implemented that component of this. And we live in an era where everything is currently recorded, there are millions of videos posted on the Internet, many of which are recorded by cellphone and uploaded within seconds. And I'm sure our colleague, Jose Rivera, will volunteer for us. You can watch Committee meetings of the New York State Senate currently; however, you're still not able to watch your elected Assemblymembers vote in Committee.

So, New Yorkers have a right to witness these proceedings and for transparency, we should require that the recording and broadcast of our Standing Committees begin by April 1st, 2019. And that would -- that's what this resolution would do. And I ask that it be given your consideration and adopted so that way we don't have to do this next year and we could leave early and eat. Thanks.

ACTING SPEAKER AUBRY: On the resolution, the Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The resolution is lost.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, do we have any more resolutions?

ACTING SPEAKER AUBRY: We have numerous fine resolutions, we will take them up in one vote. All in favor of the resolutions signify by saying aye; opposed, no. The resolutions are adopted.

(Whereupon, Assembly Resolution Nos. 41-46 were unanimously approved.)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: I now move that the Assembly stand adjourned until 11:30 a.m., Wednesday, January the 23rd, tomorrow being a Session day.

ACTING SPEAKER AUBRY: The Assembly stands adjourned.

(Whereupon, at 8:49 p.m., the Assembly stood adjourned until Wednesday, January 23rd at 11:30 a.m., Wednesday being a Session day.)