



**FOR IMMEDIATE RELEASE: Media Advisory, Reproductive Health Act Contains Gosnell-Like Components**

**CONTACT: Michele Sterlace-Accorsi, FCLNY, 716 864 1454, [info@fclny.org](mailto:info@fclny.org), [www.fclny.org](http://www.fclny.org)**

*The Reproductive Health Act (A00021, S00240) allows a minor, without parental notice, to undergo a third trimester abortion on a fully viable, healthy fetus, in a facility other than a hospital, performed by an individual other than a physician, for reasons unrelated to her life or physical health and without the knowledge of any potential psychological risks attendant to abortion.*

**The RHA over-reaches by enacting a BROAD HEALTH EXCEPTION for third trimester abortions, and by doing so, allows for the destruction of fully viable, healthy humans in utero.**

The text of the Reproductive Health Act (RHA) does not explicitly state that third trimester abortions are legal “ON DEMAND.” Rather, the text legalizes third trimester abortions to protect a woman’s “HEALTH” without defining health. The lack of any definition of the word ‘health’, coupled with the explicit legislative intent of the RHA, ushers in a BROAD HEALTH EXCEPTION for third trimester abortions, in NYS. While some form of a health exception to abortion bans (which NYS law currently has in place for third trimester abortions, excepting to save a woman’s life) is essential under the US Constitution, post-viability health exceptions, under US Supreme Court precedent, may be either broad or narrow. A broad health exception to a ban on post-viability abortions permits abortions for essentially any reason, including age or familial health, *Doe v. Bolton*, 412 US 179 (1973). A narrow health exception (which must be explicitly defined) allows abortions where necessary to preserve a woman’s physical health, *Stenberg v. Carhart*, 530 US 914 (2000), *Gonzales v. Carhart*, 550 US 124 (2007).

**The RHA over-reaches by fully repealing current public health law which protects the lives of children born alive during abortions and the lives of women undergoing third trimester abortions.**

The RHA fully repeals NYS Public Health Law 4164. This full repeal allows for healthy, viable infants born alive during an abortion to die without life-saving treatment. This repeal also allows for third trimester abortions to occur in facilities other than hospitals. According to studies, including, Risk Factors for Legal Induced Abortion-Related Mortality in the United States, published by Obstetrics & Gynecology, the “risk of death” for “women obtaining legally induced abortions” “increase[s] exponentially by 38% for each additional week of gestation.”

**The RHA over-reaches by completely gutting abortion from NYS Penal Statutes, where current provisions empower and protect victims of domestic violence and sex-trafficking. The complete repeal of abortion from NYS criminal law and the text of the RHA also allows for the performance of third trimester, surgical abortions by individuals other than physicians.**

The RHA also completely removes abortion from NYS Criminal Law. This total removal, in addition to the text of the bill, allows for individuals other than ‘duly licensed physicians’ to perform surgical, third trimester abortions. This repeal also potentially re-victimizes victims of domestic violence and sex-trafficking by removing prosecutorial tools currently in place for holding traffickers and abusers accountable for the coerced or violent death of humans in utero.

Further, the RHA fails to usher in reasonable abortion standards, including (1) notice to a parent of a minor seeking an abortion, including a late-term abortion, (2) wait periods between the abortion decision and the procedure, and (3) the distribution of credible information regarding the potential psychological risks of abortion. US Supreme Court precedent allows States (and many have) to enact such standards. *Planned Parenthood v. Casey*, 505 US 833 (1992).