

Setting the Record Straight on the RHA

On January 22, 2019, New York enacted the Reproductive Health Act (RHA) decriminalizing and safeguarding abortion and ensuring greater access to reproductive health care. In the wake of the bill's historic passage on the 46th Anniversary of *Roe v. Wade*, there has been some misinformation about what this bill means for women and abortion generally.

The National Institute for Reproductive Health (NIRH) is setting the record straight about what the RHA actually does, and why proactive legislation that increases access to reproductive freedom is critical at a time when the Trump-Pence administration continues to attack these rights.

1. FACT: THE RHA IMPROVES ACCESS TO ABORTION CARE FOR WOMEN IN NEW YORK

With the RHA in place, medical providers are able to meet the needs of their patients without political interference. It accomplished three main things:

- a. New York State now treats abortion as health care, not a criminal act. Before the RHA, New York regulated abortion as an exception to the homicide law, and was one of only [seven states](#) that criminalized self-managed abortion. No other medical procedure is regulated as a crime, and abortion should be no different.
- b. The RHA ensures that qualified health care providers can provide safe abortion care without fear of punishment.
- c. Providers can now provide abortion after the 24th week of pregnancy if a woman's health or life is in danger, or if a fetus is not viable. Erika Christensen's [experience](#) is an example of the harsh reality women faced before the RHA if they had health complications or unviable pregnancies. They were often forced to risk their health and wellbeing by travelling out of state to receive critical abortion care.

2. FACT: ABORTION CARE THROUGHOUT PREGNANCY IS NEEDED TO PROTECT WOMEN'S HEALTH AND LIVES

Anti-abortion advocates have pushed the false narrative that the RHA will allow abortion up until birth. To be clear, there is no such thing as abortion up until birth – that is simply not how medical care works. The RHA ensures that if serious medical complications arise at any point in pregnancy, doctors have access to the full range of medical treatment options, including C-section, induction, or abortion if that is the safest course – all based on what's best for a woman's specific medical circumstance, and without medically unnecessary requirements or political interference. In this way, the RHA mirrors the federal standard set by *Roe v. Wade* in 1973. With the RHA in place, doctors can treat patients based on established medical standards and the patient's health, not an outdated criminal code that left no room for women's specific circumstances.

3. FACT: PREGNANT VICTIMS OF VIOLENT ATTACK WILL STILL HAVE LEGAL RECOURSE

The RHA does not change the ability to bring charges against perpetrators of violent

crimes against pregnant women. We should not be charging people who assault pregnant women with abortion—rather there are numerous statutes on the books with more stringent and appropriate penalties for incidents of domestic abuse or murder. In New York first degree assault is a Class B Violent Felony, carrying a penalty of 5-25 years. Courts have interpreted the “serious physical injury” requirement in first degree assault to include loss of a pregnancy. This is a far more substantial penalty than the criminal abortion charge ever carried.

4. FACT: ADVANCED PRACTICE CLINICIANS ARE QUALIFIED TO PROVIDE ABORTION CARE, AND CAN DO UNDER THE RHA

In addition to criminalizing abortion, New York’s previous abortion law, enacted in 1970, failed to keep up with medical advances over the past 50 years. The RHA amends that outdated law by allowing qualified, trained advanced practice clinicians such as nurse practitioners, licensed nurse midwives and physicians’ assistants to provide abortion care that is within their scope of practice, as determined by the regulations governing medical standard of care. Ensuring that medical providers who are trained and qualified to provide abortion care can do so is especially important in rural and other medically underserved communities.

5. FACT: THE RHA LEAVES CONSCIENCE PROTECTIONS UNTOUCHED

The RHA updates New York’s outdated abortion law by decriminalizing abortion, safeguarding abortion rights, and ensuring greater access to reproductive health care in New York. [It does not force any provider to offer abortion services where a personal objection exists.](#)

6. FACT: THE RHA IS THE LATEST IN A WAVE OF PROACTIVE LEGISLATION

In the wake of the Trump administration’s continued attacks on reproductive rights and abortion access, advocates and legislators in almost every state have increased their efforts to protect and advance reproductive freedom through hundreds of pieces of legislation. Last year alone, 100 bills to protect and expand reproductive freedom were passed, while 44 states and the District of Columbia advanced 422 proactive bills, all dedicated to securing reproductive freedom. [Gaining Ground: Proactive Reproductive Health and Rights Legislation in the States](#), NIRH’s fifth annual report on this subject, explores these advances for reproductive health, rights, and justice.