



**Mandating Consideration of Abortion Access in Health  
Equity Impact Assessments  
(Bill S.3609-B-Webb/A.3113-A-Clark)  
Memorandum of Opposition**

Bill S.3609-B-Webb/A.3113-A-Clark would add an abortion-related component to health equity impact assessments that are conducted in connection with hospital acquisitions, closures, and mergers.

Under New York Public Health Law § 2802-b(1)(a), a health equity impact assessment must be submitted to the New York State Department of Health (NYSDOH) in connection with the “construction, establishment, change in the establishment, merger, acquisition, elimination or substantial reduction, expansion, or addition of a hospital service or health-related service of a hospital that requires review or approval by the council or the commissioner.” The proposed legislation would require health equity impact assessments to include an assessment of “the extent to which the availability of reproductive health services and maternal health care in the applicant’s service area will be affected if the project is implemented.”<sup>1</sup> The sponsor’s memorandum justifies this measure by asserting—without evidence—that parts of the state face “an emerging threat of significant reductions, or eliminations of reproductive health services and maternal health care, as existing providers and health care systems face consolidation or changes in ownership.”

Bill S.3609-B-Webb/A.3113-A-Clark is an ill-advised attempt to inject abortion politics into the NYSDOH approval process regarding hospital acquisitions, closures, and mergers. Given that New York is an abortion destination for women from other states, it strains credulity for the sponsors of this bill to argue that abortion access is in jeopardy here. Furthermore, the legislation could easily lead to discrimination against faith-based hospitals that provide needed health services to marginalized groups. This bill should be rejected.

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<sup>1</sup> The bill would also require applicants to show how they would meet the “obligation” of providing abortion services pursuant to Public Health Law § 2599-AA, the Reproductive Health Act (RHA). However, the RHA makes no mention of hospitals and imposes no specific requirements upon any facilities not owned by the state.