



**Written Testimony of Niharika Rao**  
**Lead Organizer at the Reproductive Justice Collective NY<sup>1</sup> and Coordinator at Advocates for Youth<sup>2</sup>**  
**Submitted for Joint Legislative Budget Hearing on Higher Education**  
**Feb 27 2023**

Good morning Chair Stavisky, Chair Fahy, Members of the Senate Higher Education Committee, Assembly Higher Education Committee, and other Members of the New York State Legislature. My name is Niharika Rao, and I am a student, abortion doula, and community organizer at the Reproductive Justice Collective NY and Advocates for Youth. My work focuses on ensuring reproductive health is accessible to young people across New York and the United States. Thank you for the opportunity to appear before you today to discuss the need to expand and invest state resources for abortion care in our higher education institutions.

I urge you to support a budgetary provision to fund medication abortion access on college and university campuses across New York State. Under A.1395A/S.1213, the 25 CUNY and 64 SUNY campuses across the city and state would be required to provide access to medication abortion at student health centers. Schools would also have the option to contract with a third party to provide the services and, in exceptional cases, provide referrals off-campus. The legislation also establishes a “public college and public university student health center abortion by medication fund” jointly overseen by the State Comptroller, health commissioner, and chancellors from SUNY and CUNY.

Medication abortion is a method to end a pregnancy until ten weeks using two types of pills — mifepristone and misoprostol. It is incredibly safe — serious complications requiring hospitalization occur in less than 0.4% of patients.<sup>3</sup> Having an abortion is associated with a vastly lower risk than continuing a pregnancy and giving birth.<sup>4</sup>

Despite this scientific agreement and ease of provision, the reality on the ground in New York is bleak. As we see a vast increase in out-of-state abortion patients<sup>5</sup>, wait times are increasing, our abortion funds are

<sup>1</sup> [Reproductive Justice Collective New York](#) is a broad coalition of New York-based student and youth organizers from Columbia University, CUNY, NYU, and SUNY schools. RJC also recently won its 2.5-year campaign to have Barnard College become the first private college in the country to offer medicated abortion on campus.

<sup>2</sup> [Advocates for Youth](#) works with young people to champion youth rights to bodily autonomy and build power to transform policies, programs, and systems to secure sexual health and equity for all youth. Advocates’ Youth Activist Network stands 75,000 strong on 1,200 campuses and in tens of thousands of communities.

<sup>3</sup> Raymond EG et al., First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review, *Contraception*, 2013, 87(1):26–37, [https://www.contraceptionjournal.org/article/S0010-7824\(12\)00643-9/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(12)00643-9/fulltext).

<sup>4</sup> Raymond, Elizabeth G., and David A. Grimes. “The Comparative Safety of Legal Induced Abortion and Childbirth in the United States.” *Obstetrics & Gynecology* 119, no. 2, Part 1 (2012): 215–19. <https://doi.org/10.1097/aog.0b013e31823fe923>.

<sup>5</sup> Lampen, Claire. “No Matter Where You Live, New Yorkers Can Help You Get an Abortion.” *The Cut*, December 5, 2022. <https://www.thecut.com/2022/12/new-yorkers-can-help-you-get-an-abortion.html>.

experiencing unprecedented demand, and anti-abortion protesters only grow bolder<sup>6</sup>. As a student organizer and abortion doula, I've seen firsthand the impact this has had on young people across the state. According to CDC Surveillance Data, young women in their 20s account for more than half of all abortions in the United States,<sup>7</sup> but also face unique barriers to access due to their age — including limited financial resources and increased stigmatization. These barriers only increase as students who live on campus. For many, this is the first time navigating a deeply complicated medical system on their own, and they have often just moved to an entirely unfamiliar environment. Our analysis showed that students on SUNY campuses faced an average trip of 11 miles to the nearest abortion provider — mostly in areas with limited access to public transportation. Some campuses are as far as 70 miles from the nearest abortion provider.

This policy directly addresses the issues above:

- It can reduce wait times and funding pressure for clinics and abortion funds by making on-campus abortion pills available to students.
- The on-campus provision lowers the cost for those with student health insurance coverage to access abortion and allows them to gain referrals to trusted funding sources if needed. For students without health insurance, the proposed fund and implementation plan will include resources to support coverage for costs associated with the procedure.
- It reduces travel time for students and lessens informational barriers to vital reproductive care.
- In addition, by normalizing abortion as a safe and legal medical procedure, we can help to reduce the isolation and shame that some students may feel when seeking reproductive healthcare.
- It brings our higher education institutions up to the standards of our peers in Massachusetts and California, states that have already passed this policy as they see an increase in abortion patients.

Offering medication abortion on campus would not require significant new resources or infrastructure. Seeing this policy enacted in California<sup>8</sup>, we anticipate the main associated costs to be training for clinicians and possible site upgrades. Both the AMA and public health experts have recommended that medication abortion does not require an ultrasound or physical examination.<sup>9</sup> Even once pharmacies can dispense abortion pills, campus clinicians are often the most accessible and familiar providers for students, and their services are covered by student health insurance.

There also exist possible out-of-pocket costs for students without insurance coverage, often from other states that restrict abortion coverage. The aforementioned "public college and public university student health center abortion by medication fund" that could cover these costs does not exist in the bill's current version in the proposed FY 2024 Executive Budget. However, we believe it's necessary to allocate state resources for

---

<sup>6</sup> Quigley, Liam, Rocco Parascandola, Emma Seiwel, and Larry McShane. "Brooklyn pro-Life Protesters Slip inside Planned Parenthood Office with Shout of 'You're Killing Babies!'" New York Daily News, August 19, 2022. <https://www.nydailynews.com/new-york/nyc-crime/ny-planned-parenthood-intruder-20220819-h5wk5ksusbfzpdhqmb46sevk5y-story.html>.

<sup>7</sup>Kortsmitt K, Mandel MG, Reeves JA, et al. Abortion Surveillance — United States, 2019. MMWR Surveill Summ 2021;70 (No. SS-9):1–29. DOI: <http://dx.doi.org/10.15585/mmwr.ss7009a1>

<sup>8</sup> Alonso, Johanna. "California Universities Launch Abortion Services." Inside Higher Ed, January 24, 2023. <https://www.insidehighered.com/news/2023/01/24/california-universities-launch-abortion-services>.

<sup>9</sup> Ali, Shirin. "Medication Abortion Can Be Dispensed without an Ultrasound or Physical Exam, Study Finds." The Hill, April 26, 2022. <https://thehill.com/changing-america/respect/accessibility/3464212-medication-abortion-can-be-dispensed-without-an-ultrasound-or-physical-exam-study-finds/>.

this bill. We urge you to consider doing this through either 1) the fund described, at a sum of \$10 million, or 2) by creating a codified process for referrals to abortion funds and practical support organizations that would cover such costs and are funded through other bills, like the Reproductive Freedom and Equity Program (S348B/A361A).

Where the ability of campuses to implement this policy is a concern, we believe creating the above fund will also allow for support and guidance to be given to campus clinics; this model was used for MAB on Campus by both California and [Massachusetts](#). Regarding liability and privacy concerns, the relative safety of Medication Abortion compared to other campus clinic procedures mitigates this significantly. There are also a [wealth of resources about primary care integration](#) available through our partners at the Reproductive Health Access Project that cover concerns around malpractice insurance, coding, billing and includes a complete primary care training curriculum for medication abortion.

In conclusion, we urge you to fund medication abortion access on college and university campuses in New York State and provide the necessary funding to cover clinic implementation and access costs for students. Over 1800 students and young people across New York have [signed a petition](#) supporting on-campus abortion pills. This investment would help ensure all students have access to the healthcare they need, regardless of their income, location, or personal circumstances.

Thank you for your consideration and time.

---

Questions can be directed to

Reproductive Justice Collective New York  
[reprojusticecolumbia.org/contact](http://reprojusticecolumbia.org/contact)

Advocates For Youth  
[advocatesforyouth.org/contact](http://advocatesforyouth.org/contact)