



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

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**Commentary for New York City Board of Health Public Hearing
Re: Amending Article 203 of the New York City Health Code
December 19, 2025**

Thank you to the Board for taking the time to review this commentary.

Since the 2022 U.S. Supreme Court ruling in the Dobbs case that eliminated the constitutional right to abortion, the New York City Department of Health and Mental Hygiene (DOHMH) has shown its commitment to preserving the availability of abortion services through resources such as the Abortion Access Hub and its endorsement of the New York City Sexual and Reproductive Health Care Bill of Rights.

Seemingly in response to punitive measures enacted by some state legislatures toward both abortion providers and their patients post Dobbs, the DOHMH has become increasingly concerned about the variables collected on their required abortion reporting forms and the possibility that they may not be sufficiently deidentified. On June 24, 2024, the Board moved to substantially truncate the variables that appear on the reporting forms for both induced (ITOP) and spontaneous (STOP) termination of pregnancy. Among the variables eliminated at that time were those related to gravidity, post-abortion contraception, and details on place of residence for non-NYC patients.

While we commend the Department's dedication to ensuring data confidentiality for abortion patients and providers, we cannot dismiss the fact that one of the principal functions of a public health department is the collection of meaningful data for the purpose of informing health policy and focusing health resources. The current proposal before the Board to amend Article 203 of the NYC Health Code will effectively eliminate all reporting of induced abortions in NYC except for the rare instances when fetal disposition is requested. The question that we must put to the Board members is whether there is any concern for the information that will be lost when this reporting is eliminated.

Rates of induced abortion, like other data related to pregnancy outcomes (e.g. maternal mortality, low birthweight, and pre-term delivery) are important indicators of population health. These variables lend insight into a community's access to and quality of reproductive healthcare, and the ability of its residents to effectively advocate for and address their reproductive health needs. Losing robust data reporting for induced terminations would

mean that DOHMH would not have information readily available that would allow them to target their reproductive health efforts to populations most in need of these services.

Along these lines, it is highly consequential that abortion rates both nationally and within NYC show marked disparities by race, with Black women four-to-five times more likely to have an ITOP than their white counterparts.^{1, 2} This detail would be lost without standard abortion reporting. If, for example, the DOHMH were only to accept aggregate procedure/prescription counts from abortion providers without the nuanced demographic information that existed on the reporting forms, we would not know that almost half of all documented pregnancies in Black women in NYC end in abortion compared to only around 10% of all documented pregnancies in white women.² This has enormous implications for pregnancy prevention initiatives, and speaks to the need for culturally sensitive messaging on this subject.

Induced abortion rates in NYC have been rising among all demographic groups since 2020.² Determining the reasons for this trend will prove difficult without standard abortion reporting, which in turn can affect service delivery. Additionally, it is likely that the City will see increases in abortion numbers due to out-of-state patients seeking care away from home states that have done away with such services. Tracking these non-resident numbers to determine resource needs will be non-existent without standard reporting.³

For more than 50 years, the DOHMH has competently safeguarded patient and provider privacy while collecting abortion data. It has used this data to contribute to meaningful health research, and to guide Department health initiatives. To entirely dispense with this reporting would be to suggest that there is, and has been, no utility in this data collection, a statement that is in no way borne out from previous studies showing that vast majority of abortion providers themselves acknowledge the importance of this reporting.⁴

NYC is an independent jurisdiction for health reporting. Aligning reporting requirements with those at the state level runs the risk of losing access to data that can be used to effectively target Department reproductive health initiatives to the communities most in need. It is entirely within reason to believe that DOHMH can see a way forward that would preserve confidentiality around this sensitive procedure while maintaining the basic health reporting that is at the core of its mission to promote health equity in New York City.

Thank you again to the Board for your time.

¹ Ramer S, Nguyen AT, Hollier LM, Rodenhizer J, Warner L, Whiteman MK. Abortion Surveillance — United States, 2022. *MMWR Surveill Summ* 2024;73(No. SS-7):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss7307a1>.

² Li W, Castro A, Gurung S, Maduro G, Sun Y, Seil K, and Van Wye G. Summary of Vital Statistics, 2022. New York, NY: Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene.

³ Johansson, E. W., Argov, E. L., Langston, A., Yager, A., Searing, H., & Liu, S. Y. (2019). Trends in nonresident abortion rates in New York City from 2005 to 2015: a time series analysis. *Contraception*, 100(3), 182-187.

⁴ Toprani, A., Madsen, A., Das, T., Gambatese, M., Greene, C., & Begier, E. (2014). Evaluating New York City's Abortion Reporting System: insights for public health data collection systems. *Journal of Public Health Management and Practice*, 20(4), 392-400.