



**Testimony**

of

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before the

**New York City Council Committee on Women's Issues**

regarding

**Int. 371: Limited Service Pregnancy Centers**

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250 Broadway

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Good afternoon Chairperson Ferreras and members of the Women's Issues Committee. My name is Dr. Susan Blank and I am the Assistant Commissioner of the Bureau of Sexually Transmitted Disease Control and Prevention at the New York City Department of Health and Mental Hygiene (DOHMH). On behalf of Commissioner Farley, I would like to thank you for the opportunity to provide testimony today regarding Intro. 371, the proposed amendment to the administrative code that would require limited service pregnancy centers to disclose to potential clients that they do not provide abortion or FDA-approved hormonal and long-acting reversible contraception, and also that they do not refer individuals to organizations providing these services.

Much of the work at DOHMH around unintended pregnancy prevention focuses on supporting women and teens to make informed and responsible decisions about their sexual and reproductive health. There is a great need among women and teens for medically accurate, comprehensive, and unbiased information. This need is reflected in New York City's unintended pregnancy data. Unintended pregnancies account for approximately 60% of pregnancies among women in New York City, and almost 90% of pregnancies among teens.<sup>1</sup>

DOHMH strongly believes that all women and teens should have access to medically accurate information and services needed to prevent unintended pregnancy. Similarly, if an unplanned pregnancy occurs, pregnant women should have access to accurate information and services so that they can make informed, independent, and timely decisions about that pregnancy. Lack of transparency about the type of services offered at limited services pregnancy centers could have a detrimental impact on a woman or teen's health. Misleading and

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<sup>1</sup> Total unintended pregnancies are the sum of: (1) total live births multiplied by the proportion that was unintended; (2) total spontaneous abortions multiplied by the proportion that was unintended; and (3) total induced abortions. The proportion of live births that are unintended is derived from the NYC Pregnancy Risk Assessment Monitoring System, a survey of new mothers. The proportion of spontaneous abortions that were unintended is from Guttmacher Institute analysis of the National Survey of Family Growth.

incomplete information could add to the delay in accessing medical care for an abortion if a woman chooses to terminate the pregnancy, thereby placing women's health at risk because the complications of abortion increase with gestational age. Delays occurring as a result of a visit to a limited service pregnancy center may also present an added financial barrier to those choosing to terminate their pregnancies because the cost of the abortion procedure increases every week after the first trimester.

By and large, limited service pregnancy centers offer services such as free pregnancy tests, ultrasounds, and counseling, as do full-service clinics. However, some limited service pregnancy centers expose their patients to biased counseling and medically inaccurate information, such as the unfounded claim that having an abortion can put a woman at higher risk for breast cancer, infertility, post-traumatic stress disorder and other serious medical conditions. Moreover, some centers present themselves as full-service medical clinics when their primary interest is dissuading women from terminating their pregnancies.

The Health Department shares the Council's goal of preventing women and teens from being confused by limited service pregnancy centers that falsely portray themselves as full-service medical centers. For this reason, the Health Department supports Intro. 371, which would require limited service pregnancy centers to disclose to patients that they do not provide abortion or FDA-approved contraceptive drugs and devices, and do not provide referrals for such services and products.

Thank you for the opportunity to testify on this issue. DOHMH looks forward to continuing our partnership with the City Council to support the provision of full and accurate information regarding reproductive health in New York City.