



**January 27, 2025**

Dear Neighbors,

This past week was another fast paced Albany week starting with Martin Luther King Day. I know many people spent that day out in nature, at home in quiet reflection, with family and friends, and many other intentional ways to stay centered and grounded. I did a little bit of all of these things and then headed to Albany for a packed few days that started with Governor Hochul's full budget presentation including a presentation by the Director of the Department of Budget Blake Washington. [Here is a link](#) if you would like to watch the entire presentation and Q&A period that I found in full streamed on Facebook.

As the weeks progress through this budget season I will give updates and information to keep you abreast. For a general orientation, the legislature will spend the next month reviewing the executive budget including a series of public budget hearings on every section of the proposed budget and towards the end of February/beginning of March, the Governor will release her 30-day budget amendments. Both the Senate and the Assembly will release their one house budgets the first week in March and we will spend the rest of the month of March rectifying the three budgets into one final budget that is due March 31st.

Before I give highlights of my work in Albany from last week I wanted to take a moment to honor the death this week of a powerful, brilliant, compassionate fighter of human rights, reproductive rights, and gender equity, Cecile Richards. She was the President of Planned Parenthood from 2006 to 2018 and grew the organization into a national political force for the protection of reproductive rights and general access to healthcare. She passionately advocated and educated that the purpose of Planned Parenthood was not exclusively reproductive care but healthcare and

serves as a critical safe space gateway for low-income marginalized populations to access care. She was a fighter for human rights practically from birth and served as an inspiration for so many of us when we needed it the most. If you want to read a bit more about her you can read this [NY Times article](#) and her autobiography, “Make Trouble”. This was one of my favorite sections of the article: “My mom used to say, paraphrasing Edna St. Vincent Millay, ‘Life isn’t one thing after the other; it’s the same damn thing over and over again,’” [she told Jonathan Van Meter of Vogue magazine in 2017](#). “I think you have to realize: Just when you get sick of saying something is just when other folks are beginning to hear it.” Partly in honor of her passing a significant portion of this newsletter is dedicated to information and actions taken for reproductive health.

## State Budget

### **The calendar of the public budget hearings is released for 2025**

Each year at the beginning of the budget season there is a series of live streamed hearings on the various sections of the budget. They are spread out over a five to six week period and each hearing can span anywhere from four to twelve hours without pause. Each hearing is divided into panels that almost always start with a panel of the relevant commissioners and presidents of key departments and agencies relevant to the topics of the hearing. Here is a [link](#) that gives a full list of the hearings by date.



## Reproductive rights on the calendar

This past Tuesday morning legislators gathered from both the Senate and the Assembly to attend the annual [New York State Bipartisan Pro-Choice Legislative Caucus \(BPCLC\)](#) legislative breakfast. One of the benefits of the BPCLC is that the leadership Majority Leader of the Senate Andrea Stewart Cousins and CO-Directors Senator Krueger and Assemblymember Karines Reyes and their staff review all existing legislation in the state concerning reproductive and sexual healthcare; Protections for Reproductive Rights, Reproductive Health Care Providers, and Patients; Maternal Health; and Sexual Health. [Read the full list here.](#)

This breakfast was a particularly sobering affair beginning with a lengthy presentation from the following advocates and experts:

- **Robin Chappelle Golston**, President and CEO, [Planned Parenthood Empire State Acts \(PPESA\)](#)
- **Megan Sheman**, General Counsel, Planned Parenthood Empire State Acts (PPESA), and
- **Jenna Lauter**, Policy Counsel with the [New York Civil Liberties Union \(NYCLU\)](#)

- **Georgana Hanson**, Executive VP, Planned Parenthood Empire State Acts (PPESA)
- **Niharika Rao**, Political and Legislative Affairs Manager, National Institute for Reproductive Health (NIRH) Action Fund
- **Christa Christakis**, Executive Director, [American College of Obstetricians and Gynecologists \(ACOG\)](#), District II
- **Jenna Lauter**, Policy Counsel, and Allie Bohm, Senior Policy Counsel, NYCLU, and
- **Katharine Bodde**, Interim Co-Policy Director, NYCLU

There was a tremendous amount of detailed information shared during their presentations for us to absorb. If we are going to protect the rights of all New Yorkers we have to start with eyes wide open analyzing and taking stock of the risks and threats we are facing. The following are highlights from their presentations.

### **Fiscal concerns under this second Trump administration:**

- **Medicaid program funding concerns -**
  - Executive actions by the Trump administration to restrict or ban specific types of care from the Medicaid system, like gender affirming care
  - Executive actions to restrict specific providers from being able provide healthcare services through the Medicaid program by preventing their eligibility into the program. There were attempts to do just this in 2017 giving precedent to this concern.
- **Restriction of federal Title X grant dollars - [Title X of the Public Health Service Act](#)** is a federal grant program that provides reproductive health care and family planning services for people with low or no incomes, the uninsured, young people, people living in areas with provider shortages, and people who would otherwise not have access to care. It is the only federal program dedicated to this purpose and was initiated under President Nixon. It covers care such as: access to contraception, cancer screenings, sexually transmitted infections (STIs) testing, HIV testing, pregnancy services (pregnancy testing, counseling, and assistance to achieve pregnancy), and wellness exams. In 2019, the Trump administration implemented regulations prohibiting Title X grantees from referring clients for abortion services and from co-locating family planning and abortion

services. These changes prompted nearly a third of the provider sites to withdraw from the Title X network, resulting in a decrease in the number of people served by the program from 3.9 million in 2018 to 1.5 million in 2020 (a 60% decline). Collectively these restrictions were often referred to as the “domestic gag rule,” and were reversed by the Biden administration. The state currently receives \$12 million annually for these services in the state.

- **Expected cuts to the Teen Pregnancy Prevention (TPP) Program** - According to the Health and Human Services Federal website the program is, “a national, evidence-based grant program that funds diverse organizations working to prevent teen pregnancy across the United States. OPA invests in the implementation of effective TPP programs and provides funding to develop and evaluate new and innovative approaches to prevent teen pregnancy, prevent sexually transmitted infections (STIs) among adolescents, and promote positive youth development.” During his first administration President Trump attempted to fully defund the program but was prevented from doing so by federal court decisions. There were also attempts made to redirect all the funding to abstinence-only education before marriage. We expect these attempts to be repeated during this second term.
- **Sexually Transmitted Infections (STIs) federal dollars** - are currently provided through the Centers for Disease Control and Prevention (CDC) under Section 318 of the Public Health Service Act. These funds are distributed to state and local health departments to support prevention, control, and treatment efforts related to sexually transmitted infections (STIs). The goal of these funds is to reduce the transmission and impact of STIs in communities, especially among populations most at risk. This funding is especially relevant during outbreaks, pandemics, or other public health emergencies. Under the first Trump administration, there were proposed cuts to federal funding for STI prevention programs, including those under Section 318 of the Public Health Service Act, but many of these were modified or reversed by Congress. However, this check and balance to the president will not be in place for this term.

## **Expected Executive Actions During the Trump Administration**

- **Misuse of the Comstock Act:** The Comstock Act, an 1880s obscenity law, has never been applied to abortion. However, lawyers like



Johnathan Mitchell and drafters and supporters of Project 2025 hope to use it as a backdoor to an abortion ban. They argue that it prohibits using the postal service or any common carrier to send or receive anything related to abortion for interstate commerce, or anything that could assist an abortion from out of the country. It could also prohibit using the internet to cause or precipitate an abortion. If applied, it could create a ban without needing legislative action. The Biden administration took steps to prevent this interpretation, but it may not hold.

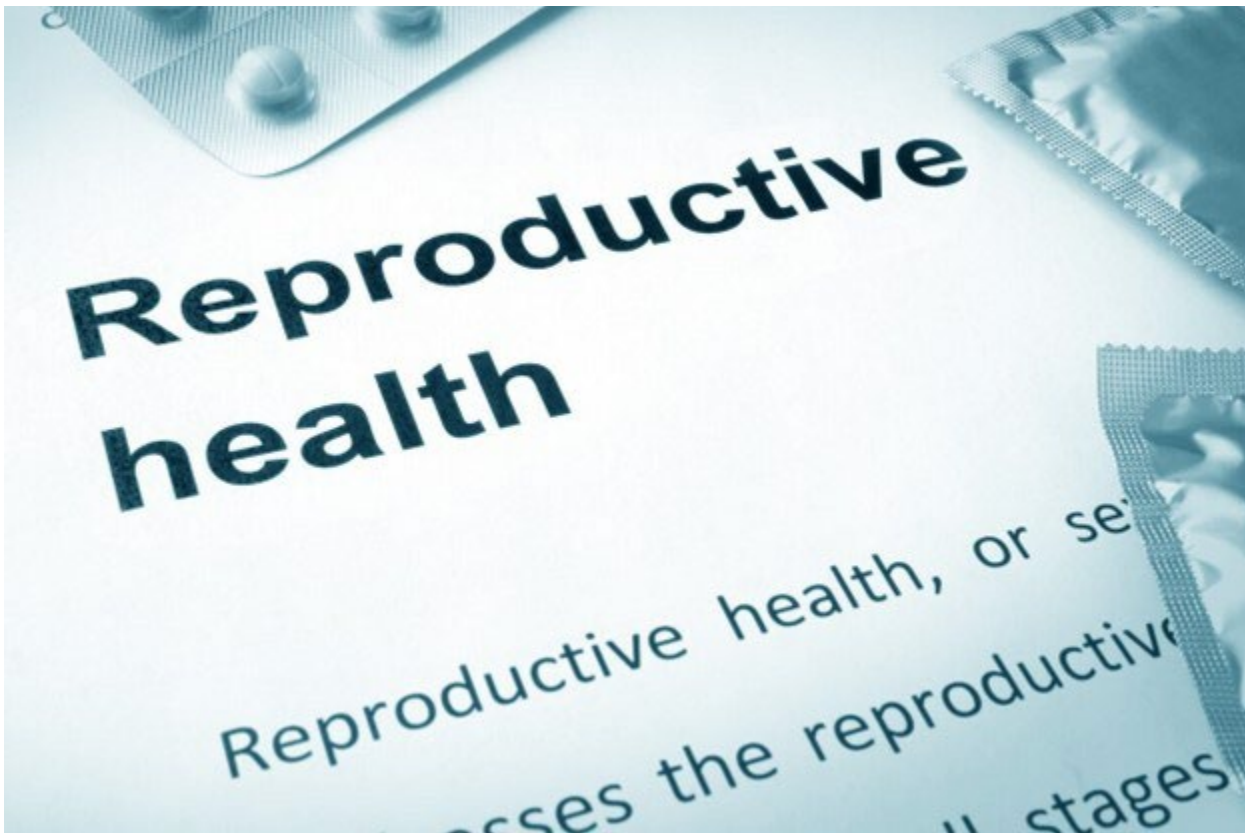
- **Requiring Data Collection:** States may be required to collect and share data with the federal government through data-use agreements with the CDC. This would force the collection of data on abortion care, including providers and recipients.
- **FDA Approval of Mifepristone:** The FDA or HHS could roll back conditions on the use of Mifepristone or completely revoke its approval, making access more difficult.
- **A Possible Congressional Ban:** A ban on abortion could be enacted through Congress.

### **Litigation Concerns - Impact on Current Court Cases Affecting Access**

- **DOJ Shift in Position:** The DOJ may shift its position against access to care for both reproductive and LGBTQIA+ rights.
- **Ongoing Suit from Texas DA:** A suit from a Texas DA against a New York provider is ongoing. The Biden administration made it as difficult as possible for this to succeed but the Trump administration is not expected to uphold these actions.
- **Court Cases Against FDA Approval of Mifepristone:** A case against the FDA approval of Mifepristone filed in Texas by the Alliance for Hippocratic Medicine, a coalition of anti-abortion medical groups in 2022 was rejected by SCOTUS on standing grounds. Normally, it would have been dismissed upon return to the state, however in 2024 attorneys general of Kansas, Missouri, and Idaho filed an amended complaint in the same case, seeking to challenge the FDA's regulatory actions concerning mifepristone. [OBJ] This move allowed these states to participate directly and keep the litigation ongoing against the FDA's approval and regulation of the drug. Under the new administration this could be more successful.

- **Challenge to Idaho's Abortion Ban:** SCOTUS temporarily restored the right to provide abortion care in Idaho countering their abortion ban, but this action was temporary and does not address the underlying issues of the ban or the priority of the current state legislature to ensure the ban is upheld. Currently on the floor they are having discussions including how many body parts a woman can go without before it becomes life threatening.
- **Tennessee Challenge on Gender-Affirming Care Ban:** Tennessee's ban on gender-affirming care is being challenged. It is argued that it violates the 14th Amendment by denying care based on sex. Fourteen states have enacted similar bans. The DOJ under Biden fought these bans, but the Trump administration may not and the challenge against the ban may not get the support it needs.
- **Challenge to South Carolina Governor's Action:** The South Carolina governor's attempt to prevent people from accessing Planned Parenthood is currently being challenged. As with the other cases above, this administration will most likely support the South Carolina Governor's efforts.

[Here is a link](#) to the comprehensive list of budgetary and policy requests the group of experts presented to the BPCLC. These proposed budget allocations, policy initiatives, and legislative efforts collectively demonstrate a strong commitment to protecting and expanding reproductive rights and health equity in New York State. By addressing funding gaps, enhancing provider security, and strengthening legal protections, these measures would ensure that all New Yorkers, regardless of income or geographic location, can access safe, affordable, and comprehensive reproductive health care.



## **The legislature takes actions to protect reproductive care in New York**

Last Tuesday afternoon on the Assembly floor two bills that had passed the Senate in the previous week were debated and passed on the Assembly floor increasing protections for all of our personal health information and protections for healthcare practitioners who provide reproductive care in New York state and provide care for individuals from other states.

[A02141/S0929 \(Rosenthal/Krueger\)](#), will enhance the protection of personal health information in New York by establishing stringent requirements for companies handling such data. The bill mandates explicit written consent before collecting, processing, or sharing health data, limits its use to clearly communicated purposes, and provides individuals with the right to withdraw consent at any time, requiring companies to delete the data upon withdrawal. It also sets transparency standards for communication and offers legal recourse for violations. This legislation is crucial in addressing gaps in existing laws, as many believe their health data is fully protected by HIPAA, though numerous applications and websites collect and sell sensitive information, often without consent. By empowering individuals to control their health data and ensuring accountability for misuse, the bill promotes privacy, trust, and ethical handling of sensitive information.



[A02145A/S0036A \(Reyes/Mayer\)](#), proposes an amendment to the Education Law allowing prescription labels for medications like mifepristone, misoprostol, and their generic alternatives to display the name of the healthcare practice instead of the individual prescriber, upon the prescriber's request. This bill is important because it enhances the privacy and safety of healthcare providers, particularly those involved in reproductive health services. In an era where providers may face threats or harassment for offering these critical services, protecting their identities helps ensure they can continue to deliver care without fear of personal risk. By prioritizing provider security, the legislation also safeguards patients' access to reproductive healthcare, which is an essential aspect of public health and individual rights.

## State Legislative Press Events



On Tuesday afternoon I joined my fellow colleagues to advocate for the Treatment not Jail Act ([A1263A/A1976A](#)). Research consistently shows that treatment is far more effective than incarceration in addressing addiction and mental health issues. Programs focused on rehabilitation can reduce recidivism rates by up to 50%, breaking the cycle of crime and incarceration. Additionally, every dollar spent on treatment saves taxpayers up to \$7 in criminal justice costs and lost productivity. The act would expand access to judicial diversion programs, allowing individuals with mental health challenges, intellectual or developmental disabilities, and substance use disorders to receive treatment instead of incarceration. The bill would also mandate mental health courts in every county and require judges to undergo specialized training to better understand and address the needs of defendants with mental health and substance use issues. Currently, only 26 of New York's 62 counties have such courts. By supporting the Treatment Not Jails bill, we have the opportunity to redirect resources toward evidence-based solutions that prioritize public health, save lives, and create safer communities for everyone. [Here is a link to watch my full remarks](#)



Last Tuesday afternoon I stood with NYRenews and advocates to call for the release of the proposed regulations for the Cap, Trade and Invest program designed to be released last year as outlined in the 2023 budget. Climate change is accelerating and the cost to New Yorkers to pay for the



infrastructure damage alone is in the billions of dollars each year. If done correctly this program would reduce greenhouse gas emissions, generate revenue that can be reinvested into the state's economy, support sustainable development and job creation, and prioritizes investments in disadvantaged communities to ensure that those who have disproportionately experienced the effects of climate change receive sufficient benefits from the program. In early 2024 I introduced ([A8469/A9228](#)), a bill that outlines the structure of a Cap & Invest program that we would like to see as the framework for the regulations released by the governor. This bill: outlines a clear structure for the pricing of allowances; the decreasing annual structure of allowances to incentivize a transition to renewable energy; safeguards to ensure investments directly benefit disadvantaged communities; mechanisms to support energy intensive and trade exposed industries through the transition; and a structure for reinvestment in direct rebates for low and middle-income families and renewable energy infrastructure. [Here is an article from EarthJustice summarizing savings to NYers.](#)



I joined fellow Assemblymembers and Senators as well as water and public health advocates this past Tuesday morning advocating for significant funding increases to address the estimated 500,000 lead service lines still in operation statewide. The average cost to replace a single lead service line

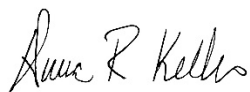
is \$10,000 and the total remaining funding needed to replace all lead service lines in the state is estimated at \$4.2 billion. New York currently ranks 6th in the nation for the amount of existing lead service lines contaminating our drinking water. The Environmental Protection Agency (EPA), states that there is no safe level of lead in drinking water. Lead is a toxic substance that can cause serious health problems, especially for children, pregnant women, and developing fetuses. Even low levels of lead exposure can result in long-term health issues, including developmental delays, learning difficulties, and damage to the nervous system. [Click here to watch my full remarks.](#)

## State Resources

### State tax filing software is free for income qualifying households

New Yorkers with a 2024 income of up to \$200,000 – or \$250,000 if filing a joint return – may qualify to use [Direct File](#) to file their federal and state personal income tax returns for free. In last year's pilot program on average New York taxpayers saved \$260 in tax preparation fees by using Direct File. The Tax Department estimates that 3.4 million New Yorkers will be able to use Direct File this year. In addition to Direct File, the Tax Department offers [other e-file options](#) to file your taxes for free.

In good health,



Anna Kelles, Ph.D.

Assemblymember, 125th A.D.

ALBANY  
OFFICE

CORTLAND  
OFFICE

ITHACA  
OFFICE

LOB 833  
Albany,  
NY 12248  
518-455-  
5444

83 Main St.  
Cortland, NY  
13045  
607-208-2024

130 East  
State St.  
Ithaca, NY  
14850  
607-277-  
8030

Assembly District 125 | [kellesa@nyassembly.gov](mailto:kellesa@nyassembly.gov)

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