

# STATE OF NEW YORK

---

5979

2021-2022 Regular Sessions

## IN ASSEMBLY

March 4, 2021

---

Introduced by M. of A. WALKER, JEAN-PIERRE -- read once and referred to the Committee on Health

AN ACT authorizing the commissioner of health to conduct a study and issue a report examining unmet health and resource needs facing women with polycystic ovarian syndrome in New York state and the impact of limited service centers and resources for women to obtain accurate, non-coercive health care information and timely access to a comprehensive range of reproductive and sexual health care services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Definition. As used in this act, "polycystic ovarian  
2 syndrome" is a hormonal imbalance disorder that is common among 1 in 10  
3 women during their reproductive age, meaning that:

4 1. (a) there is an elevated amount of testosterone and releasing of  
5 sex hormones called androgens, caused by a condition called hyperandro-  
6 genism; and

7 (b) too much of these hormones within the body can cause irregular  
8 periods, heavy periods, excessive body and facial hair, oily skin or  
9 acne, thinning or hair loss, weight gain, and difficulty getting preg-  
10 nant; with hyperandrogenism and abnormal levels of sex hormones, there  
11 is a prevention of eggs being normally released from the ovaries, irreg-  
12 ular menstrual periods, and infertility.

13 2. Within the United States, approximately twelve percent of women  
14 face difficulties getting pregnant.

15 § 2. Authorization of study and study scope. 1. The commissioner of  
16 health (hereinafter "the commissioner") is hereby authorized and  
17 directed to conduct a study and issue a report examining the unmet  
18 health and resource needs facing women with polycystic ovarian syndrome  
19 in New York state, and the impact of service and resources for women to  
20 obtain accurate non-coercive health care information and timely access  
21 to a comprehensive range of reproductive and sexual health care services

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD07610-01-1

1 in alignment with their health care and that supports personal decision-making.

2 2. The commissioner may request, and shall receive upon request, data  
3 and information from such entities and other relevant sources to meet  
4 the purposes of the study. This information shall include but not be  
5 limited to:

6 (a) what state and/or federal funds or taxes or other subsidies, if  
7 any, are directly or indirectly allocated to limited service centers and  
8 resources for women to obtain accurate, non-coercive health care information and timely access to a comprehensive range of reproductive and  
9 sexual health care services;

10 (b) whether the limited service centers for sexual and reproductive  
11 centers, specifically for polycystic ovarian syndrome, in the state are  
12 part of larger umbrella organizations that operate limited service sexual and reproductive centers, specifically for polycystic ovarian  
13 syndrome, across the country, and if so, whether those umbrella organizations receive state and/or federal funding;

14 (c) the services provided by limited service sexual and reproductive  
15 centers, specifically for polycystic ovarian syndrome, and what services  
16 are most frequently sought at limited service sexual and reproductive  
17 centers, specifically for polycystic ovarian syndrome;

18 (d) the number of women who access services at limited service sexual  
19 and reproductive centers, specifically for polycystic ovarian syndrome,  
20 the geographic regions in which each woman accessing the services of  
21 these centers resides, the distance to the nearest licensed medical  
22 facility providing these services, the prices charged for such services,  
23 and the basic demographic information about each woman, including race,  
24 age, and marital status. Basic demographic information included in any  
25 report shall be published in the aggregate so that it is impossible to  
26 identify any particular individual;

27 (e) whether sexual and reproductive centers, specifically for polycystic  
28 ovarian syndrome, hold themselves out to the public, either in  
29 person, through community participation of events or through their  
30 advertising or websites, as medical facilities or entities in which  
31 comprehensive, polycystic ovarian syndrome, are available.

32 (f) whether sexual and reproductive services, specifically for polycystic  
33 ovarian syndrome, are seeking comprehensive options counseling or  
34 services at medical facilities and whether women have experienced a  
35 delay in receiving health care, including receiving birth control, due  
36 to a visit to a limited service sexual and reproduction center;

37 (g) whether limited service sexual and reproductive service centers  
38 enroll women in any public benefits programs or connect women to other  
39 services, and if so, which services limited service sexual and reproductive  
40 centers, specifically for polycystic ovarian syndrome, connect  
41 women to;

42 (h) the nature of information given to clients or potential clients at  
43 sexual and reproductive centers specifically for polycystic ovarian  
44 syndrome; and the nature of limited service sexual and reproductive  
45 service centers, specifically for polycystic ovarian syndrome, operational manuals, handbooks or guidelines, in connection to the provision  
46 or services to clients;

47 (i) the number of state-certified medical professionals on staff or  
48 volunteering at limited service sexual and reproductive centers, specifically for polycystic ovarian syndrome, and the number who are providing  
49 medical services or counseling on site during regular business hours at  
50 limited service sexual and reproductive centers and whether sexual and  
51

1 reproductive centers inform women whether or not they have any medical  
2 professionals on the premises, on staff, or in a volunteer capacity; and  
3 (j) whether limited service sexual and reproductive centers, specif-  
4 ically for polycystic ovarian syndrome, collect medical information and  
5 what other information is collected upon intake, how limited service  
6 sexual and reproductive centers, specifically for polycystic ovarian  
7 syndrome, handle medical and other client records, and whether the  
8 medical records are in compliance with federal and state requirements  
9 governing medical privacy.

10 § 3. Study timeline and taskforce structure. The study shall commence  
11 no later than six months following the effective date of this act. The  
12 commissioner shall establish a temporary taskforce of nine members to  
13 support the department of health in the development of the study, the  
14 review of the findings and the establishment of specific recommendations  
15 for solutions to address any service gaps or negative impact in the  
16 state identified through the study. The taskforce shall have adequate  
17 geographical representation and include but not necessarily be limited  
18 to: a representative of the division of consumer protection; a member  
19 for the New York State Council on Women and Girls, a member of American  
20 college of obstetricians and gynecologists whose practice includes the  
21 provision of all sexual and reproductive related care, specifically for  
22 polycystic ovarian syndrome, including receiving birth control; individ-  
23 uals with professional experience in the fields of reproductive rights,  
24 health and/or justice; a member with professional experience and exper-  
25 tise in the first amendment and free speech rights; and a staff member  
26 from the bureau of social justice within the office of the New York  
27 state attorney general. The members of the taskforce shall be appointed  
28 as follows: three members by the governor; three members to be appointed  
29 by the temporary president of the senate; and three members to be  
30 appointed by the speaker of the assembly. The members of the commission  
31 shall receive no compensation for their services, but shall be reim-  
32 bursed for any expenses incurred in the performance of their duties  
33 hereunder. The commissioner shall issue a report to the governor and the  
34 legislature; and shall post such report on the department of health's  
35 public website, containing the findings and policy recommendations no  
36 later than eighteen months following the effective date of this act.

37 Such report may include de-identified patient information in the  
38 aggregate, but shall not include personally identifiable information.

39 § 4. This act shall take effect immediately.