STATE OF NEW YORK

2581--B

R. R. 206

2025-2026 Regular Sessions

IN ASSEMBLY

January 17, 2025

Introduced by M. of A. GONZALEZ-ROJAS, EPSTEIN, BURDICK, R. CARROLL, BARRETT, KIM, HEVESI, DINOWITZ, SAYEGH, O'PHARROW, LUNSFORD, REYES, BRONSON, CLARK -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- reported and referred to the Committee on Rules -- ordered to a third reading -- amended on the special order of third reading, ordered reprinted as amended, retaining its place on the special order of third reading -- again amended on special order of third reading, ordered reprinted, retaining its place on the special order of third reading

AN ACT to amend the public health law, in relation to the creation of a women's and reproductive health services education and outreach program

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

Section 1. Section 266 of the public health law, as added by chapter 342 of the laws of 2014, subdivision 2 as added and subdivision 3 as renumbered by chapter 76 of the laws of 2020, subdivisions 4 and 5 as added by chapter 66 of the laws of 2021, and subdivision 6 as added by chapter 653 of the laws of 2022, is amended to read as follows:

§ 266. [~~Department website~~] **Women's and reproductive health services education and outreach program**. 1. **There is hereby created within the department a women's and reproductive health services education and outreach program. The department shall conduct education and outreach for consumers, patients, educators, and health care providers related to women's and reproductive health services available in New York state including, but not limited to: preventative care, cancer screenings, access to services such as contraceptives and pregnancy testing, testing and treatment for sexually transmitted infections, and any other reproductive health condition or information the commissioner shall deem appropriate.**

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

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2. The department shall establish and maintain an internet website for the purpose of advancing women's health initiatives. The website shall provide information **and materials** for the purposes of educating the public and raising awareness of women's health issues, provide links to useful resources and encourage the use of services now made more widely available to the women of New York state. The website shall also promote the following preventative services now covered pursuant to federal law and regulation, and explain that such services must be covered with no cost sharing:

(a) Anemia screening for pregnant women;

(b) Bacteriuria urinary tract or other infection screening for pregnant women;

(c) BRCA counseling about genetic testing for women at higher risk;

(d) Breast cancer mammography screenings every one to two years for women over age forty;

(e) Breast cancer chemoprevention counseling for women at higher risk;

(f) Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women;

(g) Cervical cancer screening for sexually active women;

(h) Chlamydia infection screening for younger women and other women at higher risk;

(i) Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs;

(j) Domestic and interpersonal violence screening and counseling for all women;

(k) Folic acid supplements for women who may become pregnant;

(l) Gestational diabetes screening for women twenty-four to twenty-eight weeks pregnant and those at high risk of developing gestational diabetes;

(m) Gonorrhea screening for all women at higher risk;

(n) Hepatitis B screening for pregnant women at their first prenatal visit;

(o) Human immunodeficiency virus (HIV) screening and counseling for sexually active women;

(p) Human papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are thirty years of age or older;

(q) Osteoporosis screening for women over age sixty depending on risk factors;

(r) RH incompatibility screening for all pregnant women and follow-up testing for women at higher risk;

(s) Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users;

(t) Sexually transmitted infections (STI) counseling for sexually active women;

(u) Syphilis screening for all pregnant women or other women at increased risk; [~~and~~]

(v) Well-woman visits to obtain recommended preventive services[~~.~~ ~~2.~~]**;**

(w) Available counseling for reproductive health services;

(x) Access to reproductive health services and counseling via telehealth;

(y) Resources for locating clinics that provide reproductive health services and counseling for the services under this subdivision;

(z) Financial assistance available for reproductive health services and counseling for the services under this subdivision; and

(aa) Programs for reproductive health services offered through other state agencies as defined by section four hundred one of the executive law.

3. The department may produce, make available to others for reproduction, or contract with others to develop such materials under this section as the commissioner deems appropriate. Such information shall be posted on the website in a printable format, in each of the top six languages spoken in the state, other than English, according to the latest available data from the United States Census Bureau, to allow all general hospitals, diagnostic and treatment centers, obstetricians, primary care providers, midwives, and other health care programs providing women's wellness services to provide the information to their patients as part of their wellness education or prenatal care activities.

4. In exercising any of the commissioner's powers under this section, the commissioner may consult with appropriate health care professionals, providers, consumers, educators and patients or organizations representing them.

5. The commissioner shall ensure that all information and materials produced pursuant to this section are maintained and updated to reflect best practice recommendations.

6. The department shall also consider making use of social media networks for the purposes of advancing such initiatives.

7. The commissioner shall develop and update as necessary information on possible complications from pregnancy that can endanger the life or health of the newborn or the mother for purposes of advancing women's health initiatives, pursuant to subdivision [~~one~~] two of this section. Such information shall be developed in consultation with any state or local government maternal mortality review boards and health care providers or other experts in the field of women and newborn health. Such information shall be posted on the website in a printable format, in each of the top six languages spoken in the state, other than English, according to the latest available data from the United States Census Bureau, to allow all general hospitals, diagnostic and treatment centers, obstetricians, primary care providers, midwives, and other health care programs providing women's wellness services to provide the information to their patients as part of their wellness education or prenatal care activities.

[~~3. The department shall also consider making use of social media networks for the purposes of advancing such initiatives.~~

~~4.~~] 8. Information pursuant to subdivision two of this section shall include information related to pre-term labor and premature birth, including but not limited to definitions and information on the risks of pre-term labor and premature birth to the expectant mother and fetus, as well as signs and symptoms of pre-term labor. The information shall also include:

(a) a statement that the medical assistance program provides coverage for all income-eligible pregnant women residing in the state regardless of immigration status; and

(b) a statement informing individuals of their right to request a hospital discharge review in accordance with section twenty-eight hundred three-i of this article if they believe they are being asked to leave a hospital too soon; and

(c) a statement informing individuals that hospitals must determine whether an expectant mother is experiencing an emergency medical condition, and upon making a diagnosis of an emergency medical condition, admit the expectant mother to the general hospital or treat them in the emergency room for close observation and continuous monitoring until it is deemed medically safe for discharge or transfer in accordance with state and federal requirements including the federal Emergency Medical Treatment and Labor Act (EMTALA).

[~~5.~~] **9.** The department shall develop educational materials to be provided to emergency room medical staff regarding the state and federal discharge and transfer requirements.

[~~6.~~] **10.** Cytomegalovirus. (a) In addition to information provided pursuant to this section, the commissioner shall also develop comprehensive informational materials, which shall include, but not be limited to, the symptoms, the risks, the transmission and the prevention of cytomegalovirus and the effects that such virus may have on a pregnant individual, an individual who may become pregnant, and children.

(b) i. The commissioner shall distribute such cytomegalovirus informational materials to:

(1) licensed physicians who practice obstetric and/or gynecology in this state; and

(2) those licensed to practice midwifery pursuant to article one hundred forty of the education law.

ii. Such physicians or midwives shall provide the cytomegalovirus informational materials to each pregnant patient during such patient's first appointment with such physician or midwife.

11. The department shall take all necessary steps to ensure the confidentiality of providers of these services and of the individuals receiving services unless necessary for the purpose of referring individuals for reproductive health services. A provider may request that their information be omitted from dissemination under this program. The commissioner may maintain aggregate, de-identified information, provided that no information which alone or in combination would permit a patient, provider, or an individual who sought, received, provided, or supported health care services under the program to be identified may be requested or shared.

§ 2. This act shall take effect on the ninetieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.