

# STATE OF NEW YORK

4018

2025-2026 Regular Sessions

## IN ASSEMBLY

January 30, 2025

Introduced by M. of A. FORREST, LEVENBERG, LUNSFORD, MAMDANI, GIBBS, SHRESTHA, GONZALEZ-ROJAS, BICHOTTE HERMELYN, GALLAGHER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring hospitals and other facilities that provide perinatal care to implement an evidence-based implicit bias program, to providing birthing parents with written information regarding certain patient rights, and to including information related to pregnancy on death certificates

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

1 Section 1. Article 25 of the public health law is amended by adding a  
2 new title 9 to read as follows:

### TITLE IX

#### NEW YORK DIGNITY IN PREGNANCY AND CHILDBIRTH ACT

3 Section 2599-e. Short title.

4 2599-f. Legislative findings.

5 2599-g. Definitions.

6 2599-h. Implicit bias program.

7 2599-i. Data collection.

8 § 2599-e. Short title. This title shall be known and may be cited as  
9 the "New York dignity in pregnancy and childbirth act".

10 § 2599-f. Legislative findings. 1. Every person should be entitled to  
11 dignity and respect during and after pregnancy and childbirth. Patients  
12 should receive the best care possible regardless of their race, gender,  
13 age, class, sexual orientation, gender identity, disability, language  
14 proficiency, nationality, immigration status, gender expression, or  
15 religion.

16 2. While maternal health continues to make great strides globally,  
17 the United States is one of the only nations in the world that has seen  
18 an increase in maternal mortality over the past several decades. Today,  
19 the United States has the highest maternal mortality rate in the devel-  
20  
21

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

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1 oped world. According to the Centers for Disease Control and  
2 Prevention, more than one thousand two hundred birthing parents die of  
3 maternal cases each year, and another fifty thousand suffer from severe  
4 complications. Nationally it is estimated that sixty percent (i.e., the  
5 majority) of pregnancy-related deaths are preventable.

6 3. For individuals of color, particularly Black individuals, the  
7 maternal mortality rate remains three to four times higher than Cauca-  
8 sian individuals. In New York, the mortality rate for Black individuals  
9 per one hundred thousand births is 51.6, whereas for Caucasian individ-  
10 uals it is 15.9. New York has a responsibility to decrease the number of  
11 preventable pregnancy- and childbirth-related deaths.

12 4. Access to prenatal care, socioeconomic status, and general physical  
13 health do not fully explain the racial disparity seen in maternal  
14 mortality and morbidity rates. There is a growing body of evidence that  
15 Black birthing parents are often treated unfairly and unequally in the  
16 health care system.

17 5. Implicit bias is a driver of health disparities in communities of  
18 color. At present, health care providers in New York are not required to  
19 undergo any implicit bias testing or training. Nor does there exist any  
20 system to track the number of incidents where implicit prejudice and  
21 implicit stereotypes have led to negative birth and maternal health  
22 outcomes.

23 6. It is the intent of the legislature to reduce the effects of  
24 implicit bias in pregnancy, childbirth, and postnatal care so that all  
25 people are treated with dignity and respect by their health care provid-  
26 ers.

27 § 2599-g. Definitions. For the purposes of this title, the following  
28 terms shall have the following meanings:

29 1. "Pregnancy-related death" means the death of a person while preg-  
30 nant or within three hundred sixty-five days of the end of a pregnancy,  
31 irrespective of the duration or site of the pregnancy, from any cause  
32 related to, or aggravated by, the pregnancy or its management, but not  
33 from accidental or incidental causes.

34 2. "Implicit bias" means a bias in judgment or behavior that results  
35 from subtle cognitive processes, including implicit prejudice and  
36 implicit stereotypes that often operate at a level below conscious  
37 awareness and without intentional control.

38 3. "Implicit prejudice" means prejudicial negative feelings or beliefs  
39 about a group that a person holds without being aware of them.

40 4. "Implicit stereotypes" mean the unconscious attributions of partic-  
41 ular qualities to a member of a certain social group. Implicit stere-  
42 otypes are influenced by experience and are based on learned associ-  
43 ations between various qualities and social categories, including race  
44 or gender.

45 5. "Perinatal care" means the provision of care during pregnancy,  
46 labor, delivery, and postpartum and neonatal periods.

47 § 2599-h. Implicit bias program. 1. A hospital or other facility that  
48 provides perinatal care shall implement an evidence-based implicit bias  
49 program for all health care providers involved in the perinatal care of  
50 patients within those facilities.

51 2. An implicit bias program implemented pursuant to subdivision one of  
52 this section shall include all of the following:

53 (a) identification of previous or current unconscious biases and  
54 misinformation;

55 (b) identification of personal, interpersonal, institutional, struc-  
56 tural, and cultural barriers to inclusion;

1 (c) corrective measures to decrease implicit bias at interpersonal and  
2 institutional levels, including ongoing policies and practices for that  
3 purpose;

4 (d) information on the effects, including, but not limited to, ongoing  
5 personal effects, of historical and contemporary exclusion and  
6 oppression of minority communities;

7 (e) information about cultural identity across racial or ethnic  
8 groups;

9 (f) information about communicating more effectively across identi-  
10 ties, including racial, ethnic, religious, and gender identities;

11 (g) discussion on power dynamics and organizational decision making;

12 (h) discussion on health inequities within the perinatal care field,  
13 including information on how implicit bias impacts maternal and infant  
14 health outcomes;

15 (i) perspectives of diverse, local constituency groups and experts on  
16 particular racial, identity, cultural, and provider-community relations  
17 issues in the community; and

18 (j) information on reproductive justice.

19 3. A health care provider involved in the perinatal care of patients  
20 in a hospital or other facility that provides perinatal care shall  
21 complete initial training through the implicit bias program as imple-  
22 mented pursuant to subdivision two of this section. Upon completion of  
23 the initial training, a health care provider shall complete additional  
24 training through the implicit bias program every two years thereafter,  
25 or on a more frequent basis if deemed necessary by the hospital or  
26 facility, in order to keep current with changing racial, identity, and  
27 cultural trends and best practices in decreasing interpersonal and  
28 institutional implicit bias.

29 4. A hospital or other facility that provides perinatal care shall  
30 provide a certificate of training completion by a health care provider  
31 involved in the perinatal care of patients to another facility or the  
32 provider who attended the training upon request. A hospital or facility  
33 may accept a certificate of training completion from another hospital or  
34 other facility that provides perinatal care to satisfy the training  
35 required of health care providers involved in the perinatal care of  
36 patients pursuant to subdivision three of this section from a health  
37 care provider who works in more than one facility.

38 5. Notwithstanding subdivisions one, two, three and four of this  
39 section, if a health care provider involved in the perinatal care of  
40 patients is not directly employed by a hospital or facility that  
41 provides perinatal care, the hospital or facility where the health care  
42 provider provides such care shall offer implicit bias training pursuant  
43 to this section to such health care provider.

44 6. The commissioner shall monitor implementation of this section by  
45 facilities that provide perinatal care and may inspect records from  
46 implicit bias training programs or require such hospitals or facilities  
47 to report to the commissioner on the implicit bias training program,  
48 including continuing education curricula used and courses offered pursu-  
49 ant to this section. Initial training provided pursuant to this section  
50 shall be made available to health care providers involved in the perina-  
51 tal care within one year of the effective date of this title.

52 § 2599-i. Data collection. 1. The department shall track data on  
53 severe maternal morbidity, including, but not limited to, all of the  
54 following health conditions:

55 (a) obstetric hemorrhage;

56 (b) hypertension;

- 1 (c) preeclampsia and eclampsia;  
2 (d) venous thromboembolism;  
3 (e) sepsis;  
4 (f) cerebrovascular accident; and  
5 (g) amniotic fluid embolism.

6 2. The data on severe maternal morbidity collected pursuant to subdivi-  
7 vision one of this section shall be published at least once every two  
8 years after both of the following have occurred:

9 (a) the data has been aggregated by state regions, as defined by the  
10 department, to ensure data reflects how regionalized care systems are or  
11 should be collaborating to improve maternal health outcomes, or other  
12 smaller regional sorting based on standard statistical methods for accu-  
13 rate dissemination of public health data without risking a confidential-  
14 ity or other disclosure breach; and

15 (b) the data has been disaggregated by racial and ethnic identity.

16 3. The department shall track data on pregnancy-related deaths,  
17 including, but not limited to, all of the conditions listed in subdivi-  
18 sion one of this section, indirect obstetric deaths, and other maternal  
19 disorders predominantly related to pregnancy and complications predomi-  
20 nantly related to the puerperium.

21 4. The data on pregnancy-related deaths collected pursuant to subdivi-  
22 sions one and three of this section shall be published at least once  
23 every three years after both of the following have occurred:

24 (a) the data has been aggregated by state regions, as defined by the  
25 department, to ensure data reflects how regionalized care systems are or  
26 should be collaborating to improve maternal health outcomes, or other  
27 smaller regional sorting based on standard statistical methods for accu-  
28 rate dissemination of public health data without risking a confidential-  
29 ity or other disclosure breach; and

30 (b) the data has been disaggregated by racial and ethnic identity.

31 § 2. Section 2803-n of the public health law is amended by adding two  
32 new subdivisions 5 and 6 to read as follows:

33 5. Each hospital shall provide each expectant birthing parent, upon  
34 admission or as soon thereafter as reasonably practicable, written  
35 information regarding the patient's right to the following:

36 (a) to be informed of continuing health care requirements following  
37 discharge from the hospital;

38 (b) to authorize that a friend or family member may be provided infor-  
39 mation about the patient's continuing health care requirements following  
40 discharge from the hospital;

41 (c) to participate actively in decisions regarding medical care. To  
42 the extent permitted by law, participation shall include the right to  
43 refuse treatment;

44 (d) appropriate pain assessment and treatment;

45 (e) to be free from discrimination on the basis of race, color, reli-  
46 gion, ancestry, national origin, disability, medical condition, genetic  
47 information, marital status, sex, gender, gender identity, gender  
48 expression, sexual orientation, citizenship, primary language, or immi-  
49 gration status; and

50 (f) to file a complaint with the department of health and the medical  
51 board of New York and information on how to file the complaint.

52 6. Each hospital shall provide each expectant birthing parent, upon  
53 admission or as soon thereafter as reasonably practicable, written  
54 information regarding the hospital's policies and procedures for  
55 contacting next of kin regarding pregnancy-related deaths, and how to

1 seek legal counsel in the event of any pregnancy-related deaths or inju-  
2 ries.  
3 § 3. Subdivision 4 of section 4141 of the public health law is amended  
4 by adding a new paragraph (e) to read as follows:  
5 (e) The medical certificate shall include information indicating  
6 whether the decedent was pregnant at the time of death, or within a year  
7 prior to the death, if known, as determined by observation, autopsy, or  
8 review of the medical record. This paragraph shall not be interpreted to  
9 require the performance of a pregnancy test on a decedent, or to require  
10 a review of medical records in order to determine pregnancy.  
11 § 4. This act shall take effect immediately.