



1 S 2599-b. Program development. 1. The program shall be designed to  
2 prevent and reduce the incidence and prevalence of obesity in children  
3 and adolescents, especially among populations with high rates of obesity  
4 and obesity-related health complications including, but not limited to,  
5 diabetes, heart disease, cancer, osteoarthritis, asthma, EMPHYSEMA,  
6 CHRONIC BRONCHITIS, OTHER CHRONIC RESPIRATORY DISEASES and other condi-  
7 tions. The program shall use recommendations and goals of the United  
8 States departments of agriculture and health and human services, the  
9 surgeon general and centers for disease control AND PREVENTION in devel-  
10 oping and implementing guidelines for nutrition education and physical  
11 activity projects as part of obesity prevention efforts. The content and  
12 implementation of the program shall stress the benefits of choosing a  
13 balanced, healthful diet from the many options available to consumers,  
14 without specifically targeting the elimination of any particular food  
15 group, food product or food-related industry.

16 2. The childhood obesity prevention program shall include, but not be  
17 limited to:

18 (a) developing media health promotion campaigns targeted to children  
19 and adolescents and their parents and caregivers that emphasize increas-  
20 ing consumption of low-calorie, high-nutrient foods, decreasing consump-  
21 tion of high-calorie, low-nutrient foods and increasing physical activ-  
22 ity designed to prevent or reduce obesity;

23 (b) establishing school-based childhood obesity prevention nutrition  
24 education and physical activity programs including programs described in  
25 section twenty-five hundred ninety-nine-c of this article, as well as  
26 other programs with linkages to physical and health education courses,  
27 and which utilize the school health index of the National Center for  
28 Chronic Disease Prevention and Health Promotion or other recognized  
29 school health [assessment] ASSESSMENTS PURSUANT, BUT NOT LIMITED, TO  
30 ARTICLE NINETEEN OF THE EDUCATION LAW;

31 (c) establishing community-based childhood obesity prevention nutri-  
32 tion education and physical activity programs including programs which  
33 involve parents and caregivers, and which encourage communities, fami-  
34 lies, child care and other settings to provide safe and adequate space  
35 and time for physical activity and encourage a healthy diet, AND CAN BE  
36 IN COORDINATION WITH COUNTY COOPERATIVE EXTENSION PROGRAMS ESTABLISHED  
37 PURSUANT TO SECTION TWO HUNDRED TWENTY-FOUR-B OF THE COUNTY LAW;

38 (d) coordinating with the state education department, department of  
39 agriculture and markets, office of parks, recreation and historic pres-  
40 ervation, office of temporary and disability assistance, office of chil-  
41 dren and family services and other federal, state and local agencies to  
42 incorporate strategies to prevent and reduce childhood obesity into  
43 government food assistance, health, education and recreation programs;

44 (e) sponsoring periodic conferences or meetings to bring together  
45 experts in nutrition, exercise, public health, mental health, education,  
46 parenting, media, food marketing, food security, agriculture, community  
47 planning and other disciplines to examine societal-based solutions to  
48 the problem of childhood obesity and issue guidelines and recommenda-  
49 tions for New York state policy and programs;

50 (f) developing training programs for medical and other health profes-  
51 sionals to teach practical skills in nutrition and exercise education to  
52 children and their parents and caregivers; [and]

53 (g) developing screening programs in coordination with health care  
54 providers and institutions including but not limited to day care centers  
55 and schools for overweight and obesity for children aged two through  
56 eighteen years, using body mass index (BMI) appropriate for age and

gender, and notification, in a manner protecting the confidentiality of such children and their families, of parents of BMI status, and explanation of the consequences of such status, including recommended actions parents may need to take and information about resources and referrals available to families to enhance nutrition and physical activity to reduce and prevent obesity[.]; AND

(H) COORDINATING WITH THE EDUCATION DEPARTMENT, OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE, OFFICE OF CHILDREN AND FAMILY SERVICES AND OTHER FEDERAL, STATE AND LOCAL AGENCIES TO INCORPORATE STRATEGIES TO CURTAIL THE INCIDENCE OF ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES TO ENABLE ADULTS AND CHILDREN TO SAFELY INCREASE PHYSICAL ACTIVITY.

3. The department, IN COOPERATION WITH THE EDUCATION DEPARTMENT, shall periodically collect and analyze information from schools, health and nutrition programs and other sources to determine the prevalence of childhood obesity in New York state, and to evaluate, to the extent possible, the effectiveness of the childhood obesity prevention program.

S 2. The opening paragraph of section 2599-c of the public health law, as amended by section 88 of part B of chapter 58 of the laws of 2005, is amended to read as follows:

The commissioner, IN COOPERATION WITH THE COMMISSIONERS OF EDUCATION AND AGRICULTURE AND MARKETS, AND COUNTY BOARDS OF COOPERATIVE EXTENSION, shall encourage the establishment of school-based childhood obesity prevention and physical activity programs that promote:

S 3. This act shall take effect immediately.

#### PART B

Section 1. Subdivision 1 of section 2500 of the public health law, as amended by chapter 822 of the laws of 1987, is amended to read as follows:

1. The commissioner shall act in an advisory and supervisory capacity, in matters pertaining to the safeguarding of motherhood, the prevention of maternal, perinatal, infant and child mortality, the prevention of diseases, low birth weight, CHILDHOOD OBESITY, and defects of childhood and the promotion of maternal, prenatal and child health, including care in hospitals, and shall administer such services bearing on the health of mothers and children for which funds are or shall hereafter be made available.

S 2. This act shall take effect immediately.

#### PART C

Section 1. Section 2505-a of the public health law, as added by chapter 292 of the laws of 2009, is amended to read as follows:

S 2505-a. Rights of breastfeeding mothers. 1. The principles enunciated in subdivision three of this section are declared to be the public policy of the state and a copy of such statement of rights shall be posted conspicuously in a public place in each maternal health care facility AND CHILD DAY CARE FACILITY. For purposes of this section, "maternal health care provider" means a physician, midwife, or other authorized practitioner attending a pregnant woman; and "maternal health care facility" includes hospitals and freestanding birthing centers providing perinatal services in accordance with article twenty-eight of this chapter and applicable regulations.

1 2. The commissioner shall make available to every maternal health care  
2 provider [and], maternal health care facility AND CHILD DAY CARE FACILI-  
3 TY, on the health department's website for the purpose of health care  
4 facilities to include such rights in the maternity information leaflet  
5 as described in section twenty-eight hundred three-j of this chapter, a  
6 copy of the statement of rights provided in subdivision three of this  
7 section in the top six languages other than English spoken in the state  
8 according to the latest available data from the U.S. Bureau of Census,  
9 and shall adopt any rules and regulations necessary to ensure that such  
10 patients are treated in accordance with the provisions of such state-  
11 ment.

12 3. The statement of rights shall consist of the following:

13 "Breastfeeding Mothers' Bill of Rights"

14 Choosing the way you will feed your new baby is one of the important  
15 decisions you will make in preparing for your infant's arrival. Doctors  
16 agree that for most women breastfeeding is the safest and most healthy  
17 choice. It is your right to be informed about the benefits of breast-  
18 feeding and have your health care provider [and], maternal health care  
19 facility AND CHILD DAY CARE FACILITY encourage and support breastfeed-  
20 ing. You have the right to make your own choice about breastfeeding.  
21 Whether you choose to breastfeed or not you have the following basic  
22 rights regardless of your race, creed, national origin, sexual orien-  
23 tation, gender identity or expression, or source of payment for your  
24 health care. Maternal health care facilities have a responsibility to  
25 ensure that you understand these rights. They must provide this informa-  
26 tion clearly for you and must provide an interpreter if necessary. These  
27 rights may only be limited in cases where your health or the health of  
28 your baby requires it. If any of the following things are not medically  
29 right for you or your baby, you should be fully informed of the facts  
30 and be consulted.

31 (1) Before You Deliver, if you attend prenatal childbirth education  
32 classes provided by the maternal health care facility and all hospital  
33 clinics and diagnostic and treatment centers providing prenatal services  
34 in accordance with article 28 of the public health law you must receive  
35 the breastfeeding mothers' bill of rights. Each maternal health care  
36 facility shall provide the maternity information leaflet, including the  
37 Breastfeeding Mothers' Bill of Rights, in accordance with section twen-  
38 ty-eight hundred three-i of [this chapter] THE PUBLIC HEALTH LAW to each  
39 patient or to the appointed personal representative at the time of  
40 prebooking or time of admission to a maternal health care facility. Each  
41 maternal health care provider shall give a copy of the Breastfeeding  
42 Mothers' Bill of Rights to each patient at or prior to the medically  
43 appropriate time.

44 You have the right to complete information about the benefits of  
45 breastfeeding for yourself and your baby. This will help you make an  
46 informed choice on how to feed your baby.

47 You have the right to receive information that is free of commercial  
48 interests and includes:

49 \* How breastfeeding benefits you and your baby nutritionally,  
50 medically and emotionally;

51 \* How to prepare yourself for breastfeeding;

52 \* How to understand some of the problems you may face and how to solve  
53 them.

54 (2) In The Maternal Health Care Facility:

1     \* You have the right to have your baby stay with you right after birth  
2 whether you deliver vaginally or by cesarean section. You have the right  
3 to begin breastfeeding within one hour after birth.  
4     \* You have the right to have someone trained to help you in breast-  
5 feeding give you information and help you when you need it.  
6     \* You have the right to have your baby not receive any bottle feeding  
7 or pacifiers.  
8     \* You have the right to know about and refuse any drugs that may dry  
9 up your milk.  
10    \* You have the right to have your baby in your room with you 24 hours  
11 a day.  
12    \* You have the right to breastfeed your baby at any time day or night.  
13    \* You have the right to know if your doctor or your baby's pediatri-  
14 cian is advising against breastfeeding before any feeding decisions are  
15 made.  
16    \* You have the right to have a sign on your baby's crib clearly stat-  
17 ing that your baby is breastfeeding and that no bottle feeding of any  
18 type is to be offered.  
19    \* You have the right to receive full information about how you are  
20 doing with breastfeeding and get help on how to improve.  
21    \* You have the right to breastfeed your baby in the neonatal intensive  
22 care unit. If nursing is not possible, every attempt will be made to  
23 have your baby receive your pumped or expressed milk.  
24    \* If you, or your baby, are re-hospitalized in a maternal care facili-  
25 ty after the initial delivery stay, the hospital will make every effort  
26 to continue to support breastfeeding, to provide hospital grade electric  
27 pumps and rooming in facilities.  
28    \* You have the right to have help from someone specially trained in  
29 breastfeeding support and expressing breast milk if your baby has  
30 special needs.  
31    \* You have the right to have a family member or friend receive breast-  
32 feeding information from a staff member if you request it.  
33 (3) When You Leave The Maternal Health Care Facility:  
34    \* You have the right to printed breastfeeding information free of  
35 commercial material.  
36    \* You have the right, unless specifically requested by you, and avail-  
37 able at the facility, to be discharged from the facility without  
38 discharge packs containing infant formula, or formula coupons unless  
39 ordered by your baby's health care provider.  
40    \* You have the right to get information about breastfeeding resources  
41 in your community including information on availability of breastfeeding  
42 consultants, support groups and breast pumps.  
43    \* You have the right to have the facility give you information to help  
44 choose a medical provider for your baby and understand the importance of  
45 a follow-up appointment.  
46    \* You have the right to receive information about safely collecting  
47 and storing your breast milk.  
48    \* You have the right to breastfeed your baby in any location, public  
49 or private, where you are otherwise authorized to be. Complaints can be  
50 directed to the New York State Division of Human Rights.  
51    \* YOU HAVE A RIGHT TO BREASTFEED YOUR BABY AT YOUR PLACE OF EMPLOYMENT  
52 OR CHILD DAY CARE CENTER IN AN ENVIRONMENT THAT DOES NOT DISCOURAGE  
53 BREASTFEEDING OR THE PROVISION OF BREAST MILK.  
54 All the above are your rights. If the maternal health care facility  
55 does not honor these rights you can seek help by contacting the New York

1 state department of health or by contacting the hospital complaint  
2 hotline or via email.

3 4. The commissioner shall make regulations reasonably necessary to  
4 implement this section.

5 S 2. Section 2505 of the public health law, as added by chapter 479 of  
6 the laws of 1980, is amended to read as follows:

7 S 2505. Human breast milk; collection, storage and distribution;  
8 general powers of the commissioner. The commissioner is hereby  
9 empowered to:

10 (a) adopt regulations and guidelines including, but not limited to  
11 donor standards, methods of collection, and standards for storage, and  
12 distribution of human breast milk;

13 (b) conduct educational activities to inform the public and health  
14 care providers of the availability of human breast milk for infants  
15 determined to require such milk and to inform potential donors of the  
16 opportunities for proper donation;

17 (c) CONDUCT EDUCATIONAL ACTIVITIES TO ENCOURAGE AND FACILITATE EMPLOY-  
18 ERS AND CHILD DAY CARE CENTERS TO ESTABLISH ENVIRONMENTS THAT DO NOT  
19 DISCOURAGE BREASTFEEDING AND THE PROVISION OF BREAST MILK. SUCH ENVIRON-  
20 MENTS MAY INCLUDE SANITARY LOCATIONS FOR BREASTFEEDING AND REFRIGERATORS  
21 TO ASSIST IN BREASTFEEDING AND FEEDING BABIES WITH EXPRESSED BREAST  
22 MILK; AND

23 (D) establish rules and regulations to effectuate the provisions of  
24 this section.

25 S 3. Subdivision 2 of section 2515 of the public health law, as added  
26 by section 20 of part A of chapter 58 of the laws of 2008, is amended to  
27 read as follows:

28 2. "Services for eligible adolescents" means those services, including  
29 but not limited to: vocational and educational counseling, job skills  
30 training, family life and parenting education, life skills development,  
31 coordination, case management, primary preventive health care, PREGNANCY  
32 AND CHILD NUTRITION COUNSELING FOR EXPECTANT MOTHERS TO CURB THE INCI-  
33 DENCE OF CHILDHOOD OBESITY, family planning, social and recreational  
34 programs, child care, outreach and advocacy, follow-up on service utili-  
35 zation, crisis intervention, and efforts to stimulate community interest  
36 and involvement.

37 S 4. Paragraph (c) of subdivision 2 of section 2515-a of the public  
38 health law, as added by section 20 of part A of chapter 58 of the laws  
39 of 2008, is amended to read as follows:

40 (c) serve a geographic area where the incidence of infant mortality,  
41 LOW BIRTH WEIGHT INFANTS, CHILDHOOD OBESITY and the prevalence of low-  
42 income families are high and where the availability or accessibility of  
43 services for eligible adolescents is low;

44 S 5. Subdivision (b) of section 2522 of the public health law, as  
45 amended by chapter 484 of the laws of 2009, is amended and a new subdi-  
46 vision (e-1) is added to read as follows:

47 (b) promotion of community awareness of the benefits TO THE MOTHER AND  
48 CHILD of preconception health and early and continuous prenatal care;

49 (E-1) HEALTH AND NUTRITIONAL EDUCATION AND SERVICES FOR BOTH PARENTS,  
50 REGARDING CHILDHOOD AND ADULT OBESITY AND ASTHMA, AND THE PREVENTION OR  
51 MITIGATION THEREOF;

52 S 6. This act shall take effect immediately.

53 S 2. Severability clause. If any clause, sentence, paragraph, subdi-  
54 vision, section or part of this act shall be adjudged by any court of  
55 competent jurisdiction to be invalid, such judgment shall not affect,  
56 impair, or invalidate the remainder thereof, but shall be confined in

1 its operation to the clause, sentence, paragraph, subdivision, section  
2 or part thereof directly involved in the controversy in which such judg-  
3 ment shall have been rendered. It is hereby declared to be the intent of  
4 the legislature that this act would have been enacted even if such  
5 invalid provisions had not been included herein.

6 S 3. This act shall take effect immediately provided, however, that  
7 the applicable effective date of Parts A through C of this act shall be  
8 as specifically set forth in the last section of such Parts.