

# STATE OF NEW YORK

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5499

2021-2022 Regular Sessions

## IN ASSEMBLY

February 19, 2021

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Introduced by M. of A. GLICK, SIMON, GOTTFRIED, GRIFFIN, L. ROSENTHAL, EPSTEIN, OTIS, ROZIC, LUPARDO -- 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 the unmet health and resource needs facing pregnant women in New York and the impact of limited service pregnancy centers on the ability of 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, "limited services pregnancy center" means a facility or entity, including a mobile facility, 2 the primary purpose of which is to provide services to clients who are 3 or may be pregnant, that:

4 1. (a) is not a health care facility licensed by the state of New York 5 under article 28 of the public health law or articles 31 and 32 of the 6 mental hygiene law; or

7 (b) is not providing services under the direction of a health care 8 provider licensed under title 8 of the education law who is acting with- 9 in his or her scope of practice; and

10 2. fails to provide or refer for the full range of comprehensive 11 reproductive and sexual health care services reimbursed under the 12 state's Medicaid program including, but not limited to contraception, 13 testing and treatment of sexually transmitted infections, abortion care, 14 and prenatal care. 15

16 § 2. Authorization of study and study scope. 1. The commissioner of 17 health (hereinafter "the commissioner") is hereby authorized and 18 directed to conduct a study and issue a report examining the unmet 19 health and resource needs facing pregnant women in New York and the 20 impact of limited service pregnancy centers on the ability of women to

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

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1 obtain accurate, non-coercive health care information and timely access  
2 to a comprehensive range of reproductive and sexual health care services  
3 in alignment with their health care needs and that supports personal  
4 decision-making.

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

9 (a) what state and/or federal funds or tax or other subsidies, if any,  
10 are directly or indirectly allocated to limited service pregnancy  
11 centers in the state and the names and locations of such organizations  
12 receiving government funding;

13 (b) whether the limited service pregnancy centers in the state are  
14 part of larger umbrella organizations that operate limited service preg-  
15 nancy centers across the country, and if so, whether those umbrella  
16 organizations receive state and/or federal funding;

17 (c) the services provided by limited service pregnancy centers and  
18 what services are most frequently sought at limited service pregnancy  
19 centers;

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

28 (e) whether pregnancy centers hold themselves out to the public,  
29 either in person, through community participation or events or through  
30 their advertising or websites, as medical facilities or entities in  
31 which comprehensive, all-options pregnancy counseling is provided;

32 (f) whether women seeking or accessing services at limited service  
33 pregnancy centers are seeking comprehensive options counseling or  
34 services at medical facilities and whether women have experienced a  
35 delay in receiving health care, including abortion or the initiation of  
36 prenatal care, due to a visit to a limited service pregnancy center;

37 (g) whether limited service pregnancy centers enroll women in any  
38 public benefits programs or connect women to other services, and if so,  
39 which services limited service pregnancy centers connect women to;

40 (h) the nature of information given to clients or potential clients at  
41 pregnancy centers and the nature of limited service pregnancy centers'  
42 operational manuals, handbooks or guidelines in connection to the  
43 provision of services to clients;

44 (i) the number of state-certified medical professionals on staff or  
45 volunteering at limited service pregnancy centers and the number who are  
46 providing medical services or counseling on site during regular business  
47 hours at limited service pregnancy centers and whether pregnancy centers  
48 inform women whether or not they have any medical professionals on the  
49 premises, on staff, or in a volunteer capacity; and

50 (j) whether limited service pregnancy centers collect medical informa-  
51 tion and what other information is collected upon intake, how limited  
52 service pregnancy centers handle medical and other client records, and  
53 whether the medical records are in compliance with federal and state  
54 requirements governing medical privacy.

55 § 3. Study timeline and taskforce structure. The study will commence  
56 no later than six months following the effective date of this act. The

1 commissioner shall establish a temporary taskforce of nine members to  
2 support the department of health in the development of the study, the  
3 review of the findings and the establishment of specific recommendations  
4 for solutions to address any service gaps or negative impact in the  
5 state identified through the study. The taskforce shall have adequate  
6 geographical representation and include but not necessarily be limited  
7 to: a representative of the division of consumer protection; a member of  
8 the New York state department of health advisory council on maternal  
9 mortality and morbidity; a member of American college of obstetricians  
10 and gynecologists whose practice includes the provision of all pregnancy  
11 related care, including birth and termination of pregnancy; an individ-  
12 ual with professional experience in the fields of reproductive rights,  
13 health and/or justice; a member with professional experience and exper-  
14 tise in the first amendment and free speech rights; and a staff member  
15 from the Bureau Of Social Justice within the office of the New York  
16 state attorney general. The taskforce shall be appointed as follows:  
17 three members to be appointed by the governor; three members to be  
18 appointed by the temporary president of the senate; and three members to  
19 be appointed by the speaker of the assembly. The commissioner shall  
20 issue a report to the governor and the legislature, and publish the  
21 report on its public website, containing the findings and policy recom-  
22 mendations no later than eighteen months following the effective date of  
23 this act. The report may include de-identified patient information in  
24 the aggregate, but shall not include personally identifiable informa-  
25 tion.

26 § 4. This act shall take effect immediately.