# 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:**

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

1. (a) there is an elevated amount of testosterone and releasing of sex hormones called androgens, caused by a condition called hyperandrogenism; and

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

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

§ 2. Authorization of study and study scope. 1. The commissioner of health (hereinafter "the commissioner") is hereby authorized and directed to conduct a study and issue a report examining the unmet health and resource needs facing women with polycystic ovarian syndrome in New York state, and the impact of service 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

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

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

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

(a) what state and/or federal funds or taxes or other subsidies, if any, are directly or indirectly allocated to 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;

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

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

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

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

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

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

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

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

reproductive centers inform women whether or not they have any medical professionals on the premises, on staff, or in a volunteer capacity; and

(j) whether limited service sexual and reproductive centers, specifically for polycystic ovarian syndrome, collect medical information and what other information is collected upon intake, how limited service sexual and reproductive centers, specifically for polycystic ovarian syndrome, handle medical and other client records, and whether the medical records are in compliance with federal and state requirements governing medical privacy.

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

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

§ 4. This act shall take effect immediately.