

STATE OF NEW YORK

8392

2021-2022 Regular Sessions

IN ASSEMBLY

October 20, 2021

Introduced by M. of A. PAULIN, GUNTHER, L. ROSENTHAL, GOTTFRIED, ENGLE-BRIGHT, WOERNER, FAHY, RODRIGUEZ, BARRON, TAYLOR, CARROLL, JACOBSON, GRIFFIN, SIMON, SEAWRIGHT, ASHBY -- Multi-Sponsored by -- M. of A. GALEF, LUPARDO, McDONOUGH, PERRY -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the insurance law, in relation to premium reduction for obstetric practitioners who complete a risk management strategies course

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

1 Section 1. The public health law is amended by adding a new section
2 2506-a to read as follows:

3 § 2506-a. Risk management strategies in obstetrics and midwifery
4 courses. 1. In order to improve patient safety, birth outcomes and to
5 promote informed consultation by patients with their physicians and
6 licensed midwives during the prenatal through intrapartum and postpartum
7 periods, the commissioner shall approve professional education courses
8 for eligible physicians and licensed midwives as provided in subdivision
9 four of this section that covers risk management strategies in obstet-
10 rics and midwifery as described in subdivision two of this section. Such
11 risk management strategies courses shall be subject to such standards as
12 the commissioner may prescribe by regulation. In prescribing such regu-
13 lations, the commissioner may consult with the American Congress of
14 Obstetricians and Gynecologists, New York State Association of Licensed
15 Midwives and other health care organizations. An eligible physician or
16 licensed midwife who successfully completes such risk management strate-
17 gies course pursuant to this section shall receive continuing medical
18 education credit and a certificate of completion.

19 2. Courses on risk management strategies during the prenatal through
20 intrapartum and postpartum periods shall promote evidence-based clinical
21 guidelines and patient safety protocols from both the midwifery and

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

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1 obstetrical perspectives. Options for courses should be appropriate for
2 the respective profession and may include information and education
3 addressing risks associated with the practice of obstetrics and midwif-
4 ery. Course options may include issues such as: methods to eliminate
5 non-medically indicated (elective) deliveries prior to thirty-nine weeks
6 gestation including the neonatal impact of late preterm births; vaginal
7 births after cesarean births and the applicability to a trial of labor;
8 reductions in cesarean births; monitoring of fetal well-being; manage-
9 ment of pain in labor; management of maternal hemorrhage, including
10 placenta accreta, hypertension in pregnancy, including pre-eclampsia and
11 eclampsia, vaginal breech and prevention of shoulder dystocia; and other
12 evidence-based guideline determined issues that improve the care and
13 outcomes of women.

14 3. Attendance at any course approved by the commissioner pursuant to
15 this section may be in person or through distance learning methods which
16 evince that all participants are in attendance for the duration of the
17 course and able to ask questions of the instructor.

18 4. Physicians who are board certified or are active candidates for
19 board certification in obstetrics and physicians who are board certified
20 or are eligible for board certification in family practice and provide
21 obstetric services and midwives who are licensed in the state are eligi-
22 ble for a risk management strategies course.

23 5. The commissioner is authorized to prescribe any rules and regu-
24 lations necessary to implement this section. In prescribing such rules
25 and regulations, the commissioner shall consider the rules and regu-
26 lations promulgated by the superintendent of financial services pursuant
27 to subsection (e) of section two thousand three hundred forty-three of
28 the insurance law and may consult with the superintendent of financial
29 services.

30 § 2. Subsection (e) of section 2343 of the insurance law, as added by
31 chapter 642 of the laws of 1990, is amended to read as follows:

32 (e) The superintendent may approve an actuarially appropriate premium
33 reduction for an insured physician or licensed midwife who successfully
34 completes a risk management course or a course authorized by the commis-
35 sioner of health under section two thousand five hundred six-a of the
36 public health law, which must be approved by the superintendent subject
37 to such standards as the superintendent may prescribe by regulation. In
38 prescribing such regulation the superintendent may consult with the
39 commissioner of health.

40 § 3. This act shall take effect one year after it shall have become a
41 law and shall apply to all insurance policies and contracts issued,
42 renewed, modified or altered on and after such effective date. The
43 commissioner of health and the superintendent of financial services are
44 authorized and directed to adopt, amend, suspend or repeal regulations
45 and take other actions necessary for the implementation of this act
46 prior to such effective date; provided, however, that such adoption,
47 amendment, suspension or repeal of regulations shall not have legal
48 effect until this act takes effect.