

STATE OF NEW YORK

8392--A

2021-2022 Regular Sessions

IN ASSEMBLY

October 20, 2021

Introduced by M. of A. PAULIN, GUNTHER, L. ROSENTHAL, GOTTFRIED, ENGLE-BRIGHT, WOERNER, FAHY, TAYLOR, CARROLL, JACOBSON, GRIFFIN, SIMON, SEAWRIGHT, ASHBY, SAYEGH, BURDICK, JEAN-PIERRE -- Multi-Sponsored by -- M. of A. GALEF, LUPARDO, McDONOUGH -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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.

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

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

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

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

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

33 § 2. Subsection (e) of section 2343 of the insurance law, as added by
34 chapter 642 of the laws of 1990, is amended and a new subsection (f) is
35 added to read as follows:

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

44 (f) An insured physician or licensed midwife who successfully
45 completes a course authorized by the commissioner of health under
46 section two thousand five hundred six-a of the public health law shall
47 not, during the period set forth in the superintendent's regulations
48 prescribing standards for the premium reduction, also be eligible for
49 additional premium reduction for an insured physician or licensed
50 midwife's medical malpractice insurance policy for successful completion
51 of a risk management course approved by the superintendent under part
52 152 of title 11 of the New York code of rules and regulations.

53 § 3. This act shall take effect one year after it shall have become a
54 law and shall apply to all insurance policies and contracts issued,
55 renewed, modified or altered on and after such effective date. The
56 commissioner of health and the superintendent of financial services are

1 authorized and directed to adopt, amend, suspend or repeal regulations
2 and take other actions necessary for the implementation of this act
3 prior to such effective date; provided, however, that such adoption,
4 amendment, suspension or repeal of regulations shall not have legal
5 effect until this act takes effect.