STATE OF NEW YORK

470

2021-2022 Regular Sessions

IN SENATE

(Prefiled)

January 6, 2021

Introduced by Sens. HOYLMAN, COMRIE, GOUNARDES, HARCKHAM, JACKSON, KRUEGER, LIU, MYRIE, PERSAUD, RIVERA, SKOUFIS -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues

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:

Section 1. Definition. As used in this act, "limited services pregnancy center" means a facility or entity, including a mobile facility, the primary purpose of which is to provide services to clients who are or may be pregnant, that:

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

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

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

§ 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

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

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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 in alignment with their health care needs 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 tax or other subsidies, if any, are directly or indirectly allocated to limited service pregnancy centers in the state and the names and locations of such organizations receiving government funding;

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

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

(d) the number of women who access services at limited service pregnancy centers, 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 pregnancy centers hold themselves out to the public, either in person, through community participation or events or through their advertising or websites, as medical facilities or entities in which comprehensive, all-options pregnancy counseling is provided;

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

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

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

(i) the number of state-certified medical professionals on staff or volunteering at limited service pregnancy centers and the number who are providing medical services or counseling on site during regular business hours at limited service pregnancy centers and whether pregnancy 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 pregnancy centers collect medical information and what other information is collected upon intake, how limited service pregnancy centers 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 will 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 of the New York state department of health advisory council on maternal mortality and morbidity; a member of American college of obstetricians and gynecologists whose practice includes the provision of all pregnancy related care, including birth and termination of pregnancy; an individual 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 taskforce shall be appointed as follows: three members to be appointed 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 commissioner shall issue a report to the governor and the legislature, and publish the report on its public website, containing the findings and policy recommendations no later than eighteen months following the effective date of this act. The report may include de-identified patient information in the aggregate, but shall not include personally identifiable information.

§ 4. This act shall take effect immediately.