

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:

1 Section 1. Definition. As used in this act, "limited services preg-
2 nancy center" means a facility or entity, including a mobile facility,
3 the primary purpose of which is to provide services to clients who are
4 or may be pregnant, that:
5 1. (a) is not a health care facility licensed by the state of New York
6 under article 28 of the public health law or articles 31 and 32 of the
7 mental hygiene law; or
8 (b) is not providing services under the direction of a health care
9 provider licensed under title 8 of the education law who is acting with-
10 in his or her scope of practice; and
11 2. fails to provide or refer for the full range of comprehensive
12 reproductive and sexual health care services reimbursed under the
13 state's Medicaid program including, but not limited to contraception,
14 testing and treatment of sexually transmitted infections, abortion care,
15 and prenatal care.
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

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

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1 health and resource needs facing pregnant women in New York and the
2 impact of limited service pregnancy centers on the ability of women to
3 obtain accurate, non-coercive health care information and timely access
4 to a comprehensive range of reproductive and sexual health care services
5 in alignment with their health care needs and that supports personal
6 decision-making.

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

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

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

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

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

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

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

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

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

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

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

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

28 § 4. This act shall take effect immediately.