

STATE OF NEW YORK

9714

IN ASSEMBLY

March 28, 2022

Introduced by M. of A. PAULIN -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the cesarean births review board

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 2500-n to read as follows:

3 § 2500-n. Cesarean births review board. 1. There is hereby established
4 in the department the cesarean births review board, hereinafter referred
5 to as the "board". The members of the board shall be comprised of multi-
6 disciplinary experts in the field of maternal mortality, maternal health
7 and public health, and shall include health care professionals or other
8 experts who serve and are representative of the racial, ethnic, and
9 socioeconomic diversity of the birthing people of the state.

10 2. The board should be composed of twelve members which shall include
11 eight members to be appointed by the governor as follows: two licensed
12 and practicing midwives in the state; two licensed and registered nurses
13 specializing in obstetrics in the state; two physicians specializing in
14 obstetrics and gynecology licensed and registered to practice in the
15 state; and two representatives of a women's maternal health organization
16 that operates in the state; two members shall be appointed by the speak-
17 er of the assembly; and two members shall be appointed by the temporary
18 president of the senate. The governor shall designate the commissioner,
19 or their designee, as chair of the board. Members of the board shall
20 receive no compensation for their services but may be reimbursed for
21 necessary and actual expenses incurred in the performance of their
22 duties hereunder.

23 3. The board shall undertake a review of the rate of cesarean births
24 at hospitals in the state. The board shall issue a final report and make
25 recommendations related to the impact cesarean births have on birthing
26 people and best practices that can be implemented to reduce the rate of
27 cesarean births in the state. The board shall consider factors includ-
28 ing, but not limited to:

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

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1 (a) the disparity of cesarean birth rates among hospitals in the
2 state;

3 (b) the amount of hospitals in the state that allow or encourage vagi-
4 nal births after cesarean births;

5 (c) the time of day unplanned cesarean births occur in hospitals with
6 the highest rates of cesarean births in the state;

7 (d) the amount of birthing people who elect to have midwives attend
8 labor and delivery in hospitals in the state;

9 (e) the frequency of midwifery care during labor in hospitals across
10 the state and what impact, if any, this has on the rate of cesarean
11 births; and

12 (f) the amount of birthing people who were informed by their health
13 care provider about the potential risks, benefits, and alternatives
14 related to cesarean births before labor.

15 4. The commissioner may request and shall receive upon request from
16 any department, division, board, bureau, commission, local health
17 departments or any other agency in the state or political subdivision
18 thereof or any public authority, such information, including but not
19 limited to medical records, birth records, and any other information
20 that will help the department under this section to properly carry out
21 its functions, powers and duties.

22 5. The board shall, within twelve months of convening, issue a final
23 report on its findings and recommendations to the governor, speaker of
24 the assembly, and temporary president of the senate. Such report shall
25 keep confidential any information collected or received under this
26 section that includes personal identifying information of the birthing
27 person, health care practitioner or practitioners or anyone else indi-
28 vidually named in such information, as well as the hospital or facility
29 that treated the birthing person, and any other information such as
30 geographic location that may inadvertently identify the birthing person,
31 practitioner or facility, and shall use the information provided or
32 received under this section solely for the purposes of improvement of
33 the quality of maternal health care. The report shall be made accessible
34 to the public.

35 § 2. This act shall take effect immediately.