STATE OF NEW YORK

8866

IN SENATE

April 25, 2022

Introduced by Sen. BROUK -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues

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:

Section 1. The public health law is amended by adding a new section 2500-n to read as follows:

§ 2500-n. Cesarean births review board. 1. There is hereby established in the department the cesarean births review board, hereinafter referred to as the "board". The members of the board shall be comprised of experts in the fields of maternal mortality, maternal health, and public health. The appointment of any member of the board shall be based in part on the objective of ensuring that the board includes experts who are representative of the racial, ethnic, and socioeconomic diversity of the birthing people of the state.

2. The board should be composed of twelve members which shall include eight members to be appointed by the governor as follows: two licensed midwives in the state; two licensed and registered nurses specializing in obstetrics in the state; two physicians specializing in obstetrics and gynecology licensed and registered to practice in the state; and two representatives of a women's maternal health organization that operates in the state; and four additional members, two appointed on the recommendation of the temporary president of the senate and two appointed on the recommendation of the speaker of the assembly. The governor shall designate the commissioner, or their designee, as chair of the board. Members of the board shall receive no compensation for their services but may be reimbursed for necessary and actual expenses incurred in the performance of their duties hereunder.

3. The board shall undertake a review of cesarean births at hospitals in the state. The board shall issue a final report and make recommendations to reduce the rate of cesarean births in the state. The board shall consider factors including, but not limited to:

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

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(a) the primary and repeat cesarean birth rates among hospitals in the state;

(b) the hospitals in the state that allow or encourage vaginal births after cesarean births;

(c) the rate of vaginal births after cesarean births among hospitals in the state;

(d) the rate of vaginal births after cesarean births that were offered by hospitals in the state but declined by the birthing person;

(e) the rate of vaginal births after cesarean births that were attempted but failed among hospitals in the state;

(f) the time of day unplanned cesarean births occur in hospitals, and whether such correlates with the rate of cesarean births in a hospital;

(g) the number of birthing people who elect to have midwives attend labor and delivery in hospitals in the state;

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

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

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

5. The board shall, within eighteen months of convening, issue a final report on its findings and recommendations to the governor, speaker of the assembly, and temporary president of the senate. The board shall post a copy of such report on the department's website.

6. The board shall keep confidential any information collected or received under this section that includes personal identifying information of the birthing person, health care practitioner or practitioners or anyone else individually named in such information, as well as the hospital or facility that treated the birthing person, and any other information such as geographic location that may inadvertently identify the birthing person, practitioner or facility, and shall use the information provided or received under this section solely for the purposes of improvement of the quality of maternal health care.

§ 2. This act shall take effect immediately.