STATE OF NEW YORK

311--B

2023-2024 Regular Sessions

IN SENATE

(Prefiled)

January 4, 2023

Introduced by Sens. SALAZAR, ADDABBO, BAILEY, BORRELLO, BRESLIN, BRISPORT, BROUK, CLEARE, COMRIE, COONEY, GOUNARDES, HARCKHAM, HINCHEY, HOYLMAN-SIGAL, JACKSON, LIU, MAY, MYRIE, PERSAUD, RAMOS, RIVERA, SANDERS, SCARCELLA-SPANTON, SEPULVEDA, SERRANO, STAVISKY, WEBB, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Women's Issues in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the duty to inform maternity patients about the risks associated with cesarean section for patients undergoing a primary cesarean section and to inform maternity patients about the reason for performing primary cesarean section delivery

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-m to read as follows:

§ 2500-m. Duty of providers of primary cesarean section maternity services to inform. 1. The commissioner shall require that every maternal health care provider, defined as any physician, midwife, nurse practitioner, or physician assistant, or other maternal health care practitioner acting within his or her lawful scope of practice attending a pregnant woman, to provide written communication to each pregnant woman for whom a primary cesarean section delivery, defined as first lifetime delivery via cesarean section, is recommended as a planned cesarean section delivery based on medical necessity, that the primary cesarean section is recommended and to provide the justification for the primary cesarean section prior to the delivery.

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

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2. In the event that a primary cesarean section is not deemed medically necessary by the provider but the patient requests a planned cesarean section delivery, the commissioner shall require that the maternal health care provider provide written communication to the pregnant woman requesting the primary cesarean section indicating that the primary cesarean section is not medically necessary and to explain the risks associated with the cesarean section prior to the delivery.

3. In the event that the primary cesarean section is not planned prenatally, the commissioner shall require that the maternal health care provider who performed the cesarean section provide communication in writing to each woman who delivered via primary cesarean section the reason for the unplanned cesarean section after the delivery.

4. The provider shall provide communication to the patient with a planned cesarean section that shall include, but not be limited to, the following information, in the summary of the report sent to the patient:

"Cesarean birth can be life-saving for the fetus, the mother, or both in some cases. However, potential maternal injuries associated with cesarean delivery include but are not limited to: heavy blood loss that results in hysterectomy or a blood transfusion, ruptured uterus, injury to other organs including the bladder, and other complications from a major surgery. Cesarean delivery also carries higher risk of infant injury and can result in situations requiring the neonatal intensive care unit (NICU). After a cesarean delivery, future vaginal deliveries may be risky. Because of this, cesarean delivery may be recommended in the future. However, vaginal birth after cesarean (VBAC) may be possible, depending upon your health characteristics. In future pregnancies, there is risk of the cesarean section scar breaking during pregnancy or labor (uterine rupture). Additionally, women's risk of developing placenta previa or accrete in future pregnancies is higher after cesarean deliveries than vaginal births. Speak to your health care provider about your options and any questions you may have."

5. The provider shall provide communication to the patient with an unplanned cesarean section that shall include, but not be limited to, the following information, in the summary of the report sent to the patient:

"Your most recent delivery was via cesarean section. Cesarean delivery can be life-saving for the fetus, the mother, or both in some cases. After a cesarean delivery, future vaginal deliveries may be risky. Because of this, cesarean delivery may be recommended in the future. However, vaginal birth after cesarean (VBAC) may be possible, depending upon your health characteristics. In future pregnancies, there is risk of the cesarean section scar breaking during pregnancy or labor (uterine rupture). Additionally, women's risk of developing placenta previa or accrete in future pregnancies is higher after cesarean deliveries than vaginal births. Speak to your health care provider about your options and any questions you may have."

§ 2. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the department of health may promulgate any rule or regulation necessary for the timely implementation of this act on its effective date.