

# STATE OF NEW YORK

9259

## IN SENATE

May 8, 2024

Introduced by Sen. SCARCELLA-SPANTON -- read twice and ordered printed,  
and when printed to be committed to the Committee on Veterans, Home-  
land Security and Military Affairs

AN ACT to amend the veterans' services law and the public health law, in  
relation to establishing a maternity care coordination program for  
pregnant and postpartum veterans

The People of the State of New York, represented in Senate and Assem-  
bly, do enact as follows:

1 Section 1. Paragraphs (g) and (h) of subdivision 3 of section 19 of  
2 the veterans' services law are amended and two new paragraphs (i) and  
3 (j) are added to read as follows:

4 (g) inclusion of the contributions women veterans have made on behalf  
5 of the United States and this state on the department's official  
6 website; ~~and~~

7 (h) preparation of reports on topics including, but not limited to,  
8 the demographics of women veterans, the number of women veterans listed  
9 by county, and the unique needs of the women veterans population, to the  
10 extent such information is available, to the commissioner on the status  
11 of women veterans within New York state~~[-]~~;

12 (i) development and implementation of a maternity care program, in  
13 consultation with the United States Department of Veterans Affairs, the  
14 department of health and the office of mental health, to improve the  
15 capacity of maternity care providers to address the unique needs of  
16 pregnant and postpartum veterans, particularly regarding mental and  
17 behavioral health conditions; and

18 (j) conspicuously posting on the department's website a link to the  
19 federal women veterans call center number 1-855-VA-WOMEN.

20 § 2. The veterans' services law is amended by adding a new section  
21 29-b to read as follows:

22 § 29-b. Veteran maternity care. The women veterans coordinator shall  
23 administer a veteran maternity care program. The duties and responsibil-  
24 ities of the women veterans coordinator with respect to such program  
25 shall be:

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

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1 1. Serving as a liaison between the United States department of veter-  
2 ans affairs (VA) including VA maternity care coordinators located in the  
3 state, the department of health and the office of mental health to  
4 facilitate better coordination of veteran maternity care in the state  
5 and cooperation in addressing issues related to veteran reproductive  
6 mental health care;

7 2. Providing information to maternity care providers and expectant  
8 veterans regarding identifying and treating common mental and physical  
9 conditions experienced by veterans that can heighten the risk of preg-  
10 nancy complications;

11 3. Providing guidance and referral information on maternity care and  
12 benefits available to veterans including the VA's maternity care coordi-  
13 nation program at all events including but not limited to, seminars  
14 required under subdivision six of section four of this article;

15 4. Developing a system for rapid consultation and referral linkage  
16 services for obstetricians and primary care providers statewide who  
17 provide care for expectant veterans with service-connected disabilities  
18 that may impact a veteran's maternal health;

19 5. Providing guidance on the identification of signs and symptoms of  
20 mental health conditions in expectant veterans to maternity care provid-  
21 ers;

22 6. Raising awareness among maternity care providers of the federal  
23 Veterans Community Care Program established pursuant to 38 U.S.C § 1703  
24 and considering ways to encourage and incentivize participation in such  
25 program. The coordinator shall make information relevant to such provid-  
26 ers available on the department's website, including but not limited to,  
27 links to the any continuing medical education material or courses for  
28 non-department medical professionals provided on the internet website of  
29 the U.S. Department of Veterans Affairs pursuant to section 123 of the  
30 VA Maintaining Internal Systems and Strengthening Integrated Outside  
31 Networks Act of 2018 (P.L.115-182);

32 7. Convening as necessary, in conjunction with the commissioners of  
33 health and mental health, a workgroup of stakeholders, including but not  
34 limited to, hospitals, federal, state, and local health officials,  
35 obstetricians, midwives, pediatricians, veterans and veterans advocates  
36 to study and evaluate:

37 (a) ways to improve the capacity of maternity health care providers to  
38 deliver high-quality, timely and veteran-centered care;

39 (b) barriers and challenges in identifying and treating expectant  
40 veterans with reproductive health conditions and other service-connected  
41 disabilities that may increase the risk of pregnancy and postpartum  
42 complications; and

43 (c) gaps in the services and care provided to pregnant veterans by the  
44 federal government and the desirability, feasibility and efficacy of  
45 support by the state for such services including but not limited to,  
46 home deliveries, services by doulas, and deliveries by direct-entry  
47 midwives;

48 8. Establishing standard protocols and training for health care  
49 providers treating pregnant veterans and defining responsibilities for  
50 how local suicide prevention coordinators, maternity care coordinators  
51 and women's health clinical leaders should work together to support  
52 pregnant veterans with elevated risk factors for suicide; and

53 9. Collaborating with the maternal mortality review board established  
54 pursuant to section twenty-five hundred nine of the public health law to  
55 identify trends in the demographics and causes of maternal mortality

1 among veterans. The findings of such collaboration shall be reported to  
2 the governor and the legislature at least annually.

3 § 3. The public health law is amended by adding a new section 2509-d  
4 to read as follows:

5 § 2509-d. Veterans reproductive mental health care. 1. As used in this  
6 section:

7 (a) "Maternal health care provider" means a physician, midwife, nurse  
8 practitioner, physician assistant, or other health care practitioner  
9 acting within their lawful scope of practice, attending a pregnant  
10 veteran or a veteran up to one year after childbirth, including a prac-  
11 titioner attending the veteran's child up to one year after childbirth.

12 (b) "Women veterans coordinator" shall mean the women veterans coordi-  
13 nator appointed pursuant to section nineteen of the veterans' services  
14 law.

15 (c) "Veteran" shall have the same meaning as such term is defined in  
16 section one of the veterans' services law and shall also include a  
17 veteran who has a qualifying condition, as defined in section one of the  
18 veterans' services law, and has received a discharge other than bad  
19 conduct or dishonorable from such service, or is a discharged LGBT  
20 veteran, as defined in section one of the veterans' services law, and  
21 has received a discharge other than bad conduct or dishonorable from  
22 such service.

23 2. (a) The commissioner, in consultation with the commissioner of  
24 mental health and the women veterans coordinator, shall make available  
25 to maternal health care providers information on veterans reproductive  
26 mental health care. The information shall include, but not be limited  
27 to:

28 (i) the importance of identifying whether a patient has served in the  
29 military in providing adequate maternal health care to veterans;

30 (ii) ensuring that all pregnant veteran patients are appropriately  
31 screened for depression, intimate partner/domestic violence, military  
32 sexual trauma, post-traumatic stress disorder, anxiety, substance abuse,  
33 and postpartum depression;

34 (iii) a summary of the current evidence-based and professional guide-  
35 lines for the screening of conditions listed in subparagraph (ii) of  
36 this paragraph;

37 (iv) validated, evidence-based tools for screening the conditions  
38 listed in subparagraph (ii) of this paragraph;

39 (v) information about follow-up support for patients who may require  
40 further evaluation, referral, or treatment including, when available,  
41 information about specific community resources and entities licensed by  
42 the office of mental health; and

43 (vii) information on engaging support for the veteran, which may  
44 include communicating with the other parent of the child and other fami-  
45 ly members, as appropriate and consistent with patient confidentiality.

46 (b) The information on veterans reproductive mental health care shall  
47 be posted on the department's website. The commissioner shall, in  
48 collaboration with the commissioner of mental health and the women  
49 veterans coordinator, update and review the information on veterans  
50 reproductive mental health, as necessary.

51 3. The commissioner, in consultation with the commissioner of mental  
52 health and the women veterans coordinator, shall: (a) inform providers  
53 of the need to raise awareness about veterans reproductive mental health  
54 issues; and (b) provide information on the department and the office of  
55 mental health's websites regarding how to locate available providers who  
56 treat or provide support for veterans reproductive mental health issues

1 including maternal depression including but not limited to, mental  
2 health professionals, other licensed professionals, peer support, not-  
3 for-profit corporations and other community resources.

4 4. The commissioner, in consultation with the women veterans coordina-  
5 tor, shall make any regulations necessary to implement this section.

6 § 4. Subdivisions (g) and (h) of section 2522 of the public health  
7 law, subdivision (g) as amended and subdivision (h) as added by section  
8 19 of part D of chapter 56 of the laws of 2012, are amended and a new  
9 subdivision (i) is added to read as follows:

10 (g) identification of regional perinatal health care system barriers  
11 and limitations that lead to poor perinatal outcomes and development of  
12 strategies to address such barriers and limitations; [~~and~~]

13 (h) coordination of service delivery by community-based organizations  
14 among health care providers and health plans using health information  
15 technology and uniform screening criteria for perinatal risk[~~+~~]; and

16 (i) promotion of training and continuing medical education opportu-  
17 nities in military cultural competency for providers of prenatal care  
18 to veterans. For purposes of this subdivision, the term "veteran" shall  
19 have the same meaning as such term is defined in section one of the  
20 veterans' services law and shall also include a veteran who has a quali-  
21 fying condition, as defined in section one of the veterans' services  
22 law, and has received a discharge other than bad conduct or dishonorable  
23 from such service, or is a discharged LGBT veteran, as defined in  
24 section one of the veterans' services law, and has received a discharge  
25 other than bad conduct or dishonorable from such service.

26 § 5. This act shall take effect on the ninetieth day after it shall  
27 have become a law.