

STATE OF NEW YORK

4927--A

Cal. No. 138

2023-2024 Regular Sessions

IN ASSEMBLY

February 27, 2023

Introduced by M. of A. PAULIN, GONZALEZ-ROJAS, JACOBSON, SIMON, EPSTEIN, LEVENBERG, CLARK -- read once and referred to the Committee on Health -- ordered to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

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.

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.

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

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

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

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

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

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

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