

STATE OF NEW YORK

8162--A

2023-2024 Regular Sessions

IN ASSEMBLY

October 18, 2023

Introduced by M. of A. CUNNINGHAM, BURDICK -- read once and referred to the Committee on Veterans' Affairs -- recommitted to the Committee on Veterans' Affairs in accordance with Assembly Rule 3, sec. 2 -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 Assembly, 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.

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

LBD13380-02-4

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

3 § 29-b. Veteran maternity care. The women veterans coordinator shall
4 administer a veteran maternity care program. The duties and responsibil-
5 ities of the women veterans coordinator with respect to such program
6 shall be:

7 1. Serving as a liaison between the United States department of veter-
8 ans affairs (VA) including VA maternity care coordinators located in the
9 state, the department of health and the office of mental health to
10 facilitate better coordination of veteran maternity care in the state
11 and cooperation in addressing issues related to veteran reproductive
12 mental health care;

13 2. Providing information to maternity care providers and expectant
14 veterans regarding identifying and treating common mental and physical
15 conditions experienced by veterans that can heighten the risk of preg-
16 nancy complications;

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

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

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

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

38 7. Convening as necessary, in conjunction with the commissioners of
39 health and mental health, a workgroup of stakeholders, including but not
40 limited to, hospitals, federal, state, and local health officials,
41 obstetricians, midwives, pediatricians, veterans and veterans advocates
42 to study and evaluate:

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

45 (b) barriers and challenges in identifying and treating expectant
46 veterans with reproductive health conditions and other service-connected
47 disabilities that may increase the risk of pregnancy and postpartum
48 complications; and

49 (c) gaps in the services and care provided to pregnant veterans by the
50 federal government and the desirability, feasibility and efficacy of
51 support by the state for such services including but not limited to,
52 home deliveries, services by doulas, and deliveries by direct-entry
53 midwives;

54 8. Establishing standard protocols and training for health care
55 providers treating pregnant veterans and defining responsibilities for
56 how local suicide prevention coordinators, maternity care coordinators

1 and women's health clinical leaders should work together to support
2 pregnant veterans with elevated risk factors for suicide; and
3 9. Collaborating with the maternal mortality review board established
4 pursuant to section twenty-five hundred nine of the public health law to
5 identify trends in the demographics and causes of maternal mortality
6 among veterans. The findings of such collaboration shall be reported to
7 the governor and the legislature at least annually.

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

10 § 2509-d. Veterans reproductive mental health care. 1. As used in this
11 section:

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

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

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

28 2. (a) The commissioner, in consultation with the commissioner of
29 mental health and the women veterans coordinator, shall make available
30 to maternal health care providers information on veterans reproductive
31 mental health care. The information shall include, but not be limited
32 to:

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

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

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

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

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

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

51 (b) The information on veterans reproductive mental health care shall
52 be posted on the department's website. The commissioner shall, in
53 collaboration with the commissioner of mental health and the women
54 veterans coordinator, update and review the information on veterans
55 reproductive mental health, as necessary.

1 3. The commissioner, in consultation with the commissioner of mental
 2 health and the women veterans coordinator, shall: (a) inform providers
 3 of the need to raise awareness about veterans reproductive mental health
 4 issues; and (b) provide information on the department and the office of
 5 mental health's websites regarding how to locate available providers who
 6 treat or provide support for veterans reproductive mental health issues
 7 including maternal depression including but not limited to, mental
 8 health professionals, other licensed professionals, peer support, not-
 9 for-profit corporations and other community resources.

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

12 § 4. Subdivisions (g) and (h) of section 2522 of the public health
 13 law, subdivision (g) as amended and subdivision (h) as added by section
 14 19 of part D of chapter 56 of the laws of 2012, are amended and a new
 15 subdivision (i) is added to read as follows:

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

19 (h) coordination of service delivery by community-based organizations
 20 among health care providers and health plans using health information
 21 technology and uniform screening criteria for perinatal risk[-]; and

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

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