# STATE OF NEW YORK

1039

2025-2026 Regular Sessions

# IN ASSEMBLY

January 8, 2025

Introduced by M. of A. PAULIN, GONZALEZ-ROJAS, SEAWRIGHT, SIMON, BICHOTTE HERMELYN, CLARK, LEVENBERG, EPSTEIN, JACOBSON, ZACCARO, SANTABARBARA, OTIS -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to the duty to inform certain patients about the risks associated with cesarean section for patients undergoing a primary cesarean section and to inform certain 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-n to read as follows:

**§ 2500-n. Duty of providers of primary cesarean section services to inform. 1. The commissioner shall require that every health care provider, defined as any physician, midwife, nurse practitioner, or physician assistant, or other health care practitioner acting within such practitioner's lawful scope of practice attending a pregnant person, to provide written communication to each pregnant person 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 health care provider provide written communication to the pregnant person 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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3. In the event that the primary cesarean section is not planned prenatally, the commissioner shall require that the health care provider who performed the cesarean section provide communication in writing to each person 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 birthing parent, or both in some cases. However, potential injuries to the birthing parent 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, people'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 birthing parent , 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, people'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.